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Health and Wellbeing Board

Date: Wednesday, 16 September 2026
Time: 2.00 pm
Venue: Meeting Room 1, County Hall, Dorchester, DT1 1XJ

Members (Quorum: 5)
Steve Robinson (Chair), D Spencer (Vice-Chair), Matt Bell, Gill Taylor, Paula Bennetts, Mark Callaghan, Sam Crowe, Dawn Dawson, Paul Dempsey, Margaret Guy, Marc House, Julia Ingram, Martin Longley, Matthew Piles 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 5 - 8

To confirm the minutes of the meeting held on 17 June 2026.

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, 11 September 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 add your email address by 8.30am on Friday, 11 September 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 & Wellbeing Board's Work Programme.

8. SUPPORTING A SMOKE FREE DORSET 13 - 22

To consider a report by the Consultant in Public Health.

9. PROGRESS UPDATE FOR THE REFRESHED HEALTH AND WELLBEING STRATEGY 23 - 32

To consider a report by the Executive Director of Housing, Communities and Prevention.

10. NEIGHBOURHOOD FOOTPRINTS 33 - 42

To consider a report by the Associate Place Director and Deputy Place Director for Dorset.

11. 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 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
Work Programme

Meeting Date: 16 September 2026

Report Title	Aims and Objectives	Lead Officers / Members	Other Information
Supporting a Smoke Free Dorset		Jane Horne – Consultant in Public Health Cllr Matt Bell – Cabinet Member for Public Health, Prevention and Communities	
Draft Outcomes Framework for Health and Wellbeing Strategy	Review the draft Outcome Framework for the Health and Wellbeing Strategy.	Sam Crowe – Executive Director for Housing, Prevention and Communities. Cllr Steve Robinson – Cabinet Member for Adult Social Care & Health	
Neighbourhood Footprints	Review and endorsement of neighbourhood footprints to support Integrated Neighbourhood Team delivery.	Sam Crowe – Executive Director for Housing, Prevention and Communities. Cllr Steve Robinson – Cabinet Member for Adult Social Care & Health	

Meeting Date: 18 November 2026

Report Title	Aims and Objectives	Lead Officers / Members	Other Information
FutureCare Programme Final Report	To review the final report on the FutureCare Programme	Julia Ingram – Director, Adult Social Care Cllr Steve Robinson – Cabinet Member for Adult Social Care & Health	
Thriving Communities – 1 year evaluation	Update on the progress on the Thriving Communities work, reviewing the results of the evaluation of the first year and agree next steps.	Cllr Matt Bell – Cabinet Member for Public Health Prevention and Communities Rachel Partridge – Deputy Director for Public Health and Prevention Lynita Harris, Volunteer Centre Dorset	
Strategic Alliance for Children and Young People Annual Report		Michelle Pursall – Commissioning and Policy Lead Cllr Clare Sutton – Cabinet Member for Children's Services, Education and Skills	
Health and Wellbeing Strategy	Approval of the Health and Wellbeing Strategy.	Sam Crowe – Executive Director for Housing,	

		Prevention and Communities. Cllr Steve Robinson – Cabinet Member for Adult Social Care & Health	
Safeguarding Adults Board Annual Report	To receive the Dorset Safeguarding Adults Board Annual Report	Sian Walker-McAllister – Independent Chair, Safeguarding Adults Board Cllr Steve Robinson – Cabinet Member for Adult Social Care & Health	
Movement for Movement Strategy Update	To provide the Health & Wellbeing Board with an update on progress and a request to review opportunities for further action.	Rachel Partridge – Deputy Director, Public Health & Prevention Cllr Matt Bell – Cabinet Member for Public Health, Prevention and Communities	
Pharmaceutical Needs Assessment (PNA) Supplementary Statement	To present a supplementary statement to the October 2025 Pharmaceutical Needs Assessment, detailing changes to local pharmaceutical services since October 2025.	Jane Horne – Consultant in Public Health Cllr Matt Bell – Cabinet Member for Public Health, Prevention and Communities	

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
Dorset Intelligence and Insight Service				

Health and Wellbeing Board
16 September 2026
Supporting a Smoke Free Dorset
For Decision

Cabinet Member:
Cllr S Robinson, Adult Social Care & Health
Cllr M Bell, Public Health, Prevention and Communities

Local Councillor(s):

Senior Leadership Team:
S Crowe - Executive Director, Housing, Prevention and Communities

Report author and job title: Jane Horne, Consultant in Public Health
Email: jane.horne@dorsetcouncil.gov.uk

Statutory Authority: Tobacco and Vapes Act 2026

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

1. **Executive summary (maximum of 500 words)**

1.1 Smoking remains the biggest cause of preventable illness and early death in Dorset. Smoking is a major driver of health inequalities and contributes to conditions including cancer, heart disease, stroke, respiratory disease and dementia. Despite progress, smoking remains more common among people facing poorer health, lower incomes and other disadvantages.

1.2 Whilst substantial progress has been made over the last decade, reducing prevalence in Dorset from 15.7% in 2014 to 9.9% in 2024, further effort is needed to reach the smoke-free ambition of reducing smoking prevalence to below 5% of the adult population.

1.3 Dorset provides a range of free, evidence-based support to help people stop smoking. Recent national funding has enabled Dorset to test new approaches, including the very successful Swap to Stop programme and improved access to stop smoking medicines.

1.4 Smoking places a significant burden on individuals, families and public services. People who smoke are more likely to develop long-term conditions that can reduce independence, increase demand for health and social care and place additional caring responsibilities on family members. Dorset will

receive £877,205 of dedicated stop smoking funding in 2026/27 to help more residents quit smoking and improve long-term health outcomes.

1.5 This report introduces the South West Smoke-Free Charter, a shared commitment by councils and NHS organisations to strengthen action on tobacco dependence and support the ambition of achieving smoking prevalence below 5% across the South West by 2030.

1.6 The report comes ahead of this year's Stoptober campaign. Quitting smoking brings health benefits almost straight away and can leave people with more money in their pocket. With the right support people are much more likely to quit for good.

2. Recommendation(s)

2.1 The Health and Wellbeing Board is asked to:

(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 South West 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.

3. Reason for the recommendation(s)

3.1 Smoking remains the largest preventable cause of ill health and premature death and continues to drive health inequalities across Dorset. Increasing quit attempts and improving access to effective support delivers significant benefits for population health, healthcare demand, social care demand and economic productivity. National expectation linked to the grant is for at least 5% of the smoking population to set a quit date annually.

3.2 The South West Smoke-Free Charter provides an opportunity to demonstrate collective leadership and strengthen partnership action across the health and care system to support the ambition of a smoke-free South West by 2030.

4. The report

4.1 Smoking places a significant burden on individuals, families and public services. It contributes to long-term conditions that reduce independence and increase demand for healthcare, social care and unpaid care from families and carers

4.2 Smoking is also a significant contributor to adult social care demand. National evidence shows that smokers are more likely to require help with everyday activities. Current smokers and recent quitters aged over 50 are more than twice as likely to require help with daily living activities compared with people who have never smoked. By reducing smoking prevalence, Dorset can support healthier ageing, help people maintain their independence for longer and reduce future demand on health and care services

4.3 Dorset's residents can access a **comprehensive range of support**, including:

- LiveWell Dorset
- Community Health Improvement Services delivered by GP practices and community pharmacies
- Allen Carr Easyway
- Digital cessation support
- Stop smoking medications
- NHS Treating Tobacco Dependency services for hospital inpatients
- Smoking cessation support within maternity services
- Swap to Stop vaping support

4.4 Recent investment through national grant funding has enabled Dorset to test and refine new approaches. Dorset achieved amongst the highest levels of successful quits nationally through the Swap to Stop programme. New arrangements from September 2026 will also enable residents accessing support through LiveWell Dorset to obtain smoking cessation medications through an online pharmacy pathway.

4.5 **National policy** from the Government continues to prioritise smoking cessation as a critical component of its ambition to create a smokefree generation, with the national Public Health Grant settlement including £461 million of ringfenced smoking cessation funding between 2026 and 2029. Linked to this, local authorities are expected to support at least 5% of their smoking population to set a quit date each year.

4.6 The Tobacco and Vapes Act 2026 received Royal Assent on 29 April 2026, and introduces measures to make it illegal to sell tobacco products to anyone born on or after 1 January 2009. It also includes powers to strengthen

regulation of vaping products, including restrictions on advertising and promotion aimed at children and young people.

4.7 The **South West Smoke-Free Charter** is a shared commitment between NHS Trusts, Integrated Care Boards and Local Authorities to strengthen action on tobacco dependence and support the ambition of a smoke-free South West by 2030.

4.8 The Charter aligns with the South West Tobacco Control and Smoking Cessation Framework and supports the six internationally recognised MPOWER principles:

- **M**onitor tobacco use and prevention policies.
- **P**rotect people from tobacco smoke.
- **O**ffer help to quit tobacco use.
- **W**arn about the dangers of tobacco.
- **E**nforce bans on tobacco advertising and promotion.
- **R**aise taxes on tobacco products.

4.9 The Charter refreshes existing smoke-free commitments, demonstrates leadership in reducing preventable harm and health inequalities, and complements existing NHS Smoke-Free Pledges and Local Authority Declarations through a shared framework for NHS and local authority partners.

4.10 Signatories commit to embedding Charter principles within service delivery, workforce development and organisational planning.

4.11 **Vaping** continues to play an important role in supporting smokers to quit. National evidence suggests that around10% of adults currently vape, with around 60% of adults who vape having successfully quit smoking. However, misconceptions are common, with more than half of smokers incorrectly believe vaping is as harmful as or more harmful than smoking.

4.12 Although regulated vaping products are an important smoking cessation aid for adult smokers who are trying to quit, vaping is not recommended for non-smokers or children and young people and should not be seen as a product for people who do not currently smoke.

4.13 The timing of this report aligns with preparations for **Stoptober 2026**. Communications activity will promote the benefits of quitting, raise awareness of local support services and encourage more smokers to make a quit attempt.

5. Alternative options considered

5.1 Recent Section 31 smoking cessation funding has enabled Dorset to test a range of approaches. Evaluation is underway to determine which interventions should form part of the longer-term smoking cessation programme. In addition, endorsement of the South West Smoke-Free Charter has been considered. This is recommended because it strengthens partnership working and supports the ambition of a smoke-free South West by 2030.

6. Legal considerations

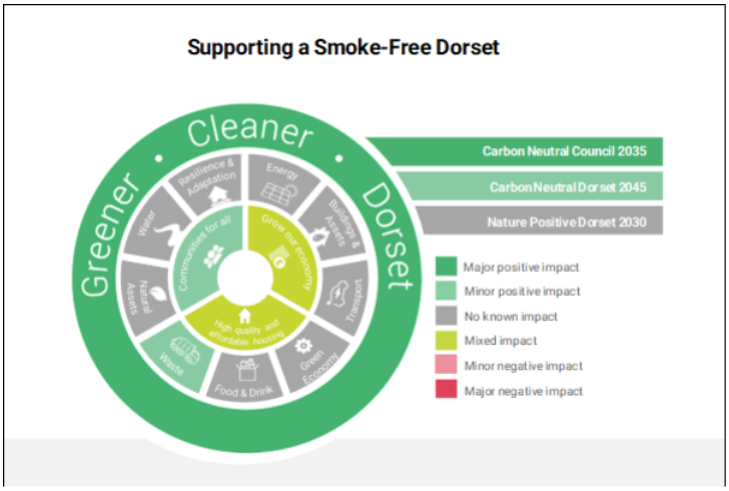
6.1 Dorset Council has statutory responsibilities for improving population health under the Health and Social Care Act 2012. Investment in smoking cessation contributes directly to these responsibilities and supports wider duties to reduce health inequalities.

7. Financial implications

7.1 Dorset receives £877,205 ringfenced smoking cessation funding in 2026/27 through the Public Health Grant. While reductions in smoking prevalence do not generate immediate cash-releasing savings, they can help avoid future costs by preventing smoking-related disease and disability. Over time, this can reduce growth in demand for healthcare, adult social care and unpaid care, supporting healthier ageing, greater independence and the long-term sustainability of public services

8. Natural environment, climate & ecology implications

8.1



Potential benefits include:

- Reduced cigarette litter.
- Reduced fire risk.
- Reduced environmental harms associated with tobacco consumption and waste.

9. Well-being and health implications

9.1 The proposal has significant positive implications for population health and wellbeing through:

- Reduced smoking prevalence.
- Reduced illness and premature mortality.
- Reduced health inequalities.
- Increased healthy life expectancy.
- Quitting smoking can also improve financial wellbeing by reducing household expenditure om tobacco products.

10. Other implications

10.1 The report supports integrated working across Dorset Council, NHS Dorset, NHS provider trusts, primary care, maternity services, pharmacies and voluntary sector partners.

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 Smoking is a significant contributor to health inequalities, with higher smoking rates among people experiencing deprivation, people with mental health conditions, routine and manual workers, and other groups who experience poorer health outcomes.

12.2 Equality Impact Assessments will be undertaken, where appropriate, as part of the development, implementation and evaluation of individual smoking cessation or tobacco control initiatives and service improvements. This includes interventions that have been introduced and tested through recent grant funding. Findings from these assessments will be used to inform decisions about which approaches should be incorporated into the longer-term smoke free programme and to ensure services remain accessible and responsive to the needs of Dorset residents.

13. Appendices

13.1 Appendix A: Costs of smoking to society in Dorset

13.2 Appendix B: The South West Tobacco & Smoking Cessation Framework Charter

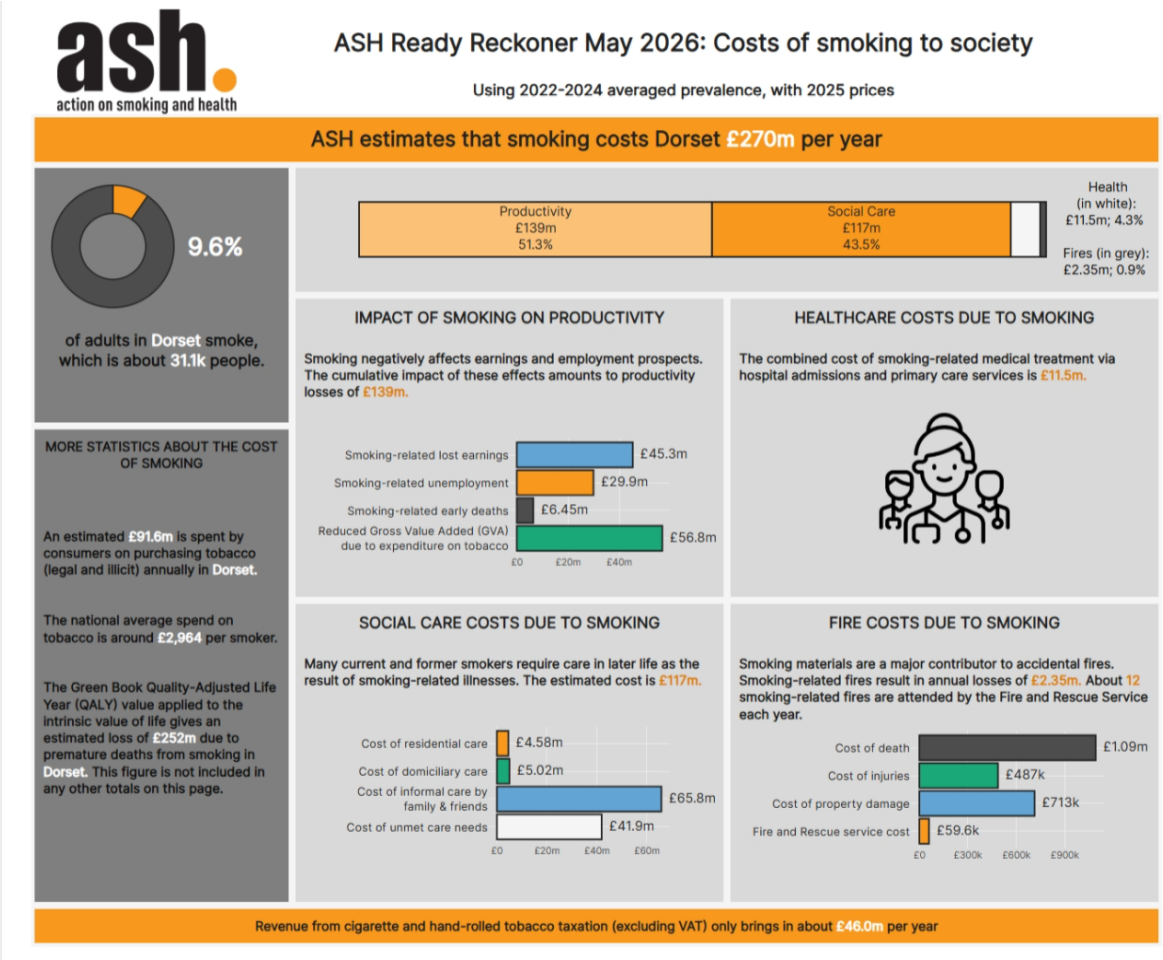
14. Background papers

14.1 None

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)

Appendix A: Costs of smoking to society in Dorset



Source: ASH Ready Reckoner - ASH, accessed 13 August 2026

A CHARTER TO DELIVER THE SOUTH WEST TOBACCO CONTROL AND SMOKING CESSATION STRATEGIC FRAMEWORK

As senior health leaders, we recognise that tobacco dependence - particularly through smoking - is the leading preventable cause of illness, death, and disability in our region. The impact is greatest among our most disadvantaged communities, contributing to reduced independence, lower workforce participation, and increased demand on health and care services. Preventing tobacco use and supporting people to quit will improve public health, reduce inequalities, ease pressure on the NHS and social care, and deliver economic and workforce benefits.

We are united in our commitment to achieving a smoke-free South West (<5% prevalence) by 2030 and actively support the South West Tobacco Control and Smoking Cessation Strategic Framework:

Monitoring tobacco use and prevention policies:

- Use data and behavioural insights to guide targeted action
- Use intelligence packs to identify populations experiencing greater tobacco-related harm and to monitor progress in reducing disparities
- Systematic screening of tobacco use status on admission and at booking appointments

Protecting people from tobacco smoke:

- Prevent smoking uptake by prioritising youth-focused prevention strategies and action
- Embed smoke-free legislation and policies in all settings
- Create smoke-free environments, particularly for children and the most vulnerable communities

Offering help to quit tobacco use:

- Collaborate on the use of Apps to support people who smoke to quit
- Train staff to deliver Very Brief Advice and facilitate timely referrals
- Embed evidenced-based tobacco dependence treatment across routine hospital care
- Strengthen links between voluntary, community and local tobacco dependence treatment services
- Promote vaping as a harm reduction tool for adults who smoke, while restricting youth access
- Foster a smoke-free workplace and support staff who wish to quit
- Address inequalities by prioritising support for populations disproportionately affected by tobacco use and improve equitable access to effective treatment and outcomes

Warning about the dangers of tobacco:

- Champion prevention, support smoke-free objectives and health promotion across the system
- Deliver tailored campaigns to raise awareness of tobacco-related harms, exposure to second-hand smoke, and illicit tobacco among communities disproportionately affected

Enforcing bans on tobacco advertising, promotion and sponsorship:

- Support national and local policies that restrict tobacco marketing and industry influence
- Protect tobacco control initiatives from interference by the tobacco industry

Raising taxes on tobacco products:

- Raise awareness, enforce regulations and support strategies to reduce demand and tackle illicit tobacco

Signatories: *(name, role and organisation)*

Health and Wellbeing Board

16 September 2026

Progress update for the refreshed Health and Wellbeing Strategy

For Decision

Cabinet Member:
Cllr S Robinson, Adult Social Care & Health

Local Councillor(s):

Senior Leadership Team:
S Crowe - Executive Director, Housing, Prevention and Communities

Report author and job title: Sam Crowe
Email: sam.crowe@dorsetcouncil.gov.uk

Statutory Authority:

Report status: Public Choose an item.

1. Executive summary (maximum of 500 words)

1.1 The Health and Wellbeing board agreed earlier this year to refresh the strategy and include an outcomes framework as the basis for this. A number of engagement sessions have enabled stakeholders to help shape this work. Ahead of the final draft being published, this report explains the emerging outcomes framework and associated delivery groups which will help deliver the improvements envisaged by the strategy.

2. Recommendation(s)

2.1 To agree the proposed outcomes framework which will be a key component of the refreshed Health and Wellbeing strategy.

2.2 To endorse the proposed delivery groups and life course structure. This has been tested in the June Health and Wellbeing board meeting, the outcomes workshop on 28th July and the place-based delivery group meeting on 23rd July.

2.3 To delegate to Sam Crowe (Dorset Council), Dean Spencer (NHS Dorset), Dawn Dawson (Dorset Healthcare) responsibility to set up the delivery groups under the strategy.

3. Reason for the recommendation(s)

3.1 Having an agreed outcomes framework will help define the strategy for the board and show a clear link between the work held by the delivery groups and the outcomes the board wants to shift. Strong leadership in each of the delivery groups will help define the work and provide assurance back to the board on delivery.

4. The report

4.1 The Health and Wellbeing Board agreed earlier this year to refresh the strategy and revitalise the board to support its aim of delivering prevention-focused integrated care in Dorset. This report sets out a summary of progress to date in developing the strategy, focusing on the draft outcomes framework which is a key part of it.

4.2 The strategy and outcomes framework should incorporate council objectives, NHS goals and the aims of the community and voluntary sector, reinforcing the shared commitment to integrated support in the partnership.

4.3 A timeframe was agreed to develop the strategy by November 2026, with a number of engagement sessions taking place with partners, as well as updates at the Health and Wellbeing board meetings in February and June this year.

4.4 The final engagement session in October will look at how we agree the areas of focus and priority so that the strategy reflects how the Health and Wellbeing board adds the most value to residents through the work that it oversees.

Emerging strategy

4.5 The refreshed strategy is still being developed. However, through the engagement session a draft vision and aims has emerged. This gives the context for the outcomes framework set out in this report.

Draft Vision

Dorset will be a county where people can live well - for longer: independent, connected, healthy and active within their communities; where support is available before crisis occurs; where care is delivered locally and personally

when needed; and where more people are enabled to remain in their own homes and communities throughout later life.

Draft mission

The vision is achieved through the action Dorset takes with residents, communities and partners to help people live well, maintain independence, delay or reduce the need for formal care, and avoid crisis wherever possible. It is not a single service or a short-term project. It is a whole-system approach to ageing well, rooted in homes, places, relationships, health, care, income, transport, technology, information and community life.

Overarching aims

The partners of the Health and Wellbeing board will aim to:

- Improve the health and wellbeing of the population
- Reduce health inequalities
- Integrate health and care services

Draft Strategic outcomes (see framework below)

- Children, young people and their families are healthy, thriving and resilient. They feel safe and connected to their community.
- People can live healthy, fulfilling and independent lives, with support in the community to improve wellbeing.
- Older people live independently, with dignity and choice, supported to stay well in their own homes and communities
- Our neighbourhoods are safe, inclusive and connected, with access to nature, making healthy living easier for everyone.

Outcomes framework

4.6 This refreshed strategy will align strategic outcomes and priorities in the partnership. It is not intended to cover everything we do across the partnership but will focus on key strategic priorities that deliver the agreed outcomes, with an awareness and connection to related work overseen elsewhere in the system.

4.7 An outcomes framework is a useful method to include in the strategy, as it provides a structured approach to cover outcomes across multiple partners. It focuses on the real-world impact for Dorset residents and provides a common language and structure for measuring progress. It is better to focus on a few priority outcomes well, instead of trying to track lots of outcomes ineffectively.

4.8 The outcomes support our ambition of working together and sharing priorities. They reflect the priorities of our partners in health and care; the council, NHS, voluntary and community sector.

4.9 The draft outcomes are set out below and are based on the life courses Starting well, Living well, Ageing well; and Healthy places.

STARTING WELL

Children, young people and their families are healthy, thriving and resilient. They feel safe and connected to their community

We support the development,wellbeing and physical and mental health of young people, from early childhood to adulthood, supported by strong, confident families.

Strategic focus:
- Early years development
- Youth mental health
- Family resilience

Measures:
- School readiness
- Children's healthy weight
- Children's mental health wait times and outcomes

LIVING WELL

People can live healthy, fulfilling and independent lives, with support in the community to improve wellbeing

We work to reduce health inequalities across Dorset, making it easier for adults to stay physically and mentally well, prevent long-term illness and get help early when they need it.

Strategic focus:
- Community engagement
- Reducing health inequality gaps
- Healthy lifestyles
- Learning disabilities

Measures:
- Healthy Life expectancyat birth
- Adult non-smoking, physical activity,alcohol within recommended limits
- Age of diagnosis for major conditions
  Adult mental health wellbeing scores

AGEING WELL

Older people live independently, with dignity and choice, supported to stay well in their own homes and communities

We help older adults tomaintain their independence for as long as possible, preventing unnecessary hospital stays and ensuring care is centred around what matters to them.

Strategic focus:
- Later life
- Ageing at home
- Dignity
- Frailty prevention
- Independence

Measures:
- Emergency hospital admissions due to falls 65+
- Older people still at home after hospital discharge
- Social isolation and loneliness metrics older adults
- Dementia diagnosis rates and support quality
- Service users feel supported

HEALTHY PLACES

Our neighbourhoods are safe, inclusive and connected, with access to nature, making healthy living easier for everyone

We create and look after local environments that support health, ensuring safe streets, accessible green and blue spaces and strong community connections.

Strategic focus:
- Environment and setting
- Housing, homelessness, poverty
- Access to green/blue spaces
- Active travel
- Physical activity
- Community safety

Measures:
- Residents with easy access to quality green/blue spaces within a 15-minute walk
- Perceptions of safety and local community strength
- Physical activity groups
- Satisfaction with your local area as a place to live

Delivery Groups

4.11 The board agreed in June the principle of having delivery groups aligned to life courses. The board itself will focus on the strategic direction, monitoring progress against the overarching aims and outcomes. The delivery groups will oversee the work, connections and achievements of priority programmes within each life course, providing updates to the board at regular intervals.

4.12 The idea behind having the delivery groups structured around the three life courses and Healthy Places is to enable focus on detailed delivery outcomes at this level, so the board remains focused on strategic outcomes and overarching partnership cohesion.

4.13 These groups do not own the work of the delivery programmes but provide a clear reference point to join up related work, understand the added value of aligning partnership work and focus on the most important programmes that contribute to achieving strategic outcomes. Where there is a strong connection with work managed elsewhere, it helps to have awareness and understanding so that the Health and Wellbeing Board can support, advocate and champion relevant programmes.

Examples of mapping delivery to outcomes

4.14 As explained above, the delivery groups are set up around the life courses as a way of structuring and organising the work that contributes towards achieving the strategic outcomes. By having the insight into specific programmes they can draw out the added value and see the bigger picture by looking across the themes.

4.15 The delivery programmes will identify specific outcomes and measures, that contribute to one or some of the strategic outcomes, they can provide measures by proxy for the overarching outcomes.

4.16 The table below shows the initial view of proposed priority programmes mapped to the delivery groups and life courses. The larger ticks show the programmes that are the highest priority with the largest contribution to the life course. Smaller ticks show a lesser degree of priority and importance.

	Starting well	Living well	Ageing well	Healthy places
Best start in life	✓	✓	✓	✓
LiveWell Dorset		✓	✓	✓
Neighbourhood Health	✓	✓	✓	✓
Age Friendly Dorset	✓	✓	✓	✓
Future Care		✓	✓	✓
Better Care Fund		✓	✓	✓
Thriving Communities		✓	✓	✓
Physical Activity	✓	✓	✓	✓

4.17 It is important to note that this is not exact science, the mapping is to the most relevant outcome, highlighting major connections and minor connections.

4.18 What this shows is that overseeing a group of programmes by outcomes and life stage, allows the board to see the bigger picture, join the dots and get a better result by making sure programmes align through connected delivery.

4.19 Some programmes are relevant for Health and Wellbeing outcomes but are owned and governed elsewhere. There is no need to duplicate reporting and oversight, but delivery group members should be aware of these relevant programmes and understand how they help contribute to the Health and Wellbeing outcomes. An example of this would be SEND reform, or the Local Plan where there are elements that support the health and wellbeing outcomes.

Measures

4.20 The proposed measures at the strategic outcome level are deliberately broad and long term. This matches the level of the outcomes and the strategic purpose of the board. These are also existing or emerging measures where data is readily available to demonstrate progress.

4.21 The delivery programmes, overseen by the delivery groups, will provide some proxy measures as an additional way of checking progress towards these outcomes. There will not be a one-to-one map of measure to outcome.

4.22 The Health and Wellbeing board will hold an annual review of the strategy and the outcomes, which will allow assessment of progress, celebrate success and identify where further attention is needed for the following year. The annual review process will also enable the strategic outcomes to be adapted to meet changes in context and goals.

4.23 The review process will include learning and innovating from good practice elsewhere to enhance the target outcomes and continue to improve the means of achieving them for Dorset residents.

Next steps

4.24 Complete the draft Health and Wellbeing strategy. This will include principles for system working and more detail on how the delivery groups will operate.

4.25 Hold the final engagement session on 15th October. This will look at where the board and partners put the focus, what adds most value to achieving our outcomes.

4.26 Present the strategy to the Health and Wellbeing Board for approval on18th November 2026.

1. Alternative options considered

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

2. Legal considerations

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

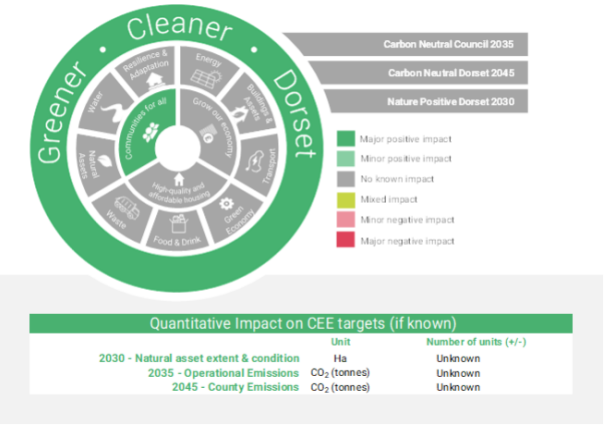
7. Financial implications

7.1 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.

8. Natural environment, climate & ecology implications

8.1



9. Well-being and health implications

9.1 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

10. Other implications

The strategy and approach to delivery will evolve as the NHS plans for the ICB cluster and the neighbourhood health plan develop. Additionally, any developments in devolution may influence the future direction of the strategy.

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 is finalised.

13. Appendices

13.1 None

14. Background papers

14.1 None

15. Report sign-off

15.1 This report has been through the internal report clearance process and has been signed off by the Director - Assurance & Governance (Monitoring Officer), the Director - Resources (Section 151 Officer) and the appropriate Cabinet Member(s)

Dorset Health and Wellbeing Board
16 September 2026
Neighbourhood Footprints
For Decision

Senior Leadership Team:
S Crowe - Executive Director, Housing, Prevention and Communities

Report author and job title: Alex Geen, Associate Place Director, Dorset
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Report status: Public Choose an item.

1. Executive summary (maximum of 500 words)

1.1 Neighbourhood footprints to support Integrated Neighbourhood Team delivery are a key component of the NHS vision for delivering more coordinated, preventative and person-centred care closer to home. National guidance describes neighbourhoods as serving populations typically of between 30,000 and 50,000 residents, aligned wherever possible to natural communities, Primary Care Networks (PCNs) and existing local partnerships. Neighbourhood footprints should be meaningful to local people, informed by population health need, and designed to support integrated working across health, social care, public health and the voluntary, community, faith and social enterprise sector. The objective is to create sustainable local teams that can proactively improve outcomes, tackle inequalities and reduce demand on acute services through earlier intervention and better coordination of care.

In developing proposed Neighbourhood footprints for Dorset, partners have sought to balance national expectations with the realities of local geography, population distribution, existing service arrangements and community identity. NHS England expects neighbourhood footprints to be jointly agreed across the NHS, local authorities and wider partners, avoiding gaps or overlaps in coverage whilst supporting strong multidisciplinary team working. The proposed footprints have therefore been developed to reflect recognised local communities, existing Primary Care Network relationships where appropriate, and established links with community services, social care, public health and voluntary sector provision. Consideration has also been given to ensuring footprints are of sufficient scale to support effective

multidisciplinary teams whilst remaining small enough to maintain strong local relationships and knowledge of community needs.

The purpose of this paper is to seek Health and Wellbeing Board endorsement of the proposed Dorset Neighbourhood footprints. Agreement of a common set of footprints will provide the foundation for future integrated neighbourhood working, enabling partners to align resources, develop shared population health management approaches, support targeted prevention and equality initiatives, and strengthen delivery of care closer to home.

This paper considers the options for future Neighbourhood footprints and assesses them against criteria including delivery of integrated care, community identity, partnership working, health inequalities, financial impact, governance implications and implementation risk. The assessment concludes that retaining PCN-aligned Neighbourhood footprints as the primary operational geography for integrated service delivery represents the most practical and least disruptive approach. This option builds on existing integrated working arrangements, avoids significant organisational redesign costs, and maintains alignment with established NHS neighbourhood delivery models.

The paper further proposes that the Dorset Council Community Clusters should be recognised as a complementary geography for community engagement, local participation and understanding community priorities. This dual approach enables both organisations to maximise the strengths of their existing models whilst maintaining a shared focus on improving outcomes for residents.

2. Recommendation(s)

2.1 The Health and Wellbeing Board is asked to endorse a neighbourhood model 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.

The neighbourhood footprints recommended are therefore (population number in brackets):

1. Jurassic Coast (37,576)
2. Weymouth and Portland (76,339)
3. Mid Dorset (51,736)
4. Vale and Gillingham (39,907)
5. Sherborne (22,955)
6. Blandford (23,288)
7. Purbeck (33,664)
8. Wimborne and Ferndown (42,127)
9. Crane Valley (36,130)

3. Reason for the recommendation(s)

3.1 This approach provides a pragmatic and sustainable foundation for delivering Dorset's neighbourhood health ambitions while respecting existing organisational arrangements and local community identities.

4. The report

4.1 NHS Dorset currently operates neighbourhood arrangements aligned to Primary Care Network (PCN) footprints. These represent mature geographies with established relationships between general practice, community services, mental health services, social care and wider partners. Dorset Council has developed Community Clusters as pragmatic groupings of town and parish councils to support community engagement, local decision-making and the Council's approach to community governance and double devolution.

Dorset Council Community Clusters are not intended to be service delivery or governance structures and that there is no expectation that all organisational boundaries align and it is recognised that different geographies may be required for different purposes and that these approaches can coexist to support a shared vision of neighbourhood working.

The recommended Neighbourhood footprint option is:

Option 1: PCN-aligned Neighbourhoods with Dorset Council Community Cluster Collaboration Layer

Description

- Neighbourhoods remain coterminous with PCNs.
- Neighbourhoods are grouped into broader place-based collaboratives aligned to Dorset Council Community Clusters where beneficial.
- Community engagement is undertaken through council cluster arrangements.

For example:

Level 1: PCN-aligned Neighbourhoods to enable delivery of Integrated Neighbourhood Teams (INTs)
Level 2: Dorset Council Community Clusters

Benefits

- Maintains NHS operational delivery model.
- Respects Dorset Council Community Cluster arrangements.
- Avoids major organisational disruption.
- Allows community representation at the appropriate scale.
- Supports the emerging neighbourhood health agenda.

5 Alternative options considered

5.1 **Option 2: Align Neighbourhoods to Dorset Council Community Clusters**

Description

- Redesign NHS neighbourhood footprints to match Dorset Council Community Clusters.

Benefits

- Alignment with parish and town council engagement.
- Supports wider public service integration.

Risks

- Significant NHS reorganisation.
- Potential fragmentation of existing PCNs.
- Disruption to primary care relationships.
- Potential mismatch with registered patient populations.

This would need a strong case because it introduces considerable change.

6. Legal considerations

6.1 The proposed Neighbourhood footprints are intended to support partnership working and do not in themselves create new statutory organisations or decision-making bodies. However, implementation will need to consider any consequential implications for governance arrangements, including existing Better Care Fund Section 75 contractual agreements, delegated commissioning functions, information-sharing arrangements and partnership governance structures. Where changes materially affect pooled budget arrangements or delegated functions, formal approval may be required through NHS Dorset Integrated Care Board governance processes and Dorset Council's appropriate decision-making route in accordance with its Constitution and Scheme of Delegation.

7. Financial implications

7.1 The proposed Neighbourhood footprints do not directly determine NHS or local authority funding allocations. However, the choice of footprint will influence the efficiency with which resources are coordinated across health and care partners. Retaining existing PCN-aligned footprints would minimise implementation costs by building on established governance arrangements, workforce models, population health management capabilities and integrated working practices. Conversely, the creation of new neighbourhood geographies would require investment in programme management, organisational change, stakeholder engagement, performance reporting and potentially amendments to existing partnership arrangements. A model that retains PCN-aligned Neighbourhood footprints while utilising Dorset Council Community Clusters for engagement and community-led activity is therefore likely to represent the most cost-effective option, maximising the value of existing investment while avoiding significant transition costs.

8. Natural environment, climate & ecology implications

8.1 The proposed Neighbourhood footprints do not involve changes to land use, physical infrastructure or environmentally sensitive sites and therefore no direct impacts on the natural environment, biodiversity or ecology have been identified. The development of effective neighbourhood working may provide indirect environmental benefits by supporting care closer to home, reducing unnecessary travel, promoting prevention and strengthening connections between health services, communities and local green assets. Any future service redesign proposals arising from the implementation of Neighbourhoods would be subject to their own environmental and sustainability assessment where appropriate.

9. Wellbeing and health implications

9.1 Neighbourhood footprints to support Integrated Neighbourhood Team delivery are a key enabler of Dorset's ambition to improve population health, reduce inequalities and provide more coordinated care closer to home in line with the national Neighbourhood Health Framework. The proposed footprints will influence how effectively partners work together. Retaining mature neighbourhood delivery arrangements while strengthening links with community-based assets and local engagement structures is expected to support continuity of care, improve integration between services and enhance opportunities for addressing the wider determinants of health. The proposed approach is intended to improve outcomes for residents by bringing services, communities and partners together around shared neighbourhood

priorities while maintaining a focus on reducing health inequalities and improving wellbeing across Dorset.

10. Other implications

10.1 The preferred option seeks to build on existing multidisciplinary team arrangements and established professional relationships, minimising disruption to the workforce. Any future changes to operational delivery models will be subject to appropriate workforce engagement and organisational change processes.

Existing digital, reporting and population health management capabilities are largely configured around current organisational footprints. Retaining established neighbourhood geographies minimises the need for system redesign and supports continuity of performance monitoring and population health management.

11. Risk implications

11.1 The principal risk associated with footprint redesign is the potential disruption to existing integrated working arrangements. Retaining mature neighbourhood relationships whilst developing complementary community engagement arrangements mitigates this risk and supports timely implementation of Integrated Neighbourhood Teams.

HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:
Current Risk: low
Residual Risk: low

12. Equalities

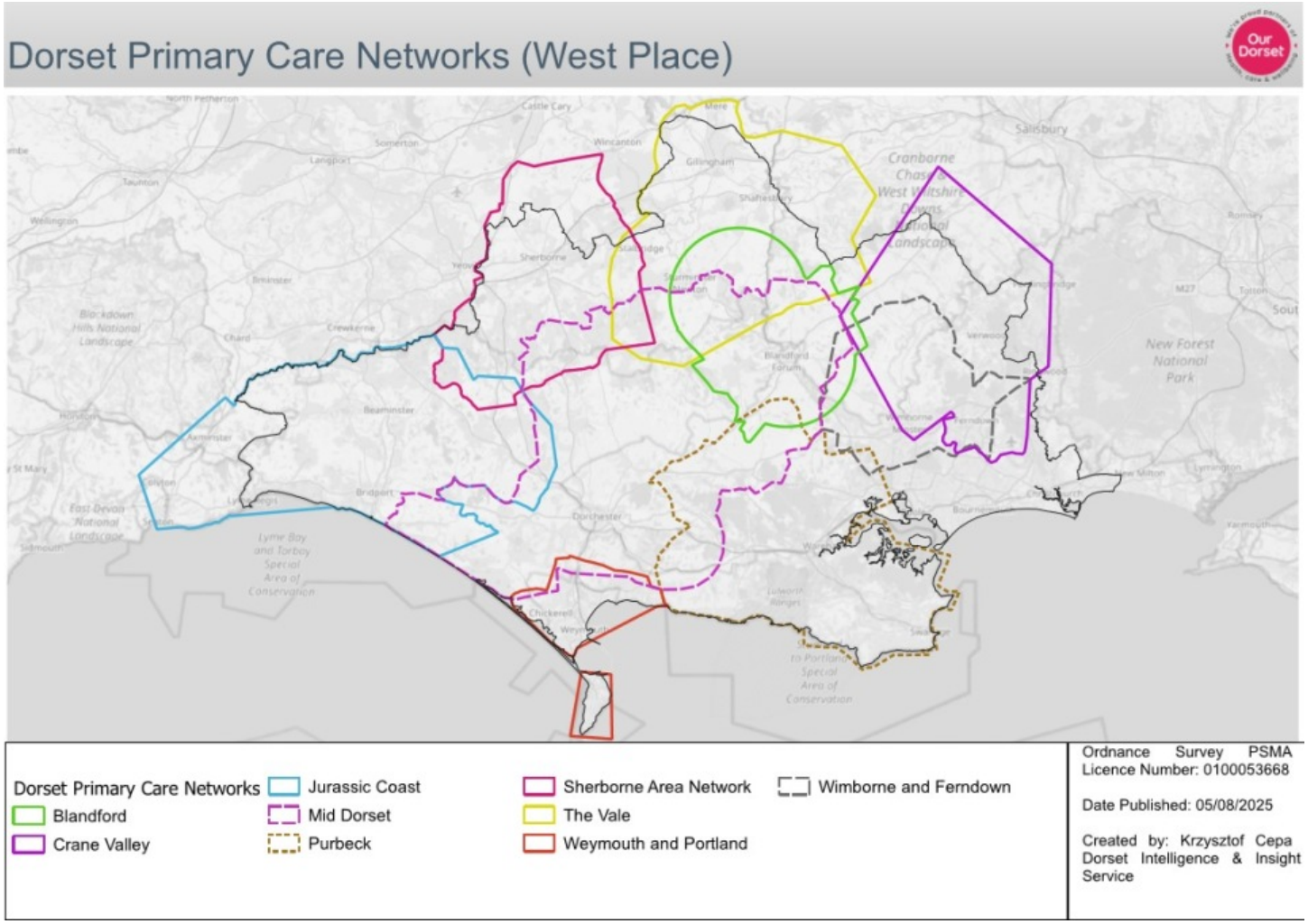
12.1 The proposed Neighbourhood footprints are intended to support equitable access to integrated health and care services and strengthen the system's ability to address health inequalities. Future development of neighbourhood arrangements will continue to consider the needs of protected groups, deprived communities, rural populations and underserved groups. An Equality Impact Assessment will be undertaken where required for any subsequent service changes arising from implementation.

13. Appendices

1. Recommended Neighbourhood footprints aligned to PCNs

2. Dorset Council Community Clusters

Appendix 1. Dorset Primary Care Networks



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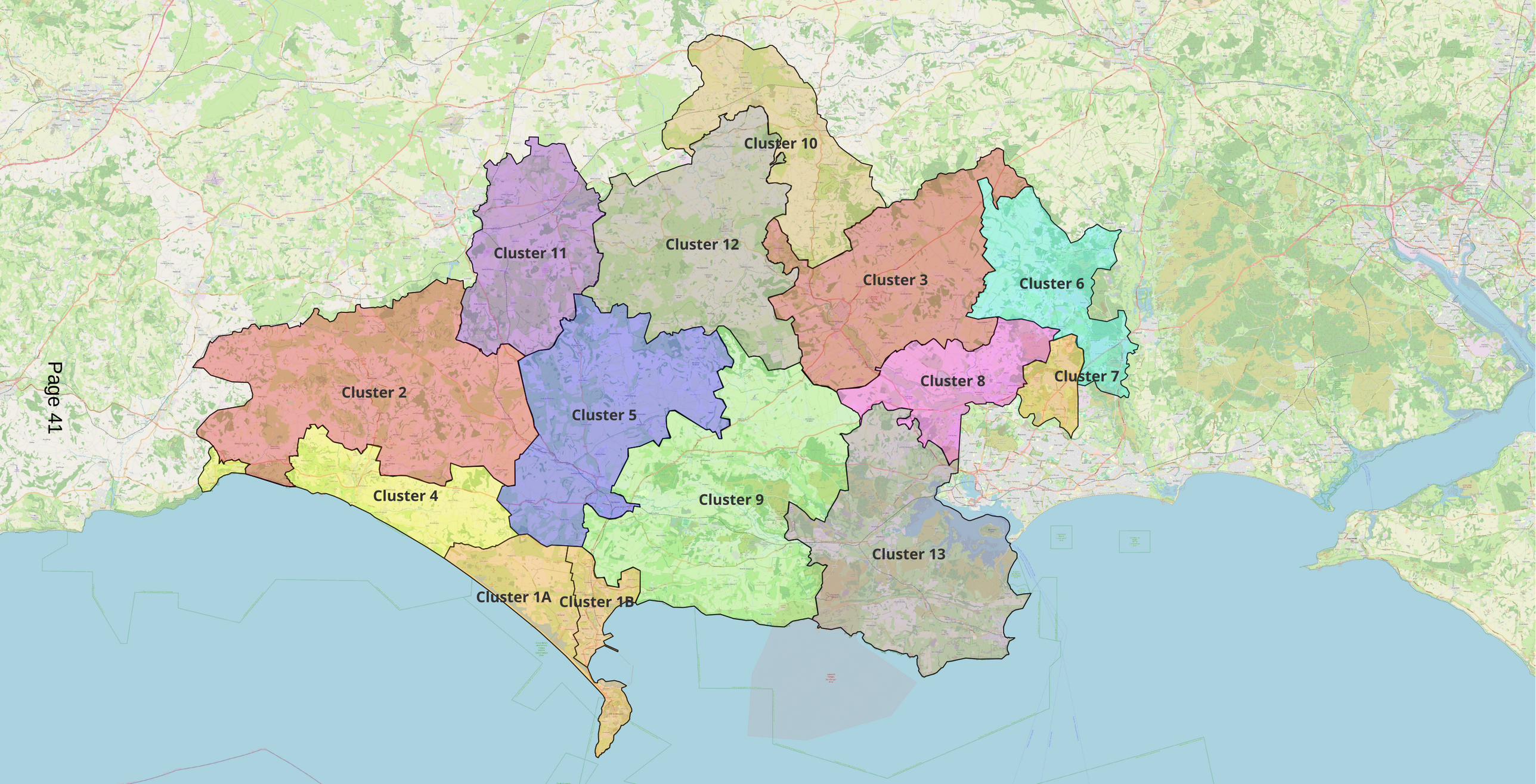
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