HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 19 NOVEMBER 2025

Present: Cllr Steve Robinson (Chair), Cllr Gill Taylor, Paula Bennetts, Sarah Howard, Rachel Partridge and Jonathan Price

Present remotely: Cllr Clare Sutton and Louise Bate

Apologies: Jan Britton, Sam Crowe, Paul Dempsey, Stewart Dipple, Margaret Guy, Marc House and Simone Yule

Also present: Sian Walker-McAllister (Independent Chair, Safeguarding Adults Board)

Also present remotely: Cllr Jane Somper and Supt. Claire Phillips

Officers present (for all or part of the meeting):
George Dare (Senior Democratic and Governance Officer), Jane Horne (Consultant in Public Health), Jen Furnell (Corporate Director for Education and Learning), Sam Poole (Interim Corporate Director for Commissioning & Improvement) and Sarah Sewell (Head of Service - Commissioning for Older People and Home First)

Officers present remotely (for all or part of the meeting):
Dylan Champion (FutureCare Programme Director) and Fiona Arnold (Community Pharmacy Lead, NHS Dorset)

28. Appointment of Vice-Chair

Sarah Howard, the representative for NHS Dorset, was nominated for Vice-Chair by Cllr Steve Robinson and seconded by Rachel Partridge.

There were no other nominations for Vice-Chair.

Decision:
That Sarah Howard be appointed Vice-Chair of the Health and Wellbeing Board for the remainder of the year 2025/26.

29. Minutes

The minutes of the meeting held on 24 September 2025 were confirmed and signed.

30. Declarations of Interest

No declarations of disclosable interests were made at the meeting.

31. **Public Participation**

There was no public participation.

32. **Councillor Questions**

There were no questions from councillors.

33. **Urgent items**

The there were no urgent items.

34. **Work Programme**

A member asked whether the board could consider what items from Children's Services could be brought to the board, and suggested children's mental health as a topic.

The Board noted its work programme.

35. **FutureCare Programme Update**

The Head of Commissioning for Older People and Home First and FutureCare Workstream Lead outlined the FutureCare Programme Update and Mid-Programme Review. The Board received a presentation which is attached to these minutes. The programme had achieved substantial operational benefits across the health system, including a 30% reduction in care home placements after a stay in Bed-Based Intermediate Care, 55 more people being seen each week for Same Day Emergency Care, and improvements to the quality-of-care people received. Areas identified for improvement included hospital discharge delays, embedding new Transfer of Care Hubs, and capacity challenges in Home-Based Intermediate Care. Case studies showing the benefits of FutureCare were presented to the board.

Board members discussed the update and mid-programme review and asked questions of officers. The following points were raised:

- As prevention of hospital admission and the discharge of hospital patients improves, the next step of the improvement journey would be to deliver integration of care into the community.
- Virtual wards were not a specific workstream of FutureCare, however they were able to help prevent hospital admission and an option for Transfer of

Care Hubs to consider when considering hospital discharge options for patients.

- The Neighbourhood Health Programme would help to improve the amount of care delivered in the community sector to reduce hospital pressures.
- The delivery of FutureCare would need to be sustained to ensure the operational benefits were fully achieved.
- Housing remained a challenge for some people being discharged from hospital. The Transfer of Care hubs were trying to work with housing earlier in the process to enable a more timely discharge from hospital.

The Board recognised the progress that the programme continued to make in respect of improved outcomes but also recognised that mor work was required to further reduce the average length of stay for people in hospital.

36. **Better Care Fund 2025-26 Q2 Reporting Template**

The Head of Commissioning for Older People and Home First introduced the Better Care Fund 2025-26 Q2 Reporting Template for endorsement by the Board. She outlined the key headlines from the report, including performance against the metrics.

There were no questions from board members.

Proposed by Jonathan Price, seconded by Sarah Howard

Decision:
That the Better Care Fund Reporting Template for 2025/25 Quarter 2, approved under delegated authority, be endorsed.

37. **Dorset Safeguarding Adults Board Annual Report**

The Independent Chair of the Dorset Safeguarding Adults Board introduced the Board's annual report and detailed the key areas of the report. Although the Dorset and Bournemouth, Christchurch and Poole Safeguarding Adults Board's operated jointly, there were arrangements to enable them to operate separately to address place-based issues when needed. In addition to the report to the Health & Wellbeing Board, the report had been presented to Healthwatch and scrutinised by the People & Health Scrutiny Committee. The Independent Chair commended the partners that have worked with the Board, in particular the Prisons and Probation Service due to its work in improving safeguarding in Dorset prisons. There had been no statutory Safeguarding Adults Reviews over the annual reporting period, but the Independent Chair expected reviews to be published in the next annual report.

The Chair of the Health & Wellbeing Board was impressed by the quality of the safeguarding arrangements. There needed to be more challenge around how safeguarding could be made everyone's business. The Independent Chair

explained this could be achieve through communication and making it simple for people to understand. She was assured that Dorset Council applies contextual safeguarding.

In response to question about the differences in safeguarding between rural and urban communities, the Independent Chair explained that rural isolation needed to be considered and that commissioners needed to ensure they understand issues caused by rurality and opportunities for prevention in communities.

The Independent Chair had seen improved planning for children transitioning into adulthood, due to the work of the new Birth to Settled Adulthood Service.

The Health and Wellbeing Board noted the Safeguarding Adults Board Annual Report for 2024/25.

38. **Community Pharmacy Update**

The Community Pharmacy Lead, NHS Dorset, presented a report to the Board on community pharmacies. They key areas of the report were outlined, which included: workforce capacity and training schemes for new community pharmacists; career development for pharmacists; temporary closures of pharmacies and following procedures for temporary closures; and the local community pharmacy assurance group, which discussed local issues with community pharmacies.

Board members discussed the community pharmacy update, and the following topics were raised:

- It was not always easy to access pharmacies in rural areas and access could be made harder for rural communities when a pharmacy closes.
- Pharmacy closures were a national issue which needed to be addressed. Locally, the council could act quickly through issuing a supplementary statement to the Pharmaceutical Needs Assessment following a pharmacy closure, which would enable another pharmacy to go into this space.
- The current model for the Pharmaceutical Needs Assessment controlled pharmacies' entry into the market, rather than considering the quality of access to pharmacies.
- Some services provided by pharmacies were required to be conducted face-to-face whereas some dispensing of medication was able to be done online and delivered.
- Healthwatch examined online pharmacies and was pleased by their use. NHS Dorset has done communications about using online pharmacies in areas where there have been challenges accessing community pharmacies.
- Dorset did not have a place for professional training of pharmacists. If there were plans to explore professional training options, then the NHS should link with Dorset Council to work on this.

39. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.00 - 3.35 pm

Chairman

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