

# Dorset Health and Wellbeing Board

Minutes of the meeting held at Dorchester Fire Station, Peverell Avenue West, Poundbury, Dorchester DT1 3SU on Wednesday, 28 March 2018

## **Present:**

Rebecca Knox (Chairman)  
Forbes Watson (Vice-Chairman)

## Members Attending

Ben Ansell (Chief Fire Officer, Dorset and Wiltshire Fire Authority), Steve Butler (Elected Borough/District Councillor (East Dorset)), Helen Coombes (Transformation Programme Lead for Adult and Community Forward Together Programme, Dorset County Council), Graham Duggan (Weymouth & Portland Borough Council and West Dorset District Council), Tim Goodson (Clinical Commissioning Group), Margaret Guy (Healthwatch), Mike Harries (Corporate Director, Dorset County Council), Jill Haynes (Elected County Councillor), Helen Horsley (Voluntary Sector), James Jackson (Locality Executive Teams), David Phillips (Director of Public Health, Bournemouth, Dorset and Poole), Debbie Simpson (Dorset Police) and Simone Yule (Locality Executive Teams).

## Reserve Members Attending

Andrew Kerby, Elected Borough/District Councillor (North Dorset) (Reserve)  
Timothy Yarker, Elected District/Borough Councillor (West Dorset) (Reserve)

## Officers Attending:

Barry Crook (Independent Chairman, Dorset Safeguarding Adults Board), Jane Horne (Consultant in Public Health, Public Health Dorset), Steve Mackenzie (Chief Executive), Rachel Partridge (Assistant Director of Public Health), Sally Sandcraft (Acting Director of Primary and Community Care, Dorset Clinical Commissioning Group) and Helen Whitby (Senior Democratic Services Officer).

(Notes: (1) These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Dorset Health and Wellbeing Board to be held on **Wednesday, 27 June 2018**.

(2) Board agendas and reports are available via  
<https://www.dorsetforyou.com/countycommittees>)

## **Farewell and Good Luck**

40 The Chairman explained that it was Debbie Simpson's last meeting before her retirement and thanked for her valuable contribution to the Board's work. The Chairman added that the Board was fortunate to have representatives from both the Police and Fire Service among its membership and she had asked the Home Office to consider making Police and Fire representation on all Health and Wellbeing Boards mandatory. Members wished Mrs Simpson well for the future.

## **Apologies for Absence**

41 Apologies for absence were received from Ben Chennell, David Haines, Rebecca Kirk and Nick Jarman. Dr James Jackson and Graham Duggan attended as reserve members for David Haines and Rebecca Kirk respectively.

## **Code of Conduct**

42 There were no declarations by members of disclosable pecuniary interests under the Code of Conduct.

**Minutes**

43 The minutes of the meeting held on 8 November 2017 were confirmed and signed.

**Public Participation**44 Public Speaking

There were no public questions received at the meeting in accordance with Standing Order 21(1).

There were no public questions received at the meeting in accordance with Standing Order 21(2).

Petitions

There were no petitions received at the meeting in accordance with the County Council's Petition Scheme.

**Quarter 3 reporting Better Care Fund**

45 The Board considered a joint report by the Acting Director of Primary and Community Care, NHS Dorset Clinical Commissioning Group (DCCG), and the Strategic Commissioning Manager, Dorset County Council, which reported on the delivery of Better Care Fund (BCF) performance from October to November 2017 (Quarter 3). In response to the request made at the last meeting, the Board received a presentation which gave examples of how the BCF was making a difference to people's lives.

The County Council and the Dorset Clinical Commissioning Group (DCCG) were jointly responsible for the delivery of the BCF, a total fund of £135m. Performance was reported nationally and to the Board on a quarterly basis. Officers were confident that BCF targets for the year would be met.

The presentation showed how the Disabled Facilities Grant (DFG) could support more people to live at home safely whilst reducing delayed discharges from hospital; how multi-disciplinary front line teams were working holistically to identify those leaving hospital with complex needs and how support was co-ordinated for them and best use of the available workforce made; support for carers; work to bring people with complex needs back into community living; and work being undertaken to address accommodation needs through use of temporary modular housing whilst long term housing was developed.

As to what would happen if a District Council ran out of DFG and whether it would be possible to transfer funding from another area in surplus, it was explained that funding would be retained within the system and address demand across the Dorset area. The Chief Executive of Purbeck District Council added that in the past there had been barely enough DFG to meet demand. He was pleased that additional funding meant that most district councils had enough money to meet demand, with any surplus being used for preventative care.

The future would see health and social care teams formally working together to break down barriers and maximise potential capacity so that responses could be tailored to the population's needs, not just the elderly, and to increase technology to promote independence at home. The Quarter 4 report would include an action plan for the following year and would also include information about next steps.

**Resolved**

That the Quarter 4 report would be considered at the meeting on 27 June 2018 and would include an action plan for the following year and information about next steps.

- 46 The Board received the Dorset Safeguarding Adults Board (DSAB) Annual Report for 2016-2017. Unfortunately, the covering report had been omitted from the agenda in error. This would be sent to members following the meeting.

The report explained how the DSAB carried out its responsibilities to prevent abuse and neglect of adults at risk during 2016-17. Examples of how the Board had added value were given - policy and procedures were regularly updated, the public's awareness of safeguarding was being raised, new guidance about self-neglect and hoarding had been produced, assurance provided about delivery of effective safeguarding, a continuing focus on quality of provision in residential and domiciliary care and improved linkages to other boards and partnerships responsible for children and community safety.

Attention was drawn to the two conferences recently held with the Dorset Safeguarding Children's Board to develop family work, the risk register maintained to identify and mitigate current and potential risks, the effect of local government and health reorganisation on the Board's leadership, the lack of quality care at affordable rates, failure of organisations to embed changes in practice following Safeguarding Adult Reviews and Domestic Homicide Reviews, and improving links with voluntary sector organisations. All of these would be reflected in the Board's new strategic plan.

Greater discussion outside of the meeting about aligning the DSAB and the Dorset Health and Wellbeing Boards' (DHWB) work was welcomed and in particular how the DHWB could support safeguarding work with vulnerable adults.

The Chairman highlighted the need for the DSAB, the DHWB and the Community Safety Partnership to have close links, align work and reduce the likelihood of duplication of effort. Local Government Reform would provide a good opportunity to streamline and focus work.

Members noted that the impact of Local Government Reform had been recognised and extra capacity was being provided during the change period. The DSAB had a specific remit which meant there should be no duplication, and recent data improvement meant it was now clear where attention should be focused. Progress was being made and Dorset was in a good position to build on the work undertaken.

With regard to concerns expressed at the DSAB about care homes, their leadership and availability of resources, which could lead to cases of neglect, members noted that the County Council and the Dorset Clinical Commissioning Group had aligned budgets to jointly commission domiciliary, nursing and residential care. The issues of leadership and key worker housing needed to be addressed and steps towards sustainability were being made.

The need for key learning points arising from reviews to be addressed by all agencies was highlighted.

The DHWB would be consulted on the DSAB's new strategic plan when it was available.

### **Resolved**

That the Dorset Safeguarding Adults Board's focus of work on effective prevention, effective safeguarding, effective learning and effective governance be supported.

### **Pharmaceutical needs Assessment**

- 47 The Board considered a report by the Consultant in Public Health, Public Health Dorset, on the draft Pharmaceutical Needs Assessment (PNA), which the Board was

required to publish every three years. The new PNA now covered both the Dorset and Bournemouth and Poole Health and Wellbeing Board areas.

Consultation in line with statutory requirements had been undertaken. The new PNA took into account pharmacy closures since 2015 and there had been a further closure since the consultation had been carried out. The Board was asked to note the outcomes of the consultation, the further closures and approve the new PNA for publication.

With regard to the most recent pharmacy closure, it was explained that this related to a large, national provider closing smaller branches, and did not give cause for concern.

Attention was drawn to the new care models which supported "100 hour" pharmacies, yet the majority of them were still closed for Easter. The Consultant in Public Health would discuss this with colleagues in NHS England, although the public were signposted to pharmacies which were open. Another member highlighted that although GPs were now seeing patients and prescribing medication for extended hours, this was not always reflected in nearby pharmacy opening hours so patients were unable to get the prescriptions filled this was counter-productive.

### **Resolved**

1. That the outcome of the consultation be noted.
2. That the further closure of a pharmacy and implications for the new Pharmaceutical Needs Assessment be noted.
3. That the preferred option to publish the new Pharmaceutical Needs Assessment be approved.

### **Purbeck Strategic Board**

48 The Board considered a report on the Purbeck Strategy Board (PSB) which had been set up to be responsible for delivering the shared objectives of the Purbeck Memorandum of Understanding, providing strategic direction, leadership and oversight to the Purbeck Operational Delivery Group.

Following the signing of the Memorandum of Understanding, the PSB had been established. There had been some discussion about its governance arrangements at its first meeting and the most appropriate mechanism for its oversight. The Dorset Health and Wellbeing Board (DHWB) was asked to agree to the PSB reporting to it on matters relating to all development projects in Purbeck.

Members noted that the PSB had some opportunities at present which would be lost if not acted upon, including the possibility of County Council owned land being used for a care village development and provision of temporary key worker accommodation.

The Board discussed governance arrangements for the PSB and the following points were made:-

- the PSB should continue to liaise with the Locality Group and items could be referred to the DHWB via this Group.
- the Memorandum of Understanding had been signed by organisations which would not exist in a year's time, although there was no reason to believe the commitment would be less in future.
- little information was provided on which the DHWB could assess whether the governance arrangements were working.
- the terms of reference were wide and included financial issues and it would be difficult for the DHWB to oversee the PSB's governance.
- giving the PSB visibility and encouraging similar mechanisms being set up was seen as positive.

- the DHWB would provide support where it could.
- the DHWB should not become part of the governance structure for other boards.
- that there should be consistency and uniformity of offers in localities.
- the need to ensure there was no duplication of effort.
- the PSB was broader than health, social care and the neighbourhood plan and it was important for the emergency services to be involved.
- other districts might want to introduce similar bodies.
- although the concept of the PSB was supported, quarterly reporting would reduce the DHWB's time for consideration of other items.
- areas boards might be introduced as part of Local Government Reform and these would need to take account of any existing locality arrangements, who currently reported to the DHWB.
- that the future direction of the DHWB needed to be considered in the light of Local Government Reform.

### **Resolved**

That the Dorset Health and Wellbeing Board did not agree to oversight of the Purbeck Strategic Board being within its remit and the above minute be provided in response to the Purbeck Strategy Board's request to report to the Dorset Health and Wellbeing Board on matters relating to all development projects in Purbeck.

### **Director of Public Health's Annual Report**

49 The Board considered the Director of Public Health Dorset's Annual Report for 2017. There was a statutory requirement for an annual report to be produced.

The report highlighted three areas traditionally described as having 'poor health outcomes' i.e. (Bournemouth East, Poole Bay and Weymouth and Portland) and illustrated how through local collective efforts across several agencies and driven by the local population and their representatives significant and meaningful improvements had been made.

Members commented that the results illustrated collaboration at its best

### **Noted**

### **Sustainability Transformation Plan with a focus on Prevention at Scale and follow up from the Ageing Well Thematic Session**

50 The Board considered a report by the Consultant in Public Health, Public Health Dorset, which provided an update on the Sustainability Transformation Plan (STP) with a focus on Prevention at Scale and an update on the Ageing Well Thematic Session at the last meeting.

Members noted that the Dorset Care Record had gone live and proved valuable in the recent bad weather, that a single operational plan had been drafted to support the integrated approach, that the National Diabetes Prevention Programme in Dorset was being implemented, Altogether Better were talking to GP practices about building collaborative practice alongside traditional services, the post of club manager had been advertised in connection with the active ageing project, the living well platform was to launch the following week, and the positive impact that the whole school approach to health and wellbeing was having on children.

A member highlighted that the STP was flexible and would change to reflect any future outcomes identified.

### **Resolved**

1. That the update on the Sustainability and Transformation Plan and highlighted progress on prevention at scale be noted.

2. That the ongoing work within the Board and back in their respective organisations and communities be supported.

### **Forward Work Plan**

51 The Board considered its work programme.

Although the Board would continue after the forthcoming changes to local government, consideration needed to be given to how it would work in future and remain fit for purpose.

### **Resolved**

That consideration be given to how the Board would work in future and remain fit for purpose

Meeting Duration: 2.00pm - 3.35pm

### **Informal Session on Healthy Places**

52 The objectives of the session were to:

- Increase Health & Wellbeing Board Members' awareness of the developing Prevention at Scale programme and implications for Dorset.
- Focus on the Healthy Places workstream. It gave the opportunity to showcase challenges, evidence and case studies where delivering approaches to scale could make most impact.
- To allow Board Members and system leaders to identify where they could most usefully add value to the proposals, particularly joint working with partners.

There were breakout discussions around four stations highlighting examples of approaches already being deployed locally, and the potential for prevention at scale with time for questions and answers. The four stations were:

Spatial planning for health and wellbeing	Caoimhe O'Sullivan, Public Health Dorset Di McLaughlin, Dorset CCG Andrew Galpin, Dorset Councils Partnership	Link to presentation
Increasing access to green space	Rupert Lloyd, Public Health Dorset Keith Harrison, Dorset CCG Jackie O'Connor, Christchurch and East Dorset Councils Maria Clarke, Dorset Local Nature Partnership	Link to presentation
Enabling active travel	Matthew Piles, Dorset County Council Wayne Sayers	Link to presentation
Examples of work to improve homes in Dorset	Jon Bird, Dorset County Council Ian Preston, Centre for Sustainable Energy Sarah Moore, Dorset and Wiltshire Fire Service	Link to presentation

Key Messages of what had been learned or observed or what individually or collectively members could do to have an impact were as follows:-

- current planning for social housing and the need for affordability often meant the loss of outside space and no space for play areas, allotments and places where children could socialise.
- the need to know about good practice and use this at the Dorset Clinical Commissioning Group's (DCCG) health event in order to raise awareness.
- for home visits to include a brief discussion about the home and its "health".
- the difficulty of recording outcomes. The case studies demonstrated this and showed what a healthy place looked like and should be shared with communities. The DCCG was looking at patient activation measures which could be linked with healthy places.
- the possibility of turning good work into data and evidence to help promote pilots at system wide scale.
- the sharing of case studies to show what was going on, but this needed to be short and punchy.
- the possibility of adding to the international evidence base through key partners.
- the possibility of learning from each other's organisations and connecting with mental health and the NHS.
- it's good to walk and talk, not drive.

The formal papers to the Board included as part of the report at minute 50 the charter between Dorset Local Nature Partnership, Dorset Health and Wellbeing Board that committed to joint action on improving health and wellbeing through natural capital assets in Dorset. This was not discussed during the meeting and members agreed that views would be sought by email following the meeting and the decision confirmed at the next Board meeting.