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HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 30 MARCH 2022

Present: Cllrs Rebecca Knox (Chairman), Forbes Watson (Vice-Chairman), Sam Crowe, Marc House, Spencer Flower, Tim Goodson, Margaret Guy, Martin Longley, Patricia Miller, John Sellgren, Peter Wharf and Simon Wraw

Apologies: Cllrs Vivienne Broadhurst, Scott Chilton, Nicholas Johnson and Theresa Leavy

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

Kirsty Hillier (Public Health Communications Manager), Paul Iggulden (Public Health Consultant), Rosie Sharpe (Business Support Officer), Jane Horne (Consultant in Public Health), Lesley Hutchinson (Corporate Director for Adults Commissioning), Kate Calvert (Deputy Director Primary and Community Care), Rupert T Lloyd (Programme Co-ordinator, Public Health), John Miles (Democratic Services Officer Apprentice) and George Dare (Senior Democratic Services Officer)

49. Apologies

Apologies for absence were received from Vivienne Broadhurst, CC Scott Chilton, Nicholas Johnson, and Theresa Leavy.

50. Declarations of Interest

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

51. Public Participation

There was no public participation.

52. Councillor Questions

There were no questions from councillors.

53. Local Outbreak Management Plan

The Director of Public Health introduced the item, gave a presentation, and explained the current situation of Covid-19 in Dorset. The presentation is attached to these minutes. The requirement to self-isolate and free testing had ended. Free tests would remain for health workers and people in high-risk

areas. Locally, the Health Protection Board would cease and covid would be the responsibility of the Health Protection Network. The Local Outbreak Engagement Board was standing down but would return if the situation changed.

The Board discussed the item, and the following points were raised:

- There was a need for a negative test before someone was discharged from hospital to a care home.
- Hospitals would struggle because there are patients that have not been discharged and staff absences.
- The longer Covid goes on, the greater impact there is on delivering care.
- The current Covid wave was about disruption on services.
- There were no variants of concern circulating.
- Nationally, mortality due to non-covid was a far bigger issue than due to covid.

54. Pharmaceutical Needs Assessment

The Board received an update on the Pharmaceutical Needs Assessment. There was initial engagement with the public about community pharmacies. There were over 1,000 responses but there was not a full representative view due to the demographics that responded. A quarter of people were not using their closest pharmacy and younger people have a different way of using pharmacies. It was on track for a formal consultation in May and publication in October.

There were no questions from the board.

55. ICS Update and Discussion: ICP Strategy and Place-Based Partnerships

The Director of Public Health presented the plans for the development of the Integrated Care Partnership (ICP). The development stage would include a series of engagement exercises and the draft timetable for this stage was shared with the board. There would be an annual review process or workshop for the ICP strategy. The presentation is attached to these minutes.

The board discussed the update, and the following points were raised:

- The roles of the ICP, health scrutiny, and health and wellbeing board need to be identified.
- Further guidance on the roles would come after the local elections in May.
- The strategy should be about customers and giving quality care to service users.

The Executive Director of Place presented the update on place-based partnerships. A key part of this work was to think about the delivery process.

Following the update, members of the board raised:

- GP's would be interested in engaging with the partnership
- Using satisfaction of the NHS to measure success of the strategy.
- It was good to engage with special interest groups.
- It takes time to get the public involved in the decision-making process.

56. HWB Strategy Action Plan Stocktake and Next Steps

The Senior Health Programme Advisor gave a presentation on the Health and Wellbeing Board Strategy Action Plan Stocktake. The responses to the stocktake were outlined and all responses are attached to these minutes

The Board discussed the responses to the stocktake and the following points were raised:

- It stood out how much organisations were doing.
- The Board would welcome a development session for the Health & Wellbeing Board Strategy.
- There were a significant number of social care reforms coming forward which talk about health and wellbeing.

57. Anchor Institutions Update

The Senior Health Programme Advisor updated the board on initiating an Anchor Institution Network. He gave a presentation which is attached to these minutes.

The board discussed the update, and the following points were raised:

- 20% of a person's wellbeing was about health interventions, the rest was wider determinants.
- When the integrated care strategy was further developed, it would give an indication of what anchor principles could build upon.
- Money should be spent in the local area.
- There was an example of Anchor Institutions in Preston where the local economy was boosted by £75 million.
- Many groups could benefit from the information in the presentation.
- Procurement from local businesses which boosts employment.

58. Better Care Fund

The Deputy Director for Primary & Community Care introduced the item and gave a presentation which is attached to these minutes. The key links between the Better Care Fund purpose and the Health and Wellbeing Board Strategy were highlighted. There was an unprecedented level of demand in primary care. 91.5% of people were being discharged to their normal place of residence. The better Care Fund investment was making a difference to individual's lives.

In response to the presentation, the following points were raised:

- Priority work programmes for the Better Care Fund and what opportunities there were for supporting children and young people.
- Widening the Better Care Fund to provide more opportunities.
- Priorities may be different depending on where in Dorset you lived.

59. **Forward Plan**

The Chairman updated members on the Forward Plan. There were no questions on the Forward Plan.

60. **Urgent items**

There were no urgent items.

61. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 4.27 pm

Chairman

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Dorset Integrated Care System



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Integrated Care Partnership Strategy- Proposed Approach

Sam Crowe

Director of Public Health

30 March 2022

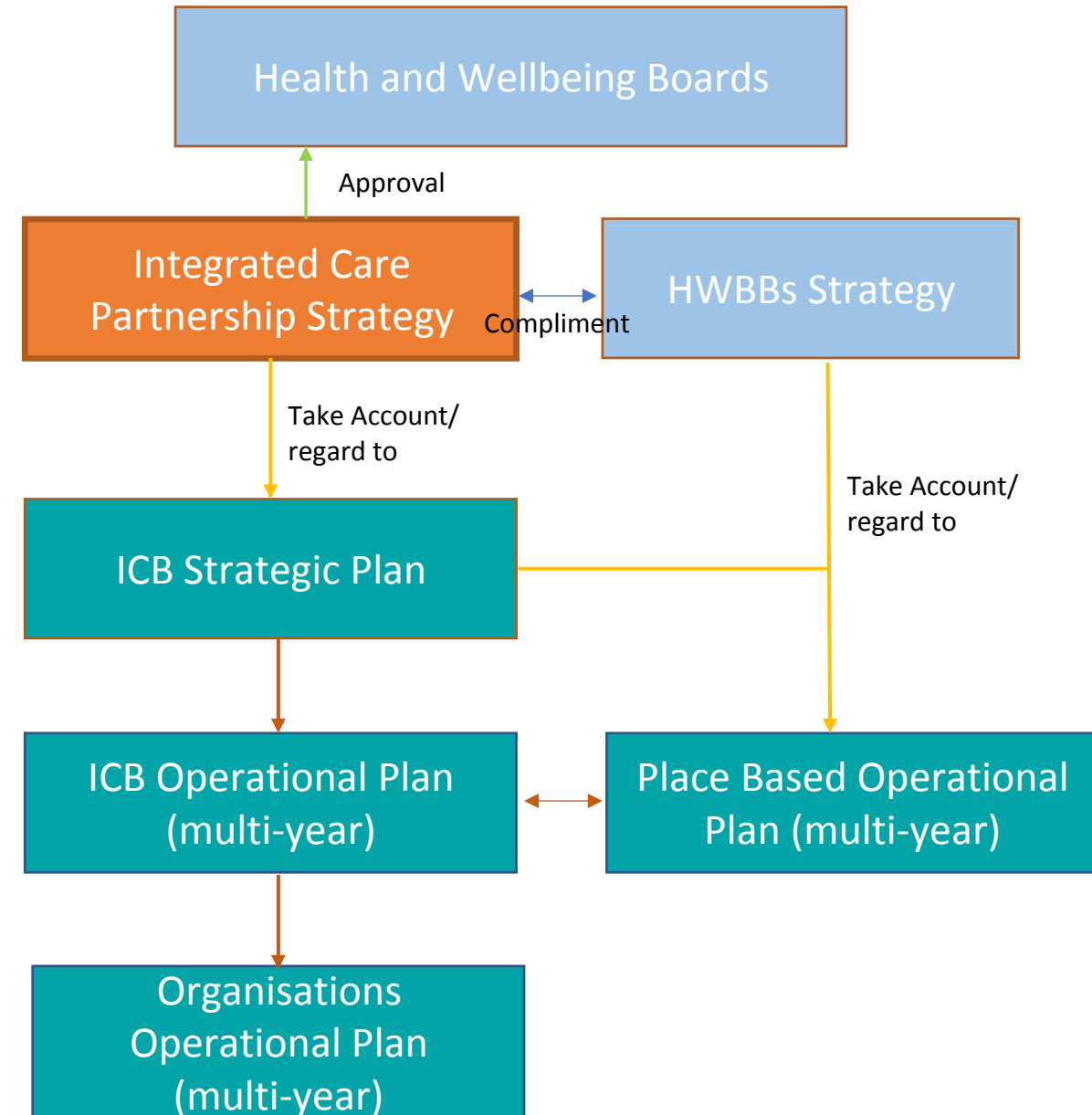
Minute Item 55

Purpose

- Overview of requirements
- Reminder of what we have in place
- Consideration and endorsement of the approach to developing the strategy
- Commitment from all partners to the ICP Strategy
- Questions/ agreement required:
 1. Do you agree with the 6 month timescale and approach?
 2. Do you agree with the design principles for development of the strategy?
 3. How does the ICP Strategy and H&WB Strategies join up?
 4. What are the 2- 3 questions we need to ask communities?

Health and Care Bill Strategy and Planning Requirements

- Integrated Care Partnership responsible for:
 - Developing and agreeing an **integrated care strategy** for improving health care, social care and public health across the whole population including wider determinants of health such as employment, environment, and housing issues
 - Sets out how the needs identified in the JSNA will be addressed (NHS and LA) complemented by the HWB
 - Demonstrate progress in reducing inequalities and improving outcomes
- ICS NHS Board responsible for:
 - developing a 5 year strategic plan for delivering the NHS contribution to the integrated care strategy
 - Capital plan
 - ICS Operational plan
- Organisations, provider collaboratives and place
 - Responsible for delivery of operational plans



- Addressing the broad health and social care needs of the population, including employment, environment, and housing issues, highlighting where coordination is needed on health and care issues such as:
 - helping people live more independent, healthier lives for longer
 - taking a holistic view of people's interactions with services across the system and the different pathways within it
 - addressing inequalities in health and wellbeing outcomes, experiences and access to health services
 - improving the wider social determinants that drive these inequalities, including employment, housing, education environment, and reducing offending
 - improving the life chances and health outcomes of babies, children and young people
 - improving people's overall wellbeing and preventing ill-health
- ICBs and LAs will be required by law to have regard to the ICP's strategy when making decisions, commissioning and delivering services

Consider:

- What do members feel the strategy should cover?
- Should it only cover the areas we can make a difference together?

What do we have in place

- System:
 - Sustainability and Transformation Plan
 - Long Term Plan
 - Joint Strategic Needs Assessment
 - Collaboration between HWBBs
- Dorset and BCP:
 - LA Corporate Plan
 - Health and Wellbeing Strategies
 - Joint Strategic Needs Assessment
- Organisational:
 - NHS Organisational strategies and annual plans
 - LA strategies

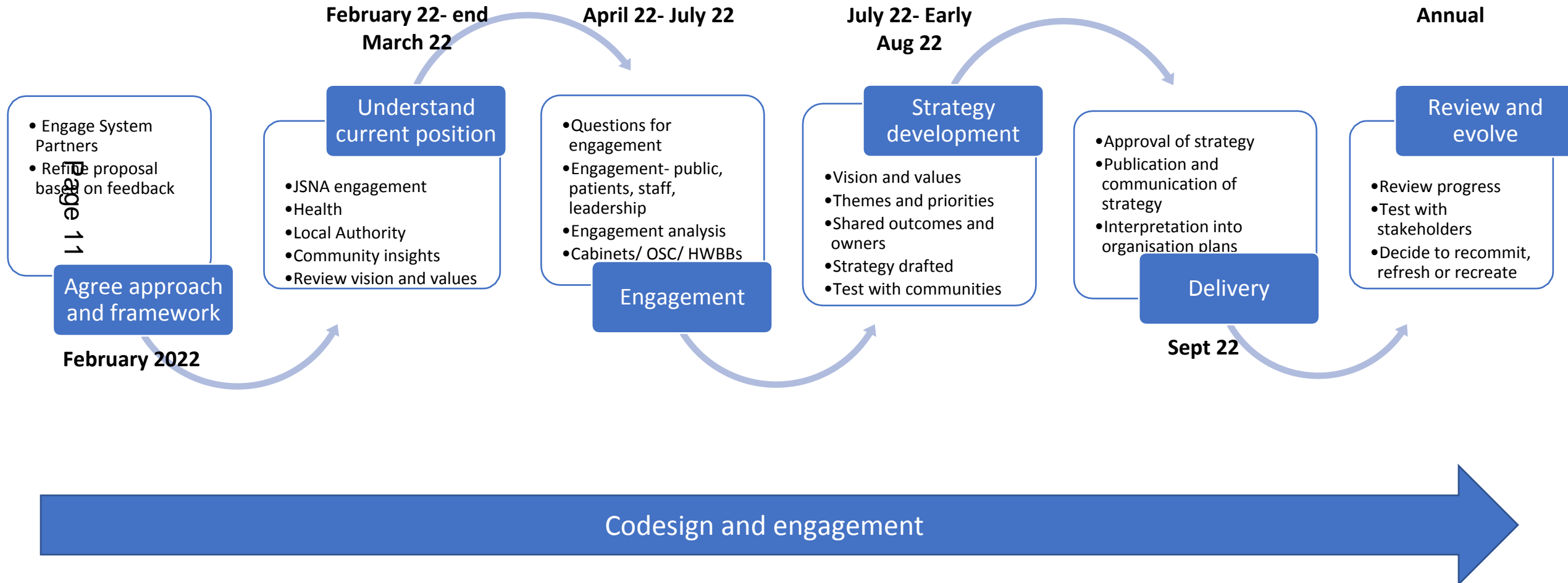


Dorset Integrated Care Partnership Strategy- Design Principles

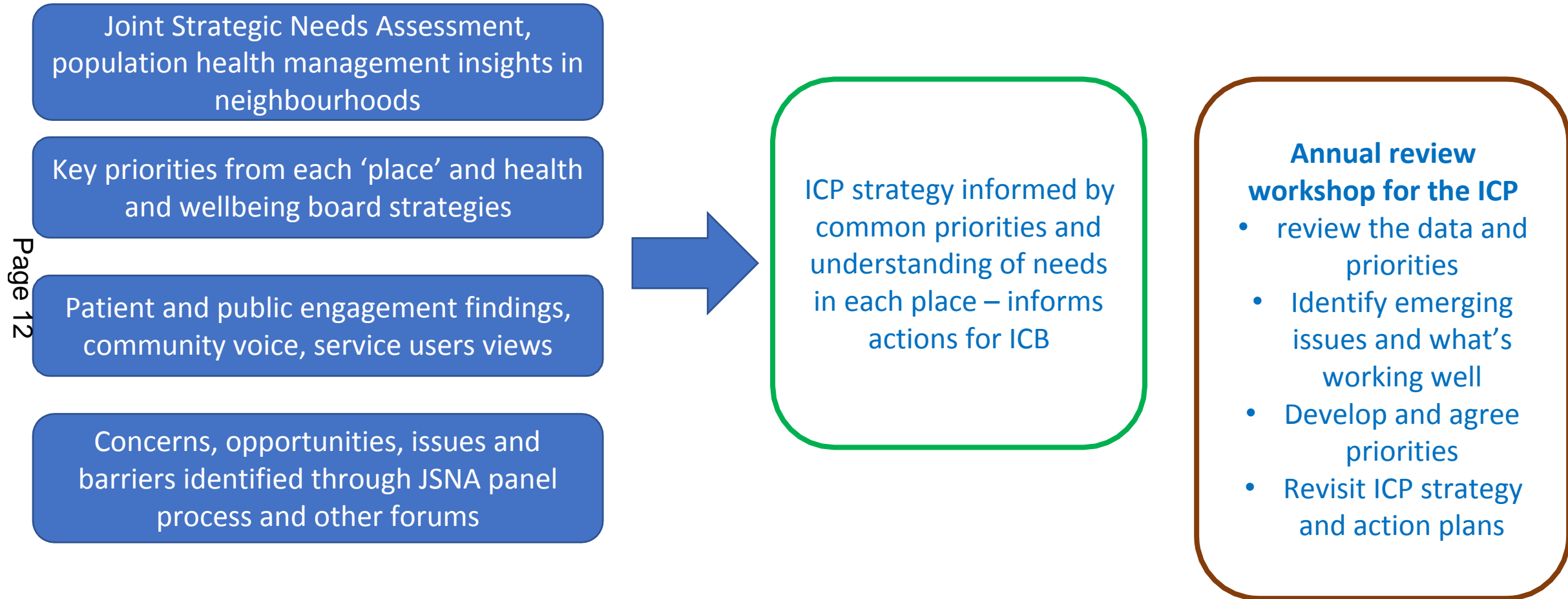
- Need a common message for employees and public
- Opportunity to do things differently
 - not a tick box exercise
- Shared commitment from all partners
 - codesign approach
 - joint working with ICS partners to develop the strategy
- Codesigned with communities
 - engage and understand
 - what support do people need to live their best lives?
- Take time
 - continues conversations and communication
 - regular review and refresh

Development Process

- Timelines are indicative- 6 months proposed to develop and sign off
- View seeking/ discovery (engagement)- ongoing
- Responsive and adaptable to changes in local needs



Process: creating a strong partnership strategy based on population needs



Questions

1. Do you agree with the timescale and approach?
2. Do you agree with the design principles for development of the strategy?
3. How does the ICP Strategy and H&WB Strategies join up?
4. What are the 2-3 questions we need to ask communities?
5. Do you support a development session to work through JSNA and engagement insights to develop a Dorset HWB view of priorities and important themes:
 - Population health outcomes and inequalities
 - Health and care pathways
 - Opportunities to work differently

White paper additional timelines

1. Light touch guidance for ICPs to be issued July 2022 – won't be detailed or proscriptive
2. ICP strategy required by all systems December 2022
3. Guidance expected on how HWBs will work with PbPs and ICPs
4. ICB 5 year plan required by April 2023
5. Shared outcomes framework agreed locally by April 2023
6. Place-based plans agreed and in place by April 2023
7. Move to delegated budgets and pooled resources at place level by 2026
8. Population health platform to support joined up care – 2025
9. National priorities and operating plan will continue to be set – but local places can agree additional priorities

Priority 1: Empowering communities

Engaging with and empowering communities of highest need to improve healthy life expectancy

What engagement have you completed and/or do you have currently underway with communities that can inform the Board's action on improving healthy life expectancy?

- ✓ The voluntary and community sector (VCSE) provides a foundation which enables partners' ongoing engagement with communities with numerous smaller groups facilitating engagement supported by VCSE infrastructure providers (e.g. DREC, DCA, Healthwatch)
- ✓ Partners have completed and/or are actively undertaking engagement with specific communities including: children, young people and families, older people, understanding the barriers faced by inclusion health groups (e.g. homeless people) and geographically defined communities (e.g. Weymouth & Portland).
- ✓ Across partners' engagement with communities there is a clear focus on enabling care to be provided closer to home and supporting independence e.g.
 - **Safe and Well Visits** DWFRS
 - **Care closer to Home'** - acute therapists outreach programme (DCH)
 - **Dorset's Community Response** – pilot enabling people to access support direct from their communities (DC Adults Social Care)
- ✓ Partners have committed to co-production/co-design of action with communities e.g. DC Adults Social Care co-production approach to day opportunities for adults with care & support needs.

Themes for consideration

? Can we do more to ensure that engagement is shaped by communities themselves

- to focus on what matters most to them
- To give a basis for coproducing action to improve health life expectancy as well as partners' own priorities.

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Are there opportunities to better understand inequalities in our communities and how we respond to them? Are partners' engagement and deployment of effort and resource weighted proportionately to reflect needs?



What partnerships, including and beyond with other board members, do you have in place that contribute to improving health and wellbeing?

- Board members are working in partnership across multiple dimensions and scales e.g.
 - ‘Building Health Partnerships’ across NHS, local government & VCSE
 - Strategic & local alliances for children & young people (DC Children’s Services)
 - Pan Dorset learning disability and autism partnership
- The focus of partnerships’ efforts to improve health and wellbeing share a number of common themes including:
 - Action to reduce health inequalities informed by Dorset Intelligence & Insights Service (DiiS) data (e.g. DCH)
 - Improving the home environment (e.g. Safe & Well Visits)
 - Supporting routes to employment for vulnerable groups (e.g. expanding DC’s pathways to employment for care leavers)

What processes do you have in place with partners and communities to measure the impact of your work on improving health & wellbeing?

- Some partners have established theory-led approaches to evaluating the impact of their interventions & programmes (e.g. Healthwatch)
- Numerous partners are making use of national surveys to measure their impact on the health & wellbeing of specific communities e.g. biannual social care survey
- Partners have plans in place for measuring specific health & wellbeing outcomes as part of contract monitoring processes.
- Dorset Intelligence & Insights Service (DiiS) is supporting population health management through increasing access to, and share understanding of, intelligence. For example, system wide overview of COVID-19 vaccination uptake.

Themes for consideration

- ? Partners have reporting mechanisms in place at a variety of geographies providing insights which could better support identification of opportunities for new and/or enhanced collaboration between board members. Is there appetite for doing this?
- ? Would Board members value more regular updates on the outcomes individual organisations are working towards achieving and the progress they are making in doing so?



Priority 2: Promoting Healthy Lives

Set priorities to accelerate work promoting healthy lives and wellbeing ---
focus on physical activity

What is your organisation already doing and what more could your organisation do to create a culture that supports daily movement and demystifies ‘physical activity’ through the language and behaviour exhibited by leaders within your organisation?

- Partners have recognised the impact of COVID-19 on their workforce’s wellbeing (e.g. increased homeworking & sedentary behaviour) and are encouraging movement as a means of improving wellbeing.
- Partners are encouraging staff to build breaks into their working day and use these to support movement e.g. walking, stretching, active travel
- Partners are sharing information from activity providers through internal comms channels
- Leaders are making their commitment & participation in movement visible in their organisations e.g. through blogs, videos, team walks with senior leaders etc
- Partners are developing clear, inclusive messaging for staff framing movement as a component of wellbeing and ‘feeling good’ rather than performance/competition.

Themes for consideration

- ? Some language and behaviour emphasises certain types of movement e.g. sport: leaders can build on this to clearly communicate the value and support they place on building all forms of movement into working practise e.g. walking meetings, active travel.
- ? Partners' staff can further emphasise the value to individuals and organisations of daily movement e.g. by including it as a priority in manager/team discussions as some partners are already doing.



What is your organisation already doing and what more could your organisation do to: Create opportunities for people to build movement into their daily lives?

- Partners are actively providing information on opportunities to be active across the system and promoting LiveWell Dorset and it's activity finder
- Some partners have onsite facilities to support movement at work e.g. fitness facilities,
- Partners are supporting communities to become more active through the services and interventions they provide e.g.
 - Employment and support contract supporting adults with a learning disability to access employment & training
 - Piloting individual service funds for people with eligible care needs supported by Dorset Council to design and agree opportunities to experience and enjoy leisure activities in the Weymouth and Portland area
 - Road safety training supporting engagement with active travel

Themes for consideration

? Are partners measuring if and how their workforce is 'moving more' as part of their working day and it's impact on their wellbeing?

? Are all elements of the workforce equally able to support their wellbeing through movement e.g. people who are not desk based, work shift patterns limit access to activities etc

Page 25~ Partners have plans/aspirations in place to modify their buildings & estates to support movement by staff, patients & communities: can we accelerate the pace and visibility of these plans?

? We can go further to shift workplace culture towards promoting movement by considering how workplace design can encourage physical activity e.g. creating active workplace environments.



What is your organisation already doing and what more could your organisation do to: Connect people to the existing opportunities outside your organisation for supporting and encouraging daily movement?

- Partners are promoting and signposting adults to organisations that can support them to 'move more' e.g. Age UK, LiveWell Dorset, Stepping into Nature etc
- Partners are collaborating to integrate support to move more into care pathways focused on those who can benefit most e.g. LiveWell Dorset presence in Dorset Health Village South Walks, Dorchester connecting with orthopaedic patients.
- Partners are building capability to connect children & young people to opportunities move more in and beyond educational setting e.g. developing digital advice, information and support including an “activity finder” approach so children, young people and families can access opportunities for daily movement

Priority 3: Support and Challenge

Provide governance and support to our partners, prioritising the delivery of key partnership outcomes

What action are you taking to improve outcomes for children, young people and young adults who have special educational needs and disabilities (SEND)?

DC Children's Services

- Delivery of SEND Capital Strategy to increase the offer of specialist educational places in the county Delivery of the Dorset SEND Strategy Invested in Teams to provide more joined up support to families

Dorset County Hospital

- Transition planning – we have recently employed a Community Children's Nurse looking into understanding and improving transition from children to adult services
- Ongoing regular clinical liaison meetings between our clinical staff and the three CAMHS localities (North meeting, West+South combined meeting) and with LD-CAMHS to facilitate co-working and to coordinate care

CCG

- Our SEND Health Forum focuses on improving outcomes for children and young people aged 0-25 years with SEN and/or a disability (SEND) and their families/carers Children and Young People's Transformation Programme(NHS Long Term Plan) will lead change to integrate and improve services that include children and young people, focusing on obesity, asthma, hospital admissions, epilepsy, diabetes and infant mortality.

DC Adult's Services

- Birth to Settled Adulthood project; aligning children's and adult social care work, including commissioning, to focus on the very best outcomes for children and young people with SEND needs.

? How well are we doing as a Board at providing oversight and support to each other in improving outcomes for children, young people and young adults who have special educational needs and disabilities (SEND)?

Questions to the board

- 1. What stands out most for you from what you have heard today?**
- 2. Are there topics/themes which you think the board should focus more on?**
- 3. Would you support a Board development session to consider the stocktake, or particular themes within it, in more detail?**

The following slides contain the detail shared by board members

Children's services

Dorset Health & Wellbeing Strategy 2020-2023

Member activity stocktake

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This template provides a framework for Health & Wellbeing Board Members to complete a stocktake of the activity they are undertaking that contributes to the board's priorities for 2020-2023.

- Name of your organisation: Dorset Council
- Your name: Claire Shiels (on behalf of Children's Services)
- Please email completed templates to: Rupert.Lloyd@dorsetcouncil.gov.uk
- [Link to the Dorset Health & Wellbeing Strategy 2020-2023](#)

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 1

What engagement have you completed and/or do you have currently underway with communities that can inform the Board's action on improving healthy life expectancy?

Consider:

- Which communities does that engagement focus on?
- For each of those initiatives please tell us about: timescale, engagement format and objectives

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2020

- Consultation and engagement undertaken to develop the Children, Young People and Families Plan
- <https://www.dorsetcouncil.gov.uk/children-families/childrens-plan/whats-important-to-children-and-young-people>
- Creative engagement using art, music, storytelling, video making
- Supported by short survey

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 2

What partnerships, including and beyond with other board members, do you have in place that contribute to improving health and wellbeing?

Consider

- What community/area is the partnership focussed on, which partners are involved and what is the objective of the partnership.

- **Strategic Alliance for Children and Young People – Dorset Council Area**

- Delivery of the Partnership Children, Young People and Families Plan
- Involves all Statutory Partners AND Education AND VCS AND political rep
- <https://www.dorsetcouncil.gov.uk/children-families/childrens-plan/childrens-plan>
- <https://moderngov.dorsetcouncil.gov.uk/documents/s19825/Appendix%201%20-%20Governance%20and%20Terms%20of%20Reference%20June%202020.pdf>

- **Strengthening Services Board – Dorset Council Area**

- Improving service delivery across all partners
- Involves all Statutory Partners AND Education AND VCS AND political rep

- **Local Alliance Groups**

- 1 each in Weymouth, Portland, North Dorset, Dorchester, West Dorset, East Dorset, Purbeck
- Local community leaders (including political leaders), education, heads of service, operational delivery

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 3

What processes do you have in place with partners and communities to measure the impact of your work on improving health & wellbeing?

Consider

- Please tell us about the outputs and/or outcomes you are measuring, communities or partners involved and how you carry out that measurement

- Each Local Alliance group has a set of priorities and measures
- The Strategic Alliance for CYP has a set of outcomes measures in the plan
- An interim report on these will be prepared for Annual Conference in July 2022
 - Number of children in care; Number of children and young people with child protection plans; Percentage of children in care placed more than 20 miles from Dorset; Percentage of children in care in placements out of County; Percentage of care leavers in Staying Put arrangements; Smoking at time of delivery rates; Take-up of 2-year old funded early education (childcare) by eligible families; Number of children accessing their entitlement to early education at age two, three and four; Ages and stages questionnaire results (ASQ); School Readiness: Percentage of children achieving a Good Level of Development at EYFS ; National Child Measurement Programme - reception and year 6; Rate of conceptions per 1,000 females aged 15-17; Percentage of 10-17 year olds offending; Numbers of children entering the criminal justice system (including vulnerable groups); Rates of under 18s alcohol related hospital admissions; Children and young people's views and satisfaction on emotional health and wellbeing and mental health services; Percentage of Dorset schools that are good or better; Percentage with good achievement at the end of primary school; Percentage gaining five good GCSEs including English and maths; Achievement gaps at 5, 11, 16 and 19; Level 3 qualifications at 19; Number of exclusions from school (permanent and fixed)
 - Percentage Total Absence by phase of education; Percentage of young people NEET/not known; Destinations of children and young people with special educational needs and disabilities and care leavers; Proportion of 16-17 year olds participating in education, employment or training; Number of children in Independent Specialist Placements (ISPs) ; Children and young people's views on growing up in Dorset

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 1

What is your organisation already doing and what more could your organisation do to:

Create a culture that supports daily movement and demystifies 'physical activity' through the language and behaviour exhibited by leaders within your organisation?

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- We support and advocate for all to take regular breaks from work and to go out for walks or to have walking meetings
- As a result of feedback from the workforce we are just about to introduce walks with senior leaders to take time out to meet each other (breakfast and end of day)

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 2

What is your organisation already doing and what more could your organisation do to: Create opportunities for people to build movement into their daily lives?

Consider:

- Workplace environment, influencing the built & natural environment, how your organisation delivers services etc
- Your workforce, service users/patients, communities

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Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 3

What is your organisation already doing and what more could your organisation do to: Connect people to the existing opportunities outside your organisation for supporting and encouraging daily movement?

Consider:

- across other services, the built and natural environment, the voluntary and community sector
 - our workforce, service users/patients, communities
- We are implementing the DfE Programme for Holiday and Food Activities Programme seeking to develop the VCS offer of healthy activities

Priority 3: Support and Challenge

Provide governance and support to our partners, prioritising the delivery of key partnership outcomes

Question 1

What action are you taking to improve outcomes for children, young people and young adults who have special educational needs and disabilities (SEND)?

- Please tell us about your intended outcome, the project/programmes in place to achieve that outcome and the timescale and partners involved.

- Page 30
- Delivery of our SEND Capital Strategy to increase the offer of specialist educational places in the county [Dorset SEND Capital Strategy 2020 - 2025](#)
 - [Dorsetcouncil.gov.uk](#)
 - Delivery of the Dorset SEND Strategy <https://www.dorsetcouncil.gov.uk/send-strategy-2021-to-2024>
 - Invested in Teams to provide more joined up support to families
 - SEND Family Workers, Portage, SEN Inclusion Leads
 - Dorset Education and Advice Line (DEAL) <https://www.dorsetcouncil.gov.uk/dorset-education-advice-line-deal>
 - Educational Psychology Advice Line <https://www.dorsetcouncil.gov.uk/w/educational-psychologists>
 - Birth to Settled Adulthood project; aligning children's and adult social care work, including commissioning, to focus on the very best outcomes for children and young people with SEND needs
 - Support schools to deliver a graduated approach to meeting the needs of children with SEND: <https://www.dorsetnexus.org.uk/Article/87580>
 - Updated our approach to provision of funding for children with SEN in early years settings to be needs led
 - Working with the CCG and BCP to jointly commission speech, language and communication pathway – aligned contracting from 1st April

Dorset County Hospital

Dorset Health & Wellbeing Strategy 2020-2023

Member activity stocktake

This template provides a framework for Health & Wellbeing Board Members to complete a stocktake of the activity they are undertaking that contributes to the board's priorities for 2020-2023.

- Name of your organisation: Dorset County Hospital NHS Foundation Trust
- Your name: Paul Lewis
- Please email completed templates to: Rupert.Lloyd@dorsetcouncil.gov.uk
- [Link to the Dorset Health & Wellbeing Strategy 2020-2023](#)

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 1

What engagement have you completed and/or do you have currently underway with communities that can inform the Board's action on improving healthy life expectancy?

Consider:

- Which communities does that engagement focus on?
- For each of those initiatives please tell us about: timescale, engagement format and objectives

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There is a strong focus on 'Care closer to Home'. Acute therapists outreaching into the community to support discharges and provide follow ups to work towards to patient centred goals. We are providing clinics/ therapy groups closer to home – Charlton Down being an example of meeting the population needs and increasing access to Pulmonary Rehab groups across Dorset to manage waiting lists, reduce deconditioning/ exacerbation of condition and improve health life expectancy.

We have increased the capacity of the Acute Hospital at Home team to reach into North Dorset

We have satellite clinics for respiratory outpatients in Weymouth

We also have MSK physio outpatients' part of the high flow clinics at South Walks

We have started Respiratory Physio long COVID19 clinics which are virtual and Face to face

There is a plan to set up therapy follow up clinics post ITU admissions to review progression and provide assessment/ intervention/ rehab working towards patient centred goals.

There are First Contact Practitioners working in Primary care to support GP colleagues in seeing MSK presentations, this will improve GP capacity for complex cases/ non MSK related cases which will have a positive impact on health life expectancy.

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 2

What partnerships, including and beyond with other board members, do you have in place that contribute to improving health and wellbeing?

Consider - What community/area is the partnership focussed on, which partners are involved and what is the objective of the partnership.

Currently there are 2 programmes that contribute to improving Health & Wellbeing

Health inequalities

Through our Health inequalities programme locally and across the Dorset ICS, we recognise that there are preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which in turn determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs. By acknowledging this fact we can use public health data such as that provided by the Dorset information and Insight Service to first understand the challenges we face in our area and then develop insight driven interventions to help tackle the issues we have identified.

Health Inequalities do not simply sit with in the Health Arena, they are a symptom of a combination of factors that make up the wider determinants of health, for example access to education, employment and housing.

Social value

Social value is subjective and can mean different things to different people depending on the context and environment to which it is applied. Within the, NHS Social Value is defined as the benefits that come from public service contracts that improve the economic, social and environmental wellbeing of people and communities.

At DCH we recognise the positive impact that suppliers bring on our behalf. Our aim is to engage with suppliers on social value, so collectively we can positively contribute to the overall wellbeing of our communities.

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 3

What processes do you have in place with partners and communities to measure the impact of your work on improving health & wellbeing?

Consider

- Please tell us about the outputs and/or outcomes you are measuring, communities or partners involved and how you carry out that measurement

Population health management is at the heart of a new operating model for integrated care systems. The purpose of ICSs, the legislation and reform required to establish them is to:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience, and access.
- Enhance productivity and value for money, and.
- Help the NHS to support broader social and economic development.

None of these aims will be easy to achieve without having an embedded population health management approach at individual, place, and system level. To achieve these aims requires an understanding of population health – understanding the health outcomes in a population, and the distribution of those outcomes within the group, and the actions and decisions we make as a system to ensure that our management results in improved outcomes, reduced inequalities, and better value for money.

Continued on next slide

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 3

What processes do you have in place with partners and communities to measure the impact of your work on improving health & wellbeing?

Consider - Please tell us about the outputs and/or outcomes you are measuring, communities or partners involved and how you carry out that measurement

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NHS England is clear that PHM approaches will be adopted by systems as part of targeted recovery strategies. The ICS Design Framework is clear that all ICSs are expected to:

- establish cross system intelligence functions to support population health management;
- to have actionable insight underpinned by person-level linked data;
- and to have a plan for establishing population health management capability, supported by the necessary digital and data architecture.

The Dorset Intelligence & Insight Service (DiiS) is now hosted within Dorset County Hospital, this is the data and analytics platform that has supported the ICS with its development of Population Health Management (PHM) to support integration and data driven decision making within primary care networks. The Trust Intelligence team are now working alongside this ICS wide Intelligence capability to expand the data and analytics within the Trust to enable teams and services to have access to data from outside of the traditional organisation boundaries to allow a more population health/Inequalities lens.

The combined analytics teams are now providing near real-time data, facilitating some exceptional improvement work helping us understand system challenges, such as resilience during the pandemic, and a population health view of COVID-19 vaccination uptake through to redesigning respiratory disease pathways across primary and secondary care teams with a focus on prevention and education.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 1

What is your organisation already doing and what more could your organisation do to:

Create a culture that supports daily movement and demystifies 'physical activity' through the language and behaviour exhibited by leaders within your organisation?

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Live Well Dorset is in the Dorset Health Village South Walks as part of the integrated pathway offering non-surgical intervention or supporting people to stay healthy while awaiting surgery. Orthopaedics were the highest referrers to their services even prior to opening South Walks

The Trust's wellbeing programme is called Vivup. It provides purchasing offers and price reductions i.e., cycle to work scheme, support with gym membership.

Couch to 5K programme is helping staff that exercise infrequently to run 5km

On site counselling (Mental health/ low mood can have a direct impact on Physical activity and vice versa and so access to counselling with the organisation is key to maintaining / improving physical activity)

Access to Live well Dorset as a resource.

Self-referral to MSK outpatients, priority for staffing for any MSK conditions which will support increasing physical activity.

On a larger scale the organisation/ leaders are promoting activity for staff and patients through access to onsite activities/ exercise groups that can be done during breaks, lunch periods/ before/ after work. Once covid restrictions are lifted we will develop hospital exercise routes around the hospital for patients, who are able, to participate in in between assessments/ interventions.

Promote schemes like PJ paralysis, encouraging/ assisting patients to get dressed and out of bed in the morning and to plan activities throughout the day.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 2

What is your organisation already doing and what more could your organisation do to: Create opportunities for people to build movement into their daily lives?

Consider:

- Workplace environment, influencing the built & natural environment, how your organisation delivers services etc
- your workforce, service users/patients, communities

What more could be done, subject to funding

Green spaces – we already have a wildflower meadow and sensory garden in place. We are considering increasing green spaces due to their beneficial effect on staff and patients.

We are very proud of our Arts in Hospital. This years marks its 35th anniversary. We conduct walks and events throughout the year

Subject to funding and space, we would want to consider:

- Onsite fitness centres/ swimming pools
- Range of exercise classes
- Monitors to detect stress, reduced productivity which then encourages activity/ short breaks
- Health and Wellbeing daily monitor page

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 3

What is your organisation already doing and what more could your organisation do to: Connect people to the existing opportunities outside your organisation for supporting and encouraging daily movement?

Consider:

- across other services, the built and natural environment, the voluntary and community sector
- our workforce, service users/patients, communities

Staff communications regularly promote LiveWell Dorset who signpost staff to what is available including the Get Active.

The staff intranet also signposts staff to Our Dorset Staff Wellbeing page that offers Wellbeing physiotherapy, Psychology and events.

Priority 3: Support and Challenge

Provide governance and support to our partners, prioritising the delivery of key partnership outcomes

Question 1

What action are you taking to improve outcomes for children, young people and young adults who have special educational needs and disabilities (SEND)?

- Please tell us about your intended outcome, the project/programmes in place to achieve that outcome and the timescale and partners involved.

What we are doing now

Transition planning – we have recently employed a Community Children's Nurse looking into understanding and improving transition from children to adult services

We have recently employed an *additional* epilepsy nurse. We can now support young people with epilepsy who attend a special school

We have two specialist nurses who liaise with the families and schools to help young people with neurodevelopmental conditions (ADHD, ASD, etc)

Palliative care (life limiting or life changing) psychology funded through charity money 3 Ells

There are ongoing regular clinical liaison meetings between our clinical staff and the three CAMHS localities (North meeting, West+South combined meeting) and with LD-CAMHS to facilitate co-working and to coordinate care

Clinical staff meet a few times a year with the Youth Justice Service nurse to raise the profile of unmet need for those with ADHD with Substance Misuse.

There is an ongoing trial of using a Virtual Reality headset for patients undergoing minor medical procedures (blood tests) as a means to minimise the distress. It is hoped that funding can be obtained for ongoing use.

More flexibility in with appointment options (e.g. video appointments) – to enable better access to appointments

We still endeavour to provide a paediatric appointment to respond to the SEN department requesting medical advice for an Education Health and Care Plan for those who are *not* known to the paediatric department (this is not the offer in every part of England).

Priority 3: Support and Challenge

Provide governance and support to our partners, prioritising the delivery of key partnership outcomes

Question 1

What action are you taking to improve outcomes for children, young people and young adults who have special educational needs and disabilities (SEND)?

- Please tell us about your intended outcome, the project/programmes in place to achieve that outcome and the timescale and partners involved.

Ongoing work

Provide timely and high-quality neurodevelopmental assessment to reduce long waits in the neurodevelopmental pathway

Provide support to young people and their families where eating/weight is a concern. Raising the profile for the need for obesity support (psychology, dietician, etc) and the same for those with selective eating.

Be able to describe the needs and unmet needs of our patients to better inform commissioners. In order to identify specific cohorts should specific opportunities arise (for example research, or other opportunities for those with particular diagnoses).

Ongoing work with the CCG medicines committee – in regards melatonin prescribing, and the need for sleep clinic

To roll out whole genome sequencing locally

Healthwatch

Dorset Health & Wellbeing Strategy 2020-2023

Member activity stocktake

Page 5

This template provides a framework for Health & Wellbeing Board Members to complete a stocktake of the activity they are undertaking that contributes to the board's priorities for 2020-2023.

- Name of your organisation: Healthwatch Dorset
- Your name: Louise Bate
- Please email completed templates to: Rupert.Lloyd@dorsetcouncil.gov.uk
- [Link to the Dorset Health & Wellbeing Strategy 2020-2023](#)

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 1

What engagement have you completed and/or do you have currently underway with communities that can inform the Board's action on improving healthy life expectancy?

Consider:

- Which communities does that engagement focus on?
- For each of those initiatives please tell us about: timescale, engagement format and objectives

- Children & Young People <https://healthwatchdorset.co.uk/wp-content/uploads/HWD-Young-Listeners-Project-Report-Final-Nov2021r.pdf>
- Mental Health in community care, engagement with people experiencing homelessness https://healthwatchdorset.co.uk/wp-content/uploads/HWDorset-MH-in-CC-Full-Report-2020_FINAL.pdf
- Access to NHS Dentistry <https://healthwatchdorset.co.uk/wp-content/uploads/HWD-Dentistry-report-final-Feb2022.pdf>
- Dorset County Hospital A&E services – our volunteers carried out 259 phone call interviews with people who visited DCH A&E at the end of 2021. We're analysing the data and producing a report on our findings which we plan to publish in March 2022.
- Non-emergency patient transport – gathering feedback in Feb 2022 with a focus on people undergoing dialysis and/or cancer treatment
- Carers experience of Home First – we'll be gathering feedback in March 2022 from unpaid carers about their experience of supporting a loved one through discharge from hospital and ongoing care through Home First.

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 2

What partnerships, including and beyond with other board members, do you have in place that contribute to improving health and wellbeing?

Consider

- What community/area is the partnership focussed on, which partners are involved and what is the objective of the partnership.

- Healthwatch Dorset has developed strong relationships with our voluntary sector and community colleagues, eg: this year working with homelessness support groups, children and young people's groups, youth clubs, charities etc.
- We have a network of skilled and enthusiastic volunteers across the county
- We're in regular contact with local people through our information service, promotional events and our project work
- Through the local Healthwatch network across the country and Healthwatch England we have access to training, peer support and opportunities to share learning
- We've developed good working relationships with health and care commissioners and providers

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 3

What processes do you have in place with partners and communities to measure the impact of your work on improving health & wellbeing?

Consider

- Please tell us about the outputs and/or outcomes you are measuring, communities or partners involved and how you carry out that measurement

- Our Steering Group, made up of local volunteers, monitors the impact of our work through Theory of Change models
- We produce a yearly Impact Report to share the outcomes of our work
- We gather regular feedback on our work through stakeholder surveys, volunteer surveys etc
- We follow up on our report recommendations and work with health and care providers to help them make service improvements

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 1

What is your organisation already doing and what more could your organisation do to:

Create a culture that supports daily movement and demystifies 'physical activity' through the language and behaviour exhibited by leaders within your organisation?

- We regularly share information and news from health, care and voluntary sector providers through our eNewsletters, website and social media eg: Live Well Dorset

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 2

What is your organisation already doing and what more could your organisation do to: Create opportunities for people to build movement into their daily lives?

Consider:

- Workplace environment, influencing the built & natural environment, how your organisation delivers services etc
- your workforce, service users/patients, communities

- Our office is in a community centre run by Access Dorset, The Bridge, which runs gardening projects, walking groups, art groups and a community café etc

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 3

What is your organisation already doing and what more could your organisation do to: Connect people to the existing opportunities outside your organisation for supporting and encouraging daily movement?

Consider:

- across other services, the built and natural environment, the voluntary and community sector
- our workforce, service users/patients, communities

- We regularly share info and news updates from health, care and the voluntary sector through our monthly eNewsletters, website, social media etc eg: Live Well Dorset

Priority 3: Support and Challenge

Provide governance and support to our partners, prioritising the delivery of key partnership outcomes

Question 1

What action are you taking to improve outcomes for children, young people and young adults who have special educational needs and disabilities (SEND)?

- Please tell us about your intended outcome, the project/programmes in place to achieve that outcome and the timescale and partners involved.

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- Our Young Listeners project this year gathered feedback from young people who have special educational needs and disabilities: <https://healthwatchdorset.co.uk/wp-content/uploads/HWD-Young-Listeners-Project-Report-Final-Nov2021r.pdf>

Dorset Health & Wellbeing Strategy 2020-2023

Member activity stocktake

This template provides a framework for Health & Wellbeing Board Members to complete a stocktake of the activity they are undertaking that contributes to the board's priorities for 2020-2023.

- Name of your organisation: NHS Dorset CCG
- Your name: Tim Goodson
- Please email completed templates to: Rupert.Lloyd@dorsetcouncil.gov.uk
- [Link to the Dorset Health & Wellbeing Strategy 2020-2023](#)

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 1

What engagement have you completed and/or do you have currently underway with communities that can inform the Board's action on improving healthy life expectancy?

Consider:

- Which communities does that engagement focus on?
 - For each of those initiatives please tell us about: timescale, engagement format and objectives
- Population Health Management helps to identify areas/communities of highest need. Work has recently been done by the elective care team, reaching out to a cohort of patients to look at improving patient experience and reducing the inequalities that exist in waiting times. Ongoing engagement support for this work as patient experience data is gathered. The CCG works closely with Dorset Race Equality Council's health ambassadors, linking to 42 diverse communities to inform our health communications campaigns e.g. covid-19 and vaccination, flu and winter messaging.
 - The Building Health Partnerships (BHP) programme builds relationships between the NHS, local government, citizens and voluntary, community and social enterprise (VCSE) organisations to facilitate joint action that improves health and care priorities. The engagement team has worked with system partners as part of the 'Think Big' initiative to help tackle waiting lists and bring diagnostic services closer to the community. The project has developed plans to run outpatient appointments in a completely different way and the clinics are initially covering dermatology, orthopaedics, ophthalmology and breast screening. There are plans to expand the services in the future. The team supported a partnership engagement group to gather patient / public voices and feedback regarding the concept, design and service delivery.
 - The CCG's public engagement team work closely with all CCG directorates to provide advice, guidance and support around public involvement and equality impact assessment in areas of health service review/development. The team is currently supporting e.g. an all age autism review, Children and young people's mental health services – ongoing engagement, Young people's access to primary care – currently supporting the Youth Patient Participation Group, Maternity and maternal mental health services – ongoing engagement, Dorset Cancer Partnership – ongoing, Stroke and neurological rehabilitation – patient / public representatives, the CCG's public engagement team have been working with Dorset's Health Action Group (HAG*) to provide advice, guidance and support around Annual Health Checks, yellow books and to find out what people with LD or complex needs, and their carers/family, would like to talk about/ raise awareness of in 2022. *The HAG works to make sure health services are more accessible and effective for people with LD or multiple, complex or profound needs- helping people to stay as healthy as possible.

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 2

What partnerships, including and beyond with other board members, do you have in place that contribute to improving health and wellbeing?

Consider

- What community/area is the partnership focussed on, which partners are involved and what is the objective of the partnership.

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Building Health Partnerships listening and learning webinars – build relationships between the NHS, local government, citizens and voluntary, community and social enterprise (VCSE) organisations to facilitate joint action that improves health and care priorities.

- Dorset Youth Representatives Forum – A pan Dorset group for anyone with a job role that involves working with young people. Current attendance of over 50 members from organisations across the county including NHS, local authority, the voluntary sector, the education sector and small organisations. Meetings held every 2 months to discuss the health and wellbeing of young people in Dorset, and the services that are available for them. The Dorset Youth Representatives act as a conduit helping to ensure young people can have their say and help to shape services.
- The CCG has engagement and communications delivery agreements with a number of organisations that help us to reach out to people, groups and communities, including Dorset Race Equality Council, Community Action Network (BCP), Dorset Community Action, Volunteer Centre Dorset and Dorset Association of Parish and Town Councils.
- Engagement Leads Network – a partnership of engagement leaders from across health, local councils, Healthwatch Dorset and the VCSE sector/ Communications Leads Network - a partnership of communication leaders from across the ICS
- MHICC Health Inequalities Group – partnership between Healthwatch, VCSE orgs and the CCG, linking to Dorset HealthCare
- Our Patient Participation Group (PPGs) Coordinators work with PPGs in primary care across the county / maternity Voices
- Dorset ICS VCSE Alliance – currently being co-designed by the VCSE sector to provide involvement and a voice for the VCSE sector at all levels whether strategic, place or neighbourhood.
- We also attend a number of other partnership meetings including e.g. Dorset Councils Connected Communities, BCP Councils Vibrant Communities Board, the Dorset Disability Equality Forum, LGBT+ Voices Dorset, Pan Dorset Carers Steering Group.

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 3

What processes do you have in place with partners and communities to measure the impact of your work on improving health & wellbeing?

Consider

- Please tell us about the outputs and/or outcomes you are measuring, communities or partners involved and how you carry out that measurement

- Due to the impact of Covid and recovery of health and wellbeing services, work in this area has been limited.
- We have gathered a great deal of insights from our communities over the last 2 years, this is currently being reviewed and will be available as part of our insights work shortly.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 1

What is your organisation already doing and what more could your organisation do to:

Create a culture that supports daily movement and demystifies 'physical activity' through the language and behaviour exhibited by leaders within your organisation?

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From 5 May to 16 June 2021 NHS Dorset CCG ran a campaign called Every Step Counts, which built on a pedometer challenge we did some years before. The premise was that it's not about how far you walk, but how good you feel. We wanted to find a fun excuse to get a bit more active, maybe shed a few of those extra lockdown pounds, and get outside to enjoy nature and fresh air after a very difficult year.

For people to take part, all they needed to do is log their total step count each week (including evenings and weekends), and submit it via a bespoke intranet page. The page also housed tips of exercise and getting active. It was a great excuse to take a break during the working day, and to get out and about with friends or family at the weekend.

The challenge ran Wednesday to Wednesday to fall in with the regular wellbeing update. The week's results were published every Wednesday in the wellbeing roundup email. We then revealed the CCG's total steps, and which directorate clocked up the most steps, during #FYI Live in June.

The event was launched with a video from our Chief Officer, Tim Goodson, and each week we had a new video from a different Director to role model their support.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 2

What is your organisation already doing and what more could your organisation do to: Create opportunities for people to build movement into their daily lives?

Consider:

- Workplace environment, influencing the built & natural environment, how your organisation delivers services etc
- your workforce, service users/patients, communities

In the early part of 2021 the wellbeing campaign within the CCG was 'Take The Time'. This was all about time away from screens and encouraging people to get out of their house and to walk, run, cycle etc. The campaign was backed by one of our Governing Body members and supported by our Exec Directors.

We shared resources such as apps, books, yoga sessions, videos and access to new skills. We also shared blogs from our Chief Officer about running the London Marathon (and being joined in the endeavour by several other CCG employees) and from another member of staff on his experience of a 100km walk for ex-service personnel. We also featured a story on an employee who was interviewed on BBC South Today as she maintained 10,000 steps a day even while self-isolating.

Through the year we have shared resources on walk to school week, couch to 5k and free ballroom and Latin dance lessons.

Every Wednesday in the CCG is Wellbeing Wednesday and we share information, resources and role models for exercise and movement.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 3

What is your organisation already doing and what more could your organisation do to: Connect people to the existing opportunities outside your organisation for supporting and encouraging daily movement?

Consider:

- across other services, the built and natural environment, the voluntary and community sector
- your workforce, service users/patients, communities

The CCG has worked closely with Public Health Dorset for a number of years and been able to offer access to courses and events through them, external and in partnership with the CCG.

In Autumn 2021 the CCG was able to offer a large number of place on half day courses run by the Surviving Minds Foundation which provided opportunity for staff to connect with nature, to spend time outdoors and learn new skills.

We have offered information on reduced gym memberships in the past, we have taken part in Cycle to Work day and have a Cycle to Work scheme. We also played a part in the launch of Park Run in Dorchester with members of staff on the working group. However, we haven't shared enough on existing opportunities outside of the CCG, this is an area we could do more.

Priority 3: Support and Challenge

Provide governance and support to our partners, prioritising the delivery of key partnership outcomes

Question 1

What action are you taking to improve outcomes for children, young people and young adults who have special educational needs and disabilities (SEND)?

- Please tell us about your intended outcome, the project/programmes in place to achieve that outcome and the timescale and partners involved.

We ensure services commissioned for SEND meet our statutory requirements and the needs of the local area by delivering an effective, high quality integrated pathway.

We jointly commission services in partnership with Dorset and Bournemouth Christchurch and Poole Councils for children and young people age 0-25 with SEND.

Our NHS organisations, councils, public services and voluntary and community partners continue to work together as an integrated health and care system, addressing inequalities in health and wellbeing outcomes with improved access to health services.

Our SEND Health Forum focuses on improving outcomes for children and young people aged 0-25 years with SEN and/or a disability (SEND) and their families/carers. Children and Young People's Transformation Programme (NHS Long Term Plan) will lead change to integrate and improve services that include children and young people, focusing on obesity, asthma, hospital admissions, epilepsy, diabetes and infant mortality.

Our Designated Clinical Officer (DCO) capacity has expanded to improve outcomes for children and young people who have SEND. We support with the identification of children and young people requiring SEND provision and work with Dorset Council and health providers to support with provision of health advice within the statutory timescales.

Our Dorset Partnership Agreement has been developed between Dorset Council, Parent Carer Forum and Dorset CCG to set out the values and ways in which we will work together to improve outcomes for children and young adults with SEND.

Priority 3: Support and Challenge

Provide governance and support to our partners, prioritising the delivery of key partnership outcomes

Question 1

What action are you taking to improve outcomes for children, young people and young adults who have special educational needs and disabilities (SEND)?

- Please tell us about your intended outcome, the project/programmes in place to achieve that outcome and the timescale and partners involved.

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Specific projects include:

- Children's Speech and Language and Communication – Dorset wide co-designed and co-produced plan to introduce the Balanced System® Framework. This has been approved with an outcome for children and young people to achieve good speech and language outcomes by accessing the right level of support at the right time and place (working to timescale of April 2022).
- All Age Autism Pathway continues in partnership with Local Authority partners and parent carers with an outcome to deliver improvements across the whole system
- Workforce Development; includes SEND Tier 2 training that was co produced between pan Dorset services and parent carer representation
- Ongoing development of the SEND data Dashboard (Dorset intelligence insight service) to inform and develop future commissioned services
- Local Offer health information has been co produced with parent carers and Dorset Council and will be expanded to further improve engagement opportunities with CYP.

Adult Social Care

Dorset Health & Wellbeing Strategy 2020-2023

Member activity stocktake

This template provides a framework for Health & Wellbeing Board Members to complete a stocktake of the activity they are undertaking that contributes to the board's priorities for 2020-2023.

- Name of your organisation: Dorset Council
- Your name: Lesley Hutchinson
- Please email completed templates to: Rupert.Lloyd@dorsetcouncil.gov.uk
- [Link to the Dorset Health & Wellbeing Strategy 2020-2023](#)

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 1

What engagement have you completed and/or do you have currently underway with communities that can inform the Board's action on improving healthy life expectancy?

Consider:

- Which communities does that engagement focus on?
- For each of those initiatives please tell us about: timescale, engagement format and objectives

Adult social care - the following 3 areas are pieces of work we are doing with providers to engage with individuals, communities and businesses to help contribute to improve healthy life expectancy – they are on-going rather than completed engagement pieces:

- Working with **#HelpandKindness** and **Volunteer Centre Dorset** - co-produced community front door - **Dorset's Community Response** pilot, enabling people to more easily access support direct from their communities helping them to remain safe, well, and independent
- Working with **Age UK** – a link worker seconded from the Council to Age UK in **Weymouth & Portland** to provide a better link between the locality team and resources available within the community to support people to remain safe, well, and independent.– it's a one year pilot supporting wellbeing (Katie Lowe)
- Working with **First Point – Community Navigator pilot** working with individuals to resolve a range of issues in relation to housing, health and wellbeing, mental health recovery and crisis intervention.
- Working with **Citizens Advice Dorset** to support **local businesses**, particularly small and medium size enterprises in the hospitality and retail sector, to implement a sustainable framework of inclusivity and accessibility across Dorset. The scheme focuses on reducing isolation and supporting inclusion of marginalised groups in Dorset communities; it supports business owners develop their knowledge of equality, diversity and inclusion, to offer volunteering and training opportunities. It aims to reduce social isolation helping improve peoples health and wellbeing.
- Working with **Growing Compassionate Communities** to co-produce and implement a framework which **supports communities** to be inclusive of all diverse groups and people. Focusing on improved engagement and wellbeing of marginalised groups; reducing social isolation and loneliness, improving knowledge and connection with the community of marginalised groups and people; improving access to information and support for communities regarding equality, diversity and inclusion. Reducing social isolation helps improve peoples health and wellbeing.
- **Council summer of co-production in 2021** specific to adults with care and support needs views on day opportunities – 90 events over 3 months; 120 people (individuals, carers, providers and other professionals) contributed; findings feeding into the forthcoming Day Opportunities Strategy eg, accessible swimming Full report available.

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 2

What partnerships, including and beyond with other board members, do you have in place that contribute to improving health and wellbeing?

Consider

- What community/area is the partnership focussed on, which partners are involved and what is the objective of the partnership.

Adult Social Care:

- A Better Life Stakeholder Group – meets bi-monthly; members include VCSE partners – Age UK co-chair; Vol Centre; carers organisations; Help and Kindness; mental health providers etc, Members and Adult Social Care commissioning. Objective is to support the delivery of A Better Life Programme which improves health and wellbeing of Dorset residents. The group focusses on prevention and partnership working.
- Facilitation of Provider Forums – various provider forums (Learning Disability, Mental Health, Older people, Physical and Sensory Impairment providers) to discuss delivery of services to residents in Dorset all working to improve health and wellbeing.
- Learning Disability Partnership Board – meets quarterly, includes a number of agencies including Dorset Clinical Commissioning Group, Dorset Healthcare, carer and user representatives, voluntary sector and other agencies as required such as the police or fire service. The objective of the board is to bring together key issues the learning disability community say are important to them, for example, where they live, feeling safe, The board works strategically to bring partner agencies together to tackle key issues as a system and to make a difference to people's lives.
- Pan Dorset Safeguarding Adult Board – meets quarterly – multi-agency partnership which seeks assurance to safeguard people with care and support needs and ensure their health and wellbeing – statutory requirement to report the work of the Board to the H&WBB.
- Community Development Network – meets bi-monthly, includes private day opportunities providers and local community and voluntary agencies and objective is to establish links directly with local communities, share good practice and celebrate success.
- Pan Dorset Carers Steering Group – meets monthly, includes BCP, Dorset Healthcare, NHSE, Dorset Parent Carer Council. The objective is to work with carers to determine what's important for them and how we can support them to not only continue in their caring role, but also in maintaining their own health and wellbeing
- ICS Engagement Board – meets monthly, includes Council and CCG and objective is to discuss and agree engagement across the Integrated Care System, share ideas and areas of interest.
- Pan Dorset Learning Disability and Autism Partnership – quarterly meetings with multi-agency statutory health and social care partners and VCSE providers addressing the health and wellbeing of this population.
- Pan Dorset Social Care Sub- Group – monthly partnership meeting with Councils, voluntary and independent sector providers to ensure health and wellbeing of workforce and Dorset residents.
- Home First and Urgent & Elective Care Board – Fortnightly, Monthly & Bi-Monthly focus on doing the right planning for out of hospital and discharge care by health and social care organisations.
- Mental Health Integrated Delivery Board - Independent and statutory sector, working together to provide a seamless service and offer for individuals suffering from mental ill health.
- In development is an Experts by Experience Panel.

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 3

What processes do you have in place with partners and communities to measure the impact of your work on improving health & wellbeing?

Consider

- Please tell us about the outputs and/or outcomes you are measuring, communities or partners involved and how you carry out that measurement

Adult Social Care:

- Better Care Fund – statutory sign off for BCF Plan by H&WBB – delivery to plan restarting on quarterly monitoring; specific national metrics set all feeding into overall health and well-being of Dorset; also service specific metrics / KPIs feeding into overarching health and well-being of residents. KPIs are agreed with partner agencies and monitored as part of contract compliance.
- General contract monitoring arrangements in place - review performance against KPIs – health and well-being ones can include, nutrition, exercise. Specific Health and well-being measures relating to an individual will be documented in the Care and Support Plan, this is reviewed by social workers.
- Annual adult social care survey – national survey with indicators on how safe people feel.
- Carers bi-annual social care survey – national survey with indicators on how safe carers feel.
- Making Safeguarding Personal - routine service user involvement and feedback sought on the safeguarding intervention.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 1

What is your organisation already doing and what more could your organisation do to:

Create a culture that supports daily movement and demystifies 'physical activity' through the language and behaviour exhibited by leaders within your organisation?

Page 5

Adult Social Care:

- Encourage workforce to take regular breaks, stretch and get fresh air
- Dorset Council has an Employee Wellbeing offer – 5 ways to wellbeing, one of which is Be Active.
- Heads of Service and Strategic Leads openly discuss sporting activities they are involved in
- Routine team meeting discussions about wellbeing; wellbeing sessions and connecting in formally and informally.
- Mindfulness sessions offered to teams.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 2

What is your organisation already doing and what more could your organisation do to: Create opportunities for people to build movement into their daily lives?

Consider:

- Work place environment, influencing the built & natural environment, how your organisation delivers services etc
- your workforce, service users/patients, communities

Adult Social Care:

- Day Opportunities Strategy in development – widening the scope of individuals daily experiences, aiming to move away from building based services, and introducing mixed activities which are not limited to day time or weekdays. Private day opportunities providers working in partnership to develop a wide range of activities in local communities.
- Working with a private provider in Weymouth to deliver a “pilot” for Individual Service Funds (ISFs) for Day Opportunities. The providers extensive local knowledge provides opportunities to creating and commission bespoke local outdoor, leisure and activity sessions in community settings that are tailored to each individual) Individual Service Funds provide opportunities for Individuals with eligible care needs supported by Dorset Council to design and agree opportunities to experience and enjoy leisure activities in the Weymouth and Portland area, (including swimming sessions, Zumba, dance and physical fitness classes at Weymouth swimming pool, learning golf at the Wessex 9 hole golf centre and football at Weymouth Marsh, volunteering for community projects at Portland Castle, beach cleaning on Weymouth and Portland beaches and the Portland conservation projects in partnership with Munsty’s day opportunities groups.
- Employment and Training Support Contract- aiming to get 50 adults with a learning disability into employment / training – recently let to CIC Pluss.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 3

What is your organisation already doing and what more could your organisation do to: Connect people to the existing opportunities outside your organisation for supporting and encouraging daily movement?

Consider:

- across other services, the built and natural environment, the voluntary and community sector
- your workforce, service users/patients, communities

Adult Social Care:

- Commissioned a new provider to support adults with a learning disability into paid employment. This is an experienced specialist provider call CIC Pluss. They have a demonstrable record of securing paid employment for people and developing the local infrastructure to enable potential employers to become disability confident.
- Partnering with Age UK to promote the use of VCSE groups and activities for health, wellbeing and access to the wider community, including groups and activities.
- Developing the Councils offer for supported employment for vulnerable adults through expanding the Councils Pathway to Employment for Care Leavers to include a minimum of 4 apprenticeship, training and learning opportunities for vulnerable adults within Dorset Council. Partners have been identified within the Council who have expressed interest in offering apprenticeships to vulnerable adults include the Parks and Green spaces teams at Moors Valley, Durlston and Avon Heath Country parks, IT, libraries and Adult Social Care, the new Supported Employment Service with work in partnership to deliver the Employment Pathway.
- Working with community groups e.g. the Munsty's group, the Volunteer Centre, Leonard Cheshire and "Stepping into Nature" to secure outdoor and active volunteering opportunities for vulnerable adults (gardening, beach cleaning, conservation projects) as well as guided walks in the Weymouth and Portland, West Dorset and Wareham areas.
- Partnering with private, micro and community partners and the Volunteer centre across Ferndown, Wareham and Weymouth developing activities on offer during the day, moving away from traditional day care sessions and offering active and outdoor sessions (swimming, walking, gym sessions and classes, Zumba and yoga, golf and football) as well as guided walks and social sessions in community parks and outdoor spaces(Sarah Perrett)
- Delivering travel training: This is a bespoke programme of work that helps people with a learning disability gain confidence to use public transport. This could start from learning one route, for example, home to the town centre and is built upon to reduce the reliance on statutory transport or indeed family members providing transport.
- Portfolio Holder for Adult Social Care and Public Health has raised a 'Call to Action' from Members and communities to help support people in the communities to remain independent

Priority 3: Support and Challenge

Provide governance and support to our partners, prioritising the delivery of key partnership outcomes

Question 1

What action are you taking to improve outcomes for children, young people and young adults who have special educational needs and disabilities (SEND)?

- Please tell us about your intended outcome, the project/programmes in place to achieve that outcome and the timescale and partners involved.

Adult Social Care:

- Improved access to independent living, focus on reablement and skills development. New services such as supported employment and development of the private day service market enable people to develop better skills for independent living and to develop the confidence to undertake work. As a result, people required less support to live independently. The council is also developing a bespoke programme of work called 'Steps to Independence' this will enable providers to work with people to focus on specific areas of their life where they feel they need more support to be independent, this could include, helping people to manage bills, cook, use public transport. It is hoped this programme will start working with people at a younger age to support their transition into adulthood.
- Birth to Settled Adulthood project; aligning children's and adult social care work, including commissioning, to focus on the very best outcomes for children and young people with SEND needs. An independent chair has been appointed to the Birth to Settled Adulthood Board.
- Working with provider organisation encouraging them into Dorset to deliver bespoke packages of care – three new providers have come on board during 2021.
- Working with housing providers to develop specific accommodation to meet the needs of this cohort – this is ongoing however there are three new developments in the pipeline.
- System Autism Steering Group with a number of workstreams focussing on earlier assessment, referral to appropriate services and access to health and social care support.
- Commissioned specific Autism training for the local workforce focussing on strength based approaches and enablement.
- Developing an all age joint commissioning strategy by Spring 2022 to ensure sufficiency in provision.

Dorset & Wiltshire Fire and Rescue Service

Dorset Health & Wellbeing Strategy 2020-2023

Member activity stocktake

Page 8

This template provides a framework for Health & Wellbeing Board Members to complete a stocktake of the activity they are undertaking that contributes to the board's priorities for 2020-2023.

- Name of your organisation: Dorset & Wiltshire Fire and Rescue Service
- Your name: Marc House
- Please email completed templates to: Rupert.Lloyd@dorsetcouncil.gov.uk
- [Link to the Dorset Health & Wellbeing Strategy 2020-2023](#)

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 1

What engagement have you completed and/or do you have currently underway with communities that can inform the Board's action on improving healthy life expectancy?

Consider:

- Which communities does that engagement focus on?
- For each of those initiatives please tell us about: timescale, engagement format and objectives

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We are much more than a Fire and Rescue Service focused on response. We are about helping people to become safer, healthier and to live more independently. Improving the community's wellbeing and investing in our future generations is central to our way of thinking.

- We deliver a range of Prevention activities focused on the following key objectives:

Children & Young People

- Educate the population to be safe for the future. (Fire, water & road safety)
 - Ensure young people grow up in homes that are safe.
 - Ensure schools, public buildings are fire safe.
 - Reduce deliberate fire play, fire setting and associated anti-social behaviour
 - Promote healthy living and safe lives from a young age.
 - Support vulnerable young people to avoid being NEET (Not in education, employment, or training)
- (Continued on page 2)

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

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Adults

- Ensure the places we work, live and play are safe from fire.
- Reduce the high cause of admission to trauma units from road traffic collisions
- Educate people to be fire safe.
- Support vulnerable people to reduce fire risk in their homes.

The older population

- Provide education and support for people to live safe independent lives.
- Reduce the risk of fire in the home.
- Ensure the places people live are safe from fire.
- Help keep mature motorists on the road safely for longer

Our delivery models

Road Safety Education

2 Person Team assisted by Operational Crews / Normal year reach 6-8,000 per year

Delivery education programmes to all ages. The prevention of road traffic collisions can have a bigger impact on health than just the reduction in road traffic casualties. By making roads safer we can encourage more people to travel by alternative means creating a healthy population and reduce carbon emissions.

- Safe Drive Stay Alive Roadshow – aims to teach young people about the consequences of poor choices when driving and empowers them with the tools to help make good choices.
- Survive the Drive – For the military population as statistics show they are at a greater risk of being involve in a road traffic collision.
- Support other events (drink drive, cycle safety) through Dorset Road Safe partnership.

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Our delivery models

DWISE – Dorset & Wiltshire Inspirational Safety Education

4 Person Team delivering in school lessons to every primary school in Dorset.

The DWISE programmes aim to help children and young people live healthier and safer lives, inspired by firefighters. Resource material is designed for different ages, developing the topics covered as appropriate for the young person's age and circumstances.

The main topics covered include:

- Fire hazards and prevention.
- Fire detection and escape.
- Consequence of anti-social behaviour (fire play, firesetting, hoax calls, interference/ misuse of fire safety equipment and systems).
- Safety in and near water.
- Safety in the car, as a pedestrian, cycling or scooting (for under 16s).
- What to do in an emergency.
- Healthy and positive lives inspired by firefighters.

Safe & Well Visit

12 Person Team supported by Operational Crews / Normal reach 6-7,000 vulnerable people/homes

A person-centred home visit carried out by a trained Safe & Well Advisor or Operational Crew. The visit focuses on health as well as fire. It involves the systematic identification of, and response to health and well-being issues, along with fire risk reduction. An effective Safe & Well visit takes a holistic approach to reducing risk. This is achieved by considering the individual, their home environment and lifestyle. It places the wishes, behaviours, needs and abilities of the individuals at the heart of the visit. We receive referrals from partners and will also signpost to other agencies that can help support vulnerable people we come across in the community.

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Youth Interventions

4 Person Team assisted by Operational Crews

Courses designed to support youth and young adults and promote empowerment in a positive environment.

- SPECTRA – Support, Purpose, Enthusiasm, Challenge, Trust, Resilience, Achievement (4-6 courses per year) (13–24-year-olds)

A tailored development programme designed to promote empowerment in a positive environment whilst also encouraging teamwork and the supporting of others. Using practical firefighting activities as a tool, we engage participants and encourage them to work together to problem solve scenarios and activities set by the firefighter instructors.

- Princes Trust Team - 3 courses per year

Dorset & Wiltshire Fire and Rescue Service are proud to be working in partnership with The Prince's Trust to deliver the Team programme to help support unemployed young people aged between 16 and 25 to recognise and achieve their potential. The course aims to help young people progress into work, education, training, or volunteering

- Cadets (13–18-year-olds)

The aim of Fire Cadets is to support the development of young people by offering them the opportunity to take part in fun and challenging activities to help them reach their full potential whilst contributing to safer, stronger, and healthier communities

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 2

What partnerships, including and beyond with other board members, do you have in place that contribute to improving health and wellbeing?

Consider

- What community/area is the partnership focussed on, which partners are involved and what is the objective of the partnership.

Page 5
We work with many partner organisations across the Prevention agenda. Two Road Safety Partnerships comprising of organisations aiming to reduce casualties on Dorset & Wiltshire roads. We also work with organisations referring vulnerable people into our Safe & Well programme. The youth programmes are supported and funded by several partners. Our Education Team also work with partner organisations, ensuring the messages and content is suitable for the needs of the children, and signposting to other organisations to continue and develop the education messages, such as the RNLI

Partnerships

- 143 partners refer vulnerable people into the Safe & Well programme – Service wide coverage
 - Includes - SWAST, DC, NHS, Care providers, Housing providers, etc.
- Member of the Dorset Road Safe Partnership
 - Includes - DWFRS, Dorset Council, BCP Council, Dorset Police, Highways Agency)
- Work in partnership with RNLI & RLSS to educate, signpost and promote water safety awareness.
- Attend Heath & Wellbeing Locality Groups in 6 areas across Dorset. Aim to support through Safe & Well referrals.
- Attend & support Domestic Abuse Perpetrator Panel led by Dorset Police. Aim to support through Safe & Well and gain knowledge to share with teams
- Dorset Heathland Partnership. Aim to reduce heathland fires.
- 0-25 Dorset VCS forum, Dorset Youth Association. Aim to support through the Youth Intervention courses we provide.
- Princes Trust Regional Southwest Partnership. Aim to support youth programmes.

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 2

What partnerships, including and beyond with other board members, do you have in place that contribute to improving health and wellbeing?

Consider

What community/area is the partnership focussed on, which partners are involved and what is the objective of the partnership.

Partnerships continued

- Dorset Safeguarding Board
- Dorset Anchor Institutions
- Dorset place-based partnership
- Dorset Strategic Alliance

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 3

What processes do you have in place with partners and communities to measure the impact of your work on improving health & wellbeing?

Consider

- Please tell us about the outputs and/or outcomes you are measuring, communities or partners involved and how you carry out that measurement

How we report

Our prevention activities are measured via Key Performance Indicators which are reported to the Combined Fire Authority (CFA) and are also publicised in our Annual Service Plan. This information is reviewed at Local Performance and Scrutiny boards that review how effective we are at meeting the needs of the local community to reduce fires and other risks.

Progress is also monitored through the Service Delivery Plan and at Monthly and quarterly Service Delivery Team meetings.

How we measure & improve

We also add quality assurance to the delivery of our Prevention activities by carrying out regular evaluations. These evaluations cover four main topics to help us measure, develop and improve our delivery.

Customer Satisfaction surveys help us understand how the public view the service we are providing. Questionnaires and feedback are gathered to measure the quality of delivery.

Behaviour Change plays an important role at reducing risk in the community. Interventions designed to change behaviour can have enormous potential to reduce risks in the community. We look to measure immediate changes in attitude or intended behaviour following the interventions delivery.

Using DWFRS and Partner data to understand what the risks to society are and how we might have a positive effect on those risks. We also use the data to measure how effective the activities have been at reducing incidents. This is monitored through our own incident data and by using partner data such as Police road traffic collisions statistics.

Helping us to understand that the service we provide achieves an optimum combination of quality and results. It helps us ensure that for every pound of public money we spend on prevention there is a good societal return for the investment.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 1

What is your organisation already doing and what more could your organisation do to:

Create a culture that supports daily movement and demystifies 'physical activity' through the language and behaviour exhibited by leaders within your organisation?

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- We have an active health and wellbeing department that provide health guidance and support to regarding all areas of wellness for staff. The service has a number of fitness facilities available to both operational and corporate staff to promote movement and exercise. This is underpinned for operational crews with regular fitness assessments and specialist advice from fitness advisors and occupational health advisor.
- We have a dedicated health & wellbeing site within our service intranet which is available to all staff providing information and signposting to specialist services covering health, fitness, wellbeing and mental health.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 2

What is your organisation already doing and what more could your organisation do to: Create opportunities for people to build movement into their daily lives?

Consider:

- Workplace environment, influencing the built & natural environment, how your organisation delivers services etc
- your workforce, service users/patients, communities

- Road Safety – Education programmes are designed to promote sustainable transport and improve road safety. Replacing car travel with more active sustainable transport can have significant improvements in physical activity rates. We promote road safety to reduce the impact that roads have on surrounding communities and encourage people to walk and cycle.
- Firefit – Is our schools programme where we use the positive role model of the firefighter to inspire young people to be more physically active. We have a number of resources available to schools to run PE lessons. We also create a number of media resources (i.e firefighter fitness video) that are available from our website and promoted to schools.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 3

What is your organisation already doing and what more could your organisation do to: Connect people to the existing opportunities outside your organisation for supporting and encouraging daily movement?

Consider:

- across other services, the built and natural environment, the voluntary and community sector
- your workforce, service users/patients, communities

- Safe & Well – The team will signpost people to organisations that are able to help them become more active. (i.e. Age UK)

Priority 3: Support and Challenge

Provide governance and support to our partners, prioritising the delivery of key partnership outcomes

Question 1

What action are you taking to improve outcomes for children, young people and young adults who have special educational needs and disabilities (SEND)?

- Please tell us about your intended outcome, the project/programmes in place to achieve that outcome and the timescale and partners involved.

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- Work with SEND schools in request and develop resources and lessons to their needs (bespoke)
- Delivery in mainstream education we make reasonable adjustments to be as inclusive as possible
 - Sign language key messages
 - Visual stimulation and accessible formats (colour, text)
 - Resources are made available for one-to-one use
- We ask for feedback from education providers to evaluate delivery and use their knowledge to guide and develop further delivery

Dorset Community Action

Importance of VCSEs in delivering the 4 key priorities

Reminder of the major impact and contribution to health and well-being from the VCSE sector

- There are an estimated 7000 VCSE organisations across Dorset
- Of these, DCA sector surveys estimate that around 70% are delivering a service that leads to a wider health & well-being benefit for people
- Examples of local VCSE contributions – local exercise groups, delivery of hot meals, COVID support, befriending, food pantry, youth clubs, faith organisations.

Key priorities – examples of delivery

- **Empowering Communities** – tackling underlying inequalities – DCA & VCSE partners commissioned to identify gaps and improve outcomes – disability, mental health, ethnic minorities. DCA's Seed-To-Plate in Wimborne and Weymouth
- **Promoting healthy lives** – Stepping into Nature - partnership between Dorset Wildlife Trust, Dorset Forest School and Dorset History Centre. Thriving Communities – partnering between Social Prescribing and VCSEs
- **Support and Challenge** – VCSE involvement in local structural changes as part of ICS
- **Measuring impact** – sharing of data – e.g. DCA support of research and development of Home First – partnership approach to community-based care

Strengths of the VCSE

Reflect local need – embedded in communities, know their communities needs best

Flexible and agile - able to react quickly to emerging needs (e.g. COVID)

Cost-effective - mostly voluntary, self-funding or raise their own grant support

Collaborate effectively on the ground – e.g. DCA, VCD, CAB, Age UK, Dorset Racial Equality council working alongside Dorset Council and CCG. Local links with social prescribing, schools, gyms, faith organisations.

What needs to happen

Engagement and inclusion - continued inclusion, but with deeper engagement and stronger representation of VCSEs, in the planning and design of new services

Top-down and bottom-up - include support for local community VCSEs to adjust and integrate with changes resulting from strategic initiatives

Avoid one-size fits all – ensure plans and designs take account of major local differences in each community's needs – rural vs town, north vs south, age profile, employment opportunities, local resources E.g. Transport, sports facilities, GP surgeries.

Better use of data – incorporate collection and use of VCSE data – better informed about needs and outcomes

Support long-term sustainability – train and support VCSEs

Public Health Dorset

Dorset Health & Wellbeing Strategy 2020-2023

Member activity stocktake

This template provides a framework for Health & Wellbeing Board Members to complete a stocktake of the activity they are undertaking that contributes to the Board's priorities for 2020-2023.

- Name of your organisation: Public Health Dorset
- Your name:
- Please email completed templates to: Rupert.Lloyd@dorsetcouncil.gov.uk
- [Link to the Dorset Health & Wellbeing Strategy 2020-2023](#)

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 1

What engagement have you completed and/or do you have currently underway with communities that can inform the Board's action on improving healthy life expectancy?

Consider:

- Which communities does that engagement focus on?
 - For each of those initiatives please tell us about: timescale, engagement format and objectives
- Working with LA colleagues through Best Start in Life to consult with communities and practitioners to develop a strong “ready to thrive” strategy, programme and services for children aged 0-5 years. Evidence is strong that children who have a good start have better health, wellbeing and education/economic outcomes over the life-course.

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 2

What partnerships, including and beyond with other board members, do you have in place that contribute to improving health and wellbeing?

Consider

- What community/area is the partnership focussed on, which partners are involved and what is the objective of the partnership.

- There are ongoing discussions about the arrangements for a new local strategic partnership board which will have oversight of the delivery of the new national drug strategy.
- PHD are working in partnership with third sector providers and the local drug and alcohol treatment service (REACH) to deliver a programme of support to rough sleepers (or those at risk of rough sleeping) to engage them in drug and alcohol treatment using a grant received from OHID which started in 2021 and expected to run until at least the end of 2022/23. This is called REACH Out.
- The Drug Related Death Confidential Inquiry Panel works in partnership to review and learn from all drug related deaths in the Pan-Dorset area.

For CYP:

Strategic Alliance for CYP in Dorset and associated workstreams ensure partners co-ordinate opportunities to improve Prevention and Early Intervention for CYP and Families. PHD lead on Best Start in Life (for 0-5's)

- BCP equivalent is CYP Partnership Board. Plans for a 0-5 focus workstream will be co-lead by PHD and LA.
- Emotional Health and Wellbeing Strategy Steering Group for CYP and associated workstreams. PHD chair.
- Local Maternity and Neonatal System Strategic Partnership Group – oversee the transformation plan for Maternity and Neonatal Services. PHD lead and support programmes within the plan e.g. Equity Audit, reducing Smoking in Pregnancy, improving Maternal Mental Health.
- Head teacher Alliance for PE and Sport is a partnership which influences and delivers improvements in Whole School Approaches for Health and Wellbeing, through the lens of physical activity.
- Safeguarding Children's Partnership and associated workstreams ensure CYP and Families are supported with complex needs (at Statutory level).

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 3

What processes do you have in place with partners and communities to measure the impact of your work on improving health & wellbeing?

Consider

- Please tell us about the outputs and/or outcomes you are measuring, communities or partners involved and how you carry out that measurement

- A steering group reviews progress of the Rough Sleepers initiative as described above.
- Performance data for the drug and alcohol service is reviewed by the JPHB on a 6 monthly basis, and we anticipate that the new local strategic partnership board will monitor progress in delivery of the drug strategy.
- Each Strategy for CYP has identified Key Performance Indicators or programme deliverables, which seek to measure impact on health and wellbeing.
- Commissioned services which deliver programmes, projects and services have Key performance Indicators.
- Quality assurance is reviewed through partnership groups for example the Dorset Multi-Agency Quality of Practice & Action Group and Annual Conversation meetings

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 1

What is your organisation already doing and what more could your organisation do to:

Create a culture that supports daily movement and demystifies 'physical activity' through the language and behaviour exhibited by leaders within your organisation?

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- Working with the Head teacher Alliance for PE and Sport, PHD seeks to champion movement in schools as a enabler of positive mental health, wellbeing and behaviour. We have projects which universally promote physical activity and more recently have initiated programmes which co-produce physical activity with disadvantaged groups e.g. Early Years (healthy Movers), SEND/SEN Support (Whole School Approach) and Young Carers (Stormbreak)
- Our CYPPHS has a priority outcome to promote and champion physical activity, from birth to adolescents, supporting parents, carers, children and young people to take up CMO guidelines and benefit from activity.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 2

What is your organisation already doing and what more could your organisation do to: Create opportunities for people to build movement into their daily lives?

Consider:

- workplace environment, influencing the built & natural environment, how your organisation delivers services etc
- your workforce, service users/patients, communities

For CYP:

- As above. We also support the Active Travel agenda

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 3

What is your organisation already doing and what more could your organisation do to: Connect people to the existing opportunities outside your organisation for supporting and encouraging daily movement?

Consider:

- across other services, the built and natural environment, the voluntary and community sector
- your workforce, service users/patients, communities

For CYP:

- As part of the review of the National Childhood Measurement Programme, we are developing digital and easy access to advice, information and support to help children move more. This will include a “activity finder” approach so children, young people and families can access opportunities for daily movement.

Priority 3: Support and Challenge

Provide governance and support to our partners, prioritising the delivery of key partnership outcomes

Question 1

What action are you taking to improve outcomes for children, young people and young adults who have special educational needs and disabilities (SEND)?

- Please tell us about your intended outcome, the project/programmes in place to achieve that outcome and the timescale and partners involved.

- Whole School Approaches to Physical Activity – we have provided small grants to local schools to consult with students with SEN support needs and understand how they can improve opportunities and access to physical activity for these children and young people. Once projects have been delivered, case studies will be shared to encourage other schools to implement approaches in their school. The focus is on SEN support students, who don't have a EHCP/Plan.
- During C19 – we have been working with the Parent/Carer Forum to develop a health and wellbeing offer to the parents and carers of Children and Young People with SEN/D recognising the additional strain on these families from the pandemic. This programme will offer parents, carers and families need opportunities to be active, socialise and connect with peer support.

DC Place Directorate

Dorset Health & Wellbeing Strategy 2020-2023

Member activity stocktake

Page 104

This template provides a framework for Health & Wellbeing Board Members to complete a stocktake of the activity they are undertaking that contributes to the board's priorities for 2020-2023.

- Name of your organisation: Dorset Council – Place Directorate
- Your name:
- Please email completed templates to: Rupert.Lloyd@dorsetcouncil.gov.uk
- [Link to the Dorset Health & Wellbeing Strategy 2020-2023](#)

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 1

What engagement have you completed and/or do you have currently underway with communities that can inform the Board's action on improving healthy life expectancy?

Consider:

- Which communities does that engagement focus on?
- For each of those initiatives please tell us about: timescale, engagement format and objectives

Page 105

Library strategy consultation: completion of full needs analysis which will provide need by library catchment area including health to support future library service requirements

- Our future strategy will specify how we will: integrate with other services in our future libraries and hubs; how we can expand opportunities to connect voluntary, community services with customers that need additional support; signpost and triage to health based classes (e.g. smoking cessation - livewell Dorset classes) specify how provision of connection, events and activities can support mental health outcomes and how those will be delivered in future;
- Library strategy consultation: face to face engagement with groups; families; young people; library users and non-users; asking for how libraries can support better health outcomes (including mental health) Timeline: analysis of library strategy consultation and engagement is happening now and throughout 2022 with a second phase consultation in summer 2022.

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 2

What partnerships, including and beyond with other board members, do you have in place that contribute to improving health and wellbeing?

Consider

- What community/area is the partnership focussed on, which partners are involved and what is the objective of the partnership.

- Engaged with community wellbeing hubs via CCG: focussed on Weymouth, Blandford, Dorchester; key stakeholder on group; understanding how council customer services, libraries and future hubs can support better outcomes for residents. (signposting, digital access, providing links to customer access support (all services) and opportunities for co-location) Timeline: involved in business case formulation and will be ongoing following in 2022 – 2023.
- LGA family hubs peer review: focussed on how libraries and children services can be more integrated in the future to improve outcomes for families and children; hosting information; including additional services; (e.g. speech and language) focus on existing and future early years focussed events; & consider co-location of services to support whole family health outcomes; Timeline: completing peer review by end of April and feeding results / recommendations into Library Strategy and Family Hub Strategy

Priority 1: Empowering communities

Engaging with, and empowering communities of highest need, to improve healthy life expectancy

Question 3

What processes do you have in place with partners and communities to measure the impact of your work on improving health & wellbeing?

Consider

- Please tell us about the outputs and/or outcomes you are measuring, communities or partners involved and how you carry out that measurement

- (Health & Activity Team – Coast & Greenspace) Team currently contribute to the Dorset Council Performance Report in relation to Number of participants in Health & Activity Green Exercise Programme (i.e. number of activity spaces that are filled) cumulative and Total new participants engaging in at least one element of the Health & Activity Green Exercise Programme – this is not directly related to a partnership or community.
- Dorset Council Performance Data Report.
- Community and Recreation Officer - The arts development company are commissioned with measuring the impact, data collection and reporting on each of our outcomes – this will be backed up with monthly published show cases of good practice from across the county working with our comms department.
- Within The Cultural section of Leisure Services we are working with Corporate Business team to collate and publish the success of our grant funding to cultural organisation and to measure against the above outcomes. Our two key grant funds the Organisational revenue support grant fund and the Community and Cultural project fund grant is aligned with the Corporate priorities and the Cultural Strategy 10 strategic ambitions.

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 1

What is your organisation already doing and what more could your organisation do to:

Page 108

Create a culture that supports daily movement and demystifies 'physical activity' through the language and behaviour exhibited by leaders within your organisation?

- Promotion through employee wellbeing: asking teams to take regular breaks; encouraging walk; cycle as part of healthy activity during the day (and moving away from screen)
- Libraries and customer services also promote healthy activity and any literature available within public spaces.
- To be built into strategies: how we include promotion of healthy outcomes through our social media; telephone service (IVR); customer platforms; digital screens in libraries; provide promotion material through links with organisations via libraries and history centre;
- Health & Activity Team – Coast & Greenspace Team remit is focused on encouraging local people to get active and achieve this through the planning, coordination and delivery of a programme of activity. The programme includes Dorset Health walks (Dorset Health Walks - Dorset Council), Health Cylce Rides, Accessible Cycling, Nordic Walking and more – evolving from the East Dorset area, so a developing

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 2

What is your organisation already doing and what more could your organisation do to: Create opportunities for people to build movement into their daily lives?

Consider:

- Workplace environment, influencing the built & natural environment, how your organisation delivers services etc
- Your workforce, service users/patients, communities

- developing outdoor walking/gardening/wellbeing initiatives with locally based community partner.
- grant funding secured to fund partnership with Dorset Councils Greenspace and Coastal team providing outdoor guided walks, develop wellbeing garden, small grant pot to support community initiatives for gardening and outdoor development.
- Health & Activity Team – Coast & Greenspace - promotion of physical activity through social media and programme of Health & Activity. Active 4 Health lifestyle Hub .
- Expanding the Health & Activity programme of delivery into further DC communities. Training Health Walk Volunteers, Health Cycle Volunteers, Accessible Cycling Volunteers and a new pilot project – Active Buddies. Team draft report in place to scope out this development.
- Community and Recreation Officer - We could emphasise or prioritise dance applications or performing arts

Priority 2: Empowering communities

Set priorities to accelerate work promoting healthy lives and wellbeing --- focus on physical activity

Question 3

What is your organisation already doing and what more could your organisation do to: Connect people to the existing opportunities outside your organisation for supporting and encouraging daily movement?

Consider:

- across other services, the built and natural environment, the voluntary and community sector
- your workforce, service users/patients, communities

Place:

- Health & Activity Team – Coast & Greenspace - Health & Activity Programme. Active 4 Health Lifestyle Hub, connecting health professional exercise referrals into Leisure and Greenspace. We could achieve more by expanding these offers.
- Health & Activity marketing, Active 4 Health Lifestyle Hub (connecting people referred for exercise from health professionals) , we could do more by expanding these offers and opportunities to a wider geographical area. Team draft report in place to scope out this development.
- Sports Development Officer - Promotion of DC funding and priorities those that help to encourage daily movement.
- Providing funding for Age UK's 'Better Balance' classes designed to improve confidence, increase stability, mobility, and balance, strengthen muscles, improve posture, and most importantly help prevent falls and lessen the impact a fall can have on the body.

Priority 3: Support and Challenge

Provide governance and support to our partners, prioritising the delivery of key partnership outcomes

Question 1

What action are you taking to improve outcomes for children, young people and young adults who have special educational needs and disabilities (SEND)?

- Please tell us about your intended outcome, the project/programmes in place to achieve that outcome and the timescale and partners involved.

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We are specifying extending current provision of events and activities delivered via Libraries for families with SEND children with the strategy: strategy and family hubs work will determine future provision and resources required to extend provision

- Aligning our outcomes to be shared with children services to collaborate effort and integrate speech and language services within current library service
- Provision of customer services front door includes some triage, initial first point of contact services for children services and ensuring we signpost, provide information and advice at the first point of contact.
- Strategic Lead Outdoor Education - We provide Short Breaks for young people with SEND between the ages of 7-17 for Dorset Council young people. We have delivered on the Holiday Activity and Food Programme too as has the inhouse leisure centres.
- Community and Recreation Officer - Cultural services continue to raise funding and deliver the highly successful Artz+ Sportz+ holiday programme of sports and arts activities for children with special needs, we

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Anchor Institutions

Update to Dorset Health & Wellbeing Board

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30th March 2022

We'll cover:

- What we've done – initiating an Anchor Institution network for Dorset
- Learning so far
- Where we go next

Developing Our Dorset Anchor Institution Network

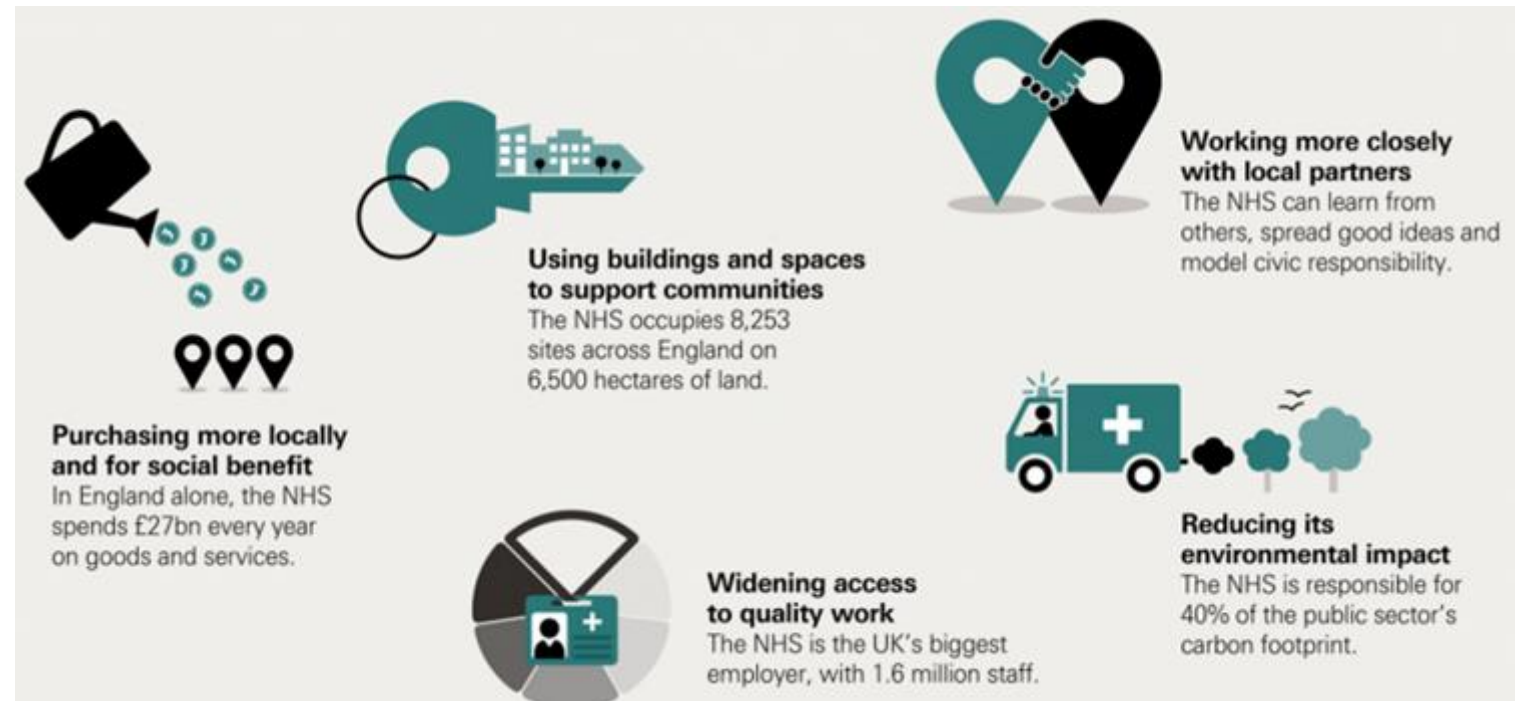
Where we started:

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- Awareness and visibility of anchor institution potential varied across Dorset
- Mixed use of labels and language
- Clear appetite to do more --- but what & how less clear

Socialising ideas & focussing attention

- **Online workshop** with The Health Foundation, Sept 2021
Socialised the ambition to **go further faster** through developing a Dorset AI Network
- Shared a draft **AI charter**
- 1:1s & network meetings
Nov/Dec 2021



What we set out to do:

- Create a space for organisations to support each other develop their impact as Anchor Institutions

The network aims to:

- ✓ Convene & support
- ✓ Share & learn
- ? Agree and act

- ICS Health Inequalities programme provides resource & facilitation



Dorset County Hospital
NHS Foundation Trust



Dorset HealthCare University
NHS Foundation Trust



University Hospitals Dorset
NHS Foundation Trust



**DORSET & WILTSHIRE
FIRE AND RESCUE**

Our Dorset
Your Local NHS and Councils Working Together

What we heard back:

- Language & shared understanding matters: still working on our narrative
- Don't reinvent the wheel: go where the energy is e.g. Green Plans
- Easy to get lost in the breadth of possibility – focus in on where ambition and energy converges



Learning from others: looking in & outwards

- What are Dorset AI's already doing to develop their AI agenda/deliver 'anchor work'
- **Sharing:** Are there pockets of good practise for partners to grow or opportunities for collaboration?
- **Looking outwards:** what are other AI doing, how do we compare and how can we stretch ourselves to do better?



WINTON COMMUNITY
SHED

Widening access to quality work: what we're already doing

Page 120

- **Providing access to employment for care leavers:** e.g. Dorset Council's Pathways to employment for care leavers scheme (apprenticeships, traineeships, work experience)
- **Providing routes into employment for young people:** e.g. Dorset County Hospital 46 kickstart placements (90% of first cohort went on to substantive roles)
- **Supporting staff wellbeing and retaining workforce:** e.g. Our Dorset ['Here for Each Other' wellbeing service](#)
- **Providing inclusive employment for marginalised groups of people:** e.g. University Hospitals Dorset (UHD) is [a Disability Confident employer](#) and committed to the [Armed Forces covenant](#)

Purchasing more locally & for social benefit

- **Embedding social value requirements in procurement frameworks:** NHS organisations will be applying a minimum 10% weighting to social value in procurement in line with government procurement policy (procurement policy note [06/20](#))

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Embedding social value requirements in procurement frameworks: Dorset Council is adopting 5% social value weighting in their procurement evaluation framework and monitors quarterly spend within Dorset Council area.

- **Understanding and supporting local procurement:**
 - Dorset County Hospital: Is in the process of identifying and tracking the Trust's spend with local suppliers.
 - Dorset Council: 51% of suppliers based within Dorset, Launched 'Doing Business with Dorset Council' webpages.

Using buildings & spaces to support communities & the environment

- **Promoting the benefits of engagement with greenspace:** e.g. Bournemouth University is promoting and working to increase biodiversity and peoples' connection with nature as a means of supporting health & wellbeing.
- **Using our buildings differently:** e.g. Dorset health village/South Walks House is an example of a whole system effort where multiple organisations came together to deliver a shared purpose (increased access to diagnostics) with potential social value attached e.g. high-street footfall and benefit for local business
- **Repurposing resources for community use:** e.g. University Hospitals Dorset collaborating with Bournemouth Parks Foundation to supply unneeded materials to Winton Men's Shed Project
- **Providing local employment through estate development:** Dorset County Hospital ensures major capital infrastructure investments deliver measurable social value including use of local sub-contractors/suppliers where applicable.

Health & Wellbeing Board

30th March 2022

Better Care Fund – Finance and Performance Report

Sarah Sewell – Strategic Commissioning Lead, Adult Social Care Commissioning, Dorset Council

Kate Calvert - Deputy Director Primary & Community Care, Dorset NHS CCG

Recommendations

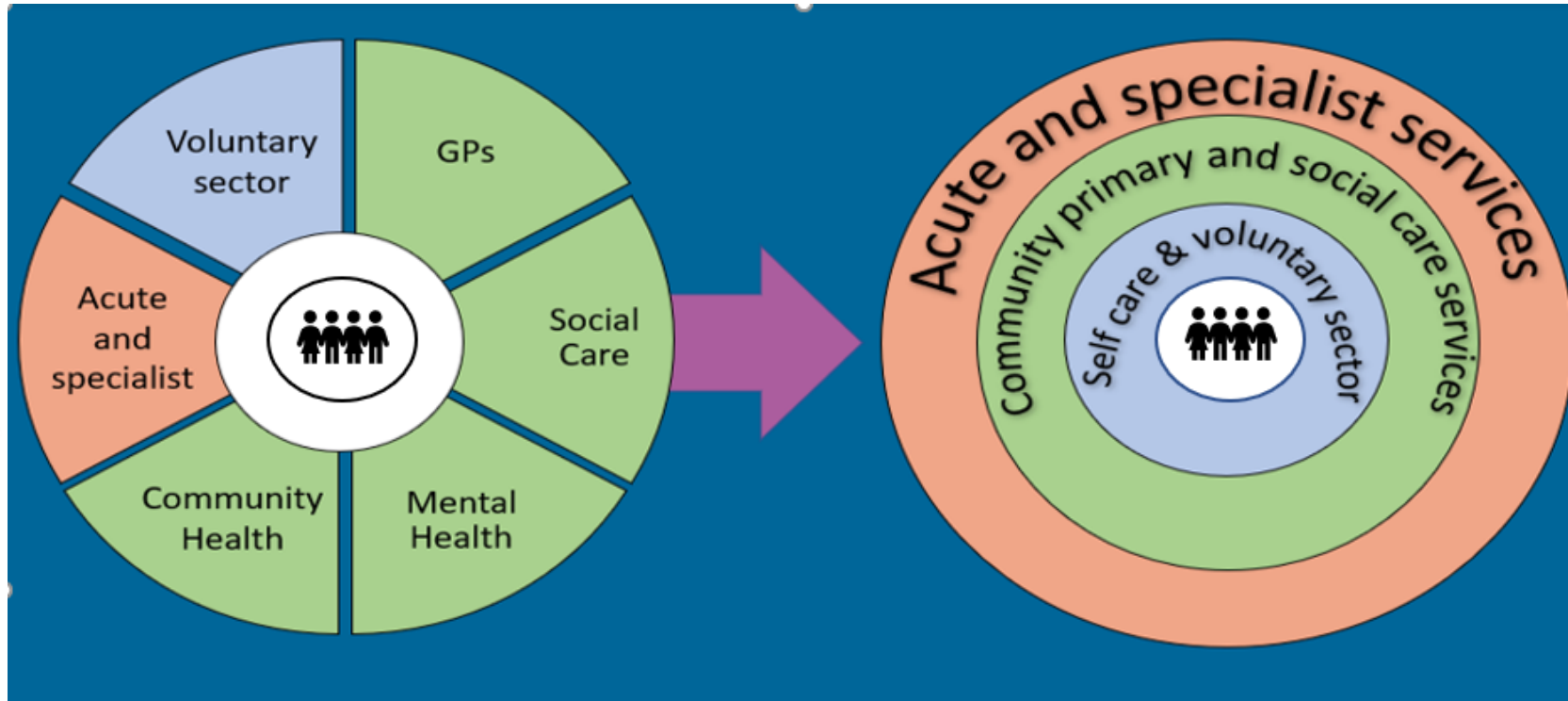
As outlined in the report:

1. To review the contents of report and confirm this contains the level of detail the Board requires.
2. To identify specific measures in addition to those set out, which will help demonstrate improved outcomes for Dorset.

Purpose of the Report

- To report to HWB Members, Finance and Performance information in relation to:
 - Dorset's performance against BCF set Metrics
 - Services and contracts that support mandatory BCF performance outcomes:
 - improved outcomes for those being discharged from hospital
 - improved outcomes for those managing health conditions at home
- Key funding streams
- In addition, the report highlights key links between the purpose of the BCF and the priorities of the Health and Wellbeing Board (HWB) Strategy

Key links between BCF purpose and HWB Strategy



Moving from:

"I have to tell my story multiple times to different people"

"I'm left waiting for services whilst commissioners argue over who pays"

"I don't get a say in my treatment"

"When I'm discharged from a service, I'm not sure where to go next"

Moving to:

"I completed an integrated care plan, setting out who will provide care and support to me and when"

"I receive more care in or near my home, and haven't been to hospital for ages"

"I feel fully supported to manage my own conditions and live independently"

HWB Strategy Priorities & BCF Mandatory Conditions and Outcomes

Examples lifted from Section 2 of the report:

HWB Strategy Priority	BCF Mandatory Condition and Outcome(s)
Empowering Communities <i>Priority one - engaging with and empowering communities of highest need to improve healthy life expectancy</i>	<ul style="list-style-type: none">- Investment in NHS community services to help people manage their health conditions at home.- Maintaining Independence streams include; Assistive Technology; Dorset Accessible Homes (Disabled Facilities Grant) Dorset Integrated Community Equipment Service Occupational Health support, District Nursing Capacity and Carers support
Promoting healthy lives <i>Priority two - set priorities to accelerate work promoting healthy lives and wellbeing</i>	<ul style="list-style-type: none">- Improving outcomes for those being discharged from hospital which supports promotion of healthy lives and supports prevention approaches: Reablement Services Integrated Crisis and Rapid Response services Mental Health and dementia support
Support and challenge <i>Priority three - provide governance and support to our partners, prioritising the delivery of key partnership outcomes</i>	<ul style="list-style-type: none">- Integrate some areas of health and social care, also supporting prevention and enabling independent living: Integrated Community Equipment Service is a true pooled budget, also Dorset Accessible Homes Service Accessed by both Health and Social Care professionals and Teams.

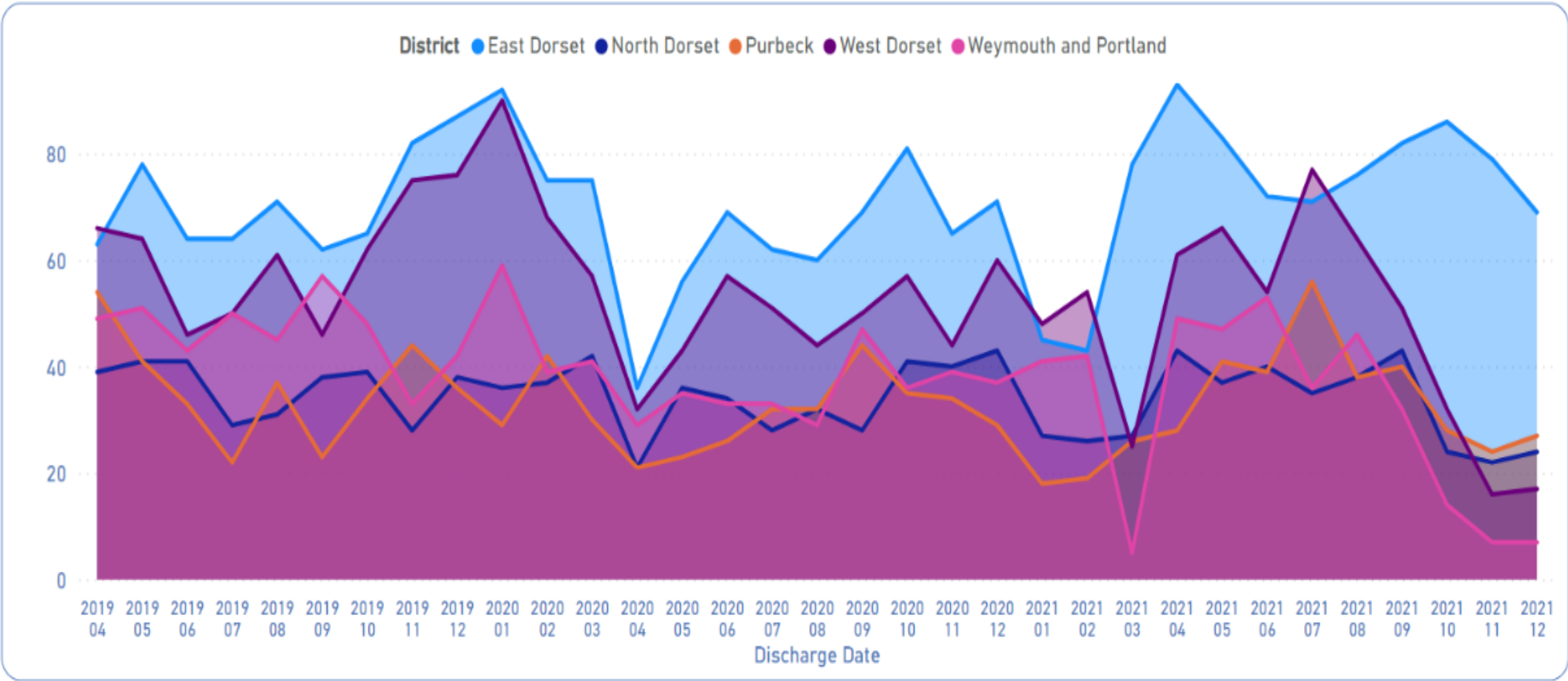
BCF Metrics – Indicators of Performance

Five key health and care metrics used to measure performance

- **Avoidable Admissions:** unplanned hospitalisation for chronic ambulatory care sensitive conditions
- **Length of Stay (Hospital)**
- **Discharge to normal place of residence:** percentage of people, resident in the HWB area, who are discharged from acute hospital to their normal place of residence
- **Residential Admissions:** long-term support needs of older people (age over 65 and over) met by admission to care homes per 100,000 population)
- **Reablement:** proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement

Metric 8.1 Unplanned Hospitalisation for Chronic Ambulatory Care Sensitive Conditions – Locally Produced Data

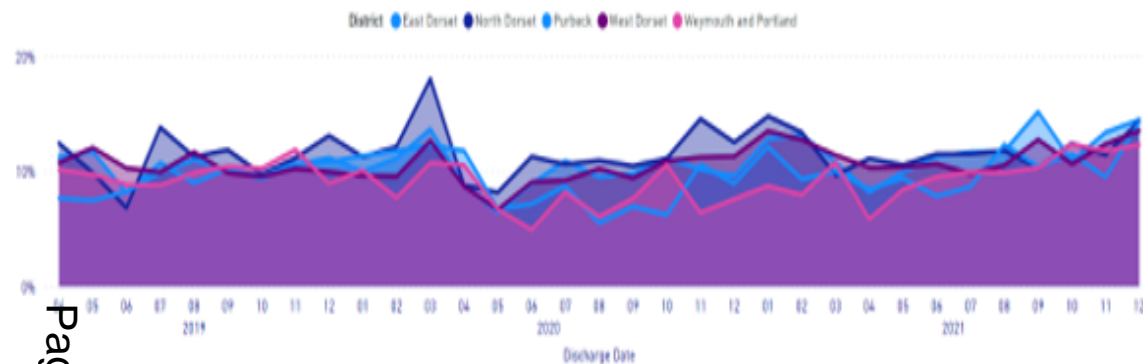
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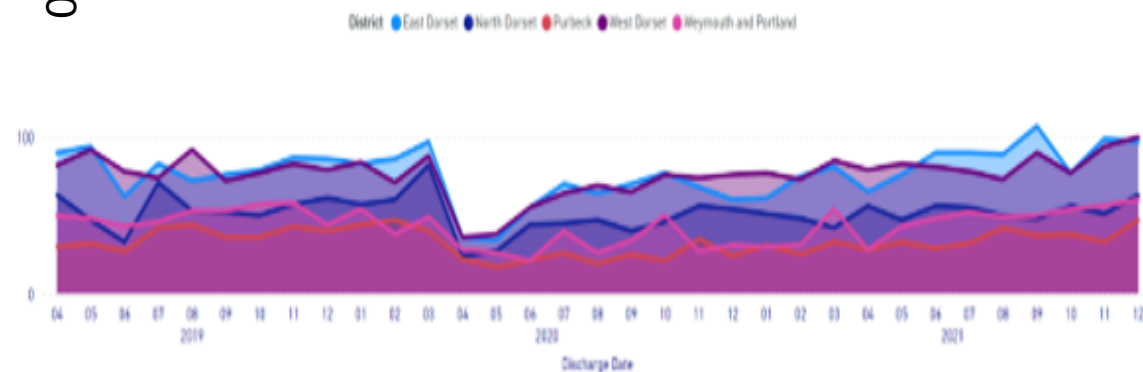
Note: Incomplete diagnostic coding at Dorset County Hospital may have affected the counts of unplanned hospitalisations for Chronic Ambulatory Care Sensitive Conditions for March, October, November and December 2021.

Metric 8.2 Length of Stay 14+ Days - Locally Produced Data

Percentage With Length of Stay of 14 or more Days

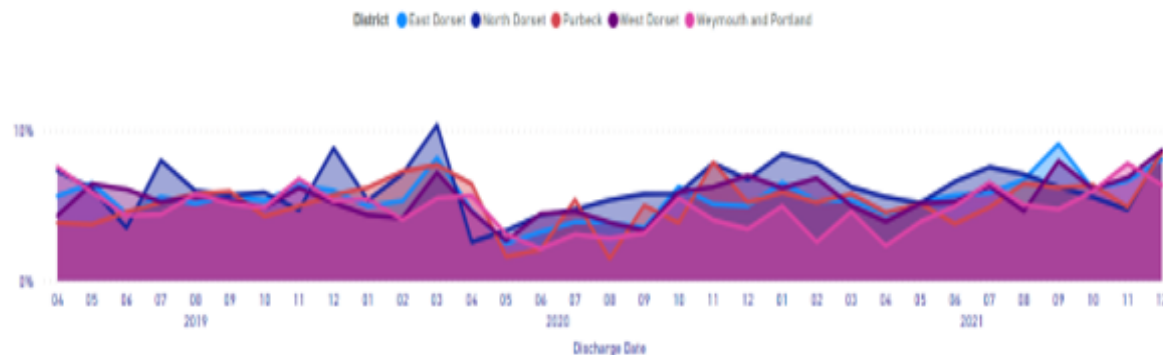


Number With Length of Stay of 14 or more Days

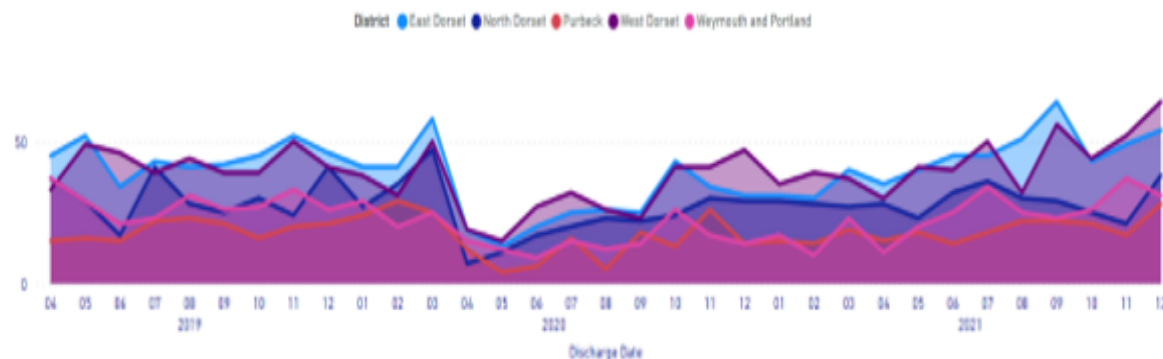


Metric 8.2 Length of Stay 21+ Days - Locally Produced Data

Percentage With Length of Stay of 21 or more Days



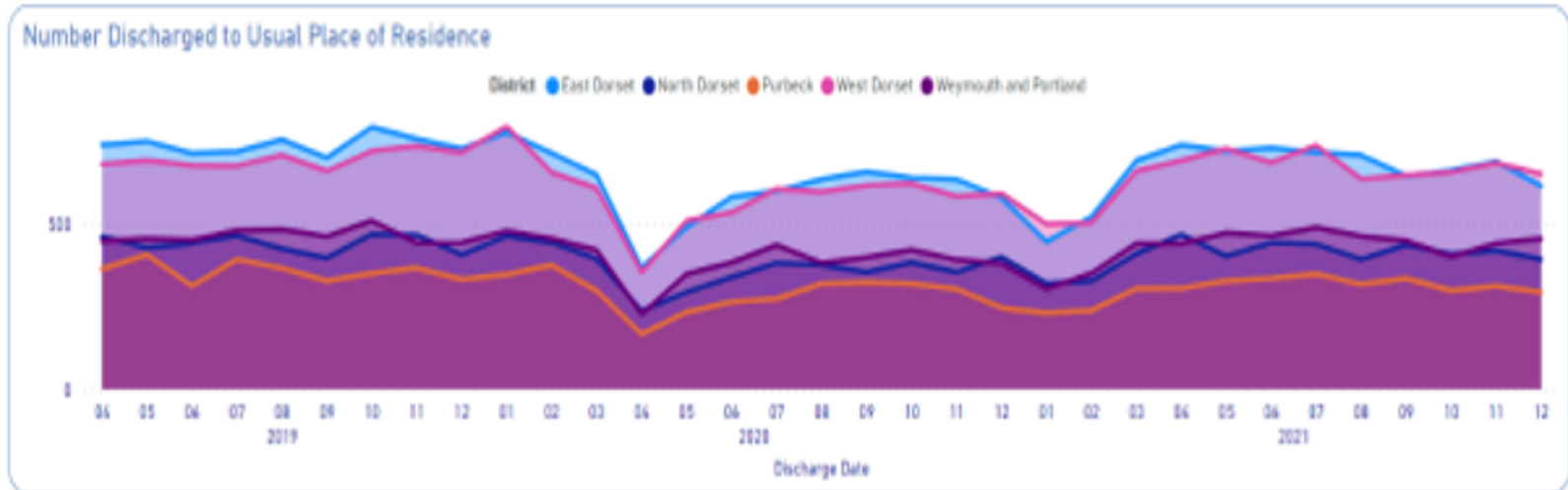
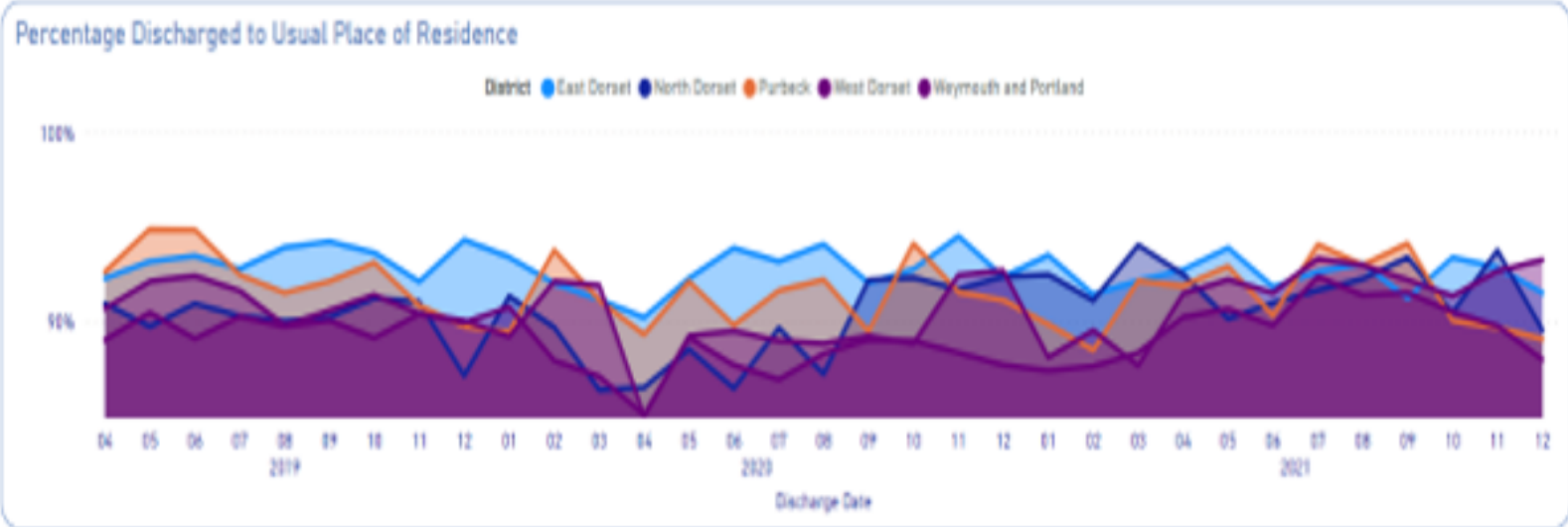
Number With Length of Stay of 21 or more Days



Metric 8.2 Length of Stay 14+ and 21+ Days

		21-22 Q3 Plan	21-22 Q4 Plan	End of Q3 1 Oct 2022	As at Dec 2022
Proportion of inpatients resident for 14 days or more		10.8%	10.8%	11.9%	14%
Proportion of inpatients resident for 21 days or more		5.7%	5.7%	6.3%	8.4%

Metric 8.3 Discharge to Normal Place of Residence - Locally Produced Data



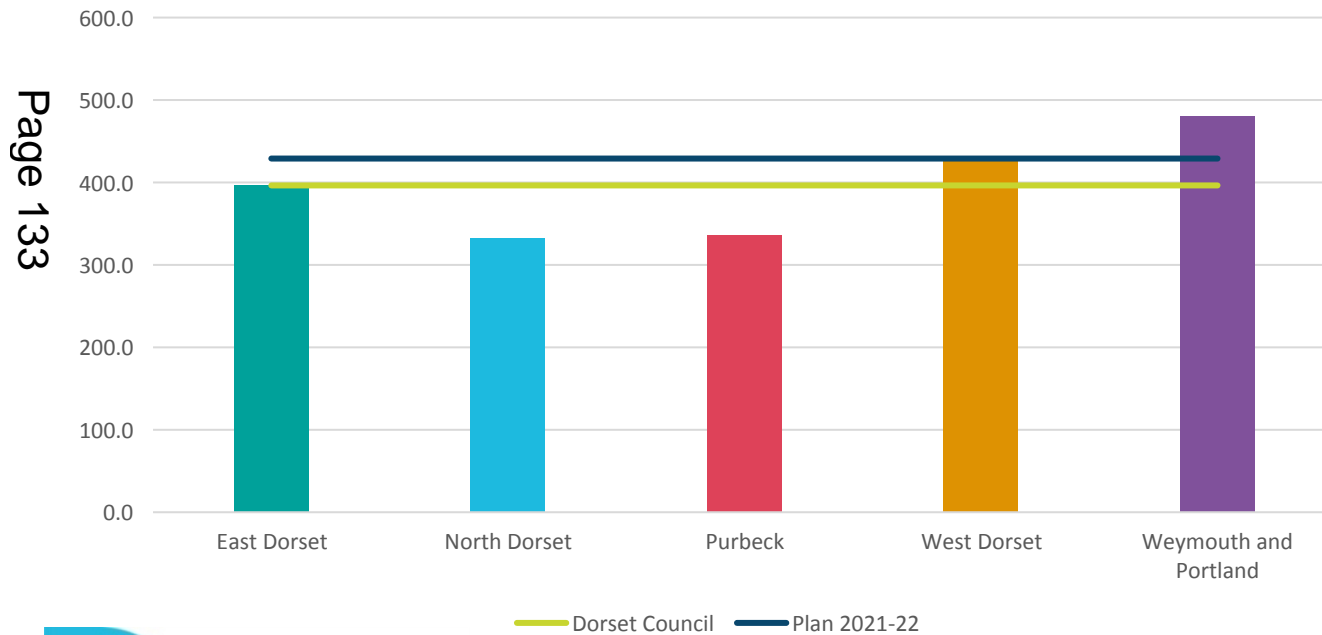
Residential Admissions – Council led metric

This measures the long term support needs of older people (65 years+) met by admission to a care home, per 100,000.

BCF Total

£61,372,965

Long term support needs of older people (65 years+) met by admission to a care home, per 100,000 by DC locality for the rolling year to 31/12/2021



Headlines:

- Qtr 3 performance is better than plan
- Dorset's annual rate is 396 admissions per 100,000 compared to Plan of 429.
- A count of 443 placements, versus forecast of 488
- Dorset is ranked 69 out of 150
- Compared to whole of Dorset, people in West Dorset, Weymouth & Portland are more likely to be admitted to residential care

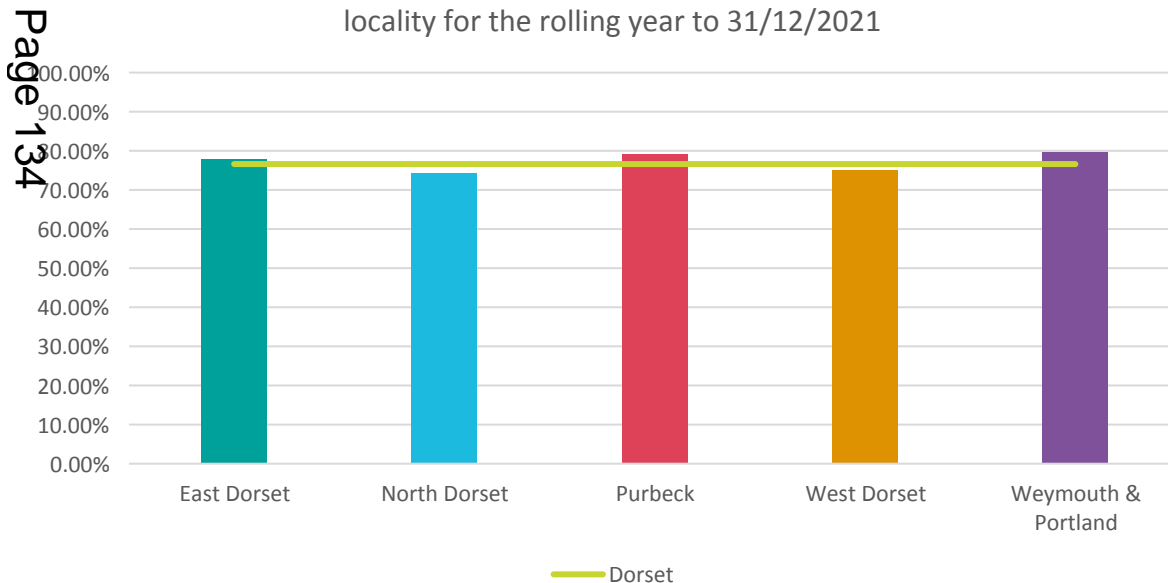
Reablement – Council led metric

This measures the Proportion of older people (65 years+) who are still at home 91 days after discharge from hospital into reablement services.

BCF Investment

£3,466,585

Proportion of older people (65 years+) who are still at home 91 days after discharge from hospital into reablement / rehabilitation services by locality for the rolling year to 31/12/2021

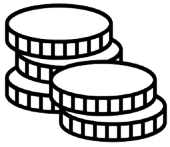


Headlines:

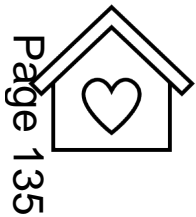
- Qtr 3 performance is meeting Plan – 76.6%
- Dorset is ranked 94 out of 145
- Success rates are lowest for people in North Dorset, but highest in Weymouth & Portland and Purbeck.
- Reablement are managing and supporting recovery at home – although not meeting all demand and covering handed back packages of care.
- Work continuing with Provider to monitor and seek future improvements.

Performance Headlines of BCF Schemes that Maintain Independence

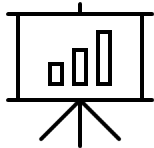
Disabled Facilities Grant



£4.152m

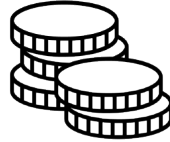


Adaptations to enable people to remain in their own homes (stairlifts to extensions, ramps to handrails))



21/22 6 months
143 major & 331 minor adaptations

Integrated Community Equipment Service (ICES)



£1.23m



Small to complex equipment to use at home to enable people to remain in their own home (walking frames, pressure relieving equipment to hoists)



2021/22 up to Dec 2021
2836 deliveries, providing 6030 items – supporting more than 2500 people

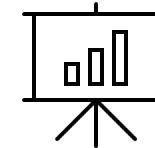
Assistive Technology & Equipment



£538,668



Equipment supported by live monitoring that triggers a response (care line, falls detector, GPS tracker)



2021/22 up to Feb 22
439 installations, 190 short term interventions

Carers

Unpaid carers have a pivotal role in preventing the need for more formal, long term care and support.

- Total funding from BCF for Carers Services is £1,112,941
- Services are jointly commissioned by the Council and CCG, with the Council as lead commissioner

Performance headlines

Target	Dorset	South West	England
The proportion of carers who receive self-directed support (1C1B)	98.3% Rank: 110	81.7%	87.1%
The proportion of carers who receive a direct payment (1C2B)	15.5% Rank: 136	70.8%	75.3%

- Self directed care is high – indicating choice & control
- Work in train to address Direct Payments – a key area of transformation for Dorset.

Range of support & contracts:

- Registering Carers and offering Information, advice and guidance
- Support for Carers living or supporting someone with a Mental Health illness
- Carers Case Workers
- Short Breaks, GP practice support to enable local support and access, befriending, training, wellbeing via counselling

Summary

- BCF investment is making a difference to individuals' lives, and is supporting improved outcomes. We have identified areas for improvement, investigation and monitoring.
- Commissioners are scheduled to bring the next performance update back in November.
- Would more information on our Assistive Tech work be of interest to the Board?
- In relation to the recommendations:
 - » Did this report contain the level of detail the Board requires?
 - » Are there any additional specific measures which will help demonstrate improved outcomes for Dorset?

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