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Dorset Health and Wellbeing Board

Minutes of the meeting held at Vespasian House, Bridport Road,
Dorchester on Wednesday, 27 June 2018.

Present:

Rebecca Knox (Chairman)
Forbes Watson (Vice-Chairman)

Members Attending

Steve Butler (Elected Borough/District Councillor (East Dorset)), Sam Crowe (Acting Director of Public Health), Tim Goodson (Clinical Commissioning Group), Margaret Guy (Healthwatch), David Haines (Locality Executive Teams), Mike Harries (Corporate Director for Environment and the Economy, Dorset County Council), Jill Haynes (Elected County Councillor), Helen Horsley (Voluntary Sector), Rebecca Kirk (General Manager Public Health and Housing, Purbeck District Council), Patricia Miller (Local NHS Provider Trust), Claire Shiels (Assistant Director for Commissioning and Partnership, Dorset County Council), Tanya Stead (Locality Executive Teams) and Simone Yule (Locality Executive Teams).

Reserve Members Attending

Jon Orrell, Weymouth and Portland Borough Council (Reserve)
Rachel Partridge, Assistant Director of Public Health (Reserve)
Timothy Yarker, Elected District/Borough Councillor (West Dorset) (Reserve)

Officers Attending:

Graham Duggan (Head of Community Protection), Vicki Fearne (Consultant in Public Health), Kirsty Hillier (Senior Communications Officer (internal)), Jane Horne (Consultant in Public Health, Public Health Dorset) and Helen Whitby (Senior Democratic Services Officer).

(Notes: (1) These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Dorset Health and Wellbeing Board to be held on **Wednesday, 26 September 2018**.

(2) Board agendas and reports are available via
<https://www.dorsetforyou.com/countycommittees>)

Election of Chairman

53 **Resolved**
That Councillor Rebecca Knox be elected Chairman for the year 2018/19.

Appointment of Vice-Chairman

54 **Resolved**
That Forbes Watson be appointed as Vice-Chairman for the Year 2018/19.

Apologies for Absence

55 Apologies for absence were received from Helen Coombes (Transformation Programme Lead for Adult and Community Forward Together Programme, Dorset County Council), Nick Jarman (Director for Children's Services, Dorset County Council) and James Vaughan (Chief Constable).

Terms of Reference and Constitution

56 **Resolved**
That the Terms of Reference and Constitution be noted.

Code of Conduct

- 57 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

Minutes

- 58 The minutes of the meeting held on 28 March 2018 were confirmed and signed.

The Chairman welcomed Sam Crowe to his first meeting as Acting Director of Public Health.

Public Participation

59 Public Speaking

There were no public questions or statements received at the meeting in accordance with Standing Order 21.

Petitions

There were no petitions received at the meeting in accordance with the County Council's Petition Scheme.

Early Help in Dorset - Where are we now?

- 60 The Board considered a report by the Director for Children's Services, Dorset County Council, which set out identified progress with the establishment of Family Partnership Zones (FPZ) as a model for delivering Early Help on a multi-agency basis and outlined priorities for next steps.

FPZ work was part of the Sustainability and Transformation Plan. By improving multi-agency working families and children were proactively being identified for early help in order to prevent later intervention. This model was working well with demonstrable results; the number of children with child protection plans and entering care had reduced; and a reduction in demand for social care had been seen. Referral numbers had not reduced as much as hoped and more work was to be done to address this and although the number of school exclusions remained low, work with schools was continuing to maintain this.

The priorities going forward were explained and the need for a shared data set across all partners and understanding of the total service offer from cradle to grave was highlighted. This would identify gaps in service provision and help avoid duplication.

It was hoped that early help would lead to increased claims for Dorset Families Matter which was the local delivery of Troubled Families and which would generate income for additional family support packages.

In summary a good positive start had been made and steps identified to continue this.

The Acting Director of Public Health referred to a forthcoming tender exercise for Public Health Nursing (health visiting and school nursing) and asked whether the family partnership zones had enough information on the wider population of children, not just those receiving services. It was explained that data from those receiving free school meals, those with poor attainment, those with special educational needs but not having a statement or education health and care plan, or those eligible for Dorset Families Matter was used to identify vulnerable children. There were gaps and steps were being taken to gain information more consistently across the range of services. The Acting Director of Public Health agreed to work towards reducing these gaps.

One member referred to the concern from voluntary organisations that families who in the past would have received support might be missed currently. It was explained that help could be requested for such families, so there was a dual system for accessing help. The Assistant Director for Commissioning and Partnerships would

discuss this further outside of the meeting.

The Chairman referred to a previous presentation on FPZs and the Board's intention to try and raise awareness of a friendly family system within localities which people would not know about unless they were receiving services. She asked whether there was a simple, visual explanation for this which could be used to increase general awareness and for school governing bodies. The Assistant Director agreed to check for this, provide a list of identified link workers for schools and information on FPZs and their performance.

With regard to how well FPZs were connected to partners and health and wellbeing locality groups, it was explained that FPZs were based around school populations and had links to the locality and police coordinated groups as a means of avoiding duplication.

Resolved

That the direction of travel be supported.

Joint Strategic Needs Assessment Refresh

61 The Board considered a report by the Acting Director of Public Health which sought to refresh the Joint Strategic Needs Assessment (JSNA) by using a different approach.

The Acting Director of Public Health explained that Local Government Reform provided an opportunity to refresh the JSNA and make it more relevant to service development, the use of resources and impact wider determinants of health with a focus on closing gaps. The Board then received a short presentation on how this could be achieved by interviewing staff at all levels, determining needs, developing a system view, and producing a shared understanding in order to improve outcomes for the population. This cycle would be repeated four monthly. The new approach would allow Dorset's two Health and Wellbeing Boards to drive priorities forward and ensure that best value was gained from investment. Public Health would facilitate and project manage the refresh but it was important for partners across the integrated care system and beyond to be involved.

Members welcomed this approach. During discussion a number of points were made; that the Sustainability Transformation Plan might need to be amended in order to ensure alignment; that information gained through the Big Ask might provide useful locality data; that data and action was necessary if the JSNA was to have an effect on the ground; that perhaps efforts should be concentrated on one or two areas to get traction for change; and that with a four monthly review cycle the JSNA would be of more use and better support decision making at any point in time.

With regard to the involvement of the public, the voluntary sector and Healthwatch Dorset, it was explained that as the process was followed statutory partners would prioritise the process and this would be referred to leadership groups to progress. There were a number of options for how information could be presented (by theme, place etc) and these would be shared with the Board in due course.

The Acting Director of Public Health welcomed members' comments and highlighted the need for people to be involved and contribute to the process and the way resources would be used in future.

In terms of Local Government Reform and the approach being taken by Poole and Bournemouth, this JSNA refresh was an opportunity to make the best of the available information and to develop priorities and outcomes for the two new Unitary Authorities. It was likely that there would still be two Health and Wellbeing Boards for Dorset in future. A member, who sat on multiple Health and Wellbeing Boards, highlighted that similar conversations were being duplicated across these.

Resolved

That the new approach be supported.

Update on Sustainability Transformation Plan, with a focus on Prevention at Scale

62 The Board considered a report by the Portfolio Director for Prevention at Scale which provided an update on headline progress across the Sustainability Transformation Plan (STP) as a whole, progress following discussion at the March Board meeting, and a brief overview of the localities work stream as a background to the thematic discussion following the meeting.

Attention was drawn to the work to build a business case to expand the Integrated Community and Primary Care Services in localities, that initial plans would be submitted to the Dorset Clinical Commissioning the following week, and to work with Hampshire and the Isle of Wight which resulted in a successful funding bid of £7.5m to be a Local Health and Care Record Exemplar and to progress with the Prevention at Scale Work Streams.

The need for the STP to be a living, flexible document was highlighted.

Resolved

1. That the update on STP highlights and highlighted progress on prevention at scale be noted.
2. That the ongoing work within the Board and back in their respective organisations and communities be supported.

Melcombe Regis Board

63 The Board considered a report by the Head of Community Protection, Weymouth and Portland Borough Council which provided an update on the work of the Melcombe Regis Board.

The Melcombe Regis Board (MRB) was established in 2016 to look at underlying issues that were fuelling crime and anti-social behaviour in the ward. Its work was centred on six themes - housing, community, environment, health, employment and crime and community safety. Lessons learned from this process were highlighted and in particular that problems were being tackled rather than their causes, the importance of good working relationships and community involvement. The changes to Local Government would provide an opportunity to review multi-agency working but might lead to less focussed services for the area and other areas where there were significant structural and social problems.

Other MRB Members highlighted the success of the Shelter Bus, that MRB worked well as focused intervention, and that applying slightly different approaches to other areas might not be sustainable and best value.

One member drew attention to the importance of targeting resources on particular problems in future, that data provided by Public Health could show which areas resources should be focused on and that this work should involve Locality Groups.

The Voluntary Sector representative suggested that voluntary sector organisations might be able to help with community engagement and a named contact was provided. The use of Public Participation Groups was also suggested.

There had been no discussions as yet about local arrangements arising from changes to Local Government. Overall the new Authority would be smaller but local communities needed to be assured about future community engagement and involvement and the use of locality data. MRB was a pilot to be rolled out across other areas so lessons learned and good practice should be shared.

The Acting Director of Public Health referred to the work undertaken in Boscombe and the need to maintain focus within the new Authorities. Consideration was being given to developing a community hub for Bournemouth East which would better meet community needs. It was noted that MRB had good relations with officers in Boscombe.

Noted

Quarter 4 Better Care Fund Reporting

64 The Board considered a joint report by the Better Care Fund (BCF) Project Manager and Transformation Lead, Dorset County Council, which covered the end of year, Quarter 4 period (January to March 2018). The report included the Quarter 4 National BCF Submission and a list of BCF schemes and work streams.

The Board was reminded of its responsibility to monitor BCF performance and delivery and that funding was linked to meeting specified targets. The improved performance during the year with regard to delayed transfers of care was within the specified BCF targets. However other areas had experienced a similar improvement which meant that Dorset remained one of the lowest performing areas. An action plan had been drawn up to identify quick wins, priority areas and longer term goals. Attention was drawn to the National submission as set out in Appendix 1 of the report. The Chief Operating Officer, Dorset Clinical Commissioning Group, agreed that there had been improved performance with regard to delayed transfers of care but thought more could be done to improve further.

Whilst the improved performance was welcomed, one member highlighted the need for partners to work together more closely to prevent hospital admissions in the first place.

Noted

Charter with Dorset Local Nature Partnerships

65 The Board considered whether to sign the Charter which would commit it, the Dorset Local Nature Partnership and other partners to work together to achieve a shared vision. The Charter also set out the terms of the collaboration role and principles by which those involved would work.

Members agreed with this action.

Resolved

That the Dorset Health and Wellbeing Board sign up to the Charter.

Forward Work Plan

66 The Board considered a report by the Acting Director of Public Health which updated members on the current Forward Plan for Board meetings and events.

Noted

Informal Session on Locality Working

Members were updated on the breadth and depth of projects being undertaken by individual Locality Groups. Each Locality Group had its own transformation plan to address the challenges and needs within their own areas. The updates aimed to raise awareness of the locality work and their needs, and how projects needed to be rolled out across Dorset. Members were asked to support this work.

A number of issues were highlighted for Locality Groups: a need to encourage attendance at meetings; the lack of commitment by some partners; good elected member support; the need for the right people to attend; the need to learn from successful schemes and for them to be rolled out further; gaps in some locality areas; and members were asked to identify what they could do to support locality working.

Feedback Received

- assurance of attendance at meetings and involvement in projects was given for the Dorset and Wiltshire Fire and Rescue Service and the County Council Children's Services Directorate.
- an offer of writing up a case study was given
- the need for projects to be promoted by Board members and linked to other locality areas
- Locality Groups wanted a commitment from partners to attend meetings
- the need for seed funding to roll projects
- the need for equity of funding, particularly given Local Government Reform
- the for lessons to be learned from successful projects and shared
- the need for project information to be held in one place and be easily accessible
- the need to share work going on across locality groups so it can be replicated.
- the use of social media as a means of promotion for the Board and projects
- the need for a resource to identify contacts in localities and for projects
- lack of attendance should be communicated to partner organisations
- that work was undertaken outside of Group meetings and projects
- the need for Board members to strengthen the message about commitment and making a difference

The Chairman highlighted that the new Dorset Council would need to ensure health and wellbeing and prevention at scale as top priorities, with early prevention being key.