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HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 16 SEPTEMBER 2026

Present: Cllr Steve Robinson (Chair), Dean Spencer (Vice-Chair), Cllr Matt Bell, Cllr Gill Taylor and Sam Crowe

Present remotely: Louise Bate (as substitute), Mark Callaghan and Simone Yule

Apologies: Paula Bennetts, Dawn Dawson, Paul Dempsey, Margaret Guy, Julia Ingram and Matthew Piles

Also present: Cllr Sally Holland

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

Rachel Partridge (Deputy Director of Public Health), George Dare (Senior Democratic and Governance Officer), Jen Furnell (Corporate Director for Education and Learning), Sarah Longdon (Head of Service Planning) and Amy-Jane White (Quality Assurance and Programme Lead)

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

Stuart Burley (Head of Programmes) and Rachel Small (Chief Operating Officer)

14. **Apologies**

Apologies for absence were received from Julia Ingram, Paul Dempsey, Matthew Piles, Dawn Dawson, Margaret Guy and Paula Bennetts.

15. **Minutes**

The minutes of the meeting held on 17 June 2026 were confirmed and signed.

16. **Declarations of Interest**

No declarations of disclosable pecuniary interests were made at the meeting.

17. **Public Participation**

There was no public participation.

18. **Councillor Questions**

There were no questions from councillors.

19. **Urgent items**

There were no urgent items.

20. **Work Programme**

The Health and Wellbeing Board noted its work programme.

21. **Supporting a Smoke Free Dorset**

The Board received a report on the Smoke Free Dorset programme. The Cabinet Member for Public Health, Prevention and Communities introduced the item and highlighted both the scale of the public health challenge posed by smoking and the work being undertaken across Dorset to reduce smoking prevalence. The Head of Programmes, then gave a presentation on the programme's progress and priorities. The presentation is attached as an appendix to these minutes.

Board members discussed the report and raised the following points:

- A high proportion of people experiencing homelessness smoke, could be done to promote smoking cessation services to people as they moved into supported or sheltered accommodation. The Head of Programmes acknowledged that partnership working in this area had been effective but advised that there was scope to strengthen it further. He added that services had become more accessible in recent years, helping to remove barriers to support.
- There were concerns about youth vaping, that vaping had become fashionable among some young people and could act as a gateway to smoking and, in some cases, other substances. The charter appeared to be more focused on tobacco use. The Head of Programmes advised that Trading Standards had been actively targeting unregulated vape retailers and noted that further regulation was being introduced nationally. The Chairman referred to recent Government announcements regarding additional powers for councils to regulate vape shops.
- The potential of the programme to reduce health inequalities and improve life expectancy, particularly for people experiencing mental health difficulties, was welcomed.
- The success of the SmokeStop Van in North Dorset, which had engaged directly with employers and helped reach groups that are traditionally harder to engage, particularly middle-aged working men. However, the service was currently paused pending clarification about future funding.
- That Dorset aspired to become one of the first smoke-free places in England and whether the Board would find regular progress updates helpful. The Chairman supported this suggestion and commented that it would provide a useful measure of progress.
- The Deputy Director of Public Health highlighted the work taking place within maternity services to reduce smoking during pregnancy and reported that good progress was being made.

Following the discussion, the recommendations were proposed by Cllr S Robinson and seconded by Cllr M Bell.

Decision:

That:

- a) The significant health, wellbeing, social care and economic burden arising from smoking in Dorset be noted.
- b) The Board acknowledge progress made in expanding access to evidence-based smoking cessation support and treatment.
- c) The South West Smoke-Free Charter and continued partnership action to reduce smoking prevalence and related health inequalities, be endorsed.
- d) The forthcoming Stoptober campaign to increase the number of residents making successful quit attempts, be supported.

22. Progress update for the refreshed Health and Wellbeing Strategy

The Board received a presentation from the Executive Director of Housing, Communities and Prevention on the development of the Health and Wellbeing Strategy Outcomes Framework. He explained that the strategy was intended to provide a shared, prevention-focused framework for partners and outlined the draft strategic outcomes that would be delivered through a series of delivery groups. Members heard that the proposed outcomes aligned closely with the Government's Outcomes Framework and that further work would be undertaken to finalise the delivery arrangements before the strategy was brought forward for approval.

The Board discussed the report and raised the following points:

- The draft framework did not explicitly refer to factors within the home that affect health, such as damp, mould and indoor air quality. The Executive Director of Housing, Communities and Prevention responded that housing, homelessness and poverty were key areas of focus within the Healthy Places delivery group and agreed that these issues could be reflected within that workstream.
- The relatively small number of proposed outcomes were welcomed, as that this would help partners maintain focus on delivery. The opportunities the framework presented for developing more joint commissioning arrangements were highlighted.
- The importance of avoiding duplication of work already taking place across partner organisations. It would be important to understand the connections between existing programmes and identify where work was already being delivered.
- Clarification was sought on the purpose of the delivery groups and the organisations and stakeholders that would be represented within them.

The Chairman suggested that future Board meetings could include a standing item focused on the work of one of the delivery groups, enabling members to monitor

progress and understand delivery in greater detail. He also suggested that healthy life expectancy should be a core metric.

The recommendations were proposed by Cllr S Robinson, seconded by Cllr G Taylor and agreed by the Board.

Decision:

That:

1. The proposed outcomes framework, which will be a key component of the refreshed Health and Wellbeing strategy, be agreed.
2. The proposed delivery groups and life course structure be endorsed.
3. To responsibility be delegated to Sam Crowe (Dorset Council), Dean Spencer (NHS Dorset), and Dawn Dawson (Dorset Healthcare) to set up the delivery groups under the strategy.

23. **Neighbourhood Footprints**

The Board received a report from the Place Director - Dorset on the proposed Dorset neighbourhood footprints. Members heard that nine footprints had been identified, based on Primary Care Network geographies, with varying population sizes across the county.

Board members discussed the report and raised the following points:

- That community clusters should be considered alongside the neighbourhood footprints to help strengthen local partnership working and community engagement.
- Whether the larger population within the Weymouth and Portland footprint could present challenges, given that it exceeded the population range suggested in national guidance.
- How boundary overlaps would be managed. The Place Director - Dorset acknowledged that some cross-boundary issues would be unavoidable and noted that a number of GP practices already served populations across different geographical areas.
- Options would be explored for how potential duplication within policing arrangements could be addressed through a partnership approach.
- A series of workshops would be held by Dorset Healthcare until December to further develop the neighbourhood approach and stakeholders were encouraged to become involved in the process.

The recommendations were proposed by Dean Spencer, seconded by Sam Crowe and agreed by the Board.

Decision:

That a neighbourhood model be endorsed that:

- Retains PCN-aligned footprints as the core geography for Neighbourhoods.

- Recognises Dorset Council Community Clusters as a complementary geography for community engagement and local collaboration.
- Supports alignment between organisations where beneficial whilst acknowledging that different footprints may be required for different functions.
- Focuses on improving population health, reducing inequalities and strengthening neighbourhood partnerships rather than achieving complete geographical alignment.

24. Exempt Business

There was no exempt business.

Duration of meeting: 2.00 - 3.23 pm

Chairman

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Health and Wellbeing Board, 16 September 2026

Paper: *Supporting a Smoke Free Dorset*

Report Author: Jane Horne

Presenter: Stuart Burley

Smoking in Dorset: Impacts

30,703

Smokers

1,012

Premature deaths/yr

7,434

Hospital admissions/yr

£270m

Costs of smoking in Dorset

HEALTH HARMS

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- Largest avoidable cause of death
- Causes 25% of all deaths from cancer
- Leading cause of heart disease and COPD
- Smoking during pregnancy more than doubles the likelihood of premature births

INEQUALITY

- Smoking prevalence and mortality more than double in most deprived areas
- The single biggest preventable cause of health inequalities and life expectancy
- People with mental health conditions are more than twice as likely to smoke

SOCIAL & ECONOMIC COST

- Cost to the Dorset economy of £139m
- Social care costs of £117m per year
- Smokers need care on average 10 years earlier
- Annual cost of treatment and hospital admissions due to smoking is £11.5m

Every reduction in smoking improves population health, narrows inequalities and reduces pressure on the NHS and social care system.

A Smokefree Generation by 2030

‘Stopping the start’

Raising the age of sale: Illegal to sell tobacco in the UK to anyone born on or after 1st January 2009.

Extend legislation on smokefree and vape-free spaces

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Tackling youth vaping

Restrictions on flavours, packaging and marketing

Ban sale of all nicotine products and vapes to U18s

Supporting more people to quit

Doubling of investment for local smoking cessation services (Dorset, £877,025 per year)

Engage =>5% of smoking population each year

More regulatory and enforcement systems

Seizures of illegal tobacco and unregulated vapes

Enhanced retail licencing scheme & penalty notices

Investment in smoking cessation

LiveWell Dorset – coaching, NRT, vapes, medications



LiveWell Dorset

GP practices and Community pharmacies

NHS Treating Tobacco Dependency services for hospital inpatients



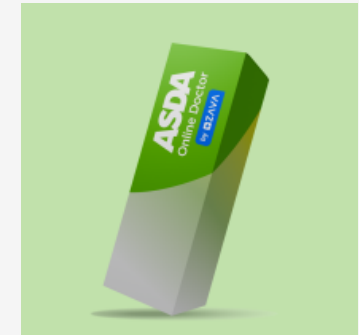
Smoking cessation support within maternity services

Allen Carr Easyway

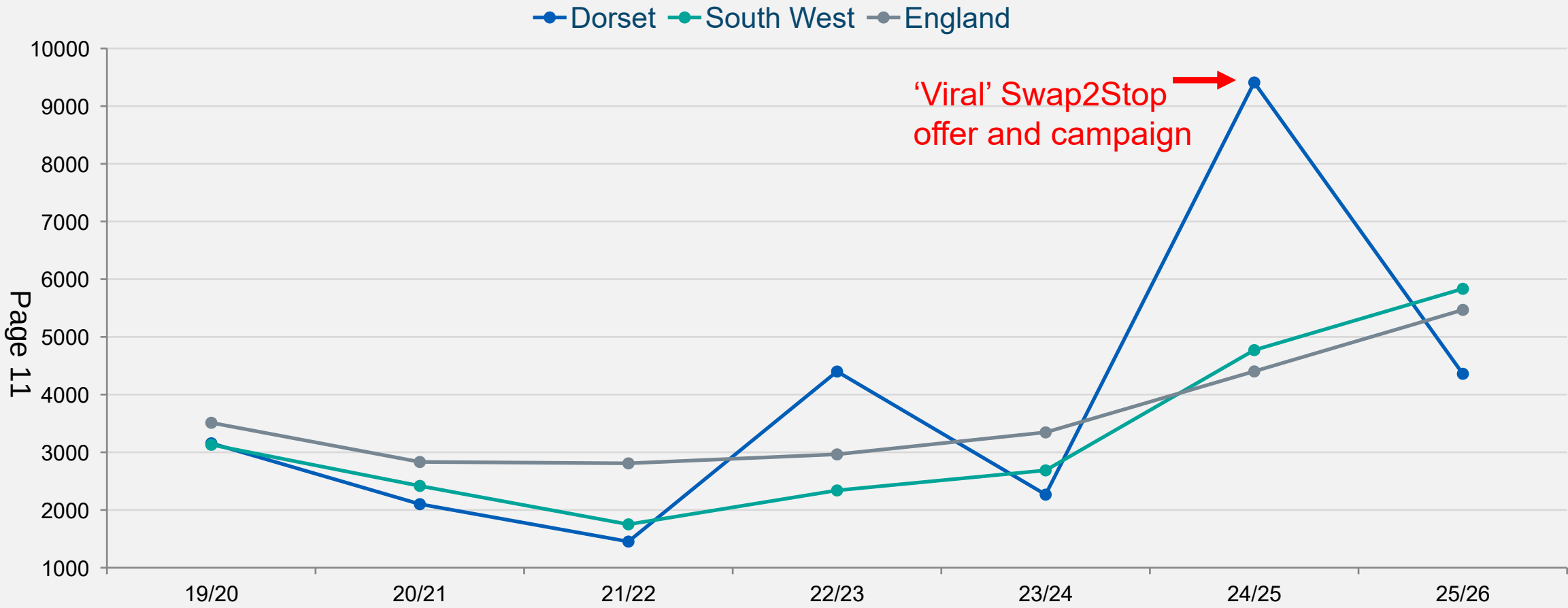


Digital cessation support

NEW! Online prescription-only smoking medications + behavioural support



Smokers Supported to Quit by Smoking Cessation Services (rate per 100k)



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Importance of Marketing & Comms

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- 'Stoptober' is the UK's annual 28-day quit-smoking campaign held every October
- Smokefree Generation: '100 days to go' campaign
- National Non-Smoking Day: 10th March 2027
- NICE: 'Systemically identify and target smokers with evidence-based messaging'

The South West Smoke-Free Charter

- A shared commitment by senior leaders across Local Authorities, NHS Trusts, and ICBs to take coordinated strategic action to tackle tobacco dependence.
- Leadership to make tobacco dependence and treatment a core priority and support the goal of a Smokefree Dorset by 2030.
- Developed by South West Tobacco Control the regional collaborative programme for tobacco control and smoking cessation across the South West NHS and local government system

Smokefree Charter: MPOWER framework

Monitoring tobacco use and prevention policies

Protecting people from tobacco smoke

Offering help to quit tobacco use

Warning about the dangers of tobacco

Enforcing bans on tobacco advertising, promotion & sponsorship

Raising taxes on tobacco products

Smokefree Charter: The Ask

- Request Health and Wellbeing Board endorsement and signature, on behalf of individual organisations.
- Champion a collaborative approach across NHS and Local Authority systems to deliver consistent, evidence-based action.
- Commit to ongoing review and integration of the Charter's principles into operational plans, service delivery, and workforce development.

Recommendations

- (a) Note the significant health, wellbeing, social care and economic burden arising from smoking in Dorset.
- (b) Acknowledge progress made in expanding access to evidence-based smoking cessation support and treatment.
- (c) Endorse the Southwest Smoke-Free Charter and continued partnership action to reduce smoking prevalence and related health inequalities.
- (d) Support the forthcoming Stoptober campaign to increase the number of residents making successful quit attempts.

Sources & additional info

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- **Policy Drivers:**

- [Tobacco and Vapes Act 2026](#) - The Act introduces new offences, restrictions and enforcement powers relating to the sale of tobacco, vaping and nicotine products.
- A useful FAQ is provided by the Local Government Association here [Tobacco and Vapes Act FAQs | Local Government Association](#)
- [10 Year Health Plan for England](#) - part of the government's health mission to build a health service fit for the future through 3 radical shifts: hospital to community, analogue to digital and sickness to prevention.
- [NHS Core20PLUS5 Programme](#) - aimed at reducing healthcare inequalities, targeting the most deprived 20% of the population and additional groups identified locally.
- [Saving Babies Lives Version 3](#) - focuses on reducing smoking in pregnancy by implementing NHS-funded tobacco dependence treatment services within maternity settings.

Data Sources:

- [Local Tobacco Control Profiles](#)
- [OHID Stop Smoking Service Data Explorer](#)
- [NHS Tobacco Dependence Services Dashboard](#)
- [Adult smoking habits in the UK - Office for National Statistics](#)
- [Statistics on Women's Smoking Status at Time of Delivery: England](#)
- [Statistics on NHS Stop Smoking Services in England](#)
- [Smoking Toolkit Study](#)

Tool Kits:

- [ASH Resources](#)
- [NCSCT Resources](#)
- [Future NHS: SW Population Health Tools – TTD and Smoking Cessation](#)
- [Future NHS: Prevention Programme – TTD Service](#)

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