Dorset Council

HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 17 JUNE 2026

Present: Cllr Steve Robinson (Chair), Dean Spencer (Vice-Chair), Matt Bell, Paula Bennetts, Sam Crowe, Alice Deacon and Matthew Piles
Present remotely: Cllr Gill Taylor, Margaret Guy and Simone Yule

Apologies: Paul Dempsey, Marc House and Julia Ingram

Also present: Dan Worsley (BSW, Dorset and Somerset ICB Joint Non-Executive Director)

Also present remotely: Cllr Sally Holland and Cllr Clare Sutton

Officers present (for all or part of the meeting):
Sarah Howard (Deputy Director of Modernisation and Place), Rachel Partridge (Deputy Director of Public Health), George Dare (Senior Democratic and Governance Officer), Sam Poole (Corporate Director for Commissioning), Sarah Sewell (Head of Service - Commissioning for Older People and Home First), Sue Evans (Head of Specialist Services), Adam Fitzgerald (Programme Manager - Building Better Lives) and Amy-Jane White (Quality Assurance and Programme Lead)

Officers present remotely (for all or part of the meeting):
Iain Sim (Interim Corporate Director for Housing)

1. **Apologies**

   Apologies for absence were received from Julia Ingram, Paul Dempsey, and Marc House.

2. **Election of Chair**

   Proposed by Cllr Matt Bell and seconded by Sam Crowe

   Decision
   That Cllr S Robinson be appointed Chair of the Health and Wellbeing Board for the Year 2026-27.

3. **Election of Vice-Chair**

   Proposed by Cllr Steve Robinson and seconded by Cllr Matt Bell.

   Decision
   That Dean Spencer be appointed Vice-Chair of the Health and Wellbeing Board for the Year 2026-27.

4. **Minutes**

The minutes of the meeting held on 18 March 2026 were confirmed and signed.

5. **Declarations of Interest**

No declarations of disclosable pecuniary 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. **Work Programme**

The Chair encouraged members to suggest items for the work programme and updated the Board that there were ongoing discussions about pieces of work.

The Board noted its work programme.

10. **Better Care Fund in Dorset: End of Year 2025/26 Template & 2026/27 Plans**

The Head of Service for Commissioning for Older People introduced the report and gave a presentation. The presentation covered the narrative for the End of Year template, the plans for 2026/27, and outlining the shift in policy direction to align the Better Care Fund with the development of Integrated Neighbourhood Teams.

Members of the Health and Wellbeing Board discussed the report and raised the following points:

- There were opportunities to think differently about the Better Care Fund, now that it connected to other initiatives in the health system, such as Integrated Neighbourhood Teams.
- Changes to the Better Care Fund would enable a new start for the Integrated Care Board to focus on prevention and neighbourhood health.

- In addition to focussing on meeting the Better Care Fund targets, learning should be sought from previous years Better Care Fund plans.

Proposed by Sam Crowe, seconded by Dean Spencer.

Decision:
That the Health and Wellbeing Board endorses the Better Care Fund (BCF) End of Year Reporting Template for 2025/26, and the Narrative Plan and Reporting Template for 2026/27; approved under delegated authority.

11. **Developing the Board and its Purpose**

The Executive Director for Housing, Communities and Prevention gave a presentation to the Board. The presentation is attached as an appendix to these minutes. The Executive Director discussed the need for the Health and Wellbeing Board to reset and become a strategic board for driving integration, prevention and place-based leadership. He outlined the need for change and that the Health Bill would likely make changes to Health and Wellbeing Boards.

The Executive Director for Housing, Communities and Prevention introduced new members of the Health and Wellbeing Board. He also discussed the potential for representation of lay members or people with lived experience on the Board in the future.

Board members discussed the report and the future direction of the Health and Wellbeing Board. Members discussed: areas for delivery under the Board; how health inequalities could be embedded in delivery areas; how outcomes could be used for improving lives; the role if the Board in children's partnerships and safeguarding arrangements; and the role that the Board could have if Healthwatch was disbanded.

Members discussed establishing a working group for supporting the development of the Board.

Proposed by Sam Crowe, seconded by Cllr S Robinson.

Decision:
That a working group be established to support the development of the Board.

12. **Supported Housing Strategy**

The Programme Manager for Building Better Lives introduced the report and gave a presentation to the Board. The presentation is attached as an appendix to these minutes. The presentation covered the purpose of the Supporting Housing Strategy, the statutory requirements, the core components of the strategy, expected challenges, and the approach to engagement.

Board members discussed the report and raised the following points:

- Supported housing can improve mental health and life expectancy as a core determinate of health.
- Health commissioners and providers were included in stakeholder mapping, which helps map the needs and demands for supported housing and enables partners to work together.
- A member expected issues around access to housing and supported housing to come through in Community Conversations. Having conversations with parish and town councils can help identify small sites for housing.
- A range of data was being used to see who is using supported housing, for example people who have been discharged from hospital.
- There may be cases when ensuring that someone is in the right type of housing can be an option to prevent admission to hospital.

Following the discussion and before closing the meeting, the Chair placed on record their thanks to Sarah Howard, Deputy Director of Modernisation and Place, and a previous Vice-Chair of the Health and Wellbeing Board who was leaving NHS Dorset.

13. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 3.26 pm

Chairman

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Health and Wellbeing Board

Resetting for delivery



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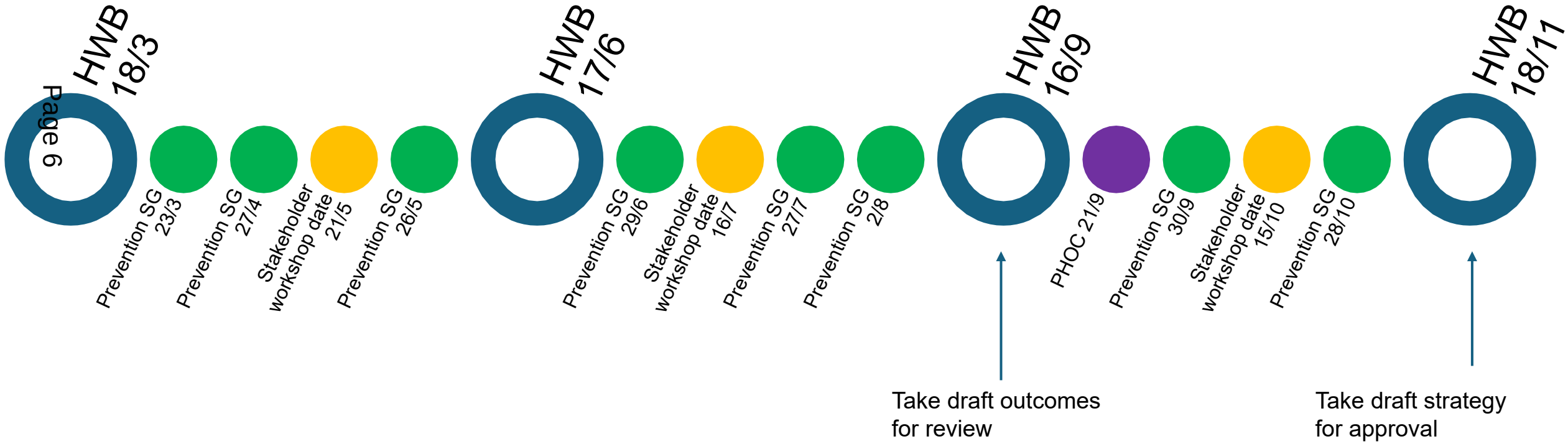
Timeline for strategy and board development



Stakeholder engagement programme

Session 1: **Why** we are working in this way, context around the changes (ICB and Dorset Council), discussion on proposed approach

Session 2: After ICP strategy, **what** next? Output from the final workshop, key objectives in Council Plan, emerging ICB strategy and Neighbourhood Health. Vision and Mission?

Session 3: **Where** are the main delivery programmes to support the strategy? Best start in life, Family hubs, pathfinder + CAMHS, working age prevention, Future care, Neighbourhood Health, Age Friendly, Day opportunities

Session 4 – **How** benefits will be measured and tracked - looking at the key outcomes and outputs for a framework

Delivery under the board

Starting well

Healthy communities

Living well

Ageing well

- Collaborative delivery groups, co-chaired, aligned along life stages
- Space to focus the main programmes, linked with outcomes in the strategy
- Provide clear readout to the Board on progress, issues for escalation
- Simplify where the main work in the place partnership happens

Why the need for a reset

Purpose

Decisive strategic board driving integration, prevention and place-based leadership – from passive reports to decisions to achieve outcomes

Reason for change

NHS changes, dissolution of ICP, left shift on prevention (and from hospitals to communities)

Need for a place-based partnership that connects delivery to strategy

Why change?

- Dorset Council renewed focus on Prevention and Communities – would benefit from a strong connection to the partnership
- Gap in system leadership
- Place-based strategic collaboration between communities, council and health and care organisations
- Strengthen focus on the **what,** through strategy and outcomes, the **how**, through clear programmes, and the **who** through clear accountability
- Not to do the work, but provide a **catalyst** for transformation on the big issues where collaboration and co-design is crucial

Strategic priorities

PREVENTION

SERVICE INTEGRATION

NEIGHBOURHOOD HEALTH

Plus statutory responsibilities on needs assessments, Safeguarding reports strategy and the developing Neighbourhood Health Plan

Where does the board add value

Place leadership to ensure clear delivery of programmes that will improve shared outcomes

Join up the large change programmes, and connect to purpose

Useful to see how regeneration, assets, community needs can inform and support health and care change - when models are changing to be more community led

Be advocates and champion moving resources upstream to avoid demand, prevent ill-health and tackle inequalities

Membership

- Opportunity to review this as the board changes and evolves
  - New system leaders to join, representing ICB Cluster, Police and Dorset Healthcare
  - Welcome Dan Worsley, Dean Spencer, Mark Callaghan, Dawn Dawson
  - Dorset Council strategic director for Weymouth 2040
- Should the board develop lay member representation?
- How to expand involvement of people with lived experience?

Next steps

1) Convene a working group to finalise role of board and forward work programme, and connection to officer delivery groups
2) Review the mix of partners and perspectives to support the work and strategy
3) Ensure the forward plan connects and reflects the strategy and outcomes development work
4) Scope future development needs for the board
5) Follow Health Bill changes and ensure board aligns

Dorset Council

Supported Housing Strategy

& the Supported Housing (Regulatory Oversight) Act 2023

Introduction

The Supported Housing (Regulatory Oversight) Act 2023 (SHROA) introduces regulation and licencing regime for Supported Housing in England

The first activity required of Local Authorities is to produce a Supported Housing Strategy, which must be published by 31 March 2027

MHCLG expect the Licensing and Standards regime to come into force in Spring/Summer 2027, but this is subject to further consultation.

Dorset Council have commissioned the Housing Learning Improvement Network to produce our Needs Assessment and first draft Strategy.

Purpose of the Strategy

The Strategy must:

- Set out a clear vision, priorities, and delivery plan to meet local needs for supported housing.
- Ensure supported housing enables independence, supports recovery, and prevents homelessness.
- Improve the overall evidence base through better local and national data to support better planning, resource allocation, and commissioning decisions.

Statutory Requirements

Local authorities are required to:

- **Assess supported housing need**, including unmet need and projected demand.
- **Map current supply** and evaluate adequacy over the next five years.
- **Collaborate with partners** (e.g., social care, health, providers, residents).
- **Publish a five-year Supported Housing Strategy** by **31 March 2027**, with updates at least every five years.
- **Ensure alignment** with wider strategies (homelessness, social care, planning).

Statutory Requirements

Local Supported Housing Strategies must include:

- **a. Supported Exempt Accommodation**

Local authorities must include exempt accommodation within the scope of their assessment and strategic planning.

- **b. Other Supported Housing Relevant to Identified Needs**

The guidance requires councils to consider supported housing for a wide range of groups, which in turn covers a variety of accommodation types commonly used in the sector. Strategies therefore must account for the accommodation models associated with these cohorts.

Accommodation Types

Accommodation Type	Description / Purpose	Relevant Cohorts / Needs (as identified in guidance)
Supported Exempt Accommodation	Housing where additional support is provided and exempt from standard Housing Benefit rules. Must be included in local strategies.	Various vulnerable groups requiring supported housing, including those at risk of homelessness.
Sheltered / Retirement Housing	Age-related housing offering low-level support or warden presence to help older adults live independently.	**Older adults** – identified as a key group in supported housing needs assessments.
Extra Care Housing	Age-related housing offering onsite care and support to support older adults live independently and prevent care needs from escalating. Some schemes also offer accommodation and support to working age adults.	**Older adults,** people with **learning disabilities or physical disabilities.**
Supported Living (Learning / Physical Disabilities)	Independent or shared housing with on-site or floating support to help people live in the community. Includes Supported Lodgings,	People with **learning disabilities** or **physical disabilities.** People with **Autism**
Mental Health Supported Accommodation	Housing with specialist mental health support, varying from high-intensity to community-based models.	People with **mental health conditions,** people with **Autism**
Shared Lives	Living as part of a supportive household in a family home environment	Older adults, people with **learning disabilities,** people with **physical disabilities,** people with **mental health conditions.**
Domestic Abuse Refuges / Relevant Safe Accommodation	Secure, confidential accommodation for people fleeing domestic abuse, often with specialist support.	People **fleeing domestic abuse**.
Homeless Hostels / Emergency Supported Accommodation	Short-term accommodation offering support with stabilisation, assessment, and transition.	People **experiencing or at risk of homelessness**.
Move-On Accommodation	Lower-intensity supported housing that helps residents transition from higher-support settings to independent living.	Individuals moving on from refuges, hostels, justice pathways, supported housing, or care.
Substance Misuse Recovery Housing	Specialist accommodation that includes structured support for recovery from substance misuse.	People **recovering from substance misuse**.
Justice Pathways / Offender Rehabilitation Housing	Supported accommodation for people leaving custody or serving community sentences, often linked to resettlement services.	People **transitioning from the justice system**.
Care Leavers' Supported Housing	Transitional supported accommodation designed to help young people leaving care move toward independence.	**Young people leaving care**.
Staying Put	Arrangements in which a young person can continue living in their former foster home after turning 18 years old	**Young people leaving care.**
Housing First	Permanent housing as a first step, with intensive, flexible and open-ended support	People **experiencing or at risk of homelessness**. People **recovering from substance misuse**.

Core Components of the Strategy

a. Needs Assessment

A robust, data-driven assessment that maps supply, identifies current and future cohorts who require supported housing, and estimates net additional need.

b. Partnership Working

The need for collaboration and partnership arrangements with ICBs, social care and health partners, providers, benefits teams, and residents families and carers.

c. Governance & Oversight

Councils are expected to establish strong governance and oversight arrangements, put in place systems for data-sharing, monitoring, and performance measurement, and prepare for annual reporting to MHCLG.

d. Delivery Planning

Strategies must contain a clear and actionable delivery plan for meeting identified need, market-shaping activity and move-on pathways, and approaches for referral management, void management, and quality assurance.

Expected Challenges

The guidance acknowledges several challenges:

- Complex cross-departmental coordination across housing, social care, health, planning, and commissioning.
- Fragmented and inconsistent data across providers and systems.
- Capacity pressures and the complexity of local supported housing markets.

The Housing LIN

The Housing Learning Improvement Network (Housing LIN) are a housing, health, and social care knowledge-sharing network and consultancy.

The Housing LIN have a long track record of undertaking supported housing needs assessments, and have completed numerous assessments for local authorities and other commissioners over the last 5 years, including Essex, Cornwall, Gateshead, Dudley, Stockton-on-Tees, Bury, Kirklees, and LB of Kingston.

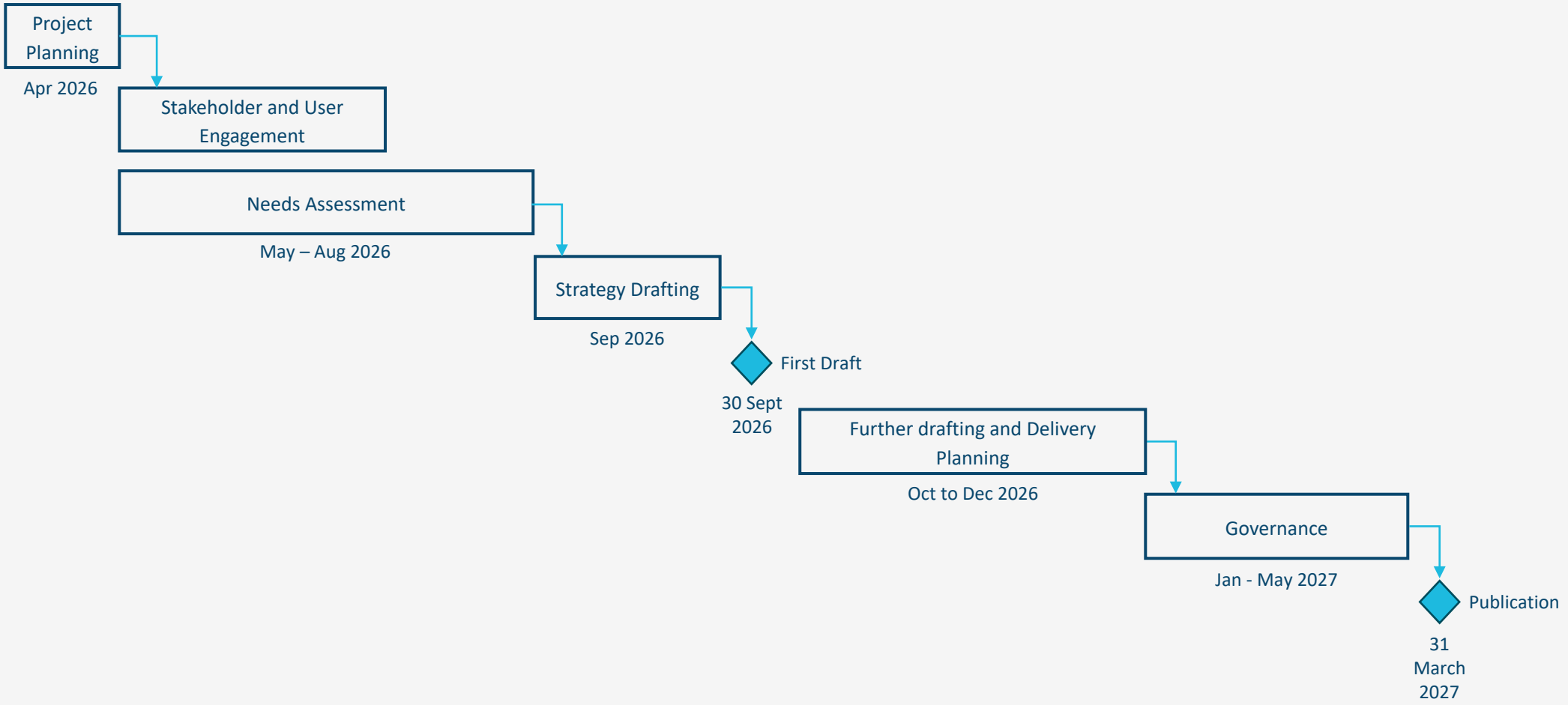
The Housing LIN were privately consulted by MHCLG during the production of the Local Supported Housing Strategies Statutory Guidance, and contributed to the development of the guidance. The statutory guidance has used one of the recent Housing LIN Needs Assessments as an example of good practice (for Cornwall Council).

Engagement Approach

Housing LIN will lead internal and external stakeholder engagement, covering:

1) Social care commissioners, social care operations, housing strategy, housing options, public health, revenues & benefits, and planning policy
2) ICB commissioners, NHS provider services, probation, drug & alcohol services
3) Providers of supported housing, registered providers of housing, support providers
4) Voluntary and Community organisations, via focus groups or existing meetings
5) People with lived experience, via existing engagement pathways, group discussions, or 1:1 interviews

Timeline


Project Planning
Apr 2026
Stakeholder and User Engagement
Needs Assessment
May – Aug 2026
Strategy Drafting
Sep 2026
First Draft
30 Sept 2026
Further drafting and Delivery Planning
Oct to Dec 2026
Governance
Jan - May 2027
Publication
31 March 2027

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