

AGENDA SUPPLEMENT (1)

Meeting: Marlborough Area Board

Place: Marlborough Town Hall, 5 High St, Marlborough SN8 1AA

Date: Tuesday 23 July 2019

Time: 7.00 pm

The Agenda for the above meeting was published on 15 July 2019. Additional documents are now available and are attached to this Agenda Supplement.

Please direct any enquiries on this Agenda to Tara Shannon, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line 01225 718352 or email tara.shannon@wiltshire.gov.uk

Press enquiries to Communications on direct lines (01225)713114/713115.

This Agenda and all the documents referred to within it are available on the Council's website at www.wiltshire.gov.uk

17 <u>Urgent items (Pages 1 - 6)</u>

DATE OF PUBLICATION: 16/07/19

MARLBOROUGH AREA BOARD – meeting 23rd JULY 2019 MARLBOROUGH HEALTH AND WELLBEING GROUP

PROGRESS REPORT AND UPDATE

1. Background.

The Group was established in January 2019 with representation from a range of care, support and health related organisations.

The main objectives were agreed initially as follows;

- To appoint and fund an Older Person's / Carer's Champion
- To explore the potential to develop a web based health and wellbeing information platform (as part of a county wide initiative)
- To commence planning for a Market place' / 'Fair' event in the summer of 2020.

Other initiatives will be considered for inclusion in line with local circumstances and requirements.

2. Progress

The Group met on 15th July 2019 and the following actions were progressed;

- the 'job description' for the appointment of an Older Persons' /Carers' Champion was confirmed and a funding application to the Marlborough Area Board was agreed.
- initial planning for a health and wellbeing event in the summer of 2020 commenced and account taken of the recent similar event in Devizes.
- consideration of a proposal to set up a 'Mens Shed' project similar to one in Royal Wootton Basset (https://ocm.wiltshire.gov.uk/calne/mens-shed/ .
- See also details ref the Royal Wootton Bassett Shed project; https://www.hugofox.com/community/the-rwb-shed-13790/news/

Further progress will be reported to MAB in due course.

Jill Turner,

Chair, Marlborough Health and Wellbeing Group

July 2019



Reference no

Log no

For office use

Area Board Projects and Councillor Led Initiatives Application Form 2019/2020

To be completed by the Wiltshire Councillor leading on the project					
				iteria before completing th	
	E ALL SECTIONS	S TO ENSURE	THAT YO	OUR APPLICATION CAN	BE CONSIDERED
1. Contact Details					
Area Board Name	MARLBOROUGH				
Your Name	JILL TURNER	R			
Contact number	07900 2233345		e-mail	jillturner2211@gmail.com	m
2. The project					
Project Title/Name	Older Persons a	nd Carers' Chan	npion		
Please tell us about the project /activity you want to organise/deliver and why?	Following establishment early in 2019 the Marlborough Area Board's Health and Wellbeing Group focussed on the role of the Older Persons and Carers Champion (O.P.C.C.) as a key priority.				
Important: This section is limited to 900 characters only (inclusive of spaces).	Drawing on experience from elsewhere in the county there are significant benefits from the presence of the O.P.C.C. post holder in seeking and representing the views of older people and carers at both a local and county wide level to promote their interests and requirements as necessary.				
	The post holder will also liaise with local care services and related health and wellbeing organisations to share and signpost information, establish connections, review needs, promote and deliver developments in response to locally identified priorities and requirements				
	Support for carers and independent living have been identified as important aspects within the Joint Strategic Needs Assessment for the Marlborough Area and will be addressed through the focussed O.P.C.C. role				
Where is this project taking place?		Within the Marlborough Area Board's geographical territory			cal territory
When will the project take place?		As soon as possible after funding has been secured.			d.
What evidence is there that this project/activity needs to take place/be funded by the area board?		Support for carers and older people is recognised as an important dimension in sustaining independence. Experience from elsewhere in the county has demonstrated that a centrally funded post in the local community provides the leadership, co ordination and knowledge base required to support vulnerable people.			

	Older people, carers, the cared – for and family members will be provided with increased support and an identified point of contact for information.			
	Organisations which provide support will also benefit from the presence of the O.P.C.C. post providing a central point of focus and co ordination			
Community Issue? (if so, please give	The project links to the currently identi priorities for older people; social isolatiliving and positive activities for older p	ion and loneline	_	
Does this project link to the Community Plan or local priorities? (if so, please provide details)	See above			
Is this project supported by the Local Youth Network or Community Area Transport Group? (if it relates to young people or highways and transport	Not applicable			
What is the desired outcome/s of this projectors in the Marlharaugh community, Identify			der people and	
carers in the Marlborough community. Identif Who will be responsible for managing this	•	ements.		
Chair of the M.A.B. Health and Wellbeing Gro	oup			
3. Funding				
What will be the total cost of the project?	£3,000			
How much funding are you applying for? Please note that only capital funding is available	£1,500			
If you are expecting to receive any other	Source of Funding	Amount Applied For	Amount Received	
funding for your project, please give details	Marlborough H&WB budget	£1,000	£1,000	
	Carer Support Wiltshire	£500	£500	
Please give the name of the organisation and bank account name (but not the number) your grant will be paid in to. (N.B. We cannot pay money into an individual's bank account)	Organisation name; Carer Support Wiltshire Bank account name 'Carer Support Wiltshire'			
4. Declaration – I confirm that				
The information on this form is correct specified YES	and that any grant received will be spen	t on the activitie	es	
Any form of licence, insurance or othe project outlined in this application YES	r approval for this project will be in plac	e before the star	rt of the	
Name: Jill Turner		Date:		
Position in organisation: Chair of the M.A.		15.7.2019		
Please return your completed application	to the appropriate Area Board Locality T	eam (see secti	on 3)	

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