



Health and Wellbeing Board

Date: Wednesday, 14 September 2022
Time: 2.00 pm
Venue: A link to the meeting can be found on the front page of the agenda.

Members (Quorum: 5)

Peter Wharf (Chairman), Vivienne Broadhurst, Scott Chilton, Sam Crowe, Marc House, Spencer Flower, Margaret Guy, Nicholas Johnson, Theresa Leavy, Martin Longley, Patricia Miller, Andrew Parry, John Sellgren, Simon Wraw and Simone Yule

Chief Executive: Matt Prosser, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic Services Meeting Contact 01305 224185 - george.dare@dorsetcouncil.gov.uk

Members of the public are welcome to attend this meeting, apart from any items listed in the exempt part of this agenda.

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Agenda

Item	Pages
1. APOLOGIES	
To receive any apologies for absence.	
2. APPOINTMENT OF VICE-CHAIRMAN	
To appoint a Vice-Chairman for the remainder of the Year 2022-23.	
3. DECLARATIONS OF INTEREST	
To disclose any pecuniary, other registrable or non-registrable interest as set out in the adopted Code of Conduct. In making their disclosure councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.	
If required, further advice should be sought from the Monitoring Officer	

in advance of the meeting.

4. MINUTES

To confirm the minutes of the meetings held on:

[24 March 2021](#)
[23 June 2021](#)
[22 September 2021](#)
[10 November 2021](#)
[12 January 2022](#)
[30 March 2022](#)
[22 June 2022](#)

5. PUBLIC PARTICIPATION

Representatives of town or parish councils and members of the public who live, work or represent an organisation within the Dorset Council area are welcome to submit up to two questions or two statements for each meeting. Alternatively, you could submit one question and one statement for each meeting.

All submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Friday, 9 September.

When submitting your question(s) and/or statement(s) please note that:

- no more than three minutes will be allowed for any one question or statement to be asked/read
- a question may include a short pre-amble to set the context and this will be included within the three minute period
- please note that sub divided questions count towards your total of two
- when submitting a question please indicate who the question is for (e.g. the name of the committee or Portfolio Holder)
- Include your name, address and contact details. Only your name will be published but we may need your other details to contact you about your question or statement in advance of the meeting.
- questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda
- all questions, statements and responses will be published in full within the minutes of the meeting.

[Dorset Council Constitution](#) Procedure Rule 9

6. COUNCILLOR QUESTIONS

To receive questions submitted by councillors.

Councillors can submit up to two valid questions at each meeting and sub divided questions count towards this total. Questions and statements received will be published as a supplement to the agenda and all questions, statements and responses will be published in full within the minutes of the meeting.

The submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Friday, 9 September.

[Dorset Council Constitution](#) – Procedure Rule 13

7. CHAIRMAN'S UPDATE

To receive any updates from the Chairman of the Board.

8. ANCHOR INSTITUTIONS UPDATE 5 - 26

To receive a report by the Consultant in Public Health.

9. PHYSICAL ACTIVITY STRATEGY 27 - 50

To receive a report by the Senior Health Programme Advisor, Public Health Dorset, and the Deputy Chief Executive, Active Dorset.

10. PHARMACEUTICAL NEEDS ASSESSMENT

To receive a verbal update on the Dorset Pharmaceutical Needs Assessment that is currently out for consultation until 21 September at [Pharmaceutical Needs Assessment \(PNA\) - Public Health Dorset - Dorset Council](#).

11. ROLE OF HEALTH AND WELLBEING BOARDS IN THE INTEGRATED CARE SYSTEM 51 - 56

To receive a report by the Director of Public Health.

12. FORWARD PLAN 57 - 60

To consider the Board's Forward Plan.

13. URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

14. EXEMPT BUSINESS

To move the exclusion of the press and the public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph 3 of schedule 12 A to the Local Government Act 1972 (as amended).

The public and the press will be asked to leave the meeting whilst the item of business is considered.

Dorset Health and Wellbeing Board

14 September 2022

Anchor Institutions Update

For Review and Consultation

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s): N/A

Executive Director: S Crowe, Director of Public Health

Report Author: Paul Iggulden
Title: Public Health Consultant
Tel: 01305 225869
Email: paul.iggulden@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary:

This paper provides an update on developing the impact of Anchor Institutions across Dorset Integrated Care System (ICS). This has focused on identifying aspects of the Anchor Institutions approach where we either have gaps or wish to make greater impact. This report sets out a proposal to produce and pilot an audit tool to enable ICS Anchor Institutions to baseline existing Anchor Institution 'activity' and agree where and how partners can go further, faster to increase their positive impact as Anchor Institutions.

Recommendation:

It is RECOMMENDED that the Board notes the update in the paper and supports the development of an Anchor Institution impact audit tool for use by ICS partners.

Reason for Recommendation:

1. Report

- 1.1 This paper provides an update on work towards developing Anchor Institutions across Dorset integrated care system (ICS). Nine partner organisations signed up to a Dorset Anchor Institutions charter following the Development session in September 2021 facilitated by the Health Foundation (hosted jointly by Dorset and BCP Health and Wellbeing Boards).
- 1.2 The ICS Health Inequalities Programme Team have initiated a Dorset Anchor Institutions network. The network's goal is to offer support to go 'further, faster' together in the mutual goal of harnessing shared potential as Anchor Institutions. To do this the network aims to:
 - Draw on members' experience and expertise of implementing local anchor action
 - Scope & agree shared priorities and opportunities for collaboration: collectively or as sub-groups
 - Draw on national best practise to identify opportunities for extending the impact of local Anchor Institutions.
2. The work to date of the network is summarised in the attached report. This begins to identify best practice from across the country and highlights areas where we in the Dorset system could take action to go further, faster in the following key areas:
 - Widening access to good quality work
 - Purchasing more locally & for social benefit
 - Using buildings and space to support communities
 - Reducing environmental impact.
3. Progress of the network to date has been the result of ICS Health Inequalities Programme Team support (led by Rupert Lloyd) and contributions volunteered by network members. There is uncertainty in identifying aspects of the Anchor Institutions approach where we either have gaps or wish to make greater impact. This in large part reflects considerable challenges faced

in maturing our local network and establishing a baseline of where Dorset Anchor Institutions are with respect to the key elements of the approach.

4. Next steps

4.1 Reviewing good practice from outside Dorset enables us to identify candidate initiatives for our local work. Comparing local progress against these candidate initiatives will enable us to clarify:

- Gaps - new initiatives we are not yet undertaking but might wish to consider doing so and
- Go faster areas – those where we might wish local progress to go faster to match or indeed exceed best practice from elsewhere.

5. During Autumn 2022 we will be extending our review of good practice and using the resulting collection of candidate initiatives as the basis of a local audit tool. This will be tested and refined using Public Health Dorset as a test case before rolling out to Dorset ICS partner organisations to complete in early 2023. Completion of the audit by partners will enable us to identify:

- Initiatives where partners are at similar levels and might collaborate to make progress
- Partners with expertise to support others
- Areas where facilitated partnership work across the ICS footprint could be beneficial (such as the development of an energy company for example).

6. A robust baseline will also allow us to consider and agree stretch targets (based on best practice) at both the partner organisation and system level.

7. Feedback on the next steps outlined above are welcome ahead of these being ratified by Dorset ICS Senior Leadership Team as next steps for the ICS HI Anchors work.

5 Financial Implications

No Financial implications are identified in this report. The development of the Anchor Institution impact audit tool will be undertaken by the ICS Health Inequalities programme team resourced by Public Health Dorset

6 Climate Implications

A key characteristic of Anchor Institutions is their potential to deliver positive environmental impact. The proposed audit tool will support the identification of opportunities for Anchors to support Dorset's response to climate change.

7 Well-being and Health Implications

Developing the positive impact of local Anchor Institutions across the ICS offers the opportunity to improve population health and wellbeing and tackle health inequalities through: increasing spending within the local economy, widening access to good quality work and training, enhancing environmental quality and making use of Anchor estates and buildings.

8 Other Implications

None identified

9 Risk Assessment

9.1 HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: Low

Residual Risk: Low

10 Equalities Impact Assessment

Not used.

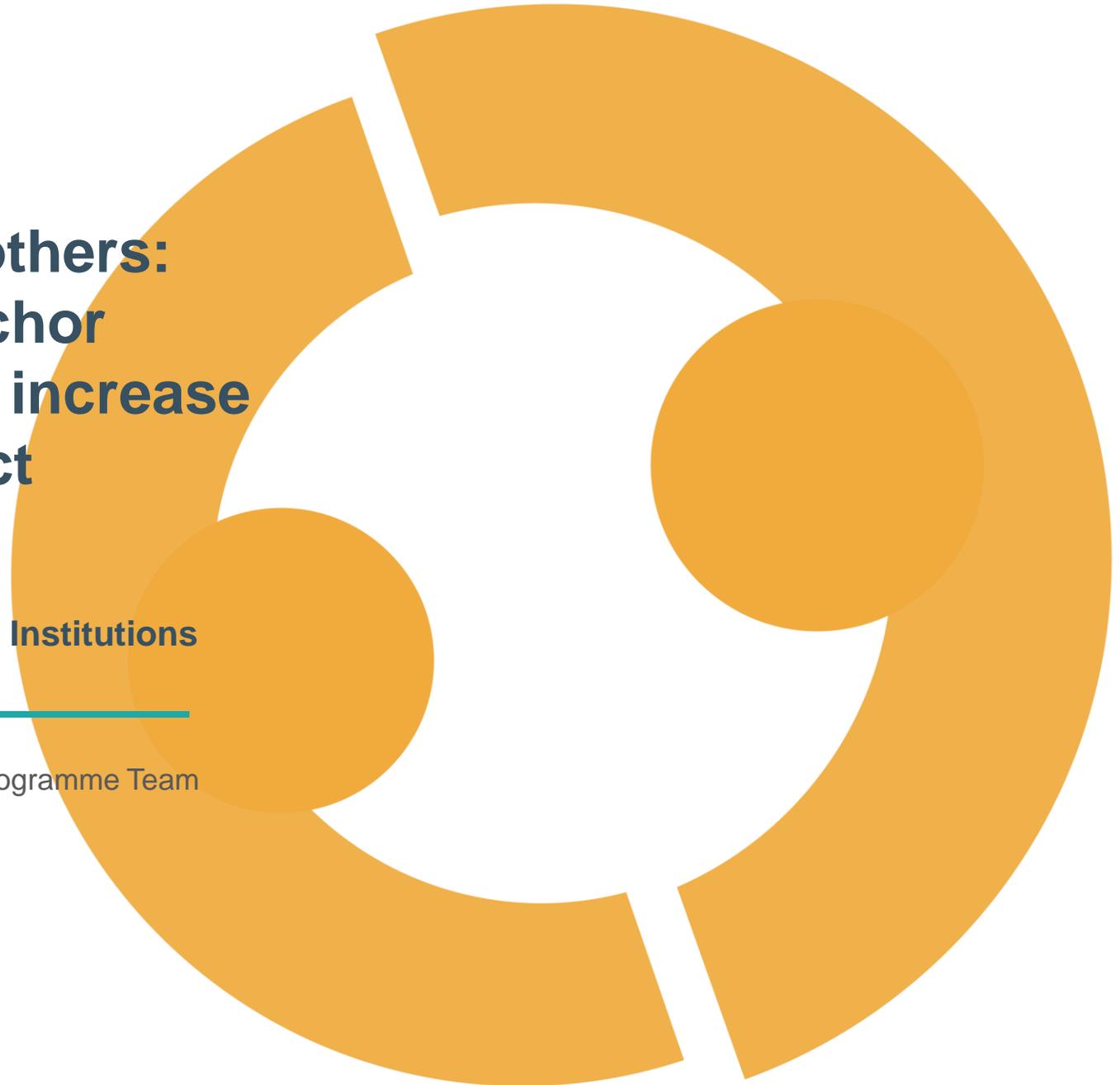
11 Appendices

Appendix A - Dorset Anchors: further & faster

Learning from others: How Dorset Anchor Institutions can increase collective impact

A report for Dorset Anchor Institutions
Network

Our Dorset Health Inequalities Programme Team
May 2022
V2.0



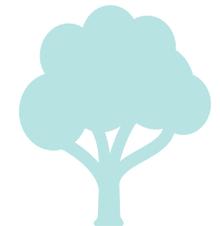
Forward

In the last decade improvement in the health of Dorset’s population has slowed while the unfair and avoidable differences in health between groups of people, known as health inequalities, have widened.

The COVID-19 pandemic has both shone a light on these trends and accelerated them. While we respond to the direct pressures of COVID-19 on our health and care system locally, that spotlight has widened as we start to see its longer term consequences for all of our lives. At the same time we find ourselves in the midst of an emerging cost of living crises that is transforming all our lives at a speed and scale that seems to accelerate day by day.

In this document we have set out to shine our own light on an agenda for how, in the midst of these challenges, organisations across Dorset can play a part in slowing & reversing these trends through our potential as Anchor Institutions.

Our hope is that it provides inspiration for individual Anchor Institutions to reflect on our own activity to date and a starting point for our shared conversation on how we can go further and faster together.



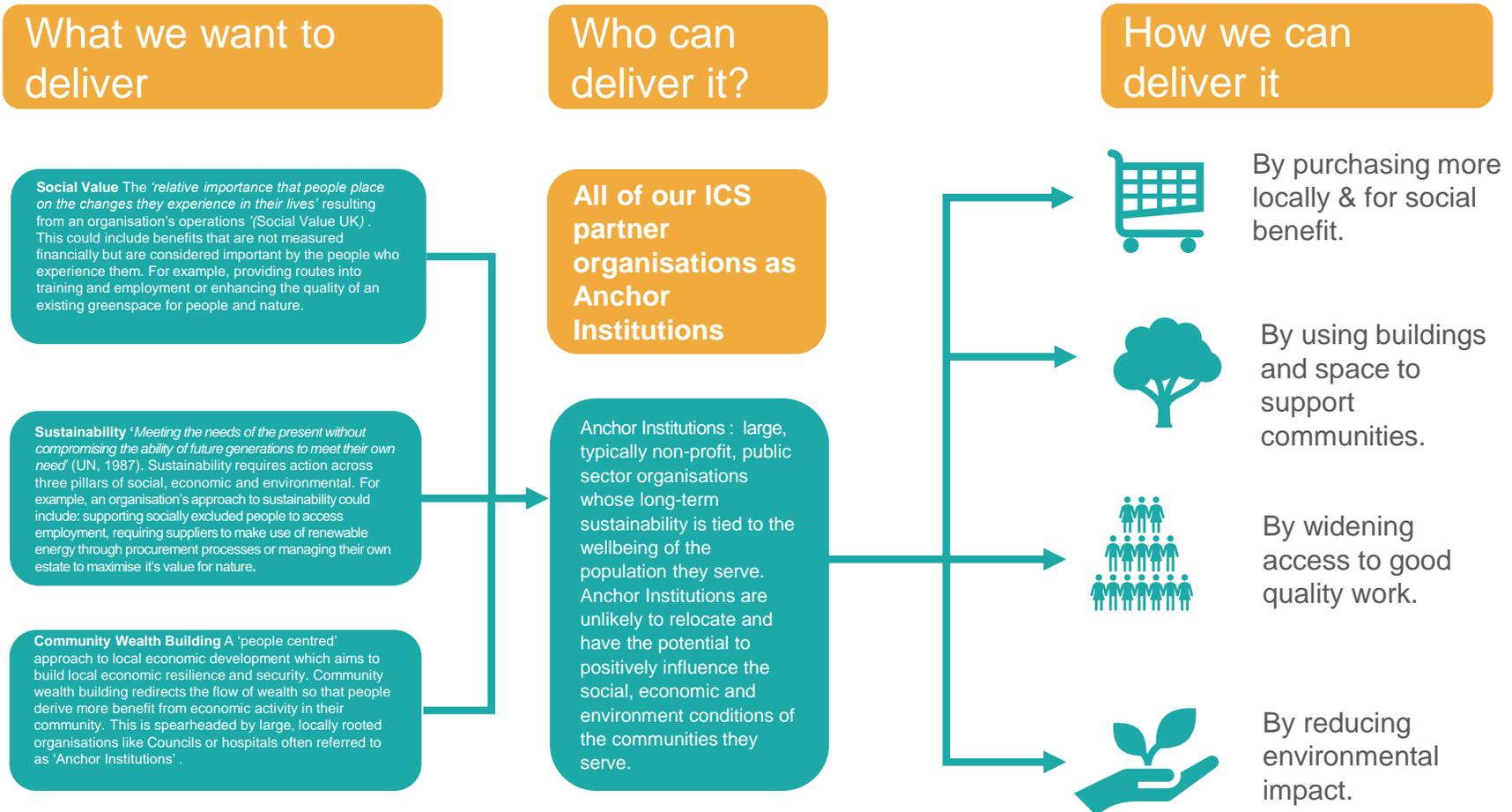
Introduction

- This document provides insights into how anchor institutions in Dorset and beyond are working individually and together to deliver positive change for the communities they serve. Its purpose is to highlight where there is potential for Dorset Anchor Institutions to stretch our aspirations and accelerate our impact.
- It has been prepared by the Our Dorset Integrated Care System Health Inequalities Programme Team.
- It has been informed by contributions from partners who have come together to form the Dorset Anchor Institution Network.
- The network's goal is to go 'further, faster' together in our mutual goal of harnessing shared potential as anchor institutions to benefit the communities we're part of. To do this we:
 - Draw on each other's experience and expertise of implementing local anchor action
 - Scope & agree shared priorities and opportunities for collaboration: collectively or as sub-groups
 - Draw on national best practice and explore opportunities for local application.

Anchor Institutions are the vehicle for delivering against multiple overlapping agendas

In the diagram below we've set out how we think the Anchor Institution concept can deliver against multiple interrelated strategic agendas in Dorset.

Page 12



How we've set out our findings



In the following sections we'll look at each of the four themes through which Anchor Institutions can make a difference for their communities.

1. How can Anchor Institutions do this?

For each theme we've highlighted some of the ways in which Anchors can make a difference

2. In Dorset Anchor institutions are...

We've set out case studies of how Anchors in Dorset are already delivering against these themes

3. How are anchors elsewhere doing this?

We've gathered examples of how Anchors beyond Dorset are delivering against these themes

4. How can we stretch our ambition as Dorset Anchor Institutions?

We've presented ideas on how we can 'stretch' our ambitions in Dorset to go further and faster in our Anchor Institution mission.

Widening access to quality work

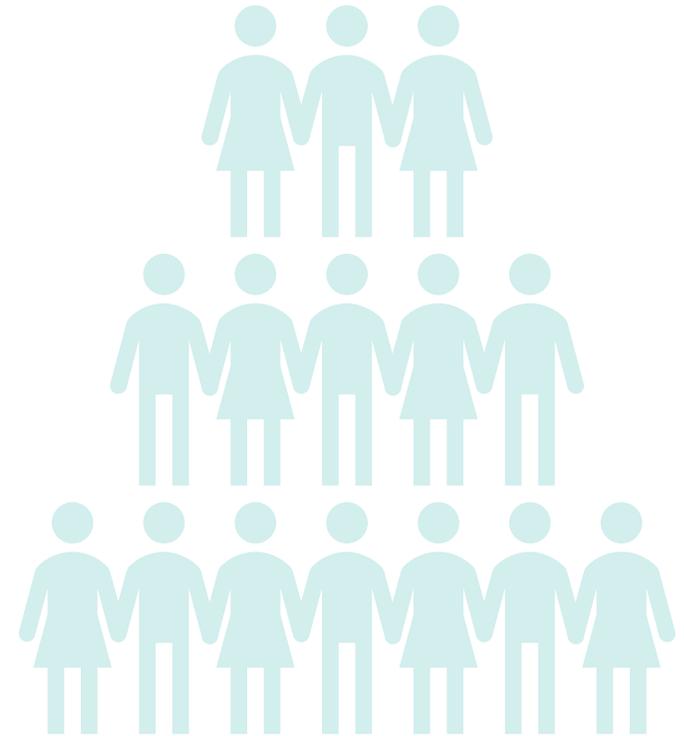
How can Anchor Institutions do this?

By treating employment opportunities as a tool for tackling inequalities - tapping in to communities' strengths and assets including targeting employment and training opportunities toward marginalised groups of people.

By creating targeted support pathways that enable people with the greatest need to become part of our workforce through volunteering, training and employment opportunities.

By increasing the quality of the work Anchor Institutions offer with a proportionate focus on the people most in need of support e.g. through addressing low pay and paying the living wage or by identifying and addressing barriers in access to workforce wellbeing programmes.

By enabling their workforce to work alongside and develop stronger relationships with their communities through long term/sustained volunteering that draws on workforce capabilities to build capacity in the VCSE e.g. enabling staff with technical specialisms to support VCSE as trustees/board members or support with business development.



Widening access to quality work

In Dorset, Anchor Institutions are:

Providing access to employment for care leavers: Dorset Council Pathway to Employment for care experienced young people offers apprenticeships, traineeships, & work experience to young people including those leaving care and young carers through 4 corporately funded posts. Dorset Council has signed the care leavers covenant to become a 'care leaver friendly employer' e.g offering guaranteed interviews to care leavers.

Providing routes into employment for young people: Dorset County Hospital has offered 46 six month placements across departments for young people (aged 16 to 24) through Government's Kickstart Scheme. 90% of the first cohort have since found employment within DCH, NHS or with another local employer.

Supporting staff wellbeing and retaining workforce: numerous Dorset Anchors are investing in staff wellbeing and supporting their workforce's resilience through programmes of activities and cultural change e.g. Our Dorset 'Here for Each Other' wellbeing service

Providing inclusive employment for marginalised groups of people: University Hospitals Dorset (UHD) is a Disability Confident employer and committed to the Armed Forces covenant which includes supporting members of the armed forces to start new careers.



Widening access to quality work

How are anchors elsewhere doing this?

By understanding and addressing barriers to accessing employment faced by the most deprived communities.

- Queen Elizabeth Hospital Kings Lynn is working with Norfolk & Waveny CCG to develop a plan for implementing new approaches that link people to recruitment opportunities across the sector, neighbourhood-level approaches to targeting recruitment, engaging with communities to understand views on recruitment, and barriers and enablers to health care recruitment in deprived communities.
- Employment can be targeted to meet the needs of identified communities through ringfencing of roles or using 'Job Carving' to analyse tasks in a job role and swap an element of the job duties to make the most of individuals skills

By providing targeted employment opportunities and supporting routes into work

- iWork Islington: 1-2-1 tailored coaching and mentoring support to get unemployed Islington residents into jobs they want to do. Many employers, including council contractors, now offer jobs specifically to Islington residents, use accessible recruitment methods and have created flexible or adjusted roles. Over 5500 people were supported to find work by the service between 2014 – 2019.
- 'Hospitality to health' has helped 24 people in Birmingham transition from working in hospitality (heavily impacted by COVID19) to entry level NHS careers through a partnership between Pioneer Housing Association's employment team and Birmingham University Hospital Trust

Increasing the 'quality' of work offered by Anchors

- East London Health & Care Partnership is working towards tangible measures of work quality including 'Good Work' Standard accreditation, partners are applying for annual Social Mobility assessment and introducing a minimum core hours for employee, reducing use of zero hours contracts.
- Suffolk & North East Essex ICS encourages staff to volunteer in their communities and to act as "health career advocates" with local schools and exerting local influence where they can through these opportunities within their communities.



Widening access to quality work

How can we stretch our ambition as Dorset Anchor Institutions?

These recommendations are based on comparison of existing action in Dorset to the steps being taken by Anchor Institutions elsewhere.

As a network we can:

1. Review our combined workforce reporting tools to identify communities who are under-represented in Dorset Anchor Institutions workforce
2. Identify existing organisations that support routes to employment for target communities and establish how we can partner with them to shape their 'offer' for those communities.
3. Use these partnerships to engage those communities in understanding the barriers they face to accessing employment opportunities with Dorset Anchors.

As Individual Anchor Institutions we can:

1. Identify suitable roles for trialling ringfenced recruitment for target communities. For example – Dorset Anchor Institutions could commit collectively to offering every care leaver across BCP and Dorset an apprenticeship or work placement.



Purchasing more locally & for social benefit

How can Anchor Institutions do this?

By using procurement & commissioning as a tool for delivering social value e.g. by specifying provision of employment & training opportunities for local people as part of procurement.

By engaging with local businesses, social enterprises and the voluntary & community sector to increase the proportion of anchor's total spend that contributes to community wealth building

By purchasing more products and services directly from local businesses.

In Dorset, Anchor Institutions are:

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](#))

Embedding social value requirements in procurement frameworks:

Dorset Council is adopting a minimum 5% social value weighting in their procurement evaluation framework and monitors quarterly spend with businesses based within the 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. Updating webpages to make it easier for local suppliers to access opportunities to bid for contracts and aims to ensure suppliers have sustainability and social value policies in place.



Purchasing more locally & for social benefit

How are anchors elsewhere doing this?

By taking a strategic approach to community wealth building through collaboration between anchor institutions that focusses on benefiting the local economy.

- In Preston this approach has seen total spending by six anchor institutions with Preston based suppliers increase from just 5% to 18.2% in 2016/17, which has brought an additional £75m into the local economy

By broadening activity to baseline and track local spending can enable anchor institutions to engage with and benefit from a wider range of local suppliers and enable inclusive local spending.

- NHS Greater Glasgow and Clyde is working with partners to target support and development to SMEs and business that are run by, for and with people with protected characteristics by benchmarking of current spend and working with partners to understand the potential diversity supplier base in the area, specifically identifying social enterprises, social firms and other supported employment initiatives.

By supporting more local businesses to supply locally sourced products/services.

- Guy & St Thomas's NHS Foundation Trust is a member of the South London Procurement Network working with micro to medium size enterprises to increase their capacity and competitiveness in winning business locally by providing: Free face-to-face business advice & support to business to get 'fit to supply'.

By engaging with local voluntary and community sector groups to enable innovation and partnership approaches to supplying Anchors.

- Gloucestershire Know Your Patch (KYP) networks These networks meet quarterly and help to connect VCSE and statutory organisations together for effective partnership working. Uses a non-competitive commissioning to address concerns that the VCSE had been competing with itself for contracts and with the end goal looking to develop sustainable partnerships

Purchasing more locally & for social benefit

How can we stretch our ambition as Dorset Anchor Institutions?

These recommendations are based on comparison of existing action in Dorset to the steps being taken by Anchor Institutions elsewhere.

As individual Anchor Institutions we can:

1. Make our commitment to community wealth building through inclusive local spending a clear strategic goal and set targets for the proportion of spending that goes to local business with clear reporting of progress.

As a network we can:

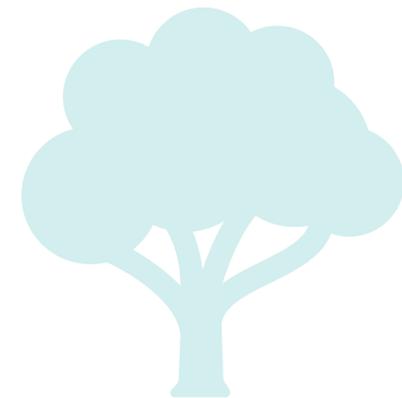
1. Share the results of our combined efforts to baseline procurement from local suppliers and streamline the support (and means of accessing that support) offered to local business who want to supply Dorset Anchor Institutions or work to increase their capacity to do so.
2. Explore how Dorset Anchors can commit to a shared approach to increasing spending with local businesses.



Using buildings & spaces to support communities & the environment

How can Anchor Institutions do this?

- By engaging with local communities to understand (and enable) how their needs can be met through access to and use of buildings and space managed by Anchor Institutions.
- By designing buildings and spaces to create vibrant places which support health and wellbeing and deliver environmental benefit.
- By identifying (and acting on) adaptations to existing buildings and spaces which increase their positive impact on people and the environment.
- By procuring developments in ways which create local jobs, skills and apprenticeships with a focus on young people and those facing disadvantage.



Using buildings & spaces to support communities & the environment

In Dorset, Anchor Institutions are:

- **Promoting the benefits of engagement with greenspace:** Bournemouth University is promoting and working to increase biodiversity and people's connection with nature as a means of supporting health & wellbeing.
- **Using our buildings differently:** Poole 'health village' 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:** University Hospitals Dorset (UHD) is collaborating with Bournemouth Parks Foundation to supply excess/waste 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.



Using buildings & spaces to support communities & the environment

How are anchors elsewhere doing this?

By enabling access to buildings for community use to support health & wellbeing

- Hunter Street Health Centre, London refurbished an unused third floor into welcoming space for visitors to The Listening Place, a charity that supports those who feel like life is no longer worth living. The space includes a range of meeting rooms, counselling rooms, and waiting areas. This allowed The Listening Place to double their capacity for face-to-face appointments and support a further 1200 people each year

By enabling access to greenspaces for community use to support health & wellbeing

- Down to Earth is a Community Interest Company (CiC) based in Stroud which has a number of schemes around the county aimed at converting unused public land into community gardens and allotments. The Vale Community Hospital Allotment Scheme was established in 2016. Down to Earth has developed ground at the front of the hospital and installed 60 raised bed allotments polytunnels and learning space.

By supporting social prescribing, workforce wellbeing and biodiversity through how their estates are designed & managed

- NHS Scotland have created four NHS Greenspace for Health Partnerships focussed on working with staff and local voluntary & community organisations to enable and encourage more people to make use of NHS owned & managed greenspace.

Using buildings & spaces to support communities & the environment

How can we stretch our ambition as Dorset Anchor Institutions?

These recommendations are based on comparison of existing action in Dorset to the steps being taken by Anchor Institutions elsewhere.

We can:

1. **Embed use of Anchor Institutions buildings and spaces** as an asset for reducing health inequalities into existing coproduction programmes with communities.
2. **Increase the accessibility of Anchor Institution estates** for community use e.g. through exploring platforms like <https://openspace.nhs.uk/>

As a network we can:

1. **Bring together Anchor Institutions collective experience and capabilities in managing estates for environmental benefit and health and wellbeing** benefit to share skills and capacity. E.g. NHS organisations could draw on the experience of local providers like [Stepping into Nature](#) & [The Parks Foundation](#) to shape the design & management of their greenspaces and green prescribing programmes for staff & patients.



Key messages

- This report summarises how organisations across Dorset and beyond are acting to fulfil their potential as Anchor Institutions.
- Based on these insights we have identified opportunities for Dorset Anchors to increase their positive impact through collective or individual action.
- By presenting these opportunities we aim to initiate discussion of if and how Dorset Anchors can act on them at varying scales including:
 - Action by individual Anchors
 - Partnership between multiple Anchor Institutions Network partners
 - Action across Dorset Integrated Care System
- We hope that the report provides a foundation for further joint working between partners and welcome feedback and questions.

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Dorset Anchor Institutions Network



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Dorset Health and Wellbeing Board

14 September 2022

A Movement for Movement: A Physical Activity Strategy for Dorset

For Decision

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor (s):

Executive Director: S Crowe, Director of Public Health

Report Authors: Rupert Lloyd and Charlotte Coward
Titles: Senior Health Programme Adviser (Public Health Dorset) and Deputy Chief Executive (Active Dorset)

Tel: 01305 224804

Email: rupert.lloyd@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary:

The purpose of this report is to seek the Board's support for 'A Movement for Movement' (a physical activity strategy for Dorset). The strategy sets out a shared approach for partners to apply to developing action for increasing physical activity across Dorset.

Rates of physical activity have fallen since March 2020 in both adults and children. Across Dorset significant number of adults, children and young people do not meet the UK Chief Medical Officers' guidelines for physical activity (movement) levels.

Physical activity is identified as a priority in the Dorset Health and Wellbeing Board Strategy and A Movement for Movement builds on this by setting out priority themes for collective action by stakeholders from across the system to increase movement levels.

Recommendation:

It is RECOMMENDED that the Board:

1. Notes the contents of the draft physical activity for Dorset 'A Movement for Movement' (Appendix A)
2. Approves the draft strategy
3. Board Members support the launch and dissemination of A Movement for Movement within their organisation during October 2022 and engage with the approach it sets out.

Reason for Recommendation: To enable the draft strategy to be finalised and launched with partners across Dorset Council and BCP Council areas (support for the strategy will be requested from BCP Health and Wellbeing Board)

1. Report

- 1.1 In Dorset, Board members and other organisations deliver action which supports and enables people to be active and 'move' at home, at work and in leisure time. This action is an important contributor to local population health and wellbeing.
- 1.2 Data on physical activity levels in Dorset from Sport England's Active Lives survey highlights the challenge and opportunity that exists for improving health and wellbeing by supporting less active adults, children and young people to move more:
 - During November 2020-November 2021 20.9% of Dorset adults did less than 30 minutes activity on average per week
 - Across the pan-Dorset area 35.5% of children aged under 16 did less than 30 minutes activity on average per day across the pan-Dorset area.
- 1.3 In response to this challenge, A Movement for Movement (the strategy) has been developed in partnership between Active Dorset and Public Health Dorset with the support of Dorset Health and Wellbeing Board and BCP Health and Wellbeing Board.
- 1.4 The strategy has been informed by engagement and consultation with stakeholders which took place during 2021/22 using online methods to:
 - Collect insights and develop a shared understanding of the system that drives how much Dorset's population moves

- Identify key barriers or ‘challenges’ which prevent us from moving more and themes for action to address those barriers
- 1.5 The Board’s support is requested for the strategy and the approach it sets out for partners to develop their own actions for changing how much we all move by:
- Reframing our language about movement
 - Building movement into daily life
 - Connecting everyone with the value of daily movement
- 1.6 After seeking approval from wider partners, including BCP Health and Wellbeing Board, a Movement for Movement will be launched in October 2022.
- 1.7 The approach set out in A Movement for Movement will support the developing Integrated Care Strategy for improving health care, social care and public health across the whole population including tackling wider determinants of health. For example, by connecting people with ways to move more which they value and which contribute to the Integrated Care Strategy’s ambition to support people to ‘live their best life’.

2. **Financial Implications**

- 2.1 No direct financial implications are identified in this report. Action by partners arising from the implementation of this strategy is likely to generate initiatives that require funding. Where additional funding is required this could be allocated from existing budgets or grant funding will need to be sought.

3. **Climate Implications**

- 3.1 The strategy highlights the role of the physical environment in enabling daily movement through active travel. This includes walking and cycling for both leisure and work where possible. Increasing uptake of active travel will contribute to Dorset Council’s commitment to reducing greenhouse gas emissions from vehicles and deliver co-benefits for air quality.

4. **Well-being and Health Implications**

- 4.1 The strategy’s aim is to improve health and wellbeing by leading action to increase physical activity.

5. **Other Implications**

5.1 No other implications to note.

6. **Risk Assessment**

6.1 **HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:**

Current Risk: None

Residual Risk: None

7. Equalities Impact Assessment

7.1 The strategy explicitly seeks to support a reduction in health inequalities through a proportionate approach to increasing movement by focusing greater support on those who face the greatest barriers to moving more and currently move least.

8. **Appendices**

8.1 Appendix A: A Movement for Movement (DRAFT strategy document)

Our Dorset

A Movement For Movement

Active Dorset



Foreword



Sam Crowe 

Director

We all know that moving more is good for us individually and collectively. It can make us happier and healthier and benefit our health & social care system, the economy, and our environment. But we know that this knowledge alone isn't enough to address the barriers that many of us face to making movement part of our daily life. In 'A Movement for Movement' we've aimed to set out a shared strategic approach that everyone across Bournemouth, Christchurch & Poole and Dorset can play a part in. We hope it will provide you, your organisation and the communities you're part of with recognition of the valuable work already happening and inspiration to identify the action and partnerships needed to go further so that all of us can move more in ways that deliver value for everyone.



Martin Kimberley 

Chief Executive

Movement is a fabulous thing, whether that is walking my dog, playing with my children or missing tennis balls as they fly past me, I always feel better physically and mentally after I've done some activity. What we do and enjoy will be different for everyone but A Movement for Movement sets out some of the important things we can do as individuals and organisations to use movement to improve peoples lives. Everyone has a role to play and we know that real change to deliver an impact at scale won't happen unless we all pull together in the same direction. This strategy is designed to empower everyone to think about how they can use physical activity as a tool to help solve the wider societal issues we face collectively. We hope that the words in this strategy help to grow a movement for change across Bournemouth, Christchurch & Poole and Dorset and are brought to life by us all, through the decisions we make to embrace movement, in both a personal and work capacity. Our aim is for all of us to work together by committing to designing in movement, to our places and spaces, making movement and physical activity more accessible for everyone



Rachel Partridge 

Deputy Director

I'm delighted to have been part of the development of a Movement for Movement. Finding ways for all of us to move more in daily life offers the potential to benefit so many aspects of our health and wellbeing, and this strategy sets out a shared focus for action by partners across BCP and Dorset. It draws on insights developed nationally by Sport England and others and builds on them with local knowledge and expertise to highlight how we can all play a part in moving more. In my own life moving more, by making space for lunchtime runs in the local woods, has helped me respond to the demands of a busy work and home life.

This strategy was developed by:

Charlie Coward - Deputy CEO, Active Dorset

Rupert Lloyd - Senior Health Programme Advisor, Public Health Dorset

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Section 1: Introduction

This document 'Our Dorset – A Movement for Movement' is the physical activity strategy for BCP and Dorset. It sets out why we need to make change, what we need to focus on and how we can do it.

Our aim is to support everyone to move a little more every day, in ways that work for them while tailoring that support towards those who can benefit most from moving more. Moving more isn't the goal in itself; it will play its part in improving wellbeing for all of us living in Bournemouth, Christchurch, Poole and Dorset. To achieve this we will need to work as a system to build a narrative around movement that inspires and empowers everyone to move a little more and sit a little less.

A movement for movement doesn't set out a short term time frame. This signifies an acknowledgement that making significant change will take time and commitment from partners to a long term approach. We know that who takes action, what they do and how they do it will change over time.

However, our overarching approach to working collaboratively to design in movement to the decisions we make, the places we live and the choices we make will continue.

'A Movement for Movement' presents a direction of travel for our shared approach in Dorset. It recognises that no single organisation holds all the answers or can take all the action needed to tackle inactivity. We are all actors in the system that shapes how much we move and we can all make change, in our lives, the lives of our families and friends and our communities.

This is our call to action. To work together to find the levers to enable more movement for everyone. To embed movement in everything we do, in every decision we make, no matter how big or small.

Come and join us to help build a movement for movement across Dorset and BCP.

A note on terminology

Activity and movement are used to describe any kind of physical activity, sport, or exercise either purposeful and structured (like sport) or informal and incidental activity (like walking to work).

System is used to describe the different factors that work together in an Interconnecting network to shape how much we move.

Section 2: Our challenge

4

The benefits of moving more are well established. Being active by moving our bodies in whatever way works best for us can help keep us happy and healthy from childhood, through adult life and as we age. It's not just about sport or formal exercise.

Walking, cycling, carrying shopping and moving around the places that we live, learn and work in all counts and can all make a difference.

As well as the importance of moving, we know more about the harm that sedentary behaviour or sitting can cause us. Despite this, many of us still find making movement part of everyday life a challenge.

How much are we moving in BCP and Dorset?

Adults - During the period Mid-November 2020 – Mid November 2021

20.9% (67,000 People) of adults (16+) in Dorset Council area did less than 30 minutes per day

29.7% (97,500 People) of adults (16+) in BCP Council area did less than 30 minutes per day

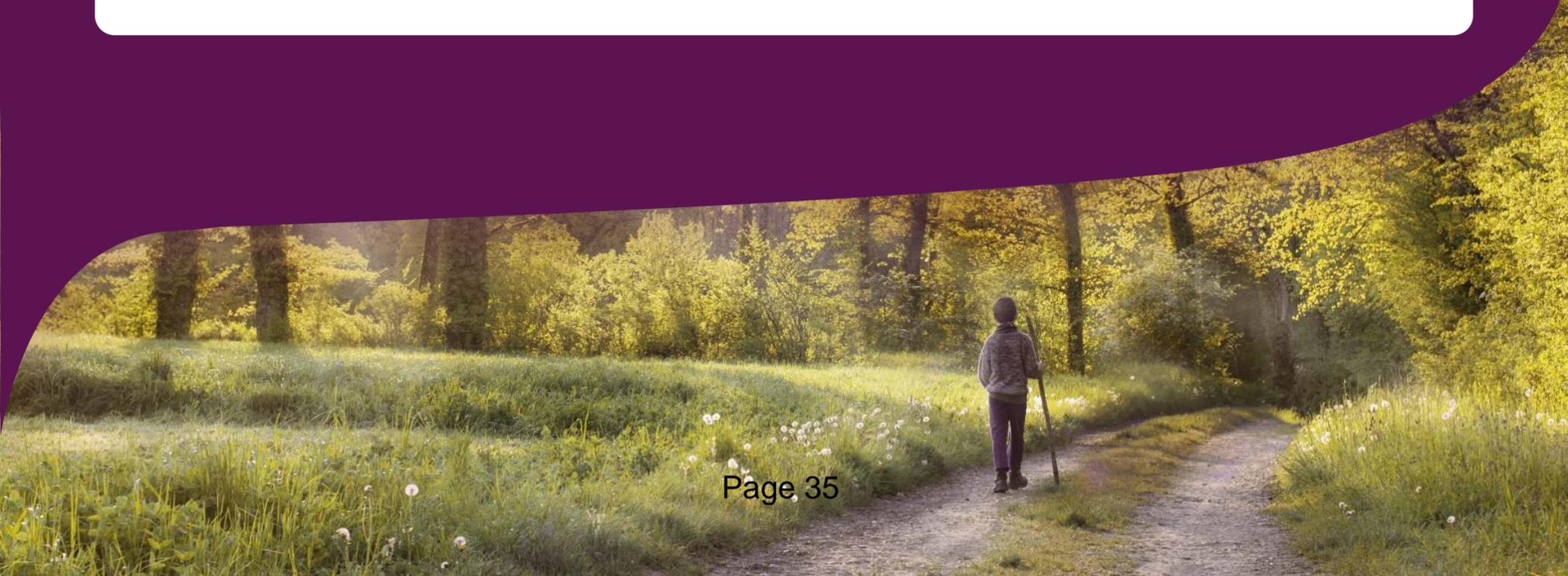
SOURCE: Sport England Active Lives Survey April 2022

Children - During the period Mid November 2020 – Mid November 2021

33.8% (27,600) children and young people (school Years 1 to 11) in BCP Council area did less than 30 minutes per day

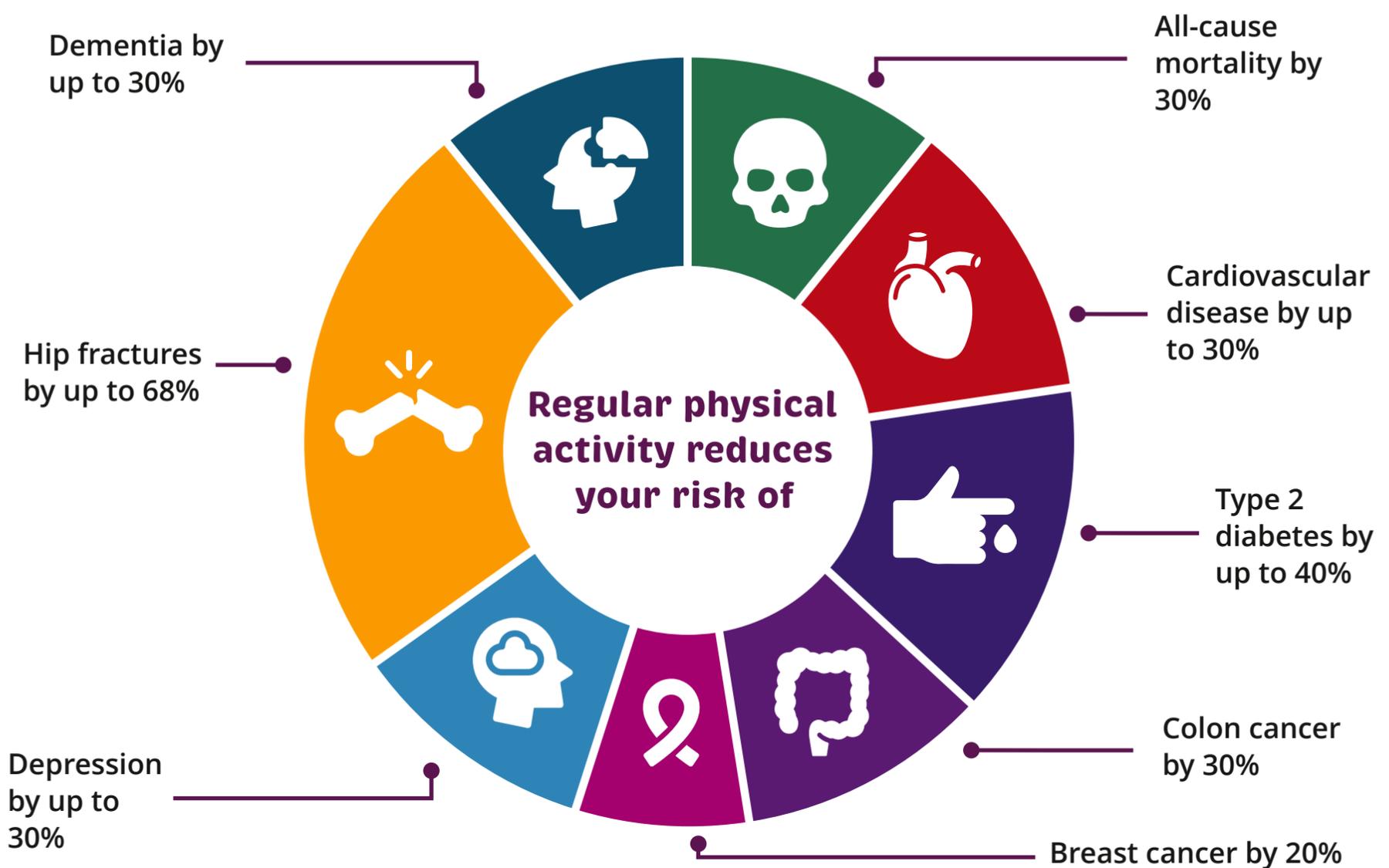
27.5% (11,900) children and young people (school Years 1 to 11) in Dorset Council area did less than 30 minutes per day

SOURCE: Sport England Active Lives Survey, academic year September 2019 to September 2020



While not moving enough (inactivity) poses risks for all of us, both as individuals and as a society, becoming more active (moving more) offers real opportunities. Regularly moving our bodies in whatever way works for us can significantly reduce the risk we face of developing a number of health conditions.

What are the health benefits of physical activity?



Source - <https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health>

Nationally, the NHS Long Term plan recognises the importance of prevention, and the opportunity the NHS has to positively influence behaviours of patients and their families.

Our NHS Long Term Plan aims to support people to live longer, healthier lives through helping them to make healthier lifestyle choices and treating avoidable illness early on.

We will maximise the opportunities that patient contact and hospital admissions bring to help people to improve their health. This Long Term Plan sets out new commitments for action that the NHS itself will take to improve prevention. It does so while recognising that a comprehensive approach to preventing ill-health also depends on action that only individuals, companies, communities and national government can take to tackle wider threats to health, and ensure health is hard-wired into social and economic policy.

SOURCE: NHS Long Term Plan

In Dorset, our Councils, NHS, public services and voluntary and community groups have come together to work as an integrated health and care system (ICS).

The ICS aims to remove traditional barriers between services so people can access the support and care that they need when they need it.

An important part of this is supporting people and communities to lead healthy, thriving lives and addressing health inequalities.

Meeting this challenge will require change from all these partners and supporting people across Dorset to move more is an opportunity for us all as organisations, communities and individuals.

This strategy is informed by and sets out to support:

- The BCP Health & Wellbeing Board strategy.
- The Dorset Health & Wellbeing Board Strategy.
- Uniting the Movement: Sport England's 10 year vision for sport and physical activity.
- Public Health England 2014; Everybody Active Every Day.



Small change can make a big difference

Moving more is good for everyone, but those of us who find it hardest to be active can see the biggest benefits from increasing the amount we move by even small amounts.

Not moving enough or being 'inactive' is associated with 1 in 6 deaths in the UK and is estimated to cost the NHS alone £0.9 billion every year.



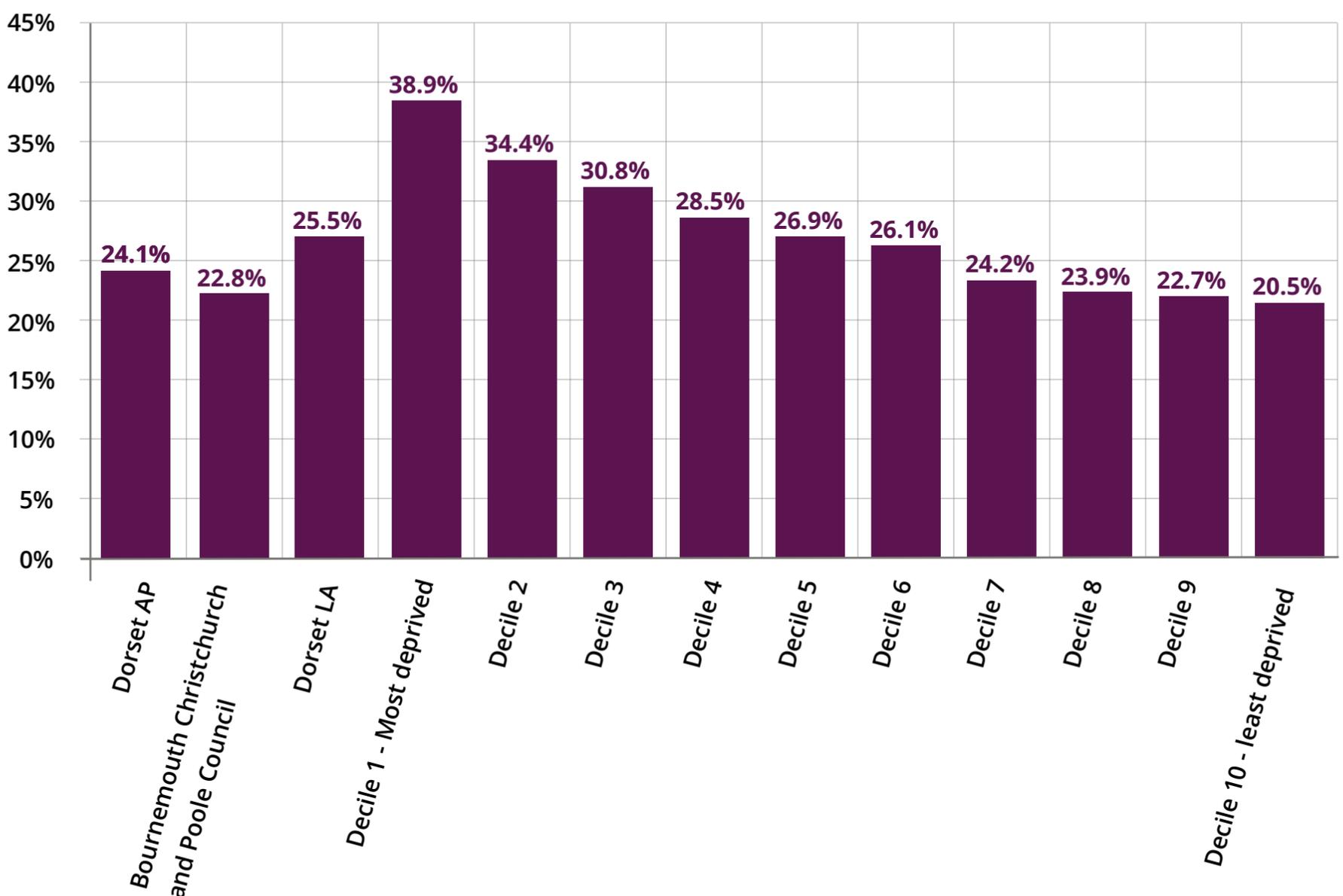
We know that for some of us building movement into our lives is more challenging than it is for others. Across BCP and Dorset those of us living in our most deprived areas are more likely to do less than 30 minute movement each week (defined as inactive) than those of us living in the least deprived areas.

But, it's important to remember that all of us can benefit from moving more and that some of us will need more help and support to do so if we're facing barriers driven by our health, our work, caring commitments, lack of resources or other issues.

Levels of activity: Inactive: less than 30 minutes a week
Whole population
Nov 20-21

% Levels of activity by the whole population

■ Whole population (16+)



What do we mean by physical activity?



Note: We count most sports and physical activity, but exclude gardening. However, the Office for Health Improvement & Disparities (OHID) does include gardening in its local level physical activity data.

Three levels of activity;

Active

At least 150 minutes a week

Fairly Active

An average of 30-149 minutes a week

Inactive

Less than 30 minutes a week

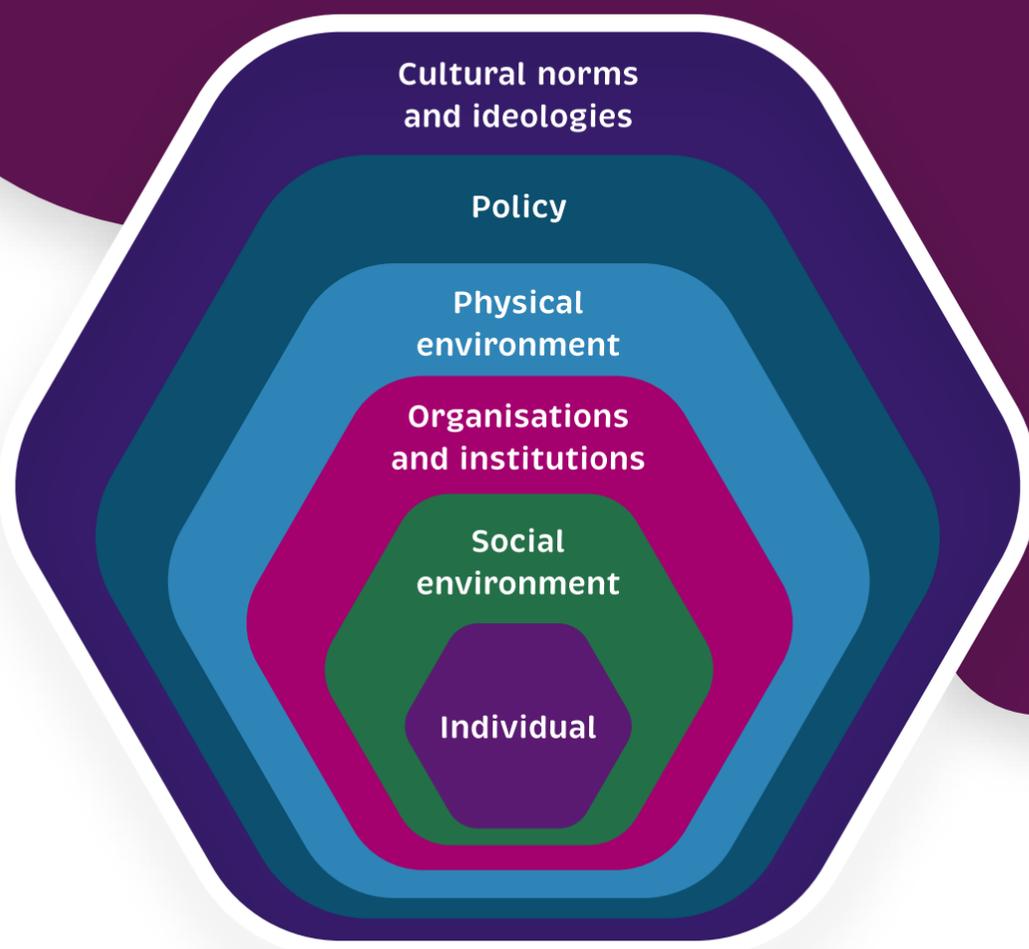
Please note; guidance on recommended levels of activity differ for specialist populations including children and young people and older adults. The guidance above refers to adults only.



Section 4: Our road map to creating a 'Movement for Movement' across Dorset and BCP

During 2021 Active Dorset and Public Health Dorset set out to engage stakeholders across BCP Council and Dorset Council areas in sharing their views on what shapes the level of movement people do locally.

A whole systems approach



We wanted to understand the complex story or system that lies behind the headline data on how much movement we do or don't do in Dorset.

And just as importantly we wanted stakeholder views on what we can do locally to enable more people to make movement, and the benefits it brings, part of everyday life.

What factors shape our system?

- ◆ **Cultural norms and ideologies:** Language, myths, metaphors, stories, hierarchy of values know-how, assumptions, mindsets
- ◆ **Policy:** International and national guidance & laws, local laws and policies, rules, regulations, codes, times and schedules
- ◆ **Physical environment:** Built environment, natural environment, green and blue spaces, transport networks, homes
- ◆ **Organisations and institutions:** School, healthcare, businesses, workplaces, faith, organisations, charities, clubs
- ◆ **Social environment:** Individual relationships, families, support groups, social networks
- ◆ **Individual:** Individual capabilities, motivations, opportunities, knowledge, needs, behaviours, physical and mental health and wellbeing

Here's how we did it:

We've consulted many key partners and stakeholders on how tackle inactivity, changing culture to create a Movement for Movement in Dorset and BCP.

We've used several methods including workshops and consultation sessions and an online conversation open to everyone.

So Far:

Discovery:

We launched an online conversation about the barriers and enablers of moving more

Workshops:

We brought people together to map the system that shapes how much we move in Dorset

Workshops:

We used our map to identify the 'Story' that drives inactivity

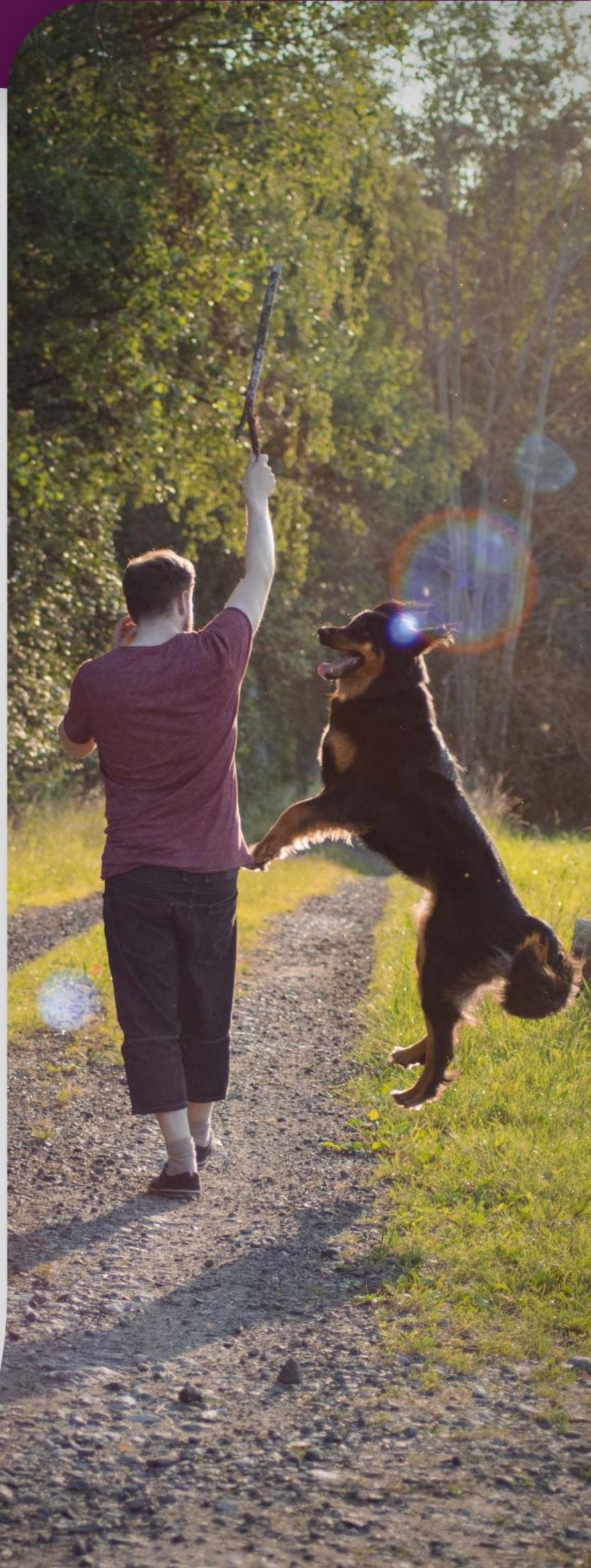
Workshops:

We asked where there are opportunities for enabling us to move more

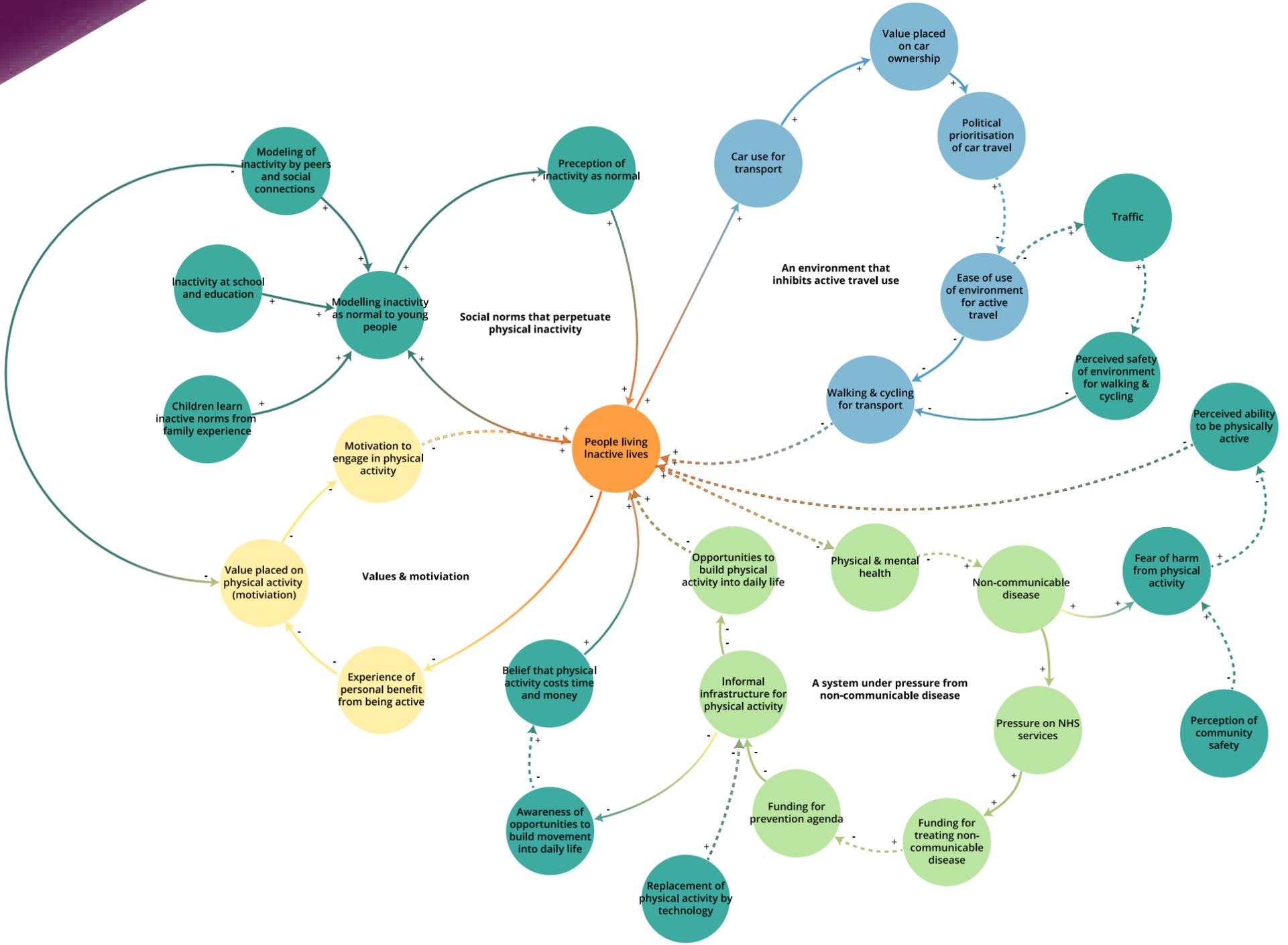
Sharing:

We shared and tested our findings with others

A Movement for Movement: Making it happen in Dorset



From these sessions, we've developed a range of insights and a set of key areas where change could be made to influence the activity levels of people living in Dorset and BCP.



You can read more about the insights gathered through the consultation process here:

<https://www.activedorset.org/join-our-online-conversation>



Section 5: Reframing physical activity

Language is an underpinning principle of our approach to tackling inactivity and increasing the amount we all move. The language we use to talk about physical activity is important.

Throughout the consultation we heard that how we define physical activity and the words we all use to describe it, influences whether people feel activity is for them, how achievable it is for them and therefore, how likely they are to make a behaviour change.

From...

- Sport and exercise
- Structured, purposeful
- A focus on provision of services and 'stuff'
- 5 x 30 minutes
- Focus on physical benefits

To...

- Physical activity, & increasingly, just moving
- Minimise sedentary time
- Focus on individuals and communities
- Every minute counts. Small changes to daily routine
- Physical AND Mental Health

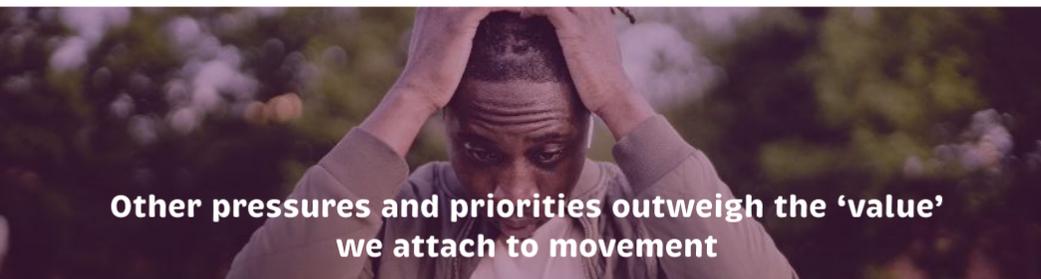
The language is important, the words we use and how we all talk about physical activity matters and crucially, the more we talk about it, the more it becomes important to others.

This document sets out our ambition to change the language we use. To reframe physical activity so that we...

- Change perceptions of what counts as activity
- Acknowledge that the language we use is important and commit to change
- Recognise that movement will look different for everyone
- Think about movement in its broadest sense.
- Understand that some is good, more is better but every minute counts

Section 6: Four key challenges for action

Through the consultation process we found that four key challenges emerged. These four challenges represent our shared understanding of why some of us in Dorset and BCP find it more difficult to move more and enjoy the benefits it can bring for our health and



Other pressures and priorities outweigh the 'value' we attach to movement



Not moving is a 'norm' we learn from & have reinforced by family, social networks & others



The places we live in can make movement challenging and sedentary behaviour convenient



Physical and mental health limits individuals and organisation's capacity for moving more and enabling others to move more



Not moving is a 'norm' we learn from & have reinforced by family, social networks & others

We heard that not moving is something we learn from others in our lives and that as we age sport and exercise is squeezed out of our lives. Countering this will require developing a system wide approach to re-framing physical activity as 'daily movement' that includes and extends beyond sport, exercise and active travel so we can find ways to move that fit with our lives. This will take leaders at an organisational and community level who can 'model' the value of physical activity and take advantage of opportunities for brief interventions to promote movement.



Physical and mental health limits individual's and organisation's capacity for moving more and enabling others to move more

We heard about how some of us face barriers to moving more from underlying mental and physical health conditions. This contributes to downward pressure on our health and wellbeing and focus on treatment rather than prevention. With the right support we have the power to tap in to our own strengths and motivations to make movement part of our lives and how we manage our own wellbeing.



Other pressures and priorities outweigh the 'value' we attach to movement

We heard that for some of us physical activity is viewed solely as sport or time 'dedicated' to exercise and opportunities to build physical activity and the enjoyment of moving more into everyday life are not identified or acted on. We need to recognise that all of us will find the value of movement in different ways and simply repeating the messages on how to move more and the health benefits it can deliver won't be impactful unless they relate to the values and motivations we each hold.



The places we live in can make movement challenging and sedentary behaviour convenient

Active travel is a key enabler for building movement into daily life and ongoing and increased development of appropriate infrastructure can support this. But availability of infrastructure alone will not maximise active travel use without recognising that other factors that motivate people to choose car travel over other modes e.g. time constraints or expectations of others.

Section 7: Making change

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Tackling these challenges requires action across the system at a variety of levels by organisations, communities, and individuals. We asked partners for their views on how we can act in Dorset to tackle these challenges and enable more of us to move more.

We grouped what we heard into three key themes for action we can take as individuals, as organisations and as a system.

1

We need to reframe the language we use when we talk about physical activity

2

We need to build movement into everyday life

3

We need to connect everyone with the value of daily movement

For each of these themes we heard about different ways in which we can make a change across Dorset:

- **Catalysts for accelerating change:** These are opportunities we can take as individuals, organisations and as a system to accelerate the pace at which we make daily movement the norm. It could be as simple as shifting the language you use to away from exercise and toward daily movement when speaking with friends and family or more complex like investing in changing the workplace environment to make moving easier.
- **Collaboration & influence:** Working together is vital for us to make a change at scale. For example, multiple organisations speaking with one, consistent voice about the value of moving more and how to do it will have more impact than any single campaign or organisation can have.
- **Connecting and sharing:** We think there's a way for all of us to move more in a way that works for us and can deliver value that makes life better. And we know that there is huge variety of support and opportunities across Dorset for people to move more provided and enabled by individuals, organisations and through the design of the places we live. But information giving isn't enough. We as organisations need to ask people how moving more can deliver value for them and support them to find and access what works for them.

**Reframing
our
language
about
movement**

Catalysts for accelerating change

e.g. Embedding the language of 'daily movement' in communications and messaging

Collaboration & Influence

e.g. Joining up and sharing communications between organisations to present consistent messaging on moving more

Connecting & Sharing

e.g. Enabling health professionals to empower people with long term conditions to move more in a way that works for them

**Building
movement
into daily
life**

Catalysts for accelerating change

e.g. Building moving more into workplaces by changing their culture & physical environment

Collaboration & Influence

e.g. Ensuring new development promotes moving more through BCP Council & Dorset Council's local planning policy

Connecting & Sharing

e.g. Supporting vulnerable people to access sustainable travel, including walking & cycling, as a way to move more in daily life

**Reframing
our
language
about
movement**

Catalysts for accelerating change

e.g. Dorset Health Villages in outpatient assessment centres. Providing on-site provision of LiveWell Dorset, taking a proportional approach to focus effort & resources on those people who can benefit most

Collaboration & Influence

e.g. Connecting with communities to understand what prevents them moving more and how movement can deliver value for them

Connecting & Sharing

e.g. Creating access to opportunities to move more that meet people's needs.

Section 8: Your Role - How we can create change together

We've spoken about movement being important but what do we mean by creating a movement for movement. How do we create the conditions for movement to grow?

We are all system actors, either as an individual in our community, our work as members of organisations and businesses, or as a senior leader or decision maker. Our behaviour and choices influence those around us.

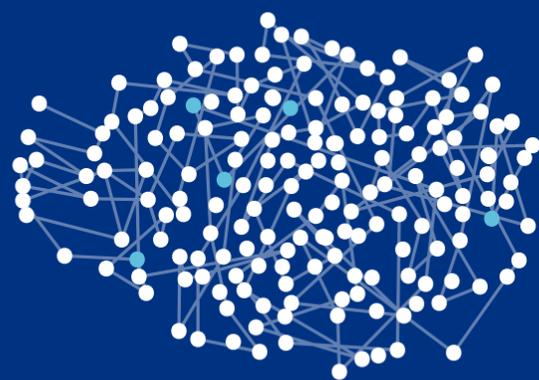
Creating the change, we want to see will require us to work differently, to start with questions and not answers.

We'll need to challenge each other's thinking and be brave to try new approaches.

Recognising that we can't solve the problems created with the same mindset that created them.

Significant change needs a collective approach. Not one person or organisation holds all the answers or pieces to the puzzle, but we can work together towards a shared purpose. It's about all of us and how we can use our influence and networks to enable others to make change.

Understanding influence for change



Just 3% of people in the organisation or system typically influence 85% of the other people

● Influencers "The sparkplugs"

Source: Organisational Network Analysis by Innovisor

Activity and movement behaviours are complex and is influenced by the relationship between physical environment and cultural norms. Through the physical environment our activity levels are influenced by the people who plan, design, maintain the physical environment around us; transport engineers, urban designers, planners, Parish, town and Council staff and councillors, countryside services, conservation volunteers, those working for the National Trust, the local nature partnership and the AONB and so on.

Culturally, our movement is influenced by the norms of other people around us by; what other people do, what we see on tv or read on social media, what our peers, friends, family and colleagues do, what sort of patterns our employers create the conditions for, what is seen to be 'normal' at the school gates.

- **How do you build movement into your life? And that of your family?**
- **What opportunities do you have to enable or empower other people to move more?**
- **How can we all 'design in' movement to create a cultural shift?**
- **How can you influence others and invite them to join in?**

Section 9: How will we know if we're making a difference

We set out to explore the complex system that shapes how much we move in Dorset. As this strategy shows no single issue or organisation has control over how much we move or the power to change it alone.

We've set out what we think are the most important 'leverage points' for making change in that system: our four challenges for action. The aim of the strategy is to help focus our shared efforts on these challenges and provide a direction of travel for how to do so.

It is not a detailed plan or set of actions for completion. Instead, partners who share the aim of enabling and supporting Dorset to move more can continue to shape and build on their own approach to taking action.

Sport England's Active Lives Sport England's Active Lives Survey (sportengland.org) will give partners insight into how much Dorset is moving and whether we are headed in the right direction. Individual partners are best placed to monitor and evaluate the effectiveness of their own actions and activities and the impact they are having.



At a system level, we will look at how organisations are working together to make change, how new relationships between stakeholders are developing, or how existing relationships are changing.

We'll look at how strategy, policy and resources are changing to allow people to work collectively and shift the stubborn causes of inactivity.

Crucially we'll look at changes to our language and the narrative we are building about movement in Dorset.

We commit to reviewing how the principles set out in A Movement for movement are adopted in other strategies and partnerships and work with our partners across the Dorset Integrated Care System to support them to build A Movement for Movement.

Section 10: How to be involved

A Movement for Movement sets out a shared purpose for physical activity in Dorset and BCP that seeks to empower individuals and organisations to take action.

The three themes for action provides a framework for our collective approach, helping us to create a consistent narrative, but allows organisations and individuals to decide how they can make change.

We encourage you to:

- Keep moving, in any kind of way you choose, every day
- Talk about moving, with your friends, family and colleagues
- Share and discuss the strategy with colleagues and friends
- Visit the webpage for more information and access to resources
- Use the themes for action in your work and decision making
www.activedorset.org/physical-activity-strategy
- Share your thoughts and how you'll help us build a movement for movement on social media
#movementformovement





Our Dorset

A Movement For Movement

Active Dorset



Dorset Health and Wellbeing Board

14 September 2022

Update on role of Health and Wellbeing Boards in the Integrated Care System

For Recommendation to Council

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health

Local Councillor(s): All

Executive Director: S Crowe, Director of Public Health

Report Author: Sam Crowe,
Title: Director of Public Health
Tel: 01305 891000
Email: sam.crowe@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary: This report updates Members of the Health and Wellbeing Board on how the Board could develop its role and purpose as the Integrated Care System evolves. It summarises new national guidance for Health and Wellbeing Boards on their ongoing responsibilities. In addition, a brief summary of key points from the recent joint development session is presented, including recommendations for how boards should operate from the Local Government Association.

Recommendation:

Members are asked to recommend to Full Council an addition to the terms of reference of the Health and Wellbeing Board so that it becomes the strategic board for the place-based partnership developing in the Dorset Council area, as part of the Dorset Integrated Care System.

Reason for Recommendation:

To ensure that the Health and Wellbeing Board is the strategic body responsible for developing a clear Joint Health and Wellbeing Strategy for the Dorset Council 'place'. This will provide the ICS with a clear strategic steer on priorities for place-

based commissioning and health and wellbeing improvements, as well as avoiding unnecessary duplication.

1. **Report**

- 1.1 Health and Wellbeing Boards are statutory committees of Councils responsible for promoting integration and prevention in local systems and undertaking Joint Strategic Needs Assessments to inform Joint Local Health and Wellbeing Strategies for their areas.
- 1.2 As Integrated Care Systems develop, these responsibilities have been confirmed as continuing by national guidance published in July 2022. However, there is ongoing potential for confusion because the legislation enacted to create ICSs also creates a new Integrated Care Partnership for the local system, as well as two place-based partnerships beneath this, covering the Dorset Council and BCP Council areas.
- 1.3 Over time, place-based partnerships are intended to be effective committees for developing integration and place-based commissioning plans, supported by shared outcomes frameworks and devolved budgets for local areas. This creation of place-based partnerships by the legislation means Health and Wellbeing Boards, with their existing statutory functions, should consider their future role and purpose, as potential strategic leaders of each place within the ICS.
- 1.4 In the light of these changes, Dorset Health and Wellbeing Board and BCP Council Health and Wellbeing Board held a joint development session in July to consider a number of recommendations from the Local Government Association, alongside the revised national guidance on the role of Health and Wellbeing Boards.
- 1.5 This short summary is intended to present the main points for the Board to consider. In addition, Members are asked to support a recommendation for the Dorset Health and Wellbeing Board to assume the role of being the strategic level board responsible for developing a clear view of priorities and an effective Joint Health and Wellbeing Strategy for the Dorset Council place.

2. **Summary of key points from the joint development session**

- 2.1 In the first part of the session Members from both Boards heard a presentation from Sarah Pickup, Deputy Chief Executive of the LGA on

how Health and Wellbeing Boards will work with ICSs based on existing responsibilities, and new responsibilities coming from the ICS legislation.

2.2 The presentation acknowledged HWBs ongoing statutory responsibilities with much continuity in how they would work. However, it also set out some key areas where HWBs and ICS partners would have new duties. This includes:

- ICSs will need to engage HWBs on key planning documents, including the ICB forward plan and annual reports. The Board will be asked to comment on the extent to which it's joint local health and wellbeing strategy has been enacted through ICB plans;
- ICPs will need to have 'due regard' to HWBs joint strategic needs assessments, and local health and wellbeing strategies, and to involve HWBs in the creation of the ICP strategy;
- HWBs are expected to provide a strong focus for place, improving wellbeing through joint working, and set the strategic direction to improve health and wellbeing;
- In their annual reports, the ICB must set out the steps they have taken to implement joint local health and wellbeing strategies;
- HWBs should consider revising their health and wellbeing strategies after the development of the ICP strategy;
- All ICSs required to make rapid progress in developing place-based partnerships – including governance to bring NHS and Local authority leadership together; this will include a single accountable place leader for each place – which could be a HWB member;
- Where ICSs and HWBs are coterminous, they can choose to bring the bodies and functions together for efficiency (although they remain separate identifies legally). In the Dorset system, this could mean the ICP effectively becomes the two HWBs working closely together to drive health and wellbeing improvements.

2.3 In the discussion that followed, Members made several common points:

- That both boards would play an important role in developing a strong vision for place-based health and wellbeing improvement, with ongoing potential to work together;

- The Boards should work collaboratively with the community and voluntary sector, focusing on non-medical approaches to support people's wellbeing;
- Work with people to better understand how best to meet their priorities, not service priorities, and be creative in thinking differently about supporting people;
- Understanding partner perspectives – health, Council and voluntary and community sector – would be vital to moving forward on more action focused plans to improve health and wellbeing in each place.

2.4 The full notes from the session have been circulated to Members of both Boards, along with Sarah Pickup's presentation on the future role for Boards in relation to ICSs.

2.5 In summary, both HWBs Members' recognised the potential for the Boards to be the strategic leadership forum in each place, taking advantage of the change in legislation to set clear direction on priorities for improving health and wellbeing through Joint Local Health and Wellbeing Strategies.

2.6 However, Members also recognised the challenge in getting the governance and decision making right, and avoiding unnecessary duplication and confusion arising from the new bodies created by the legislation.

3. **Financial Implications**

None.

4. **Climate Implications**

None – although effective place-based partnership working should consider how best to ensure all future actions consider climate impacts.

5. **Well-being and Health Implications**

Having a strong place-based partnership in place, led by each Health and Wellbeing Board, is essential for improving health and wellbeing by taking full advantage of the ICS changes, joint leadership for health, including working with people and communities.

6. **Other Implications**

7. **Risk Assessment**

7.1 HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

8. **Equalities Impact Assessment**

None.

9. **Appendices**

None.

10. **Background Papers**

Notes from the joint development session

Sarah Pickup's presentation from the LGA

[Health and Wellbeing Boards: Draft guidance for engagement](#)

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Health and Wellbeing Board – Forward Plan

Title	Description	Date of Committee Meeting	Agenda item time	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Anchor Institutions update	Brief update for Board members.	14 September 2022		Paul Iggulden, Consultant Public Health	Cabinet Member for Adult Social Care and Health	
Physical Activity Strategy	Approval of draft strategy.	14 September 2022		Rupert Lloyd, Senior Health Programme Adviser Charlotte Coward, Deputy Chief Executive, Active Dorset	Cabinet Member for Adult Social Care and Health	
Pharmaceutical Needs Assessment (PNA)	Update on draft strategy and the consultation	14 September 2022		Jane Horne, Consultant Public Health	Cabinet Member for Adult Social Care and Health	
System Partnership Board	Ongoing development update.	14 September 2022		Sam Crowe, Director for Public Health + John Sellgren, Director of Place		
System Partnership Board	Finalisation	9 November 2022		Sam Crowe, Director for Public Health + John Sellgren, Director of Place		

Title	Description	Date of Committee Meeting	Agenda item time	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Better Care Fund 2022-23	BCF planning guidance, and our scheme of delegation, requires HWB to approve BCF plans, and require a regular update on performance. This submission is the approval stage of the plan; due to national guidance being published late.	9 November 2022		Jonathan Price, Corporate Director for Commissioning	Cabinet Member for Adult Social Care and Health	
Stronger Neighbourhoods	Update – link to H&WB Strategy	9 November 2022		Clive Tuck, Stronger Neighbourhoods Project Manager	Cabinet Member for Adult Social Care and Health	
Potential Agenda Items for Future Meetings:						
Review of health in all policies		TBC		Sam Crowe, Director for Public Health	Cabinet Member for Adult Social Care and Health	

Areas for consideration in order to achieve a more targeted approach to meet the requirements of the HWB Strategy:-

Children's Services
Home First
Building Better Lives
Sustainable Transport

Social Prescribing
Cultural Strategy (in relation to H&WB outcomes)

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