

## **DORSET COUNCIL - HEALTH AND WELLBEING BOARD**

### **MINUTES OF MEETING HELD ON WEDNESDAY 26 JUNE 2019**

**Present:** *Rebecca Knox (Chairman), Forbes Watson (Vice-Chairman), Craig Baker, Sam Crowe, Spencer Flower, Tim Goodson, Helen Horsley, Mathew Kendall, Laura Miller, Andy Reid, Tanya Stead and Eugene Yafele*

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

Marc Harris (Evidence Research Lead, Intelligent Health), Kirsty Hillier (Public Health Communications Manager), Jane Horne (Consultant in Public Health), Elaine Hurlll (Principal Programme Lead Mental Health, Dorset Clinical Commissioning Group), Rachel Partridge (Assistant Director of Public Health) and Helen Whitby (Senior Democratic Services Officer)

**1. Election of Chairman**

**Resolved**

That Councillor Rebecca Knox be elected Chairman for the year 2019/20.

**2. Appointment of Vice-Chairman**

**Resolved**

That Forbes Watson be appointed Vice-Chairman for the year 2019/20.

**3. Apologies**

Apologies for absence were received from Ben Ansell, Louise Bate, Julie Fielding, David Haines, Karen Kirkham, Patricia Miller, Sarah Parker, John Sellgren, Claire Shiels and James Vaughan.

The Chairman welcomed Councillors Spencer Flower and Laura Miller, Mathew Kendal as Executive Director of People - Adults at Dorset Council, and Eugene Yafele, NHS Provider, to their first meeting of the Board.

Members were also reminded of the importance of them completing a register of interest form in order to take a full part at Board meetings.

**4. Terms of Reference and Membership**

It was explained that the Board's terms of reference had been embraced in the review of the new Dorset Council and it had received strong support for its way of working in the future. The Council could make minor tweaks to the terms of reference but it was suggested that the current arrangements be given time to bed in. Any suggested changes could be made via the minutes and would be dealt with in due course. It was suggested and agreed that in

view of the Board's statutory role in promoting integration and prevention that (a)(iii) be amended to reflect this.

Reference was made to changes to locality arrangements and whether clinical directors and the new primary care networks needed to be part of the Board's membership. The Board could consider this once the new arrangements were in place.

### **Recommended**

That the Board's terms of reference be amended to reflect its statutory role in promoting integration and prevention as set out above.

## **5. Declarations of Interest**

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

## **6. Public Participation**

No statements or questions had been received from Town and Parish Councils or members of the public.

## **7. Better Care Fund - Report for Q4 2018/19 and Update on planning for 19/20**

The Board considered a report by the Executive Director for People - Adults, Dorset Council, which set out the performance of the previous Dorset Health and Wellbeing Board area against the 2018/19 Better Care Fund (BCF) Plan and provided an update on planning for 2019/20 although final detailed national policy requirements had not yet been published.

Significant progress had been made last year in a number of areas - development of a joint brokerage function, alignment of budgets, joint quality approaches, successful implementation of two joint frameworks with a spend of approximately £650m over five years and joint provider market management. Plans for an integrated approach to place shaping had also been progressed but further integration of commissioning functions and the pooling of budgets had provided more of a challenge. For 2019/20 there were opportunities to take forward integration through the refresh of the Integrated Care System and the Sustainability and Transformation Plan (STP). In summary, although improvements had been made in all areas targets had not been met and work needed to continue to improve performance.

With regard to whether performance was going in the right direction, it was explained that performance fluctuated over the year and final end of year figures are not yet available.. Once they are it would be possible to compare Dorset's performance to that of other areas and see whether Dorset mirrored national trends.

As the timetable for completion of the BCF plan 2019/20 does not fit with Board meetings, a delegation was sought to sign off the BCF plan outside of Board meetings. The Chairman added that, because of the funding involved,

she had previously consulted the appropriate Cabinet member as part of the signing off process and intended to do the same this year.

The Chief Operating Officer of the Dorset Clinical Commissioning Group welcomed improved performance with regard to delayed transfers of care. The investment in primary care had improved patient flow, but peaks created pressure in the system and every part of the health and care system had a part to play in trying to prevent pressure building.

Members noted that work was continuing to prevent people being admitted to hospital in the first place, one of the key aspects being housing and the need for more suitable housing to be provided in order to prevent hospital admissions. Partners had a role to play in this.

There was a brief discussion about the need to be able to measure levels of activity and ongoing work in primary care was noted. The refresh of the STP also provided an opportunity to develop outcome measures beyond the BCF metrics.

### **Resolved**

1. That authority is delegated by the Health and Wellbeing Board to the Chair of the Board and the Executive Director for People - Adults to agree Dorset's 19/20 Better Care Fund plan update. This is in order to ensure plans can be submitted in line with the national timetable if the deadlines, once published, do not align with scheduled Health and Wellbeing Board meetings.
2. Members of the Health and Wellbeing Board will be briefed in between scheduled Board meetings if the delegation needs to be used.
3. The work to update the 19/20 plan should include refreshing the associated risks in the new Dorset Council's corporate risk register.

## **8. Suicide Prevention**

The Board considered a report by the Public Health Senior Registrar which provided an update on progress with the pan-Dorset Suicide Prevention Plan.

The National Suicide Prevention Plan had been refreshed in 2017. In 2018 the Dorset Clinical Commissioning Group had brought partners together to agree a way forward and develop their own action plans and this work had resulted in greater progress being made since April 2019. The plan included six key areas - reduce suicide in high risk groups, tailor approaches to improve mental health in specific groups, reduce access to means, postvention support, zero suicide ambition for mental health inpatient settings which was linked to the national strategy, and leadership. These areas would be addressed over the period of a year.

Members noted that national data was now available and this would provide an opportunity to look at the micro level in Dorset. By September 2019 there would be a better understanding of Dorset's suicide rate and where resources should be focused. It was suggested that a further report on progress and future planning be provided in March 2020.

In discussion the importance of links between education, health, children and young people and mental health services was highlighted as was the need for clarity about who had the lead role. It was hoped that putting mental health teams into schools would help linkages in future but there was a need for a more joined up approach across the whole system. In Dorset rurality and the large ex-military population provided a higher risk of suicide so early identification of risk and early access to support was important.

One member drew particular attention to concerns in Weymouth and Portland about the lack of mental health service provision.

**Resolved**

That a further report on progress and future planning be provided in March 2020.

9. **Sustainability Transformation Plans 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 Sustainability and Transformation Plan as a whole and progress on prevention at scale since the Board meeting held on 13 March 2019.

The future importance of the Primary Care Network in the delivery of prevention at scale work was highlighted as were opportunities the two new councils might provide and progress with regard to the four programme areas (starting well, living well, ageing well and healthy places).

In discussion members welcomed the fifty registered nurse degree apprenticeships as a means of growing our own workforce; highlighted the need for the Fire Service to be included in conversations relating to vulnerable people in communities; the need for prevention at scale outcomes to be measured; and social care opportunities to make linkages across the system. Reference was also made to the fact that over 25,000 people had now used the Livewell Dorset service. A reminder was given that not everyone had digital access or was digitally capable, however there is a Dorset Council digital inclusion project supporting people to build these skills, and it is less of a barrier than people believe and not necessarily age related.

**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.

10. **Our Dorset and the Long-Term Plan**

The Board received a presentation from the Consultant in Public Health on Our Dorset and the Long Term Plan.

All Integrated Care Systems and Sustainability and Transformation Partnerships in England were required to develop a five-year plan to respond to the NHS Long Term Plan which was published in January 2019. This provided a unique opportunity to integrate the Corporate Plans of the two new Councils and Health and Wellbeing Strategies so as to focus on addressing the wider determinants of health, reduce inequalities and improve outcomes for Dorset residents. The Sustainability and Transformation Plan's (STP) key features, aims and vision were explained. Engagement with staff, stakeholders and the public would take place over the Summer 2019 with the finalised plan being submitted in October 2019.

Members noted that national template guidance was still awaited but this would not change the timeline for submission of the STP. The first plan had been good but could be improved so it was important for all partner organisations to consider, contribute to and support the draft STP prior to its submission. A large engagement exercise was planned and members were encouraged to look out for it.

### **Noted**

#### **11. Annual Director of Public Health Report**

The Board received a presentation from the Interim Director of Public Health on the Annual Report 2018/19.

The Annual Report focused on children and identified a number of measures to give every child the best start in life - smoking cessation in pregnancy, early help focus on the whole family, doubling the number of schools signed up to the Daily Mile, the sharing of intelligence to prevent exploitation and building on the mental health first aid training approach. Members were encouraged to read the report when it was published.

Members commented that the Annual Report's message was simple and made sense. It was suggested that the daily mile should be promoted by communications to encourage more schools to take part. It was also noted that many schools were doing similar activities but these were not necessarily recorded.

### **Noted**

#### **12. Dorset Young Researchers Findings and Recommendations**

The Board considered a report by the Executive Director for People - Children, Dorset Council, which provided a summary of key findings and recommendations of the work of the Dorset Young Researchers which were relevant to the work of the Board.

The Assistant Director Schools and Learning explained that Dorset Young Researchers had undertaken a survey of a large number of young people. The survey showed that 8% of those surveyed felt they had mental health issues, that a lack of confidence seemed to underpin everything and young

people thought there was a lack of safe places. The findings would inform Children's Services future actions and decisions. The Board were then shown a video of the results of the survey.

Members were interested to see the results and in particular that young people did not want emotional wellbeing support through schools but rather from their families.

The Chairman asked that the video be presented to Dorset Council's People Overview Committee.

### **Resolved**

That the video be presentation to Dorset Council's People Overview Committee.

## 13. **Beat the Street**

The Board received a presentation from Marc Harris of Intelligent Health on Beat the Street, a programme held in Purbeck and Poole and Weymouth and Portland with the aim of improving health and wellbeing by getting people of all ages moving.

The presentation showed the Beat the Street methodology, how it addressed health inequalities, results with regard to adult behaviour change post game and after six months, participation by children, their behaviour change, reducing anxiety levels and qualitative insight information. A further survey would be undertaken after 12 months and members were invited to submit questions to be included in this.

One member explained that schools in the Purbeck area had very limited time in which to take part and this may have been reflected in the results.

The Assistant Director of Public Health added that Public Health had wanted to be part of Sport England's evaluation of whether Beat the Street was successful. The programme focussed on the South West of England and the East Midlands. It had created a lot of competition between schools and parents at the time. The follow up reports after the game had been particularly interesting as were the experiences reported by the participants at the presentation evenings.

Mr Harris explained that a further survey of participants would be undertaken after 12 months and this would show any significant shifts in physical activity. In areas of deprivation, a stronger shift in physical activity might be seen. He was happy to share anonymous data and help with analysis. The slides would be circulated to Board members.

### **Noted**

14. **Work Programme**

The Board considered its work programme.

**Noted**

**Duration of meeting:** 2.00 - 4.00 pm

**Chairman**

.....