



Health and Wellbeing Board

Date: Wednesday, 21 June 2023
Time: 2.00 pm
Venue: Microsoft Teams

Members (Quorum: 5)

Jane Somper, Patricia Miller, Richard Bell, Vivienne Broadhurst, Sam Crowe, Marc House, Spencer Flower, Margaret Guy, Nicholas Johnson, Theresa Leavy, Martin Longley, Byron Quayle, 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.	ELECTION OF CHAIRMAN	
	To elect a chairman for the year 2023-24.	
3.	ELECTION OF VICE-CHAIRMAN	
	To elect a vice-chairman for the year 2023-24.	
4.	MINUTES	5 - 8
	To confirm the minutes of the meeting held on 15 March 2023.	

5. 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.

6. 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 either 1 question or 1 statement for each meeting. You are welcome to attend the meeting in person or via MS Teams to read out your question and to receive the response. If you submit a statement for the committee this will be circulated to all members of the committee in advance of the meeting as a supplement to the agenda and appended to the minutes for the formal record but will not be read out at the meeting. **The first 8 questions and the first 8 statements received from members of the public or organisations for each meeting will be accepted on a first come first served basis in accordance with the deadline set out below.** Further information read [Public Participation - Dorset Council](#)

All submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Friday, 16 June 2023.

When submitting your question or statement please note that:

- You can submit 1 question or 1 statement.
- a question may include a short pre-ambule to set the context.
- It must be a single question and any sub-divided questions will not be permitted.
- Each question will consist of no more than 450 words, and you will be given up to 3 minutes to present your question.
- 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.

7. 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, 16 June 2023.

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

8. 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.

9. WORK PROGRAMME

9 - 12

To consider the Health & Wellbeing Board's work programme.

10. BETTER CARE FUND 2022/23 YEAR END TEMPLATE

13 - 32

To receive a report by the Head of Service for Commissioning for Older People, Prevention, and Market Access.

11. PHARMACEUTICAL NEEDS ASSESSMENT: SUPPLEMENTARY STATEMENT

33 - 38

To receive a report by the Consultant in Public Health.

12. THRIVING COMMUNITIES

39 - 44

To receive a report by the Director of Public Health and Corporate Director for Commissioning.

13. 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 x 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.

There is no planned exempt business for this meeting.



HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 15 MARCH 2023

Present: Cllr Peter Wharf (Chairman), Patricia Miller (Vice-Chairman), Sam Crowe, Marc House, Cllr Spencer Flower, Margaret Guy, Cllr Andrew Parry, John Sellgren, Claire Shiels, and Chris Spackman.

Apologies: Vivienne Broadhurst, Rachel Farrell and Martin Longley, and Simon Wraw

Also present: Cllr Ray Bryan and Cllr Jane Somper

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

Rachel Partridge (Assistant Director of Public Health), Jonathan Price (Interim Corporate Director for Commissioning), Andrew Billany (Corporate Director for Housing), Paul Iggulden (Public Health Consultant), Sarah Longdon (Head of Service Planning), Sarah Sewell (Head of Service - Commissioning for Older People, Prevention and Market Access) and George Dare (Senior Democratic Services Officer)

26. **Apologies**

Apologies for absence were received from Vivienne Broadhurst, Theresa Leavy, Martin Longley, Simon Wraw, and ACC Rachel Farrell.

27. **Declarations of Interest**

No declarations of interests were made at the meeting.

28. **Minutes**

The minutes of the meeting held on 9 November 2022 were confirmed and signed.

29. **Public Participation**

There was no public participation.

30. **Councillor Questions**

There were no questions from councillors.

31. **Urgent items**

There were no urgent items.

32. **Chairman's Updates**

The Chairman updated members on several developments in the integrated care system. The Integrated Care Partnership (ICP) was about to appoint a chair and the Chairman of the Health & Wellbeing Board would contact them to discuss how the board and ICP would work together. There was recently a workshop where leaders and members of place-based partnerships to discuss how the partnerships would work. The place-based partnerships would deliver the priorities for improving health and wellbeing.

The Chairman also updated members on health & wellbeing improvements. This included the relaunch of the NHS Health Check programme which offered residents aged 40-75 years to find out about the risk of heart disease, stroke, and diabetes. Most people should be able to receive the check from their local GP. The Chairman urged people to take advantage of this programme. A briefing note to councillors with further details about the programme is attached to these minutes.

As the Bournemouth, Christchurch, and Poole Health & Wellbeing Board may have a membership change in May due to local elections, the chairman would make contact with the new chair of the Board when they are appointed.

33. **Work Programme**

Members noted the current work programme and would discuss it further during the item on developing a work programme.

A member felt it was important to engage with the voluntary and community sector whilst developing the work programme.

34. **Better Care Fund: Discharge Fund 2022/23 and Planning for 2024/25 onwards**

The Head of Service for Older People and Prevention Commissioning introduced the item and gave a short presentation, which included an outline of the discharge funding, opportunities for alignment of Better Care Fund investment, and a summary of the recommendations. The presentation is attached to these minutes.

The Chief Executive of the Integrated Care Board said that there had been 2 tranches of money for hospital discharge. In order for there to be 2-year funding there needed to be a reduction of patients in hospital.

Proposed by Cllr Flower, seconded by Marc House.

Decision: That the Adult Social Care Discharge Fund Plan, which is pooled into the Better Care Fund 2022/23, be retrospectively approved.

The Board noted the progress of the working group formed to identify opportunities to realign Better Care Fund investment from 2023/24 and agreed to receive a further item at a future Health & Wellbeing Board meeting.

35. **Developing a Work Programme for the Health and Wellbeing Board**

The Director of Public Health introduced the report. The report recognised changes to the Health & Wellbeing Board and the new responsibilities it has.

The Head of Service Planning said that developing a work programme would give the board an opportunity to refresh itself and make a difference. A development session would help to develop a work plan so the board can deliver on priorities. A key part of a development session would be to understand the role of the board and how it interacts with other bodies. The recommendations were highlighted.

The Chairman said that the board would develop their Health & Wellbeing Strategy at a faster pace than BCP Council's Health & Wellbeing Board because they have upcoming elections.

The following comments were made by board members:

- The board needs to consider the roles and responsibilities of partners in order to not duplicate work.
- Resources should be channelled to make the most impact for residents.
- The Integrated Care Board had 5 priorities for their forward plan. All were related to health equity and 3 of them related to children and young people.
- The roles of providers were likely to change significantly over the next 5-10 years.
- A development session should have challenging and honest conversations which would benefit the current and successor authorities.
- It should be considered if there were any underlying issues.

The Chairman asked Board members to read the ICP Strategy before a Health and Wellbeing Board development session.

The Board noted the new responsibilities and duties of Health and Wellbeing Boards, set out in new guidance.

The Board agreed to hold a development session to consider the ICP strategy and identify other potential elements of a work programme including refresh of the Joint Local Health and Wellbeing Plan.

36. **Update on the Integrated Care System and next steps for implementation**

The Director of Public Health introduced the item and updated members of the Integrated Care System. The Integrated Care Partnership (ICP) Strategy was developed through a three-workstream approach and the first ICP meeting took place in January. The Director of Public Health was the senior responsible officer for strategy development, and he will continue in this role following endorsement from the ICP. The ICP would need a development session following the appointment of a new chair. The recommendations in the report were outlined.

Members of the Board discussed the item, and the following points were raised:

- There could be agreements and disagreements at a development session.
- All partners should share the ICP strategy with their organisation, so they have feedback to provide.
- A member sought assurance that the Director of Public Health felt he could ask for additional support.
- The ICP Strategy was good for voluntary and community sector organisations.
- The Executive Director of Place would welcome the opportunity to talk about the local plan and how it would shape communities.
- A Health & Wellbeing Board development session could include a section on the local plan.
- The local plan would be a plan for Dorset, not just Dorset Council.
- There would be a publicly visible launch of the ICP Strategy.

Proposed by Cllr Wharf, seconded by Cllr Parry

Decision:

That:

1. The ICS strategy as a broad framework for securing the fastest possible improvements to the health and wellbeing of resident be noted and supported.
2. The strategy be considered in detail at a development session.
3. The next steps in implementing the strategy, as agreed by the ICP, be noted, and supported.

37. Exempt Business

There was no exempt business.

Duration of meeting: 2.00 - 3.17 pm

Chairman

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Health and Wellbeing Board – Work Programme

Title	Description	Date of Committee Meeting	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Better Care Fund 2022/23 Year End Template	Retrospective sign-off of the Year End Template.	21 June 2022	Sarah Sewell, Head of Service for Older People and Prevention Commissioning	Cabinet Member for Adult Social Care, Health and Housing	
Pharmaceutical Needs Assessment: Supplementary Statement	To approve the publication of a supplementary statement to the Pharmaceutical Needs Assessment	21 June 2022	Jane Horne, Consultant in Public Health	Cabinet Member for Adult Social Care, Health and Housing	
Thriving Communities	Establishing a project supporting place-based working in the Dorset Council area.	21 June 2022	Sam Crowe, Director of Public Health Jonathan Price, Corporate Director of Commissioning	Cabinet Member for Adult Social Care, Health and Housing	
Better Care Fund 2023/25 Plan and Narrative	Retrospective sign-off of the Plan and Narrative	20 September 2023	Sarah Sewell, Head of Service for Older People and Prevention Commissioning	Cabinet Member for Adult Social Care, Health and Housing	
Safeguarding Adults Board Annual Report	To receive the Safeguarding Adults Board Annual Report.	15 November 2023	Sian Walker, Independent Chair	Cabinet Member for Adult Social Care, Health and Housing	
Physical Activity Strategy	Review 1 year after implementation	15 November 2023	Rupert Lloyd, Senior Health Programme Advisor	Cabinet Member for Adult Social Care and Health	

Title	Description	Date of Committee Meeting	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
		20 March 2024			
Potential Agenda Items for Future Meetings:					
Review of health in all policies			Sam Crowe, Director for Public Health	Cabinet Member for Adult Social Care and Health	
Birth to Settled Adulthood		Late 2023		Cabinet Member for Adult Social Care, Health and Housing Cabinet Member for Children, Education, Skills and Early Help	
Pharmaceutical Needs Assessment	Update 1 year after implementation	September 2023	Jane Horne, Consultant in Public Health	Cabinet Member for Adult Social Care and Health	
ICB Forward Plan					

Title	Description	Date of Committee Meeting	Report Author	Portfolio Holder/s	Other Meetings (CLT, SLT, Cabinet etc)
Joint Health & Wellbeing Strategy	Reviewing the JHWB Strategy as place-based partnership	TBC 2023	Sam Crowe, Director for Public Health	Cabinet Member for Adult Social Care and Health	
Safeguarding Adults Board Annual Report	To receive the Safeguarding Adults Board Annual Report.	Mid - Late 2024		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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Health and Wellbeing Board

21 June 2023

Better Care Fund – Year End Submission 2022/23

For Decision

Portfolio Holder: Cllr J Somper, Portfolio Holder for People – Adult Social Care, Health & Housing

Local Councillor(s): All

Executive Director: V Broadhurst, Executive Director of People - Adults

Report Author: Sarah Sewell

Title: Head of Service for Older People and Prevention Commissioning

Tel: 01305 221256

Email: sarah.sewell@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:

1. To retrospectively approve the Better Care Fund (BCF) End of Year Template for 2022/23

Reason for Recommendation:

1. NHS England (NHSE) require the Health and Wellbeing Board (HWB) to approve all BCF plans, this is one of the national conditions within the Policy Framework. This includes planning documents at the beginning of a funding period, and template returns confirming how funds were spent at the end of the financial year.

There is often a relatively short window of time between NHSE publishing the reporting templates and the submission date. NHSE allow areas to submit their plans under delegated authority, pending HWB approval. At the HWB meeting on 12 January 2022 delegated authority to approve BCF plans, if a HWB meeting could not be convened within the NHSE

sign off period, was granted to the Executive Director for People – Adults following consultation with the HWB Chair.

2. For 2022/23, the End of Year template also included a return for the Adult Social Care Discharge (ASCD) Fund (the Plan for which was approved by HWB on 15th March 2023). There were 2 different submission dates, 2nd May 2023 for the ASCD Fund, and 23rd May 2023 for the overall Better Care Fund. Both elements of the reporting (document attached at Appendix A) were made in line with requirements and submitted on behalf of Dorset Council and Dorset NHS in line with delegated approvals.

1. Report

- 1.1 The End of Year Template is a single document (Appendix A) that consists of several elements:
 - 1.1.1 Confirmation that National Conditions have been met
 - 1.1.2 Local performance against the BCF Metrics
 - 1.1.3 Actual spend against planned spend
 - 1.1.4 Feedback on impact of BCF
 - 1.1.5 Adult Social Care Discharge Fund; actuals achieved & impact
- 1.2 In 2022/23 the BCF provided Dorset with total funding of £143,725,409. This was made up of £139,166,296 BCF plus £4,559,113 via ASCD Fund. All monies were spent in line with the Plans submitted that HWB approved on 9th November 2022 and 15th March 2023 respectively. Dorset met the National Conditions as required.
- 1.3 The Dorset health and social care landscape has continued to challenge performance, however Dorset met targets for Avoidable Admissions and Discharge to Normal Place of Residence.
- 1.4 Performance was below target in relation to the Rate of Permanent Admissions to Residential Care. This is linked to the need to utilise care home placements on discharge due to lack of homecare during quarters one to three of 22/23. As a Dorset System, we have plans in place to address this and within the last 6 weeks of quarter four of 2022/23 there has been an improving picture in homecare availability for long term care.

In addition, whilst the number of admissions has increased in 22/23, there is a shorter length of stay which is indicating that community based care is proving more successful in maintaining people at home for longer. This metric is being closely monitored by Dorset Adult Social Care.

- 1.5 Reablement performance did not meet target in 2022/23, 79% of people remained at home after 91 days following hospital discharge support by Reablement, the target was 85%. During this reporting period the Council transferred its' Reablement provision to a new Local Authority Company. The transition period caused some difficulties in gathering data, which has led to reporting lower than expected performance. This has been addressed and performance at the end of quarter 4 of 2022/23 is rising to meet the forecast. Again, this is being kept under close review by Dorset Adult Social Care. In addition, the Council, on behalf of Dorset ICB, is leading a Transformation Programme that will allow additional investment into improving and enhancing the Reablement offer in Dorset, in order to maximise recovery and independence. This will be described in the BCF Narrative Plan for 2023-25.
- 1.6 The BCF is enabling Health and Social Care in Dorset to work more jointly, particularly via integrated teams and pooled resources, to this end we continue to report these areas as successes of the BCF. We do, however, continue to be hampered by the same challenges reported in BCF 2021/22 year end template; local contextual factors, such as recruitment, rurality and also market sustainability. Although, this year we are able to update the BCF National Team on some of the improvements, such as early signs recruitment is improving particularly in home care, and give examples of where our joint health and social care work is supporting planning to improve pathways, particularly out of hospital.
- 1.7 The ASCD Fund provided additional investment mid-way through 2022-23 in order to expedite discharge from hospital. Despite the tight timescales for development of Plans, Dorset invested monies into a range of interventions and services to from additional equipment and technology, trusted assessor approaches, step up/down care beds and homecare resources, both short and long term in order to support ongoing flow through services.

2. Financial Implications

- 2.1 The Council and Dorset NHS are required to work within the financial envelope and to Plan, hence continuous monitoring is required. Joint

commissioning activity and close working with System partners, including Acute Trusts, allow these funds to be invested to support collective priorities for Dorset. As previously reported to the HWB, work is currently underway to develop a Plan for 2023-2025 that will broaden the investment of BCF in the future and include new schemes.

- 2.2 The Joint Commissioning Board of the Council and Dorset NHS will continue to monitor BCF budgets and activity for 2023-25 Plan once it is completed and agreed.

3. Environmental Implications

- 3.1 All partner agencies are mindful in their strategic and operational planning of the commitments, which they have taken on to address the impact of climate change.

4. Well-being and Health Implications

- 4.1 Allocation of the BCF supports individuals with health and social care needs, as well as enabling preventative measures and promoting independence.
- 4.2 Dorset, like many other areas across the South West and nationally, is continuing to experience many challenges in providing and supporting the delivery of health and social care. For Dorset, one of the highest risks continues to be the challenge brought about by lack of therapy led care and support. However, there are several key initiatives in train that will begin to address this, including the re-modelling of Dorset's Reablement Model. This will be explained in further detail in the 2023-25 BCF Plan that will come back to HWB for approval.

5. Other Implications

- 5.1 Building on strengthened relationships during the Covid-19 Response period, Dorset Council and Dorset NHS officers will continue to work closely with Dorset System Partners to plan measures to protect local NHS services, particularly around hospital discharge to ensure flow is maintained to support and respond to additional demand.

6. Risk Assessment

- 6.1 Dorset Council and Dorset NHS officers are confident the BCF plans provide appropriate assurance and confirm spending is compliant with conditions.

- 6.2 The funds provide mitigation of risks by securing continuation of essential service provision and provides preventative measures to reduce, delay and avoid demand.
- 6.3 Dorset is actively working to alter approaches that enable enhancement of provision to mitigate risks, and promote recovery, regaining and maintaining of independence.

7. Equalities Impact Assessment

- 7.1 It is important that all partners ensure that the individual needs and rights of every person accessing health and social care services are respected, including people with protected characteristics so the requirements of the Equalities Act 2010 are met by all partners.

8. Appendices

A: Dorset BCF 2022/23 Year End Template

9. Background Papers

[B1296-Better-Care-Fund-planning-requirements-2022-23.pdf \(england.nhs.uk\)](#)

[Discharge Fund and BCF Planning.pdf \(dorsetcouncil.gov.uk\)](#)

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Better Care Fund 2022-23 End of Year Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) To confirm actual income and expenditure in BCF plans at the end of the financial year
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the
- 4) To enable the use of this information for national partners to inform future direction and for local areas to

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICB's, local authorities and service

BCF reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website in

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special'

The details of each sheet within the template are outlined below.

ASC Discharge Fund-due 2nd May

This is the last tab in the workbook and must be submitted by 2nd May 2023 as this will flow to DHSC. It can be submitted with the rest of workbook empty as long as all the details are complete within this tab, as well as the cover sheet although we are not expecting this to be signed off by HWB at this point. The rest of the After selecting a HWB from the dropdown please check that the planned expenditure for each scheme type submitted in your ASC Discharge Fund plan are populated.

Please then enter the actual packages of care that matches the unit of measure pre-specified where applicable.

indicated by a new header. At the very bottom there is a totals summary for expenditure which we'd like you to add a breakdown by LA and ICB.

Please also include summary narrative on:

1. Scheme impact
2. Narrative describing any changes to planned spending – e.g. did plans get changed in response to pressures or demand? Please also detail any underspend.
3. Assessment of the impact the funding delivered and any learning. Where relevant to this assessment, please include details such as: number of packages purchased, number of hours of care, number of weeks (duration of support), number of individuals supported, unit costs, staff hours purchased and increase in pay etc
4. Any shared learning

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will update
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contains the BCF sign off and the HWB sign off
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority
3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2022-23 (link below) continue to be met through the <https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/>

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: NHS contribution to adult social care is maintained in line with the uplift to NHS

National condition 3: Agreement to invest in NHS commissioned out-of-hospital services

National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of discharges to a person's usual place of residence, Residential Admissions and This section captures a confidence assessment on achieving the plans for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.

The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Discharge to usual place of residence and avoidable admissions at a local authority level to assist systems in understanding performance

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:

- In making the confidence assessment on progress, please utilise the available metric data along with any
 - In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes and the unavailability of published metric data for one/two of the three months of the quarter is not expected to hinder the ability to provide this useful information.
- Please also reflect on the metric performance trend when compared to the quarter from the previous year -

Please note that the metrics themselves will be referenced (and reported as required) as per the standard

5. Income and Expenditure

The Better Care Fund 2022-23 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and NHS. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, minimum NHS contribution and additional contributions

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2022-23 by reporting any changes to the planned additional contributions by LAs and NHS as was reported on the BCF planning template.
- In addition to BCF funding, please also confirm the total amount received from the ASC discharge fund via LA and ICB if this has changed.
- The template will automatically pre populate the planned expenditure in 2022-23 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed into the area's section 75 agreement is different to the
- Please provide any comments that may be useful for local context for the reported actual income in 2022-

Expenditure section:

- Please select from the drop down box to indicate whether the actual expenditure in your BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and explanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2022-23 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please provide any comments that may be useful for local context for the reported actual expenditure in

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2022-23 through a set of survey questions

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 5 questions.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2022-23
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration'

Please highlight:

4. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model)
5. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model)

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care



Better Care Fund 2022-23 End of Year Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

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Health and Wellbeing Board:	Dorset	
Completed by:	Sarah Sewell	
E-mail:	sarah.sewell@dorsetcouncil.gov.uk	
Contact number:	(01305) 221256	
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No	
If no, please indicate when the report is expected to be signed off:	Wed 21/06/2023	<< Please enter using the format, DD/MM/YYYY

Better Care Fund 2022-23 End of Year Template

3. National Conditions

Selected Health and Wellbeing Board:

Dorset

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2022-23:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

Better Care Fund 2022-23 End of Year Template

4. Metrics

Selected Health and Wellbeing Board:

Dorset

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	596.0	On track to meet target	The national data for 2022/23 has been reported as 544.9 achieving this target as planned.	Whilst we have had immense challenges this year, we have further developed our models of the urgent community response service and anticipatory care, Dorset wide but also at a PCN/neighbourhood level
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.1%	On track to meet target	Dorset has maintained its focus on ensuring people are able to be discharged to their normal place of residence.	2022/23 overall achieved discharge to normal place of residence of 92.1%, exceeding our plan. Dorset ICS continue to focus on numerous Patient Flow initiatives to support effective and timely patient
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	333	On track to meet target	*please note* Due to error in population projection within the template Dorset's annual rate is incorrect: 113,053 is the 65+ population (ONS MYE 2021) and 112,275 is the 65+ population	The 2022/23 actual rate was 471.2
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	84.9%	On track to meet target	During this reporting period we have transferred our Reablement offer to a new Local Authority Company. The transition period has caused some difficulties in gathering data, which has led to reporting	The 2022/23 actual is 78.7%.

Better Care Fund 2022-23 End of Year Template

5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Dorset

Income

2022-23	
Disabled Facilities Grant	£4,152,450
Improved Better Care Fund	£12,450,566
NHS Minimum Fund	£31,390,646
Minimum Sub Total	£47,993,662
Planned	
NHS Additional Funding	£33,182,134
LA Additional Funding	£57,990,500
Additional Sub Total	£91,172,634
Planned 22-23	
Total BCF Pooled Fund	£139,166,296
Actual 22-23	
Total BCF Pooled Fund	£139,166,296

Actual		
Do you wish to change your additional actual NHS funding?	No	
Do you wish to change your additional actual LA funding?	No	
Additional Sub Total		£91,172,634

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Planned	
LA Plan Spend	£1,422,296
ICB Plan Spend	£3,176,817
ASC Discharge Fund Total	£4,599,113
Planned 22-23	
BCF + Discharge Fund	£143,765,409
Actual 22-23	
BCF + Discharge Fund	£143,765,409

Actual		
Do you wish to change your additional actual LA funding?	No	
Do you wish to change your additional actual ICB funding?	No	
ASC Discharge Fund Total		£4,599,113

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23

Expenditure

	2022-23
Plan	£139,166,296

Do you wish to change your actual BCF expenditure? No

Actual	£139,166,296
--------	--------------

	ASC Discharge Fund
Plan	£4,599,113

Do you wish to change your actual BCF expenditure? Yes

Actual	£4,599,717
--------	------------

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23

Better Care Fund 2022-23 End of Year Template

6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Dorset

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	An example is our joint planning for new areas of investment for 2023-25
2. Our BCF schemes were implemented as planned in 2022-23	Strongly Agree	Investment has been made to Plan.
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Strongly Agree	BCF funding is invested directly into intergrated teams at locality level.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	5. Integrated workforce: joint approach to training and upskilling of workforce	Building from last year, joint working continues to be a shared ambition and we have further strneghtened the approached this year. We do this via health and social care professionals working together through Cluster based, locality focussed, working arrangements. We have also continued to improve partnership working with local private and voluntary sector providers is in place thorough regular Multi Disciplinary meetings. Home First Programme is enabling improvement in Hospital Pathways and local investment is enabling development of our
Success 2	8. Pooled or aligned resources	We continue to perform well against the the current level of ambition set within the pooled budget, however as we progress with better integration we will want to revisit return on investment, and risk and gain share.

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	As per 20/21, during much of 2021/22, in Dorset we have continued to struggle with market sufficiency, particularly home care and for more complex care and support needs in care homes. However, during 2021/22 we have seen much local use of overseas recruitment opportunities, which by the end of qtr 4 we are beginning to see the benefits of, with improving capacity in some areas. We are working closely with the market to monitor improvements, and plan how we best deploy resources. Whilst the additional national investment via the Adult Social Care Discharge Fund was a great enabler to better outcomes,
Challenge 2	6. Good quality and sustainable provider market that can meet demand	In Dorset we have gaps in resources in the Care Homes market to support more complex and challenging care, support and health needs, including advancing dementia. In some cases, this is leading to prolonged hospital stays for some individuals. We are however, working across ICB to improve core pathways to make access to support more equitable and we have plans in place for development of Dementia support for people at all stages of their dementia journey. This will include joint working across Health and Social care to ensure Dementia support is adequately support and training investment made into

Footnotes:

Question 4 and 5 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

Better Care Fund 2022-23 End of Year Template

ASC Discharge Fund

Selected Health and Wellbeing Board:

Dorset

Please complete and submit this section (along with Cover sheet contained within this workbook) by 2nd May

For each scheme type please confirm the impact of the scheme in relation to the relevant units asked for and actual expenditure. Please then provide narrative around how the fund was utilised, the duration of care it provided and any changes to planned spend. At the very bottom of this sheet there is a totals summary, please also include aggregate spend by LA and ICB which should match actual total prepopulation.

The actual impact column is used to understand the benefit from the fund. This is different for each scheme and sub type and the unit for this metric has been pre-populated. This will align with metrics reported in fortnightly returns for scheme types.

- 1) For 'residential placements' and 'bed based intermediary care services', please state the number of beds purchased through the fund. (i.e. if 10 beds are made available for 12 weeks, please put 10 in column H and please add in your column K explanation that this achieve 120 weeks of bed based care).
- 2) For 'home care or domiciliary care', please state the number of care hours purchased through the fund.
- 3) For 'reablement in a person's own home', please state the number of care hours purchased through the fund.
- 4) For 'improvement retention of existing workforce', please state the number of staff this relates to.
- 5) For 'Additional or redeployed capacity from current care workers', please state the number of additional hours worked purchased through the fund purchased.
- 6) For 'Assistive Technologies and Equipment', please state the number of unique beneficiaries through the fund.
- 7) For 'Local Recruitment Initiatives', please state the additional number of staff this has helped recruit through the fund.

If there are any additional scheme types invested in since the submitted plan, please enter these into the bottom section found by scrolling further down.

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure	Did you make any changes to planned spending?	If yes, please explain why	Did the scheme have the intended impact?
Administration Support	Administration	(blank)	£45,991	£45,991		N/A	No		Yes
Care Allocation resourcing	Reablement in a Person's Own Home	Reablement to support to discharge – step down	£40,000	£40,000		Hours of care	No		Yes
Community Equipment	Assistive Technologies and Equipment	Community based equipment	£500,000	£628,268	1,439	Number of beneficiaries	Yes	Supported more people through this scheme than expected.	Yes
D2A for complex discharges	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£100,000	£133,838		Hours of care	Yes	This was a combination of bedded care and domiciliary care. Hours unavailable.	Yes
Domiciliary Care Blocks	Home Care or Domiciliary Care	Domiciliary care packages	£424,173	£460,338	6,463	Hours of care	No		Yes
Live In Care Block	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£97,500	£97,500		Hours of care	Yes	This money was transferred to Heath, hours unavailable	Yes
Nursing beds block	Residential Placements	Nursing home	£180,000	£143,887	16	Number of beds	No		Yes
Recovery Community Resilience	Reablement in a Person's Own Home	Step down (discharge to assess pathway 2)	£1,953,376	£2,000,598		N/A	Yes	This was used to purchase 27,255 hours of direct care.	Yes
Step up/ step down beds	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£399,740	£190,964	41	Number of beds	No		Yes
Trusted Assessors	Other	(blank)	£75,000	£75,000		N/A	No		Yes
Winter surge beds	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£783,333	£783,333	42	Number of beds	No		Yes

If yes, please explain how, if not, why was this not possible	Do you have any learning from this scheme?
N/A - mandatory line	
The funding added additional capacity into the team who allocate pre-commissioned resources for people waiting to leave hospital. This also enabled individuals ready to leave schemes to be moved	Need to balance resources looking at discharge from hospital with discharge from
More individuals benefitted from support from AT & Equipment.	None to report
Provided additional opportunities to support discharge	None to report
Enabled swifter movement through short term home care services and into long term care provision where it was appropriate for the individual. As pre-commissioned, these	Confirmed expected benefits re freeing up of short term services more quickly.
This funding was used to fund interim solutions to enable people with larger, more complex packages of care to be discharged, whilst longer term care package could be developed (ie	None to report
Enabled discharges more swiftly than if individual spot placements had been required.	None to report
Enabled swift discharge, as pre-commissioned resources can be referred to more quickly. These contracts also include Trusted Assessment, which enables the individuals, when they are	We are enhancing and amending the TA approach with providers to further
We enabled people who were unable to get home immediately to leave an acute setting, and continue their recovery in a care home setting, rather than waiting in hospital for home care to be	None to report
Additional resources to the TA team enabled more discharges to be supported.	None to report
We enabled people who were unable to get home immediately to leave an acute setting, and continue their recovery in a residential setting, rather than waiting in hospital for home care	Building flexibility into referral processes to reduce delays

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Dorset Health and Wellbeing Board

21 June 2023

Pharmaceutical Needs Assessment: Supplementary Statement

For Decision

Portfolio Holder: Cllr Jane Somper, Adult Social Care, Health and Housing

Local Councillor(s): All

Executive Director: S Crowe, Director of Public Health

Report Author: Jane Horne
Job Title: Consultant in Public Health
Tel: 01305 224400
Email: jane.horne@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary:

The Pharmaceutical Needs Assessment (PNA) is a statement of the need for pharmaceutical services in an area. The latest Dorset PNA was published in October 2022. Since then, there have been changes in the availability of pharmaceutical services. Three pharmacies in BCP have closed, 2 pharmacies in Dorset council area have changed ownership, and we are aware of applications for a further change of ownership in DC, a change of location in DC and a consolidation in Poole.

The supplementary statement sets out those changes that have already occurred. Once issued it will become part of the PNA.

Recommendation:

- To approve the publication of the supplementary statement.
- To delegate authority to the Director of Public Health to publish further supplementary statements as required.

Reason for Recommendation:

Each Health and Wellbeing Board must publish a PNA under section 128A of the NHS Act 2006 (amended). Part 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 sets out the detailed requirements. The Board must publish a new PNA every 3 years, or where there are significant changes. A Supplementary Statement can explain changes to the availability of pharmaceutical services, where:

- (a) There has been a change to the availability of pharmaceutical services and this change is relevant to the granting of applications to open a new, or relocate a pharmacy; or to provide additional services; and
- (b) the HWB is satisfied that the publication of a revised PNA would be a disproportionate response or is already in the process of producing an updated PNA but is satisfied that there is a need for a supplementary statement in order to prevent significant detriment to the provision of pharmaceutical services.

As further changes in pharmacy services are expected it would be helpful if further supplementary statements could be issued as they occur, hence the delegation to the Director of Public Health.

1. Lloyds Pharmacy changes

- 1.1 Following a national review, Lloyds Pharmacy plans to close all its outlets inside Sainsbury's this year. The three BCP closures are because of this plan. There are no further Lloyds pharmacies inside Sainsbury's within Dorset.
- 1.2 In closing the pharmacies Lloyds is responsible for communication to patients about this, including supporting vulnerable patients to nominate a new pharmacy and contacting patients where medication has not been collected close to the closure date.
- 1.3 Lloyds Pharmacy have also sold, or are in discussion about selling, many of their other pharmacies. The proposed change of ownership is for one of our remaining ten Lloyds pharmacies.
- 1.4 It is not yet clear whether we can expect further closures or changes of ownership, as Lloyds may continue to review the need for their remaining pharmacies.

2. **Choice of Supplementary statement or revised PNA**

2.1 The Department of Health and Social Care published guidance to support health and wellbeing boards develop their PNAs. This includes guidance on whether changes should result in producing a new PNA.

2.2 Core members of the virtual PNA Steering group considered the guidance and the changes in pharmaceutical services to date. They agreed that it was disproportionate to produce a new PNA including public consultation at this time because:

- It is not yet clear that the Lloyds situation has stabilised,
- The current PNA does not identify any gaps, and an initial look at the data suggests that using a 20-minute drive time this would not change,
- If the PNA were to identify gaps in the areas where closures have occurred, it is unclear whether there would be capacity for other community pharmacies to pick this up.
- New legislation came into force 25 May 2023 that may result in further changes to 100-hour pharmacies over the next few months.

3. **Financial Implications**

3.1 There are no significant financial implications from this report. Activity previously delivered at pharmacies that have now closed will be picked up either by other community pharmacies in the vicinity or through distance-selling pharmacies (online pharmacies).

4. **Natural Environment, Climate & Ecology Implications**

4.1 The analysis within the 2022 PNA considered access, with drive time as the key measure. Balancing access against the need for travel can be a challenge in a rural area such as Dorset. The PNA Steering Group agreed a 20-minute drive time as the right cut-off to identify gaps.

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

5.1 Community pharmacies are a vital community asset. They see high footfall in places convenient to the local population. They may provide other services as well as pharmaceutical services. These may include public health services.

5.2 The 2022 PNA identified 142 community pharmacies in across Dorset (74 in BCP Council and 68 in Dorset Council), plus 2 distance selling pharmacies. All provide essential pharmaceutical services. The PNA

stated that there is appropriate provision for the Dorset population, with no current gaps.

- 5.3 The three community pharmacy closures are in the BCP area. The three changes in ownership within the DC area should not impact on service delivery. The planned relocation in the DC area will not have a significant impact on service delivery.

6. **Other Implications**

- 6.1 Community pharmacies in high streets and town centres can play a part in maintaining footfall within these areas.

7. **Risk Assessment**

- 7.1 Risk that the PNA is not sufficiently robust will fall on the commissioner of pharmaceutical services as there is a risk of challenge to their decision making. NHS England delegated commissioning responsibility to NHS Dorset in April 2023.

- 7.2 Risk from closures of community pharmacies will also fall on public health who commission public health services from community pharmacies.

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

Current Risk: MEDIUM

Residual Risk: LOW

8. **Equalities Impact Assessment**

- 8.1 The 2022 PNA included formal consultation. One of the questions asked about any consideration required to make sure services do not have adverse impacts on any specific groups of people. Comments were incorporated into a first stage Equality Impact Assessment (EQIA) for the PNA.

9. **Appendices**

Appendix 1: Dorset PNA Supplementary statement, June 2023.

10. **Background Papers**

- [Pharmaceutical Needs Assessment \(PNA\) - 2022-2025](#)
- [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013 \(legislation.gov.uk\)](#)
- [DHSC - pharmaceutical-needs-assessment-information-pack \(October 2021\).pdf](#)

Appendix 1: Supplementary Statement

Supplementary statement to the Public Health Dorset Pharmaceutical Needs Assessment 2022 – 2025, published October 2022

Public Health Dorset produced the 2022 PNA for Bournemouth, Christchurch and Poole (BCP) Health and Wellbeing Board, and Dorset Health and Wellbeing Board.

Date supplementary statement issued: July 2023

1. Closing of a pharmacy

The following pharmacies have closed:

- Lloyds in Sainsburys at 1 Lyndhurst Road, Christchurch (FHL51)
This was a 100-hour pharmacy. It closed on 13 March 2023.
- Lloyds in Sainsburys at Castlepoint, Bournemouth (FDL19)
This was a 40-hour pharmacy. It closed on 18 April 2023.
- Lloyds in Sainsburys at Talbot Heath, Poole (FRH25)
This was a 40-hour pharmacy. It closed on 18 April 2023.

2. Change of ownership

The following pharmacies have changed ownership:

- the pharmacy at 1 Frederick Treves House, St. Johns Way, Poundbury, Dorchester.
Aunpharma took over the ownership from Rowlands pharmacy on 1 March 2023. The new trading name is Poundbury Pharmacy (FN115)
- the pharmacy at 26 Abbotsbury Road, Weymouth.
Weymouth Pharma took over the ownership from Boots on 24 April 2023. The new trading name is Weymouth Pharmacy (FPN51).

Supplementary statement issued by: Jane Horne

Post: Consultant in Public Health

Date: to be added

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Dorset Health and Wellbeing Board

21 June 2023

Thriving Communities

For Decision

Portfolio Holder: Cllr Jane Somper, Adult Social Care, Health and Housing
Lead Member: Cllr Cherry Brookes

Local Councillor(s): All

Executive Director: S Crowe, Director of Public Health

Report Author: Sam Crowe, Jonathan Price
Job Title: Director of Public Health; Interim Director of
Commissioning (Adults)

Tel:

Email: sam.crowe@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary:

The paper sets out a brief proposal to establish a project supporting place-based working in the Dorset Council area. The aim is to develop a plan to grow community support and capacity through the community and voluntary sector, to support people to remain living well and independently.

This is likely to involve different elements, including proposals for seed funding and/or investments that are likely to increase the capacity of the VCS sector to meet gaps identified in initial stages of the project.

In 2022 Public Health Dorset agreed through the Joint Public Health Board to use 21/22 underspend to support place-based partnership working in each council area. This proposal would see the Dorset Council share which amounts to £309k invested in growing the VCS infrastructure to support this way of working.

Delivering this programme of work will contribute to the following priority areas:

- Thriving Communities - Integrated Care Partnership Strategy

- Prevention and early help - Integrated Care Partnership Strategy
- Creating stronger, healthier communities -Dorset council delivery plan
- Ensuring more older people live well and independently – NHS Joint Forward Plan.

Recommendation:

To approve the use of the £309K in support of this programme of work; and to agree for the Health and Wellbeing Board to oversee progress and to provide leadership and advocate for the success of the programme in the Dorset Council area.

Reason for Recommendation:

Investing in the infrastructure to support the voluntary and community sector to increase their capacity to focus support for people to stay well, living in their own homes should reduce health and care utilisation, as well as improve healthy life expectancy and wellbeing. It is a key priority in the Integrated Care Partnership Strategy, Working Better Together.

1. Background

- 1.1. Dorset’s Council’s population is growing older, in fact we have the fastest ageing population in the UK supported by better than normal life expectancies across most of our residents. Our commissioning strategies recognise the need to develop new community services and support across our coastal, rural and town landscape, and recognise the value of our ageing population in delivering high quality care and support services.
- 1.2. All too often, our health and care system ‘reacts’ to provide care and support following a sudden change in people’s health. We want to change this, and provide more support for people to stay well, living in their homes, at an early stage. This challenge is at the heart of how we are working differently as an integrated care system to provide the right care and support, at the right time, and in the right place.
- 1.3. Earlier this year, the Integrated Care Partnership in Dorset agreed its first strategy for the integrated care system. The strategy set priorities around increasing access to prevention and early help support, supporting thriving communities, and working better together. Dorset Council is a key partner in delivering these strategy ambitions, working in partnership with the NHS, as well as residents and communities.

- 1.4. Within the integrated care system, there are two 'place-based partnerships' emerging. These are forming around the geographical footprints of Dorset Council, and BCP Council. The ambition is for the work of the partnerships to be overseen and steered by the Health and Wellbeing Boards of each Council. One of the proposed pieces of work in the first year of the Dorset place-based partnership is a focus on resident and community engagement, with a view to developing thriving communities.
- 1.5. It is important to recognise that this work builds on other programmes in Dorset, including the Altogether Better work on developing practice champions, with primary care networks (2018-2021) and Building Health Partnerships – a national development programme in which Dorset CCG participated in 2020-22.
- 1.6. This short briefing sets out the frame of a project to support the Dorset place-based partnership by better understand the strengths of the voluntary sector in supporting people with a healthy ageing approach. The work should inform how to strengthen the infrastructure in the VCSE sector, the scale up best practice identified and a plan to address any gaps identified.

2. Phases of the project and timescales

- 2.1. A high-level timeline for the project is set out below:
 - Project initiation – by end of June 2023
 - Project engagement - July to October 2023
 - Project plan – completed by end Dec 2023
 - Project implementation – by end of March 2024
 - Project transition – by end of March 2024.
- 2.2. For **project initiation**, the Cabinet Member for Adults Care Services, Health and Housing Cllr Jane Somper will be an important sponsor of this work, working closely with the Lead Member, Cllr Cherry Brooks to shape the initial project initiation alongside the senior management team for Adults and Public health.
- 2.3. The project will need to be further shaped and adapted based on feedback from initial discussions with Cabinet member and Lead Member, along with senior officers at Dorset Council and NHS Dorset.
- 2.4. Consideration will also need to be given to GP engagement and engagement with the ICB.

- 2.5. **Project engagement** will involve engagement with the VCS at a PCN (Primary Care Network) level working with Council locality team. It should include libraries and other council services, as well as Town and Parish Councils.
- 2.6. The mapping of existing support available to keep older people living independently across Dorset, including rural areas should include a baseline assessment of funding already going into the VCS sector.
- 2.7. This will identify gaps, challenges and needs arising from the mapping work, and through other sources of evidence including qualitative and quantitative information.
- 2.8. Using the information from the first two stages develop a **project plan** that sets out a programme of investment, through the place-based partnership for Dorset, to improve the infrastructure and capacity of voluntary sector organisations to provide support to keep older people living independently across Dorset, including its rural areas.
- 2.9. This is likely to involve several distinct stages, including:
 - (a) development of proposals for seed funding and/or investments that are likely to increase the capacity of the VCS sector to provide early help, in line with identified needs as set out in stage 2.
 - (b) Report and evaluation back to the Health and Wellbeing Board

3. Financial Implications

- 3.1. The Joint Public Health Board agreed to invest part of the shared service underspend from 2021/22 into place-based working. The shared service is funded by contributions from both BCP and Dorset councils' public health ring-fenced grant. The same conditions apply to any underspend held in reserves as apply to the original grant.
- 3.2. For the Dorset place-based partnership the share of these funds will be £309k. The aim is to support a focused programme of work in line with health and wellbeing priorities.

4. Natural Environment, Climate & Ecology Implications

- 4.1. Supporting people to stay well and live independently by building strong community networks of support close to their homes should reduce travel and healthcare utilisation - both of which have a carbon cost associated with them.

5. Well-being and Health Implications

- 5.1. Working with people to understand what keeps them well and healthy, and building capacity in the voluntary and community sector to offer support around these needs, should improve healthy life expectancy – keeping people living for longer in good health. Working in this way to develop person centred approaches should also have benefits for people’s personal sense of wellbeing.

6. Other Implications

- 6.1. Capacity needs to be identified to support this programme and will be addressed as part of the first phase.

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

- 8.1. Any plan that is developed as a result of this programme of work will be subject to equalities impact assessment to ensure that people with protected characteristics are not disadvantaged from the proposal. In addition, information on reasonable adjustments that might need to be made for particular groups will be considered.

9. Appendices

None

10. Background Papers

[Integrated Care Partnership Strategy – Our Dorset](#)

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