

## Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board update for BaNES Council Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel

**March 9th 2026**

### **BSW Integrated Care Board Five Year Strategic Commissioning Plan**

BSW ICB has developed a new five year -year plan setting out how we will further transform health services over the next five years, working as part of a new cluster with Dorset and Somerset Integrated Care Boards.

The plan takes forward the work previously set out in the [BSW Integrated Care Partnership strategy](#), and articulated in our [BSW Care Model](#), and now incorporates the ambitions articulated in the last year's national [NHS Ten Year Plan](#).

It draws on the extensive local conversations held with our communities during the development of the NHS 10 Year Plan and detailed assessment of the health and care needs of our local populations. It focuses on delivering three major national shifts in health and care:

- more care provided in the community rather than hospital
- better use of digital tools
- greater focus on prevention and early support

Specifically, our commissioning intentions for the period focus on the following:

- A more joined-up system, with services commissioned around shared outcomes
- Neighbourhood-level health services, bringing support closer to where people live and strengthening links between the NHS, local authorities and Voluntary, Community and Social Enterprise organisations
- A full review of urgent and emergency care, making it easier to get the right care first time and reducing avoidable hospital admissions
- Improvements in planned, non-urgent care and bringing these services closer to people's communities
- Better use of resources, ensuring the 'BSW pound' goes further and more funding is directed toward prevention and community services
- A consistent digital offer, including use of the NHS App and improved shared health records so people don't have to repeat their story
- Strengthening primary care with improved same-day services for urgent patients, more integration with other services and increased use of community pharmacies
- A stronger focus on prevention, tackling factors such as smoking, obesity and cardiovascular risk, and improving access for groups who experience poorer outcome.

Our commissioning plan was signed off by the BSW ICB Board and submitted to NHS England on Thursday 12th of February.

It was also presented for endorsement to Health and Wellbeing Boards in BaNES, Swindon and Wiltshire during late January and early February along with the boards of our acute hospitals.

## Neighbourhood Health in BaNES

Neighbourhood Health is about how health, care, local authorities and community organisations work together around people and communities, closer to where they live. It focuses on prevention, early support and reducing health inequalities, rather than responding only when people reach crisis.

In BaNES, just as in every local authority area across the country, work is underway to develop a BaNES Neighbourhood Health Plan. It will be developed in two stages: the Strategic Plan (likely to be required by April / May) and an Operational Plan (required by September). This is part of a national NHS planning requirement and is being taken forward collaboratively through existing partnership structures rather than creating new programmes.

The plan builds on work already happening locally, including community-based services, voluntary and community sector activity, primary care networks, and local authority-led wellbeing and prevention approaches. The ICB is leading the development of the plan on behalf of the Health and Wellbeing Board and is keen to work with Area Boards to understand what matters to local people.

Progress to date has focused on:

- Agreeing a shared vision and principles for neighbourhood working across B&NES with a multi-agency workshop held on January 29<sup>th</sup> 2026.
- Using local insight, including Joint Strategic Needs Assessment intelligence and population health data, to understand where neighbourhood approaches can make the greatest difference
- Engaging partners through the Integrated Care Alliance and Health and Wellbeing Board to shape the direction of travel
- Aligning neighbourhood health planning with existing community and wellbeing activity, rather than duplicating it
- Planning for new integrated neighbourhood teams across joining up our community teams, general practice teams, adult social care and other partners including VCSFE sector who will work together to support people with complex needs (for example people who are frail, those who attend ED frequently or who are likely to be admitted to hospital as an emergency). The first stage of these teams goes live in April 2026 and they will continue to develop over the next couple of years.

The BaNES Health and Wellbeing Board remains the formal governance and oversight route for the Neighbourhood Health Plan. Over the coming months, further work will focus on identifying local priorities and setting out how neighbourhood approaches will support healthier communities and reduce avoidable pressure on services. We are keen to work with Area Boards to identify local priorities.

Neighbourhood Health is not about creating a single model for every area. It is about supporting local solutions that reflect BaNES communities, strengths and challenges, while working towards shared outcomes for health and wellbeing.

A programme of public engagement is now underway across BSW to understand what our communities think about our plans for Neighbourhood Health and capture ideas, suggestions and feedback to inform decisions.

The first phase of this programme is focusing on capturing the views of Gypsy, Romany, Traveller and Boater communities and veterans. These communities are often mobile, experience health inequalities and often have difficulties accessing services.

Engagement sessions have taken place with boaters in Bradford on Avon and members of the City of Bath Veterans Breakfast group in Saltford. More sessions are planned over coming weeks including a visit to Carrswood View site in Bath.

## Kingfisher Unit update

In partnership with Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust, BSW ICB is the lead commissioner for The Kingfisher. This is a new £20 million, ten bed specialist learning disability and autism inpatient and outreach service located at the Blackberry Hill Hospital site in Fishponds, Bristol. The service is a key part of regional plans to increase specialist inpatient capacity and improve admission pathways across the South West. It represents a modern model of care that focuses on therapeutic environments, shorter lengths of stay and a strong emphasis on recovery, with the aim of supporting people to return to independent living as quickly and safely as possible. Recruitment to the new service is underway and construction had been nearing completion.

Recently, there was a flood at The Kingfisher which has caused significant damage to the building. This is going to delay the completion of the build, its handover and ultimately its opening to patients. This is really disappointing for everyone who has been involved in the project so far, and those who have been preparing to commence work within the new service.

The project team have been working with construction partners since the flood was discovered to get a clearer understanding of how much damage has been caused, and the remedial work required. This is a complex process which has involved bringing in numerous specialists including flood damage assessment experts.

AWP is gathering further information to complete this process which will take several more weeks to conclude. It is essential that this assessment is detailed and thorough and when finalised, it should give us the clarity required to help us plan a revised completion, handover and opening timetable.

Importantly, The Kingfisher Outreach Service has been operational since September. It continues to provide specialist community support for people with a learning disability and autistic people who are at risk of admission in the community. This service helps to mitigate system risk while the remedial work on the building is underway.

## Blood pressure roadshows visit Bath

High blood pressure affects around 1 in 3 UK adults with no clear symptoms. It often goes undetected, increasing the risk of heart attack or stroke.

During February and March, Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board, working with pharmacy students from the University of Bath and other health teams, hosted drop-in clinics across the local area to offer free blood pressure checks.

The project has helped to raise awareness of the dangers of high blood pressure and furthers our commitment to prevent ill health in all our communities.

The drop-in sessions in Bath took place at Bath Central Library and Bath Sports and Leisure Centre

## Executive team appointed to Bath and North East Somerset, Swindon, Wiltshire, Dorset and Somerset Integrated Care Board cluster

Following a comprehensive recruitment process, a new single executive team has now been formally appointed to the new Integrated Care Board cluster across NHS Bath and North East Somerset, Swindon and Wiltshire ICB, NHS Dorset ICB and NHS Somerset ICB.

The new executive team, members of which are listed below, each bring with them extensive skills and experience, which will prove invaluable.

The full list of executive team members is as follows:

- Jonathan Higman – Chief Executive
- Rob Whiteman – Chair
- Alison Henly – Chief Officer Strategic Finance and Resources
- Dr Bernie Marden – Chief Medical Officer
- Shelagh Meldrum – Chief Nursing Officer
- Dr Amanda Webb – Chief Officer for Population Health Improvement
- David Freeman – Chief Officer for Commissioning and Place
- Lucy Baker – Place Director, Bath and North East Somerset and Commissioning SRO for children and young people and maternity
- Dr Dean Spencer – Place Director, Dorset, Commissioning SRO specialised commissioning, ambulance, and contracts
- David McClay – Place Director, Somerset, Commissioning SRO for planned care
- Gordon Muvuti – Place Director, Swindon, Commissioning SRO for mental health, learning disabilities, neurodiversity, and primary care
- Caroline Holmes - Place Director, Wiltshire, Commissioning SRO for community services

The appointments mark the next step in the transition process and will help to continue work towards our shared ambition of bringing three Integrated Care Boards together to become an outstanding strategic commissioning organisation.

### Oral health and dental update

BSW ICB remains committed to establishing a network of local mobile dental clinics that will make accessing dentistry easier and more convenient for people living in all parts of Bath and North East Somerset, Swindon and Wiltshire.

Work will start over the coming weeks to begin reviewing key populations to understand which groups of people would benefit most from mobile dental clinics. This review will be done together with colleagues from Local Authorities and supported by strong evidence and insight from local voluntary and community organisations. This will help us make sure the mobile dental unit reaches the people who need it most.

Our Big Brush Club supervised toothbrushing scheme is commissioned by the ICB and supported by BSW's three local authorities and delivered in schools by professionals. It aims to tackle deteriorating rates of oral health among disadvantaged young people. We are awaiting information on current activity and will offer an update at the next meeting.

We can confirm that there is no contractual requirement for promotion in dental practices as per a previous query but this will be reviewed with public health colleagues moving forward to explore any opportunities.

## **BSW health and care staff vaccination update**

### **Royal United Hospitals (RUH)**

RUH has worked proactively to increase vaccination uptake among health and social care worker (HSCW) staff, responding to an ambitious NHSE target to increase uptake by 5 per cent, which they successfully achieved. This was delivered through a coordinated staff vaccination programme focused on equitable access, consistency of offer, and targeted engagement, particularly aimed at staff who may not have taken up vaccination in previous years.

Key actions included:

- Engagement with maternity staff vaccinators, enabling extended hours and weekend vaccination offers
- Evening and roaming sessions targeted at catering and portering staff
- Personalised email follow-ups to non-responders
- Use of internal communications and executive advocacy to broaden awareness and encourage uptake

### **Outreach and Community Staff Groups**

The BSW Vaccination Team works closely with the outreach provider to target staff groups where no established vaccination offer is in place. The outreach team has ongoing projects working with LA teams to ensure education and signposting to vaccine services is clear, focusing on vaccine confidence, alongside planned care home and domiciliary staff clinics.

While the RUH does not hold a full breakdown of individual clinics, across BSW 1,374 care home staff had been vaccinated against flu (as of 4 February 2026) with over 300 staff being vaccinated during roving clinics at care homes and domiciliary settings by the outreach team.

In BaNES specifically, all care homes have been contacted to ensure staff have access to vaccination regardless of GP registration status. This approach has identified a number of previously unvaccinated staff who chose to be vaccinated when offered vaccination in their place of work.

### **Communications and Access Support**

The vaccination team has worked with the BSW communications team to ensure messaging and materials reflect all staff cohorts, including non-clinical staff with close patient contact.

Targeted leaflets for care homes were produced to:

- Confirm staff eligibility
- Reduce barriers to access
- Help prevent up-front costs to individuals, enabling staff to receive vaccination at a time and location convenient to them

### **Quality Impact Assessments and Equality Impact Assessments related to vaccination programme**

The vaccination programme is supported by an overarching EQIA for the entire eligible population. BSW ICB does not undertake a separate QIA specifically to identify staff groups with lower flu uptake.

The EQIA highlights key barriers such as access, awareness and understanding, and vaccine fatigue. Variation in staff uptake is monitored at provider level, with acute trusts using workforce data to identify lower uptake groups and mitigate these barriers through targeted engagement, tailored communications, flexible clinic times and locations, and follow-up with non-responders.

This approach is complemented by the outreach team, who address similar barriers among care home and domiciliary workers, supporting equitable access across the wider health and social care workforce, this work is informed from NHSE data analysis to ensure all staff have access to both vaccine and vaccine information.

In terms of the wider approach to EQIAs in BSW ICB, a template and process guidance documents are in use and these can be shared with panel members if required.

## Termination of Pregnancy information

The following update summarises activity across BSW and includes the British Pregnancy Advisory Services (BPAS) and Marie Stopes International. It focuses on the use of early medical abortion (EMA) through telemedicine/pills by post, a service allowing people to receive medication for an early medical abortion (up to 10 weeks gestation) via mail, after a phone or video consultation with a provider. It also includes the number of patients requiring treatment beyond 10 weeks' gestation, and the age profile of people accessing termination services.

### BPAS Activity

#### Early Medical Abortion (Less than 10 weeks)

- 91% of BPAS patients received EMA.
- 1,020 of 1,068 patients were under 10 weeks and treated medically.
- 639 were eligible for, and chose, pills by post.
- Pills-by-post offered only to age 16+; ≤15-year-olds attend face-to-face.

#### Over 10 Weeks

- 48 patients over 10 weeks required out-of-area travel.
- Surgical treatment locations: Reading, Bournemouth, Richmond (BPAS Swindon does not offer surgical procedures).

### Marie Stopes International Activity

#### Early Medical Abortion (less than 10 weeks)

- 333 telemedicine/pills-by-post abortions (Apr–Dec 2025).

#### Over 10 Weeks

- 110 surgical terminations.
- Local option: Bristol RTC.
- 6 patients chose to travel elsewhere (personal choice)

### Total

The total number of terminations is 817. The breakdown across age brackets is shown below:

Age Range	Number
Under 16	6
16 to 18	13
18 to 24	269
25 to 36	413
36 and over	116