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HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 23 JUNE 2021

Present: Cllrs Rebecca Knox (Chairman), Forbes Watson (Vice-Chairman), Sam Crowe, Dani Farrell, Spencer Flower, Marc House, Margaret Guy, Martin Longley, Theresa Leavy, Laura Miller, John Sellgren, James Vaughan and Simon Wraw

Apologies: Tim Goodson, Patricia Miller and Eugene Yafele

Also present: Lindsay Dudfield and Caroline Naughton, Dorset Police.

Officers present (for all or part of the meeting):

Andrew Billany (Corporate Director of Housing, Dorset Council), Lesley Hutchinson (Corporate Director for Adults Commissioning), Paul Iggulden (Public Health Consultant), Rupert T Lloyd (Programme Co-ordinator), Rachel Partridge (Assistant Director of Public Health), Matt Prosser (Chief Executive), Rosie Sharpe (PA to Consultants), Kirstie Smith (Communications Officer, Public Health) and Fiona King (Senior Democratic Services Officer)

1. **Apologies**

Apologies for absence were received from Tim Goodson, Patricia Miller and Eugene Yafele.

2. **Declarations of Interest**

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

3. **Public Participation**

There were no statements or questions from Town and Parish Councils or member of the public.

4. **Questions from Members**

There were no questions received from Members.

5. **Safer School Review and the future of prevention in Dorset Police**

Members received a presentation from Dorset Police and is attached as an annexure to these minutes.

Areas highlighted and discussed:-

Prevention at scale very much at the centre of the integrated care strategy.
The need to explore more about the cost to schools.

The charging model from the Police was not sustainable or ethical at the present time.

Being part of providing safer healthier lives across Dorset.

A large number of children in Dorset were educated within the Independent sector, had they been consulted. Officers confirmed they had been consulted.

A key partner of this was health, especially in the prevention element, working collaboratively, development of collective services and ideas around quick wins.

A lot of the information was already out there it now needed to be coordinated.

Violence reduction work highlighted.

Working collaboratively across the public sector, data sharing.

Looking to populate health management systems.

A number of areas where communication could be improved

Place for the voluntary sector and how would this fit.

The Chairman highlighted a key meeting on 30 June and encouraged as many partners to attend as possible. She invited Police colleagues to report back to the Board in the autumn with an update.

6. Update on the Local Outbreak Management Plan

Members considered a report which provided a short update on the current situation with COVID-19, and the response that was continuing under the refreshed local outbreak management plan. An update was also provided on the current actions under the plan.

The Director for Public Health updated members on the current Covid situation:

- 52 cases per 100k for the recent 7 day period
- Cases rising quickly which was a concern
- Current infection predominantly happening in the younger age groups
- Progress with vaccinations made locally highlighted
- Proactive communications plan had been developed with the CCG
- The huge effort to get as many younger people vaccinated as soon as possible.

Areas highlighted and discussed:-

The importance of reinforcing businesses about more testing and vaccinations as GPs did not always have telephone contacts for younger people.

The success of the ongoing vaccination work.

Reminder that Covid had not gone away, while hospitals were not full with Covid patients it was still having an impact on primary care.

Reinforced the continuation of following the rules.

The need to keep transmission as low as possible.

The nervousness around vaccinations especially with some younger people.

The anxiety in a number of younger people in respect of injections and how this could be fuelled by reports on social media.

7. Update on the Integrated Care System (ICS)

Members considered a report which provided a summary of the next steps in the development of Integrated Care Systems. However, it also intended to highlight some important proposed policy developments, including the formation of the statutory Health and Care Partnership. This was because within the current Dorset system, two Health and Wellbeing Boards already existed as statutory boards who were responsible for the promotion of prevention and integration at a place-based level.

Areas highlighted and discussed:-

Very much work in progress.

A degree of top down design.

The role of the Health and Wellbeing Board to oversee what happened in the Dorset Council area.

An opportunity to work out what the people of Dorset needed.

A mirror report was also considered by the Health and Wellbeing Board in the Bournemouth, Christchurch and Poole council area.

Central directives highlighted.

Following discussion members were 'minded to' approve the recommendation. The Director for Public health had the delegated authority to approve the recommendation following members 'minded to' motion.

In view of rising infection rates members agreed to hold the initial development session online with the hope that members could meet face to face later in the year.

Decision

Members agreed to hold a development session in the next two months to consider how the Board will work with the place-based partnership forum of the ICS and its statutory body.

8. Joint Strategic Needs Assessment - Health Inequalities

Members received a presentation on health Inequalities from the Principal Researcher from Public Health, which is attached as an annexure to these minutes.

Areas highlighted and discussed:-

Feedback from focus groups highlighted – key messages were how complex the issues were in health inequalities, not just about one sector but about working together.

Power of the Insights Panel process highlighted.

Importance of listening to and working with communities

First stage of process now needed to feed into the strategic decision process.

Invest collective resource in the community.

How best to engage with communities across Dorset.

Consideration of online engagement work to get discussions around key areas.

Highlighted the use of plain language – not corporate or 'buzz' like words was essential.

Following a question from the Chairman about whether health inequalities could be put in a place to be understood by all, officers advised that the first phase had focused on the professional audience and more wide engagement with communities would be for the next stage.

9. **Physical Activity Strategy**

Members received a presentation from the Programme Co-ordinator which is attached as an annexure to these minutes.

The following link will take you to the system map:

<https://www.publichealthdorset.org.uk/jsna/insights/physical-activity.aspx>

Areas highlighted and discussed:-

Understanding behavioural barriers, working with people and communities, not imposing interventions and solutions.

Focus more on movement rather than physical activity.

De-medicalise a number of problems that were caused by lifestyle factors.

Empower people.

The new drive to reduce obesity in primary care and could this be linked to the Live Well Dorset work.

Including the whole family on the activity journey.

Encourage people back into exercise, people have got out of the habit as a result of Covid, illness etc. Journey back into good practice.

Strengthening the number of social prescribers to help patients to not have to see GPs every time.

Consider the public sector workforce in Dorset and how to promote this through the workforce.

Be helpful to hold a whole member webinar on this topic.

10. **Better Care Fund (BCF) and Hospital Discharge Programme**

The Interim Executive Director for Adult Social Care updated members on the BCF for 2020/21 and the uplift allocated to existing schemes.

Members were advised that ordinarily they would have received an annual report. However, as an impact of Covid there was no requirement last year to produce one.

Members also considered a report which provided preliminary information on the Dorset Integrated Care System funding for the Hospital Discharge Programme in advance of a fuller report at the Health and Wellbeing Board on 22 September 2021.

Areas highlighted and discussed:-

Helpful to have a detailed conversation about how this activity was jointly funded.

Officers confirmed that CCG colleagues had had sight of the report and were in agreement with it prior to agenda publication.

Members were 'minded to' agree the recommendation as set out in the report. The Interim Executive Director for People, Adults had the delegated authority to approve members' 'minded to' motion.

Decision

That the Portfolio Holder for Adult Care and Health be given delegated authority in consultation with the Chair and Vice-Chair of the Health and Well-being Board (and following Council and CCG governance processes) to agree Dorset Integrated Care System funding for the Hospital Discharge Programme for the period April to September 2021 if needed in advance of a report coming to the Board on 22 September 2021.

11. Urgent items

There were no urgent items of business.

12. Exempt Business

There was no exempt business.

Duration of meeting: 2.00 - 4.15 pm

Chairman

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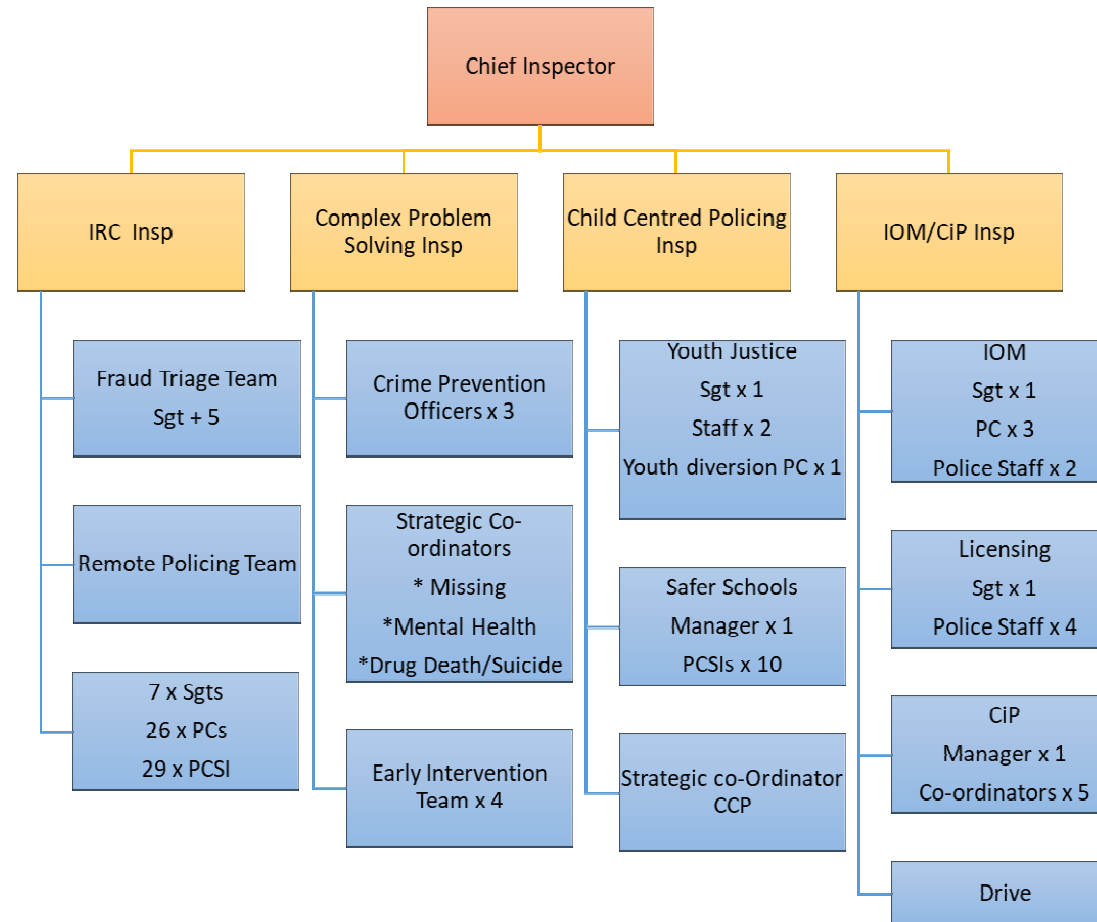
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Prevention & Safety Education Services to schools

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Prevention – Current structure

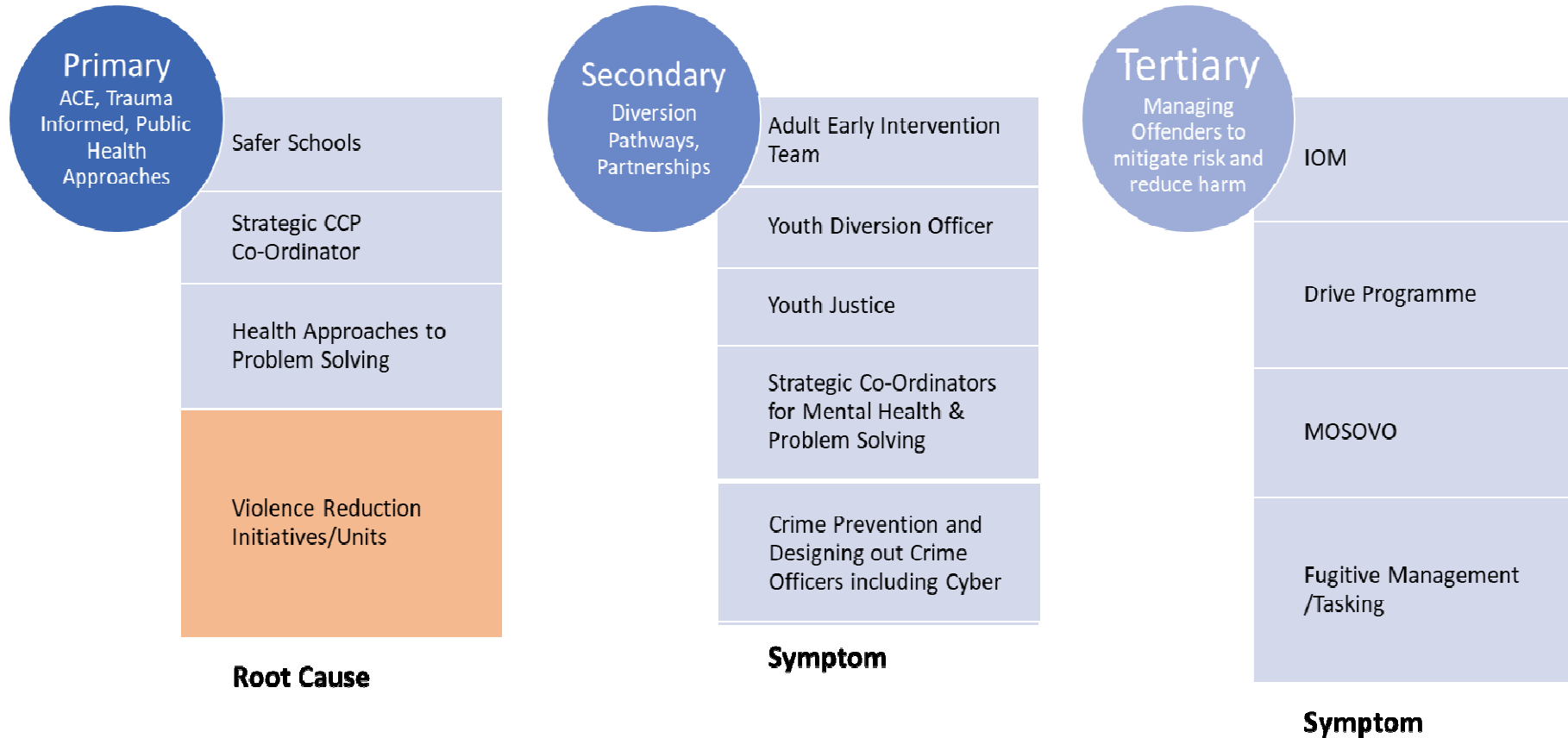


Longer term plan

- **Longterm Prevention Strategy** - to get ahead of problems, and deliver long term improvements for our communities and reduce demand on all services. Whilst focusing on 2030 and beyond the strategy will also ensure delivery in the here and now to ensure the critical success factors are achieved over the next two years
- **Visionary Leadership and Political Commitment** - realisation that this approach and investment may not be fully realised for a decade and therefore a return on investment of effort and resources will take time. This work will need to move beyond political or senior leadership tenure and have a truly long term vision for future leaders and elected members to buy into to achieve cultural change
- **Communication & Narrative** - create a strong narrative across police & partners and with the community that through a long term strategy we will embed and deliver truly effective prevention

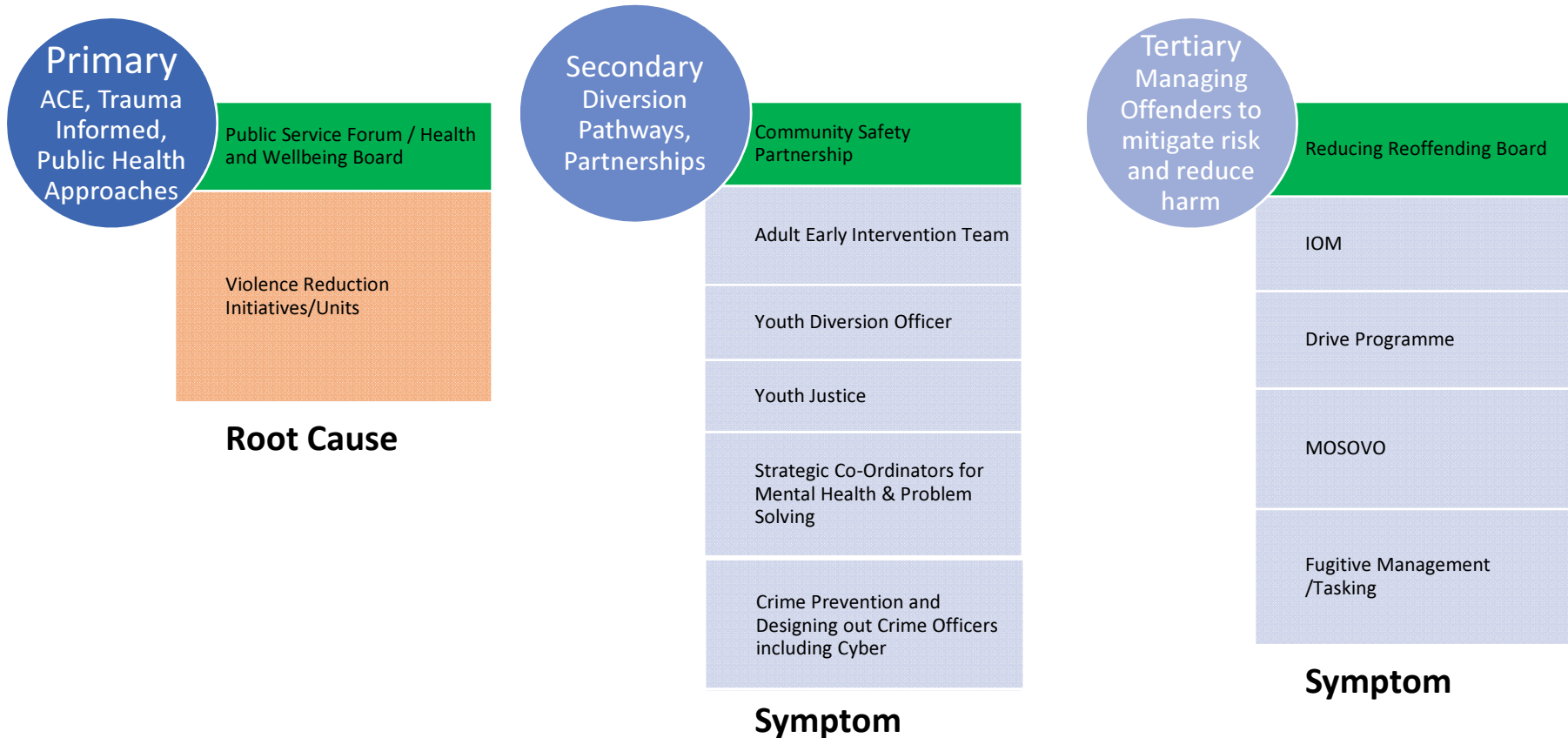
Primary – Secondary – Tertiary Prevention

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Primary – Secondary – Tertiary Prevention

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Safety Education Services to schools

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Background

- Review commissioned in Spring 2020 - children's safety education services provided to schools by Police, partner agencies and charities across Dorset
- Work undertaken by RealWorldHR

“at a high level, there are common goals, common concerns, common frustrations, common wants and needs across the police, partners, charities and schools but it is a complex problem because not one of these groups of stakeholders is a single homogeneous entity with awareness of their own services as a consequence of multiple internal reforms”

The education provision in Dorset

There is a mixed economy of schools and colleges across Dorset and BCP



There are lots of different types of schools with differing wants and needs so a single way of meeting their needs is unlikely

School or College	Dorset LA	BCP LA	TOTAL
Academy converter	72	55	127
Academy special converter	1	3	4
Academy sponsor led	13	17	30
Community school	23	5	28
Community special school	2	2	4
Foundation school	4	2	6
Foundation special school	2	0	2
Free schools	1	2	3
Further education	1	1	2
Non-maintained special school	2	3	5
Other independent school	17	9	26
Other independent special school	5	2	7
Studio schools	1	1	2
Voluntary aided school	20	6	26
Voluntary controlled school	13	1	14
Further Education College	1	1	2
16 to 18 Student Destinations	14	17	31
TOTAL	178	110	319

286
2
31
319

**Schools
FE Colleges
16 to 18 Destinations**

<https://www.compare-school-performance.service.gov.uk/download-data?currentstep=region&downloadYear=2018-2019®iontype=la&la=B38>

Schools Assessment of Need

Tier 1 Universal 74 (73%)
Tier 2 Enhanced 12 (12%)
Tier 3 Complex 16 (16%)
102

**As at 02/07/20

Considering the need to build effective relationships between the police and ALL schools, new ways of working between NPT and SSCT will be critical if the new model is to be effective from the perspective of the schools

What we now know:

- We know what is currently being delivered
- We know what partners want
- We know what the schools want

What schools told us they want and need ...

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They said:

- Schools need to know they can access specialist and experienced support when they need it from agencies that know how to deliver messages to young people
- Schools and colleges say they want to be able to build a relationship so they can safely share intelligence
- Schools want a service that is free at the point of delivery or affordable (66% cite cost as a barrier)
- Schools want to know what is available and from whom
- Schools want a service that is widely accessible and simple to book and available when they need (44% said scheduling sessions was too difficult)
- Schools named topics and cohorts they would like included in safety education

There are a range of options to delivering a service to both schools and partners

A

Co-ordinated

- Partners keep doing what they are doing, but with better co-ordination, simpler choose-and-book for schools, and shared evaluation of impact.
- Gives the one-stop-shop schools want and partners retain control over their delivery for easier alignment to sector and organisational priorities.

B

Combined

- Partners bring together resources into a hosted joint team.
- This affords greater integration and visibility across partners.
- Allows partners to focus on core statutory duties.
- This could take the form of a managed service similar to the CCU for LRF activity

C

Outsourced

- Partners pool funds to outsource the delivery model to a provider with experience of delivering educational messages to young people of all ages.
- This could take the form of a managed service run and led by an external provider which could be a CiC, Charity

Next steps – 3 phase approach.....

Phase 1: Understand what police & partners feel appropriate to deliver:

- Partners identify the key deliverables including the impact on potential performance, resources and cost – 30th June 2021
- Agreement on a project 'baseline' is achieved with key partners.
- Those ideas and proposals are used to enter dialogue with schools on the potential future arrangement for improving the educational safety input to children in the county
- Work completed in the next two months - July 2021

Phase 2 - Dialogue with educational establishments is commenced.....

- Consultation with schools and presentation by partners outlining the proposals
- Agreement between partners & schools over a preferred 'model'. An Memorandum of Understanding is drafted to reflect the agreement
- Initial commitment is received from all parties to provide resources, funding and support to the model agreed – the MOU is signed
- Completed by October 2021

Phase 3 - Pilot

- Process to identify supplier or host for the service
- A pilot will be agreed to 'test' the model prior to a wider application across the county
- January 2022

Project Management

- Project management framework applied and a Project Board and separate Project Delivery Group
- Director level SPOC for initial contact

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Health Inequalities

JSNA Panel update

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Nat Morris - Senior Analyst

Public Health Dorset

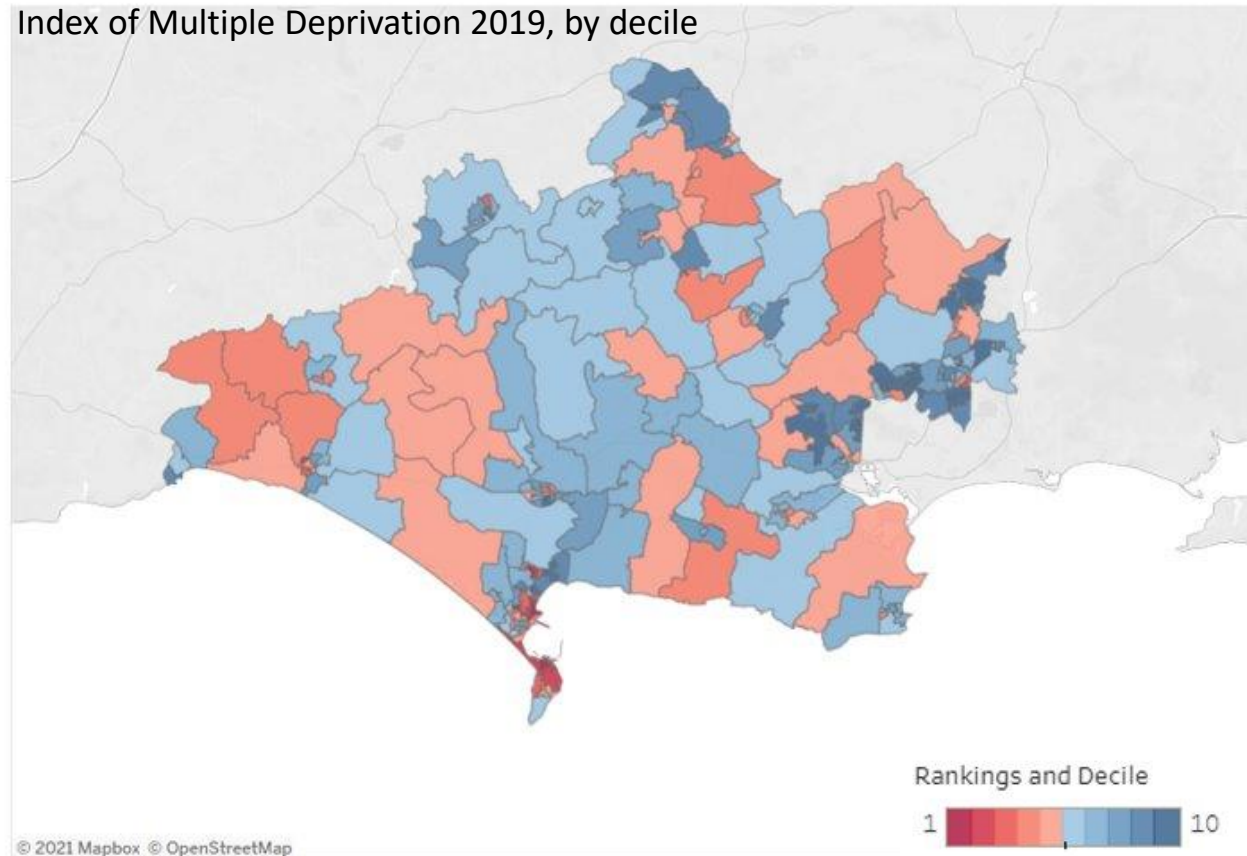


Panel Context

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- Dorset is relatively healthy and affluent - however we do see inequalities;
- Life expectancy varies just over 11 years for males and 11 years for females
- Variation in deprivation

Index of Multiple Deprivation 2019, by decile



Created and maintained by the Public Health Dorset Intelligence Team
Last updated 18/02/2021

Exploring key issues for Health Inequalities

Overview of the process to date



Initial workshop



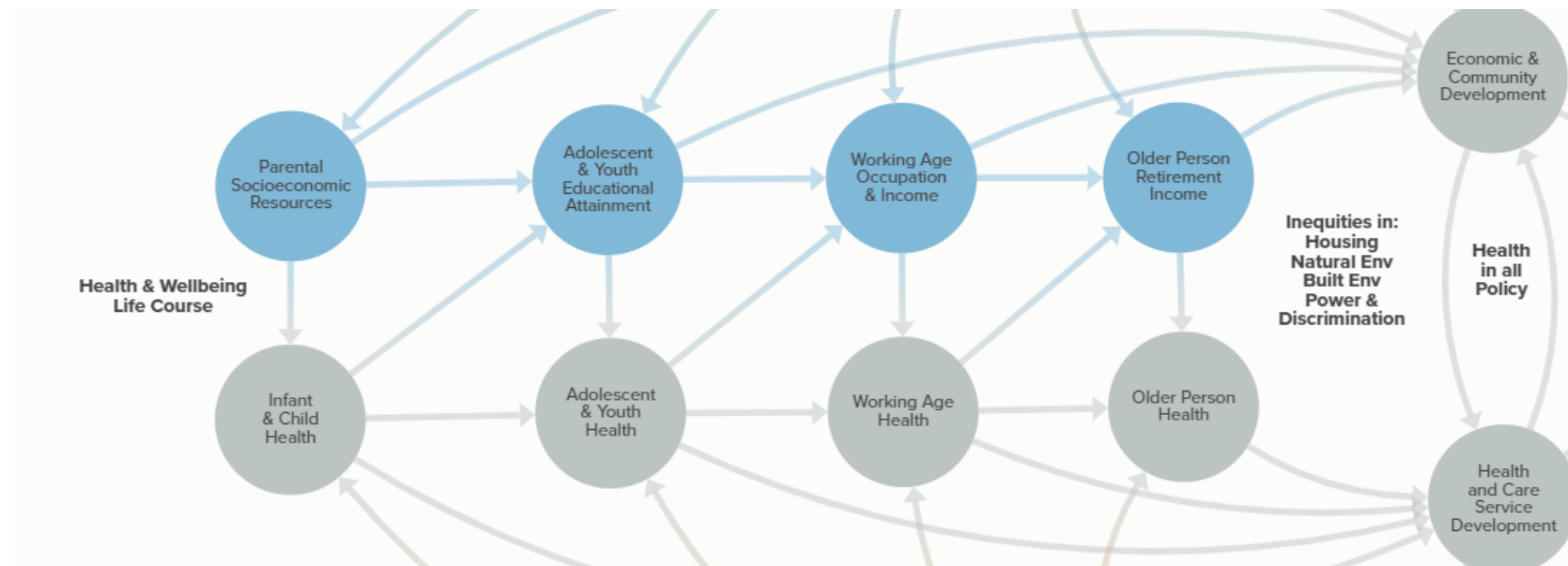
Feedback & refining



Second workshop

Insights from workshop 1:

1. Numerous steps, connections and feedback loops = **complex challenge**
2. Key driver = **living and working conditions**
3. Key barrier = **ability to resource** harm reduction / prevention activities

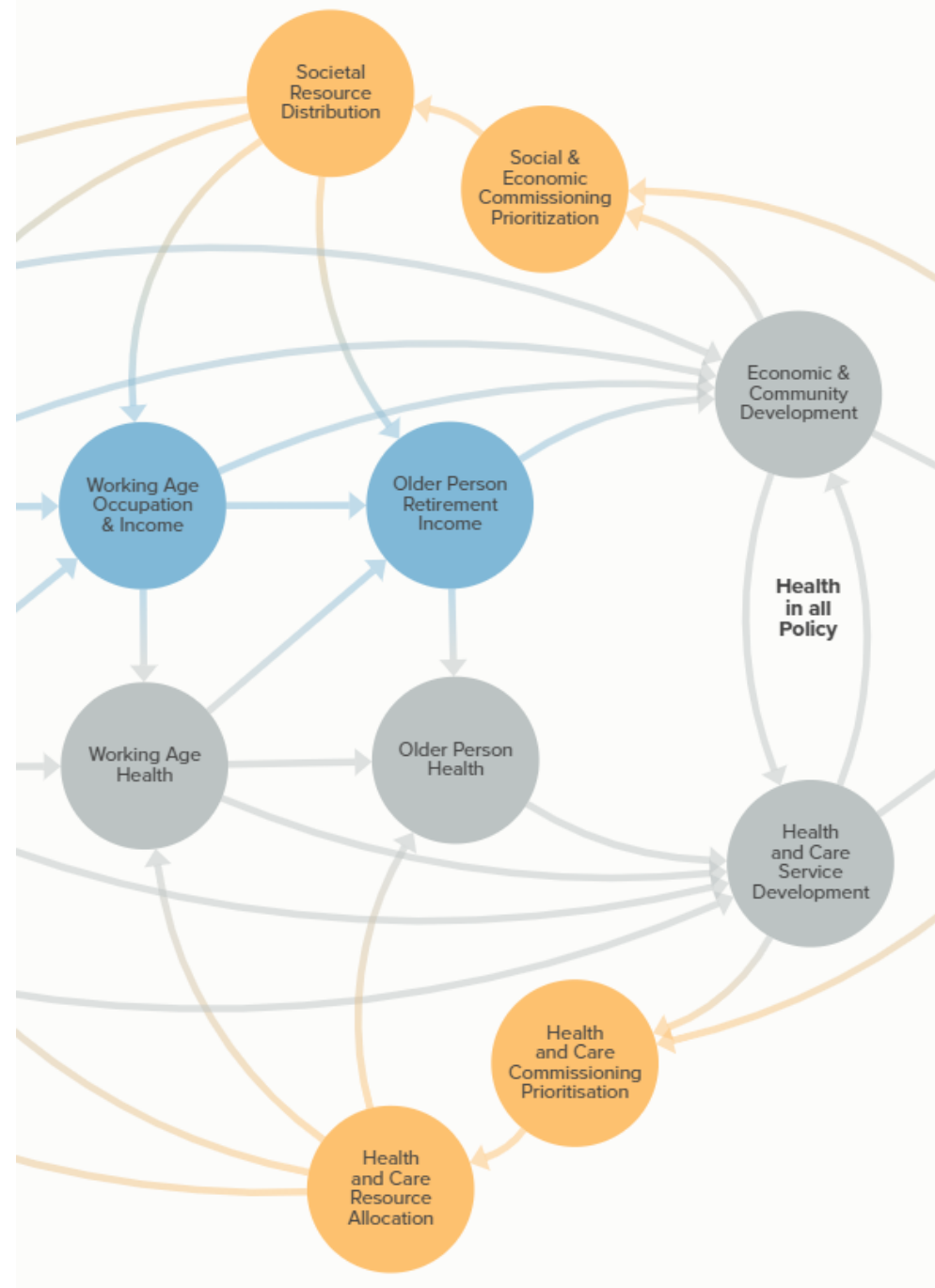


Insight 1

Complexity of drivers

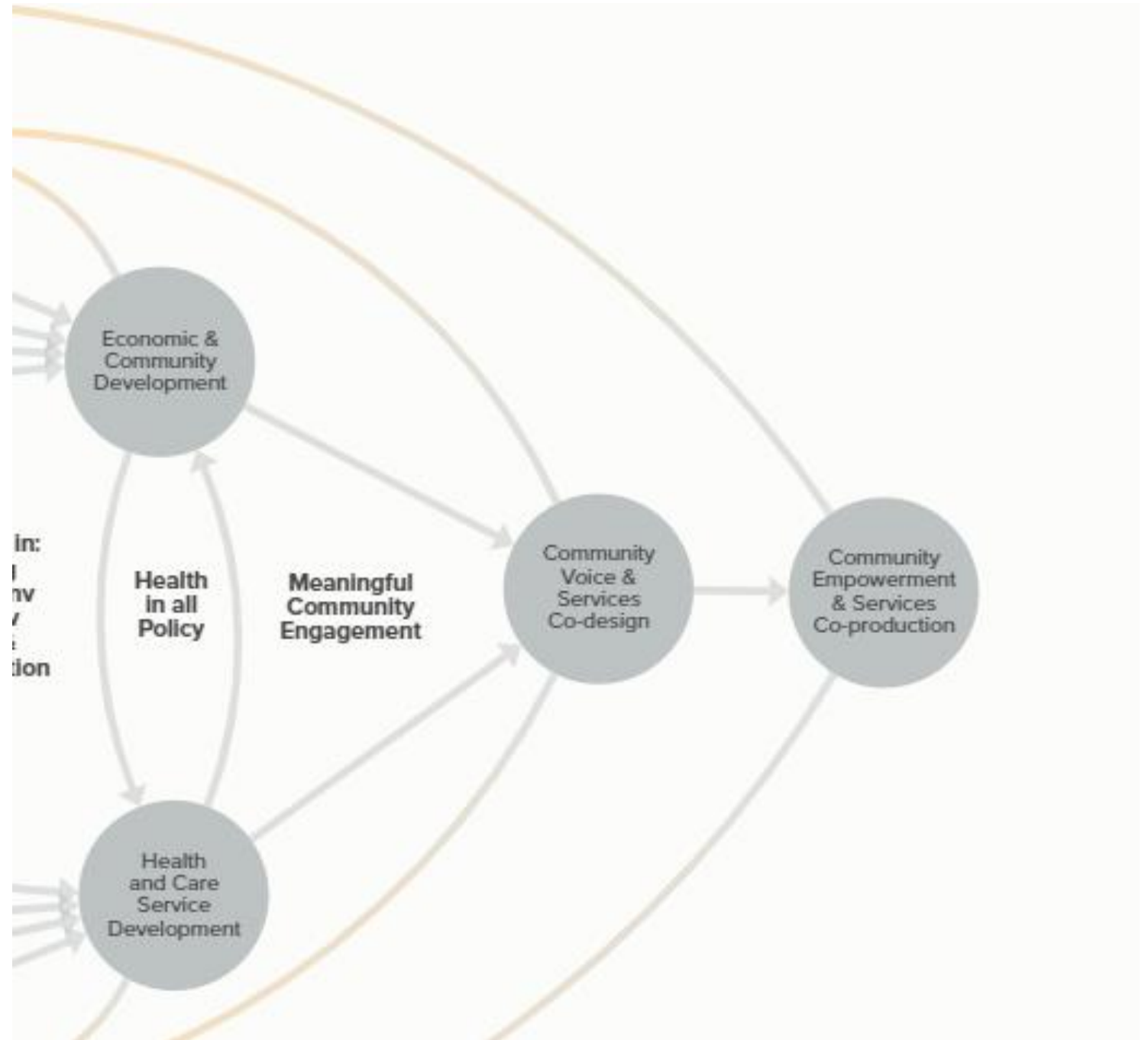
Insight 2

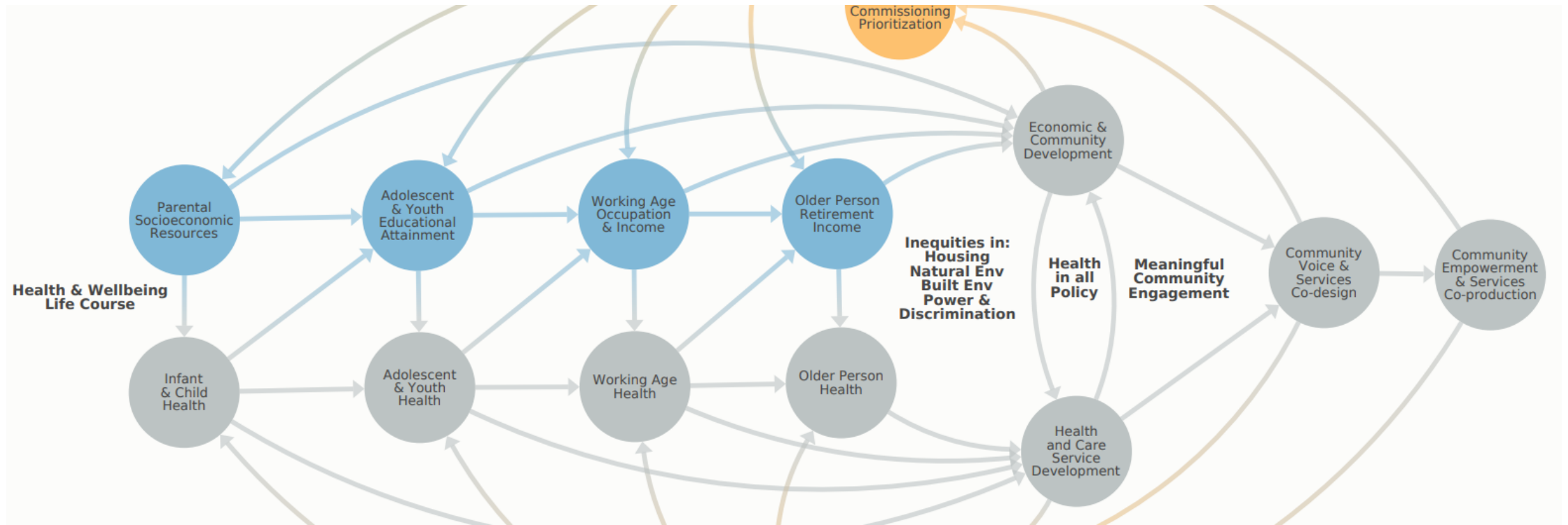
Strategic decision-making processes



Insight 3

Meaningful
engagement





Where Next?

A movement for movement

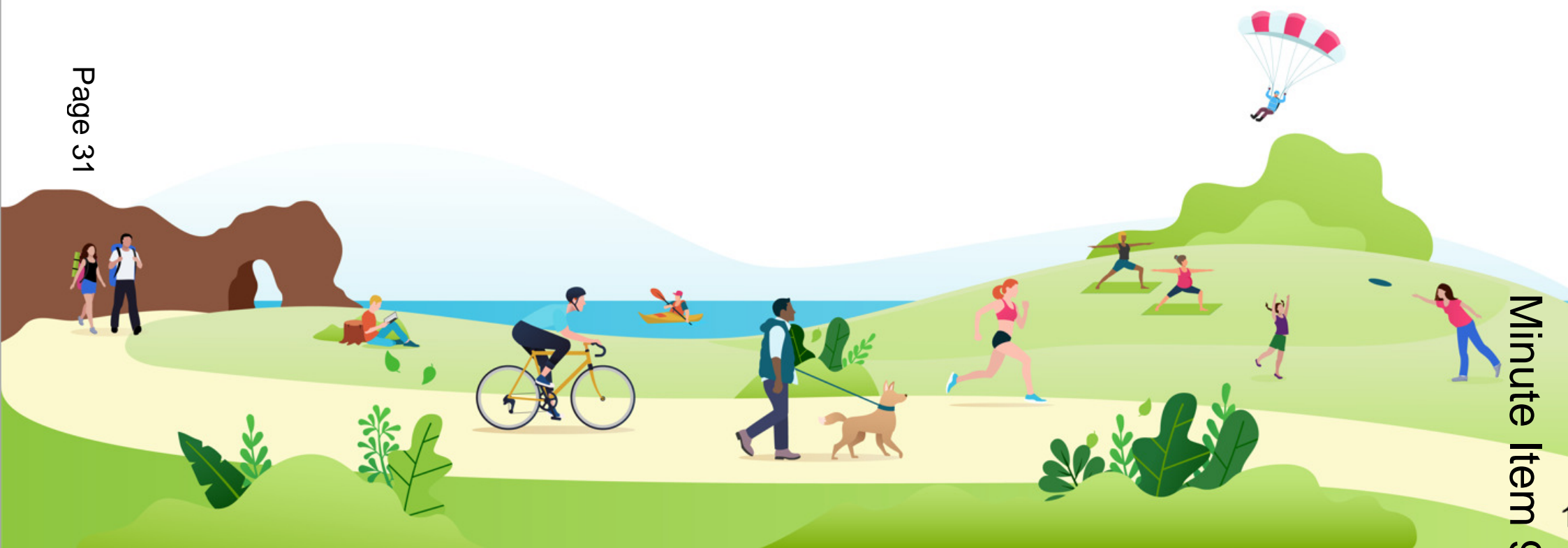
Physical activity strategy development update

23/06/2021



Active Dorset

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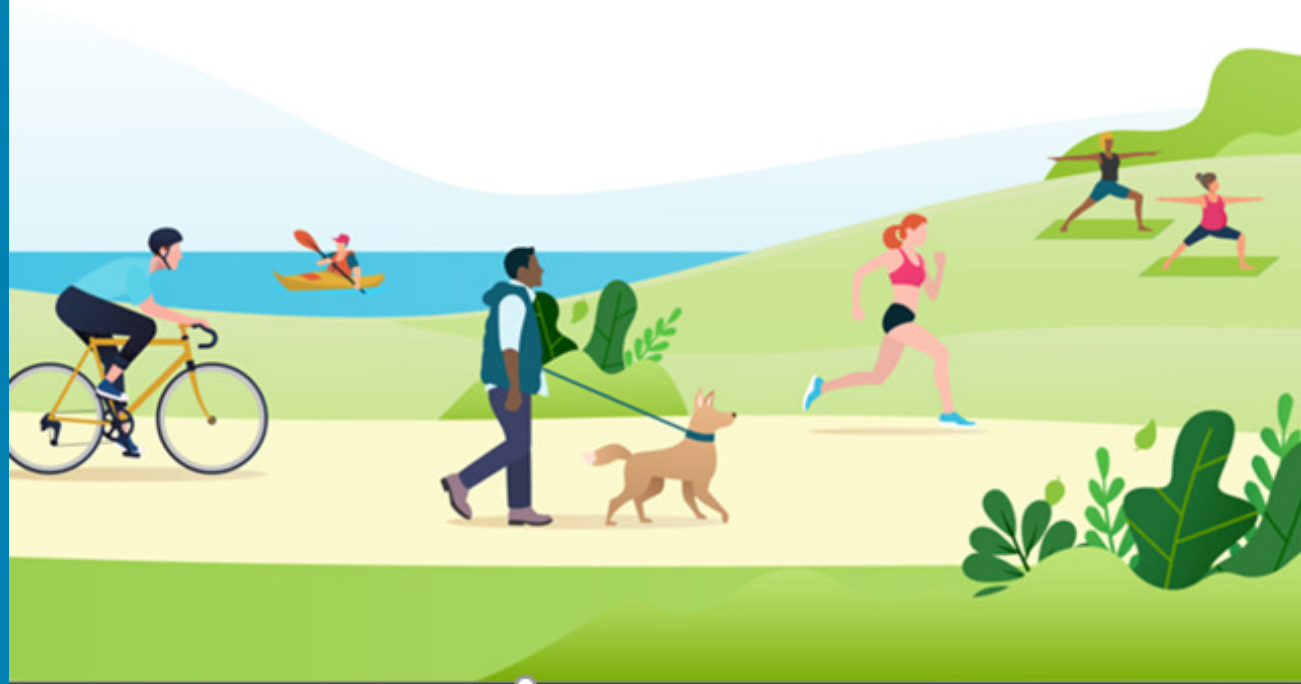


Minute Item 9

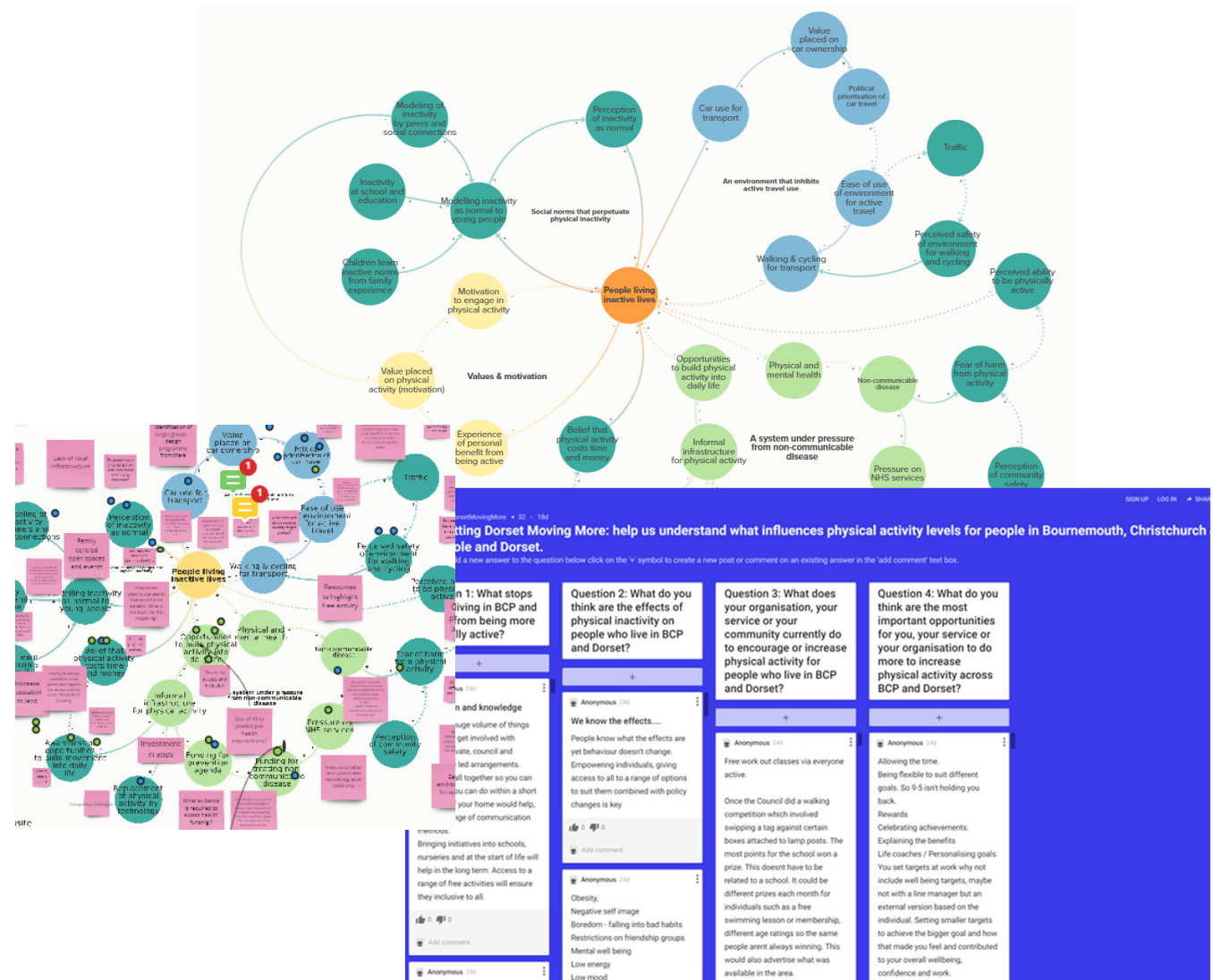
1. Story so far

Page 32
2. Current focus

3. Your help



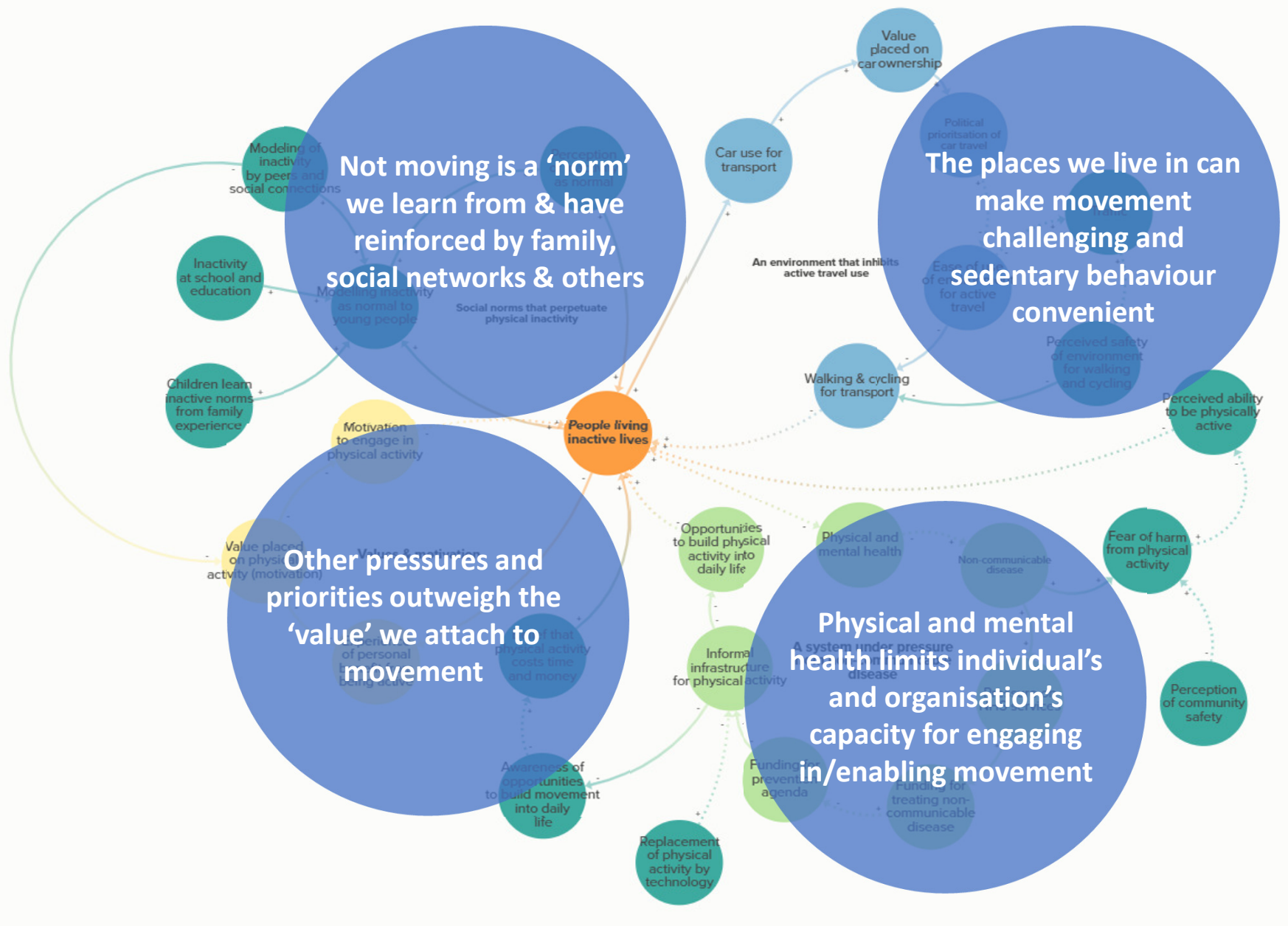
Story so far:
We worked with
stakeholders to
gather their
perspective on the
challenge of
physical inactivity



Our local system: what drives physical inactivity for people in Dorset?

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Where are there opportunities to influence our system?



- Finding more opportunities to build movement into everyday life



- The belief that movement = exercise and it costs time and money



- The value/prioritisation placed on car travel over active modes

Where are there opportunities to influence our system?

'We have got out of the habit of being active'

37%

23%

- Finding more opportunities to build movement into everyday life
- The belief that movement = exercise and it costs time and money
- The value/prioritisation placed on car travel over active modes

Where next

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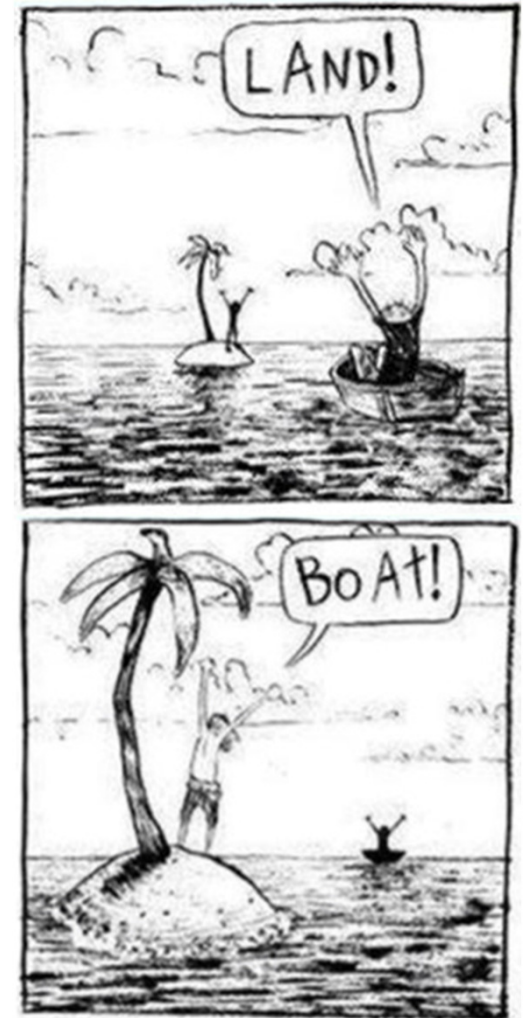
1. Understand how physical activity can deliver 'value' for people who are less active in order for them to build daily movement into their lives
2. Developing a system wide approach to re-framing physical activity as 'daily movement'
3. Increase communication of the benefits of daily movement, what it means and existing opportunities to be active



Developing
with
stakeholders:
people own
what they
make

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- Local Authority teams
- Voluntary & community groups
- Providers
- Communities e.g. CYP, patient groups



Developing with stakeholders: people own what they make

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Summer 2020:

1. Do these themes for action 'connect' with them? Do they have a different perspective?
2. If not - what's missing?
3. How can these themes be translated into action they can take and what support do they need?

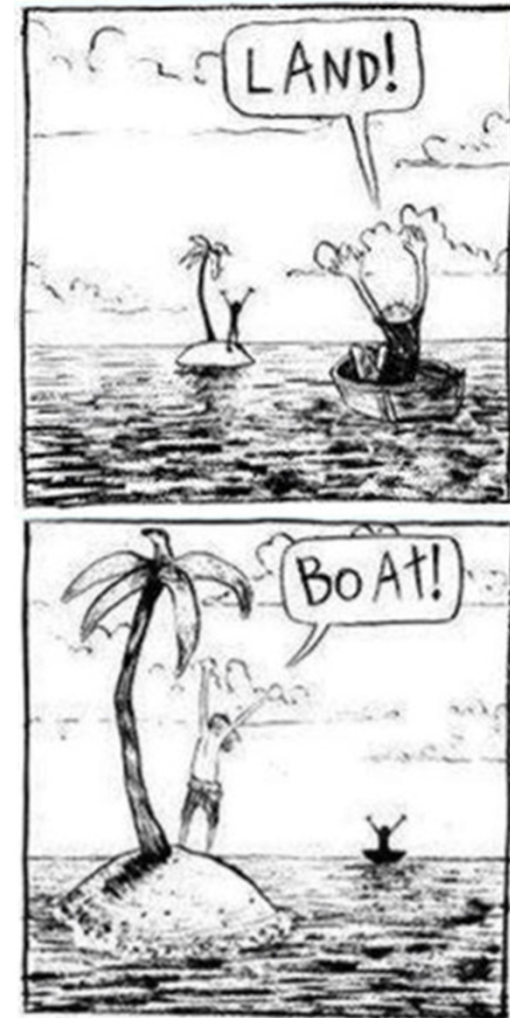


[C. Perduejn](#)

How you can help

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1. Are we moving in the right direction & what have we missed?
2. Are there opportunities we don't know about?
3. What can you do individually/through your organisation to normalize 'moving more'?



Thank you

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