

# Dorset Health and Wellbeing Board

Minutes of a meeting held at County Hall,  
Colliton Park, Dorchester on 11 September 2013

## Present:

### HEALTH AND WELLBEING BOARD MEMBERS

#### County Council Elected Members

Portfolio Holder, Community and Public Health

Leader of the County Council

Portfolio Holder, Adult Social Care

Portfolio Holder, Children's Safeguarding and Families

Peter Finney

Spencer Flower (Chairman)

Jill Haynes

Rebecca Knox

#### County Council Officers

Director for Adult and Community Services

Director for Children's Services

Catherine Driscoll

Jackie Last

#### District Council Elected Members

Christchurch Borough Council

East Dorset District Council

North Dorset District Council

Purbeck District Council

West Dorset District Council

Bernie Davis

Barbara Manuel

Gary Jefferson

Ali Patrick

Peter Stein

#### District Council Officer

Head of Planning and Health, Christchurch and East  
Dorset Partnership

Steve Duckett

#### NHS Representatives

Dorset Clinical Commissioning Group

NHS England – Local Area Team

Clinical Commissioning Group

GP Locality Executive Team – Christchurch

GP Locality Executive Team – East Dorset

GP Locality Executive Team – Purbeck

GP Locality Executive Team – North Dorset

GP Locality Executive Team – West Dorset

GP Locality Executive Team – Weymouth and Portland

Forbes Watson (Vice-Chairman)

Jayne Turnbull for Jacqueline Cotgrove

Tim Goodson

Richard Jenkinson

Lawrence Lear for Colin Davidson

David Haines for Christian Verrinder

Simone Yule for Rob Childs

Blair Millar and Jenny Bubb

Jon Orrell for Karen Kirkham

#### Local NHS Provider Trust

Dorset County Hospital NHS Foundation Trust

Paul Sly for Jean O'Callaghan

#### Community Representatives

Healthwatch Dorset

Voluntary Sector – Children (0-19 Forum)

Voluntary Sector – Adults (Dorset Community Action)

Martyn Webster

Nicola Briggs

Alex Picot

### NON BOARD MEMBERS

#### Supporting Officers

Head of Commissioning and Improvement Services, Dorset  
County Council

Health Partnerships Officer, Dorset County Council

Public Health Team Leader, NHS Dorset/Dorset County  
Council

Head of Strategic Planning, Commissioning and  
Performance, Dorset County Council

Commissioning Manager, Dorset County Council

Senior Democratic Services Officer, Dorset County Council

Harry Capron

Lucy Johns

Chris Ricketts

Anne Salter

Paul St Quintin

Rebecca Thomas

(Note: 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 **27 November 2013**.)

### **Apologies for Absence**

21. Apologies for absence were received from Rob Childs, Jacqueline Cotsgrove, Colin Davidson, Lucy Hamilton, Margaret Lawrence, Jean O'Callaghan, David Phillips and Christian Verrinder.

### **Code of Conduct**

22. There were no declarations by members of any disclosable pecuniary interests under the Code of Conduct.

### **Minutes**

23. The minutes of the meeting held on 12 June 2013 were confirmed and signed.

### **Matter Arising**

#### Minute 18-19 – Fulfilling Statutory Obligations – Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments

24. The Board were advised that due to the composition of the group, the Joint Strategic Needs Assessments' development was to be overseen by an Officers' Working Group and not a sub group of the Board as indicated in the minutes.

### **Implementing and Measuring Progress of the Dorset Joint Health and Wellbeing Strategy**

25.1 The Board received a report by the Director of Public Health to help them develop their understanding of their key priority areas. It provided current headline information and suggested how the Strategy would be monitored in the future. The paper and accompanying presentation made recommendations about suggested mechanisms for the implementation and delivery of the strategy.

25.2 The Public Health Team Leader confirmed the need for a Dorset-wide strategic focus on the Strategy's six priorities and for these to link with existing multi-agency groups, with the relevant priorities falling within their remit. The suggested groups to champion each priority were highlighted and it was emphasised that ownership of each priority would fall to each group. Groups would be responsible for developing their own actions in line with the summary and main indicators, as supplied. Potentially this meant that the terms of reference for each group required review and amendment to reflect the link to the Health and Wellbeing Board's priorities.

25.3 Members were informed that initial development phases had taken place over two phases: Phase 1 – development of indicator sheets for each of the six priorities and accompanying score cards that contained vital data relating to each topic; and Phase 2 - the development of a performance table/matrix for each priority that stated the aims and mapping activity supporting the implementation of the Strategy. These could be used by the Dorset-wide groups and all relevant partners to provide a comprehensive map of activity for each priority area.

25.4 The Board welcomed the proposals, in particular the use of the matrix, but some members commented that the headline indicators appeared predominantly adult focused. Officers were asked to consider both adults and children equally when composing the final version. The development of further joint working arrangements was received well and it was noted that once Phases 1 and 2 were complete, greater clarification on spending

allocation and benchmarking would be added. Members were asked to note that the strategy was in its infancy, progress would therefore be continually reviewed and the future direction for the coming year would be set at later meetings of the Board.

### **Resolved**

26.1 That the District/Borough based Health and Wellbeing Groups, established by board members, reflect the priorities set out in the Joint Health and Wellbeing Strategy (JHWS) within their locality plans. Progress on implementation be reported to the Board on a quarterly basis.

26.2 That the Dorset-wide partnership groups, identified in paragraph 3.5 of the Director's report, be responsible for the following:

- strategic ownership of actions as they relate to the given priority;
- nominating a lead officer to act as the link with the Dorset Health and Wellbeing Board on matters relating to the priority area;
- the co-ordination of mapping of current activities by partner organisations as they relate to the given priority, using the matrix presented; and
- information on progress being reported to the Health and Wellbeing Board on a quarterly basis.

26.3 That the Health and Wellbeing Board review progress against the Strategy as a standard agenda item at every Board meeting, and over time, consider further information requirements of each priority (as suggested in paragraph 3.8 of the Director's report).

26.4 That the set of indicators associated with each priority area, detailed in appendix 2 of the Director's report, and the activity matrix tabled at the meeting, be approved.

### **Integration - Transformation Challenge Award – the “Better Together” Programme**

27.1 The Board considered a report by the Chief Executive, DCC that gave an update on the support arrangements from the Department of Communities and Local Government (DCLG) through the Transformation Challenge Award. The report reminded the Board that further to its meeting of 12 June 2013, a bid was submitted to the DCLG on 12 July 2013 which outlined the partnership's planned "Better Together" programme. Final decisions about the Transformation Challenge Award would not be made by DCLG until October 2013.

27.2 The Head of Commissioning and Improvement Services advised that a similar bid was submitted to the Department of Health (DH), inviting expressions of interest from local areas to become integration “pioneers”. Unfortunately on 9 August 2013 officers were informed by the DH that the application for "Pioneer" status had not been successful, mainly as there was an insufficient track record of innovative service improvement to yet qualify as pioneers in the field.

27.3 At the Local Government Association conference on 3 July 2013, the Secretary of State for Communities and Local Government, announced that the Dorset-area partnership would be one of the first nine areas to receive innovative support from DCLG's Public Transformation Network. Officers were already drawing upon the knowledge of the network's expert consultants.

27.4 The Network had drafted an accepted statement of intent, which would be circulated to the Board, and were developing a business plan. This had to be published by the end of financial year 2013-14.

27.5 The Programme Board was keen to organise a Better Together programme launch event with all stakeholders in October 2013. DH and DCLG had previously indicated that ministers from these departments were willing to attend such an event and lend their

support. As part of the launch a new communications and engagement group was being established to keep all partners informed. The Board would also be kept informed of progress regarding this event.

27.6 The Head of Commissioning and Improvement Services informed members of other programmes of work that were underway, including a new operating model and care management process across the three local authorities supported by one ICT system; and shared commissioning functions across the Clinical Commissioning Group (CCG) and the three local authorities. Regular updates and briefings would be given to both the Dorset and the Bournemouth and Poole Health and Wellbeing Boards.

27.7 Members referred to the tight timescales and acknowledged the advantages of sharing resources. A member raised a concern that the effect on public perception and risk did not appear to be included within the report, and he advised that these should not be underestimated. The need for cross benefit cost analysis was also emphasised, and for longer term benefits to be considered.

27.8 It was highlighted that the Board would play a vital role in ensuring the programme's focus and drive through what was to be challenging times.

### **Resolved**

28.1 That the Health and Wellbeing Board continued to support and endorse the "Better Together" programme for integrated health and social care in the Dorset area.

28.2 That the Health and Wellbeing Board acknowledged responsibility for driving the Programme forward.

### **Integration - Review of Commissioning Arrangements for Children's Services**

29.1 The Board considered a report by the Director for Children's Services which summarised a review undertaken in 2012/13 of commissioning arrangements for children and young people across Bournemouth, Dorset and Poole. The report highlighted areas of development for the NHS Dorset Clinical Commissioning Group and opportunities for more collaborative joint working between the CCG and the three Local Authorities. In addition a recommendation for reporting arrangements from the Pan Dorset Children and Young People Joint Commissioning Board (JCB) to the Dorset Health and Wellbeing Board through Dorset's Children's Trust was proposed.

29.2 Although health outcomes for children and young people were generally good in Dorset, analysis of health outcome data demonstrated a number of key priority areas for health improvement across Bournemouth, Dorset and Poole. The Head of Strategic Planning, Commissioning and Performance reviewed the specific current issues impacting on Children and Young People Services and highlighted key themes and commissioning arrangements, derived from both the evidence base and through dialogue with stakeholders. She advised that since the report was published, additional NHS support had been received regarding children in care.

29.3 The Children and Young People's Joint Commissioning Group had also met and a list of priority areas agreed, including the need to more closely link with the Dorset Joint Health and Wellbeing Strategy.

29.4 A Member raised the concern that although well intended, the arrangements appeared insufficiently robust with a need for clearer links between the commissioning group's priorities and proposed outcomes. Enquires were also made regarding budget control and responsibility. The complexity of the commissioning arrangements and the

ambition to greater align priorities over time was acknowledged. The determination by all partners to achieve the proposed outcomes was welcomed.

### **Noted**

#### **Caring for our Future: Implementing Social Care Funding Reform - Consultation**

30.1 The Board considered a report by the Director for Adult and Community Services that introduced the Department of Health's consultation document 'Caring for our Future – Consultation on reforming what and how people pay for their care and support'. The document sought the Board's views and evidence on the practical detail of how the changes to the funding system should happen and be organised locally.

30.2 The Director for Adult and Community Services advised that the consultation document was part of a wider remit in relation to The Care Bill, which was currently going through Parliament. The Bill would establish a new legal framework which would put the wellbeing of individuals at the heart of care and support services, and mark the biggest transformation to care and support law in over sixty years. The consultation document asked specific questions regarding funding arrangements and proposed a number of key changes from current activities.

30.3 Members were alerted to the challenges for Dorset in light of the proposed changes, primarily due to the high number of elderly people in the County. In particular, the need for a robust IT system that could manage the anticipated number of assessment requests, was highlighted. Members commented on the significant financial impact of the reforms and the Director for Adult and Community Services confirmed this was currently being considered. In addition, it had been confirmed that Central Government would give some small financial assistance.

30.4 The deadline for submissions to the consultation was 25 October 2013 and it was suggested that the Board submit one, collectively agreed response, written by the Director for Adult and Community Services after consultation with the Chairman of the Board.

### **Resolved**

31.1 That the Director for Adult and Community Services, on the Board's behalf and after consultation with the Chairman, respond to the consultation document.

31.2 That a copy of the consultation response be circulated to members of the Board.

#### **Funding Transfer from NHS England 2013/14**

32.1 The Board considered a joint report by Dorset County Council's Director for Corporate Resources and Dorset CCG's Chief Finance Officer that updated the Board on the funding transfer from NHS England to Dorset County Council for 2013/14 amounting to £6.926M. The report included an overview and update of the process required to secure the funding which would form part of a section 256 agreement under the 2006 NHS Act between NHS England and Dorset County Council.

32.2 Following several officer meetings, the allocation of £6.926M had been agreed. The money was to be used to support the Adult Social Care base budget in 2013/14 (£5.65M); the Joint Integrated Community Equipment store (£0.2M); and the Urgent Care project and Dementia Schemes (£1.076M).

32.3 Members were informed that to satisfy governance arrangements, and in the interests of transparency, the Board must agree the use of funds. This was in addition to Dorset County Council and NHS Dorset Clinical Commissioning Group's agreement, given earlier in the year.

32.4 In response to a question, members were informed that whilst there were several ongoing projects, a balance had to be struck between priorities and available funding. In addition, the Director for Adult and Community Services advised that the money had a specific criteria for its use, thereby giving the funding a degree of protection. The money was intended to be used in relation to social care and the use of any funds was closely audited. In future, officers agreed further illustration of the links between the funding allocation and aims/priorities, with particular reference to the Board's priorities.

### **Recommended**

33. That the Dorset County Council's Cabinet agree the use of funds to be included in the Section 256 agreement.

### **Reason for Decision**

34. To agree the allocation of the £6.9M of which £5.65M to support the Adult Social Care base budget in 2013/14, £0.2M to support the Joint Integrated Community Equipment store and the remaining £1.076M to support Urgent Care project and Dementia Schemes.

### **Disabled Children's Charter**

35.1 The Board considered a report by the Director for Children's Services that gave information about the Disabled Children's Charter in the context of new statutory duties and other service developments for children and young people who were disabled.

35.2 Information was also provided on new duties for local partners to co-operate in the provision of health, education and social care for children and young people with special educational needs who may or may not be disabled (SEN/CWAD).

35.3 The report recognised the work already undertaken to date by Dorset's Children's Trust in the development and implementation of the "Strategy for children and young people who are disabled and their families 2012-2014". The current review of specialist SEN provision was noted.

35.4 The Head of Strategic Planning, Commissioning and Performance highlighted the Disabled Children's Charter for Health and Wellbeing Boards and the rationale of the Dorset Health and Wellbeing Board in signing the Charter. She proposed that the Charter be monitored through a multiagency group with regular updates being provided before the Board.

35.5 In response to a member's question, it was confirmed that in addition to Bournemouth and Poole Borough Councils, additional cross border knowledge had been obtained by working with pathfinders.

### **Resolved**

36.1 That the Dorset Health and Wellbeing Board sign the Disabled Children's Charter.

36.2 That the proposed reporting and governance arrangements be agreed.

36.3 That the Board receive regular updates, as a standard agenda item.



**Winterbourne View – Dorset Progress Report**

37.1 The Board considered a report by the Director for Adult and Community Services that advised them of the national requirements and local responsibilities following the publication of the Winterbourne View Concordat and the stocktake of progress against the Concordat, as submitted to the Department of Health in July 2013.

37.2 The Winterbourne Concordat represented the commitments of over 50 organisations across the sector to reform how care was provided for people with learning disabilities and/or autism. It identified a series of key actions that must be carried out within set timescales. The Minister of State for Care and Support had also written to the Chairmen of every Health and Wellbeing Board seeking their support to oversee the local commitments of the Concordat.

37.3 On 31 May 2013, the lead for the Winterbourne View Joint Improvement Programme requested that each local authority, with CCG support, complete a 'stock take' of performance against the Concordat and wider DH recommendations. It was suggested that this would be a useful tool to support Health and Wellbeing Boards in monitoring progress at a local level.

37.4 Members were advised that the Pan Dorset Learning Disability Joint Commissioning Board had taken responsibility for overseeing the strategic commissioning tasks identified both within the Concordat and the local Winterbourne View action plan. Its responsibilities were highlighted to members.

37.5 A member commented that, as a result of the Winterbourne View incident, he had sat on a review panel and he reported the key failings that had occurred at the South Gloucestershire Hospital. Other members welcomed his insight.

**Noted****Bill of Rights Charter written by People with a Learning Disability**

38.1 The Board considered a report by the Director for Adult and Community Services that informed them of a Bill of Rights Charter, written by People First organisations in Bournemouth, Dorset and Poole who represented the interests of adults with a learning disability. To support people with a learning disability achieving equal rights, the Board were asked to sign up to The Charter.

38.2 Dorset County Council's Commissioning Manager read a letter from Kerry Martin, a forum representative from People First Dorset, which outlined why they believed the Board should sign up to the Bill. It emphasised that the Bill laid out what people with learning disabilities wanted from service providers to help them achieve their full potential and aspirations in all aspects of their lives.

38.3 The Board noted that the Bill would require reasonable adjustments but would make a big difference to people with a learning disability.

**Resolved**

39. That the Dorset Health and Wellbeing Board supported and signed up to The Bill of Rights Charter.

**A Proposal for a Joint Health and Wellbeing Olympic Legacy for Bournemouth, Dorset and Poole**

40.1 The Board considered a report by the Director of Public Health that, to continue the excellent work which began with the Olympics, proposed the development of a

project fund to provide significant resource for investment in innovative and evidence based local projects covering Bournemouth, Dorset and Poole.

40.2 Potential projects would be prioritised and developed in association with the two Health and Wellbeing Boards for Dorset, and Bournemouth and Poole and would aim to focus on the particularly vulnerable or marginalised communities to try to address existing health inequalities across Dorset.

40.3 Members were advised that following the smooth running of the Olympic and Paralympic Games, an opportunity had arisen to reinvest under-spent contingency funds of approximately £744k. Consequently the Dorset CCG and local authorities, supported by the Public Health team, had created an Olympic legacy fund using the residual contingency money.

40.4 The Public Health Team Leader, in response to a question, advised that the money was ringfenced, albeit informally, and would be paid to local projects in accordance with the funding sub-committee's determinations. However, one-off payments and limits on each claim were likely.

40.5 The Chief Officer of the CCG reinforced the type of projects they hoped the funding would attract, including a legacy for younger residents and a healthier Dorset overall. Whilst it was acknowledged that funding was available for all age groups, some members questioned how youth groups would be able to contribute to the sub-committee. The need for the sub-committee to consider the sustainability of each project was also highlighted.

#### **Resolved**

41.1 That the overall concept of the Joint Health and Wellbeing Board Olympic Legacy Fund be agreed.

41.2 That the funding principles and criteria set out in section 3 of the report be agreed.

41.3 That a joint sub-committee to consider Olympic Legacy Funding applications be established and its membership be comprised as set out in paragraph 4.4 of the report.

41.4 That Gary Jefferson and Rebecca Knox represent the Dorset Health and Wellbeing Board on the joint funding sub-committee.

#### **Dorset Families Matter – Update Report**

42.1 The Board considered a report by the Director for Children's Services that detailed progress to date of the Dorset Families Matter Programme (Troubled Families), as requested by members of the Shadow Health and Wellbeing Board at its meeting on 12 September 2012.

42.2 Members were reminded of the primary goals associated with the initiative and of the national eligibility criteria that allowed families access to additional support. In Dorset, families who were eligible for the Dorset Families Matter project could access a range of additional services, including access to a key worker, a family link worker, an employment and benefit advisor and a range of family support packages. This approach continued from last year, although new programmes were being developed.

42.3 Recent announcements indicated the national Troubled Families Initiative would continue past its initial finish date of May 2015, at least until the end of 2016, with over £200m of funding earmarked to support the initiative nationally.



42.4 The project team had recently requested payment by results funding for 20 families who had thus far been “turned around”. The number of payment by result claims would increase considerably next time (October 2013) as new performance data and information could be accessed and analysed more thoroughly. In addition, the DCLG had confirmed that as a result of the numbers of families now engaged in the project, all Year 2 project funding would be released by the end of August 2013 (approximately £300k).

42.5 The Head of Strategic Planning, Commissioning and Performance highlighted the number of families currently receiving services provided or commissioned by DCC but added that the data was constantly changing and being updated.

### **Resolved**

43. That Board members disseminate the information within the report.

### **Locality Updates**

44.1 The Board considered a report which introduced locality updates from Christchurch, West Dorset and Purbeck. Each of the three Locality Executive Team representatives presented their updates and responded to questions from the meeting.

44.2 The Christchurch Locality GP Lead referred to a recent event held to decide on how to support and deliver locality objectives within the Board’s strategy. Areas of priority were agreed and highlighted, including reducing the harms caused by type-2 diabetes and reducing circulatory diseases. In regards to the later, a joint Fit Christchurch Fun Day was being held on Saturday 14 September. Members were all invited to attend.

44.3 In addition, the Board were advised that the locality were actively engaging with schools as part of the initiative to reducing the harms caused by smoking.

44.4 The West Dorset Locality GP Lead reported that they had met in June 2013 to discuss further development of the delivery of the Health and Wellbeing Strategy for Dorset. Several areas of improvement were identified, including greater public engagement and communication between themselves, and the group decided to place a greater emphasis on preventive measures and medicine for longer term gain.

44.5 Local priorities for West Dorset included reducing smoking during pregnancy, reducing road traffic accidents and dementia.

44.6 The elected member from West Dorset advised that the lack of health provision needed to be addressed in relation to new housing developments, proposed within the local draft plan. He also advised that as part of their communication strategy, they were to review local government engagement.

44.7 The Mid Dorset Locality GP Lead added that further information had been requested from PH regarding specific issues. The locality was at the beginning of their strategy process and was keen to development this further.

44.8 The Purbeck Locality GP Lead advised that following a meeting to identify priorities of the locality health and wellbeing board, alcohol had been chosen as their key priority as all members could contribute to improvements in this area. Subsequently, on 24 July 2013, the locality held a workshop on ‘alcohol’ from which the PowerPoint presentation and outcomes were given as appendices to the report.

44.9 Emphasis was placed on ‘Dry January 2014’ and the Board were informed that work was underway with local breweries to develop and promote a low alcoholic beer.

44.10 The Locality GP Lead then referred to the inclusion of dementia as a locality priority and he advised that a meeting was to take place the following week to discuss delivery and raise awareness of the services offered. In addition, he commented on the Healthcheck review, also enclosed within the appendices to the report, and stated that the locality was about to move into Phase 2. Further information would be presented to the Board at the appropriate time.

**Noted**

**Dementia-Friendly Communities Project**

45.1 The Board considered a report by the Director for Adult and Community Services that updated members on progress made following the successful bid for the development of a Pan-Dorset Dementia-Friendly Communities Project, in accordance with the National Dementia Strategy and the Prime Minister's Dementia Challenge.

45.2 The Director for Adult and Community Services confirmed that following the successful bid, one year funding of £110k was received which would allow employment of four locality co-ordinators, through the Alzheimer's Society. A small part of the funding was also being used to develop accessible training materials which could be delivered by non-training professionals. This project was being evaluated by Bournemouth University Dementia Institute.

45.3 The Project was funded by the Dementia Challenge bid until March 2014, but would be supported by the Alzheimer's Society for a further six months.

**Noted**

Meeting Duration: 2.30 p.m. to 4.20 p.m.