

BSW Integrated Care Board – Board Meeting in Public

Thursday 28 March 2024, 10:00hrs

Sir Daniel Gooch Theatre, STEAM – Museum of the Great Western Railway, Fire Fly Avenue (off Kemble Drive), Swindon, SN2 2EY

Agenda

Timing	No	Item title	Lead	Action	Paper ref.
10:00	1	Welcome and apologies	Chair	Note	Verbal
	2	Declarations of Interests	Chair	Note	Verbal
	3	Minutes from the ICB Board Meeting held in Public on 18 January 2024	Chair	Approve	ICBB/23-24/110
	4	Action Tracker and Matters Arising	Chair	Note	ICBB/23-24/111
10:05	5	Questions from the public <i>Pre-submitted questions and answers</i>	Chair	Note	Verbal
10:10	6	BSW ICB Chair's Report	Chair	Note	Verbal
10:15	7	BSW ICB Chief Executive's Report	Sue Harriman	Note	ICBB/23-24/112
10:30	8	Draft BSW Implementation Plan (Joint Forward Plan)	Rachael Backler	Approve	ICBB/23-24/113
10:55	9	BSW Draft Mental Health Strategy 2024-29	Gordon Muvuti, Jane Rowland, Zoe Trinder-Widdess	Note, Discuss	ICBB/23-24/114
11:15 – Short break – 10 mins					
11:25	10	BSW Dental Recovery and Transformation Plan	Jo Cullen, Kate Blackburn, Victoria Stanley	Approve	ICBB/23-24/115

Timing	No	Item title	Lead	Action	Paper ref.
Items for Assurance					
11:45	11	BSW Performance Report	Rachael Backler	Note	ICBB/23-24/116
12:00	12	BSW ICB and NHS ICS Revenue Position	Paul Miller, Matthew Hawkins	Note	ICBB/23-24/117
12:20	13	Report from ICB Board Committees	Committee Chairs	Note	ICBB/23-24/118
Closing Business					
12:25	14	Any other business and closing comments	Chair	Note	

Next ICB Board Meeting in Public: 16 May 2024

Glossary of Terms and Acronyms

Acronym /abbreviation	Term	Definition
ALOS	Average Length of Stay	An average of the length of time a patient stays in a hospital when admitted. May be averaged for all patients or those with specific medical or social conditions. ALOS has national and local planning implications.
	Ambulatory Care	Rapid access, immediate and urgent care where the patient can walk into a centre and be seen or be directly referred by a doctor, nurse or therapist to avoid the need to admit a patient.
AWP	Avon and Wiltshire Mental Health Partnership NHS Trust	Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is a significant provider of mental health services across a core catchment area covering Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. The Trust also provides specialist services for a wider catchment extending throughout the south west. http://www.awp.nhs.uk/
BSW	Bath and North East Somerset (BaNES), Swindon and Wiltshire	The area covered by the BSW Integrated Care System (ICS) and Integrated Care Board (ICB).
CAMHS	Child and Adolescent Mental Health Services	CAMHS are specialist NHS services. They offer assessment and treatment for children and young people who have emotional, behavioural or mental health difficulties.
CCG	Clinical Commissioning Group	NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
CHC	Continuing Healthcare	NHS Continuing Healthcare is free care outside of hospital that is arranged and funded by the NHS. It is only available for people who need ongoing healthcare. NHS Continuing Healthcare is sometimes called fully funded NHS care.

Acronym /abbreviation	Term	Definition
	Commissioning	Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a cycle of work from understanding the needs of a population, and identifying gaps or weaknesses in current provision, to procuring services to meet those needs.
CIP	Cost Improvement Programme	NHS organisations use CIPs to deliver and plan the savings they intend to make. Encompassing efficiency and transformation programmes.
D2A	Discharge to Assess	Funding and supporting people to leave hospital, when safe and appropriate to do so, and continuing their care and assessment out of hospital. They can then be assessed for their longer-term needs in the right place.
DES	Directed Enhanced Service	Additional services that GPs can choose to provide to their patients that are financially incentivised by NHS England.
DTC	Delayed Transfer of Care	Experienced by an inpatient in a hospital, who is ready to move on to the next stage of care but is prevented from doing so for one or more reasons. Timely transfer and discharge arrangements are important in ensuring the NHS effectively manages emergency pressures. The arrangements for transfer to a more appropriate care setting (either within the NHS or in discharge from NHS care) will vary according to the needs of each patient but can be complex and sometimes lead to delays.
ED	Emergency Department	An accident and emergency department (also known as emergency department or casualty) deals with life-threatening emergencies, such as loss of consciousness, acute confused state, fits that are not stopping, persistent and severe chest pain, breathing difficulties, severe bleeding that can't be stopped, severe allergic reactions, severe burns or scalds. https://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/AE.aspx
	Elective Care	Elective care is pre-arranged, non-emergency care which includes scheduled operations. It is provided by medical specialists in a hospital or another care setting.
EFR	Exceptional Funding Request	An Exceptional Funding Request (EFR) is the route by which A health professional can apply on a patient's behalf for treatments, drugs and devices (collectively referred to as interventions) that are not routinely funded by a CCG.
FOT	Forecast Outturn	The total projected balance remaining at the end of the financial year.

Acronym /abbreviation	Term	Definition
HWB	Health and Wellbeing Board	The Health and Social Care Act 2012 established Health and Wellbeing Boards as forums where leaders from the NHS and local government can work together to improve the health and wellbeing of their local population and reduce health inequalities.
H2/HIP2	Health Infrastructure Plan	A rolling five-year programme announced in October 2019 of investment in health infrastructure, encompassing: capital to build new hospitals, modernise primary care estates and invest in new diagnostics and technology.
ICA	Integrated Care Alliance	Integrated Care Alliances (ICAs) involve commissioners, providers and other organisations working together to improve health and care for residents' in one locality, often co-terminous with local authority boundaries, working across organisational boundaries by choosing to focus on areas which are challenging for all partners and agreeing a picture of future population needs. In BSW, there will be three ICAs – Bath and North East Somerset, Swindon and Wiltshire.
ICB	Integrated Care Board	Each Integrated Care System (ICS) will have an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS. When ICBs were legally established, clinical commissioning groups (CCGs) were abolished.
ICP	Integrated Care Partnership	<p>The Integrated Care Partnership (ICP) is a statutory committee formed by the Bath and North East Somerset Integrated Care Board (BSW ICB), and local authorities in the BSW area.</p> <p>The BSW ICP brings together the NHS, local government, the voluntary, community and social enterprise (VCSE) sector and other partners to focus on prevention, wider social and economic factors affecting people's health and reducing health inequalities.</p>
ICS	Integrated Care System	An Integrated Care System (ICS) is a way of working across health and care organisations that allows them to work closer together to take collective responsibility for managing resources, delivering care and improving the health and wellbeing of the population they serve. ICSs integrate primary and specialist care, physical and mental health services and health and social care
IG	Information Governance	Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information. Key areas are information policy for health and social care, IG standards for systems and development of guidance for NHS and partner organisations.

Acronym /abbreviation	Term	Definition
	Integrated Care	A concept that brings together the delivery, management and organisation of services related to diagnosis, treatment, care, rehabilitation and health promotion, in order to improve services in terms of access, quality, user satisfaction and efficiency.
JSNA	Joint Strategic Needs Assessment	A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.
KPIs	Key Performance Indicators	These are set out in contracts with providers and help to monitor performance. Examples of KPIs include length of stay in hospital for a particular treatment or how satisfied patients are with the care they receive.
LA	Local Authority	Local authorities are democratically elected bodies with responsibility for a range of functions as set out in government legislation. They have a duty to promote the economic, social and environmental wellbeing of their geographical area. This is done individually and in partnership with other agencies, by commissioning and providing a wide range of local services.
LES	Local Enhanced Service	Local scheme of additional services provided by GPs in response to local needs and priorities, sometimes adopting national NHS service specifications.
LMC	Local Medical Committee	LMCs are local representative committees of NHS GPs and represent their interests in their localities to the NHS health authorities. They interact and work with – and through – the General Practitioners Committee as well as other branches of practice committees and local specialist medical committees in various ways, including conferences.
LOS	Length of Stay	The time a patient will spend in hospital.
LPC	Local Pharmaceutical Committee	<p>Local Pharmaceutical Committees (LPCs) represent all NHS pharmacy contractors in a defined locality. LPCs are recognised by local NHS Primary Care Organisations and are consulted on local matters affecting pharmacy contractors.</p> <p>In Swindon and Wiltshire, this is known as Community Pharmacy Swindon and Wiltshire.</p> <p>https://psnc.org.uk/swindon-and-wiltshire-lpc/</p>
MASH	Multi Agency Safeguarding Hubs	Bringing key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children and young people more effectively.

Acronym /abbreviation	Term	Definition
MDT	Multi-Disciplinary Team	A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. psychiatrists, social workers, etc.), each providing specific services to the patient.
	Never Event	<p>Never Events are incidents that require full investigation under the NHS Serious Incident Framework, with a key aim of promoting and maintaining a learning culture within healthcare to prevent future harm. The list of Never Events is set out within this framework and are defined as patient safety incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.</p> <p>Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event.</p>
	Non-elective care	Non-elective care is admitted patient care activity which takes place in a hospital setting where the admission was as an emergency.
OD	Organisational Development	Organisational development is a planned, systematic approach to improving organisational effectiveness and one that aligns strategy, people and processes. To achieve the desired goals of high performance and competitive advantage, organisations are often in the midst of significant change.
OPEL	Operational Pressures Escalation Levels	Framework system implemented by NHSE to provide a consistent approach in times of pressure.
	Primary Care	Healthcare delivered outside hospitals. It includes a range of services provided by GPs, nurses, health visitors, midwives and other healthcare professionals and allied health professionals such as dentists, pharmacists and opticians.
PCN	Primary Care Network	Primary care networks were introduced in January 2019 to encourage local GP practices to link up with other neighbouring practices to deliver care to groups of between 30,000 – 50,000 patients.
QIPP	Quality, Innovation, Productivity and Prevention	Quality, Innovation, Productivity and Prevention is a large scale programme introduced across the NHS to improve the quality of care the NHS delivers, whilst making efficiency savings to reinvest into frontline care.

Acronym /abbreviation	Term	Definition
QOF	Quality and Outcomes Frameworks	The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004. The QOF rewards practices for the provision of quality care and helps to fund further improvements in the delivery of clinical care.
RTT	Referral to treatment	NHS England collects and publishes monthly referral to treatment (RTT) data, which are used to monitor NHS waiting times performance against the standards set out in the National Health Service Commissioning Board and Clinical Commissioning Groups
	Scheme of Financial Delegation	This Scheme of Financial Delegation contains both an overview of the Delegated Financial Limits (DFLs) and detail to support day-to-day operational decision making. It should be read in conjunction with the Standing Financial Instructions (SFIs) and the Scheme of Reservations and Delegations (SoRD) which sets out what decision-making authorities are reserved for the ICB Board or delegated to committees and individuals.
SoRD	Scheme of Reservations and Delegations	The SoRD sets out those decisions that are reserved to the ICB Board, and those decisions that the Board has delegated to committees, sub-committees, individuals, relevant bodies, incl. functions and decisions in accordance with section 65Z5 of the 2006 Act, or a local authority under section 75 of the 2006 Act committees.
	Secondary Care	Secondary care is the services provided by medical specialists, quite often at a community health centre or a main hospital. These services are provided by specialists following a referral from a GP, for example, cardiologists, urologists and dermatologists.
SFI	Standing Financial Instructions	The SFIs are part of the ICB's control environment for managing the organisation's financial affairs, as they are designed to ensure regularity and propriety of financial transactions. SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB.
YTD	Year to Date	A term covering the period between the beginning of the year and the present. It can apply to either calendar or financial years.

DRAFT Minutes of the BSW Integrated Care Board - Board Meeting in Public

Thursday 18 January 2024, 10:00hrs

Council Chamber, The Civic Trowbridge, St Stephen's Place, Trowbridge, Wiltshire, BA14 8AH

Members present:

Integrated Care Board (ICB) Chair, Stephanie Elsy (SE)
ICB Chief Executive, Sue Harriman (SH)
Primary Care Partner Member, Dr Francis Campbell (FC)
Non-Executive Director for Audit and Governance, Dr Claire Feehily (CF)
Local Authority Partner Member – BaNES, Will Godfrey (WG)
ICB Chief Finance Officer, Gary Heneage (GH)
Non-Executive Director for Public & Community Engagement, Julian Kirby (JK)
ICB Chief Nurse, Gill May
Non-Executive Director for Finance, Paul Miller (PM)
Deputy - NHS Trusts & NHS Foundation Trusts Partner Member –mental health sector, Alison Smith (AS)
Deputy - Local Authority Partner Member – Wiltshire, Lucy Townsend (LT)
ICB Chief Medical Officer, Dr Amanda Webb (AW)
Deputy - NHS Trusts & NHS Foundation Trusts Partner Member–acute sector, Jon Westbrook (JW)

Regular Attendees:

ICB Director of Place – BaNES, Laura Ambler (LA)
Chief Executive, Wiltshire Health and Care, Shirley-Ann Carvill (SAC)
Chair of the BSW Integrated Care Partnership – Cllr Richard Clewer (RC)
ICB Chief of Staff, Richard Collinge (RCO)
ICB Director of Place – Wiltshire, Fiona Slevin-Brown (FSB)
Deputy - Director of Public Health, Swindon Borough Council – Steve Maddern (SM)
ICB Chief People Officer, Jasvinder Sohal (JS)
NHSE South West Director of Commissioning, Rachel Pearce (RP)
ICB Deputy Director of Corporate Affairs
ICB Board Secretary

Invited Attendees:

Observing – BSW Academy Director, Sarah Green (SG)
ICB Director of Resourcing and Retention – for item 8
ICB Assistant Director of Business Intelligence – System Architecture and Transformation - for item 15
Wiltshire Director of Public Health, Kate Blackburn (KB) - for item 15

Apologies:

ICB Chief Delivery Officer, Rachael Backler (RB)
NHS Trusts and NHS Foundation Trusts Partner Member – mental health sector, Dominic Hardisty (DH)
Local Authority Partner Member – Wiltshire, Terence Herbert
NHS Trusts and NHS Foundation Trusts Partner Member – acute sector, Stacey Hunter (SHu)
Non-Executive Director for Quality, Alison Moon (AM)
Chief Executive, Swindon Borough Council, Sam Mowbray (SM)
Non-Executive Director for Remuneration and People, Suzannah Power (SP)
Voluntary, Community and Social Enterprise (VCSE) Partner Member, Pam Webb (PW)
ICB Director of Place – Swindon, Gordon Muvuti (GM)

1. Welcome and Apologies

- 1.1 The Chair welcomed members, officers and observing members of the public to the meeting of the BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) held in public, and in particular the NHSE South West Director of Commissioning, and those deputies in attendance as noted above.
- 1.2 The above apologies were noted. The meeting was declared quorate.

2. Declarations of Interest

- 2.1 The ICB holds a register of interests for all staff and Board members. None of the interests registered were deemed to be relevant for the meeting business. There were no other interests declared regarding items on the meeting agenda.

3. Minutes from the ICB Board Meeting held in Public on 16 November 2023

- 3.1 The minutes of the meeting held on 16 November 2023 were approved as an accurate record of the meeting.

4. Action Tracker and Matters Arising

- 4.1 One action was noted on the tracker, marked as CLOSED, with an update added for the Board to note.

5. Questions from the Public

- 5.1 The Chair welcomed questions in advance of the Board meetings held in public. The ICB website details the process on how the public can submit questions to the Board, questions need to be sent in seven business days in advance of the meeting.
- 5.2 A number of questions had been submitted, concerning the community health and care services and the reinvestment of efficiencies into the services; Wiltshire Health and Care staffing and pay levels; and Board meeting arrangements, accessibility and public questions process. The Chair read out the ICB's response.
- 5.3 The questions and the responses as provided by the ICB Chair during the meeting will be published on the BSW ICB website: <https://bsw.icb.nhs.uk/document/bsw-icb-board-meeting-in-public-paper-pack-18-january-2024/>

6. BSW ICB Chair's Report

- 6.1 The Chair provided a verbal report on the following items:
 - Stacey Hunter – will be leaving her role as the CEO of SFT on 26 February 2024. Congratulations were noted for her new role as joint CEO of North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust in the North East of England, and a thank you for the work undertaken for SFT and the wider BSW system.
 - Board Vacancies - There are now three vacancies upon the ICB Board:
 - NHS Trusts and NHS Foundation Trusts Partner Member – acute sector – noting that nominated member Stacey Hunter is to leave her position as SFT CEO, and so does no longer meet the criterion to hold the position.

- Community Provider Partner Member
- Local Authority Partner Member – Swindon

The required nominations and appointments processes will be progressed as per the ICB's Constitution following the conclusion of the ICB Governance Review – with the outcomes and recommendations expected for the March Board meeting.

In arrangements similar to those made to cover the vacancies of the community partner member and the local authority partner member (Swindon), it was proposed that the Chair invite the RUH CEO to attend Board meetings as a participant – i.e. not a voting partner member – until the NHS Trust Partner Member is formally appointed. This arrangement will allow the Board to continue to hear and benefit from the acute sector perspective.

7. BSW ICB Chief Executive's Report

7.1 The Board received and noted the Chief Executive's report as included in the meeting pack.

7.2 The Chief Executive highlighted the following to members:

- Extreme operating demands continued across the system, particularly over the Christmas and New Year period, and during the recent industrial action held by Junior Doctors. The CEO acknowledged how the system had worked together to give a strong system response, adapting to the risks, to meet these demands and challenges.
System flow was maintained, though pressures remained in place, notably with ambulance holds – these were being actively addressed.
The system remained fragile, though in a stable position.
Further industrial action was anticipated, further impacting on BSW's financial recovery and recovery of services.
- Work continued on the development and implementation of Virtual Wards to expand their capacity – which had seen significant use, and remained a key part of the future offer and enabler of the left shift of support.
- Additional primary care respiratory clinics for children had been established, additional community pharmaceutical capacity put into place, and an increase in domiciliary care capacity made available with support from local authority partners.
- BSW had revised its financial position and agreed a £9.9m deficit position for 2023-24.
- Performance of the ICB and system had shown deterioration via the Performance Oversight Framework – with the ICB and RUH in segmentation 3. It was anticipated that the exit criteria would be met despite the significant challenges in some areas. GWH had moved into enhanced oversight with NHS England with regards to its cancer services. GWH had made a planning submission and was confident it would meet the pre-pandemic cancer targets by March 2024. Backlogs were being addressed, with considerable improvement shown in November and December. Additional provision had been brought in for weekends to bring GWH in on plan, though noting winter pressures, staff and patient sickness and industrial action may have a further impact. NHS England South West region undertake regular benchmarking of systems, noting most were also significantly challenged and recording deterioration in a number of framework areas. This was shared with ICBs to give an understanding of the relative performance of their system to the rest of the country.

- The National Vaccination Strategy was published in December 2023, informing BSW's continued approach to delivering vaccinations. The CEO wished to thank the Chief Nurse for the excellent leadership in this area, noting BSW was the second-best performer in the country on vaccination uptake, establishing community orientated collaborative working.

- 7.3 The Chief Medical Officer provided a verbal update against the Prescription Ordering Direct (POD) service item noted in the report. The ICB Executive had met on 8 January 2024 to discuss the future of POD, following the decision taken last year to review POD and the current format, noting the level of inequity across BSW was unsustainable, particularly against the financial challenges faced. A period of consultation and engagement had been held with staff, care homes and wider stakeholders. The Primary and Community Care Strategy set out the future direction for services, with access to primary care changing, with more use of apps and digital solutions.
- 7.4 The ICB Executive had unanimously approved the six recommendations:
1. To discontinue operations of core POD - Whilst alternative models were put forward, core POD alternatives did not fall in line with the new duties and purpose of the ICB.
 2. To discontinue care home POD - The alternatives were not able to meet the principles and role of the ICB, and it was felt that the care home contracts, and Enhanced Health in Care Homes frameworks should cover these services and responsibilities.
 3. To discontinue the pharmacy roles for POD - As a consequence of recommendations 1 and 2 – these roles would no longer have a purpose.
 4. To transition to the Future Medicines Optimisation in Care Homes (MOCH) model with a single MOCH lead as part of the Medicines Optimisation Team.
This would concern realigning, rather than operational delivery, to more strategic, policy, audit, planning roles – it had therefore been agreed to retain one strategic MOCH role working to deliver strategic oversight across the system. The Operational Team would discontinue.
 5. To discontinue the Dietitian team employed by the ICB, while retaining the single Dietitian lead, via SLA or otherwise, for strategy, policy and planning role.
 6. To discontinue Appliances.
The strategic and audit and planning role is already incorporated into the Medicines Optimisation team. Appliances would therefore be discontinued.
- 7.5 POD colleagues were advised of these decisions on 11 January 2024. Communications to care homes, practices and wider stakeholders had also been shared. A transition plan was now being developed to transition services to the appropriate place within the system, with assurance provided that this would happen in a safe and controlled way. There would be no immediate change to those patients using the POD service whilst the Plan was developed. This change would impact the 25 practices involved (around 7-11% of the BSW population). HealthWatch were commissioned to undertake a survey with patients, ahead of the POD decision – the feedback was mixed, with POD not seen as a popular option. The population was ready for change, and a move to increased use of digital, for those who were able to, freeing up capacity to support those members of the population who were unable to do so. An update would be brought back to Board in due course.
- 7.6 The Board discussion concerning the CEO report noted:

- Strategic clinical service redesign was required to change the system model. The BSW Clinical Strategy was in development, to link in with the direction set by the BSW Integrated Care Strategy, and the individual clinical strategies held by each acute. The Acute Hospital Alliance was starting to build that different way of working and clinical transformation and change, to be evident to partners and the population. The developing Electronic Patient Record programme was a key enabler to this change to pathways.
To provide that overall assurance to the Board, the CEO report needed to have a balance of strategic and operational information.
- How systematic learning was shared following periods of industrial action, and other extreme events, was being actioned with the support of the Regional Director. During these periods, risk assessments/stratification/appetite were able to be changed to enable that immediate decision-making. The agility of decision-making was key, empowering senior colleagues to make those risk-based decisions across the whole pathway.

8. Workforce Effectiveness

- 8.1 The Chief People Officer and Director of Resourcing and Retention talked through several slides covering the BSW Together Workforce Effectiveness Workstream and its focus, BSW's regional agency lead role, Technology Adoption and Implementation, Data Quality and Recovery Dashboard, BSW's recruitment brand, and vacancy controls. The Board noted the briefing and update, acknowledging the significant work being done across the system and at regional level.
- 8.2 The CEO wished to record her thanks to the Director of Resourcing and Retention, who was driving forward the recruitment workstream. This was a significant part of the strategic solution against the agency workforce challenge, and the financial deficit. An agile, efficient, and effective workforce was being created.
- 8.3 The Board discussion noted:
- The requirement to land the BSW People Plan was more evident - to provide the context against these activities and the progress and impact being made. This was under development, with system partners involved in bringing together this framework, with six principles aligned to the NHS Long Term Workforce Plan. The Plan was to go through the required engagement routes before being presented to Board. The BSW People Plan would set out the strategy and delivery plan targets.
 - The regional agency role was not necessarily within BSW's strategy to lead on, though felt it was important to stand up and lead for the benefit of BSW and region.
 - The reference to workforce challenges were echoed across the sectors, noting collaborative working would help resolve and address these.
 - Key performance indicators were set against the workstreams, including e-rostering for each organisation, to ensure wards were staffed as required in advance to drive down that agency spend. The impact of the international mental health nurses will be monitored as a new project. Somerset Yeovil had conducted an assessment which concluded that mental health nurses that were passed for integration at post six months were performing at the same level as UK trained nurses.
 - This housing work was to be delivered as a 'wheel and spoke' model, with a centralised team and specialist advisors. This would be in partnership with the local authorities and

NHS England, with a Housing Advisor looking at the available accommodation and the creation of a priority list against those most in need. The NHS England vision was to have a Housing Hub established in each region, to join up resources and links with private landlords and council accommodation. The scheme was to be a system solution, and not only for NHS, with primary care to also be included.

Wiltshire Council would be keen to support this initiative and the local hospital to meet the housing demand.

- Social Work was also seeing a high use of agency staffing. A memorandum of understanding was in place across the South West local authorities, the learning from this would be shared.
- Although digital passporting was an NHS England initiative, it was for each system to decide on its pace and reach, and if this extended to primary care. It currently only included NHS organisations, though ICBs had raised the need for this to include all system partners.

9. BSW Performance Report

9.1 The Board received and noted the BSW Performance Report, providing assurance to the Board against the key operational performance indicators. The ICB Quality and Outcomes Committee (QOC) had also reviewed the report at its January meeting.

9.2 The Chief Nurse drew the Boards attention to the following elements:

- Children and young people's access to mental health and learning disabilities services remained a challenge – the Child and Adolescent Mental Health Services provider was developing a plan to address this, linking with other services to support that early intervention of lower levels of mental health and emotional wellbeing.
- Learning disability and autism (LDA) inpatient numbers also remained a concern. The LDA Programme Board was reviewing this to maintain oversight of all individuals, to ensure regular contact was made, quality of care remained, and discharge plans were in place.
- Learning disability annual review impacts would be seen in quarters three and four, noting reviews were carried out at a point in time.

9.3 The Board discussion noted:

- There was a need to ensure risk and performance issues aligned and were reflected appropriately. The QOC had reviewed that full detail to provide that level of assurance on the mitigations in place against the performance, to assess the risks and scoring, with a triangulation of quality and related harm.
- It was suggested that the summary report also show the key exit criteria against each area as part of the Oversight Framework, to indicate the progress and expected movement timescales. This further evidenced the need for systemic change and supporting Strategy, to ensure collaborative and integrated response to risk. The Performance Report was still evolving to ensure it provided the level of assurance required to the Board and system partners, extending the scope and data.
- As part of its delegated functions for primary care commissioning, the ICB received the primary care, dentistry, ophthalmology and pharmacy complaints raised by patients. The QOC and Primary Care Executive Group was involved in reviewing the detail, with greater leverage to address issues of access and choice. The themes and

learning against the complaints received and the organisation's response would be considered and shared with QOC for assurance and oversight.

- It was acknowledged that the system needed to do more regarding impact on 0-19 year olds, and recording this via the dashboard to ensure the Board felt assured and sighted on the issues and performance relating to children, and specifically special educational needs and disability (SEND), the local area, and risks posed to the ICB and local authorities. That level of assurance was needed to confirm the ICB was discharging its responsibilities around SEND.

10. BSW ICB and NHS ICS Revenue Position

10.1 The Chief Finance Officer presented the report on the ICB and NHS Integrated Care System (ICS) revenue position at month eight, highlighting the following to members:

- An adverse variance of £11.1m was being reported, an improvement of £11.5m reported for month seven due to the additional industrial action funding, and the implementation of mitigations as agreed by the Board at its extraordinary meeting in November.
- The forecast outturn position had been agreed with NHS England as a £9.9m deficit. Systems have been advised to not plan for any further industrial action in the second half of the year, though noting there had been significant action recently. If the system was unable to mitigate any future industrial action costs, the forecast would be moved again to reflect these costs.
- The £9.9m would be repayable to NHS England as per the guidance.
- A material risk remained around the delivery of the £9.9m deficit position. The pack referenced the run rates required in order to achieve this.
- The risks were to be managed across the ICS. Areas of focus were as below, and would remain in place for the remainder of 2023-24 and 2024-25:
 - Continuation of workforce controls – vacancy control panels had been established in the ICB and provider partners.
 - The BSW Investment Panel would continue as part of the triple lock arrangements – to consider investments over £50k.
 - Non-pay controls across the system

10.2 The Board noted the report and the financial position of the BSW NHS ICS.

11. Annual Emergency Preparedness Resilience & Response Assurance Report

11.1 The Deputy Director of Corporate Affairs presented the annual Emergency Preparedness Resilience and Response (EPRR) Assurance Report for 2022-23, against the ICBs responsibility and provision as part of the NHS England EPRR Core Standards assurance process.

11.2 BSW reported a strong and positive position. Providers were largely compliant, and the ICB has been assured as 'Substantially Compliant'. E-MED were noted as non-compliant, with South West ICBs now working with them to implement a recovery plan. Assurance was given that this did not impact on E-MEDs ability to respond to incidents, however their governance, plans and work programmes needed to be reviewed.

- 11.3 A request was made for an update to be brought back to the Board in six months to understand if E-MED were on track with recovery plan implementation. It was also suggested that the South Western Ambulance Service Trust also be referenced in the BSW EPRR reporting.
[ACTION: Update on the BSW EPRR position to be provided to Board in six months \(July 2024\), to also include the Ambulance Service.](#)
- 11.4 The Board noted the report and the assurance and feedback provided by NHS England.

12. BSW ICB Corporate Risk Management

- 12.1 The Deputy Director of Corporate Affairs talked through the arrangements in place to strengthen the ICB's risk management work and processes. The Board development session on 14 December 2023 had discussed and considered the ICB Board's risk appetite, and the Board Assurance Framework (BAF). The ICB Audit and Risk Committee were sighted on this report at its December meeting, and were in support of the proposals. The Board was to now approve the co-created risk appetite statement to include in the ICB Risk Management Framework.
- 12.2 The Board discussion noted:
- The ICB would continue to develop its risk management and the narrative of the key strategic risks, noting that more connection between the Corporate Risk Register (operational risks) and BAF (strategic objective risks) was needed.
 - The narrative and risk appetite statement required clarity on what would be accepted or not accepted, particularly in relation to the low and medium risks.
 - It was acknowledged that risk scores change and evolve as circumstances change, this is continually monitored in line with action taken and revised accordingly. These changes would be reflected in future reports to the Board.
- 12.3 The Board:
- a. Approved the risk appetite statement, for inclusion in the BSW ICB Risk Management Framework;
 - b. Noted that the BSW ICB Risk Management Framework had been updated to reflect the amended operational risk management arrangements that have been introduced;
 - c. Approved the latest version of the BAF, as updated following the Board's discussions in December 2023;
 - d. Noted the BSW ICB corporate risk register.

13. BSW ICB Board – Declarations of Interests

- 13.1 The Declaration of Interests registers are regularly presented to the ICB Audit and Risk Committee for information and assurance that the ICB complies with statutory requirements and has in place a policy framework and key controls. As required, the Declarations of Interests Registers are also regularly shared with the ICB Board for assurance, and published on the ICB website. Members were reminded that declarations could be updated and added at any time via the online Declare portal.

13.2 The Chair noted there were some inconsistencies in the reporting and defining of interests that needed attention. It was also noted that the nil return for the Non-Executive Director for Public and Community Engagement was not referenced.

[ACTION: ICB Governance Team to review declaration statements for inconsistencies and inaccuracies and ensure these are corrected with appropriate Board members.](#)

13.3 The Board noted the update, and took assurance that the ICB has processes in place that enable it to comply with statutory requirements regarding transparency around, and management of, interests wherever and in whatever form they may arise.

14. Report from ICB Board Committees

14.1 The Board noted the summary report from the ICB Board Committees.

15. BSW Case for Change and Using Population Health Analysis to Drive Our Decision-Making

15.1 The Assistant Director of Business Intelligence – System Architecture and Transformation, and Wiltshire’s Director of Public Health joined the meeting for this item, presenting the BSW Case for Change, to be used to inform the commissioning decisions to be made as part of the Integrated Community Based Care (ICBC) programme, and also to provide reasons for BSW to re-think how it approaches decision-making across all of the programmes of work in the coming months and years.

15.2 The presentation covered population health analytics, the BSW strategy and case for change, responding to significant variation and key issues, the opportunities, using the data to drive our community engagement to make real, sustainable change, and next steps. The following was highlighted to members:

- Tracking of population health data will enable that prevention and early intervention work, understanding local health inequalities, and supporting the instigation of change – informing planning, service redesign – moving to a proactive system, rather than reactive.
- The case for change would hold partners and commissioners to account – aligning with and measuring the outcomes of the BSW Integrated Care Strategy and the Implementation Plan, ensuring a shift of system focus, to quantify the ‘do nothing’ challenges in BSW, and to bring partners together to use the data to drive change.
- Refreshing the BSW implementation plan, using the case for change to test plans and challenge ourselves whether our proposed actions target the right areas. Logic models would be used for each programme to support this, linking the actions (outputs) we propose to the outcomes we’re aiming for.
- The BSW population is projected to grow by 6% over the next 15 years, meaning there’ll be an extra 60,000 BSW residents by 2038 – bringing increasing financial and workforce challenges, and demand and pressures on health and care services.
- Though currently largely referencing health related data – the wider system and determinants was acknowledged – linking in with work already underway, rather than duplicating. The tools were available to support this, recognising that the data was only as good as inputted and provided. Engagement with communities and patients also supported this knowledge base.

- Partners existing business intelligence teams were to be used to extract the intelligence and knowledge. The population health analytics capacity needed to be strengthened to support this shift in delivery and impact to communities.

15.3 The CEO advised that the case for change and population health analytics was being used in real time to support the ICBC programme, a new and emerging approach to outcomes-focussed commissioning. It was acknowledged that there was existing population health and business intelligence expertise within the system, though capacity was low. There was a need for the system to do data analysis once and to then use it coherently and consistently. This work had the full support and commitment of the three Directors of Public Health.

15.4 The Board discussion noted:

- The system was to now ensure use of this model, case for change, and supporting data available to shift outcomes to the activity and impact expected.
- Primary care was currently missing from this space – discussions were to continue to link in to the overall system to support the intervention and prevention agenda. Skill building in the use of the tools, gathering and using data was needed to encourage that primary care input and engagement, and drive forward a cohesive approach. The lack of capacity was a potential barrier to this, with the Primary Care Access Recovery Plan highlighting the enablers and blockers. Health inequalities funds could be used to support colleagues, and to consider other aspects that could be stopped to enable this fundamental involvement.
- The BSW Primary and Community Care Delivery Plan was an important aspect of the delivery of change and setting the role of primary care. A Primary Care Delivery Group had now been established and would hold its first meeting in February. There was a need to ensure the strategic direction was connecting all partners and not creating silos.
- The translation of data would lead to improved outcomes and impact, and value for money for the system. It required expertise and implementation support to gain that pace and traction for change.
- The social determinants of health and real impacts on the population would provide that whole system picture, informing those system decisions and priorities. Wider reach work was needed to encourage the engagement of those communities that did not engage and utilise services.
- The challenge to the Board was to support the balance of the ask for data verses the right information, challenging and influencing this through the higher levels.

15.5 On reviewing the supporting slides and the fuller BSW Case for Change, the Board noted the work undertaken and the recommendations as set out in the paper.

16. Any other business and closing comments

16.1 There being no other business, the Chair closed the meeting at 13:05hrs

Next ICB Board meeting in public: Thursday 28 March 2024

Item 4

BSW Integrated Care Board - Board Meeting in Public Action Log - 2023-24

Updated following meeting held on 18/01/2024

OPEN actions

Meeting Date	Item	Action	Responsible	Progress/update	Status	Expected Completion Date
18/01/2024	11. Annual Emergency Preparedness Resilience & Response Assurance Report	Update on the BSW EPRR position to be provided to Board in six months (July 2024), to also include the Ambulance Service.	Rachael Backler	Noted on the forward planner for July 2024.	CLOSED	Jul-24
18/01/2024	13. BSW ICB Board – Declarations of Interests	ICB Governance Team to review declaration statements for inconsistencies and inaccuracies and ensure these are corrected with appropriate Board members.	Anett Loescher	Update 20/03/2024: ICB Governance Team reviewing the declaration statements recorded on the Declare system, with updates and corrections made as required.	CLOSED	End of March

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	7
Date of Meeting:	28 March 2024		

Title of Report:	CEO Report to BSW ICB Public Board
Report Author:	Sue Harriman, Chief Executive Officer
Board / Director Sponsor:	
Appendices:	

Report classification	Public elements of Board
ICB body corporate	Yes
ICS NHS organisations only	No
Wider system	No

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	X
Noting	For noting without the need for discussion	

1	Purpose of this paper
The CEO reports to the Board on sector developments that are expected to impact the ICB, and key issues relating to ICB plans, operations, and performance.	

2	Summary of recommendations and any additional actions required
The ICB Board is invited to note the content of this report.	

1. National and Regional Context:

- 1.1 **Newly issued statutory guidance.** Since the beginning of the calendar year, the Department of Health, and Social Care (DHSC) and NHS England (NHSE) have issued significant pieces of statutory guidance for NHS bodies (incl. ICBs) to continue implementing the Health and Care Act 2022. The ICB must have regard to all statutory guidance, and the ICB’s partner organisations may wish to keep informed of such guidance and its implications for organisations’ collaborative working. Summarised below are the key points from recently issued statutory guidance.
- 1.2 **New Ministerial Intervention Powers.** On 31 January 2024 new ministerial powers of intervention were introduced. These are an important consideration for all future major service reconfigurations, and in our partnership with Local Authorities. Under the new process:
- A new call-in power allows the Secretary of State to intervene in NHS service reconfigurations at any stage where a proposal exists and take, or re-take, any decision that previously could have been taken by the NHS commissioning body.

- Call-in requests can be submitted to the Secretary of State - the DHSC expects these only to be used in exceptional situations where local resolution has not been reached.
- NHS commissioning bodies have a duty to notify the Secretary of State of notifiable reconfigurations - this duty does not apply to reconfiguration proposals before 31 January 2024 where a consultation has commenced with the local authority in accordance with regulation 23(1)(a) of the 2013 regulations.
- Local authorities are no longer be able to make new referrals to the Secretary of State under the 2013 regulations.

1.3 There is an expectation that most reconfigurations will continue to be managed at a local level and will not require ministerial intervention. There is also an expectation that organisations or individuals' concerns about a proposed reconfiguration of NHS services are resolved through the local NHS commissioning body and / or the local health overview and scrutiny committee (HOSC).

<https://www.gov.uk/government/publications/reconfiguring-nhs-services-ministerial-intervention-powers/reconfiguring-nhs-services-ministerial-intervention-powers>

1.4 **Statutory guidance 'Guidance on the preparation of integrated care strategies'.**

The DHSC committed to reviewing and, if necessary, refreshing the guidance on the preparation of integrated care strategies that was first published in July 2022. The refreshed guidance was published on 1 February 2024; it replaces all previous guidance. In summary, changes to the guidance include:

- Additional guidance on localised decision-making at place level, including how place-level plans and strategies (including shared outcomes frameworks) should shape the integrated care strategy.
- Greater clarity on the opportunity for integrated care strategies to consider the wider determinants of health in setting the overall direction for the system (for example, housing and crime) and health-related services (services that are not directly health or social care services but could have an impact on health).
- Greater clarity on the expectation for integrated care partnerships (ICPs) to promote widespread involvement when developing their integrated care strategies. This includes engagement with voluntary sector organisations, and consideration of inclusion health groups, seldom heard voices, groups that may be routinely missed in needs assessments, important life phases and transition points (such as childhood to adulthood), and strengthening the section on approaches and mechanisms to embed 'dying well' within a life course approach.

<https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies>

1.5 **Statutory guidance 'Arrangements for delegation and joint exercise of statutory functions'.** On 22 February 2024, NHSE published refreshed formal statutory guidance for integrated care boards, NHS trusts and foundation trusts ('relevant bodies'). While NHSE, integrated care boards, NHS trusts and foundation trusts must have regard to this guidance, local authorities and combined authorities may also find the guidance helpful when working jointly with a relevant body.

In summary, the guidance provides an overview

- Of the new and generally quite permissive collaborative working arrangements that are possible between NHS organisations and local government following commencement of the [Health and Care Act 2022](#) , with further technical guidance in the supporting annexes.
- Of the functions that should never be delegated or jointly exercised.
- Of the additional recommendations/expectations that organisations must have regard to when deciding whether to delegate or jointly exercise a function.

1.6 As in the previous year, the guidance issues a hold on the delegation of ICB statutory functions to NHS trusts and foundation trusts in the financial year 2024/25. The ICB therefore cannot use s65z5 of the Health and Care Act to delegate any of its functions to an NHS providers. The ICB can, however, delegate its functions to another ICB; the ICB can also receive delegated functions from NHSE.

1.7 The hold does not apply to delegation to local authorities either. However, the use of ICB powers to delegate to local authorities should be considered in conjunction with s75 partnership arrangements and within the scope of s75 restrictions.

<https://www.england.nhs.uk/long-read/arrangements-for-delegation-and-joint-exercise-of-statutory-functions/>

1.8 **Statutory ‘Guidance on ICB constitutions and governance’**. At the time of writing, DHSC sign-off on this guidance is still pending. The guidance is expected to refresh previous guidance in the light of the Health and Care Act 2022. This is a key piece of guidance regarding the formal constitution of the ICB body corporate. It will include a template model constitution to which ICBs must have regard in maintaining and amending their constitutions and will set out the requirements that ICBs must meet when designing their governance arrangements and structures.

1.9 **Improving Measles, Mumps & Rubella (MMR) vaccine uptake to prevent measles outbreaks**. On 29 February 2024, NHSE wrote to all ICBs following the UK Health Security Agency (UKHSA) declaration of a national incident in London and the West Midlands involving significant measles outbreaks, to work urgently with system partners to prioritise activity to improve MMR vaccine uptake. This direction built on that previously received on 1 November 2023. It was requested that particular focus be placed on the areas and communities with the lowest uptake within in our system. At the time of writing, NHSE noted that the national coverage for 1 dose at 2 years old was 89.5% (against a target of 95%) and for 2 doses at 5 years was 85.7% (against the same 95% target). They reported the BSW ICB figures to be 94.95% and 92.9% respectively. BSW ICB has worked with system and Regional colleagues to implement the national direction and further details are listed below under Quality and Safety.

2. BSW ICB updates:

2.1. **Operational Demand**. BSW continues to have challenges across the system that relate to patient movement (flow) across services. All acute trusts are required to achieve a minimum of 76% of patients being seen and treated within four hours in an Emergency Department. This target has been challenging for BSW for some time and there has been targeted activity over recent weeks with the system working together to achieve this through collaborative working and ensuring all partners

participate to ensure delivery of the target. Our aggregate performance at the time of writing is 72.7%. The priority is to ensure patients remain safe in our health and care services. We continue to see ambulance handover delays and although we have noted some improvement this has not been consistently maintained. Improvement plans are in place, and we are revisiting our system wide recovery plans to ensure that they have clear actions identified to deliver improvements in the urgent and emergency care performance targets.

- 2.2. We have seen some improvement in the number of people leaving hospital on the day they are able to leave acute hospital beds, though there is more to do to reach a level where flow is consistent. Since this time last year the system has improved by 17.41% (GWH + 4.6%, RUH -11.50% and SFT – 38.66%¹). More funding has been made available to support increasing capacity across the system to enable more people to go home to their usual place of residence, and this has had a positive impact. We continue to seek to improve processes to decrease delays and so improve efficiency across the pathway, to deliver effective system flow.
- 2.3. The ongoing industrial action of junior doctors continues to have an impact on flow across the system and all partners are working together to mitigate the risks and ensure patient safety is maintained when industrial action occurs. During the last period of industrial action the impact on urgent and emergency care was heavily mitigated by effective collaboration by all partners across the system. At the time of writing, consultants are being balloted on a revised pay offer, while the BMA is also balloting junior doctors for a renewed mandate for industrial action. We are also aware of a potential for the BMA to ballot GPs for industrial action, which will more likely present as a work to rule if passed, and the Wiltshire Health and Care pay disparity is yet to be resolved by DHSC. It seems inevitable that, in this election year, we may yet experience more disruption.
- 2.4. **Current Financial Position.** The BSW ICS reported financial position at month ten is an adverse variance of £18.9m. The year-to-date adverse variance is driven by the following:
 - Industrial action of £6.5m in December and January.
 - Efficiency plan delivery shortfall of £4.0m.
 - Unfunded provider support £2m.
 - Continuing agency and pay cost growth of £6.4m.

NHS organisations are expecting to receive further funding to support the direct costs of industrial action of which £4.8m has been received following month end. The system has received a further £2.8m of regional funding relating to depreciation and additional allocations, and £2m linked to community discharge centres has also been funded. This has all been recognised in the forecast outturn positions.

Following the recent regional and national exercise around the forecast outturn, the BSW system had agreed a £9.9m deficit position for 23/24. All organisations continue to strive to reduce expenditure run rates and take further mitigating actions to bring the financial position back to an agreed full year forecast outturn of £9.9m.

¹ Data taken from the Dynamic Urgent Care Tactical Report 14 Mar 24.

- 2.5. There is still a risk to the delivery of this forecast position, the main risks being operational pressures and H2 efficiency delivery. The value of this risk is circa £5m.
- 2.6. **2024/25 Financial Position.** The ICS submitted a first 'flash report' to NHSE on the 23 February 2024 with a deficit of £98m, this included a Cost Improvement Programme (CIP) target of £110m or 5.5%. Following several escalation meetings with NHS CEOs, it was agreed to improve this by £40m to a deficit of £58m. This improvement is currently being worked through. This subsequently deteriorated by a further £6m to £64m due to a technical accounting adjustment at GWH relating to the Private Finance Initiative (PFI). This change was supported by the NHSE regional team.
- 2.7. There is further work to be done to identify how these savings will be delivered. Following the meeting with the national team on the 12 March 2024, it has been made clear that given the national position, there is an expectation that we will get back to break even. Work continues on finding a route to breakeven.
- 2.8. 2024/25 will be an exceptionally challenging year and as previously reported, the system will continue throughout 2024/25 with the enhanced financial controls that were put in place in 2023/24 including:
- Enhanced workforce controls.
 - Further controls on discretionary spend.
 - Triple lock investment panel.
- 2.9. **2024/25 Operational Plan.** We made our initial 24/25 planning submission to NHSE on 21 March 2024, although at the time of writing, national planning guidance has not yet been published. In the plan we set out our initial ambitions to deliver improved operational performance for next year across all of the major planning measures, but there is more to do to ensure that we are stretching our ambition to meet all of the national targets. The key areas of challenge in the initial submission include A&E four-hour performance and 65 weeks elective care. We continue our planning work and will make our final plan submission to NHSE on 2 May 2024.
- 2.10. **Performance, Oversight, and Delivery.**
- 2.11. **Performance Oversight Framework.** The Board were updated in January that the outcome of the NHSE Quarter 2 Segmentation process had been confirmed with both the ICB and RUH remaining to Segment 3 performance, and SFT also moving to Segment 3. This has remained the case at the Quarter 3 Segmentation process. This is driven by performance in certain areas, including diagnostics, cancer, mental health performance, and finances. For all the identified areas, existing recovery plans are in place with improvement trajectories which were set to be achieved by the end of Quarter 4.
- 2.12. **Elective Care.** The Elective Care Board oversees performance and recovery actions for elective targets, and the detailed remedial action plans and trajectories, for the areas requiring most improvement. The ICB has seen a deterioration in the number of people waiting over 78-week at the end of December from forty-seven (October) to

seventy-six. Fifty-two of these breaches were within providers in BSW, with the remainder at non local, predominately Bristol, providers. The national focus has shifted to clearing the 78-week position by end of March 2024, with the 65-week reduction now being a target for September 2024. Most recent forecasts for local providers show thirty-four people waiting at the end of March (all at RUH,) with the expectation that additional actions taken for weight management patients at RUH will reduce this risk to two. The year end forecast is supported by ongoing mutual aid between providers for pressured specialties, including paediatrics and spines.

- 2.13. **Diagnostic Performance.** Diagnostic performance remains an issue at both RUH and GWH, driven mainly by non-obstetric ultrasound capacity. Additional capacity has been sourced and is working through the backlog of patients that have already breached the 6-week target and is expected to start showing more material improvements in the March performance figures. Utilisation rates of the additional Community Diagnostic Centre (CDC) mobile van capacity has significantly improved over recent months for CT, MRI scans, and Endoscopy. Both RUH and SFT are forecasting to achieve 85% of the 6 weeks target by the end of March.
- 2.14. **Cancer Performance.** Performance against the key cancer targets remains below national targets, with continued challenges relating to colorectal and skin cancer at RUH and skin cancer at our other two providers for the 62-day treatment target. Remedial action plans had previously been put in place with additional actions at RUH on skin cancer agreed and reducing the backlog by circa 40% in February.
- 2.15. **Improving Access to Psychological Therapies (IAPT).** IAPT rates have improved overall through 2023, although not yet reaching the national standard (50%). Access rates dropped in August and September and while the performance remains above the trajectory to achieve the standard by end of March, additional focus will be required to ensure the improvement trajectory year to date is sustained.
- 2.16. **Children and Young Persons (CYP) Access.** CYP access (12 month rolling) remains at 80% of plan in October 2023 (threshold is 90% of plan), using local Oxford Health data, while we wait for national reporting to catch up. This is not expected until April 2024.
- 2.17. **Dementia Diagnosis.** The Dementia Diagnosis Rate (DDR) remains at 58.8% against a national standard of 66.7%. We are forecasting a year end position of 62.9-64.4% as the DDR transformation plan is implemented, and the impact of the Q4 focus on assessment and diagnosis of people in care homes continues.
- 2.18. **Learning Difficulties and Autism (LD&A) Inpatient Rates.** Following previously reported increases in inpatient numbers, Quarter 3 has seen a decrease (rate of 42 per million reduced to 33). This remains above the planned trajectory.
- 2.19. **Quality and Safety – Maternity Services.** A new Maternity and Neonatal Independent Senior Advocate role is being piloted in BSW from April 2024, following the Immediate and Essential Actions identified in the Ockenden review into maternity

care, at Shrewsbury and Telford Hospital. The advocate will help ensure the voices of women, birthing people and families are listened to, heard, and acted upon by their maternity and neonatal care providers when they have experienced an adverse outcome during their maternity or neonatal care.

2.20. **Quality and Safety – Measles Infection, Prevention and Management**

Collaborative. The South West region currently has had small numbers of confirmed cases of measles reported, however in response to NHSE guidance the BSW ICS Infection Prevention and Management Collaborative (that includes public health, ICB and Local Authority leads) has reviewed processes to ensure the health and care system is prepared and able to respond appropriately. The review focused on key elements set out within the national guidance and provided assurance that BSW ICS is able to effectively manage cases of suspected or confirmed measles within the population via:

- **Prevention:** Analysis of MMR vaccine uptake rates across the BSW system and strategies to support proactive delivery of the MMR vaccine via dedicated clinics and a 'call and recall' system within primary care for those eligible.
- **Treatment:** Identification and prompt treatment of any cases of suspected measles within the population, including access to swabbing within health settings
- **Management:** Processes for the follow up and potential vaccination or prophylaxis (treatment given to prevent disease) for anyone who may have been a close contact of a person with confirmed measles.
- **Communication:** Provided to public via social media messaging²
- **Training:** Targeted Infection Prevention and Control update training has been delivered to health and care professionals

2.21. **Health Inequalities (HI).** Out of the thirty-five grants that were approved in the summer of 2023, nine have been awarded in Q4 of 2023/24, all contracting arrangements have been completed and payments issued. The remaining twenty-six grants will be awarded from April 2024. All thirty-five grants will be completed by March 2025. A governance process has been established in partnership with locality colleagues by setting up a joint grants funding group which will meet monthly to track the progress of all the projects.

2.22. **Activity Driven Estates Planning Tool (ADEPT).** BSW is a national pilot site for the development and roll out of an activity driven estate planning tool (ADEPT). The tool will support evidence-based estates planning and decision making as a key enabler to the delivery of the BSW Integrated Care Model, and the refresh of the Primary and Community Services Strategy. Work on the design of the tool is now complete and the clinical planning phase is in progress having started on January 2024. This commenced with a BSW launch event held in December, with good representation of clinicians and senior management leads. Six clinical planning workshops will be held. These will identify and collate all clinical planning (service redesign) interventions already agreed by BSW, as well as aspirational targets (the agreed ambition) informed through comparators, national benchmark data and best practice. Clinical

² Novel social media channels have been used to engage the teenage population. Our You Tube messaging has been highly successful with a view rate of 47.6% against an industry bench mark of 30.6%.

planners and Health Integration Partners (HIP) have been appointed to facilitate the clinical planning phase. The clinical planning interventions output will be used to model the *do nothing*, *do minimum* and *do maximum* scenarios. The ICB Board will need to review and sign-off the clinical planning interventions output once it has been compiled at the end of March 2024.

- 2.23. **ICB Data Infrastructure.** The ICB has recently transferred its main data platform (data warehouse) into the Cloud. Alongside the Graphnet Integrated Care Record, this leaves the ICB with a sound data infrastructure from which to generate reporting and intelligence. The ICB team have set out plans for the next phase of developments, which includes ensuring our data can effectively support population health analytics to underpin our transformation work. Central to the development plans is the ability to share ICB-held data more easily with partner organisations to facilitate integration. The ICB is also seeking to ensure our data infrastructure is aligned with the national Federated Data Platform, and that BSW can contribute towards the regional Secure Data Environment for Research – enabling the ICS to access national monies to support our local work.
- 2.24. **People.** The ICB re-organisation (known as Project Evolve) consultation was launched on the 7th March 2024 with the aim of a 45-day consultation. The consultation document outlines a number of proposals on structures and ways of working for taking forward the future priorities and ambition of the BSW ICB. The consultation concludes on 22 April 2024 with a following four-week period to assimilate all feedback and agree next steps.
- 2.25. NHS staff survey results were published on the 7th March that showed an overall response rate of 75% for the BSW ICB. While there have been some marginal increases such as uptake of appraisals, overall staff engagement and morale has decreased. However, nationally whilst provider organisations have seen gains in their staff surveys, the majority of ICBs have seen decreases much as those noted in BSW. The outcomes of the survey will inform ,and influence, the Project Evolve consultation and post consultation plans.

3. Focus on Place (reports by exception, matters unique to a locality):

- 3.1. **B&NES.** Nothing exceptional to report which has not been covered elsewhere.
- 3.2. **Swindon.** Nothing exceptional to report which has not been covered elsewhere.
- 3.3. **Wiltshire:** Nothing exceptional to report which has not been covered elsewhere.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	8
Date of Meeting:	28 March 2024		

Title of Report:	Draft BSW Implementation Plan
Report Author:	David Jobbins (Interim Deputy Director – Planning & Programmes)
Board / Director Sponsor:	Rachael Backler (Chief Delivery Officer)
Appendices:	Appendix 1 – Draft Implementation Plan

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	
ICS NHS organisations only	
Wider system	X

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	x
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	
Noting	For noting without the need for discussion	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	X
2. Fairer health and wellbeing outcomes	X
3. Excellent health and care services	X

Previous consideration by:	Date	Please clarify the purpose
ICB Board Development Session	22/02/2024	Reminder of the approach and process. Update on where we are now – what the initial submissions are telling us. Discussion on some areas where it would be helpful to have a steer from the Board
Executive Management Meeting	20/03/2024	To review plan and recommend this for ICB Board approval
Health and Wellbeing Boards	Throughout mid-March	To seek views on whether the plan is: <ul style="list-style-type: none"> • Reflective of the joint local health and wellbeing strategies. • Aligns with system partnership ambitions.

1	Purpose of this paper
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The paper is to provide the board with the draft version of the BSW Implementation Plan, which under the Health and Care Act (2022) the ICB have a statutory duty to publish on their website by no later than 31 March 2024.

However, due to delays in the 2024/25 planning guidance being issued by NHSE, the ICB have been informed today (21st March) that NHSE is setting a revised date of 30 June 2024 for ICBs to publish and share their plans publicly. Board is asked to note that we are still expected to share a draft version with NHSE by end March.

To date, a range of senior colleagues and strategic partners have been asked to provide initial updates on the achievements against the 23/24 plan. In addition to these updates, a high-level refresh covering two years 2024/25 and 2025/26 has been undertaken in which colleagues have been tasked with outlining targets/deliverables they are striving to achieve in both 24/25 and 25/26. In addition, the planning team have been working with Place Directors to support in engaging our Health and Wellbeing Boards, to seek views as to whether the plan:

- *Is reflective of the joint local health and wellbeing strategies*
- *Aligns with system partnership ambitions.*
- *Requires amendments/changes and the rationale for this*

We had asked for the opinions of the Health and Wellbeing Boards by 27th March in time for the 28th March Board Meeting. However, as we were advised of the NHSE timeline change on 21st March we have let the HWBs know that we know have an additional three months to develop our plans.

We know that there is further work to do to develop the detail behind our plans, given the significant operational and financial challenges that we are facing – and a need for a comprehensive system-wide approach to quantifying the benefits of our transformation activities. This will be a key discussion point at the system planning day that we are holding on 9th April. This day will help us test how the plan supports the delivery of our strategic objectives, and our financial recovery objective, but also help us make sure our transformation activities are targeted on the right initiatives.

There is also some further work ongoing to finalise the plan including receipt of the HWB opinions.

An updated version of the plan will be presented to the board in May. And we then will finalise the design of the document and publish on our website by no later then 30th June.

The board are also asked to note that as part of the submission of the plan, the ICB will be expected to update on our legislative duties – as such, we have

updated what was in the previous plan and this will be attached as an appendix on final submission to NHSE.

2 Summary of recommendations and any additional actions required

The ICB Board is asked to receive and discuss the draft plan, and the revised timeline.

3 Legal/regulatory implications

The ICB has a statutory requirement (Health and Care Act 2022) to update and publish our joint forward plan to the ICB website but no later than end March 2024. However a revised publication date 30 June, has been confirmed by NHSE to allow the ICB to reflect on the 2024/25 planning guidance prior to implementation.

As part of this requirement the ICB is also required to engage with the three health and wellbeing boards, which is being undertaken.

4 Risks

The following risks have been highlighted:

- Financial risk and the need for budgets to be confirmed
- The need to align proposed work under the Implementation Plan to the Capital Forward Plan
- Need to ensure that the activities as set out will allow us to deliver our strategic objectives

5 Quality and resources impact

Development and implementation of the plan will help to ensure an increase in Quality, Patient Experience and Safeguarding, ensuring that work undertaken across all directorates and partnerships within BSW align to the ICP strategy.

Whilst there is no financial resource required to develop the plan, the implementation of workstreams because of the plan being approved may result in financial resources being required – relevant workstreams/projects will be expected to come through BSW governance pathways to ensure full oversight and sign off.

The development of the plan requires involvement for a multitude of colleagues across BSW and is being held by the Planning and Performance team. The implementation of the plan will have a wider impact of the workforce within BSW – however this will differ per workstream/project and delivery leads will be expected to follow relevant governance routes for sign off where appropriate.

Finance sign-off

Gary Heneage, Chief Financial Officer

6	Confirmation of completion of Equalities and Quality Impact Assessment
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No EQIA has been completed for the plan refresh.
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7	Communications and Engagement Considerations
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The plan is required to be uploaded to the ICB website by 30 June 2024.

8	Statement on confidentiality of report
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This report is not confidential.



Bath and North East Somerset,
Swindon and Wiltshire Together

Bath and North East Somerset, Swindon and Wiltshire Integrated Care System (BSW Together)

DRAFT Implementation Plan Refresh 2024 – 2026

March 2024



1. Introduction	4
2. Updating our plan – our priorities for the next two years	7
3. Working Together to deliver our Plan	8
Acute Hospital Alliance	9
4. Health and Wellbeing Board Opinions	10
5. Some examples of our achievements in 2023/24	11
Developing an Integrated Neighbourhood Team model in Swindon	11
Leadership and Management	11
Oliver McGowan Training	12
Bank and Agency	12
BSW Youth Worker Pilot	12
6. Our local implementation plans	13
7. Our outcome measures update	24
8. Strategic Objective 1: Focus on Prevention and Early Intervention	25
Introduction	25
Cardiovascular disease	27
Mental Wellbeing	28
Smoking Cessation	28
Cancer and Screening	29
Respiratory	29
9. Strategic Objective 2: Fairer Health and Wellbeing Outcomes	31
Introduction	31
Core20Plus5 - Adults	32
Core20plus5 – Children and Young People	34
10. Strategic Objective 3: Excellent Health and Care Services	36
Introduction	36
Implementing our primary and community care delivery plan	36
Primary Care	37
Urgent and Emergency Care	39
Mental Health	40
Learning Disabilities & Autism	42
Elective Care & Cancer	44
Maternity	46
11. Children & Young People	49
Child and Adolescent Mental Health Services	51



12. Financial Recovery	53
13. Enabling Workstreams	55
Workforce	55
Technology and Data.....	56
Population Health Management.....	57
Estates of the Future	58
Environmental Sustainability.....	59



1. Introduction

The purpose of this plan is to enable our local populations, partners and stakeholders to have a clear picture of the programmes and plans that will be delivered in support of our partnership strategy.

This Plan sets out how we and our partners, working together at system level and in our places, Bath and North East Somerset, Swindon and Wiltshire (BSW), will deliver our Integrated Care Strategy over the period 2023-28. This is our version of the Joint Forward Plan that all Integrated Care Boards (ICBs) across England are required to produce for their respective systems.

We published our first Implementation plan in July 2023, and this update sits alongside that first plan. As only a short time has passed, rather than update the plan in its entirety we have focussed on:

- Reflecting on what we have delivered over the first 9 months of working together in this new way;
- Prioritising and re-focusing on key deliverables and outcomes that will help us achieve our ICP Strategy.
- Setting out what we want to achieve in the next two years;

This Year 2 Implementation Plan Update does not provide the contextual detail that is set out in the 23/24 Plan but, instead, should be seen as a companion document that is focussed on describing delivery in 2023/24 and our plans for the coming year 2024/25. Readers are asked to refer to the 2023/24 document which can be found on the ICB website.

Our system is made up of three distinct local areas – or Places – and a wide range of organisations which may operate at one or more of Neighbourhood, Place or System level. The name we have given our Integrated Care System is BSW Together. The BSW Strategy, from which this Implementation Plan is derived, sets out what BSW Together aims to achieve for our population over the 2023-28 period and is informed by strategies and plans, including the three Health and Wellbeing Strategies, produced by partners.

The structure of the Plan places a particular focus on how we are delivering our BSW Priorities together through system activities and our Place Level Priorities which are described in more detail in our Place based local implementation plans.

Current Context

During this last financial year, the partners across the ICP have been working together to progress our transformation work, and also dealing with individually and collectively with a number of challenges. Alongside increasing demand and operational pressures, we are facing increasing financial challenges that must be addressed in order for us to achieve financial sustainability.



We have made progress in a number of areas together over the past nine months, but in some areas this progress has been slower than we would like as we have responded to the financial challenges, demand and changes to the way that we operate. As an ICB, we have seen significant changes to the way that we operate, for example with the need to respond to the reduction in our running costs. The ICB has also taken on delegated responsibility for Pharmacy, Dental and Optometry Services from 1 April 2023.

Despite the challenge context, we are proud of the achievements we have made in the last nine months since we published our plan. Some of our achievements includes that we have:

- Published a new primary and community care delivery plan
- Reviewed our programme delivery arrangements (covered later in the document)
- Co-developed a new system-wide way of sharing information to help health and care professionals provide hospital patients, as well as their families and carers, with extra support before and during their onward care journey.
<https://bswtogether.org.uk/discharge/>. These will help people to understand the hospital discharge process and how to access onward care and support.
- Achieved funding for BSW Youth Worker Pilot, embedding a dedicated Youth Worker into each Acute hospital emergency department to support Children and Young People aged 11-25 with their mental wellbeing needs, and those struggling with the impact of long-term conditions including diabetes and epilepsy.

As part of our work on updating our implementation plan, we have specifically looked to ensure that our programmes of work will support delivery of our strategic priorities, as well as help return us to financial balance. We believe that focus on reducing inequalities and increasing our preventative activities, will in turn enable us to achieve financial sustainability. This is part of our 'left shift' priority.

Whilst we are dealing with financial challenges, we are committed to ensuring that our transformation programmes continue and that we are investing in areas that will help our patients and residents to live healthier and longer lives.

One component of this work is the reshaping of the ICB to best meet our future vision and purpose so that we are making best use of all our resources to deliver the core purposes of the ICB and support, alongside system partners, the delivery of the BSW Strategy and this Implementation Plan. The key drivers are:

- Ensuring the ICB is best placed to deliver its core purpose and statutory functions;
- Ensuring the clarity of the ICB role in order to most effectively work with partners so we can deliver as a system;
- Ensuring we can most helpfully realise the full potential of partnership working across BSW through more efficient and clearer ways of working; and
- Ensuring we have a fit for purpose ICB to put in place what is needed to meet the future needs of our population.



Another key component is partners working together to prioritise our focus on evidence-based programmes that we believe will deliver contributions to the outcomes we set out in our first implementation plan.

As part of putting this into practice, the next section sets out how we are using the ICP strategic priorities to develop a focussed number of priorities for delivery over the years of two years.



2. Updating our plan – our priorities for the next two years

Since publishing our Implementation Plan in July 2023, we have been responding to an increasingly challenging operational and financial landscape, alongside our known context of rising demand for health and care services within our population. We know that we need to deliver some key priorities if we are to make the changes we need to make in the face of these challenges. We are therefore using this opportunity of refreshing our plan to set out a smaller number of priorities that we believe will help us delivery our overarching ICP objectives.

ICP objectives	Implementation Plan Update Priorities
Focus on prevention and early intervention	<ul style="list-style-type: none">• Cardiovascular disease prevention• Early intervention in Mental health
Fairer health and wellbeing outcomes	<ul style="list-style-type: none">• Adopting CORE20PLUS5• Children and Young People
Excellent health and care services	<ul style="list-style-type: none">• Delivering our primary and care transformation programme including the recommissioning of community services ready for 25/26• Improving access to and quality of local services
Financial recovery and sustainability	

We are also committed to ensuring a return to financial sustainability within our healthcare system and therefore we have added this a new objective and priority for us for the next two years.

We have set out within later sections our plans to deliver these key priorities and how we will measure whether we have been successful.



3. Working Together to deliver our Plan

During the summer of 2023, the ICB initiated a set of discussions around reforming the way that we oversee delivery of our collective priorities through our programmes. We engaged with CEOs and key programme stakeholders to discuss and agree a set of proposals. In parallel, we have also been working to set up a new financial recovery board. As part of agreeing how we work together to delivery changes, we have set out a set of principles. These are as follows:

- We want to continue working in a way that respects our agreed commitments to mutual accountability and collective oversight
- We need to establish mechanisms that operate effectively across system partners, and are based on a high trust, high transparency approach.
- We need clear delivery governance and decision-making routes that are easy to understand and collectively owned, are effective at ensuring that we have the right groups set up to carry out delivery, and that delivery is on track.
- By delivery, we mean putting in place the actions to deliver our agreed strategy, and our implementation plan and operating plan
- We need to recognise the interdependencies and the differences between oversight of 'business as usual' activities and transformation work and ensure the mechanisms we put in place are capable of overseeing both.
- We need to be clear that the ICB risk management framework applies to delivery groups
- There is a desire to have a consistent programme and project methodology using initiation, gateways, milestones, evaluation, closedown etc
- We want to be clear on what decision-making powers / authorisations sit at different forums
- System partners will, as business as usual, ensure that their own organisations are delivering against their plans. However, there is benefit in partners carrying out oversight together, in the understanding that under current legislation, performance / delivery oversight cannot be delegated from / by sovereign organisations.
- To ensure efficient and effective ways of working, we should not set up new forums if another group could be re-purposed or modified to undertake the function required.

We are establishing a new Delivery Oversight Group which is an Executive-led forum charged with the responsibility for mutually overseeing delivery of our agreed priorities. We will agree our priorities through our implementation plan, and these will form the mandate for each programme (now called 'Delivery Group') and our work programme for the year.

Delivery Groups will be asked to report regularly on achievements and use a standard approach to escalating concerns through to the Delivery Oversight Group. The Delivery Oversight Group will sit alongside the Financial Recovery Board, which will focus on whether we are seeing the expected financial benefits of the delivery of our

collective priorities – both in terms of organisational performance and delivery of system-wide financial recovery initiatives.

Programmes will now be called delivery groups and will be established in a uniform way. Delivery groups are partner forums that come together to deliver our operating plan and implementation plan commitments.

The main delivery groups as currently identified are UEC, Elective, Mental Health, LD&A, CYP and Primary and Community Care. Enabling delivery groups are Digital, Estates, Finance, Green and Workforce. New groups can only be added in agreement with the ICB Executive.

The ICAs and the AHA also have responsibility for delivering elements of our implementation plan – we are working through how we will ask partners to share updates on progress.

Reporting on delivery against the plan will be through a number of routes including the local implementation plan progress being reported through respective Health and Wellbeing Boards alongside progress reporting on Joint Local Health and Wellbeing Strategies and reporting against delivery group programmes through partner agencies.

To ensure clear and useful information on progress for partners and our local population we are working through the best reporting arrangements through the Integrated Care Partnership, BSW Together, and the various individual and partnership reporting arrangements. This will be undertaken early in 2024/25. These arrangements will be in place for the duration of the 2023-28 BSW Strategy.

Acute Hospital Alliance

Our acute hospitals are continuing their work together to transform services. This includes a Clinical Transformation Focus on Priority Specialties including Orthopaedics, Dermatology, Gastroenterology and Urology.

The AHA are also working together to review staffing levels across the hospitals and to explore opportunities for corporate services collaboration.

In addition AHA partners are working together to develop a single capital plan and to implement a single system for electronic patients records.



4. Health and Wellbeing Board Opinions

[to add when received]



5. Some examples of our achievements in 2023/24

Developing an Integrated Neighbourhood Team model in Swindon

Over the last 12 months the Swindon Locality have been engaged on a number of Integrated Neighbourhood Team (INT) projects with a regular steering group working towards designing Integrated Neighbourhood Teams and developing pilot projects incorporating partners from across the Swindon Locality. Represented partners include Great Western Hospital, Swindon Borough Council, Avon and Wiltshire Mental Health Partnership, First City Nursing, Swindon Carers, Voluntary Action Swindon, Swindon Mind, local GP surgeries, and the ICB. Following the recommendations set out in the Fuller Stocktake report, published in May 2022, the steering group have worked proactively to develop a template for piloting smaller projects within targeted populations, bringing together front-line staff and community organisations that either support our local communities, or groups of people who have complex needs. The overall aim is to improve the experience of people and our communities and ultimately their health and wellbeing.

Through our pilot projects, we have started small and are working in targeted areas with targeted populations, to test out what is achievable. Our pilot projects have been developed from our learning from other areas where integrated neighbourhood working is further developed, and from learning from organisations across the country, for example our Team Around the Person Project which has been developed based on the success of a similar project in Sheffield. Partners have offered their resources and shared their assets to enable solutions to be developed to support in tackling health inequalities and promote health and wellbeing within their local community. We have ensured a focus on effective and robust evaluation on the impact of these projects, particularly on left shift and the potential to implement at scale. Within our steering group we have focused on developing a positive culture with strong collaboration amongst all partners which will support the ongoing success of the work on Integrated Neighbourhood Teams.

Leadership and Management

A new system leadership and inclusion development offer was designed with partners from health, care and the VSCE. Based on increasing opportunities for collaboration and system thinking with the aim to build a longer-term leadership alumni network. The inclusion programme focused on middle managers being equipped with practical action orientated tools for transforming the inclusion agenda. Two cohorts of a co production module successfully delivered in partnership with Wiltshire VSCE with marketing across all health and care partners. Collectively the leadership and management work has been focused on embedding compassionate and inclusive workplaces.

Successful mobilisation of a quality improvement community of practice with improvement leads from across BSW building new relationships and understanding. In partnership with NHS Aqua a system wide diagnostic was completed with the outcome of a baseline assessment of improvement with identified recommendations. Cohort of staff trained in Calderdale framework, a service transformation tool, with 10 facilitators taking forward

service transformation projects. As part of the improvement work foundation training successfully designed and provided to system partners and leadership and support provided through the Acute Hospital Alliance and their aligned improvement methodology.

Oliver McGowan Training

As part of NHSE expectations mobilisation of a training model made available to system partners that to date has trained over 2000 members of staff for Tier 2 face to face session.

Bank and Agency

BSW is the lead ICB for the SW regional response to agency, this will see us move to a Nursing Price Cap compliant Card (excluding certain specialities) by the 1st June 2024 as a region, and the implementation of a SW regional Medical rate card which we hope will be on similar timelines, this will offer significant savings to BSW and the wider region. Work will then continue to remove Off-Framework by July 2024 and review other staff groups including STT and Admin and Clerical. As of February 2024, we are on target to achieve our agency ceiling, although industrial action could threaten this position.

BSW Youth Worker Pilot

We achieved funding for Children and Young People (CYP) Youth Worker Pilot, embedding a dedicated Youth Worker into each Acute hospital emergency department. Through working agreements with VCSE partners, a network of Youth Workers will be based in each of our Acutes hospitals in Bath, Swindon and Wiltshire. The youth worker roles will deliver a person centred, trauma informed intervention for CYP aged 11-25 accessing our Children's Wards, Emergency Departments and adult wards, focusing on mental wellbeing needs and children struggling with the impact of long-term conditions including diabetes and epilepsy. The pilot aims to reduce A&E attendances, hospital admissions and provide accessible, quality youth work which has positive impacts on CYP wellbeing.



6. Our local implementation plans

The ICP and the three Health and Wellbeing Boards in BSW all have responsibility to set direction to improve health and reduce inequalities through the BSW Integrated Care Strategy and the three Local Health and Wellbeing Strategies respectively.

The Health and Wellbeing Boards need to consider the Integrated Care Strategy when preparing (or updating) their own strategy to ensure that they are complementary and to actively contribute to the development of the Integrated Care Strategy. The ICB will involve the Local Health and Wellbeing Boards in preparing or revising their forward plan.

The Integrated Care Alliances in BaNES, Swindon and Wiltshire have responsibility for oversight and assurance of the delivery of the relevant parts of the Integrated Care Strategy and the Local Health and Wellbeing Strategy. They have undertaken this work during the past nine months and will continue to do so.

Over the past nine months the following key deliverables have been achieved:

BaNES

- Delivery of Home is Best programme, including:
 - Launch of NHS@Home step-up model (delivered by HCRG Care Group) with a target occupancy of 65 by April 2024. Full utilisation of RUH NHS@Home step-down model continues (35 beds). This means people can receive hospital level care in their own home or usual place of residence.
 - Launch of Community Wellbeing Hub discharge service within the acute, resulting in significant month-on-month increases in referrals to the CWH (1,400 referrals received and 639 people supported during Q3 2023 – 2024, compared to 403 referrals received and 262 people supported in the same Quarter 2022 – 2023). During Q3 2023 – 2024, 26 complex cases were reported via Riviam and discussed at the CWH MDT providing holistic support for individuals to stay well in their local community.
 - Significantly improved access to Dom Care packages of care and hours as a result of work to diversify the market. This includes an additional 1,600 hours as part of the United Care BaNES project. This has helped people return quicker to their community with the support they need.
 - Frailty Pilot, delivering an anticipatory service to provide proactive assessment and advice for people with early frailty, supported 40 people Jun – Dec 2023 via MDT approach.
 - Planned opening and closure of Homeward Unit at St Martin's Hospital to support Winter pressures and delivery of financial efficiencies.
 - New ways of working embedded in response to ECSIT review including detailed evaluation of Reablement provision and embedding use of MADE framework across community, D2A, and Mental Health bedded capacity. This has placed individuals, families and carers at the heart of discharge planning and reduced the time people spend in hospital when they are ready to go back to their community



<ul style="list-style-type: none"> ○ Delivery of reduction in Care Home bedded capacity (achieved target of 30) whilst supporting more people to return home or normal place of residence ○ Reduced and maintained Non-Criteria to Reside position within the acute below target of 20 to ensure people only stay in hospital as long as they need to
<ul style="list-style-type: none"> ● Integrated Neighbour Team model developed via a series of co-designed workshops <ul style="list-style-type: none"> ○ Four key pillars of work and partner leads identified to take this forward; ○ Prototype tested via the Frailty pilot to understand needs of people, families, carers and opportunities for the future
<ul style="list-style-type: none"> ● Joint working between BSW Academy and Local Authority to lead on the Domiciliary Care workforce across BSW: lessons learned embedded in practice, and support given to the System-led work on International recruitment and pastoral care.
<ul style="list-style-type: none"> ● Establishment of Health Inequalities Network with dedicated resource to strengthen capacity and understanding about inequalities. This has included targeted offers and adjustments for known areas of deprivation, including Paediatric PUSH clinics (which have seen in excess of 950 children to date) and Homeless & Rough Sleeper clinics. The latter delivered COVID-19 and 'flu vaccinations and offered eight MECC contacts.
<ul style="list-style-type: none"> ● Community Investment Fund in place, supporting universal and targeted schemes to support local people by addressing know inequalities including warm housing and help with cost-of-living.

Swindon
<ul style="list-style-type: none"> ● Completion of Building the Right Support peer review in 2023 with resulting action plan in place
<ul style="list-style-type: none"> ● Health Inequalities Funding to support health inequalities projects across the locality, as part of year 1 funding, the projects delivering progress include <ul style="list-style-type: none"> ○ Changing Suits - project to raise awareness of mental health within the South Asian community (SAC), and to increase SAC engagement with local service providers. ○ Kennet Furniture Refurbishment - Local support organisation to alleviate furniture poverty (including beds) for the most vulnerable households in Swindon. ○ Citizens Advice Swindon cost of living support & Live Well - Citizens Advice Lead based in Sanford House alongside the Live Well team to identify and provide debt, benefits, energy, or housing advice. The aim will be to increase knowledge and shared expertise in identifying and providing solutions in relation to practical advice issues. ○ Patient Educators - 4 Primary Care Networks to deliver obesity & smoking cessation through providing education and support to new parents within the CORE20 PLUS.
<ul style="list-style-type: none"> ● Delivery of an integrated health response and service to asylum seekers, Afghan and Ukrainian refugee families
<ul style="list-style-type: none"> ● As part of the Integrated Neighbourhood Teams (INT) initiatives in Swindon, we have: <ul style="list-style-type: none"> ○ Held 3 workshops with stakeholders to develop INT approach in Swindon. This has now developed into a steering group which has met monthly since Jul-23 ○ First pilot Team Around the Person established with Kingswood Surgery and partners (Brunel 2 Primary Care Network)



<ul style="list-style-type: none"> ○ Explored and developed ideas for additional INT approaches focussing on people living with obesity, children with complex health needs, and women’s health hubs. These can be pursued in 2024/25.
<ul style="list-style-type: none"> • Reduction in people delayed waiting to leave hospital by 30%
<ul style="list-style-type: none"> • Increased capacity to 40 virtual ward beds
<ul style="list-style-type: none"> • Implementation of new Home First pathway from hospital now supporting over 120 people per month to go straight home from hospital - MDT working with lead home care provider and partners
<ul style="list-style-type: none"> • Launch of Motor Neurone Disease (MND) service in Swindon
<ul style="list-style-type: none"> • As part of Left Shift of Care VCSE organisations in Swindon have Influenced inclusion and been involved in the design of new Integrated Community Based Care programme
<ul style="list-style-type: none"> • Involvement of Swindon Mental Health Carers Group in the BSW Mental Health Strategy development
<ul style="list-style-type: none"> • Making Carers Count project led by Swindon Carers Centre to increase engagement
<ul style="list-style-type: none"> • Implementation of Access (community services framework) and development of integrated pathways for mental health with partners
<ul style="list-style-type: none"> • Having a clear mandate from change from LGA Peer Review and My Swindon report
<ul style="list-style-type: none"> • Setting up the Building the Right Support Programme Steering Group and having a collaborative thorough approach to scoping
<ul style="list-style-type: none"> • Co-producing working together plan setting out principles of what good co-production looks like
<ul style="list-style-type: none"> • Supported Living Framework for young people transitioning to adult services agreed with plan to implement from May 2024

<p>Wiltshire</p>
<p>Wiltshire has clustered the ICS Strategy Themes with the aims in the Joint Local Health and Wellbeing Strategy. Please refer to the JLHW strategy for more detail Wiltshire's Joint Local Health and Wellbeing Strategy 2023 to 2032 - Wiltshire Council. Key achievements in 2023/24 include:-</p>
<ul style="list-style-type: none"> • Wiltshire has reviewed the findings of the latest pupil survey to inform work on reducing risk behaviours and health coaches are delivering targets work on health lifestyles and smoking cessation.
<ul style="list-style-type: none"> • With a target to reach 60% by 2032, the rate of children estimated to be physically active has risen to 48% (above England average) although Wiltshire is now behind the South West average of 49% - there are initiatives to improve this further. Activity levels in adults are above national and regional averages.
<ul style="list-style-type: none"> • Local work has been successful in improving screening and vaccination rates – there is an ongoing focus to improve rates within groups who experience inequitable outcomes. For example, flu vaccination rates are now at 85% for people aged over 65 years.
<ul style="list-style-type: none"> • The aim for children and young people with SEND to have improves outcomes and life experience is a clear priority for Wiltshire partners. The local area partnership is working in collaboration to implement an ambitious programme for children and young people with Special Needs and Disabilities in Wiltshire. We are particularly focused on addressing identified priority areas as well as exploring creative and



<p>innovative ways of ensuring children and young people with SEND can fully engage in all aspects of life and have the best chances during their adult lives.</p>
<ul style="list-style-type: none">• The Implementation Plan and JLHWS is clear on the importance of vaccination, screening and smoking cessation, particularly in communities where rates are below average – these are shared priorities. There are a range of measures in place - Wiltshire for example performs at above national average rates for smoking cessation 4 weeks after seeking support.
<ul style="list-style-type: none">• Improvement has been made in the target to reduce obesity in the adult population, currently at 27% against a target of 25% by 2032.
<ul style="list-style-type: none">• The Health Intelligence Team has been established using Health Inequalities Funding – they work across the Wiltshire system, supporting services to understand and use a Population Health Management approach.
<ul style="list-style-type: none">• In advance of a Peer Review of SEND services by the Local Government Associate, a self-evaluation was completed to identify strengths and areas of development. Wiltshire is working with Wiltshire Parents and Carer Council (WPCC) and children and young people to ensure their voices are embedded into local service improvements and engaging on ongoing developments to evolve the quality of provision and expand choice. Key developments have been the expansion of special school places and associated resource centres, the development of the Local Offer website, and the introduction of health advisors
<ul style="list-style-type: none">• 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.
<ul style="list-style-type: none">• Childrens Services were rated Outstanding in the last Ofsted/ CQC inspection in September 2023. 50235241 (ofsted.gov.uk)
<ul style="list-style-type: none">• 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. All Together - Wiltshire Together 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.
<ul style="list-style-type: none">• The Wiltshire Health Inequalities Group focusses on work to reduce health and wellbeing inequalities and aligns to the CORE20Plus5 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
<ul style="list-style-type: none">• The Wiltshire Autism Partnership has been initiated with both professionals and service user forums held in January 2024.
<ul style="list-style-type: none">• An improvement group has been established working in partnership with VCSE sector colleagues to increase the uptake of Annual Health Checks for people with Serious Mental Illness or Learning Disabilities – Wiltshire is currently under performing against national targets (48% against a combined target of 23%) despite comparing favourably at a regional level.
<ul style="list-style-type: none">• The Wiltshire Dementia Strategy was approved by the Health and Wellbeing Board in September 2023 - an implementation plan will ensure the successful delivery and transformation of services through 2024 and beyond.



<ul style="list-style-type: none"> • Neighbourhood Collaboratives have launched the first sites in 2023 – there are 5 in different stages of progression – the ambition is to have commenced work in all areas by the end of 24/25.
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • 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. A new contract for services is in the commissioning process to take forward the ambitions in the strategy.
<ul style="list-style-type: none"> • Wiltshire has developed and launch the Caring Steps Together resources which are available across BSW – we worked as partners 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
<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • The local authority implemented a 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 shorted the length of stay in the care homes, meaning people return to their own home much quicker than previously.

Key priorities for delivery in 24/25

BaNES
<p>Workforce:</p> <ul style="list-style-type: none"> • Continued joint working across all sectors to consider new models of working in an integrated way to respond to opportunities, local needs and challenges. This will be a key enabler to attract, retain, and provide development opportunities to create a multi skilled sustainable workforce.
<p>Health Inequalities, including:</p> <ul style="list-style-type: none"> • Implementation of Women’s Health Hubs to provide community based support • Implementation and monitoring of schemes supported via the Health Inequalities Fund, agreed through the ICA Board. These include: <ul style="list-style-type: none"> ○ Support for safe discharge of homeless people from the RUH; ○ Partnership with Bath Rugby for Children & Young People with additional needs; ○ Supporting individuals experiencing domestic violence. • Learning from Paediatric PUSH clinics to confirm offer for Winter 2024 – 2025. 950 Children seen in the community this Winter.
<p>Foundations to Deliver, including:</p>



<ul style="list-style-type: none"> • Integrated Neighbourhoods: Q1: collaborative review of plans and agreement of next steps. • Review of Reablement provision by end of Q1 linking into demand and capacity planning.
<ul style="list-style-type: none"> • Redesigning Community Services: continue to deliver Home is Best Programme with a revised focus on attendance and admission avoidance, and Mental Health (including Dementia) and Homelessness Pathways. Home is Best revised priorities launching 1 April 2024.
<ul style="list-style-type: none"> • ICA Cross-cutting themes and deliverables: the ICA will continue to work in collaboration with System-wide programmes to deliver the agreed priorities. These include: <ul style="list-style-type: none"> ○ Learning Disabilities and Autism ○ Mental Health ○ Children & Young People ○ Urgent Care and Flow ○ Community Transformation, including ICBC.

Swindon
<ul style="list-style-type: none"> • Focus on reducing inequalities in '5' focus clinical areas requiring accelerated improvement, to include as part of the action plan: <ol style="list-style-type: none"> 1. Maternity - ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups. This model of care requires appropriate staffing levels to be implemented safely. 2. Severe mental illness (SMI) - ensure annual physical health checks for people with SMI to at least nationally set targets. 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 and optimal management and lipid optimal management - to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke.
<ul style="list-style-type: none"> • Consideration of how social determinants of health impact on those at risk of developing an ABI/TBI and those with an ABI/TBI. Risk factors such as frailty and alcohol misuse provide opportunities for targeted prevention actions
<p>Integrated Neighbourhood Teams (INT)</p> <ul style="list-style-type: none"> • Q1 - Launch Team around the Person INT in Brunel 2 PCN • Q2 - If PCN support is secured, launch Connecting Care for Children INT in Wyvern PCN • Q2 - If funding is forthcoming launch Women's Health Hub INT in Brunel 2, Brunel 4 and Wyvern A PCNs • Q1/Q2/Q3 - Test aspects of Obesity INT in Brunel 3 PCN
<p>Carers</p> <ul style="list-style-type: none"> • Q1 - Tender for Carers Services contract is published after engagement with carers + Feedback from carers informs the Integrated Neighbourhood Team pilot + SBC/SCC



work with Carers on co-designing training around access to Direct Payments/Personal Budgets

- Q2 - Preferred provider for Carers Services contract is confirmed by end Sept 2024 + Carers have access to training on Direct Payments/Personal budgets + Plan developed for ensuring all registered carers with SCC and/or GP surgeries have access to annual health check
- Q3 - Current provider recommissioned and action plan for implementation of new contract delivery in place OR Robust plan in place for current provider to work with new provider for seamless transfer of carer services + Provider works with GP surgeries on ensuring all registered carers have access to an annual health check
- Q4 - New carer services contract commences + Feedback from carers shows support they receive evidence they are better able to balance their caring role to protect their own health and wellbeing

System Flow

- Q1 - Review the step down and D2A capacity, including processes and function of the beds
- Q1 - Maximise Home First pathways and review processes
- Q1 - Launch and embed SwICC admission criteria
- Q1 - NHS@Home capacity increase in line with trajectories
- Q2 - Implement new Trusted Assessor model, including bed management oversight
- Q2 - Start winter planning
- Q2 - Scope potential further elements of an ICA demand and capacity plan (primary care, voluntary sector for example)
- Q3 - Complete and sign off Winter Plan
- Q3 - Stand up winter respiratory clinics
- Q4 - NHS @ home (virtual ward) beds 90 (80% bed occupancy)
- Q4 - Implement lessons learnt review from Winter Plan and outcomes

Left Shift of Care

- Q1 - Deliver workshop with ICA and DEG to look at examples of where resource has been successfully shifted left into prevention, identify the barriers that have prevented further left shift and how they can be overcome, agree opportunities for further left shift. Initial focus on CVD, looking at it through a health inequality and adult care lens.
- Q2 - Develop a plan for how left shift work can be taken forward within the existing financial envelopes, including in Integrated Community Based Care, mental health and talking therapies
- SBC and ICB to continue to increase connectivity and joint working with voluntary sector partners

Mental Health

- Q3 - embed integrated access model in Swindon alongside third sector providers
- Implement a Talking therapies pathway
- Q3 - Q4 - improve Urgent care pathway and 111 press 2
- Increase dementia diagnosis rates



- Carry out Impact evaluation and continue to monitor effectiveness of the Family Safeguarding Model
- Develop an action plan based on the Mental Health Strategy & Suicide Prevention Strategy
- Reduce out of area hospital inpatient admissions
 - Q1 - To continue to hold Tier 1 Multi agency meetings where specialist placement avoidance is explored (third sector are involved).
 - Q1 - To liaise with Crisis Houses to determine if those in current specialist MH placements can be supported in Crisis Houses.
 - Q1 - To continue to repatriate people within specialist inpatient placements to AWP inpatient wards.
 - Q2 - AWP Windswept Rehabilitation ward – MDT should be fully recruited and accepting referrals to support the repatriation from Specialist Mental Health inpatient units to Windswept Ward, Swindon.
- Q3-Q4 - embed the iThrive model into the Swindon mental health pathway
- Working in partnership with SBC and other Swindon partners to develop an enhanced offer for CLA, supporting earlier intervention and increased access to specialist trauma support, ensuring permanency of placement and a reduction in the number of CLA who are admitted to acute hospitals with significant emotional distress.
- Explore options for long term placements within Swindon for patients with more complex needs (working age)
- Develop and implement plan to upskill workforce in the changing mental health needs across Swindon

Learning Difficulties & Autism

- Work with people to co-produce improvements for people with learning difficulties and autism
- Improve prevention and maximising using technology
- Improve response to learning disabilities and autism with Mental Health complaints
- Fully embed the key worker service for people with learning difficulties by Q1:
 - Update to the local offer pages
 - Ensuring consent forms (to be added to DSR) contain information on the key worker scheme.
 - Development of service user friendly comms
 - Share relevant data regarding the scheme with strategic partners, i.e. social care.
 - Key worker colleagues being invited into DSR meetings
- As part of the SBC Building the Right Support programme:
 - We will launch and promote Working Together Plan in Adult Services and with partners and key stakeholders
 - We will have completed a baseline survey to measure the knowledge and understanding of staff on working together principles
 - We will develop Working Together training
 - We will roll out new My Care, My Views forms

Children & Young People

- Complete plan for investment into oral health
- Develop community hubs (in conjunction with mental health) with co-located teams taking a holistic approach to children's services



- Commission new provider for Children Community Services

Wiltshire

The Wiltshire ICA is committed to the delivery of the Joint Local Health and Wellbeing Strategy (<https://www.wiltshire.gov.uk/article/8528/Wiltshire-s-Joint-Local-Health-and-Wellbeing-Strategy-2023-to-2032>).

Additionally, the Alliance is currently re-focussing on a small set of shared priorities aimed at reducing population health inequalities, aligned to a prevention focus / left shift. The processes to achieve this is well advanced and will conclude in May 2024. The agreed priorities will be published after this date.

The following are significant areas of delivery in 24/25.

Healthcare Inequalities

The Wiltshire Health Inequalities Group is driving change and improvement in the agreed Strategic Priority areas of the Core 20 % most deprived population areas, and the agreed cohorts of people in Wiltshire, defined as: -

- Routine and Manual workers, Gypsy, Roma and Boater communities (Wilts)
- Or are included in any of the five agreed priority clinical areas:

Adults

CVD
 Maternity
 Respiratory
 Cancer
 Mental Health

Children and Young People

Asthma
 Diabetes
 Epilepsy
 Oral Health
 Mental Health

In Phase 3 - Prevention and social, economic, and environmental factors, Priority Areas are:

- Anchor institutions
- Publish three place-based Joint Strategic Needs Assessments for BANES, Swindon, and Wiltshire
- Establish local priorities that address public health and the social, economic, and environmental factors most affecting inequalities at place
- Plan and enable progress on prevention where outcomes will take longer to see

Committed areas of focus have been agreed as: -

- Whole system approach to Obesity
- Whole system approach to Smoking

Neighbourhood Collaboratives (Integrated Neighbourhood Teams)

In Wiltshire, Neighbourhood Collaboratives are where our collective energy, capability and capacity is breaking new ground in improving population health and wellbeing.

Aligned to the compelling vision in the Fuller Stocktake, Wiltshire is continuing its journey towards a shared vision of full integration across a wide network of partners around each neighbourhood area.



In 2024/25 priorities include: -

- Successful delivery of the Health Inequalities-funded project to develop an engagement best practice model and deliver a programme of intervention around a cohort of people within the Core20Plus 5 groups. This will enable the work to move forward having 'pump primed' part of the development work.
- Integrate the Collaboratives Group with the Connecting with our Communities Group
- Move the current resources and launch programme to a shared delivery model – bringing in partners to support the work across a wider footprint will enable the best use of resources.
- Continue to share insights and learning from the Pathfinder (repeat initial co-production cycle following learning from round 1 and expand the cohort).
- Successfully deliver the Chippenham, Corsham and Box Launch programme
- Commence Salisbury Collaborative (Farmers as initial focus).
- Engage all neighbourhood areas in the Collaboratives – recognising the different pace that each area will progress at.
- Fully develop the schedule of conferences for the year – this is the partnership vehicle for the Wiltshire-wide steering group.
- Explore opportunities for learning and support with B&NES and Swindon – joining up our work where alignment is identified and develop the Integrated Neighbourhood Teams blueprint for BSW.
- Continue to build the partnership model, developing new ways to share information and facilitate partnership.

System Flow Priorities Include

- Carer Breakdown
Continue with additional capacity for domiciliary care to support carer breakdown, preventing avoidable admissions to hospital.
- Mental Health, Learning Difficulties and Autism
Intensive Enablement Service – preventing admission by preventing escalations in need and supporting discharge
- Home First
Continue with ongoing Home First Improvement Programme – including the Streaming Framework, implementing the Wiltshire Model – hybrid services, interdisciplinary working, new performance standards, Discharge to Assess improvement, Transitions and Discharge Optimisation, new Technology opportunities.
- Domiciliary Care Support
Test and develop a hybrid model of working, which utilises domiciliary care to enable earlier discharges and maximise effective use of therapy capacity.
- Community Hospitals
Redesign the Community Hospital Model in line with the case mix and future demand profile. A new pathway approach will ensure improved flow through the service. The work will include reviewing staff mix, patient cohorts and length of stay.
- Demand and Capacity



Following the previous action, we will Scope potential opportunities for reduction in Pathway 2 capacity from 25/26 on the basis that Home is the best place for most people to be.

- Discharge Referral Attrition Rates remain above efficient levels, review to take place with aim to reduce 'waste' within current processes.
- Length of Stay Reduction in length of stay across all services and achievement against 'stretch targets' where appropriate.

Children

- A new SEND and Alternative Provision Strategy for Wiltshire will be in place by September 2024. Engagement with young people, through the Parent Carer Council is currently under way.
- The Families and Childrens Transformation Programme (FACT) will establish Family Hubs as part of the Early Help Offer.
- Implementation of the Neurodiversity pathway to support the provision of holistic support to CYP and timely assessment as appropriate.
- Recommissioning of CYP community services to embed the delivery of ICB vision for CYP and the associated outcomes.
- Recommissioning of joint and/or aligned services, such as SALT in schools and Portage service, to facilitate early intervention and prevention.
- The implementation of the revised Public Health Nursing Services which includes Health Visiting and School Nursing
- A review of community CAMHS services – which is jointly commissioned by the Council and the ICB – to ensure the provision of a broad range of options and interventions to support the emotional health and wellbeing of children and young people.
- The development of transitional arrangements for young people with and EHCP.

ICA Cross-cutting themes and deliverables: the ICA will continue to work in collaboration with System-wide programmes to deliver the agreed priorities. These include:

- Learning Disabilities and Autism (this includes a focus in Wiltshire on a new Autism strategy)
- Mental Health
- Children & Young People
- Urgent Care and Flow
- Community Transformation, including ICBC.



7. Our outcome measures update

Our Implementation Plan published in 2023 sets out three broad, strategic outcomes around life expectancy which signal BSW’s ambition to keep our populations healthy for longer, across all parts of our geography. These are supplemented by several ‘contributing’ outcomes.

Key to the measurement and delivery of improved outcomes is to ensure the work of our priority programmes will contribute towards delivery of our strategic outcomes, and that the work is supported by a strong evidence base.

Our primary focus for development of programme-specific outcomes has been through our Integrated Community-Based Care Programme. Here we have developed an Outcomes Framework to ensure the outcomes the programme is aiming to deliver are supporting delivery of our strategy (see below).

ICP Strategy Objectives					
Focus on prevention and early intervention Fairer health outcomes Excellent health and care services					
Improve Health & Wellbeing of our population	Increase overall life expectancy across our population	Reduce impact of long term conditions/morbidity	Improve access and experience	Improve sustainability of Workforce & Carers	Optimise impact of enablers

Beneath this Framework sits a more detailed set of measures and ambitions. These outcome measures will be carried through the life of the programme, helping us to measure the impact the work of this programme is having.

To ensure our activities planned will deliver the outcomes we expect we have developed a Logic Model. This helps us to understand that our inputs and activities will generate the required outputs, and that the evidence shows these outputs will impact upon our outcomes.

We have started to repeat this approach with our other priority programmes to ensure that our 'bottom up' plans will deliver our strategic aims. We aim to have this completed for those programmes during early 24/25.



8. Strategic Objective 1: Focus on Prevention and Early Intervention

Introduction

Our ambition is not only to treat people, but also to prevent them from getting ill in the first place. We aim to support people to live longer, healthier lives through helping them to make healthier lifestyle choices and treating avoidable illness early on.

In our strategy we have committed to:

- Focusing funding and resources on prevention rather than treatment
- Intervening before ill-health occurs (primary prevention)
- Identifying ill-health early (secondary prevention)
- Slowing or stopping disease progression (tertiary prevention)
- Wider Determinants of Health

Achievements in 23/24 include:

<ul style="list-style-type: none">• We have worked in partnership to enable a joined up BSW approach to supporting healthy weight. We will continue to support a Whole System Approach to healthy weight and continue supporting children and families living with obesity and excessive weight through the expansion of specialist Complications from Excess Weight (CEW) clinics for children.
<ul style="list-style-type: none">• A working group has been established to tackle the current challenges in weight management services and to scope a vision for the future weight management pathway across BSW. This is considering challenges for children and young people and adults.
<ul style="list-style-type: none">• We have progressed the planned expansion of provision for CEW clinics in BSW to deliver on the NHS Long Term Plan ambition to treat children for severe complications related to their obesity, avoiding the need for more invasive treatment. All three BSW acute hospitals have been engaged and a joint decision made to pool funding at one site (RUH, Bath)
<ul style="list-style-type: none">• We have been learning from previous local weight management initiatives. For example, in Wiltshire, a co-produced approach to delivering children's weight management is being piloted in Bemerton Heath which focus on fun and enjoyment for families. Wiltshire Council has secured funding of £100k to commission insight work into obesity/healthy lifestyles and successful initiative options. Learning from this work will be shared across the system.
<ul style="list-style-type: none">• The BANES wellness service has participated in outreach events and activities supporting local vaccination clinics, employers and organisations working with vulnerable groups to offer NHS Health Checks and specialist stop smoking services.• Swindon launched their Tobacco Control Strategy at an event in September 2023 and appointed a public health practitioner to lead on implementation.• Wiltshire have redesigned their health coaching service (using new KPIs) to encourage a focus on Routine and Manual Workers (PLUS group)
<ul style="list-style-type: none">• Work with the Southwest Illegal Tobacco Team on engagement campaigns and enforcement activity.• Trading Standards involved in test purchasing for underage sales resulting in seizures of illegal vaping products and other enforcement activity.• Educational activities with partner organisations.
<ul style="list-style-type: none">• Stoptober and other campaign material have been distributed for partners with local success stories from clients of local services.



<ul style="list-style-type: none">Local stop smoking services continue to be promoted through local partners and initiatives such as the Targeted Lung Health Checks.Swindon launched their Tobacco Control Strategy at an event in September 2023.
<ul style="list-style-type: none">Started development of a dashboard to enable system wide visibility of key diabetes and cardiovascular disease targets.
<ul style="list-style-type: none">We started to improve coordination between specialist diabetes services. This is now built into the Integrated Community Based Care programme and Primary and Community Care Development Programme.
<ul style="list-style-type: none">Plans have been developed for how patients with modifiable risk factors of a new condition are identified and received support.
<ul style="list-style-type: none">We have implemented the Diabetes Pathway 2 Remission programme (Low Cal diet). Roll out commenced in quarter 3.
<ul style="list-style-type: none">We planned how to increase uptake of diabetes digital Structure Education and implementation will start in early 2024/25.
<ul style="list-style-type: none">We shared with all practices and PCNs the learning and outcomes from cancer projects that we funded in primary care in 22/23 aimed at increasing early presentation and screening uptake. Practices and PCNs were able to use this learning to consider rolling out in 2023/24.
<ul style="list-style-type: none">Planned the next stage of Targeted Lung Health Check development which will include roll out to Salisbury and Trowbridge.
<ul style="list-style-type: none">Successful rollout of FENO testing to support asthma diagnosis has been achieved over the last two years, with good outcomes. Over the 12 months, there were 1733 appropriate referrals for a FENO test in primary care. 1638 initial assessments were done and 387 follow up assessments. Of those patients diagnosed with a raised FENO, 312 patients were given an asthma care plan, 466 patients were given education on how to manage their condition, and 39 patients had their medication changed.
<ul style="list-style-type: none">Spirometry has restarted in some practices across BSW. However, this is still being funded inconsistently across primary care, creating variation in services. Work is currently going on to review the GP Local Enhanced Service (LES), and as part of also review spirometry funding.
<ul style="list-style-type: none">BSW Pulmonary Rehab services are progressing the priorities set out in the Five-Year BSW Pulmonary Rehabilitation Plan. 2023/24 is the second year of the plan and services are working in integrated ways to benefit people, increase personalisation of services and reduce health inequalities. The following positive outcomes have been achieved:<ul style="list-style-type: none">Increased capacity of programmes to provide patients with greater choice by offering virtual courses, in addition to face to face.Offering up spaces on running courses to new patients if patients DNA or drop out to maximise capacity.Adapting models of delivery in response to waiting lists.Offering appropriate IT on loan e.g. iPads to help reduce inequalities due to lack of access to equipment.Integrating community respiratory teams with acute in-reach teams, to keep abreast of patients who are admitted with exacerbation of COPD and to enable a pathway for hospital discharges to attend pulmonary rehabilitation.
<ul style="list-style-type: none">We have redesigned community mental health services to:<ul style="list-style-type: none">➤ Improve access to MH support for people with Severe Mental Illness through new access models that provide immediate advice, support and signposting to community and secondary services as required at PCN level



<p>➤ Develop secondary MH service provision to provide timely therapeutic interventions aligned to PCNs and ARRS investment</p>
<ul style="list-style-type: none">• We have introduced a new model for Children and Young People’s Mental Health in Swindon that:<ul style="list-style-type: none">○ Integrates TAMHS (Targeted Mental Health Service), CAMHS and MH Support Teams across Swindon○ Increases the digital offer of early help and support○ Improves support to CYP presenting in crisis at A&E through the appointment of MH Champions and developed a BSW Hospital based Youth Worker pilot○ Rolls out assessment and liaison for paediatric inpatients with eating disorders (ALPINE)

Priorities for 24/25 and 25/26

As set out in our introduction, over the next years using our population health data and through review of our key partnership documents in joint strategic needs assessments, we have identified two priorities on which to focus our prevention activities. These are: preventing cardiovascular disease and promoting mental wellbeing.

We will continue to progress our work on other prevention activity as set out in our strategy including promoting physical wellbeing, smoking cessation, cancer and screening, diabetes and other long-term conditions. The detail of this work is included within our respective organisational plans, and we will continue to monitor progress.

Cardiovascular disease

In 2024/25 we plan to:

<ul style="list-style-type: none">• Use text messages to support people with cholesterol not treated to target to understand the risks of their condition and with behaviour risk reduction support and increased agency. Research suggests that knowledge of a condition and increased sense of empowerment affects engagement and outcomes. Funded by NHSE
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In 2025/26 we plan to:

<ul style="list-style-type: none">• Optimise Practice use of Community Pharmacy hypertension offer - Development and provision of guidance to support Practices to identify patients in cohort, explain why important to improve attainment, suggest what Practices should do with the cohort, including how best work with Community Pharmacy, and suggest what other support can be obtained to improve attainment. Supports with Practices improving testing, diagnosis and treatment of CVD.
<ul style="list-style-type: none">• Standardised implementation of Hybrid Closed Loops (NICE TA943) - Hybrid Closed Loops automatically supply patients with Type 1 diabetes with the correct amount of insulin, improving care outcomes and psychological health. Introducing HCL has been included in NICE TA943, for implementation for selected cohorts from April 2024. Provision is required as part of the NHS constitution.
<ul style="list-style-type: none">• Reduced risk complication patients with T2DM < 40 years - Patients under the age of 40 who are diagnosed with Type 2 diabetes are at greater risk of complications and premature mortality. They are also less able to work. This deliverable, funded by NHSE, support behavioural and clinical risk reduction. Funding for 2023/24 has been divided between a



Primary Care LCS to support reviews and funding which will be spent on education and/or psychological support. Additional funding for 2024/25 is expected, but with resources as yet unconfirmed.

Mental Wellbeing

In 2024/25 we plan to:

- Implement a new access model by end Q3 2024/25 as per CMHF requirements, to deliver an improvement in the overall 2+ contact rate as per the national trajectory
- Roll out a new care planning approach from Q3 2024/25 to support CMHF delivery
- Undertake a Procurement of Community Mental Health (non NHS) contracts to be completed by October 2024, in readiness for contract go live from 1st April 2025.
- Deliver a Full Service Review (FSR) for Talking Therapies to achieve revised national standards (currently being finalised as part of operational planning guidance within NHSE) – FSR to be completed by end Q2 2024/25, with new model to be commissioned from April 2025
- Roll out new Physical Health Checks LES – to be agreed with primary care by end Q2, with the intention to roll out thereafter
- Mobilise our Wave 12 MHSTs in Wiltshire from January 2025, with the intention that these will be fully operational by October 2025 (as per training programme timelines)

Smoking Cessation

In 2024/25 we plan to:

Develop and implement an E-Cigarette offer for stop smoking services

- Provide free vaper start kits in BANES and across BSW for pregnant women and their household members (funded through the Government Swap to Stop Scheme)
- Develop and implement an E-cigarette offer in Swindon including sourcing reputable nicotine vaping products, training for stop smoking practitioners, offering vaping as a stop smoking product, evaluation and ongoing workshops to prevent use of vapes in children and young people.
- Wiltshire

Continue to reduce the availability and access to illegal tobacco and illegal nicotine vaping products in the community

- In BANES support enforcement action to reduce access to illegal tobacco.
- In Swindon: work with comms teams to highlight any seizures, prosecutions, closure orders etc; undertake educational activities to promote responsibility in relation to tobacco. Ensure all retailers are fully compliant with any new/updated regulations relating to tobacco/nicotine products; and continue to improve quality and use of regional intelligence reporting via closer working with South West Trading Standards Regional Intelligence Team, HMRC and Police

Focus on health inequalities and target resources for those that need it most

- In BANES use additional section 31 public health grant funding to increase capacity to support smokers to quit, raise awareness of support options and services available and reaching out to target groups where smoking prevalence is high.



- In Swindon: Explore perceptions of pregnant women who do not engage with stop smoking services, develop a lived experience group and develop Stop smoking pathways for priority cohorts e.g. people accessing substance misuse services and housing support.
- In Wiltshire: deliver a Smoking Health Needs Assessment considering smoking prevalence, health outcomes related to smoking and services to assist individuals to become smokefree supported by the Wiltshire Tobacco Control Alliance.

In 2025/26 we plan to:

Continue to focus on health inequalities and target resources for those that need it most
<ul style="list-style-type: none"> • In Swindon we plan to work with local teams to implement the new SW guidance for smokefree homes (Public Health - SLI project) and to achieve more smokefree sites, prioritising those in areas of deprivation
Continue to reduce the availability and access to illegal tobacco and illegal nicotine vaping products in the community
<ul style="list-style-type: none"> • We will build on our work in 2024/25
Raise the profile of tobacco control and local services through marketing and communications programmes
<ul style="list-style-type: none"> • Will work with Wiltshire Communications and Marketing team and the Tobacco Control Alliance to plan an annual campaign calendar which promotes smokefree messages in national campaigns such as No Smoking Day and Stoptober as well as designing resources for local promotion. Will work with partners on how best to collaboratively promote the campaign materials and messages.
Continue to deliver the Treating Tobacco Dependence Programme
<ul style="list-style-type: none"> • Roll out of the programme will continue in 2025/26

Cancer and Screening

In 2024/25 we plan to:

Implement all requirements in the national cancer programme’s annual planning guidance for 24/25. Anticipated to include: <ul style="list-style-type: none"> ○ Implement faster diagnosis and operation performance with anticipated priority pathways: skin, gynaecology, urology and breast. ○ Expansion of early diagnosis programmes including targeted lung health checks, Galleri Interim Implementation Pilot, Faecal Immunochemical Testing (FIT), Liver surveillance and pilots and Pancreatic cancer. ○ Develop local and cross cutting early diagnosis delivery focusing on screening, timely presentation, primary care pathways, early diagnosis initiatives and health inequalities.

Respiratory

In 2024/25 we plan to:

Achieve year 3 priorities as set out in the BSW Pulmonary Rehab 5-Year Plan <ul style="list-style-type: none"> ○ Reduce PR waiting times ○ Introduce a range of approaches to increase capacity and choice ○ Improve uptake and completion rates.
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- Adapt service delivery to improve uptake and completion of programmes for these groups; working with other teams and local partners to serve groups at risk of not being referred, likely to decline if referred or drop out before completing
- Proactively work with other teams and organisations across the pathway to provide personalised services
- Improve quality of PR through accreditation of services

In 2025/26 we plan to:

- Achieve year 4 priorities as set out in the BSW Pulmonary Rehab 5-Year Plan



9. Strategic Objective 2: Fairer Health and Wellbeing Outcomes

Introduction

Inequalities are unfair and avoidable differences that can impact health across different communities driven by factors such as education, housing, employment, ethnicity and access to health services and programmes.

The ICB has a legal duty under the Health and Care Act (2022) to reduce inequalities between persons with respect to their ability to access health services; and reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement.

Core20 refers to the most deprived 20% of the national population as identified by the national [Index of Multiple Deprivation \(IMD\)](#). The IMD has seven domains with indicators accounting for a wide range of social determinants of health.

PLUS refers 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 health care approach.

In BSW we have chosen the following PLUS population groups

	PLUS groups (adults)	PLUS groups (children)
BANES	<ul style="list-style-type: none"> • Ethnic Minority communities • Homeless • People living with Severe Mental Illness 	<ul style="list-style-type: none"> • Children eligible from free school meals
Swindon	<ul style="list-style-type: none"> • Ethnic Minority communities 	<ul style="list-style-type: none"> • Children from ethnic minority backgrounds
Wiltshire	<ul style="list-style-type: none"> • Routine and manual workers • Gypsy, Roma and Traveller communities • Rural communities 	<ul style="list-style-type: none"> • Children from Gypsy, Roma, Boater and Traveller communities
System wide		<ul style="list-style-type: none"> • Children with Special Educational Needs and Disability (SEND). • Children with excessive weight and living with obesity. • Children Looked After (CLA) and care experienced CYP. • Early Years (with a focus on school readiness).



		<ul style="list-style-type: none"> Children and Young People with Adverse Childhood Experiences (ACE; with a focus on delivering trauma informed services)
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There are 5 clinical areas for adults and 5 clinical areas for children and young people.

5 clinical areas (adults)	5 clinical areas (children)
Maternity	Asthma
Severe Mental Illness	Diabetes
Chronic Respiratory Disease	Epilepsy
Early Cancer Diagnosis	Oral Health
Hypertension case finding and optimal management and lipid optimal management	Mental Health

Core20Plus5 - Adults

Achievements in 2023/24:

<ul style="list-style-type: none"> Quality improvement projects in progress to improve access and earlier booking for maternity care for Black and Asian women.
<ul style="list-style-type: none"> Investment into Inclusion midwives and provider BI to support improved data flows. All providers have maternity and neonatal inequalities quality improvement workstreams which align with LMNS Equity and Equality action plan.
<ul style="list-style-type: none"> Thematic review of perinatal mortality undertaken to identify any impact of ethnicity and deprivation on outcomes will continue annually into 24/25
<ul style="list-style-type: none"> Work in progress and hoping to be completed by April 2024 on access pathway for pregnant people in the boating community.
<ul style="list-style-type: none"> Completion of cohort of 20 staff trained to be champions through Health Innovations WOE programme to support provider and LMNS QI projects to reduce inequitable outcomes for women and babies from ethnic minorities.
<ul style="list-style-type: none"> Anti- racism training for all Maternity and Neonatal Staff across BSW (including those in non-clinical roles) - Training commissioned by ICB Local Maternity and Neonatal System and continued to be provided up to end of financial year. Awaiting final numbers trained
<ul style="list-style-type: none"> We have increased the number of women receiving continuity of care focusing on women from ethnic minority groups and those from deprivation primarily due to established Continuity of carer models in Swindon- however this model of care has now paused in Swindon due to staff not wishing to work within this model of care currently. Continued focus on Continuity of care antenatally and postnatally within all services. Ongoing work to future models of care provision across maternity services
<ul style="list-style-type: none"> We have undertaken a pilot in four GP surgeries whereby we provided some funding for Admin staff to contact patients on the LD register and explain the purpose of the Annual Health check, identify any barriers and support the individual to attend their appointment.
<ul style="list-style-type: none"> The outcomes from the pilot were that this was a successful approach with the number of LD patients receiving their annual health check increasing and the likelihood of DNA's reducing. Due to funding constraints, we are unable to extend this project across all GPs and we have not been able to continue with First Options attending schools to give the children over 14 an annual health check.



- The LDAN Programme Board has agreed that the next stage communications and engagement campaign to raise awareness about the annual health check and the benefits. It is noted that we have seen a significant increase in those registering as LDA, together with the known issue that checks are often towards the end of Q3/4, this has meant that proportionally we are currently below our target trajectory. We hope that with the targeted support and campaign set out above we will meet our trajectory overall by year end.
- BSW was 2nd nationally for COVID vaccination uptake and a range of initiatives were undertaken to increase awareness and uptake including: Data led community engagement was delivered by Local Authority Teams to raise awareness, confidence, build trust and educate. Health and wellbeing engagement sessions with a focus on vaccine confidence were run with groups supporting Black and Ethnic Minority populations in Swindon. Targeted vaccination clinics were held in Core20 areas. Specific clinics for people with learning difficulties were delivered offering people on the LD register and their carers vaccinations in a quiet space. Additional clinics were arranged at GP practices with the lowest uptake. All clinics have been used as an opportunity for wider health promotion using a Making Every Contact Count approach including cancer screening and hypertension case finding.
- In 2023, 57% of cancers in BSW were diagnosed at stage 1 or 2. We have continued to optimise cancer screening (bowel, breast, cervical) working with the NHS Cancer Screening Programme Boards, working with BSW public health teams on prevention work regarding alcohol, smoking and obesity, appointing Swindon Cancer Champions to encourage uptake of screening programmes in under-served populations, linked with partners to increase cancer screening uptake in people with serious mental illness or Learning Difficulties
- Given Swindon is our area of highest deprivation we have done some additional work here: to increase cancer screening uptake with particular focus on low uptake groups, focussing on deprived areas - Community Cafes & Food Share locations, engaging with vulnerable groups- LD & neurodivergent groups, substance misuse disorder, homelessness and asylum seekers, recruited over 50 Community Cancer Champions (CCCs) who have engaged with over 2500 people through 68 awareness talks and 42 events.
- We have funded 21 PCN/Practice cancer projects across BSW with the aim of increasing cancer screening uptake in under-served groups, education and proactive outreach.

In 2024/25 we plan to:

- Consider future models of care provision across maternity services to ensure building blocks are in place to increase percentage of pregnant people on continuity of care (CoC) pathway in line with staffing trajectories
- Delivering annual health checks for people with learning disabilities and autism - Building on the work we have done so far. We will be looking to produce a communications and engagement campaign to raise awareness of the annual health check to ensure people with a learning disability are aware of their rights. The campaign will be split into two workstreams with a public and professional workstream, each with differing engagement requirements. In addition, we will be looking to improve the quality of the annual health checks by joining them up with statutory services and cancer screening
- Funding has been secured to deliver 5 projects focussing on addressing inequalities in 2024/25.
- Continue to improve cancer guideline 'compliance' and improve pathways for referrals with a focus on Urgent Suspected Cancer Pathways for additional specialities, establishing 3 non-



symptom specific pathways for each Trust, holding 2 cancer education webinar/events for primary care and ad hoc Trust focused cancer pathway webinars.

- Continue to improve pathway availability and shortened the time to testing and diagnosis by continuing to implement Best Practice Timed Pathways, continuing to implement Consultant advice, refining the Straight to Test Pathway and implementing the Personalised Stratified Follow Up Pathways for red flag symptom management.
- Continue to innovate introducing early diagnosis interventions by rolling out Targeted Lung Health Check to Trowbridge and Salisbury in 2024; and implementing the Multi Cancer Blood Test Implementation Pilot Programme – Jul 24
- Continue some specific work in Swindon to address inequalities with a range of events scheduled for 2024 inc. South Asian Cancer Roadshow - February 24
- Funding secured to address inequalities in attainment of lipid targets in those at risk of Cardiovascular Disease. Implementation of this project planned.

Core20plus5 – Children and Young People

In 2023/24

- CYP Clinical asthma lead in post and leading delivery on the [National bundle of care for children and young people with asthma](#)
- Launching a BSW approach to accrediting Asthma Friendly Schools
- NICE guidance TA943 [Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes](#) was published December 2023 with CYP as a priority group. Implementation of this guidance is overseen by the BSW Diabetes Commissioning Group, with support from the BSW CYP Programme.
- Successful bid for ESN Pilot in April 2023. The workplan for this role includes inequalities screening for all patients and prioritising the most deprived 20% and CYP with LDA.
- Oral health working group linked to the BSW CYP Programme Board and Elective Recovery Board alongside ongoing public health preventative work.
- The Thrive and CYP Programme Boards along with the CYP MH Oversight group are bringing together key partners to review access and service delivery. Actions to support this in 2023/24 are described in our section on Child and Adolescent Mental Health – all actions taken contribute to improving mental health service access for Children and Young People.

In 2024/25 we plan to:

- Embed the recognition that inequalities impact the access, experience and outcomes for babies, children and young people, and their parents and carers and ensuring delivery accounts for this.
- Continue to use the CYP Core20PLUS5 framework to deliver a targeted approach and drive data-led improvement in population health and inequalities.
- Drive improvements in Young People's experience of transition to adult services across BSW
- CYP Clinical asthma lead will continue delivery on the [National bundle of care for children and young people with asthma](#).
- NICE guidance TA943 [Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes](#) was published December 2023 with CYP as a priority group. Implementation of this guidance will continue to be overseen by the BSW Diabetes Commissioning Group



- Increase access to Epilepsy Special Nurses (ESNs) for CYP within the most deprived 20%, and CYP with LDA, within the first year of care
- Continue to oversee the ESN Pilot that commenced March 2024. ESN will work across the community and be based at RUH Bath. The workplan for this role includes inequalities screening for all patients and prioritising the most deprived 20% and CYP with LDA.
- Address Tooth extractions in hospital due to decay for children aged 10 years and younger by continuing to develop Oral health working group linked to the BSW CYP Programme Board and Elective Recovery Board alongside ongoing public health preventative work under the umbrella of the Population Health Board.
- Children and young people (ages 0-17) mental health services access (number with 1+ contact) - Actions planned to support this in 2024/25 are described in our section on Child and Adolescent Mental Health.



10.Strategic Objective 3: Excellent Health and Care Services

Introduction

Improving our local services, be they primary care, community care or secondary care is vitally important work that we do. We have achieved a great deal in this last year but there is more to do and we are working closely together in order to do so.

Over the next two years we are focusing on a smaller number of key actions that we believe will support our population with getting timely access to high quality care, whilst continuing our longer term quality improvement work.

Implementing our primary and community care delivery plan

The Primary and Community Care Delivery Plan was developed during 2023 and sets out six priorities to improve the delivery of services and the experience of local people and communities. Its roots are set out within the BSW health and care model, the ICP strategy and national strategies such as the Fuller Report and the NHS Long Term Plan. The delivery plan also sets the blueprint for the recommissioning of community health services under the Integrated Community Based Care Programme which will go live in April 2025. The six priorities in the primary and community care delivery plan are as follows:

- Deliver enhanced outcomes and experiences for our adults and children by evolving our local teams
- Adopt a scaled population health management approach by building capacity and knowledge
- Actively co-design and co-deliver preventable models of care by strengthening local partnerships and assets
- Increase personalisation of care through engaging and empowering our people
- Improve access to a wider range of services closer to home through greater connection and coordination
- Support access to the right care by providing co-ordinated urgent care within the community.

The plan is supported by a number of enablers including technology and data, estates, environmental sustainability, anchor institutions, commissioning, workforce and shifting funding to prevention



Primary Care

Delivery Against 2023/24 Plan

Additional specialised roles have increased the appointment capacity within primary care.

A large number of personalised care roles have been recruited across BSW and place focus on prevention and health inequalities, this includes working with neighbourhood teams to improve the reach to all communities and cohorts of patients.

PCNs have successfully recruited over 500 WTE ARRS staff to date supporting health and care service provision.

From April 2023, the ICB has taken delegated responsibility to secure the provision of Pharmaceutical Services (including Dispensing Doctors and Dispensing Appliance Contractors); General Ophthalmic Services; and Dental Services (Primary, Secondary and Community) for our population. Our local governance structures are still being established but will cover all primary care contractor groups.

Working closely with NHSE and Public Health to deliver the SW Dental Development Sustainability Plan to recover dental activity to pre pandemic levels and deliver the key priorities from the local oral health needs assessments.

Community Pharmacy - 27,109 consultations delivered

85% of BSW pharmacies signed up to deliver hypertension case finding

Provision of oral contraception – initiation or repeat supplies. Launched nationally 1st December 2023. Pharmacies currently setting up to deliver. Significant enthusiasm from pharmacy to deliver.

BSW have been accepted for 5 pilot sites to test a minor illness model.

Teach & Treat' model to increase the number of community pharmacists trained as Independent Prescribers. Medvivo have delivered three cohorts of students, with 25 students supported to qualify so far.

Key deliverables for 2024/25

- Increase usage of patient facing digital tools focusing on adoption of NHS App uptake and usage, evidenced by national NHS App reporting and improvement in IT functionality including Cloud based telephony and consultation products
- Continuation of the delivery of the two-year National Primary Care Access Recovery Plan to enable access to Primary Care Services
- The PCNs will be continuing to enact their Capacity and Access Improvement Plans through their engagement and transformation to Modern General Practice. Plans include using practices' own General Practice Access Data to analyse and review capacity and demand; co-production of communications about Modern General Practice and the different roles within General Practice.
- The ICB will continue to develop self-referral pathways thereby creating further capacity within primary care.
- The ICB will continue to develop the interface between Primary and Secondary Care. The locally developed 'Excellence in Partnership Working' sets out the principles

The ICB will work closely with PCNs on workforce plans and forecasting for 24/25.



Expenditure beyond the PCN allocation for 24/25 is at the PCN own risk. NHSE will not support the sharing of allocations in 24/25. It is expected that ARRS recruitment will flatline, and any future growth will be determined by the contract.

PCNs will be encouraged to develop their ARRS teams and ensure full integration to the PCN Practices and support work capacity and staff wellbeing.

The ICB continues to work towards to recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels, focusing on key population groups, working with local authority public health and NHS partners to develop appropriate service specifications and target key geo-demographics.

The ICB will continue to co-produce an oral health and prevention agenda working with Local Authorities, focusing on reducing dental decay in children and reducing child tooth extractions in acute settings.

Finally, the ICB will review its current domiciliary, community and special care dental services provision, acknowledging increase in those aged 60 years and over in the next 15 years.

Continued focus on integrating community pharmacy clinical services which form part of the Community Pharmacy Contractual Framework, Pharmacy Integration Fund or GP Access Recovery Plan to support access, public health priorities and tackling health inequalities.

Priorities are Pharmacy First, Independent Prescribing Pathfinder, Hypertension Case Finding, Contraception Service and Discharge Medicines Service.



Urgent and Emergency Care

Delivery Against 2023/24 Plan

<ul style="list-style-type: none"> • Care Co-ordination –established with a specialist paramedic embedded within the care coordination team. • Installation of a new, permanent X-Ray machine at Paulton in April 2023 which will reduce pressure on acute provision and support an improvement in 4-hour performance. • Community Pharmacy Consultation Service - We have increased the number of referrals to CPCS from NHS 111 and we have the highest rate in the South West (from an average of 44% to 60%).
<ul style="list-style-type: none"> • SDEC – Medical and Surgical SDEC offer 12/7 day per across each of our 3 acute trusts. • Electronic bed management system – SFT rolled out the electronic whiteboard
<ul style="list-style-type: none"> • Discharge Hubs (now referred to as Transfer of Care Hubs) - have been in place at the 3 Acute trusts 7 days per week from Summer 2023. • Phase 2 Domiciliary programme – phase 2 objectives identified and pilot in Swindon using Calderdale framework for service transformation. Work programme is now being led by the BSW workforce group • Home First approach adopted – implemented across each of the 3 localities to increase P1 discharges and reduce non-criteria to reside position. Overall NCTR target however is 5% above 13% target. • Virtual wards: Over 200% increase in available virtual ward beds across BSW from 60 in January 2023 to 191 in February 2024, delivering early supported discharge from hospital and early intervention to avoid admission and offering safer health and wellbeing outcomes and patient choice through acute care services at people’s usual place of residence.
<ul style="list-style-type: none"> • Cat 2 segmentation – phased rollout in Spring 23 and validation volumes increasing with SWAST delivering highest rate compared to other ambulance trusts. • 999 Call answering – significant improvement and remains consistently above national target. • Frontline resource (Core and Private) – improvements in operational resourcing because of targeted overtime incentives alongside third-party resources supporting whilst trust completes resourcing uplifts as part of recruitment plans and people plan 4 introduced in Jan 24. • Ambulance Vehicle Preparation (AVP) hubs – work has started on this 2-year rollout programme and will continue into 2024/25 which will be rolled out in BSW. • Sickness reduction – Overall absences in frontline staff improved compared to 22/23 but overall trust sickness level remains above planned target.

Key deliverables for 2024-26

<ul style="list-style-type: none"> • Care Co – delivery and expansion to achieve is full objectives becoming a single point of access. • Redirection – support the development of NHSE policy and identify opportunities locally to redirect people away from ED / UTCs / MIUs to the right care and right place for their health need and implement consistent BSW approach for redirection • 111-2 mental health - Mental health support will also be universally accessible through 111
<p>Intermediate care BSW programme group will be established to ensure that we achieve the recommendations from the Intermediate Care Framework</p>
<ul style="list-style-type: none"> • GWH Integrated Front door completed by Winter 2024 • Acute trust improvements (including any actions identified from maturity index assessments and peer to peer reviews). • UCR and Falls will be fully optimised to support attendance and admission avoidance to ED
<p>Virtual wards: Following evaluation of our current models including data and finance deep dives, clinician visits with each VW team and a number of Clinical Big Room sessions we have agreement to transition to a One-BSW Integrated Model with medical leadership collaboration</p>



Mental Health

Delivery Against 2023/24 Plan

- Pilot of single-sex wards was undertaken between Swindon and B&NES wards. Following completion of this pilot it was determined that restructuring of Beechlydene ward in Salisbury would be more effective.
- Launch of the national Right Care Right Person initiative has superseded our original planned action and we now have a four phased approach to implementation now in progress including: Removing police involvement from responding to welfare checks (Q3&4 2023/24) – Removing Police involvement from responding to missing persons and walk-outs (Q1 2024/25); Further work is required with ambulance partners to ensure that we have an integrated and agreed approach to conveyance pan-system and across providers (Q2 & 3 2024/25); Improving the Section 136 pathway (in line with RCRP priorities)
- Implementation of a 'shadow' solution for NHS111-2 from December 2023 including extension of hours to 9am-midnight. Full enhanced solution to be implemented from October 2024 pending recruitment to the final workforce model.
- Continued implementation of flow developments across mental health services, which has supported delivery of a significantly improved out of area placement position across BSW.
- From 2024/25 to be embedded in our inpatient quality improvement programme approach.
- Plans are in place to secure purchase of a long-term solution for the B&NES Place of Calm (anticipated achievement date end March 2024). Work is underway to purchase a property in Swindon to provide crisis house capacity in that footprint – to be realised in Q2 2024/25.
- 3 new practitioners have been recruited into older adult services – initial focus will be on supporting diagnosis in care homes with the intention that these will then work alongside primary care colleagues to support diagnosis in primary care
- We remain below national trajectory of 66.7% dementia diagnosis rate but anticipate recovery to national position in 2024/25
- Consistent delivery of the nationally mandated perinatal access rate and anticipate continuing to deliver against plan in 2024/25. Pathway work remains ongoing to support women with specific needs, and this will continue in 2024/25.
- In relation to talking therapies: All three B, S & W service operational models reaching comparative alignment in June 2023, and compliance with respective NICE guidance and the NHS E National Manual for Talking Therapies. We have seen an improving trajectory with some wavering associated with seasonal trends and other noted pressures.
- Scoping digital offers will be encapsulated in the Full Service Review which will commence in 2024/25.
- SMI registers for all practices have been reviewed in year.
- Plan in development to implement a Locally Enhanced Service (LES) agreement with all GP practices, alongside primary care improvement work
- AWP has continued to provide annual health checks for those service users who are open on their caseload, ensuring that regular checks are completed.
- Good progress has been made in relation to the Community Services Framework, in order to deliver nationally mandated community mental health improvements, in line with the NHSE mandate
- Challenges have remained throughout the year in achieving our ambitions for a new model of access to mental health services. This has been as a result of:



- Securing agreement to the new model and associated ways of working (incl. digital access) – now progressing but some delays have meant this will continue into 2024/25
- Inability to recruit to ARRS roles which means we have yet to realise a fully ‘transformed’ model as per the CMHF mandate. Work is underway to review how we can provide support in primary care, whilst not being reliant on secondary mental health staff
- Good progress has been made in developing plans to implement a new approach to Care Planning (using Dialog framework) in collaboration with third sector providers, who are frequently the first point of contact and lead the early support conversation. The intention is to roll this revised approach across BSW in Q3 & Q4 2024/25.

Key deliverables for 2024-26

- Implement the National Quality Improvement Programme for Mental Health across all BSW wards (to run from April 2024 until March 2027) – programme milestones to be agreed
- Implementation of Phase 3 & 4 of Right Care Right Person in partnership with Police colleagues
- Implementation of the Fully Enhanced Model for NHS 111-2 by October 2024
- Go live of Swindon Crisis House and B&NES Place of Calm (capital funding ready to be deployed)
- Further deployment and development of Older Adult roles to support dementia diagnosis to achieve 66.7% rate by end 2024/25
- Delivery of Full Service Review (FSR) for Talking Therapies to achieve revised national standards (currently being finalised as part of operational planning guidance within NHSE) – FSR to be completed by end Q2 2024/25, with new model to be commissioned from April 2025
- Roll out of new Physical Health Checks LES – to be agreed with primary care by end Q2, with the intention to roll out thereafter
- Implementation of new access model by end Q3 2024/25 as per CMHF requirements, to deliver an improvement in the overall 2+ contact rate as per the national trajectory
- Roll out of new care planning approach from Q3 2024/25 to support CMHF delivery
- Procurement of Community Mental Health (non-NHS) contracts to be completed by October 2024, in readiness for contract go live from 1st April 2025.
- Implementation of BSW Mental Health Strategy following its approval via Board and sub-committees in May 2024.



Learning Disabilities & Autism

Delivery Against 2023/24 Plan

Reducing the number of people who are in inpatient care. BSW ICB are the lead commissioning organisation for the new LDA capital build for the North of the Southwest patch covering the BSW, BNSSG and Gloucester footprint. The planned completion date for the facility, which will be provided by AWP, is August 2025. This new facility will deliver dedicated care for people with LDA requiring inpatient admission – reducing out of area placements and strengthening in and out reach models of care to help people stay well and return to their local communities

We have commenced collaborative work on **transforming our community provision** that will sit alongside the inpatient clinical model and we have been working with people with lived experience, their families, carers and supporters to understand what we can do in the next 12 months to improve provision. A new website for people with LDAN will be launched Q 1 to help people navigate what help they need and how they can get support.

Delivering annual health checks for people with learning disabilities and autism. This builds on our improvement work during the last year, which provided additional resources for primary care and dedicated health checks in special schools. We have undertaken a pilot in four GP surgeries to support individuals to attend their appointment, which increased uptake and reduced DNA's. Our focus for the next year will include a dedicated communications and engagement plan learning from the pilot and collaborative working with our new health screening clinicians. We hope that with the targeted support and actions set out above, we will meet our trajectory by year end delivering earlier intervention for people and preventing escalation and crisis.

The focus of the **Keyworker service** is to work with children and young people with a Learning disability and/or are autistic with escalating mental health needs. The Keyworker service will work with the children, young people and their families/carers to help them receive the support they need as part of our early intervention and prevention support offer. In BSW, we are piloting this service from within the ICB to test and adapt what is needed before implementing permanently. The team has a caseload of 22 children and young people (March 24) and further recruitment is currently underway.

The localities have undertaken a joined up approach to **implementing the required changes to Dynamic Support Registers and Care and Treatment Reviews (CTR) / Care, Education and Treatment Review (CeTR) processes.** This is a statutory function of ICBs, and is critical to understanding our population health needs, early intervention and delivering excellent health services. We have updated our website and included self-referral forms. This will help ensure that we listening and hearing the voices of people and families/carers as we develop their support plans together.

Reducing inpatient admissions. Numbers across BSW are above the agreed trajectory and mitigations are in place as described below to bring inpatient levels in line with plan. Overall, there are 38 inpatients in Q2 against the plan of 32. Q3 data to follow at end of Feb. Oversight of actions is being undertaken through a new weekly Practice Forum where each patient is discussed and discharge plans overseen to expedite actions. This group reports to the LDAN programme board. Monthly MADE events continue across all three localities.



Oversight and actions for NHSE commissioned inpatients remains with NHSE. BSW ICB, through the practice forum, are increasing level of oversight of these individuals to ensure we are clear on actions and discharge plans. Concerns around process and progress in some cases has been formally escalated to NHSE

Demand for **ADHD and Autism assessments** continues to grow and we do not have the capacity in the system to meet the demand. We are working with system partners on a solution that will deliver high quality and cost-effective provision. The group will test and trial the model and oversee its implementation. The end goal of the working group will be to have in place ASD and ADHD services for children, young people and adults that meet their needs and provides the right support at the right time, moving away from a diagnostic led model.

Key deliverables for 2024-26

In addition to those mentioned above, our other key deliverables are:

Partnership in Neurodiversity in Schools (PINS) - The project aims to facilitate the provision of support packages for 40 schools in BSW to assist the schools in creating environments to better meet the needs of neurodiverse children.

Improving access across the end-to-end pathway including reducing waiting times for ADHD assessments and increasing support for people post diagnosis.



Elective Care & Cancer

Delivery Against 2023/24 Plan

- **Additional and protected capacity** Modular theatre opened at Sulis in March. In the period March – Dec it has treated 546 patients, including 231 joint replacements.
- The eyecare diagnostic hub opened at the Central Health Clinic in Sept 2023. All diagnostic assessments are performed by technicians
- A successful capital bid (£165k) is allowing an increase the equipment in the hub and an expansion of the type of work performed from April onwards
- Through the Acute Hospitals Alliance Clinical Strategy delivery project the following have been delivered:
 - Orthopaedics: Team in place and BSW Sulis model is in development
 - Dermatology: Team in place and 3-year Transformation Plan in place
 - Gastroenterology: Team in place
- **Long wait recovery** The system-wide demand and capacity model has been developed. It is being used to support business planning for next year, and to model capacity requirements for the Salisbury Day Surgery Unit business case.
- **Referrals** All trusts have the inpatient, outpatient and RTT modules of the national Care Coordination Solution (CCS) and we are talking to the national team about creating a system wide version. This is also supporting waiting list validation, with RUH (an earlier adopter of CCS) achieving 100% validation of their waiting list down to 12 weeks.
- Pathway redesign work is being taken forward in 4 areas: T&O; Gastro; Derm; and Urology.
- **Outpatients productivity** Across the 3 acute providers in BSW, outpatient first appointments have increased by 9% in the period April – December 2023/24 when compared with the same period in 2019/20
- Outpatient follow ups across the 3 acute providers have increased by just over 2% in the period April – December 2023/24 when compared with the same period in 2019/20. This reflects a number of issues: 1) on non-admitted pathways it often takes several follow up appointments to stop a clock; 2) there is a follow up backlog in addition to the waiting list; and 3) levels of PIFU across the 3 providers have remained in the 1%-3% range compared to a target of 5%
- **Surgical productivity** BADS day case rates for the system shows an upward trajectory reaching 80% in September 2023 from 73% in March 2023.
- Theatre utilisation has increased from mid-70% to high 70% between March and January.
- Day case arthroplasty rates have increased significantly with particular progress at Sulis, GWH and RUH.
- **Diagnostic productivity** The Hub at Sulis Hospital has delivered 7,927 diagnostic tests YTD in 2023/24
- During the year a new CT scanner became operational; a new MRI scanner exclusively for CDC patients became operational; and the expanded ultrasound and endoscopy offering came online.
- Imaging activity was initially focused MSK patients transferred from the RUH, but has expanded to include CT Head and CT Chest. CDC Cardiology diagnostic tests started in Jan 24.
- At the spokes at Salisbury and Swindon, activity has been delivered by mobile vans located on the acute sites, pending completion of the permanent solution.



- There has been a combination of CT and MRI shared mobile capacity across both GWH and SFT from April 23. Endoscopy mobile activity has been delivered at GWH from August 23.
- Continued focus throughout the year on improving cancer performance resulting in trusts expecting to achieve (GWH and SFT) or get close to (RUH) the fair shares number of patients waiting over 62d at 31/3/24

Key deliverables for 2024-26

- Delivery of SEOC – new capacity at Sulis to open in autumn 2024 increasing surgical volumes to reduce wait times and support delivery of Elective Recovery Fund.
- Delivery of further CDC modalities – additional capacity at hub and spokes to open during 2024, decreasing backlog and supporting achievement of DM01 6 weeks to test standard.
- Significantly rebalance outpatient follow-ups to new appointments to reduce wait times - pooling leadership and operational capacity across the system to challenge historic booking practices and maximise the use of existing technology to increase patient initiated follow ups.
- Streamlining of our booking practices to ensure that we have an 'traffic control' process working across BSW to ensure patients get seen as quickly as possible, that independent sector is supporting patient backlog reduction, and to review non local activity alongside local services to inform where services may require consolidation.
- Pathway transformation for the identified most challenged specialities to inform future sustainable delivery, system workforce model and optimal pathway. (High intensity support areas: Derm; Gastro; Urology; T&O).
- Cancer – further improve early diagnosis through roll out of multi-cancer blood tests, targeted lung health checks, liver surveillance pilots and the increase to 100% population coverage for the non-site specific pathway.



Maternity

Delivery Against 2023/24 Plan

<p>Successful application to be part of national pilot of Independent Maternity and Neonatal Senior Advocate. ISA recruited and commenced in post Sept 2024. NHSE Greenlight to commence seeing families within Q1 24/25</p>
<p>Maternal Mental health service (OCEAN) implemented as fast follower for Long term Plan objectives. Successful implementation and evaluation demonstrating significant improvements in PTSD scores and trauma scores following treatment.</p>
<p>Standardised preceptorship package Joint work ongoing in 23/24. Scoping completed with continuing work to agree components of programme across BSW maternity providers. Improvements in retention demonstrated in reduction of turnover rates in BSW to support excellent health and care services but not yet completed.</p>
<p>International recruitment joint initiative across BSW maternity providers. Midwifery degree apprenticeship commenced in 1 provider with others considering. Acute Healthcare Alliance work to map workforce with LMNS input. Business cases for maternity and neonatal staffing to meet Birthrate Plus and British Association of Perinatal Medicine standards in progress</p>
<p>Promotion of Dad's Pad during 2023. Maternity services participated in BSW Safeguarding Under One's audit. Safer sleep policy and pathway work almost complete. Planned BSW system spotlight event for March 2024 to share best practice. 12 maternity and neonatal videos with subtitles for 10 languages co-produced with Maternity and Neonatal Voices Partnership.</p>
<p>Dashboard compilation in progress but not yet completed. Ongoing work dependent upon BI capacity. Maternity providers now progressing implementation phase of single maternity digital system with planned roll-out 24/25.</p>
<p>Continued work to support aim of improved access to provision of essential nutrition for babies- Milk project provision of additional breast-feeding support in area of deprivation supporting prevention of ill health and increasing support.</p>
<p>Maternity and Neonatal Voices partnership supported and embedded within maternity and neonatal services.</p>
<p>Scoping for maternity triage digital application and centralised triage in progress for single point of access. Senior Leadership perinatal culture participation in national leadership training and staff culture surveys conducted. Perinatal Quality Surveillance model in place. Maternity providers continued work to implement Saving Babies Lives Care Bundle and Clinical Negligence Scheme for Trusts to support safe outcomes for mothers and babies.</p>
<p>Mapping of antenatal parent preparation to identify possible potential BSW standardised provision.</p>
<p>Additional staff recruited into maternity services to support treating tobacco dependency and smoke free pregnancy aim to reduce smoking in pregnancy.</p>
<p>Perinatal pelvic health services implemented across BSW system.</p>



Key deliverables for 2024-26

The BSW Local Maternity and Neonatal system (LMNS) remains committed to achieving the recommendations of the national Maternity and Delivery Plan which sets out the three-year plan to make care safer, more personalised and more equitable for women, babies and families by 2026. This plan includes recommendations from the service reviews Ockenden final report (2022) and East Kent Review (2022) and learning from the Countess of Chester legal case. The key deliverables are outlined below and will continue in 25/26 dependent upon progress and finance available in 24/25.

1. To complete actions ongoing from 23/24 objectives as described in 23/24 implementation plan in line with three year delivery plan.
2. To align commissioning of services to meet the ambitions outlined in the national 3 Year Delivery Plan for Maternity and Neonatal Services. This includes:
 - Commissioning services that enable safe, equitable and personalised maternity care for the population of BSW. and evaluate using national patient experience measure (PREM) by 2025.
 - Commissioning perinatal pelvic health services (already implemented as fast follower as per Long Term Plan for Health (by April 2024).
 - Supporting commissioning of community perinatal mental health services including maternal mental health services (already implemented as fast follower as per Long Term Plan for Health (by April 2024).
 - To commission, fund and agree staffing levels with trusts for those professions where a nationally standardised tool has not yet been developed (following available national guidance). We will work with trusts and higher education institutions to maximise student placement capacity to support pipeline of BSW Maternity and neonatal staffing.
 - Commission sustainable model for Maternity and Neonatal Voices provision to reflect the diversity of local population ensuring that MNVP leads are remunerated to implement the agreed workplan.
 - This may include delegated responsibility for commissioning of neonatal services from 2024/25.
3. Monitor the impact of work to improve culture within maternity and neonatal services and provide additional support when needed.
4. Use data to compare outcomes to similar systems and identify variations and opportunities for quality improvements. This includes completion of LMNS dashboard for quality and safety to bring together intelligence from providers.
5. Continue ongoing quality improvement actions in line with BSW LMNS Equity and Equality Action Plan including enhancing community links with service users from minority ethnicity communities and those living in areas of deprivation and young parents.
6. Embedded use of ICON across BSW Maternity and neonatal services in line with Safeguarding Under 1's quality improvement workstream. This contributes to reduction of sudden unexpected deaths in infancy in BSW.



7. To participate in evaluation of pilot of Independent Senior Advocate Role (national pilot site) in 2024/25.
8. Share learning and good practice across all trusts in BSW ICS to continue to improve effectiveness of services and improvements in outcomes of women and babies.
9. Oversee implementation of the PSIRF safety improvement plan, monitoring the effectiveness of incident response systems in place.
10. Oversee quality in line with perinatal quality surveillance model and NQB guidance.
11. Complete implementation of Saving Babies Lives Care Bundle and monitor outcomes with aim of reducing stillbirths and neonatal deaths in pregnancy.
12. Oversee and be assured of provider trusts declarations to NHS Resolution for Maternity Incentive Scheme. Compliance with this results in rebates in CNST payments contributing to financial plans.
13. Monitor and support trusts to implement national standards whilst commissioning care that has regard to NICE guidelines with updated service specifications to provide high quality care in line with national guidance.
14. Have a digital strategy for ICB which includes maternity and neonatal and support implementation of one system across BSW maternity providers.
15. Continue to support preventative programmes of work within maternity and neonatal services which contribute to increasing life expectancy, reducing ill health and reducing inequalities in care. This includes:
 - Treating tobacco dependency (smoke free pregnancy) – ensuring embedded and monitoring of outcomes throughout 24/26 to reduce smoking in pregnancy to below 5%.
 - Infant feeding – supporting safe infant feeding and promotion of breastfeeding in line with BSW Infant feeding strategy objectives. This reduces admissions to paediatric wards due to reduced rates of infections in babies and young children.
 - Pre-conception provision review to identify any opportunities for improvement in 24/25
 - ATAIN project reducing separation of mothers and babies improving attachment bonds between mothers and babies and reduced length of stay in hospital.
 - PERIpren project optimising outcomes for premature babies – improving outcomes for babies to optimise development and reduce risk of ongoing ill health that impact on health, education and care services long term.
 - Focus on preventing pre-term birth- majority of disability is associated with pre- term birth with significant impact on the family unit -emotionally, physically and financially therefore reducing pre – term birth has the potential to reduce both health and financial burden on the family and healthcare system.



11.Children & Young People

Delivery Against 2023/24 Plan

We have used **CYPCore20PLUS5 as the framework** for all the work we do as a Programme. Enabled a consistent focus on our Core20PLUS populations and demonstrated progress across all five clinical areas: CYP MH, Asthma, Epilepsy, Oral Health and Diabetes. We have ensured the governance is in place to continue delivery into the future through System partnership.

Long term conditions have been identified as a key element of the BSW Primary and Community Care Delivery Plan. CYP is represented within a series of sub-groups proposed to support delivery of this plan. This will enable us to achieve excellent health and care services and focus on fairer health and wellbeing outcomes, particularly for those CYP within CYPCore20PLUS5 groups.

We have worked to ensure Children and Young People are embedded across ICB programmes including community services. A dedicated BSW **Children and Young People's Strategy** will be developed by March 2025.

We have mapped existing **engagement and youth voice work** being carried out across the System. We have started a programme of work to proactively seek the voice and lived experience of children and young people, their parents, carers and families.

Children's System Leadership. The designate role of Executive Lead for Children and Young People is our Chief Medical Officer, and through this role supports the chief executive and the board to ensure the ICB performs in the interests of children and young people. Children and Young People are now represented on key Programme Boards including Population Health. Influenced key ICB and ICS strategies and ensure focus on babies, children and young people.

A **holistic and trauma informed approach** underpins all the work for Children and Young People, including the BSW CYP Programme Board.

Key deliverables for 2024-26

System-wide recognition and focus on inequalities in children and young people. Including CYP representation for long term conditions and major conditions. Population Health Management will underpin how services are delivered and how we target future services to reduce inequalities. Ensure specific focus on CYP in elective recovery and urgent care planning, including implementing recommendations on clinical prioritisation tool for CYP from the SW Clinical Senate. Continue to use the CYPCore20PLUS5 framework to deliver a targeted approach and drive data-led improvement in population health and inequalities:

- *Asthma* - Continue delivery of the [National bundle of care for children and young people with asthma](#). This includes launching BSW Asthma Friendly Schools accreditation in May 2024 and finalising BSW-wide CYP asthma pathway to be completed June 2024.
- *Diabetes* - Focus on prevention of obesity and support expansion of provision for Complications from Excess Weight (CEW) clinics for children in BSW. Rollout the [NICE guidance: Hybrid closed loop systems for managing blood glucose levels in type 1 diabetes](#) (TA943; published Dec 2023), with Children and Young People as a priority group. High-level local delivery plan to be developed (with diabetes leads) for hybrid closed loops (HCL) for the next 5 years, setting out how the needs of the NICE recommended eligible population will be met, and equality of access achieved.
- *Epilepsy* - Continue to support delivery of the Epilepsy Specialist Nurse (ESN) pilot, with funding available until March 2025. This also supports the delivery of the [National bundle of care for children and young people with epilepsy](#).



- *Mental Health* - Continue drive for increased BSW focus on CYP mental health and emotional wellbeing through CYPCore20PLUS5 and representation at the CYP Mental Health Oversight group and Thrive Board. Rollout of NHSE Youth Worker Pilot from April 2024 and Paediatric Mental Health Champions.
- *Oral Health* – Initial focus for ‘Super Saturdays’ to address CYP waiting for tooth extractions in Q1 2024/25.
- *PLUS groups*
 - *Children with Special Educational Needs and Disability (SEND)* - collaborate with social care, education and local authorities to make sure that children and young people with SEND are supported across BSW. Working with Designated Clinical Officers and Quality to ensure effective joint working on SEND.
 - *Children with excessive weight and living with obesity* – expand CEW clinics for children within Acute hospitals by December 2024.
 - *Care experienced and Children Looked After* – support ambitions within the Care Leaver Covenant, including BSW internship or early-career opportunities for care leavers and improved access to employment, education and training within the NHS. BSW funding for Programme until February 2025.
 - *Early Years (with a focus on school readiness)* - deliver BSW Early Years Pilot as a ‘test and learn’ site for delivering future services for CYP, with rollout across BSW over two years.
 - *Children and Young People with Adverse Childhood Experiences (ACE; with a focus on delivering trauma informed services)* – ensure a holistic and trauma informed approach to current and future provision for children and young people.

An evidence-led, targeted approach to address inequalities will support better experience and outcomes for Children and Young People and their families and support a reduction in acute presentations and poorer outcomes.

Increased visibility and profile of Children and Young People within the ICB and across the system; including visibility of demand, risks and issues. Proportionate Children and Young People representation, BI reporting, and focus in BSW Board and work programmes (Population Health, Urgent Care, Elective Recovery, THRIVE). Within the governance for Boards across BSW, embed the focus on CYP as 30% of our population and challenge ‘all-age’ terminology to ensure that work is CYP inclusive in practice. Improve links with key Boards and Delivery Groups to ensure children and young people are planned for in our hospital (acute), primary and community provision. Develop a Children and Young People data dashboard and setup ongoing reporting to increase visibility of CYP and their needs through appropriate BSW Programme Boards and continued development of a case for change.

Establish the models of care that will enable the best outcomes for Children, Young People and their families. Embed paediatric expertise within community/primary care to (i) drive earlier intervention (ii) support better self-care for Children and Young People and their families / carers (iii) support Children and Young People with long term conditions and complex needs (iv) move care out of hospital where appropriate. Family Hub and Early Help models will be developed across BSW and in each local area by 2026. Establish a Connecting Care for Children approach that brings together a multi-disciplinary team across primary, secondary and community services, enabling Children and Young People to be treated and receive advice and guidance in their community. Rollout the Paediatric Early Warning System (PEWS) in Acute hospitals by September 2024 as a platform that facilitates a standardised and interoperable method of tracking and detecting the deteriorating child. Address identified gaps in Paediatric Palliative Care and map provision, identify gaps and the pathway for Children and Young People in BSW with life-limiting conditions and palliative care needs.

Use the BSW CYP Programme Board’s leadership and collaboration to **ensure Children and Young People voice and co-production will be meaningfully embedded in our work across BSW.** Deliver



BSW CYP Strategy underpinned by the voice of Children and Young People. Complete an audit of current BSW ICB delivery by September 2024. Board papers and reporting to highlight CYP participation that has occurred in service improvement, decision-making and policy development.

Child and Adolescent Mental Health Services

Delivery Against 2023/24 Plan

- We increased our digital offer (via Oxford Health working with Healios) to provide earlier supported access to CAMHS – this has enabled us to achieve an improvement in access rates throughout the year. Reporting has remained a challenge for Oxford Health following the cyber-attack in 2022, which has meant visibility of performance has been more difficult. Oxford Health uploaded all historic activity information for 2022/23 into the Mental Health Services Dataset by October 2023 (as per NHS England requirements) and is now retrospectively updating activity information for 2023/24. We anticipate that full performance reporting will be back in place by 1st April 2024.
- Our new Swindon offer went live (partially) in October 2023 – commissioned from ABL Health. This includes provision of the Mental Health Support Teams (MHSTs) in Swindon. ABL Health will be providing a Single Point of Access to mental health services across Swindon from April 2024.
- Operating as Be U Swindon, ABL also now provide an online resource offer for parents, children and young people. This enables self-referral, as well as access to online support and advice.
- Oxford Health NHS FT have launched their procurement of a third sector partner in each locality – this is underway and to be finalised in the final quarter of 2023/24. It is anticipated that once live, this will again provide improved access to early help and support for children and young people.
- Mental Health Champions have been appointed within each of our 3 acute providers. These have been funded for a period of 2 years by NHS England. Job descriptions are being developed and finalised for these roles, with a strong focus on training and support for wider paediatric team colleagues.
- We have provided capital investment to support the development of the Children's Emergency Department in Swindon. Work is progressing to support the creation of an environment that is more suitable to assess children and young people with mental health needs. This will be operational from 2024/25 as the work on the front door at GWH is completed.
- ALPINE continues to be rolled out across our acute providers. Alongside this we continue to work within the Thames Valley Provider Collaborative for CAMHS to support the development and improvement of inpatient CAMHS provision across our BSW footprint. This includes the further development of Hospital@Home models.
- In addition to our planned deliverables, we also:
 - Appointed a new Children Looked After (CLA) lead within CAMHS (commenced in post February 2024). This role will support better oversight of the pathway of care for CLA – making adaptations to this as required.
 - Undertaken a whole system workshop in November 2023 to review our current offer for CLA, and co-developed an action plan for improvement with our Local Authority partners



- Developed and submitted our BSW proposal for 2 new Mental Health Support Teams (MHSTs) in Wiltshire as part of Wave 12 of the MHST programme – these teams are anticipated to be mobilised from January 2025.

Key deliverables for 2024-26

- New trauma support team to be mobilised (subject to financial investment) that will provide treatment to a small number of highly distressed children and young people, as well as advice and guidance to core CAMHS and wider partners on brief interventions, training and development of staff in supporting trauma informed practice across the whole system
- Support Local Authority partners to define a new offer in home provision, with associated support from CAMHS colleagues
- Implementation of two new MHSTs to support improved access to mental health support in school settings in Wiltshire
- New SPA in Swindon to provide earlier, coordinated access and to support ongoing improvement in access rates as per national requirements



12. Financial Recovery

We are making financial recovery one of our key objectives for the next two years. This will mean working together to develop a financial recovery plan that delivers the savings we need to make whilst ensuring we can provide high quality services to our population.

Delivery Against 2023/24 Plan

All NHS organisations that make up an ICS have a mutual obligation to work to deliver financial balance as a system. It is likely that the ICS will end 2023/24 with a financial deficit. The ICS has entered financial recovery during 2023/24 but it will be a multi-year recovery programme. We have taken collective action to control costs this year. Measures delivered include:

- Triple lock in place for any investment > £50k
- System vacancy control panels in place
- Voluntary introduction of NHSE forecast protocols in early 2023/24
- Recovery Board in place
- Workforce cost & WTE movement review (since 2019/20) undertaken
- Investment review (since 2019/20) completed
- Safer staffing review ongoing
- Full balance sheet reviews undertaken in Q3 2023/24.
- 23/24 Agency plan has over delivered with a plan to reduce by 35% by M12 and already delivering 59.5%

The plan included creation of an investment fund for service improvement and innovation in line with our strategic plan to invest in prevention and early intervention. BSW has not yet baselined prevention programmes and spend across the ICS, the focus has been to ensure redistribution of funding into prevention and early intervention in 2023/24.

Key deliverables for 2024-26

Financial planning for 2024/25 indicates that the year will be even more challenging financially. The financial recovery programme initiated during 2023/24 will be a multi-year recovery programme with three key strands of work.

1. Savings Delivery. In 2024/25, organisations are targeting 5% efficiencies for 2024/25 which will be c.£100m. The programme will have continued focus on improved delivery of efficiencies.
2. Cost Controls. The programme will ensure continuation of the cost control measures put in place in 2023/24.
3. Delivering the benefits of our system transformation projects to include:
 - Impact of our UEC transformation projects at ICS level including virtual wards, care-co-ordination, transfer of care hubs in alignment with our BCF & work with system partners.
 - Impact of closer working and sharing of best practice in elective care
 - Further improvements in productivity up to upper quartile – specifically Gastro; Dermatology; Urology
 - Prevention – focus on hypertension for next two years



In addition, we have some large-scale work programmes underway that should bring benefit in subsequent years of the financial recovery through our integrated community transformation programme.



13. Enabling Workstreams

Workforce

Delivery Against 2023/24 Plan

Completed system leadership and inclusion development offer
Successful mobilisation of a quality improvement community of practice.
Development and implementation of a BSW multi-disciplinary preceptorship framework
Expansion of clinical placement capacity
Oliver McGowan Training for people with learning disabilities and autism for over 2000 members of staff
BSW lead ICB for the SW regional agency collaborative. Implementation of regional Nursing Price Cap compliant rate card (excluding certain specialities) by the 1st June 2024. Implementation of a regional Medical rate card will a plan for delivery by October '24
110 RMNs for Avon and Wiltshire Partnership and Kent and Medway. Further roll out across the country including the Midlands and Wales.
Mobilisation of Legacy Mentors and our Career Navigator.

Key deliverables for 2024-26

<ul style="list-style-type: none"> • Completion of a BSW People Plan. • Roll out of Calderdale workforce transformation tool against 4- 5 agreed projects focused on creating new ways of working and improved productivity. • Identifying and developing new shared training solutions for collective system partners for scaling of offer and effective use of resource • Working with region and local partners to develop sustainable and affordable models for an increasingly grow our own training model and collaborative apprenticeship opportunities. • Continuing to build strategic partnerships with education partners • Evaluation of health and care ambassadors and design of a school engagement map and identified points of contact to enhance communication and relationship building. • Development of integrated career pathways and improved opportunities for moving easily across organisational boundaries. • Design of a BSW wide leadership and management framework based on supporting leaders to lead and manage their teams.
<ul style="list-style-type: none"> • All trainee pharmacy posts will be cross sector in 2026 and improve retention of workforce • Actively use the skills of community pharmacists to move services closer to home • Work towards pharmacy roles which respond to expertise shortages and support medical consultant shortage



Technology and Data

Delivery Against 2023/24 Plan

FBC approval for the Single Electronic Patient Record (EPR) with NHSE significantly later than planned due to the significant investment required
The Shared Care Record has Over-achieved on usage target by 22%. Independent review identified ICR generated £3.8m of benefits in 23/24. Wiltshire LA connected to ICR in Summer 23. Swindon LA targeting Summer 24.
Remote monitoring for Virtual Wards solution was implemented on schedule with patients being supported across all 4 BSW virtual wards
New robotic process automations are live in primary care releasing time efficiencies into the service.
Maternity pilot completed. Appointment management in place at GWH, reminders in place at SFT & RUH
23 practices supported and funded to move to modern cloud system in Phase 1 with 8 ready for Phase 2. Installations take place early 2024 into spring 24.
55% of 13+ now registered on NHS App (above Southwest average of 53%)
Cyber strategy and risk register now in place
Intelligence Forums established in support of priority BSW Boards. Several key projects developed including demand and capacity modelling.
Skills Mapping Assessment undertaken with SW LKIS, and Health Inequalities training developed. Many key roles remain unfunded.
ICB has moved data warehouse to the Cloud, and along with RUH have developed SharePoint sire making reporting accessible. Shared Data Platform remains unfunded, and Power BI developments stalled because of resourcing.

Key deliverables for 2024-26

<ul style="list-style-type: none">• The EPR programme will move into implementation following the confirmation of support from NHSE national team.• The ICR programme will increase the number of connected partners to the shared care record and increase the benefits derived from the record through increasing utilisation.• Once Cloud based telephony is in place across practices in Spring 2024 ensure benefit are realised by ensuring practice make the most out of new functionality available, ultimately reducing patient telephone wait times and increasing satisfaction• Continue to ensure strong cyber security is in place with increased board awareness.



Population Health Management

Delivery Against 2023/24 Plan

<p>Health Inequalities Dashboard completed and demonstrated to partners during April. Remains available on ICB's reporting portal.</p>
<p>Some Population Health-based insight has been generated through the PHM Intelligence Forum working in support of the PHM Board. Development of the BSW Case for Change is a leading example. A training programme for analysts across NHS organisations in Health Inequalities Analytics is another key deliverable from the Intelligence.</p> <p>There remain key risks to the continued delivery of intelligence in support of PHM in BSW, highlighted to PHM Board in December '23. Risks relating to the wider Intelligence Programme have been raised through the Digital Board during 23-24 and form part of a review of the Programme during Q4 23-24.</p>
<p>This has not been fully embedded during 23-24 and will be embedded further during 24-25 working with the newly appointed Prevention Team.</p>
<p>The BSW ICB Team have established a strong linked data set with GP data from most BSW practices, as well as the Graphnet ICR. BSW has a suite of reports allowing population-based insights to be generated, and data stores which allow for ad hoc and project work in support of priority programmes. These tools and analytics have been embedded in a few projects and programmes however not widescale nor in a systematic fashion.</p>

Key deliverables for 2024-26

<p>Agree with PHM Board priority developments to PHM Infrastructure for 24-25. Likely to include:</p> <ul style="list-style-type: none">- widening the scope of the BSW linked data set to include remaining 8 GP practices and Social Care data and give fuller population coverage- documenting and improving the quality of priority data sets (primary and community care data) so decision making is based on a knowledge of data completeness- collecting and linking data on the wider determinants of health to support better decision making- embedding PHM data into the BSW decision-making process
<p>Agree with PHM Board priority developments to PHM Intelligence. Likely to include:</p> <ul style="list-style-type: none">- Agreement on key standard BSW population-based analysis routinely available, including segmentation methods and a small number of core dashboards (including mandated Health Inequalities reporting). Support their effective use into practical BSW work.- Agreement on priority projects or programmes which will be the focus on more-detailed PHM intelligence work, to be delivered via an agreed workplan and overseen by the PHM Board- Agreement on standardised approach to embedding population health intelligence into BSW priority programmes, including using data to support community engagement- Agreement of standard approach to evaluation of BSW interventions in a population-based fashion, including to support business cases and key BSW decisions
<p>Work with BSW Programmes to understand the priority Population Health Management interventions to be delivered during 24/25. Through Population Health Board, provide oversight and strategic direction to these programmes to support their delivery. To focus on how Prevention and Health Inequalities are integrated into the work of these programmes.</p>



Estates of the Future

Delivery Against 2023/24 Plan

- The ICB working with Primary Care across BSW has completed the Primary Care Network Toolkit (PCN Toolkit). This work is now collated to provide a list of future estate investments needed over the next 10 years.
- As part of our system and collaborative working, the BSW Estate Board has agreed its plans for the future transformation of estates and the way in which estate functions are delivered in the future. This will focus on 4 key areas, where we can work at scale across the whole of our system with shared resources, how we deliver services jointly including cleaning, linen, and catering; and the general management and maintenance of the estate.
- We concluded our review of the existing community estate and how well it is being used, this resulted in a number of changes that we will be looking to implement as part of future service delivery to ensure we are maximising the use of our estate further and creating more opportunities do dispose of estate that is coming to its end of life and using what remains more effectively or developing new buildings where there is need. We recently opened the new Devides Health Centre in February 2023, enabling us to dispose of the old Devides Hospital site, which provides additional capital we can reinvest into new buildings or to improve existing ones.
- We piloted a new activity driven estates planning tool (ADEPT), this will help us understand the current and future estate requirements for services.
- The work to develop and approve our Infrastructure / Estate Strategy was paused in September 2023. This was to enable the important work we have been doing in the delivery of the PCN Toolkit and the development of ADEPT, which will help shape what goes into our final Infrastructure / Estate Strategy, which we are looking to complete and publish in the next 12 months.

Key deliverables for 2024-26

- We are improving the way we use space by removing organisational barriers that used to allocate rooms to individual organisations or services, to one based on sharing space and increasing utilisation across all settings to maximise the use of the estate.
- Our workforce will be able to work across different locations, consolidating back-office functions and changing the way that we work, reducing unwarranted variations in provision of estate services and automating processes.
- With the completion of the PCN Toolkit and ADEPT, we will be able to complete the development of the BSW Infrastructure / Estates Strategy which will help inform futures investments and support better utilisation of the estate.

We will focus on four key areas of work over the next 12 months, which will support delivery of Excellent Health and Care services.

1. Integrated Estate Management & Assurance Function (Developing a single estate management function that manages the estate across our hospitals and health centres)
2. Soft Facilities Management Delivery (Cleaning, Linen, Catering and Waste)
3. Hard Facilities Management Delivery (Maintenance, improvements, and plant)
4. Utilisation, Rationalisation and Disposals (How we use our buildings well and dispose of buildings no longer needed to support their sale).



Environmental Sustainability

Delivery Against 2023/24 Plan

Since the publication of our [BSW Green Plan \(2022-25\)](#) in July 2022, health, and care partners across the BSW system have continued to work collaboratively to support delivery of our green commitments and the achievement of the long-term vision of [delivering a Net Zero NHS](#). Aligned to the BSW ICS vision, the Plan supports our ICS strategic priorities by improving the health and wellbeing outcomes of our population so they can age well and reducing health inequalities caused through poor environments.

Since the publication of the plan, the Greener BSW Programme Delivery group (PDG) has achieved the following commitments:

- Board-level lead identified at ICS and organisational level.
- Staff have access to a sustainability/green peer network.
- Staff are made aware of the relevant Green Plans (ICS/Trust) via training/comms/induction
- Switch to 100% renewable electricity suppliers
- NHS Trusts to reduce use of desflurane in surgical procedures to <5%
- NHS Trusts signed up to clean air hospital framework by March 2023

Key deliverables for 2024/26

The Greener BSW PDG remains committed and continues to meet monthly to progress our commitments and overcome shared challenges. A selection of actions for delivery by our partners (within the scope of the Green Plan requirements) over the remainder of the Green Plan delivery period, in addition to those listed above, are outlined below:

- Reduction in carbon impact of care models
- Staff have access to sustainability training/sustainability information within their induction
- 100% paperless or, if essential, using 100% recycled paper content within all office-based functions
- Reduce the use of all single use plastic items within catering services
- 25% of outpatient appointments conducted as virtual appointments online, where clinically appropriate

We recognise that our BSW Green Plan (2022-25) needs to be refreshed at the end of 2025. We have therefore taken proactive steps to start planning what the next iteration of our Green Plan needs to include so we can re-evaluate the sustainability vision for our system and identify key areas of focus.

Although we will continue to work towards the achievement of a Net Zero NHS by reducing our emissions across our NHS fleet, estate, and supply chain; we acknowledge that we will also have an opportunity to review our existing commitments and potentially identify new areas for focus such as health inequalities and anchor institutions.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	9
Date of Meeting:	28 March 2024		

Title of Report:	DRAFT Mental Health Strategy 2024-29 – Summary Slides
Report Author:	Georgina Ruddle, Associate Director for Mental Health Jane Rowland, Associate Director for Mental Health Colleagues from Applied Research Collaborative (West) University of Bristol
Board / Director Sponsor:	Gordon Muvuti, Director of Place – Swindon and Executive Director for Mental Health
Appendices:	

Report classification	Commercial in Confidence
ICB body corporate	x
ICS NHS organisations only	
Wider system	

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	x
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	
Noting	For noting without the need for discussion	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	x
2. Fairer health and wellbeing outcomes	x
3. Excellent health and care services	x

Previous consideration by:	Date	Please clarify the purpose
BSW Thrive Programme Board	20 March 2024	Review and comment

1	Purpose of this paper
In September 2023, we commissioned the Applied Research Collaborative at the University of Bristol to support us in drafting a new Mental Health Strategy for BSW. Following extensive engagement across our system with service users and	

carers, providers and stakeholders, we have now produced our draft Mental Health Strategy.

The purpose of this presentation (and associated slides) is to provide Board members with an overview of the key priorities and ambitions that will be set out in our Mental Health Strategy, in readiness for approval of the final document in May 2024.

The attached slides provide a summary of:

- Areas of focus for our strategy
- Co-production activity, which has led to the development of our vision, aims and priorities
- An overview of the delivery plan and next steps

2 Summary of recommendations and any additional actions required

Board members are asked to consider the attached slides and associated presentation.

Following this presentation, the draft document will be finalised (incorporating comments received) and shared with the design team who have been commissioned to produce the final document. This will be shared with Board members in May, and subject to their approval, will then be published.

3 Legal/regulatory implications

Our strategy commits us to delivering national standards across all areas of mental health service provision.

4 Risks

If we do not have a Mental Health Strategy and associated implementation plan that clearly sets out achievable, but transformational ambitions for the future, there is a risk that we will not deliver high quality and sustainable mental health services for our population.

5 Quality and resources impact

Embedded in the strategy.

Finance sign-off

6 Confirmation of completion of Equalities and Quality Impact Assessment

Embedded throughout the strategy.

7 Communications and Engagement Considerations

The draft strategy document has been shared with partners for their review and comments, both directly and through Thrive Programme Board (20th March 2024). Further engagement and communications planned once the final strategy has been approved by the Board at its May 2024 meeting.

8 Statement on confidentiality of report

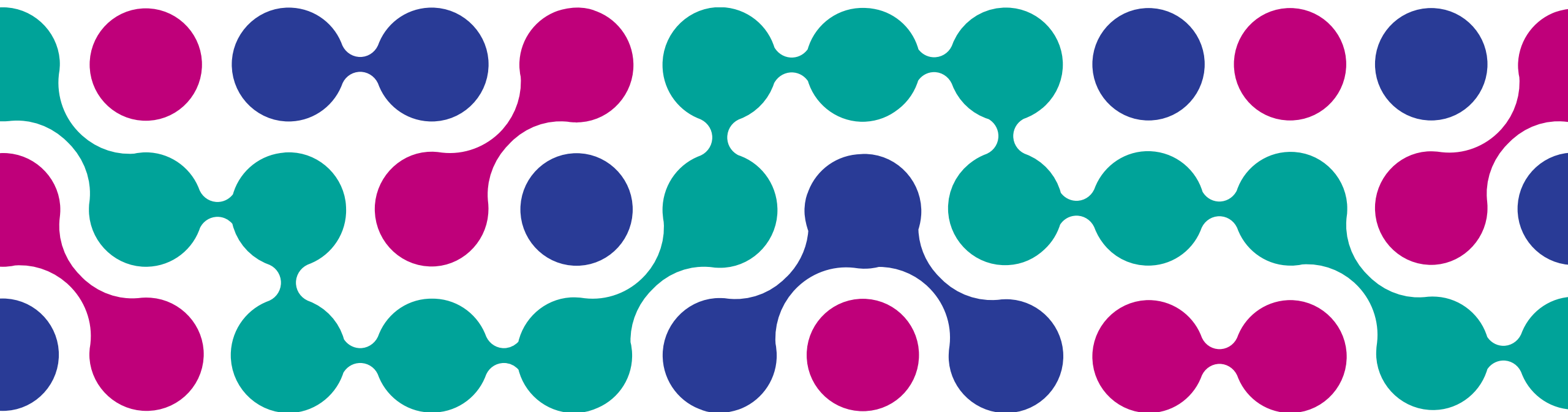
Commercial in confidence

Our Mental Health Strategy

March 2024



What our strategy focuses on



Our mental health strategy aims to...

- Be ambitious and transformational
- Be applicable across the system
- Be service, condition, provider, population group and age 'agnostic'
- Reflect local and national priorities
- Bring together a wealth of data and information, including documentation analysis, interviews and workshops for the input and views of providers, service users and carers

Key chapters

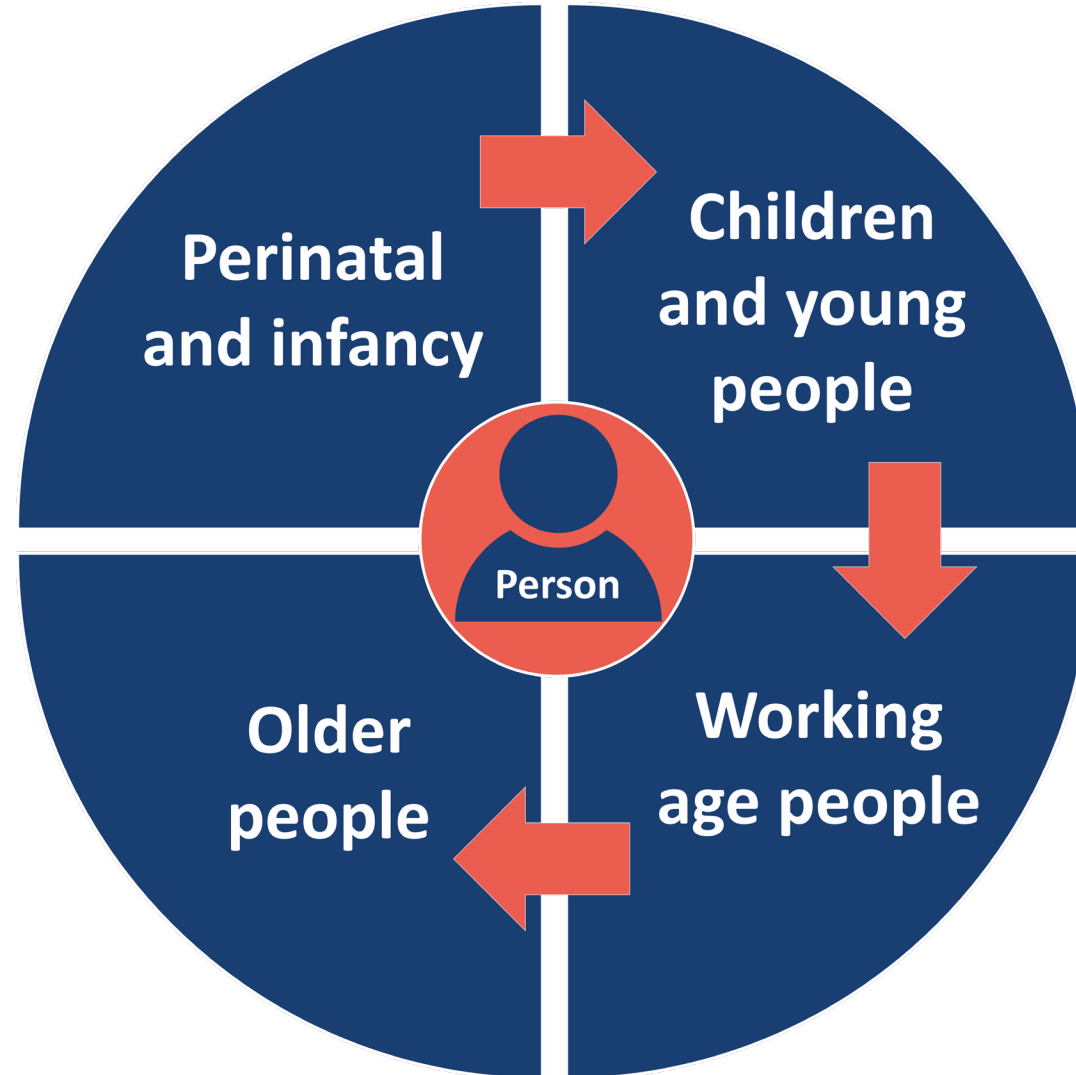
- Local and national drivers
- Local population needs
- Improving our services in response to the NHS Long Term Plan
- Our vision and aims
- Our strategy – priorities, enablers and values
- Financial investment
- Delivery plan

Service portfolio

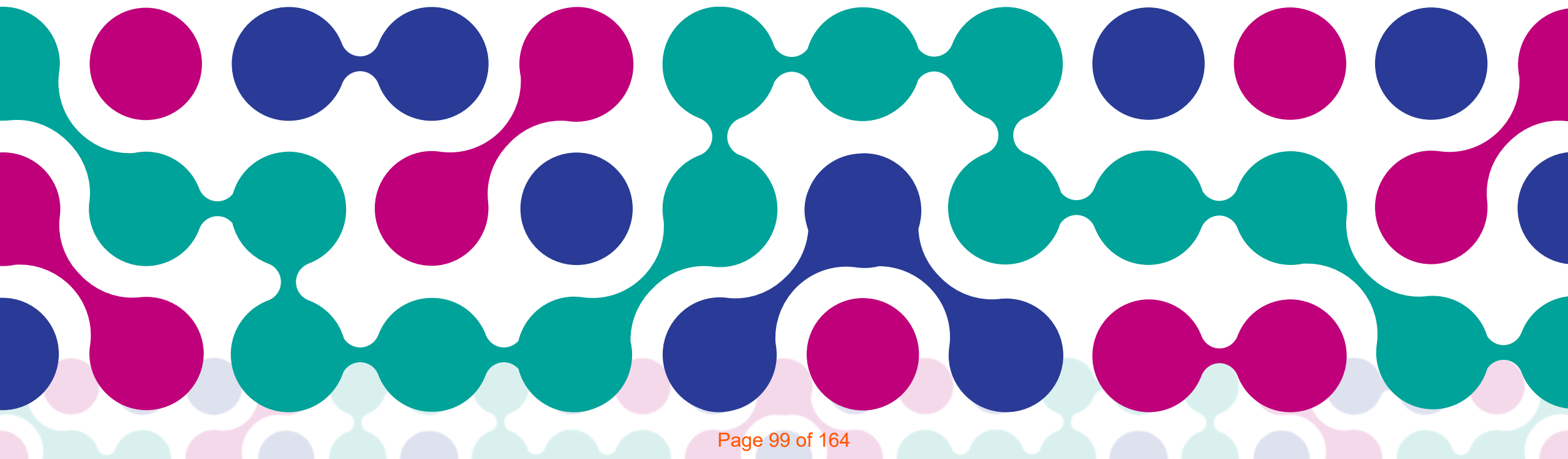
- Perinatal and maternal mental health access
- Children and young people access
- Sever mental illness physical health checks
- Dementia diagnosis
- NHS Talking Therapies
- 3SA crisis lines
- Out of area placements

Learning Disabilities, Autism and Neurodiversity service provision excluded

A strategy that covers all areas of the life course



Co-producing our vision, aims and priorities for the future



Hearing from people & partners

- Interviewed **40+ people from 20+ provider organisations** (statutory and non-statutory)
- Student Mental Health forum **60 people** (students, HEIs, statutory & non-statutory services, police)
- Two public workshops in December
 - Swindon / Wiltshire attended by **18 service users and carers**
 - Bath / North East Somerset attended by **11 service users and carers**
- Wiltshire Healthwatch MH Forum attended by **6 patients and carers and 8 service providers**
- Two PPI meetings in November and December attended by **10 people with lived experience**
- Review and inclusion of existing co-production work including locality MH workshops, local carer forums

Supported by in depth information analysis

- Collated and summarised information: examples include JSNAs, strategies, workshop outputs
- 60+ documents
- Internet searches
- Documents from localities and collaborators
- BSW Model of Care

What people told us

"It's almost as if, if you don't present a risk to others or yourself, you don't get anything."

"Improved access is the number one priority...you don't have to be in crisis for more help."

"offering services when people were [first] reaching out"

"We lose people from the wait for services."

"My big concern is people who are too ill to be looked after by primary services but not considered ill enough to be treated by secondary services."

"If you have had a mental health condition a long time, you know the warning signs of your mental health getting worse, so you ask for early help. But they tell you your symptoms are not bad enough [to access the service]."

"My bipolar disorder and PTSD are lifelong conditions that need ongoing support. Without some form of ongoing support people like me will just bounce in and out of secondary services."

- Prevention and early access to help and support are critical
- People with lived experience and their carers know and understand what they need
- People accept they may have to wait for some services, but they want support whilst they wait
- Services must be integrated so that there is a clear pathway across organisational boundaries (incl. digital integration)
- Staffing is a challenge – reliance on temporary staffing does not always provide a positive experience for people using services
- People want to be partners in their care and treatment, and are able to influence the treatment they receive

Our vision and aims

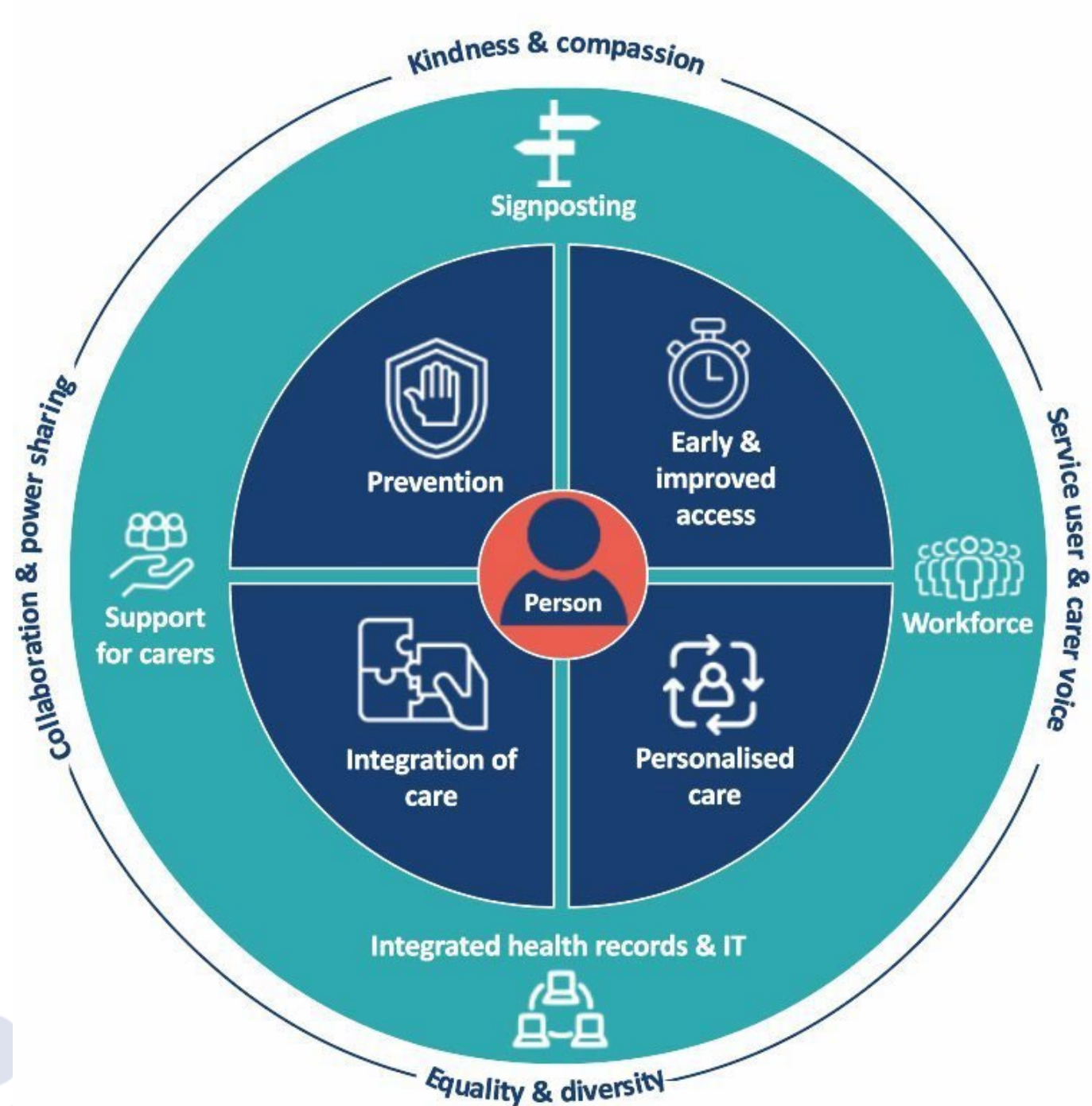
Our vision

- We will ensure accessible, high-quality care and treatment, provided at the right time to meet an individual's need, local to them. This will be delivered through person-centred, co-ordinated care that meets the needs of people, their families, friends and carers.



The strategic model

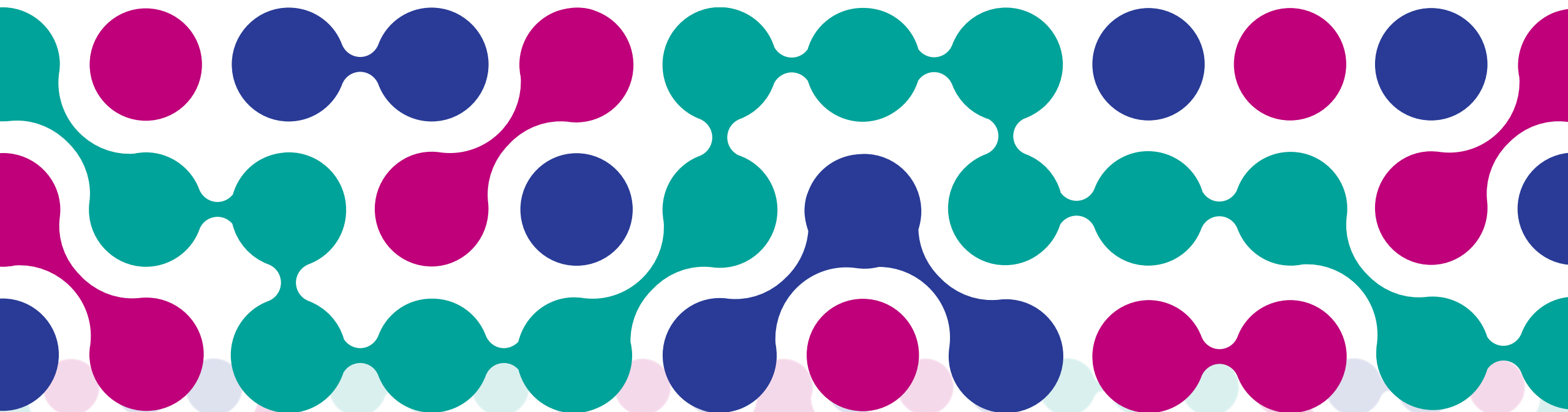
- **Priorities:**
 - Prevention
 - Early and improved access
 - Personalised care
 - Integration of care
- **Enablers:**
 - Signposting
 - Workforce
 - Integrated health records and IT
 - Support for carers
- **Values**
 - Kindness and compassion
 - Service user and carer voice
 - Equality and diversity
 - Collaboration and power sharing



What does the strategy mean for our people and communities?

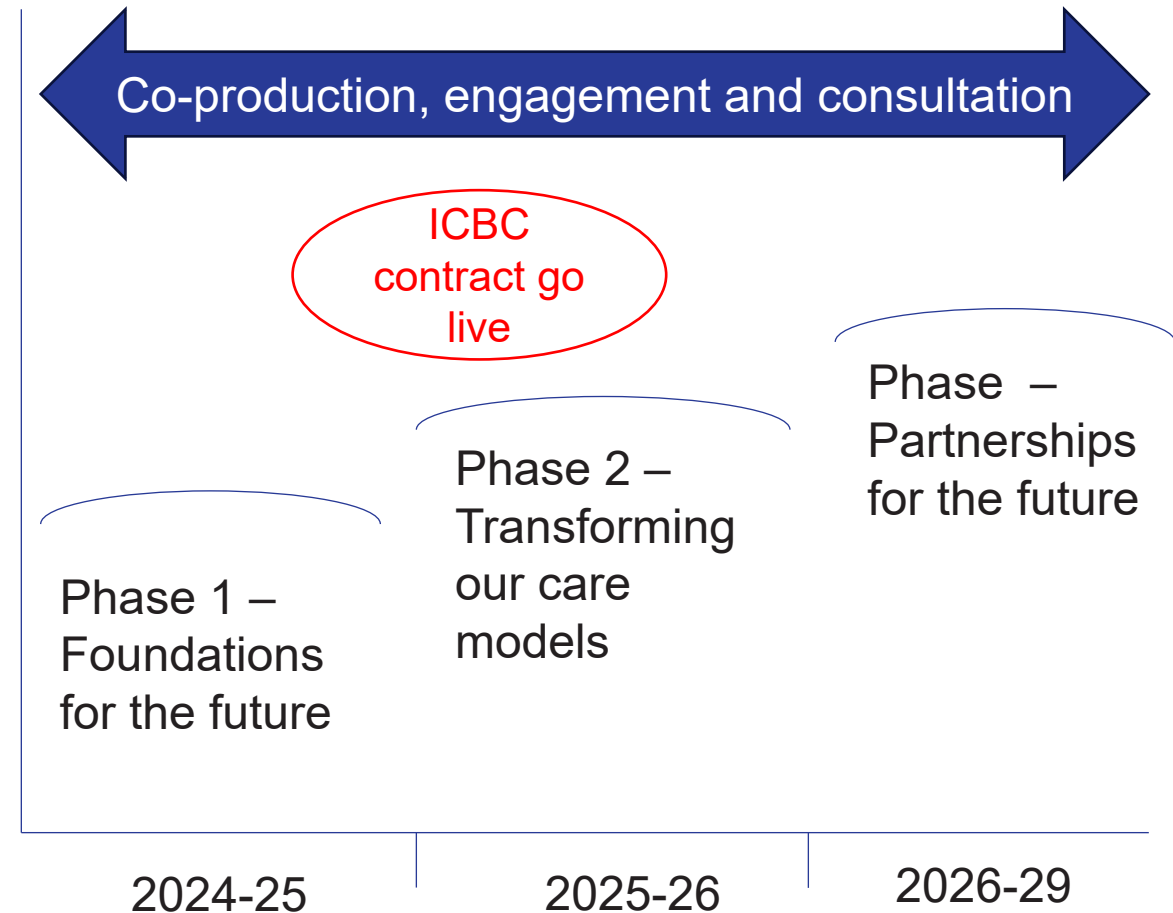
- New emphasis on prevention which the public told us was incredibly important, including:
 - Primary (general population)
 - Secondary (higher risk groups)
 - Tertiary (those with existing mental health needs)
- Earlier access to support, avoiding crisis where possible
- Renewed emphasis on and commitment to personalised care
- Shift focus from diagnosis to need
- Greater emphasis on trauma-informed care and training for workforce

How we will deliver our strategy

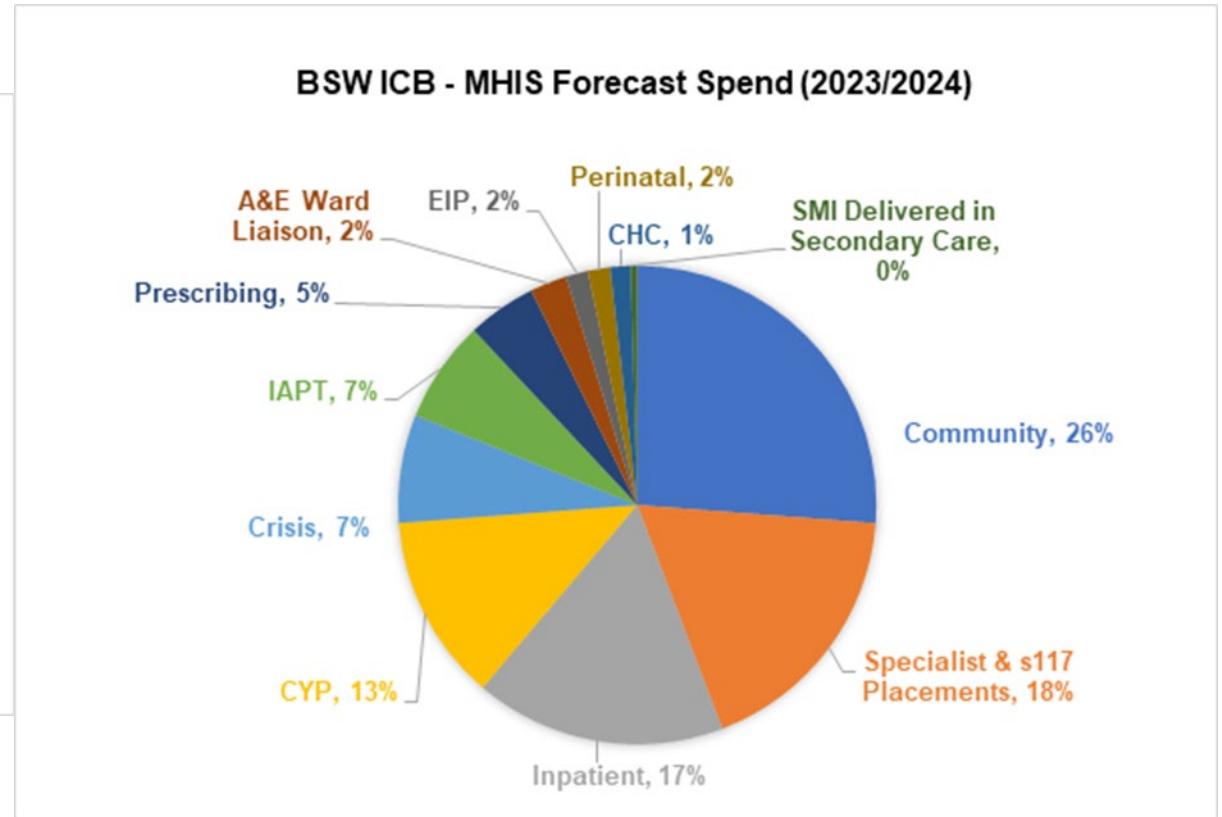
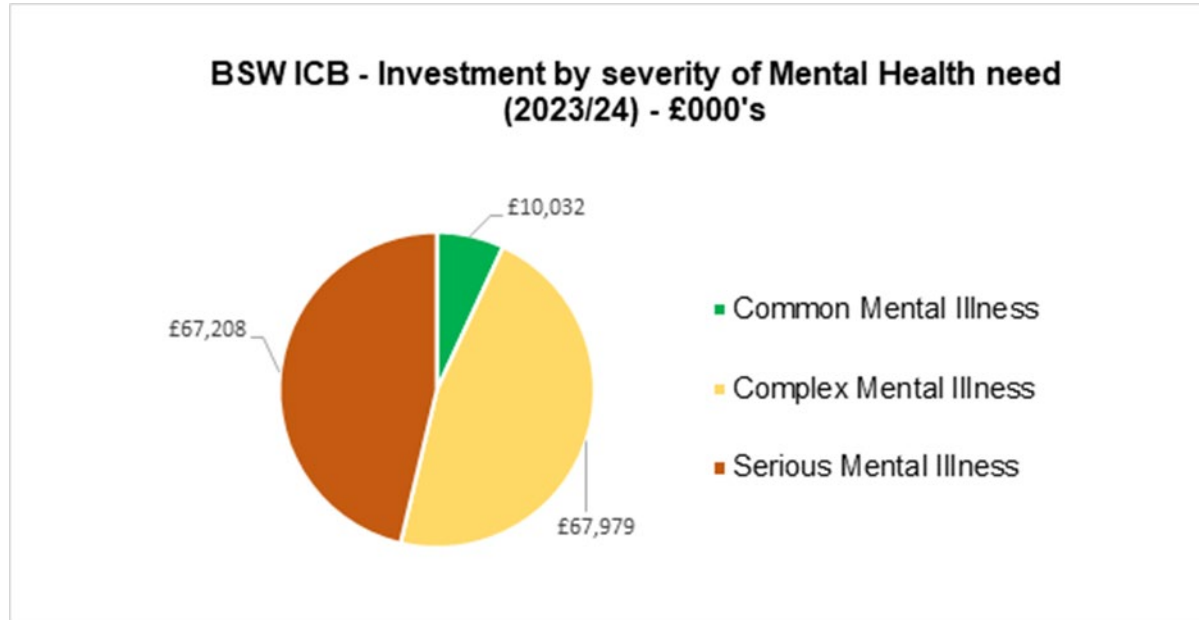


Our delivery plan

- Realistic – in the context of historic under-delivery in some key areas
- Transformational – using best practice to inform our future, with care models reflecting local population need
- Ambitious – founded on integration and new partnership structures to create a sustainable mental health system



Achieving financial balance and left-shift

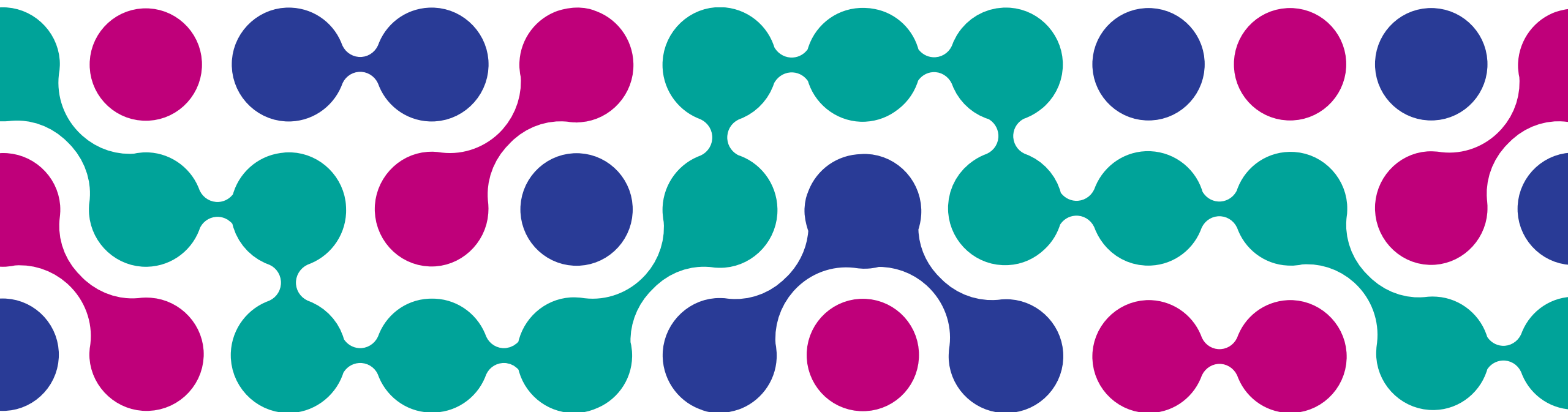


- Focus on shifting expenditure from high cost placements, inpatient and crisis services to community based provision
- Providing more resource to support prevention services in the community, integrated with partners

What next?

- Draft in circulation across all partners and governance groups – comments received and being incorporated
- Delivery plan in development, to be included in final version, setting out our roadmap to deliver our strategy
- Finalised draft to be produced early April
- Design mid-April – funded design agency to create an engaging, clear document
- Final designed document delivered in early May
- Publication in May pending approval by BSW Board

Thank you



Report to:	BSW ICB Board - Meeting in Public	Agenda item:	10
Date of Meeting:	28 March 2024		
Title of Report:	Primary Dental Services in BSW: Summary of our plan to recover and transform		
Report Author:	Jo Cullen, Director of Primary Care Victoria Stanley, Programme Lead POD		
Board / Director Sponsor:	Sue Harriman, CEO Gordon Muvuti, Exec Lead for Primary Care		
Appendices:			

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	
ICS NHS organisations only	
Wider system	x

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	x
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	x
Noting	For noting without the need for discussion	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	x
2. Fairer health and wellbeing outcomes	x
3. Excellent health and care services	x

Previous consideration by:	Date	Please clarify the purpose
BSW ICB Executive	11.03.24	Discussion
BSW ICB Executive / SLT	19.02.24	Discussion
Previous sections	22.02.24	BSW Dental Operational Group

1	Purpose of this paper
<p>The ICB accepted delegated responsibility from NHS England for primary dental services from 01 April 2023. There are 116 dental contracts across BSW, with 1,157,262 contracted Units of Dental Activity (UDA).</p> <p>The need to deliver real and immediate improvement to dentistry for people is a priority for the Secretary of State. The purpose of the presentation is to update the ICB Board</p>	

on the BSW plans to recover and transform the primary dental services for our population in line with recent guidance - Flexible Commissioning Opportunities in Primary Care Dentistry¹ (Oct 23), and the NHS Dental Recovery Plan² (Feb 24). The focus is on expanding access, focus on prevention and good oral health and supporting the whole dental workforce to ensure dental teams are better supported to provide high quality NHS dental care, so we can deliver for our patients.

The updated flexible commissioning guidance (originally issued in 2021) aims to make the current NHS dental contracts more adaptable by allowing a proportion of the commissioned Units of Dental Activity (UDA) to be filled through locally agreed schemes. Its purpose is to prevent poor oral health, protect and expand access and deliver high quality care as well as aid the restoration of mandatory services such as examination and diagnosis.

The BSW Case for Change clearly sets out our challenge to improve oral health for children and adults as essential for good general health; the NHS dental service is an essential cradle-to-grave prevention service. The current performance shows us where we need to focus our attention to improve.

The indicative budget for 2024/25 BSW primary care dentistry is £34.2m from a total ring-fenced dental budget of £56.4m. We have £2.9m of robust investment plans focussed on the three key priorities of oral health improvement, access and workforce.

The investment identified for Oral Health Improvement will be led by the Public Oral Health leads and based on the Oral Health Improvement Plans for BaNES, Swindon and Wiltshire to meet local population needs.

2 Summary of recommendations and any additional actions required

The ICB Board is asked to formally approve the plans to recover and transform primary dental services business case.

Progress reporting and monitoring will be via:

- BSW Dental Operational Group reporting to Primary Care Executive.
- Proposed Dental Transformation as a sub group reporting to the Primary and Community Delivery Group.
- Prevention sub group reporting to the Population Health Board.
- South West Dental Transformation Board with regional MD taking on the SRO role in lieu of the regional Chief Dental Officer appointment.

¹ <https://www.england.nhs.uk/long-read/opportunities-for-flexible-commissioning-in-primary-care-dentistry-a-framework-for-commissioners/>

² <https://www.gov.uk/government/publications/our-plan-to-recover-and-reform-nhs-dentistry/faster-simpler-and-fairer-our-plan-to-recover-and-reform-nhs-dentistry>

3 | Legal/regulatory implications

Legal duty to reduce inequalities.

General Dental Service and Personal Dental Service regulations

NHS Dental Recovery Plan

4 | Risks

The ICB continues to fully understand the key risks and issues with the delegated responsibility for primary care services, as reported within the corporate risk register.

The risk is that current dental capacity, both routine and urgent, is insufficient to meet demand. The impact is deteriorating child and adult oral health due to the demand on all dental services. There are recruitment and retention issues and workforce challenges across the sector of all dental professionals.

Dental access remains the top complaint from our patients and public, and over half of BSW dental contractors failed to achieve required 2022/23 year-end performance targets.

Rebasing some activity may be viewed as reducing access to mandatory services and therefore careful consideration should be made to the additional and further services being developed and the focussed populations they are aimed at.

There is a risk that service change and increased access has minimal impact on the commitment made to NHS delivery of service and we continue to receive requests for contract terminations.

5 | Quality and resources impact

Input from the Quality and Safeguarding team will be required to support this programme of work to ensure that patient safety and quality of services are considered for any of the proposed options.

The finance detail is set out in the presentation. The indicative budget for 2024/25 BSW primary care dentistry is £34.2m from a total ring-fenced dental budget of £56.4m. We have £2.9m of robust investment plans focussed on the three key priorities of oral health improvement, access and workforce. This is supported by the Collaborative Commissioning Hub (now with Somerset ICB), but the monitoring and authorisation of any funding commitments is through ICB governance.

Dental budgets are ringfenced in 2024 to 2025 and to ensure compliance against this requirement, and to strengthen oversight of funding that is used to deliver access to NHS dental care, NHS England will meet with and collect monthly returns from all ICBs to establish current and planned spend against the ringfenced dental allocations budget.

Workforce elements will be supported by the South West Local Dental Network which brings together the Managed Dental Networks, the Dental Schools and

relevant stakeholders. We are in discussion with how the BSW Training Hub can support the dental workforce with offers locally.

Finance sign-off

Steve Collins

6 | Confirmation of completion of Equalities and Quality Impact Assessment

EQIA will need to be completed for any pilot schemes going forward.

7 | Communications and Engagement Considerations

Communication toolkit and resources have been shared to support the Dental Recovery Plan with a South West communication and engagement stakeholder group in place to share and co-ordinate material and approach.

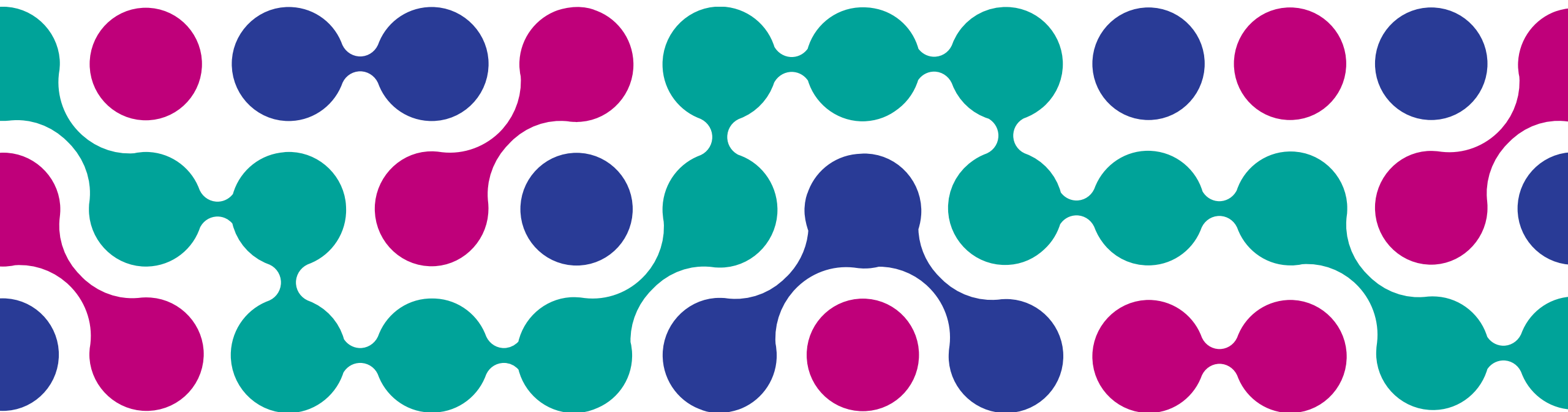
8 | Statement on confidentiality of report

This paper can be shared publicly.

Primary Dental Services in BSW: Summary of our plan to recover and transform March 2024

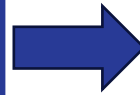


The Case for Change



BSW Case for Change: Oral Health of our Children and Young People

- Those aged 0-25 years account for 29.5% of the total population
- 33% of children in 2021/22 were either overweight or obese



- 12% of those aged 3 years have active tooth decay
- 10% percent of all 0-9 years of age have had a tooth extraction within an acute setting.
- 14.7% of 10-19 years of age have had a tooth extraction within an acute setting
- Reduced access to dentistry during COVID has led to approx. 20% of all school aged children having tooth decay

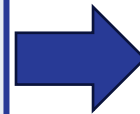
2023 National Oral Health Survey of Children in Year 6: the percentage of Year 6 children examined with experience of dental decay in their permanent teeth was:

12.1% across SW – BSW 9.1%

- BaNES 3.4%
- Swindon **11.4%**
- Wiltshire 9.7% giving BSW = 9.1%).

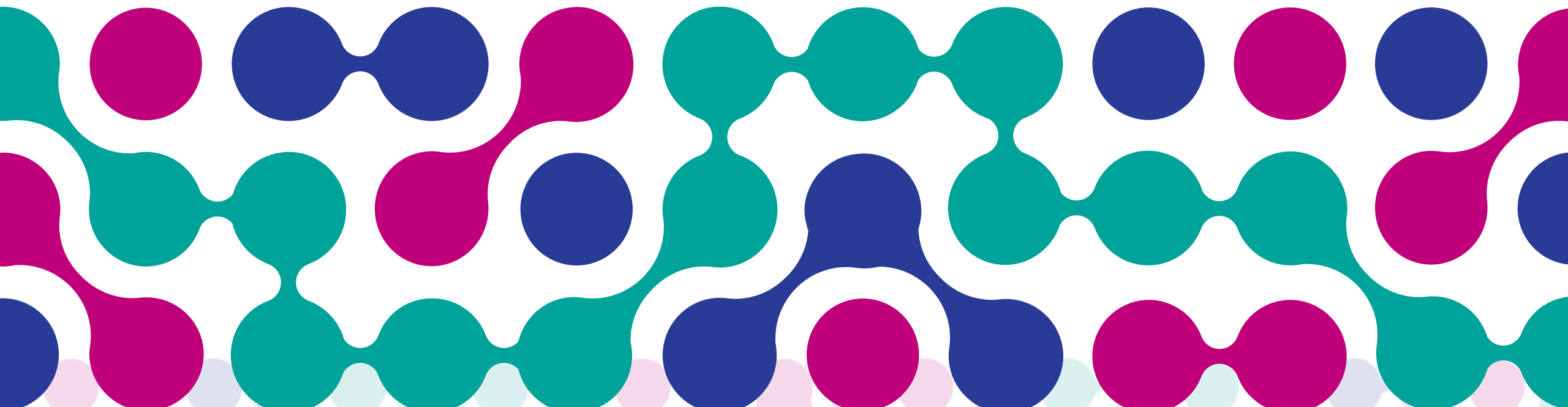
BSW Case for Change Oral Health of our Adults

- Population is projected to grow by 6% percent over 15 years
- 60,000 additional residents by 2038
- 35% growth in aged 60 +
- 6% aged 65 + years will reside in a care home, with dependence increasing vulnerability



- Increased risk of periodontitis (gum disease), heavily worn dentitions (worn teeth) and head and neck cancers
- Approx. 50% of those will use NHS dentistry
- Approx. 70% of all tooth extractions are undertaken in an acute setting

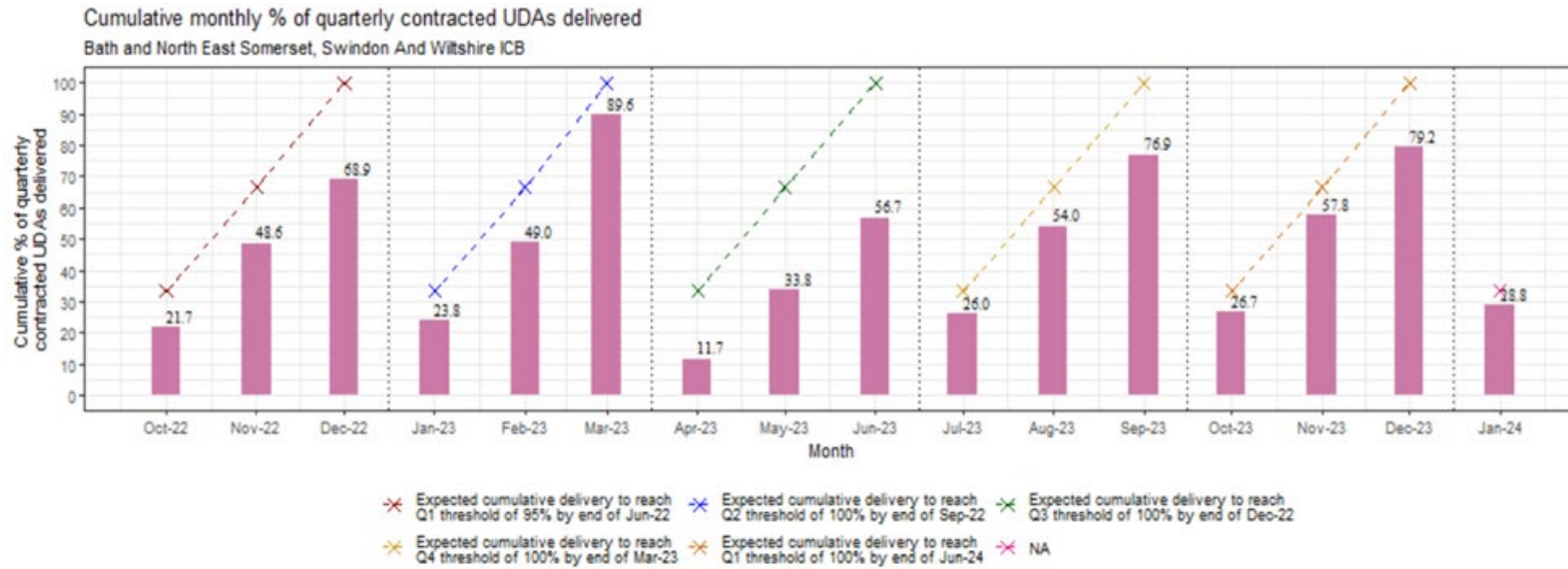
Current situation



UDA cumulative activity data: BSW – South West comparison

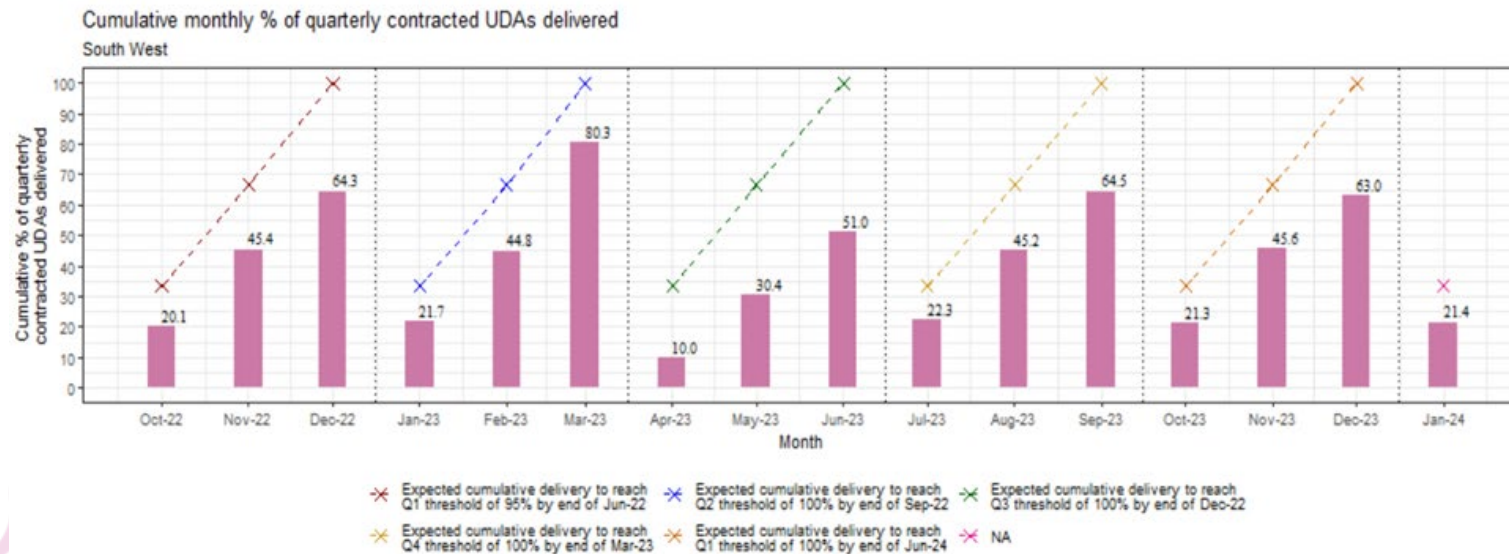
Oct 22 – Jan 24

BSW



022.

South West



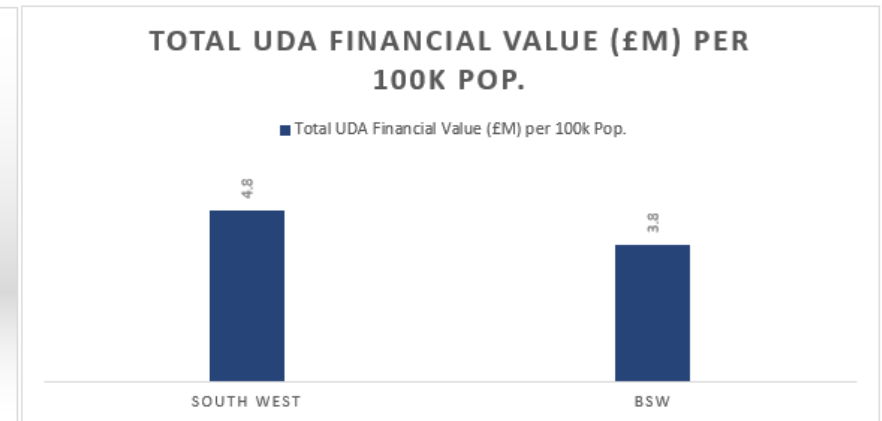
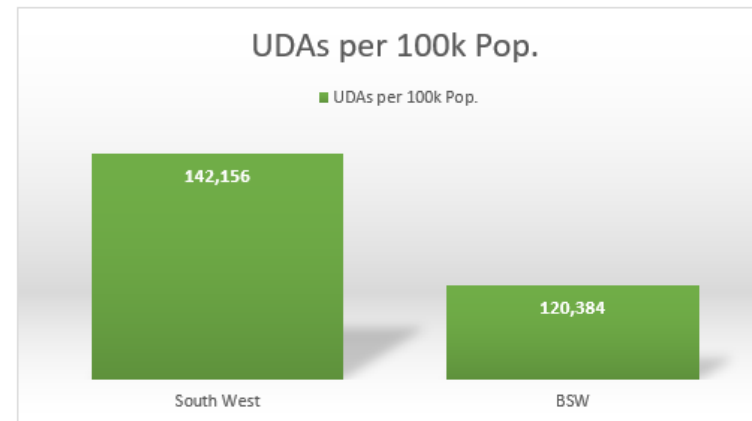
BSW – South West Comparison

The South West have 142,156 of UDAs per 100k population whereas BSW is **120,384**.

Data feeds through Quality Assurance tab

Region Description	UDA Financial Value (£M)	UDA Value (£)	Contracted UDAs	ONS Pop. Mid2020	UDAs per 100k Pop.	Total UDA Financial Value (£M) per 100k Pop.
South West	£272.6	£33.8	8,054,278	5,665,799	142,156	4.8
BSW	£35.7	£31.9	1,119,524	929,964	120,384	3.8

The graphs show the relative position of the South West in relation to BSW regarding the number of UDAs per capita and the UDA value.



Current Position

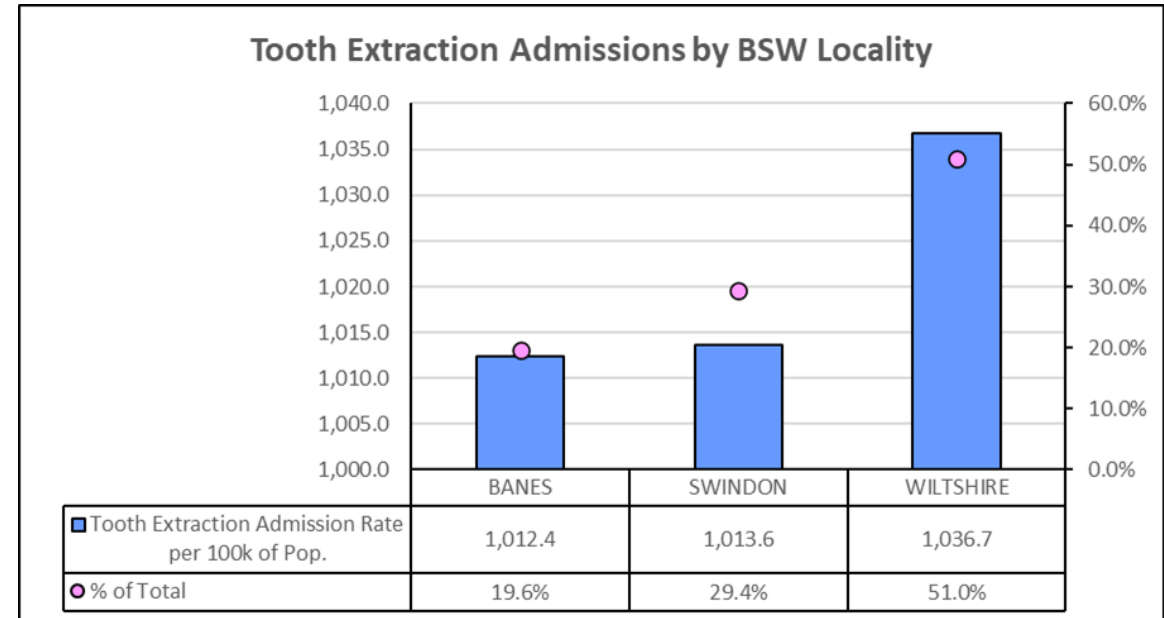
BSW Child Tooth Extractions – January 2024

Category	Number of Contracts
Total	116
UDA Only	101
UOA Only	10
UDA and UOA	5
Total number of contracted UOA's	64,785
Total number of contracted UDA's	1,157,262

Other	Number of Contracts
Special Care Dental Services (CDS)	2
Secondary Care Dental Services	3

Regional Initiatives

Programme	Number of Contracts	Sessions/Patients (Per week)
Stabilisation pilot	6	17 Sessions
Urgent Care pilot	4	86 Patients



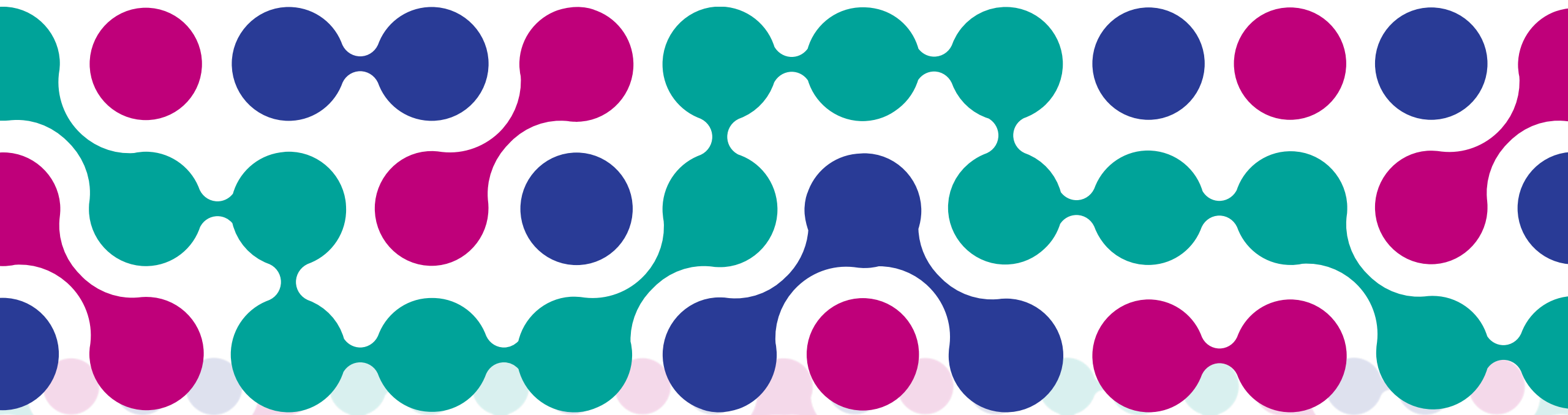
- 247,079 adults (33.6% of pop.) saw an NHS dentist in the last 24 months
- 91,041 (46.6% of pop.) children saw an NHS dentist in the last 12 months

(NHSE, Dental Dashboard, June 2022)

BSW Dental Services Funding 24/25

£56.4m	Total Dental funding
£34.2m	Funding for primary care dental contracts
£2.9m	Investment planned into dental services across BSW:
	<ul style="list-style-type: none">• Access – including re-procurement of contracts, flexible commissioning
	<ul style="list-style-type: none">• Workforce – including international recruitment, peer support
	<ul style="list-style-type: none">• Oral health – improvement plans focussed on CORE20Plus5 populations, outreach into vulnerable communities

National Recovery Plan



Dental Recovery Plan

Oral health Access Workforce



NHS



The NHS Dental Recovery Plan focuses on...

- Growing the workforce
- Making it easier to access the right care
- Preventing poor oral health

Key highlights of Dental Recovery Plan

Oral Health

- **Start for Life services** - targeted prevention programmes aged 1-3
- **Fluoride varnish treatment and advice in primary schools**
- **Water Fluoridation legislation** (focus on deprived areas)

Access

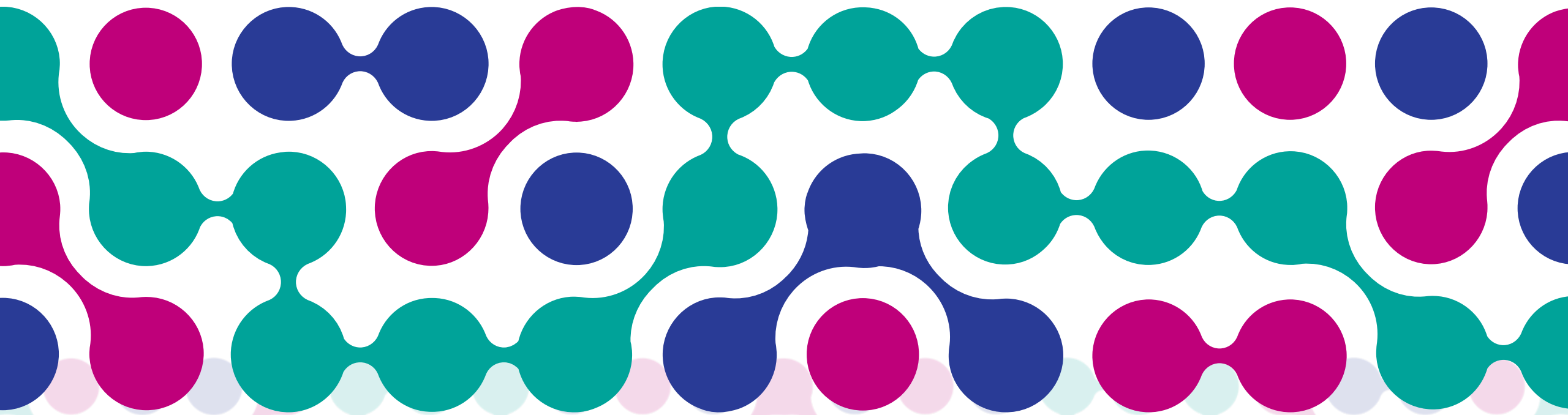
- **New patient tariff/patient premium** (for patients who haven't seen a dental practitioner in the last two years (or at all))
- **UDA value increase**
- **Dental vans**

Workforce

- Golden Hello
- Training

<https://www.gov.uk/government/publications/our-plan-to-recover-and-reform-nhs-dentistry/faster-simpler-and-fairer-our-plan-to-recover-and-reform-nhs-dentistry>

BSW priorities and plans for 24/25



Oral Health Plans BSW



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

BaNES	Swindon	Wiltshire
WORK UNDERWAY		
<p>Supervised toothbrushing programme</p> <p>Dental care support for older adults – MCM in Care Homes</p> <p>GRTB supported access and oral health awareness</p> <p>Family education sessions – expansion and link to other PH programmes such as breast feeding and nutrition/wellbeing sessions</p> <p>Nursing and residential care training</p> <p>LAC increased dental access</p>	<p>Supervised toothbrushing programme</p> <p>Dental care support for older adults – MCM in Care Homes</p> <p>Asylum seeker stabilisation and oral health check</p>	<p>Supervised toothbrushing programme</p> <p>Dental care support for older adults – MCM in Care Homes</p> <p>Asylum seeker stabilisation and oral health check</p>
WORK PLANNED		
<p>Oral health workforce training</p> <p>Oral health champions / support for LD&A</p> <p>Dental outreach support for vulnerable / homeless</p> <p>Asylum seeker stabilisation and oral health check</p> <p>Fluoride varnish treatment and advice in primary schools</p>	<p>Oral health workforce training</p> <p>Dental care support for older adults</p> <p>Oral health champions / support for LD&A</p> <p>Dental outreach support for vulnerable / homeless</p> <p>Supporting oral health in ethnically diverse cultures and additional support</p> <p>Fluoride varnish treatment and advice in primary schools</p>	<p>Oral health workforce training</p> <p>Oral health champions / support for LD&A</p> <p>Dental outreach support for vulnerable / homeless</p> <p>GRTB supported access and oral health awareness</p> <p>Fluoride varnish treatment and advice in primary schools</p>

Dental Work Programme 24/25

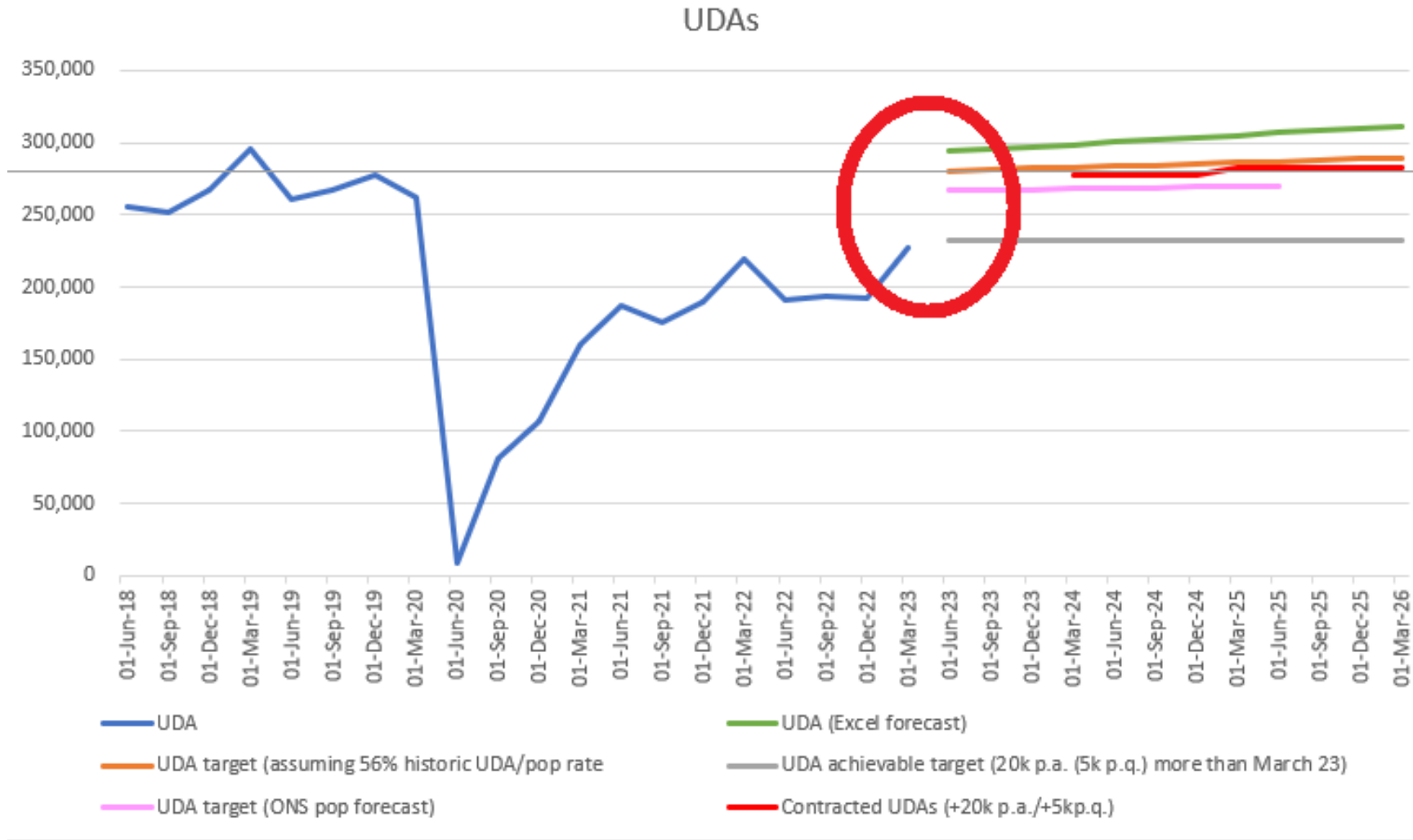


**Bath and North East Somerset,
Swindon and Wiltshire**
Integrated Care Board

Oral Health Improvement Prevent poor oral health	Access Easier to access the right care	Workforce Grow the workforce
WORK UNDERWAY		
Supervised toothbrushing programme LAC access model Mini mouthcare matters	<ul style="list-style-type: none"> • Flexible commissioning (CORE20 plus 5 and clinical priority focus) • Increasing stabilisation and urgent care commissioned activity • New patient premium – increase patients not seen in >2 years • Dental van • UDA value increase • Tier 2 services review • Procure additional UDA's • Commissioning Orthodontic additional activity • Cancer action support practices • Care Home Domiciliary service 	International recruitment and support
WORK PLANNED		
Local Oral Health Improvement Plans Fluoride varnish treatment and advice in primary schools Develop integrated approach for vulnerable children	Community/ domiciliary / special care dental services review Periodontal / diabetes pathway development	Golden hello (tbc – only specific areas) Undergraduate training place increase Increase numbers of dental therapists and scope of role SW retention focus plans

BSW dental recovery trajectory

	A	B	C
1	Period	UDA	UDA (Excel forecast)
2	30-Jun-18	255,912	
3	30-Sep-18	252,093	
4	31-Dec-18	267,596	
5	31-Mar-19	295,050	
6	30-Jun-19	260,490	
7	30-Sep-19	266,812	
8	31-Dec-19	277,476	
9	31-Mar-20	262,506	
10	30-Jun-20	8,807	
11	30-Sep-20	81,668	
12	31-Dec-20	107,384	
13	31-Mar-21	160,193	
14	30-Jun-21	186,573	
15	30-Sep-21	175,006	
16	31-Dec-21	189,725	
17	31-Mar-22	219,937	
18	30-Jun-22	191,172	
19	30-Sep-22	193,421	
20	31-Dec-22	192,435	
21	31-Mar-23	227,674	
22	30-Jun-23		293,944
23	30-Sep-23		295,575
24	31-Dec-23		297,207
25	31-Mar-24		298,820
26	30-Jun-24		300,434
27	30-Sep-24		302,065
28	31-Dec-24		303,697
29	31-Mar-25		305,293
30	30-Jun-25		306,906
31	30-Sep-25		308,538
32	31-Dec-25		310,169
33	31-Mar-26		311,765



Report to:	BSW ICB Board – Meeting in Public	Agenda item:	11
Date of Meeting:	28 March 2024		

Title of Report:	BSW Performance Report
Report Author:	Jo Gallaway – Performance Manager
Board / Director Sponsor:	Rachael Backler – Chief Delivery Officer
Appendices:	Integrated Performance Dashboard and Report

Report classification	
ICB body corporate	
ICS NHS organisations only	Yes
Wider system	

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	x
Noting	For noting without the need for discussion	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	
2. Fairer health and wellbeing outcomes	
3. Excellent health and care services	X

Previous consideration by:	Date	Please clarify the purpose
ICB Executive Management Meeting	21/02/24	Review of performance across the oversight framework domains
ICB Quality and Outcomes Committee	05/03/24	Assurance

1	Purpose of this paper
The aim of this paper is to provide oversight and assurance on the safe and effective delivery of NHS care and NHS operational performance to key ICB Governance meetings, particularly the Quality and Outcomes Committee and the ICB Board.	

Quality and performance are considered in detail at a number of executive-led meetings within the system and therefore this report presents items for assurance and where necessary, escalation, for the meetings attention.

We continue to progress with the development of an integrated performance report covering the key domains of quality, finance, workforce and operational performance. These metrics are closely aligned to the 2023/24 NHS Oversight Framework metrics and the regional and national assurance processes.

2 | Summary of recommendations and any additional actions required

The Board is asked to receive this report for assurance purposes.

3 | Legal/regulatory implications

This report is part of the BSW assurance framework including the delivery of: NHS Oversight Framework, the NHS Constitution and the NHS operational plan.

4 | Risks

There are several risks on the BSW ICB Corporate Risk Register (dated 22/12/23) that reflect the challenges to delivering Quality and Performance.

- BSW ICB 01 – Insufficient capacity for Urgent and Emergency Care and Flow
- BSW ICB 03 – Ambulance Hospital handover delays
- BSW ICB 06 – System workforce challenges.
- BSW ICB 08 – Workforce challenges in MH services
- BSW ICB 09 – Recovery of Elective Care capacity
- BSW ICB 10 – Cancer waiting times underperforming
- BSW ICB 11 – Impact of difficulty finding placements for children looked after
- BSW ICB 13 – Primary Care POD delegation impacted by lack of reporting
- BSW ICB 22 – Mental Health transformation - community

5 | Quality and resources impact

Quality impacts linked to the performance of the system are highlighted in this report and the separate Quality paper. Where appropriate, action is taken to address this impact.

Finance sign-off

Not required.

6 | Confirmation of completion of Equalities Impact Assessment

N/A

7 | Statement on confidentiality of report

This report not considered to be confidential

Overview of Performance

1. Introduction and purpose of report

- 1.1. This report is provided to give an overview of current performance and to summarise the key information contained within the detailed performance dashboards attached to this document.
- 1.2. We have amended this report in light of recent feedback to summarise key information only.

2. Key operational performance information

- 2.1. The Q3 NHSE Oversight Framework Segmentation process for the ICB and providers showed minimal changes from the Q2 position with the ICB, RUH and SFT in Segment 3. The segment 3 exit criteria have been updated and are being reviewed by the ICB and providers.
- 2.2. BSW urgent care system performance has deteriorated, in respect of ambulance handover delays, category 2 ambulance response and A&E 4-hour. This has meant that BSW is moving into NHSE Tier 2 (regionally led support) for UEC.
- 2.3. Analysis of 3-month average of A&E performance between November and January shows that our average performance is 65.9% with RUH at 59.9%. To meet the national standard, a 30% reduction in breaches across the system is required with a 40% reduction at RUH.
- 2.4. GWH continues to have the highest proportion of ambulance handover delays and an ambulance handover recovery plan is in place supported by the system. Overall BSW's NCTR occupancy improved to 15% in Dec 23 and has risen to 17% in Feb 24 to date (23rd) but not yet met the Winter plan target of 13%.
- 2.5. Following the industrial action in early January, the system has remained in heightened levels of escalation, with high number of escalation beds open, some IP&C challenges and increasing number of admissions.
- 2.6. The system has committed to develop a 4-week action plan, with the aim to achieve 76% ED performance for the month of March and reduce hospital handover delays to improve Cat 2 performance.
- 2.7. RTT long waiters - December shows an increase from 47 (October) to 76 in over 78 week waiters. 24 of these are at local providers with the remaining breaches continuing to be predominately in Bristol providers. Most recent unpublished data shows a further worsening within BSW providers caused specifically by referrals for weight management significantly outstripping service capacity over time at RUH. Discussions with the service on options to resolve this internally and through outsourcing are ongoing.
- 2.8. Diagnostic performance continues to be a significant challenge, DM01 performance (the % of the waiting list over 6 weeks) has improved slightly from 43.3% breach rate in October to 38.8% in December but remains above the regional target of 15%. The key driver of the challenged performance

remains non-obstetric ultrasound workforce and capacity. Remedial action plans have been in operation for several months but as they are focusing on patients already over 6 weeks wait, there is a lag before this shows into performance figures. The insourced provider at GWH is completing 2,500 additional ultrasound scans a month and the recovery trajectory plans therefore has significant planned improvement by the end of March 24.

- 2.9. GWH and SFT remain in regionally led support for cancer (Tier 2).
- 2.10. Cancer waiting time reporting for December shows BSW did not meet the new national standards, though the 28 day faster diagnostic standard met the revised plan. The most challenged pathways all have recovery plans underway. Increased executive focus and oversight is being brought to the recovery plans via the Elective Care Board. The number waiting over 62 days for start of treatment, though improved in February, is fluctuating, demand and the impact of the recent industrial action is, at times, outweighing the recovery actions at our trusts.
- 2.11. In mental health, BSW Talking Therapies (TT) access rate improved in November though is below trajectory. The Talking Therapies Fundamental Service Review (FSR) scope has been mobilised and will be completed by March 2024.
- 2.12. The CYP access standard in October stands at 80% of committed trajectory. This is constructed from local data flows and is not yet reflected in national reporting. There is an ongoing improvement plan to ensure all eligible providers are submitting CYP access data to MHSDS and continued focus on recovering performance in the Swindon service.
- 2.13. Core community mental health services are reporting at 84% of plan by December 23. The 3rd sector providers are not reporting on MHSDS and if they were we would expect to be on plan.
- 2.14. Dementia diagnosis rates are slightly up in January. Q4 focus will be on assessing and diagnosing people in care homes, which should provide significant improvement, year end position anticipated below target.
- 2.15. Complex LDA inpatient numbers (all-age) have reduced in Q3 but continue above the plan trajectory. Direct management of inpatients is progressing through the weekly BSW practice forum, which has been set up to ensure an increasing level of oversight of patients and discharge plans.

3. Key financial performance information

- 3.1. We continue to see challenges across the NHSE Oversight Framework for each of the finance metrics including Financial efficiency, Financial stability and Agency spending.
- 3.2. Further detail is available within the finance reports considered by the Finance and Investment Committee and the Board.

4. Key workforce performance information

- 4.1. Agency usage has continued below planned levels for the third month this year. This is alongside the reduction of off framework usage and improving price cap compliance.
- 4.2. Bank usage continues to fluctuate with no significant increase or decrease in the monthly amount of bank shifts used. However, this is above the operating plan submission for 2023/24 and is being reviewed with providers.
- 4.3. We are reporting in more detail on monitoring of bank and agency as part of the monthly temporary staff report that goes to recovery board.
- 4.4. The vacancy rate continues to decrease as vacancies are filled and budget remains constant. However, bank and agency usage is approximately double the vacancy rate across the acute providers in BSW ICB.
- 4.5. Sickness and Turnover are now collected from providers as reported to their boards.
- 4.6. Sickness in month and for the 12 month period is consistently improving with a special case improvement for both figures.
- 4.7. Turnover 12 month is dropping showing a special case improvement with the rolling 12 month figure remaining below the 12% target for the second month in a row.

BSW Integrated Performance Dashboard

February 2023

ICB Board, 28/03/2024



BSW Integrated Performance Dashboard

The following slides provide the latest published position on system-level key performance, quality, finance and workforce metrics. The data shows performance for the BSW population, and not only the population treated by providers within our geographical boundary.

The data is taken from the NHS oversight framework and wider system metrics against the targets set out in the BSW 23/24 Operating Plan (including the recent review and replan) plus additional in year ambitions set by NHSE and BSW system partners.

The wider reporting of these metrics continues to be developed with the summary dashboards now including performance against the monthly plan where relevant and a year end or national target

Each metric is supported by a statistical process control chart (SPC charts). SPC charts are constructed by plotting data in time order, calculating and displaying the average (the mean) and some data comparisons known as the upper and lower control limits as lines. These limits, which are a function of the data, give an indication by means of chart interpretation rules as to whether the process exhibits common cause (predictable) variation or whether there are special causes.

The summary icons shown in the dashboard indicate how a specific metric is performing using symbols for variation and assurance – more detail is shown on the right. The assurance icons are looking at delivering the target shown and are based on the actual numbers only and will not always reflect local knowledge.

Metrics with limited data points e.g. annual and with planned / expected change across the year will usually need further interpretation outside of the SPC process.

The dashboard shows where the indicator is also an NHS oversight metrics (SOF) – see next slide.

What are summary icons?

Summary icons provide an instant view of how a specific metric is performing using symbols for variation and assurance. Variation shows if there are any trends in the most recent data and assurance shows how the metric is performing in relation to a target.

Assurance Icons



The current process is capable and will consistently pass the target if nothing changes.



The current process will hit and miss the target as the target lies between process limits.



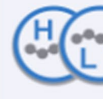
The current process is not capable and will fail the target if nothing changes.



Assurance cannot be given as there is no target.

Or blank

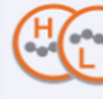
Variation Icons



Special cause variation of an improving nature.



Common cause variation, no significant change.



Special cause variation of a concerning nature.



Not enough data for an SPC chart, so variation cannot be given.

Or blank



Special cause variation where up or down is not necessarily improving or concerning.

NHS Oversight Framework: BSW 23/24 Q3 Rating

- Under the NHS Oversight Framework, NHSE are required to undertake quarterly segmentation reviews to identify where organisations may benefit from, or require, support to improve performance and quality of care outcomes for patients.
- Following the detailed Quarter 1 review against the six themes in the framework. The Quarter 2 and Quarter 3 reviews were a 'light touch' risk based approach, with a focus on identifying areas of improvement or deterioration against the previous quarter's areas of concern, as well as identifying, by exception, any new areas requiring further consideration.
- The Q3 segmentation review outcome and specific areas in which improvements and further assurance is required, were shared mid-February 2024:

2023/24 Q3	BSW ICB	GWH	RUH	SFT	AWP
Overall Rating by segment 1-4	3 ↔	2 ↔	3 ↔	3 ↓	3 ↔
Areas in which improvement and further assurance is required	Key areas of concern noted were <ul style="list-style-type: none"> • Elective – diagnostics • Mental Health CYP Access, Talking Therapies and Dementia • Finance - efficiency, stability and agency spend • LDA – Inpatients • Virtual Wards • Urgent community response 	Key areas of concern noted were <ul style="list-style-type: none"> • Finance - - efficiency, stability and agency spend • Elective – diagnostics • Quality – CQC overall – Requires improvement • Cancer – 62 day backlog • SHMI 	Key areas of concern noted were <ul style="list-style-type: none"> • Cancer – 62 day • Finance - efficiency, stability and agency spend • Elective – diagnostics • UEC – A&E 4 hour standard 	Key areas of concern noted were <ul style="list-style-type: none"> • Finance - efficiency, stability and agency spend • Maternity – safety support programme • Workforce – safety culture and leaver rate • Cancer – 28 day FDS, 62 day backlog 	Key areas of concern noted were <ul style="list-style-type: none"> • Workforce – Leaver Rate and Senior Leadership roles • Quality – CQC overall – Requires improvement • Agency spend

- Further detail on these metrics is given in the relevant places in this report. We note that finance and workforce are subject to their own detailed report through the relevant committees.
- In Q3 there were no changes in ratings by segment. In Q2 SFT entered segment 3, joining RUH; the ICB are required to provide an 'enhanced oversight' process whereby we are now starting to meet with each of the Trusts to carry out oversight of the recovery plans against their segment 3 exit criteria.
- Though GWH have continued in segment 2 at the Q3 review, they are being given more time to work on the specific actions given to avoid segment 3 (in the Q2 review) by the end of March 24.

Segment	Support offered
1. High performing	No specific support
2. On development journey	Flexible peer support in system and NHSE BAU
3. Significant support needs	Bespoke mandated support led by NHSE region
4. Serious, complex issues	Mandated intensive support delivered through the Recovery Support Programme

BSW Integrated Performance Dashboard

ELECTIVE CARE

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
Cancer - 28 Days Faster Diagnosis Standard	BSW COMMISSIONER TOTAL		Dec-23	64.0%	66.0%	▲	61.0%	Yes	75.0%	▲		
NEW Cancer - 31 Day Decision to Treat to Treatment Standard	BSW COMMISSIONER TOTAL		Dec-23	89.0%	86.0%	▼			96.0%	▲		
Cancer - 62 Day Pathways	ALL_ICB - ACUTE TOTAL		Feb-24	546	436	▼	366	No		▼		
NEW Cancer - 62 Day Referral to Treatment Standard	BSW COMMISSIONER TOTAL		Dec-23	61.0%	57.0%	▼				▲		
Cancer - Suspected cancer seen on a non-specific symptoms pathway	BSW COMMISSIONER TOTAL		Jan-24	19	2	▼	120	No		▲		
Cancer - Waits >104 Days	ALL_ICB - ACUTE TOTAL		Feb-24	112	92	▼				▼		
Diagnostics - % of WL over 13 weeks - All Modalities	BSW COMMISSIONER TOTAL		Dec-23	19.0%	19.0%	◀▶			.0%	▼		
Diagnostics - % of WL over 6 Weeks - All Modalities	BSW COMMISSIONER TOTAL		Dec-23	38.0%	39.0%	▲			15.0%	▼		
ERF (Elective Recovery Fund) - % Against 19/20 Baseline	BSW COMMISSIONER TOTAL		Dec-23	108.3%	109.2%	▲	114.0%	No	107.1%	▲		
RTT - Waiting List 65 Weeks+	BSW COMMISSIONER TOTAL		Dec-23	1,009	890	▼	511	No		▼		
RTT - Waiting List 78 Weeks+	BSW COMMISSIONER TOTAL		Dec-23	57	76	▲		No		▼		

SOF Denotes an NHS oversight framework metric

NEW The new 31 day and 62 day combined standards are now included in this dashboard. Link for further details on cancer standards: <https://www.england.nhs.uk/long-read/cancer-waiting-times-review/>

BSW Integrated Performance Dashboard

QUALITY

Exception reporting for Quality metrics at QAOC is in the separate Quality report

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Improvement Direction	Variation	Assurance
Beds closed due to D&V/norovirus like symptoms (Avg p/d)	ALL_ICB - ACUTE TOTAL		Feb-24	16	23	▲	▼		
c.Diff Infection Rate	BSW COMMISSIONER TOTAL		Dec-23	152.3%	160.6%	▲	▼		
E.coli Infection Rate	BSW COMMISSIONER TOTAL		Dec-23	136.8%	135.7%	▼	▼		
MRSA Infection Rate	BSW COMMISSIONER TOTAL		Dec-23	5	6	▲	▼		
MSA Breaches	ALL_ICB - ACUTE TOTAL		Dec-23	99	242	▲	▼		
MSA Breaches	BSW COMMISSIONER TOTAL		Dec-23	97	217	▲	▼		
Never Events	ALL_ICB - ACUTE TOTAL		Nov-23	1	1	◀▶	▼		
Percentage of GP Appointments With Good Experience - Annual	BSW COMMISSIONER TOTAL		Dec-23		59.7%		▲		
Serious Incidents	ALL_ICB - ACUTE TOTAL		Nov-23	12	11	▼	◀▶		
Serious Incidents - Elective Care	ALL_ICB - ACUTE TOTAL		Nov-23	2	3	▲	◀▶		
Serious Incidents - Maternity and Neonatal	ALL_ICB - ACUTE TOTAL		Nov-23	3	3	◀▶	◀▶		
Serious Incidents - Urgent Care	ALL_ICB - ACUTE TOTAL		Nov-23	1		▼	◀▶		
SHMI Rating (Summary Hospital Level Mortality Indicator)	ALL_ICB - BY ACUTE	GWH	Sep-23	2	2	◀▶	▼		
SHMI Rating (Summary Hospital Level Mortality Indicator)	ALL_ICB - BY ACUTE	RUH	Sep-23	2	2	◀▶	▼		
SHMI Rating (Summary Hospital Level Mortality Indicator)	ALL_ICB - BY ACUTE	SFT	Sep-23	2	2	◀▶	▼		

Data notes:

SHMI from oversight framework, key:1 higher than expected, 2 as expected, 3 lower than expected

Serious incidents in this dashboard is partially developed and Mental Health and "Other" will be added and the sub categories will then match the total.

SOF Denotes an NHS oversight framework metric

BSW Integrated Performance Dashboard

URGENT CARE

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
4 hour % total Attendances	ALL_ICB - ACUTE TOTAL		Jan-24	69.3%	67.7%	▼	73.0%	No	76.0%	▲		
Average Handover Delays > 15 mins	ALL_ICB - ACUTE TOTAL		Jan-24	63	77	▲			25	▼		
Average Response Time (Mins) Category 2 Incident	BSW COMMISSIONER TOTAL		Jan-24	49	46	▼			30	▼		
NCTR % Occupancy	ALL_ICB - ACUTE TOTAL		Jan-24	15.0%	17.0%	▲	18.0%	Yes	13.0%	▼		
Total Ambulance Conveyances	ALL_ICB - ACUTE TOTAL		Jan-24	5,698	5,574	▼				▼		

OCCUPANCY

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
G&A Bed Occupancy - Adult %	ALL_ICB - ACUTE TOTAL		Jan-24	95.0%	98.0%	▲	98.0%	Yes		▼		

BSW Integrated Performance Dashboard

COMMUNITY

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
Community Waiting List	BSW COMMISSIONER TOTAL		Jan-24	22,596	21,990	▼	20,194	No		▼		
UCR % 2hour Response	ALL_ICB - ACUTE TOTAL		Dec-23	80.0%	80.0%	◀▶			70.0%	▲		
Virtual Wards: Average Occupancy %	ALL_ICB - ACUTE TOTAL		Jan-24	72.0%	62.0%	▼	75.0%	No	80.0%	▲		
Virtual Wards: Capacity	ALL_ICB - ACUTE TOTAL		Jan-24	169	181	▲	267	No		▲		

PRIMARY CARE

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
% GP Appointments Booked within 14 days	BSW COMMISSIONER TOTAL		Dec-23	83.9%	84.5%	▲			85.0%	▲		
GP Appointments	BSW COMMISSIONER TOTAL		Dec-23	567,804	466,318	▼	486,223	No		▲		
Primary Care - % Lower GI Suspected Cancer referrals with an accompanying FIT result	BSW COMMISSIONER TOTAL		Jan-24	72.0%	72.0%	◀▶	80.0%	No		▲		

Please note the GP appts in 14 days metric has been changed to use the Investment and Impact Fund definition, which focusses on acute appointments, further IIF metrics are being developed to include in this dashboard.

BSW Integrated Performance Dashboard

MHLDA

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
Access to Community Mental Health Services	BSW COMMISSIONER TOTAL		Dec-23	4,410	4,395	▼	5,225	No	5,656	▲		
Access to Talking Therapy Services	BSW COMMISSIONER TOTAL		Nov-23	2,810	2,850	▲	3,512	No	4,199	▲		
Acute Mental Health Out of Area Placements	BSW COMMISSIONER TOTAL		Nov-23	100	105	▲	74	No		▼		
CYP Mental Health Access	BSW COMMISSIONER TOTAL		Dec-23	9,922	9,847	▼	12,213	No	13,160	▲		
Dementia Diagnosis Rate	BSW COMMISSIONER TOTAL		Jan-24	58.7%	58.8%	▲	67.0%	No	66.7%	▲		
LD - % Annual Health Checks Carried Out*	BSW COMMISSIONER TOTAL		Dec-23	34.0%	39.6%	▲	50%	No	75.0%	▲		
LD - Inpatients (Rate per million)	BSW COMMISSIONER TOTAL		Dec-23	33	33	◀▶	29	No	25	▼		
Specialist Community Perinatal Mental Health Access	BSW COMMISSIONER TOTAL		Dec-23	805	865	▲	747	Yes	996	▲		

*LD health checks are carried out once annually, performance starts at zero each year and most activity is in Q3 and Q4, the SPC assurance icons are not able to reflect this performance format

BSW Integrated Performance Dashboard

WORKFORCE

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
Agency Usage % - all staff	ALL_ICB - ACUTE TOTAL		Nov-23	1.7%	1.4%	▼			2.0%	▼		
Bank Usage % - all staff	ALL_ICB - ACUTE TOTAL		Nov-23	6.9%	6.5%	▼			4.0%	▼		
Sickness Rate - 12m	ALL_ICB - ACUTE TOTAL		Nov-23	4.3%	4.3%	▼			4.0%	▼		
Sickness Rate - in month	ALL_ICB - ACUTE TOTAL		Nov-23	4.4%	4.3%	▼			4.0%	▼		
Turnover Rate - 12m	ALL_ICB - ACUTE TOTAL		Nov-23	11.9%	11.8%	▼			12.0%	▼		
Turnover Rate - in month	ALL_ICB - ACUTE TOTAL		Nov-23	.9%	.7%	▼			1.0%	▼		
Vacancy Rate - all staff	ALL_ICB - ACUTE TOTAL		Nov-23	3.7%	3.7%	▼			6.0%	▼		

Please note the 23/24 operational plans are not included as they are not directly comparable to the actual data reported. This is being reviewed for 24/25.

BSW Integrated Performance Dashboard

FINANCE

Metric	Group	Provider	Latest Date	Previous Value (Activity)	Latest Value (Activity)	Change	Latest Value (Plan)	In Month (Activity v Plan)	Target	Improvement Direction	Variation	Assurance
Agency Spend vs agency ceiling (% over plan YTD)	BSW NHS ICS - TOTAL		Jan-24	.0%	-1.0%	▼	-2.0%	No		▼		
SOF												
Efficiencies % recurrent Actual	BSW COMMISSIONER TOTAL		Jan-24	41.0%	39.0%	▼				▼		
SOF												
Financial efficiency - variance from efficiency (?m YTD)	BSW COMMISSIONER TOTAL		Jan-24	£0.7	£0.1	▼				◀▶		
SOF												
Financial stability - variance from plan (?m YTD)	BSW COMMISSIONER TOTAL		Jan-24	£-4.7	£-1.8	▼				◀▶		
SOF												
Mental Health Investment - variance from plan (?m YTD)	BSW COMMISSIONER TOTAL		Jan-24	£0.0	£0.0	◀▶		Yes		◀▶		
SOF												

Please note the financial results are the position as at Month 10 (Jan), and may not be the same as the expected year end position.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	12
Date of Meeting:	28 March 2004		

Title of Report:	BSW ICB & NHS ICS Revenue Position
Report Author:	Rebecca Paillin, Head of Finance Programmes, Financial Planning, Co-ordination and Recovery
Board / Director Sponsor:	Gary Heneage, Chief Finance Officer
Appendices:	BSW ICS Finance Report M10

Report classification	Please indicate to which body/collection of organisations this report is relevant.
ICB body corporate	
ICS NHS organisations only	X
Wider system	

Purpose:	Description	Select (x)
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	x

Previous consideration by:	Date	Please clarify the purpose
ICB Finance & Investment Committee	6 March 2024	Discussion & Assurance

1	Purpose of this paper
	<p>This is a high-level BSW NHS ICS 2023-24 overview of the revenue position for information. Key points are:</p> <ul style="list-style-type: none"> The BSW ICS NHS position is a reported £22.2m deficit. This is £18.9m behind the planned deficit of £3.4m. The ICS break-even position is dependent on achievement of £96.3m of efficiencies representing 5.0% of system allocation. Only a third of identified schemes are recurrent in nature impacting our underlying position into next year. Agency Limit to date of £28.2m has been undershot by £0.5m with a forecast of £0.6m (1.8%) above the £33.8m threshold. Controls to achieve this are being supported by the Workforce Group.

- Implementation of protocols including reviews of investments over £50k continue through the Financial Recovery Group who are also supporting delivery of efficiency targets and triangulating efforts to maximise productivity benefit in year.
- The system has agreed a £9.9m deficit forecast position.

2 Summary of recommendations and any additional actions required

The Board is asked to **note** the report and the Financial Position of the BSW NHS ICS.

3 Legal/regulatory implications

As a system to hold to a financial position of breakeven.

4 Risks

This report links to risk on the corporate risk register.

The most significant risk is that the breakeven financial position will not be achieved. The report contains a section on risks and mitigating actions stating the factors impacting this risk. There is a circa £5m risk to the achievement of the system position.

5 Quality and resources impact

Resources: The report is created by BSW ICB Financial Recovery Team and uses information from ICB, NHSE and BSW NHS Acute and Community Partners. It details the Revenue and Capital position of all organisations as reported to NHSE. It is labour intensive currently to produce.

Finance sign-off

Gary Heneage

6 Confirmation of completion of Equalities and Quality Impact Assessment

N/A

7 Communications and Engagement Considerations

N/A

8 Statement on confidentiality of report

The financial position noted within the reporting pack has been approved by all parties and reflects the position reported to their Boards. It is therefore sensitive but not confidential.

NHS BSW ICS Finance Report

January 2024 (Month 10)



1. ICS Financial Position - Reported

BSW NHS ICS reported financial position at month 10 is an

adverse variance of £18.9m. This is driven by:

- Prescribing price £7.0m
- Agency & Pay £5.5m
- Industrial Action £6.5m (Dec/Jan)
- Efficiency shortfall £4.0m
- Other £1.1m

The reported forecast at month 10 is a **deficit of £16.7m.** Given the funding for industrial action has now been received, we now need to deliver a deficit of **£9.9m.**

This is a **deterioration of £2.3m** month on month driven by £2m of industrial action in January.

	Year-to-date					Forecast Outturn				
	Plan	Reported Actual	Variance to Plan			Plan	FOT	Variance to Plan		
	£m	£m	£m	%		£m	£m	£m	%	
Great Western Hospital	(0.2)	(3.7)	(3.5)	(1,634.5%)	↓	0.0	(2.5)	(2.5)	(71.0%)	↑
Royal United Hospital	(3.0)	(9.3)	(6.3)	(208.6%)	↓	0.0	(5.8)	(5.8)	(91.9%)	↑
Salisbury Hospital	(0.1)	(7.5)	(7.3)	(5,301.3%)	↓	0.0	(6.3)	(6.3)	(86.0%)	↑
Provider surplus / (deficit)	(3.4)	(20.5)	(17.1)	(506.7%)	↓	0.0	(14.6)	(14.6)	(85.1%)	↑
BSW ICB surplus / (deficit)	0.0	(1.7)	(1.8)	(0.1%)	↑	0.0	(2.1)	(2.1)	(120.0%)	↓
ICS surplus / (deficit)	(3.4)	(22.2)	(18.9)	(558.6%)	↓	0.0	(16.7)	(16.7)	0.0%	→

2. ICS Financial Position – Actions to Remedy

Funding and income

- Dental benefit taken in full
- Capital to revenue fully assessed and benefit taken
- SDF funding – fully reviewed against national guidance and underspends taken into the position
- Cancer alliance – underspend taken as per dame Cally Palmer email to Cancer Alliances
- Reviewed Non-NHS income profiling in the 2nd half of the year

ERF and elective activity

- Advice and guidance – benefit is included in the position
- Estimate of impact of ERF changes and target recognised
- Elective activity – reviewed no premium tariff on Independent Sector
- Outsourcing / insourcing – ongoing review (formal submission required)

Workforce

- System vacancy control panel
- Clear workforce analysis and understanding undertaken
- Providers - workforce, costing of staffing freeze to be quantified
- Agency – controls in place
- Workforce review with NHSE regional team on 9 Nov 2023

Investment

- Triple lock in place
- Reviewing all planned investments for the remainder of the year

Balance sheet / Income

- Full balance sheet review undertaken with NHSE regional team

Other areas

- Provisions released
- CHC – review of backlog and timing
- MHIS – all areas reviewed whilst maintaining MHIS standard

Governance / supporting actions

- Voluntary adoption of forecast protocols from Qtr 2 2023
- Grip and Control Templates populated for all organisations
- Run-rate review undertaken
- Each organisation has completed a financial recovery plan
- HFMA checklist update to audit committees in Qtr 3 2023

2b. Risks to the year-end financial position

There are still risks in landing the “best case” year end position which is a deficit of £9.9m. The ICS **net risk currently stands at circa £5.0m.**

This is broadly split across the acute hospitals as follows:

- RUH £2.0m,
- SFT £2.2m; and
- GWH £0.9m

Industrial action funding for December and January has now been confirmed at £3.1m. This is less than expected due to the allocation methodology.

There are still mitigations we are pursuing, specifically:

- Triangulation of **Community Diagnostic Centres** (CDC's) at GWH and SFT
- Further review of position post M10 to understand impact of **recovery actions** on runrate
- Detailed review of **ERF at out turn** – potential upside
- Follow up with national team on **CAT M (prescribing)** risk in final quarter
- Review of all **accruals and provisions** (annual leave/stock etc.)
- **Workforce controls** and tightened risk appetite around use of bank and agency

3. ICS Risks and Mitigations - Reported

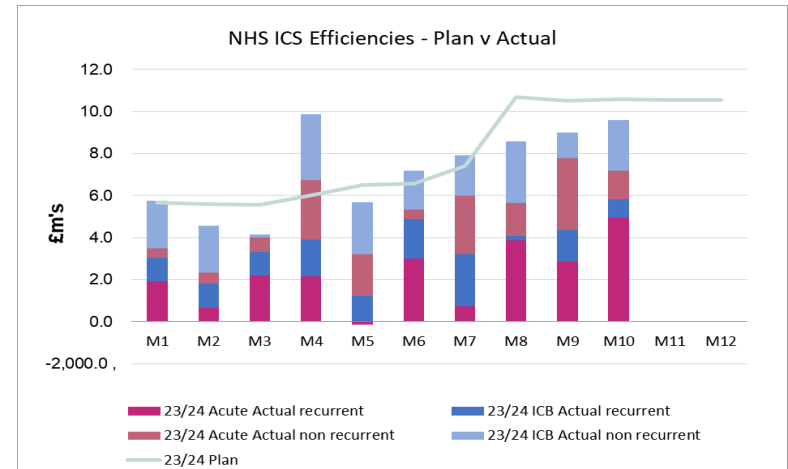
Gross Risks	Total £m	ICB £m	GWH £m	RUH £m	SFT £m	Mitigations	Total £m	ICB £m	GWH £m	RUH £m	SFT £m	Net Risk	Total £m	ICB £m	GWH £m	RUH £m	SFT £m
Additional cost risk	(26.0)	(11.4)	(7.3)	(3.8)	(3.5)	Additional cost control	12.6	4.5	5.8	1.5	0.8	Additional cost risk	(10.4)	(1.0)	(4.1)	(2.6)	(2.7)
Additional inflation	(4.0)	0.0	(1.0)	(3.0)	0.0	Risk share	8.8	7.0	1.8	0.0	0.0	Additional inflation	(3.0)	0.0	(1.0)	(2.0)	0.0
Contract risk (excl. ERF)	(1.5)	(1.1)	(0.4)	0.0	0.0	Transformational / Pathway changes	2.0	0.0	0.0	2.0	0.0	Contract risk (excl. ERF)	(0.4)	0.0	(0.4)	0.0	0.0
COVID risk	0.0	0.0	0.0	0.0	0.0	Unmitigated: COVID	0.0	0.0	0.0	0.0	0.0	COVID risk	0.0	0.0	0.0	0.0	0.0
Efficiency risk	(13.5)	(2.0)	(6.6)	(4.0)	(0.9)	Efficiency mitigation	2.0	2.0	0.0	0.0	0.0	Efficiency risk	(3.6)	0.0	(0.8)	(2.0)	(0.9)
Income risk	0.0	0.0	0.0	0.0	0.0	Mitigations not yet identified	2.1	0.0	1.4	0.7	0.0	Income risk	0.0	0.0	0.0	0.0	0.0
BSW ICS Gross Risks	(44.9)	(14.5)	(15.3)	(10.8)	(4.3)	BSW ICS Mitigations	27.5	13.5	9.0	4.2	0.8	BSW ICS Net Risk	(17.4)	(1.0)	(6.3)	(6.6)	(3.5)

NB tables do not read across as each gross risk may have more than one mitigation category or mitigations not yet identified

4. ICS Efficiency Schemes - Reported

Overall efficiencies within the 2023-24 NHS system plan to enable the required breakeven position total £96.3m. This represents 5.0% of the overall NHS system allocation. We are currently forecasting to achieve only 4.9%, **0.1% below our planned target**.

Overall YTD ICS achievement has deteriorated further (0.9%) to an **adverse variance of 4.0% (£3.0m)** with recurrent achievement improving to balance slippage. Both the forecast and the adverse variance of 33.8% on planned recurrent schemes have improved on last month but are still creating pressures in 24/25.



	Year-to-date					Forecast Outturn				
	Plan £m	Actual £m	(Under)/over £m	delivery %		Plan £m	FOT £m	(Under)/over £m	delivery %	
BSW ICB	26.4	13.3	(13.1)	(49.6%)	↓	31.7	16.7	(15.0)	(47.4%)	⇒
Great Western Hospital	7.7	5.0	(2.7)	(35.1%)	↓	9.9	8.3	(1.6)	(16.4%)	⇒
Royal United Hospital	15.5	8.8	(6.7)	(43.3%)	↑	23.5	14.8	(8.7)	(37.2%)	↓
Salisbury Hospital	8.7	8.3	(0.4)	(4.4%)	↑	10.8	10.6	(0.2)	(1.8%)	↑
Recurrent Efficiencies	58.4	35.5	(22.9)	(39.2%)	↑	75.8	50.2	(25.6)	(33.8%)	↑
BSW ICB	7.6	20.7	13.1	173.5%	↑	9.1	22.8	13.8	151.8%	↑
Great Western Hospital	5.2	6.9	1.7	32.6%	↓	6.8	8.4	1.6	23.8%	⇒
Royal United Hospital	0.0	5.9	5.9	100.0%	⇒	0.0	8.7	8.7	100.0%	⇒
Salisbury Hospital	4.0	3.2	(0.8)	(20.1%)	↓	4.6	4.7	0.2	4.3%	↓
Non Recurrent Efficiencies	16.8	36.7	19.9	118.7%	↓	20.4	44.8	24.3	119.1%	↑
Total Efficiencies	75.2	72.2	(3.0)	(4.0%)	↓	96.3	95.0	(1.3)	(1.3%)	↑

5. ICS Workforce - Reported

	Year-to-date					Forecast Outturn				
	Plan £m	Actual £m	Under/(over) £m	spend %		Plan £m	FOT £m	Under/(over) £m	spend %	
Registered Nursing Midwifery and HV's	189.1	201.1	(11.9)	(6.3%)	↓	250.3	256.4	(6.1)	(2.4%)	↓
Healthcare Scientists and Technical Staff	70.0	70.9	(1.0)	(1.4%)	↓	93.4	96.7	(3.3)	(3.6%)	↓
Qualified Ambulance Service Staff	0.8	1.2	(0.4)	(47.5%)	↑	1.1	1.7	(0.6)	(54.9%)	↓
Support to Clinical Staff	80.6	88.7	(8.1)	(10.1%)	↑	107.1	123.5	(16.3)	(15.3%)	↓
Consultants	105.6	108.2	(2.6)	(2.5%)	↓	139.8	143.3	(3.6)	(2.6%)	↓
Other Medical staff	64.1	78.3	(14.2)	(22.1%)	↑	85.4	102.9	(17.5)	(20.5%)	↓
Non-medical/Non-clinical	108.9	112.9	(4.0)	(3.7%)	↓	143.6	145.1	(1.5)	(1.1%)	↓
Other Employee Benefit costs *	0.8	1.7	(0.9)	(101.8%)	↑	1.1	2.4	(1.3)	(113.3%)	↓
Total Provider Workforce Expenditure	619.9	662.9	(43.1)	(6.9%)	↓	821.7	872.0	(50.3)	(6.1%)	↓

*Apprenticeship levy

The **overall YTD position** in percentage terms has **deteriorated by a further 0.3%**.

Staff costs exceed the year-to-date plan in part due to industrial action. £10.8m of funding to support this has been received leaving a shortfall of £6.5m creating a pressure on the bottom line. The forecast remains at **6.1% behind plan**.

Use of **Bank** staff has risen again by 2.4% to **25.3% above the YTD planned level (+7.0% on M7)** as controls on the use of Agency and new rostering systems take effect. The reported forecast has deteriorate significantly in H2 to an **overspend of £30.1m (-27.3% on M7)**.

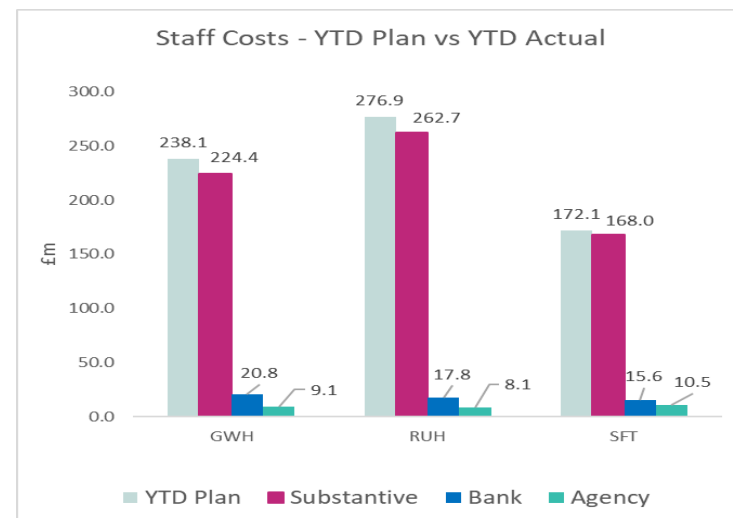
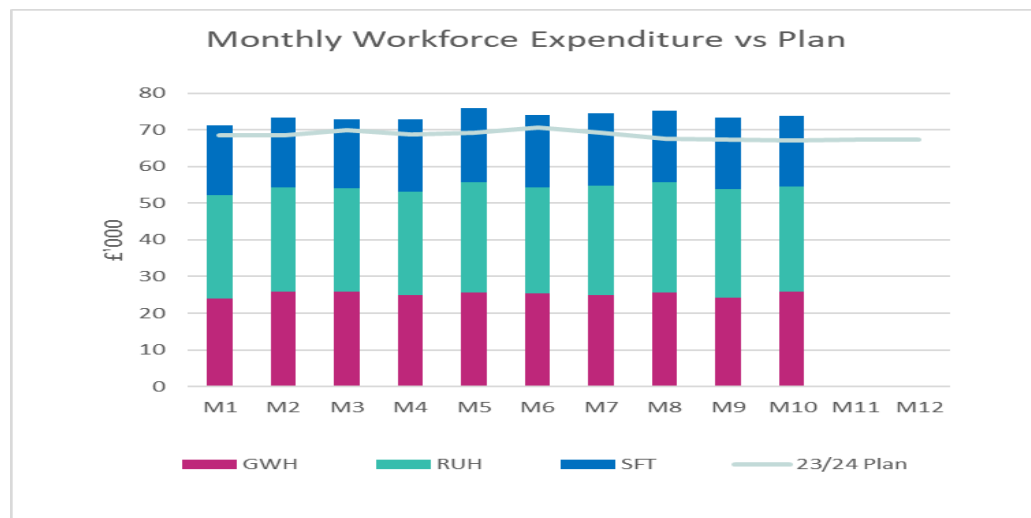
After a dip in M5, use of **Agency**

YTD has fallen back to £0.5m

below the limit of £28.2m.

Following successful clinical recruitment the forecast position has been revised down £2.5m to £34.3m, **£0.6m (1.8%) above the agency limit** of £33.8m.

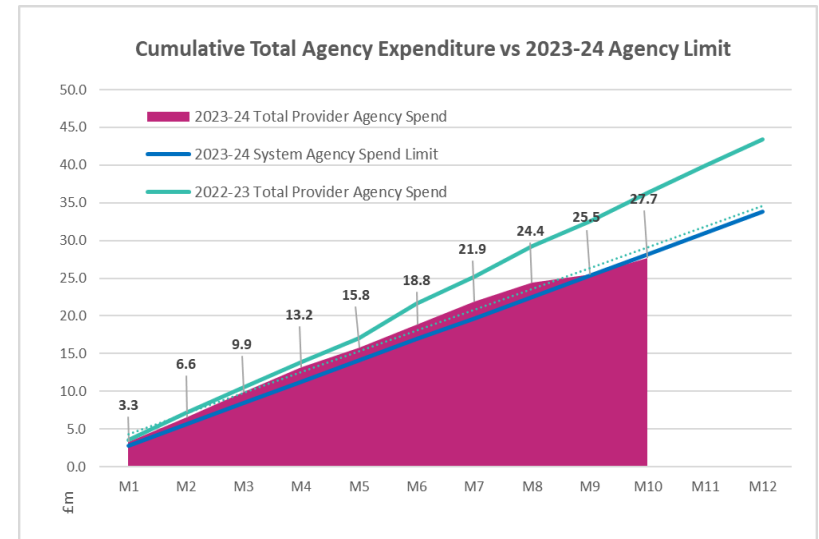
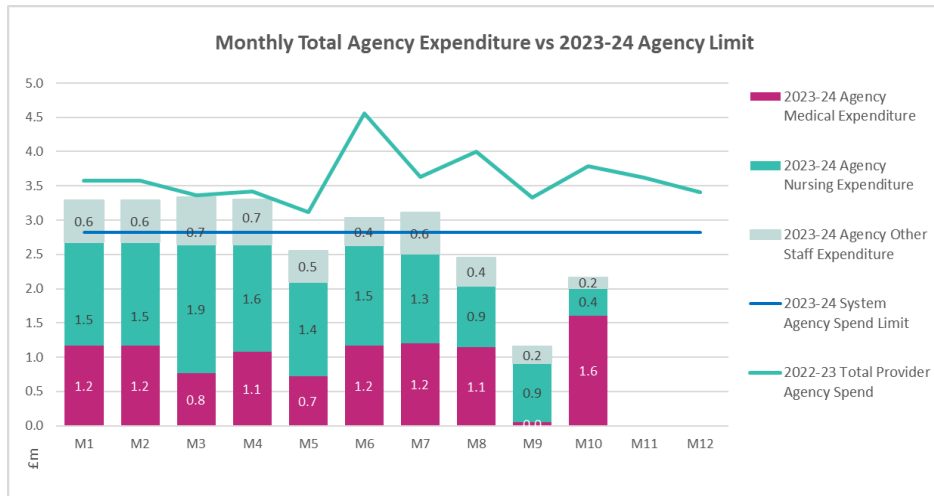
5. ICS Workforce – Delivery vs Plan



Year-to-date	Substantive				Bank				Agency			
	Plan £m	Actual £m	Under/(over) spend £m	%	Plan £m	Actual £m	Under/(over) spend £m	%	Plan £m	Actual £m	Under/(over) spend £m	%
Registered Nursing Midwifery and HV's	182.7	192.3	(9.6)	(5.3%)	11.7	17.7	(6.0)	(51.2%)	15.1	12.8	2.3	15.2%
Healthcare Scientists and Technical Staff	76.4	73.7	2.7	3.6%	0.6	0.7	(0.1)	(17.4%)	0.8	2.2	(1.5)	(195.2%)
Qualified Ambulance Service Staff	0.9	1.2	(0.3)	(38.2%)	0.0	0.1	(0.1)	(377.3%)	0.0	0.0	0.0	100.0%
Support to Clinical Staff	84.8	89.1	(4.3)	(5.1%)	4.5	12.2	(7.7)	(171.4%)	0.1	0.2	(0.0)	(26.6%)
Consultants	110.1	108.6	1.5	1.4%	3.0	5.6	(2.6)	(85.4%)	3.9	6.4	(2.5)	(65.7%)
Other Medical staff	61.1	71.8	(10.7)	(17.5%)	3.7	12.1	(8.4)	(229.1%)	6.4	3.7	2.8	43.3%
Non-medical/Non-clinical	113.3	116.9	(3.7)	(3.2%)	5.3	5.7	(0.4)	(6.6%)	1.8	2.4	(0.6)	(34.0%)
Other Employee Benefit costs *	0.9	1.5	(0.6)	(62.2%)								
Total Provider Workforce Expenditure	630.1	655.0	(24.9)	(4.0%)	28.9	54.1	(25.3)	(87.5%)	28.1	27.7	0.4	1.5%

*Apprenticeship levy

5. ICS Workforce – Acute Agency



M9 is showing a fall in spend due to correction of over accruals in the previous period

	APR £m	MAY £m	JUN £m	JUL £m	AUG £m	SEP £m	OCT £m	NOV £m	DEC £m	JAN £m	FEB £m	MAR £m	YTD	GWH	RUH	SFT
2023-24 Agency Medical Expenditure	1.2	1.2	0.8	1.1	0.7	1.2	1.2	1.1	0.0	1.6			10.1	5.2	2.3	2.6
2023-24 Agency Nursing Expenditure	1.5	1.5	1.9	1.6	1.4	1.5	1.3	0.9	0.9	0.4			12.8	3.2	3.7	5.9
2023-24 Agency Other Staff Expenditure	0.6	0.6	0.7	0.7	0.5	0.4	0.6	0.4	0.2	0.2			4.8	0.7	2.2	2.0
2023-24 Total Provider Agency Spend	3.3	3.3	3.3	3.3	2.6	3.0	3.1	2.4	1.2	2.2	0.0	0.0	27.7	9.1	8.1	10.5
2023-24 System Agency Spend Limit	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	2.8	28.2	10.8	9.1	8.3
Variance to planned Limit (over)/under	(0.5)	(0.5)	(0.5)	(0.5)	0.3	(0.2)	(0.3)	0.4	1.7	0.7	2.8	2.8	0.5	1.7	0.9	(2.2)
2022-23 Total Provider Agency Spend	3.6	3.6	3.4	3.4	3.1	4.6	3.6	4.0	3.3	3.8	3.6	3.4	36.4	13.9	11.7	10.7
Variance to previous year Spend (over)/under	0.3	0.3	0.0	0.1	0.6	1.5	0.5	1.5	2.2	1.6	3.6	3.4	8.7	4.8	3.6	0.2

5. Workforce Movement

Category	Organisation	Mar-23	Sep-23	Dec-23	Jan-24	March 2023 vs Sept 23		Sept 23 vs Dec 23		Dec 23 vs Jan 24		March 2023 vs Jan 24	
		WTE	WTE	WTE	WTE	WTE	% Change	WTE	% Change	WTE	% Change	WTE	% Change
Total WTE Substantive Staff	GWH	4,935	5,119	5,181	5,207	184	3.7%	61	1.2%	27	0.5%	272	5.5%
Bank Staff	GWH	376	332	308	366	(44)	(11.6%)	(25)	(7.4%)	58	18.8%	(10)	(2.7%)
Agency Staff (including, agency and contract)	GWH	111	80	55	62	(31)	(28.1%)	(25)	(31.0%)	7	12.2%	(49)	(44.4%)
Total WTE all Staff	GWH	5,422	5,532	5,544	5,635	109	2.0%	12	0.2%	91	1.6%	212	3.9%
Total WTE Substantive Staff	RUH	5,168	5,360	5,521	5,475	192	3.7%	160	3.0%	(46)	(0.8%)	307	5.9%
Bank Staff	RUH	379	434	405	306	55	14.5%	(29)	(6.8%)	(99)	(24.4%)	(73)	(19.3%)
Agency Staff (including, agency and contract)	RUH	152	116	42	32	(36)	(23.7%)	(73)	(63.4%)	(11)	(24.9%)	(120)	(79.1%)
Total WTE all Staff	RUH	5,699	5,910	5,967	5,812	211	3.7%	58	1.0%	(155)	(2.6%)	114	2.0%
Total WTE Substantive Staff	SaFT	3,743	3,985	4,074	4,083	241	6.4%	90	2.2%	9	0.2%	340	9.1%
Bank Staff	SaFT	338	287	301	289	(51)	(15.2%)	14	5.0%	(13)	(4.3%)	(50)	(14.7%)
Agency Staff (including, agency and contract)	SaFT	84	110	99	87	26	31.4%	(11)	(10.4%)	(12)	(12.0%)	3	3.5%
Total WTE all Staff	SaFT	4,166	4,382	4,474	4,458	216	5.2%	93	2.1%	(16)	(0.4%)	293	7.0%
Total WTE Substantive Staff	System Total	13,847	14,464	14,776	14,765	618	4.5%	311	2.2%	(10)	(0.1%)	919	6.6%
Bank Staff	System Total	1,093	1,053	1,014	960	(40)	(3.7%)	(39)	(3.7%)	(54)	(5.3%)	(133)	(12.2%)
Agency Staff (including, agency and contract)	System Total	347	306	196	180	(41)	(11.8%)	(110)	(35.9%)	(16)	(8.0%)	(166)	(48.0%)
Total WTE all Staff	System Total	15,287	15,823	15,985	15,906	537	3.5%	162	1.0%	(80)	(0.5%)	619	4.1%

Workforce has grown by 619 WTE in 23/24.

Between Dec 23 and Jan 24 we have seen a reduction in 80 WTE.

The WTE growth is: GWH 212, RUH 114, SFT 293.

Report to:	BSW ICB Board – Meeting in Public	Agenda item:	13
Date of Meeting:	28 March 2024		

Title of Report:	Summary Report from Integrated Care Board (ICB) Board Committees
Report Author:	Sharon Woolley, Board Secretary
Board / Director Sponsor:	Rachael Backler, Chief Delivery Officer
Appendices:	None

Report classification	BSW ICB Board
ICB body corporate	Yes
ICS NHS organisations only	No
Wider system	No

Purpose:	Description	Select (x)
Decision	To formally receive a report and approve its recommendations	
Discussion	To discuss, in depth, a report noting its implications	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with a remedy	x
Noting	For noting without the need for discussion	

BSW Integrated Care Strategy Objective(s) this supports:	Select (x)
1. Focus on prevention and early intervention	
2. Fairer health and wellbeing outcomes	
3. Excellent health and care services	x

Previous consideration by:	Date	Please clarify the purpose
Relevant Committee Chair		To agree report for inclusion in Board paper pack

1	Purpose of this paper
	This summary report provides an update of meetings of ICB Board committees since the last meeting of the ICB Board. The report brings to the attention of the Board the business covered by each Committee, and any decisions made by the Committees.

Committee Terms of Reference can be found on the BSW ICB website as part of the Governance Handbook - <https://bsw.icb.nhs.uk/about-us/governance/our-constitution-and-governance-handbook/>

2 | Summary of recommendations and any additional actions required

The ICB Board is asked to **note** this report, and to raise any further questions with the respective Committee Chair.

3 | Legal/regulatory implications

None

4 | Risks

N/A

5 | Quality and resources impact

N/A

Finance sign-off

N/A

6 | Confirmation of completion of Equalities Impact Assessment

N/A

7 | Communications and Engagement Considerations

N/A – Considered as part of each item presented to committees.

7 | Statement on confidentiality of report

N/A

Summary Report from Integrated Care Board (ICB) Board Committees

1. BSW ICB Audit and Risk Committee

- 1.1 The BSW ICB Audit and Risk Committee of the BaNES, Swindon and Wiltshire (BSW) Integrated Care Board (ICB) is a mandatory committee.
- 1.2 The Committee is responsible for providing assurance to the Board on governance, risk management and internal control processes.
- 1.3 The meeting of the BSW ICB Audit and Risk Committee held on 29 February 2024 was chaired by the Non-Executive Director for Audit, Claire Feehily.

Received and Noted:

- Tracking of Auditors Annual Report Recommendations
- Internal Audit:
 - Progress Report and Action Tracking – including the Draft Head of Internal Audit Opinion
 - Risk Management Review Report
 - Core Financial Controls Review Report
- Update on Internal Audit Procurement Review Actions and Subsequent Sample Testing
- Local Counter Fraud Progress Report
- Security Management Service Progress Report
- Implementation of Provider Selection Regime and Revised ICB Procurement Policy
- Exception Report from the Information Governance Steering Group
- Finance and HMFA Checklist Update
- Overview of Management Consultancy and Interim Contractual Arrangements
- Single Tender Waivers
- ICB Annual Reports and Accounts 2023-24 – Production Schedule
- BSW ICB Audit and Risk Committee Forward Planner 2024-25

Items Escalated to Board:

- None

Endorsed / Approved:

- External Audit – Audit Plan for 2023-24
- Internal Audit Plan for 2024-25
- Local Counter Fraud Annual Workplan for 2024-25
- Security Management Annual Workplan for 2024-25
- BSW ICB Information Governance Steering Group Terms of Reference

- 1.4 The next meeting of the BSW ICB Audit and Risk Committee will be held on 16 April 2024.

2 BSW ICB Quality and Outcomes Committee

- 2.1 The ICB has a statutory duty to exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness.
- 2.2 The purpose of the BSW ICB Quality and Outcomes Committee is therefore to provide assurance to the ICB Board that the ICB is discharging this duty and its functions with a view to securing continuous improvement in the outcomes that are achieved from the

provision of the services; the ICB as a body corporate has the right quality governance processes in place; and the ICB is working effectively with providers of health services in its area to ensure the effectiveness, safety and good user experience of services.

- 2.3 The meeting of the BSW ICB Quality and Outcomes Committee held on 9 January 2024 was chaired by the Non-Executive Director for Finance, Paul Miller.

Received and Noted:

- Equality and Quality Impact Assessment (EQIA) Process Update
- Quality Risk Register
- Operational Performance Report
- Quality and Patient Safety Report
- Continuing Healthcare Quarter Two Report and Current Position
- Assurance of Autumn Covid Vaccination, Immunisations and Flu Programme
- Mortality Group Update
- BSW System Quality Group Minutes
- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) Quality Report
- Winter Quality Assurance
- BSW ICB Exceptional and Prior Approval Annual Report

Items Escalated to Board:

- None

Endorsed / Approved:

- None

- 2.4 The meeting of the BSW ICB Quality and Outcomes Committee held on 5 March 2024 was chaired by the Non-Executive Director for Quality, Alison Moon.

Received and Noted:

- Quality Risk Register
- Quality and Patient Safety Report
 - AWP Quality Report
 - Quality Update by Exception
- Serious Incident and Never Events Update
- Operational Performance Report
- Population Health Board
 - Terms of Reference
 - Summary Report
 - Deep Dives and Forward Planner

Items Escalated to Board:

- *Referenced in the private committee report.*

Endorsed / Approved:

- None

- 2.5 The next meeting of the BSW ICB Quality and Outcomes Committee will be held on 7 May 2024.

3 BSW ICB Finance and Investment Committee

- 3.1 The BSW ICB Finance and Investment Committee provides assurance to the ICB Board in relation to the financial management and sustainability of the ICB as a body corporate; the financial sustainability and achievement of agreed financial and productivity goals of NHS providers that operate in the ICB's area, and the effectiveness of the ICB's efforts, with partners in the wider health and care economy in the area, to achieve financial sustainability of health and care services.
- 3.2 The meetings of the BSW ICB Finance and Investment Committee held on 10 January 2024, 7 February 2024, 23 February 2024, 6 March 2024, and 19 March 2024 were chaired by the Non-Executive Director for Finance, Paul Miller.

10 January 2024:

Received and Noted:

- BSW ICB and System Revenue Positions
- BSW ICB Financial Position – as presented to Regional Office in December 2023
- BSW Recovery Board Update
- BSW Approach to Future Capital Prioritisation 2024-25 Onwards
- BSW Operational Plan 2024-25
- Accounting for Leases Impact for IFRS 16
- Finance Risk Register

Items Escalated to Board:

- BSW ICB Financial Position – *discussed at the ICB Board Public and Private Sessions held 18 January 2024.*
- Operational Planning Paper 2024-25 – *paper presented to the ICB Board Private Session held 18 January 2024*

Endorsed / Approved:

- Community Provider Update
- *Further items referenced in the private committee report, due to commercial sensitivities.*

7 February 2024:

Received and Noted:

- BSW ICB and System Revenue Positions
- 2024-25 BSW Capital Plan
- Integrated Care System (ICS) Capital Prioritisation Methodology
- BSW Recovery Board Update
- 2024-25 BSW Operational Plan
- Finance Risk Register

Items Escalated to Board:

- None

Endorsed / Approved:

- Financial Recovery Governance
- Procurement Approach and Contract Award Decisions

- BSW ICB Procurement Policy
- *Further items referenced in the private committee report, due to commercial sensitivities.*

23 February 2024:

Items Escalated to Board:

- None

Endorsed / Approved:

- *Referenced in the private committee report, due to commercial sensitivities.*

6 March 2024:

Received and Noted:

- BSW ICB and System Revenue Positions
- 2024-25 ICB Financial Plan
- 2024-25 Priorities and Operational Plan
- BSW Capital Plan Update
- Finance Risk Register

Items Escalated to Board:

- None

Endorsed / Approved:

- *Referenced in the private committee report, due to commercial sensitivities.*

19 March 2024:

Endorsed / Approved:

- The Committee approved the initial submission of the BSW Operational Plan and Budget for 2024-25 to NHS England.

3.3 The next meeting of the BSW ICB Finance and Investment Committee will be held on 3 April 2024.

4 BSW ICB Remuneration Committee

4.1 The BSW ICB Remuneration Committee of the BSW ICB Board is a mandatory committee.

4.2 The Remuneration Committee is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006, setting the ICB pay policy and frameworks, and approving executive remuneration and terms of employment.

4.3 The meetings of the BSW ICB Remuneration Committee held on 30 January 2024 and 27 February 2024 were chaired by the Non-Executive Director for People and Remuneration, Suzannah Power. The business covered is referenced in the private committee report, due to confidentiality and sensitivities.

4.4 The next meeting of the BSW ICB Remuneration Committee is scheduled for 15 October 2024.

5 BSW ICB Public and Community Engagement Committee

- 5.1 The BSW ICB Public and Community Engagement Committee provides assurance to the Board that that the ICB discharges its statutory duties and functions regarding public involvement and engagement. The Committee provides assurance that the ICB and its system partners have effective public and community engagement processes, at system and place level.
- 5.2 There have been no further meetings of the BSW ICB Public and Community Engagement Committee since the report given in January 2024.
- 5.3 The next meeting of the BSW ICB Public and Community Engagement Committee will be held on 23 April 2024.

6 BSW ICB People Committee

- 6.1 The BSW ICB People Committee is to advise the Board and provide assurance on matters relating to the BSW health and care workforce, and the ICB staff.
- 6.2 There have been no further meetings of the BSW ICB People Committee since the report given in January 2024.
- 6.3 The next meeting of the BSW ICB People Committee will be held on 12 June 2024.

7 Ambulance Partnership Board

- 7.1 A lead commissioner model is in place for the commissioning of ambulance services across the South West. The ICBs covered by these joint commissioning arrangements are BSW; Bristol, North Somerset and South Gloucester (BNSSG); Devon; Dorset; Gloucestershire; Kernow and Somerset. The new model as approved by all seven ICB's came into practice from 1 October 2023, bringing the establishment of the Ambulance Partnership Board, meeting quarterly with attendance from ICB and South Western Ambulance Service NHS Foundation Trust (SWASFT) Chief Executive's.
- 7.2 The first meeting of the Ambulance Partnership Board was held on 15 January 2024, and considered the following business:
 - Winter Pressures – System Check In
 - Purpose of the meeting, membership, approach
 - Assurance, Performance, Activity and Quality
 - 2024/25 Contract Finances – update
 - Ambulance Transformation
- 7.3 The next meeting of the Ambulance Partnership Board is scheduled for 29 April 2024.

8 South West Joint Specialised Services Committee

- 8.1 From April 2023, those ICBs who entered joint working agreements with NHS England, have become jointly responsible, with NHS England, for commissioning the Joint Specialised Services, and for any associated Joint Functions.
- 8.2 NHS England and the South West ICBs have formed a statutory joint committee to collaboratively make decisions on the planning and delivery of the Joint Specialised Services, inclusive of the programme of services delivered by the Operational Delivery

Networks and Specialised Mental Health, to improve health and care outcomes and reduce health inequalities. Joint Committees are intended as a transitional mechanism prior to each ICB taking on full delegated commissioning responsibility.

- 8.3 The ICBs covered by these joint commissioning arrangements are BSW; BNSSG; Devon; Dorset; Gloucestershire; Kernow and Somerset.
- 8.4 The meeting of the Committee held on 23 January 2024 considered the following business:
- Operational Delivery Network Update
 - Mental Health Provider Collaborative
 - Joint Directors Group Business Matters
 - Principles/Risk share from Finance Working Group
 - 23/24 Specialised Financial Position
 - Variation Tool – Specialised Commissioning
 - Delegation Planning Update
 - Updates from Delegated Commissioning Group and National Commissioning Group
 - Specialised Commissioning Operational Performance - Including Quality and Performance
 - Finance Report 2023-24 Month 8
 - Provider Collaborative Update
- 8.5 The meeting of the Committee held on 19 March 2024 considered the following business:
- Operational Delivery Network Update
 - Arrangements for Review of Joint Specialised Services Committee Terms of Reference
 - Joint Directors Group Business Matters
 - Financial planning Update
 - 2024/25 Specialised Commissioning Operational Plan
 - 2024/25 Cost Pressure Funding Recommendations
 - Delegation Planning Update
 - Specialised Commissioning Operational Performance
 - Finance Report
 - Updates from Delegated Commissioning Group and National Commissioning Group
- 8.6 The next meeting is scheduled for 21 May 2024.