

## Health and Wellbeing Board

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### MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 21 MARCH 2024 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.

#### **Present:**

Cllr Laura Mayes (Vice-Chair), Alan Mitchell, Dr Nick Ware, Gina Sargeant, Kate Blackburn, Stephen Ladyman, Cllr Gordon King, Cllr Iain Blair-Pilling, Marc House, Dr Edd Rendell, Naji Darwish (OPCC)

#### **Also Present:**

Lucy Townsend, Max Hirst, David Bowater, Sarah Cardy, Marc House, Clare O'Farrell, Emma Higgins, Col Ricky Bhabutta

#### 1 **Chairman's Welcome, Introduction and Announcements**

Cllr Laura Mayes, Vice Chair and Deputy Leader of the Council, welcomed everyone to the meeting.

A Chair's Announcement on pharmaceutical services in Warminster was read and are attached to the minutes.

#### 2 **Apologies for Absence**

Apologies were received from:

Cllr Richard Clewer

#### 3 **Minutes**

The minutes of the previous meeting on 30 November 2023 were presented for consideration. Alan Mitchell, Chair of Healthwatch Wiltshire, commented on the following resolution at the previous meeting:

*Resolved*

*i) To note the past and ongoing work between the ICB and Wiltshire Council regarding the tender of a BSW-wide Community Health Services contract.*

*ii) To note the approval at the ICB Board to the agreed procurement approach to, and commencement of the procurement process.*

*iii) To note the Cabinet decision to the 'in principle' agreement to commit Better Care Funding to the ICB Community Health Contract from 2025 to 2032 (with potential for a further 2 years to 2034). Formal commitment is dependent on a*

*revised and agreed S.75 Agreement (Health and Social Care Act 2012) that covers the period of the contract, along with a signed Collaborative Commissioning agreement. Formal agreement will be sought in early 2024 before the contract is awarded.*

It was commented that when the Health and Wellbeing Committee made this resolution on 30 November 2023, it was made on the basis that the ICB was resourced to undertake this complex and large procurement and based on the ICB commitment to operating at place, where Wiltshire has over half of the population. Since then, the Board had become aware that the ICB was facing a cut in its administration budget. The Community Care Contract would be a major undertaking and its success a vital component in the delivery of the BSW Together Strategy. All partners in the ICS needed reassurance that the risk of delivery will not be increased by organisational changes at the ICB.

It was asked whether the ICB senior leaders could assure this committee that it would have the resources, particularly the quantity and quality of staff in post, to run the procurement exercise to time and manage the subsequent service transition to new supplier(s) across the three places in the ICS. As a result of this, it was agreed that there would be an item on the contract at the next meeting.

After which, it was:

### **Resolved**

**The Wiltshire Health and Wellbeing Board approved and signed the minutes of the previous meeting held on 28 September 2023 as a true and accurate record.**

#### **4 Declarations of Interest**

There were no declarations of interest.

#### **5 Public Participation**

There was no public participation.

#### **6 NHS BSW Operational Plan Update**

It was explained to the Board that in line with the ICBs statutory requirements (Health and Care Act 2022) the Implementation Plan the HWB had received in November 2023 was being refreshed. The Board was then invited to comment.

The Board noted that the timelines within the plan were very strict.

Whilst improvements had been made, the Board wished to see further work on making the document as accessible as possible, such as a glossary to avoid confusion over acronyms.

It was suggested that a version of the plan that could be understood by the public would allow achievements to be highlighted.

It was clarified that whilst certain financial information was not fully available, it was recognised that the plan's aspirations needed grounding in the reality of funding where possible.

It was further clarified that certain information could not yet be made available publicly.

A briefing to the Chair and Deputy Chair by the ICB on Project Evolve was therefore requested.

**Resolved:**

**To delegate confirmation of the Plan and provision of an opinion on the plan, taking account of the Wiltshire Joint Local Health and Wellbeing Strategy and views of Board members, to the Chair.**

**For the Chair and Deputy Chair to receive a briefing from the ICB on Project Evolve.**

7 **Better Care Plan - standing update**

The report was formally presented to the board. It was noted that significant progress had been made in moving to community care and at home care rather than bedded care.

It was clarified that as physiotherapy was a very specific field and required years of training and study, care home staff were being trained to support recovery plans once put together by physios.

It was assured that reports once submitted were given extensive feedback and was certainly not for box ticking.

**Resolved:**

**To note the report**

8 **Right Care Right Person Police Baseline Update**

A short presentation was delivered to the Board, which is attached to the minutes.

It was clarified that a data recording would be consistently gathered from partners so that a clear picture was always available on the effectiveness of RCRP.

It was clarified that changes would be integrated slowly rather than suddenly, and that the positive impact on freeing up capacity would not be the same in

Wiltshire as in other areas. Therefore, although freed time would be reinvested in other areas the shift would not be as dramatic.

**Resolved:**

**To note the update**

9 **Community Area JSNA Update**

A short presentation was delivered and was attached to the agenda. During the presentation, features of the following website was highlighted:

[www.wiltshireintelligence.org.uk/cajsna/](http://www.wiltshireintelligence.org.uk/cajsna/)

It was clarified that it was being looked into how updating the data consistently could work, whilst focusing on keeping the dashboard as accessible as possible and not overwhelming people with data.

It was clarified that keeping surveys accessible was kept in mind and that although surveys were mostly online, they could be requested as a paper form.

**Resolved:**

**To note the update**

10 **Workplace Health Update**

The report was received by the board and a short PowerPoint was presented, which is attached to the minutes.

**Resolved:**

**To note the update**

11 **Urgent Items**

There were no urgent items.

12 **Date of Next Meeting**

The next meeting will be on 23 May 2024.

(Duration of meeting: 10:00 – 11:45)

The Officer who has produced these minutes is Max Hirst - Democratic Services  
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[communications@wiltshire.gov.uk](mailto:communications@wiltshire.gov.uk)

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WILTSHIRE POLICE

Page 7



# Right Care Right Person Health and Wellbeing Board 21st March



Minute Item 8

# Principles of RCRP

1. Members of the public have the right to receive the “Right Care from the Right Agency
2. The Police should concentrate on “Core Role of Policing”
3. Understanding the Police’s Legal Duty to attend
4. Partnership working
5. Ensuring staff are correctly trained and supported to make the right decisions



# Governance structure:

## Executive Group

- Chaired by DCC
- Made up of executives from each agency
- Meets Monthly
- Will sign off MOU and any associated policies or procedures

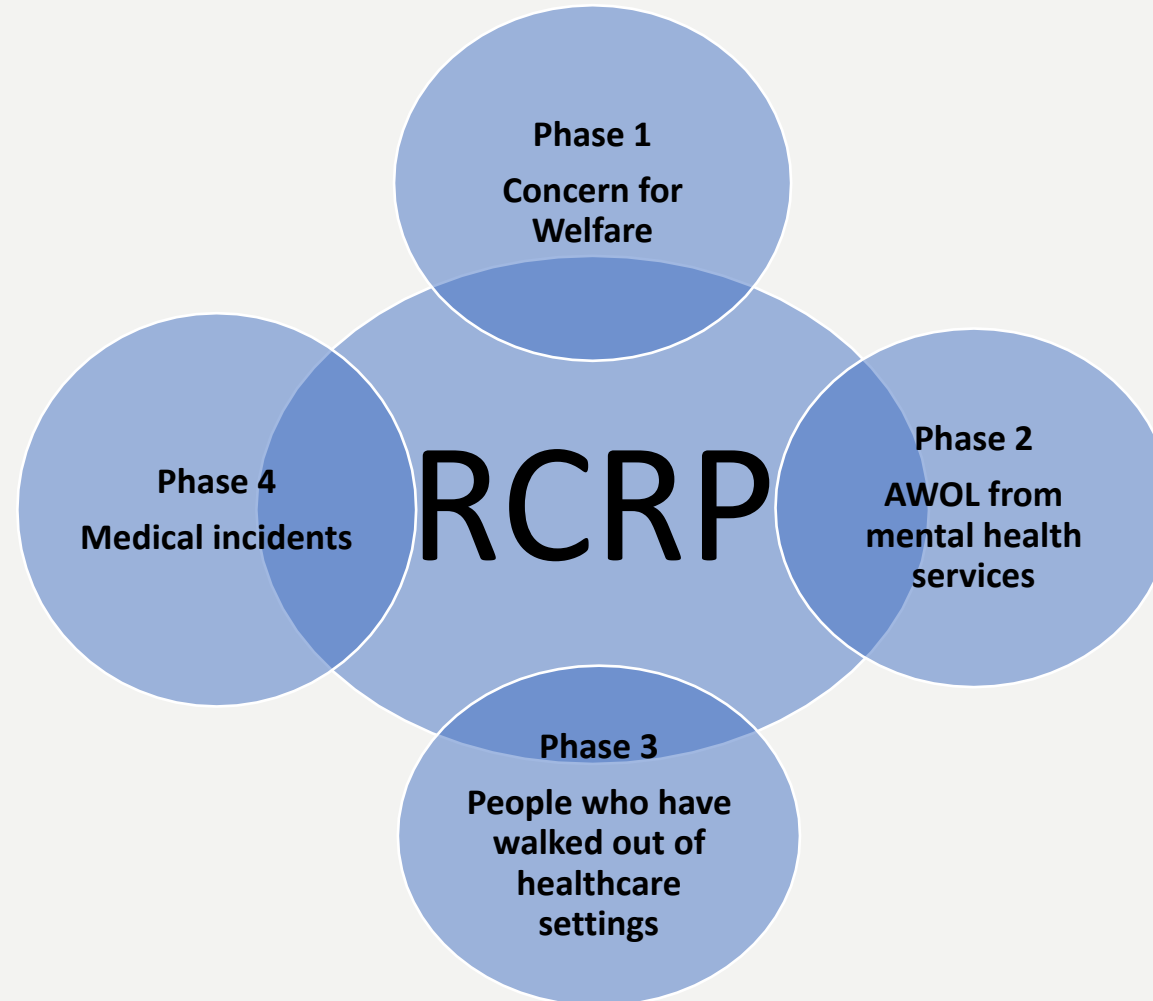
## Strategic Group

- Chaired by Ch/Supt
- Oversees the design and implementation of RCRP
- Will work through any process issues and thematic disagreements
- Meeting weekly

## Task And Finish Group

- Chaired by a police inspector, with operational staff from all the agencies invited.
- Have designed the processes and written the MOU
- Will act as the first stage in the escalation process.
- Sit weekly currently, but daily on implementation

# Phased Implementation



## Monthly 'Concern for Safety Logs'

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Total Logs	693	770	701	707	763	762	688	767	705	653	646	668
Logs Attended	500	533	468	476	564	500	489	570	499	427	432	456

### January 2024 broken down.

Total Logs =	668		
Attended =	456	Per day =	15
Immediate response=	97		
Priority Response=	269		
Scheduled Response=	64		
No Deployment (Actual Attendance)	25		
Priority ASB	1		
(Total not including immediate)			
Total =	359	Per Day =	11.5

**Immediate Response:** An incident that is taking place and in which there is , or is likely to be a risk of:

- \* Danger to Life
- \* Use, or immediate threat of violence
- \* Serious Injury
- \* Serious Damage.

**Police will still attend these**

**Priority Response:** An incident that does not merit an immediate response, but where a resource deployment should be made on a priority basis, either because of:

- \* the potential impact on the individual or the community.
- \* the likelihood of reoccurrence or escalation.
- \* the serial nature of the offence.
- \* the vulnerability of the victim.

**Police still likely to attend a significant number of these logs**

**Scheduled Response:** Where a caller is assessed as a vulnerable victim, because of ASB or a concern for safety, and an immediate or priority attendance is not essential, but a response is required due to the vulnerability of the caller (in line with the Three Strands of Vulnerability).

**Police unlikely to attend**

### January Location Data

The below numbers related to the logs attended that were not an immediate response

Location	Jan- Total	No. Per Day
Swindon	131	4
Trowbridge Hub	92	3
Salisbury Hub	74	2
Chippenham Hub	36	1
Devizes Hub	26	1

# January data:

Number of calls subject to RCRP: 153

CONCERN FOR WELFARE 01/01/24 – 31/01/24											
PUBLIC						PARTNERS					
90						63					
PARTNERS											
SDH	GWH	RUH	NHS OTH	AMB	111	WCC	SBC	SCHOOLS	POLICE	PROB	OTHER
1	4	1	9	1	1	8	9	5	13	1	9

Policing Hub	Total
Chippenham	17
Devizes	11
Salisbury	36
Swindon	59
Trowbridge	30
Total	153

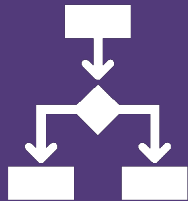
AWOL/WALK OUT OF HEALTHCARE 01/01/2024 – 31/01/2024			
GREEN LANE	SANDALWOOD	GWH	SDH
2	2	14	2

# Implementation

- Go live 8<sup>th</sup> April Phase 1 + 2 + 3
- Expected all 4 phases within 4-6 months
- Multi-agency task and finish group established MOU
- New policies in place, alongside Equality Impact Assessment
- Decision making application developed for control room staff.
- Baseline data captured and new RCRP incident types from 8<sup>th</sup> April.
- Comms plan established internal and external.

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# Public Health Workforce Campaign Update





Page 16

- Smoking remains the biggest single cause of preventable death and ill-health in England
- Costs to the economy and wider society estimated at £17 billion a year
- Smoking is responsible for 80,000 deaths a year and 1 in 4 of all UK cancer deaths
- Chosen as the focus of the campaign in 2023



- Seven organisations provided a progress update with a combined workforce of c29,000 staff.

- Interventions included;
- Promotion of national campaigns
- Signing of the NHS Smokefree Pledge
- Creation of a smokefree site
- Signposting to smoking cessation services
- Targeted training for managers to support staff quitting smoking.



- Focus on smoking cessation proved timely
- Substantial inequalities in smoking in Wiltshire, prevalence in adults in routine and manual occupations reported at just over 23%
- NHS Core20PLUS5 programme identifies routine and manual workers as a PLUS group in Wiltshire







## Future commitment

- Organisations have shown great application when implementing workplace interventions over the past two years, both in terms of addressing mental and physical health
- **Board partners should continue interventions that support the collective workforce and align with the themes of the Wiltshire Joint Local Health and Wellbeing Strategy**
- Our 65+ population currently represents just over a fifth of the overall population but by 2040 this age group will make up nearly a third. As people live longer, they will be expected to work for longer with one or multiple health conditions
- Evidence highlights a rise in work-limiting conditions that are being driven by sharp increases in reported mental ill health, particularly among younger workers
- Across the whole workforce, musculoskeletal and cardiovascular conditions remain the most common form of work-limiting health condition

## Next steps

The recommendations for consideration are:

- Good health and wellbeing remain essential to successful, sustainable workplaces. The health and wellbeing of any workforce is an organisational priority and even more so given its priority at a national level, the links to the Joint Local Health and Wellbeing Strategy and the continuing increase in health inequalities
- A focus on all areas of workplace health is paramount. As such each organisation represented on the Health and Wellbeing Board is asked to maintain its commitment to this important agenda
- **Each organisation should commit to the following:**
  - **Continue to invest in workplace health**
  - **Continue to build on the excellent work done thus far on supporting both mental and physical health in the workplace and share best practice**
  - **Increase employment opportunities by adopting the anchor institute principles**

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