Engagement Draft BSW Implementation Plan -V01

BaNES Local Implementation Plan section

Our local implementation plans:

BaNES:

Context

The Health and Wellbeing Strategy is a seven-year strategy that identifies four priorities for improving health and wellbeing and reducing inequalities for the Bath and North East Somerset (B&NES) population. These are:

- Ensure that children and young people are healthy and ready for learning and education
- Improve skills, good work and employment
- Strengthen compassionate and healthy communities
- Create health promoting places

These priorities are directly informed by the intelligence collated in the B&NES Strategic Evidence Base (also known as the Joint Strategic Needs Assessment, or JSNA).

The strategy was developed by working closely with local partners from health, social care, the local authority, community and social enterprise groups. Residents of B&NES also played a key role in identifying priorities through public consultation.

The strategy and its implementation plan complement and align with other strategies and plans, such as the Economic Strategy, the Local Plan, and the B&NES Swindon and Wiltshire Integrated Care Strategy by setting out ambitions and a plan to improve health and wellbeing through the combined efforts of partners on the Health and Wellbeing Board. It is intended to also set high-level direction for the B&NES Integrated Care Alliance.

All of this work to date has been co-designed and collaboratively developed with people with lived experience and this engagement will continue across our programmes of work.

How we are organised to deliver

Our ICA has embraced the opportunity for new ways of integrated working and closer alignment with partners. To achieve this and recognising the scale of our area and capacity of partners, we utilise existing local forum wherever possible to govern our locality joint working.

This includes:

1. an Integrated Care Alliance and Locality Commissioning group that feed directly into the ICB Board and other sub-committees as required and works closely with our Health and Wellbeing Board.
2. An Alliance Delivery operational group – that holds the work of the locality in one strategic place, and is empowered to setup relevant task and finish groups as required to respond to any BSW wide transformation that needs a locality input, response or lead.
3. Health and Wellbeing Board sub groups that feed into specific themed work areas across our system. For example the BaNES Children and Young People sub group of the Health and Well Being Board feeds into the Children and Young People programme board of the BSW ICB.

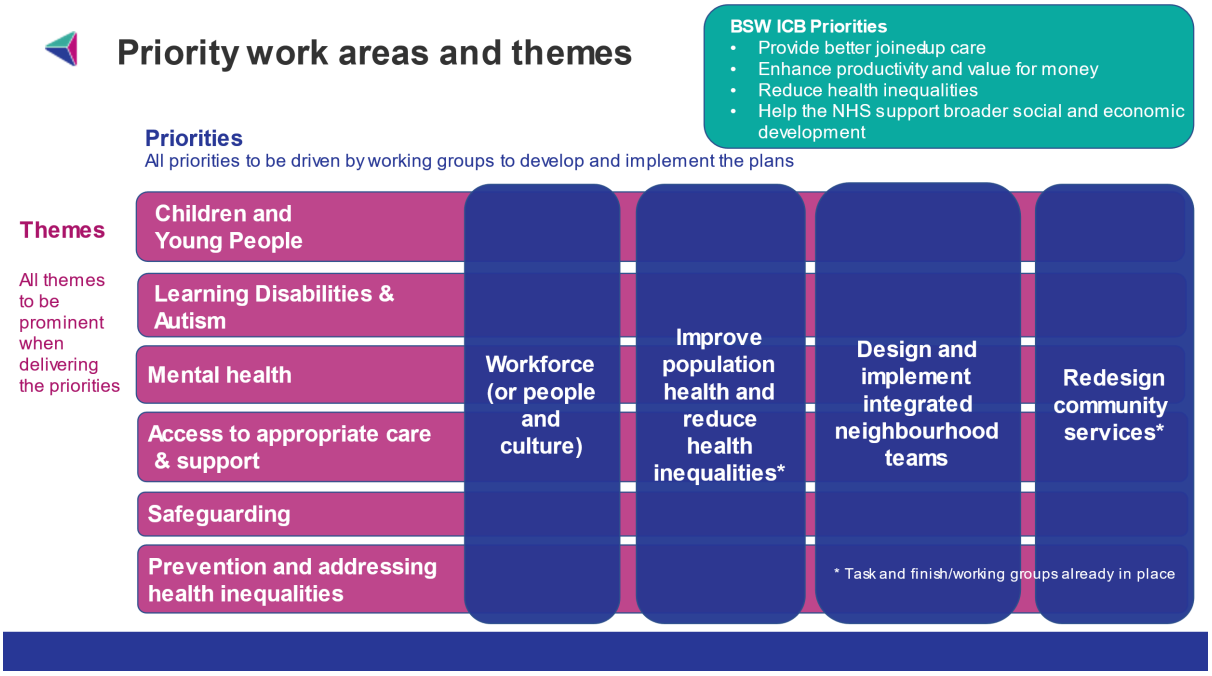
By keying into existing structures we reduce duplication, maximise efficiencies, capacity, capability and skills. This enables us to use our resources to target joint working in a way that can be flexible in meeting our needs, standing up and standing down groups as needed.

The Health and Wellbeing Board and the Integrated Care Alliance work alongside one another to ensure alignment of core objectives and strategic outcomes for the health and wellbeing of our population.

Our BaNES Integrated care Alliance (ICA) have identified priorities that respond directly to the BSW statutory functions and align with the priorities in our H&W Being strategy. The priorities directly correlate to the journey of transforming our care model.

Our delivery plan

Our Integrated Care Alliance (ICA) priorities are collaboratively developed across all our partners and reviewed annually. Our current set of priorities, which respond to the Statutory functions of the BSW Integrated Care Board (ICB) and align with the aforementioned H&W priorities, have a two to three year timeframe to deliver given their scale. Our current priorities are set out below alongside side cross cutting themes.



1. Workforce culture and people-

Working with the BSW Academy on approaches to attract, widen access to and retain a workforce in Domiciliary Care, and to consider place actions to implement the recently commissioned work from the academy. At locality we are testing new models including United Care Bath- a joint initiative between the Council and Royal United Hospital.

Workforce milestones include:

- **Between May and April and May 2023**: Update on outputs from the work commissioned from the BSW Academy. **Between May and September 2023**: consider B&NES local response.

2. Improving health and reducing health inequalities

From the strategic base Strategic Evidence Base an emerging area of health improvement need on which to give focused attention is improving cardiovascular disease outcomes. Over the coming months the scope of this work this will be agreed, identifying opportunities to make concerted efforts to drive improvements in areas such as tobacco control, the Health Check offer, whole system approach to weight management, alcohol use, and variation in high risk condition monitoring and intervention, taking a population health management approach. We will take an approach to this work that aligns with and maximises benefit to other work programmes that benefit the population.

In the next 12 months, we plan to do the following in relation to this area of health improvement:
-Work with colleagues to agree the scope of work
-Develop an implementation plan
-Secure sign up to the plan from the ICA and establish an implementation group

What will be different for our population in 5 years' time
Cardiovascular disease outcomes will be improved. (Detail for this section to be produced as part of creation of the implementation plan)

In relation to reducing health inequalities, we are establishing a Health Inequalities Network in B&NES with dedicated resource to strengthen capacity and understanding about inequalities. We are taking an evidence-based understanding of how inequalities impact on our population and will build on this with coordinated and planned action to prevent and tackle inequalities through activity at different levels including through wider determinants of health, health and wellbeing services, ill health prevention programmes, health care services, and social care programmes..

An example of this is the Community Wellbeing Hub (CWH). The CWH is made up of a partnership from the public, private and third sector organisations. It provides a "one-stop-shop" for wellbeing services for adults and their families. We have a hub and spoke model with a Central Wellbeing hub and a spoke in the Atrium of the RUH to assist with discharge planning. The 'Culture' and ways of working is different and critical to implementation. The approach is one of shared responsibility, and working practices and organisational boundaries removed, which enables the focus to be on the individual. The hub is an example pre-cursor of how we can utilise community assets to implement Integrated Neighbourhood Teams

In the next 12 months we plan to do the following in relation to tackling health inequalities:
-By end of April 2023: Health Inequality network coordinator in post.
-By end of May 2023: Network posts in RUH and PC in place May 23
-Between April and September 2023: Community Investment Fund in place supporting universal and targeted schemes to support local people by addressing known inequalities including warm housing and help with cost of living increases.
-Establish governance and partnership arrangements to shape and oversee delivery of a health inequalities implementation plan
-Establish a health inequalities network
-Use Strategic Evidence Base to identify priorities and potential actions to address
-Develop and be implementing a heath inequalities implementation plan that aligns with the BSW HI Strategy

What will be different for our population in 5 years' time
-People from groups experiencing greater inequalities Set out longer term goals and relevant delivery dates where possible

4. **The design and implementation of Integrated Neighbourhood Teams.**

Our delivery plan

- Designing and implementing Integrated Neighbourhood Teams is one of four priority work areas of the BaNES Integrated Care Alliance
- For further detail see the BaNES Local Implementation Plan section

How we are organised to deliver

- There is a BaNES Task and Finish Group for Integrated Neighbourhood Teams attended by a range of partners, which reports to the BaNES Integrated Care Alliance
- The leads for the BaNES INT T&F Group meets monthly with leads in Swindon and Wiltshire to share learning and develop synergies for INT working at a system level
- The T&F Group uses an Improvement Together approach to facilitate a quality improvement and learning style to the design and development of INTs
- The T&F Group will work and support a number of teams and services to test the emerging design principles and outcomes measures for INTs

What we will do in the next twelve months

- By July 2023: Co-create a blueprint for the BaNES collaborative approach and Integrated Neighbourhood team model. This will include mapping of our current resources and community assets. Understand any gaps in resourcing.
- Develop an INT Maturity Matrix and associated outcome measures to enable teams to develop INT ways of working
- From May 2023: collaborate with Community Frailty 12-month pilot to trial INT approach to working with 2 PCNs in B&NES
- Between August and October 2023: Identify at least 4 other teams and services - working with different scales of geography, population need, range of providers - to test the Maturity Matrix and outcome measures
- By September 2023: Evolve the BaNES INT T&F Group into a Steering Group to oversee and assure the progress against agreed programme timescales

What will be different for our population in 5 years' time

- Care will feel individualised as teams and services operating an INT approach will drive clinical practice and interventions based on population health need
- People will experience more coordinated care, delivered together and including smaller local services and assets in their community to meet their health and care needs
- People will be proactively offered interventions to reduce their risk of LTCs as teams and services start to utilise data predictively.

Monitoring delivery

- Number and range of INTs developed across BaNES
- Patient/carer experience of collaborative working by INTs
- Staff reported change in ways of working as INTs

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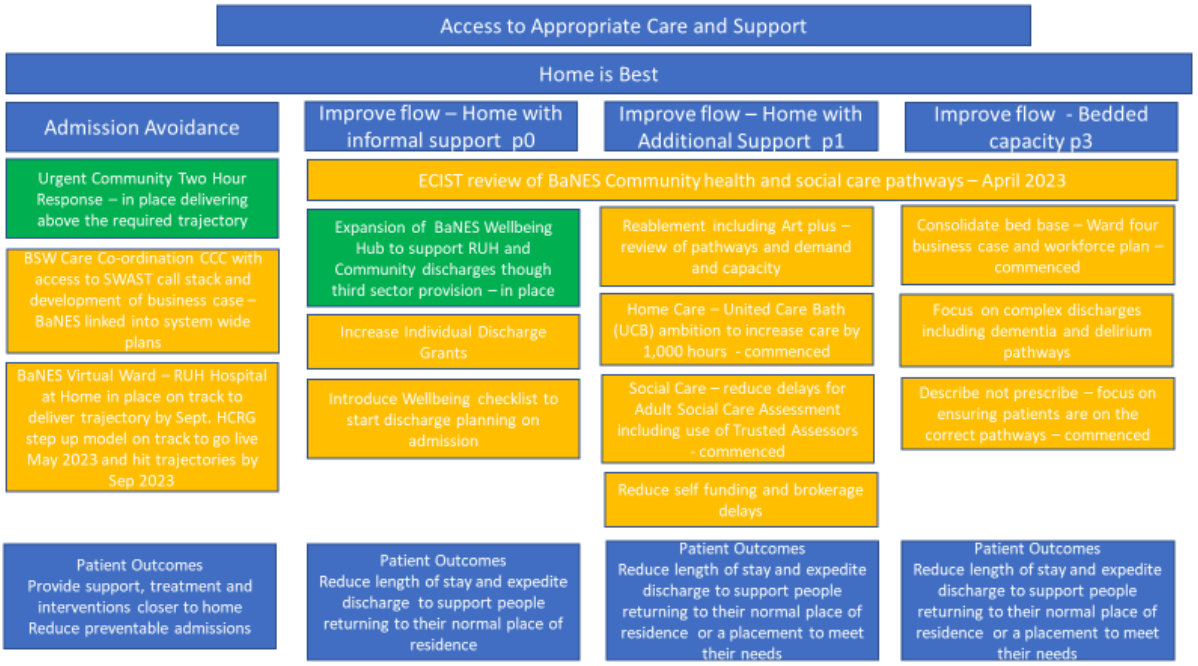
4. Redesigning Community Services

We have a transformational opportunity to consider the needs of our population and to design and shape our services and provision so that it is outcome focussed and meets the needs of individuals within the community in line with the BSW Care Model. This will involve discussions to determine what we mean by left shift of resources and funding across our ICA and to understand where the opportunities are for place to drive delivery and where working at scale provides added value.

In addition, there are a number of cross cutting transformation priorities, which link across place and system. The key BaNES focus areas for these cross cutting themes feature below:

Access to Care and Support

Home is Best is an umbrella programme of work being undertaken across multiagency partners in BaNES to deliver the espoused improvement in access to care and support for our local population. This programme also feeds into and aligns with system wide work across the end to end health and social care pathway. The programme plan features below:



What we will do in the next twelve months

-By end of May 2023: Our BaNES step up Virtual Ward will be operational and supporting patients to stay safely in their community reducing preventable hospital admissions.

-By September 2023: Both our BaNES Step Up and Step Down Virtual Ward models will deliver the required capacity to meet the national trajectory.

-By the end of April 2023: We will have conducted, with the support of the national Emergency Care Intensive Support Team, a further review of community health and social care pathways. This will build on the strong foundation we have developed together to reduce the Non-Criteria to reside position in our acute hospital and support people to return home or their usual place of residence.

-By the end of April 2024: Our focus for the next 12 months will be the delivery of the Home is Best work streams as documented above with the initial priority of increasing community hospital flow. This will deliver improved patient flow across our system supporting patients to be in the best environment to lead happy and healthy lives. **By end of April 2023:** our community wellbeing hub will be piloting in both our acute and community hospitals.

-**By July 2023:** We will have increased care by an extra 600 hours through our United Care Bath (UCB) project. **By end of April 2024:** Care through the UCB project would be increased by 1,000 hours.

-By May 2023: We would have collaboratively developed the business case to secure funding for Ward Four – which provides additional community hospital beds. This will support our 'left-shift' agenda to reduce reliance on acute hospital beds.

What will be different for our population in 5 years' time

-Care will feel individualised and personalised

-People will be able to access the care they need, where and when they need it

-We will reduce hospital admissions and support people to stay well in their local community

We will continue to monitor access to other services including elective care and diagnostics to ensure our local population get the help they need when they need it linking in with the system wide Elective Care and Mental Health recovery plans.

Our plans include digital and technological transformation such as remote monitoring for people being supported by our Virtual Wards and realising the benefits of work to create an Integrated Care Record.

Themes:

All of our ICA themes are a lens that we apply to everything that we do and also have been identified in our evidence base as key areas to improve outcomes for our local population.

Below we have set out more detail around two of our themes: Children and young people and Learning Disabilities and Autism.

Children and Young People

Within BaNES our key priorities around supporting children, young people and families include:

Strengthening family resilience to ensure children and young people can experience the best start in life including:

- Provide intensive support for those eligible for free-school meals to improve school readiness
- Confirm and measure pre-conception support including smoking cessation, preparing for parenthood and maternal mental health provision
- Improved transition processes between children and young people and adult services (physical and MH provision)

Reduce the existing educational attainment gap for disadvantaged children and young people including:

- Provide intensive support for children eligible for free school meals and with SEND to help them achieve better outcomes at school

Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services).

Our work will align with the BSW Children and Young People's system agenda and we will continue to have a focus on Children Looked After and the Care Leavers Covenant.

Further co-design of transforming the provision for children, young people and families across physical health and emotional wellbeing will continue with people with lived experience and staff from across our system.

Learning Disabilities and Autism

We will continue to collaboratively develop our local priorities for people with Learning Disabilities (LD) and Autism (ASD). These will align with system wide priorities including:

- Reducing the number of people cared for in an inpatient unit out of area
- Introducing the national Key Worker programme in B&NES for people with LD and ASD to support people in their local community
- Improving access to services including Autism diagnosis and support for children, young people and adults
- Promoting and delivering improvements to the number of children, young people and adults who access their Annual Health Check and health screening programmes
- Further work on our inclusive workforce agenda to offer opportunities for employment for these members of our communities

Emotional Wellbeing and Mental Health

We will continue to work with people with lived experience, families, carers and supporters and our staff from all partners to further transform our offer for people to stay well with their emotional wellbeing and mental health. Our areas of focus include:

- Expanding the community emotional wellbeing and mental health support offer as part of the continued implementation of the community mental health framework
- Improving access to support including reduced waiting times for Talking Therapies and Child and Adolescent Mental Health Services (CAMHS)
- Delivery of the new Community Wellbeing House in Bath in conjunction with our third sector partners
- Embedding emotional wellbeing and mental health support in our priority community workstreams such as Integrated Neighbourhood Teams, Virtual wards and Community Wellbeing Hub

We will also build on work across safeguarding to ensure we have strong oversight of our most vulnerable communities and align this with work to reduce health inequalities for our local populations – addressing known areas including homelessness and rough sleeping and rural isolation.

Monitoring delivery

We will monitor delivery of our ICA plan through regular updates to our ICA and our Health and Wellbeing Board.

This will include monitoring specific metrics for the relevant priorities, for examples for Integrated Neighbourhood Teams we will monitor:

- Number and range of INTs developed across BaNES
- Patient/carer experience of collaborative working by INTs
- Staff reported change in ways of working as INTs