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HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 26 JUNE 2024

Present: Cllr Steve Robinson, Sam Crowe, Margaret Guy, Theresa Leavy, Jonathan Price and Simon Wraw

Present remotely: Cllr Clare Sutton, Cllr Gill Taylor, Stewart Dipple, Patricia Miller and Simone Yule

Apologies: Jan Britton, Anna Eastgate and Marc House

Also present: Cllr Nick Ireland, Cllr Carole Jones, Cllr David Northam and Paul Johnson

Also present remotely: Cllr Sally Holland, Cllr Jane Somper and Cllr David Taylor

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

Rachel Partridge (Assistant Director of Public Health), George Dare (Senior Democratic Services Officer), Mark Tyson (Corporate Director for Adult Commissioning & Improvement), Tony McDougal (Communications Business Partner - Adults and Housing), Liz Curtis-Jones (Principal Lead for Best Start in Life), Sarah Crabb (Social Mobility Commissioner), Sarah Sewell (Head of Service - Commissioning for Older People, Prevention and Market Access), Elaine Tibble (Senior Democratic Services Officer), Luna Hill (Deputy Head of Place, NHS Dorset) and Dave Thorp (Thriving Communities Partnership Manager)

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

Amanda Davis (Corporate Director for Education and Learning), Julia Ingram (Corporate Director for Adult Social Care Operations), Alice Deacon (Corporate Director for Commissioning and Partnerships), Kirstie Smith (Senior Communications Officer) and Gary Messenger (Head of Housing)

1. **Apologies**

Apologies for absence were received from Jan Britton, Anna Eastgate, and Marc House.

2. **Election of Chair**

Proposed by Cllr Steve Robinson, seconded by Patricia Miller.

Decision:

That Cllr Steve Robinson be elected as Health and Wellbeing Board Chair for the year 2024-25.

3. **Election of Vice-Chair**

Proposed by Cllr Steve Robinson, seconded by Cllr Clare Sutton.

Decision:

That Patricia Miller be elected as Health and Wellbeing Board Vice-Chair for the year 2014-25.

4. **Minutes**

Proposed by Sam Crowe, seconded by Jonathan Price.

Decision:

The minutes of the meeting held on 20 March 2024 be confirmed and signed.

5. **Declarations of Interest**

No declarations of interests were made at the meeting.

6. **Public Participation**

There was no public participation.

7. **Councillor Questions**

There were no questions from councillors.

8. **Urgent items**

There were no urgent items.

9. **Better Care Fund 2023-2025: End of Year Plan for 2023/24 and 2024/25 Planning Template**

The Corporate Director for Adult Commissioning and Improvement and the Head of Service for Older People, Home First and Market Access introduced the report and outlined the key points in a presentation. The recommendation was to retrospectively approve the End of Year Plan for 2023/24 and the 2024/25 Planning Template.

Members discussed the Better Care Fund and made the following comments:

- There needed to be better governance of the sign-off process, so the board did not have to retrospectively approve Better Care Fund templates.
- The Better Care Fund templates needed improved scrutiny before they were submitted.

- Overview and Scrutiny could have involvement in the Better Care Fund; however, outcomes would need to be fed back to the Health and Wellbeing Board.
- The Better Care Fund could be a vehicle for change however it was limited to what was included in the NHS and Local Authority agreement. There was scope to add more to the agreement, such as including the ICP Strategy.
- There would be an informal meeting to discuss delivery of strategies through the Integrated Care Board, Integrated Care Partnership, and Health and Wellbeing Board.

Proposed by Patricia Miller, seconded by Sam Crowe

Decision:

That the Better Care Fund 2023-2025: End of Year Plan for 2023/24 and 2024/25 Planning Template be retrospectively approved.

10. **Pharmaceutical Needs Assessment**

The Director of Public Health introduced the item. He explained the role of the Pharmaceutical Needs Assessment (PNA) and the proposal to develop the PNA with BCP Council's Health and Wellbeing Board. Supplementary updates to the PNA were made if there were changes in pharmacy provision.

Members discussed the report and the following areas:

- The return of medication to pharmacies when it was no longer needed, and the collection of unwanted and unused medications for disposal.
- Consideration of how pharmacy provision has changed since the last PNA, including what constitutes a gap in service and what this could mean for physical accessibility, such as moving away from a 20-minute drive time.
- NHS Dorset was now the commissioner of pharmacy services. The PNA would be crucial for commissioning pharmacy services in the future.
- Concerns with the safety and quality of online pharmacies.
- In relation to pharmacies on Portland, NHS Dorset was in discussions with a pharmacy provider about whether they would be viable for the community.
- The need for a pharmacist to be available when a place is open, so the place is able to dispense medications during all their opening times.
- The need to think creatively about access, family hubs was given as an example.

Proposed by Jonathan Price, seconded by Cllr G Taylor.

Decision:

That:

- (a) The start of the 2025 PNA development process be noted.
- (b) A single PNA across the Dorset system be developed.

(c) The provisional timeline set out under section 4.1 of the report be agreed.

11. **Thriving Communities**

The Deputy Director of Public Health and the Thriving Communities Partnership Manager introduced the report and gave a presentation, which is attached to these minutes. They covered the development of the Thriving Communities project, inclusion of the Voluntary, Community, and Social Enterprise (VCSE) sector, collaborative engagement, and the key issues from the project report.

Members discussed the report, and the following points were raised:

- There had been engagement with town and parish councils prior to the local elections in May.
- There should be more coordination of the VCSE through an assembly.
- An infrastructure strategy could develop a one public estate which would benefit the voluntary sector.
- NHS Providers have a young volunteers programme.
- Local Alliance Groups were good examples for working with community groups.
- It needed to be simpler for the VCSE to be able to show their value.
- It would be difficult to agree long-term funding, because the NHS was not funded in this way. However, thought could be given to joint commissioning and taking risks.

There was a request for this report to be presented to the Integrated Care Board.

Proposed by Jonathan Price, seconded by Sam Crowe.

Decision:

That:

- (a) The development of a project delivery and transition plan for Option 3: developing a VCS led Thriving Community Network model be recommended.
- (b) That Cllr Steve Robinson be nominated as the Health and Wellbeing Board member sponsor to oversee the next phase of the project.

12. **Improving Social Mobility in Dorset**

The Social Mobility Commissioner introduced the report and outlined data for social mobility in Dorset. The South Dorset Constituency was one of the worst constituencies for social mobility, and the most deprived areas of Dorset were located here. The recommendations were outlined.

Board members discussed the report and made the following points:

- This report connected to Thriving Communities work, however there needed to be more links to the work of the Integrated Care System.
- Social mobility started with children, however there was work that could also be done with adults.
- There were areas of rural Dorset which had causes of deprivation due to a lack of supermarkets and transport.
- The local population was not becoming healthier which affected growth.

The Board noted comments made by Cllr Northam. His comments included:

- The former Weymouth and Portland Borough Council was the 3rd worst area for social mobility.
- Children in the most deprived area of Weymouth needed to travel the furthest to school.
- The Local Enterprise Partnership focussed more on the BCP Council area than Dorset Council, so the council needed to work closer with the Chamber of Commerce.
- There should be a Cabinet Member lead and Executive Director who regularly report on social mobility work.

Proposed by Cllr C Sutton, seconded by Cllr S Robinson.

Decision:

That the following approach be recommended to Cabinet:

That a cross-directorate and multi-agency taskforce be established with the purpose of improving social mobility, reducing poverty, and ensuring cohesive responses across the Council and with wider partners

13. Safeguarding Families Together Evaluation

The Corporate Director for Quality Assurance and Safeguarding introduced the report and gave a presentation, which is attached to these minutes. She outlined the next steps and considerations for the Board. The Cabinet Member for Children's Services, Education, and Skills commented that the Safeguarding Families Together model has been successful in other local authorities as well as parts of Dorset.

Members discussed the report and made the following comments:

- It felt like the evaluation of the work done in Dorset was based upon implementation rather than the actual difference the model has made. The difference would need to be seen before deciding whether to roll out the model across the county.
- Public Health supported the model, however there was a risk to the funding from public health, due to Public Health Dorset separating.

- This report was taken to the Health and Wellbeing Board to ensure that all partners were aware of the proposal. It needed to be clearer about where the decision on the model would be made.
- There should be a broader conversation outside of the Board about place leadership in the Integrated Care System.

14. **Work Programme**

Board members noted the work programme. The work programme would have further development by the chair and vice-chair.

15. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 4.21 pm

Chairman

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Dorset
Council



Public Health Dorset

Part of BCP and Dorset Councils

Thriving Communities Project Update

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Dorset Health and Wellbeing Board

26th June 2024



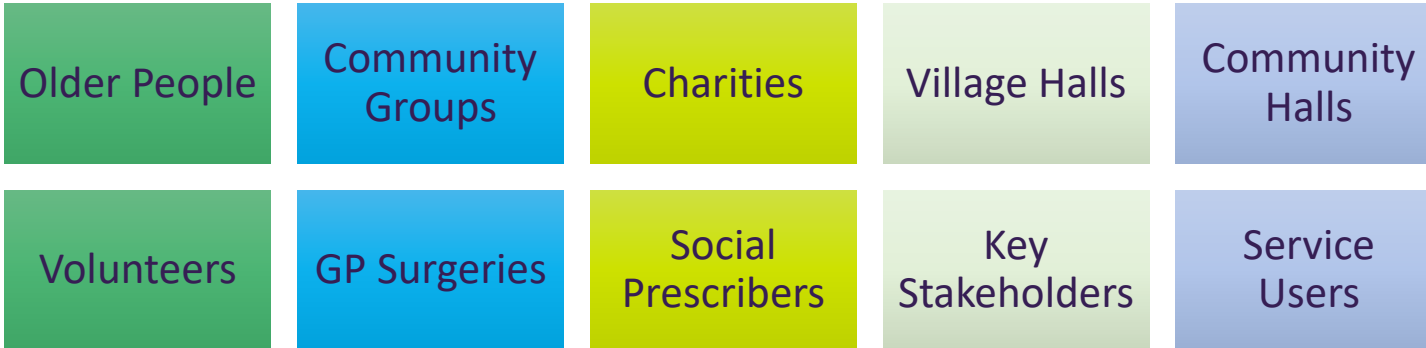
Minute Item 11

Project Report – What we did

- Aligned to Integrated Care Partnership strategic aims
- Established the Thriving Communities Reference Group
- Active involvement of Voluntary and Community Sector (VCS) at every stage
- Detailed research leading to identifying best practice nationally and locally
- Collaborative engagement
- Identified current gaps, risks and opportunities
- Aligned and engaged with work programmes



Collaborative Engagement- Who and How?



Carers

- Interviews
- Focus Groups
- Conversations
- Webinars
- Presentations
- Survey

Our Partners:

- Community Action Network
- Dorset Community Action
- Help and Kindness
- Volunteer Centre Dorset



Project Report – Key Issues

- **Key issue 1:** The need for local ‘trusted people’ in delivering support for older people to attract higher levels of participation.
- **Key issue 2:** The use of known local, readily accessible and sustainable ‘trusted places’ helps older people keep connected and healthy whilst reducing transport difficulties.
- **Key issue 3:** The benefit of a clear communication mechanism to allow swift dissemination of risk issues, opportunities, learning and best practice.
- **Key issue 4:** The momentum developed through ‘connectivity and partnership working’ at a local level.
- **Key issue 5:** A fundamental gap in the coordination of VCS activity and networking
- **Key issue 6:** The need to value and support volunteers to ensure retention and involvement of the next generation.



Project Report – Key Issues

Key issue 7: Bureaucracy in funding, evaluating and reporting requirements hinders VCS delivery of activities and support.

Key issue 8: The need to share best practice across groups supporting older people.

Key issue 9: Well-known, led, connected and ‘trusted groups’ can amplify their local messaging.

Key issue 10: The infrastructure foundations for local groups supporting older people need to be solid.

Key issue 11: The full impact of Thriving Communities will unfold as momentum grows over the course of several years, with its benefits being evident across multiple sectors and communities.

Key issue 12: Currently funding for Thriving Communities is concentrated on a 12-month delivery, yet maximising long-term impact will necessitate continued investment.



Collaborative Engagement – A few comments

“It seems much is available where we are: but, if figures for, say, dementia, are correct we are only reaching a tiny fraction of people who may benefit.”

Volunteer

“Think about the loneliness and it's not just in rural communities, where is the care for people who are alone? People I see could sit in their homes for weeks on end and no-one would care”

Volunteer

“It would be good if doctors’ surgeries and social services providers would help people to contact groups that they would perhaps find helpful, especially to their mental health.”

Volunteer

“Who is going to take over when we're too old to do it? All our volunteers are in their 70's....People will be very lonely”.

Volunteer

“..always remember that the person you are helping has a younger person at their heart..”

Volunteer

“By working together, we are able to develop our services and deliver so much more, making a positive difference to our environment and people’s lives.”

VCS CEO



“Working in partnership with other local support and care organisations appears to have been pivotal in successfully delivering support to the local community. This collaboration has resulted in multiple benefits.”

Cornwall Community Hubs Evaluation Report



Delivering Thriving Communities for Older People in Dorset

The **Thriving Communities Network** model led by the VCS, supported by a partnership of Dorset Council, NHS Dorset, Public Health Dorset, and other partners.

The network would be coordinated by the VCS and flexibly funded to strengthen the VCS infrastructure to deliver health and wellbeing services at a community level.



Recommendations

1. The Dorset Health & Wellbeing Board review the research findings and local insights contained within the Thriving Communities report.
2. The Board considers the options presented for the potential next phase of the Thriving Communities project.
3. If in agreement, the board to recommend the development of a project delivery and transition plan to develop a VCS led Thriving Community Network model as supported by the Thriving Communities Reference Group.
4. Agree a suitable Dorset Health & Wellbeing Board member to oversee and sponsor the next phase of the project.



Thank You

Any Questions?

- **Rachel Partridge | Deputy Director of Public Health**
- T: 01305 225880 | M: 07771 551443 | E: Rachel.Partridge@dorsetcouncil.gov.uk
- **Dave Thorp | Thriving Communities Partnership Manager**
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Safeguarding Families Together Evaluation

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Lisa Reid, Corporate Director, Quality Assurance and Safeguarding Partnerships

Minute Item 13

Recommendation:

To receive and review the evaluation report and to consider what the partnership commitment to the wider roll out and any further expansion is, for example to care leavers. For consideration, the partnership commitment could also include a review of commissioning arrangements that supports this way of working and could contribute to the model. Agencies not directly involved in SFT may also wish to consider how we track and evidence wider impact and what commitment can be offered by all partners to support this initiative being able to continue past March 2025

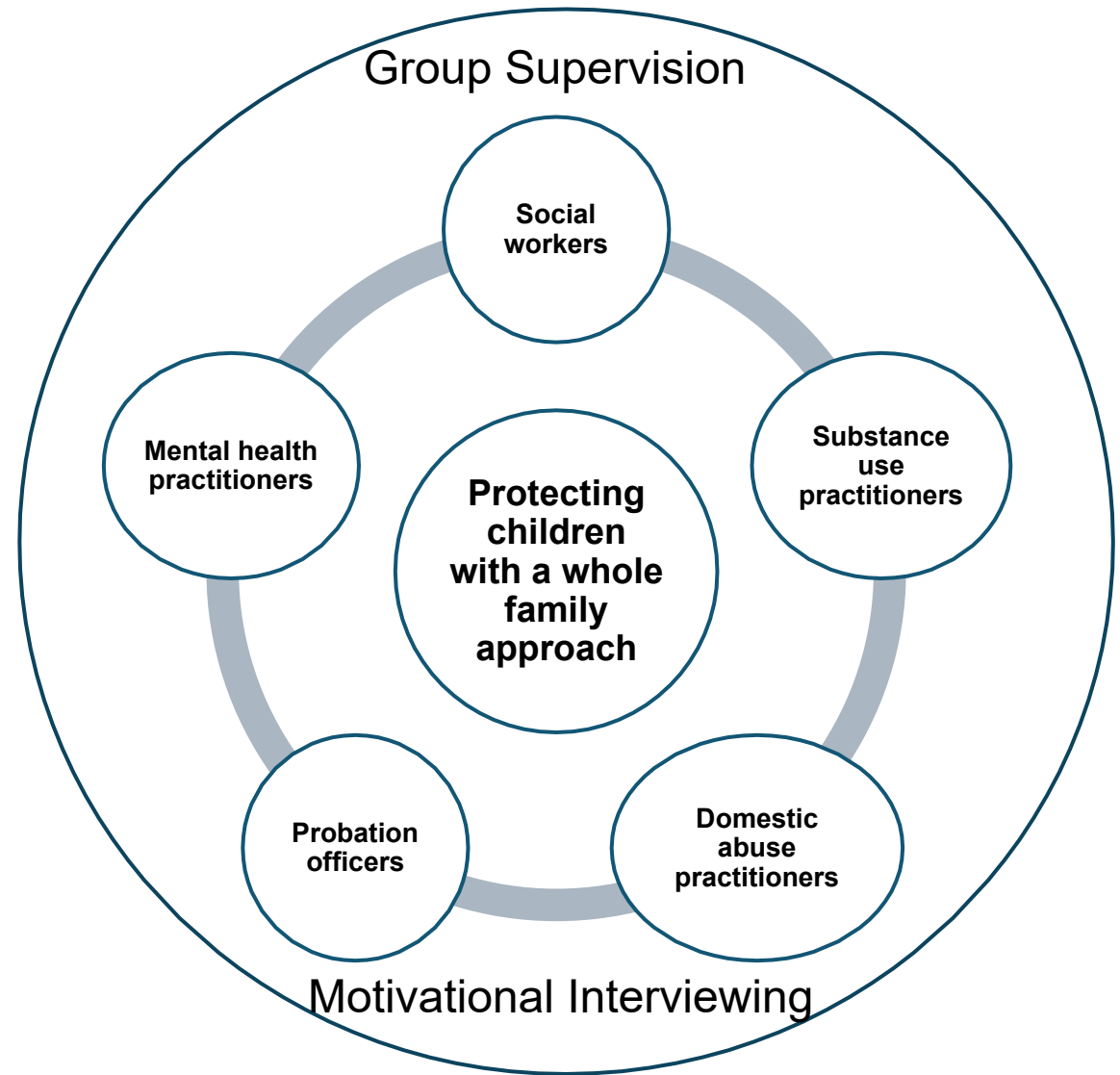
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Reason for Recommendation:

To allow full consideration of the wider benefits of SFT in improving the outcomes for our children and young people and how as a partnership we can go further. The Board needs to advise how the partnership wishes to proceed post March 2025 and agree how funding can be secured or commitments to existing/new commissioning arrangements.

- Innovation designed in Hertfordshire County Council as part of DfE Children's Social Care Innovation Programme
- Aims for children to remain living with their families where it is safe to do so
- Focuses on supporting parents and carers in relation to specific safeguarding concerns
- Growing evidence base relating to positive outcomes across domains
- Implemented in three pilot localities in Dorset Council
- Implementation plans underway for a full

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We will offer the right support at the right time, to improve family life

Key messages from the formative evaluation of SFT pilot based on Process of implementation, service experience and performance outcomes

- Successfully implemented to 127 families and 148 children & successful closure of 37 children (17 families)
- Shared aims & hopes for longer term preventive impact
- Created a new shared value-based language across professional groups & with families
- Improved information sharing & understanding of disciplinary perspectives for professionals
- Provided a more holistic, accessible & responsive service for parents
- Opportunities to expand geographically and towards a wider partnership
- Parents described increased self knowledge and awareness is the issues and gave them a sense of purpose and empowerment that enhanced their capacity to care for their children
- High engagement levels from both those previously known to specialist partner services and new engagement from individuals not previously known.

It seems like they're looking at the whole, how everything interrelates, so the domestic abuse and then the mental health and then your children are part of that...not everything's separate? ... It's enabling almost, yes, that word "holistic", to look at everything and around?

(Parent)

Parents experienced SFT as a holistic, helpful and humane service that was focused on building respectful relationships to support them to make changes for themselves and their children

(Independent evaluation)

The whole concept really is for fewer children to be taken into care which is what everybody wants.

(Domestic abuse professional)

Next Steps and considerations of Health and Wellbeing Board

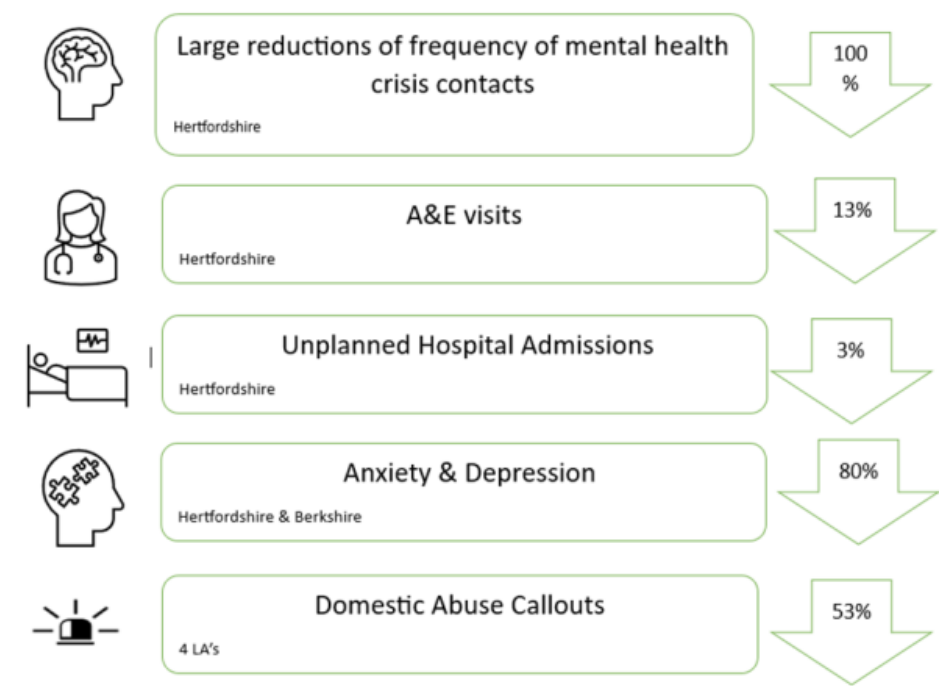
- The cost for a whole council roll out of SFT is approximately £1.15m in 2024/25 (see breakdown)
- **This provides an indicative cost for SFT delivery in the new financial year (25/26). NB: this is subject to inflationary increases which partners may need to add, a notional figure of 2% could be applied - £1.18m (estimate only)**
- Funding beyond 31 March 2025 to be determined.

| SFT - council wide roll out 6 localities | | FTE | 2024/25 £ | Partner contributions (2024/25) | 2025/26** £ |
|---|---|-------------|------------------|---------------------------------------|------------------|
| Adult Practitioners | Substance Misuse Public Health | 5 | 257,103 | 84,000 | 262,245 |
| | Domestic Abuse-Victim CSP/Adult Services | 4.8 | 200,800 | 0 | 204,816 |
| | Domestic Abuse-Perpetrator Probation and Up2U programme | 4 | 182,713 | 0 | 186,367 |
| | Mental Health DHUFT | 6.5 | 425,767 | 0 | 434,282 |
| Other costs | Group Case Supervision Administration | 2 | 72,000 | 0 | 73,440 |
| | Motivational Interviewing | | 10,000 | 0 | 5,000 |
| | Miscellaneous | | 5,000 | 0 | |
| Total | | 22.3 | 1,153,383 | 84,000 | 1,166,151 |

| | | |
|---|------------------|------------------|
| Dorset Council - Children's Services Transformation investment | 1,069,383 | |
| Partner contribution | 84,000 | |
| Total | 1,153,383 | 1,166,151 |

*Funding for 2025/26 and beyond to be determined
 ** 2025/26 costs are **indicative only** - a notional increase of 2% has been applied to 24/25 costs to take into account any potential inflationary increase that partners may need to add.

Through national evaluations the model has proven to achieve better outcomes for children and families, with reducing children in need and fewer children being taken into care or placed on child protection plans. Wider system benefits were also evaluated with promising outcomes.



[Hertfordshire Family Safeguarding \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

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