



BSW Partnership Board

Friday 28 May 2021, 9:00-12:00, Zoom meeting in public

Agenda

Time	Item no	Item title	Lead	Action	Paper ref.
9:00	1	Welcome and apologies	S Elsy		
	2	Declarations of interests	S Elsy	Note	
	3	Minutes of the previous meeting	S Elsy	Approve	ICSPB/21-22/001
	4	Action Tracker	S Elsy	Note	ICSPB/21-22/002
9:10	5	Questions from the public	S Elsy		
9:20	6	Chair's report	S Elsy	Note	verbal
9:25	7	SRO report	T Cox	Note	ICSPB/21-22/003
9:35	8	ICS Development update <ul style="list-style-type: none">MoUBSW ICS plan and progress	T Cox, B Irvine	Note	Presentation on the day (ICSPB/21-22/004)
10:15		Break			
10:25	9	BSW system operating plan 2021/22	T Cox, C Gregory	Agree	ICSPB/21-22/005
10:45	10	Integrated system performance report	T Cox, J-A Wales	Note	ICSPB/21-22/006
11:00	11	Transformation work streams, update report	T Cox, B Irvine	Note	ICSPB/21-22/007
11:20	12	BSW Communications and engagement strategy	T May	Agree	ICSPB/21-22/008
11:35	13	End of Life Care / Palliative Care Strategy	G May, W de Leeuw	Agree	ICSPB/21-22/009
11:50	14	AOB <ul style="list-style-type: none">BSW Partnership Board forward plan 2021/22	S Elsy		ICSPB/21-22/010

Date of next meeting: 23 July 2021, 9:00-12:00, virtual

BSW Partnership Board

Friday 19 March 2021, 09:00-12:00, Microsoft Teams meeting

Draft minutes

Members	
BSW Partnership Chair	Stephanie Elsy
BSW CCG CEO, and BSW Partnership SRO	Tracey Cox
RUH	
Chair	Alison Ryan
CEO	Cara Charles-Barks
Programme Director	Ben Irvine
SFT	
Chair	Nick Marsden
CEO	Stacey Hunter
GWH	
Chair	Liam Coleman
Wiltshire Health and Care	
Chair	Stephen Ladyman
Managing Director	Douglas Blair
AWP	
Chair	Charlotte Hitchings
Virgin Care	
Managing Director, Virgin Care BaNES	Julia Clarke
BaNES Council	
Cabinet Member Adult Social Care	Rob Appleyard
Director of Public Health	Becky Reynolds
Swindon Council	
Cabinet Member Adult Health and Social Care	Brian Ford (till 10:15)
Wiltshire Council	
Cabinet Member for Adult Social Care, Public Health and Public Protection	Simon Jacobs
Corporate Director (DCS and DASS)	Emma Legg (for Lucy Townsend)
BSW CCG	
Clinical Chair of BSW CCG	Andrew Girdher
Lay Member Finance	Ian James
STP Clinical Board	
Chair	Ruth Grabham
BSW Social Partnership	
Chair (management side)	Alison Kingscott
Healthwatch	
Chair	Gillian Leake
Deputy Chair	Alan Mitchell
SWAFT	

Executive Lead	Andy Smith
WEAHSN	
Managing Director	Natasha Swinscoe
COO	Ben Bennett
NHSE	
Locality Director, Strategic and Transformation Directorate	Laura Nicholas (for Suzanne Tewkesbury)

Attending	
CFO, BSW CCG	Caroline Gregory
Director of Strategy and Transformation, BSW CCG	Richard Smale (from 10:00)
Communications Lead, BSW CCG	Dom Hall
BSW Winter Director	Alan Sheward, for item 9
BSW Wiltshire Locality COO	Elizabeth Disney, for item 9

Apologies	
CEO, GWH	Kevin McNamara
CEO, AWP	Dominic Hardisty
Managing Director, The Care Forum / Healthwatch	Kevin Messenger-Peltonen
Director Public Health, BaNES Council	Bruce Laurence
Director of Public Health, Swindon Council	Steve Maddern
Corporate Director, Swindon Council	Sue Wald
Chair, SWASFT	Tony Fox
Director Public Health, Wiltshire Council	Kate Blackburn
Corporate Director (DCS and DASS), Wiltshire Council	Lucy Townsend
CEO, Wessex LMC	Gareth Bryant

Item 1: Welcome and Apologies

1.1 The Chair welcomed members and attendees to the meeting, and noted apologies. Noted, and congratulations on behalf of the Board, to Cara Charles Barks, who had been named as one of the top 50 HSJ CEOs of the year.

Item 2: Declarations of Interests

2.1 None received.

Item 3: Minutes of previous meeting

3.1 The minutes of the meeting on 22 November 2020 were agreed as accurate record of the meeting, subject to correction: Richard Barritt, noted as member in attendance, was not an AWP NED.

Item 4: Actions and matters arising

4.1 N/A.

Item 5: Chair's report

5.1 The Chair reflected that the months since this Board's since last meeting were one of the most challenging periods in NHS history, and paid tribute to everyone for their sustained and continued efforts. Specific thanks were extended to the BSW SRO, Tracey Cox.

5.2 The Chair gave a verbal report of developments and activities since the last meeting:

- Recovery was underway, in this context noted the financial settlement achieved with the Treasury to support the NHS' recovery effort;
- BSW now needed to look forward to develop the BSW ICS, with relevant legislation and statutory guidance expected in the next months; noted in this context that nationally, there was an appetite to challenge boundaries and geographical footprint of smaller ICSs – it was felt that this challenge had been warded off for the Southwest ICSs by signalling intentions to collaborate regionally and pan-ICS;
- The Chair and BSW SRO continued their engagement with discussions nationally and regionally re recovery, Covid response, and ICS development.

Item 6: SRO's report

6.1 The Partnership Board had received the SRO's report, and noted its contents. The SRO invited all to share the SRO report more widely in their respective organisations. The Board noted in particular:

- The 6 Southwest systems had met with Amanda Pritchard; the session had resulted in
 - each of the SW ICSs leading on workstreams re ICS development (BSW was assigned the lead re workforce and OD);
 - recognition and affirmation that the Southwest ICSs would need to collaborate particularly re specialist commissioning to ward off future challenge to system boundaries (due to the relatively small populations covered by each ICS); Southwest systems were working together to develop a view on what each ICS should be responsible for individually, and what the Southwest systems could do at scale; members expressed view that boundaries should stay as are;
- BSW Executives considered the submission to NHSE re the BSW community mental health framework, noting the close working with the third sector to create a holistic approach; the Board wished to undertake a deep dive session re adults' and children's mental health services, involving Oxford Health (**Action Anett Loescher**: Schedule a MH services deep dive for a future BSW Partnership Board meeting);
- Kevin McNamara, GWH CEO, was now SRO for the BSW Academy; noted that an outline business case had been developed, and further work was underway to establish how BSW would sustain the Academy development; noted strong support for the Academy from the

BSW CCG Governing Body, who had agreed to put 25% of the initial training and development budget towards the Academy;

- The Covid vaccination programme was making good progress (82% of cohorts 1-9 in BSW had received the first vaccine); the system was now working with PCNs through the ramifications of reduced vaccine supply over the next weeks;
- An Inequalities workshop would be held on 20 April; noted that NHSE had required BSW to account for actions taken during phase 3 to ensure an inclusive re-start of services.

Item 7: Next steps for the ICS

7.1 The Partnership Board had received a White Paper briefing, a refreshed MoU and Partnership Board ToR, and a BSW ICS Board design options paper.

White Paper briefing

7.2 Noted that the paper was a position statement of what BSW understood the key points and direction of travel of the White Paper to be, and BSW's position / response to the White Paper. The briefing paper showed the alignment of BSW strategic objectives with the ICS development as outlined in White Paper. The briefing paper did not describe the level of ambition we have especially re place / ICA development, which would be an important feature of BSW's work going forward. The existing system architecture group would maintain the brief to drive place development within BSW's ICS development programme and co-production, for which the BSW Partnership Executive would be the steering / oversight group. The Board was invited to reflect on the paper, and to identify where it wished to see greater emphasis and focus.

7.3 The Partnership Board noted the briefing paper and commented:

- agreed that the lack of detail in the White Paper re governance arrangements at system and place levels indicated a level of freedom of design which should be exploited; flexibility that can be deployed at place would be crucial for the system's success overall;
- the design principles set out in the briefing paper were welcomed, and should be picked up in the MoU also;
- consensus view that the White Paper had missed a number of opportunities including linkage with social care reform, discharge to assess funding, or intended transformation of public health; the White Paper was also light on community engagement, and it was known from regional discussion that this was an expected core function of ICSs;
- more work was required to form views / sustainable models re representation of primary care at place and at system; re representation of public and patients incl. via Healthwatch at place and at system; re public involvement in co-design and planning of services;
- while the paper showed a strong intend of co-production of services, it did not address how the service user voice would be present throughout the development and contribute to the decision-making process; noted that BSW was discussing with other systems what good practice looked like in this area, and agreed that user involvement in service design should be an embedded approach re planning and delivering services (Action, for thinking re place-based dev, and what other structures might be helpful going forward)
- endorsed the strength of relationship and continued engagement of AWP and mental health services with local authorities, to enable BSW's response to anticipated latent demand for mental health services;

Refreshed MoU and Partnership Board ToR

7.4 When the BaNES, Swindon and Wiltshire Sustainability and Transformation Partnership (BSW STP) was first established in 2017, partner organisations agreed a Memorandum of Understanding that set out the vision for the BSW STP, and key principles and mechanisms of partnership working. That MoU served the STP well, however now was the time to refresh the MoU to describe the current status of arrangements, while also reflecting BSW's designation as an ICS; the principles, values, and mechanisms of BSW partnership working; and the BSW partnership governance arrangements that are currently in place.

- 7.5 The BSW Partnership Board considered the refreshed MoU and Partnership Board ToR, and expressed strong support for the MoU as presented. Discussions highlighted:
- MoU, the design principles could be reflected more strongly, also how each of the governance components reflected/ embedded these in its work; noted that the design principles had in the main been developed to inform BSW's approach to phase 3 / recovery (**Action Anett Loescher**);
 - Partnership Board ToR, the quorum should be amended to include a community or mental health provider, recognising that specifying AWP as required for quoracy could negatively affect the Board's decision-making capacity (**Action Anett Loescher**) ;
 - Partnership Board ToR, request to add the Director for Adult Social Care, BaNES Council, to the Partnership Board member list. (**Action Anett Loescher**)
 - further discussion was required, and was underway, with private providers regarding the extent of their financial transparency toward system partners for purposes of planning the independent / private sector's NHS related or NHS commissioned work; Virgin Care were prepared to consider greater transparency where the contract with BaNES and BSW was concerned, but had reservations about sharing information in public; **Action CFOs**: to further discuss how the 'open book' approach could be applied to private / independent providers while protecting those providers' corporate and commercial interests.
 - the focus of the Population Health and Care Group (PHCG) seemed to be on clinical leadership and should be extended to clearly include and reflect the population health aspect; **Action R Grabham and B Reynolds**: Agree a rephrasing of the relevant paragraph in the MoU.
 - SWASFT reiterated its commitment to the BSW Partnership but acknowledged that the degree and nature of its engagement with the BSW ICS was impacted by SWASFT's operation of commissioned services across the entire Southwest region, and resulting need to engage with the other systems in the region also;

- 7.6 The BSW Partnership Board
- subject to the amendments noted in 7.5, **endorsed** the BSW Partnership MoU, and recommended it to partner organisations for approval / sign-off;
 - **agreed** that its meetings will be held in public from May 2021;
 - **agreed** to include Medvivo as a partner organisation of the BSW Partnership;
 - **agreed** that the Medvivo CEO becomes a member of the BSW Partnership Board (subject to review in light of anticipated legislation / guidance re the configuration of ICS NHS Bodies' Boards);
 - **agreed** that the Chair of the BSW CCG assumes the role as Vice-Chair to the BSW Partnership Board, with immediate effect and for the remainder of 2021/22

BSW ICS Board – design options

7.7 The White Paper, and before it a number of documents have set out expectations and design principles for ICSs and ICS governance, including the expected configuration, and to some extent the expected functions, of a statutory ICS NHS Body unitary Board. Based on these documents and stipulations, the BSW Partnership Board discussed options for the re-design of the BSW Partnership Board to reflect BSW's new ways of working as a Partnership on the one hand, and to aid transition during 2021/22 to arrangements from April 2022 onwards, as anticipated in the light of emerging legislation and guidance for statutory ICSs.

- 7.8 Discussion highlighted:
- maturity at place was a fundamental factor, especially if considering option 3 set out in the paper and which was predicated on significant levels of maturity at place;
 - the options, in particular option 3, described a significant shift for BSW; noted that there was currently a good level of trust, openness and collaboration among partners, as shown by the inclusive nature of discussions so far; this boded well for going forward to a smaller Board, however transparency and pace of this development will be crucial to maintaining existing levels of trust;

- the paper outlined options for the transition period, with the aim of arriving at arrangements that would be as close as possible to the final configuration of the ICS Board from April 2022 onwards;
- acknowledged that the Board / the system level needed to hear clinical and other professional voices, and work with professional colleagues to influence and design services – further work was required in order to ensure that the clinical and professional voice was heard at every level while mitigating the risk that the Partnership Board / governance groups become too big to make effective collective decisions;
- NHSE encouraged BSW to expect a permissive national approach, and to design structures that served BSW.

7.9 Members were invited to take the options paper to their respective organisations and Boards for discussion; Stephanie Elsy, Tracey Cox and Richard Smale would be happy to attend relevant sessions. The intention was to explore options further in a workshop session, which may also be informed by national guidance if available.

Item 8: BSW programmes – year end progress report

8.1 The BSW Partnership Board received a year-end update regarding the work of the system transformation programme groups in 2020/21, and priorities for 2021/22. The reports demonstrated the breadth of work, BSW's tactical response to Covid, and the interconnect between frontline and enabling work streams.

8.2 The BSW Partnership Board noted the reports, in particular:

- Estates – the work stream had not been able to focus on originally identified areas incl. a BSW estates strategy, due to other critical work incl. redirecting of extra funding to critical; the work stream was gaining momentum and expected to produce a ICS estates strategy during the first half of 2021/22;
- confirmed that the work streams represented integrated working with local authorities LA, NHS, and voluntary sector, although it was acknowledged that there was potential for more involvement and strengthening of both the local authority and the voluntary sector voices; the workforce work stream / the BSW Academy were focussed on health roles at the moment, and would broaden this to social care and domiciliary care workforce development, with engagement with relevant stakeholders desired and planned;
- the language of 'anchor institution' could be used more strongly and consistently, incl. to show a paradigm shift from the NHS as an inputter into, towards the NHS as a key player in the system;

8.3 The Board requested that update reports from the workstreams, in today's format, should be brought to each of its meetings, and that each meeting should also undertake a deep dive into one of the work streams. (**Action Anett Loescher** – schedule accordingly)

Item 9: Hospital Discharge Scheme

9.1 The BSW Partnership Board received a progress report regarding the BSW Hospital Discharge Service. The Hospital discharge policy (HDP) had been introduced in March 2020 and provided a clear operating model for acute, community and social care partners to follow. In response to HDP partners have worked together to commission and provide additional capacity, develop new ways of overseeing patient flow, and changed operating models for clinical teams. Achievements to date included more care being provided out of hospital with a focus on home; evidence of investment realising real change in outcomes and process; greater visibility of data on system operations and flow, and improved understanding of each other's pressures and risks.

9.2 The BSW Partnership Board **noted** the report, in particular:

- there was disparity still between parts of the system re stability of patients flow from acute to community, which impacted planning (staffing, resources) and continued to create

pressures; data could be used to drive positive enquiry into underlying reasons for variation; learning should be undertaken with GWH to understand how patient flows and discharge were managed there, and whether capacity issue drive some of the flow patterns in other parts of the system;

- ambulance services recognised the vital importance of flow and admission avoidance, and highlighted the need to have 24/7 access services and information sharing to enable admission avoidance;
- Local Authorities observed that the focus seemed to be on providers' processes and less so on outcomes for patients incl. whether the home first approach was right / appropriate; confirmed that the focus was firmly on people and outcomes, and that the discharge policy outlined positive steps for patients as well as actions that system and providers were required to take to ensure discharge assessment was timely to support patients at home; the intention was to work up improvement plans close to communities to establish best practice and get users and local providers to support the approach;
- Local Authorities were seeking reassurance that there would be sufficient funds to take discharge work forward; the LGA and ADASS had lobbied government to recognise the critical role of local / community response in discharge; BSW as a system wished to continue with the hospital discharge programme, create capacity in the community sector and in hospitals to help address the elective care backlog, and enable flow and improvement around community services;
- recognising the linkages of the hospital discharge programme with the elective care recovery, noted that there was an opportunity for the system to accrue further funds if BSW could maintain activity above 85%, the national threshold for additional funds; BSW currently stood at ca 91% of historic activity levels, with the Southwest averaging 92%, which would bring an additional £9m per month into the region (non-recurrent) from June; the difference between cost of out-of-hospital and in-hospital capacity was recognised as a hidden constraint;
- patient and carer service users' experience of discharge across all pathways should be sought (historic data existed), including the experience of voluntary / non-professional carers who made significant but largely unseen contributions / support to discharge; this exercise could surface also how people's attitudes to discharge and home first may have changed during the pandemic, and if / how this could be utilised going forward;
- a regionally coordinated discussion re staff recovery would be held Wednesday 24 March 2021, invites should have come out via HR Directors, Equality and Diversity / Health and Wellbeing Leads.

Item 10: BSW integrated performance report

10.1 The BSW Partnership Board received and **noted** the BSW integrated system wide integrated performance, quality and finance report. The report combines analysis with narrative, focussing on highlighting and reviewing performance against constitutional targets, key pressures, patient safety and quality issues in the system by exception, and reporting on what matters to BSW in an agile way.

10.2 The report was taken as read.

Item 11: AOB

11.1 Councillor Simon Jacobs, Cabinet Member for Adult Social Care, Public Health and Public Protection, wished to put on record his thanks, on behalf of the public, for the effort and services that the health and care partners in BSW had provided and continued to provide in response to Covid.

11.2 There being no other business, the Chair closed the meeting at 11:45.

Next meeting: Friday 28 May 2021, 9:00-12:00, virtual

Item 4

BSW ICS Board Action Log business year 2021-22

updated following meeting on 19 April 2021

OPEN actions

Meeting Date	Item no. and title per agenda	Action	Responsible	Progress/update
	7: Next steps for the ICS, Refreshed MoU and Partnership Board ToR	Revisit MoU: the BSW ICS design principles to be reflected more strongly; Partnership Board ToR, quorum to be amended to include a community or mental health provider; Partnership Board ToR, to add the Director for Adult Social Care, BaNES Council, to the member list;	A Loescher	Update 28/05/2021: Complete. MoU updated and re-circulated to BSW Partnership Board.
	7: Next steps for the ICS, Refreshed MoU and Partnership Board ToR	To further discuss how the 'open book' approach could be applied to private / independent providers while protecting those providers' corporate and commercial interests.	CFOs	
	7: Next steps for the ICS, Refreshed MoU and Partnership Board ToR	Focus of the Population Health and Care Group (PHCG) should be extended to clearly include and reflect the population health aspect	R Grabham, B Reynolds	
	8: BSW programmes – year end progress report	Schedule: - update reports from the transformation workstreams, in today's format, for each meeting; - for each meeting, a deep dive into one of the transformation work streams	A Loescher	Update 28/05/2021: Complete. Scheduled on BSW Partnership Board forward planner 2021/22



Report Title	SRO Update Report						Agenda item	7
Date of meeting	28 May 2021							
Purpose	Note	x	Agree		Inform		Assure	
Author, contact for enquiries	Tracey Cox, Chief Executive BSW CCG & SRO BSW Partnership							
Appendices	n/a							

1. National and Regional Developments

1.1 Consultation on a new NHS System Oversight Framework 2021/22

On the 25th March 2021 NHSE published a consultation document setting out the new proposed NHS System Oversight Framework. The Framework consists of a single Integrated Recovery Support Programme (RSP) and is based on the following key principles:

- Working **with and through ICSs**, wherever possible, to tackle problems
- a greater emphasis on **system performance and quality of care outcomes**, alongside the contributions of individual healthcare providers and commissioners to system goals
- matching **accountability for results** with improvement support, as appropriate
- greater autonomy** for ICSs and organisations with evidence of collective working and a track record of successful delivery of NHS priorities, including tackling inequality, health outcomes and access
- compassionate leadership behaviours**, that underpin all oversight actions

ICSs will continue to be increasingly involved in the oversight process and support of organisations in their system. Key features include:

- Maturity*: Oversight arrangements will reflect both the performance and relative maturity of ICSs.
- Flexibility*: Regional teams will work with ICSs to ensure that oversight arrangements for place-based systems and organisations reflect the local system architecture and governance arrangements. This should be set out in a memorandum of understanding that regional teams will agree with each ICS.
- Risk based*: Lighter touch NHSEI oversight for high performing ICSs and providers.

National approach

- Five national oversight themes that reflect the ambitions of the LTP will be aligned to oversight metrics based on 2021/22 delivery priorities.

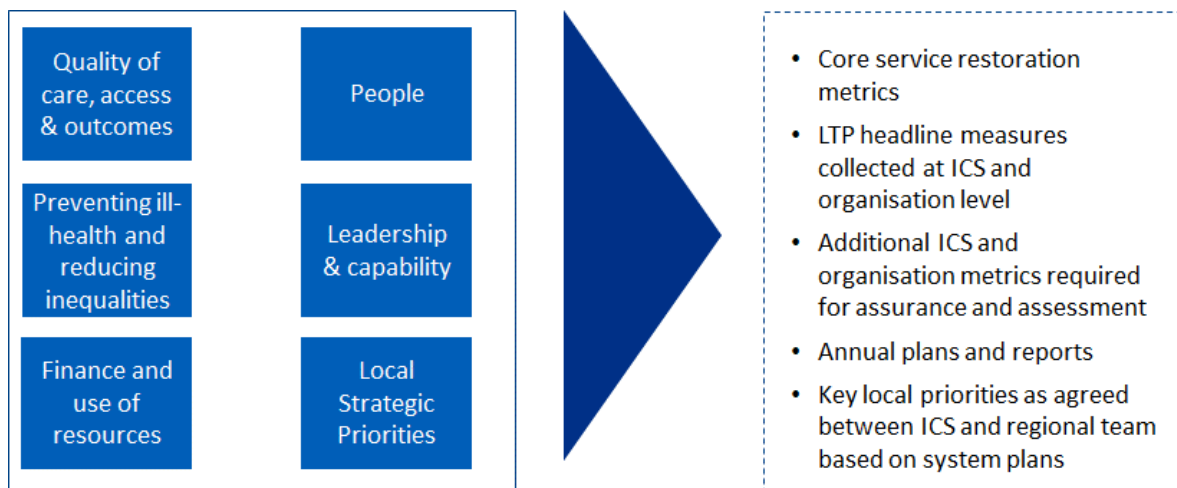


- Single monitoring framework for ICSs, providers & commissioners using segmentation approach.
- Consistent support offer (that is tailored based on local needs).

Local flexibility:

- Distinct 'local strategic priorities' oversight theme for agreement between regional teams and individual ICSs.
- Oversight arrangements for place-based systems and organisations agreed between regional teams and ICSs to reflect the local system architecture and governance arrangements.
- Arrangements for the above to be set out within a memorandum of understanding that regional teams will agree with each ICS.

The scope of the Oversight Framework is set out below:



The proposals have implications for our future oversight and governance arrangements as an ICS. The BSW Executive Group considered the proposals at its meeting on the 14th May 2021.

We also submitted our response to the Consultation document – Appendix One

2. BSW Developments

2.1 Update from BSW Executive Meeting held on 14th May 2021

At our last meeting the BSW Executive considered the following items:

2.1.1 Children and Young People's Services Update

A presentation was received on a proposal to establish a BSW Children and Young People's Transformation programme to give this agenda similar status to areas such as Mental Health and Learning Disabilities. The BSW Executive supported a request to:



- Establish a Senior Responsible Officer for CYP across BSW CCG, who can oversee and lead on a BSW system response to the CYP Transformation Programme which will include our Local System Priorities.
- Development of a BSW Children & Young People's strategy
- Use some of the BSW children's transformation monies to support the SRO with fixed term programme coordinator function
- Establish a Children's and Young People System Transformation Steering Group to oversee & deliver on children's transformation as set out in the long term plan, as well as locally agreed priorities. (This group will include providers, Public Health and third sector partners). This needs to operate alongside our need to maintain strong locality-based alliance structures.
- Develop costed plans for the best use of the remaining Transformation Funds and business cases for future investment into CYP services to embed the early intervention model

2.1.2 BSW ICS Infrastructure Budget for 2021/22

Executive members approved the utilisation of the budget that supports ICS infrastructure costs and shared working across the system against key identified transformation priorities.

The budget is made up of contributions from system partners. This year the assumed budget is £1,443k which includes a further and final year of a non-recurrent contribution from NHSE/I of £221k and a non-recurrent underspend of £523k from last year. The forecast budget position for 2021/22 includes the following key assumptions:

- A forecast underspend against the budget of £96k.
- The on-going proposed apportionment of some CCG Executive roles which also operate on behalf of the system.
- Slippage on a number of previously approved roles agreed in December 2020. The budget position reflects updated assumptions for these roles for the coming year.
- Provision of £48k non-recurrently to provide project management support to the BSW Inequalities programme of work for 2021/22.
- The position includes provision for funding the BSW Academy of £193k in 2021/22 and £113k in 2022/23.

The BSW Executive will review the budget position again in September.



2.1.2 System Operational Plan Update

Members considered progress on the development of the BSW system wide operational plan that sets out how we will respond to NHSE/I Planning guidance and our own locally identified priorities for the coming year. The latest position will be presented to Partnership Board members at the meeting.

2.1.3 BSW Academy

Members considered the proposed specification for year 1 of the BSW Academy against the 5 pillars of Leadership, Learning, Improvement, Innovation and Inclusion. The group also considered the proposed funding model for year 1 and year 2. The Academy will be supported by an element of pump priming from the BSW ICS Infrastructure Budget, the alignment of some CCG posts to support mobilisation and delivery. The System People and Capability Group will also seek to maximise development opportunities for the use of Health Education England monies to support the role of the Academy.

The Academy needs to be hosted by an organisation and Wiltshire Health and Care have offered to undertake this role on behalf of the system.

2.1.4 Update on Financial Sustainability Planning

The Executive received an update from Lisa Thomas who is supporting the development of the BSW Financial Sustainability Plan. Current work underway includes:

Financial Model

The development of a financial tool to look at the opportunity to model scenarios to see what future could look like and model the financial impact of transformation. The model will identify the impact of growth assumptions and demonstrate areas of pressure across all providers to have system transparency of the collective issues.

Where do we spend our money analysis ?

Work to set out by service line and provider where the ICS funding is going (based on 2019/20) to support a review of total spend on services to inform opportunities for streamlining and reducing duplication.

The Executive Group also considered the actions that we will need to take to address the financial challenges that are anticipated in the second half of this year when funding allocations revert to the proposed levels set out within the Long Term Plan for the NHS. There was agreement that system has to focus on three key areas this year:

- Ensuring the underlying deficit does not increase during 2021/22
- Improving productivity across all provider organisations commissioned by BSW.
- Risk mitigation and winter planning 2021/22



2.1.5 BSW Business Intelligence Strategy Update

The meeting received an update on the development of a programme to accelerate joint working between Business Intelligence (BI) teams from partners across the BSW Health and Care system. The work programme had been impacted by the recent third wave of COVID and the demands of the emerging Vaccination Programme on BI leads and their teams leading to slipping the development of the BI strategy into the first quarter of the financial year 21-22. However, the network of

Business Intelligence leads met on 30 April 2021 to confirm the high-level objectives of a shared strategy and its translation into a programme of work. A progress report will be received later in the year.

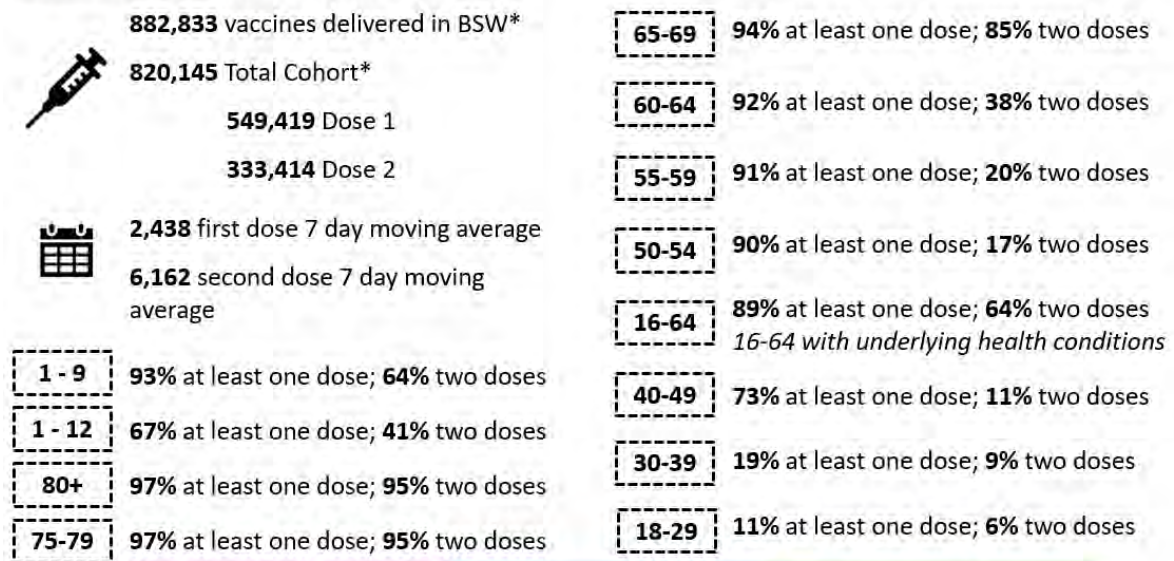
2.2 BSW Mass COVID Vaccination Programme

The latest position as at 21 May on Covid vaccinations is set out below:

BSW Vaccination: Summary

21st May

There remains some duplication within the data, where patients exist within multiple cohorts
As a result % uptake figures are estimates
*TPP and EMIS Practice data now included – last updated 20th May



I would like to once again thank all of BSW’s Primary Care Networks, our Mass Vaccination Sites and the Vaccination Team who continue to respond to the ever changing requirements of the vaccination programme.

2.3 BSW Inequalities Update

The second BSW inequalities workshop was held on 20 April and had good attendance with circa 35 partners from across health and care. Feedback from the



session has been very positive and we are considering the focus of our next workshop which we plan to run later in the year.

We were pleased that Equality, Diversity and Inclusion (EDI) Leads from a number of organisations were in attendance and they have agreed to take away the feedback from the session and consider how we address any concerns raised, as well as develop a BSW ICS Inequalities Strategy.

I am also pleased to confirm that Steve Maddern, Director of Public Health for Wiltshire Council has agreed to take on the role of SRO for Inequalities. I will be meeting with Steve on the 20th May to agree how he can support us in taking forward this important agenda.

We have also been successful in responding to a recent Expression of Interest for a Health Education England funded Population Health Fellow for one year in BSW. The

Fellow will be part time, operate for 4 sessions per week and will be placed within the Wiltshire Public Health Team for supervision and hosting. The role will support a specific inequalities project and enhance our approaches to population health management.

2.4 Changing Futures Bid Submission

Changing Futures is a Ministry of Housing, Communities and Local Government (MHCLG) backed grant programme designed to transform services and systems for the benefit of people who have three or more of the following disadvantages: homelessness, mental health, substance misuse, domestic abuse and contact with the criminal justice system. Partners across BSW including Police and Crime Commissioners and a number of third sector organisations were successful in obtaining a small amount of seed funding to develop a comprehensive bid to show how we could promote a more joined up person centred approach to service delivery. This requires a partnership commitment to long-term, sustainable local system change with the ultimate aim of improving outcomes for individuals who are experiencing multiple disadvantage.

Successful areas will be awarded between £2.5m and £3.5m for a three year programme starting in FY2021-22 and a submission was made on the May 6th to MHCLG.

BSW Response to Oversight Framework Consultation

Question	Response
<p>a. Do you agree that the proposed approach to oversight set out in this document meets the purposes and principles set out above?</p> <p>b. If not, how could the proposed approach be improved?</p>	<p>In general the wording in the document are appropriate. The real change will come in a change of behaviours by both the NHSE and ICS staff involved. We are already seeing examples of changing cultures in the way NHSE SW are working with us, but this is not yet consistent.</p> <p>There is a lot we can learn and apply in the current approach to the Elective Recovery programme. There has been a lot of talk about the impact blunt targets can have on a system, but we run the risk of once again adopting a relatively easy to measure approach over a locally determined and better informed model. This could encourage 'gaming' in order to hit the metrics and have implications in areas such as discouraging an approach that genuinely seeks to tackle inequalities.</p>
<p>a. Do you agree that oversight arrangements for place-based systems and individual organisations within the ICS should reflect both the performance and relative development of the ICS?</p> <p>b. If not, please give your reasons.</p>	<p>Yes – Oversight arrangements must focus on the success of the collective partnership across the ICS and promote a culture where individual organisational or Place level success should not be pursued at the expense of collective success. However the approach must also recognise that Place's will operate from different starting points and with different challenges and should not expect a linear/consistent performance across an ICS.</p> <p>Starting point at Place and system level should be robust self-assessment, with clarity on areas of improvement as well as identifying strengths,</p> <p>In the Table 1 we do not feel the NHSEI should 'Lead' the Oversight of the ICS, but rather should 'work alongside' the ICS to ensure effective oversight arrangements are established.</p> <p>Emphasising 'intensifying support' rather than 'intervention' would be positive. This is the language used in section 5 and feels more appropriate.</p>
<p>a. Do you agree that the framework's six themes support a balanced approach to oversight, including recognition of the importance of working with partners to deliver priorities for local populations?</p> <p>b. If not, how could the proposed approach be improved?</p>	<p>Having five national priorities and one local strategic priority theme does not reflect the perspective that we are focussing on local needs and empowerment, it feels like the 6th theme is an add on.</p> <p>Would it work better if the five themes identified were structured with two levels 1) Locally determined strategic priorities and then 2) National Priorities. In this way we convey the message that local determination of priorities is key and the performance framework we focus first on the things that are most important to the system/local population and then on the national priorities.</p> <p>If NHSEI colleagues work alongside ICS Partners in the development of the priorities, there can be appropriate check and challenge that the priorities are both aligned with local needs and offer sufficient stretch to represent value for money in regards to the resources invested.</p>
<p>a. Do you agree that the proposed approach will support NHS England and NHS Improvement regional teams to work together to develop locally appropriate approaches to oversight?</p> <p>b. If not, how could the proposed approach be improved?</p>	<p>We would like to see all partners work on the principle of transparency, collaboration and improvement.</p> <p>The selection of the right measures will be critical in this. Do they reflect a balance of the long term strategic goals of the ICS and the shorter term metrics that demonstrate delivery.</p> <p>The approach will need to be weighted towards measurement for improvement rather than measurement for judgement and the behaviours of colleagues in the Regional teams will need to reflect this.</p> <p>We must avoid duplication and the interface with the ICS must work through a coordinated point of access within both the ICS and NHSEI.</p>

<p>a. Do you support the proposed approach to segmentation across ICSs, [Providers] and CCGs?</p> <p>b. How could the proposed approach be improved to better inform oversight arrangements and effectively target support capacity?</p>	<p>We support the principle of segmentation with the emphasis on a light touch approach where possible and increasing levels of support where needed. Improvement plans should be developed in collaboration with input from Place, ICS and NHSE.</p> <p>As individual organisations will be part of Place, relevant Place based colleagues should be directly involved in the oversight of individual organisations or collaboratives. This will help ensure consistency and the sense of empowerment at Place.</p> <p>Initial focus should be around locally agreed measures that link directly to the needs of the population, with nationally defined goals as the second tier.</p>
<p>a. Do you have any additional suggestions that could improve the proposed approach to oversight, support and intervention?</p>	<p>We are not sure the segment descriptions in Table 3 being based around ICS, CCG and Trust are helpful. These could describe functions rather than organisations as part of the principle in the changes is to change the boundary between commissioners and providers.</p> <p>Ensure measures assess the impact on population health and also monitor the degree to which 'shift left' is happening in terms of service delivery and resources.</p> <p>It will be important to distinguish between circumstances which create a sub optimal outcome but are being well managed and a sub optimal outcome in which the actions of the participants are a contributing factor.</p>
<p>a. Do you agree that the current model of special measures for individual organisations should be replaced by a more system-focused support programme?</p> <p>b. If not, please give your reasons.</p>	<p>Yes, this is a critical principle within the proposals.</p>
<p>a. Do you support the proposed approach to the Recovery Support Programme?</p> <p>b. How could the proposed approach be improved to better support systems, trusts and/or CCGs to address complex and/or longstanding challenges?</p>	<p>Yes, the approach to the RSP seems sensible. We would encourage active learning and refinement after each deployment including feedback from the system receiving the support.</p>
<p>a. Do you support the proposed approach to CCG assessment?</p> <p>b. If not, how could the proposed approach be improved?</p>	<p>We support the proposed changes for CCGs during the current year, but believe these will need to be revised in the light of the final changes introduced through the White paper.</p>



Meeting of the BSW Partnership Board

Report Summary Sheet

Report Title	BSW System Operating Plan 2021/22	Agenda item	9					
Date of meeting	28 May 2021							
Purpose	Note	x	Agree	x	Inform	x	Assure	x
Author, contact for enquiries	Julie-Anne Wales, Director of Corporate Affairs, BSW CCG							
Appendices	Draft BSW System Plan as submitted to NHSE on 6/5/21							
This report was reviewed by	The Draft BSW System Plan was reviewed by CEOs prior to submission.							
Executive summary	<p>This is the first draft of our plan. The final submission is due on 3 June. In summary:</p> <ul style="list-style-type: none">• The plan is still being finalised but represents the progress made to date by our system groups working in a matrix way to identify transformation opportunities and plans to deliver national priorities• The plan identifies 'boiled down' System Priorities for 2021/22 to focus our collective efforts on a smaller number of priorities to support transformation in our system• The Oversight and Delivery Group met on 14 May to review and recommend proposals for use of national targeted funds and also BSW transformational funds identifying proposed outcomes and benefits• Further work is currently underway to finalise the plan in response to feedback from NHSE on the draft and to develop our plans in support of:<ul style="list-style-type: none">○ Community Transformation○ Elective recovery○ Workforce strategy○ Capacity planning and triangulation of activity; finance and workforce○ Further development of our Health Inequalities Strategy <p>This presentation supports socialisation of the plan within individual organisations</p>							

Equality Impact Assessment	QIAs undertaken by System groups in support of developing plans.							
Public and patient engagement	None to date							
Recommendation(s)	The BSW Partnership Board is asked to: 1. Approve the plan on the basis of the work still to be undertaken and delegation to the Executive Team to make final updates prior to the 3 June final submission.							
Risk (associated with the proposal / recommendation)	High		Medium	x	Low		N/A	
Key risks	The risks to delivery are identified within the plan.							
Impact on quality	The proposed plan seeks to address known patient safety and quality issues. Members of the Quality Team have been involved in development of the plan and within system groups.							
Resource implications	The plan includes a requirement to deliver a breakeven position and there is a financial section of the plan identifying the headlines.							
Conflicts of interest	There are potential conflicts of interest in relation to the use of the Elective Recovery Fund, however system partners have agreed a set of principles which address this.							
This report supports the delivery of the following BSW System Priorities:	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input checked="" type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan							



BSW Summary System Plan 2021/22

6th May 2021 – work in progress





Contents

Executive Summary

BSW System Priorities for 2021/22

Oversight and Delivery Framework

Transformation Priorities

Next steps

Wellbeing of our Colleagues

COVID

Elective Recovery

Mental Health, Learning Disabilities and Autism

Maternity

Primary Care

Population Health, Prevention, Improving Outcomes and addressing inequalities

Transforming Community services

Urgent and Emergency Care

Acute Hospital Alliance

Enabling Strategies

Financial Stability

Risks and Mitigations



Executive Summary

This is the first draft of our system plan and is **still in development**. We will continue to work on our plan for the final submission on 3rd June and beyond.

- We have taken a different approach in 2021/22 and commenced a series of conversations regarding our **transformation priorities** in anticipation of the national planning guidance
- We used existing system groups working in a matrix way to develop our System Plan – see next slide. The groups all had system planning leads from a range of partner organisations; finance; BI and Quality team expertise to support the development of plans.
- We have initiated connections between groups on areas of joint interest – e.g. elective recovery and mental health
- We ensured clinical and professional voices in all discussions and with partners.
- This new way of working is time consuming but we believe will deliver system ownership and better outcomes. The outputs of our work will come to fruition for our final submission.
- We are focused on how we are spending our current £1.7b allocation to address sustainability
- And developing an overarching system wide set of processes to deliver:
 - A Single comprehensive Demand and Capacity Plan
 - Quality Impact Assessments to support groups and inform decision making
 - An overview of Impact on Inequalities
 - A Single BSW Financial Plan
 - A Single BSW System Plan
 - Single Digital Strategy, Estates Strategy and Workforce Plan
- We will take the learning into future planning rounds with a view to improvement

Transformation Planning Process – System Group Discussions – Key Areas of Focus

All Groups are covering All Ages

All groups to have focus on inequality: what are the 1-2 areas each group will focus on - this needs to be measurable

Additional areas that need to be considered as part of this process:

- Workforce capacity
- Vaccination
- Long COVID-19
- Support for our workforce
- Primary care

BSW Local Maternity & Neonatal System Programme Board

- Safety and quality ambitions (Ockenden)
- Maternity LTP with particular focus on continuity of care, maternal MH, Continuous Glucose Monitoring (CGM), community hub models and pelvic health
- Neonatal agenda (NCR and Atain)
- Personalised care plans
- Collaborative working across maternity, early years and safeguarding
- Reduction of inequalities/ unwarranted variation in care
- Workforce and Digital transformation

LD/ASD Programme Board

- 3 year roadmap – including demand and capacity
- End to end pathway reviews LD/ ASD
- Addressing ASD and ADHD waiting lists
- Local provision and provider market
- LTP – out of area (OOA), Annual health checks (AHC)

Elective Care Board

- Elective recovery and constitutional performance improvement inc. cancer
- Provider collaboration / clinical pathways
- Networked provision and use of IS
- Demand management and referral recovery
- Demand and capacity modelling
- Outpatient Transformation
- Cancer Alliance work plan inc. LWABC
- Diagnostics / Community Diagnostic Hubs
- System PTL

Urgent Care & Flow Board

- Ambulance service
- Medvivo
 - OOH Services
 - Think 111
 - COVID monitoring at home
- D&C planning at ICS and ICA – seasonal planning
- Inequity actions
- COVID-19 preparedness

Acute Hospitals Alliance

Alignment with Elective Care Board

- Corporate Back Office (finance, EPR, other corporate areas)
- Elective package (Strategy, elective recovery, Network Provider, Single waiting list)
- Critical Care
- Clinical Teams in BSW (including variation reduction and standardisation)

Mental Health Thrive Board

- Community MH framework
- LTP deliverables – incl. IAPT, CYP/ ED access, PIMH, SMI AHC, OOA
- Crisis pathway – think 111, ambulance pilot, support lines, crisis alternatives, 136 SOP
- Demand and capacity mapping and covid response and recovery
- Provider collaboration including third sector alliance

BaNES, Swindon & Wiltshire Integrated Care Alliances

Need membership alignment of ICA to other groups to support conversations.

- Reducing LOS/ preventing admissions and improving Flow
- 2 hour crisis response
- Community assets/strengths approach
- Strengthening our approaches and services for prevention and early intervention
- Integrated operating models between primary, social care and community services
- Prioritised pathways for population health improvement e.g. frailty, end of life
- Locality recovery e.g. electives, seasonal planning, ongoing COVID management.



BSW System Priorities for 2021/22

BSW System leaders have agreed a focused set of local priorities for 2021/22. **Outcome measures under development for next submission**

- **Recovery from COVID** – addressing the backlogs and long waiting lists where they exist; taking a clinical risk and reducing inequalities approach.
- **Improving Flow and Out of Hospital Care - Home is best** – Wherever possible people are supported to be cared for at home, wherever home might be.
- **Developing new models of Care** – investing to reshape service provision to deliver improvements in national and locally identified priorities for mental health, learning disabilities and ageing well services
- **Supporting our People** - expand and improve services to support our workforce across BSW including wellbeing initiatives, recruitment and retention and the development of the BSW Academy.

*We will achieve these by managing our finances on a **sustainable basis**, reprioritising how we use resources to achieve new levels of transformation*



How our plan supports delivery of the proposed Oversight and Delivery Framework

In anticipation of the implementation of the new Oversight and Delivery Framework, we are looking to demonstrate how we are working in anticipation of the proposed Framework. Work is underway to set out our proposed approach to Oversight and Delivery in BSW.

Quality of Care, access and outcomes – as detailed in the slide above, we will identify the outcomes by which we will measure successful delivery of our focused priorities. Quality Impact Assessments have been prepared for all the major elements of our plans. Quality Experts have been part of the teams preparing all elements of our plan.

Preventing ill-health and reducing inequalities - Our plans detail our approach to prevention and addressing inequalities. We have identified a three pillar approach – communication and engagement; data and monitoring; service restoration and change. *See slides on Inequalities.* There is more work to do in systemising this approach for the future.

Finance and use of resources – Our focus has been on utilising the monies we already have and on using additional sources of funding to facilitate transformation rather than increase our recurring cost base in order to support sustainability.

People – our approach to supporting the wellbeing of our staff reflects the absolute importance of getting this right in the recovery phase post the pandemic.

Leadership and Capability – We have harnessed existing groups to undertake this planning work for our system. These groups are led by Chief Executives in the main from within our system. Our desire is to ensure this plan is owned by the system and the development benefits from involvement of our most senior and capable leaders.

Local Strategic Priorities – We have identified paired down local priorities for BSW in 2021/22 reflecting the recovery focus and likelihood that resources will become more constrained. These will guide our investment decisions.



BSW approach to Oversight and Delivery Framework – in development

BSW Partnership Oversight Approach

- ▶ Our oversight framework is designed to empower individuals, teams, organisations and partnerships to take the necessary actions to meet local population demands and deliver our shared goals
- ▶ Our approach to oversight will be based on the principle of subsidiarity with regards to Place within BSW and will operate at two levels:
 - 'Typical oversight' will provide the normal, light touch approach
 - 'By exception' oversight will provide a more direct, interventionist approach when needed
- ▶ We will work in partnership with other agencies, including NHSEI to deliver effective oversight within BSW
- ▶ Our approach to oversight will be coordinated through the ICS NHS Statutory Board

National - System Overview Framework

- ▶ In recent years it has become increasingly clear that the best way to manage NHS resources and deliver high quality is to focus on organising health at both system and organisation level
- ▶ NHS England and NHS Improvement's proposed approach to oversight, one that reinforces system-led delivery of integrated care
- ▶ The framework reflects the visions set out in the:
 - NHS Long Term Plan
 - Integrating care: Next steps to building strong and effective integrated care systems across England
 - White Paper Integration and innovation: Working together to improve health and social care for all
 - 2021/22 Operational Planning Guidance
- ▶ ICS responses due to draft SOF by **14th May 2021**

These slides focus predominantly on the relationship that will be required between the BSW Partnership and NHSEI as that is the core focus of the consultation paper that has been published. In this context the slides do include some elements that relate to the oversight that will be needed with regards to Place, but these elements need to be further informed by the ongoing developments within each of our three Place's. Our aim is to find the right balance between the principle of subsidiarity and the need for effective governance and accountability for the responsibilities and resources we hold.



Key principles of the SOF

The approach to oversight will be characterised by the following key principles:

1

Working with and through ICSs, wherever possible, to tackle problems

2

Greater emphasis on system performance and quality of care outcomes, alongside the contributions of individual healthcare providers and commissioners to system goals

3

Matching accountability for results with improvement support, as appropriate

4

Greater autonomy for ICSs and organisations with evidence of collective working and a track record of successful delivery of NHS priorities, including tackling inequality, health outcomes and access

5

Compassionate leadership behaviours, that underpin all oversight interactions

Source: Consultation on a new NHS System Oversight Framework 2021/22 (March 21)

Transformation Priorities for BSW



Our current priorities are set out below and detailed delivery plans are under development

System Level

- BSW Wellbeing Hub provided by AWP – goes live May 2021
- BSW Academy
- BSW System Care Model development
- MOUs to support Mutual Aid and deployment of staff to support Covid 19 vaccination centre work
- Shared BI Strategy Development work
- Transformation and Change Centre – part of the BSW Academy supporting change programmes

Community and Primary Care

- Implementation of 2 hour crisis services to support admission prevention and 'home is best'
- Improve sustainability and capacity of Home First Reablement services to support early discharge and freeing up bed capacity for elective recovery
- Shift to anticipatory care: targeted preventative services – e.g. Diabetes Prevention Programme and Cardiac Rehabilitation services
- Maximise the potential in the roles of the voluntary sector – e.g. in providing services to improve children's mental health
- Deliver enhanced health support in care homes
- Maximise the potential of digital technology and build on the examples of home oximetry and virtual wards
- Pilots of neighbourhood teams linking with new roles in primary care and using population health data for anticipatory care

Mental health and Learning Disabilities

- Co-designed Community Mental Health Framework for BSW
- Holistic approach to SMI and LD Annual Health Checks with specialist nursing and 3rd sector partnership



Transformation Priorities for BSW

Elective Recovery

- Large Scale approach to addressing long waiting lists for surgery and OPD – vaccination model utilising accessible venues
- System wide demand management framework covering prevention, self management (including digital apps), health optimisation, referral management services, community based alternatives (including GPwER review), shared care and shared decision making approaches, outreach clinics (including virtual), adherence to prior approval and criteria based access, and advice first/advice and guidance using synchronous and asynchronous functionality.
- Use of ERF for insourcing, outsourcing, and costs of additional activity above submitted plans in draft submission
- Build on successful approach to paediatric long waiters – high volume, low complexity surgery
- Single BSW Waiting list and virtual clinical teams in Orthopaedics; Ophthalmology; Dermatology; ENT and Urology
- Maximise the potential for Advice and Guidance Services and Advice First principle, to support GPs managing patients in primary care
- Consider the use of mobile teams to maximise the flexible use of theatre and OPD capacity in particular
- Consider the use of further use of mobile facilities e.g. MRI scanners
- Maximise use of independent sector, working in partnership to target capacity at longest waiters in system.
- Start addressing inequalities immediately by giving priority to patients with learning disabilities or a severe mental illness on waiting lists, whilst we work to understand how to segment the waiting lists more fully. Analysis of referral recovery, DNAs and patient deferrals using bottom 20% IMD index to be completed to identify inequality improvement opportunities.



Next steps – preparation for our final plan submission

We recognise there is much work to do to finalise our BSW System Plan. The following provides some headline activities we will undertake before the final submission:

- **Oversight and Delivery Group Check and Challenge** session on 14th May – Planning Leads to present Transformational Plans, confirmation of proposed utilisation of national funding and requests for transformational funding with proposed outcomes and benefits for the system.
- **Community Transformation and Discharge** – confirm LOS ambitions and trajectories; delivery plans for crisis response; bed occupancy modelling and overarching system capacity plan identifying pressure points.
- **Elective Recovery** – further detail regarding potential to maximise delivery; confirmation of transformation delivery; detailed plans to tackle inequalities.
- **Workforce strategy** to tackle workforce shortages in key groups; Organisational Development and our plans for the BSW Academy.
- Further detailed work to support **capacity, activity and workforce triangulation**.
- **Socialising the BSW System Plan Headlines** and our **transformation plans**.
- Further development of our **Health inequalities Strategy**. We have made a start on the journey but there is a long way to go.

Wellbeing of our Staff

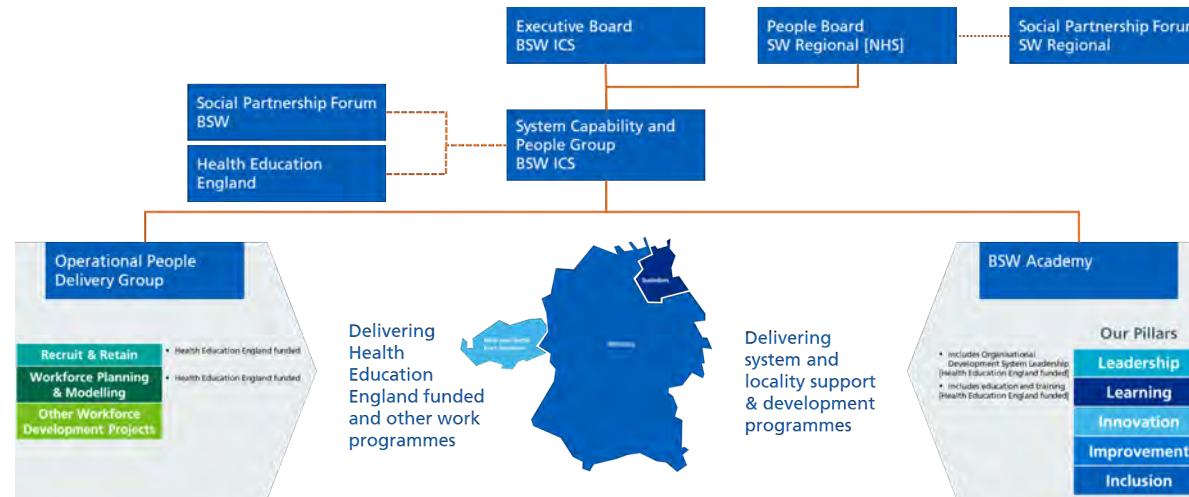


Supporting the health and wellbeing of our staff - headlines

- Bespoke Workforce Strategy to be developed to address known workforce risks – theatre and community teams
- BSW Academy
- BSW Wellbeing Hub – goes live May 2021
- Range of psychological support offers in place e.g. Trauma risk management; MH First Aiders; decompression; military style decompression sessions; self-care; mindfulness etc. Also occupational health and rapid access to psychological and specialist input.
- Support to carry over annual leave and additional wellbeing annual leave day
- Improvement plans to address WRES findings including: Values Based Recruitment; diverse selection panels; BSW Academy inclusion pillar; reverse and reciprocal mentoring; Leadership programme for colleagues from a Black, Asian or Minority Ethnic background
- Collaborative BSW recruitment approach to reduce the costs of international recruitment at scale and benefit smaller employers and recruitment plans to reduce health care support worker vacancies to zero
- Work underway to accelerate Model Employer status: recent appointments have increased Board diversity and Executive recruitment at GWH and SFT
- Organisation are reviewing approaches to remote and agile working and scoping flexible/hybrid working principles. The system intends to support the continues use of TEAMS and virtual meetings as the default
- All organisations have implemented e-rostering and we will design a BSW approach to digital pass porting to enable easy movement of staff
- Workshop held to identify gaps and opportunities in supporting a flexible principles to support staff – BSW Education work stream with HEI to identify future BSW PODS of exclusive training with placements in BSW
- First BSW SWAP course in healthcare for newly unemployed with 40 Kickstart young unemployed placements in 2022/23
- PCNs supported to maximise use of Additional Roles Re-imbursement Scheme now open to 18 different roles

BSW Academy

Our System Capability and People Group will focus on developing our culture to create capacity and the capability we need to make change happen. We will lead the way in workforce development to allow our workforce to deliver outstanding care in our communities. We will unlock potential and inspire ambition in all our colleagues. The delivery of our strategy will be achieved through BSW Operational People and Delivery Group and the creation of BSW Academy.



The BSW Academy will introduce new ways of working, drive innovation and improvement, lead the way in workforce development and be a beacon for inclusion.

The System Capability Group has worked with internal and external stakeholders to develop the Academy, which is underpinned by five pillars; leadership, learning, innovation, improvement and inclusion (see right).

With a highly skilled team and engagement with BSW stakeholders the Academy will create an environment where these pillars are at the heart of the way the ICS works to benefit its workforce and communities.

Our Pillars	
Leadership	A united leadership voice across BSW which sets clear direction and listens to its workforce and communities.
Learning	Increasing the quality and quantity of the learning and development offer.
Innovation	Proactive support to partners to identify, adapt, implement and evaluate innovations and share learning.
Improvement	Building and spreading a consistent continuous improvement culture across our BSW partnership.
Inclusion	Be clear on our ambition. Start the conversation: <ul style="list-style-type: none"> Workforce Communities Define the unmet need.



The establishment of a BSW Academy marks an exciting opportunity to make a step change in the way we work together as we move towards a formal ICS. We already work hard to address similar objectives; this allows us to come together and support our workforce in a consistent and more powerful way to deliver outstanding care. Removing duplication, encouraging ideas and innovation, driving improvement all in an inclusive way under a united leadership.

Importantly we want to ensure that we work much more closely with our communities and our workforce, listening to their feedback and ideas understanding their concerns and circumstances, and involving them in the solutions, actively co-designing improvements and services fit for the future.

The BSW Academy and the wider System Capability work stream will be the change engine for our ICS, helping develop our collective capability so that we are better placed to serve our partnership and respond to tomorrow's challenges.

Working together to empower people to lead their best life



We want to make BSW a place where leadership, learning, innovation, improvement and inclusion are at the heart of the way we work together for the benefit of our local communities and our workforce.

Kevin McNamara
BSW System Capability SRO

COVID



Continuing to meet the needs of patients with COVID 19

Assumptions

- Return to 19/20 level of non-elective activity. Currently at 85-92%
- A&E activity assumed to return to 19/20 levels
- Critical care levels assumed to return to 19/20 level – but might be impacted if further COVID waves
- Bed occupancy assumed to be 95%
- COVID assumptions – RUH and SFT have assumed COVID activity can be accommodated within 19/20 activity levels. GWH have assumed COVID at 3%. Swindon currently has the highest prevalence rates within our system and will be supporting a managed quarantine facility.

We have worked with Public Health colleagues to produce projections of the potential impact of COVID to the end of 2021. As we project further into the future given the variables, the impact of the best and worst scenarios are quite wide apart.

Basis of our Modelling

- Estimates made around the impact of lockdown release and the vaccination programme and the timing and impact of additional government interventions.
- In summary:
 - In the best case scenario cases remain low, as does the impact on beds. Both rise very slightly during the Winter.
 - In the middle scenario cases rise steadily upon full release of lockdown in June. It is assumed in this scenario government intervention in early Autumn would slow cases, with a peak in bed usage in October of between 25 and 45 beds (per hospital)
 - In the worst case scenario cases rise more quickly upon lockdown release, with government intervention then predicted to be required in the summer. The peak in bed usage would follow soon after at between 50 and 95 beds (per hospital)
 - In the worst case scenario the peak ITU requirement is predicted to be around 12 beds
 - Generally, in the Middle and Worst scenarios infection numbers grow however the model suggest this will convert into a smaller impact on hospitalisations (and mortality) than in previous waves



BSW Vaccination Programme

- BSW are on trajectory to offer all cohorts 1-12 the Covid vaccine by July 31st. Current performance for cohorts 1-9 is above 80% for each. Detailed capacity plans are in place including a communication strategy with targeted outreach to our Black, Asian and Ethnic Minority communities to encourage uptake.
- A vaccination outreach programme is also underway targeting those parts of the population who may be less likely to come forward or are more vulnerable including the canal boating community, women's refuges and clients of third sector partners. A COVID vaccination bus is being used to target specific areas where people may have more difficulty with access.
- There is Care home oversight in each locality working with local authorities that includes the vaccine programme delivery for residents and staff, IPC guidance and training. The CCG are represented at each LA Public Health Covid Board.
- Covid triggers form part of the BSW escalation plan ensuing early identification of outbreaks allowing the system to share intelligence and learning. BSW system is continuing to work jointly across CCG, Providers, Public Health and Local Authority partners in delivering the Local Outbreak Management Plans (LOMP) within each ICA and to support surge testing and for variants of concern.
- Specialist infection prevention and control (IP&C) peer support network for all providers (including independent sector providers) to rapidly support education, training and outbreak management strategies / practices across the system. Peer review of IP&C Board Assurance Frameworks
- Flu planning 21/22. Following good outcomes during 20/21 flu planning season, BSW system will build on successes of previous flu planning campaigns and COVID vaccine roll out to achieve consistent high level of uptake of the flu vaccine. Continued focus on inequalities, building on success of targeted actions completed to improve accessibility for all, including homeless people, Black, Asian and Ethnic Minority communities



Long COVID, Home Oximetry and Virtual Wards

- BSW system partners have co-created a multi-agency community-based assessment and treatment pathway for people experiencing post covid syndrome/ Long Covid. The model was co-designed with acute, community and mental health clinicians from across our system partners along with people with lived experience of long covid. This pathway was launched on December 2nd, 2020 and has seen 399 people to date (6/04 data). Our model focuses on community-based provision and support to de-medicalise and reduce preventable secondary care referrals. It also aims to meet the psychological needs of people and provide a rehab counselling type of approach to facilitate supported rehab through effective MDT.
- There was a soft launch for the Home Oximetry service on November 2020 with referrals being accepted from SWASFT, the three acute trusts and 94 GP surgeries.
- Since February 2021 a gradual reduction in patient numbers has been noted. That month inclusion criteria changed to cover all over 50s and under 50s who are extremely clinically vulnerable. In March access widened to over 40s and will widen to over 18s. A maternity clinical pathway is also being developed.
- The BSW COVID virtual ward (CVW) commenced by 15th January 2021 in response to system pressures with patients discharged to the ward in line with NHS guidance. Each acute trust has a named clinical lead who completed a weekly ward round with the CVW Clinical Lead for the patients that they have discharged.
- The Programme Steering Group is clinically led with clinical representation from across system partners which meets fortnightly. The service was co-designed, based on the National Specification, available evidence and also the learning from Covid-19 Oximetry at home (CO&h).
- Moving forwards the two steering groups will merge and will remain clinically led by the CCG Medical Director. The Programme Steering Board sits within the BSW Integrated Care System Governance Structure and will meet monthly. A draft Memorandum of Understanding has also been agreed.

Elective Recovery

CCG/STP Summary

BSW CCG - Total (All Providers)								
Code	Activity Line	Feb Actual	April	May	June	July	August	September
	Percentage Recovery - Indicative Targets as per ERF Expectations		70.0%	75.0%	80.0%	85.0%	85.0%	85.0%
	Overall Total	96%	89.0%	86.8%	92.5%	89.6%	91.3%	92.3%
E.M.8	Total Consultant-led First Outpatient Attendances (Specific Acute)	99%	91.1%	87.6%	92.5%	90.0%	92.1%	91.2%
E.M.9	Total Consultant-led Follow-up Outpatient Attendances (Specific Acute)	98%	89.4%	86.9%	93.2%	90.2%	92.1%	93.3%
E.M.8b + 9b	Total Consultant-led Outpatient Attendances with procedures (Specific Acute)	85%	74.7%	72.1%	78.5%	74.9%	76.2%	77.8%
E.M.8+9	Total Consultant-led Outpatient Attendances (Specific Acute)	99%	90.1%	87.2%	92.9%	90.1%	92.1%	92.5%
E.M.10a	Total Elective Daycase Admissions (Specific Acute)	81%	81.7%	84.2%	84.2%	85.7%	85.4%	90.0%
E.M.10b	Total Elective Ordinary Admissions (Specific Acute)	65%	84.3%	85.0%	90.8%	88.1%	88.0%	93.8%
E.M.10	Total Elective Admissions (Specific Acute)	79%	82.1%	84.3%	90.0%	86.0%	85.8%	90.5%
E.M.11	Total Non-Elective Admissions (Specific Acute)	104%	99.7%	99.4%	101.4%	101.6%	105.1%	101.9%
E.M.12	Total A&E Attendances excluding Planned Follow Ups	74%	85.5%	86.4%	88.4%	88.4%	89.6%	88.8%

Please note the Indicative targets are included as a guide against the ERF recovery percentages but not against the full guidance. Given the ERF has specific guidance is based on cost and select view of acute and IS, achievement %'s may vary when calculating the expected ERF achievement. However we wouldn't expect the %'s to be hugely different.

Trust Total positions – Acute System Total

BSW Acute System								
Code	Activity Line	Feb Actual	April	May	June	July	August	September
	Percentage Recovery - Indicative Targets as per ERF Expectations		70.0%	75.0%	80.0%	85.0%	85.0%	85.0%
	Overall Total	99%	87.8%	85.3%	91.7%	88.5%	90.3%	91.5%
E.M.9	Total Consultant-led Follow-up Outpatient Attendances (Specific Acute)	100%	88.5%	85.7%	92.5%	89.3%	91.3%	92.7%
E.M.8b + 9b	Total Consultant-led Outpatient Attendances with procedures (Specific Acute)	89%	73.6%	70.7%	77.5%	73.7%	75.0%	76.8%
E.M.8+9	Total Consultant-led Outpatient Attendances (Specific Acute)	102%	89.1%	85.9%	92.2%	89.1%	91.3%	91.8%
E.M.10a	Total Elective Daycase Admissions (Specific Acute)	82%	78.7%	81.5%	88.3%	83.4%	83.1%	88.4%
E.M.10b	Total Elective Ordinary Admissions (Specific Acute)	57%	81.3%	82.4%	89.1%	86.6%	85.8%	92.8%
E.M.10	Total Elective Admissions (Specific Acute)	78%	79.0%	81.6%	88.4%	83.8%	83.4%	89.0%
E.M.11	Total Non-Elective Admissions (Specific Acute)	105%	99.7%	99.4%	101.4%	101.7%	105.2%	101.9%
E.M.12	Total A&E Attendances excluding Planned Follow Ups	88%	88.6%	89.5%	91.8%	90.5%	92.4%	90.5%

Please note the Indicative targets are included as a guide against the ERF recovery percentages but not against the full guidance. Given the ERF has specific guidance is based on cost and select view of acute and IS, achievement %'s may vary when calculating the expected ERF achievement. However we wouldn't expect the %'s to be hugely different.



Elective Recovery Fund (ERF) Key Points

- ERF Forecast calculated using National Ready Reckoner Tool

April	May	June	July	Aug	Sep	H1
83.6%	84.0%	89.3%	87.2%	87.1%	90.4%	
£2.9m	£2.1m	£2.2m	£0.6m	£0.5m	£1.4m	£9.8m

using actual ICS data for IS and not a percentage assumption of total recovery

- Opportunity to earn further ERF from outsourcing using ERF to generate further achievement above the threshold (self financing).
- IS Providers – MOU in contract to support joint working on waiting list, IPTs flowing from acutes, plans to use additional providers short term under framework.
- Waiting list management :
 - IS Providers – MOU in contract to support joint working on waiting list
 - Use of planned care tool for PTL combined view (plan b is CSU build if functionality not sufficient)
 - Validation oversight and outcomes at Elective Care Board
 - Use tool to address demand and capacity (run rate gaps) across system
 - Workplan to support BSW clinical team expansion of specialties



Restore full operation of Cancer services

- Concerns about current 2 week wait performance for breast symptomatic; lower GI patients; and also 62 day performance for Urology and lower GI. Actions to address include:
 - Breast 2ww – ongoing GP education of when to refer/not refer; running younger age-group breast pain clinics without using full one-stop approach including imaging; additional capacity coming on stream; reviews of pathway processes and steps to increase efficiency; review of radiology capacity; additional WLI and w/e clinics
 - Lower GI – continuing to increase the use of QFIT pre-referral; additional endoscopy capacity opening; additional STT nurses and registrars
 - Urology – introduction of LATP biopsy for prostate
- Support regional/national campaigns encouraging patients to present if they have symptoms/concerns; implement local campaigns in support or standalone as appropriate, including to address inequalities. Continue to actively engage with under-represented groups where they are most prevalent in our ICS footprint, primarily in terms of deprivation and ethnicity, to encourage attendance if concerning symptoms. Pro-actively contact smokers and ex-smokers in areas that have seen lowest/slowest recovery of 2ww lung referrals and review impact of doing so; expand if proven effective. Continue to promote increased uptake and use by GPs of QFIT pre-referral testing for possible LGI cancer patients.
- Continuing to focus significant effort onto identifying and addressing issues of inequality that within the BSW footprint are most significant in our Swindon Locality, combining issues of deprivation and racial inequality. Commissioning of with Community First, to carry out a health inequalities review across B&NES and Wiltshire focusing on rural isolation, and digital exclusion, and implementing key recommendations arising
- We will create local estimates of the level of additional activity required to address the assessed shortfall by March 2022. The trusts' positions on the tumour types where the greatest impact on 31d recovery and performance can be achieved have been identified, and funding to support recovery will be targeted towards services supporting those tumour types.
- We are analysing ability of Trusts to deliver this level of activity and any requirement for potential mutual aid between BSW providers and more widely across Cancer Alliance footprints, supported by quality improvement methodologies and clinical audit to ensure variances in outcomes are identified and responded to. Trusts have submitted trajectories for activity and performance as part of the planning process and these have been used to form a BSW position.
- Work with trusts to agree personalised stratified follow up (PSFU) pathways in three additional cancer types and implement one by March 2022, in addition to breast, prostate and colorectal cancer

Mental Health, LD and Autism



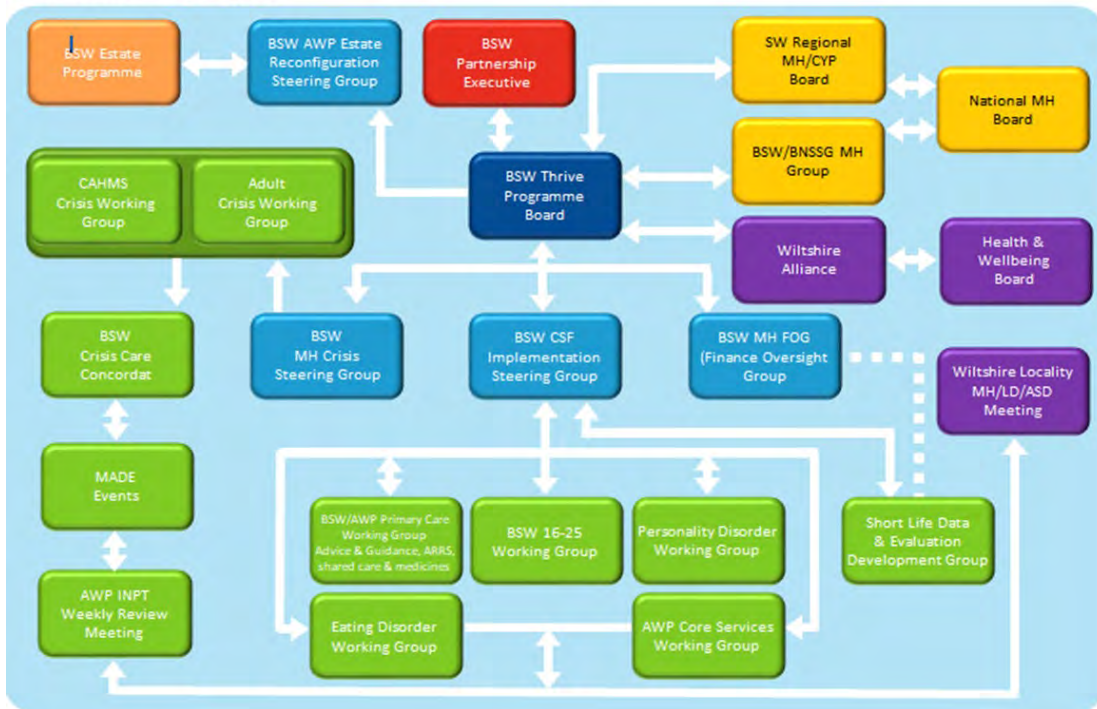
Expand and improve mental health services - headlines

- BSW has collaboratively developed a system response to planning in partnership with providers, third sector, local authorities, our localities and people with lived experience, carers, families and supporters, building on our foundation of transformational and delivery activities to help people to thrive in their local communities
- Our focus areas are both structural and operational, ensuring that we have the right partnership oversight in place to deliver significant change across our system in the next 3 years as well as addressing known demand and recovery from the pandemic.

Structural transformation

- Implementing our new governance approach, aligned with our whole system strategic ambitions for the next 3 years

ICS MH Governance Proposed



- Delivering high quality care and support for local people in local communities, helping them thrive and live their best possible life
- Maximising opportunities for integrated working across all providers
- Improving experience and outcomes for people, families, carers and supporters
- Improving access across all age MH including ADHD
- Reducing preventable attendances and admissions
- Improving early intervention and prevention, co-creating seamless, multiagency support for people in crisis and through this reducing crisis presentations and suicide



Expand and improve mental health services - headlines

System ambition	Action
Delivering high quality care and support for local people in local communities, helping them thrive and live their best possible life	<ul style="list-style-type: none">• Implementing our co-designed response to the Community Mental Health Framework, delivering full transformation of community support for both emotional wellbeing and mental illness• Seven pilot PCN sites identified. Go live from April 2021
Maximising opportunities for integrated working across all providers	<ul style="list-style-type: none">• Delivering our co-designed holistic approach to SMI Annual Health Checks through specialist nursing and third sector partnership.• Go Live March 2021 based in our community place of calm in Swindon. 98 health checks undertaken in first 15 days.
Improving experience and outcomes for people, families, carers and supporters	<ul style="list-style-type: none">• Refreshing our actions to deliver the Dementia Diagnosis Rate in Q1 21/22.• BSW Staff Wellbeing Hub go live in May 2021 – provided by AWP
Improving access across all age MH including ADHD	<ul style="list-style-type: none">• Completion of IAPT deep dive undertaken, identifying requirement to discharge open inactive cases. Anticipated impact on recovery rate performance in the short term but will create capacity in the long term• Additional posts recruited following MHIS investment to 'level up' provision across BSW.• Three improving access work streams developed: IAPT, Children and Young People and ADHD. All to confirm progress with actions at May Thrive Programme Board• New BSW Maternal Mental Health Service to go live Q1. Work to map through with PIMH services to understand impact on provision
Reducing preventable attendances and admissions	<ul style="list-style-type: none">• Our OOA position as at 20/04 /21 is 14 out of area.• Continuing our [all age] MH LDA MADE events to focus on admission and discharge pathways• Continue to extend transformational use of our community wellbeing houses to provide admission avoidance and early discharge pathways, supporting system flow• Further collaborative work on the section 136 pathway across BSW and BNSSG is underway
Improving early intervention and prevention, co-creating seamless, multiagency support for people in crisis and through this reducing crisis presentations and suicide	<ul style="list-style-type: none">• BSW crisis work stream refreshed April 2021 – objectives are: expanding our single point of access via 111, undertaking a 999 ambulance control room pilot, implementing suicide prevention system actions



Mental Health recovery challenges

Challenge	Action
Anticipated increase in activity and acuity as a result of the pandemic	<ul style="list-style-type: none">• Demand and capacity modelling across all service lines undertaken using CREST• Continued system focus on early intervention and prevention transformation and delivery• Proactive planning through system crisis steering group for any third covid wave and subsequent impact on MH recovery• Access to tier 4 beds for adults and CAMHS – local transformational solutions being developed
Anticipated impact on access arising from increased demand	<ul style="list-style-type: none">• <i>CAMHS</i>: System recovery plan being developed by May 2021, including third sector and AWP mutual aid support opportunities to address CAMHs pressures. Oxford Health provider plan in place.• <i>Eating disorders</i>: additional recruitment commenced to increase capacity. Dedicated working group commences May as part of year one community MH framework• <i>IAPT</i>: Discharge of open inactive cases will impact on recovery rates but will deliver capacity benefits. IAPT recovery plan being refreshed and presenting to May Thrive Programme Board• <i>ADHD</i>: waiting times to be addressed through targeted action plan
Tackling our workforce challenges to deliver and expand capacity	<ul style="list-style-type: none">• 95 wte new posts as part of Community MH framework• Work underway locally and with UWE to explore new role development• CAP apprentices commencing training April• Recruitment of third sector wellbeing practitioners from May• Additional OD posts to support workforce transition and transformation have been created and resourced through Community Mental Health Framework plans



Expand and improve learning disability/autism services - headlines

BSW has restarted its multiagency LD/ASD Programme Board to improve the experience of people, families and carers and transform the way we provider support across our system. Our system ambitions are:

- Improving people's choice, control and independence
- Reviewing capacity within the system to respond to demand and support people with LD to live independently including expansion and co-creation of local options to support people in their own communities
- Developing an integrated [end to end] health and care pathway which covers the lifespan of a person with LD including supporting with wider determinants
- Ensuring a better transition between child and adult services to avoid people getting 'lost in the system'
- Developing an integrated health and care pathway including pre and post diagnostic support for people diagnosed with an autistic spectrum disorder and reducing waiting times for assessment
- Training health and care professionals to support people with LDs and encourage more people into LD nursing
- Increasing availability of social prescribing and community-led support
- Working with local authorities to provide adequate local housing and accommodation
- Listening to people and ensuring people are at the heart of our transformation

Targeted work for 2021/22

- We have co-designed a new model to support delivery of LD annual health checks . This combined with increased focus from primary care and the support of our new clinical lead GP has seen performance improve to 56.9%. We are predicting to delivery the LTP ambition by June 2021
- Our out of area position is not where we want it to be and this is a focus area. We have co-developed LD/ASD MADE events to progress discharges and avoid admissions. We have piloted alternative admission avoidance pathways including the use of the Daisy Unit to avoid an out of area crisis admission. Our transformation plan will be confirmed by June 2021. Our priority areas will include review and design of crisis model across BSW for LD&A., agreement of inpatient model and review of and support to deliver reasonable adjustments in core mental health services
- The BSW system has completed all of the previously outstanding backlog of LeDer reviews and is back to business as usual to complete all LeDeR reviews within the timeframe of 6 months from notification to the national LeDeR system . Learning from LeDeR is now a standing item at our BSW Programme Board
- BSW LDA three year strategic roadmap to be completed May 21.

Maternity



Deliver improvements in maternity services

BSW has a mature, multiagency Local Maternity and Neonatal System (LMNS). Partners will continue to work together to deliver the post covid recovery and onward maternity transformation agenda.

We continue to collaboratively move forward the actions at pace to deliver the IEA from the Ockenden review with the initial focus on the two red actions and those that have been partially met. Mitigating actions have been implemented and overseen through the safety subgroup. The timeframes for the full delivery of these will be signed off at the April LMS Programme Board.

Our other focus areas will be:

- Review our LMNS Safety improvement plan actions to achieve Safety and quality ambition to reduce stillbirths, neonatal deaths, neonatal brain injuries and maternal deaths by 50% by 2025.
- Removal of covid related restrictions and resumption of face to face contacts
- Continued implementation of the four actions to reduce Covid risk in our Black, Asian and Ethnic Minority communities
- Further implementation of continuity of carer pathways building on pilot sites which have continued during covid
- Workforce planning including Birth-rate plus and Ockenden recommendations
- Confirming our ICS governance model - BSW LMNS to oversee delivery feeding into our system Quality Surveillance Group . Working collaboratively with Glos system to develop formal buddy arrangements

Are you a pregnant woman who is Black, Asian or other minority ethnicity who is concerned about the increased risks of COVID-19?

NHS Great Western Hospitals NHS Foundation Trust | NHS Royal United Hospitals Bath NHS Foundation Trust | NHS Salisbury NHS Foundation Trust

Maternity Services are here for you We will work with you to provide consistent and personalised care throughout your pregnancy. You will be offered additional telephone consultations and support from your midwife.

What can you do to help yourself? It is recommended to take 10mcg of Vitamin D daily. Your midwife can support you to access healthy start vitamins. **VITAMIN D**

If you have a BMI of over 30 it is recommended to increase your folic acid intake. You can speak to your pharmacist, midwife or GP about this.

Please do not hesitate to contact your maternity unit at any time if you notice any changes in your baby's movements or if you have any concerns or worries at all about your health or your baby's health.

Bath & North East Somerset, Bournemouth and Wiltshire Maternity Voices Partnership Plus. Working in partnership to improve maternity services.

Primary Care



Restoring and Increasing access to primary care

Recovery/restoration of primary care – national expectation that primary care can reinstate “Business As Usual” and continue to deliver vaccination services. In 2020/21 the CCG approved a “primary care offer” so funding uncertainties did not influence any clinical decision making and practices were able to repurpose resources to respond to the demand over the remainder of the year and prioritise care that is clinically necessary, relevant and possible. BSW has approved a similar ‘block contract’ arrangement for the first quarter of 2021/22 to enable Practices to reintroduce any services that have been paused during the pandemic in a planned and measured way over the next three months with no funding uncertainties.

Ensure all practices have returned to access levels of pre-COVID – and ensure there are face-to-face appointments, support online consults. BSW (to practice level) weekly primary care reporting is continuing and plans in place for the mapping to the new set of GP appointment categories.

Use of the Network Dashboard (March 2021) across BSW which includes key metrics to allow every PCN to see the benefits it is achieving for its local community and patients and is intended to support local quality improvement. It will enable effective benchmarking between practices within PCNs, and between comparable PCNs.

Expand primary care access: the key part of this is the expansion of the PCN roles under Additional Roles Reimbursement Scheme (ARRS) with the increase in funding and further ARRS roles added from April: (i) paramedics (ii) advanced practitioners (applies to PCN roles of Clinical Pharmacist; Physiotherapist; Occupational Therapist; Dietician; Podiatrist; and Paramedic) and (iii) mental health practitioners; and plans to expand number of GPs. A partnership approach will be taken to minimise the impact of separate contractual approaches.

Extended access services have been used (nationally and locally) to support the general practice pandemic response, including the delivery of the COVID vaccination programme. The transfer of funding for the CCG commissioned Extended Access Service will now take place in April 2022.

Use of the GP Covid Capacity Expansion Fund for 21/22 (until end Sept) linked to seven identified priority areas: increase GP numbers and capacity; Long Covid services; support for the backlog of appointments including Chronic Disease Management and routine vaccinations and immunisations; support for clinically vulnerable patients and maintenance of the shielding list; Covid Oximetry @ Home model; progressing LD Health checks; and backfill for staff absences to meet demand – BSW plan to allocate initial funding to all Practices at £1.00 per patient for the period April to June to be paid monthly (as NHSE pay monthly to CCG) to enable Practices to agree and contract for additional staffing as required to support ongoing vaccination clinics (to release staff back to core services); with a further proposal to be developed for the remaining funds, recognising the additional capacity requirements for those PCNs continuing to deliver the Covid Vaccination Enhanced Service for Cohorts 10-12.

Population Health; Prevention; Improving Health Outcomes and Addressing Inequalities



Implementing Population Health management and personalised care approaches to improve health outcomes and address health inequalities

We have described the actions we have already taken and those we continue to work on for the five national priority areas for health inequalities (restore services inclusively, mitigate against digital exclusion, ensure datasets are complete and timely, accelerate preventative programmes, strengthen leadership and accountability). These take into account the eight urgent actions to address health inequalities published in autumn 2020 and specific guidance, e.g. the Elective Recovery Fund gateway requirements.

We know there is much more to do to support a greater focus on inequalities and will combine immediate actions with appreciation of the need to design things differently as we develop our ICS Partnership structures. For example, we have appointed an SRO for health inequalities across the ICS and we are starting to design our governance arrangements to support scrutiny of health inequalities and actions across our system.

In order to deliver the 5 priorities and wider system change, we have identified 4 foundations

1. Engagement
2. Workforce
3. Data collection and analysis
4. Leadership and accountability.

Our foundations to support delivery of the 5 priority actions for inequalities

- SRO for inequalities across BSW
- Executive lead in each organisation
- BSW EDI lead across BSW.
- Using data to support leadership: routinely highlighting unwarranted variation across population demographics and identifying actions to support change.

- Continued focus on collecting data on protected characteristics and deprivation to support service monitoring.
- Analysis of performance and outcomes by protected characteristics, deprivation and digital exclusion becomes part of our business as usual approach.
- ICS Population Health and Care Board focused on the use of population health within BSW, including access to tools and data to facilitate BSW-wide Population Health management.



- Building on our engagement work with communities over the last year including how they would like to be communicated with and using their local leaders or community champions to help with messaging.
- Our BSW Partnership communications and engagement strategy includes work to tackle health inequalities in collaboration with BSW partners. We will develop culturally sensitive communication tools with our local communities.
- Using our BSW Citizen's Panel to find out views on outpatient transformation, focusing on PIFU and remote monitoring technology to help inform our transformation programme.

- The BSW Academy has an inclusion Pillar to identify specialised training on being an inclusive and compassionate employer which will progress in Q1 and Q2 of 21/22.
- Development of our BSW ICS Equality, Diversity and Inclusion strategy together.

Summary of our approach to the 5 priority actions for health inequalities

Restore services inclusively

- Better data collection and analysis for health inequalities to show access and outcomes.
- Use COVID-19 Health Equity Assessment Tool (HEAT) to assess the impact of our recovery actions for all work stream areas and we will continue to assess service changes using HEAT and EQIA.
- Use of national prioritisation tool.
- Use Elective Care Clinical Harm Review Task and Finish Group to inform actions.
- Ongoing engagement to encourage people to not delay being seen by their GP if they have worrying symptoms and to have their COVID vaccine.

Mitigate against digital exclusion

- Continued evaluation of the impact of digital pathways, including the impact on individuals and groups of people with protected characteristics, deprivation and digital exclusion.
- Analysis of proposed service changes will continue to be carried out using HEAT and EQIA tools, as well as review of access and outcome data once services are operational.
- Continue to ensure that virtual appointments are not used as a complete replacement.
- BSW Citizen's Panel to focus on outpatient transformation, PIFU and remote monitoring technology to help inform our approach.

Ensure datasets are complete and timely

- Detailed work with partners to improve recording of protected characteristics, starting with understanding operational barriers to collected/recording.
- Investigating with IG teams to see if we can use data from Primary Care to update Secondary Care records and vice versa.
- Continue to roll out Graphnet to system partners.

Accelerate preventative programmes

- Continue to develop communications and engagement campaigns following experiences of the last re worrying symptoms and COVID vaccination.
- Continue and build upon the positive work we have done via our flu and COVID programmes over the last year as well as maternity services (especially Maternity Voices Partnership), cancer services and in our localities, focused work on risk stratification and engagement with specific communities to inform practice.

Strengthen leadership and accountability

- We have appointed an SRO for inequalities across our ICS and each organisation has an executive leader for inequalities.
- Development of our ICS operational and governance structures, designing differently to ensure that inequalities are scrutinised and acted upon.
- Using data to support leadership: routinely highlighting unwarranted variation across population demographics and identifying actions to support change.
- Ensuring recruitment in our ICS is inclusive.



BSW Population Health example supporting vaccination programme

We have utilised population health management techniques to allow us to support the development of a targeted vaccination programme:

- Practices selected based on four criteria:
 - local case rates
 - flu vaccination rates
 - hospital admissions
 - hospital deaths
- Additional three factors then added:
 - deprivation
 - ethnicity
 - prevalence of high risk patients
- Practices then ordered by number of applicable criteria/factors
- Hypothesis is that encouraging uptake from patients at practices with higher number of factors would generate greater individual and community benefit



Long Term Plan objectives to improve health outcomes – smoking cessation; Diabetes Prevention and CVD prevention

Smoking Cessation

- The ICS will start a three-year programme to deliver Tobacco Dependence Treatment Services (including opt out provision of behavioural support and pharmacotherapy) in line with the NHS LTP commitments, using funding from the SDF transformation allocation. This will build on learning from the early implementer sites in LMNS, inpatients and mental health settings.

Diabetes Prevention

- Priorities for National Diabetes Prevention Programme across BSW for the next 6 months are: To continue the promotion and rollout of the programme, targeting those areas where take up is low; To promote the new self-referral element of the programme widely including to businesses and other organisations; To identify any inequalities in the programme and ensure targeted work with those communities with lower take up.

CVD Prevention

We are developing a BSW plan over the next 6 months to reflect the priorities and approach in the SW CVD Prevention Programme work plan. This has 4 work streams to cover:

- Outcomes and inequalities – improve access to weight management; reduce smoking in pregnancy; increase access to alcohol intervention; increase uptake of NHS Health Checks
- Place and System – increase understanding and uptake of system tools and products; systematic application of agreed assurance tools such as CLearR; What good looks like; Get it right first time, and promoting evidence based practice
- Intelligence, insight and innovation – apply national and local programme delivery innovations; understand potential for data integration and insight generation; increase understanding of and value of different approaches to CVD prevention
- Engagement and co-ordination - co-ordinate activities across organisations including voluntary sector; promote models of engagement especially for groups with poor uptake and focus on outcomes



LTP High Impact Actions to support Stroke; Cardiac and Respiratory care

Stroke Care

The BSW system is working in partnership to further develop its plan for stroke services and support continuous improvement in stroke care. An all provider follow up review of services was completed in Nov 2020 (benchmarking against the national service specification for stroke), with a specific focus on early supported discharge (ESD).

Building on the progress already made, including implementation of a new stroke referral pathway and patient discharge pathway map, the plan has identified specific areas for prioritisation in the short to medium term. Our approach will be reviewed as part of the LONG Term Plan refresh later in the summer. See our narrative submission for more detail.

Cardiac Care

The BSW Cardiology Steering Group is in place to co-ordinate activities across the system with the following working groups in place beneath it. A Cardiology Diagnostics Working Group has been created to review current resources and diagnostic pathways in order to propose changes to improve detection rates for heart failure and valvular heart disease, hypertensive heart disease and arrhythmias.

Heart Failure pathways, diagnostics and prescribing are being reviewed in each locality as part of a larger piece of work to develop a BSW long term conditions model.

Respiratory Care

There are two overarching system wide work streams in our respiratory care approach:

Diagnosis & testing (Asthma & COPD)

- Improving asthma diagnosis through spirometry / Fractional exhaled Nitric Acid (feNO) testing across BSW
- Improving education of staff about asthma management
- Improving education of patients and self-management

Pulmonary Rehabilitation

- Restarting services where currently not being provided and expanding this to improve access to pulmonary rehabilitation services for BSW patients.



Prevention Digital weight management services and Personal Health Budgets

Expansion of NHS Digital weight management services

The following BSW system wide priorities have been agreed for expanding NHS digital weight management services for the next 6 months:

- To support the evidence-based development of digital weight management services, including ensuring they are integrated as part of the overall package of weight management support offered;
- And to develop a programme to deliver digital weight management services based on an assessment of local need, best practice from elsewhere and local variation and inequalities to be addressed. In recognition of the different populations and needs across our system footprint, the specific responses differ across the three ICAs.

Personal Health Budgets

We have an action plan in place relating to our ways of working, capacity and supporting demand for Personal Health Budgets from our communities. We have set a trajectory for PHB delivery, but this is currently optimistic, and we are currently focusing on ensuring that we meet current demand for PHBs and putting in place the appropriate infrastructure to offer and monitor PHBs from an operational, quality, equality and financial perspective.

PHBs are offered to all families with Children and Young People under continuing health care but many parents/carers do not wish to take up the offer.

Personalised Care and Support Planning

The following work is being progressed across BSW:

Personalised care planning and the use of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT V3) template has been identified as a key area of work by the BSW End of Life Oversight Group; A working group was formed in November 2020 to review the use of ReSPECT across BSW; ReSPECT can be for anyone, of any age, who wants to record their care and treatment preferences; ReSPECT has the potential of enabling a larger cohort of patients to be engaged in 'planning ahead' discussions at an earlier stage, supporting person centred care; and Personalised care planning and the use of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT V3) template has been identified as a key area of work by the BSW End of Life Oversight Group.

Transforming Community Services



Transforming Community Services and improving discharge

Our three ICAs are leading on the transformation of community based services. The common priorities are:

- Meeting the national requirements to have 2 hour crisis services in place 8am-8pm by March 2022
- Expanding enhanced health in care homes, working in partnership with Primary Care Networks
- Ensuring sustainable and expanded capacity in place for Home First pathway to meet increased demand
- Continued development and implementation of virtual wards
- Reviews of Pathway 2 (temporary bed) capacity in community settings
- Supporting the shift to anticipatory care by agreeing approaches to long term condition support, and addressing capacity constraints where they relate to highest population health needs.

All of this work is being underpinned by continued implementation of a discharge to assess hospital model, and improvement in the quality and use of *Criteria to Reside* and *No Criteria to Reside* data – see priority 6 for our urgent care and flow work for more details



Transforming Community Services – 2 hour Crisis Response

System partners are working together to agree and implement our 2-hour urgent community response, taking into account local need and service configuration in order to achieve the desired transformation of provision. This work involves considering a wide range of provision across the BSW footprint to most effectively agree on how the model is deployed in a way that is:

- Responsive to need;
- Integrated and as seamless as possible;
- Enables timely and straightforward access;
- Avoids duplication of provision or unintended gaps in service; and
- Sustainable as a long-term model
- Ensuring that we have an offer which has equality of access and outcomes and understanding, if they deviate, why this may be.

As with other parts of system approach we are developing a model that is built on BSW wide outcomes and standards whilst being compatible with local conditions and factors. Over the last year work has taken place across BSW to consider how a rapid response model could be set in place to deliver a 2-hour response through looking at likely demand and the necessary skills set and skill mix. From this work it was established that:

- 70% of the work requires personal care and 30% requires qualified staff, included within the qualified staffing, a ratio of 80% generalist to 20% specialist split is indicated, with the project tests acting as confirmation for the design.
- Most of the referred medical conditions can be assessed and managed by generalist professionals.
- Most people referred are the same people seen by services such as community teams, acute trusts, home first and the ambulance service, just at different points in time.

We are developing a phased approach to the introduction of the model using the opportunity to pilot differing approaches in each ICA area with the learning being disseminated across BSW to glean the maximum system benefit.

The planning and phasing of our model development is still in train and we will be responding more fully in time for the final Operational Plan submission.



Community Transformation – Enhanced Care in Care Homes and Virtual Ward

Enhanced Care in Care Homes

- Facilitated workshops and sessions across BaNES, Swindon and Wiltshire will be held to improve understanding and build relationships between primary care and care homes to enable, establish and further develop MDT models. Co-designed multimedia training and resources are also being developed, accessed and delivered virtually through a BSW web-based portal to support the training and upskilling of both new and current care home staff and clinicians. This will also offer a rapid and collaborative communication link to PCNs and GPs and has the facility to build a picture of additional training needs.
- The main phase of the work, which includes all the design workshops, will be completed by the end of June 2021. This will include follow up workshops on how to mitigate barriers and, subsequently, another on adaptive skills.

Development of Virtual Ward model

- In B&NES there will be an evaluation of the RUH Hospital @ Home pilot which aims to support rapid discharge of individuals who are not yet medically fit, where clinically appropriate, into a supportive community MDT service and review learning from the RUH Hospital @ Home pilot to ascertain if any implications for crisis response requirements within B&NES.
- In Swindon, to date over 30 patients have been supported with Bands 3 and 4 resource recruited. Project management plan being developed to understand the cost and staffing model required to support 20 patients at any one time. Expansion of service will be determined by levels of funding available.
- Wiltshire have virtual consultant ward rounds in-place in 16 care homes; and Expansion of Home First capacity in progress, this will enable the model of 'at home' virtual wards to be developed and tested in 2021/22. This will include the use of remote monitoring, building on the learning as a result of the Covid Home Oximetry service.

Urgent and Emergency Care



Urgent & Emergency Care Planning across BSW

- Delivery of urgent care services across BSW involves a wide range of partner organisations. The activities of these organisations need to be coordinated, requiring an effective matrix way of operating and communicating between partners. BSW has reviewed the system position for urgent and emergency care planning and transformation, recognising the improvements delivered in the last year, but taking the next steps to drive the further development of the Urgent Care and Flow Board as a key strategic forum for the BSW Partnership.
- Going forward the UC&F Board will be chaired by the CEO of Salisbury Foundation Trust and terms of reference have been reviewed during March and April with approval at BSW Oversight & Delivery Board.
- The Chair and board will be supported by the appointment of a Director of Urgent Care and Flow (with an interim post holder in-place from May 2021). This post will provide system leadership across health and social care to develop strategy and performance improvement in relation to flow, urgent care and escalation.
- This will ensure that we have the right system oversight in place to deliver change across our system in the next year and development of a BSW Urgent & Emergency Care strategy from which future years programme for improvement will develop.
- Addressing recovery from the pandemic, with a BSW wide demand and capacity model for 2021/22, building on the work completed last year and further refining the modelling for both acute and community capacity.

Implementing our new approach to the BSW Urgent Care & Flow Board, by aligning our system improvement plan across **six priority areas in 2021/22**, as detailed on the next slides. Across each priority area actions to reduce system inequalities will be identified as work programmes are fully developed.



Priorities for Urgent Care & Flow

UEC Priorities	Actions
1. 111	<ul style="list-style-type: none">• Continuation of current implementation programme for Think 111 First across BSW• Promote use of NHS 111 as a primary route into UCS• Maximise the use of booked slots in A&E, 70% of all patients from 111 booked into a time slot.• Maximise the utilisation of direct referral to hospital services and implement referral pathways from 111 to urgent community and mental health services• Recognition that community alternatives to ED sit outside ICS and provider level to achieve, need to be aware of any service developments at ICA level that impact for inclusion on DOS/ MiDOS
2. 999	<ul style="list-style-type: none">• Strong links to the 111 and SDEC in terms of access and alternatives• Working with ambulance and out-of-hospital services to safely reduce the number of patients who call 999 and that do not need to be taken to A&E
3. Reduce Ambulance handover delays	<ul style="list-style-type: none">• Continuation of the BSW system improvement work, feedback into UC&F board of any assessment of work to be tasked at ICA level that needs to be addressed wider flow aspects that affect flow with representation from Acute patient flow leads and IPFL's part of system work• The NHS Long Term Plan sets out a vision to eliminate ambulance handover delays.
4. Same day emergency care (SDEC)	<ul style="list-style-type: none">• BSW wide with links to the work within the Acute Alliance, in particular Advice and Guidance programme• Adopt a consistent, expanded, BSW model of SDEC provision, including associated acute frailty services, within all providers with a type 1 emergency department to avoid unnecessary hospital admissions• Every Acute Trust must deliver SDEC for a minimum 12 hrs per day across medical and surgical specialities• Every Acute Trust must deliver AFS for at least 70 hours per week



Priorities for Urgent Care & Flow (2)

UEC Priorities	Actions
5. Emergency care data set	<ul style="list-style-type: none">• Ensure that there is an assessment of the level of pressure within urgent and emergency care systems and monitor their recovery.• BSW oversight required to ensure consistency. Audit through BI team in Q1.• Confirmation of community providers delivery.• BSW audit of the Emergency Care Data Set (ECDS) position for all services.• Implement the collection of those measures that are not already in place, including:<ul style="list-style-type: none">the time to initial assessment for all patients presenting to A&Ethe proportion of patients spending more than 12 hours in A&E from time of arrivalthe proportion of patients spending more than one hour in A&E after being declared Clinically Ready to Proceed.
6. Discharge to Assess	<p>During Q4 2020/21 BSW has completed a review of hospital discharge standards and identified gaps against the standards from which ICA level improvement plans are being developed, with oversight for delivery at the UC&F Board</p> <ul style="list-style-type: none">• Improvement in the quality and use of the <i>Criteria to Reside</i> and <i>No Criteria to Reside</i> data• Shrewd is the agreed system to capture consistent data and reporting at system level to help capture patients preparing for discharge (ICS level), work to strengthen this reporting in 2020/21 will be completed• ICAs will be the leads to address HDP framework, building and transforming existing services to meet need• timely and appropriate discharge from hospital inpatient settings and seek to deliver an improvement in average length of stay with a particular focus on stays of more than 14 and 21 days.• Implementation of the 2-hour crisis community health response at home by the three BSW ICAs <p>April Complete assessment against the Discharge Policy; Develop discharge improvement plans – ICAs and organisations; May – June Determine programme resource, and aggregated ICS Plan, and reporting arrangements for improvement work; Confirm data sets demonstrating implementation of Discharge policy July – September Focus on improving data in SHREWD; Plan for implementation of Discharge policy priorities i.e., 7 day working</p>

In year BSW will develop and agree an Urgent & Emergency Care Strategy against which a longer term improvement plan will be framed.

Acute Hospitals Alliance



Acute Hospital Alliance

The AHA has three existing programmes of work.

In relation to identified BSW Planning Round priorities, the AHA Programme mainly relates to the following areas:

- *Build on the development of effective partnerships at place and system level*
- *Recovery of non-Covid services*
- *Address the health inequalities that Covid has exposed*

Major Programmes in 2021/22

- BSW Elective Work – strategy and Framework; single waiting list; Network/Provider collaborative
- BSW Virtual Clinical Teams - Paediatrics, Ophthalmology, Dermatology and next wave TBC
- EPR Alignment Programme
- Corporate Back Office Programme – finance, recruitment, occupational health, sustainability; soft FM; IM&T functions
- Improvement Programme – roll out of framework
- DGH's as effective system partners – contribution as anchor institutions; enabling financial sustainability



Acute Hospitals Alliance

The AHA programme is designed to deliver significant benefits to the system aligned with BSW Vision.

By the end of May, we will have refreshed detail on AHA programme measures of success, deliverables and key milestones, with outcomes, associated metrics and a plan to evidence those system benefits. The following areas will be targeted:

System Benefits

Performance benefits.

- *Access to required care* [Productivity, care in right place, including shift to 23 hour, out of theatre, in community, and virtual care; single waiting list approach]
- Inequality reduction [Access, Outcome & Experience]
- Financial Sustainability
- System Resilience

Supporting effective participation by DGHs in development of collaboration/ Alliances at place.

- *Access to required care*
- *Inequality reduction* [Access, Outcome & Experience]
- Financial Sustainability.
- System resilience
- Anchor institution role

AHA as an effective partner in supporting wider SW ICS development.

- Benefits through alignment & consistency of approach, leadership, and performance both at place and system-level
- Financial Sustainability.

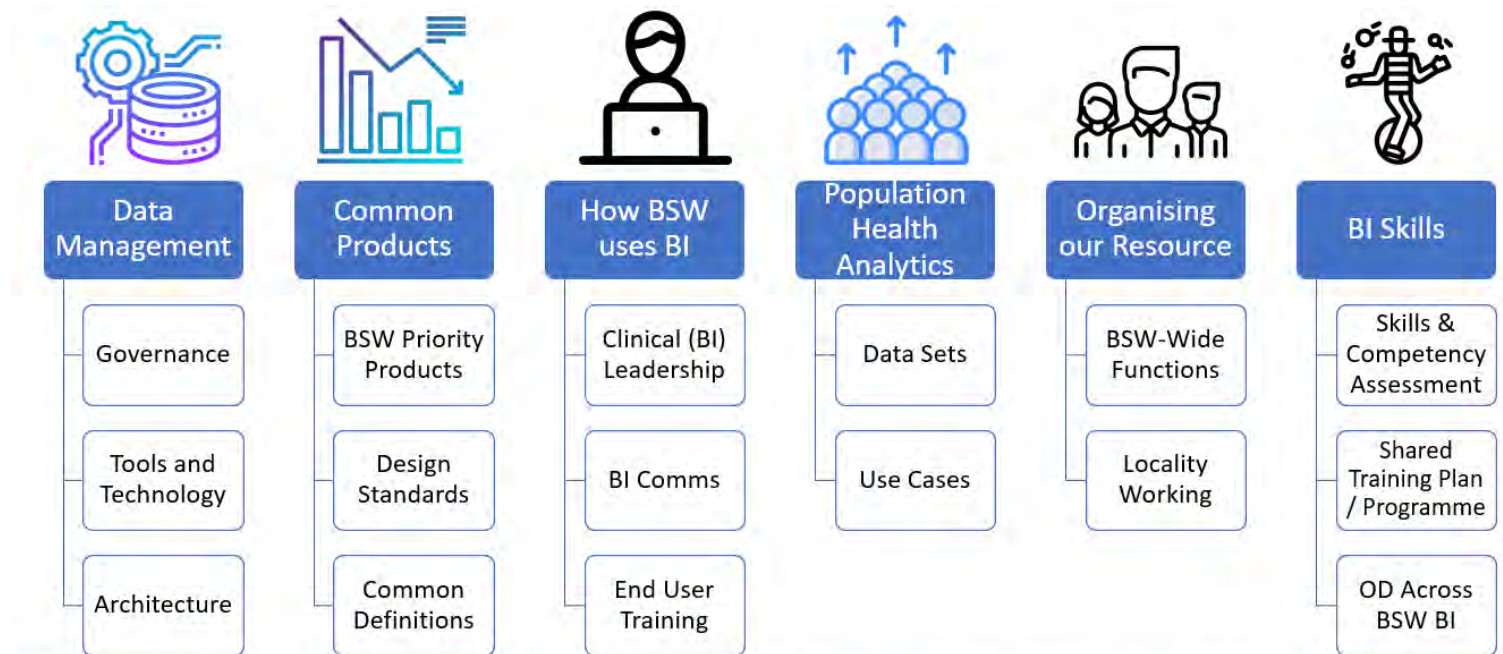
Enabling Strategies

BSW CCG
 SCW CSU
 3 Acute Providers
 AWP
 3 Community providers

3 Local Authorities
 3 Public Health leads
 Medvivo
 Prospect Hospice

ICS Business Intelligence Programme

- BSW has established a programme of work to transform the way BI teams function together across the system
- The programme has Exec leadership, reporting into the BSW Digital Board and Partnership Exec. It currently includes Head of BI level representation from the partners listed top right
- The group has agreed a draft system-wide strategy/set of priorities (shown right)
- These will be developed into a programme of work over the next three years to underpin delivery



Underpinned by the goal of 'developing a shared, self-serve platform which opens up access to data and reporting to a wide group of partners across BSW' (Whilst not exclusively our mission, this goal will help shape the focus of our workstreams).

BSW Partnership System Digital Priorities



Digital First	ICR & Sharing Information	Digital Workforce
<ul style="list-style-type: none"> - Scan for Safety - Video & online consultations 2022/23 approach - Advice & Guidance implementation - Outpatient transformation standardised patient facing digital tools 	<ul style="list-style-type: none"> - Graphnet roll out of ICR - Personal Held Record Pilot - Shared care plans and Comprehensive Geriatric Assessment - Engagement in LHCR - IG alignment - Image sharing and digital diagnostics 	<ul style="list-style-type: none"> - Development of system EPR - SystemOne consolidation incl. Care Homes - Patient facing website enhancements - Professional Communication - Clinical comms/bleep replacement
Information & Data	Digital Innovation	Infrastructure
<ul style="list-style-type: none"> - Power BI implementations - NHSE Wave 3 PHM programme - Development of BI strategy - System wide data warehouse approach - System wide demand and capacity modelling 	<ul style="list-style-type: none"> - Remote monitoring models - NHSE Digital Care at Home - AHSN & NHSX links to innovation opportunities - AI - Supporting digital mental health 	<ul style="list-style-type: none"> - Office 365 roll out - Device refresh - Network infrastructure enhancements incl. moves to cloud - System wide cyber security developments

BSW Partnership System Digital Priorities

Discovery phase	Business case / scoping	Implementation
<ul style="list-style-type: none"> - Video & online consultations 2022/23 approach - Outpatient transformation standardised patient facing digital tools - Patient facing website enhancements - Image sharing and digital diagnostics - System wide data warehouse approach - System wide demand and capacity modelling - NHSE Digital Care at Home - Supporting digital mental health - AHSN & NHSX links to innovation opportunities - Remote monitoring models 	<ul style="list-style-type: none"> - Development of system EPR - Shared care plans and Comprehensive Geriatric Assessment - Engagement in LHCR - NHSE Wave 3 PHM programme - Development of BI strategy - IG alignment - AI 	<ul style="list-style-type: none"> - Scan for Safety - SystmOne consolidation incl. Care Homes - Advice & Guidance implementation - Professional Communication - Clinical comms/bleep replacement - Graphnet roll out of ICR - Personal Held Record Pilot - Power BI implementations - Office 365 roll out - Network infrastructure enhancements incl. moves to cloud - System wide cyber security developments - Device refresh

BSW Partnership System Estates Priorities



Care Model & Demand & Capacity Modelling	Estates Strategy informed by Place and PCN plans	Strategic Capital Projects
<p>Actively supporting the development of the BSW Care Model and BSW Demand and capacity Modelling with specialist Strategic Estates input to help support future business case development and investment opportunities by providing key data that supports the level of estate required linked to deliver our models of care, activity, workforce and capacity demands.</p>	<p>Multi layered BSW wide Estates Strategy:</p> <ul style="list-style-type: none"> - ICS level Estate Strategy - ICA level Estate Plans x 3 - PCN Estate Plans x 24 <p>Our strategy will help to inform the shape and repurpose our estate across the acute, community, primary and social care to support service delivery and future investment requirements and disposals, informed by future Care Models and Capacity modelling</p>	<p>The system is working on a number of key capital projects in partnership to help support delivery of services in the future. These include:</p> <ul style="list-style-type: none"> • GWH Way Forward Programme • RUH New Hospital Programme • SFT Campus Programme • AWP Transformation Programme • Community Estate Programme
Disposals	Backlog Maintenance	Environmental Sustainability
<p>As part of the development of our estate strategy, there has been careful consideration of land and buildings which are surplus to requirements that can be taken forward for planning and disposal in the next 5 years to support a reduction in system running costs and increase opportunities for investment in other estate to support service delivery. We will continue to develop a joint disposal approach.</p>	<p>Ensure that data in respect of Backlog Maintenance and Critical Infrastructure Risk is kept up to date to inform future requirements and opportunities for funding, or helping to inform future opportunities for disposal or repurposing or replacement buildings.</p>	<p>Develop a BSW Environmental Sustainability system approach aligned to the national NHS 'Net Zero Carbon' targets, to include:</p> <ul style="list-style-type: none"> - BSW baseline - BSW targets - BSW action plan - BSW roadmap <p>We will be developing a system plan and sharing expertise to support this work and minimise duplication and share learning.</p>

BSW Partnership System Estates Priorities

Reimagine and transformation of Estates and Facilities Management resource and delivery at ICS level	Estates and Facilities Workforce	Agile Working (The welcome visitor / collaborative approach)
<p>Reimagining and Transformation of the Estates and Facilities Management functions to develop an approach and structure that best suits the needs of BSW ICS, reduces duplication and maximises the use of resources to support the ICS and ICA's estates within the system.</p> <p>This will include the opportunity to explore the re-provision of Soft Facilities Management within the system, which provides an opportunity to improve quality, VFM by sharing of resources and expertise in an area which is historically difficult to recruit and retain staff with experience.</p>	<p>Work with the BSW academy to improve resilience of the Estates and Facilities Management (EFM) workforce, with the ambition of BSW EFM being the employer of choice for these specialisms, with improved talent management, retention, career progression and training. Linked to this is our future approach to EFM provision and agile working initiatives</p>	<p>To reduce the amount of administrative space & embrace smarter working. Learning lessons from Covid that have presented opportunities to change wasteful practices that are built into our traditional ways of working. This opportunity is one that many organisations across our system share, where we embrace partners as welcome visitors and users of our estate whilst reducing transaction costs. We will be setting up a system work stream on agile working to drive this agenda forward.</p>
Estates and Facilities Performance	Improving Utilisation across the estate to support service delivery	Planning / Future Developments
<p>Further develop our whole system Estates and Facilities Management key performance monitoring and targets to understand system strengths and areas for improvement, where we can support each other.</p> <p>This work will involve capturing the current level of performance at system level, setting key performance levels and regularly monitoring.</p>	<p>To ensure we are maximising the use of sessional space across the community estate, we will be putting in place a booking system to show all providers availability, which can then be booked to support service delivery through sessional use. We will be piloting this within NHSPS premises and then looking to develop further with a system wide solution in due course across other sites.</p>	<p>Developing a more integrated approach with the local authority to strengthen opportunities to secure land or funding linked to house growth, to support future capacity and service delivery requirements. Helping to shape and inform the health narrative around future planning and impact on health infrastructure and services. This will be supported by our models of care.</p>

Financial Sustainability



Financial Position Summary

Financial Position

- The NHS system partners have worked together to agree a 2021/22 H1 breakeven plan for the system excluding Elective Recovery Fund (ERF).
- There are a number of risks in agreeing this position, in particular the uncertainty around the impact of the Elective Recovery Fund (ERF).
- Provider income and CCG BSW expenditure assumptions have been agreed for planning purposes only. Any adjustments will not effect the system total but may affect delivery of individual organisations positions.
- The H1 Financial Plan reports two financial positions for the system:
 - System overview excluding ERF
 - System overview including the expected impact of ERF

Elective Recovery Fund

For every £ of ERF anticipated income we are estimating a corresponding cost; any activity above the target threshold is expecting to be self financing where cost equals tariff and surplus generating where cost is less than tariff

Activity commissioned above funded baselines:

- insourced and outsourced activity that is equivalent or less than tariff can be commissioned
- insourced activity that is more than tariff will need system sign off and outsourced activity that is more than tariff will be avoided
- Any further uses to have system sign off



Risks and Opportunities

Risks	Opportunities
The activity assumptions are based on the current cost base which is greater than the income available, as assumed that this cost base will be able to deliver the level of activity required to attain ERF	Increased cost base can deliver the activity levels required to attain the higher levels of ERF and thus more income will be received than additional costs required
The additional cost of delivering care for covid is not reduced as the extra capacity is used to deliver elective care	Cost of covid could be less than the costs assumed
Prescribing and CHC – plan assumes minimal increase as per the guidance, these costs could be higher.	Plans assume that further QIPP efficiencies can be achieved to minimise this risk materialising
System Hospital Discharge Plan could cost more than the funding available	Guidance expected; currently system has committed costs to cover Q1 only
Investments in activity could result in poor value for money	More rigorous protocol in terms of accessing funds
Efficiencies assumed may not be attained due to clinical focus on elective recovery	Focus on schemes which have clinical benefits such as increased use of digital technologies



Timelines / Actions undertaken

Step	Action	Month	Complete
1	Understand the Exit Run rate movement from 19/20 Outturn	February 2021	√
2	Produce first cut of the 2021/22 Plan	March 2021	√
3	Capital allocations and guidance received	15th March 2021	√
4	Peer:Peer review of expenditure to compare assumptions ensuring system alignment and consistent basis used	March 2021	√
5	NHSEI feedback on run rate returns	March/April	√
6	Receipt of Planning Guidance and allocations	25th March 2021	√
7	DoF sign off capital plans	9th April 2021	√
8	Submission of 2021/22 capital plans	12th April 2021	√
9	DoF review and agreement of 2021/22 H1 system financial headlines	22 nd April 2021	√
10	2021/22 H1 Finance Plans finalised by Deputies	4 th May 2021	√
11	DoF sign off 2021/22 H1 Finance Plans	5 th May 2021	√
12	Submission of 2021/22 Finance plans (Activity and Workforce Draft)	6 th May 2021 (Noon)	√
13	NHSEI Feedback	14 th May 2021	
14	Submission of 2021/22 Final Activity and Workforce Plans	3 rd June 2021	

System Risks and Mitigations



System wide Risks and Mitigations – work in progress

Risk	Mitigation
Workforce – insufficient workforce to deliver our ambitions due to exhaustion; ageing; early exit specific shortages in theatre and community teams and endoscopy and recruitment of GPs in particular areas (Swindon); oncologist staffing shortfalls	Bespoke Workforce Strategy to be developed to address known workforce risks. Wellbeing Hub goes live in May.
Further waves of COVID require capacity re-allocation – beds; theatres and staff	Ensure the vaccination programme continues to reach all parts of our population, in particular those at highest. Modelling of the potential impacts using PHE data and develop plans to flip capacity should this be required whilst maximising system recovery
Leadership and Management Capacity Band width to deliver a challenging agenda	Focus our priorities and provide clarity regarding these for the system

System wide Risks and Mitigations

Risks	Mitigations
Loss of capacity linked to IPC requirements	System wide capacity planning work to model the impact using in order to develop appropriate strategies
Increased Demand for elective services including: cancer 2 week wait; diagnostics; OPD and surgery	Continue to monitor demand and utilise new ways of working to reduce the impact on addressing recovery.
Risk of harm to patients who have been waiting for treatment	Clinical harm review undertaken and clarity where highest risk sits. Plans to address backlog based on clinical risk and addressing inequalities. Action plan agreed.
Financial Risks	See Finance section of the plan



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

Item 10

BSW Performance, Quality & Finance Report



Contents

Performance Framework Summary	3
Urgent Care Focus	4-7
Planned Care Focus	8-11
Mental Health Focus	12-13
Primary Care Focus	14-15
Quality Overview	16
Covid 19 Focus	17
Finance	18



Urgent Care

The BSW Urgent Care & Flow Board has agreed the following priorities for 21/22:-

- 111
- 999
- Emergency care data set (ECDS)
- Ambulance Handover delays
- Same day emergency care (SDEC)
- Hospital discharge policy

111 - Think 111 First initial evaluation complete. Direct booking into ED and UEC services completed. New 111 priority to focus on priority to increase heralded patients and achieve required 70% of patients from 111 into booked UEC slots and direct referral to secondary care services (SDEC) by September 21. National increase in 111 call volumes. Demand increase related to Covid vaccination queries and easing of lockdown. 999 and ED validations at 92% (national target 50%) – with overall downgrade rate of 32%. Note rate is higher when enhanced MCAS offer switched on.

999 - South-west transformation plan re-focusing on reducing demand (HIU, and low acuity validation in IUC and 999) and improved call cycle times (handover delays and alternatives to conveyance such as SDEC). Increasing activity volumes as a result of release from lockdown; 999 call patterns changed.

ECDS - Revised Urgent and Emergency Care Standards still not published but preparatory work underway.

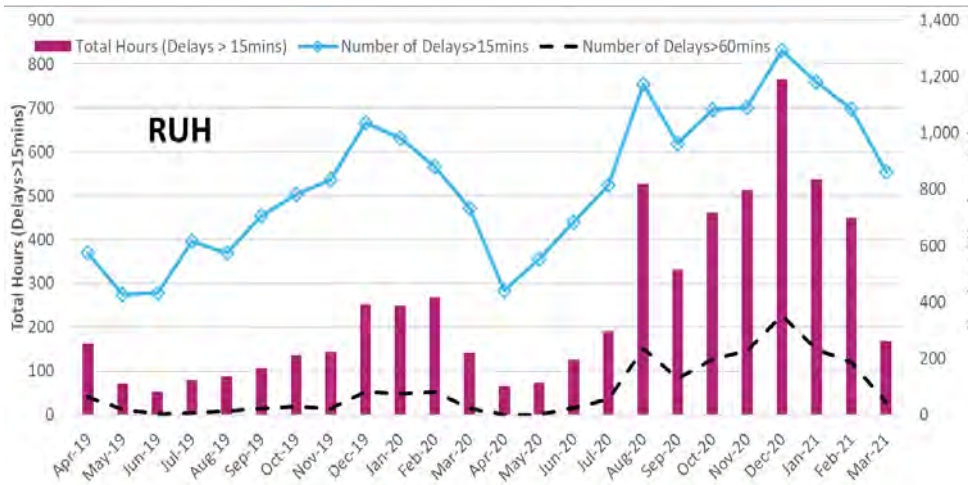
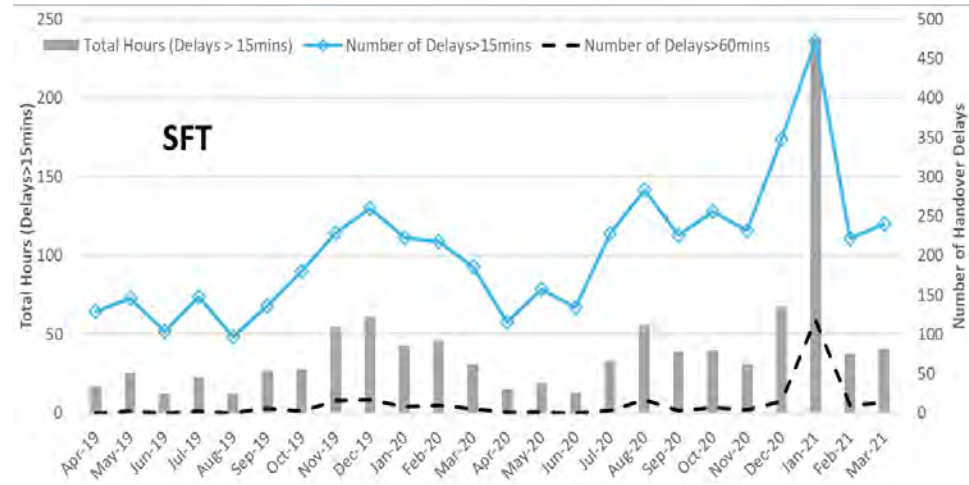
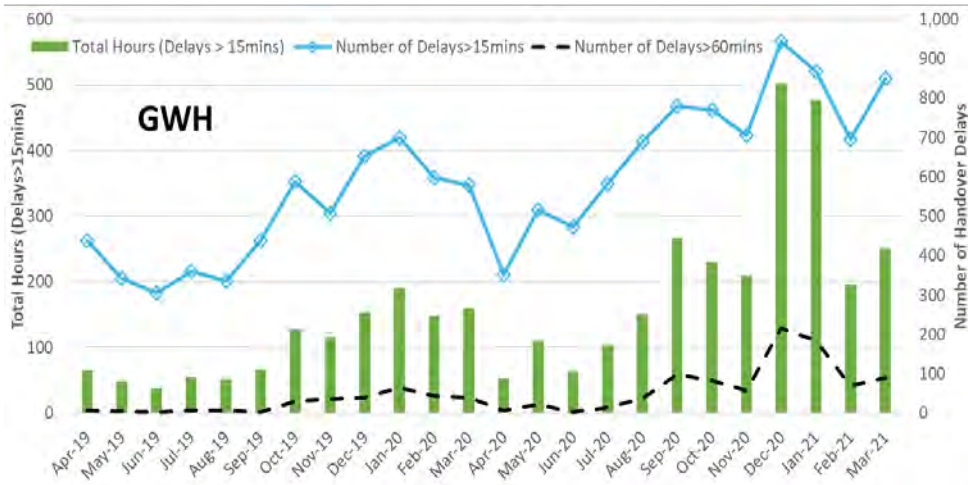
Ambulance handover delays / 999 - Ambulance Handover Delay QI event held, shared Standard Operating Procedure between BSW providers. Improvement in RUH handover delays in March and April but pressures at GWH front door and bed occupancy leading to increase in handover delays. Further event planned in May to focus on activity reductions and opportunities to reduce conveyance further.

SDEC – work stream to be established. 111 SDEC initiative with national team commencing end of April.

Hospital discharge policy - Self assessment completed. Final submissions from the 3 Integrated Care Alliances. Summary report going to next Urgent Care and Flow board.

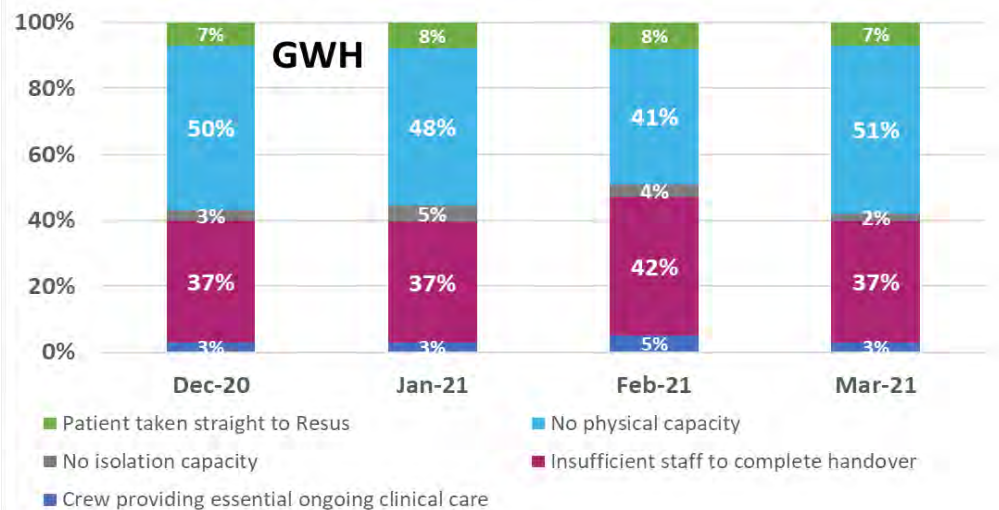


Urgent Care Focus – Ambulance Handover Delays (Volumes)

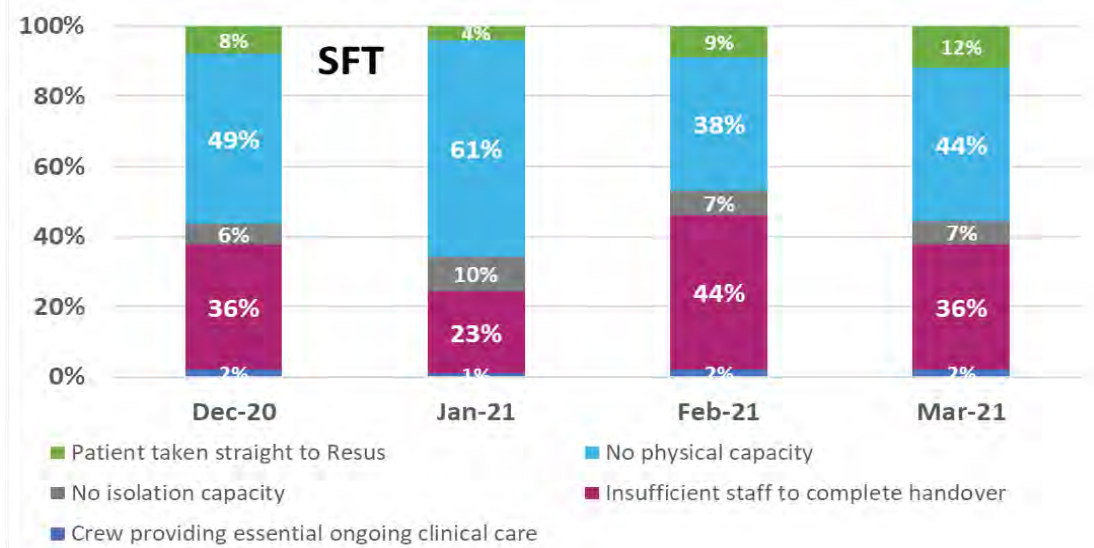
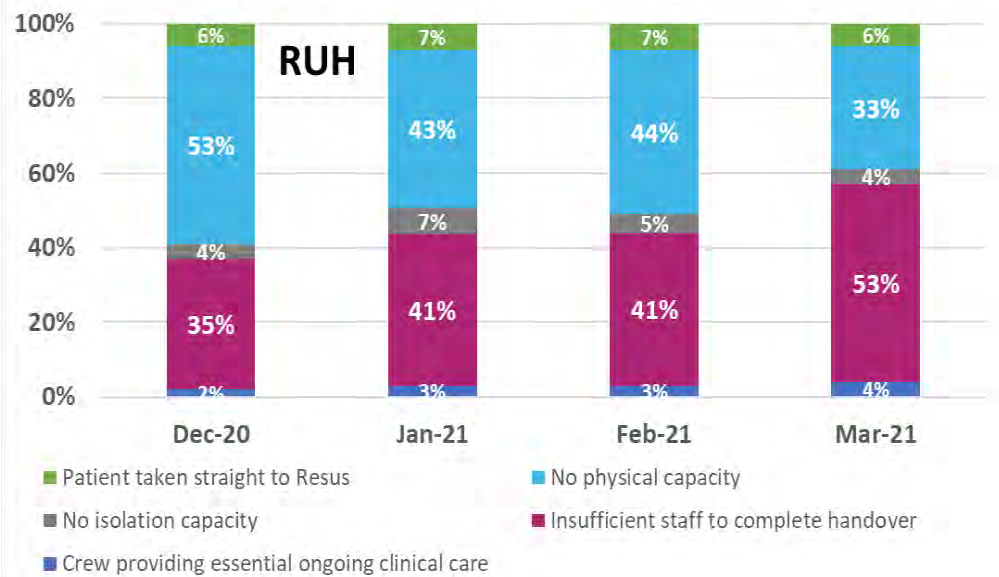


Following a hugely challenging few months for the Acutes and for SWAST in managing a peak in COVID-19 activity and winter-related illness, volumes of handover delays are gradually reducing but remain higher than the same months of previous years. The total hours of lost resource (bars in charts), the number of delays >15mins (blue line) and the number of delays >60mins (black line) peaked in December 2020 and/or January 2021 at each Trust. Interestingly, the impact of the new SOPs at the RUH during March 2021 can already be seen with the volume of handover delays >15mins and the total number of hours in lost resource on a sharp downward trend.

Urgent Care Focus – Handover Delays (Reason)



Challenges concerning Physical Capacity was the most frequently cited reason for handover delays of more than 15 minutes at each Trust during December 2020 to March 2021. However, the incidence of insufficient staff to complete handover has increased markedly at the RUH during March 2021. This change coincides with the introduction of new SOPs at the RUH which may have successfully helped to manage capacity challenges but could have compromised staff availability. The substantial volume of handover delays at SFT in January 2021 was predominantly attributable to a lack of physical capacity within the department which was inevitably the result of a peak in COVID-19 cases. There has been no clinical harm identified in March due to handover delays.



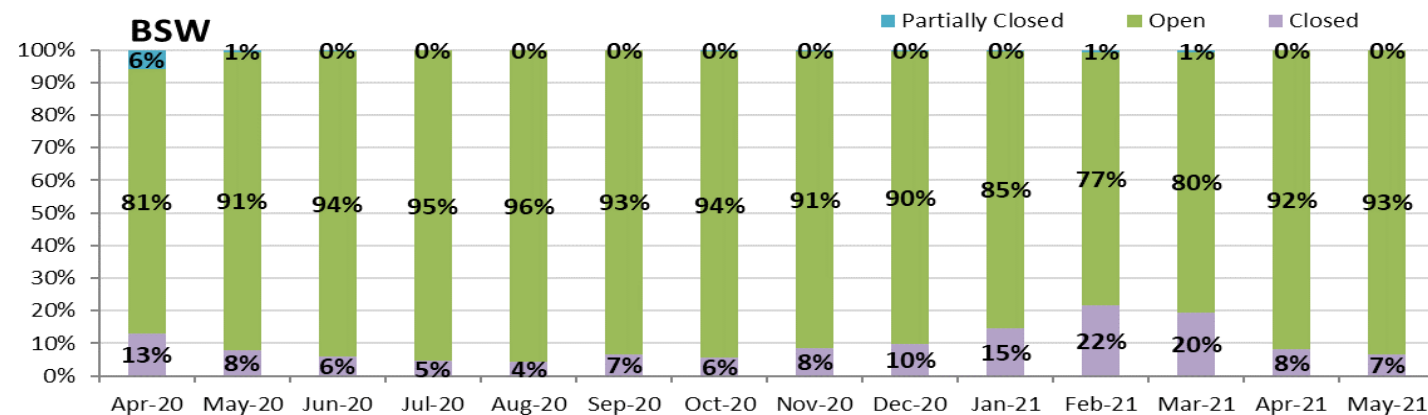
Urgent Care Focus – Care Home Capacity

B&NES Locality – As part of surge capacity D2A beds and Home care support have been spot purchased up until 30th June 2021 and will be extended to the end of September with an emphasis on Home care with reablement. All B&NES Care Homes will be open this week to admissions, discharges and visitors and there are limited Covid cases. The Council and CCG continue working together to provide IP&C support. Designated setting beds have worked well but have now been decommissioned as there were no patients requiring this setting. Occupancy is low across particularly residential homes.

Wiltshire Locality – Care Home closures have reduced to 1 home partially closed across the locality. D2A and IR capacity is now available. Plans agreed for Q1 have now been mobilised and additional care home capacity remains in-place. Local Authority and CCG continues to provide support to care home providers via the Wiltshire Care Home Advisory Group and Provider Forum.

Swindon Locality – Vaccinations: First dose - 93% of residents, 85% of employed staff. Second dose – 60% of residents, 48% of employed staff, 33% of agency staff. The Swindon Care Services Cell will now merge with the Swindon Ageing Well Programme (which reports to the BSW Programme) – effective from end of May 2021. Some funding has been allocated to provide workshops to start developing Swindon’s care home and PCN MDT and this is in the planning stages.

Care Home Indicators	Data extracted: 6th May 2021			
	BaNES	Swindon	Wiltshire	BSW
Occupancy Rate - Nursing Homes:	86%	77%	83%	83%
Occupancy Rate - Residential Homes:	78%	88%	78%	80%
Occupancy Rate - Other*:	0%	65%	80%	73%
Occupancy Rate - Total:	82%	83%	80%	81%
Residential Home occupancy per 100,000 population aged 18+:	404	344	587	489
Nursing Home occupancy per 100,000 population aged 18+:	375	242	265	283





BSW System Status – **Planned Care**



Planned care

Waiting list size and long waits continue to grow, as patients referred immediately prior to Covid-first wave pass a year on the waiting list. However, a comparison of Long Waiters across the South West finds the BSW position relatively favourable.

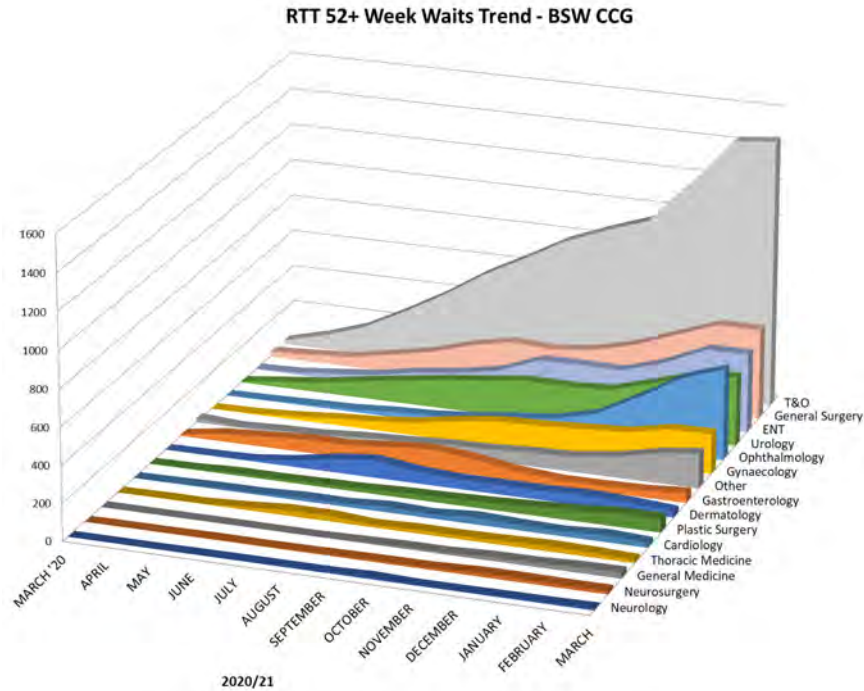
- 78ww: whilst all 3 Trusts weekly figures are increasing, in-line with trends regionally and nationally, the numbers are not on a scale as significant as that of a majority of peers. The worst performing is GWH with 319 ranking 7th out of the 15 providers across the South West.
- BSW Ranks 3rd out of 7 CCG/STP areas across the South West for both 52ww and 78ww as a regional comparison.
- 104 ww – there are no patients waiting over 104 weeks across the 3 trusts
- Diagnostic imaging % >6 weeks for GWH & SFT sees both trusts having a dip in performance in comparison to the average of the previous 6 weeks.

Work continues in all three trusts to reduce cancer 2ww Breast, 2ww suspected and 62 day breaches back to or below historic levels. Specialties that are challenged in particular are Lower GI, Urology, Gynae and Head & Neck. Oncology services are impacted by both GWH and SFT facing significant oncology workforce pressures.



Planned Care Focus – Long Waiters

Waiting list size and long waits continue to grow, as patients referred immediately prior to Covid-first wave pass a year on the waiting list. Long waits are now widespread across specialties, although T&O patients awaiting surgery remains the most significant challenge.



Week Ending : 18 April 2021

		RTT			
		%>52 week	No over 78 weeks	No. of 104 weeks	Total Incomplete
BNSSG	N Bristol	8.1%	352	5	25259
	UHB and Weston UHB Weston	12.6%	635	31	41051
BSW	Great Western	7.1%	319	0	25713
	RUH Salisbury	5.6%	97	0	26406
Cornwall	Royal Cornwall	3.6%	85	0	27532
Devon	Northern Devon	11.2%	166	0	14793
	Royal Devon & Exeter	11.7%	1084	32	56193
	Torbay & S Devon Plymouth	7.3%	282	7	27855
Dorset	Dorset County	7.5%	537	39	34161
	UH Dorset Poole Bournemouth	18.4%	827	24	17163
Glos	GHFT	5.1%	194	1	58240
Somerset	Somerset	11.0%	522	21	26903
	Yeovil	6.5%	30	0	10161

	Incomplete Pathways	52+ Weeks	52+ Week %	52+ % Week Rank	78+ Weeks	78+ Week %	78+ % Week Rank	104+ Weeks
BSW	72,213	4,441	6.15%	3	495	0.69%	3	-
BNSSG	66,310	7,205	10.87%	6	987	1.49%	4	36
Cornwall & IoS	27,532	982	3.57%	1	85	0.31%	1	-
Devon	133,002	12,837	9.65%	4	2,069	1.56%	6	78
Dorset	66,052	8,400	12.72%	7	1,919	2.91%	7	28
Glos	58,240	2,996	5.14%	2	194	0.33%	2	1
Somerset	37,064	3,628	9.79%	5	552	1.49%	5	21
SW Total	460,413	40,489	8.79%		6,301	1.37%		164



Planned Care Focus – Cancer

Cancer Performance (Feb 2021)

Arrows show difference compared to previous month. Click on the metric value to see more details



Breast 2 Week Wait

2ww breast performance remains particularly challenged at GWH and SFT. Performance is below 10% in both trusts in Feb-21 against a target of 93%, with 367 breaches of the 2-week target across BSW.

- GWH has never recovered 2ww performance following the surge in referrals following autumn breast awareness national campaign, seen across all providers. Ongoing building work to enable greater capacity with social distancing through the GWH breast unit is due to complete in May and will allow additional capacity. GP education events run to highlight when to refer/not refer. Recording of most recent event Apr 21 is due to be shared to GP lead cancer GPs in all BSW Practices. Appointment-only breast pain clinics for younger women piloted and may continue. It is likely that the service will introduce triage of referrals with symptomatic patients being seen in clinic and imaging done at a separate appointment (as already the case at RUH) as there is not the capacity to maintain best practice of one stop clinics for this patient group.
- SFT opened additional (5th) one-stop breast clinic (Jan 21) but also remains unable to manage the bulge in the growth in referrals whilst achieving 2ww target. Investigating option to move to similar pathway to RUH (where initial attendance is appointment only, not gold standard one-stop triple appointment currently delivered at GWH and SFT – OP, u/s, mammogram). Investigating opportunity to expand/reduce age range for <40YO clinic with u/s; further GP education on need for physical exam pre referral; investigating viability of pre-referral screenings in community settings.
- Breast 62d performance is not being significantly adversely impacted at either trust (Feb 21 – GWH 85.6% - 1 breach from 7 treated; SFT 80% - 2 breaches from 10 treated, versus 85% target).
- RUH achieving target as a result of ceasing 1-stop clinics (so patients now have OP then radiology on a later date as required – target is, just, achieved, and imaging requirement is then within the capability of radiology, although poorer patient experience due to multiple attendances).



Planned Care Focus – Cancer 62 Day

Performance always reflects the impact of a number of complex patients often transferred between trusts for elements of their pathways and/or for who various different treatment options are possible.

RUH – 75.6%; biggest performance challenges:

- Upper GI; expecting increased diagnostic capacity from 5th endoscopy room and 4th CT scanner. Waiting time to see Oncologist and for chemotherapy an issue. Recruitment drives for Oncologist and chemotherapy nurses, departmental staffing review including skill mix, use of agency staff, outsourcing of chemotherapy/provision of treatments in the community. Registrars had been pulled to medical rota across the Trust to support Covid which did have an impact on initial time to endoscopy. This ceased in February.
- Lower GI; action plan being developed, looking to reduce requirement for endoscopy/increase use of CTC once 4th CT scanner opens May/June and develop proposal for GPs to request (CTC or endoscopy) via ICE; ongoing promotion of use of QFIT pre-referral and inclusion of score on 2ww referral.
- Urology; action plans in place to resolve issues with prostate - LATP biopsy goes live June; improved access to MRI capacity.
- Gynae; generally few breaches. Complex diagnostic pathways, including initial referral under different tumour site and subsequent waiting time for CTs. Plan to increase CT scanner capacity from May. Waiting time to see an Oncologist also caused issues (see actions being taken in UGI section).

GWH - 79.7%; biggest performance challenges:

- H&N; in Feb a number of pathways were delayed by consultant sickness.
- Gynae; pathway mapping being undertaken to identify improvement opportunities
- Lower GI; pathway mapping being undertaken to identify improvement opportunities; ongoing promotion of use of QFIT pre-referral and inclusion of score on 2ww referral.
- Urology; complex pathways; there is currently a pathway exercise underway to identify possible pathway improvements. LATP starts June, removing need for patients going to Bristol and reduce number of TRUS biopsy.

SFT - 71.6%; biggest performance challenges:

- Urology; diagnostic delays, work ongoing to review biopsy list processes; some histology delays due to outsourcing to meet volumes.
- Lower GI; ongoing promotion of use of QFIT pre-referral and inclusion of score on 2ww referral. Several breaches associated with clinical delays (i.e. vascular/cardiology input, patient fitness for treatment, COVID positive). Some complex diagnostic pathways.
- Upper GI; impact of complex pathways involving multiple providers; Covid risk; Covid-positive; patient choice; change of treatment type.
- H&N; wholesale pathway review underway; complex cases; Covid positive; radiology capacity issue.

Mental Health Focus – Performance Measures

BSW Mental Health Dashboard		2020-21									
Performance Standard	Standard	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Trend
Dementia Diagnosis Rate	66.7%	58.8%	58.7%	58.5%	58.2%	58.5%	58.5%	58.4%	57.7%	57.1%	
IAPT Access Rate (Rolling 3 mths)	6.25%	2.47%	3.13%	3.11%	3.08%	3.14%	3.37%	3.14%	3.24%	No Data	
IAPT Recovery Rate (Rolling 3 mths)	50.0%	45.5%	47.2%	48.4%	49.6%	51.0%	51.4%	51.3%	50.6%	No Data	
IAPT <6 wks Referral to Treatment (Completed) rolling 3 month	75.0%	88.5%	87.4%	86.5%	89.0%	91.0%	92.6%	92.1%	91.2%	No Data	
IAPT <18 wks Referral to Treatment (Completed) rolling 3 month	95.0%	99.2%	99.7%	99.4%	99.7%	99.3%	99.3%	98.9%	98.9%	No Data	
Out of Area Admissions (Count of OBDs) in month actual NHS Digital	Zero by end 2021	155	120	300	265	395	455	215	395	No Data	
CYPMH Access Rate (Rolling 12 mths)	34.0%	30.8%	30.1%	29.6%	29.4%	28.7%	28.6%	28.3%	27.8%	No Data	
EIP - Psychosis treated within 2 wks of referral (Quarterly)	56.0%	70.0%			72.7%			63.6%	72.7%		Provisional Jan data
CYP Eating Disorder - % of urgent pts started treatment within 1 wk	95.0%	100.0%			86.4%			77.6%			
CYP Eating Disorder - % of routine pts started treatment within 4 wks	95.0%	89.3%			89.0%			89.1%			
SMI Health Checks (latest 12 months)	60.0%	19.1%			16.8%			17.0%			% relates to the preceding 12 months. Q4 provisional 15.6%
Perinatal MH Access (rolling 12 month)	RAG rated against Plan	2.72%			3.02%			3.68%			local data from AWP Q4 4.1%
Individual Placement & Support (IPS)	RAG rated against Plan	299			353			316			local data from Richmond Fellowship
LD Health Checks - % YTD	75.0%	1.7%			6.9%			27.4%			Interim Local data as at 5th April: Q4 YTD 56.9%
Learning Disability Inpatients Adults >18 CCG funded	RAG rated against Plan	17			22			21			local data from localities. Q4 = 22
Learning Disability Inpatients Adults >18 NHSE funded	RAG rated against Plan	4			4			7			local data from NHSE
Learning Disability Inpatients Children <18 NHSE funded	RAG rated against Plan	5			5			8			local data from Oxford Health

Standard = National Standard, except for local measures which are rated against plan

Performance Below National Standard/Local Plan where applicable
Performance meets or is above National Standard/Local Plan where applicable



Mental Health Focus – Performance Measures (exceptions only)

Metric	Narrative	Actions
Dementia Diagnosis	Below National Target of 66.7% and gap widening over the course of the year. 57.1% at February 2021.	DDR improvement group to restart May focus: <ul style="list-style-type: none"> Targeted monthly surgery updates regarding DDR and gap. Support offer to surgeries re coding. Quarterly medication and coding audit; findings shared with Surgeries re outstanding coding.
IAPT - Entering Treatment (Access) – rolling 3 month	It has dropped out of the Lower Control Limit under 3.5% since April 2020 and is still not recovered to the pre-covid level. The Phase 3 plan is 6.25% by the end of 2020/21	IAPT improvement plan in place.
IAPT Recovery – rolling 3 month	Dropped below National target of 50% in March, but recovered in October and remains just above target ; 50.6% at January 2021.	IAPT improvement plan in place. Additional investment – targeted to reduce waiting times [working through proposal with AWP]. Deep Dive discussion – May THRIVE programme board.
Out of Area Placements (rolling 3 months)	National Target is to have zero Occupied Bed Days by March 2020, however bed reconfiguration at AWP means local Phase 3 Plan is for 855 OBDs. For Q4, AWP reported 1135 OBDs (314 OBD for month of March) within Acute and PICU beds.	Weekly system inpatient flow calls in place.
CYPMH Access (rolling 12 months)	Remained below National Target of 34.0% during 2020/21; 27.8% at January 2021.	CYP access deep dive to be completed Q1. Targeted work in BaNES and Melksham to mitigate access risk – system response
CYP Eating Disorder Waits – Urgent (within 1 week) and Routine (within 4 weeks)	Below National Target of 95% for both measures. Routine waits have remained at approximately 89% during the year; however Urgent waits have been under pressure due to COVID with performance falling from 100% at Q1 to 77.6% at Q3. Low numbers show bigger performance variations.	CYP eating disorder service expansion approved Q4 –recruitment in progress.
SMI Health Checks (latest 12 months)	Below National target of 60% of SMI Register receiving all 6 Physical Health checks within the last 12 months, with Q4 provisional position of 15.6%. Appointments significantly affected by COVID. The SMI Register has grown by 274 since March 2020, which is a second National target. This will affect the Health Checks performance, as new patients may not have received all 6 Health checks within the last 12 months.	SMI AHC 'super team' commenced March. Development of SMI AHC pathway underway – to commence from Q2.
Learning Disability Health Checks	National Target of 75%, but local Phase 3 Plan of 60% by March 2020. CCG local position 2,680 (56.9%) as at 5th April 2021.	LDAHC 'super team' commenced March. Development of LDAHC pathway underway – to commence from Q2/3, to include learning from LeDeR reviews.
Learning Disability Inpatients – Adults and Children	Above Phase 3 Plan for Quarter 1 and 2, with pressure at Q3 for both Adult and Child placements. Low numbers.	LDA monthly mini-MADE workshops commenced. BSW escalation policy in development – will result in consistent and more efficient management of processes intended to divert escalation need to level requiring admission, and to ensure timely discharge.



Primary Care Services

Primary Care –

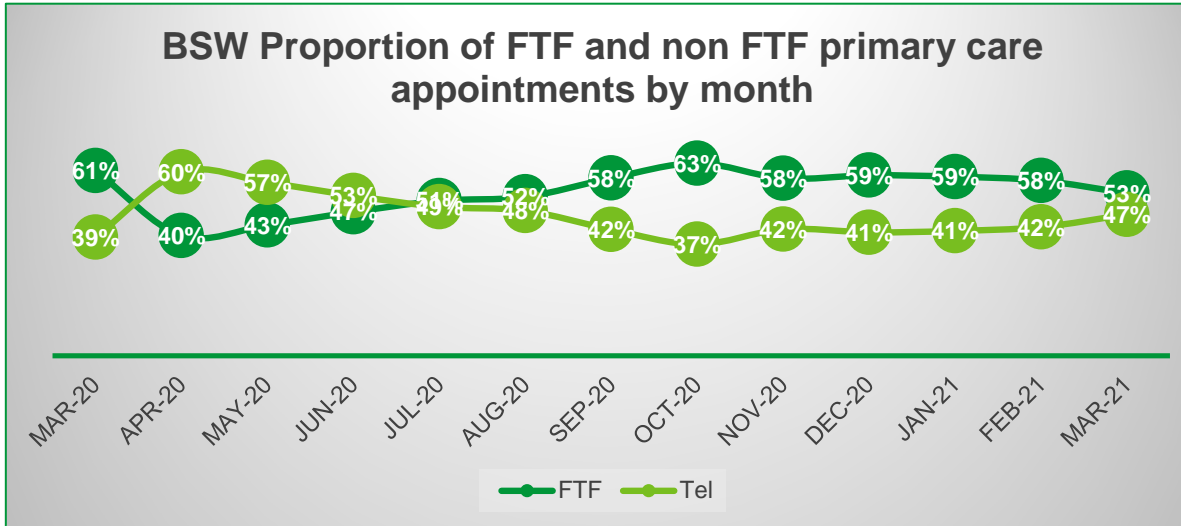
Recovery/restoration of primary care – national expectation that primary care can reinstate “Business As Usual” and continue to deliver vaccination services. In line with the national confirmation that the temporary changes to the GP contract under the pandemic regulations are now extended until 30 June 2021, BSW has approved an extension to the Primary Care Offer of 20/21 for the majority of the Locally Commissioned Services for the first quarter of 2021/22 to enable Practices to reintroduce any services that have been paused during the pandemic in a planned and measured way over the next three months with no funding uncertainties.

Ensuring all practices have returned to access levels of pre-COVID – and ensure there are face-to-face appointments, support online consults. BSW (to practice level) weekly primary care reporting is continuing and plans in place for the mapping to the new set of GP appointment categories. Practices will be supported with the Information Analyst team to undertake a short one-off exercise to map each slot type it uses to one of the national categories as the functionality aligned to the categories is made available by GP system suppliers; and for consistent mapping across the CCG and understanding what can be reported centrally using data from the warehouse.

GP Covid Expansion Funds (November 2020) set against delivery of seven national priorities (increase GP numbers and capacity; Long Covid services; support for the backlog of appointments including Chronic Disease Management and routine vaccinations and immunisations; support for clinically vulnerable patients and maintenance of the shielding list; Covid Oximetry @ Home model; progressing LD Health checks; backfill for staff absences to meet demand) and is now extended until Sept for the expansion of capacity to make further progress on the 7 priorities and prioritise spending on any PCNs committed to deliver the Covid Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater.

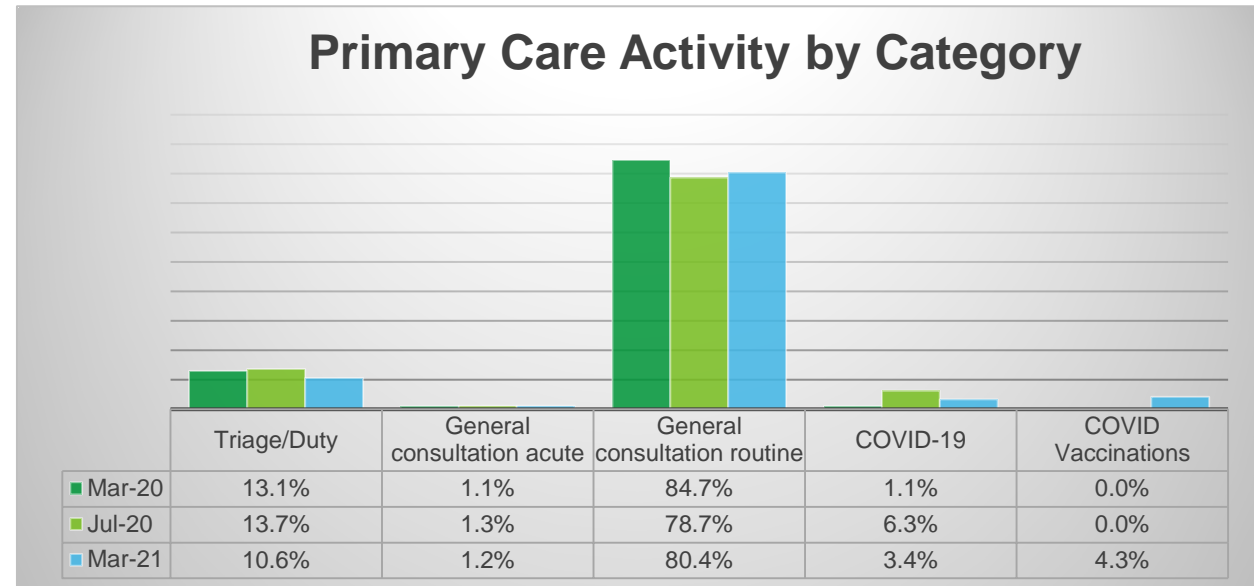


Primary Care Focus – GP Appointments



GP practice appointment data show the switch of mode from face to face to telephone during the first wave of the COVID 19 pandemic. During the period November 20 to March 21 the proportion of face-to-face contacts have increased, especially during the winter flu campaign.

Practices will soon be required to map their appointment slots to national categories. The chart to the right shows an estimation of the proportion of slots in the new national categories. The chart shows the decrease in routine activity but the increase in COVID related activity in July 20. This data is indicative only due to variation in slot configuration.





BSW Quality Overview

Community Hospital resilience – Sulis Ward at St Martin's hospital remains closed – A Quality Impact Assessment (QIA) identified poor patient experience as a potential negative impact but this has not been identified through quality intelligence and there has been no increase in reported patient safety incidents.

Savernake Hospital: Restricted admissions continue to Chestnut Ward due to the acuity of patients and staffing levels. The current vacancy rate on Chestnut Ward is 36%. Despite the challenges at Savernake, there has not been an increase in incidents on Chestnut Ward; however, there has been a gradual increase on Ailesbury which is under review. There have been no complaints received from either ward. A Quality Review has been carried out and an action plan agreed, the CCG will actively support WHC to complete actions.

Falls Improvement – SWASFT have highlighted a Trust-wide risk regarding long waits for resource to attend patients who have fallen in the community with potential for harm as a result of the delays. SWAST working to understand actions to be taken. GWH have seen a reduction in inpatient falls with harm following a focused improvement programme, which continues.

Violence against front-line ambulance staff – SWASFT have appointed a violence prevention officer and have secured funding for body worn video cameras that can be activated in a potentially violent situation. SWAST have seen an increase in aggression against their staff . It is hoped that cameras will act as a deterrent but also provide evidence for prosecution.

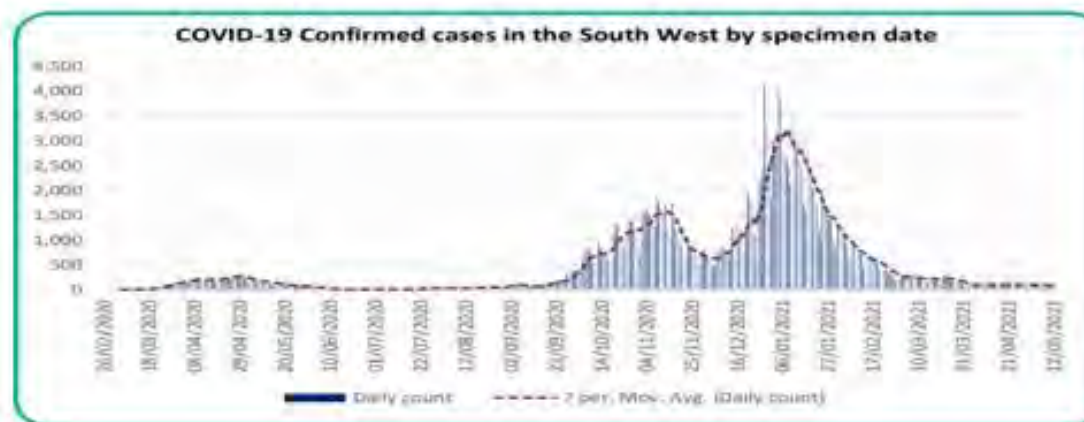
Community Services- B&NES (Virgin Care) - Key areas highlighted include both community hospital resilience and reablement provision. Work programmes are in place to monitor progress of short, medium and long-term goals focused on providing the right pathways/ model of delivery and ensuring the right capacity is available and to guarantee a system-wide approach is adopted.

The quality team is working with provider colleagues to quantify the risk and qualify any patient safety issues relating to people de-conditioning if people are staying in hospital longer than expected.

South West Community case rate by system

	Individuals tested per day per 100,000 population		Percentage individuals test positive		Case rate per 100,000 population		Case rate per 100,000 population aged 60 years and over		Case rate per 100,000 population aged 11 - 16 years olds		Case rate per 100,000 population aged 17 - 21 years olds	
	7-day moving average	7-day change. %	7-day moving average	7-day change. %	7-day moving average	7-day change. %	7-day moving average	7-day change. %	7-day moving average	7-day change. %	7-day moving average	7-day change. %
Bath and North East Somerset, Wiltshire, and Swindon	337.6	5%	0.5%	0%	15.4	-4%	5.5	-14%	49.8	10%	15.2	60%
Bristol, North Somerset and South Gloucestershire	375.4	8%	0.4%	0%	13.7	17%	5.2	-21%	24.2	-21%	9.3	-57%
Cornwall and Isles of Scilly	355.3	5%	0.1%	-50%	7.2	-14%	2.2	-55%	27.3	25%	6.6	-33%
Devon, Plymouth and Torbay	408.2	5%	0.3%	0%	13.2	1%	6.8	13%	31.8	-27%	9.9	-41%
Dorset and Bournemouth, Christchurch and Poole	388.1	6%	0.2%	-33%	10.0	-17%	4.9	32%	26.4	-28%	28.7	99%
Gloucestershire	372.7	7%	0.2%	0%	10.0	-2%	5.1	0%	35.0	50%	5.9	-60%
Somerset	414.1	4%	0.3%	0%	14.1	-2%	6.8	196%	44.7	55%	31.1	0%

- Highest rates of testing in Somerset and Devon;
- All Systems have lower case rates than the national average of 23.6 although we have this week seen increases in both BNSSG and Devon
- Case rates in Over 60s and 11-21 year olds also all below national average.





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BSW System 2020/21 MONTH 12 Interim Financial Overview

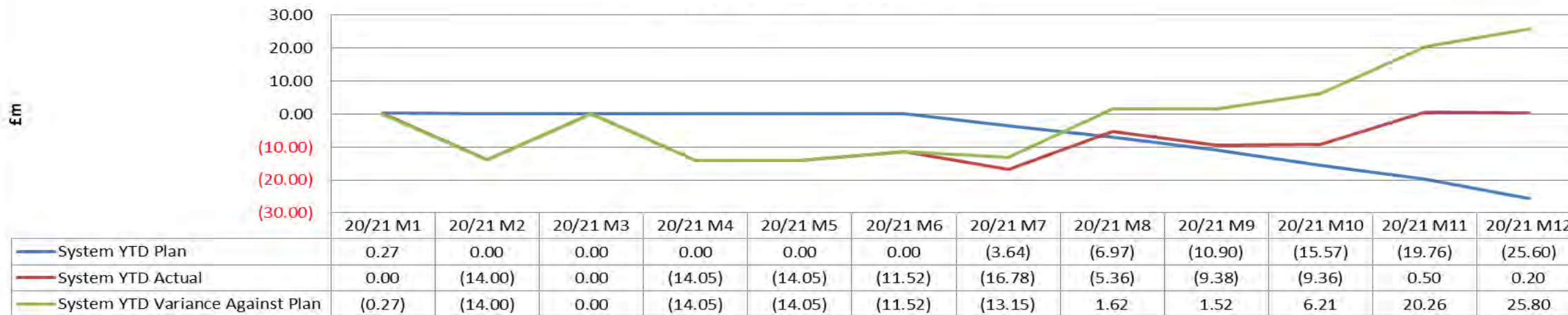
FOR REPORTING TO BSW EXECUTIVE AND PARTNERSHIP BOARDS

14 May 2021



BSW I&E Report

System 12 Month Plan vs Actual incl. Financial Support (PSF/FRF/Top-Up/etc.)



Financial Summary

The adjusted BSW NHS Phase 3 plan was £25m deficit. Due to additional funding to support us through wave 2 of covid and some reimbursement for lost non NHS income we have delivered £0.2m surplus. AWP who are aligned to BNSSG for reporting purposes ended the year with a small surplus. At this stage the Adult Social Care figures are yet to be shared publically and are therefore excluded from this report.

Risks and Mitigations

This report is the final report for the 2020/21 Financial Year and therefore there are no risks and mitigations relating to the financial position. The key risks to note in relation to 2021/22 are:

- Financial regime for H2 is not currently known and it is anticipated that the income envelope for the system will be significantly reduced
- The impact of the Elective Recovery Fund (ERF) needs to be worked through based on actual activity.



• BSW I&E Report

Organisation	Planned YTD Outturn at Month 12	Actual YTD Outturn at Month 12	Variance from YTD Plan at Month 12	Planned Outturn (based on Phase 3 Plan submission)	Forecast Outturn (based on Phase 3 Plan submission)	Forecast Variance from Plan
	£'000	£'000	£'000	£'000	£'000	£'000
BSW CCG	(15,018)	130	15,148	(15,018)	130	15,148
Total CCGs	(15,018)	130	15,148	(15,018)	130	15,148
Great Western Hospitals FT	(3,829)	27	3,856	(3,829)	27	3,856
Royal United Hospitals FT	(3,025)	(38)	2,987	(3,025)	(38)	2,987
Salisbury NHS FT	(3,195)	78	3,273	(3,195)	78	3,273
Total Acute Providers	(10,049)	67	10,116	(10,049)	67	10,116
Total BSW NHS Position	(25,067)	197	25,264	(25,067)	197	25,264
Avon and Wiltshire MH Partnership @ 45%	(536)	3	539	(536)	3	539
Total NHS	(25,603)	200	25,803	(25,603)	200	25,803

AWP is being reported separately as they are aligned to BNSSG for 2020/21 Reporting



Questions?





Bath and North East Somerset,
Swindon and Wiltshire Partnership
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Item 11

Transformation Workstreams – Update Report



Report summary

Key points	<p>This report presents the Highlight Reports from the following programmes:</p> <ul style="list-style-type: none">• Acute Hospitals Alliance• Ageing Well• Digital Programme• Elective Care• ICS Estates• Learning Disabilities & Autism• Maternity• Mental Health• Outpatient Transformation• Urgent Care and Flow <p>Each report updates on delivery over the reporting period (please note that this varies by report) together with a headline assessment of risks, progress and key milestones.</p>
Recommendation(s)	<p>The Partnership Board is asked to :</p> <ol style="list-style-type: none">1. Note the report and the progress made to date.2. Provide comments and feedback on the format and content of the Highlight Reports that could further strengthen future reporting.
Key risks	<p>Risks for escalation are identified in each Highlight Report and none of the programmes are reporting as Red rated.</p> <p>The only red traffic light identified is related to the review of the BSW Urgent Care Strategy which has been delayed due to operational escalation pressures and the current requirement for a focus on commencing the 6 priority workstreams identified in the report.</p>
Resource implications	<p>Resource implications described in each Highlight Report</p>

1. Highlight delivery report



Programme	Acute Hospital Alliance		Delivery RAG
Reporting period	Q1 2021-2022		
Executive Lead	Cara Charles-Barks	Transformation Lead	Ben Irvine
Green			

What has been delivered or changed? (headlines)

AHA Programme Planning for Next Phase:

- Series of development workshops held March - May, supported by NHS Providers team. Final workshop planned on 28th May.
- AHA Narrative developed and Ten working Principles defined.
- Refreshed priorities for next 18 months emerging.
- Plan to build upon and strengthen AHA collaboration arrangements. Governance review underway. Exploring options for Committee in Common arrangements. Some potential joint post opportunities identified.
- By end of Q1 will put in place refreshed programme plan for 2021-2023; proposals for governance arrangements to support delivery; a common Programme Management approach and methodology; Stakeholder engagement plan.

Current Programmes of work:

- 1. Effective BSW Partners** (BSW Elective Strategy development; BSW Virtual Clinical Teams work progressing well in Paediatrics, Dermatology, and Ophthalmology. BSW Microbiology work due to start shortly).
- 2. Next Phase Covid & Recovery** (Single Waiting list approach – successful pilots in Paediatrics run March/ May – lessons learnt analysis will inform elective strategy and recovery work; Network Provider MOU).
- 3. AHA Corporate** (Procurement Collaboration – BSW Procurement strategy drafted; one team approach planned; finance back-office collaboration – six areas of collaboration planned by DoFs; EPR Alignment OBC development; Single approach to improvement across Trusts).

108 of 205

What risks and issues need escalation / are being managed?

- A range of risks and issues are being managed by the programme team.
- In March 21 a lessons learnt exercise identified areas for focus in preparing for next phase (Engagement, Roles & Responsibilities, Resources, Programme Management, Programme Governance); these are being managed by Programme Director, CEOs and Programme Board.

Financial summary

- EPR OBC Digital Aspirant budget award (£250k); expenditure (c£170).
- Procurement Programme Saving c £1.4m 2020-2021; target 21/22, £2.2m. Forecast to over-deliver in M1.

Highlight delivery report



Milestones	Target date	RAG
Procurement – Strategy, OBC Team plan, 21-22 CIPs	Mar-June 21	In Progress
EPR Alignment OBC. [Re-programmed owing to revised OBC/FBC scope]	Aug 21	In Progress
Back Office Finance programme defined	Feb 21	Complete
Back Office Corporate Programme defined	June 21	In Progress
BSW Elective Strategy complete.	June 21	In Progress
Network Provider Model Options defined & piloted	Sept 21	In Progress
BSW Virtual Clinical Teams [Phase 1, Paeds, Dermatology]	June 21	In Progress
AHA Development as Provider Collaborative: next phase plan.	May 21	In Progress

Planned impact and progress

Rationale for working at AHA level:

- Equity, Sustainability, Improvement
- AHA as catalyst for horizontal collaboration as well as vertical integration.
- AHA provider collaboration as an effective contributor to BSW. With DGHs being effective system partners across health and care; making contribution as anchor organisations to local populations and enabling system financial sustainability.

Preparing for AHA Next Phase

How we Work

- Common AHA Programme Management – linked to Trust PMOs – from Q2; Common AHA Improvement Approach – from Q2.
- Active support for teams to work in new Integrated Care landscape: Triple focus on Organisation, Place and AHA/System.

Resourcing

- Project & Programme resourcing, Communications and Engagement, and clarity of roles and responsibilities.
- Executive SRO lead capacity; Clinical leadership capacity to support transformation. *[Investment approved – recruitment pending]*

Governance

- *Draft* proposal due June 25th AHA Programme Board.

2. Highlight delivery report



Programme	Ageing Well	Reporting period	Mar/Apr 2021	Delivery RAG
Executive Lead	SRO Dr Robin Fackrell	Transformation Team	Dr Mark Luciani (lead GP), Jill Couvreur, Lucy Baker	AMBER

What has been delivered or changed? (headlines)

BaNES

- Hospital@Home virtual ward RUH - 50 patients through VW as of 10/05 . Evaluation via project group in first week of June.
- Consultant Connect Geriatrician in Care Homes pilot (RUH footprint) 7am-10pm 7/7 . Approximately 20 interactions to date with only one patient admitted as a result of conversations between paramedic and consultant. Longer term plan to review opportunity across BSW

Swindon

- Community Virtual Ward (VW)- 24 patients admitted to date (243 individual contacts). 8 patients have had to be admitted to GWH. Adverts out for one Clinical Lead (B7) and one Developmental Post (B6) these appointments will be used for urgent community response, which includes the VW. Equipment has been delivered and training for Qarido set up. Swindon VW working with HIU (High Intensity Users) lead and some referrals are being received from that route.
- D2A (Discharge to Assess) Home First pilot underway for 4 weeks: identified 7 people from Trauma in first couple of weeks to be discharged same day and assessed in own homes. Pre-assessment (First City) providing 3-4 visits per day and SW team carrying out assessment in home. No re-admissions. 2020/21 funding has been allocated to delivering D2A Home First from all wards at GWH. Project Group has been established and development of the team is underway.
- Funding - proposal for the use of national funding for 20/21 approved at Ageing Well Programme Board. (Funding will be used to deliver D2A Home First across all wards)

Wiltshire

- Care Home VWs - 115 appointments , 4PCN's and 19 care homes involved. Clinics are expanding from June
- Audit of BSW Pathway 2 patients to understand why not Pathway 1 funded by BCF (Better Care Fund)
- 2 hour urgent response integrated Health and Social care pilot running in the West of Wiltshire. Evaluation available from 1st July.

BSW

- EHCH (Enhanced Health in Care Homes) MDT (multi-disciplinary teams) development - facilitated workshop locality leads agreed. Liaison with key Care Home forum leaders underway with stakeholder workshops scheduled for Wiltshire and Swindon in June. Aim to have all Design Workshops finished by end of June. Training & development portal in early design stage.

What risks and issues need escalation?

- Process for allocation of national funding
- Working collaboratively to reduce risk of silo decision making and duplication
- Accessing details of where ICAs are in National Ageing Well asks, including Anticipatory Care scoping and responsibilities

What has been delivered or changed? (headlines)

BSW

(continued)

- Trusted Assessments –aim to reduce duplicative assessments by taking a standard approach to trusting a decision ‘assess once, trust that assessment’. Use of frailty add-on to ICR may offer a solution to implement change in ways of working. Link to CGA/ICR working group timelines.
- CGAs (comprehensive geriatric assessments) – aim to co-create streamlined standard document accessible to all. Use of frailty add-on to ICR may offer a solution to implement change in ways of working. CGA working group now conjoined with ICR GraphNet Frailty working group to work through the wider issues raised from GraphNet demo sessions and to draft a set of problems to solve to explore potential requirements of data/dashboards. (Including outcomes of a digital CGA approach). Timeline to work alongside Frailty Management go-live date for BaNES.
- GraphNet Frailty Management module secured through national funding. Transformation session and demonstration resulted in agreement to pilot the new Frailty module with BaNES first. Working group now set up and first meeting 24/05. Further demos underway to work through issues and mitigations. Initial small scale PDSA to start with CCC MDT (Jo Meacham) – awaiting GraphNet ICR update before access to new frailty tool is available.
- Shared Decision Making (SDM) – Personalised Care SDM patient feedback tool. Tool now receiving data from live pilots at Warminster and Chippenham with results also now available by clinician login to the tool portal. Orthopaedic Interface Team in Salisbury commenced pilot beginning of May and Cardiology Outpatients Clinic at GWH due to start later in the month or early June. Developing showcase presentation to engage further clinical areas to participate
- De-Prescribing - Anticholinergic burden patient leaflet live. Work has commenced on education sessions – GP incentive schemes . Podcast for pharmacists (AHSN collaboration) in use.
- Funding & Prioritisation - output capture form, QIA and risks templates completed and approved at programme board. Process captured ageing well activities taking place at scale. Work continues to map these across to the ICA led ageing well agenda. Regional representatives will now attend future AW Programme Boards
- National funding and priorities session 26/4:
 - Urgent community two hour response to be delivered with community providers submitting to CSDS.
 - EHCH contractual elements to be delivered in full with systems supporting relationships & cultural change.
 - Anticipatory Care - ask in planning to understand what model will look like. £100k funding pot available for ICS AC leads. Need confirmation of where this is being picked up.

Financial summary

Embedding of Virtual Wards & integrated Frailty Admissions avoidance are included in ICS Prioritisation process under refs PR021 & PR119 respectively.

BSW £4.17m for transformation of community services and £1.04 in Q1. Fair shares allocation to ICAS process to deliver all three national Ageing Well priorities. Next steps of process to be confirmed following BSW Oversight and Delivery Group

Highlight delivery report



Milestones	Target date	RAG	Planned impact and progress
Co-creation of transformation opportunities to mitigate risk of deconditioning of patients during Covid period – pilot to take elective patients onto virtual frailty ward commenced end of April 21	June Programme Board	ongoing	<ul style="list-style-type: none"> To support people to live their best lives and stay healthy To reduce preventable attendances and admissions across the system Delivery of LTP Ageing Well ambitions Share best practice and help reduce unwarranted variation and duplication across BSW
Review opportunity to extend Consultant Connect Care Home pilot for RUH footprint and across BSW	08 Apr	In progress	
EHCH design scope for MDT training & development	15 Mar	completed	
Prioritisation process – confirmation of ICA ageing well priorities to develop a co-ordinated list across ICS – share synergies and best practice	By June 3 rd	ongoing	
BSW transformation session using hypothetical clinical scenarios with partners to support pathway improvements	21 Apr	completed	
Preparation for review of phase 3 actions and 21/22 planning process	By June 3 rd	In progress	
Co-development of care home work stream – care home rep now on Ageing Well Programme Board	31 May	In progress	

Evidence of impact - data

- H@H virtual ward RUH: 16 patients through the ward as of 1/3/21. PDSA patient-by-patient cycles now complete. 5 rejected (discharged via Home First as too medically well) 1 deterioration for unrelated issues and admitted onto ITU. 9 onto VW with significant consequent reduction in LOS. 50 patients through VW as of 10/05. Evaluation via project group in first week of June.
- Swindon virtual ward: February - 16 admissions overall. Only 3 had to be admitted to hospital saving 13 admissions. As of 31/3/21 - 20 admissions overall. D2A Home First pilot identified 7 people from Trauma to be discharged same day and assess in own homes. No re-admissions
- Wiltshire care home virtual ward: March data: 52 patients reviewed to date. 3 PCNs involved, 13 care homes. Outcomes for those discharged: 67% had improved health / quality of life 20% unchanged or non-concordant with treatment 13% report deterioration or have sadly died. April Data; - 115 appointments, 4PCN's and 19 care homes.
- Consultant Connect Geriatrician in Care Homes pilot: March data 100% admission avoidance (8 patients). April: Approximately 20 interactions with only one patient admitted
- Shared Decision Making: 397 patient feedback surveys sent out from Chippenham with response rate of 24%. (Warminster using paper process, number of surveys unknown, with 36 returned). Rolling CollaborATE mean scores across both pilot sites 3.7 out of 4.0.

3. Highlight delivery report



Programme	Digital		Delivery RAG
Reporting period	April 21		
Executive Lead	Caroline Gregory	Transformation Lead	On Track
		Jason Young	

What has been delivered or changed? (headlines)

- Completed documenting the digital work programme at project level for inclusion in the draft planning round submission. 171 projects identified.
- Graphnet Integrated Care Record now extended to include further wave of 20 RUH facing Wiltshire practices
- Access in place to Graphnet PHM platform for BSW analysts
- Maternity Personal Held Record now in design phase and has informed BSW Changing Futures bid
- Demos held of read/write care planning to EOL Oversight Group and of frailty to module to members of the Aging Well programme board
- Two additional care homes live with TPP SystemOne. First benefits review held with home
- Digital board highlights:
 - Use of TPP SystemOne being explored in community maternity
 - Opportunities to align IG approach across MH/acutes developing
 - Potential tactical solution to requesting MH diagnostics identified
 - Potential joint procurement of employee vaccination software discussed
 - NHSX funded NHSE remote monitoring programme is being developed
 - Progress updates received on image sharing & BI strategy

What risks and issues need escalation?

- A significant element of the IT programme has no identified funding source.

Over £90m of £130m is unfunded or only partially funded

Fundamentals of **IT estate** remain significantly underfunded. Estimated £4m gap to deliver PC/Laptops on a 6 year refresh cycle

EPR alignment will require significant external funding source

Integrated Care Record contract has been signed by CCG at risk with funding required from 21/22

Financial summary

5 year programme est. £130m+
 £64m unfunded/ £23m partially funded/ £41m funded.
 Yr1= £30m

Highlight delivery report



Milestones	Target date	RAG
National milestone of “Minimum Viable Solution” for Shared Care Records	Sep 21	On track
Review of priorities within year 2 of strategy	Jun 21	On track
Maternity PHR pilot commences	Sep 21	On track
Advice & Guidance contract transition	Jul 21	
NHSE Population Health Management Wave 3 Programme commences	Sep 21	
FBC for EPR Alignment	tbc	

Planned impact and progress

Digital strategy and component projects underpin the priorities below by providing a toolkit to enable transformation:

- Recover non-Covid services
- Strengthen delivery of local People Plans
- Address the health inequalities that Covid has exposed
- Accelerate the planned expansion in mental health services
- Prioritise investment in primary and community care
- Build on the development of effective partnership working at place and system level

Evidence of impact - data

Nine care homes now live with TPP SystmOne access. First benefits review session with live home identified patient care benefits and time savings i.e. efficiency for both care home staff and those working in primary care.

4. BSW Highlight delivery report



Programme	Elective Care	Reporting period	May 2021	Delivery RAG
Executive Lead	Richard Smale	Transformation Team	Led by Cara Charles Barks & Mark Harris	AMBER

What has been delivered or changed? (headlines)

- Elective recovery 4 week rolling average improvement (detailed in impact).
- Additional activity to be self funding from elective recovery fund scoped.
- Community Diagnostic Hub expression of interest submitted and diagnostics group formed to shape 5 year strategy.
- Demand and capacity tool produced.
- Shared clinical teams programme commenced in paediatrics.
- Ophthalmology clinical group formed and bi-lateral cataract arrangements with providers agreed.
- Memorandum of Understanding agreed with Independent Sector providers to ensure that capacity is used to support transfers from acute providers (long waits) and good flow of transfers underway.
- Elective Care Board refresh underway to oversee 6 programmes :-
 - Elective Recovery
 - Innovation and Technology
 - Networked Provision and System PTL approach
 - Community Diagnostic Hubs
 - Specialised Commissioning (incl. use of tertiary centres for non specialist activity)
 - Shared Governance
- Elective Care Strategic Framework in development
- Health inequalities data analysis to inform actions agreed.

What risks and issues need escalation?

- Inpatient recovery lower than peers in region.
- Forecast reduced impact on waiting list in Q2.
- IG requirements for system PTL repository not yet resolved (NHSE requirements).
- Actions from regional GIRFT sessions for orthopaedics not defined as a good BSW planned response as yet.

Financial summary

Forecast income from ERF £9.8m using existing planned activity, meaning any additional activity would be self financing from ERF.

BSW Highlight delivery report



Milestones	Target date	RAG
Assumptions agreed to fully populated demand and capacity tool and separately diagnostics	30/5/21	In Progress
Completion of Elective Strategy Framework final draft	2/6/21	In Progress
System PTL data repository in place	30/6/21	In Progress
Shared Clinical Teams – Ophthalmology, Orthopaedics and Maxillofacial plans developed	30/6/21	In Progress
Agree use of additional activity from ERF	28/5/21	In Progress
Health inequalities data analysis complete	11/6/21	In progress

Planned impact and progress

- Demand and capacity modelling will inform waiting list trajectory improvement and requirements for CDH.
- System PTL repository will provide both a system view of waiting list and the mechanism to share waiting lists to enact shared clinical team work.
- Additional Erf funded activity will reduce number of long waiters.

Evidence of impact - data

- Elective recovery 4 week rolling average figures versus 19/20 levels
 - Referrals 70.8% CT 116.8%
 - First OP 96.4% MRI 97.5%
 - Follow up OP 94.4% Endoscopy 128.0%
 - Day case 84.6%
 - Inpatients 66.2%

5. Highlight delivery report



Programme	Estate	Delivery RAG
Reporting period	March 2021 to May 2021	
Executive Lead	Caroline Gregory	Transformation Lead
		Simon Yeo and Laurence Arnold
On Track		

What has been delivered or changed? (headlines)

- BSW ICS Estates Strategy: Restart, which was paused due to COVID pressures
- Future Delivery of Estates Functions: Task and Finish Group to bring forward proposals for the future delivery of a single Estate function across BSW
- Soft Facilities Management Services: Opportunity under the ICS to consider Soft FM at a ICS level. Work stream considering options and opportunities.
- GWH Way Forward Programme – Development land acquisition completed Mar 21, Clover/UCC demolition May 21 with new UTC build to commence Jun 21, Integrated Front Door GA plans in development.
- RUH Cancer Centre (£50m) Full Business Case approved with a start on site in July 2021
- RUH New Hospital Programme (c.£450m) Strategic Outline Case in development with a planned submission in October 2021
- SFT Campus Programme – Strategic outline case for the first element to reprovide the current day surgery unit has been completed. Going through the Trust’s governance during May/June. Subject to approval, circulated within BSW for review, input & to agree next steps
- New Devides Health Centre (£11m), previously known as Devides Integrated Care Centre Full Business Case approved, with a start on site in May 2021
- New West Wiltshire Centre for Health and Care (£16m), previously known as Trowbridge Integrated Care Centre Full Business Case being considered by the national Joint Investment Committee on 27 May 2021
- Providing specialists Estates input into the BSW Care Model and Demand & Capacity Modelling

What risks and issues need escalation?

- c.£430m of capital schemes without an identified funding route, which is anticipated to increase with the development of the BSW Care Model
- Costly backlog maintenance programme without adequate funding
- An ambitious wide ranging Estates and Facilities programme across BSW, which isn't matched with adequate specialist skills and capacity
- The NHS nationally has ambitious Environmental Sustainability target ('Net Zero'), with BSW currently having a skills, capacity and funding gap to deliver the targets

Financial summary

c.£430m of unfunded major schemes

Highlight delivery report



Milestones	Target date	RAG	Planned impact and progress
BSW Estates Strategy	Sept 2021	On Track	<ul style="list-style-type: none"> • Collective understanding of BSW wide estates needs and how they will be addressed aligned to future health and care model • Integrated ICS estates function providing more comprehensive service to partner organisations • Mitigation of poor infrastructure which is costly to maintain and increase exposure to clinical risks • Fit for purpose estate responding to future sustainability agenda which can adapt to meet future agile ways of working
BSW Estates and Facilities Management redesign	June 2022 (subject to NHSEI approval)	On Track	
Soft Facilities Management Services	March 2022 (subject to NHSEI approval)	On Track	
Environmental Sustainability Work Plan	September 2022	In progress	
GWH Way Forward Programme	UTC target completion date Dec 21, IFD target completion date Winter 23	In progress	
RUH Cancer Centre Full Business Case approval	March 2021	Complete	
RUH New Hospital Programme Strategic Outline Case	October 2021	On Track	
SFT Campus Programme Strategic Outline Case	July 2021 (estimated)	On Track	
Devizes Health Centre Full Business Case approval	May 2021	Complete	
West Wiltshire Centre for Health and Care Full Business Case	May 2021	On Track	

Evidence of impact

- Estates Strategies actively being developed
- ICS approved list of strategic estates schemes
- Reduction in costs of backlog maintenance through covid funded improvements
- Established Vaccination Sites across BSW
- Reduction in cost of backlog and estate alignment to care model through business cases being developed and approved
- BSW wide groups established for Agile Working, Environmental Sustainability, Soft FM and future Estates and Facilities redesign
- Active involvement in the Care Model design and Demand and Capacity Modelling

6. BSW Highlight delivery report

Programme	BSW All age Learning Disabilities and Autism	BSW Transformation Team	Dr Molly Moffat (lead GP), Georgina Ruddle, Lucy Baker
Reporting Period	April 2021		
Executive Lead	Liz Williams & Claire Edgar		



Delivery RAG

AMBER

What has been delivered or changed? (headlines)

- Adults Autism Waiting times Initiative mobilised; GP holistic wellbeing assessment of individuals with the longest waits for a diagnostic assessment [who do not yet have a confirmed appointment date]
- Delivery of BSW children and young people (CYP) Autism Diagnostic Waiting List Initiative Project commencement April 2021 – September 2021. Six month project which aims to create and implement an diagnostic assessment pathway across using a multi professional virtual team for a minimum of 241 children and young people with the longest waits for a diagnostic assessment. An evaluation of acceptability of the model to people, outcomes, any efficiencies created underpinned by robust clinical rationale and NICE compliance will inform the future BSW model and diagnostic pathway.
- BSW Third Sector Adults Autism pre & post-diagnostic support 12month pilots launched.
- Learning disability Annual Health Checks for people aged 14+ uptake improvement initiative mobilised across BSW.
- BaNES/Wiltshire CYP Short Breaks Service scheme to provide additional support to families, increased need associated with impact of the pandemic.
- Wiltshire Locality; 12 month proof of concept 'Intensive and Enablement Team.' The team aim to support individuals who increasing needs nearing crisis, and focus with people to build on their strengths and resilience. The team provide time limited support in a person's own home.
- Wiltshire Locality; 12 month pilot of an Intensive Community Connector working with existing community services (statutory and voluntary) and is focused on prevention and immediate support to prevent escalation in to crisis, and therefore need for an inpatient bed. Pilot is focusing on Calne/Yatton Keynell and Devizes. Currently in recruitment phase.
- LeDER – BSW workshop held, Annual report approved by BSW Quality and Performance Assurance Committee [awaiting Governing Body approval]
- System focus on improving BSW LD/ASD three year road map and strengthening planning narrative

What risks and issues need escalation?

- Breach of CYP and Adults 12 week wait for autism assessments.
- Wiltshire & Swindon 'gap' regarding adult forensic learning disability and/or autism (LDA) service.
- BSW LDA Adult inpatient numbers: 21
- Increasing number of complex individuals escalating and access to crisis support or inpatient bed

Financial summary

- Confirmation of expected NHS E LDA funding allocation 21/22;
- Community £410k
 - C[e]TR £28k
 - LeDER £33k

BSW Highlight delivery report



Milestones	Target date	RAG	Planned impact and progress
Adult Pre and Post Diagnostic service with third sector. Funding secured. KPI's agreed. Mobilisation in progress (1); year end evaluation to inform future model.	1) June 2021 2) Q4 21/22	In Progress	<ul style="list-style-type: none"> • Reduction of Adult LDA inpatient numbers • Sustained reduction of CYP LDA inpatient numbers • Improved rates of annual health checks • Address health inequalities including those related to Covid-19
BSW LD Annual health checks evaluation to inform the future model, to be completed by the University of Bristol.	Sept 2021	In Progress	
All Age Autism and Pain Response – Pain management tool. Focus Group to be formed. Members identified and invited.	Oct 18 th 2021	In progress	
All Age Autism Awareness e-learning training to become mandatory	Sept 2021	In Progress	
CYP Autism pilot waiting list improvement initiative evaluation	Sept 2021	In Progress	
LeDER – LD awareness training plan in development.	In progress	In Progress	
Further development of BSW three year road map	6/06/2021	In progress	

Evidence of impact - data

- BSW Adult Autism waiting list improvement initiative commenced. Assessment of 100 people to date. 100% of those involved reported positively on experience and highlighted importance of out reach model.
- BSW CYP Autism pilot waiting list improvement initiative commenced with 75 opting in to date. Detailed work with families who have opted out. Next wave to go live by end of May 2021.
- BSW Learning disability Annual Health Checks support offer - 125 completed [includes updating peoples individual health care action plans]. Performance increased to 56% predicting to now deliver the LTP ambition

7. BSW Highlight delivery report



Programme	Maternity Transformation	Reporting period	April 2021
SRO Lead	Lucy Baker	Transformation Team	Sandra Richards and BSW LMNS Programme Board

Delivery RAG

AMBER

What risks and issues need escalation?

- Assurance LMNS Dashboard – remains incomplete – requires dedicated time from CSU.
- Risk that workforce absences (maternity leave) and staff vacancies impacting on implementation of Continuity of Carer models, personalised care and capacity to maintain normal services
- Some GP surgeries giving notice for midwives use of clinic rooms to replace with AHP provision (Integrated care agenda). Temporary community hubs space may not be sustainable.
- Lack of clarity nationally regarding payment model for midwives in Continuity of Care models delaying implementation - escalated to regional SW MTP board
- Temporary senior midwifery team absences at SFT impacting on transformation work . Regional support sought.

What has been delivered or changed? (headlines)

- Provision of offer of Continuous Blood glucose monitoring for women with type 1 diabetes in pregnancy in all three providers.
- Launch of Real Baby Milk digital information resource for all health professionals and women using maternity services across BSW (Cross service boundaries)
- Ockenden report assurance submissions by maternity providers and LMNS. Action plan in place for BSW
- Work underway to determine BSW Perinatal Quality Surveillance Revised model for BSW – Buddying with Glos LMNS and working with CCG/ICS Quality and Safety Team to embed LMNS in structure of ICS.
- Maternity Services reviewing resumption of full services – RUH Bath are able to support two birth partners during labour and partner support at all points of pathway (exception is overnight stays on ward due to space constraints). Visiting hours extended on postnatal ward. GWH and SFT reviewing with view to full resumption subject to Acute Trust sign off.
- Completed operational policy for reduction of risk of Covid 19 to at risk pregnant women
- Updated FAQ's and COVID for pregnant women
- Supplier identified for platform provision (Graphnet) for proof of concept pilot of digital shared personalised care plan accessible by women and health professionals
- RUH reporting 45% of women on Continuity of carer pathway. GWH launched two Continuity of Carer teams in April
- Agreed funding for BSW provision of free formula milk for babies of HIV positive mothers in line with BHIVA guidelines
- Mobilisation plan for implementation as fast follower for Maternity Mental Health clinics underway with recruitment in process
- Alongside Midwifery Unit building work underway in SFT and Implementation group in RUH reconvened and progressing
- BSW Workforce bid submission for national funding to meet Ockenden Assurance in relation to Birth Rate plus Midwifery staffing, twice daily ward rounds and MDT training .
- Maternity Voice Partnership (MVP) production of Padlet with range of resources for women and staff relating to racial awareness , Equality and diversity
- MVP – six new targeted surveys launched to seek feedback on partners experience, neonatal care, postnatal care, infant feeding , antenatal care, labour and birth
- Continued provision of E – cigarettes as part of Smoke free pathway in BSW. Continued work on Smoke free pregnancy across BSW and alignment with LTP agenda.

Finance Summary

On track

BSW Highlight delivery report



Milestones	Target date	RAG
Full resumption of pre-Covid maternity services	July 2021	In progress
Maternity Services Compliance with Ockenden IEA Assurance requirements	August 2021	In progress
Plan and building blocks in place for Continuity of Carer Pathway to be default model of care offered to women	March 2023	In progress
All women from Black, Asian, minority ethnicity and women from most deprived areas on Continuity of Carer pathway (appropriate caseloads)	March 2022	In progress
Smoking at time of birth to be below 6%	March 2022	In Progress
At least 40% expectant mothers on new LTP smoke free pathway	March 2022	In progress
All women to have personalised care and support plan	March 2022	In progress
AMU provision on SFT Site	Sept 2021	In Progress
AMU provision on RUH Site	March 2023	In progress
Embedded offer of Continuous Blood glucose monitoring for all pregnant women with type 1 diabetes in BSW	May 2022	Implement ed
Agreed plan for implementation of blended payment for maternity services	Dec 2021	In progress
Maternal Mental Health clinics in place (trauma, tocophobia and grief)	Dec 2021	In progress
Each maternity provider to be compliant with Saving Babies Lives Care Bundle – Pre-term birth clinic and right place of birth for <27 week babies	June 2021	In progress
Stillbirths reduce to 2.4/1000	March 2024	
Neonatal deaths reduce to 0.9 /1000	March 2024	
Pre-term births reduce below 6%	March 2024	
Reduce brain injuries in neonates to 2.9/1000	March 2024	

122 of 205

Planned impact

- 50% reduction in stillbirths, neonatal deaths, maternal death and neonatal brain injuries by 2025
- Pre-term births to reduce to below 6% by Mar 2024
- Smoking at time of birth to be below 6% by March 2022.
- Improved outcomes and maternity experience for women from Black, Asian, Ethnic minorities and women from the most deprived areas of BSW.
- Increased number of women having choice of birth in a midwife led setting.
- Improvement in women's experience in CQC Maternity Survey.
- Increase in number of women booked on Continuity of Carer Pathway
- Increase in number of women able to access psychological support and interventions

Milestones	Target date	RAG
LMNS Equity Analysis and co-produced action plan to meet national Perinatal Equity Strategy (not yet published)	Sept 2021	In progress
Implementation of Neonatal Critical Care Review improvement plan (SW ODN)	Ongoing	In progress
All BSW maternity information system suppliers to be compliant with MISN (1 and s)	July 2021	In Progress

Evidence of impact - Data

- Data for April not yet available however BSW have achieved target of 20% reduction in Stillbirths by 2020.
- RUH Bath have > 40% women booked on Continuity of Carer Pathway with 5 teams in place and GWH Swindon have launched 2 Continuity of Carer teams in April 2021. Both areas prioritising women from Black, Asian, minority ethnicities and women from deprived areas. SFT have paused Continuity of Carer teams whilst additional recruitment is underway but plans in place to resume. Smoking at time of birth (delivery – SATOD) **BSW reduction from 9.7% of women 18/19 and 19/20) to 8.5% in 20/21** towards target of 6% by March 2022. (Note BaNES increase from 6.6 to 8.1% but Swindon decrease from 11.1 to 9.1% and Wilts decrease from 9.8 to 9.1% of women)
- Breast feeding initiation rates data not yet available for YTD
- Awaiting confirmation on Stillbirth and Neonatal and brain injury data from Q4 governance reports from Trusts.
- All maternity providers have submitted Ockenden assurance templates to national team . Midwifery workforce deficit to Birth rate plus standards of midwifery staffing

8. Highlight delivery report



Programme	BSW All age Mental Health – Thrive		Delivery RAG
Reporting period	April 2021		
Executive Lead	Dominic Hardisty	BSW Transformation Team	In progress
			Dr Sarah Blaikely (lead GP), George Ruddle, Lucy Baker

What has been delivered or changed? (headlines)

- Commenced co-creation of Additional Roles Reimbursement Scheme (ARRS) MH Professional rolls. With AWP and Primary care . Collaborative workshop held April to understand changes to national rules and agree job descriptions and recruitment processes
- IAPT discharge of in active cases commenced - 5,500 discharged in April with 2,554 to be discharged in May. Monthly review meets in place
- Community Mental Health framework - CAP apprentice trainees commenced training in April . Recruitment for project managers for third sector and OD leads commenced.
- Multiagency BSW ADHD waiting times steering group established to focus on recovery actions. Learning from BSW ASD waiting time steering group re feedback from people and process
- Progress continues with fourth BSW community wellbeing house. House purchased on 17/05/2021 due to open q2 2021. Collaborative model between AWP and third sector
- BSW multiagency workshop being planned for early June to bring together all age MH providers, acute providers and third sector to rapidly review pathways into acute hospitals and explore transformation opportunities. Leads identified.

What risks and issues need escalation?

- Repeat of increased activity and acuity being seen as lockdown restrictions lift. This includes: increased OOA, CYP eating disorder and crisis presentation.
- IAPT recovery and access - Co-development of BSW plan to address waiting times and discharging inactive cases
- CYP access – High vacancies and staff sickness . Locality level action plans in place with concept of ‘shared problem and shared solution ‘ across the BSW system

Financial summary

Confirmation MHIS delivery for 21/22 (meeting 4.19% uplift equates to £5m) BSW Mental Health Finance Oversight Group commenced detailed piece of work around financial sustainability and review of total spend

Highlight delivery report



Planned impact and progress

- Supporting people around their emotional wellbeing and mental illness in their local communities
- Reduction in preventable attendances and admissions
- Reduction in OOA placements
- Address health inequalities including those related to Covid
- Accelerate the planned expansion in MH services

Milestones	Target date	RAG
Community MH framework year one pathways subgroups agreed and being commenced	1/06/2021	In Progress
Phase two roll out of SMI AHC pilots – extend from Swindon to BaNES and Wiltshire	1/05/2021	Complete
Second iteration of CREST demand and capacity modelling	1/06/2021	In Progress
BSW Staff wellbeing hub offer to go live	w/c 17/05/2021	In progress
Restart of BSW Crisis Work stream	June 21	In progress

Evidence of impact

SMI Annual Health Checks – New holistic model of support.



- Co-designed holistic model to undertake annual health checks and provide early intervention and prevention support
- Partnership between specialist nursing team and third sector
- Piloted in Swindon based in community Place of Calm
- 282 checks undertaken
- Scheme now being rolled out to Wiltshire and BaNES
- Formal evaluation – University of Bristol

“Was worth visiting.”
“I felt good, I am satisfied”
“I am 5 star satisfied”
“Walking into happiness”
“Brilliant, excellent!”
“I am surprised, it was ok, good.”
“Brilliant!”
“I am very happy.”

Connecting people

- Immediate third sector support for self harm and increased alcohol consumption
- Access for physical support for high BP and self care

9. BSW Highlight delivery report



Programme	Outpatient Transformation	Reporting period	May 2021
Executive Lead	Richard Smale	Transformation Team	Led by Tim King, supported by Anna Field

Delivery RAG

AMBER

What risks and issues need escalation?

- 25% non face to face appts threshold for gateway to ECRF (BSW rates declining and now at 31%)
- GWH – yet to advertise for A & G clinical lead
- PIFU – all Trusts will be required to Trust wide approach to PIFU to drive this work forward in a consistent way internally (national target is within milestones below)

Financial summary

What has been delivered or changed? (headlines)

- Good levels of recovery in both new and follow-up appointments
- Commenced new Advice and Guidance Contract
- Commenced work to transition existing Advice and Guidance services to the new platform
- Successful testing of the platform in one practice
- Progression of governance for A & G - DPIA, DPA and Clinical Safety Assessment
- AWP work to establish an internal project group for Advice and Guidance
- Chairmanship passed to Tim King (due to Esther Provins 6 months leave)
- Recruited Advice and Guidance clinical leads for SFT and RUH, in progress for GWH and AWP – to lead specialty preparation discussions including job planning implications
- BSW led PIFU workshops (supported by Regional lead) and follow-on meets for Rheum, Paeds and Community Services (focus Parkinsons)
- BSW PIFU self assessment completed and submitted to region 14/5/21
- Review and reflection of the work of the BSW OP Transformation Group – agreed move to bi-monthly Teams calls focus on celebrating success, unlocking barriers, identifying opportunities, be sighted on performance
- Agreement to establish 3 formal sub-groups for – Advice and Guidance, PIFU and non face to face attendances (deliverables drafted)
- EQIA being progressed for face to face consultations (already completed for Advice and Guidance)
- Proposal to recruit provider level clinical leads for each sub-group using NHSX monies provided
- Discussions with BSW Execs regarding the development of BSW referral management services

BSW Highlight delivery report



Milestones	Target date	RAG	Planned impact and progress
Transition to new A & G platform	End July	In Progress	
Establishment of BSW PIFU and Non face to face groups (clinically led)	End July	In progress	
Establishment of a stakeholder project team to develop vision for BSW ICS referral services	End June	In Progress	
Review the role of clinicians within referral management services	End Sept	In progress	
		Underway	
		In progress	
PIFU to be in place in 80% of specialties – national target (currently meeting this at SFT and RUH but not in GWH)	End March 2023		

Evidence of impact - data

- First OP recovery @ 96.5% week ending 2/5/21 and 96.4% for 4 week average (regional average week ending 2/5/21 = 93.5%)
- Follow-up OP recovery @ 87.9% week ending 2/5/21 and 94.4% for 4 week average (regional average week ending 2/5/21 = 93.1%)
- Non face to face activity week ending 2/5/21 25% first appts (20% RUH, 30% SFT and GWH), 35% follow-ups (31% SFT, 35% RUH, 39% GWH) and 31% total

10. BSW Highlight delivery report



Programme	Urgent Care and Flow Board	Reporting period	April 2021	Delivery RAG
Executive Lead	Stacey Hunter	Transformation Team		AMBER

What has been delivered or changed? (headlines)

- Stacey Hunter new UCFB Chair for April 21; and the focus of the revised UCFB will be on the delivery of the transformation and change we need to secure in the 6 priority areas agreed at the April 21 Urgent Care and Flow planning and prioritisation session
- The 6 key priorities in 21/22, are aligned to the national must do's for UEC care. These will also inform year 1 of the BSW strategy, and they are:
 1. 111
 2. 999
 3. Reducing Ambulance Handovers
 4. Same Day Emergency Care
 5. Emergency Care Data set
 6. Discharge to Assess
- Key aspect of this work that we are testing and may need refinement is the governance and accountability arrangements between the placed based ICAs (who have ownership and responsibility for the key priorities) and the UCB who have responsibilities in the TOR for oversight of those delivery plans
- New Interim Director of Urgent Care (started 7th May) has been working with system partners to identify Senior Responsible Officers from the system for each the six priority areas; and project highlight templates created to be signed off at the May UCFB on 20th May
- Winter de-brief session on 6^h May postponed and rescheduled for the 8th June to allow for transition of the new interim Director for Urgent Care

What risks and issues need escalation?

- Urgent Care activity in all services increasing, significant increase in Minor attendances at each of the 3 acute trusts
- Work to review the BSW Urgent Care Strategy has been delayed and increasing operational escalation pressures and focus required on starting the 6 key priority workstreams

Financial summary

* Enhanced MCAS Costs for April 21 = £12k

BSW Highlight delivery report



Milestones	Target date	RAG	Planned impact and progress
UEC Strategy - draft	Jun 21	Red	<ol style="list-style-type: none"> 1. Strategy timeline being reviewed; seeking additional support offers from regional team 2. D&C – Steering group established and scope signed off 3. 111 – Increase in unheralded and heralded but not booked attendances, to be audited
UEC Demand & Capacity planning	Jul 21	In progress	
Priority Workstream 1 - 111	Sep 21	In Progress	
Priority Workstream 2 - 999	tbc	In progress	
Priority Workstream 3 – Ambulance to Hospital Handovers	Dec 21	Underway	
Priority Workstream 4 – Same Day Emergency Care	Tbc	In progress	
Priority Workstream 5 – Emergency Care Data Set	Tbc	In progress	
Priority Workstream 6 – Discharge to Assess	Mar 22	In progress	

Evidence of impact - data

- 111 – Increase in unheralded attendances, in particular minors. Urgent Care and Flow Board to focus on understanding this on 20th May.
- Handover delays – RUH handover delays decreasing but GWH experiencing increasing handover delays.
- Baseline data for each workstream is being collated to enable monthly monitoring of impact



Meeting of the BSW Partnership Board

Report Summary Sheet

Report Title	Communications and engagement strategy 21/22	Agenda item	12
Date of meeting	28 May 2021		
Purpose	Note	Agree	Inform
Authors, contact for enquiries	Tamsin May, Deputy Director of Communications and Engagement (BSW CCG) Dom Hall, Communications & Engagement Specialist – Strategic Projects (BSW CCG)		
Appendices	1 – Listing of BSW Internal and external communications channels		
This report was reviewed by	<ul style="list-style-type: none"> The BSW Partnership Strategic Communications Advisory Group BSW CCG clinical leads BSW CCG Executive Team BSW Partnership Executive (09/04/21) 		
Executive summary	<p>This draft strategy describes the BSW Partnership’s strategic approach to communications and engagement up to April 2022. This is a transition year for the BSW Partnership as it transitions to become a statutory body and this presents an exciting opportunity for the collective BSW communications workforce to join forces, align their organisational work programmes and play a strategic role in system and locality developments for the benefit of our workforce and communities. The success of this strategy and its 40 key actions relies on all BSW partners playing their part and there is a risk that inadequate capacity across our communications functions can be released for this to happen.</p> <p>The strategy sets out the key audiences, goals, approach, operating model and activities during this transition year. Planning, implementation and evaluation will be led by the CCG’s communications and engagement team. There have been some minor revisions to this strategy following feedback at BSW Executive (CCG primary care membership now also listed as an internal stakeholder, update added about the visual identity roll out and an amendment to recognise that some partners cover more than one ICS) and to the timings for delivery of the 40 actions.</p>		

	This strategy sits alongside individual partner organisation strategies and communications plans for specific work streams and projects and is a resource and guide for a communications and engagement approach to joint working across our integrated care system.							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The BSW Partnership Sponsoring Board is invited to approve the strategy.							
Risk (associated with the proposal / recommendation)	High		Medium		Low	x	N/A	
Key risks	<ul style="list-style-type: none"> • Inadequate communications and engagement with key stakeholders, staff and public across BSW would result in poor support, understanding and engagement with the developing BSW Partnership • Reputational risk if BSW Partnership fails to engage the public about its work • Potential decrease in morale and productivity if there is not effective engagement with the workforce • Failure to build relationships would result in absence of shared vision by across the system and will impede community involvement 							
Impact on quality	<p>If our communications and engagement strategy is effective, it will contribute to promoting and creating a culture across the BSW Partnership where equality and diversity is supported and this will ultimately mean a better patient experience.</p> <p>The strategy can also help us tackle health inequalities by; identifying groups with protected characteristics, supporting our efforts to capture insight and expertise from a range of different audiences, including the seldom-heard and tailoring our communications so they are accessible and relevant to all.</p>							
Resource implications	Successful delivery of this strategy relies on the active involvement of our partner communications and engagement functions. There is a separate request for a dedicated budget for design, video production, online advertising, photography and print to support delivery of this strategy.							
Conflicts of interest	N/A							
This report supports the delivery of the	<input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities							

following BSW System Priorities:	<ul style="list-style-type: none">☒ Sustainable Secondary Care Services☒ Transforming Care Across BSW☒ Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan
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Bath and North East Somerset,
Swindon and Wiltshire Partnership
Working together for your health and care

Bath and North East Somerset, Swindon and Wiltshire Partnership

**Communications and engagement strategy
2021/2022**

Version 21

Contents

1. Introduction
2. Context
3. Our goals for communications and engagement and where we want to be
4. The approach we will take to achieve our goals (the how)
5. Our audiences
6. Key messages
7. Our current and future operating model
8. Communication protocols
9. Our Channels
10. Brand and identity
11. Commitment to equality and diversity
12. Targeted key activity 2021/22
13. Support for key partnership projects and work streams
14. Evaluation
15. Resources

1. Introduction

This communications and engagement strategy covers the period up to April 2022 during which time legislation will pass through Parliament that will result in integrated care systems, like the Bath and North East Somerset, Wiltshire and Swindon (BSW) Partnership, becoming statutory bodies and changes to the way services are configured at a local level. There is an enormous task ahead to inform and involve everyone in this journey and to realise our shared vision which is *‘working together to empower people to lead their best life’*.

By April 2022, most of our collective workforce will still be working for the same organisations and as part of the same teams. However a cultural shift is required in terms of working together in new and different ways to make BSW Partnership greater than the sum of its parts and build on several years of collaboration that has been accelerated by the pandemic. Inclusive communications and engagement with our workforce over the next year is critical for helping them to navigate this latest structural reform – and for ensuring they are well at work to enable them to do their best work.

Whilst many of these proposed changes will not be immediately evident to the general public, communications and engagement is essential to ensure our local communities have the opportunity to have a voice in how we develop and provide services and to ensure we empower everyone to take more responsibility for their own health and wellbeing in order to lead their best lives.

Communications and engagement can be described as a ‘critical enabler’ of partnership working. It contributes to developing a shared sense of purpose across partners and communities, communicating and involving people in change and helping to build trust and effective working relationships between individuals, groups and organisations.

This document is the overarching strategy for BSW. It is intended to sit alongside individual partner organisation strategies and act as a resource and guide for a communications and engagement approach to joint working across our integrated care system.

References to BSW Partnership or the partnership in this strategy are inclusive of system-wide and ‘locality’ or ‘place-based’ and Integrated Care Alliance (ICA) activity unless otherwise stated and incorporate all partners including local authorities, providers and community services.

2. Context

NHS England and Improvement designated BSW Partnership as an integrated care system in December 2020. Prior to this, the organisations that form part of the partnership had worked together from April 2016 as the non-statutory body known as the Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership (STP).

BSW Partnership serves a combined population of around 940,000 living across the regions of B&NES, Swindon and Wiltshire, directly employs around 37,600 colleagues and benefits from the contribution of many more carers and volunteers. Our population is served by hundreds of third sector organisations, 90 GP practices, two community providers, three acute hospital trusts, a mental health trust, an ambulance trust, a clinical commissioning group (CCG) and three local authorities.

Our partnership covers a large geographical area. In order to address the distinctive needs and characteristics of local populations, we are making progress to develop collaboration at a place-based or 'locality' and 'neighbourhood' level across all of our partners, communities and voluntary sector. Our three 'localities' are co-terminus with local authority boundaries whereas our 'neighbourhoods' serve a smaller area of 30-50,000 people and coincide with groups of GP-led primary care networks and community services.

As a partnership we have identified three strategic aims and two enablers that will guide our approach and inform our priorities in the future. These aims and enablers encompass contributions from all of our partner organisations, encourage us to focus on the wider determinants of health and on developing a more proactive and preventative approach.

Strategic aims:

- Reform the quality and experience of care.
- Improve the health and wellbeing of our population.
- Reduce health and care inequalities.
- Support broader economic and social development

Enablers:

- Reduce per capita cost of health care and protect environmental, social and economic resources.
- Increase staff wellbeing and retain, attract and deploy an inclusive, engaged and flexible workforce.

In February 2021 the government published a white paper setting out legislative proposals for a Health and Care Bill entitled *Working together to improve health and social care for all*.

The measures set out proposals to modernise the legal framework to make the health and care system fit for the future and put in place targeted improvements for the delivery of public health and social care.

The proposals build on the NHS' recommendations for legislative change outlined in the Long Term Plan and include proposals to make integrated care the default, reduce legal bureaucracy, and better support social care, public health and the NHS. The bill is expected to receive royal assent by Christmas 2021.

Joint working among the wider BSW Partnership and the communications and engagement teams embedded within partnership organisations has increased significantly during the Covid pandemic. This strategy has taken into account the progress and learnings made during that period in terms of joint working, the importance of digital platforms (including video conferencing to replace face-to-face meetings) and the importance of fast, accurate and collaborative messaging.

3. Communications and engagement goals and where we want to be

1. Raise awareness and understanding of the need for joined up health and care across BSW, promoting the benefits and celebrating the achievements of BSW Partnership.
2. Ensure local people, including our most vulnerable communities, are given the opportunity to have a voice in how we plan and deliver services and empower them to lead healthy lives.
3. Provide communications and engagement support to enable BSW Partnership to deliver on its priorities.
4. Inform and involve our workforce during the next phase of organisational change and promote the BSW Partnership as a great place to work.
5. Prioritise breaking down health inequalities in our communications and engagement work, ensuring local people have equal access to services.
6. Increase public understanding of the role of personal responsibility and using health and care services appropriately by working with our public health partners.
7. Make the most of digital communication channels while supporting people to take advantage of digital opportunities including skills development, access and health promotion.

4. The approach we will take to achieve our goals (the how)

What is our approach?	How will we make it real? (snapshot only)
<p>We take a strategic approach and embed strong engagement and communication at the heart of the partnership's decision-making.</p>	<p>A communications and/or engagement specialist will join every work stream where capacity permits. Communications SRO/communications specialist joins BSW Executive and BSW Sponsoring Board meetings. Separate communications and engagement plans with timescales, key deliverables and evaluation metrics for every major programme of work.</p>
<p>We pool resources and do things once where it makes sense to do so.</p>	<p>One joined-up and system-wide winter and flu communications and engagement plan in 2021/22. Scope out one joint media monitoring service and social media management platform. Explore scope for more joined up health and wellbeing campaigns for the workforce. Agree priority campaigns and projects as a communications and engagement collective then share associated local assets via online resource centre.</p>
<p>We value public involvement and giving our communities a voice so they are truly at the heart of shaping solutions for health and social care.</p>	<p>Continue to make use of the BSW wide Our Health our Future Panel. Scope out, map and ensure a shared understanding of the engagement forums that already exist across BSW to maximise the impact of our activity and identify potential gaps. Develop recommendations for the new engagement model for BSW Partnership (system-wide and at locality/ICA level).</p>
<p>We value the use of storytelling; capturing the stories of our staff, patients and other stakeholders to help gain a better understanding of the issues affecting our communities and demonstrate how what our workforce are doing is making a difference to help bring our work to life.</p>	<p>Launch of the new BSW Partnership digital platforms including new website and refreshed twitter presence. Production of a BSW Partnership video to explain its aims and ambitions. Refresh of the BSW Partnership e-newsletter (The Triangle). Develop a compelling narrative that all system partners buy into which is well understood by the public (focusing on transparency and the provision of clear public information about visions, plans and progress). Set up a BSW online resource centre to share assets between all partners. Use of a broad range of channels and formats according to the diverse preferences of our stakeholders including video, infographics and podcasts.</p>

5. Our audiences

The BSW Partnership engages with many stakeholders and it's important that we engage with them in a timely, responsive and meaningful way to really understand and listen to their needs, ensure they have the opportunity to shape our development over the coming year and build lasting relationships.

5.1 Internal stakeholders

Our collective workforce, which during this year of transition includes our colleagues working in primary care, are central to the successful development of the BSW Partnership and delivery of the vision. More than 34,000 people work within the partner organisations across the health and care sector. They are a critical stakeholder group with the potential to act as ambassadors and adopters of change. It is vital that they understand the work of the BSW Partnership, how the NHS Reforms will affect them and how they can get involved. Engaging regularly with staff forms a key part of this communications and engagement strategy. The NHS Reforms and partnership development over the next year will have varying degrees of impact on individuals, teams and whole organisational workforces across BSW. So our approach to communications will need to be tailored to different groups within and across our partner organisations.

5.2 External stakeholders

Everyone who lives and works in BSW is a key audience for us but there are many other important stakeholders including:

- Associations and clinical bodies
- Campaign groups (38 degrees and Protect our NHS)
- Educational institutions (universities, colleges, schools)
- Health and Wellbeing Boards
- Healthwatch
- Hospices
- Housing Associations
- Independent care providers
- Local Medical Committees
- Major local employers
- Media (local, national, trade and journals)
- MPs, government ministers, local authorities, parish councils, elected members and councillors

- Neighbourhood and resident groups
- NHS (national and regional) and other public sector and regulatory bodies
- NHS England communications team (national and regional)
- Other care providers (acute, community, mental health) and care homes
- Other patient and community groups (Patient Participation Groups (PPGs), Health and Wellbeing groups, health forums, council-led area forums)
- Out of hours and 111 providers
- Social care organisations

It is also important that we take into account the view of those who are seldom-heard and those with protected characteristics including, but not limited to:

- Age
- Children
- Young adults
- People with learning disabilities
- People who are physically disabled
- Black and Minority Ethnic communities
- Boaters, travellers and Romany communities
- Homeless communities

This list of stakeholders was developed following a thorough stakeholder mapping exercise, full details of which are available on request.

6. Key messages

The key messages underpin all our activity, form part of our core narrative and will be delivered through the BSW partnership communications and engagement channels.

- An ICS is a way of working across health and care organisations that allows them to work closer together to take collective responsibility for the health and wellbeing of populations across large areas.
- ICSs are working across the country with the aim of improving population health, quality of care, cost-efficiency and supporting broader economic and social development
- We value collaboration at a local level between the NHS, local government and other partners with a more central role for primary care in providing joined-up care.
- Our workforce is central to the success of the BSW Partnership and we appreciate and recognise their dedication and contribution to our work.

- Over the last few years, health and care organisations across BSW have increasingly worked together collaboratively to make sure the experience of local people using services is more joined-up and better suits their individual needs.
- The collaborative way of working has been beneficial in the way health and care organisations across BSW have responded to the Covid-19 crisis, with social and community services, third sector and NHS providers joining up to provide support to the shielded and vulnerable in local communities and the provision of mutual aid between partners.
- We will continue to build relationships and work with our partners in neighbouring systems because there are patients from outside our area who come into BSW to access our services and people living in BSW who rely on treatment and care provided in other areas.
- The new way of working across health and care will bring long term benefits to local people and support the ongoing management of Covid-19.
- One of our first priorities is to increase engagement with the public and other stakeholders so that everyone understands the work of the partnership is kept updated about developments and has the opportunity to get involved in our plans and help shape our decision-making.
- There are growing pressures on the health and social care system, nationally and locally. The local population is changing. The number of older people is rising and there are more people living with complex conditions. This is contributing to an increased demand for services.
- For services to be sustainable we need to get better at preventing disease, not just treating it, and to encourage everyone to take responsibility for their own care.

7. Our current and future operating model

The CCG communications and engagement team has adopted primary responsibility for partnership activity e.g. producing newsletters, managing the partnership website and social media channels and leading on partnership-specific media relations and campaigns alongside its organisational priorities. The team also provides some communications and engagement support to the ICS Development Programme and its related work streams. This team incorporates a business partner model so each locality has a named contact for communications and engagement guidance.

There are communications and engagement teams embedded within each of our partner organisations who are responsible for delivering activity against their own corporate objectives. Some of these partners are also part of more than one ICS. Collaboration has increasingly been reflected in our approach to communications and engagement across BSW and notable examples include maternity transformation, Our Health Our Future engagement on the BSW five year plan and the emergency response to winter pressures and the pandemic. The vaccine roll-out and general covid response has also accelerated collaboration with partner organisations taking responsibility for different aspects of the programme, headed by the communications lead at Salisbury Foundation Trust. We have established focused communications and engagement groups made up of leads from our system partners to jointly issue press releases, hold media briefings, launch social media campaigns and disseminate messages on partner channels.

There is a BSW sponsor for communications and engagement who is a member of the BSW Executive team. There is also a senior responsible officer for BSW Partnership communications and engagement. She heads the CCG communications and engagement team and facilitates joined-up and coordinated working across the BSW communications functions. There are a number of forums and committees at a local, system-wide, regional and national level where communications and engagement leads meet and plan activity. One key meeting is the Strategic Communications and Engagement Advisory Group, a formal forum for BSW partner communications and engagement leads. This group does not have formal decision-making powers but meets monthly and aims to take a strategic approach to advising the BSW Partnership Executive on coordinated communication, engagement and PR activities that will enable the BSW Partnership to achieve its ambitions, aims and objectives at a system and locality level.

Over the next 12 months, we will draw more on the collective skills and experience of our communications and engagement workforce to take our work to the next level in terms of joint planning and a coordinated approach in areas including campaigns, digital and social media projects, press management and engagement.

As the shape and direction of our ICS and ICAs emerge over coming months, there will be a need for strategic communications and engagement input to support their development. Over the next year we will make recommendations for how we adapt our current operating model to support the developing BSW Partnership both at a system and place-based level. This will include proposals for how we will better embed communications and engagement as an integrated function of our ICAs, working as part of the team developing the core functions around community engagement and influencing healthy behaviours.

We will identify all the formal and information engagement networks and then work out how the functions might be met, both in terms of level of required resource but also how the different responsibilities can be shared between partners.

Key activity for 2021/22:

	Action	Deadline
1	Review membership of the SCAG and identify other communications and engagement forums that need to be established.	May 2021
2	Make recommendations for how our collective communications & engagement functions need to adapt to help develop our ICAs, each of our organisations and the system-wide work of BSW Partnership.	October 2021

8. Communications protocols

The partnership's Communications and Engagement SRO and CCG communications and engagement team work closely with communications leads from BSW partner organisations to ensure there is effective information-sharing and collaboration. Each partner organisation uses their own communications channels to promote and involve their staff, patients, public and other stakeholders with the work of the partnership.

Copy for partnership press releases, websites, newsletters, statements and other communications is shared by the CCG with the communications leads at the relevant partner organisation prior to publication. Sign-off is required by a partner organisation for content which specifically mentions them.

All partner organisations issue press releases and other communications at the same time and to ensure that messages are consistent across channels and stakeholder groups.

Wherever relevant, any public relations and/or communications activities delivered by partners references the partnership to ensure all opportunities to promote the work of the partnership are realised.

Where possible, all partner organisations will agree between them messages for their own communications to avoid conflicting or confusing information about the partnership and its plans.

In the event of media enquiries about the partnership, an appropriate spokesperson from the correct partnership project work stream or one of the BSW Executive will be identified to respond.

9. Our channels

We understand that our key audiences have different communication and engagement needs and preferences and we will continue to respect these when we engage and communicate with them. Our materials will be available in different formats and will include visual and interactive information to meet the needs of our audiences. Our communication and engagement materials will meet the Accessible Information Standard and we will use the most appropriate methods to reach each audience group, using plain English and avoiding jargon. We will offer materials in other languages as appropriate.

9.1 Digital communications

We will operate – as we do at the CCG – with a ‘digital first’ approach to disseminating information and communications. We recognise this allows fast, adaptable and no- or low-cost engagement with our audiences, while supporting our values and aims.

Our vision is that the partnership will present appealing, insight-driven digital communications that complement and inspire individual organisations’ activities, offer an opportunity for individuals to engage and become a trusted, authoritative source of information.

A separate digital communications strategy is currently being developed to support this vision and its actions include:

- a social media campaign to support the launch of the new website and re-branded Twitter feed
- reviewing the CCG’s social media channels as its legal position becomes clearer, with a view to merging with the partnership’s channel/s
- asking for a commitment from our partners (via a Social Media Protocol and shared resource space) to coordinate digital campaigns work wherever it makes sense to do so
- future-proofing our digital communications activity by consolidating scheduling, research and analytics into a social media management platform

Our primary digital channels are as follows:

9.1.2 BSW Partnership website (bswpartnership.nhs.uk)

Our new BSW Partnership website launched on 1 April 2021 and replaced the former STP site.

Our new website aims to:

- Engage and inform the public and other key stakeholders about how they can get involved in our work including details of transformational projects, engagement events, Partnership Board meetings in public and how to sign up for our newsletter
- Inform the public and other stakeholders on relevant partnership matters including news, finances, new initiatives, performance and the configuration and work of our ICAs
- Act as a repository for public-facing information for people involved in transformation activity including a library of back issues of our partnership e-bulletins and other communication material
- Engage and inform BSW colleagues about system-wide education projects, job opportunities and events, incorporate an online booking system for training and education, and house BSW's extensive prescribing and medicines optimisation information.

The site will also link to information about BSW's offer for individuals with diabetes.

9.1.3 Social media

The BSW Working Together Twitter account has relaunched in April 2021 as @BSW_Partnership and currently has 780 followers. Content focuses on the Partnership's key messages and aims and ambitions outlined above. It also mirrors what is on the partnership's website as well as what is covered in the e-newsletter, ensuring our platforms present joined-up messaging. The platform is used to promote the work of the BSW Partnership and share key messages from partner organisations, as well as highlighting the benefits and showcasing examples of integrated care. The future of this channel and the CCG's other social media channels is discussed in more detail in the separate digital communications strategy.

9.1.4 Regular public e-newsletter

We have recently refreshed and relaunched our bi-monthly e-newsletter, which was previously called Stop Press. The newsletter has a new title - The Triangle - and carries our new BSW Partnership branding. It is aimed at other partner organisations, the voluntary sector, and interested members of the public. We will continue to produce this e-newsletter which provides

updates and news from across the BSW Partnership and includes opportunities for readers to get involved in plans.

The Triangle is circulated via partner organisation's channels and also published on the BSW Partnership website, promoted via the BSW Twitter account and sent to stakeholders who have signed up to a distribution list. It is also sent to all members of the BSW Partnership Sponsoring Board and all members of the BSW Partnership Executive Board.

9.1.5 BSW Partnership Programme News

We also currently publish a monthly BSW Partnership Programme News for an internal audience made up of colleagues across BSW Partnership, specifically those involved in partnership development and work streams.

This is a shorter, summary email, rounding up news from Partnership and Executive Board meetings and updates from work stream leads.

From May 2021 BSW Partnership Programme News will evolve to become a bi-monthly internal publication specifically for our entire BSW workforce to inform them about organisational changes and how they can be involved in shaping these as well as incorporating the news from the partnership work streams.

	Action	Deadline
3	Finalise a separate digital communications strategy for BSW partner communications functions to adopt	June 2021

9.2 Press releases and media relations

We work with media outlets across BSW and occasionally further afield to underline the role of the partnership and avoid duplication by communicating system-wide messages where it makes sense to do so. As our partnership develops we will work even more closely with our partner organisations to join up our media activity where possible. This will include hosting more system-wide press briefings like the ones held in December 2020 and January 2021 (in partnership with Wiltshire Council) in response to winter pressures. As well as local media, we will also aim to seek more positive coverage from media outlets that are targeted specifically at the health and care community.

9.3 Reputation management

The reputation of the BSW Partnership will be essential to recruiting, retaining and engaging with staff, maintaining the confidence of local people and ensuring support from external stakeholders such as MPs and the media.

We will proactively manage BSW Partnership's reputation by taking a proactive approach to issues management, horizon scanning and ensuring our response to emerging issues is clear and well-publicised.

10. Brand and identity

How we work and the way we present BSW Partnership's work to our internal and external audiences must reflect our vision of empowering people to lead their best lives. We act as brand ambassadors, encouraging our colleagues to do the same, and we help by promoting the correct use of our tools, templates, logos and style to ensure our identity and efforts are acknowledged.

We have developed a new identity for the BSW Partnership which offers a unified brand and logo for use on our website, publications, social media channel and presentation templates. Logo files and brand guidelines have been shared with BSW Partner organisations and we will work to ensure the new identity is embedded and used appropriately across our partner organisations.

11. Commitment to equality and diversity

We recognise and value the diversity within our local communities. We are committed to equality, diversity and inclusion because we believe these are fundamental to ensuring good population health outcomes. In addition to the Health and Social Care Act 2012, we are also bound by the Equality Act 2010. This ensures that we promote and prioritise the fair treatment of people regardless of any 'protected characteristic' they may have. The NHS defines the nine protected characteristics as age; disability; gender re-assignment; marriage and civil partnership; pregnancy and maternity; race including nationality and ethnic origin; religion or belief; sex and sexual orientation. Engaging with local people and representative groups, including those with protected characteristics as above, those who are seldom heard, children, young adults and vulnerable groups, helps us to understand the needs and interests of the people across BSW. Effective engagement will ensure that health and care services are best designed to meet their needs and help us identify how we can work to reduce health inequalities. We will tailor our communications so they are clear, accessible and relevant to those with specific information needs.

During the Covid pandemic we have developed further relationships with our vulnerable communities, and we want to ensure that our methods of engaging with them continue. This will ensure all voices are listened to and these communities feel they are engaged with us as much as they want to be.

We use population health and other available local, regional and national data as well as insights and feedback from the community, to understand how health and care services should be best developed and delivered to meet the needs of our communities.

12. Targeted and key activity 2021/22

Our communications and engagement activity is tailored to target all stakeholders listed in section 5. Listed below are groups of key stakeholders and activities we want to specifically highlight and prioritise in this communications and engagement strategy.

12.1 Internal communications and engagement

Working collaboratively with our communications and engagement colleagues in our partnership organisations is essential for successful delivery of this communications and engagement strategy.

We want to help the BSW workforce to understand what the BSW Partnership is planning to achieve by joining up health and care, to feel part of the wider workforce and understand how what they do in working together helps to empower people to lead their best life. We also want to inspire them with our plans for a BSW Academy that will offer the highest standard of learning and development opportunities to enable staff to excel in their jobs and achieve their career ambitions.

This strategy sets out how the communications and engagement partners will work together to inform and involve the workforce about the development of the ICS over the next 12 months and the channels it will use to do that.

A further BSW workforce internal communications and engagement plan will be created as part of the System Capability and People work stream, with a real focus on our people, their wellbeing and professional development.

The Strategic Communications and Engagement Advisory Group will be instrumental in supporting and delivering all elements of these internal communication and engagement plans.

12.1.1 Internal communication channels

A list of the internal communication channels available to reach the BSW workforce via partnership organisations is in appendix 1. The Strategic Communications and Engagement Advisory Group is responsible for:

- Disseminating information to its local workforce in a timely manner, using the most appropriate channels available to them.
- Ensuring information about the ICS development is included in regular organisation-wide briefings by senior leadership.
- Clear signposts to the BSW Partnership website and social media are available through internal channels, such as intranets.
- Creating a dedicated channel or point of contact for their workforce to ask questions, raise concerns, share great ideas and success stories.
- Sharing feedback from their workforce and providing input on workforce communications to the Strategic Communications and Engagement Advisory Group.

12.1.2 BSW internal audiences

- BSW Partnership Executive team
- BSW Workforce
- BSW CCG Executive team
- Executive teams within each partner organisation
- Non-executive directors, governors, lay members and elected members within each partner organisation

12.1.3 Key BSW internal communication channels

Channel	Audiences				
	BSW Partnership Executive	BSW Workforce	BSW CCG Executive Team	Partnership Executive Teams	Partnership NEDs, governors, lay members, elected members
BSW Programme News/New internal newsletter –	X	X	X	X	X
Monthly strategic comms & Engagement advisory group report	X		X	X	X

Quarterly briefing sessions					X
Executive blog	X	X	X	X	X
Partnership internal communications channels – see Appendix [X]	X	X	X	X	X

- BSW Programme News/Internal newsletter – bi-monthly digital newsletter to share ICS development news with sections dedicated to each ICA
- Briefing sessions – quarterly sessions for non-executive directors, governors, lay members and elected members.
- Communications and engagement report – monthly report from strategic communications and advisory group to update and provide assurance on partnership activity.
- Regular BSW Partnership Executive blog – bi-monthly to provide leadership insight to the partnership from each partner organisation
- Partnership internal communication channels – used to disseminate internal communications across the partnership workforce [information awaited]

Key activity for 2021/22:

	Action	Deadline
4	Launch of a new internal facing e-newsletter for the BSW workforce, to include a short survey to understand workforce awareness and current understanding about the BSW Partnership and vision.	May 2021
5	Introduce monthly reporting from strategic communications and engagement advisory group to BSW Partnership Executive leadership teams.	June 2021
6	Support the BSW Partnership programme team to host one virtual event for NEDs, lay members, governors and elected members and a series of briefings as required.	Sep 2021
7	Development of a core set of FAQs to be updated maintained and updated.	June 2021
8	Clear signposts to the BSW Partnership website and social media are available through each partner's internal channels, such as intranets.	May 2021
9	Establish a dedicated channel or point of contact for each partner	May 2021

	organisation workforce to ask questions, raise concerns, share great ideas and success stories.	
10	Introduction of a regular partnership blog/vlog with contributions from each member of the BSW Executive.	June 2021
11	Develop a power point presentation explaining the partnership, its vision, aims and objectives for managers within partner organisations to use as a supporting tool; to brief and update their teams.	May 2021
12	Regular updates on partnership information, developments, milestones and achievements to be sent to partner communications leads for use in organisation-wide briefings by senior leadership.	Ongoing
13	Ensure easily accessible and easy to understand background information on the BSW Partnership is included in all partner internal communication channels such as intranets and new starter induction packs.	March 2022

12.2 Public involvement

The people of BSW are at the heart of our strategy. Involving patients, the public and carers is vital if we are to achieve our vision of “working together to empower people to lead their best life.”

Work with our communities

We want to understand what really matters to local people and involve them as active partners in decisions that may affect them to ensure the best health and care services in our communities. We want to ensure meaningful engagement with the appropriate groups of public, patients and other stakeholders to encourage feedback and capture and champion patient and local community insights about health and care services to inform our future approach. This includes innovative as well as traditional approaches for engagement that achieve wide and deep engagement with seldom-heard groups. We will work closely with Healthwatch, the third sector and other organisations so they contribute to our communications and engagement. We will support partner engagement and consultation work; for example maternity and community mental health services and provide timely feedback loops so our communities can see how their views have made a difference to the work we do.

Working with Quality leads we will contribute to equality impact assessments as early as possible for all programmes of work to identify gaps in terms of protected groups who have not been engaged with; for example continuing our work with BAME groups to ensure equal access to the Covid vaccine.

Key activity for 2021/22:

	Action	Deadline
14	Develop a plan to engage with the public and other key stakeholders on the proposed changes to future working arrangements	September 21
15	Continue to make use of the Our Health our Future Panel - an innovative forum in which members of the public provide their views on local health and care issues. This panel is currently managed by the CCG working with market research agency Jungle Green. During 2021/22 we will work up proposals for continuing this engagement resource during 2022/23 onwards potentially bringing the panel in-house	September 2021
16	Refresh of the BSW Partnership e-newsletter (The Triangle)	April- Completed
17	Launch of the new BSW Partnership digital platforms	April- Completed
18	Implement plan to announce new digital platforms and branding to key stakeholders	April- Completed
19	Production of a BSW Partnership video to explain its aims and ambitions	June 2021
20	Develop a compelling narrative that all system partners buy into which is well understood by the public (focusing on transparency and the provision of clear public information about visions, plans and progress)	June 2021
21	Scope out, map and ensure a shared understanding of the engagement forums that already exist across BSW to maximise the impact of our activity and identify potential gaps	July 2021
22	Develop recommendations for the new engagement model for BSW Partnership (system-wide and at locality/ICA level)	September 2021

Working with the voluntary and community sector

Developing strong partnerships with the local voluntary and community sector (VCS) groups is a key part our engagement approach. We recognise the strong relationships they have with local people and the important role they play in improving the health and wellbeing of local communities and helping us in reducing health inequalities. Nowhere has this been seen more clearly than during Covid-19 with our voluntary groups springing to the aid of local communities and establishing local support networks and hubs.

Key activity for 2021/2:

	Action	Deadline
23	Mapping the voluntary and community sector partnerships across BSW and agree an engagement framework for this going forward (taking learnings from other ICSs that are similar to ours). As our ICAs develop, this framework may develop into a separate community engagement and inclusion strategy.	March 2022
24	Compliment meetings taking place in each locality with a regular system-wide event.	September 2021

12.3 Involving primary care

Forthcoming NHS reforms outlined in a recent Government white paper signal a significant change for primary care. There is uncertainty about how their clinical voice will continue to influence decision-making when legislative changes are introduced but the reforms also signal an exciting opportunity for primary care to influence how services are delivered and how we support communities at a locality level. There is mixed levels of understanding of and engagement with BSW Partnership across the diverse primary care workforce; with conversations happening at a practice, primary care network (PCN), locality and system-wide level. A priority will be to help ensure communications are relevant, timely and reach a wider primary care audience - increasingly including dentistry, optometry and pharmacy services - and to help clinical leads to ensure PCN, locality and system-wide messages are aligned.

Key activity for 2021/2:

	Action	Deadline
25	Introduce regular monthly updates with clinical leads, clinical chair and communications to plan messaging	June 2021
26	Review Stop Press circulation to ensure distributed to primary care	March 2021
27	Introduce a rolling programme of regular virtual meeting updates e.g.as part of regular primary care webinars	June 2021

12.4 Local Authorities and MPs

Local authorities will continue to be a key group for engagement as the new structure of our partnership evolves. Key sub groups here are Health and Wellbeing Boards and Scrutiny Panels. We will continue to engage with local Members of Parliament and ensure they are kept informed about our plans and transformation work within the local health and care sector

Key activity for 2021/2:

	Action	Deadline
28	Info pack about the partnership tailored for local authorities (including new councillors following May elections)	June 2021
29	Offer of virtual briefing for LAs	June 2021
30	Establish regular briefings for local MPs to offer updates on ICS and transformation of local health and care services	June 2021

13. Support for key partnership projects and work streams

As part of our commitment to playing a strategic role to develop the BSW Partnership, a representative from one of the BSW Partnership communications and engagement teams will join each of the main work streams where capacity permits.

As well as planning, implementing and evaluating activity to support the development of the partnership over the coming year, communications input will also continue for specific partnership programmes of work and projects, including:

Key activity for 2021/2:

	Action	Deadline
31	Agree support for partnership workstreams from our comms partners	April - Completed
32	Support establishment of the BSW Academy as a way of building the skills and capability of our collective workforce and deliver BSW Academy Communications and Engagement Plan	June 2021
33	Support development of a new integrated health and care model for BSW to improve population health outcomes	March 2022
34	Support the system recovery phase throughout summer 2021, including contributing to staff wellbeing initiatives	September 2021
35	Support for vaccine programme	Ongoing
36	Support for Covid emergency response	Ongoing
37	Support for hospitals' Acute Alliance and ICA development	Ongoing
38	Joint BSW Partnership communications and engagement strategy to cover winter 2021/22 with coordinated week by week activity including plans for a single, partnership wide flu vaccination campaign.	August 2021

14. Evaluation

We will constantly monitor our communications and engagement activity to ensure we are reaching our audiences effectively and providing opportunities for involvement and feedback.

Through monitoring and evaluation we will learn lessons and gain insight into public and stakeholder behaviour, allowing us to tailor our methods accordingly. This will include monitoring the demographics of the people we communicate and engage with to ensure we don't exclude any groups. Examples of how we will monitor activity include:

- media monitoring
- social media and digital (website and e-news) analytics
- audience analysis and personas
- colleague feedback through briefings, surveys etc. Undertake a stakeholder survey in January 2022 to benchmark awareness of the partnership and satisfaction with engagement
- patient and public feedback using various methods including online surveys and forums
- attendance at events and feedback forms
- equality monitoring
- scrutiny and challenge
- other feedback, for example media requests and Governing Body and BSW Partnership questions.

Key activity for 2021/2:

	Action	Deadline
39	Agree an evaluation framework that will be used consistently across our communications and engagement teams (The CCG uses AMEC)	March 2022
40	Commission a market research agency to undertake a stakeholder survey to help shape the next strategy	March 2022

15. Resources

The CCG communications team are leading the development of our new channels and key assets during 2021/22, in addition to their CCG accountabilities. However, this strategy will only be successful if our partners continue to collaborate and pool our collective expertise and people resource where it makes sense to do so. There is a request for a dedicated budget for partnership communications activity to cover areas such as design and video production.

Appendix 1

BSW Partnership internal and external communication and engagement channels

ICS	Internal channels	External channels
Avon and Wiltshire Mental Health Partnership NHS Trust	Intranet - AWP Highlights Snap comms – ticker tape running across all PCs Staff Facebook page Trust wide email to all staff PC splash screen Posters, leaflets, booklets	AWP website Facebook Twitter YouTube Spotlight magazine (suspended at the moment due to COVID)
Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group	Intranet All staff emails Colleague briefings Internal Facebook group Primary care e-bulletin Covid Incident control centre bulletin 7 days all staff email Weekly update for BSW patient forums Covid vaccine briefings ICS internal newsletter (in development) Partnership forum	BCW CCG Together Website Facebook Twitter Instagram Linked In Media Councillor and MP briefings Stop Press ICS newsletter Nextdoor
Bath and North East Somerset Council	Weekly staff engagement newsletter	E-connect Website Facebook Twitter YouTube Instagram Nextdoor
Great Western Hospitals NHS Foundation Trust	Daily email update Weekly email update Intranet Monthly all staff briefing Fortnightly senior staff briefing Monthly briefing for individual staffing groups, eg junior doctors, consultants, senior nurses	Website Twitter Facebook YouTube Equality and Diversity Newsletter
Healthwatch Wiltshire	Internal Facebook group	Website Twitter Facebook Instagram Young Healthwatch Wiltshire Instagram account

Healthwatch Swindon	Internal Facebook group	Website Twitter Facebook Instagram
Healthwatch Bath and North East Somerset	Internal Facebook group	Website Twitter Facebook Instagram
Medvivo	Intranet, Bi-weekly Clinical Digest email bulletin Bi-weekly Round-Up email bulletin – for staff Regular wellbeing Round-Up – to share health and wellbeing news, updates – plus social and fundraising events or activities Annual newsletter Various Quality-related reports Monthly/quarterly Executive Management video briefings for staff Monthly all staff business briefings via Microsoft Teams Workplace Facebook – tied in with HealthHero, who became our new control company towards the end of last year	Website Careers website Facebook Twitter LinkedIn Quarterly newsletter Annual Quality Account Group of 50 patient virtual group
Royal United Hospitals Bath NHS Foundation Trust	Intranet Workplace internal Facebook group @RUHBath Staff Newspaper (on hiatus) All Staff message internal email @RUHStaff Twitter Internal mail Twice weekly brief / InTheWeek (internal all staff emails) Snapcomms, tickertape style messaging system for breaking news that appears on all work stations	Website Facebook Twitter Instagram Linked In Insight magazine YouTube Digital Screens (on hiatus)
Salisbury NHS Foundation Trust	Newslink Governor's newsletter	Website Facebook YouTube Twitter
South Western Ambulance Service NHS Foundation Trust	Staff Bulletin (Weekly) The Pulse (monthly comms round-up)	Website Facebook Twitter Pinterest Instagram External stakeholder briefing

		(quarterly)
Swindon Borough Council	<p>Newsround Weekly e-newsletter every Thursday to all SBC staff</p> <p>Managers Update Weekly e-newsletter every Wednesday to all line managers</p> <p>Staff intranet (inc. graphics carousel) and screensavers</p> <p>Members Bulletin weekly e-newsletter every Thursday to all councillors</p>	<p>Facebook</p> <p>Twitter</p> <p>Instagram</p> <p>Linked In</p> <p>Your Swindon e-newsletter</p> <p>Business newsletter</p> <p>Tenant Focus newsletter –</p>
Virgin Care	<p>Intranet</p> <p>Colleague Newsletter</p> <p>Team briefings</p> <p>Weekly e mail from MD</p> <p>Partnership Forum (staff representatives)</p> <p>Roadmap days (discussions on particular issues)</p> <p>Staff Roadshows (events where any member of staff can ask the senior team anything they like)</p> <p>Manager Updates (corporate messages for managers to cascade)</p> <p>Corporate senior team staff Q&A session.</p> <p>Webinars on specific issues.</p>	<p>Website</p> <p>Facebook</p> <p>Instagram</p> <p>Media</p> <p>Stakeholder newsletter</p> <p>Stakeholder visits (e.g. MPs, commissioners)</p> <p>Direct patient contact via phone/letters/internet/text.</p> <p>Single Point of Access (SPA)</p> <p>Focus Groups</p>
Wessex Local Medical Committees	Your news update weekly email to all GPS and practice managers	<p>Website</p> <p>Twitter</p> <p>Facebook</p>
West of England Academic Health Science Network		<p>Website</p> <p>Instagram</p> <p>Twitter</p> <p>West of England AHSN News newsletter</p> <p>Innovation and Growth News newsletter - funding</p>
Wiltshire Council	<p>EPIC News (weekly internal newsletter)</p> <p>Wellbeing Wednesday (weekly message about health and wellbeing)</p> <p>Thankyou Thursday (weekly newsletter to thank staff for good work)</p>	<p>Website</p> <p>Twitter</p> <p>Facebook</p> <p>YouTube</p> <p>Instagram (although not used much at the moment)</p> <p>LinkedIn</p> <p>Weekly newsletters sent via MailChimp – a general</p>

	EPIC Hub (intranet site, hosted on SharePoint)	residents newsletter, business newsletter, school/early years newsletter Our Community Matters (18 websites, one for each community area in Wiltshire) – https://ocm.wiltshire.gov.uk
Wiltshire Health and Care	Staff intranet Staff only area of the external website Daily (as necessary) all staff email news bulletin Weekly all staff email message from the Managing Director Direct email Monthly live all staff briefings from the leadership team via Teams Fortnightly leadership briefings via Teams Printed materials – posters, etc.	Website Twitter Facebook YouTube Press releases, Partnership external comms as necessary



Meeting of the BSW Partnership Board

Report Summary Sheet

Report Title	A Vision for Enhanced Palliative and End of Life Care	Agenda item	13
Date of meeting	28 May 2021		
Purpose	Note	Agree	Inform
Author, contact for enquiries	Gill May (BSW Partnership), Wayne de Leeuw (Dorothy House Hospice), Irene Watkins (Prospect Hospice) and Dr Pippa Baker (Salisbury Hospice)		
Appendices	A Vision for Enhanced Palliative and End of Life Care across the BSW ICS		
This report was reviewed by	BSW Palliative and End of Life Care Oversight Group BSW Population Health Board		
Executive summary	<p><i>Death and dying are inevitable. Palliative and end of life care must be a priority. The quality and accessibility of this care will affect all of us and it must be made consistently better for all of us. The needs of people of all ages who are living with dying, death and bereavement, their families, carers and communities must be addressed, taking into account their priorities, preference and wishes.</i></p> <p style="text-align: center;">National Palliative and End of Life Partnership (May, 2021)</p> <p>The BSW Palliative and End of Life Care Oversight Group (a combined provider and commissioner partnership) chaired by the three hospices (Prospect, Salisbury and Dorothy House) was formed in September 2020.</p> <p>The attached report outlines the high level recommendations of this Oversight Group. It is the intent that these recommendations (and associated work streams detailed below) will enhance and build on the good work already in place across the system to achieve equitable, sustainable, cost efficient and outcome driven palliative and end of life care services fit for the current and future needs of the population of BaNES, Swindon and Wiltshire:</p> <p>Recommendation 1: Creation of a system wide “Palliative and End of Life Care Alliance”</p> <p>Recommendation 2: Adopting “What matters to you?”</p> <p>Recommendation 3: Consistent identification of “end of life” care need</p> <p>Recommendation 4: Personalised care planning and the use of the</p>		

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) template

Recommendation 5: Improved use of data and digital technology including improved access to and use of System1

Recommendation 6: A Single Point of Contact and Coordination

Recommendation 7: A “Compassionate Community” approach

Recommendation 8: Adopting a BSW System-Wide Approach to Workforce Planning and End of Life Care Education and Research

The oversight group and work streams that will support the delivery of these 8 recommendations are detailed below:

1. Establish the Palliative and End of Life Care (P&EoLC) Alliance with key members from across the system and localities who, as partners in P&EoLC, will facilitate the delivery of (at least) the following work streams to deliver our 8 recommendations:
 - a) Creating SMART patient and family “quality” outcomes that are validated by current research methodology e.g. Value Based Health Care. These will be built into a new, nationally aligned, BSW “P&EoLC dashboard” which will include quantitative outcomes and will be reviewed monthly by the oversight group to monitor progress.
 - b) Review System1/ICR and Graphnet use and access across all key providers including hospices/care homes.
 - c) Systematic identification of patients in the last year of life using the Gold Standards Framework in primary care and aligned with streamlined referrals/communication to key partners e.g. OOH, hospices and 111 through use of S1, Graphnet and the ICR.
 - d) Reviewing and enhancing (through improved use of technology linked to key partners) the P&EoLC coordination systems in each locality with an aspiration to develop a joined up service in year 3.
 - e) Embedding Advance Care Planning across the system i.e. ReSPECT and the electronic systems/templates to support this work with pilots in key areas.
 - f) Reviewing the Out of Hours District Nursing and Specialist and P&EoLC provision across the BSW footprint.
 - g) Developing a model for an EoLC rapid response/specialist Hospice@Home service aligned to the “Crisis response 2-hour crisis response standard” and 111, locality community provision and coordination.
 - h) Working with 3SG and health and social care partners to facilitate the creation of a compassionate community approach across BaNES with an ambition to apply the learning across the system.

	<p>i) Creating a matrix of P&EoLC education and training requirements, aligned to the BSW Academy and HEE ambitions, to create a workforce for the future linked to the BSW education work streams.</p> <p>Relevant National guidance:</p> <ul style="list-style-type: none"> • Integrating Care, NHSE (2021) • Integration and innovation, GOV.UK (2021) • Protect, respect, connect – decisions about living and dying well during COVID-19, CQC, (2021) • Palliative and End of Life Care Ambitions (2021-2026) 							
Equality Impact Assessment	Work has been completed in mapping existing services with providers across the system looking at equity of access to care.							
Public and patient engagement	Led by Professor Candy McCabe (Dorothy House/UWE) we are part way through a 3 part BSW wide public survey seeking patient and family feedback on the current specialist palliative and end of life care provision.							
Recommendation(s)	<p>The Partnership Board are being asked to approve the recommendations, associated resource request and empower the Palliative and End of Life Care Alliance to deliver the vision.</p> <p>The Partnership Board are asked to note the attached report, the alignment with regional NHSE strategy and national guidance and best practice in relation to integrated care systems, palliative and end of life care and the significant progress made to date with alignment across the system on the recommendations required to deliver this vision. There is now an eagerness by all parties to progress with the work streams and mobilisation plans.</p> <p>Approve the initial funding resource required to support oversight and delivery across the system and in each of the alliances.</p> <p>To note that following the review of the Out of Hours District Nursing and P&EoLC provision (including the specialist care provided by the hospices and other partners) across the BSW footprint and scoping review to develop a model for an equitable EoLC Hospice@Home/rapid response service aligned to the “Crisis response 2-hour crisis response standard” and 111, locality community provision and coordination, a further costed proposal for using the end-of-life transformational investment will be required.</p>							
Risk (associated with the proposal / recommendation)	High		Medium		Low	x	N/A	
Key risks	Risk: Failure to build on the existing alignment with providers and leaders across the system to enhance the palliative and end of life care required to meet current and future needs.							

	<p>Mitigation: Strategy has been socialised across the system and key providers and leaders identified with the skills to deliver the vision.</p> <p>Risk: Continued inequity of care provision across the system</p> <p>Mitigation: An empowered “Alliance” with the right representation and leaders to deliver against defined targets and achieve positive quality and cost effective outcomes.</p> <p>Risk: Insufficient and/or an inappropriately skilled workforce to deliver the vision.</p> <p>Mitigation: The new “Alliance” is aligned with the NHSE Southwest Strategic Network and newly published “Ambitions for Palliative and End of Life Care 2021-2026” guidance to achieve a workforce where “all staff are prepared to care”. The group will seek to be aligned with the BSW Academy at all times.</p>
<p>Impact on quality</p>	<p>a) SMART outcomes that demonstrate the impact on patient and family care will be developed and recorded through the use of validated surveys (e.g. Voices Survey) and other means of community/user involvement.</p> <p>b) Everyone in the last year of life will be identified regardless of their diagnosis and their needs discussed at a Multi-Disciplinary Team meeting i.e. GSF meeting and the right care, by the right team, at the right time offered to the person.</p> <p>c) Building on a “what matters to you” approach, communication of patients P&EoLC wishes and preferences and decisions will be shared across all key providers including sharing of people's Advance Care Planning (ACP) through the use of ReSPECT and digital technology (Integrated Care Record) reducing the risk of inappropriate (and costly) admissions to secondary care.</p> <p>d) With SytSm1 as the electronic patient record offering consistent benchmarking data from all SPC providers it will be possible to drive up performance and ensure equitable care across the system.</p> <p>e) Based on the ACP and compassionate communities work, there will be an increase in the delivery of palliative and end of life care where people want it, with associated reductions in costs as expensive and avoidable admissions are decreased and an increased satisfaction in care received e.g. Frome model and associated reductions in costs.</p>
<p>Resource implications</p>	<p>As part of the BSW Operational Plan for 2021/22 we have earmarked some dedicated non-recurrent funding to support the transformation of End of Life and Palliative Care Services. This resource will be used to provide:</p> <ul style="list-style-type: none"> • A dedicated Programme/Project Lead who will work to the Chairs of the Alliance: £46-54,700 p.a. (1.0 fte) - This could also fund 2 part-time posts - one with a research focus on quality outcomes and the other as project manager. • A budget to support work stream leads to have protected project

	<p>time with support: £60,000 p.a.</p> <ul style="list-style-type: none"> • Budget for resources including training materials e.g. ReSPECT documentation: £10,000 <p>Total cost: £124,700 of non-recurrent funding for system wide transformation</p> <p>As charities there are opportunities for the hospices to apply for grants not available to NHS colleagues to support this work. Whilst there is no certainty of success, Dorothy House is in the process of applying for a one off grant from the Wolfson Foundation for additional transformation funding of up to £125k to provide additional leadership resource across the system.</p>
Conflicts of interest	N/A
This report supports the delivery of the following BSW System Priorities:	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Improving the Health and Wellbeing of Our Population <input checked="" type="checkbox"/> Developing Sustainable Communities <input checked="" type="checkbox"/> Sustainable Secondary Care Services <input checked="" type="checkbox"/> Transforming Care Across BSW <input checked="" type="checkbox"/> Creating Strong Networks of Health and Care Professionals to Deliver the NHS Long Term Plan and BSW's Operational Plan

A Vision for Enhanced Palliative and End of Life Care across the BaNES, Swindon and Wiltshire (BSW) Integrated Care System (ICS)

Prepared for the
BSW Palliative and End of Life Care Oversight Group
with recommendations for 2021 and beyond

March 2021



Contents

Executive summary	3
Introduction	5
Recommendations in detail	11
Recommendation 1: Creation of a “Palliative and End of Life Care Alliance”	13
Recommendation 2: Adopting “What matters to you?”	16
Recommendation 3: Consistent identification of “end of life” care need	17
Recommendation 4: Personalised care planning and the use of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) template	19
Recommendation 5: Improved use of data and digital technology including improved access to and use of System1	20
Recommendation 6: A Single Point of Contact and Coordination	22
Recommendation 7: A “Compassionate Community” approach	23
Recommendation 8: Adopting a BSW System-Wide Approach to Workforce Planning and End of Life Care Education and Research	24
Next steps	25
Appendices and references	26

Written by:

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Irene Watkins (CEO, Prospect Hospice),
Dr Pippa Baker (Clinical Lead, Salisbury Hospice) and Gill May (Director of Nursing and Quality, BSW ICS) on behalf of the BSW Palliative and End of Life Care Oversight Group.

On behalf of the authors, we would like to thank all of the Oversight Group members who gave freely of their time to contribute to the substantial work involved in the development of these recommendations.

Executive Summary

Context

Integrated Care Systems (ICSs) are central to the delivery of the Long Term Plan and brings together local organisations to redesign care and improve population health, creating shared leadership and action. BaNES, Swindon and Wiltshire (BSW) are already working towards operating in this way. In an ICS, NHS organisations, local authority and other partners including the third sector such as hospices “take collective responsibility for the management of resources to improve the health of the population they serve” including:

- Stronger **partnerships in local places** between the NHS, local government and others
- **Provider organisations** being asked to step forward in formal collaborative arrangements that allow them to operate at scale
- Developing strategic **commissioning** through systems with a focus on population health outcomes

- The use of **digital and data** to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care

To deliver the core aims and purposes of an integrated care system, it is recommended that NHSE and local authorities will need to devolve more functions and resources from national and regional levels to local systems, to develop effective models for joined-up working at “place”, ensure they are taking advantage of the transformative potential of digital and data, and to embed a central role for providers collaborating across bigger footprints for better and more efficient outcomes.

Integrating Care, NHSE (2021)

The recent (February) paper from the government sets out their ambition for a more joined up approach built on collaborative relationships, so that more strategic decisions can be taken to shape health and care for the decades to come. Furthermore, they stipulate that it’s about population health: using the collective

resources of the local system, NHS, local authorities, the voluntary sector and others to improve the health of local areas.

Integration and innovation, GOV.UK (2021)

It was with these strategic opportunities on the horizon that the BSW Palliative and End of Life Care Oversight Group (a combined provider and commissioner collaborative) was formed in September 2020.

This report outlines the early high level recommendations of this Oversight Group. It is the intent that these recommendations will enhance and build on the good work already in place across the system to achieve equitable, sustainable, cost efficient and outcome driven palliative and end of life care services fit for the current and future needs of the population of BaNES, Swindon and Wiltshire.

Recommendations

The recommendations that follow (with more detail from page 11), which the Oversight Group seek the support of the Population Health Board on, will provide improved health

outcomes for all people and their families requiring palliative and end of life care across both place and the system and are based on:

1. National and local policy and strategies in particular the existing CCG strategies/ contracts for end of life and the Ambitions for Palliative and End of Life Care document (see references).
2. Quantitative analysis of local demographic and outcome data supplied by the CCG.
3. Qualitative feedback received from an ongoing survey of patients and families experiences of end of life care across BSW.
4. Mapping of local services against items 1, 2 and 3 above.
5. An ambition to deliver services that are both value for money and delivering demonstrable positive outcomes for the local populace.

Recommendation 1: Creation of a “Palliative and End of Life Care Alliance”

Recommendation 2: Adopting “What

matters to you?”

Recommendation 3: Consistent identification of “end of life” care need

Recommendation 4: Personalised care planning and the use of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) template

Recommendation 5: Improved use of data and digital technology including improved access to and use of System1

Recommendation 6: A Single Point of Contact and Coordination

Recommendation 7: A “Compassionate Community” approach

Recommendation 8: Adopting a BSW System-Wide Approach to Workforce Planning and End of Life Care Education and Research

The Population Health Board are being asked to endorse the recommendations and empower the Palliative and End of Life Care Alliance to deliver the vision in

the new financial year.

Introduction

The BSW Palliative and End of Life Care Oversight group has had some early successes in agreeing a “population health” approach, mapping the services across the system and setting up a working group to review the use of ReSPECT, however it should be acknowledged this collaboration is still gathering momentum. Membership is getting stronger (see Appendix 3) with representatives from most health and social care commissioners as well as primary and secondary care, community and the third sector providers.

There is strength in the collaboration and in particular the “one voice” approach from the three hospices and the first recommendation builds on this collaboration in describing how (if approved) the evolution of this group into an “Alliance” of the key stakeholders of health and social care providers and commissioners will lead to the development of a BSW wide strategy for end of life care and collective responsibility and accountability for the management of resources (people

and finances) to improve the outcomes for people at the end of their life.

Population definition

For the purposes of this work the population described are adults aged 18 years and over and “likely to die within the next 12 months” but includes their needs in the last 1000 days of life (see Appendix 1 for a list of definitions). This includes conditions such as frailty, severe dementia, cancer, heart failure (congestive and ischaemic), respiratory conditions, neurological conditions, stroke, renal failure and liver failure.

The oversight group will ensure strong links with the commissioners and providers of services on offer for people aged under 18 years of age who have a life limiting condition thereby ensuring a seamless transition from child to adult services.



End of life profile

National context

People are living longer; over the next 20 years the population in England is expected to grow by almost 10%, with the number of people aged 75+ expected to grow by almost 60% and the proportion of people aged 65+ with four or more diseases set to double by 2035. One in 3 people admitted to hospital in England as an emergency has 5 or more health conditions and so it is clear that we have a growing elderly population with complex health and social care needs requiring early and equitable access to palliative and end of life care services.

Integration and innovation, GOV.UK (2021)

People are not only living longer, but they are living longer with frailty, long term conditions and / or with complex, multi-morbidities. About 26 million people in England have at least one long term condition (LTC) including an estimated 0.5m at the end of life (NHSE, 2018).

Local context

The current population of the BSW catchment area is approximately 940,000 people registered at 94 GP practices and with access to specialist end of life care provided by three hospices and in three acute hospitals. Place is important because for most people their day to day care and support needs will be expressed and met locally in the place where they live. Palliative and end of life care remains a core part of Primary and community care services and the emphasis must be on close multi-professional working between all professionals across the system. There is already good evidence that our combined care across the BSW CCG geography provides better outcomes in relation to place of death. It is important to stress that not all deaths in hospital should be viewed as a failure of care in the community or a negative experience for the patient and/or family. Of the 8657 deaths in BSW in 2019/20 the breakdown by place of death was as follows:

BSW Place of Death	BSW	National Average
Care home	29%	24%
Own home	29%	23%
Hospital	35%	45%
Hospice Inpatient Unit	4%	5%
Other	3%	3%

Local evidence supplied by BSW CCG suggests that the number of over 65s (already representing 26% of the overall BSW population) are predicted to increase in number from 241,765 in 2020 to 267,710 in 2025 (an increase of 10%) and concurrently the demand on palliative and end of life care services locally is increasing and so too is the number of deaths.



Gaps and variation

Although, as noted above, there are good indications that across BSW CCG commissioners and providers are delivering some good outcomes in palliative and end of life care, the oversight group, having mapped the services on offer across the whole geography and analysed the early (qualitative) survey responses from both patients and families, recognise that there remain gaps and variation in provision across the BSW region i.e.

- Commissioning of palliative and end of life care services, currently organised across three localities and local authorities, means that there are some disparities in what care a person will receive based on where they live e.g. Hospice@Home type services, self-referral.
- There is an inconsistency in how people are identified as being at the “end of life” which can lead to delayed referrals to specialist providers.
- The referral pathway to specialist palliative and end of life care, if not used often by a professional, can appear complicated to understand and time consuming to do.
- We need to move from asking “what is the matter” with people to “what matters to them”.
- There are too many ways to source End of life care and equipment.
- There is inconsistent use of the System1 patient database across the system and the use of patient and family facing innovative digital technology is limited.
- There is differing use of “advance care planning” and “treatment escalation planning” documentation which can lead to uninformed/poor decision making.
- Specialist palliative and end of life care services in some areas remain at arm’s length to Primary Care Networks and require better integration.
- Not all of the population have access to 24-hour community nursing services.
- There is a need for an end of life rapid response service and unified access to/ and provision of Fast Track Continuing Health Care.
- There remains evidence of some organisational/workforce risk aversion to meeting patient specific wishes e.g. to die at home in a homely environment i.e. on the settee.
- The Salisbury Hospice financial model is different leading to inequitable investment in infrastructure such as System1 and services i.e. Hospice@Home. Differing models of hospice care also bring strength i.e. Salisbury is a NHS hospice with affiliations to the Acute Trust unlike the other two.
- Prospect Hospice does not currently adhere to Agenda for Change unlike the other two hospices and NHS providers across BSW. Recruitment, particular to the Swindon population, is challenging due to competition with local providers i.e. GWH, SELeCT End of Life team.

- Where some hospice services are different and aligned to meet specific local need this should be viewed as positive, fitting with the concept of “Place” based services.
- There are inconsistencies and gaps in end of life/Hospice@Home type home care.
- People living in the Chew Valley area are referred to specialist services out of BSW.
- Although beginning to be addressed there is no single unified approach to palliative and end of life education and research for professionals and/or the public.
- With multiple providers and competing pressures the system lacks a “one workforce” approach to end of life care service provision.
- As evidenced through the collaborative work of providers and commissioners during Covid 19 there is an opportunity to create a BSW wide “compassionate community” that embraces the role of the community and volunteers in supporting the co-creation and co-delivery of palliative and end of life care.



Recommendations

Recommendations in detail

Introduction

Adopting an evidence based and population health approach, the BaNES, Swindon and Wiltshire (BSW) Palliative and End of Life Care Oversight Group (which has over 20 providers, local authority and CCG members) was formed in September 2020. The objective was to provide a strategic forum where the palliative and end of life care needs of the 940,000 people living in the BSW CCG/ICS area could be mapped against the services being provided (commissioned and charitable) to meet these needs and national and local best practice, research, guidance and policy.

The intent being that this would give an understanding of the extent to which people's palliative and end of life care needs were being met and positive outcomes delivered and any gaps in service provision identified and recommendations made to address these. These recommendations are for BSW CCG/ICS wide changes to provide an equitable, evidence based and whole system approach to the care a person and their family

require at the end of life (see Appendix 3 for the Terms of Reference).

This document outlines the high level recommendations and suggested governance framework that, if implemented with the required resourcing, the group believes will add value and provide the best end of life care outcomes for the population of the BSW CCG/ICS regardless of demographic profile, diagnosis or place of care.

The context: The oversight group have adopted the six ambitions identified by the National Palliative and End of Life Care Partnership as the cornerstones of any future developments (see next page).

It is the consensus of the group that, building on current good practice, the six ambitions can be further taken forward by the implementation of the recommendations set out below and a positive first step made in reducing inequity and aligning end of life care provision.

Six ambitions to bring that vision about

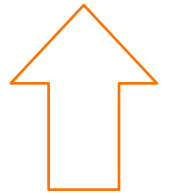
“I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s).”

National Palliative and End of Life Care Partnership
www.endoflifecareambitions.org.uk

1: Each person is seen as an individual



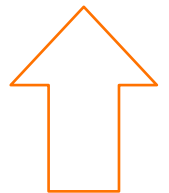
4: Care is coordinated



2: Each person gets fair access to care



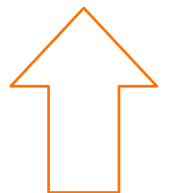
5: All staff are prepared to care

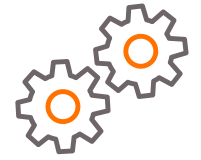


3: Maximising comfort and wellbeing



6: Each community is prepared to help





Recommendation 1: Creation of a “Palliative and End of Life Care Alliance”



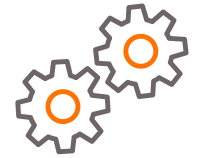
It is the recommendation of the group that, following the meeting of the Population Health Board, the current Oversight Group establishes itself as the BSW Palliative and End of Life Care Alliance with accountability for ensuring equitable, outcomes driven and cost efficient palliative and end of life care with delegated budgetary authority.

It is important to stress that the strategic work and recommendations of this group would cut across all of the new NHSE boundaries from PCN to neighbourhood to place to system.

The context: Systems should ensure that each place has appropriate resources, autonomy and decision-making capabilities to discharge these roles effectively, within a clear but flexible accountability framework that enables collaboration around funding and financial accountability, commissioning and risk management. This could include places taking on delegated budgets.

ICSs also need to be able to ensure collectively that they are addressing the right priorities for their residents and using their collective resources wisely (Integrating care, NHSE (2021)). They will need to work together with partners to determine:

- distribution of financial resources to places and sectors that is targeted at areas of greatest need and tackling inequalities;
- improvement and transformation resource that can be used flexibly to address system priorities;
- operational delivery arrangements that are based on collective accountability between partners;
- workforce planning, commissioning and development to ensure that our people and teams are supported and able to lead fulfilling and balanced lives;
- emergency planning and response to join up action at times of greatest need; and
- the use of digital and data to drive system working and improved outcomes.



The benefit: This “Alliance” of commissioners and providers, with delegated authority from the ICS, will be a delivery vehicle and accountable for ensuring the provision of evidence based, high quality and cost effective palliative and end of life care across the BSW ICS. By reviewing local place based trends and data, listening to the needs of the populace and aligning with National guidance and best practice it will be accountable for the allocation, disinvestment and reinvestment of resources to ensure positive outcomes for people requiring palliative and end of life care across the whole of BSW.

Led by the three hospices and using the expertise of both specialist providers and commissioners (health and social care) to the fullest potential in one collaborative format, this group will identify and remove areas of duplication with associated identification of areas of financial inefficiency and address any inequities in palliative and end of life care provision across the system.

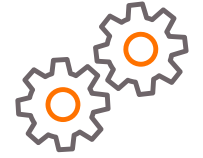
Targets: Based on local population health data and national drivers the “Alliance” will set and monitor targets/KOOs for the improvement of care. Suggested targets may include:

- Earlier recognition of patients in the last 1000 days, using phase of illness to support better understanding what service might be needed when.
- A reduction in avoidable hospital admissions for patients with palliative and end of life needs.
- Adoption of a shared care record i.e. ReSPECT.
- Adopting or creating a tool to measure an increase in person centred care no matter what the setting.
- Increased co-production of “place based” services with the local community.
- Standardised specialist palliative and end of life care services e.g. inpatient bed capacity commissioned based on population needs data.

- System wide measurement of qualitative data i.e. patient and family feedback through use of a single agreed survey applied across all providers in the system.
- We will develop a tool that allows us to measure the increase in shared decision making i.e. evidencing how patients feel more involved in decisions around their care.

There are several examples where an Alliance as detailed above could achieve these targets by reviewing, enhancing or introducing both general and specialist services to ensure equitable and cost efficient palliative and end of life care across the ICS that adds value e.g.

- A unified model of 7-day specialist Hospice@Home care that includes seamless Continuing Health Care funded care for the hospice providers.
- An evidence based, validated tool for collating patient and family feedback on the care provided.



- A BSW wide review of the palliative and end of life care inpatient bed provision for symptom control, specialist palliative and end of life care and an alternative preferred place of death where home or hospital is not suitable.
- An end of life rapid response service aligned with the current providers of out of hours care.
- A centralised coordination centre (see recommendation 6).
- Renewed focus on palliative and end of life care on the “virtual ward” work stream.





Recommendation 2: Adopting “What matters to you?”

BSW CCG/ICS should endorse and resource a system wide campaign to encourage all health and social care staff to move away from asking “What is the matter with you?” to a mind-set of “What matters to you?” when working with both patients and their families and carers in the last 1000 days. This change is being endorsed by both NHSE and national bodies such as Macmillan, HospiceUK and the Cicely Saunders Institute in London.

The benefit: Aligned to the NHS Long Term Plan (2019) it drives personalised care to ensure we get a better understanding of what matters to patients and thus develop services with them at the centre. This approach changes a professional’s behaviour when working with patients and their families in the last 1000 days. It will support the continued development of high quality compassionate support, care or treatment focused around what people really need and want and support the Advance Care Plan (ACP) discussions.





Recommendation 3: Consistent identification of “end of life” care need.

3

The Oversight group recommends that the new “Alliance” investigates the opportunities and benefits of reinvigorating use of GSF in primary care and adopting the principles of GSF improving coordination of care and outcomes for patients and reviewing the applicability of the NHSE EARLY tool and the RUH “CHAT bundle” (see Appendix 4) to support both early identification of people in the last year of life, improve shared decision making and link to personalised care planning (see Recommendation 4).

The benefit: The Gold Standards Framework (GSF) is an evidence based systematic approach to formalising best practice through improving the organisation and coordination of care for all people with any condition in any setting in the final year of life.

The aims of GSF are to improve the quality of care for all people nearing the end of life – in line with their preferences:

1. Improve the coordination and collaboration of teams supporting them
2. Improve outcomes for people enabling more to live and die where they choose, reduced hospitalisation and improved cost effectiveness

Improving patient outcomes through recommending changes to/or the addition of new services will be targeted at improvements in the care delivered in four key stages in a person’s illness trajectory over the last 1000 days of their life (see Appendix 1) i.e. stable, unstable, deteriorating and dying (see table on following page) and across the three main disease trajectories (Appendix 2). It will be important to the work going forward that specialist and generalist end of life care provision is defined, mapped and aligned to each phase as described in the Outcomes Assessment and Complexity Collaborative suite of measures below (see table on following page).



Phase	This is the current phase if...	This phase ends when...
Stable	Patient's problems and symptoms are adequately controlled by established plan of care* and further interventions to maintain symptom control and quality of life have been planned and family/ carer situation is relatively stable and no new issues are apparent.	The needs of the patient and/or family/carer increase, requiring changes to the existing plan of care.
Unstable	An urgent change in the plan of care or emergency treatment is required because the patient experiences a new problem that was not anticipated in the existing plan of care and/or the patient experiences a rapid increase in the severity of a current problem and/or family/ carers circumstances change suddenly impacting on patient care.	The new plan of care is in place, it has been reviewed and no further changes to the care plan are required. This does not necessarily mean that the symptom/crises has fully resolved but there is a clear diagnosis and plan of care (i.e. patient is stable or deteriorating) and/or death is likely within days (i.e. patient is now dying).
Deteriorating	The care plan is addressing anticipated needs, but requires periodic review, because the patient's overall functional status is declining and the patient experiences a gradual worsening of existing problem(s) and/or the patient experiences a new, but anticipated, problem and/ or the family/carer experience gradual worsening distress that impacts on the patient care.	Patient condition plateaus (i.e. patient is now stable) or and urgent change in the care plan or emergency treatment and/or family/carers experience a sudden change in their situation that impacts on patient care, and urgent intervention is required (i.e. patient is now unstable) or death is likely within days (i.e. patient is now dying).
Dying	Dying: death is likely within days.	Patient dies or patient condition changes and death is no longer likely within days (i.e. patient is now stable and/or deteriorating).
Deceased	The patient has died; bereavement support provided to family/ carers is documented in the deceased patient's clinical record.	Case is closed.



Recommendation 4: Personalised care planning and the use of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT V3) Template

Although the work has begun, it is the recommendation of the group that BSW CCG/ICS adopt the Resuscitation Council UK validated ReSPECT V3 documentation across all care settings and localities.

The benefit: ReSPECT can be for anyone, of any age, who wants to record their care and treatment preferences. ReSPECT has the potential of enabling a larger cohort of patients to be engaged in 'planning ahead' discussions at an earlier stage, including those who are living with long term conditions. This is a more positive message for patients, staff and families and may enhance support.

A standardised approach to emergency / ACP to support an integrated and holistic way of planning of care. This will facilitate the movement of patients across county boundaries, the country and between Providers.

This single action could support person centred care and ensure the appropriated clinical interventions when they are needed regardless of the setting and that avoidable hospital admissions were reduced.

Resource required: This will require a funded programme of education and training.

4



Recommendation 5: Improved use of data and digital technology including improved access to and use of System1

5

With the launch of the National dashboard for end of life scheduled for release in April 2021 it is important that the new “Alliance” group ensures that the BSW ICS palliative and end of life care work streams and activities are aligned to this work as well as the regional work led by NHSE leads (Kath Rooksby and Saskia Dorman).

The Alliance will ensure that there is systematic measurement of agreed local data and patient outcomes and the creation of a BSW wide KPI dashboard allowing for benchmarking and the development of action plans to address unmet demand, emerging need, inequities or poor impact on both people and the system.

Recognising the impact of Graphnet in supporting interoperability between IT systems, the use of System1 should be strengthened so that all relevant providers

and partners (including in the community) have access to and training in the use of the System1 patient database. This would support the development of a common End of Life template across the 3 hospices and community and enable faster referral processes and better sharing of key palliative and end of life information about patients across many BSW wide healthcare settings. As required above, reporting would be aligned and consistent.

Linking with the existing BSW IT group, a subgroup of the Oversight Group/Alliance should be set up to review the opportunities to use digital technology to enhance the care of both patients and their families at the end of life i.e. use of an Integrated Care Record (e.g. Graphnet), Virtual Reality, podcasts, Apps, websites, patient owned notes, “coordinate my care” etc.



The benefits: Friction free referrals, access to “live” information on patients across all parts of the system and consistent reporting of outcomes across the ICS to measure the impact of care and support.

Resource required: When the key deliverables are articulated and agreed this will require a funded programme of ICT support, education and training.

A key priority is that all three hospices, as a minimum, should have access to System1.

A second priority should be that we create a minimum data set across the three acute providers.





Recommendation 6: A Single Point of Contact and Coordination

6

There will be a single point of contact and coordination for palliative and end of life care across the BSW CCG/ICS aligned to 111 and linked to local hospice clinical coordination centres who understand their locality.

The benefits: Members of the public and professionals will no longer have to contact different centres, organisations or coordination hubs for advice, equipment or access to services primarily out of hours. It is mainly for use:

- When the GP surgery is closed.
- As an alternative to ringing 111.
- If someone is finding it difficult to get help during the day and needs some advice.

The new single point of coordination will be a dedicated 24/7 telephone service for people who may be in their last year of life and for their families. The advice provided by the team running the helpline and the services they coordinate will mean that a significantly higher proportion of people will be able to die in the place of their choosing and that

every patient should receive the right care, in the right place, at the right time.

Care will be joined up, seamless and by removing duplicative services it will be more cost effective. The aspiration is to replicate the work of the “Gold Line” developed in Airedale (see references) and investigate the impact of “Coordinate my Care” in London.

Resource required: To establish this is going to require a dedicated project team and associated funding to investigate the best model (e.g. Gold Line) and systems required to deliver this across the region with the links to 111 and local hospice specialist services and coordination centres. Recommendations 1-5 need to be in place to support this ambition.



Recommendation 7: A “Compassionate Community” Approach

Using the resources and national tools available and the work completed to date by the commissioners, providers and third sector across BSW including 3SG, Virgin Care, the local authorities and the three hospices, the Oversight Group/Alliance will investigate and make recommendations on how BSW ICS can become a “compassionate community”.

The benefits: In a “Compassionate Community”, the needs of all the inhabitants of that community are recognized and met, the well-being of the entire community is a priority, and all people and living things are treated with respect.

More simply, in a Compassionate Community, people are motivated by compassion to take responsibility for and care for each other. A community where compassion is fully alive is a thriving, resilient community whose members are moved by empathy to take compassionate action, are able to confront crises with innovative solutions, are confident in

navigating changes in the economy and the environment, and are resilient enough to bounce back readily from natural and man-made disasters ([What is a Compassionate Community? \(charterforcompassion.org\)](http://charterforcompassion.org))

Communities will be inspired and motivated to support one another working hand in glove with local providers, co-creating services and co-delivering aspects of care and the use of volunteers across the system will be widespread.





Recommendation 8: Adopting a BSW System- Wide Approach to Workforce Planning and End of Life Care Education and Research

8

The benefits: System workforce planning for palliative and end of life care (including education, training and research) would be an innovative approach that enabled the planning of appropriate skill mix combinations to deliver a coherent, personalised service for the local population requiring both palliative and end of life care. The aim is to develop a workforce that can provide health and care on a whole system basis rather than in silos.

System workforce planning enables workforce risks, challenges and priorities in delivering effective integrated care to be addressed at an early stage. Developing a robust system workforce plan can also help to identify priorities for investment in workforce development, which supports the implementation of the vision for services.

Resource required: This work would be led by the current BSW CCG education governance structures but influenced by the work and recommendations of the Oversight Group/Alliance who can help identify the need for both specialist and generalist resource, education and training.

Next steps

The creation of the BSW ICS creates an exciting opportunity to collaboratively build on the existing models of palliative and end of life care in place across the system and deliver an equitable and financially sustainable model of care that truly makes a difference in the lives of people living in the area.

We have the right partners wanting to work together who want to be bold, make the changes that will deliver the right outcomes for the populace and meet the needs of an integrated care system whilst delivering care at a place level.

If we can go live on the 1st April a mobilisation/ work plan detailing the key recommendations, targets, timelines, objectives, outcomes and resource implications for each will be drawn up and articulated with regular feedback provided to the Board on progress.

With the endorsement of the Population Health Board, the Palliative and End of Life Care Oversight Group will continue to meet as an “Alliance” and extend both its membership, accountability and links into the other areas described i.e. education, workforce planning, digital transformation etc.

With the endorsement of the Board and given the authority, continued support and with the right leadership we will deliver health and social care services that meet both the current and future palliative and end of life needs of the population.

Appendices and references

Appendix 1 Definitions

End of life: Patients are ‘approaching the end of life’ when they are likely to die within the next 12 months. This includes patients whose death is imminent (expected within a few hours or days) and those with: a) advanced, progressive, incurable conditions; b) general frailty and co-existing conditions that mean they are expected to die within 12 months; c) existing conditions if they are at risk of dying from a sudden acute crisis in their condition; d) life-threatening acute conditions caused by sudden catastrophic events. *National Palliative and End of Life Care Partnership (2018) [Ambitions for palliative and end of life](#)*

The last 1000 days: Leading up to and during end of life, a person will require coordinated palliative and end of life care which in the BSW CCG area will be provided by a range of specialist and generalist services/professionals working in partnership aiming to provide personalised support to both the person who is ill and those close to them. This is particularly important during

the last 1000 days of someone’s life <https://www.last1000days.com/>

Palliative care: The World Health Organisation defines palliative care as an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative and end of life care need in BSW: The group has agreed that approximately 0.68% of the BSW population require palliative and end of life care (Marie Curie, 2015 – [End of Life Care across the UK | Marie Curie Atlas](#)). This equates to 6351 people in the BSW area and assumes that there must be the care to support a person’s family and their carers.

The “surprise question”: “Would you be surprised if this person were to die in the next 12 months?” If the answer is “no” what support do they need not to provide positive outcomes for their continued care?

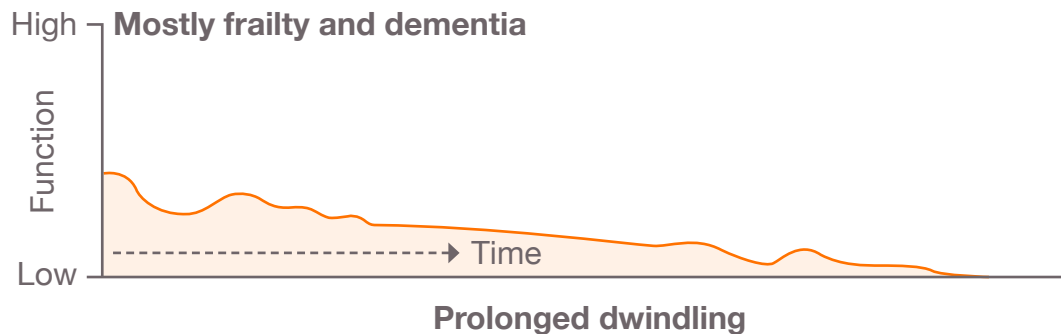
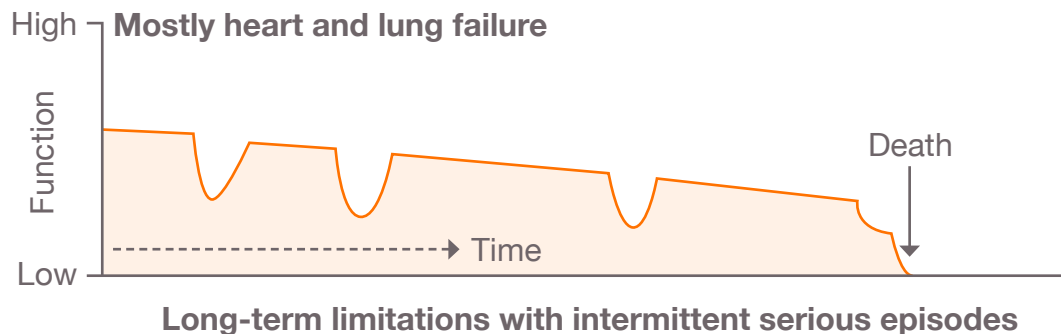
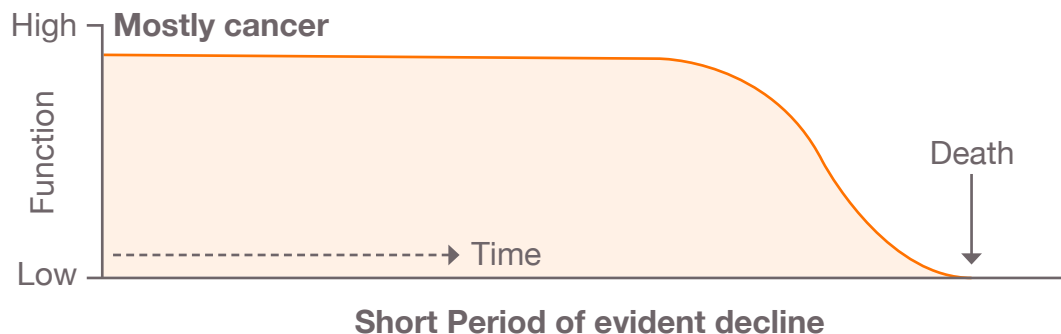
“What matters to you?”: An approach that encourages professionals to move their conversation focus from “what’s the matter with you?” to “what matters to you?”

General and Specialist end of life care: Many healthcare professionals provide palliative care as part of their jobs. An example is the care you get from your GP or community nurses. Some people need additional specialist palliative care. This may be provided by consultants trained in palliative medicine, specialist palliative care nurses or care assistants, or specialist occupational therapists or physiotherapists.



Appendix 2

The disease trajectories of people supported in palliative and end of life care services



Appendix 3

BSW Palliative and End of Life Oversight Group Terms of Reference (DRAFT)

Definitions:

End of life: Patients are ‘approaching the end of life’ when they are likely to die within the next 12 months. This includes patients whose death is imminent (expected within a few hours or days) and those with:

- a) advanced, progressive, incurable conditions;
- b) general frailty and co-existing conditions that mean they are expected to die within 12 months;
- c) existing conditions if they are at risk of dying from a sudden acute crisis in their condition;
- d) life-threatening acute conditions caused by sudden catastrophic events.

National Palliative and End of Life Care Partnership (2018)

Leading up to and during end of life, a person will require coordinated palliative and end of life care which in the BSW CCG area will be provided by a range of specialist and generalist services/professionals working in partnership aiming to provide personalised support to both the person who is ill and those close to them. This is particularly important during the last

1000 days of someone’s life

<https://www.last1000days.com/>

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1. Purpose

The BSW End of Life Oversight Group will support our ability to meet the needs of the local population by providing strategic oversight. Integral to this will be to ensure our population receive safe high-quality care that is evidence based and considers relevant national guidance. The Group will operate as a collective senior leadership forum for BSW, involving all statutory, voluntary and charitable partners.



In this context the Group will:

- Set the BSW system ambitions for palliative and end of life care with associated SMART objectives and outcomes
- Review current commissioned arrangements across BSW with the aim to collectively understand the level of variation of care offer
- Review a range of health population data to collectively understand future demands and capacity requirements and make recommendations
- Influence equal access to care at the end of life
- Link in with the System Capacity work stream to support future capacity needs including training provision
- Share learning and good practice across BSW to deliver transformation
- Scope the opportunities for system working and in doing so provide clarity regarding specialist palliative care and where greater integration is possible

- Agree Digital technology and care record sharing platforms

2. Behaviours and principles

It is recognised that working in a true partnership and collaborative way across all partner organisations and services will present challenges both practically in breaking down barriers to change (i.e. existing models and system constraints) and in how we work together – building parity of esteem across all partner organisations.

The group will be expected to apply and model collaborative and problem-solving behaviours and work in ways that enable us to deliver maximum benefits to our populations and our patients. This means adhering to our agreed principles and ways of working which have been updated considering the recent Covid19 work:

Design Principle**Notes****We work as one system**

- We operate as one system with parity of esteem for all partners to plan and deliver high quality, value for money and health & care for our population in BSW
- Operating as one system, we approach social care & wellbeing, mental and physical health with equal importance, recognising the interdependency between them
- Subsidiarity, transparency and distributed leadership are embedded in how we work

Prevention first, and recognition of the wider determinants of health

- Our professionals focus on health & wellbeing; this starts with prevention
- We focus on the wider determinants of health in the way that we design and deliver services with partners
- Our approach is asset and strength-based with the capacity and capabilities of individuals, neighbourhoods and communities at the centre of what we do

Care designed around individuals

- Health & Care services are designed with and around individuals and their needs: right service, right place, right time
- Teams strive for continual improvement in model of care
- Only essential staff are based in healthcare facilities

Design Principle**Notes****Home is best**

- Assessments at home
- Virtual wards

Digital by default

- Health & Wellbeing apps
- First step to access health services: NHS 111;
- Assisted technology [x-ref 4];
- Referral opportunity discussions on consultant connect / Video
- Virtual emergency care, inpatient and outpatient care

Flexible workforce

- Workforce operates in multidisciplinary teams beyond organisational boundaries
- Co-located teams & community hubs
- Community and voluntary sectors workforce as a vital part of BSW team

7-day provision

- Hours to be optimised to enable timely decision-making and support

3. Membership

Name	Job Title	Organisation
Amanda du Cros	Deputy Director, Community & Transformation (Acting)	BSW ICS
Bianca McClounan	Quality Support Manager	BSW ICS
Carol Gibson	Quality Lead - EOLC	BSW ICS
Caroline Davies	Associate Director of Nursing	SCHS and GWH PCN
Carolyn Bell	Director of Services	Prospect Hospice
Charlotte Forsyth	Medical Director	GWH
Clare Blakeley	Community Service Manager, West	WH&C
David Jobbins	Interim Deputy Director for Planning	CSU
Ed Presswood	Palliative Care Consultant	RUH Palliative Consultant
Emma Frampton	Medical Director	Dorothy House
Emma Legg	Director, Adult Care Operations	Wiltshire Council
Fiona Castle	Chief Officer Community Pharmacy Swindon and Wiltshire	CPSW

3. Membership Continued

Name	Job Title	Organisation
Gill May	Director of Nursing & Quality	BSW ICS
Hannah Massey	Service Redesign Lead	BSW ICS
Hazel Dunnett	Leadership Board	Healthwatch Wiltshire
Heather Kahler	Head of Operations – Community Teams and CTPLD	WH&C
Helen Brown	End of Life Clinical Nurse Specialist	GWH
Helen Meehan	Lead Nurse, Palliative and EoLC	RUH
Irene Watkins	Chief Executive	Prospect Hospice
Jacky Cadden	PA to Gill May	BSW ICS
Janet Cottrell	CICT Matron Swindon Community Health Services	GWH
Janet Dabbs	CEO	Age UK BaNES
Janette Bourne	Director	CRUSE Bereavement
Jason Darby	Deputy Nurse Practitioner Lead	Medvivo

3. Membership Continued

Name	Job Title	Organisation
Jody Smalley	Quality Lead	BSW ICS
Judy Dyos	Director of Nursing	SFT
Judy Walker	Chief Executive	Carer Support Wiltshire
Julie Marshman	Chief Nurse	GWH
Karen Brown	Lead for Palliative and End of Life Care	GWH
Karen Drake	Matron for Specialist Palliative Care	SFT
Kath Rooksby	System Support Lead, Strategy & Transformation, South West	NHSE/I
Lisa Cheek	Director of Nursing & Midwifery	RUH
Lisa Cronan	Head of Quality and Nursing	Virgin Care
Lisa Hodgson	Chief Operating Officer	WH&C
Lynn Cook	Clinical Lead Access to Care & Response	Medvivo
Lynn Organ	Clinical Lead	Medvivo

3. Membership Continued

Name	Job Title	Organisation
Mark Luciani	GP & Clinical Lead for Ageing Well, Frailty, Dementia & End-of-Life	BSW ICS
Nelly Targett	Clinical Lead for Bath District Nursing Service	Virgin Care
Nicola Hazel	Clinical Director	AWP
Nikki Barnett	Swindon Community Health Service Matron Community Nursing	GWH
Pippa Baker	Clinical Lead	Salisbury Hospice
Richard Bowyer	Nurse Practitioner	Medvivo
Sandra Elmer	Area Chair for Wiltshire and Bath	CRUSE Bereavement
Sara Quarrie	Director of Quality, Professions and Workforce	WHC
Sarah Chapman	Fundraiser	CRUSE Bereavement
Sheila Popert	Medical Director	Prospect Hospice
Tania Elias	Consultant Geriatrician, TEP Lead	GWH
Wayne de Leeuw	Chief Executive	Dorothy House

Chairing of Group

CEOs of hospices and Lead Palliative Consultant (SFT) (rotate/lead/share).

Quorum

The meeting will be quorate if eight of the above organisations are present. The nominated leads from all of the partners are expected to attend the Group meetings or to be represented by a deputy with authority to commit to decisions.

Accountability & Reporting Arrangements

This Group does not constitute a statutory Board in its own right but reports to the BSW Population Health Group and through its members to all relevant organisations through their own internal governance structures.

Frequency

Meetings will routinely be held monthly initially. The meeting schedule will be amended as and when needed to provide the required pace.

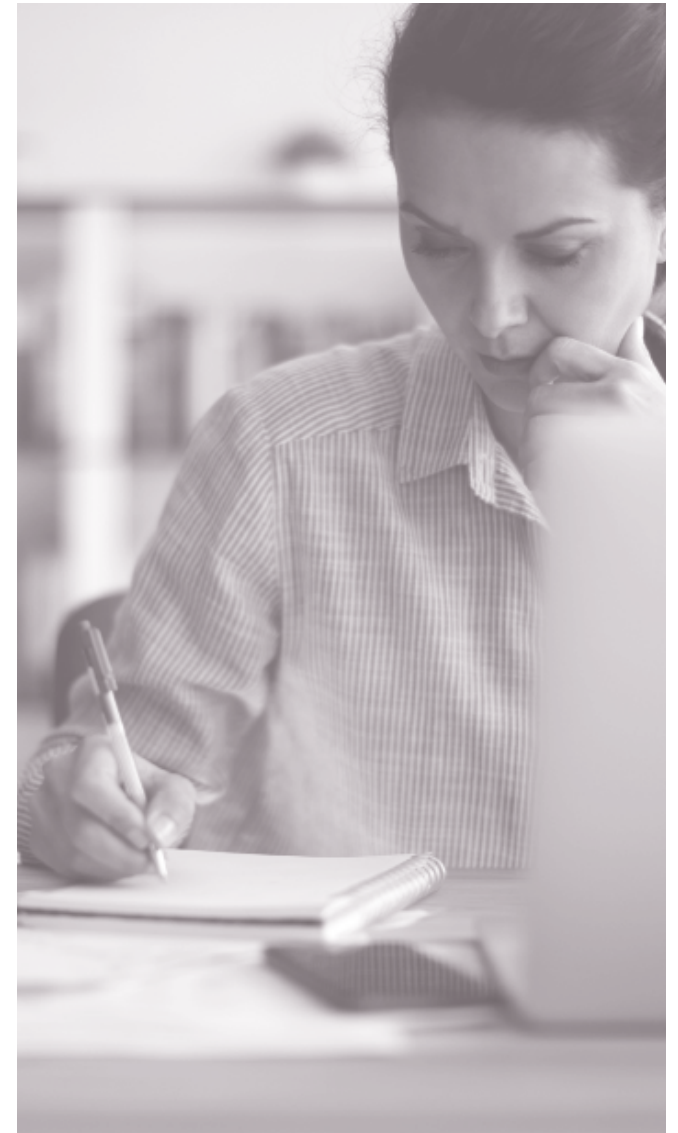
Administrative Arrangements

The Oversight Group will be supported by the Director of Nursing and Quality. The Group will be supported administratively by the BSW CCG.

The agenda will be set by the Chair in conjunction with group members. Papers will be collated and distributed at least 5 working days before the meeting.

Monitoring Effectiveness & Review

This is a new forum; therefore, the TOR will be initially reviewed after three meetings.



Appendix 4 RUH Community CHAT Bundle

For information on the Conversation Project:

- See the RUH website www.ruh.nhs.uk/For_Clinicians
- The Conversation Project CHAT Bundle and resources have been developed by the RUH Palliative Care Team

*Conversation Project Community
Bundle v1, February 2019
Rachel Davis and Helen Meehan*

Consider	Have	Advise	Transfer
<p>Consider whether the patient has an uncertain prognosis or is nearing end of life?</p> <p>Consider:</p> <ul style="list-style-type: none"> • Rockwood Frailty Assessment • SPICT - Supportive and Palliative Care Indicator Tool • The GSF - Gold Standard Framework Prognostic Indicator Guidance • The ‘surprise question’ • The patient’s narrative • Information from family or carer • Discuss at MDT and GSF meetings 	<p>Have conversations with the patient & their family to support Advance Care Planning (ACP):</p> <ul style="list-style-type: none"> • Think about the environment and your approach • Check their understanding • Acknowledge uncertainty of recovery • Have honest conversations • Listen compassionately to concerns, wishes and preferences • Include discussion of TEP • Offer ‘Planning ahead’ leaflet and/or ‘My wishes’ 	<p>Advise the MDT following ACP conversations:</p> <ul style="list-style-type: none"> • Share information on the patient’s wishes & preferences • Complete TEP / ReSPECT • Include information from ACP discussions in the plan of care • Document ACP conversations in the MDT records - System 1 and Summary Care Record with additional information • Keep information with the patient, ensure family or carer is aware 	<p>Advise the MDT following ACP conversations:</p> <ul style="list-style-type: none"> • Share information on the patient’s wishes & preferences • Complete TEP / ReSPECT • Include information from ACP discussions in the plan of care • Document ACP conversations in the MDT records - System 1 and Summary Care Record with additional information • Keep information with the patient, ensure family or carer is aware

References and further reading

Ambitions for Palliative and End of Life Care (2015-2020) [Ambitions for Palliative and End of Life Care \(endoflifecareambitions.org.uk\)](http://endoflifecareambitions.org.uk)

Atlas of variation for palliative and end of life care in England (2017): [Atlas of variation for palliative and end of life care in England](#)

Gold Standards Framework [Welcome to Gold Standards Framework](#)

Gold Line: The Gold Line | Airedale NHS Foundation Trust (airedale-trust.nhs.uk)

Gov.UK: Integration and innovation: working together to improve health and social care for all (HTML version) - GOV.UK (www.gov.uk)

NHS England (2018): Enhancing the Quality of life for people living with long term conditions PowerPoint Presentation (psnc.org.uk)

NHS England (2021): Integrating care: NHS England » Integrating care: Next steps to building strong and effective integrated care systems across England

NHS England: NHS England » Personalised end of life care

NHS England. Transforming end of life care in hospitals: transforming-end-of-life-care-acute-hospitals.pdf (england.nhs.uk)

NHS Long Term Plan (2019) [NHS Long Term Plan](#)

OACC <https://www.kcl.ac.uk/cicelysaunders/attachments/studies-oacc-brief-introduction-booklet.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2014/10/pall-care-fund-new-appr-fin.pdf>

Office for National Statistics [Deaths registered weekly in England and Wales, provisional - Office for National Statistics \(ons.gov.uk\)](#)

Office for National Statistics (2019): Population projections - Office for National Statistics

Public Health England. Older people's hospital admissions in the last year of life (2020): Older people's hospital admissions in the last year of life - GOV.UK (www.gov.uk)

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT): ReSPECT | Resuscitation Council UK

What matters to you: NHS England » What matters to a person is key to their care

What Matters to You Conversations: Home | What matters to me (whatmattersconversations.org)

Prepared for the
BSW Palliative and End of Life Care Oversight Group
with recommendations for 2021 and beyond

March 2021

NHS BSW Partnership Board - forward plan 2021-22

date	BOARD 28 May 2021	BOARD 23 July 2021	BOARD 17 September 2021	BOARD 19 November 2021	BOARD 28 January 2022	BOARD 1 April 2022
venue	virtual, in public	virtual, in public	virtual, in public	in person; formal business in public; strategy session in private	virtual, in public	in person, in public
time	9:00-12:00	9:00-12:00, incl development session	9:00-12:00	Strategy day, 9:00-15:00, incl formal business 9:00-10:30	9:00-12:00	9:00-12:00
Standing items	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>	Declarations of interest - <i>note</i>
	Minutes of the Previous Meeting - <i>approve</i>	Minutes of the Previous Meeting - <i>approve</i>	Minutes of the Previous Meeting - <i>approve</i>	Minutes of the Previous Meeting - <i>approve</i>	Minutes of the Previous Meeting - <i>approve</i>	Minutes of the Previous Meeting - <i>approve</i>
	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>	Actions from the Previous Meeting - <i>note</i>
	Questions from the public - <i>note</i>	Questions from the public - <i>note</i>	Questions from the public - <i>note</i>	Questions from the public - <i>note</i>	Questions from the public - <i>note</i>	Questions from the public - <i>note</i>
Performance / monitoring	Chair's Report - <i>note</i>	Chair's Report - <i>note</i>	Chair's Report - <i>note</i>	Chair's Report - <i>note</i>	Chair's Report - <i>note</i>	Chair's Report - <i>note</i>
	SRO's Report - <i>note</i>	SRO's Report - <i>note</i>	SRO's Report - <i>note</i>	SRO's Report - <i>note</i>	SRO's Report - <i>note</i>	SRO's Report - <i>note</i>
	Q4 2020/21 Integrated system performance report	Q1 Integrated system performance report	Q2 Integrated system performance report		Q3 Integrated system performance report <i>Exec</i>	Q4 Integrated system performance report
	Transformation work streams, update report - <i>note</i>	Transformation work streams, update report	Transformation work streams, update report		Transformation work streams, update report	Transformation work streams, update report
Assurance, Governance	ICS development update - <i>note</i>	ICS development update - <i>note</i>	ICS development update - <i>note</i>	ICS development update - <i>note</i>	ICS development update - <i>note</i>	ICS development update - <i>note</i>
			Proposed governance arrangements for ICS HCP and NHS ICS body - <i>agree</i>	Draft ICS constitution, incl. ICS Board configuration - <i>discuss</i>	Draft ICS constitution, pre-submission to NHSE - <i>agree</i>	formal approval / endorsement of ICS governance docs (ToRs, SoRD, SFI, Governance handbook) - <i>approve</i>
			BSW ICS approach to risk management at system level - <i>discuss, agree</i>	System BAF, Risk Map - <i>note</i> Review of full system risk register? - <i>note</i>		MoU for 2022/23 incl. operating plans (cf. planning guidance 21/22, 2.3) - <i>agree</i>
		Conflicts of Interest register (ICS Board members) - <i>approve</i> (for publication on BSW ICS www)				start-up' of ICS, possibly report re close-down of CCG / transition of CCG functions - <i>note</i>
Operations	BSW system operational plan 2021/22 - C Gregory, J-A Wales - <i>agree / endorse</i>					
		Deep dive: mental health	Deep dive: Digital and Estates	Deep dive: Maternity	Deep dive: Ageing well	Deep dive: Learning disabilities
Strategy, policies	BSW ICS communications / engagement strategy, T May - <i>approval</i>					formal approval of ICS body policies - <i>approve</i>
	End of Life Care / Palliative Care Strategy, G May - <i>approve</i>					