DORSET COUNCIL - HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 30 OCTOBER 2019

Present: Cllrs Rebecca Knox (Chairman), Forbes Watson (Vice-Chairman), Louise Bate, Alan Clevett, Sam Crowe, Spencer Flower, Tim Goodson, David Haines, James Jackson, Rebecca Kirk, Laura Miller, Claire Shiels, James Vaughan, Seth Why and Simone Yule

Officers present (for all or part of the meeting):
Charlie Coward (Active Dorset), Martin Kimberly (Active Dorset) and Helen Whitby (Senior Democratic Services Officer)

15. **Apologies**

Apologies for absence were received from Mathew Kendall, Patricia Miller, Sarah Parker, John Sellgren and Eugene Yafele. Claire Shiels and Rebecca Kirk attended as reserve members.

16. **Declarations of Interest**

No declarations of disclosable pecuniary interests were made at the meeting.

17. **Minutes**

The minutes of the meeting held on 26 June 2019 were confirmed and signed.

18. **Public Participation**

There were no statements and questions considered at the meeting.

19. **Urgent items - Our Dorset Looking Forward**

The following item of business was considered by the Chairman as urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The Board had considered an early draft of the plan but the change of meeting date meant that an updated version could be considered before it was submitted to NHS England (NHSE) on 1 November 2019.

The Board considered a report by the Chief Operating Officer, Dorset Clinical Commissioning Group, on Our Dorset Looking Forward, the latest draft of Dorset's local five-year strategy responding to the national NHS Long Term Plan.

The Chief Operating Officer explained changes made since the Board last considered the plan and highlighted areas where action was still needed. The next version would be submitted to NHSE on 1 November 2019 and the final

draft submitted on 15 November 2019. At a recent meeting, the NHSE had highlighted that the plan underplayed activity within Dorset. This information would be added to the Executive Summary.

It was requested that the Chairman have sight of any significant changes to the plan prior to its final submission. This was agreed.

Particular attention was drawn to the Transformation Map 2020/21 to 2023/24 set out on the final page of the report, for the Board's need to monitor the plan and for any issues to be reported to it.

The financial and delivery challenges were recognised and that it would take a collective effort by all to succeed in translating the plan to delivery on the ground. This would require the Primary Care networks and community care to work more closely together to improve the wider determinants of health for young and old.

The plan should work seamlessly with plans from other organisations and with the Chairman of Dorset Community Action now being a Board member there were opportunities for their greater involvement.

Resolved

1. That the direction of travel within the plan be approved
2. That delegated authority be given to the Integrated Care System Leader (Tim Goodson), after consultation with the Chairman, to approve the final version of the plan for submission to NHSE on 15 November 2019.

20. **2019 /20 Better Care Fund Plan Approval**

The Board considered a report by the Head of Commissioning - Adult Social Care, Dorset Council, which sought the Board's approval of the Better Care Fund (BCF) Plan 2019/20. The Board had given delegated authority in June 2019 to the Executive Director for People - Adults after consultation with the Chairman to sign off the plan which was submitted to NHS regional teams in September 2019. The Board also received a presentation from the Head of Commissioning.

The Portfolio Holder for Adult Social Care and Health recommended that the plan be approved but suggested that future reports include practical case studies and their impacts.

The presentation provided an overview and information about the national policy framework for 2019/20, content of the BCF plan for 2019/20, expected impact for 2019/20, a summary of BCF income, BCF metrics and the winter pressures scheme.

Members noted: work with partners was being undertaken in order to project future needs, identify hot spots and the care that would be needed within them; how costs were being limited; work with the community rehabilitation team to assess people's need for therapy; how feedback from reablement users was captured and used; the move to working together more closely in order to meet BCF Targets; steps being taken to reduce hospital admissions by intervention at home; the availability of emergency care work so that patients could return home even if care packages were not in place; and steps being taken to speed up the assessment process.

The Chairman welcomed future reports including more illustrations of how the BCF was making a difference, recognised the role of organisations assisting communities to help maintain people's independence and wanted examples of good work to be rolled out to other areas.

Attention was drawn to current BCF funding of £132m and questions asked as to whether there was evidence to show its impact, whether progress was fast enough and whether what worked or not informed future actions. The Head of Commissioning confirmed that what worked and did not work was taken into account but work undertaken had had a medium rather than high impact. Whilst ambition had not been high there had been a significant number of challenges in the last couple of years. There were a number of positives, including the positive effect of the winter pressures schemes on the acute trusts, so much so they were now funding winter pressures initiatives themselves. Although officers were now better able to predict trends for need it was important for information to be accessible and this was not the case currently. He asked the Board to help with this.

The Chairman reminded members of their ownership of the BCF which was jointly managed by Dorset Council and the Dorset Clinical Commissioning Group. It was partnership work which would ensure that people were safe and well and she emphasised the need for better links with prevention officers with regard to delivery of the BCF.

Resolved

1. That the 2019/20 BCF Plan be approved.
2. That future reports include practical case studies and their impacts

21. Sustainability Transformation Plan - Update with a Focus on Prevention at Scale

The Board considered a report by the Consultant in Public Health which provided an update on key highlights from across the STP as a whole and progress on prevention at scale since the last meeting.

The Director of Public Health presented the report highlighting: opportunities through Our Dorset Looking Forward to progress work started under the STP and focus on the wider determinants of health; the need for organisations to share intelligence; how prevention was being embedded within council services and the adoption of a whole system approach; that more NHS funding would lead to more accessible services; that £1m was needed to fund prevention at scale work over the next three years; that in order to increase impact areas to focus on should be identified and how these could be resourced; that some investment was at risk of not being maintained; and the Board's role to ensure that there was no duplication of services.

The Chief Constable explained that any new funding now came with priorities attached and that these were aimed at reducing crime and prevention of harm. He was keen to look at harm and violence reduction as his force's contribution to prevention at scale. The Fire Authority representative added that although they could not contribute funding, they could help in other ways and share information about the vulnerable people they came into contact with.

There was some discussion about county lines and whether there could be early intervention work done in schools before children reached crisis stage. The Chief Constable explained that he had a small team who visited schools and their programme was being refreshed and updated. Once this was completed, he would liaise with Dorset Council as to how this could be used to raise awareness. The

Assistant Director for Commissioning and Partnerships drew attention to the fact that many vulnerable children did not go to school.

Attention was drawn to the fact that many organisations held information about vulnerable people, some of whom would be known to multiple organisations. This information was not shared currently. The Chief Constable agreed to take the lead in progressing data sharing across organisations. Members were asked to arrange for their intelligence leads to contact the Chief Constable to progress this.

One member gave an example where a few people had used council buildings during the evening for an activity and that this had now grown into a network within a deprived area. He hoped that more could be done through Primary Care Networks on a locality basis. Population management was about overlaying data in order to come to a different view as to who was vulnerable and the approach that was needed.

The voluntary sector representative explained that his focus was on supporting the Primary Care Networks and he would provide an initiative outline, including data collection.

Resolved
1. That the update on STP highlights and highlighted progress on prevention at scale be noted.
2. That the ongoing work be supported, within the Board and back in their respective organisations and communities.
3. That the Chief Constable take the lead in progressing data sharing across organisations.
4. That members ask their intelligence leads to contact the Chief Constable to progress data sharing.

22. Physical Activity Strategy

The Board considered a report by Active Dorset on the Physical Activity Strategy. They also received a presentation from Martin Kimberly and Charlie Coward, Active Dorset.

The presentation covered the scale of ambition for the strategy, set out key stakeholders, the health benefits of physical activity, examples of system changes being made in the secondary care and primary care pathways, changes being made in localities and in the workforce, why a strategy was needed, gaps in knowledge, the strategy needed to be in addition to Our Dorset, the two options to be considered and the need for the Board to identify a member champion for the Strategy.

Members noted that the Strategy covered Dorset, Bournemouth Christchurch and Poole Council areas and aimed for a more co-ordinated approach. The Board was asked to choose between Option 1 (Commissioning and external report. Tender anticipated at £20-30,000) and Option 2 (a Joint Strategic Needs Assessment (JSNA) process supported by all Health and Wellbeing Board member organisations. This would have low or no cost but would rely on officer time and organisational engagement). The Board was also asked to appoint a Champion for the Strategy.

There was some discussion about the two options, how behavioural change could be encouraged, the Board's influence over planning and local authority services, and how better use of resources might encourage people to be more active.

If Option 2 was adopted, it was suggested that the Local Enterprise Partnership and the Local Nature Partnership (LNP) should be involved. The LNP had links to the natural choices agenda which encouraged people to become more active and the benefit of exercising in the natural environment was highlighted. It was also suggested that social care and health professionals should signpost people to Livewell and activities within their areas.

One member drew attention to her experience of using Livewell's activity finder and the Director and Assistant Director of Public Health were asked to ensure that it and links to other sites were working.

Attention was drawn to the fact that Dorset Council reports now included reference to the impact of climate change but more that could be done to embed this within all areas of the Council. It was also noted that Dorset County Council reports had included reference to the impact on health and wellbeing being but this had not crossed over to the new Council. The Leader of the Council agreed to consider whether more could be done across the Council's services to encourage people to be more active.

Members agreed that Option 2 should be progressed and noted that the Bournemouth, Christchurch and Poole Health and Wellbeing Board had also agreed this as the way forward. The Chairman agreed to act as the Board's Champion and would receive regular feedback on progress.

Resolved

1. That Option 2 be adopted (a Joint Strategic Needs Assessment (JSNA) process supported by all Health and Wellbeing Board member organisations. This would have low or no cost but would rely on officer time and organisational engagement.)
2. That the Chairman act as the Board's Champion for the Strategy.
3. That the Director and Assistant Director of Public Health ensure that Livewell's activity finder and links to other sites were working.
4. That the Leader of Dorset Council consider whether more could be done to encourage people to become more active across the Council's services.

23. Pharmacy Application Process

The Board considered a report by the Director of Public Health on how pharmacy applications were considered and recommendations to enable the Board to carry out its role as statutory consultee and respond as required.

The Board was notified of any applications for changes to pharmacies. Delegations were sought to allow the Director of Public Health to decide whether a response was needed and, in cases where a response was required or there might be a significant impact, the Chairman and Portfolio Holder for Adult Social Care and Health would be consulted. Some changes would continue to be reported to the Board.

Resolved

1. That delegated authority be given to the Director of Public Health to respond (or not) to applications for relocation.
2. That delegated authority be given to the Director of Public Health, in consultation with the Chairman and Portfolio Holder, to respond to applications where a response is required or where the potential impact may be significant.

24. Work Programme

The Board considered its work programme.

The Chairman suggested that the informal session of the meeting on 27 November 2019 be used to look at how the Board functioned, actions and joint responsibilities which would lead to members having responsibility for their work programme. It was also suggested that future informal sessions provide an opportunity for individual members to raise particular issues or areas of concern they faced in order to get advice, views or support from other members on how these could be addressed or resolved. This approach was supported by Board members.

Attention was drawn to the new Primary Care Networks and the lack of representation from education and schools. The Assistant Director for Commissioning and Partnership agreed that Primary Care Networks and other governance arrangements could be better joined up and agreed to look at this.

The formal meeting on 27 November 2019 would comprise reports on the Better Care Fund and Education Health Care Plans.

The Voluntary Sector representative would provide information on his area, how data could be coordinated and what facilities were available to support the Board's work.

The Board also agreed that future meetings should start at 1.00pm and other venues be used so that Board members could see prevention at scale work in localities.

Resolved

1. That the informal session on 27 November 2019 be used to look at how the Board functioned, actions and joint responsibilities.
2. That future informal sessions provide an opportunity for individual members to raise particular issues or areas of concern they faced.
3. That the formal session on 27 November 2019 would consider reports on the Better Care Fund, Education Health Care Plans and information on the voluntary sector.
4. The Voluntary Sector representative provide information on his area, how data could be coordinated and what facilities were available to support the Board's work.
5. That future meetings start at 1.00pm and be held at other venues where prevention at scale could be demonstrated.
6. That future meetings start at 1.00pm and, where possible, be held at venues where members could see prevention at scale work in localities.

Duration of meeting: 1.00 - 3.10 pm

Chairman

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