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HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 22 SEPTEMBER 2021

Present: Cllrs Rebecca Knox (Chairman), Forbes Watson (Vice-Chairman), Scott Chilton, Tim Goodson, Margaret Guy, Marc House, Theresa Leavy, Laura Miller, Patricia Miller, Rachel Partridge, John Sellgren and Chris Spackman

Apologies: Sam Crowe, Dani Farrell, Spencer Flower, Martin Longley and Simon Wraw

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

Kirsty Hillier (Public Health Communications Manager), Jane Horne (Consultant in Public Health), Lesley Hutchinson (Corporate Director for Adults Commissioning), Paul Iggulden (Public Health Consultant), Natasha Morris (Senior Analyst, Public Health), Rosie Sharpe (PA to Consultants), Kirstie Smith (Communications Officer, Public Health) and Fiona King (Senior Democratic Services Officer)

13. Apologies

Apologies for absence were received from Spencer Flower, Dr Dani Farrell, Simon Wraw (reserve Chris Spackman attended), Dr Martin Longley, Sam Crowe,

14. Declarations of Interest

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

15. Public Participation

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

16. Questions from Members

There were no written questions received from Members.

17. Children, Young People and Families Plan 2020-23

Members considered a report which enabled them to have line of sight to the work being undertaken by partners to improve health and wellbeing outcomes for children and young people in Dorset.

Areas highlighted and discussed

Working together across the workforce.

Almost at full permanent recruitment levels but in an ever-changing world there was a need to keep on being resilient.
 Reflection on a time of poor outcomes for Dorset's tiny babies.
 Pause programme highlighted, currently bidding for regional and national money to support this programme.
 The role of the detached outreach workers was highlighted.
 The Harbour Project would have a residential element by the end of the year.
 Dorset's Care Leaver offer was highlighted, some of the care leavers were now working for the Council in apprenticeship roles. The CCG were also supporting care leavers through their kick start programme.
 School performance and attendance was strong even in difficult times.
 Locality model had completed its first year.
 Work had focused on prevention.
 There were still challenges around those persons with very complex needs.
 Looking at a more wrap around family approach. There was still more to do about getting children school ready.
 The importance of getting the offer right for children was highlighted.
 Good partnership working also highlighted.
 A valuing and inquisitive approach had been taken and was making a difference to real families.
 An opportunity for other community groups. not usually involved directly in this work to contribute to the excellent work being done was explored. Dorset Community Action had wide relationships with these organisations across Dorset.

18. **Local Outbreak Management Plan**

The Assistant Director for Public Health gave members a short presentation on the current situation with COVID-19, and the response that was continuing under the refreshed local outbreak management plan. The slides are attached as an annexure to these minutes.

Areas highlighted and discussed

Covid was not over, the health system and LAs were still managing a significant impact.

Booster programme had been launched.

Flu campaign was also running.

Whilst restrictions for most had been relaxed restrictions in hospitals had not, masks and PPE still needed to be worn in hospitals.

Masks not only prevented covid but a number of other issues also handwashing, ventilation, cleaning, isolation if symptomatic, mask wearing in crowded/indoor spaces were all behaviours which were protective against a whole range of infectious illnesses, not just COVID.

The NHS provider sector were now starting to see an upturn in activity now that restrictions had been relaxed.

Currently 95/98% bed occupancy with very little flexibility if there was a covid surge.

Currently 3 patients on mechanical ventilation in Dorset who were covid positive.

Adult social care system under great pressure highlighted. Significant backlog of care waiting to be placed. This was not particularly a Dorset based issue but nationwide.

Update on Local Resilience Forum recovery process and potential winter pressures highlighted.

19. Integrated Care System (ICS) Feedback from Development Session

Following a recent development session for members, the Assistant Director for Public Health highlighted the strong and committed discussions that had taken place at the recent session.

Areas highlighted and discussed

People recognised the significant challenges around pace and scale.

Strong support from both Health and Wellbeing Boards to be part of Integrated Care Partnership Board.

Both ICB and ICP would be statutory, the Health and Wellbeing Board would sign off on the strategy of the Integrated Care Partnership.

Jenni Douglas Todd had been confirmed chair of ICB and ICP, which would be reviewed in 12 months.

Good willingness to work together was highlighted.

The Bill was passing through parliament, on time.

Chief Executive positions were now being advertised and would require Secretary of State sign off.

The transfer of the CCG into the ICB was highlighted.

Highlighted the need to focus on system and place in parallel.

Important to consider co-design in its broader sense.

Poverty truth commission highlighted.

Consideration of a further development session to include BCP and PCN leaders.

20. Anchor Institutions and ICS Health Inequalities Agenda

The Consultant Public Health updated members on next steps. He also highlighted the relationship between the Institution and the wider health inequalities agenda.

Areas highlighted and discussed

Partnership working highlighted.

There would be an Anchor Institutions workshop session with BCP on 29 September 2021.

Concept and principle of Anchor Institution highlighted.

How this fitted in with the Place agenda was explored.

21. Joint Strategic Needs Assessment - Update

Members received a presentation from the Senior Analyst from Public Health which updated them on the Joint Strategic Needs Assessment (JSNA) data work and is attached as an annexure to these minutes.

Click this link for further information on the JSNA:-
<https://www.publichealthdorset.org.uk/jsna/joint-strategic-needs-assessment.aspx>

Areas highlighted and discussed

The process used to seek priority areas.

Engaging real experience with the data.

The working together on key themes was highlighted.

Lots of opportunities to build on in order to improve things for the people of Dorset.

The living document informed the health and wellbeing strategy.

22. Pharmaceutical Needs Assessment (PNA)

Members considered a report from the Director for Public Health which highlighted the development of a single Pharmaceutical Needs Assessment (PNA) that covered both the Dorset and Bournemouth, Christchurch and Poole Health and Wellbeing Boards.

Members agreed a 'Minded to Decision' to approve the recommendations as detailed in the report.

The Assistant Director for Public Health, having heard the debate, confirmed the 'minded to' decision to approve the recommendations under delegated powers on behalf of the informal meeting of the Health and Wellbeing Board.

Decisions

1. That the development of a single Pharmaceutical Needs Assessment (PNA) that covered both the Dorset and Bournemouth, Christchurch and Poole Health and Wellbeing Boards be approved.

2. That the use of Primary Care Networks be the basic framework for the PNA.

3. That delegation of authority to the Director of Public Health to agree final content for publication by October 2022, following statutory consultation be approved.

23. Hospital Discharge Funding

Members considered a report from the Interim Executive Director of People, Adults which focussed on funding to support the Hospital Discharge Programme.

Areas highlighted and discussed

Confirmation that hospital discharge funding would be extended until March 2022 although the actual amount was not yet clear.

Struggles with workforce was highlighted.

Financial pressures also highlighted.

Members agreed a 'Minded to Decision' to approve the recommendations as detailed in the report.

The Interim Executive Director for People, Adults, having heard the debate, confirmed the 'minded to' decision to approve the recommendations under delegated powers on behalf of the informal meeting of the Health and Wellbeing Board.

Decision

That the delegation previously granted by the Board at its meeting on 23rd June 2021 be extended to enable the Portfolio Holder for Adult Care and Health, after consultation with the Chair and Vice-Chair of the Health and Wellbeing Board, to agree Dorset Integrated Care System funding for the additional Hospital Discharge Programme (HDP).

24. Forward Plan

The Board considered its Forward Plan.

The Chairman advised members she was now meeting regularly with officers to look at the Forward plan to ensure items coming forward to the Board were really relevant.

25. Urgent items

There were no urgent items of business.

26. Exempt Business

There was no exempt business.

Duration of meeting: 2.00 - 4.05 pm

Chairman

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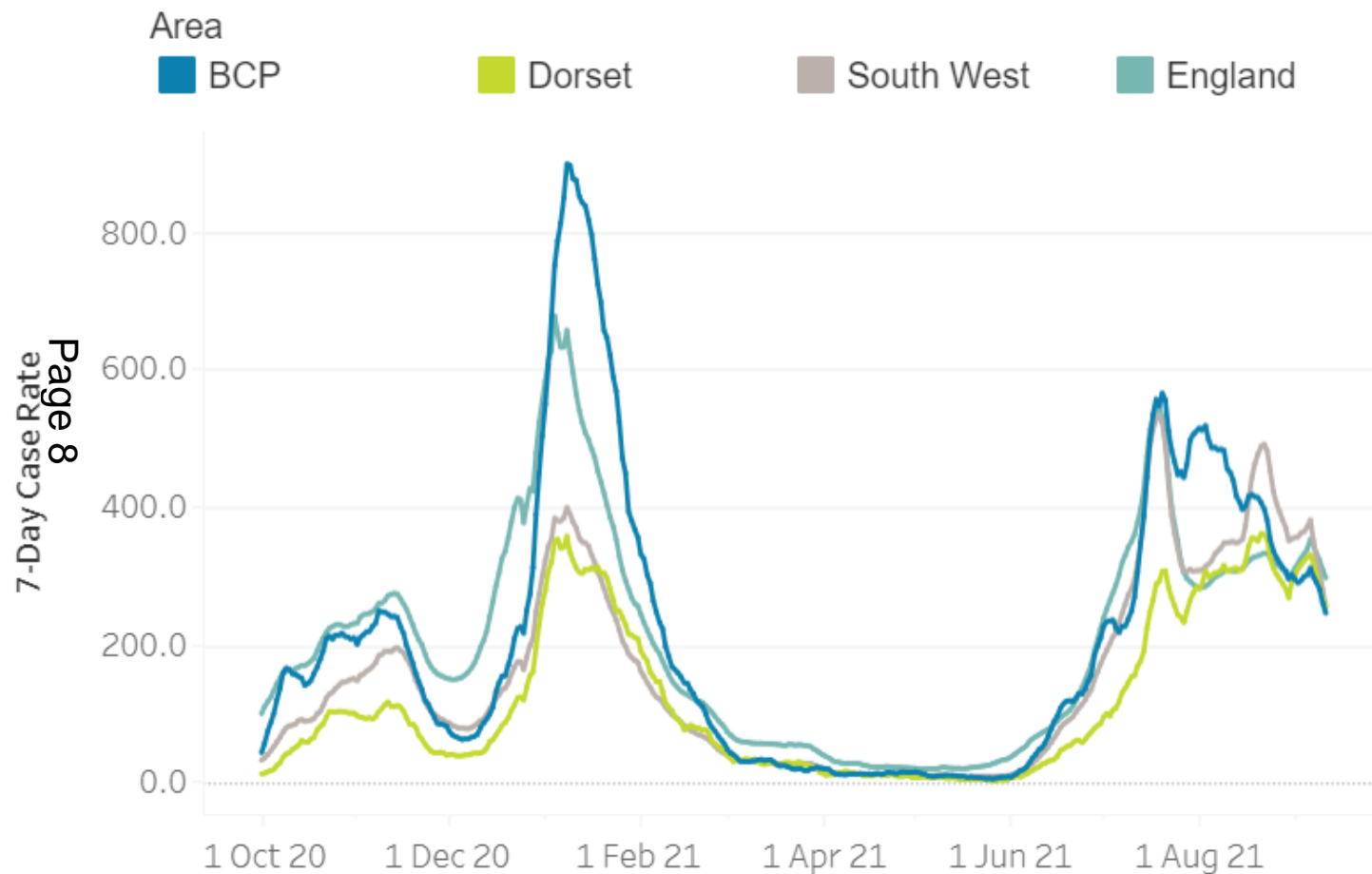
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Dorset Health and Wellbeing Board

Rachel Partridge – Assistant Director of Public Health
COVID-19 Local Outbreak Management



Local situation



Positive cases for the latest 7-day period
(05/09/2021 to 11/09/2021)

	Count of Cases	Case rate (per 100,000)
BCP	978	246.4
Dorset	965	254.1
South West	14,518	256.5
England	168,049	297.2

The graph shows our latest publicly published data. Case rates are now:

- Dorset – 235.9
- BCP – 216.4

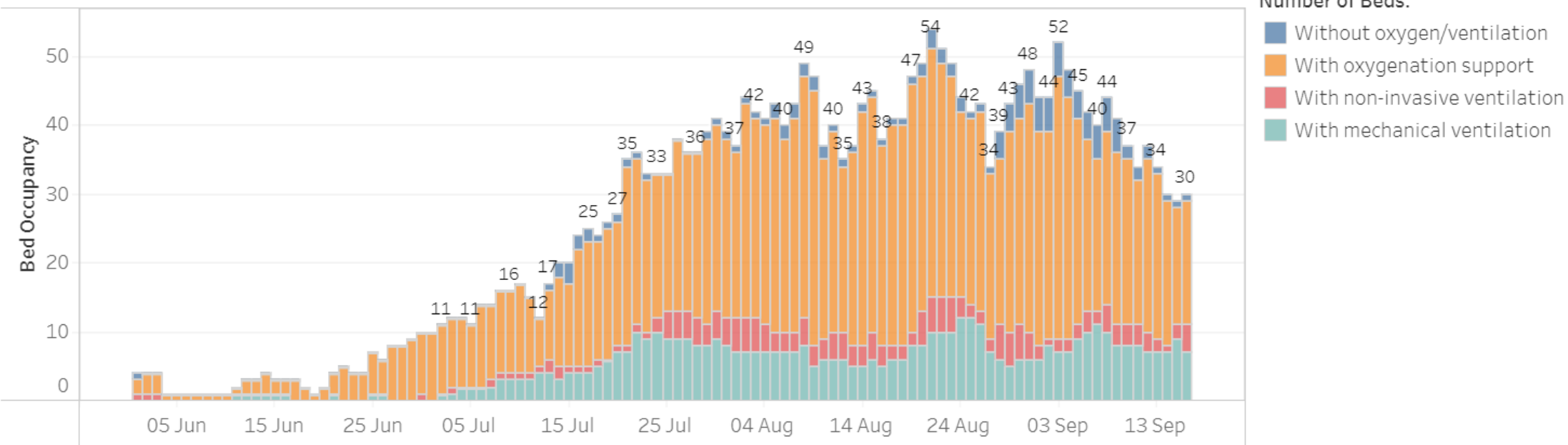


Hospitals: COVID-19

Latest data shows 30 people currently in Dorset hospitals with COVID-19. We have seen a downward trend in COVID hospitalisations in recent weeks. We are seeing a small number of deaths weekly, but this remains much lower than during previous waves.

Bed Occupancy

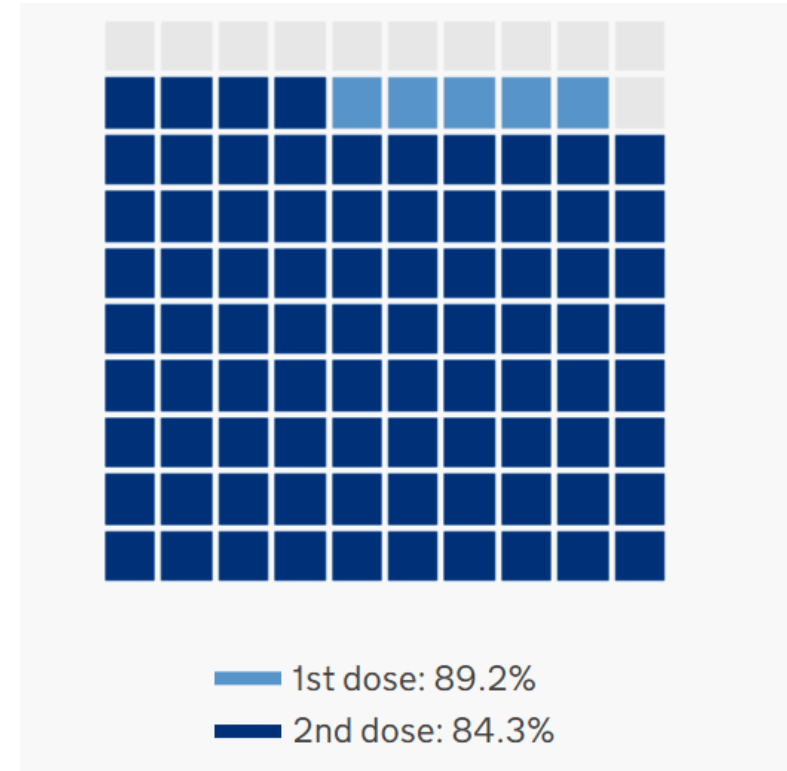
Includes DCH, UHD, DHC, Nuffield and BMI (Harbour and Winterbourne) hospitals



Vaccination programme

Latest programme developments

- Expansion of programme to offer one dose of the vaccine to 12-15 year olds, alongside flu vaccination as part of school-based vaccination programme
- Booster programme for over 50s getting underway – NHS will contact people directly to invite them for their booster
- Relocation of large vaccination centre at the BIC to King's Park in Bournemouth



Latest vaccination uptake (16+) for Dorset Council



Latest developments

July

Move to Step 4 of the roadmap and lifting of remaining COVID-19 restrictions

- Shift from rules and regulations to advice and guidance

August

Introduction of exemptions to self-isolation and promotion of PCR tests for close contacts

September

Pupils return to school for autumn term

- Schools are adapting to change in measures (e.g. contact tracing)
- Schools are reporting cases/outbreaks – this is reflective of the level of infection in the community

Launch of Government's COVID-19 Autumn and Winter Plan

- Plan A: Test, Trace and Isolate; Vaccines and other pharmaceutical interventions; Supporting NHS & Social Care; Advice and guidance on protecting yourself and others; Pursuing an international approach
- Plan B: Clear communication around increased risk; Vaccine certification in some settings; Legal mandating of face coverings in some settings



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Joint Strategic Needs Assessment

Update

Natasha Morris, Senior Analyst, Public Health
Dorset



[Home](#) > JSNA

Joint Strategic Needs Assessment (JSNA)

Welcome to Dorset's JSNA

Dorset's JSNA is being used to support Dorset and Bournemouth, Christchurch and Poole (BCP) Councils, Health & Wellbeing Boards to identify key issues and develop their Joint Health Wellbeing Strategies in response to these.

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**Introduction to Dorset's
JSNA**

**Our plans for the year
ahead**

**Data repository including
links to other information
sources**

**Needs assessments and
related documents**

**Insights into strategic
issues**

Locality Profiles

Contents

Purpose

The current picture – Data Insights

- Starting Well
- Living Well
- Ageing Well
- Healthy Places
- COVID-19 Impact and Recovery

The current picture – System insights

- People & Society issues
- Current service issues

Future Vision

- Design Considerations

The JSNA Approach

Further Resources

The Current Picture – Data Insights

Page 16 Data provides insight into the trends and patterns we are seeing in our local area.

- Dorset has a growing 65+ population – projected to make up over 1/3 of residents by 2029.
- Health in Dorset is generally good compared to England.
- Healthy life expectancy similar to England, however there has been some decline for males



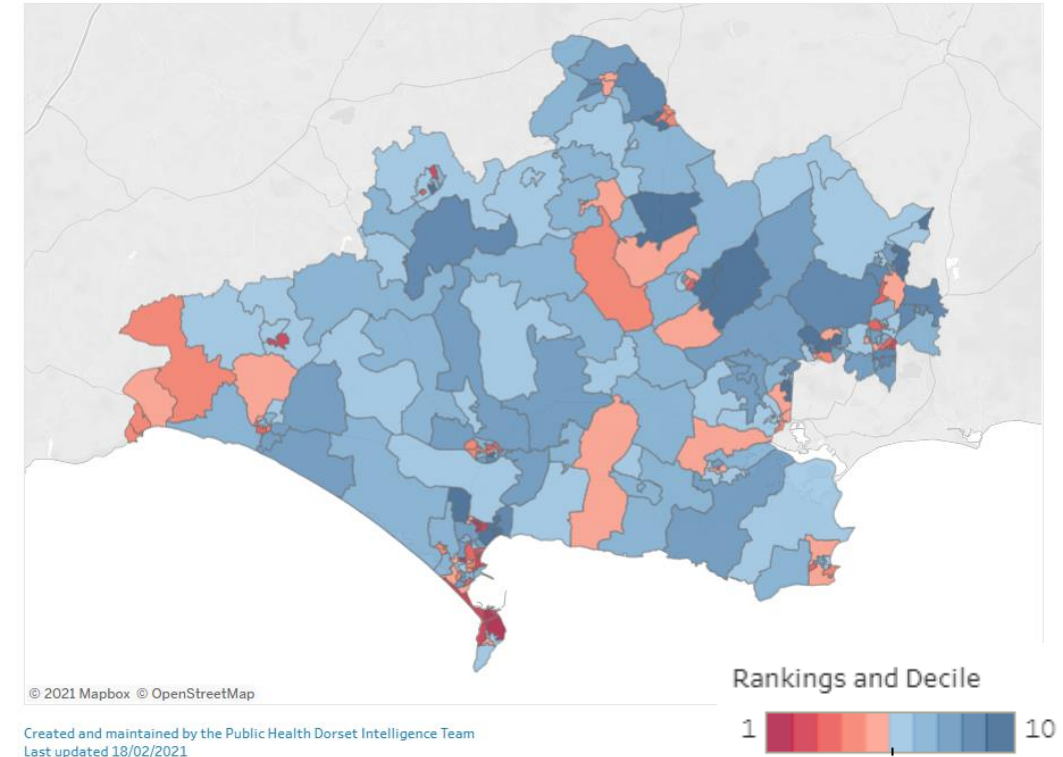
Starting Well

Most children and young people in Dorset thrive and experience good health.

However, there are some areas of concern;

- **Deprivation**
- **Obesity** - If Dorset had a population of 100 children, 9 would be classified as obese at 4-5 years and 17 at 10-11 years.
- **Emotional health and wellbeing** – estimated 1 in 10 children experience mental health issues
- **Special Educational Needs or Disability** - 17.7% of pupils have a statutory plan of SEN or are receiving SEN support (15.6% England)
- **Physical Health** – several indicators related to hospital admissions are worse than England rates

Income Deprivation Affecting Children 2019, by decile



Living Well

Health in Dorset is generally good compared to England. Areas of concern from data;

- **Mental Health** – 12.8% adults experiencing Depression and/or Anxiety. The suicide rate and admissions for self-harm above England average. Practitioners across many different services have a perception of rising presentations of low level mental health issues.
- **Excess Weight and Obesity** – 65.9% adults overweight or obese
- **Physical Activity** – 19.9% (63,300 people) of adults in Dorset Council area did less than 30 minutes activity per week.
- **Food Insecurity** - [Local needs analysis](#) suggests 5,500 people in Dorset are experiencing food poverty, and a further 95,800 are food insecure (can't afford to meet recommended guidelines)

Ageing well

Morbidity (Illness or Injury)

Recently, health life expectancy at birth for males has been decreasing – a key summary measure for morbidity and mortality.

Diabetes

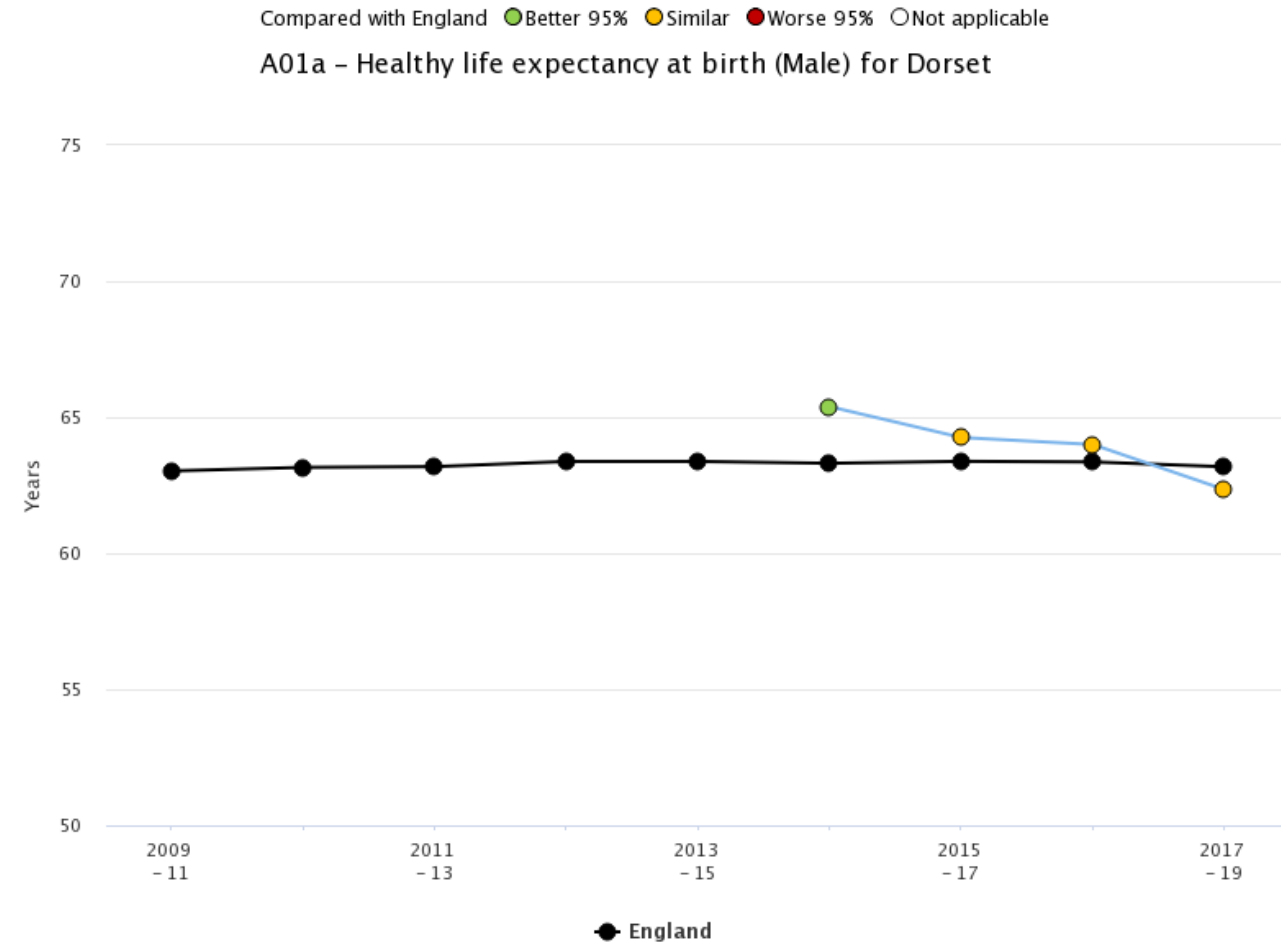
Approximately 7.4% of patients aged 17+ in Dorset have diabetes.

Dementia

In Dorset, the estimated dementia diagnosis rate (56.8%) is worse than that of England (67.4%).

Hip Fractures and Frailty

The rate of hip fractures in Dorset (519 per 100,000) is better than the England average. However, local insights highlighted the challenge of inactivity and its role in falls and frailty.



Healthy Places

Deprivation and Inequality

We see inequalities in life expectancy across the Dorset area – There is just over 11 years difference in life expectancy for males between Colehill & Wimborne Minster East (84.9 years) and Melcombe Regis (73.4 years)

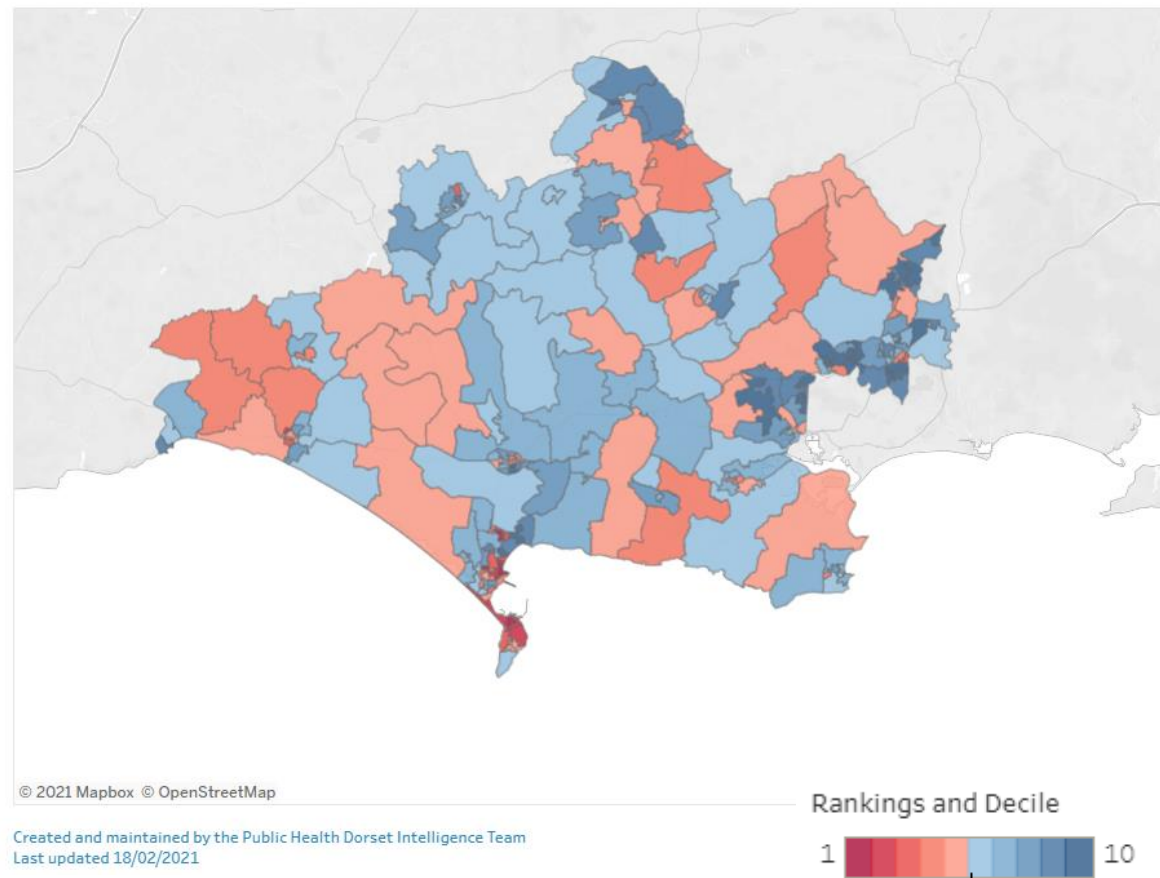
Housing

In Dorset the median house price to earnings ratio is 9.7 (7.8 England) and this one of the highest rates in the South West.

Vulnerability

- Risk of disadvantage / exploitation
- Armed forces and veterans

Index of Multiple Deprivation 2019, by decile



COVID-19 Impact and Recovery

One of the biggest challenges for our health and care systems for generations.

As of the end of May 2021;

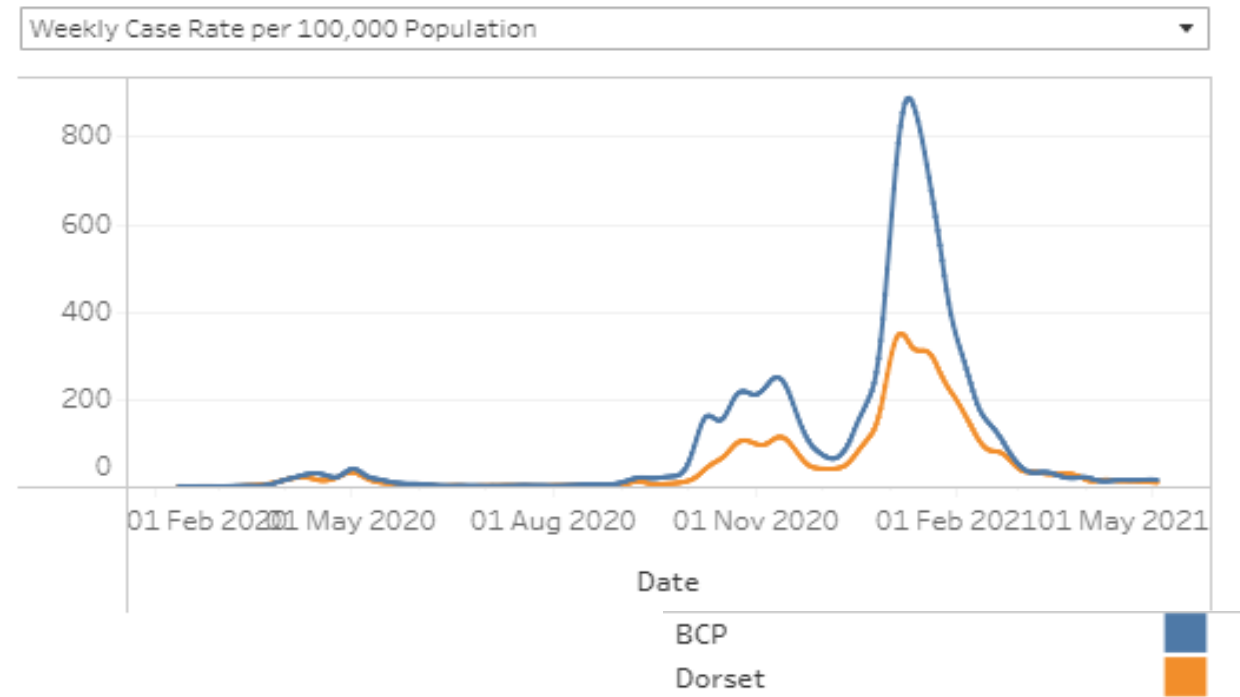
11,962 people tested positive for COVID-19

491 admissions to hospital

Sadly, there were 528 deaths (within 28 days of a positive test).

In January 2021, weekly case rates in Dorset peaked at 348.7 per 100,000 population.

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Current Service Issues

- **Demand generated by wider determinants**

Health and Wellbeing issues were rarely described in isolation with people highlighting the complexity of needs -“it’s never just the one thing”. Commonly experienced issues included low-level mental health, isolation, housing needs, substance misuse and finance issues.

- **Budgeting pressure**

Financial pressure is a frequently highlighted issue. Service pressure is often described as the balance between managing expectation and demand for services with budgeting and resource pressure.

- **Access to services**

Thresholds and waiting times that are a response to pressures on services can lead to increased demand - as people’s needs grow more complex over time or staff support increasingly complex needs until support can be accessed.

Feedback

The initial thematic narratives are shared for input and feedback. They will be published on our JSNA website shortly and circulated.

Through Autumn we will seek views on the priorities coming out from the data and insights collected, via an online tool called Padlet.

From this engagement we will develop a proposed priority topics list, for the Health and Wellbeing Board to agree.

The priority list will inform the future JSNA workplan and panel areas.

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