



Bath and North East Somerset,
Swindon and Wiltshire Together

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

Implementation Plan Refresh 2025/26

Appendix 2 – Legislative Requirement Delivery



Duty	How are we delivering this requirement
1. Describing the health services for which the ICB proposes to make arrangements	<p>Our Implementation Plan describes the priorities that we are working on in order to better meet the needs of our population. We are also developing a set of strategic commissioning intentions in order to be clearer on our main priorities as commissioner and allow our providers to better understand our approach to commissioning and contracting.</p> <p>In addition, our BSW operational plan sets out more detail on the performance of our services and our collective plans to meet the requirements set out in the national NHS planning guidance.</p> <p>We are committed to engaging with our public and stakeholders in line with our statutory duties as and when we undertake major service change, as well as on an ongoing basis. This is covered in more detail in our Implementation Plan.</p>
2. Duty to promote integration	<p>The duty to promote integration requires consideration of securing integrated provision across health, health- related and social services where this would reduce inequalities in access to services or outcomes achieved. This duty is considered in the work that we do through our Delivery Groups and in our Integrated Care Partnerships and Locality Commissioning Groups. Working together across our Integrated Care System to promote integration is a key part of our work, and this is set out through our ICP strategy and within our Implementation Plan.</p>
3. Duty to consider wider effect of decisions	<p>We are committed to exercising our duties in a way that properly takes into consideration the 'triple aim'. This means ensuring that we consider the effects of our decision in relation to healthcare services on the health and wellbeing of our population, the quality of services that we provide and the efficiency and sustainability of resources.</p> <p>Our commitment to delivering the triple aim is set out through our BSW Strategy. In developing this plan, we have also considered a wide range of data and made sure that the priorities that we have identified meet the triple aim. Our success in meeting the triple aim will be demonstrated through our monitoring against delivery of the actions included in this plan and the achievement of the system outcomes we have put in place through our new Outcomes Framework.</p> <p>For each decision of sufficient scale or impact, we take a business case through our decision-making forums. This case has to include an assessment of the financial impact, but crucially it must also describe and assess the impact of the decision on the quality of our services and the equalities for our population. Each case must set out a case for change in terms of the benefits it will bring to patients, and the options that we have considered.</p>
4. Implementing any JLHWS	<p>BSW is a complex system, but partners are committed to working together to jointly implement a set of health and care priorities that take into account the joint local health and wellbeing strategies. We came together in 2023 to write and publish our ICP Strategy, which describes our three strategic objectives and the nature of the challenges that we want to collectively tackle. We know that our three places have different challenges and this includes different inequalities and issues to tackle – but as an ICS, we know that we have opportunities to resolve these challenges by working together at scale, supported by the ICB Board.</p> <p>Our Integrated Care Alliances are a key part of the way that we work in BSW. These are our places, and our alliances at place-level demonstrate our commitment to reducing inequalities and improving outcomes for our residents and patients. Each place has developed a local set of priorities that are included in this plan.</p> <p>This plan is also written in partnership through a steering group comprised of members of our partner organisations, and it is considered by our three Health and Wellbeing Boards as well as our Integrated Care Alliances.</p>
5. Financial duties	<p>The ICB has established Standing Financial Instructions which set out how it ensures that it fulfils its statutory duty to carry out its functions effectively, efficiently and economically. These are part of the ICB's</p>

control environment for managing the organisations financial affairs as are designed to ensure regularity and propriety of financial transactions

The ICB produces an annual operating plan which is agreed by the ICB Board and sets out how the ICB will deliver on its financial priorities and duties. The ICB is required to appoint an auditor in accordance with the Local Audit and Accountability Act 2014 to audit its accounts for a financial year.

Financial performance is assured by the Finance and Infrastructure Committee with the control environment being assured by the Audit Committee.

Financial recovery requirements are supported by a dedicated Financial Recovery Board.

6. Duty to improve quality of services

Quality is a shared goal that requires system commitment and action in order to ensure that we provide the highest quality health and care.

System Quality is based on these principles:

- Collaboration, trust and transparency.
- Transformation.
- Equity and equality.

In practice this means that the system will deliver care that is safe, effective, well led, sustainably resourced and equitable. The care experience of the population will be positive through responsive, caring and personalised delivery.

BSW now has an established System Quality Group (SQG) that meets bi-monthly, chaired by BSW ICB Chief Nursing Officer.

The National Quality Board (NQB, 2021) risk response and escalation sets out the three levels of quality assurance and escalation process. This has been set out in the BSW SQG TOR to support system understanding and reporting processes. The approach is providing the required level of support needed at system level to understand level of risk, mitigations needed and priorities for improvement, for those organisations or pathways with risks identified. This has been enhanced by the utilisation of dynamic risk assessment and management, for example across UEC and flow pathways

A credible and focused quality strategy and assurance framework aimed at enhancing our understanding of quality and safety across the ICS is being finalised following workshop in early 2025 and will be signed off by Quality and Outcomes Committee in March 2025. The assurance framework sets out a defined governance, risk and response process, and is aligned to the national quality standards and regional NHSE quality forums.

To support this assurance framework, an agreed set of BSW Quality Assurance (QA) metrics has been developed with support from the BI Team, and now informs the BSW integrated performance and quality dashboard and reporting to both BSW Executive Management Meeting, Quality Outcomes Committee and BSW System Quality Group

All providers have implemented Patient Safety Incident Response Framework (PSIRF) and have credible Patient Safety Incident Response Plans (PSIRPS) and updated relevant policies to incorporate the changes. All provider organisations who are required to have Patient Safety Specialist (PSS) with level 3/4 accredited training have supported colleagues to attend the training, with the first cohort of PSS's expected to graduate in Q4 24/25. During Q4 of 24/25 BSW ICB will be collaborating with providers to assess providers current maturity with the delivery of PSIRF, this work is being supported by Health Innovation Network West of England.

In 2024 – 26, the BSW system will be recognised as a thriving and empowering patient safety learning system. All system partners will commit to working collectively to ensure the appropriate oversight is in place to maximise the opportunities of sharing insight, participating in collaborative Improvement, and learning, to continuously improve patient safety for everybody living in BANES, Swindon, and Wiltshire. A collective approach will be achieved through already existing improvement networks

and Community of Practices, for example, Patient Safety Specialists, LeDeR and BSW Local Maternity and Neonatal System, and if required, through the development of new improvement networks to align to shared improvement priorities. West of England Health Innovation Network (WEHIN) will be an important partner to help BSW system adopt and optimise continuous improvement and learning. The integral relationship with BSW System Quality Group (SQG) will also offer further opportunity to share learning and ensure further opportunities for:

- Positive assurance that statutory duties are being met, concerns and risks are addressed, and improvement plans are having the desired effect.
- Confidence in the ongoing improvement of care quality, drawing on timely diagnosis, insight, and learning. This includes confidence that inequalities and unwarranted variation are being addressed.
- System efficiency for thematic learning and improvement

During 24/25 BSW has successfully mobilised the BSW mortality group, as well as introducing a UEC and flow safety group and a BSW oversight and learning group.

All acute providers across BSW are also participating in the pilot to implement Martha's rule;

1. All staff in NHS Trusts must have 24/7 access to a rapid review from a critical care outreach team, who they can contact should they have concerns about a patient.
2. All patients, their families, carers and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the hospital, and more widely if they are worried about a patient's condition.
3. The NHS must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance, this will cover all inpatients in acute and specialist Trusts.

All Provider critical care outreach teams are active participants in the Community of Practice (COP) facilitated by WEHIN. The COP's aim is to support teams delivering Martha's Rule and Identify and share good practice across the region and create a safe space for lead clinicians to ask questions. All providers are submitted data to the national team as part of the pilot programme and have establishes

7. Duty to reduce inequalities

Strategic Objective 2 covers our work to achieve fairer health and wellbeing outcomes in detail.

The Health and Social Care Act 2022 described the duties as to reducing inequalities. Each integrated care board must, in the exercise of its functions, have regard to the need to a) reduce inequalities between persons with respect to their ability to access health services, and b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services, including the effectiveness of the services, the safety of the services and the quality of the experience undergone by patients.

During 2024/25, BSW has achieved this in five ways:

- Strengthening the governance around reducing health inequalities
- Improving data to understand health inequalities including considering NHS England's statement on information on health inequalities
- Our Population Health Board has led deep dives into the key delivery and transformation areas
- Adopting Core20plus5, the national NHS England approach to inform action to address healthcare inequalities at system level, for both adults and children.

- Using the additional health inequalities funding to work at place to address specific identified health inequalities

The Population Health Board's purpose is to provide strategic oversight and accountability for the implementation and delivery of the Core20PLUS5 and Core20Plus5CYP Health Inequalities programme, and for BSW's Health Inequalities and Prevention Programme. The Population Health Board advises the ICB on how the prevention and health inequalities agendas can be integrated with the ICB's and BSW's strategies and plans.

The Population Health Board has established three sub-groups to support this purpose:

- Population Health Management Intelligence Forum, with system leadership from Director of Public Health for Wiltshire
- Health Inequalities Strategy Group, with system leadership from Director of Public Health for Swindon
- Prevention Strategy Group, with system leadership from Director of Public Health for Bath and North East Somerset

8. Duty to promote involvement of each patient

The ICB focuses on Personalised Care and making this business as usual, building relationships between people, professionals and the wider community to allow people more choice and control over the way their care is planned and delivered. We will continue to plan utilising the comprehensive model of personalised care support improved health outcomes:

Patient choice, ensuring the Accessible Information Standard is met so that everybody has access to information they can understand and is able to communicate the things that are important to them.

We will look at evidence to demonstrate active choice conversations are regularly being held e.g. Ask me 3, BRAN- Benefits, Risks, Alternatives, Do Nothing It's ok to ask, What Matters To You which encourages people to ask key questions, so they are better supported to make a decision about care, support or treatment options

Shared decision making: Plan for decision making initiatives embedded in pathways with a shared understanding of what good looks like. Shared decision-making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a clinician supports a person to reach a joint decision about their treatment and agrees outcomes wanted.

Personalised care and support planning: Looking at opportunities to develop further, measuring impact and outcomes for shared learning. People are central in developing and agreeing their personalised care and support plan, including deciding who is involved in the process. There will be a focus on proactive, personalised conversations which focus on what matters to them, paying attention to their needs and wider health and wellbeing.

Social prescribing and community-based support (links to 3rd sector): Social prescribing is a key component of Universal Personalised Care. It is an approach that connects people to activities, groups, and services in their community to meet the practical, social, and emotional needs that affect their health and wellbeing. We plan to improve selfcare through people with:

- one or more long term conditions
- who need support with low level mental health issues.
- who are lonely or isolated.
- who have complex social needs which affect their wellbeing

There will be access to social prescribing link workers to co-produce a personalised care and support plan to support people to take control of their health and well-being.

Supported self-management: Supported self-management means increasing the knowledge, skills, and confidence a person has in managing their own health and care by putting in place interventions. We will focus on how we can build on the use of evidence-based interventions

such as peer support, self-management education and health coaching that can slow disease progression, reduce early mortality and reduce costs.

PHBs: The use of Personal Health Budgets will be explored further to allow for greater flexibility in meeting personal health needs. There will be a particular focus for those who have the following care needs:

- adults and children who receive NHS continuing healthcare funding.
- care funded jointly by NHS and social care.
- a learning disability
- those with mental health needs
- end-of-life care services.
- wheelchair services

Also please refer to the engagement and involvement sections of the plan.

9. Duty to involve the public

There are three strands to our system approach to engagement and involvement:

1. Maximising the opportunities to undertake engagement and involvement with our partners and communities jointly with partner organisations.
2. A devolved approach where all colleagues recognise their individual role in engaging and involving stakeholders and our local populations.
3. Adoption and implementation of the 10 elements of statutory guidance on involvement.

Our approach to ensuring that all parts of our population are able to engage and be involved will be informed by our local Joint Strategic Needs Assessment (JSNAs) and population health management data so that we are able to focus on communities where we know there are poorer health and wellbeing outcomes.

We plan to develop a BSW engagement portal and citizens panel, to make use of different approaches to achieving more effective interaction between services and communities.

We will also create an engagement advisory panel, acting as a cohort of experts by experience, to inform our thinking and planning, and ensure that senior leaders are directly, regularly, and fully in touch with our population.

The work to bring these initiatives together will be captured in the ICB People and Communities Involvement Strategy.

10. Duty to enable patient choice

Each ICB must, in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of health services provided to them. We will remain compliant with the legal regulations for choice whilst also developing the elective strategic ambition to network our provision for best deployment to reduce waiting times and reduce inequities in access and associated inequalities.

The BSW Referral services currently comprise of two services: BSW Referral Service and SARUM Referral Service - a separately commissioned referral services for SARUM area (South Wiltshire) GP Practices. BSW referral services interface between GP practices and secondary care, to facilitate patients making informed choices about where to go for consultation and possible treatment. The main objective of the service is to provide a smooth journey from referrer to provider and ensure that patients are offered appropriate patient choice of healthcare provider ensuring that they are seen in the 'right clinic, first time'. This process therefore reduces the burden on both referrers and providers and supports the patient journey. Patient choice is also promoted and publicised on the ICB website.

Over the next year we will continue to develop our elective co-ordination activities to both ensure capacity across the system is used to provide in-system mutual aid, and to ensure patients have the best information available to inform choice decisions.

	<p>We have implemented our Right To Choose provider accreditation process and accredited two providers with two further providers in process of being accredited. Further work is being undertaken to refine the documentation and approval process.</p> <p>We have ensured all of our providers have mobilised the Digital Mutual Aid process, and co-ordinated a system response to the Patient Initiated Mutual Aid programme (Phase 1).</p>
<p>11. Duty to obtain appropriate advice</p>	<p>Each ICB must obtain advice appropriate for enabling it effectively to discharge its functions from persons who (taken together) have a broad range of professional expertise in the prevention, diagnosis or treatment of illness and the protection or improvement of public health.</p> <p>BSW ICB will follow this approach in seeking advice, including from local authority partners and through formal governance arrangements and broader engagement:</p> <ol style="list-style-type: none"> 1. Clearly identify the issue requiring advice with specific objectives outlined for the advice being sought. 2. Determine the type of advice needed most appropriate for the objectives and issue, whether in prevention, diagnosis or treatment of illness, or the protection or improvement of public health. That could be legal, financial, technical, strategic, clinical or other types as required. 3. Determine the potential sources of appropriate advice, drawing from experts either inside or outside the system. 4. Work to understand the most appropriate advice source from those selected based on expertise, experience, credibility, and alignment to the ICB vision. 5. Establish formal contact with sources of advice against a clear brief, explaining the issue. Following ICB procurement practices where applicable, asking for experience, expertise, qualifications, availability, any conflicts of interest, and rates where any of these are unknown. 6. Evaluate advice received, determining the relevance and applicability, together with the effectiveness in addressing the issue. 7. Consider seeking second opinion or further advice as appropriate. <p>Advice may be deemed ongoing or on-demand. On-going advice may be incorporated in permanent representation to governance mechanisms associated with ICB as required, for example with specialist clinical or legal advice supporting local policy formulation according to best practice.</p> <p>BSW ICS is fortunate to feature clinical networks, alliances, public health, social care, clinical senates, academic institutions, as well as having access to regional networks including NHSE SW.</p> <p>All ICBs have varying demographics, and it is therefore important for BSW ICB to be able to seek the most appropriate advice for its partners and population.</p>
<p>12. Duty to promote innovation</p>	<p>The ICB will promote innovation in the provision of health services (including in the arrangements made for our provision). We will promote local innovation, build capability for the adoption and spread of proven innovation and work with academic health science networks and other local partners to support the identification and adoption of new products and pathways that align with our population health needs and address health inequalities.</p> <p>The Health Innovation Network is the innovation arm of the NHS in England. It brings together the NHS, industry, academic institutions, third sector organisations and local partners to ensure that innovations, improvement, and best practices benefit more patients faster.</p> <p>In 2024/25, the ICB has developed closer working relationships with the Health Innovation Network (HIN). This has included:</p> <ul style="list-style-type: none"> • Establishing a programme of regular meetings between ICB and HIN colleagues. • Collaboration on a developing research and innovation strategy

- Describing existing and historical innovation work in BSW
- Collaborating around opportunities for innovation in our hypertension prevention programme.
- Collaborating around opportunities for innovation in our medicine's optimisation programme.
- Engaged in West of England and South West Lifesciences Cluster
- Representing BSW at a HIN facilitated meeting exploring the benefits of a SW Life Sciences Cluster

The ICB has appointed a Research and Innovation lead. This provides the capacity to focus on how we can build on these assets and accelerate identifying and embedding innovations in BSW.

Therefore in 2025/26 we will develop a more structure approach including:

- Map innovation stakeholders
- Produce draft Innovation Strategy based on the process for promoting adoption and spread of innovation and the 5 principles outlines in the 2024/25 implementation plan.
- Step 1 of process: IDEAS
 - a. Start to proactively collate innovation ideas and actively receive innovation ideas.
 - b. For each innovation idea prioritised:
 - i. Understand current activity (if any)
 - ii. Take a step back and understand the problem the innovation aims to address.
 - iii. Describe this problem in BSW. Share with Investment Committee to decide if a priority problem.
- Step 2 of process: PROPOSAL
 - a. If decided problem is a priority problem, identify other potential solutions to address the problem.
 - b. Present Business Case to Investment Committee with options (including innovation) to address problem.
- Step 3 of process: MAKING CHANGES
 - a. For Business Cases supported at investment committee transition to implementation.
 - b. Identify innovations that have already been approved and are at the Making Changes step of the process
- Step 4 of process: EVALUATION
 - a. Plan evaluation before as part of the proposal.
 - b. Define what success will look like, the evidence needed to be confident in this success, timelines and prior decisions based on evaluation.
- Step 5 of process: ADOPT, SCALE, SPREAD & EMBED
 - a. If evaluation demonstrates success, present Business Case to Investment Committee for next phase of development.

In addition, the ICB are developing a Research & Innovation strategy for which the ICB will engage on and refine during 2025/26.

13. Duty in respect of research

Each ICB must facilitate or otherwise promote research on matters relevant to the health service, and the use in the health service of evidence obtained from research. For BSW ICB this is a unique opportunity to help support and facilitate research across the BSW ICS to the benefit of our population, capture and share learning from successful research elsewhere, and to disseminate successful research within BSW into the wider NHS.

Research in this context includes all research benefitting health and care outcomes such as advancing health and care operations, management, and leadership, as well as clinical trials.

Some of the ways in which the ICB aims to support research include:

1. Fostering collaboration: Identifying all partners connected to BSW ICS which are either involved, aspire to be, or would benefit from connection with research including academic institutions. Bringing together health and care professionals, researchers, and patients to collaborate and understand contemporary issues, facilitating a more integrated approach to research.
2. Enabling funding: ICB can help to coordinate the enablement of funding to support research projects. This can help to incentivise researchers to conduct studies aligned to system priorities and can help coordinate necessary resources.
3. Providing and supporting with data collection: BSW ICB can provide support for data collection and analysis. This can help researchers to access the data they need to conduct their studies and can ensure that data is collected and analysed in a consistent and reliable way.
4. Encouraging and facilitating patient involvement: BSW ICB can work to involve patients in research projects, mindful of existing inequalities evident in the conduct and application of research.
5. Supporting research governance: BSW ICB can play a key role in ensuring research is conducted in an ethical and transparent manner. We can provide guidance on research governance. This is currently supported via our relationship with the BSW Research Hub (funded via NIHR for the system).

Delivery in the previous period includes:

- BSW ICB leading a BSW Research & Innovation Forum inviting all partners and stakeholders within BSW to quarterly in-person sessions to network, share opportunities and learning. This is providing a key conduit in and out of the system for research and innovation related matters.
- Draft a co-created Research & Innovation Strategy for BSW, preparing for socialisation and broader engagement by Spring 2025.
- Successfully recruiting a BSW Research & Innovation Lead role joining BSW ICB in March 2025.
- Further developing the Research Engagement Network (REN) including establishing a well-attending BSW Diversity in Research forum and community pharmacy research engagement
- Strengthening relationships with key partners including HIN, ARC West and ARC Wessex, neighbouring system leads.

Our next steps for the coming period include:

- Taking the draft BSW Research & Innovation Strategy through wider engagement, ratification and adoption, focusing to the enablers and year one objectives initially.
- Onboarding, embedding and integrating the new BSW Research & Innovation Lead role into the system to give the role the best chance of success.
- Continuing strengthening our relationship both together as a system and with partners outside the system.
- Establish a sustainable REN, seeking ways to continue its development after NHSE funding is stopped.
- Responding to the NHSE mandate of all ICBs to report research metrics from April 2025.

One of the aims of the ICS Research & Innovation Strategy will be to enable a systematic monitoring of research progress with regular updates. As the strategy is developed and partners agree monitoring mechanisms these will be replayed into the Implementation Plan reviews.

By fostering a collaborative approach to research, BSW can help to improve patient outcomes and better leverage research potential to deliver the ICS strategy more efficiently. In 5 years' time the system should see a more effective, aligned (as section 3.2 of the guidance), systematic and comprehensive approach to research.

14. Duty to promote education and training

- The ICB works in partnership with a range of universities and colleges. The partnerships support workforce supply routes, new role development, post registration skills and access to education expertise to inform BSW workforce priorities.
- There is a commitment to apprenticeships with system partners working together for maximising the impact of apprenticeship routes for entry levels roles and career development. The plans include a well-established levy sharing process for non-levy paying partners in mutually supporting workforce development in new roles as nursing associates and advanced clinical practitioners.
- There is a system wide oversight of clinical placements and education capacity so that trainees can access high quality placements across health and care sectors. This work has included a focus on expanding clinical placements in primary and social care in line with enabling neighbourhood health models of care.
- Partners have committed to the passporting of statutory and mandatory training thereby, supporting movement across organisation boundaries and efficiency of training resources.
- The oversight of an integrated workforce plan is leading to increased sharing of training across sectors directly in response to identified gaps and training needs analysis.
- The ICB leads the Training Hub responsible for the supporting education and training in primary care for example, expansion of clinical placements, enabling training programmes and workforce planning.
- Widening participation training routes from work experience, traineeships and taster events enable recruitment from our communities whilst furthering the ambition of addressing the wider social determinants of health by providing access to good employment and skills.

15. Duty as to climate change

Climate change threatens the foundations of good health, with direct and immediate consequences for individuals, our infrastructure, and public services. Addressing climate change is important in helping us to meet our system-wide goals of developing healthier communities, improving health outcomes, and addressing the wider social determinants of health that can lead to health inequalities.

We remain committed to delivering our BSW Green Plan 2022-25, which sets out how we will begin to reduce the environmental and carbon impact of our health and care estate, services, and wider activities, with a view to achieving net zero by 2040 for direct emissions and 2045 for the emissions we can influence. The BSW Acute Hospital Alliance is also working closely to produce a Climate Change Adaptation Plan so the system can take steps to mitigate against the risks that climate change presents to the delivery of our services, such as increased temperatures leading to flooding or damages to our infrastructure. Aligned to the BSW ICS vision, these plans support our ICS strategic priorities by improving the health and wellbeing of our population so they can age well and reducing health inequalities caused through poor environments.

16. Addressing the particular needs of victims of abuse

The BSW ICB Chief Nurse and the ICB safeguarding team are representatives on all three safeguarding partnerships, including the Violence Reduction Unit (VRU) in B&NES locality, Swindon Community Safeguarding Partnership and Wiltshire Community Safeguarding Partnership. Community Safety Partnerships (CSPs) VRU's have an explicit role in evidence based strategic action on serious violence and these partnership meetings will be the driver for delivering the serious violence duty (SVD) and safeguarding Statutory Duties. The ICB, as a Specified Authority, will work with Relevant and Specified Authorities to collaborate on a multi-agency approach to prevent and reduce serious violence

BSW ICB, as a statutory safeguarding partner, is committed to working in collaboration with Police and Local Authorities to ensure the people across our area are safeguarded. Safeguarding means protecting people's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. This is achieved through partnership working with all statutory and VCSE agencies across our area via the Safeguarding Partnership Boards, Domestic Abuse and Sexual Violence Boards, Community Safety Partnerships and the Health & Wellbeing Boards. Effective safeguarding arrangements seek to prevent and protect individuals from harm or abuse, regardless of their circumstances. The ICB is working with partners to support strategic planning in the prevention and reduction of violence in our local communities. This includes collating and analysing health data from NHS Accident and Emergencies, strengthening links with primary care networks and sharing of intelligence.

Safeguarding children, young people and adults is a collective responsibility. Children, young people and adults live in families and local communities; these can be sources of support and safety or of danger and risk. Our approach to safeguarding and protecting our community is focused around where people live and with whom – it's an approach which has 'Think Family, Think Community' at its heart working with and for our communities

The ICB discharges its responsibilities in line with the statutory requirements of Section 11 Children Act 2004, Working Together to Safeguard Children (2023), the Mental Capacity Act 2005, the Care Act 2014 the Domestic Abuse Act 2021 and the Serious Violence Duty 2021. The Safeguarding Accountability and Assurance Framework (SAAF) identifies core duties across the lifespan of safeguarding for individuals working in providers of NHS-funded care settings and NHS commissioning organisations. Our safeguarding team provide safeguarding leadership through expert safeguarding advice and expertise and engagement in sub-groups, audit processes and learning from significant incidents and statutory learning processes such as Safeguarding Child Practice reviews, Domestic Homicide Reviews, Safeguarding Adult reviews and Child Death Overview Panel

Domestic Abuse

We will continue to ensure services are appropriately commissioned and developed to specifically address the needs of victims of abuse within existing funding allocation and ensure services are appropriately commissioned and developed which focus on early intervention and prevention.

The ICB will further improve the effectiveness of the multi-agency approach to support victims, working with partners to tackle perpetrators and prevent domestic abuse in accordance with the requirements of the Domestic Abuse Act 2021.

Sexual Violence

The ICB will consolidate the commissioning of the non-recent service abuse service which will include holistic assessment and care for children referred whenever there is an allegation of non-recent sexual abuse.

Access to sexual assault referral centres (SARC's) has been further developed with the commissioning of the Swindon and Wiltshire Sexual Violence Therapeutic Service and we will seek work with partners to further develop services across BSW.

Child Sexual Abuse

BSW ICB in collaboration with partners undertook a piece of work in 2024 to review the existing pathways of support and resources for those who had experienced sexual violence, audited awareness and understanding of sexual abuse within ICB service providers and completed a review of clinical records. In 2024, The Child Safeguarding review panel published 'I wanted them all to notice' which makes recommendations to improve earlier identification, response and support to sexual abuse. It contains recommendations for commissioning to provide services for the assessment of people presenting a risk of sexual harm and commissioning of services to respond to the health needs of sexual

abused children. The Victims and Prisoners Act 2024 has provided legislation to underpin the duties of ICBs to collaborate in the commissioning and provision of services for Sexual abuse, Domestic abuse and Serious Violence, including a local strategy based on a local needs assessment.

In 2024/25 we have continued to lead on developing practice, policy and procedure which safeguards unborns and under 1's across all our system with partners with a focus on prevention and early intervention. The delivery of the ICON programme is part of the BSW Under 1's programme work to reduce injury and harm to our most vulnerable population. Abusive head trauma in children aged under one, accounts for 200 deaths in the UK a year and 24 out of every 100,000 hospital admissions. The impact is significant and long lasting for families, for children who survive there are significant costs across health and social care to meet the lifelong care needs of these children.

Organisations are now working towards establishing ICON within their delivery of care, with the aim for the five contact points to be implemented by June 2025 and awareness for ICON conversations within Children's Wards, Emergency Departments, Minor Injury Units and Out of Hours Services. We have also worked with wider partners and have training progressing within police, social care and have plans to extend this to early years partners and wider community resources.

We continue to work with our partners using our population data to develop a serious violence strategy, developing multi-agency interventions to support victims of abuse to deliver excellent health services and focus on prevention and early intervention.

Serious youth violence is an increasing concern amongst the multi-agency safeguarding system and partners contribute to the ongoing planning and implementation of strategies alongside and through the serious violence duty to try and mitigate the risks to the young people, their families and networks. Into 2024-26 BSW will work with providers to develop a package of training which recognises the needs of victims and survivors that is trauma-informed and recognising the impact of Adverse Childhood Experiences, reasons for distrust in authorities and designing appropriate responses to better support people to access the support they want and need.

We will ensure health elements of the pathways for victims of abuse are linked to the broader ICB health inequalities agenda, addressing inequalities – supporting the most vulnerable and identifying and addressing inequality of risk


17. Addressing the particular needs of children and young people

As required by the Health and Care Act 2022, we set out in our Implementation plan our vision for children and young people.

Our nominated Executive lead for children and young people, alongside our Chief Nurse who is lead for special educational needs and disabilities (SEND) and Safeguarding, champion the needs of babies, children and young people, ensuring visible board-level leadership and focus. We have a well-established partnership Children and Young People's Delivery Group which focuses on how the needs and health and wellbeing outcomes of babies, children, young people and families can be met and improved. Children, young people and families have a healthy environment in which they can grow up in and provision of support closer to home and schools

In addition we note the following:

1. Emotional Wellbeing and Mental health support is available for children and young people who need it, when they need it
2. The most vulnerable children and young people are well supported, including those in and leaving care, as well as those who need to be kept safe
3. Children are ready to start education and educational attainment gaps are addressed
4. There are better links between health and care services and schools

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5. Ensuring CYP waiting for elective care including autism and ADHD assessments are supported to 'wait well' and those with additional support needs are appropriately prioritised
 6. Improving experience of CYP and families who may need to attend our hospitals. Providing acute respiratory illness hubs for CYP in local communities.