



Dorset Health and Wellbeing Board

Date: Wednesday, 26 June 2019
Time: 2.00 pm
Venue: The Conference Room, Dorchester Fire Station,
Peverell Avenue West, Poundbury, Dorchester
DT1 3SU

Membership: (Quorum 5)

Ben Ansell, Louise Bate, Sam Crowe, Spencer Flower, Tim Goodson, David Haines, Helen Horsley, Mathew Kendall, Rebecca Knox, Laura Miller, Patricia Miller, Sarah Parker, John Sellgren, Tanya Stead, James Vaughan, Forbes Watson and Simone Yule

Chief Executive: Matt Prosser, South Walks House, South Walks Road, Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

For more information about this agenda please contact Helen Whitby 01305 224187 - helen.whitby@dorsetcouncil.gov.uk



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AGENDA

Page No.

1 ELECTION OF CHAIRMAN

To elect a Chairman for the year 2019-20. The Board's terms of reference state that the Chairman of the Health and Wellbeing Board shall be appointed by Full Council unless Full Council otherwise determines but the Full Council did not identify a Chairman when it met on 16 May 2019.

2 APPOINTMENT OF VICE-CHAIRMAN

To appoint a Vice-Chairman for the year 2019-20. The Board's terms of reference state that the Vice-Chairman of the Health and Wellbeing Board shall be appointed by Full Council unless Full Council otherwise determines but the Full Council did not identify a Vice-Chairman when it met on 16 May 2019.

3 APOLOGIES

To receive any apologies for absence.

4 TERMS OF REFERENCE AND MEMBERSHIP

To note the Board's Terms of Reference as follows:-

(a) The Health and Wellbeing Board shall be primarily responsible for:

- (i) the development and updating of a Joint Strategic Needs Assessment, any Pharmaceutical Needs Assessment and the Better Care Fund;
- (ii) assisting in the development and overseeing of various other plans and strategies with relevance to health;
- (iii) providing a link to and encouraging integration and collaboration with and other key health stakeholders including NHS England and any other health and wellbeing board; and
- (iv) ensuring that a patient/service user voice is effectively heard in connection with relevant decisions.

(b) The Health and Wellbeing Board will consist of 18 persons made up of:

- (i) 3 Members (all of whom shall be nominated by the Leader, of which 1 may be the Leader);
- (ii) 4 Officers made up of the Director responsible for adult social services; the Director responsible for children's services, the Director responsible for public health and 1 other Officer with a responsibility for the economy;
- (iii) 7 NHS representatives made up of 3 from Locality Executive Teams (GPs), 1 from the Dorset Clinical Commissioning Group Board, the Clinical Commissioning Group Accountable Officer; 1 from NHS England and 1 from the Local NHS Provider Trust; and
- (iv) 4 others made up of 1 from the Local Healthwatch organisation, 1 from the voluntary sector, a representative of the Police and a representative of Dorset and Wiltshire Fire Authority.

(c) The quorum of the Health and Wellbeing Board shall be 5 persons at least 3 of whom are Members of the Council and/or Officers of the Council.

(d) There shall be power to appoint substitutes for both Members and non-Members to the Health and Wellbeing Board. A non-Member substitute must be from the same organisation as the non-Member.

Appointment of Chairman and Vice-Chairman

The Chairman and Vice-Chairman of the Health and Wellbeing Board shall be appointed by Full Council unless Full Council otherwise determines.

Meetings

(a) The number of ordinary meetings of the Health and Wellbeing Board each year will normally be six unless otherwise determined by Full Council.

(b) The Chairman of the Health and Wellbeing Board shall have the power to call one or more special meeting(s) of the Health and Wellbeing Board.

(c) The Chairman of the Health and Wellbeing Board may determine that a meeting should be cancelled for insufficient business.

(d) There shall be power to appoint substitutes to the Health and Wellbeing Board.

Delegated powers and powers of recommendation of the Health and Wellbeing Board

(a) The Health and Wellbeing Board shall have the powers as set out in Functions of the Council - Part 3(1) of the Constitution.

(b) For the avoidance of doubt the Health and Wellbeing Board and any of its Sub-Committees can delegate any of their powers to any Officer.

5 DECLARATIONS OF INTEREST

To receive any declarations of interest.

6 PUBLIC PARTICIPATION

To receive questions or statements on the business of the committee from town and parish councils and members of the public.

7 BETTER CARE FUND - REPORT FOR Q4 2018/19 AND UPDATE ON PLANNING FOR 19/20 (10 MINUTES)

7 - 16

To consider a report by the Executive Director for People - Adults, Dorset Council.

8 SUICIDE PREVENTION (5 MINUTES)

17 - 22

To consider a report by the Public Health Senior Registrar.

9 SUSTAINABILITY TRANSFORMATION PLANS WITH A FOCUS ON PREVENTION AT SCALE (10 MINUTES) 23 - 38

To consider a report by the Consultant in Public Health.

10 OUR DORSET AND THE LONG-TERM PLAN (20 MINUTES)

To receive a presentation by the Director of Organisational Development and Participation, Dorset Healthcare, on the refresh of the Sustainability and Transformation Plan (STP). All Integrated Care Systems and Sustainability and Transformation Partnerships in England are required to develop a five-year plan to respond to the NHS Long Term Plan which was published in January 2019. This provides a unique opportunity to integrate the Corporate Plans of the two new Councils, Health and Well-being Strategies and health strategies. By integrating our plans to focus on addressing the wider determinants of health within our neighbourhoods and reducing the inequalities that exist across Dorset, we will be better placed to achieve our vision of improving the health and wellbeing outcomes of residents of Dorset.

11 ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT (5 MINUTES)

To receive a presentation by the Interim Director of Public Health on the Annual Director of Public Health Report. The 2018/19 report focuses on children and the work undertaken to prevent complex challenges to health, including emotional health and wellbeing and obesity.

12 BEAT THE STREET (10 MINUTES)

To receive a presentation by Intelligent Health on Beat the Street, a programme which was held in three localities across Dorset (Purbeck, Weymouth and Portland, and Poole) with the aim to improve the health and wellbeing by getting people of all ages moving.

13 DORSET YOUNG RESEARCHERS FINDINGS AND RECOMMENDATIONS (10 MINUTES) 39 - 44

To consider a report by the Executive Director for People - Children, Dorset Council.

14 WORK PROGRAMME 45 - 46

To consider the Board's work programme.

3.30PM INFORMAL SESSION - STARTING WELL

Objectives

Increase Health & Wellbeing Board Members' awareness of the developing Prevention at Scale programme and implications for Dorset (Starting Well, Living Well, Ageing Well and Healthy Places).

This thematic session will focus on Starting Well. It will outline the strategic commitment, insights work and training that is going on in this area and showcase case studies of approaches being offered.

To allow Board Members and system leaders to identify where they could most usefully add value to the proposals, particularly joint working with partners.

Format

15:30 Introduction to the Starting Well workstream of Prevention at Scale.

15:35 Breakout discussions around stations highlighting examples of approaches being deployed locally, and the potential for prevention at scale including time for questions and answers. The stations will include examples of Children and Young People's Public Health Service (0-19 years), Beat the Street and Dorset Young Researchers.

16:20 Closing plenary – discussions and agreed follow on actions

16:30 Meeting close

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Date of Meeting: 26/06/2019

Lead Member: Laura Miller – Lead Member for Adult Social Care and Health

Lead Officer: Mathew Kendall - Executive Director for People - Adults

Executive Summary:

The Better Care Fund (BCF) is the current national policy approach for integrating health and adult social care. It has been running since 2014/15. The BCF spans both the NHS and local government and seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The policy brings together resources from the NHS and local government and requires local plans to be produced and overseen by each Health and Wellbeing Board across England.

This report sets out the performance of the previous Dorset Health and Well-Being Area against the 2018/19 Better Care Fund (BCF) Plan. It also provides an update on planning for 19/20 whilst noting that the final detailed national policy requirements have not yet been published.

During 2018/19 significant progress was made against the plan including the development of a joint brokerage function, alignment of budgets, joint quality approaches, the successful implementation of 2 joint frameworks with circa £650m planned spend over 5 years, joint provider market management etc. We have also made further progress in our plans for an integrated approach to place shaping with several developments being actively worked on. There have been challenges in terms of progressing further integration of commissioning functions and the pooling of budgets however this remains a key strategic opportunity.

The Health and Well-Being Area has narrowly missed achieving the four national metrics but has made significant progress compared to last year and has put in place a number of system wide measures to continue to improve in these areas.

Government have confirmed the continuation of the BCF policy for 2019/20. The national timetable for quality assuring and agreeing the updated plan is unlikely to align with the current schedule of Health & Wellbeing Board meetings. Consequently this report seeks agreement for delegated authority to be given to the Chair of the Board and the Executive Director for People -Adults to ensure plans can be submitted in line with the national timetable.

Equalities Impact Assessment:

Equalities Impact Assessment (EqIA): N/A

Budget:

The 2018/19 aligned budget for each scheme was as follows and agreed by the CCG in conjunction with NHS providers prior to Better Care Fund Plan approval:

- | | |
|------------------------------------------------------|-----------------|
| 1) <i>Support for Carers</i> | <i>£ 1.135m</i> |
| 2) <i>Integrated Health and Social Care Pathways</i> | <i>£18.713k</i> |
| 3) <i>Maintaining Independence</i> | <i>£14.532m</i> |
| 4) <i>High Impact Changes</i> | <i>£ 8.808m</i> |
| 5) <i>LD Moving on from Hospital Living</i> | <i>£ 5.398m</i> |
| 6) <i>Strong and Sustainable Care Markets</i> | <i>£91.202m</i> |

BETTER CARE FUND POOLED BUDGET 2018/19											
Dorset Health & Wellbeing Board		Source of funding									
Scheme Description (Application of funds)	Scheme value	NHS Dorset CCG (Health) 2018/19						Dorset County Council (LA) 2018/19			
		Own contribution	Social Care Grant	Protecting Social Care	Care Act Monies	Carers	Total Health	Own contribution	Disabled Facilities Grant	Improved BCF (iBCF)	Total LA
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Carers	1,135		580			555	1,135				-
Integrated Health & Social Care Locality Teams	18,713	18,713	-	-	-	-	18,713	-	-		-
Maintaining Independence	14,532	2,891	3,203	71	1,113	-	7,278	1,329	3,925	2,000	7,254
High Impact Changes Implementation/Supported Hospita	8,808	-	5,577	383	-	-	5,960	-	-	2,848	2,848
Moving on from Hospital Living	5,398	3,897					3,897	1,501			1,501
Strong and Sustainable Care Markets	91,202	27,102	-	54	-	-	27,156	59,126	-	4,920	64,046
Better Care Fund Total (Dorset HWB)	139,788	52,603	9,360	508	1,113	555	64,139	61,956	3,925	9,768	75,649

Summary	Total	CCG	LA
	£'000	£'000	£'000
Dorset County Council (LA) 2017/18	139,788	64,139	75,649

As part of the Unitary council preparation, agreement was reached between Dorset and BCP Councils about the value of the activity within the 18/19 plan that would need to be disaggregated for the Christchurch area (11.7%). The CCG have updated their preparatory modelling for 19/20 using the same figure. This gives a baseline for the new Dorset Health and Wellbeing Board's BCF plan for 2019/20 although the precise budget cannot be finalised until the national inflationary uplift is published.

Risk Assessment:

There are a number of risks attached to the BCF. These include the delay in publication of the national planning guidance and uncertainty about the 19/20 uplift and its affordability for the Clinical Commissioning Group.

All the commissioning partners involved in the BCF are under significant financial pressure in the face of growing demand and complexity of need. Having some agreed local planning assumptions has helped to structure discussions. Financial modelling is underway but not yet concluded, in particular for the Integrated Community Equipment service as part of the 'Maintaining Independence' scheme.

The top two risks previously reported within Dorset County Council's Corporate Risk Register were:

- Capacity, capability and financial pressures on partner organisations impact negatively on the delivery of the Better Care Fund objectives

<ul style="list-style-type: none"> Better Care Fund performance targets are not met placing funding at risk
<p><u>Other Implications:</u></p> <p>Performance associated with the Better Care Fund is a joint priority for health and social care and feed into the delivery of the aims of the Sustainability and Transformation Plan.</p>
<p><u>Recommendations:</u></p> <p>It is recommended that:</p> <p>1. Authority is delegated by the Health & 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 & Wellbeing Board meetings.</p> <p>Members of the Health and Wellbeing Board will be briefed in between scheduled Board meetings if the delegation needs to be used.</p> <p>2. The work to update the 19/20 plan should include refreshing the associated risks in the new Dorset Council's corporate risk register.</p>
<p><u>Reason for Recommendation:</u></p> <p>As above.</p>
<p><u>Appendices:</u></p> <p>Q4 BCF return to NHS England</p>
<p><u>Background Papers:</u></p>
<p><u>Officer Contact</u> Name: Johnny Pigott Tel: 01305 224227 Email: Jonathan.pigott@dorsetcouncil.gov.uk</p>

Better Care Fund – Report for Q4 2018/19 and Update on planning for 19/20

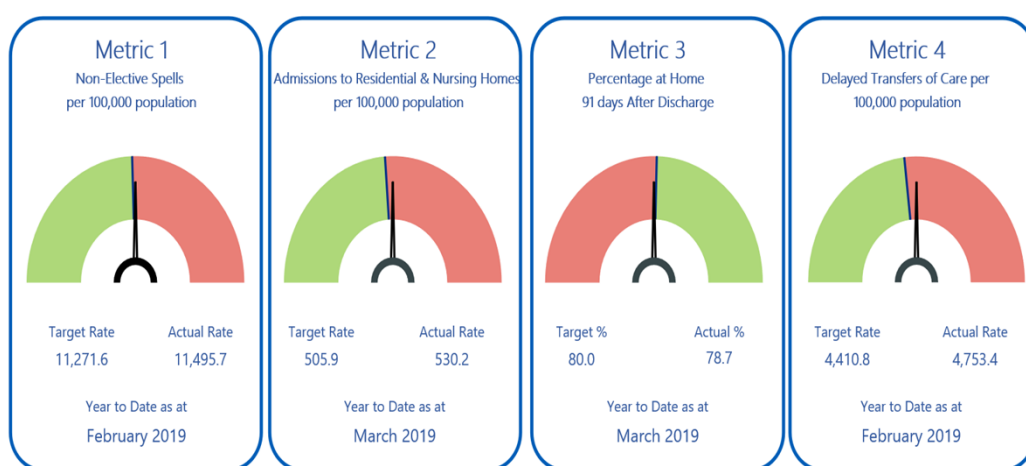
1. Introduction

- 1.1 The Better Care Fund (BCF) is the current national policy approach for integrating health and adult social care. The Better Care Fund (BCF) spans both the NHS and local government and seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. The policy requires local plans to be produced and overseen by each Health and Wellbeing Board across England and has been running since 2014/15.

- 1.2 This report sets out the performance of the previous Dorset Health and Well-Being Board area against the 2018/19 Better Care Fund Plan, using the Q4 return for 2018/19 submitted to NHS England and the Ministry of Housing, Communities and Local Government (see appendix 1).
- 1.3 It also provides an update on planning for 19/20 for the Better Care Fund Plan for the new Dorset Health and Wellbeing Board area that is co-terminous with the catchment of the new Dorset Council..

2. Performance in 2018/19

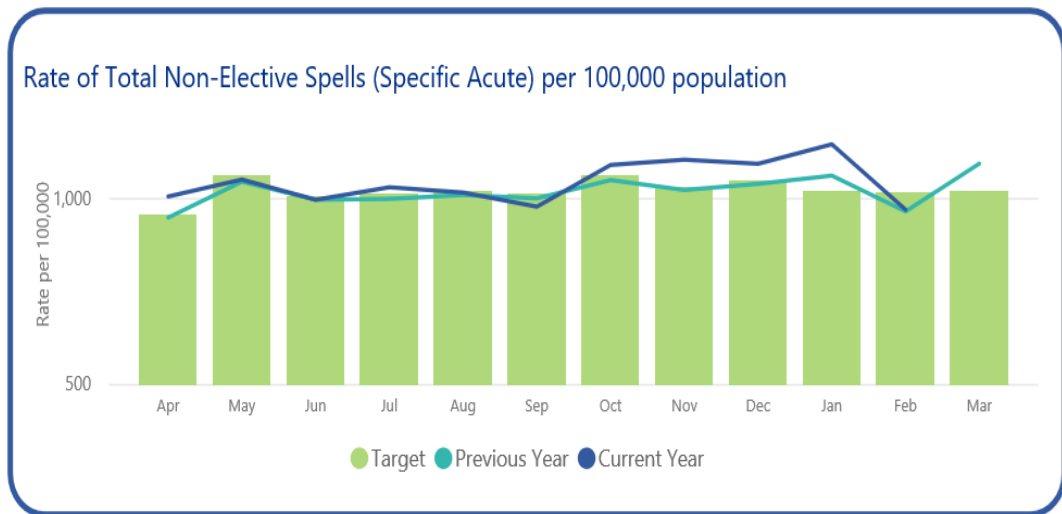
- 2.1 The National Delayed Transfers of Care (DToc) targets for 2018/19 were released in May 2018, dictating that both health and social care delays will need to be significantly reduced:
 - NHS – reduce by 30%;
 - Adult social care – reduce to 2.6 daily delays per 100,000 18+ population (9 sole delays per day).
- 2.2 It has been understood that both health and social care will work to achieve a decline in days over the months to achieve the target by September.
- 2.3 The targets for the remaining three metrics have not been changed from the 2017/19 plans.
- 2.4 The dashboard below summaries the year-to-date positions for the four metrics.



2.5 Metric One – Non-Elective Admissions

- **Metric:** Total non-elective spells (specific acute) per 100,000 population

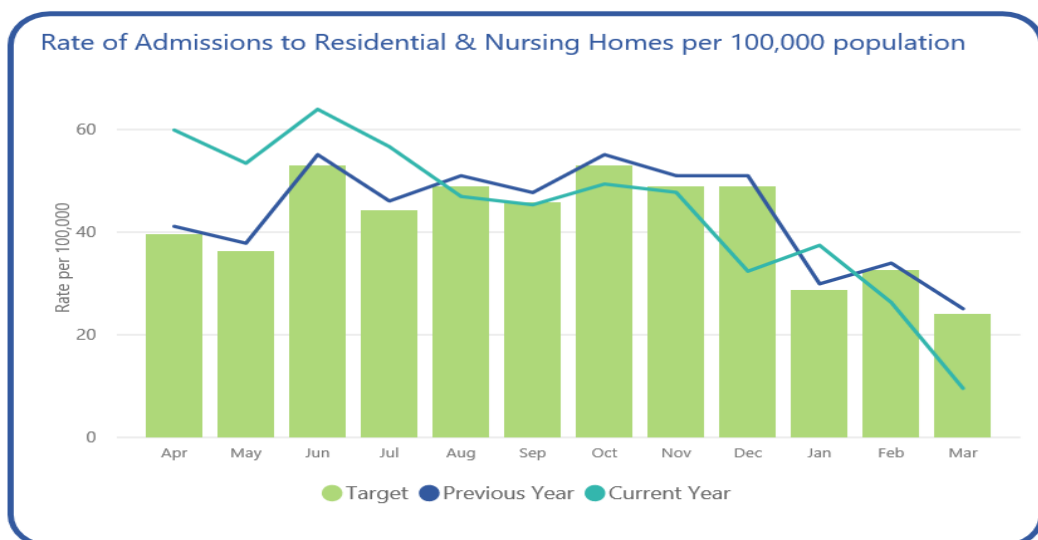
- **Outcome sought:** A reduction in the number of unplanned acute admissions to hospital



2.6 Non-Elective activity continues to increase, when compared to the previous year, this together with increased levels of frailty and acuity is challenging for all health and social care providers. The year to date position shows that the Health and Well-Board area will narrowly miss the target.

2.7 Metric 2 – Admissions to Residential & Nursing Homes

- **Metric:** Long term support of older people (aged 65 or over) met by admission to residential and nursing homes per 100,000 population.
- **Outcome sought:** Reducing inappropriate admissions of older people into residential care

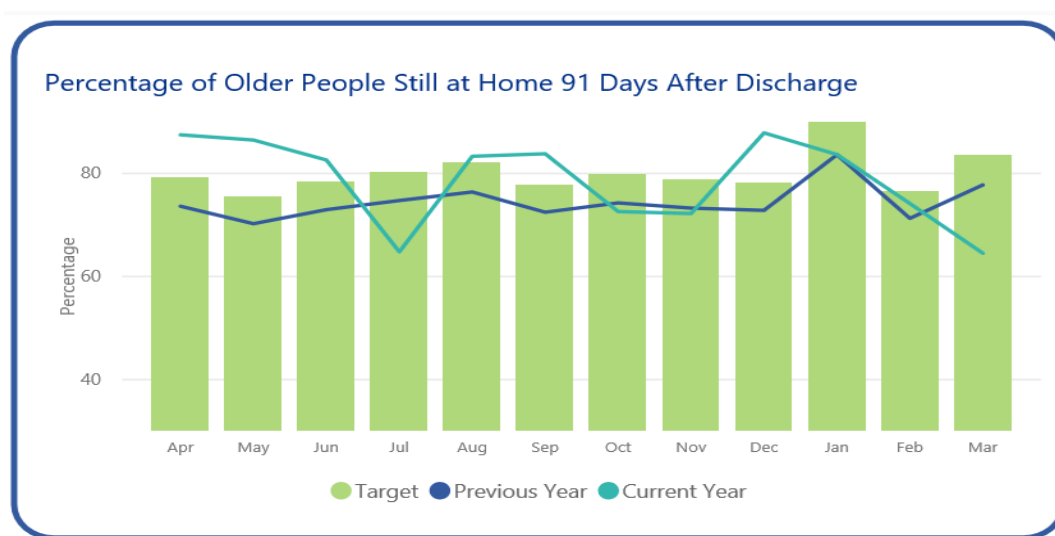


2.8 Whilst this target was narrowly missed for 2018/19 there has been a downward trend throughout the year. A number of system improvements have been put in

place to case management system for 2019/20 that will allow even more timely and accurate reporting of data.

2.9 Metric 3 – Proportion of Older People Still at Home 91 days after discharge from Hospital in to Reablement/Rehabilitation Service

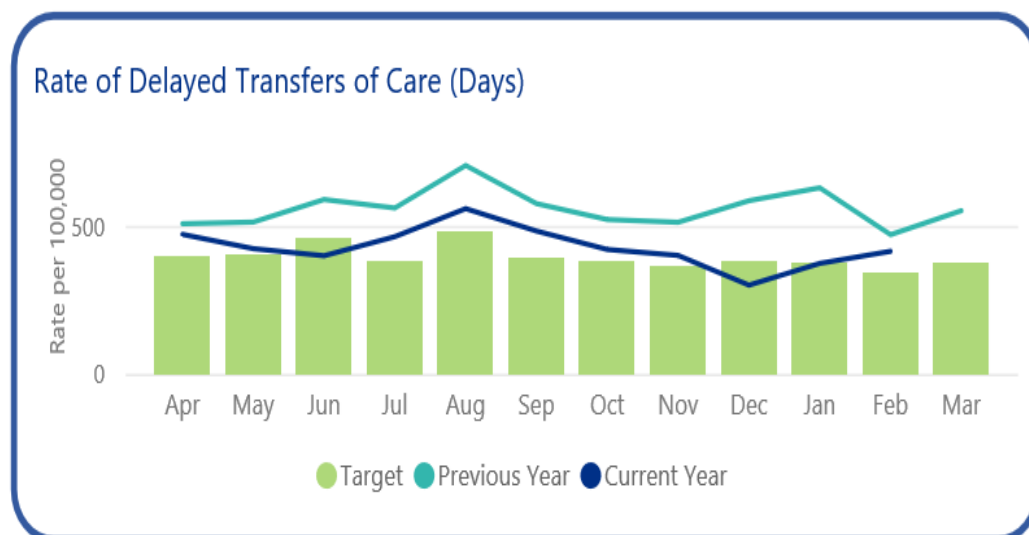
- **Metric:** Proportion of older people who were still at home 91 days after discharge from hospital into reablement or rehabilitation services.
- **Outcome sought:** Increase in effectiveness of these services whilst ensuring that those offered the service does not decrease.



2.10 The HWB have almost achieved the target for this metric only missing the target by 1.3%. (Due to data lag, we expect our official ASCOF score for this indicator to end up better than target for 2018/19).

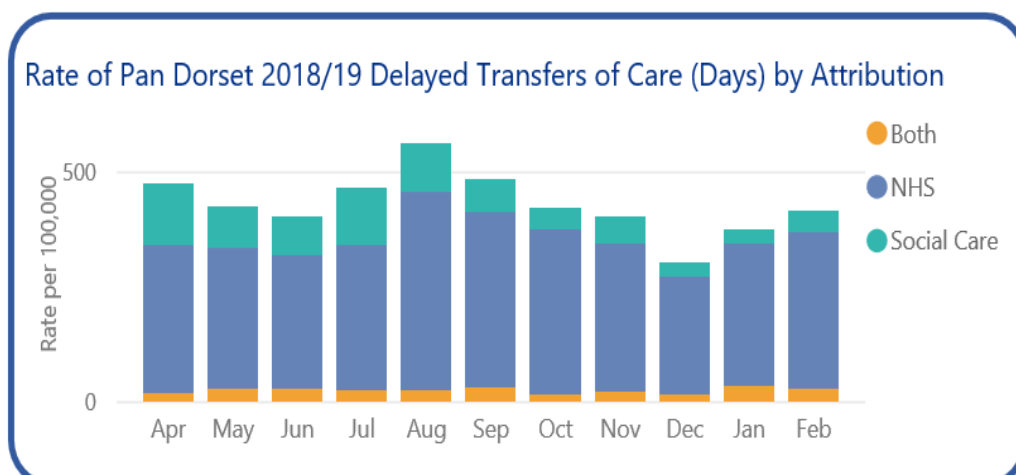
2.11 Metric 4 – Delayed Transfers of Care

- **Metric:** Delayed Transfers of Care from hospital per 100,000 population
- **Outcome sought:** Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfers from all hospitals for all adults.



2.12 The total number of delayed days is almost 5,000 less in 2018/19 compared to 2017/18. Social Care delays have decreased considerably compared to previous years. Performance has been far better than target (the target is 9 delays per day) in nearly every month since September 2018.

2.13 In addition to the above, the following graph highlights the reason for DTOC and the reduction in year to date, particular for social care attribution. A number of approaches are still being adopted to further reduce delays.



3. Scheme Activity

3.1 The BCF Highlight Report has been included as Appendix 1, to outline the current activity within the Better Care Fund schemes.

3.2 Overall the vast majority of BCF schemes were implemented as planned during 2018/19 through the system working collaboratively together, which has improved joint working between health and social care. The only exception is the work to

further integrate commissioning functions and pooled budgets, although these remain a key strategic opportunity for 2019/20.

- 3.3 All of the High Impact Schemes are now established and supporting the system in progress against the four key metrics.
- 3.4 Homefirst and Discharge To Assess (D2A) is embedded in daily practice and the use of the winter money has enabled homefirst / D2A to have a good responsiveness. The LAs have in place services that are accessed for discharge in line with the principles of homefirst and these are now up and running and these once again are linked to the LAs' winter plans. The final Place Based Evaluation Report is due in May and health and social care stakeholders have been fully involved with this work. The evaluation will inform focus for 2019/20
- 3.5 Since the Dorset Care Framework went live in December 2017, supply relationships have improved with a number of key results; for example, in December 18, with winter pressures schemes, nearly 90% of commissioned Home and Community Support was being met through the framework, including new contracts which were issued for extra care housing. From May 19, registered care short breaks for carers go through the framework, with further lots for Live-in care and complex care to be tendered through segment 1 led by the CCG.
- 3.6 In the last quarter a joint specification has been agreed so that Dorset Council as lead commissioner can procure a Carers Lead Organisation as a social value proposition. This will help to support greater prevention and timely advice and support for carers of all ages. The new strategic provider will be appointed following a procurement from the joint Dorset Commissioning Framework in June 2019.
- 3.7 Dorset Council's promoting independence project is working with health colleagues to redesign the pathway around aids, adaptation and assistive technologies. A business case setting out the independent living pathway and supporting services will go through approval during July to begin the procurement of services for April 2020.

4. Better Care Fund Plan 2019/20

- 4.1 The BCF policy framework was published 10th April 2019¹, which sets out that there will be minimal changes to the BCF.
- 4.2 The plan will retain the same four National Conditions as 2017-19, in line with its vision for integrate care:
 - a) Plan jointly agreed
 - b) NHS contribution to ASC to be maintained in line with uplift to CCG minimum contribution
 - c) Agreement to invest in NHS commissioned out of hospital services
 - d) managing transfers of care

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/795314/Better_Care_Fund_2019-20_Policy_Framework.pdf

- 4.3 The four metrics will also remain the same: non-elective admissions, admissions to residential and care homes, effectiveness of reablement and delay transfers of care.
- 4.4 The policy framework does not contain any specific planning requirements including uplifts and CCG minimum contributions by Health and Well-Being area, these are still to be published along with the detailed timetable for submitting plans to the national quality assurance and agreement process.
- 4.5 As part of the Unitary council preparation, agreement was reached between Dorset and BCP Councils about the value of the activity within the 18/19 Dorset BCF plan that would need to be disaggregated for the Christchurch area (11.7%). The CCG have updated their financial modelling for 19/20 using the same figure.
- 4.6 In anticipation of receiving the planning guidance, Dorset Council and CCG have been working to agree some planning assumptions for the BCF. These include a focus on building upon the strong and sustainable care market work, adding a new brokerage agreement as part of progressing joint commissioning, and improving the budget arrangements around learning disability commissioning.
- 4.7 All the commissioning partners who work together through the Better Care Fund are under significant financial pressure in the face of growing demand and complexity of need. Having the local planning assumptions has helped to structure discussions. Financial modelling is underway but not yet concluded, in particular for the Integrated Community Equipment service as part of the 'Maintaining Independence' scheme. There is a concern for the Clinical Commissioning group about the affordability of the nationally set uplift it is required to make to the BCF. NHS England guidance for all CCGs was to set their budgets for 19/20 using a 1.79% uplift figure for the BCF. It is anticipated that once the detailed national guidance is published the figure required may well be higher.

5. Conclusion

- 5.1 Members of the Health and Wellbeing board are asked to consider the performance that has been achieved, the Q4 submission and BCF Highlight Report and advise on where future improvement could be sought. They are also asked to consider the recommendations in the report to aid 19/20 planning.
- 5.2 In addition, it would be beneficial for members to discuss and advise upon where greater connectivity could be achieved with partners to allow Dorset to achieve the ambitions of the BCF.

Mathew Kendall; Executive Director of People - Adults, Dorset Council
Sally Sandcraft; Director for Primary and Community Care, Dorset CCG

June 2019

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Date of Meeting: 26th June 2019

Lead Member: Councillor Laura Miller – Lead Member for Adult Social Care and Health

Lead Officer: Caoimhe O Sullivan, Public Health Senior Registrar, Public Health Dorset

Executive Summary:

The pan-Dorset Suicide Prevention Plan was produced by the Crisis Care Concordat group and published in April 2018. It is a national requirement to support the national suicide prevention strategy. Both statutory and non-statutory organisations are signed up to the plan and they are required to take responsibility for their actions. Key areas of focus are to reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. This report provides an update on progress to date on suicide prevention in Dorset.

Equalities Impact Assessment:

An EQIA is underway and due to be presented for review to the Suicide Prevention Steering Group in September 2019.

Budget:

No

Risk Assessment:

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW (Delete as appropriate)

Residual Risk LOW (Delete as appropriate)

Other Implications:

Cross-cutting plan across the entire health and care system, including the voluntary sector and local communities

Recommendation:

The Board is asked to note progress to date on implementation of the pan-Dorset Suicide Prevention Plan

Reason for Recommendation: The Health and Wellbeing Board has a key role in ensuring effective implementation of local suicide prevention plans.

Appendices: N/A

Background Papers: N/A

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1. Introduction

- 1.1 The Cross-Government national suicide prevention strategy for England was first published in 2012 which incorporated five key recommendations from the Health Select's Committee's (HSC) inquiry into suicide prevention. Since then, the strategy has been refreshed which includes the January 2017 update where an achievement target of a 10% reduction in suicides between 2015 and 2020/21 was recommended.
- 1.2 In 2015 the Crisis Care Concordat was established and in Dorset a number of statutory organisations signed up to the CCC. The CCC had two work streams one was to implement the Mental Health (MH) Acute Care Pathway (ACP) and the other to develop and implement the Suicide Prevention Plan (SPP) for Dorset.
- 1.3 Dorset launched the SPP work in March 2018 and each organisation had to develop their own action plans based on the pan-Dorset SPP. In November 2018 the signatory organisations and other partners and stakeholders met to sense check progress and agree the way forward for the Dorset wide SPP work for the next year until December 2019.

2. National Strategy, Target and NHS Long Term Plan

- 2.1 The latest national suicide prevention strategy (2017) outlines two principle objectives; to reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. This is to be achieved by addressing six key areas plus two further areas added more recently:
 - To reduce the risk of suicide in key high-risk groups
 - To tailor approaches to improve mental health in specific groups
 - To reduce access to the means of suicide
 - To provide better information and support to those bereaved or affected by suicide (postvention support)
 - To support the media in delivering sensitive approaches to suicide and suicidal behaviour
 - To support research, data collection and monitoring
 - To reduce rates of self-harm as a key indicator of suicide risk
 - To ensure a zero suicide ambition for mental health inpatients
- 2.2 In addition, locally it has been agreed that two further areas will be added:

- To explore digital & innovative opportunities to support reducing suicides
 - Ensuring a Dorset wide leadership approach (leadership, partnership, alliance and co-production) to suicide reduction programme
- 2.4 For noting at this point, nationally the number of suicides has reduced however there has been a recent increase in the numbers which are thought to be related to changes in criteria for reporting of suicide by Coroners.
- 2.5 The NHS Long Term Plan has included the following particular areas under the SPP work and these are described below:
- Expanding children's mental health for 0-25 year olds
 - Improving mental health crisis with a 24/7 new model of care
 - Specialist perinatal services to women who are in need post the birth of their baby
 - Specialist community teams to help support children and young people with autism and their families
 - Integrated models of primary and community mental health care for adults with severe mental illnesses and support individuals who self-harm
 - Post-crisis and bereavement support
 - Quality improvement programme for Inpatient Zero Suicide ambition
- 2.6 The above are to be included in the SPP plan but will be monitored elsewhere in terms of how they are being delivered. For example, the 0-25 work will come under CAMHS transformation and the inpatient zero suicided ambition will be monitored through the contract. The updates will come to the SPP Business Meetings so that the group is updated on progress.

3. Progress to date

	Key Area Aim	Actions Completed
1.	Reduce suicide in high risk groups	<p>Children and young people 16% (n=60) schools awarded funding as part of Whole School Approach to physical activity, improving emotional and mental health of children and young people.</p> <p>120+ school facing staff trained in mental health first aid.</p> <p>Promotion to families and children around use of green spaces has been ongoing. (includes activities/volunteering opportunities). Particular focus on more vulnerable communities/cohorts.</p> <p>Dorset Council introduced a new education psychology service set up as part of crisis response unit to schools.</p> <p>Audit of Children and Young People counselling services underway. Link with Kooth development www.kooth.com</p> <p>Scaling use of Chat Health and digital approaches</p>
		Substance Misuse

		<p>Public Health completed a review of substance misuse services. Actions now being developed to improve the pathway and support for service users.</p> <p>Assessment process and engagement of opiate users has changed in Bournemouth and higher numbers are being seen in treatment.</p>
2.	Tailor approaches to improve MH in specific groups	<p>Staff MH First Aid Train the Trainer programme rolled out across Dorset, mainly aimed at frontline staff but training now being rolled out to wider system.</p> <p>Staff Wellbeing Plans developed with stakeholders, including hospital trusts, councils, Tricuro and Dorset Fire & Rescue. BCP, training on going for managers in mental health.</p> <p>The Fire Service has implemented TRIM – Trauma Risk Management, a support service for staff who are exposed to traumatic events as part of their role.</p>
		<p>Adults with LTC/mental health problems DC developing more appropriate accommodation as part of Building Better Lives for those in need.</p> <p>Retreat was opened in Bournemouth as part of mental health acute care pathway. All staff receive ASIST training in suicide first aid. ASIST teaches participants to recognise when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.</p> <p>Standard Operating Procedure implemented for midwives and health visitors to provide consistent information and advice during pregnancy and the early weeks of their baby's life including promoting positive maternal mental health.</p> <p>Pan-Dorset Antenatal & postnatal education package prioritising emotional wellbeing and mental health.</p> <p>Steps to Wellbeing have been running and expanding the long term conditions pathway, specifically supporting people with diabetes, COPD, chronic pain and fibromyalgia.</p> <p>Police have just gone through process of looking at understanding the personal and situational factors that make people more vulnerable to crime and unsocial behaviour. Looking to respond to the threat of harm to individuals and looking at resources. Working to get mental health incorporated into their first aid training. Police are also a high risk group. Strategy and delivery plans in draft waiting to be signed off.</p>

		<p>Contracts</p> <p>Public Health Dorset contracts – professional development requirements re. mental health and suicide prevention to be included within contracts as services are re-procured. Parental mental health and young people's mental health included as key priorities within Public Health Nursing service specification.</p> <p>DC social care is looking at service specifications and quality standards, and doing a self-evaluation looking at risks associated with services as part of contracts.</p>
3.	Reduce access to means	Door sensors now in DHC children's unit with plan extend wider to adults.
4.	Postvention support	Poole Hospital Mental Health Group set up specifically for survivors of suicide to support and signpost.
5.	Zero suicide ambition for MH inpatient settings which is linked to the national strategy.	<p>Dual diagnosis -training has been rolled out across the CMHTs and agreed further roll out shortly to inpatient staff.</p> <p>Hosting My Wellbeing Plan launch which is new care plan in place looking at a crisis and a personal health plan. Looking at the RIO risk proforma along with this as a prediction tool to ensure staff spend less time filling in tick boxes and more time with person.</p> <p>Trained 45 people to recognise early warning signs; specifically car parks in Poole having a big impact on people.</p> <p>Work with families linking with local authorities to have a more formalised plan between families and CMHT. To have a link worker for every CMHT, cross working and joining up the child aspect.</p> <p>Review of clinical environments for ligature risk and have issued ligature release equipment to high risk wards.</p>
6.	Leadership	<p>Poole hospital set up a mental health steering group with suicide prevention as a standing item and work programme.</p> <p>Public Health Leadership – Caoimhe O'Sullivan Public Health Senior Registrar chairing steering group meetings.</p>

4. Forward Planning

- 4.1 The SPP meetings will be held every 3-4 months over the year. The meetings will be split into part 1 business and part 2 partnership meetings. The business meetings

will take forward the statutory organisation requirements linked to the Crisis Concordat, the SPP national strategy and NHS Long Term Plan.

- 4.2 The partnership group is a wider network of partners and stakeholders that support the development and delivery of the Dorset plan whilst sharing knowledge and expertise across Dorset. Each partnership event will be themed and the themes identified by the partnership group and by the end of the year most of the strategy areas will be covered.
- 4.3 The most recent suicide prevention event was in April 2019. The business meeting covered prevention plan updates and then addressed 3 key themes of the strategy; communications & media, data and hot spots. The partnership meeting focussed on people and their personal experiences with 4 speakers sharing their stories. This was followed by group discussions.
- 4.4 The next business meeting will focus on high risk groups e.g. agriculture workers and focus specifically on post suicide bereavement support. The next partnership meeting will focus on children and young people. The aim of the approach as said, is to ensure that all the agreed areas in the SPP are covered during the course of the year.
- 4.5 At the end of each year a review session will be held to confirm what has been delivered against the plan and what is to be delivered over the following year.
- 4.6 At the last meeting it was agreed that a detailed analysis of suicide activity in Dorset would be developed and this work will enable prevention work to be targeted in the right places to make a tangible difference. This will be a turning point in the progress of the SPP because there will be understanding about people who have ended their own lives including how, where and when and this will enable targeted work pan-Dorset.
- 4.7 Currently each organisation signed up to the CCC and SPP has their own plan. Over the year the intention is to bring all the individual plans into one Pan-Dorset Suicide Prevention Plan. This will highlight all the progress and put the spotlight on future work that will be developed and delivered.

5. Conclusion and recommendation

- 5.1 The SPP is gradually taking shape and all involved in the work are committed to ensuring that there will be a reduction in the number of deaths by suicide across Dorset.
- 5.2 The detailed analysis of suicide activity will be completed by September 2019 and this will give focus and drive on specific locality areas. The understanding about how, where and when will give the business and partnership groups a real opportunity to target resources.
- 5.3 The Board is asked to note progress to date on implementation of the pan-Dorset Suicide Prevention Plan



Date of Meeting: 26th June 2019

Lead Member: Councillor Laura Miller – Lead Member for Adult Social Care and Health

Lead Officer: Dr Jane Horne, Public Health Dorset

Executive Summary:

The paper provides a written update to the Board on:

- Key highlights from across the STP as a whole;
- Progress on Prevention at Scale since the March Board.

Equalities Impact Assessment:

Some elements of the STP have had an EqIA.

Budget:

The Joint Public Health Board has previously approved approx. £1m non-recurrent funding from savings made from the public health grant for investment into the PAS programme. A further £150k has been allocated for non-recurrent project resource from the STP transformation fund.

Partner organisations each commission and work on a range of prevention activities with associated budgets. As the PAS work progresses there may be additional impacts on these.

Risk Assessment:

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

Other Implications:

The ambition set out in the STP is to transform health and care in our area to achieve better health outcomes for local people, with higher quality care that's financed in a sustainable way. There are five key strands of work including PAS to support the NHS and local councils in how they work together to address the three gaps around:

- Health and wellbeing gap
- Care and quality gap
- Finance and affordability gap

By developing the STP as the Joint Health and Wellbeing Strategy was refreshed there is close alignment, and the Health and Wellbeing Board has the role of overseeing local delivery of the PAS portfolio.

Wider implications of the STP and the PAS programme include the sustainability of future public services, and the future role of localities, communities and the voluntary sector.

Recommendation:

Members are asked to note the update on STP highlights and highlighted progress on prevention at scale; and to support ongoing work, within the Board and back in their respective organisations and communities.

Reason for Recommendation:

Transformation of health and care services in Dorset needs close collaboration between all public service partners. The Health and Wellbeing Board has a key role in this and has specifically taken on the role of overseeing local delivery of the PAS portfolio. The Board have requested an update on the STP as a whole, with a focus on the delivery of PAS for all future meetings.

Appendices:

Appendix 1 – Prevention at Scale activities in localities

Background Papers:

[‘Our Dorset’](#)

[Joint Health and Wellbeing Board Strategy](#)

[Update on STP and PAS, Health and Wellbeing Board – March 2019](#)

Officer Contact

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1. PURPOSE OF REPORT

- 1.1 This paper provides a written update to the Board on headline progress across the Dorset Integrated Care System (ICS), and the STP as a whole; feeds back on progress since the last Board; and provides a particular focus on work ongoing in the localities.

2. BACKGROUND

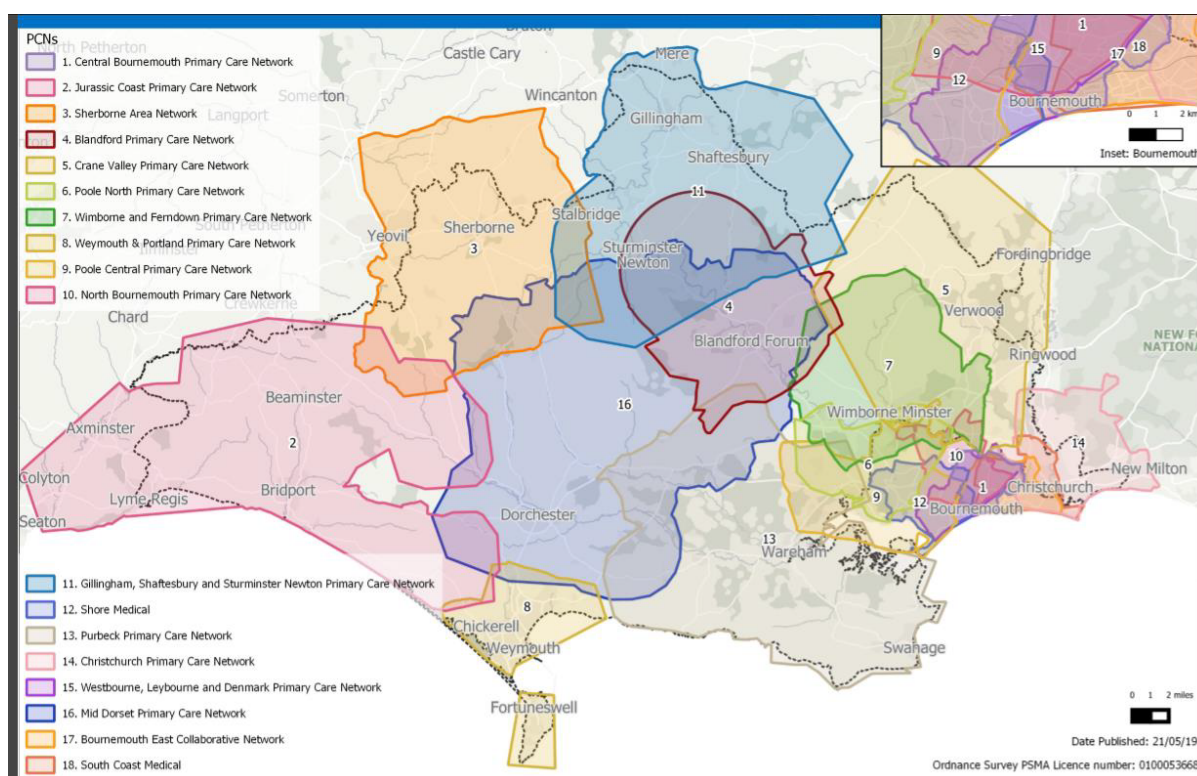
- 2.1 [‘Our Dorset’](#), the local STP published in 2016, set out five key strands of work including Prevention at Scale to support the NHS and local Councils in working together to address three gaps:
- Health and wellbeing gap
 - Care and quality gap
 - Finance and affordability gap
- 2.2 The [Joint Health and Wellbeing Board Strategy](#), adopted in August 2016, outlines three key priorities for the Board (starting, living and ageing well). Developing the STP

and the JHWS at the same time meant close alignment on prevention at scale, and the Health and Wellbeing Board oversees local delivery of this portfolio.

- 2.3 The Board receives regular [updates](#) on the STP and progress with prevention at scale plans. At each meeting the Board also has the opportunity for a more in-depth discussion. At the March meeting this focused on work on activity in all the localities and what is being done to support staff health and wellbeing.

3. ICS/STP HIGHLIGHTS

- 3.1 NHSE stage 2 assurance of the Dorset ICS dementia services review is now complete.
- 3.2 Primary Care Network (PCN) development and mobilisation is underway. 18 PCNs submitted registration documents to the CCG. The map below shows rough geographical alignment of the PCNs. The national PCN Directed Enhanced Service should go live on 1 July.



- 3.3 A short life task and finish group is exploring potential system collaboration to address the issue of key worker housing/accommodation for the health and care workforce.
- 3.4 Fifty registered nurse degree apprenticeships to start in September 2019 are being funded, supported through Leading and Working Differently. More than 200 applications were submitted, the process of selection is underway.

4. PREVENTION AT SCALE

High level progress

- 4.1 The new Primary Care Contract, PCN development and the CCG Clinical Commissioning Local Improvement Planning (CCLIP) service bring new opportunities to connect the Integrated Community and Primary Care Services (ICPC) and

Prevention at Scale work together. Locality link workers are supporting developing PCNs with their plans.

- 4.2 With the two new councils established and members elected, new opportunities will arise to embed prevention within the transformation work. We have begun initial conversations through the Dorset Council change board.

Starting Well

- 4.3 14 Mental Health First Aid (MHFA) school-facing 2-day courses have been delivered in Dorset with the last course being held in April 2019. Over the 14 courses, 196 delegates have been trained as mental health first aiders with 50 of these being non-target workforce groups (e.g. teacher, teaching assistant, ELSA, school-based staff). One month follow up evaluation reviews have been collated, with 29 responses. From the survey, 100% agreed that their knowledge of young people's mental health issues had increased, 93% had identified situations where MHFA knowledge could be applied to support young people, and 100% felt confident to have conversations about mental health issues with colleagues and young people.
- 4.4 All schools with successful bids for The Whole School Approach (WSA) project have now received the funding. External consultancy for evaluation has been awarded to two organisations, and the evaluation will be split into two elements with each consultant managing one of each:
- Plymouth University – capacity building (knowledge, understanding, and skill developing) for school staff leading on WSA
 - UxClinician – process evaluation with stakeholders and partners involved with design and development of WSA learning to share.
- 4.5 A Young People counselling task and finish group has been set up to complete a school-based counselling service review and service development. The group has requested an audit with all schools and schools will be provided with an online survey to include an audit of the current counselling provision, needs analysis of potential provision required and interest in developing frameworks for schools to use. The survey is currently being agreed by the group and is expected to be disseminated in schools in early September 2019.
- 4.6 NHS England are leading a piece of work on variation in childhood immunisation rates, with a particular focus on working with GP surgeries on improving uptake of the second dose of Measles, Mumps and Rubella vaccine (MMR2).
- 4.7 A meeting has taken place with local authority leads for Children's Centres and Family Partnership Zone to explore training requirements for staff to increase opportunities to have meaningful conversations with mothers and families in these settings around the public health agenda. The initial focus will be on smoking cessation but may be expanded.
- 4.8 A Phase 2 and 3 Expression of Interest has been submitted to the Dorset Children and Young People Emotional Wellbeing network group (THRIVE) to develop mental health teams for schools. The pilot areas are to be North Dorset and Weymouth and Portland.

Living Well

- 4.9 LiveWell Dorset was brought in-house in 2018/19 to be directly managed and delivered by Public Health Dorset. A record high 6,600 people used the LiveWell service during the last year, bringing the total of number supported to more than 25,000. There are positive rates of engagement in the areas of highest need with 27% of service users living in the 20% most deprived communities. Last year saw the full launch of the new digital LiveWell offer and with 8,000 website visits and 500 registrations per month.. Outcome data suggests the service remains effective. Of those people who report outcomes at 12 months, most sustain positive changes in their target behaviour of smoking (42% quit), weight (57% maintain 5% weight loss), physical activity (67% more active) and alcohol (70% drinking less). The service has recently published the service plan for 2019/20 which can be requested or downloaded as a [pdf document](#) on the Public Health Dorset website.
- 4.10 A mental health first aid instructor training programme was commissioned in Dorset offering eleven places to the health, social care and voluntary sectors. There are new instructors within Dorset Council (one), LiveWell Dorset (one), Dorset County Hospital (two), Dorset Healthcare (two) and Dorset wildlife Trust (one). The trainers have been pairing up to deliver two mental health first aider courses to the workforce which will enable them to become fully accredited trainers within our system.
- 4.11 Dorset County Hospital have embraced the offer of “insights” workshops, to date over 100 staff from 9 different teams have fed in their thoughts about wellbeing within the organisation. These findings have been captured in a themed wellbeing report for the hospital. These workshops have received positive feedback from the participants as well as the OD and wellbeing leads.
- 4.12 Workforce wellbeing meetings have been held between the new Dorset Council senior leadership team and Interim Director of Public Health and Public Health consultant for workforce development.
- 4.13 A Dorset Council Wellbeing group has been set up to develop a physical health offer for Dorset Council staff; this is exploring provision of a “health check” offer, better supporting muscular skeletal health and increasing physical activity in the pre-retirement population. The Dorset Council Wellbeing group is also working on an employee’s wellbeing strategy for Dorset Council.

Ageing Well

- 4.14 The cohort of GP practices who completed the Collaborative Practice Leadership Programme in 2018/19, have all recruited and trained their Practice Health Champions equating to 236 individuals across Dorset. The average recruitment to uptake response rate for Dorset was 3.5% with 77,896 text invitations sent to practice populations in the last 12 months. Non-clinical offers of support and activities such as art and craft therapy sessions, carers support groups and choir are becoming embedded in the practices. Many practice champions are also producing local directories, developing their own social “prescriptions”, helping with flu clinics and suggesting and implementing changes to waiting areas.
- 4.15 A second Collaborative Practice Leadership Programme has started with 9 new practices represented, including a group that will be looking to work as a network in growing the champion work, and a newly formed federated group of practices, providing an opportunity to develop and test the ‘at scale’ approach to the process.

- 4.16 Public Health Dorset have submitted an application for the Collaborative Practice project to the RSPH Health and Wellbeing Awards 2019, for the Community Health Development Category, and are due to be advised of the outcome by the end of June 2019.
- 4.17 Living Well Taking Control have had over 2,300 referrals from across Dorset with more than 1,650 people taking a place on one of their programmes. Six-month reviews have been completed in Weymouth & Portland and Bridport – retention rate is still over 80% at 6-months and the majority of participants have lost weight and had a fall in their HbA1c. Some areas had a slower start, with letters to patients known to have an eligible HbA1c going out over a longer period of time, but all areas have now had some referrals. Where a large number of patients responded to the initial letters we are still seeing continued referrals as further eligible patients are identified opportunistically, or doctors discuss the programme with patients. Most participants are over 65, which may explain why evening sessions have not been popular. The provider is working closely with LiveWell Dorset and Active Dorset, linking with the Active Ageing programme, and together there is further work to understand how to attract and retain younger people to the programme. The programme is funded nationally; the current Dorset contract runs to March 2020, and in June we will start discussion with NHSE about how the local system is involved in reprocurement beyond that.
- 4.18 A task and finish group has now been established to reduce smoking through better co-ordination of actions across the various healthcare providers in the system. The group, which has representatives from all the main NHS provider trusts as well as key services like LiveWell Dorset, wants to improve the offer of support for smokers regardless of what part of the NHS they are engaged with. There is acknowledgement that this will require cultural as well as organisational changes, with all staff becoming more consistent in raising the issue of smoking with patients together with the offer of timely and effective support (including the co-ordinated provision of nicotine replacement therapy and other relevant medication). Most NHS Trusts are making progress in their own right, but as patients move between various services, for example, from hospitals to community-based services and/or primary care, there is a real chance that support becomes disjointed, reducing their likelihood of quitting. The group is still at an early stage but will meet again in June to firm up plans to make a real difference.
- 4.19 The Active Ageing programme has seen inactive clients registering with LiveWell Dorset per quarter increased by 100% since December 2018 and inactive clients registering with LiveWell Dorset and then ‘activating’ the physical activity pathway per quarter by 100% since December 2018.
- 4.20 Three Picnic in the Park events have been delivered in collaboration with key partners (Stepping into Nature, Natural Choices and locality organisations) in Weymouth, Swanage and Dorchester. The events promoted being active outdoors to boost wellbeing. Across the three events over 1,500 people attended. Four more events are planned across the county in August/September 2019.
- 4.21 Active Ageing is working with Dorset Council on the following areas, and there are plans to replicate this work with BCP Council:
- Working with Occupational Health Team to include physical activity support/information for staff experiencing MSK or stress related sickness

- Working with learning and development team to include physical activity and wellbeing in pre-retirement programmes for staff
 - Contributing to development of Dorset Council Wellbeing Strategy
- 4.22 There is a communications plan to promote a national Physical Activity and Long-Term Health Condition campaign in September, to both primary and secondary care services. Aim to raise awareness, debunk myths regarding exercise and long-term conditions and increase signposting to physical activity and behaviour change support services in Dorset.
- 4.23 Clinical Pathway system changes have been scoped across six key long-term conditions; MSK, Cancer, Cardiology, Stroke, Diabetes, Pre-Diabetes. The changes are being implemented. Also exploring possibilities to include an assessment of physical activity levels when creating a care plan for patients with a Long-Term Health Condition.
- 4.24 Working with One Acute Network leads to ensure opportunities to embed physical activity when developing one acute pathways for specialities, including pre-op assessments.
- 4.25 Working with elective care board and elective care transformation manager to explore and agree system changes to embed physical activity.
- 4.26 There are plans to train social prescribing link workers in 'Encouraging Physical Activity'.

Healthy Places

- 4.27 Healthy Homes has delivered advice to over 1,500 clients and installed improved heating or insulation in over 300 Dorset residents' homes since starting in 2017. Recent more in-depth work with the Adams Practice, targeting residents on the frailty register has resulted in over 50 patients receiving advice, insulation and heating improvements, increased income through identification of unclaimed benefits and fuel allowances, and referrals to other agencies including DWFRS.
- 4.28 The current project phase of Healthy Homes, funded by Public Health Dorset, will finish in March 2020. Options for the future of the programme, which features in the Sustainability and Transformation Plan (STP), are being considered. Funding has not yet been secured for any continuation or extension of the programme, but it is being considered for inclusion in the recommissioning of the Dorset Council Pathways to Independence workstream, with which it has a very good strategic fit.
- 4.29 The results of an analysis of population access to greenspace has been published: <https://www.publichealthdorset.org.uk/greenspaces> This provides a tool for identifying opportunities for enhancing access to greenspaces for communities who face barriers in access. The results have highlighted the importance of the public rights of way network in rural areas of Dorset for enabling contact with greenspace in areas where formal public spaces do not exist.
- 4.30 We are working with green space teams to identify priority projects for greenspace access enhancements in 2019/20. We are focusing on areas where accessibility analysis indicates physical accessibility is lower and enabling greenspace access offers an opportunity to support population health and wellbeing.

Appendix 1 – Prevention at Scale activities in localities

Local areas are a key setting where partners come together from local government, from local communities and neighbourhoods, and from health and care services to deliver integration and better health on the ground for local people.

There are challenges in how we work in local areas because of:

- potential changes within local government as part of Local Government Reform,
- transformation in how GP services and other health and care services work together as networks in localities,
- different geographical boundaries for different teams, and
- the balance between taking a standard approach across all localities and taking account of where different areas are in terms of development and in levels of need.

The section below brings together information from colleagues across the system to highlight the broad range of activities within each locality, with a particular emphasis on how they are responding to increasing the reach of prevention within their population, spreading good practice or responding differently where there are specific local issues, to increase the impact that we are already having. It is not an exhaustive list of prevention within localities.

Please use the links below to jump to a specific locality:

- [East Dorset](#)
- [Mid Dorset](#)
- [North Dorset](#)
- [Purbeck](#)
- [West Dorset](#)
- [Weymouth and Portland](#)

East Dorset

Dorset Council Health and Wellbeing Officer and East Dorset Locality Link worker are working to support the two local Primary Care Networks (Ferndown & Wimborne and Crane Valley) to develop a wider locality partnership as set out in the Clinical Commissioning Local Improvement Plan (CCLIP). They will be working with the networks to consult on priorities for Prevention at Scale and Chronic Health Conditions. The well-established East Dorset Health & Wellbeing Locality Group provides an excellent opportunity to support the new PCNs with development of widest possible community collaboration, which is cited by the NAPC as one of the conditions of the most successful PCNs nationally. The East Dorset Health and Wellbeing Locality Group is looking forward to welcoming and embedding the new roles of PCN Social Prescribing Link Workers to the locality in July.

The Ferndown Community Connectors pilot was launched in Ferndown last year and it has been highly commended in the mayor's Volunteer Awards. On top of that, the connectors were also nominated for the East Dorset Town Council's community awards in the Best Community Project, category. They are working with the Altogether Better Practice Champions at West Moors and Pennys Hill (see below) to make sure that any befriending and buddying services work to add value to each other.

Based at the new Moors Valley Golf and Activity Centre, the team have been working hard behind the scenes creating the new 2019 Activate programme for East Dorset – helping local communities get active through a wide range of entry level outdoor activities. This programme can be found at the following link: www.moors-valley.co.uk under the Healthy Activities heading on the right-hand side. There are many opportunities for complete beginners to the more experienced, including: Walking for Health, Nordic walking, Wellness

Walking, Running (including Couch to 5k), Cycling, Park Yoga, Mindfulness in Nature, Buggy Workouts, Orienteering, Canoeing, Kayaking, Active 4 Health Lifestyle Hub and Conservation groups and more. They are also active members of the ED H&WLG sub group Physical Activity Focus group.

The local Primary Care Networks (PCNs) are identifying two projects to focus on in their first year which will support quality improvements in a long-term conditions and support prevention at scale, including considering Physical Activity Clinical Champion Training. The East Dorset Health and Wellbeing Locality Group is providing support to the new PCNs and is planning public engagement events in September of this year.

West Moors and Penny's Hill Surgery Practice Champions have quickly established a broad range of services which support work of the practice and the community. These include (not all are provided at each surgery but services appropriate to their locality):

- Befriending and buddying services and have begun to have joint meetings with the Ferndown Connectors to make sure the two services add value to each other.
- The Legability Club (Leg Ulcer Club based on the successful Lindsay Leg Club Foundation) runs every week and has successfully attracted funding from local sources to get going. It has local volunteers who manage the social side of the club and transport to it where appropriate and staff from the West Moors Surgery provide the care.
- Transport service for patients.
- Dog walking and temporary homing for those who have to go into hospital or are unable to walk their dog for health reasons.
- Walking Group operating weekly with a Practice champion having trained as a walk leader.
- Singing Group meeting twice a month.
- Meet and greet sessions at the surgery.
- Administrative support to the surgery when appropriate.
- Digital Support Service to help people to access the surgery and prescribing through the internet.

Training has been identified for the Champions including 5 Ways to Wellbeing, Having Healthy Conversations, Safeguarding and Professional Boundaries, provided by Live Well Dorset and Bournemouth YMCA which will support the confidence and enjoyment of both the volunteers and the patients. The progression is now to support new volunteer recruitment and to ensure the Champions are established into the development of PCN's.

East Dorset Health & Wellbeing Officer, East Dorset Public Health Link Worker and East Dorset Family Partnership Zone lead have worked together to produce an introductory session on how awareness of Adverse Childhood Experiences (ACEs) can inform our work to support prevention at scale and reducing the health and wellbeing gap. Plans are to pilot this session across the Dorset H&W Locality Groups after sign-off from CYP Emotional Health and Wellbeing Network.

The Wessex Cancer Alliance Communities Against Cancer funding programme is in place to fund community projects which support communities to improve their health and reduce their cancer risk by:

- Increasing awareness of the signs and symptoms of cancer
- Encouraging people to get cancer screening
- Encouraging people to seek help at an early stage

- Helping people to prevent cancer by living more healthily, especially in more vulnerable and isolated communities.

One bid has been made by Pramalife for Poole Bournemouth and communities of East Dorset. Outcome yet to be published.

Isolation and loneliness is a recognised issue by the communities and the GP Surgeries, who often identify people with non-medical needs. As a result of this the Practice Champions wanted to develop Befriending and Buddying services from day one. The East Dorset Locality Link Worker discussed this community need within local networks and Practice Champion meetings and the outcome of this collaborative work is that Colton Care homes have offered to let the Practice Champions link and use the facilities of their homes (including the activities) free should patients be identified by the Champions and the Practice, who would benefit from this more sheltered approach to building support networks. Links with Brookview in West Moors and Amberwood House in Ferndown has been initiated.

Dorset and Wiltshire Fire Service Safe & Well (S&W) Team are offering monthly themed drop-in sessions in East Dorset GP practices to promote their service and strengthen relationships with primary care colleagues. This is a direct result of the ED H&WLG's task and finish group which worked on 'Social Isolation and Loneliness'. The S&W lead for Dorset, Sarah Moore, has confirmed that a number of high-risk referrals have resulted from co-location within Westmoors Practice which would otherwise not have come to the fire service's attention. Sarah is keen for other surgeries across Dorset to get involved – please contact her for more information sarah.moore@dwfire.org.uk

Mid Dorset

The Locality Partnership Board is well established and has a good representation of stake holders attending. The meeting provides a useful platform for communicating, informing, networking to improve the health outcomes for people in Mid Dorset forward. For example, we have had Family Partnership Zone present providing valuable links for GP's to support families with complex needs.

The Primary Care Network (PCN) ([Watch this video link to find out more](#)) in Mid Dorset has been established and comprises of all 8 GP surgeries (5 town based and 3 rural). The recent PLT was used to discuss the health conditions the PCN would concentrate on over the next year, relevant to the population of Mid Dorset. The planned long-term condition being focussed on is diabetes and the prevention at scale focus is overweight and obese children, linking with the schools; this also potentially impacts on mental health.

There is an increased focus on social prescribing in the locality and the PCN have decided to use the money allocated for this and add it to the person hours they have been given from Help & Care. In addition to this there has been a discussion that the next PLT (Protected Learning Time) is used to run training on motivational interviewing and healthy conversations to boost the effectiveness of this work.

A Mid Dorset Health & Wellbeing Newsletter was requested from members at the Locality Partnership Board as a way of communicating and networking. The first copy went out in May (please contact naomi.mason@dorsetcouncil.gov.uk for a copy). It was sent out as an email format. Feedback from the first newsletter was very positive. It is planned to be quarterly.

Picnic in the Park, a Health and Wellbeing event, was held in Borough Gardens on the 18th May 2019. The aims were to raise the profile of nature-based activities and their positive

impact on physical and mental health. To bring the community together and allow families/carers/local residents to find out more about wellbeing initiatives in their local greenspace. To allow those delivering projects and activities to network and possibly initiate joint future working. It was run in partnership with Stepping into Nature, Dorset Council, Mid Dorset CCG, Dorchester Town Council, Live Well Dorset, Natural Choices and Active Dorset. The event was very successful with over 1000 people attending. LiveWell Dorset carried out 70 MOT checks and health professionals carried out several Health Checks.

A public health presentation was given to the head teachers in Mid Dorset (through DASP) to encourage networking with public health. Schools are keen to work with the GP's to establish ways to improve the health outcomes of children particularly around obesity. Continuing to increase awareness of KOOTH, Chathealth, Daily Mile in school settings. Whole School Approach funding; 9 schools in Mid Dorset applied with 7 being successful and securing £38K between them as part of the Whole Schools Approach funding.

Continuing to connect LiveWell Dorset. Some exciting connections for running training for many of the teaching staff in Mid Dorset schools to support their health and wellbeing.

ICPCS Frailty: There are two funding streams for this work: enhanced service frailty funds and ICPCS. The enhanced service has a small uplift of funding for 19/20. No GP appointment has been made yet. ICPCS funding has been used to appoint the current staff so frailty funding will need to be used as new posts are filled. The band 3 post is to be filled shortly. The pharmacist is in post and is starting to do work. Diabetes: Appointed a band 5 dietician who's is being trained to a band 6. Monthly MDTs with Dr Gafar are starting to take place with the H&SC co-ordinator inviting practices. WISDOM is being funded. Respiratory: First MDT held recently.

North Dorset

A new Physical Activity pathway has been created with input from Active Dorset and LiveWell Dorset. This is now in use on a 6-month trial and accessed by referring clinicians as Systmone community templates to the pathway pdf, self-populating referral form and LWD contact my patient form. A North Dorset Protected Learning Time (PLT) session was held to deliver training on the new pathway and ongoing visits are being made to partners meetings to remind them of the new process. Exercise on Referral (EOR) providers, GPs and AHPs met last week at the first of a bi-annual network event for Physical Activity information sharing and learning. LiveWell Dorset are collating data over the 6-month trial to feedback to referrers before a decision is made re pan-Dorset pathway adoption.

The carer support accreditation scheme is now moving into the implementation phase with 3 x PLTs held in May at 3 locations simultaneously to share the criteria for practices to achieve the different levels of carer support. Most practices are already working at least to bronze level but many have aspirations to achieve silver, gold or platinum status. The project steering group is supporting practices in this aim with awards planned for the end of September once progress has been verified in each location. Criteria covers helping carers access dental and health checks, have a benefits and financial check, provision of access to respite, access to other carers and social opportunities, appointing a carers lead at each practice, developing a carers practice network in North Dorset and promoting care support in an effort to find the 'hidden' carers who do not see themselves as being in this role.

Local health workers attended a one-off event to understand how universal credit works and to ensure active signposting. Feedback of the event was positive.

The Whitecliff and Eagle Practices' Collaborative Practice programme continues to gather momentum with new groups set up by champions weekly and advertised on the Blandford Facebook page, most recently a diabetic cycling group. Medication delivery options are still being explored. The success of Collaborative Practice in Blandford has encouraged all the other 8 practices in North Dorset to sign up for the second tranche of the programme so North Dorset will become the first locality with every practice part of the programme.

The locality focus on frailty as part of the Population Health Management 20-week programme is ongoing and is supported by Optum. The project is nearing the end of the 20 weeks. Initial scepticism has been overcome and clinicians seem very enthusiastic about the insights they can draw from their local Primary Care data. Most of the findings support what they already knew but the stratification and segmentation of the data provides the means to identify specific population cohorts where prevention interventions should be targeted and applied.

The locality is exploring the possibility of adding 5 Ways to Wellbeing prompts to the planned North Dorset railway information boards with Scott Norman and Rotary club funding, to raise awareness of mental health and connecting with nature and other railway users.

North Dorset is breaking into three Primary Care Networks (PCNs) but will be retaining a locality meeting to share good practice and learning.

PPG Chairs have conducted an access to PC services audit across the locality and the plan is to use this information to support sustainable travel options.

North Dorset are showing red on childhood immunisations in some practices. A locality immunisations training event is being planned for the autumn, delivered by Public Health England, to address this.

Purbeck

The Purbeck Pledge 2019 was promoted in May and launched at the Picnic in the Park event at Durlston Country Park. The aim of the pledge was that residents would promise (pledge) to either get outdoors and give their wellbeing a boost, or ideally both. The Purbeck Pledge 2019 website is online and is part of the LiveWell Dorset service offer. Pledge trees have also been put up at Durlston, Arne and the National Trust locations. The Purbeck Pledge 2019 was promoted in tandem with Naturally Healthy Month to maximise reach with considerable social media and press communication, and a live BBC Radio Solent Interview to promote the Purbeck Pledge, Naturally Healthy Month & the Picnic in the Park events. Events listed on the Natural Choices website. The Purbeck Pledge 2019 evaluation is underway.

As part of the pledge, we worked with local nature partners to build on the work of Beat the Street and come up with fun ways for to get people out and active, with a particular focus on those who are not currently active.

The locality has liaised with the Young Researchers Forum to understand their work on emotional and mental health of young people and how they might help inspire young people in Purbeck to help co-produce ideas for encouraging young people outdoors and looking after their wellbeing.

Linked Family Partnership Zone with the National Trust to explore their offer to support targeted work with young people experiencing emotional health problems with activities such

as kayaking/surfing/survival skills etc. as well as volunteering/apprenticeship opportunities in nature.

Purbeck National Trust buildings (Discovery Centre at Studland; Visitor Centre at Corfe Castle) also offered for use by services in relation to health and wellbeing.

The locality has supported a successful bid by the RSPB Hyde's Heath, Arne, to the Heritage Lottery Fund. RSPB Hyde's Heath Health and Wellbeing Project Officer started in May.

West Dorset

The West Dorset Health and Wellbeing Locality Group has been paused as the newly established Jurassic Coast Primary Care Network (PCN) scopes the role of including emotion and mental health and wellbeing within the group.

It has been provisionally proposed and is likely that the second hour of the Jurassic Coast PCN will take on the role of hosting the Health and Wellbeing locality group aspects. This second hour includes GP and Practice Manager staff, Council representation, Public Health, and Dorset Healthcare as an initial core group. The membership and/or attendance is to be reviewed depending on the standing and changing agenda items as the PCN grows and discussions move.

Due to the above changes, the discussions on 16-18-year olds with emotional and mental health wellbeing needs, NEETS and home-schooled groups have been paused. It is still intended that smaller working groups action the following, but a timeframe or group membership has not yet been identified:

- To explore prevention and sustainability: (1) Working with West Dorset schools and GPs in promoting Face Forward and RONI, alongside the school engagement work by ASPIRE (2) Community transport services for young people, in the West Dorset locality (as a pilot)
- Additional joint working: (3) Explore revisiting promotion of signposting material, with support from the Public Health Dorset comms campaign, for services in West Dorset for young people produced by CAMHs teams to young people, GPs, schools, FPZ and other professional groups in the West Dorset locality.

The PCN have potentially identified diabetes management as a LTC priority and pre-diabetes and lifestyle education as a prevention at scale priority.

Social prescribing is a key focus and managing the relationships between the Help and Care Health Coaches and Link Workers, with the Altogether Better collaborative practice Health Champion roles is important to West Dorset. The priority is making referral and coordination between the two services as smooth as possible for both professionals and the general population.

Bridport Medical Centre, Lyme Bay Medical Practice, Lyme Regis Medical Centre and Barton House (Beaminster) are now all engaged with Altogether Better. Maiden Newton is also keen learn from the Altogether Better model in the future.

Weymouth and Portland

Working with the GP Locality Partnership Board as it develops as a Primary Care Network (PCN).

There is a GP locality focus on Chronic Obstructive Pulmonary Disease (COPD) as part of the Population Health Management programme.

The GP locality are also looking at improving performance and effectiveness of Learning Disabilities Health Checks.

Following the Safe Sleep project, which provided a bed for the homeless in the winter months, the GPs are looking at how they can support joint working around those who are homeless.

Wyke Regis Surgery have become a collaborative practice and have recruited 15 practice champion volunteers supporting the practice.

The Health Visiting Carbon Monoxide 3-month pilot to support smoking cessation connected with Better Births has completed. Initial results from the pilot are showing positive signs with 69% of those who gave up smoking in pregnancy staying quit.

The locality is developing a joined- up approach around school absence lead by the Family Partnership Zone but linking with GP's for a cohort of pupils in a pilot project. The pilot will commence in September for the Autumn term.

The locality is developing a resource of local services/groups and opportunities to support mental for adults and children and is also supporting the Weymouth College peer mentoring programme.

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Date of Meeting: 26 June 2019

Lead Member: Andrew Parry – Lead Member

Lead Officer: Sarah Parker – Executive Director People - Children

Executive Summary:

This report provides a summary of key findings and recommendations of the work of the Dorset Young Researchers that are relevant to the work of the health and wellbeing for consideration by the board. The topics of the research were health and happiness; life skills; social isolation, volunteering and aspirations; mental health and wellbeing and healthy relationships.

Over the last four years young people have consistently identified the emotional wellbeing and mental health as one of their biggest priorities, with concerns about the level of worry and in particular managing exam pressure, homework and preparing for the future. Young people identified the links between getting enough sleep and physical activity with maintaining good emotional health. They also identified a lack of confidence as an issue that might prevent them from being able to do the things they want to do. They recommended promoting positive ways to stay mentally well; friendly and approachable adults in schools; specialist mental health services in schools; support for parents/carers to support them and adequate resources for mental health support. They also recommended creating and sharing more opportunities for volunteering; sport and outdoor activities.

Equalities Impact Assessment: N/A

Budget: N/A

Risk Assessment:

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

Other Implications: N/A










Recommendation:






<ol style="list-style-type: none">1. Members of the board consider the findings and recommendations of the Dorset Young Researchers and use these to inform the work of the board2. Members of the board consider their role in responding to the recommendations identified in the report
<p>Reason for Recommendation:</p> <ol style="list-style-type: none">1. Responding to the health and wellbeing needs of children and young people is essential for delivering prevention at scale successfully2. Listening to and involving young people in service design and delivery leads to better quality services and better outcomes for children and families
<p>Appendices: N/A</p>
<p>Background Papers: None</p>
<p>Officer Contact: Name: Claire Shiels Tel: 01305 224682 Email: claire.shiels@dorsetcouncil.gov.uk</p>

1. Introduction












- 1.1. Dorset County Council Children's Services has been commissioning participation work for a number of years, including the Dorset Young Researchers project. Young people are recruited from schools and colleges and trained in research skills. They are then supported to carry out and present research (qualitative and quantitative) that helps shape service development.
- 1.2. The Young Researchers project is a partnership project between Children's Services and the voluntary and community sector. It was developed with Action for Children and is now delivered by Participation People and is a key strand of the council's participation strategy.
- 1.3. This report provides an overview of the key findings and recommendations of this work for consideration by the board.
- 1.4. The full body of research can be found online at:
<http://www.dorsetyoungresearchers.com/>

2. Headline Results and recommendations: Health and Happiness – 2015/16














Headline results	
	1, 675 young people aged 11 to 16 years took part
	8% stated that they had a mental health condition
	Young people were generally positive about themselves (72%) and felt that life was full of opportunities (88%)
	However, over 50% spent a lot of time worrying about things and 1/3 felt under constant pressure: worry and pressure increased as young people get older and confidence and positivity decreased
	40% of young people said they were not getting enough sleep. Those that were getting enough sleep were happier with life, didn't feel under as much pressure, were less worried and had more energy
	Young people who were more active felt more positive about themselves; worry less; feel under less pressure and have more energy
	The biggest sources of stress for children and young people were: assessment & exams (90%); homework (81%) and planning for the future (79%)
	A quarter of young people stated that they find it very hard to ask for help and 16% said that they had little or no support – this decreased by age
	Young people are most likely to seek help and support from parents/carers (75%); their friends (73%) and teachers (37%)

Recommendations	
	Information and awareness raising about ways to promote positive mental health
	Friendly, approachable and supportive adults available at school to talk to
	Dealing with prejudice programmes run to raise awareness of homophobia, disability discrimination & racism
	Opportunities to build confidence through clubs, activities and projects
	Adequate resources for young people's mental health services



3. Headline results and recommendations: Life Skills – 2016/17











Headline results	
	1,443 young people aged 13 to 19 years took part
	50% wanted more help dealing with stress 44% wanted more help and information in coping with mental health issues
	43% stated they wanted more help and information in getting better sleep
	Young people want specialist services in schools that focus on mental health (41%); problems at home (38%); dealing with stress (38%)
	Young people feel that the internet is a useful tool but does not replace the need to have supportive adults to talk to
	61 % of young people want to develop skills in basic first aid
Recommendations	
	Involve young people in designing and improving support to make sure solutions are relevant and useful
	Provide specialist services in schools
	Information and support available for parents/carers to help them support their young people
	Life skills should be taught in schools: particularly financial skills, first aid and politics
	Make more information and support available on emotional and mental health issues

4. Headline results and recommendations: Social Isolation, volunteering and aspirations – 2017/18

Headline results	
	2,738 young people aged 11 to 18 years took part
	40% stated they didn't know how to access support for their mental health
	Over half of young people (55%) felt that a lack of confidence might prevent them from achieving their career goals
	1/3 of young people do not feel included in their local community
	96% of young people reported that social media helps them to be more connected with their friends
	62% believe that social media can increase the amount of bullying
	Young people rely heavily on their parents/carers to get where they need to go and are less likely to use public transport (particularly those living in rural areas)
	50% of young people have volunteered but this is more difficult for those aged under 15 years and those living in rural areas
Recommendations	
	Increase opportunities for young people to increase their confidence
	Increase volunteering opportunities and communicate them
	GPs, NHS, Sexual Health Services, CAMHs and other health services should do more to promote their services to young people
	Mental Health awareness campaign in partnership with young people (social media, poster, self help wheels, posters)
	Increase opportunities for sport and outdoor activities

5. Headline results and recommendations: Mental Health, Emotional Wellness and Healthy Relationships – 2018/19

Headline results	
	5,333 young people aged 11 to 18 years took part
	Young people look after their mental health and wellbeing in a range of ways. The most popular were by hanging out with friends (64%); listening to music (64%); chilling out alone (55%) and through hobbies and activities (55%)

	Friends and family were identified as the biggest thing that shapes mental health or emotional wellness – good or bad (70%) and this is the place that where young people go to get emotional support when they are stressed
	Homework and exams are the biggest stress points for young people, followed by bereavement or long-term family illnesses
	There is a lack of places to go and people to see for emotional support and to help build resilience
	Personal Social Health Education isn't working for young people – although information on sexual health has improved there is still room for improvement on healthy relationships, consent, sexuality and use of technology
	60% of young people said they were happy on the day they were surveyed and 64% said they felt satisfied
	38% said they felt stressed on the day they completed the survey
	Young people are most likely to look for trust, honesty and a good friend in a romantic relationship. About 60% felt they could talk to one of their friends if they were in an unhealthy relationship
Recommendations/Calls to action	
	Increase access to community spaces for young people and involve them in planning design
	More information, advice and guidance on bereavement and long-term illness; provide clarity over the role of school nurses; better promotion of CHAT health and Kooth; healthy eating and food preparation (particularly for older young people)
	Co-produce PSHE resources with children and young people to make them relevant
A short video of these findings can be found online: https://vimeo.com/332296524	

6. Recommendation:

- 6.1. Members of the board are asked to consider the findings and recommendations of the Dorset Young Researchers and use these to inform the work of the board
- 6.2. Members of the board consider their role in responding to the recommendations identified in the research reports.

Dorset Health & Wellbeing Board

Month	Agenda Items to consider	Presentation lead	Internal PHD Briefing Contact/Notes
March	Sustainability Transformation Plans (STP) with a focus on Prevention at Scale and follow up from the thematic session on Ageing Well	Jane Horne	
	Better Care Fund	Tony Meadows	Cllr Knox would like report to focus
	Adult Safeguarding Report	Barrie Crook	
	Thematic session - Living Well		

Month	Agenda Items to consider	Presentation lead	Internal PHD Briefing Contact/Notes
September	Sustainability Transformation Plans (STP) with a focus on Prevention at Scale and follow up from the thematic session on Starting Well	Jane Horne	
	Better Care Fund	Mathew Kendall	
	Follow up STP and Health and Wellbeing Strategy Refresh	Jane Horne	
	Service planning for veterans and the delivery of the armed forces covenant	Dorset Healthcare	
	Thematic session -		

Month	Agenda Items to consider	Presentation lead	Internal PHD Briefing Contact/Notes
November	Sustainability Transformation Plans (STP) with a focus on Prevention at Scale and follow up from the thematic session on Starting Well	Jane Horne	
	Better Care Fund	Mathew Kendall	
	Thematic Session -		

Month	Agenda Items to consider	Presentation lead	Internal PHD Briefing Contact/Notes
March	Sustainability Transformation Plans (STP) with a focus on Prevention at Scale and follow up from the thematic session on Starting Well	Jane Horne	
	Better Care Fund	Mathew Kendall	
	Thematic Session -		

HWB	Month	Theme	Agenda Items	Presentation lead	Internal PHD Briefing Contact	Key Questions
B&P	Mar 27th	NA	Business Item – BCF	Miriam Maddison		
			Business Item – ToR Review & Election			
			Delivering the Health and Wellbeing Strategy	Rachel Partridge & Kate Harvey		
			Sustainability and Transformation Plan, and PaS update	Jane Horne		
			Future Role and Working of the Health and Wellbeing Board	Sam Crowe / Jan Thurgood		
Other Comments:						