

Dorset Health and Wellbeing Board

21 June 2023

Thriving Communities

For Decision

Portfolio Holder: Cllr Jane Somper, Adult Social Care, Health and Housing
Lead Member: Cllr Cherry Brookes

Local Councillor(s): All

Executive Director: S Crowe, Director of Public Health

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Report Status: Public

Brief Summary:

The paper sets out a brief proposal to establish a project supporting place-based working in the Dorset Council area. The aim is to develop a plan to grow community support and capacity through the community and voluntary sector, to support people to remain living well and independently.

This is likely to involve different elements, including proposals for seed funding and/or investments that are likely to increase the capacity of the VCS sector to meet gaps identified in initial stages of the project.

In 2022 Public Health Dorset agreed through the Joint Public Health Board to use 21/22 underspend to support place-based partnership working in each council area. This proposal would see the Dorset Council share which amounts to £309k invested in growing the VCS infrastructure to support this way of working.

Delivering this programme of work will contribute to the following priority areas:

- Thriving Communities - Integrated Care Partnership Strategy

- Prevention and early help - Integrated Care Partnership Strategy
- Creating stronger, healthier communities -Dorset council delivery plan
- Ensuring more older people live well and independently – NHS Joint Forward Plan.

Recommendation:

To approve the use of the £309K in support of this programme of work; and to agree for the Health and Wellbeing Board to oversee progress and to provide leadership and advocate for the success of the programme in the Dorset Council area.

Reason for Recommendation:

Investing in the infrastructure to support the voluntary and community sector to increase their capacity to focus support for people to stay well, living in their own homes should reduce health and care utilisation, as well as improve healthy life expectancy and wellbeing. It is a key priority in the Integrated Care Partnership Strategy, Working Better Together.

1. Background

- 1.1. Dorset's Council's population is growing older, in fact we have the fastest ageing population in the UK supported by better than normal life expectancies across most of our residents. Our commissioning strategies recognise the need to develop new community services and support across our coastal, rural and town landscape, and recognise the value of our ageing population in delivering high quality care and support services.
- 1.2. All too often, our health and care system 'reacts' to provide care and support following a sudden change in people's health. We want to change this, and provide more support for people to stay well, living in their homes, at an early stage. This challenge is at the heart of how we are working differently as an integrated care system to provide the right care and support, at the right time, and in the right place.
- 1.3. Earlier this year, the Integrated Care Partnership in Dorset agreed its first strategy for the integrated care system. The strategy set priorities around increasing access to prevention and early help support, supporting thriving communities, and working better together. Dorset Council is a key partner in delivering these strategy ambitions, working in partnership with the NHS, as well as residents and communities.

- 1.4. Within the integrated care system, there are two 'place-based partnerships' emerging. These are forming around the geographical footprints of Dorset Council, and BCP Council. The ambition is for the work of the partnerships to be overseen and steered by the Health and Wellbeing Boards of each Council. One of the proposed pieces of work in the first year of the Dorset place-based partnership is a focus on resident and community engagement, with a view to developing thriving communities.
- 1.5. It is important to recognise that this work builds on other programmes in Dorset, including the Altogether Better work on developing practice champions, with primary care networks (2018-2021) and Building Health Partnerships – a national development programme in which Dorset CCG participated in 2020-22.
- 1.6. This short briefing sets out the frame of a project to support the Dorset place-based partnership by better understand the strengths of the voluntary sector in supporting people with a healthy ageing approach. The work should inform how to strengthen the infrastructure in the VCSE sector, the scale up best practice identified and a plan to address any gaps identified.

2. Phases of the project and timescales

- 2.1. A high-level timeline for the project is set out below:
 - Project initiation – by end of June 2023
 - Project engagement - July to October 2023
 - Project plan – completed by end Dec 2023
 - Project implementation – by end of March 2024
 - Project transition – by end of March 2024.
- 2.2. For **project initiation**, the Cabinet Member for Adults Care Services, Health and Housing Cllr Jane Somper will be an important sponsor of this work, working closely with the Lead Member, Cllr Cherry Brooks to shape the initial project initiation alongside the senior management team for Adults and Public health.
- 2.3. The project will need to be further shaped and adapted based on feedback from initial discussions with Cabinet member and Lead Member, along with senior officers at Dorset Council and NHS Dorset.
- 2.4. Consideration will also need to be given to GP engagement and engagement with the ICB.

- 2.5. **Project engagement** will involve engagement with the VCS at a PCN (Primary Care Network) level working with Council locality team. It should include libraries and other council services, as well as Town and Parish Councils.
- 2.6. The mapping of existing support available to keep older people living independently across Dorset, including rural areas should include a baseline assessment of funding already going into the VCS sector.
- 2.7. This will identify gaps, challenges and needs arising from the mapping work, and through other sources of evidence including qualitative and quantitative information.
- 2.8. Using the information from the first two stages develop a **project plan** that sets out a programme of investment, through the place-based partnership for Dorset, to improve the infrastructure and capacity of voluntary sector organisations to provide support to keep older people living independently across Dorset, including its rural areas.
- 2.9. This is likely to involve several distinct stages, including:
 - (a) development of proposals for seed funding and/or investments that are likely to increase the capacity of the VCS sector to provide early help, in line with identified needs as set out in stage 2.
 - (b) Report and evaluation back to the Health and Wellbeing Board

3. Financial Implications

- 3.1. The Joint Public Health Board agreed to invest part of the shared service underspend from 2021/22 into place-based working. The shared service is funded by contributions from both BCP and Dorset councils' public health ring-fenced grant. The same conditions apply to any underspend held in reserves as apply to the original grant.
- 3.2. For the Dorset place-based partnership the share of these funds will be £309k. The aim is to support a focused programme of work in line with health and wellbeing priorities.

4. Natural Environment, Climate & Ecology Implications

- 4.1. Supporting people to stay well and live independently by building strong community networks of support close to their homes should reduce travel and healthcare utilisation - both of which have a carbon cost associated with them.

5. Well-being and Health Implications

- 5.1. Working with people to understand what keeps them well and healthy, and building capacity in the voluntary and community sector to offer support around these needs, should improve healthy life expectancy – keeping people living for longer in good health. Working in this way to develop person centred approaches should also have benefits for people’s personal sense of wellbeing.

6. Other Implications

- 6.1. Capacity needs to be identified to support this programme and will be addressed as part of the first phase.

7. Risk Assessment

- 7.1. **HAVING CONSIDERED:** the risks associated with this decision; the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

8. Equalities Impact Assessment

- 8.1. Any plan that is developed as a result of this programme of work will be subject to equalities impact assessment to ensure that people with protected characteristics are not disadvantaged from the proposal. In addition, information on reasonable adjustments that might need to be made for particular groups will be considered.

9. Appendices

None

10. Background Papers

[Integrated Care Partnership Strategy – Our Dorset](#)