

HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 26 JUNE 2024

Present: Cllr Steve Robinson, Sam Crowe, Margaret Guy, Theresa Leavy, Jonathan Price and Simon Wraw

Present remotely: Cllr Clare Sutton, Cllr Gill Taylor, Stewart Dipple, Patricia Miller and Simone Yule

Apologies: Jan Britton, Anna Eastgate and Marc House

Also present: Cllr Nick Ireland, Cllr Carole Jones, Cllr David Northam and Paul Johnson

Also present remotely: Cllr Sally Holland, Cllr Jane Somper and Cllr David Taylor

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

Rachel Partridge (Assistant Director of Public Health), George Dare (Senior Democratic Services Officer), Mark Tyson (Corporate Director for Adult Commissioning & Improvement), Tony McDougal (Communications Business Partner - Adults and Housing), Liz Curtis-Jones (Principal Lead for Best Start in Life), Sarah Crabb (Social Mobility Commissioner), Sarah Sewell (Head of Service - Commissioning for Older People, Prevention and Market Access), Elaine Tibble (Senior Democratic Services Officer), Luna Hill (Deputy Head of Place, NHS Dorset) and Dave Thorp (Thriving Communities Partnership Manager)

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

Amanda Davis (Corporate Director for Education and Learning), Julia Ingram (Corporate Director for Adult Social Care Operations), Alice Deacon (Corporate Director for Commissioning and Partnerships), Kirstie Smith (Senior Communications Officer) and Gary Messenger (Head of Housing)

1. **Apologies**

Apologies for absence were received from Jan Britton, Anna Eastgate, and Marc House.

2. **Election of Chair**

Proposed by Cllr Steve Robinson, seconded by Patricia Miller.

Decision:

That Cllr Steve Robinson be elected as Health and Wellbeing Board Chair for the year 2024-25.

3. **Election of Vice-Chair**

Proposed by Cllr Steve Robinson, seconded by Cllr Clare Sutton.

Decision:

That Patricia Miller be elected as Health and Wellbeing Board Vice-Chair for the year 2014-25.

4. **Minutes**

Proposed by Sam Crowe, seconded by Jonathan Price.

Decision:

The minutes of the meeting held on 20 March 2024 be confirmed and signed.

5. **Declarations of Interest**

No declarations of 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. **Better Care Fund 2023-2025: End of Year Plan for 2023/24 and 2024/25 Planning Template**

The Corporate Director for Adult Commissioning and Improvement and the Head of Service for Older People, Home First and Market Access introduced the report and outlined the key points in a presentation. The recommendation was to retrospectively approve the End of Year Plan for 2023/24 and the 2024/25 Planning Template.

Members discussed the Better Care Fund and made the following comments:

- There needed to be better governance of the sign-off process, so the board did not have to retrospectively approve Better Care Fund templates.
- The Better Care Fund templates needed improved scrutiny before they were submitted.

- Overview and Scrutiny could have involvement in the Better Care Fund; however, outcomes would need to be fed back to the Health and Wellbeing Board.
- The Better Care Fund could be a vehicle for change however it was limited to what was included in the NHS and Local Authority agreement. There was scope to add more to the agreement, such as including the ICP Strategy.
- There would be an informal meeting to discuss delivery of strategies through the Integrated Care Board, Integrated Care Partnership, and Health and Wellbeing Board.

Proposed by Patricia Miller, seconded by Sam Crowe

Decision:

That the Better Care Fund 2023-2025: End of Year Plan for 2023/24 and 2024/25 Planning Template be retrospectively approved.

10. **Pharmaceutical Needs Assessment**

The Director of Public Health introduced the item. He explained the role of the Pharmaceutical Needs Assessment (PNA) and the proposal to develop the PNA with BCP Council's Health and Wellbeing Board. Supplementary updates to the PNA were made if there were changes in pharmacy provision.

Members discussed the report and the following areas:

- The return of medication to pharmacies when it was no longer needed, and the collection of unwanted and unused medications for disposal.
- Consideration of how pharmacy provision has changed since the last PNA, including what constitutes a gap in service and what this could mean for physical accessibility, such as moving away from a 20-minute drive time.
- NHS Dorset was now the commissioner of pharmacy services. The PNA would be crucial for commissioning pharmacy services in the future.
- Concerns with the safety and quality of online pharmacies.
- In relation to pharmacies on Portland, NHS Dorset was in discussions with a pharmacy provider about whether they would be viable for the community.
- The need for a pharmacist to be available when a place is open, so the place is able to dispense medications during all their opening times.
- The need to think creatively about access, family hubs was given as an example.

Proposed by Jonathan Price, seconded by Cllr G Taylor.

Decision:

That:

- (a) The start of the 2025 PNA development process be noted.
- (b) A single PNA across the Dorset system be developed.

(c) The provisional timeline set out under section 4.1 of the report be agreed.

11. **Thriving Communities**

The Deputy Director of Public Health and the Thriving Communities Partnership Manager introduced the report and gave a presentation, which is attached to these minutes. They covered the development of the Thriving Communities project, inclusion of the Voluntary, Community, and Social Enterprise (VCSE) sector, collaborative engagement, and the key issues from the project report.

Members discussed the report, and the following points were raised:

- There had been engagement with town and parish councils prior to the local elections in May.
- There should be more coordination of the VCSE through an assembly.
- An infrastructure strategy could develop a one public estate which would benefit the voluntary sector.
- NHS Providers have a young volunteers programme.
- Local Alliance Groups were good examples for working with community groups.
- It needed to be simpler for the VCSE to be able to show their value.
- It would be difficult to agree long-term funding, because the NHS was not funded in this way. However, thought could be given to joint commissioning and taking risks.

There was a request for this report to be presented to the Integrated Care Board.

Proposed by Jonathan Price, seconded by Sam Crowe.

Decision:

That:

- (a) The development of a project delivery and transition plan for Option 3: developing a VCS led Thriving Community Network model be recommended.
- (b) That Cllr Steve Robinson be nominated as the Health and Wellbeing Board member sponsor to oversee the next phase of the project.

12. **Improving Social Mobility in Dorset**

The Social Mobility Commissioner introduced the report and outlined data for social mobility in Dorset. The South Dorset Constituency was one of the worst constituencies for social mobility, and the most deprived areas of Dorset were located here. The recommendations were outlined.

Board members discussed the report and made the following points:

- This report connected to Thriving Communities work, however there needed to be more links to the work of the Integrated Care System.
- Social mobility started with children, however there was work that could also be done with adults.
- There were areas of rural Dorset which had causes of deprivation due to a lack of supermarkets and transport.
- The local population was not becoming healthier which affected growth.

The Board noted comments made by Cllr Northam. His comments included:

- The former Weymouth and Portland Borough Council was the 3rd worst area for social mobility.
- Children in the most deprived area of Weymouth needed to travel the furthest to school.
- The Local Enterprise Partnership focussed more on the BCP Council area than Dorset Council, so the council needed to work closer with the Chamber of Commerce.
- There should be a Cabinet Member lead and Executive Director who regularly report on social mobility work.

Proposed by Cllr C Sutton, seconded by Cllr S Robinson.

Decision:

That the following approach be recommended to Cabinet:

That a cross-directorate and multi-agency taskforce be established with the purpose of improving social mobility, reducing poverty, and ensuring cohesive responses across the Council and with wider partners

13. Safeguarding Families Together Evaluation

The Corporate Director for Quality Assurance and Safeguarding introduced the report and gave a presentation, which is attached to these minutes. She outlined the next steps and considerations for the Board. The Cabinet Member for Children's Services, Education, and Skills commented that the Safeguarding Families Together model has been successful in other local authorities as well as parts of Dorset.

Members discussed the report and made the following comments:

- It felt like the evaluation of the work done in Dorset was based upon implementation rather than the actual difference the model has made. The difference would need to be seen before deciding whether to roll out the model across the county.
- Public Health supported the model, however there was a risk to the funding from public health, due to Public Health Dorset separating.

- This report was taken to the Health and Wellbeing Board to ensure that all partners were aware of the proposal. It needed to be clearer about where the decision on the model would be made.
- There should be a broader conversation outside of the Board about place leadership in the Integrated Care System.

14. **Work Programme**

Board members noted the work programme. The work programme would have further development by the chair and vice-chair.

15. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 4.21 pm

Chairman

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