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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