

## Health and Wellbeing Board - NOTES

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**NOTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 26 SEPTEMBER 2024 AT KENNET ROOM - COUNTY HALL, BYTHESEA ROAD, TROWBRIDGE, BA14 8JN.**

**Present:**

Cllr Laura Mayes, Cllr Gordon King, Cllr Iain Blair-Pilling, Kate Blackburn, Lucy Townsend

**Also Present:**

Cllr Christopher Williams, Caroline Holmes, Helen Mullinger, Alison Ryan, Ian Saunders, David Bowater

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**38 Chairman's Welcome, Introduction and Announcements**

Cllr Laura Mayes, Deputy Leader of the Council and Vice-Chair of the Health and Wellbeing Board, welcomed those present and explained that in the Chair's absence she would be chairing the meeting.

Cllr Mayes also explained that the meeting was unfortunately not quorate, and therefore no formal decisions could be made at this meeting. It was suggested that the proposals for each item be informally noted, so that they could potentially be formally ratified at the next meeting.

**39 Apologies for Absence**

Apologies were received from:

Cllr Richard Clewer (Chairman)  
Kevin Peltonen-Messenger  
Rob Llewellyn - Office for Police and Crime Commissioner  
Dr Nick Ware

**40 Minutes**

The minutes of the previous meeting on 11 July 2024 were presented for comments.

**41 Declarations of Interest**

There were no declarations of interest.

**42 Public Participation**

A question had been received in time for a written response and is attached to the Agenda Supplement.

A follow up question was asked and is attached to the notes.

It was agreed that due to the level of detail contained within the question and the complexity of the situation, that the question would be taken away by senior officers and an answer would be provided after the meeting.

#### 43 **Better Care Plan - standing update**

Helen Mullinger briefly introduced the update and asked for any questions.

The following recommendations were noted:

- i) Notes the quarterly report submitted to the national team on 29 August 2024 (Appendix A).
- ii) Notes a verbal update on the investment agreed at cabinet in community health services and the related ICB procurement (see links under background papers)
- iii) Notes a verbal update on the refresh of a s75 agreement between BSW ICB and Wiltshire Council
- iv) Notes the latest performance in delivery against indicators in the Joint Local Health and Wellbeing Strategy (appendix B)

#### 44 **BSW Implementation Plan**

The Board received receive a report and presentation from Caroline Holmes highlighting revisions in the BSW's Implementation Plan.

The presentation included Wiltshire ICB's successes and priorities moving forward and is attached to the minutes.

CORE20PLUS5 was clarified as allowing local areas to highlight their own priorities on top of the "Core 20" provided centrally.

It was clarified that objectives had not been listed endlessly to allow focus and clarity, and that outcomes were being closely monitored.

The following recommendations were noted:

- i) To note the update

#### 45 **SEND AP and Inclusion Strategy**

The Board received from Kai Muxlow the new SEND Alternative Provision (AP) and Inclusion Strategy.

The Board was reminded of the strategies vision that 'People in Wiltshire are empowered to live full, healthy and enriched lives.' Children and young people need a good start in life in order to build resilience and enhance their education.

The strategy was also to offer support to all children, young people and their families, focusing on reducing inequality by helping those who need it the most.

Following the successful implementation of the 2020-2024 SEND and Inclusion Strategy, close collaboration with parents and carers, children and young people was undertaken to understand what was required from the next iteration.

As a result of this work, the new strategy "Meeting Needs Together - Ambitious for All" had been written. The Strategy has six key priorities:

*Priority 1:* Children and young people and their families will be at the centre of planning, their views and aspirations heard and acted upon, as true partners.

*Priority 2:* Getting the right support at the right time, identifying and acting on our children's needs at the earliest opportunity and through promotion of inclusive approaches and practice across the local area.

*Priority 3:* Provide opportunities for timely planning, reflective of the views of the child or young person and parent carers' current needs, that have clear outcomes.

*Priority 4:* Ensure good quality communication and information, for families to have a positive experience when navigating services, with information that is easy to access and use.

*Priority 5:* Professionals and officers across the SEND system will have the skills, knowledge and training to enable effective collaboration across services, joint assessments and sharing of good practice.

*Priority 6:* Children and young people will be prepared for adulthood and experience timely transitions, leading to increased skills, greater independence, and a greater range of opportunities in life.

The Board wanted to see clear examples of how families would notice the differences made by the strategy in order to build their confidence in the system.

It was clarified that the strategy was dynamic in its constant communication with families rather than relying solely on data analysis.

The Board raised concern as to how easy access to the system through this strategy could be and wanted to clarify its importance.

The following recommendations were noted:

- i) To note the update

#### 46 **Gypsy-Roma-Traveller-Boater Strategy**

The Board received a report highlighting the findings of the review of the Gypsy, Roma, Traveller & Boater Strategy (2020-2025).

The review was described as a great opportunity to learn from the strategy ending in 2025 before the new strategy is created. It was described as Public Health led and conducted to update understanding of nomadic communities and assess progress against the existing strategy's ambitions.

Significant challenges gathering data from those within GRTB communities were highlighted. Therefore, improving systems to record appropriate information would be an aim of the emerging new Strategy alongside a commitment to share information.

Challenges with those from GRTB communities registering at a GP were also raised, with people still being refused access based on not having a fixed address.

The Board welcomed the report and described it as a great piece of work. The Board commended Officers for their work and vocalised its understanding of the challenges and barriers present in working with GRTB communities.

The Board expressed concern that GRTB communities could feel patronised or that assistance is being forced upon them. Officers did clarify that as long as understanding of their way of life and trust was gained, that such a barrier could be removed, and closer collaboration be achieved to help those who want it.

It was clarified that the work with traveller communities was in its very early stages, with the other groups further ahead in terms of groups and programmes that had been set up. The opportunity to deliver the same for travellers was welcomed.

It was clarified that the strategies were long term and could only work at "the speed of trust". Avoiding fatigue within the communities was also seen as significant.

It was clarified that barriers such as needing an address to register with your GP was set by national policy.

It was clarified that nomadic communities were often registered with GPs in different counties to where they currently reside, such as boaters "skedaddling" between BaNES and Wiltshire, and individual practitioners had different approaches to handling this.

The following recommendations were noted:

- i. Note the findings of the review of the Gypsy, Roma, Traveller & Boater Strategy (2020-2025);

- ii. Note progress against the current strategy, and areas for development;
- iii. Encourage partners to work with Wiltshire Council: to raise awareness of the community's needs, and to further develop the aims and objectives for a new Strategy; and
- iv. Request an update report from officers on the development of the Strategy.

#### 47 **Healthwatch Wiltshire Annual Report**

The Board deferred Healthwatch Wiltshire's Annual Report for 2023/2024 until the next meeting.

#### 48 **Wiltshire Community Safety Partnership Update**

The Board received a presentation from Ian Saunders, Assistant Chief Constable, on the Wiltshire Community Safety Partnership.

The CSP included five responsible authorities:

- Police
- Local Authority
- Fire and Rescue Service
- Health partners (Integrated Care Board)
- Probation Services

The CSP has statutory responsibility to review or scrutinise decisions made, or other action taken, in connection with the discharge of crime and disorder functions and to make reports or recommendations to the local authority or its executive with respect to the discharge of those functions.

The CSP gave updates on each of its "headlines":

##### **Domestic Abuse Local Partnership Board**

- The prevalence of DA in Wiltshire remains high, with increasing demand on services.
- The Domestic Abuse Local Partnership Board has embedded a **Line-of-Sight approach** to monitor how well the system was functioning, improve scrutiny and oversight of response, as a partnership, to DA. the Board worked to hold Wiltshire Police as the lead agency to account to ensure that the backlog was cleared

##### **Exploitation**

- Wiltshire and Swindon are part of a National Referral Mechanism pilot scheme regarding devolved decision-making. Since this local panel has been in place, there has been a 50% increase in referrals to the NRM relating to children (16 in 2022-23 and 24 in 2023-24)
- The system response to **Adult Exploitation** response requires improvement. Currently, work is happening regarding increasing awareness of Adult Exploitation, amongst the workforce and the community, and also mapping what support services there are for adults who are victims of exploitation.
- The Strategic Group are working on the development of an **All-Age Exploitation Strategy** and delivery plan.

### Safer Communities

- Working hard on the development of a partnership dashboard to direct the work of the group, in an evidence-based way.
- A small Working Group has been formed, led by the OPCC, to develop an **ASB strategy** for Wiltshire

### CSP Transformation

New guidance from the Home Office was described as follows:

1. Create a power for PCCs to make recommendations on the activity of CSPs to support the delivery of the objectives set out in the **Police and Crime Plan**.
2. Create a **duty** on CSPs to take those recommendations into account. A CSP will not be mandated to implement the recommendations but should demonstrate consideration.
3. Create a requirement for CSPs to include in their Strategic Assessments how it has had **due regard** to the police and crime objectives set out in the Police and Crime Plan.
4. Create a requirement for the CSP to **send a copy** of its Strategic Assessment to the PCC or equivalent.
5. Create a requirement for the CSP to **publish the executive summary** of their strategic assessment.
6. Clarify how PCCs can **best fulfil** their duty to have regard to the priorities of the responsible authorities making up the CSPs in the police force area.

The CSP's proposed strategic objectives were listed including where different areas of crime would sit within them.

- Protect Vulnerable People
  - Domestic Abuse

- Exploitation
- Reduce Harm
  - Substance Use
  - Serious Violence Duty
  - Serious and Organised Crime
- Create Safer Communities
  - Anti-Social Behaviour
  - Acquisitive Crime
  - Business Crime
  - Rural Crime
  - VAWG
  - Road Safety

It was also raised that a new CSP Analyst role had been created by the OPCC to lead the Strategic Assessment and developments going forward. This role had gone out for advertisement.

The Board thanked Ian for the presentation and welcomed progress demonstrated by the Community Safety Partnership.

The Board commented that wider and more significant visibility of Community Safety was important. The Board were pleased with the focus on engagement and working with other partners.

It was clarified that at least one public meeting of the CSP must be held and dates would be provided. Cllr Dominic Muns was said to have been appointed to attend meetings.

It was clarified that knife crime sits within “Safer Communities”.

The following recommendations were noted:

- i) To note the update

49 **Date of Next Meeting**

The date of the next meeting will be the 28 November 2024.

50 **Urgent Items**

Alison Ryan wished to highlight that Organ Donor week was taking place and urged attendees to consider registering.

(Duration of meeting: 10:00am – 11:45am)

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## Questions for the Wiltshire Health and Wellbeing Board 26<sup>th</sup> September 2024

### Question for the Wiltshire Health and Wellbeing Board 26<sup>th</sup> September 2024

Q 1: The Castle Practice has seen an 83% increase in the number of registered patients over the last 15 years, 70% of which has been in the last 5-6 years. There have been 2,000 new homes built in the last 8 years, building continues, and planning consultations have started for an additional 2,720 homes in Ludgershall which straddle both county borders of Wiltshire and Test Valley (whilst still being built in and affecting Ludgershall residents). Healthcare provision has had a cursory mention in the local development plans for the future, The Castle Practice has *not* been consulted with as part of *any* plans in the past, local practices have *not* benefitted from any Section 106 planning obligations or CIL funds in the past, whilst this has started to happen in other areas across the country.

The providers of the local service i.e. The Castle Practice *is* willing *and able* to work with the Council and ICS to develop a sustainable plan for the future - how can we ensure that this happens to deliver a fit for purpose primary care service for our local population?

**Thank the Chair for opportunity to speak and to the Board for their response to our initial question.**

We had noted on Wiltshire Council's Local Plan that "healthcare provision" has been mentioned, also that Policy 5 sets out the process between the Council for securing and contributing to delivery of the infrastructure made necessary by the development, and for working with **local area boards, town councils and stakeholders to establish local priorities.**

I am attending today with one of our Local Councillors, Cllr Chris Williams. We work closely with our local Council and Health and Wellbeing Boards regarding Primary Care Provision for our towns. We are all aware that Primary Care services have been underfunded and there have been closures nationally, our patients already having experienced a local practice closure resulting in 2,000 patients coming to us in a 10-day period in 2019, our patients are mindful of the fragility of services. They have also witnessed the significant growth in patient numbers due to Army rebasing in 2020, alongside the current housing growth.

Whilst we are a very proactive, resilient and innovative practice, it is essential for the future provision of Primary Care Services for our local community, we bring our concerns to the table. We appreciate that Healthcare Provision can come in many guises, within our Primary Care Network, the practices in Amesbury have also seen significant growth in patient numbers. The Healthcare provision element from the local developers was the provision of assisted living accommodation at Kingsgate, which whilst no doubt also needed, leaves Primary Care with no additional assistance in developing services for the local community.

As Lead Practice for our PCN we have been working with the ICB Estates Team and are in contact with them over the local plans, and we have been updating the ICB Estates Toolkit over this last month, which will show that we are already at the point projected for 2032 as a PCN. We also attended the Primary Care webinar on 25<sup>th</sup> July, all of which were mentioned in your response.

The ICB who we also work closely with, works hard to cover the area of Bath, North East Somerset, Swindon and Wiltshire covering a population of just short of 1 million patients. We would be doing our local community a disservice if we were to not lend additional local support to highlight the need for investment in Primary Care, particularly where we are forecast to see a doubling of the local population in the near future.

**Q 2:** In the planning consultation webinar held on 14<sup>th</sup> August Nick Thomas and Richard Clewer discussed an appetite for cross border collaboration. Having personally attended the planning consultation in March this year for the Test Valley development of Ludgershall I discussed their plans for healthcare provision, and they stated they had already been having discussions with Primary Care – when questioned further, those conversations were practices in Andover, Hampshire Practices and with Hampshire ICB. Those practices are some 6 miles plus away, NOT Ludgershall which is within a mile of the proposed construction area. We highlighted this to our own ICB Estates Team who subsequently wrote to Test Valley, as did the practice.

There needs to be a joined-up approach with the councils working together, carrying out due diligence, consulting with the *correct* primary care services who will be serving those new residents. Planning is key and *must* include *both* county councils, due to Ludgershall's location on the county border. How can we ensure that a collaborative approach will be taken to develop the area with a coherent and planned approach, rather than allowing it to just “evolve” using Richard Clewer's analogy to “cookie cutter developments”. How can we ensure that whilst “easy options” such as using the greenfield areas for development by developers, (which our local area is surrounded by), rather than brownfield sites, that healthcare provision is not also taken down the “easy option” of maybe building a care home rather than investing in Primary Care services.

To ensure that those providing and using the local Primary Care services are included and involved in shaping those services and cease the eroding of Primary Care for the local community and to represent good value for money for the public purse.

