Public Document Pack

Health and Wellbeing Board

Date: Wednesday, 18 March 2026
Time: 2.00 pm
Venue: Meeting Room 1, County Hall, Dorchester, DT1 1XJ

Members (Quorum: 5)
Steve Robinson (Chair), Sarah Howard (Vice-Chair), Clare Sutton, Gill Taylor, Paula Bennetts, Jan Britton, Sam Crowe, Paul Dempsey, Stewart Gates, Margaret Guy, Marc House, Martin Longley, Jonathan Price and Simone Yule

Chief Executive: Catherine Howe, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic & Governance 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. If you would like to attend this meeting and have any specific requirements please contact the Democratic Services Officer named above.

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Agenda

Item		Pages
1.	**APOLOGIES** To receive any apologies for absence.	
2.	**MINUTES** To confirm the minutes of the meeting held on 11 February 2026.	5 - 8
3.	**DECLARATIONS OF INTEREST** To disclose any pecuniary, other registrable or non-registrable interest as set out in the adopted Code of Conduct. In making their disclosure councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.	

If required, further advice should be sought from the Monitoring Officer in advance of the meeting.

4. 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 Microsoft 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.** For 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, 13 March 2026.

When submitting your question or statement please note that:

- You can submit 1 question or 1 statement.
- a question may include a short pre-amble 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.

5. 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, 13 March 2026.

Dorset Council Constitution – Procedure Rule 13

6. 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.

7. WORK PROGRAMME 9 - 12

To consider the Health and Wellbeing Board's Work Programme.

8. BETTER CARE FUND: QUARTER 3 TEMPLATE 2025/26 13 - 22

To consider a report by the Head of Service for Commissioning for Older People and Home First.

9. HEALTH AND WELLBEING STRATEGY DEVELOPMENT 23 - 28

To consider a report by the Director of Public Health and Prevention.

10. HEALTH LITERACY: UPDATE AND NEXT STEPS 29 - 36

To consider a report by the Senior Health Programme Advisor and the Public Health Consultant (BCP Council).

11. JOINT STRATEGIC NEEDS ASSESSMENT FORWARD PLAN 37 - 62

To consider a report by the Team Leader – Intelligence.

12. 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 are no exempt items scheduled for this meeting.

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Dorset Council

HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 11 FEBRUARY 2026

Present: Cllr Steve Robinson (Chair), Cllr Clare Sutton and Sam Crowe
Present remotely: Cllr Gill Taylor, Paula Bennetts, Margaret Guy and Jonathan Price

Apologies: Cllrs Sarah Howard, Jan Britton, Paul Dempsey and Marc House

Also present remotely: Cllr Sally Holland and Cllr Chris Kippax

Officers present (for all or part of the meeting):
Rachel Partridge (Deputy Director of Public Health), George Dare (Senior Democratic and Governance Officer), Mark Harris (Deputy Director of Modernisation and Place (BCP), NHS Dorset) and Sam Poole (Interim Corporate Director for Commissioning & Improvement)

Officers present remotely (for all or part of the meeting):
Julia Ingram (Corporate Director for Adult Social Care Operations), Iain Sim (Interim Corporate Director for Housing), Sarah Perrett (Commissioning Manager) and Karen Stephens (Interim Head of Service - Market Relationships, Major Contracts, and Over 65's)

40. **Apologies**

Apologies for absence were received from Sarah Howard (Vice-chair), Jan Britton, Paul Dempsey and Marc House.

41. **Minutes**

The minutes of the meeting held on 19 November 2025 were confirmed and signed.

42. **Declarations of Interest**

No declarations of disclosable interests were made at the meeting.

43. **Public Participation**

There was no public participation.

44. **Councillor Questions**

There were no questions from councillors.

45. **Urgent items**

There were no urgent items.

46. **Towards a new model of day opportunities**

The Corporate Director for Commissioning and Improvement introduced the report on day opportunities. He summarised the key themes which were raised during the public consultation and explained how the consultation and engagement have shaped the new model and proposals. The new model for day opportunities would contribute to the Council plan priorities and make the best use of the council's assets.

Following the introduction, Board members discussed the report and raised the following points:

- There was going to be further engagement with communities and service users about providing services closer to communities.
- Limiters in the past for people to access day opportunities provided by the voluntary sector, was that they were not promoted well enough, so people did not know they were available. A next step for day opportunities was thinking about the wider model and involving the voluntary sector so that these opportunities could be developed further.
- Natural communities for family hubs may not be the same as those natural communities for older people. However, in some places, co-locating these services would work well. Thought needed to be given to the assets which were already available and how these could be meeting the needs of communities.
- The next step would be to revise the commissioning model with Care Dorset and then to progress providing day opportunities closer to communities. There would be continued engagement with service users.

Following the discussion, the Corporate Director for Commissioning and Improvement explained that the proposals would be revised in the final Cabinet report, so that Purbeck Connect would remain open.

The Board agreed the future intentions for day opportunities and the draft Cabinet report.

47. **NHS Dorset Strategic Commissioning Plan**

The Deputy Director of Modernisation and Place (BCP), NHS Dorset, introduced the item and gave a presentation which was included in the agenda pack. The presentation included the national requirements for the commissioning plan and its

purpose, how the plan has been developed and engagement exercises, and the key priorities in the plan.

The Board discussed the NHS Commissioning Plan. During the discussion the following points were raised:

- Using the place-based partnership would be next step for working together, rather than the NHS Commissioning Plan just being health led. The Health and Wellbeing Strategy and a shift from treatment to prevention can help assist this.
- It was a challenging time for system working due to the incoming Integrated Care Board cluster arrangements. However, place-level strategy should still continue at pace.
- Both NHS and Local Authority partners would need to value and invest in the place-based partnership for it to be successful. It would also be critical for the success of a funding shift from sickness to prevention.
- There was also a need for the NHS and Local Authority to be aligned on preserving and delivering their statutory responsibilities and being aligned on these whilst other work was delivered.

48. **Work Programme**

The Director of Public Health outlined the purpose of bringing a report on Health Literacy to the board's next meeting.

The Board noted its work programme.

49. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 2.56 pm

Chairman

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Health and Wellbeing Board
Work Programme

Meeting Date: 18 March 2026

Report Title	Aims and Objectives	Lead Officers / Members	Other Information
Better Care Fund Quarterly Reporting Template	Endorsement of the Better Care Fund quarterly reporting template.	Sarah Sewell, Head of Service for Older People, Home First, and Market Access Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Joint Strategic Needs Assessment	Update on development of the JSNA.	Natasha Morris – Team Leader Intelligence Cllr Gill Taylor – Cabinet Member for Health and Housing	
Developing the Health and Wellbeing Strategy		Sam Crowe – Director of Public Health and Prevention Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Health Literacy: Update and Next Steps		Rupert Lloyd – Senior Health Programme Advisor	

		Cllr Gill Taylor – Cabinet Member for Health and Housing	

Meeting Date: 17 June 2026

Report Title	Aims and Objectives	Lead Officers / Members	Other Information
FutureCare Programme Update	Progress update on the FutureCare programme.	Dylan Champion – FutureCare Programme Director Cllr Steve Robinson – Cabinet Member for Adult Social Care	

Meeting Date: 16 September 2026

Report Title	Aims and Objectives	Lead Officers / Members	Other Information

Meeting Date: 18 November 2026

Report Title	Aims and Objectives	Lead Officers / Members	Other Information

Meeting Date: 17 March 2027

Report Title	Aims and Objectives	Lead Officers / Members	Other Information

Meeting Date: Unscheduled items

Potential Item	Description	Lead Officer	Cabinet Member(s)	Other Information
Thriving Communities – 1 year evaluation				Autumn 2026

National Neighbourhood Implementation Programme		Sarah Howard – Deputy Director of Modernisation and Place		
Dorset Intelligence and Insight Service				

Health and Wellbeing Board

18 March 2026

Better Care Fund in Dorset: Quarter 3 Template 2025/26

For Decision

Cabinet Member:
Cllr S Robinson, Adult Social Care

Local Councillor(s):
All

Senior Leadership Team:
J Price, Executive Director of People - Adults

Report author and job title: Sarah Sewell, Head of Service for Commissioning for Older People and Home First
Email: sarah.sewell@dorsetcouncil.gov.uk

Statutory Authority:

Report status: Public (the exemption paragraph is N/A)

1. Executive summary (maximum of 500 words)

1.1 This report seeks approval from the Health and Wellbeing Board for endorsement of the Better Care Fund Quarterly Reporting Template.

2. Recommendation(s)

2.1 To endorse the Better Care Fund (BCF) Reporting Template for 2025/26 Quarter 2; approved under delegated authority.

3. Reason for the recommendation(s)

3.1 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 reporting progress against the plans mid-year, and at the end of the year.

3.2 There is usually 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.

3.3 The 2025/26 Quarter 3 (Q3) template submitted for endorsement today was shared with HWB Members by email on 22nd January 2026, in advance of submission to NHSE to provide advance oversight and offer opportunity to comment; no comments or amendments were returned.

3.4 Submission of the template was made to NHSE on 29th January 2026 on behalf of Dorset Council and Dorset NHS in line with delegated approvals. Retrospective endorsement is now sought from the Board at its meeting on 18 March 2026.

4. The Report

The Quarter 3 Performance

4.1 The Q3 template is at Appendix A and reports performance against the original plan submitted for 2025-26. The template format is in line with previous formats. The template required the following updates:

- Confirmation that National Conditions are being implemented
- Progress against the BCF Metrics, including an assessment of whether we are on track to meet the goals
- Summary of Q3 year to date expenditure against the plan with opportunity to provide narrative.

4.2 Our performance has continued to be challenged during Q3. We remain on track to meet two out of three goals, with the Discharge Delays metric 'not on track' at the end of Q3.

4.3 Active work continues via the Future Care Programme which is focussed in reducing the length of stay for people ready to leave hospital. There is a specific workstream, Transfers of Care, focussed on discharge planning.

4.4 In relation to Q3 expenditure, we remain in line with our plan, and we had no changes to report.

5. Planning for 2026/27 BCF Plan

5.1 BCF guidance for the new financial year was published on 18 February 2026. While more significant changes had originally been anticipated, the updated guidance primarily aligns the programme with the 10-Year Health Plan. It encourages stronger links between BCF plans and neighbourhood-level integrated health and care services, including areas such as intermediate care.

5.2 While full integration is not expected for 2026–27, partners are asked to pragmatically link BCF spending to local priorities without disrupting key BCF-funded services, ensuring continued investment in adult social care and collaborative plan sign-off.

5.3 Local Authority and NHS Dorset officers are working jointly to develop the 2026/27 Plan, which is expected to remain closely aligned to the current year's plan. The submission deadline is 19 May 2026. To meet this timeframe, delegated authority to the Executive Director for People – Adults, following consultation with the HWB Chair, will be used. Draft documents will be circulated to HWB Members by email for comment prior to submission, with formal endorsement sought at the 17 June 2026 HWB meeting.

6. Financial Implications

6.1 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.

7. Natural Environment, Climate and Ecology Implications.

7.1 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.

8. Well-being and Health Implications

8.1 Allocation of the BCF supports individuals with health and social care needs, as well as enabling preventative measures and promoting independence.

8.2 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, the highest risks continue to be the increasing acuity of health, care and support needs of those being supported both in the community and in hospital. In addition the lack of therapy led care and support to promote the regaining and maintaining of longer-term independence continues to challenge us.

9. Other Implications

9.1 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 admission avoidance and hospital discharge to ensure flow is maintained to support and respond to additional demand.

10. Risk Assessment

10.1 Dorset Council and Dorset NHS officers are confident the report appendices provide appropriate assurance and confirms spending is compliant with conditions.

10.2 The funds provide mitigation of risks by securing continuation of essential service provision and provides preventative measures to reduce, delay and avoid demand.

10.3 Dorset is actively working to alter approaches that enable enhancement of provision to mitigate risks, and promote recovery, regaining and maintaining of independence.

11. Impact Assessment

11.1 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.

12. Appendices

11.1 Appendix A: Dorset's Better Care Fund 2025-2026 Quarter 3 Template

13. 12. Background Papers

- Better Care Fund policy framework 2025 to 2026 - GOV.UK
- Health & Wellbeing Board, 17th November 2025 Better Care Fund Q2 Template Report
- Health & Wellbeing Board, 24th September 2025 Better Care Fund Q1 Template report.pdf

13. Report sign-off

13.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s)

HM Government

NHS England

Better Care Fund 2025-26 Q3 Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly 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.

Health and Wellbeing Board:	Dorset
Completed by:	Sarah Sewell
E-mail:	sarah.sewell@dorsetcouncil.gov.uk
Contact number:	1305221256
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Better Care Fund 2025-26 Q3 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Dorset

Confirmation of Nation Conditions			Checklist Complete:
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:**	
1) Plans to be jointly agreed	Yes		Yes
2) Implementing the objectives of the BCF	Yes		Yes
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	No	We continue to work on updating our S75 but we are complying with grant and funding conditions, including the minimum contributions	Yes
4) Complying with oversight and support processes	Yes		Yes

Better Care Fund 2025-26 Q3 Reporting Template

4. Metrics for 2025-26

Selected Health and Wellbeing Board: Dorset

For metrics time series and more details: BCF dashboard link

For metrics handbook and reporting schedule: BCF 25/26 Metrics Handbook

4.1 Emergency admissions

Plan		Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,450.7	1,484.3	1,397.8	1,426.3	1,491.9	1,344.0	1,529.7	1,376.8	1,454.9	1,475.9	1,337.3	1,401.1
	Number of Admissions 65+	1,727	1,767	1,664	1,698	1,776	1,600	1,821	1,639	1,732	1,757	1,592	1,668
	Population of 65+	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0	119,046.0

Assessment of whether goal has been met in Q3:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	Local data: Oct - 1,612 Nov - 1,609 Dec (estimated) - 1,568 On track to meet target dispite the increase in demand in highly pressured system. The future care programme has a workstream focused on alternatives to admission. The key metrics are 1) the number of SDEC starts per week, Number of patients referred to community services from ED front door and the number of H@H admissions per week. To achieve this the A2A is: 1) Improving the number of patients pulled from ED front door into SDEC's 2) Improving the flow from SDECs and ED to H@H 3) Established a front door to community MDT with community services to review and refer patients from ED to community services.

4.2 Discharge Delays

Original Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	0.90	1.31	1.40	1.22	1.09	1.08	0.80	0.61	0.84	1.04	0.85	0.83

Proportion of adult patients discharged from acute hospitals on their discharge ready date	87.1%	85.5%	82.5%	86.4%	87.9%	88.0%	90.0%	91.3%	89.5%	88.5%	89.4%	89.6%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	7.00	9.00	8.00	9.00	9.00	9.00	8.00	7.00	8.00	9.00	8.00	8.00

Assessment of whether goal has been met in Q3:	Not on track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	Local data: Oct - 85.4% Nov - 85.5% Dec (estimated) - 86.9% •Increased complexity of health and social needs of those being admitted noted by teams which is meaning quite complex discharge planning scenario's and increase in number of people unable to be supported through the D2A services currently commissioned leading to high proportion of people having 'assessment in hospital' •Some of improvements in terms of increased numbers of starts, reduced length of wait for some of P1/P2 services not seen in the averages as the increased NCTR LOS overall not coming down - so we achieve some improvements in flow but not enough to offset the longer LOS for others. Improvements in P1 and P2 flow being addressed by ohaving TOC lead and flow leads in place. oTHose flow leads are managing the people waiting for the service (apporpriateness and prioritisation plus matching to best available resources) and ensuring flow out of the P1 and P2 services. oFor P1 (east) this has required significant investment in pulling together a single caseload view of P1 so we can start managing the ongoing assessment and exit in more timely way - achieving better flow to release care back earlier. oP2 caseload trackers also enabling the same as above. P2 MDT's in place to support improved flow out of these services to release the care back to enable access for hospital discharge. oP2 COHO transfer process also being reviewed by TOC lead oDaily discharge targets set for each acute - monitored daily so we can more visibly see and respond to demand/discharge data . •Increased assessment in hospital for those falling outside of core D2A services impacting discharge rates o being address via caseload management sessions set up in TOC - ensure we are following all actions and not allowing drift in processes. oSetting series of standards that support identification of potential drift/unnecessary delay oEnsuring that where we have blockers that we take back to multi-agency caseload management sessions to resolve then use of new escalation processes in place where needed oLong term commissioning conversations to ensure we address gaps in existing D2A offer

4.3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25-June 25)	2025-26 Plan Q3 (July 25-Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	493.4	404.0	112.6	111.7	108.4	88.2
	Number of admissions	577.0	481.0	134.0	133.0	129.0	105.0
	Population of 65+*	119046.0	119046.0	119046.0	119046.0	119046.0	119046.0

Assessment of whether goal has been met in Q3:	On track to meet goal
You may use this box to provide a very brief explanation of overall progress if you wish.	We are continuing to monitor this metric as Q3 performance, we remain on track to meet our target.

Better Care Fund 2025-26 Q3 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board: Dorset

	2025-26		
Source of Funding	Planned Income	Updated Total Plan Income for 25-26	DFG Q3 Year-to-Date Actual Expenditure
DFG	£5,152,517	£5,152,517	£3,864,388
Minimum NHS Contribution	£39,145,707	£39,145,707	
Local Authority Better Care Grant	£15,359,816	£15,359,816	
Additional LA Contribution	£59,440,839	£59,440,839	
Additional NHS Contribution	£36,997,733	£36,997,733	
Total	**£156,096,612**	**£156,096,612**	

	Original	Updated	% variance
Planned Expenditure	**£156,096,612**	£156,096,612	**0%**

		% of Planned Income
Q3 Year-to-Date Actual Expenditure	£113,540,234	**73%**

If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.	No changes have been made to planned expenditure

Health and Wellbeing Board
18 March 2025
Health and Wellbeing Strategy Development
For Decision

Cabinet Member:
Cllr S Robinson, Adult Social Care

Local Councillor(s):

Senior Leadership Team:
S Crowe, Director of Public Health & Prevention

Report author and job title: Sam Crowe, Director of Public Health and Prevention
Email: sam.crowe@dorsetcouncil.gov.uk

Statutory Authority: Local Government and Public Involvement in Health Act 2007

Report status: Public (the exemption paragraph is N/A)

1. Executive summary (maximum of 500 words)

1.1 This report updates the Health and Wellbeing Board on a process and timeline for developing an outcomes based strategy for Dorset. It is designed to support greater engagement and focus on delivery of key outcomes, through a place-based partnership approach, under the Board.

1.2 This will take an iterative approach over the next 6 months or so, recognising that there is significant change in our health and care system. Using an engagement approach should help build support for the importance of this work and identify outcomes that matter to residents and communities. It should provide the board with a clearer picture of the main health and care programmes that will deliver the strategy, and a sense of impact and benefits to residents.

1.3 It will be important to incorporate the findings and evidence from the Board's JSNA process as we build this and deliver the strategy as a statutory requirement of the board.

1.4 Taking more of a cross-council approach to the strategy through the prevention steering group should also increase visibility of the importance of the Board in delivering on the ambitions of working in a more prevention focused way, in partnership with communities and stakeholders.

2. Recommendation(s)

2.1 Approve the approach to develop an outcomes-based health and wellbeing strategy for the Dorset place system by September 2026, noting the work done to date and input from stakeholders and overview committee.

3. Reason for the recommendation(s)

3.1 The Council Plan Communities for All priority sets out a clear commitment to investing more in prevention, working with communities and partners. Many of the deliverables can be achieved by having a strategy focused on working differently – i.e. 'how' this shift to prevention and working with communities will happen. Alongside this, an outcomes framework that captures the most important outcomes for residents will enable the board to measure progress clearly. The strategy will also support a strong place-based partnership which brings health and care transformation work together in a more visible place under the Board.

4. Context and Background

4.1 Dorset Council Senior Leadership Team supported recommendations in a green paper in December 2025 setting out the opportunity for the Health and Wellbeing Board to work collaboratively in a place-based partnership, recognising the changes that were happening in the health and care system. The paper recommended developing a refreshed strategy for the board, supported by an outcomes framework to deliver better outcomes for residents.

4.2 The framework and strategy would be developed via a partnership approach – and supported by an internal officer group to ensure cross council connection.

4.3 From April 2026 NHS Dorset Integrated Care Board (ICB) will form a cluster along with two other ICBs, covering six unitary authority places - Dorset, Somerset, Wiltshire, Swindon, BCP Council and Bath and North East Somerset.

4.4 As the cluster ICB takes on more strategic commissioning at scale (for a population of nearly 3 million) the expectation is for strong place-based working via a partnership established under the Dorset Health and Wellbeing Board.

4.5 People and Health Overview Committee were consulted on the outline approach to refreshing the strategy, and gave the following feedback:

- Support for the development of an outcomes framework as part of the strategy
- Understanding what the NHS changes mean for us and our partners in the health and care system in Dorset
- Clear definition of what we mean by 'prevention'

- Understand what ICB strategic commissioning will mean and how do we influence the NHS to move funds away from acute services to prevention.

The strategy approach

1.1 What will this approach mean in practice? Over the course of the next half year, the process will:
- Develop an outcomes framework that is relevant to residents and those working on major health and care change programmes. To do this, we will consider the previous integrated care strategy, place-based partnership principles, relevant measures already in use, including the new Local Government Outcomes Framework;
- Use a 'test and learn' approach, sharing and iterating as we go, with external stakeholders;
- Dovetailing with the community conversations planned for 2026 as part of our engagement approach.

1.2 An officer-based Prevention Steering Group has been set up to oversee this work and ensure the council develops its approach to prevention and outcomes in a joined-up way, avoiding silos and duplication. This will consider prevention activity across the council and ensure prevention focused health and care transformation is overseen by the Health and Wellbeing board with partner and stakeholder involvement.

1.3 The Joint Strategic Needs Assessment (JSNA) work will provide a clear narrative and emerging sense of key issues to be incorporated into the work of the Health and Wellbeing Board. This will ensure the work and outcomes are based on evidence, so that we focus on inequalities and health improvement.

1.4 The first of four stakeholder engagement workshops took place on 24th February. The group was asked: *We are proposing an outcomes-based strategy for prevention focused health and wellbeing. What would you want to see included to make this work in practice and generate successful results?*

1.5 The feedback from the group came under these themes:
- A shared vision, common outcomes and clear language
- Focus on what matters to residents and authentic community voice
- Tackle inequalities and address wider determinants of health
- System integration, governance and joined up working
- Data, insight and measure what matters
- Workforce capacity, pressures and system fatigue
- Prevention, community capacity and commissioning for outcomes.

Scope

1.1 A number of existing programmes will be in scope for the strategy, to be overseen by the health and wellbeing board. A full set of criteria related to the draft outcomes will ensure the appropriate work is included, so that all major

prevention focused transformation can be supported and overseen through this route.

1.2 Early examples include Best Start in Life, Future Care, Neighbourhood teams, Day Opportunities, Family Hubs, Thriving Communities, and Age Friendly Dorset.

Timeline

1.1 The diagram below shows the proposed stages to get to a draft strategy for the November Health and Wellbeing Board. This includes a monthly Prevention steering Group meeting, four stakeholder engagement workshops and a People and Health Overview committee.

1.2 The stakeholder workshops will cover four topics between now and November.

- Context and why we are taking this approach (held on 24th February)
- Vision, mission and key outcomes from existing strategies
- Scope and criteria for major change programmes connected to the strategy
- Develop the outcomes framework, and how we measure benefits.

1. Alternative options considered

1.1 Not having a strategy dismissed – it is a statutory requirement of the board.

1.2 Using previous approach of drafting by professionals, sharing with board for consultation. Discounted as experience shows this is not an effective way of building engagement around the importance of the work.

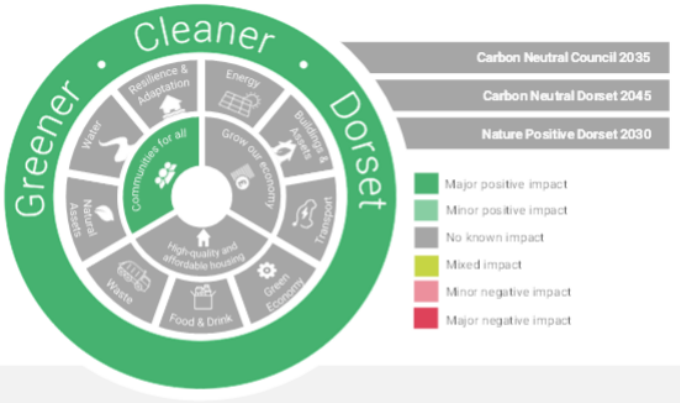
2. Legal considerations

2.1 Developing a local Health and Wellbeing Strategy is a legal requirement for the board under the 2012 and 2022 Health and Social Care Acts.

3. Financial implications

3.1 The strategy and supporting work on community needs and the outcomes framework will be essential in the ambitions of Dorset Council to develop its prevention approach, working with communities. An effective prevention approach at scale should support the council to be financially sustainable, through meeting needs earlier.

4. Natural environment, climate & ecology implications



Quantitative Impact on CEE targets (if known)		
	Unit	Number of units (+/-)
2030 - Natural asset extent & condition	Ha	Unknown
2035 - Operational Emissions	CO_2 (tonnes)	Unknown
2045 - County Emissions	CO_2 (tonnes)	Unknown

5. Well-being and health implications

5.1 Having a clear strategy that is owned and supported by partners and communities will be essential in focusing work to improve wellbeing and health of residents and continue to tackle inequalities in health.

6. Other implications

10.1 The approach may need to evolve as more information becomes available about the Neighbourhood health requirements, and the way the ICB Cluster will work from April 2026.

11. Risk implications

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

Current Risk: Low

Residual Risk: Low

12. Equalities

12.1 An equality impact assessment will be conducted as part of strategy development.

13. Appendices

13.1 None

14. Background papers

14.1 People and Health Overview Committee report 2nd February 2026

15. Report sign-off

15.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s)

Dorset Health and Wellbeing Board
18 March 2026
Health Literacy: Update and Next Steps
For Review and Consultation

Cabinet Member:
Cllr S Robinson, Adult Social Care

Senior Leadership Team:
S Crowe, Director of Public Health & Prevention

Report authors and job titles: Paul Iggulden, Public Health Consultant (BCP Council) and Rupert Lloyd, Senior Health Programme Adviser (Dorset Council)

Email: paul.Iggulden@bcpcouncil.gov.uk rupert.lloyd@dorsetcouncil.gov.uk

Statutory Authority:

Report status: Public (the exemption paragraph is N/A)

Executive summary (maximum of 500 words)

1. The purpose of this report is to provide Board members with an overview of activity delivered to date to increase organisational health literacy across Dorset and BCP.

1.1 It seeks to confirm health literacy as an important enabler for improving access and experience of services and reducing inequalities in health and requests the Board's support for an upcoming workshop which will codesign a proposal for scaling up organisational health literacy.

2. **Recommendation(s)**

2.1 The Board are asked to:

2.2 Confirm organisational health literacy as an important enabler for achieving system priorities, including improving access and experience of services and reducing health inequalities.

2.3 Give their support to the planned workshop (March 2026) that will codesign a proposal for scaling up organisational health literacy across Dorset

3. Reason for the recommendation(s)

3.1 Organisational Health Literacy is foundational to partner priorities because it enables people to find, use and understand information that supports them to better understand and engage in their own health. These priorities include development of neighbourhood health models, as well as Dorset Council's objectives under its Communities for All priorities.

3.2 Partners will need to scale up the work to date on this agenda to create effective and equitable integrated neighbourhood health teams and services.

4. The report

4.1 35% of Dorset residents and 36% of BCP residents aged 16-65 are estimated to have low health literacy[1] People with lower health literacy struggle to find, understand and act on verbal and/or written health information.

4.2 For people to engage meaningfully with their health, they must be able to understand and act on information provided to them. If they don't, then we have failed in our responsibility to empower people to take control of their own health, and we are more likely to fail in our wider strategic goals that are built on this foundation, especially reducing health inequalities.

4.3 However, the language of health is not everyone's language. Recognising and acting on this is key to 'organisational health literacy' and this video illustrates why: The Language of Health.

4.4 Health literacy forms part of the foundation for success in delivering shared system goals including reducing health inequalities, shifting from treatment to prevention, enabling people to take control of decisions about their own health and wellbeing and the delivery of more integrated neighbourhood health services.

4.5 Our local efforts to deliver a shift to prevention, digital care, neighbourhood health and patient activation will be less effective if we do not adopt health literacy principles as the foundation of communication with people.

4.6 This paper sets out why increasing 'organisational health literacy' is foundational to the system's objectives in Dorset, how a 'bottom up' approach

[1] Health Literacy: Prevalence Estimates for Local Authorities, University of Southampton & NHS-E, https://healthliteracy.geodata.uk/

has made progress to date and a proposal for how the system can capitalise on that success.

4.7 Increasing organisational health literacy is the system's response to varying levels of personal health literacy. It involves tailoring communication and checking understanding (e.g. using techniques like “chunk and check” or “teach back”) to ensure information is accessible and actionable. Local training delivered to date has improved awareness and initiated changes in practice.

4.8 This activity originated from the Dorset ICS Health Inequalities Programme following the COVID-19 pandemic in 2022. It began with a webinar with Dr. Mike Oliver from Health Literacy UK. It culminated in a symposium in February 2023 with over 100 participants which included interactive workshops and pledge cards. Feedback from these events informed the development of two training pathways: introductory health literacy awareness and Champion level training. A community of practice was established alongside online resources and masterclasses to support Champions’ ongoing learning.

4.9 The programme has transitioned from using external trainers to a locally delivered model. More than 400 individuals have been trained across BCP and Dorset, including 52 champions, half of whom actively contribute to the community of practice (see Appendix 1 for an overview of participating organisations). This activity has been delivered with a small amount of staff capacity from Public Health teams.

How has the training benefitted participants?

4.10 Evaluation of awareness raising has focused on measuring success in increasing participants’ awareness of health literacy, their ability to communicate to patients and the change they intend to make as a result:

Where Are We Now in Dorset?

4.11 The continued impact of inequalities in health, coupled with the local progress made to increase organisational health literacy, invites us to seek wider system-level engagement in the goal of creating a more health literate system.

4.12 In essence, without health literacy our initiatives will primarily benefit those who are most equipped to identify, comprehend, and leverage the opportunities presented, leaving behind those who lack the means to do so. The system now stands at a juncture, requiring strategic decisions to scale and sustain the progress made.

Proposed next steps

4.13 The Health and Wellbeing Board is asked to confirm increasing organisational health literacy as an important enabler for achieving system priorities.

4.14 Representatives from across system partners have been invited to attend a workshop (26.03.2026) which will revisit our health literacy journey, before exploring the five elements of a Health Literate Organisation. Equipped with this background, participants will then co-produce an approach for how we scale up across Dorset and BCP.

4.15 The scope of this process will include consideration of activity at different levels:

- **System:** Consider the benefits of having resource operating across the system to coordinate and grow the community of practice and facilitate knowledge transfer between organisations.
- **Place:** Consider the advantages of embedding 'organisational health literacy' in the neighbourhood health agenda. This could include collaboration with the Integrated Neighbourhood Team (INT) co-production working group or other options.
- **Organisational:** Consider how organisations can build health literacy understanding and skills in their workforce e.g. embedding health literacy in mandatory training programmes, internal communication and promotion, formal allocation of capacity for Health Literacy Champions.

5 Alternative options considered

5.1 Not seeking to increase organisational health literacy is rejected as it would undermine progress against system priorities underpinned by community empowerment.

6 Legal considerations

6.1 None

7. Financial implications

7.1 Some possible options for scaling up are outlined in para.4.15 to support discussion at the planned co-design workshop. Allocation of any resources required, subject to the option chosen, scale and pace of delivery, will be at the discretion of individual organisations.

8. Natural environment, climate & ecology implications

8.1 None

9. Well-being and health implications

9.1 Health literacy is foundational for success in achieving the ambitions of the 10 Year Health Plan and delivering shared system goals including reducing health inequalities, shifting from treatment to prevention and neighbourhood health.

10. Other implications

10.1 None

11. Risk implications

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

Current Risk: low

Residual Risk: low

12. Equalities

12.1 NHS England states that *"Health literacy is a two-sided issue, comprising both an individual's ability to understand and use information to make decisions about their health and care, and a 'systems issue', reflecting the complexity of health information and the health care system. There is a strong social gradient in the population, with lower levels of health literacy much more common among the socially and economically disadvantaged. In other words, if we don't address health literacy, we run the risk of inadvertently widening health inequalities by developing information and services which do not meet the needs of those people who would benefit most from accessing them".*

12.1 By adopting this approach to health literacy across Dorset we will be directly removing barriers to enable more of our residents to access health care and therefore increasing the likelihood of earlier intervention, particularly for those at higher risk. This proposal has positive equality implications and seeks to ensure equitable access to our health care system.

11.1 13. Appendices

Appendix 1

Some of the organisations who have participated -This is not a complete picture but includes organisations with higher number of participants.

14 Report sign-off

14.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s).

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Health and Wellbeing Board

18 March 2026

Joint Strategic Needs Assessment (JSNA) Forward Plan

For Decision

Cabinet Member:
Cllr G Taylor, Health and Housing

Local Councillor(s): All

Senior Leadership Team:
S Crowe, Director of Public Health & Prevention

Report author and job title: Natasha Morris, Team Leader - Intelligence
Email: natasha.morris@dorsetcouncil.gov.uk

Statutory Authority: Local Government and Public Involvement in Health Act 2007 (Sections 116 and 116A), as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022.

Report status: Public (the exemption paragraph is N/A)

1. Executive summary

1.1 The Joint Strategic Needs Assessment (JSNA) is a statutory requirement designed to identify the current and future health and wellbeing needs of the local population. It supports the Health and Wellbeing Board in understanding emerging trends and should be used to support the development of its strategy.

1.2 Dorset's JSNA process consists of an annual narrative update that brings together insight from multiple sources, including national and local datasets, the State of Dorset report, Healthwatch reports, and the Dorset Insight and Intelligence Service. Alongside the annual update, topic based JSNAs are produced covering areas such as children and young people, community mental wellbeing, ADHD and autism and end-of-life care.

1.3 In November 2025 the Health and Wellbeing Board reviewed recent insights and explored future priorities. Discussions highlighted some common themes: healthy life expectancy, work and health, neighbourhood-based health, prevention and early intervention, behavioural insights and integrated ways of

working. The content of these themes were analysed and areas of focus for the JSNA forward plan identified.

1.4 Alongside this the annual narrative update was drafted and shared with the board for review.

1.5 The proposed forward plan for JSNA topics (typically 2 a year) includes:

- 2026/27: Healthy life expectancy, work and health and the annual narrative update
- 2027/28: Prevention across the life course, community voices and insight, and the annual narrative update
- Longer-term: Integration and service transformation and community wellbeing – these areas require further scoping with the board as system work develops.

1.6 The Public Health Intelligence team will work collaboratively with Dorset Council's Strategy, Performance and Sustainability team and the Dorset Insight and Intelligence Service to review data and project work that can support insight generation for the board.

2. Recommendation(s)

2.1 To approve the forward work plan for the Joint Strategic Needs Assessment and approve the annual narrative update

3. Reason for the recommendation(s)

3.1 Under the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Social Care Act 2012 and 2022, Health and Wellbeing Boards have a duty to prepare a JSNA as part of assessing the health and social care needs of the local population.

4. The report

1.1 Having a Joint Strategic Needs Assessment (JSNA) process is a requirement of all Health and Wellbeing Boards in legislation. The purpose of a JSNA is to identify current and future health and wellbeing needs of our local population and support the development of the health and wellbeing strategy.

1.2 Our local process involves an annual narrative update – which uses data and insight from a range of sources including key data indicators (LGA Inform, Fingertips) the State of Dorset report, Healthwatch reports and the Dorset Insight and Intelligence Service.

1.3 In addition to the annual narrative, topic-based reports are developed. Previous examples include Children and Young People, Community mental wellbeing,

ADHD and Autism and End of Life care. The Public Health Intelligence team have capacity to co-ordinate an average of 2 topic based JSNA's a year.

1.4 At a JSNA development session in November 2025, Health and Wellbeing Board members reviewed the JSNA process and data insights from previous and current data releases. The board then discussed the type of information and topics that would be helpful in the future.

1.5 Discussions across the breakout tables highlighted some common themes and areas of interest.

- Healthy life expectancy
- Work and health outcomes
- Neighbourhood based health
- Prevention and early intervention
- Behavioural insights and communicating about health
- Integration and models of working together

1.6 Analysis of discussions within these theme areas identified some potential work areas to consider for the JSNA forward plan.

Population health and life course:
Investigate the drivers of Dorset's 20year gap between life expectancy and healthy life expectancy and analyse long-term trends across population cohorts to inform future planning.

Wider determinants of health:
Examine how employment, national benefit changes, and rural/coastal contexts shape health outcomes, particularly for young people, care leavers, and those with disabilities.

Community wellbeing and resilience:
Strengthen understanding of community-level health determinants (e.g. civic, service and environmental aspects). Explore neighbourhood level opportunities for more upstream prevention.

Community voices and local insight:
Understand generational attitudes to health, barriers that are experienced at different ages and share insight from different neighbourhoods.

Prevention and behaviour change:
Potential areas included exploring approaches to behaviour change communication, promote life course prevention (including NHS Health Checks), expand understanding of physical activity trends and interventions.

Integration and service transformation:
Assess market shifts affecting service delivery, draw on effective integration models from other regions, and learn from what's going well.

1.7 Reviewing areas that can be covered in a JSNA the following forward plan is suggested:

Timeline	Topics	Notes
26/27	1. Work and Health 2. Healthy Life Expectancy 3. Annual Narrative update	
27/28	4. Prevention across the life course 5. Community voices and local insight 6. Annual Narrative update	
Longer term	7. Integration and service transformation 8. Community wellbeing	These topics are currently broad and will require further scoping with the board as strategy and programmes develop, therefore are longer term topics

1.1 The board can review the forward plan for any future amendments or to meet any developing priorities such as national policy launches. For example, with the recent Schools White Paper and SEND reform consultation publications the board may want to consider if Children and Young People / SEND should be an area of focus for prioritisation. The requirements for this topic would need to be scoped in collaboration with children's services and performance/intelligence teams.

1.2 The Public Health intelligence team will work in collaboration with Dorset Council's Strategy, Performance and Sustainability team and Dorset Insight and Intelligence Service to identify projects and data that can contribute to insights for the board.

2. Alternative options considered

5.1 Not applicable

3. Legal considerations

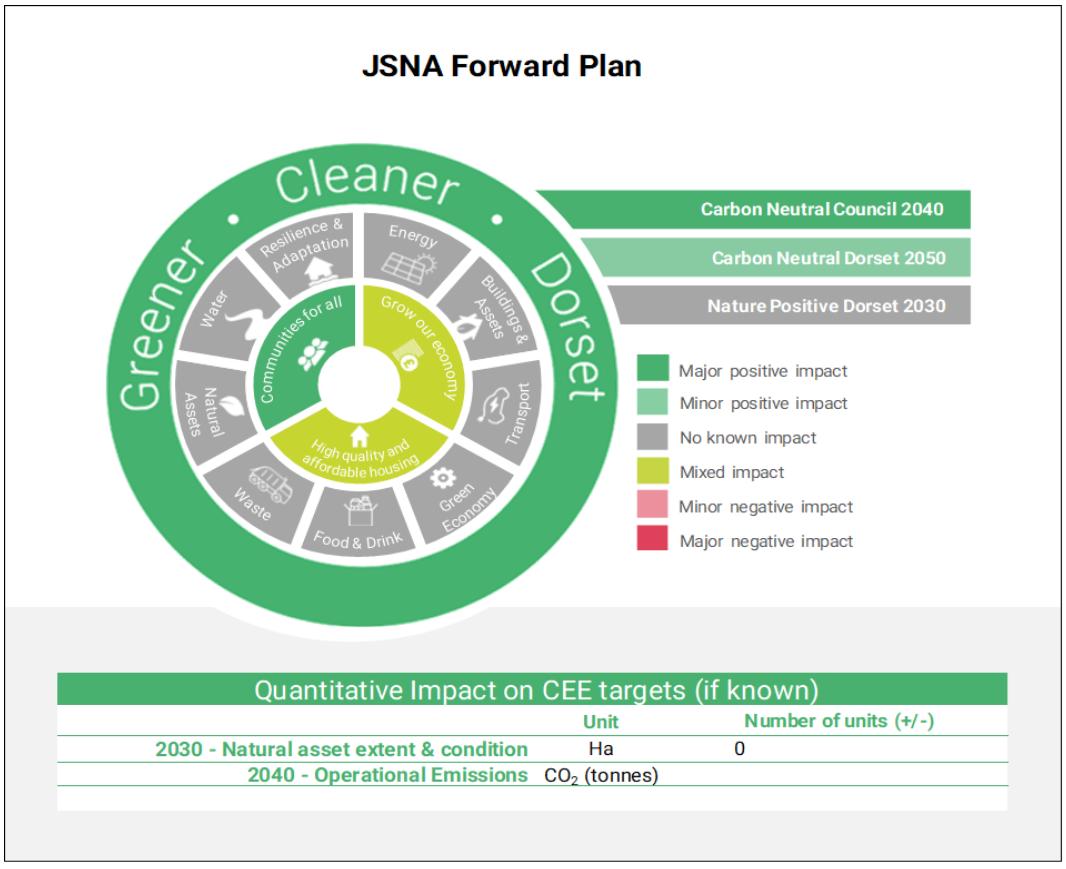
3.1 Under the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Social Care Act 2012 and 2022, Health and Wellbeing Boards have a duty to prepare a JSNA as part of assessing the health and social care needs of the local population.

7. Financial implications

6.1 There are no direct financial implications. Resource to co-ordinate the JSNA is provided as part of the Public Health team. The team will work more closely with other teams to reduce duplication and incorporate insights being developed across the organisation and NHS system.

8. Natural environment, climate & ecology implications

8.1



9. Well-being and health implications

9.1 A Joint Strategic Needs Assessment provides an evidence base for the health and wellbeing needs of our local population. This information supports identification of need and priorities that ultimately impact population health outcomes and addressing health inequalities.

10. Other implications

10.1 The Joint Strategic Needs Assessment forms part of the Public Health duty to provide advice and guidance to the NHS. JSNA outputs are published on the Dorset Council website meaning they are available to other organisations, including the Voluntary and Community Sector for use as evidence or supporting business cases.

11. Risk implications

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

Current Risk: LOW

Residual Risk: LOW

12. Equalities

12.1 Understanding inequalities forms an important component of JSNA outputs and the forward workplan. The JSNA will help inform the Health and Wellbeing Board on inequalities that exist, whether they are improving or not and may contribute to thinking about how to close any gaps between different groups.

13. Appendices

12.1 Appendix 1 - JSNA Annual Narrative Update

13. Background papers

13.1 JSNA website - Joint Strategic Needs Assessment - Dorset Council

14 Report sign-off

14.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s)

Dorset Council

Dorset Joint Strategic Needs Assessment

January 2025

Purpose

The Joint Strategic Needs Assessment is a process to understand the current and future health and wellbeing needs of people in Dorset.

In the Dorset Council area, people are generally healthier, and live for longer, than the England average. The proportion of people in Dorset with very good health has increased to 49.2% since the 2011 Census.

However, not everyone has the same experience. This report focuses on some of the health and wellbeing issues for Dorset Local Authority.

It contains 3 sections

Communities - covering our population and the wider determinants of health

Prevention - covering health conditions and behaviours, opportunities for prevention and early help

Working better together - covering health and wellbeing related services and how we work together

The evidence included is sourced from national and local datasets and combined with insights from local research and engagement projects. Links are available throughout to relevant content and further data resources.

Thank you to business intelligence teams and partner organisations across the Dorset area for the insights and research referenced in this report.

Communities - our population

Dorset Council is a predominantly rural unitary authority in the South West of England, home to an estimated 389,947 residents (mid-2024). The population has grown steadily, increasing by 4% over the past decade (around 14,400 more people), largely driven by net migration and contributes the most to our population growth. In 2024, the net internal migration was 4,750 people. Growth is expected to continue, reaching approximately 392,000 by 2028.

A defining feature of Dorset's demographic profile is its ageing population. By 2028, more than one in three residents (around 33%) will be aged 65 and over, and the proportion aged 85+ (currently about 4%) will also rise. This continued growth will have significant implications for health, social care, and housing services over the coming decade.

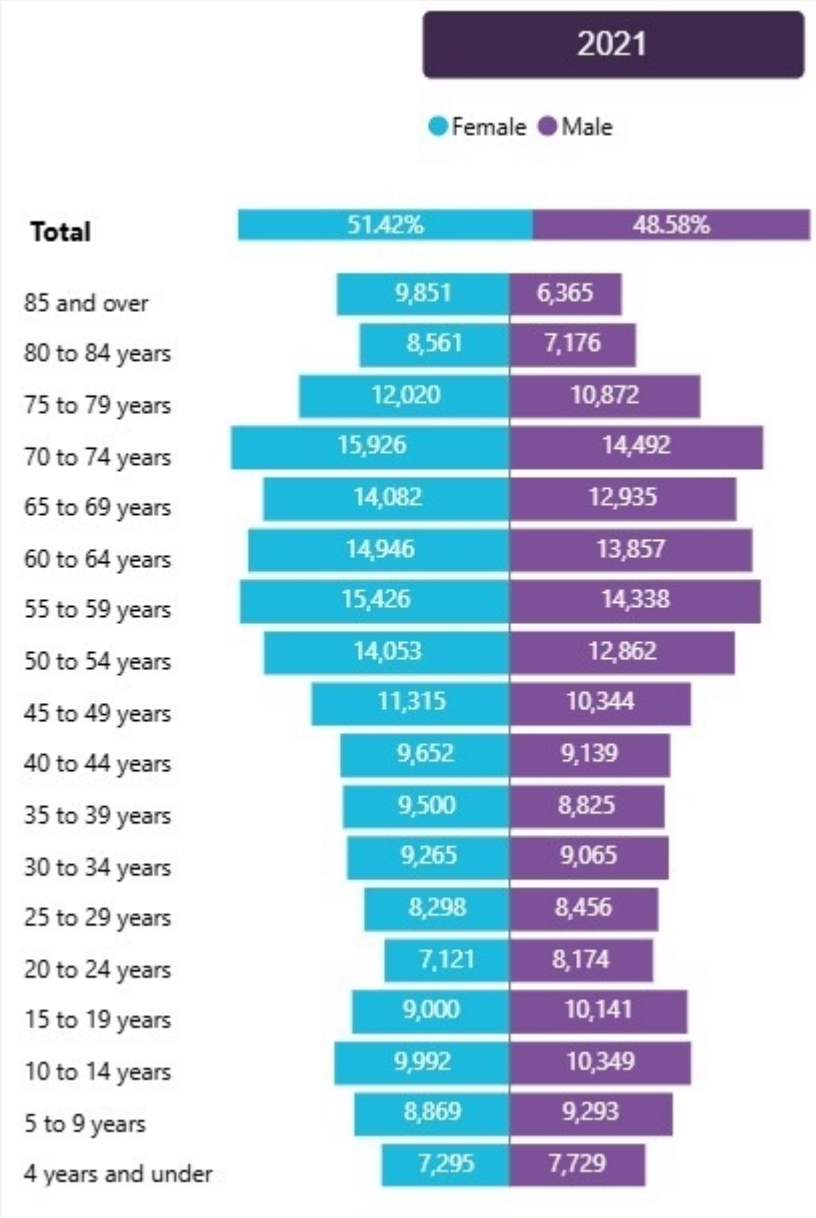
Dorset is also becoming more ethnically diverse, though it remains less diverse than urban areas. Around 6% of residents are from minority ethnic backgrounds, and diversity is greater among younger people, though still below national averages.

In terms of sexual orientation, the 2021 Census shows 2.2% of residents aged 16+ identify as LGBTQ+, rising to higher proportions among younger adults, reflecting growing visibility and representation of LGBTQ+ communities.

Almost 67,000 residents (around 1 in 6) live with a disability that limits daily activities, highlighting the areas higher levels of long-term health conditions, particularly among older adults.

Disability and ill-health become more severe and limiting with increasing age: around 5% aged 35–49 have a disability that limits their day-to-day activities a lot compared to 16% aged 75–84 and over a third aged 85 and over. Given our ageing population, and as Dorset's population increases, the number of people living with ill health and disability will increase too.

On Census day 2021, 9.7% of the usual resident population over 5 years old said they provide unpaid care (35,505 people) with 3% of the resident population provided 50 or more hours of unpaid care per week. There were 590 young carers (age 5-17), 1,120 young adult carers (age 18-24) and 11,465 carers aged 65 and over. Nationally, there is a higher percentage of people providing unpaid care in the most deprived areas compared with the least deprived areas. Our older population and current pressures on public services mean that reliance on support from carers continues to grow. Nationally people providing high levels of unpaid care are more likely to report poor health compared to people without caring responsibilities.



Communities - health inequalities

In the Dorset area people are generally **healthier and live for longer** than the England average. Latest life expectancy data for Dorset shows women to live approximately 84.5 years and men 81.1 years (2023).

Life expectancy varies across Dorset, with a noticeable social gradient. Although Dorset performs relatively well compared to other local authorities, there is still a difference in life expectancy of **4.9 years for men** and **3.2 years for women** between the most and least deprived areas (2021–2023).

Certain health conditions contribute more to this inequality. Analysis of 2020-2021 data shows that higher mortality rates in the most deprived areas compared to the least deprived are underlying the gap, particularly for the following causes:

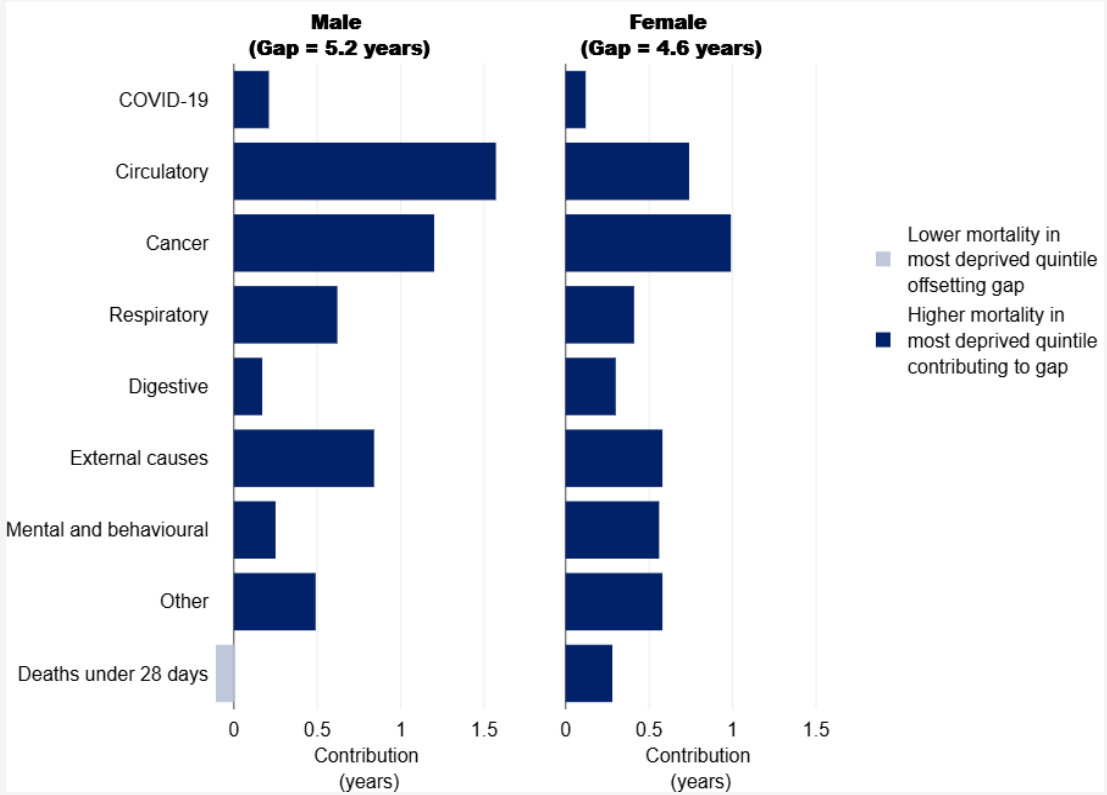
Men:

- Heart disease: contributes 0.98 years to the gap
- Cancer: contributes 1.2 years
- Accidental poisoning: contributes 0.64 years

Women:

- Cancer: contributes 0.99 years
- Circulatory diseases: contributes 0.74 years
- Dementia and Alzheimer's disease: contributes 0.56 years

Healthy life expectancy is another important measure of health and inequality. Whilst we live longer, men in Dorset will experience poor health for around 17 years and women 20 years. We know from national data that people in more deprived areas experience ill health at an earlier age.



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Dorset Council

Communities - Deprivation

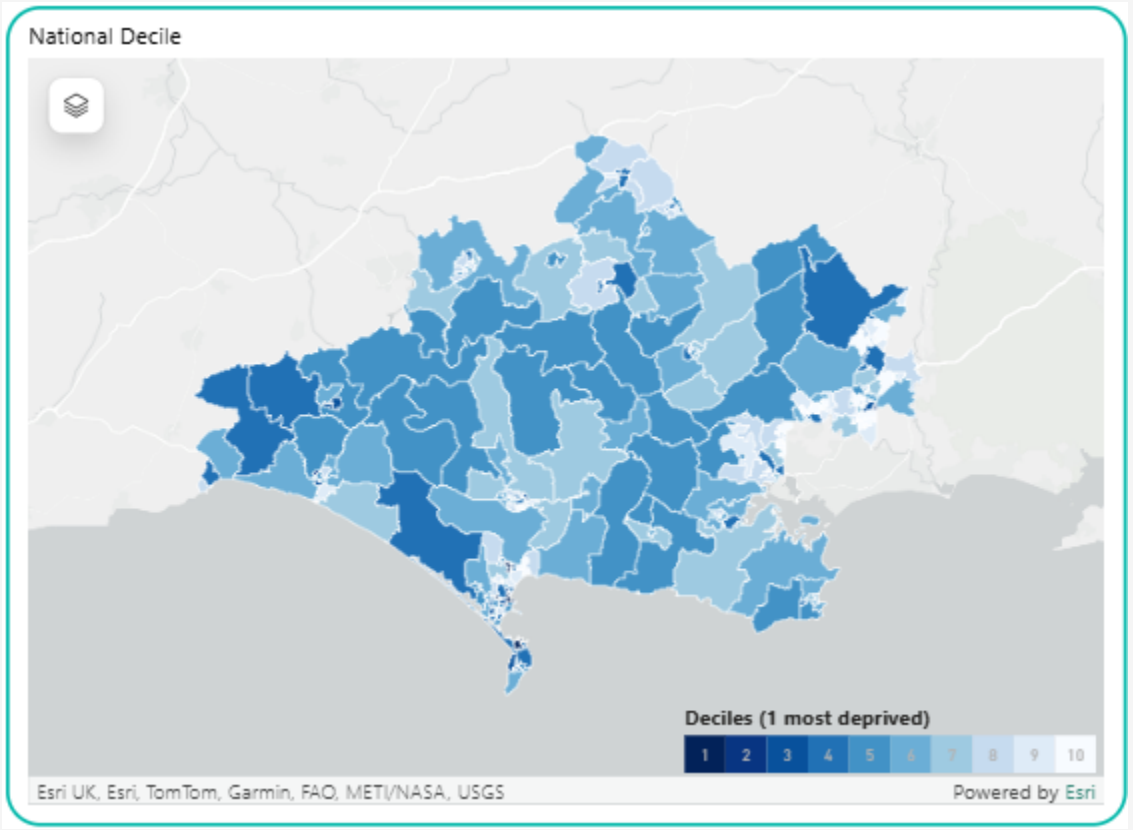
Dorset is an area of significant contrast, with neighbourhoods ranging from some of the most deprived to some of the least deprived in England. Area level deprivation is correlated with health inequalities, adverse health outcomes and the risk of disease. Understanding where these areas are, and the types of deprivation that affect them most, is essential for effective service planning and delivery.

Over 1 in 25 residents (around 14,300 people) live in areas ranked among the 20% most deprived in England. In contrast, 1 in 6 residents (approximately 62,500 people) live in areas among the 20% least deprived nationally.

The Dorset wards with the largest proportion of their population living in areas that are amongst the 20% most deprived nationally include:

- Melcombe Regis – 67.1% of population
- Westham – 19.3%
- Ferndown South – 18.2%

Barriers to housing and essential services are particularly acute in rural Dorset. 51 LSOAs fall within the 20% most deprived nationally for this domain. This reflects the challenges of rurality, distance from services, and transport options.



Dorset Council

Communities - economy and cost of living

The cost-of-living crisis continues to impact households across Dorset Council, with rising prices for housing, energy, and food placing strain on low-income residents.

Good quality work is one of the key building blocks of health. Employment brings benefits to health but poor quality or stressful employment can be damaging to health. Dorset's labour market shows that 82% of residents are economically active, with an employment rate of 79%. The unemployment rate remains relatively low at 3%, below the national average of 3.7%, but economic inactivity is significant at 18% of the working-age population, and among them, around 32% are classified as long-term sick—the highest level recorded, highlighting major barriers to workforce participation.

As of September 2025, approximately 4,880 people—representing 2.3% of the working-age population—were claiming out-of-work benefits, including Universal Credit and Jobseeker's Allowance. Being in work is a key component of mental and physical wellbeing, and poor health or disability significantly reduces a person's likelihood of finding and keeping employment.

Fuel poverty affects an estimated 10% of households (around 18,000), particularly those living in older properties with poor energy efficiency. Rising rents and limited access to affordable housing are compounding financial stress for many families.

Vulnerable groups such as young adults, lone parents, and disabled residents are experiencing heightened hardship, with local support services reporting increased reliance on foodbanks, growing levels of personal debt, and reduced access to essentials like heating and nutritious food. Dorset Council's Cost-of-Living Support Programme for 2024/25 assisted an average of 7,000 households per month through foodbanks and social supermarkets, prevented homelessness for 188 households, and supported over 50 households with energy-saving measures. Partnership work with Citizens Advice handled 903 complex financial cases, resulting in £615,000 in income gains and £603,000 of debts written off.

These pressures are contributing to widening health inequalities, with financial stress linked to poorer mental health and lower engagement with preventative healthcare services. The cost-of-living crisis is not only an economic issue—it is a public health concern. Addressing it requires coordinated action across sectors to ensure residents have access to the support, services, and opportunities they need to live healthy and secure lives.

Source: NOMIS, Annual Population Survey, July 2024 – Jun 2025

Dorset Council

Communities - housing

Housing plays a central role in shaping residents' health, wellbeing, and access to services. It affects financial security, physical and mental health, and the ability to live independently. Poor housing conditions—such as damp, mould, and inadequate adaptations—can directly harm health and place additional pressure on health and social care systems. For example, unsuitable housing can delay hospital discharge and increase reliance on formal care.

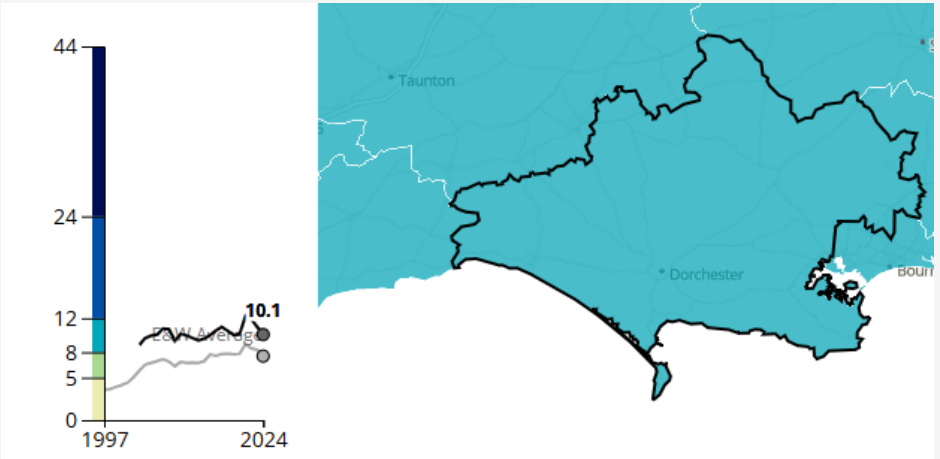
Dorset faces significant housing challenges. Affordability is a major issue, median house prices in 2024 are around £340,000, while median workplace earnings are approximately £33,800, creating an affordability ratio of 10.1, above the England average and third highest in the South West. Rising interest rates, inflation, and low incomes exacerbate these pressures, particularly for younger adults and lower-income families.

Demand for affordable housing is high. The Local Housing Needs Assessment identifies an annual need for 1,800 homes, including 1,000 for affordable rent and 600 for affordable ownership. However, delivery remains constrained by viability, infrastructure costs, and limited land supply. Dorset's housing land supply currently stands at 2.5 to 2.7 years, below the 5-year requirement, leaving a shortfall of thousands of homes and highlighting the need for urgent strategic planning and investment.

Reliance on the private rented sector has grown, but rising rents (averaging £1,000/month) and landlord exits have increased insecurity. Homelessness applications have fallen significantly, with the number of households in temporary accommodation reduced to 180 as of 2025—a drop of more than 50% from previous levels—following targeted prevention measures and early intervention schemes. Rurality compounds these challenges: 51 LSOAs fall within the 20% most deprived nationally for access to housing and services.

Dorset's ageing population intensifies housing needs. 18% of households comprise single older adults (compared to 13% nationally), and 30% of residents are aged 65+. Older people with dementia are projected to increase by 46% between 2025 and 2040, and those with mobility problems by 38%. Housing adaptations and technology-enabled care are essential to support independence and reduce pressure on health and care systems.

Fuel poverty affects 10% of households (17,800 in 2023), and the trend is upward following energy price rises. Cold, inefficient homes—common in rural Dorset—contribute to respiratory and cardiovascular illness, frailty, and falls, particularly among older adults and those with long-term conditions. Addressing fuel poverty requires investment in energy efficiency, targeted support for vulnerable households, and integration of housing and health strategies.



Communities – Education, Skills and Learning

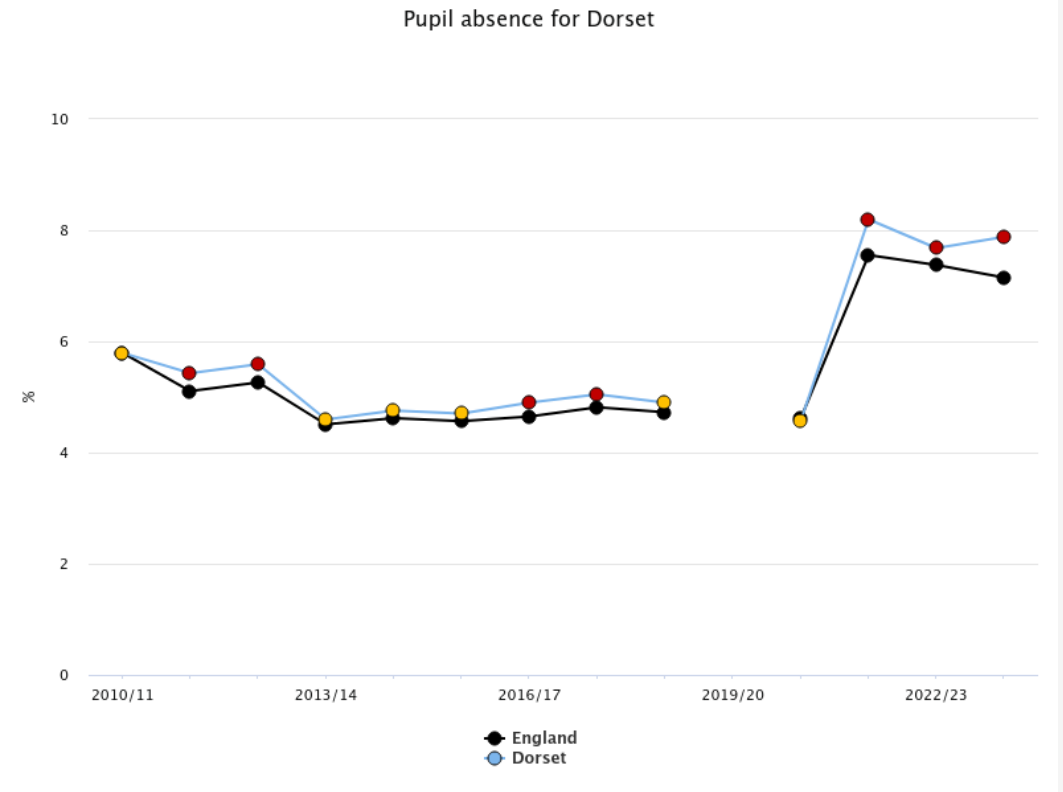
School readiness and educational attainment
In 2023/24, 71% of children aged 2–2.5 years achieved a good level of development, which is below the England average. Areas of lower achievement include fine motor skills and personal social skills.

By the end of Reception (2023/24), 67.4% of children had reached a good level of development, which is similar to the national average. However, only 46% of children eligible for free school meals achieved this benchmark, highlighting a gap in early educational outcomes.

At secondary level, the Attainment 8 score—which reflects performance across eight key qualifications including elements for english, maths, and science—averaged 45.1 in 2023/24. Again, this is similar to the England average of 45.9, however, has improved on the previous year.

Engagement in learning
Pupil absence in Dorset remains higher than national trends. In 2023/24, 7.9%, down from 7.7% of half-day sessions were missed, similar to the previous year in 2021/22. This remains significantly higher than pre-COVID levels of school attendance, which has been seen in many areas.

The proportion of young people who are Not in Education, Employment or Training (NEET) continues to improve, now 3.6% in 2023/24 and significantly better than England.



Communities - environment

The Thriving Places Index shows how well different areas are supporting people to thrive. It includes domains related to the environment.

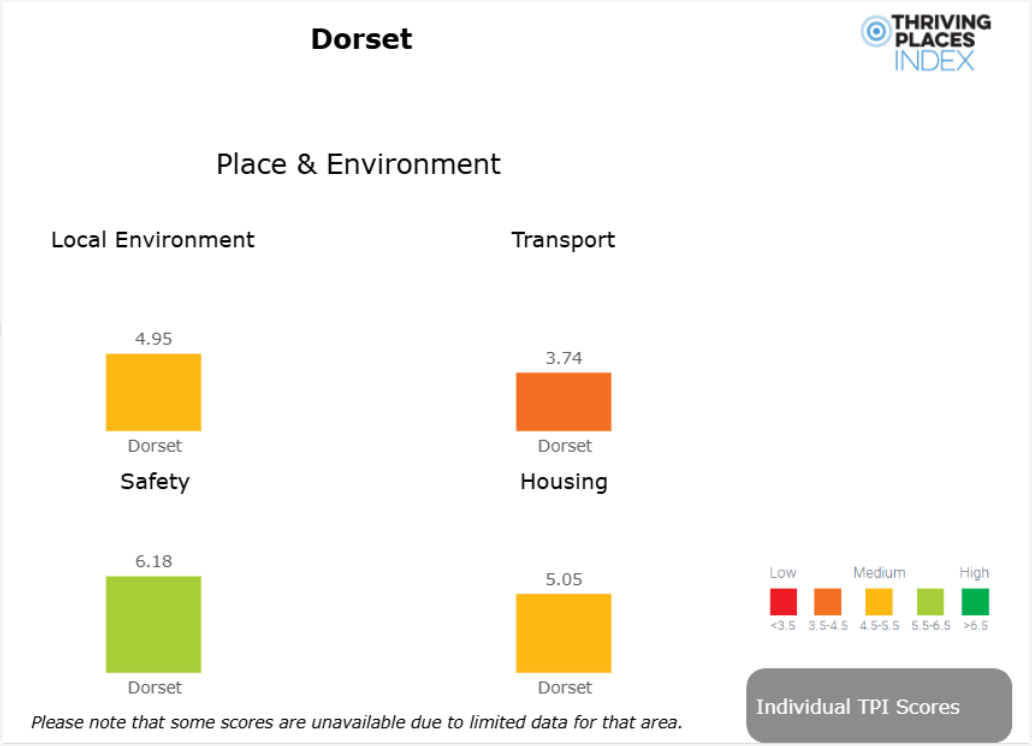
- The Local Environment score for the Dorset area is close to the England average. Data used in the score include air and noise pollution, outdoor space access and flood risk.
- The Transport score for Dorset is below average, reflecting rural challenges in active travel and car reliance, collisions and travel time to services.

Access to green space and nature is known to benefit physical, mental, and social health. Local analysis estimates that 51% of people live within walking distance of space that is likely to provide access to nature. This is defined as being within 300 metres of a public space of at least 2 hectares with natural features, or a public right of way of at least 250m in length that passes continuously through natural land cover.

Air quality in Dorset is generally good – Dorset is in the best quintile in England for air pollution. However, there are areas where standards fail to meet national air quality objectives. The latest annual status report highlights 2 exceedances in the Chideock Air Quality Management Area.

Climate change can affect wellbeing in many ways through its impact on the environment. Rising temperatures, more frequent flooding, changes in water quality, and increases in pests and diseases can affect our health, infrastructure, food quality, and pose risks to public health. Climate change can also exacerbate existing conditions like asthma and cardiovascular disease. Dorset Council declared a climate and ecological emergency in November 2019.

Road traffic accidents are a cause of preventable death and morbidity, especially in younger age groups. The need for safer roads is also important for preventative initiatives like active travel and increasing physical activity. The rate of killed and seriously injured casualties in Dorset has been reducing and is now similar to England. In 2024 calendar year there were 686 road accidents with 883 casualties, 163 of whom were seriously or fatally injured. This was highest in West Dorset district, where there were 56 serious or fatally injured.



Prevention – Childhood Health

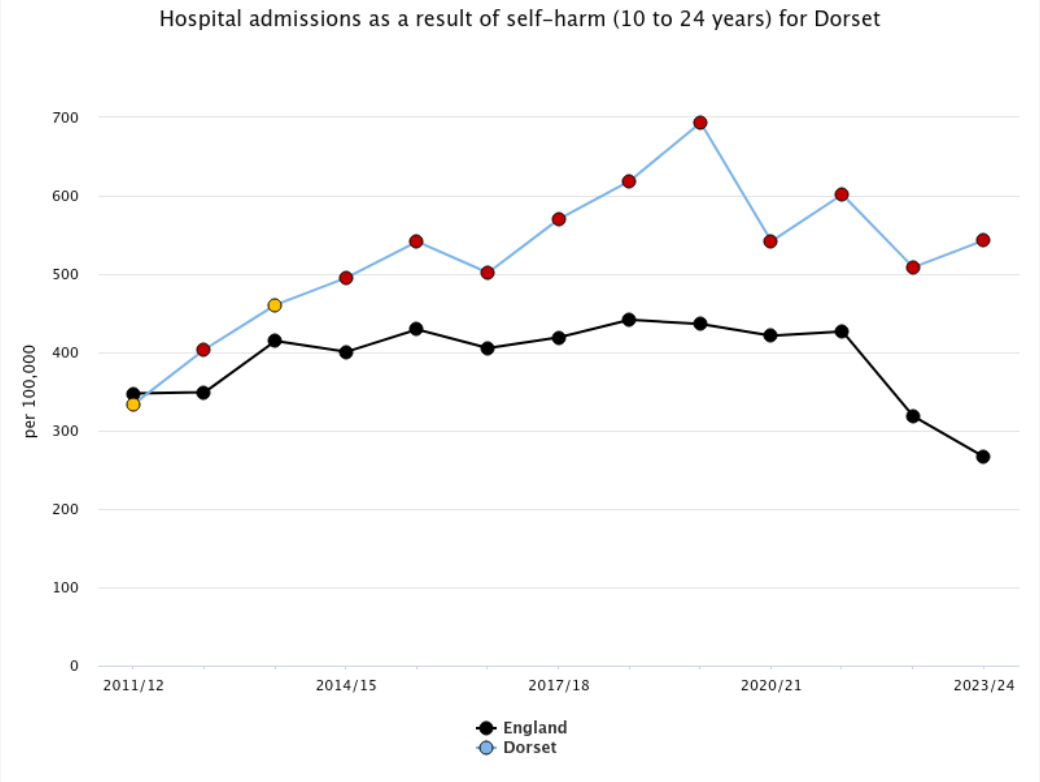
Most children in Dorset experience good health, with 97% of under-15s reporting good or very good health in the 2021 Census, but several indicators highlight areas for improvement. Infant mortality is 3.7 per 1,000 live births, similar to the national average. Breastfeeding rates are above the national average: 75.8% of babies receive a first breast milk feed compared to 71.9%.

Vaccination uptake among children has been declining. Immunisation rates for children in care are notably lower than national averages – in 2023/24, only 67.4% of children in care were up to date with their vaccinations. For school-age children in Dorset, coverage is similar to or below England's average: MMR (two doses by age 5) stands at 92.5%, HPV (one dose) at 72.2%, and Meningococcal ACWY at 76.2%.

Childhood obesity is a persistent concern. In 2023/24, 24.7% of Reception children and 31.8% of Year 6 pupils were overweight or obese. While these figures are similar to national levels, they have remained stable over time, with higher prevalence in more deprived areas.

Nutrition and oral health require attention. Diets often lack sufficient fruit and vegetables and Children in Care have been identified as a priority group. The 2024 Oral Health Survey has been conducted, and results are expected soon. 14.4% of 5-year-olds in 2023/24, had visually obvious dental decay and admissions for dental decay and gum disease have been increasing in recent years.

Hospital admissions for injuries, both unintentional and deliberate, remain significant, and mental health needs among young people are rising, reflected in admissions for self-harm and those with social and emotional needs. Admissions for alcohol-specific conditions in under-18s are 45.4 per 100,000 is almost double the England average. However, admissions for substance misuse admissions among 15–24-year-olds has shown improvement in recent years and has followed the national downward trend.



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Prevention – Mental Health and Wellbeing

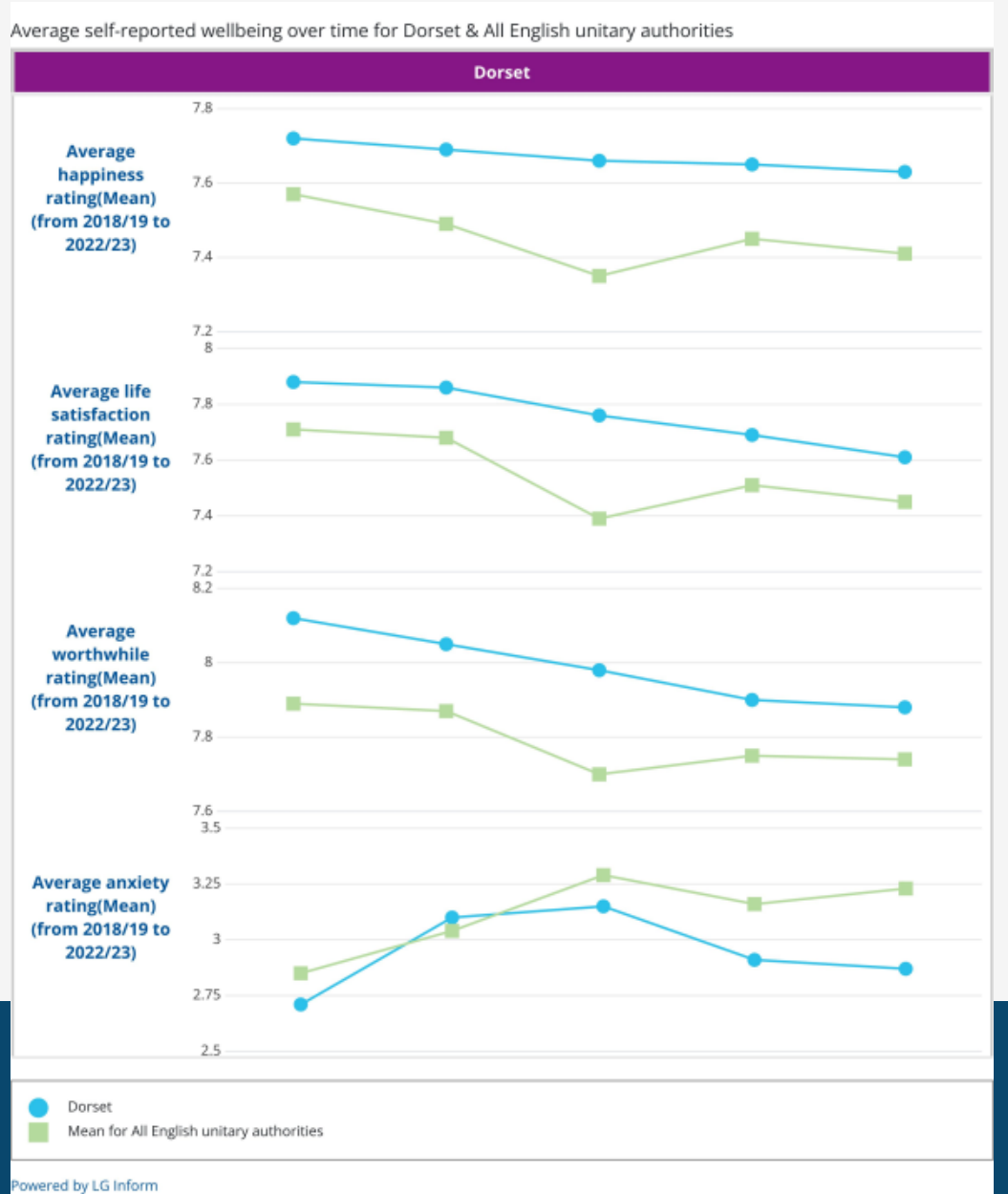
People with higher levels of well-being tend to have lower rates of illness, recover more quickly, and maintain better physical and mental health overall.

A 2014 survey on Mental Health and Wellbeing in England found that 1 in 6 people aged 16 and over experienced symptoms of a common mental health problem, such as depression or anxiety, within the past week. More recent data from the Office for National Statistics provides insight into community well-being, shown in the chart. Nationally, all four key measures of well-being were negatively affected during the COVID-19 pandemic (2020/21). This pattern was not seen in Dorset, where trends have been more consistent. Although we have higher ratings of wellbeing than the national average, our ratings have been consistently falling for happiness, life satisfaction and feeling things are worthwhile. However, the average anxiety rating has shown improvements in the last 2 data periods.

In Dorset the percentage of patients with a depression diagnosis has been increasing since 2012, to 12.9% in 2022/23 (similar to England). However, new diagnoses appear to be declining: 2,849 new diagnosis of depression in adults aged 18+ were recorded in 2023/24, compared to 3,569 in 2019/20.

We can all feel lonely at times for many different reasons. Social isolation refers to availability of support networks and social contacts – we might be socially isolated but not feel lonely and vice versa. National research links loneliness and isolation to detrimental effects on our physical and mental wellbeing. Although data tends to reflect the experiences of older people, loneliness and isolation can affect us at any age.

Nationally, and locally, self-harm and suicide is a key area of concern. The suicide rate in the Dorset area is currently similar to England at 12.8 per 100,000. The suicide rate is higher for males (20.1 per 100,000) than females (6 per 100,000) . The rate of emergency admissions for intentional self-harm has shown an uptick in the most recent year but has been improving over the longer term. The indicator remains higher than the England average.



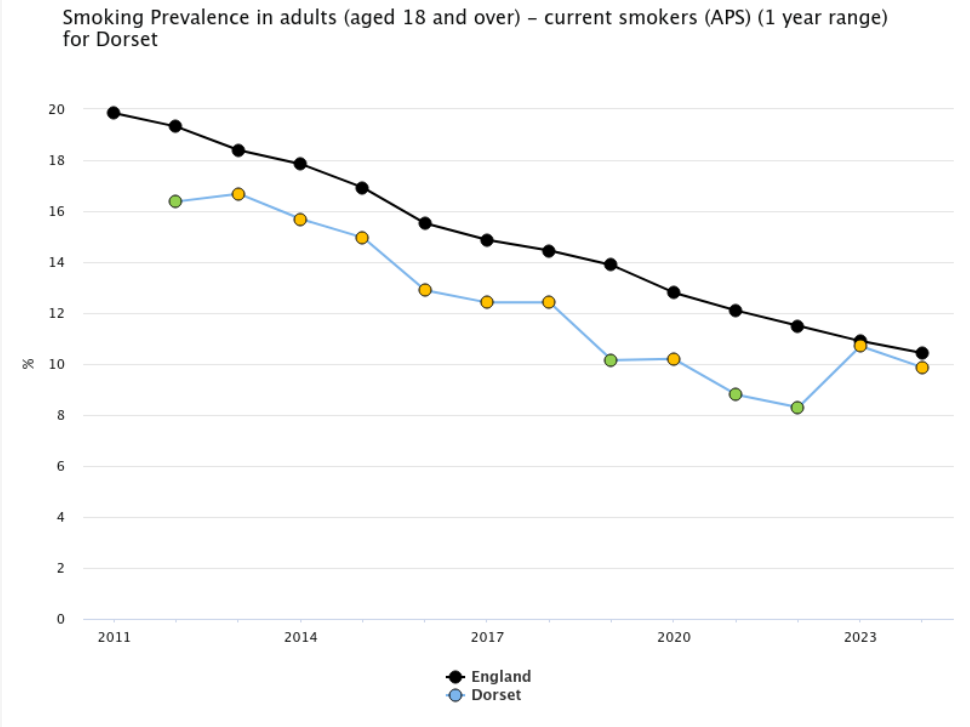
Prevention – Healthy Lives

Healthy lifestyle choices - such as being active, eating well, and avoiding smoking and excess alcohol - are vital for preventing disease, improving mental wellbeing, and helping people live longer, healthier lives.

Twenty-two percent of adults in Dorset are physically inactive – doing less than 30 minutes moderate intensity activity a week. This has increased over the last 2 years, and is now similar to the England average. Recommendations for activity is higher for children than adults, at 60 minutes a day. A quarter of children across Dorset county are 'less active' completing less than 30 minutes activity a day (Active Dorset Active Lives Survey 2023/24).

The percentage of adults who are overweight or obese in Dorset is similar to the England average. However, at 62.4 % this is still high and has changed little over time. Having excess weight or obesity has significant implications for both physical and mental health.

Smoking is one of the main causes of health inequalities, with the harm concentrated in disadvantaged communities and groups. Smoking prevalence has been reducing in Dorset – currently 9.9%. However, prevalence is higher among adults in routine and manual occupations (19.5%), adults with long-term mental health conditions (20.9%) and adults in substance use treatment. The government "Smokefree" ambition is to reduce smoking prevalence to 5% by 2030 and local smoking programmes are working to provide a range of smoking cessation options to support people with their quit attempt.



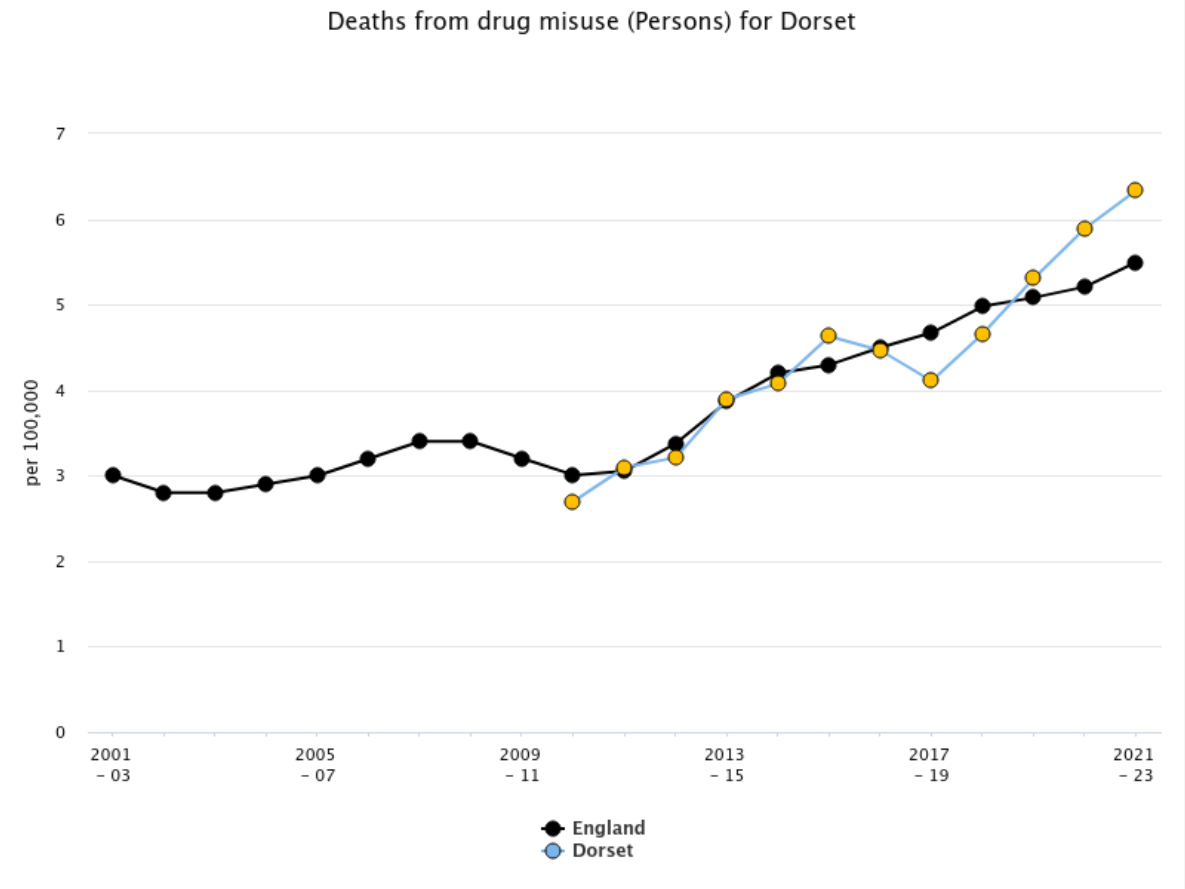
Prevention – Healthy Lives

In 2023/24 there were nearly 2,200 hospital admissions for alcohol-specific conditions, however the admission rate is better than the England average. The admission rate for under 18's is remains consistently above the England average (45.4 per 100,000 compared to England 22.6 per 100,000).

Deaths from drug misuse in Dorset are similar to England, but have been increasing. In the period July 2024 – Jun 2025 there were 1,798 people in drug and alcohol treatment, with 52.4% showing substantial treatment progress (higher than England at 46.3%).

Nationally, numbers of sexually transmitted infections (STIs) have increased year on year since 2021, with syphilis and gonorrohea cases exceeding levels seen in 2019. Overall, the number of new (STIs) diagnosed among residents of Dorset in 2024 was 1,288. The rate was 335 per 100,000 residents, lower than the rate of 632 per 100,000 in England.

There is a national ambition to end HIV transmission, AIDS and HIV-related deaths by 2030. HIV testing identifies people living with undiagnosed HIV enabling them to access free and effective treatment, which improves health and wellbeing outcomes and helps prevent onward transmission. There are also prevention options available to help maintain negative status for those who are HIV negative but at risk of infection. In Dorset the rate of HIV testing is below the England rate, but has been increasing. The rate of new HIV diagnosis (among people first diagnosed in the UK) in Dorset is better than England, and late diagnosis has been reducing.



Prevention – Major Health Conditions

The number of people living with long-term conditions (LTCs) in Dorset is rising. In 2025, around 73,300 residents had one LTC, and over 150,000 were living with two or more. Among adults aged 18–64, 26% have at least one LTC, while a further 33% have multiple conditions. The most common LTCs amongst this age group are depression, asthma, and hypertension.

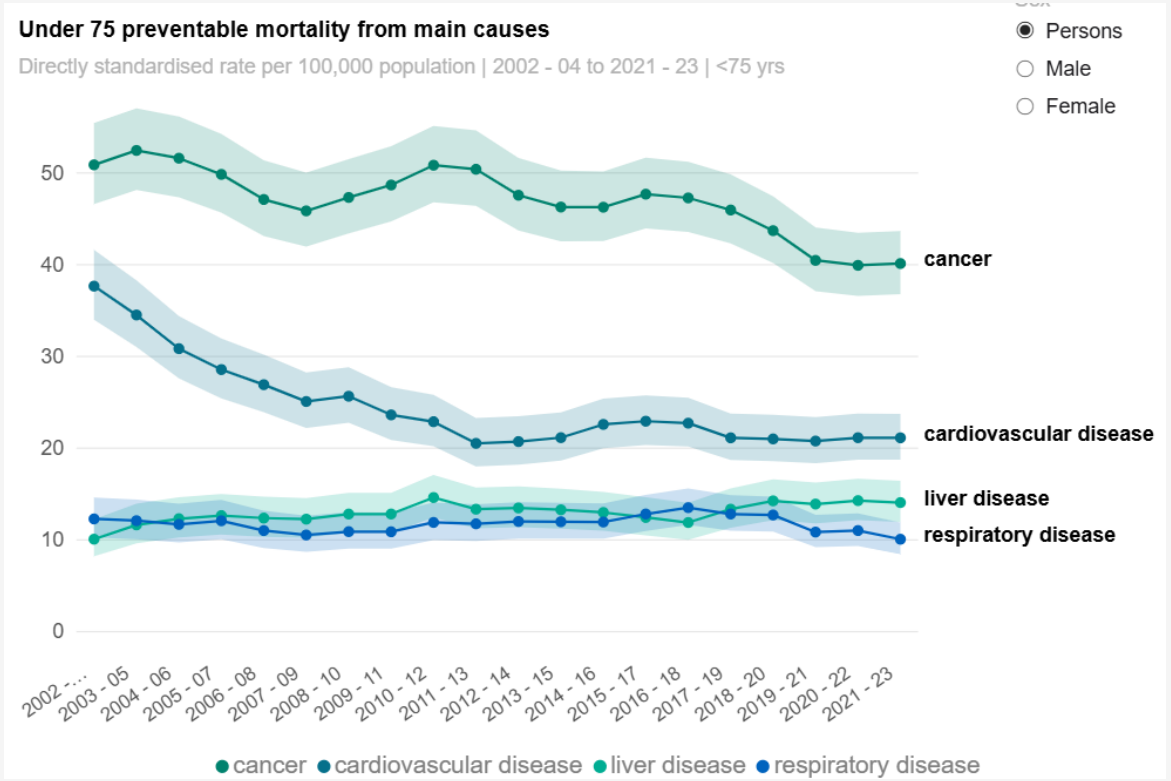
Cardiovascular disease remains a leading cause of preventable mortality. As of 2023/24, 19% of Dorset patients have hypertension (71,000), often alongside co-morbidities such as depression (24%), diabetes (22%), and chronic kidney disease (22%).

Undiagnosed hypertension is often symptomless but significantly increases the risk of stroke, heart attack, and dementia. In Dorset Council areas such as Weymouth & Portland, Crane Valley PCNs, a higher proportion of the population is estimated to have undiagnosed hypertension.

Diabetes affects 8% of adults (25,000 in 2023/24)—mostly Type 2. Rates are highest in Weymouth & Portland, Blandford and The Value PCNs, with 49% of patients with diabetes have a BMI of 30 or above and 10% current smoking. Early diagnosis and health behaviour change support are essential.

Cancer is a major cause of premature death, with lung, breast, blood, prostate, and bowel cancers most common. Early Cancer diagnosis rates are significantly higher in the least deprived areas (IMD 2019. 58 per 100,000 compared to 52 per 100,000). Cancer mortality in turn is significantly higher in the most deprived areas at 63 per 100,000 compared to 36 per 100,000.

Of Dorset's 60+ population, 10% are frail (15,034). Of these, 59%are classed as having very high frailty. Hip fracture rates are 537 per 100,000 aged 65+ in 2023/24, similar in comparison to the national average. However, the rate of hip fractures in ages 65+ are significantly higher in the most deprived areas compared to the least at 593 per 100,000 compared to 502 per 100,000.



Working Better Together – Community Views

Whilst the appreciation for local services was evident from participants of the 100 conversations project, there was concern that healthcare services are stretched and do not have the time or capacity to listen to patients' concerns. People felt that services need to work together in an integrated approach, communicate between each other to discuss patients' needs and adopt a multi-disciplinary approach.

A need to improve sharing of patient data and medical records was also raised – sharing across multiple disciplines means that patients and carers would not have to repeat the same story.

The need for local access to services was a key theme throughout – those with limited access to transport and travel links are adversely impacted when having to travel further distances. A number proposed that services and treatments could be in satellite hubs, community hospitals and through outreach clinics.

Appointment times should be person-centred and fit around the lives or patients. Similarly, issues can occur when multiple services do not co-ordinate appointments. We know from data that some of our population with health issues often have multiple conditions they are managing.

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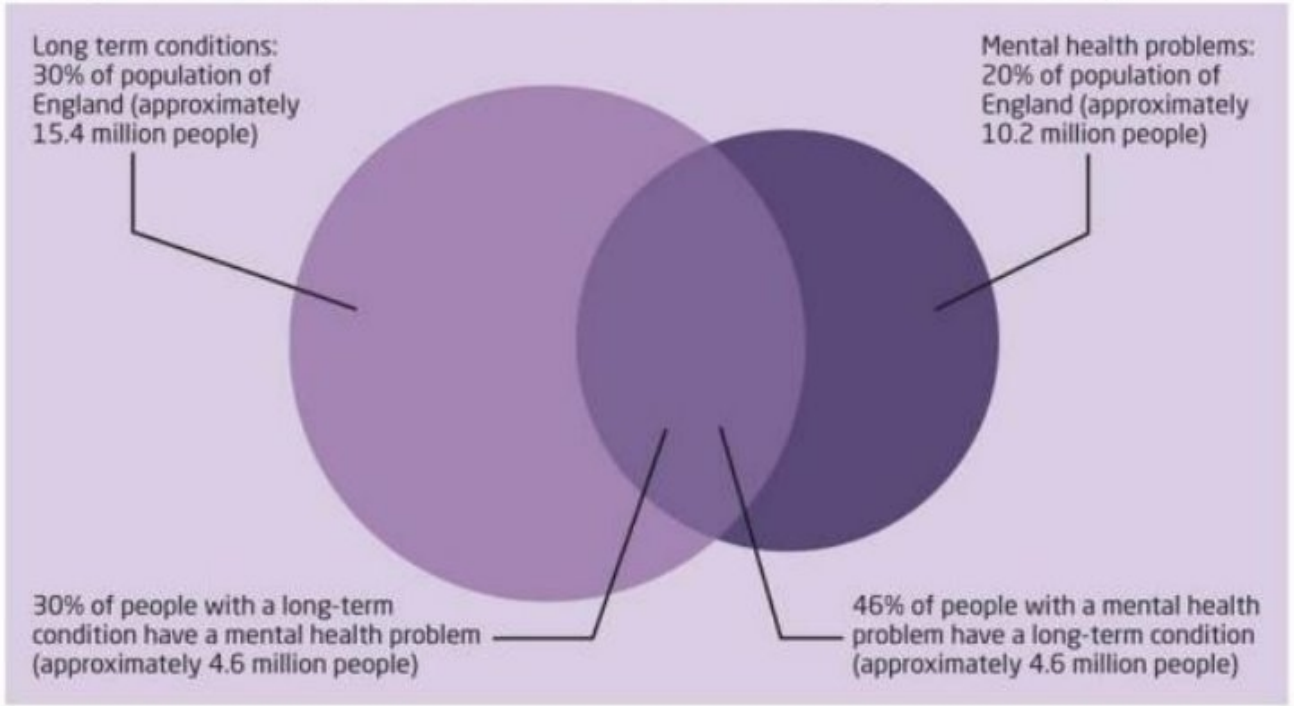
Supporting wellbeing, physical and mental health

It is known that physical health issues can increase the risk of experiencing poor mental health, and vice versa. The Kings Fund report that around 30% of people with a long-term physical health condition also experience poor mental health, for example depression or anxiety.

Having a mental health issue can also seriously exacerbate physical illness – affecting people's outcomes and cost to health and care services. People with severe mental illness also have higher rates of physical illness and lower life expectancy. It's estimated that the effect of poor mental health on physical illness costs the NHS at least £8 billion a year.

Overlap between long-term conditions and mental health problems in England



Source: Naylor C, Parsonage M, McDaid D, Knapp M, Fossey M, Galea A (2012). Report. Long-term conditions and mental health. The cost of co- morbidities *The King's Fund and Centre for Mental Health*

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Working Together – Horizon Scan

The Health Trends In England report explores major trends over time, many of which are likely to continue in the future. Over the decades there has been improvement in many areas of health such as cardiovascular disease, many cancers and infections. These improvements slowed around 15 years, and the pandemic reversed some of the gains. There also remains inequalities for some communities and geographies. However, as the Chief Medical Officer highlights, these health conditions can continue to improve if we continue to address the wider determinants of health and health inequalities.

The Shift to Prevention: challenges and opportunities:

- People living in the most deprived areas experience worse health outcomes and higher rates of illness. The governments 10 year health plan for England aims to improve equitable access to care through 3 key shifts in practice and NHS resourcing.
- Some ethnic groups face significant disparities in health outcomes e.g. rates of mental health crises and maternal mortality rates
- People living in poverty find it harder to live in good health, access services and experience worse health outcomes for a variety of reasons including access to healthy food, poor-quality housing and increased stress from experiencing multiple hardships.
- Initiatives that address the determinants of health and promote healthier behaviour change can help reduce the incidence of disease and multimorbidity (where people live with and need to manage more that one long-term condition). Examples include
    - Promotion of healthy behaviours like physical activity, stopping smoking and reducing alcohol consumption
    - Promoting and encouraging take up of the NHS Health Check, screening and vaccination
    - Improving wider determinants such as housing condition, air pollution or access to food
    - Supporting wellbeing and mental health (particularly early support) and promoting community connection

Further resources

- Data and Insight for Dorset – including the State of Dorset report
- Explore Health Data on the JSNA webpage
- Dorset Insight and Intelligence Service
- Listening Better in Dorset – including '100 conversations'
- HealthWatch Dorset – news and latest insight reports
- Active Dorset – A 'movement for movement' and Active Lives Survey

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Working together | ambitious for **Dorset**

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