

Notice of Health and Wellbeing Board

Date: Thursday, 18 March 2021 at 10.00 am

Venue: Virtual Meeting



Membership:

Chairman:

Cllr N Greene BCP Portfolio Holder

Vice-Chairman:

T Goodson	NHS Dorset Clinical Commissioning Group
Cllr K Rampton	BCP Portfolio Holder
Cllr M White	BCP Portfolio Holder
Cllr B Dove	BCP Lead Member
Graham Farrant	Chief Executive (BCP Council)
Jan Thurgood	Corporate Director, Adult Social Care (BCP Council)
Kate Ryan	Corporate Director, Environment and Community (BCP Council)
Elaine Redding	Corporate Director, (interim) Children's Services (BCP Council)
Sam Crowe	Director, Public Health (BCP Council)
D Fleming	University Hospitals Dorset NHS Foundation Trust
E Yafele	Dorset Healthcare Foundation
S Sandcraft	NHS Dorset Clinical Commissioning Group
Richard Jenkinson	NHS Dorset Clinical Commissioning Group
Mufeed Niman	NHS Dorset Clinical Commissioning Group
Simon Watkins	NHS Dorset Clinical Commissioning Group
Louise Bate	Healthwatch
Karen Loftus	Community Action Network - Bournemouth, Christchurch & Poole
Seth Why	Dorset and Wiltshire Fire and Rescue Service
James Vaughan	Dorset Police
Sian Thomas	Education Representative

All Members of the Health and Wellbeing Board are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to view the live stream of this meeting at the following link: <https://democracy.bcpccouncil.gov.uk/ieListDocuments.aspx?MId=4579>

If you would like any further information on the items to be considered at the meeting please contact: Democratic Services by email at democratic.services@bcpcouncil.gov.uk
Press enquiries should be directed to the Press Office: by email at press.office@bcpcouncil.gov.uk

This notice and all the papers mentioned within it are available at democracy.bcpccouncil.gov.uk

GRAHAM FARRANT
CHIEF EXECUTIVE

10 March 2021



Available online and
on the Mod.gov app

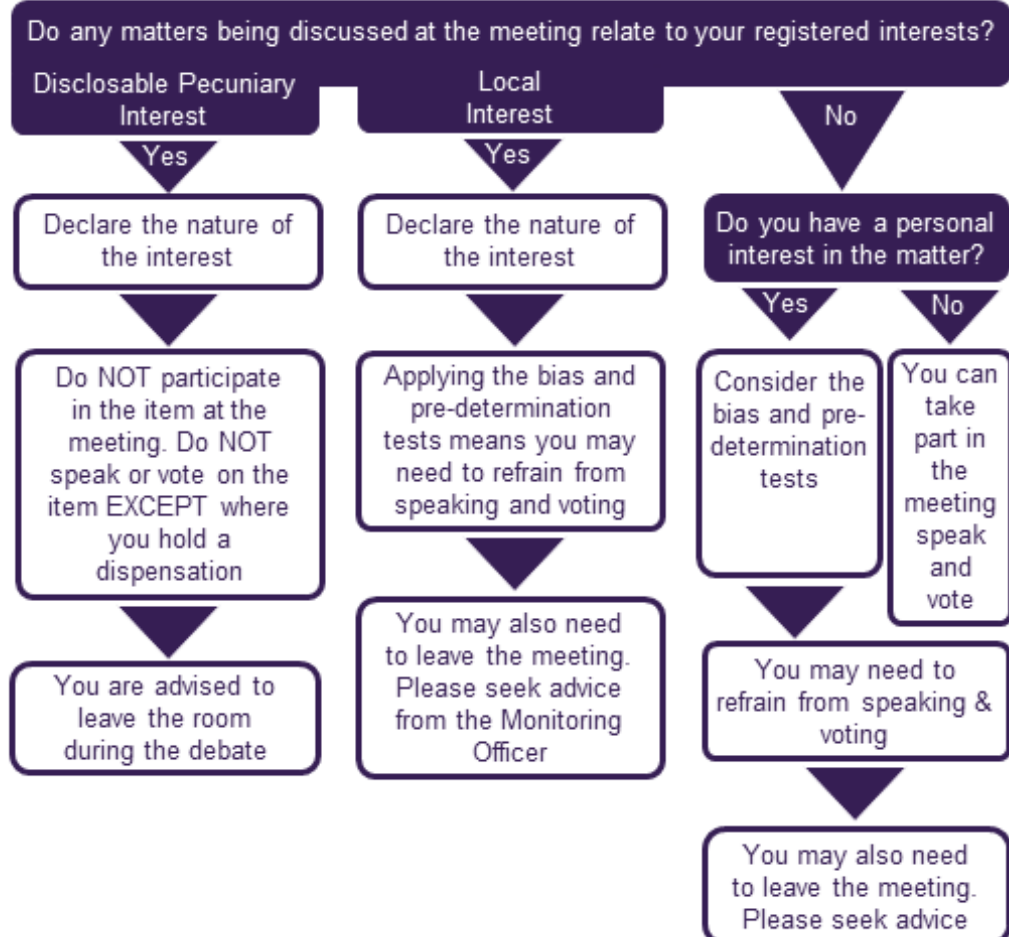


Maintaining and promoting high standards of conduct

Declaring interests at meetings

Familiarise yourself with the Councillor Code of Conduct which can be found in Part 6 of the Council's Constitution.

Before the meeting, read the agenda and reports to see if the matters to be discussed at the meeting concern your interests



What are the principles of bias and pre-determination and how do they affect my participation in the meeting?

Bias and predetermination are common law concepts. If they affect you, your participation in the meeting may call into question the decision arrived at on the item.

Bias Test

In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased?

Predetermination Test

At the time of making the decision, did the decision maker have a closed mind?

If a councillor appears to be biased or to have predetermined their decision, they must NOT participate in the meeting.

For more information or advice please contact the Monitoring Officer
(susan.zeiss@bcpcouncil.gov.uk)

Selflessness

Councillors should act solely in terms of the public interest

Integrity

Councillors must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships

Objectivity

Councillors must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias

Accountability

Councillors are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this

Openness

Councillors should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing

Honesty & Integrity

Councillors should act with honesty and integrity and should not place themselves in situations where their honesty and integrity may be questioned

Leadership

Councillors should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

AGENDA

Items to be considered while the meeting is open to the public

1. Apologies

To receive any apologies for absence from Board Members.

2. Substitute Members

To receive information on any changes in the membership of the Board.

3. Declarations of Interests

Board Members are requested to declare any interests on items included in this agenda. Please refer to the workflow on the preceding page for guidance.

Declarations received will be reported at the meeting.

4. Public Issues

To receive any public questions, statements or petitions submitted in accordance with the Constitution, which is available to view at the following link:

<https://democracy.bcpccouncil.gov.uk/ieListMeetings.aspx?CommitteeID=151&Info=1&bcr=1>

The deadline for the submission of a public question is 4 clear working days before the meeting.

The deadline for the submission of a public statement is midday the working day before the meeting.

The deadline for the submission of a petition is 10 working days before the meeting.

5. Confirmation of Minutes and action sheet

5 - 18

To confirm and sign as a correct record the minutes of the Meeting held on 3 December 2020.

The Board is also asked to consider the action sheet.

6. Eliminating Food Insecurity - Update from Access to Food partnership

19 - 46

This report provides an update on the work of the Access to Food Partnership, which helps to support residents experiencing food insecurity across Bournemouth, Christchurch and Poole. It shares the Partnership's vision, strategy and desired outcomes in order to seek advice and constructive feedback from the Health & Wellbeing Board. Whilst this issue existed pre Covid, the report highlights how the scale of the problem has been exacerbated due to the pandemic. The Partnership wishes to discuss how it can better engage and connect with the Board as part of the wider

systems approach and work on this priority theme.

7. Refresh of the Local Outbreak Management Plan

47 - 50

The Board will receive an update on the above.

8. Development Session 21 January 2021 - outcomes and action

51 - 88

The BCP Health and Wellbeing Board held a Development Session on 21 January 2021 which included the development of the following:

- (a) BCP Local Plan.
- (b) Housing Strategy.

A copy of the presentations given at the development session is attached at Appendix 1.

At the Development Session, partners commented on the above and a summary of the issues raised on each document is detailed below. This report recommends that the Board notes and approves the outcomes from the Development Session and agrees actions for inclusion in the Board's Forward Plan.

9. Forward Plan

89 - 92

The Board is asked to consider and agree the latest version of the Forward Plan.

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL
HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 03 December 2020 at 2.00 pm

Present:-

Cllr N Greene – Chairman

T Goodson – Vice-Chairman

Present: Cllr K Rampton, Cllr M White, Cllr B Dove, Jan Thurgood, Kate Ryan, Elaine Redding, Sam Crowe, D Fleming, S Sandcraft, Richard Jenkinson, Mufeed Niman, Simon Watkins, Louise Bate, Karen Loftus, Seth Why and Sian Thomas

68. Apologies

Tim Goodson took the Chair for items 1 – 3.

The Board welcomed new Members including Sian Thomas, Education Representative and Richard Jenkinson, Mufeed Niman and Simon Watkins representing the CCG. The Board was also advised that Jenni Douglas-Todd had attended the meeting as an observer.

Apologies for absence were received from Graham Farrant, James Vaughan and Eugene Yafele.

69. Substitute Members

The Board was advised that ACC Mark Callaghan was attending as James Vaughan's substitute and Katharine Harvey, Service Director for Children, Young People and Families was attending this meeting as Eugene Yafele's substitute.

70. Election of Chairman

Councillor Nicola Greene was nominated and seconded for Chairman. There were no other nominations and Councillor Greene took the role of Chairman.

Councillor Nicola Greene took the Chair.

She referred to the new Members of the Board and the change in administration and thanked the Members of the previous administration for their work on the Board.

The Chairman indicated that there may be a need to reorder agenda items 8 and 9 subject to when Kate Ryan, Corporate Director for Environment and Communities was able to join the meeting.

71. Declarations of Interests

The following declarations were made:

- Councillor Bobbie Dove declared an interest with reference to SEND and reported that she has a family Member who has an HCP with the Council.

72. Public Issues

There were no public issues for this meeting.

73. Confirmation of Minutes

The minutes of the meeting held on 3 September 2020 were confirmed as a correct record subject to the following change.

Page 8 of the agenda pack - Jenni Dougal-Todd should read Jenni-Douglas-Todd

Voting - Agreed

74. Health and Wellbeing Board - Business protocol, membership and terms of reference

The Deputy Head of Democratic Services reported that following the change in administration the business protocol, membership and terms of reference had been reviewed and in addition there were new Members proposed to join the Board from the CCG and a new education representative Sian Thomas. Proposed amendments to the membership were highlighted in yellow.

The Chairman welcomed the new members to the Board.

In addition, it was acknowledged that reference to the representative from the Bournemouth and Poole Voluntary Services Council should refer to the Community Action Network.

RESOLVED that the revised document, including the changes in membership be agreed.

Voting: Agreed

75. Planning to Deliver the Health and Well-being Strategy 2020-2023

The Corporate Director for Adult Social Care introduced the report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

The BCP Health and Well-Being Board approved the Health and Well-Being Strategy 2020-2023 in September 2020. This report set out the developing plans for delivery of the priorities as agreed in the Strategy. All Board members and agencies were asked to consider the initial plans and identify where the further input of all agencies and sectors and the

engagement of local communities could contribute to the delivery of the strategy and its commitments.

The Corporate Director reported that the Strategy was developed collectively by the Board using both development sessions and formal meetings. The Strategy was set in the context of the BCP Council's Corporate Strategy where the vision was to create vibrant communities with excellent quality of life where everyone plays an active role. The Corporate Director explained that to create the Strategy data from the Joint Strategic Needs Assessment was used which Public Health helped to develop for all partners to look at the key demographic and equality issues within the BCP Council area. The Board was informed that the Strategy was further shaped in 2020 as the pandemic emerged and partners learnt about the major impacts in terms of Covid-19. In line with the Board's main purpose the overarching aims were as follows:-

- To increase healthy life expectancy for our population - with a commitment to tackle issues and inequalities
- Work together as partners to improve health and wellbeing and engage our local communities and residents and focus on those who are most disadvantaged
- Outcomes for Children and Young People
- Address issues of climate change in the activities of the Board

The Corporate Director reported that with the above aims in mind the strategy identified three priorities, empowering communities, promoting healthy lives and supporting and challenging the collective work the Board does and lead to improved outcomes. The Board was advised that the purpose was to present the initial plan to deliver the aims and priorities and review the recommendations, shape the forward plan around the delivery plan and the concept of champions.

The Chairman referred to the following recommendation in the report on the delivery of the two themes identified concurrently.

Approve that in relation to “Promoting Healthy Lives” priority, the two themes of “improving mental health” and “eliminating food insecurity” are delivered concurrently for the duration of the Strategy.

The Corporate Director for Environment and Communities reported on the initial development session held in November 2019 and explained that the priority in relation to Empowering Communities draws on those initial discussions. Partners have been working with communities of high need but there was now an opportunity to re-engage in our partnership structures and understand the needs and priorities of those communities. The report outlined the areas with the greatest need Boscombe West, Townsend, East Cliff & Springbourne, Kinson and Bourne as being the 10% most deprived areas within the BCP Council area. The Corporate Director reported that the Council was already working in partnership in these areas, but it was proposed to reinvigorate those partnerships. The Corporate Director highlighted the Boscombe Regeneration Partnership which was focussed on delivery of the Towns Fund Opportunity, but it was key to ensure that this agenda on health inequalities was at the heart of that partnership. The Corporate Director referred to the West Howe Partnership and asked

for commitment from the Board to send appropriate representatives to work with the partnership and push this work forward across those communities and neighbouring areas. The Board was advised of the proposal to commission a strategic area assessment for West Howe and asked for support for partner analysts and data information to feed into that process so there was a collective understanding of those communities and where the focus and priorities needed to be. The Board was advised that there were other areas of need this was a commitment to start in our most entrenched areas of need. The Corporate Director reported that there had been initial discussions with Public Health colleagues on the use of different models and an invitation to the Board to commit to this priority.

Councillor Dove in referring to page 34 of the strategy asked why we were concentrating on women who experienced domestic abuse given how under reported male domestic violence in heterosexual relationships was. The Director of Public Health reported that this was exactly the kind of input that would be helpful to shape the delivery plan and how we can be more specific.

Mark Callaghan commented on domestic abuse and the impact on the younger cohort as raised by Councillor Dove. He referred to the work on domestic abuse and men's health whilst highlighting that some victims were less keen to come forward. Mr Callaghan reported that the services were in place and there was monitoring of victims, age groups and gender to ensure that appropriate services were available. Mr Callaghan commented on the criminal justice aspects and how intervention was available. He explained that during Covid the Police had seen an increase in domestic incidents and emphasised the forthcoming training for police staff on domestic abuse.

Councillor Rampton referred to Asset Based Community Development and highlighted that the Council was keen to "ramp up" this approach. Karen Loftus reported that she had been working with Councillors on arrangements for a session on this initiative.

The Chairman referred to the need to build on lessons learnt when working with other communities. The Corporate Director reported on the need to develop the approach and share best practice across the range of partners working with our communities and one model was population intervention which would include civic programmes and empowering communities together with the work of our services and partners supporting communities.

The Director of Public Health in response to a question raised by Councillor Dove on the stages for suicide prevention indicated that it was a good observation. He explained that one of the challenges with the suicide prevention agenda was having a coherent approach. The Board was informed that there were a number of initiatives including the BCP Suicide Prevention Plan which would shortly be submitted to Cabinet but also a multi-agency Suicide Prevention Group working on a number initiatives and the impact on partners' families and loved ones.

The Head of Community Engagement reported that in Autumn 2019 a hidden hunger event was held at Upton House which brought together a

wide range of partners from across the BCP and Dorset areas who were actively involved in Public Health or food related activities to look at the barriers to reducing food inequality. She explained that building on that work a community food co-ordinator was engaged by the Council and her role has been fundamental in making sure that we can support our vulnerable communities throughout the pandemic. The Access to Food Partnership which was formed very much in response to the pandemic now has over 130 different partners who were involved in helping people to access food eg through community fridges, pantries and meal clubs. The Group currently meets virtually to share knowledge, best practice and identify ways to improve local community food support. The Partnership has a set of foundation principles which all partners were signed up to which were that everyone should have enough food for themselves and their family all the time, food was nutritious and safe, culturally acceptable and sourced in a way that does not compromise people's dignity, self-respect or human rights, that people can live in a neighbourhood that provided good affordable food options and that people's lived experiences of food insecurity and food poverty were heard in decision making which works towards food security. The Board was advised the access to food map had been developed which was not in the public domain yet but available to a wide range of practitioners and those working in food insecurity projects. The Board was advised that the map was virtual and identified the food provisions in place and opening hours. The Head of Community Engagement commented that the Access to Food Group was now focussed on Christmas ensuring that there was an adequate supply of food through the school holidays and mapping existing provision so that there was a cohesive idea of what was happening in communities and gaps could be identified. In addition, it was acknowledged that there was a need to co-ordinate those who wish to gift their time or money to support initiatives. The Head of Community Engagement reported that following Christmas the focus would be on recovery and the provision of sustainable routes to food and key to that was changing the way that we have the conversation about food insecurity and poverty and make it acceptable to come forward and ask for help.

Karen Loftus reported on why this had worked well which was due to the collaborative working. She explained that there had been a fantastic community response for volunteers through residents, community groups and charities. She highlighted the work of the Food Group and commended the comments made about the long term aims of alleviating food insecurity.

The Director of Public Health indicated that he hoped that the Board would support improving mental health as one of the themes under the Promoting Health Lives priority. He referred to the current importance, the statistics from the ONS and that it was clear how different sectors of the community had been affected by insecurities and the situation due to the pandemic. He reported that in the past two years he had reported to the Board on the prevention at scale initiative and the promotion of good mental health. The approach adopted at the time was to work alongside organisations and communities to improve understanding skills and resilience. He explained that the work continues and he hoped that the Board would agree to keep this in focus and one particular area for discussion was how we should

engage with the Board and what we should focus on in the delivery plan in a way that the Board can really add value.

Paul Iggulden, Public Health, explained that the report introduced initiatives that the Board may wish to consider developing around supporting mental wellbeing and improving mental health. He highlighted that many of these were influenced by the experience of the Covid-19 pandemic where there clearly had been incredible stresses and strains experienced by individuals, households and many of us in our work environment. The Board was advised that initial plans would be developed around 3 key themes

- **Supporting our communities** – with extensive communications planned over the next few months including the extension of the 'Live Well Dorset coaching offer. Dorset Mental Health Foundation in particular were doing work on bereavement and support. It was highlighted that additional support for children and young people should be provided in educational establishments.
- **Staff wellbeing** – considerable work has been done over the last few months to provide online training and support in a bid to support staff and increase resilience. The Board was informed that many organisations provided counselling support.
- **Development of the Suicide Action Plan** – such plans were being developed across the Country clearly with a two-year refresh cycle there would be considerable emphasis in view of the impact of the pandemic.

Mr Iggulden referred to the request for champions and asked the Board for help from partners to work on a task and finish group to develop this theme. Louise Bate indicated that Heathwatch would be keen to work on the improving mental health theme. She referred to their new youth worker and that they would be launching the young listeners initiative in January which could feed into this theme.

Mufeed Niman explained that there had been a huge increase in mental health issues and services had been overwhelmed. Sian Thomas commented on the education perspective she reported that it was a massive issue in schools and linked to deprivation. Sian highlighted the work undertaken in schools including promoting the five steps to wellbeing and the availability of champions. She emphasised what works for young people but that there was an overwhelming feeling that the resources do not meet the needs and in particular to connect with communities and understand what was available for families.

Richard Jenkinson explained that Primary Care Networks had been able to invest in additional roles and engage social prescribers who were very helpful in dealing with mental health such as loss of job, problems with benefits and signposting people with food poverty. He explained that this could be a resource that could be linked into developing the delivery plan. Simon Watkins referred to the work underway by the CCG ensuring that there was not silo working.

Kate Harvey Dorset Healthcare referred to the work on staff health and wellbeing and including primary health colleagues in that work stream. In reflecting on the links into communities she referred to the factors that

relate to health and wellbeing and the role of the Dorset Member Health Forum and the link with different support offers alongside community assets.

The Chairman reported on another group known as R Cubed which was established to consider how the economy should respond to the pandemic. She referred to the welfare group and emphasised that previously amongst the business community there had been strong support networks but some were now struggling and there was potentially a large group of people who were suffering due to job insecurities and business owners who were losing staff and were finding the situation tough. She suggested that a representative from that group be included in the work of the Task and Finish Group.

Elaine Redding, Interim Corporate Director Children's Services reported on the creation of the SEND Improvement Board. She reported that the current arrangements in reporting to the Health and Wellbeing Board were put in place prior to the establishment of the SEND Improvement Board and therefore suggested that exception reports were requested from the Health and Wellbeing Board once the Board Members had looked at the SEND Improvement Plan which would be circulated to Board members. The Corporate Directors reported that Board Members could then come back and ask questions and take an informed view on particular issues that the Board may wish to look at. Sally Sandcraft indicated that she supported the above approach.

Elaine Redding reported on the Safeguarding Children Partnership review and that consideration was being given to arrangements in Dorset and BCP Councils. She explained that current thinking was that there would be two separate boards from 1 April that would be place based but further work was needed on where the cross over points would be. The Board was advised that it was important not to lose the work around domestic abuse, but also ensuring that complex safeguarding interdependencies were not lost. A draft report was being prepared which would be submitted to the Safeguarding Children Board and then it would go through due governance process before submission to Cabinet. Jan Thurgood reported on the Safeguarding Adults Board development and on how community safety, children's and adults, partnerships were joining where it was needed. The Corporate Director reported that the Health and Wellbeing Board would receive a paper in the spring which would set out how all the partnerships were working together.

Tim Goodson referred to the configuration of health services and the impact on residents. Sally Sandcraft reported on the community aspects in particular the joint working and having a better understanding of local populations and how services can be brought together to provide more personalised care and support to people in those populations. The Board was informed that good progress had been made and accelerated through Covid and it was known that populations where there is deprivation tended to use more health and care services and had more complex needs. Sally explained that there had been a particular focus working with the community and voluntary sector through care networks and before that the localities about health and care and how it can be brought together. She

highlighted the importance of engaging early and making sure that there was a network of support in particular addressing issues such as social isolation to then being able to respond very quickly with a multi-disciplinary response as needs escalated and similarly how agencies wrap around support to enable people that need to go into hospital to be discharged quicker than they have done previously. The Board was advised of new developments including how the workforce was being expanded within the primary care networks so the right practitioner or health and care professional can be accessible to the individual first time for a quick response and workforce skills brought together around that population group. The Board was advised of the progress with the health and social care coordinators, health coaches, the use of other therapy roles and how social care workers and managers were part of those multi-disciplinary teams. Sally Sandcraft reported on the health and care needs of care home residents and the proactive and responsive in-reach support to those care home residents which has been a particular area which has been accelerated through the Covid period. The Board was advised of services working together around the support for quality, infection and prevention control within care homes. The Board was informed of home first a national directive which came to light through Covid which was how services engaged with people to discharge from hospital more quickly. Sally explained that work had started to engage with partners to look at how Home First can be escalated and bringing together principles of Home First and the Better Care Fund in terms of the strategy for service improvement and reflecting the metrics that can measure success. The Board was advised that for the Better Care Fund there was a rollover from the previous year and the interface with the home first initiative.

Debbie Fleming updated the Board on acute services and in particular highlighted the Dorset Plan. She reported that the plan was about greater prevention and much earlier intervention and to develop robust seven-day services out in the community that were integrated and meet the needs of local people. The Board was informed that a key component of making sure that right services were delivered in terms of hospital care was investment and development in the community making sure that people were only brought into hospital when it was really necessary. Debbie explained that the whole plan around changing health services and health and social care services was one element, but acute care required investment for equipment and buildings. The Board was informed that significant national capital funds had been drawn down in the region of £201m for the Bournemouth and Poole sites due to good systems plans. Debbie referred to assessing the benefits for patients and improvements for local people that all these changes would mean namely enabling people to obtain swift access to consistently high quality safe care within local hospitals in order to do that the building program was absolutely essential. The Board was advised of the merged trust which was now known as the University Hospitals Dorset and this was already making a difference including in terms of recruitment. Debbie emphasised that the Health and Wellbeing Board want and need the development of services and focus on tackling inequalities and supporting prevention and earlier intervention this cannot be done without the building program being completed.

Karen Loftus highlighted that the Community Action Network and Dorset Community Action were looking forward to being part of the discussions on the wrap around care and the role of the voluntary and community sector now and what it could be in the future.

The Director of Public health referred to population health management work and the use of universal services which may not be taken up as fully by some sectors of the community compared to others. He highlighted the level of insight that we can obtain through the primary care data which really enables much closer interrogation of where services and service models were working well for communities and where there might be instances where they were working less so. The Director reported that this was a good underpinning tool to look at how the Board may be able to have a sharper focus for some questions supporting the statutory duty through the Joint Strategic Needs Assessment which was more of a forensic lens on the Board's strategic direction.

RESOLVED that:-

- (a) Board member agencies have considered the initial plans for the delivery of the priorities;**
- (b) In relation to “Promoting Healthy Lives” priority, the two themes of “improving mental health” and “eliminating food insecurity” are delivered concurrently for the duration of the Strategy;**
- (c) The Forward Plan of the Health and Well Being Board is developed in the light of the plans and recommendations for progressing the Priorities of the Health and Well-Being Strategy; and**
- (d) Board members are requested to consider whether they would wish to take on a sponsorship role for any specific elements of the Strategy in line with the decision of the Board on 3/9/2020.**

Voting: Agreed

76. Local Outbreak Management Plan

The Director of Public Health reported on the upturn in the number of Covid-19 cases in the last 3-month period. The Board was advised of what issues would be covered including the local position and epidemiology, the current control messages under tier 2 and how public health and partners had been working.

The Director of Public Health reported that lockdown 2 has had the desired affect with a 45% fall in Covid cases. The current rate was 84 per 100,000 population with the infection rate in over 60s falling significantly to 68 per 100,000. The Director of Public Health indicated that this was one of the key measures that the Government would consider in assessing local controls which reflects our improved position in our health and care system. The Board was informed that in terms of testing about 9,500 people across the BCP area were tested each week with a drop in the positivity. The Director reported that contact tracing was completing about 70% with 15% in progress. The Board was advised of the local epidemic curve in the area and the increase in cases in September and October which were

associated with various events including the opening of schools and the return of students to university which drove transmission rates.

The Director of Public Health reported on the current control measures explaining that with the end of lockdown both Unitary Authorities were in Tier 2 with a restriction on social mixing between households indoors and in private homes. The Director explained that although the economy has started to open up households were not permitted to mix in bars and restaurants. The tiers would be reviewed by the Government on 16 December 2020 but that did not mean that the rules around the tiers would be reviewed but a reassessment of the area's tier status using the Government's measures as set out in the Winter Plan.

The Board was advised of the current position with the local outbreak management plan which included a priority on contact tracing with the Response team and an out of hours rota to support high risk settings with incidents. The Director reported that assurance of that activity had been through the Health Protection Board which meets on a weekly basis and the assessment of controls and messages. He highlighted that as we moved into the second wave communications and engagement has been even more important and the continuation in working with the public to show those areas where it was necessary to achieve a high degree of compliance. The Board was advised the Local Outbreak Engagement Board had met as cases started to escalate to agree messaging and exit from lockdown and worked well with good discussion. The Director of Public Health referred to the work with colleagues in Dorset through the LRF looking at the wider area and the impact on the health and care system.

The Director of Public Health updated on the detail of the messaging to encourage residents to follow the guidelines including a range of activities, localised assets with a clear call to action for particular areas, graphics aimed at families and how to follow the guidelines and still have fun and the Christmas advent countdown.

The Board was advised of the outlook in the medium term, the development of vaccines and three priority work programmes namely the behaviour insights framework, local tracing partnerships including the development of welfare calls and rapid antigen testing for high risk settings. He thanked all partners for their support and work.

The Chairman thanked the Director of Public Health and his team for all their work and the Health Protection Board and partners for taking on that regular weekly meeting and the co-ordination of data to enable partners to understand the position.

RESOLVED that the update provided by the Director of Public Health be received and noted.

77. Forward Plan, Dates for future meetings of the Board and arrangements for Development Sessions

The Corporate Director for Adult Social Care presented the Forward Plan which would be shaped by the delivery plan for the Health and Wellbeing

Strategy. The Board was advised that the development session on 21 January 2021 would be focussed on the development of both the Local Plan and the Housing Strategy.

The Board was informed that at the next formal meeting on 18 March 2021 there would be a report on the Local Outbreak Management Plan. The Plan would then pick up all the issues from the delivery of the Health and Wellbeing Strategy. In particular the Corporate Director referred to the role of the Board in providing governance on eliminating food insecurity and receiving regular reports. In terms of development sessions one area was looking at the significant changes in health and how over time it would input into wellbeing and also local community empowerment as outlined earlier in the meeting. The Board would also receive formal reports on the Better Care Fund and the Home First Initiative.

Councillor Dove requested that the Health and Wellbeing Strategy be non-gender specific. The Chairman provided assurance that this would be addressed.

RESOLVED that the Forward Plan be shaped based on the approach detailed above and the dates listed for meetings of the Board be agreed.

Voting: Agreed

The meeting ended at 4.10 pm

CHAIRMAN

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ACTION SHEET – BOURNEMOUTH, CHRISTCHURCH AND POOLE HEALTH AND WELLBEING BOARD

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Board meeting: 3 December 2020				
74	Health and Wellbeing Board – Business Protocol Membership and Terms of Reference	Decision Made: That the revised document, including the changes in membership be agreed	To enable the Board to review the business protocol, membership and terms of reference	N/A
75	Planning to Deliver the Health and Wellbeing Strategy 2020-2023	Decision Made: That (a) Board member agencies have considered the initial plans for the delivery of the priorities (b) In relation to “Promoting Healthy Lives” priority, the two themes of “improving mental health” and “eliminating food insecurity” are delivered concurrently for the duration of the Strategy (c) The Forward Plan of the Health and Well Being Board is developed in the light of the plans and recommendations for progressing the Priorities of the Health and Well-Being Strategy. (d) Board members are requested to consider whether they would wish to take on a sponsorship role for any specific elements of the Strategy in line with the decision of the Board on 3/9/2020.	To enable the Board to maintain oversight of the Strategy and implementation of its priorities and themes	N/A

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>✓ Actioned – (c) The Board’s Forward Plan has been developed in accordance with this decision and is included on the agenda for consideration and comment.</p> <p>(Note in respect of the above include SEND Exemption reports as appropriate and take account of report on the operation of Safeguarding Boards and how partnerships are working together)</p> <p>✓ Actioned – (d) “Improving Mental Health” theme arrangements ongoing in respect of task and finish group (including a representative from “R Cubed” on the Group)</p>		
77	Forward Plan	<p>Decision Made:</p> <p>That the Forward Plan be shaped based on the approach detailed in the minutes and the dates listed for meetings of the Board be agreed.</p> <p>✓ Actioned – Included on the Forward Plan are the following:</p> <p>Local Outbreak Management Plan Issues arising from the Health and Wellbeing Strategy Better Care Fund and Home First Initiative Development Sessions – including Community Empowerment.</p>	To enable the Board to maintain oversight of this issue.	N/A

HEALTH AND WELLBEING BOARD



Report subject	Eliminating Food Insecurity - Update from Access to Food partnership
Meeting date	18 March 2021
Status	Public Report
Executive summary	This report provides an update on the work of the Access to Food Partnership, which helps to support residents experiencing food insecurity across Bournemouth, Christchurch and Poole. It shares the Partnership's vision, strategy and desired outcomes in order to seek advice and constructive feedback from the Health & Wellbeing Board. Whilst this issue existed pre Covid, the report highlights how the scale of the problem has been exacerbated due to the pandemic. The Partnership wishes to discuss how it can better engage and connect with the Board as part of the wider systems approach and work on this priority theme.
Recommendations	It is RECOMMENDED that: <ul style="list-style-type: none"> a) The Board agrees an approach on how to engage and support the work of the partnership (as outlined below) b) The Board allocates a Champion to help drive forward change for eliminating food insecurity c) The Access to Food Partnership report progress and seeks advice from the Board at least every 6 months
Reason for recommendations	To support the Board's priority to promote healthy lives through one of its key themes to eliminate food insecurity, as outlined in the Health and Wellbeing Strategy 2020-2023.

Portfolio Holder(s):	Councillor Nicola Greene, Portfolio Holder for Covid Resilience, Public Health
Corporate Director	Kate Ryan, Environment and Community
Report Authors	Access to Food steering group – BCP Council - Amy Gallacher, Community Partnerships Officer and Daisy Carr, Community Food Coordinator; Michelle Smith, Health Programme Advisor, Public Health Dorset; Alistair Doxat-Purser, Chief Executive, Faithworks Wessex
Wards	Council-wide
Classification	Recommendations

1. Report from Access to Food partnership

i. Background

- Dorset's Hidden Hunger 2019 conference shone a light on the number of people in our area who could not feed themselves and their families, day to day. The conference highlighted the need for more cohesion in our response, as well as additional opportunities for communities to access food that would not only meet immediate food need, but help people regain food security.
- In response to the extra pressure of the Covid pandemic, an "Access to Food" workstream was set up under the Together We Can Community Resilience overarching programme. The partners in this workstream focused on ensuring there was effective crisis food available to all who needed it; built collaboration within and across neighbourhoods so that more people were helped out of food insecurity; and developed a food map to show what community food was available to help people self-serve and professionals better signpost.
- Now a year on from the initial lockdown and as we move beyond Covid-19 pandemic lockdown it is highly likely that these estimated local figures from 2019 will have escalated. As we begin to see the longer term impacts it is likely that economic hardship will increase again and the reality of food insecurity and poor diet will escalate further still for many, with those already on low incomes being hit the hardest.

ii. Vision, Mission and Outcomes

The Partnership agreed an initial charter with a vision to emphasise the "strengths-based" focus: *"Our Vision is of a Bournemouth, Christchurch and Poole where everyone is able to feed themselves and their family nutritious food, all of the time."*

The Partnership mission is:

- A. To ensure everyone can **access food when in crisis**,

- B. To **equip individuals & families with the confidence, skills & resources** to consistently feed themselves nourishing food.
- C. To **bring local communities together** to identify needs, seize opportunities and solve problems, using local strengths and community assets,
- D. To **share good information** about the local community food offering
- E. To **make access to food a priority** in local policy and decision making.

Our outcomes will seek to answer the question “is anyone better off?” – there will be many successful achievements along the way, but “direction of travel” measures such as the following will help to show if we achieving our overall vision:

- Qualitative: case studies showing how individuals and groups of people now have regular food, or have the confidence, resources and skills to cook;
- Quantitative: changes in “star outcomes” for individuals, and key measures of change e.g. *% population needing long term crisis food support, % using food settings that lack of equipment, # on cooking courses, # engaging with a food setting*

iii. Level of need

Public Health insight for the Hidden Hunger conference had shown a local problem: 46% of the BCP population (85,000 households) were not spending enough money per week to eat a healthy diet – and 27% were either in food crisis or unable to afford healthy food (Sept 2019 based on information from Food Foundation report and local census data)

Clearly, the Covid pandemic in 2020 led many more to need emergency food:

- Foodbank usage in BCP increased 100% in March/April 2020 over previous year.
- Demand continues: in February, Christchurch foodbank is 42% up on previous year

The economic data suggests that many are facing a financial challenge:

- Universal credit claimants increased by 97% between March 2020 and January 2021
- The number of claimants actively seeking work has increased from 6,521 to 14,585
- Currently 17% of eligible employments at the end of January 2021 were furloughed (compared with 15% in England). This represents 30,800 employments

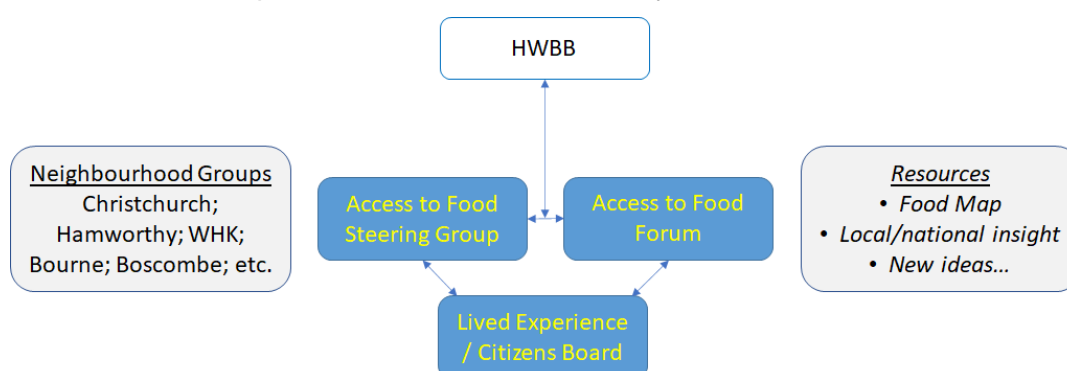
iv. Achievements in first year: highlights (full detail in Appendix 1)

- 20 organisations sign up to Partnership charter; 84 organisations engage in some way with the Partnership Forum;
- BCP [Access to Food Map](#): 50+ community food settings across the conurbation; 6,500+ hits since launched to public, after roll out to professionals
- New joint initiatives result: e.g. Grounded Enterprises and Your Planet Doctors working together to develop growing hubs; Hope for Food gifting Feed Our Community (Boscombe) initiative a van to enable stock pick ups and deliveries;
- Neighbourhood conversations in priority deprivation areas: e.g. West Howe partners now coming together to set up a community fridge;

- Funding distributed from central gov funding (£106,049) to Access to Food partners to e.g. top-up bulk food demands on local pantries; help with cooking skills and equipment
- WhatsApp Group created to quickly distribute 70+ surplus food donations from businesses to 20 food initiatives;
- Compiled and shared online list of 30 additional one-off Christmas food projects that provided hampers, hot meal deliveries and community connection over holidays;
- 19 schools attended sessions specifically for schools' representatives to gain info on community food initiatives, 3 with 35%+ pupils eligible for free school meals
- The Covid winter funding grant led to the provision of food parcels during October half term 2020 and the creation of a holiday food voucher system being issued via schools.

v. Approach, stakeholders and governance

The following structure has been developed for the programme, with the proposal that the Chair and Vice Chair report into the HWBB board every 6 months:



The steering group meets fortnightly to review the action plan and deal with barriers to delivery. A wider partnership forum meets monthly to share progress, encourage questions and ideas, and create useful link ups across BCP. Membership of the core group included representatives from Public Health, Voluntary and Faith sector, CAN, BCP Council Communities, Children & Families and Crisis teams, and a Cabinet Councillor. Meanwhile, the Partnership are seeking to engage as many stakeholders as possible, outlining the food offers that are locally available through the food map.

vi. Action Plan

Appendix 2 highlights initial draft actions planned for 2021-22 under each “mission” heading including:

- Building a “menu” of local cooking skills training, and making it easy for people to replicate locally;
- Linking schools to local food settings;
- Using the food map to identify gaps, and then hosting neighbourhood conversations;
- Develop listening pathways to understand barriers and ideas;
- Develop an Access to Food communications strategy and website;
- Analyse research from local Insight teams to develop targeted strategies.

2. Options Appraisal

The partnership steering group welcome the opportunity to report to the HWBB members. There are several areas where the HWBB can accelerate change so that together we get closer to fulfilling our vision of “Everyone can feed themselves...”

- A. Understand and Champion the issues – language, insight, leading;
- B. Grow Crisis and Recovery pathways across ICS – fast out of crisis, community recovery and preventing food insecurity;
- C. Build community resilience to prevent crisis – lived experience, education, all sectors;
- D. Capacity building – creative resourcing, broader set of members in the partnership e.g. CCG, DHC and others when appropriate such as planning and licensing.
- E. Keep and inspire momentum – link point for grass roots to meet statutory governance.

Specifically, the partnership would like to request a Champion on the HWBB, and to report progress and seek advice and constructive feedback every 6 months.

Summary of financial implications

- 3. No specific financial implications from the update report.

Summary of legal implications

- 4. For information only

Summary of human resources implications

- 5. For information only

Summary of sustainability impact

- 6. For information only

Summary of public health implications

- 7. 20% of premature death is attributed to dietary risks (Global Burden of Disease report 2017). Research for the Dorset Hidden Hunger 2019 conference found that 27% of BCP residents were either in food crisis or unable to afford a healthy diet in accordance with the UK's Eat Well Guide.

Research has suggested that adults who are food insecure are at an increased risk of negative physical and mental health outcomes including obesity. Some studies found higher rates of chronic disease in low-income, food-insecure adults between the ages of 18 and 65. (Gundersen C, Kreider B. 2009).

Food-insecure children may also be at an increased risk for of poorer health outcomes, including obesity. They also face a higher risk of developmental problems and lower educational outcomes compared with food-secure children. (Nord M. Food insecurity in households with children)

Many of those experiencing food insecurity find ways to cope with limited access to food often at the detriment of their mental health as well as their physical health. At the Dorset Hidden Hunger event in 2019 several GP practices

Summary of equality implications

8. The partnership includes a workstream to focus on lived experience. This work seeks to engage with those that have experience food insecurity to better understand how they can be supported to access food and enable recovery and prevention. The partnership gathers feedback from community food partners and frontline staff about how all communities and residents access food and any barriers or impacts resulting from service changes.

Summary of risk assessment

9. The Access to Food Partnership is currently reliant on limited resource and generous partnership working. The Partnership lacks a longer term sustainable resource and funding strategy.
10. The Partnership's draft action plan includes several short-term objectives that could become delayed without sufficient focus and resources.
11. The impact of the pandemic may be larger than we have anticipated.

Background papers

Dorset's Hidden Hunger [video](#)

BCP Insights Paper: Economy Monthly Update February 2021 – Published Work [report](#)

BCP Access to Food [map](#)

Dorset Hidden Hunger event 2019 Echo [press article](#)

Joint Strategic Needs Assessment Food Insecurity [Panel](#)

Affordability of the UK's Eatwell Guide; September 2018, Food Foundation [report](#)

Global Burden of Disease [report](#) 2017; summarised in [news articles](#) highlighting findings [here](#).

Appendices

Appendix 1. Access to Food Partnership - Year 1 review report

Appendix 2. Access to Food programme - Draft Action Plan March 2021

Access to Food Partnership - Year 1 Review Report

Review of Activities March 2020 – March 2021

1. Background

Food insecurity, the state of being without reliable access to a sufficient quantity of affordable, nutritious food, has been a reality for people of Bournemouth, Christchurch and Poole long before we faced the Covid-19 pandemic. At Dorset Hidden Hunger event in September 2019 it was revealed that an estimated that 46% of the BCP population (85,000 households) were not spending enough money on food per week to eat a healthy diet according to the Eatwell Guide. 27% were either in food crisis or unable to afford healthy food.

Over the course of the pandemic - with lockdowns, job losses and reduced access to shops and supermarkets – we have seen a rise in people in need of emergency food support and the long-term help of the community food network. Food bank usage doubled in the first lockdown (2408 vouchers issued in March/April 2020, compared to 1273 in March/April 2019). The summer holidays saw 114% increase in foodbank ‘holiday top up vouchers’ - 614 parcels providing for 873 Adults/1302 Children in 2020 (2175 individuals fed) compared to 2019’s figures of 289 parcels providing for 403 Adults/617 Children (1020 individuals fed).

A lot has been achieved in this first year of the Access to Food Partnership, thanks to the beginning of the role of the Community Food Coordinator at BCP Council, and the partnership approach of the broader Together We Can Community Resilience work.

Reflections over the last year of the Access to Food Partnership include:

- Thanks to a clear shared purpose there was a very tangible openness within the Partnership to work collaboratively and share learning and resources
- The core group worked at pace, with a targeted focus, since the crisis meant we had to move quickly
- The Partnership was part of a nurturing environment, born out of shared leadership of the Community Resilience subgroups, which lead a new way of working with shared responsibility (between statutory and CVS)

The work over the course of the year has focused on partnership working and networking; distributing resources and training; sharing information and signposting and responding to challenges brought by the pandemic.

2. Highlights of work in Year One

2.1 Partnership Working & Networking:

- The Partnership started in April 2020 and now has 168 partners, 84 organisations, with 20 organisations signed up to the Charter. Partnership includes grassroots community groups, the community and voluntary sector, schools, businesses, housing associations, NHS and other statutory organisations.
- Access to Food Forum has monthly meetings for partners to share knowledge and expertise, understand current situations and challenges, as well as identify partnering opportunities for shared resources, such as sharing growing hubs, vans and support with starting up a new initiative in another neighbourhood.

- Neighbourhood conversations in priority deprivation areas have provided space for partners to discuss the food needs in their communities and consider ways to provide better access to food, such as West Howe partners now coming together to look at setting up a community fridge.

2.2 Distributing resources across the network

2.2.1 Funding: There has been significant additional investment from central government in response to the challenges faced in accessing food due to the impact of Covid, which has seen an extra £1.45m allocated to BCP Council specifically for food and winter warmth support. Of this allocation, £106,049 has been distributed specifically through the Access to Food partnership to build capacity and extend services offered by local community food projects, such as cooking support and access to equipment, community stores and food boxes that are culturally sensitive.

2.2.2 Food surplus: In lockdown 1, a WhatsApp Group was created to quickly distribute food donations from businesses (closed due to lockdown) and to move surplus donations to those who need it. Works with 20 food initiatives to redistribute over 70 surplus food offers, with an additional 10 large business offers being matched outside of the WhatsApp group.

2.2.3 Training and support for partners: Working with the Homelessness Partnership to offer Community Meal Safety training sessions for those working with rough sleepers. Further work on safeguarding and hygiene training. Wellbeing Champions training with Live Well Dorset to support the wellbeing of projects who have been responding to this crisis.

2.3 Sharing information and signposting:

[BCP Community Food Map](#) – created map of 50+ community food settings across the conurbation, including foodbanks, pantries and social supermarkets, community fridges, Covid food support parcels, hot meal deliveries and cooking workshops. 6,500+ hits.

Christmas – Sharing list of 30 additional one off food projects over the Christmas period including hampers and hot meals.

Food insecurity training live sessions and videos – to 800+ frontline workers from Access to Food Partnership, including Council staff, Tricuro Day Centres, Citizens Advice, Dorset CCG

Schools Information Sharing sessions - specifically for schools representatives, attended by Headteachers, pastoral workers and other staff to gain information on community food initiatives, share learning and opportunities. Two sessions held with 19 schools, of which 3 schools have higher than 35% pupils eligible for Free School Meals.

Signposting via website information – creation of webpages on the Council's website on how to access support if you are struggling to pay for food – signposting to information pages.

2.4 Responding to Covid challenges

Online Food Home Deliveries directory – created for those who were struggling to get to the shops during lockdown, and struggling to access online delivery slots.

Offers of Corporate Support directory - from businesses closing down e.g. vans, storage spaces, kitchens, food donations and helped to match to need, such as Poole Pantry working with Yellow Buses to deliver emergency food parcels; Russell Court Hotel with Unity in Vision to deliver 20 hot meals a day, delivering over 1000 meals to date; Chez Fred chip shop with Branksome Fridge to donate 20 fish & chip suppers a week while they were shut during lock down.

Clinically Extremely Vulnerable residents - In the second lockdown, the Access to Food Partnership worked with Together We Can team to manage the local authority responsibility to deliver food parcels to CEV residents. Working with Foodbanks and Pantries, weekly parcels are delivered to 35 eligible CEV residents.

Emergency Food support for TWC helpline – creation of food hub models to provide immediate emergency support when other community food projects were closed, such as at certain times over the Christmas and Easter holidays.

3. In depth review of Year One

3.1 Partnership Working & Networking

3.1.1 Core Group

The Access to Food Partnership core group was established in April 2020 with members from BCP Council (Communities, ASC Crisis, Children's services), Public Health Dorset, Faithworks Wessex (Chair) and Community Action Network. This core group meets weekly-fortnightly (depending on level of need) and works to an agreed Terms of Reference.

The purpose of the core group is to respond to Covid pandemic and issues raised from the wider Partnership. It is there to support the community food partners through the pandemic.

The Access to Food core group reported into the Together We Can Community Resilience response steering group led by Kelly Ansell and Cllr Greene.

3.1.2 Access to Food Forum

The wider Access to Food Partnership and Forum was established as the first action of the Access to Food core group, in April 2020. There are now 168 partners from 84 organisations. These organisations include grassroots community groups, the community and voluntary sector, schools, businesses, housing associations, NHS and other statutory organisations. The Access to Food Forum was created as a meeting place for partners to share knowledge and expertise, understand current situations and challenges, as well as identify partnering opportunities for shared resources such as funding.

There have been 16 themed meetings to date with 20-40 attending each session. Themes have included hot meal distribution, holiday hunger, financial resilience, using good data, building cooking skills and confidence, working with growing initiatives.

The key outcome is there is a stronger connection between groups and organisations enabling a great flow of support and resources, for example:

- Grounded Enterprises and Your Planet Doctors – working together to develop growing hubs throughout the conurbation
- Boscombe Fridge quickly finding a new venue (after libraries shut due to covid) through Bournemouth Foodbank
- Hope for Food gifting Feed Our Community (Boscombe) initiative a van to enable stock pick ups and deliveries
- Christchurch Community Partnership offering support and advice to Hamworthy Together as they start up their multi-partner food support programme in Turlin Moor.

- Established fridges – such as Branksome & Rossmore Fridge and Townsend Fridge – supporting West Howe Community Enterprise to set up a community fridge in their neighbourhoods.
- Greater understanding of CAB services and greater signposting to Let's Talk Money programme and CAB's increased understanding of community food offer
- Greater understanding of the role of Social Prescribers within GP Surgeries and organisations such as Help & Care, with referrals being made from community food settings to Social Prescribers, and Social Prescribers referring to community food settings.

The Access to Food Partnership Charter was launched in October 2020, setting forward an agreed vision and mission for the Access to Food Partnership. 20 organisations have signed the charter to date and committed to active involvement in the Partnership.

3.1.3 Neighbourhood Conversations

Neighbourhood conversations have provided space for partners to discuss the food needs in their communities and what is needed to provide greater access to food. Neighbourhood conversations have taken place in:

- **Christchurch:** The main outcome of these calls was supporting the multi agency approach providing hot meals to those who would normally be attending lunch clubs. These calls allowed space for 2 more partners to join this work and expand their reach to distribute 229 hot meals a week, feeding 114 individuals.
- **Hamworthy:** Established Hamworthy Together, who subsequently set up Moor Community Food (a subsidized community store) was set up in response to the impact of covid in Turlin Moor & Hamworthy. Moor Community Food has now been running for 9 months, open 1 day a week, with 60 shoppers each week.
- **Boscombe:** Worked to facilitate better links and communication between food projects already existing in the neighbourhood (Boscombe Fridge, Grounded Communities, Love Church and Boscombe Foodbank). Working with The National Lottery Community Fund regional manager, conversations allowed the development of a successful Boscombe partnership bid, worth £50k.
- **Kinson:** Multi partner approach to developing West Howe Community Fridge, led by West Howe Community Enterprise

3.2 Distributing Resources & Training

3.2.1 Funding

The core group shares funding opportunities with the network to help build capacity within the community and voluntary sector partners.

An additional £106,049 has been distributed across the community food network from funds allocated from Central Government, on top of support given for applications to grant making bodies (eg. The National Lottery Community Fund).

There has been **significant investment from central government** in response to challenges faced in accessing food due to the impact of Covid, which has seen an extra £1.45m allocated to BCP Council specifically for food and winter warmth support, including:

- **Emergency Welfare Grant:** In September 2020, £26,049 was distributed from Central Government's Emergency Welfare Grant out through the Access to Food Partnership:
 - £4500 to top bulk food orders, topping up food stock at Christchurch People's Pantry and Moor Community Food – to match need.
 - £15,549 given to Bournemouth, Poole and Christchurch foodbanks and Friendly Food Club to distribute 1500 meal recipe packs and provide online video tutorials.
 - £6000 given to Bournemouth, Poole and Christchurch Foodbanks and Hope for Food to distribute 200 sets of cooking equipment (plug in slow cookers and hot plates)
- **Covid Winter Grant scheme:** Allocation of £1.06 million to ensure residents can access food and winter warmth support until the end of March 2021. In Dec 2020 – Feb 2021, £80,000 was distributed to community food projects from this grant to continue to build capacity within the community food support network. Working with Dorset Community Foundation, this funding was distributed via their Coronavirus Community Fund, which included an additional round specifically for Access to Food Partners. Members from the Partnership (Romany Ross, Social Prescriber with Bournemouth Central PCN) were invited to be on the funding panel to open up decision making. This funding has supported 14 different organisations and an estimated 3000 residents will be helped with food thanks to this funding. The scheme has been extended to 16th April 2021 with additional funding to cover the Easter holiday period.
- **Holiday Activities and Food programme (HAF)** – Allocation of £1.02 million to BCP Council to expand the programme in 2021 to provide healthy food and enriching activities disadvantaged children during school holidays.

3.2.2 Food surplus

A WhatsApp Group was created to quickly distribute food donations from businesses (closed due to lockdown) and to move surplus donations around to those who need it. There are 27 participants from 20 food initiatives across the conurbation. There have been over 70 offers that have been matched through the WhatsApp group, with an additional 10 large business offers being matched outside of the WhatsApp group.

A collection and sorting service was set up to manage the redistribution of unwanted CEV food parcels. Parcels were sorted, quality of the food was checked and then sent to foodbanks.

3.2.3 Training

On top of Forum meetings, where guest speakers are brought in to share information, advice etc there have also been dedicated training sessions available to community food projects where a need has been expressed.

Working with the Homelessness Partnership, two Community Meal Safety training sessions we run, for those working with rough sleepers, with 10 projects attending. At these sessions all groups received up to date information about how to operate takeaway community meals in a 'covid secure' way; single point of contact in Environmental Health; Food hygiene best practice, and advice and support if informal groups wish to become constituted or a charity, through Community Action Network. Planned training also includes:

- Wellbeing Champions training with Live Well Dorset (29th March). This training is to support the wellbeing of projects who have been responding to this crisis and for them to sustainably support the wellbeing of their clients.
- Food Hygiene Training for community food projects. (date TBC)
- Safeguarding training for community food projects. (date TBC)

3.3 Sharing Information and Signposting

3.3.1 Mapping

Through the development of the Access to Food Partnership we were able to map the growing number of community food projects across Bournemouth, Poole and Christchurch. Of the 50 community food settings in Bournemouth, Christchurch and Poole, 10 were started directly because of the pandemic.

Working with BCP Council Insights Team, we have mapped the 50 different community food settings across the conurbation. Using Tableau partners can easily navigate the foodbanks, pantries and social supermarkets, community fridges, Covid food support parcels, hot meal deliveries and food workshops.

The Access to Food Map was launched 8th August 2020 and made available to the Access to Food Forum and frontline statutory services. This map is being actively used by Schools, Social Prescribers, the Access to Food Partnership, BCP Crisis Advice, CAB etc.

In February 2021 the map was made available to the public. Working with BCP Comms, 2 Access to Food Map social media posts were put out on Facebook. These two posts had a combined reach of 29,417 people, with 369 reactions (likes, comments and shares) and the map was visited 370 times as a result.

To date the map has been used 6527 times.

In the run up to Christmas the Access to Food Partnership identified 30 one off food projects that provided Christmas Hampers, hot meal deliveries and food based community connection over the Christmas holidays. This was compiled into a live online list that could be updated throughout December.

The list was released on the 2nd December and was shared with the Access to Food Partnership and approximately 800 frontline staff through the Community Food Training sessions.

3.3.2 Training on Community Food Support

To support the roll out of the Access to Food Map tool and additional one off seasonal support, 11 training sessions have been delivered to frontline statutory agencies. These 11 sessions have provided training on the breadth of community food support available, and how to use the map, to over 900 frontline workers from Access to Food Partnership, BCP Council Members, Adult Social Care, Children's Services, Housing, Tricuro Day Centres, Citizen's Advice, Dorset CCG

Alongside this a training video was created and circulated to the list above and the Together We Can helpline.

Community Food Info & Learning Sessions are run for schools as a regular session to share information, learning and opportunities. During these sessions school representatives were supported to:

- Partner with their local foodbank to distribute top up vouchers over the Christmas holidays
- Understand the process for distributing Wonde vouchers (funded by the Winter Welfare Grant)
- Understand the breadth of one off community food support available over Christmas – through the Christmas Support list

- Use the Access to Food Map when supporting households who are at risk of food insecurity.
- Sharing knowledge of community food projects and how schools can partner with them to develop food project

These sessions were also used as an opportunity for the Access to Food Partnership to understand:

- Which schools are working with which community food projects
- Which schools are in neighbourhoods without community food support
- What key challenges families are facing

Two sessions have been run to date with attendance from 21 representatives from 19 schools. 3 schools of which have higher than 35% pupils eligible for Free School Meals.

3.3.3 Together We Can Website and Comms

Working with BCP Council Comms information has been shared via the Together We Can Website. Copy for dedicated 'food information' pages was written to ensure that clear advice was given for those impacted by Covid-19 and lockdown. Two key issues were food those who can't afford to pay for food and those who are unable to get to the shops, whether they are shielding or isolating.

For those who can't afford to pay for food information was shared about:

- How to access foodbanks, community stores and community fridges
- How to sign up for Free School Meals, Healthy Start Vouchers and Let's Talk Money

For those who are unable to get to the shops information was shared about:

- local food delivery directory
- direct links to sign up to supermarket delivery slots
- how to buy volunteer shopping cards and vouchers
- Together We Can helpline for someone to access volunteer support.

For the Winter Welfare Grant a dedicated page was added for the specific support available over winter, which included access to food vouchers (through Together We Can, Schools and Family Information Service) and support to pay the cost of bills over winter.

For those who wish to support their community a dedicated page was set up to help direct individuals to where help is needed most. On this page links to how to volunteer (through Community Action Network, and the Access to Food Map), how to support those who are homeless, and how to refer someone who needs help. Updated lists of what items foodbanks needed was shared on social media platforms.

All these pages have been kept up to date, and additional content – such as videos produced for the Winter Support campaign – has been shared on the website, as well as more broadly.

The Access to Food Partnership also worked closely with BCP Council Comms to share press releases on the following:

- Summer cooking and community support across the area
- Partnership working provides affordable food in Turlin Moor and Hamworthy
- Food redistribution in Poole and beyond
- Hot meals for Christchurch residents in need
- Community projects help feed Townsend residents

3.4 Facing Covid-19 Challenges

3.4.1 Directory of food businesses and support

Online Food Home Deliveries from local businesses in Bournemouth, Christchurch and Poole (alongside Dorset businesses who deliver to BH postcodes) were mapped and shared on the BCP Council website. This was specifically for those who were struggling to get to the shops during lockdown, and struggling to access online delivery slots.

Offers of Corporate Support directory - from businesses closing down e.g. vans, storage spaces, kitchens, food donations – was created to share opportunities with the Access to Food Partnership. Examples of matched support includes:

- Poole Pantry with Yellow Buses to deliver emergency food parcels over Christmas
- Russell Court Hotel with Unity in Vision to deliver 20 hot meals a day, delivering over 1000 meals to date.
- Chez Fred chip shop with Branksome Fridge to donate 20 fish & chip suppers a week while they were shut during lock down.
- Working with BH Live venues to distribute Café stock that would have gone to waste during lock down.

3.4.2 Clinically Extremely Vulnerable residents

The second lockdown the Access to Food Partnership has worked with Together We Can to manage the local authority responsibility to deliver food parcels to CEV residents. Working with Foodbanks and Pantries, weekly parcels are delivered to 35 eligible CEV residents. These residents have received weekly food parcels and will continue to do so until the end of March.

3.4.3 Emergency Food support for TWC helpline

Three emergency food hubs were established (Bournemouth Learning Centre, Poole Civic Centre, Christchurch foodbank) to provide additional emergency support where other community food projects were closed. Anyone who was in an emergency situation 'out of hours' can call Together We Can and can have a food parcel delivered. This was available over weekends, Easter and Christmas bank holidays.

3.4.4 Other Needs Arising from Pandemic

Throughout the year there have been other gaps and needs that have been highlighted through the Access to Food Partnership. These have included:

- Working with BCP Council Senior Leadership to engage supermarkets in bulk food solutions for Foodbanks
- Supporting the set up of streamlined e-referral for
- Reviewing the impact of lunch clubs closing and supporting the development of hot meal deliveries in hardest hit areas (eg. Christchurch)
- Working with BCP Council Communications team to share through newsletters and social media the donation requests from community food projects

- Matching Together We Can volunteers with community food projects who needed extra volunteer support
- Working with Environmental Health to agree a designated point of contact for the Access to Food Partnership, to ensure new projects are operating safely
- Working with Public Health Dorset and Dorset CCG to understand the food needs of healthcare workers
- Exploring storage facilities to increase community food storage needs
- Processing PPE requests from community food settings through BCP Council PPE supplies
- Ensuring that frontline community food volunteers, who are supporting those who are vulnerable, have access to the vaccine and regular testing.
- Exploring the response to the 'Bread surplus issue'
 - Work with supermarkets to reduce the quantities of 'fresh' baked goods going to waste
 - Communicate the importance of nutritional value in donations – countering the attitude of 'are your people hungry or not?'
 - Turn stale bread into something else of nutritional/economic value (eg. A local beer where profits go to community food projects)

Key Contacts / Further Information: Access to Food Partnership – Chair Alistair Doxat-Purser (Faithworks Wessex), Amy Gallacher and Daisy Carr (BCP Council), Michelle Smith (Public Health Dorset)

Produced March 2021

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BCP “Access to Food” Programme Draft Action Plan – as at March 2021 (v01)

The actions seek to deliver the overall vision: “**everyone is able to feed themselves and their family nutritious food, all of the time**”

They arise from 5 key “mission” areas:

A. Ensure everyone can **access food when in crisis**,

Ref	Action	Timescale	Objective	Lead organ'n	Overall outcome
A	Seek to ensure holiday support continues beyond Covid	0-6m	Prevent further food poverty	Council – Children's services	All can afford nutritious food
A	Lived Experience: develop listening pathways	0-12m	Identify issues/barriers to accessing help; identify what would help; case studies to show journeys out of crisis	Council - Communities	All outcomes
A	Comm. meals/lunch clubs plan for restart post Covid	0-12m	Provide key points of connection; create cook/eat together opportunities	Forum	All know how to access help / bounce back
A	Review how cm'ty fridges, pantries etc. help reduce food insecurity	0-12m	Understand success factors for current / future projects	Council - Communities	[Future plan]
A	Review possible innovations (e.g. digital foodbanks)	Ongoing	Partnership approach to reviewing new ideas; Understand success factors for projects	Steering group	[Future plan]

B. Equip individuals & families with the **confidence, skills & resources** to consistently feed themselves nourishing food;

Ref	Action	Timescale	Objective	Lead organ'n	Overall outcome
B	Develop/share list of cooking skills courses, incl cooking on a budget, making food go further	0-6m	Partners can cross-refer	Forum	All know how to cook
B	Link local allotments to food setting	0-6m	Any growing surplus is always linked back to those with least access	Forum	All can access low cost fresh

Ref	Action	Timescale	Objective	Lead organ'n	Overall outcome
B	Create pack to make it easy to start new cooking initiatives	0-12m	New cooking initiatives can start quickly	Council - Communities	All know how to cook
B	Provide food hygiene courses for free	0-6m	Partners have confidence to run food initiatives	CAN	All know how to access help / how to cook
B	Link every school with high need to local food support	0-12m	Every school team can get help to any family in need	Steering group	All know how to access help / bounce back
B	Ensure every school with high need can use food map etc.	0-12m	Every school team can get help to any family in need	Council – Communities/ CS	All know how to access help / bounce back
B	Create local “harvest response” to store, preserve, and make most of excess	6-12m	Any growing surplus is always linked back to those with least access	Forum	All can access low cost fresh
B	Identify and list for partners, all crowd-funding etc. routes to pay for cooking equipment	6-18m	All partners can refer individual without equipment to an appropriate fund	Forum (VCS partners)	All have equipment needed
B	Identify which schools do growing; Create pack to make it easy for other schools to start	0-24m	Every school has a link to a growing facility	Steering group, Children's services	All can access low cost fresh

C. Bring local communities together to identify needs, seize opportunities & solve problems, using local strengths & community assets;

Ref	Action	Timescale	Objective	Lead organ'n	Overall outcome
C	Run monthly forum (training/funding help/ understanding partners needs)	Ongoing	Partners can cross-refer Offer to individuals is sustained	Steering group	All outcomes
C	Share food map widely, map developments such as automation/mobile app	Ongoing	Individuals understand available help	All	All know how to access help / bounce back
C	Partnership Comms strategy	0-12m	All stakeholders have latest info Individuals understand available help	Steering group, Council - Communities	All know how to access help / bounce back

Ref	Action	Timescale	Objective	Lead organ'n	Overall outcome
C	Partnership Website	6-18m	All stakeholders have latest info Individuals understand available help	Steering group ++	All know how to access help / bounce back

D. Share good information about the local community food offering;

Ref	Action	Timescale	Objective	Lead organ'n	Overall outcome
D	Use food map to identify gaps/duplication	0-6m	Knowing where to target work	Steering group	[Future plan]
D	Neighbourhood conversations	0-12m	Partners know local offering / avoid duplication; start suitable local projects	Council - Communities	All outcomes
D	Help local neighbourhoods identify/start local projects	6-24m	Relevant community store / pantry in every area of BCP	Council - Communities	All can afford nutritious food
D	Post-covid, use best-practice to create pack to make it easy to start breakfast clubs	12-24m	Breakfast clubs in every community	Steering group ++	All can afford nutritious food

E. Make access to food a priority in local planning and decision making

Ref	Action	Timescale	Objective	Lead organ'n	Overall outcome
E	Insights team help identify key trends (incl link to Southampton Univ work)	0-6m	Knowing where to target work	Council Insights team / Communities/ Public Health	[Future plan]
E	Build coalition of decision makers (via H&WB board) to make local "macro-scale" decisions	0-12m	Council/NHS strategies aligned Decisions on relieving poverty	Steering Group	All can afford nutritious food
E	Identify extended funding for Food Coordinator post	6-12m	Capacity to deliver programme	Steering Group++	[Future plan]

Access to Food Partnership

- Discussion: How can the HWBB support the programme

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“BCP... where everyone is able to feed themselves and their family, nutritious food all the time”

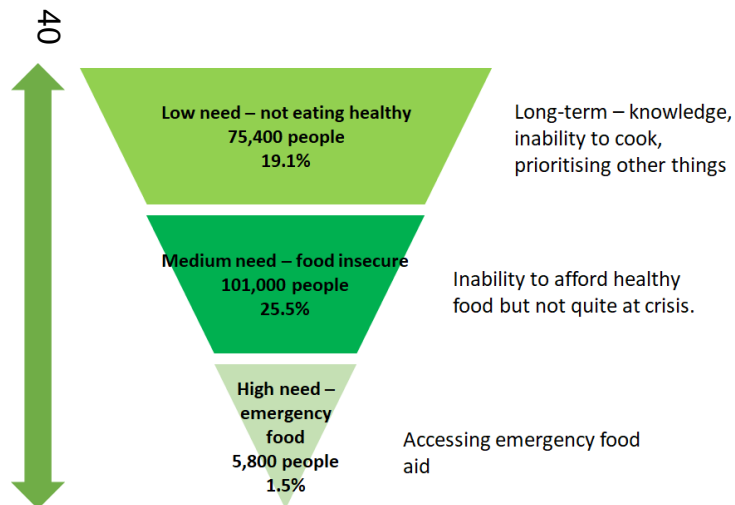
Presented by Access to Food Partnership: including BCP Council, Public Health Dorset and Faithworks Wessex.

The journey so far:

2019 Dorset Hidden Hunger conference:
27% in crisis or unable to afford healthy food

2020 Covid Food response – 84 organisations forming Access to Food partnership

2021 Access to Food map out to public –
6500+ hits; neighbourhood conversations; cooking skills; building school-food setting links



Need support?
Our COVID-19 community response helpline is open 9am to 5pm, Monday to Friday for people in vital need of food and essential household items

0300 1237052

Complete our online form to ask for help →

#TogetherWeCan

BCP > News > News Features > COVID-19 > Help, advice and support > Food support

Food support

Whether you are self-isolating, extremely vulnerable, or struggling with money there's help and support for you. You should follow [government advice and guidance](#) on accessing food and supplies.

[Information for people who are clinically extremely vulnerable](#)

Support if you are struggling to pay for food

Help for people unable to get to the shops

Examples of Community Food Support

Access to Food Map

BCP Council

Filter by Organisation Type: All

Filter by Town Covered: All

Filter by Open Days: (All)

Type of Organisation

- Community Fridge & Po...
- Community Meal
- Cooked Meal Delivery
- Cooking Workshops
- Covid Food Parcel
- Foodbank
- Growing Local Food
- Social Supermarket

BH1 - Salvation Army

Description: An open house community project to support those who are in financial insecurity, experiencing homelessness or roughsleeping. Breakfast (10am) and lunch (12.30pm), take away hot meals, help with showers/washing/clothing.

Covid Provision: Providing daily food bags for low income clients.

Address: 107 Palmerston Road, Boscombe, BH14HP

Referral Process: Call direct on 01202 393453

Website for Additional Info: <http://www.boscombesalvationarmy.org.uk>

© 2020 Mapbox © OpenStreetMap

1. Champion the issue

- Everyone shares the **goal**
 - Move away from only focusing on emergency food
 - Embrace shared vision: “Everyone can feed themselves...”
- There is a shared **language** in all sectors
 - Get beyond stereo-typing
- We share **intelligence** to enable targeted interventions
 - Data that passes the “so what” test
- HWBB members to **lead** systems change
 - Locally and nationally e.g. Marcus Rashford effect

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2. Crisis & Recovery pathways

- Enhance and **integrate** pathways
 - E.g. “Fast-out”: People can get out of crisis fast
 - E.g. Recovery: fully linked support with ICS
- Showcase and extend existing **ABCD** work
 - Understand and communicate grass roots examples
 - Joint leadership on the new strategic approach
- Build on excellent **models** from every sector
 - E.g. Social prescribing, cook bags, schools sessions

3. Joint approach to Prevention

- Joint learning re best **listening** approaches
 - E.g. Poverty Truth Commission, Time to talk
 - Early escalation of any hidden hunger revealed
- **Communicate** joined-up prevention agendas
 - Joined up comms campaigns
- Encourage broader discussions
 - Go beyond traditional boundaries: e.g. Involve **business** community

4. Capacity building

- **Broader membership** on partnership
 - To ensure join-up e.g. CCG and others when required e.g. DHC, Police, other LA teams, licensing, policy and planning
- **Creative resourcing** of Partnership
 - Jointly ensure that food coordinator post is sustainable
 - Continue “Generous partnership leadership”
- Enable **funding “multipliers”**
 - A small amount goes a long way in the Community (cf. Winter fund grant via Dorset Community Foundation, creative options around people in temporary accommodation)

5. Keep the momentum

- Keep the issue in the public/staff eye
 - How do we **maintain focus** when broader range of issues dilute the Together We Can single-mindedness?
- **Inspirational** messaging
 - Leaders talking about their own cooking skills, encouraging openness to talk?
- **Regular updates** to HWBB
 - Report back every 6 months and ongoing?
 - Seek help if major barriers?
 - Champion on the Board?

Points for discussion

1. **Champion the issue** – sharing the issue, agree language, share intelligence and enable systems change? Champion on the Board?
2. **Crisis and recovery pathways** – linking the partnership work with other ICS support, showcasing and extending existing ABCD work
- 49 3. **Joint approach to Prevention** - listening approaches, prevention agendas, comms approaches, involve and encourage broader discussions
4. **Capacity building** – Broader partner membership e.g. CCG, DHC, Police and other LA teams, Creative resourcing – community food coordinator post / generous partnership working, Enable funding multipliers
5. **Keep the momentum** – Maintaining focus post Covid, regular engagement opportunities with the HWBB

BCP Health and Wellbeing Board



Report subject	Refresh of the local outbreak management plan
Meeting date	18 March 2021
Status	Public Report
Executive summary	All Councils in England became responsible for developing and delivering local outbreak management plans in June 2020. In the intervening 9 months, much has changed, including the national strategy in response to COVID-19, with publication of the Roadmap on 22 February. The refreshed local outbreak management plan sets out the change in responsibilities of Councils in responding to COVID-19 and protecting the local population. The plan details the work of the Health Protection Board and Local Outbreak Engagement Board during the next phase of the response to the COVID-19 pandemic. It also shows how the health protection work will continue as we learn to live with COVID-19 as safely as possible and return to a less restrictive way of life under the stages of the roadmap.
Recommendations	<p>It is RECOMMENDED that:</p> <p>BCP Council Health and Wellbeing Board is asked to note and approve the refresh of the Local Outbreak Management Plan – Living Safely with COVID-19.</p>
Reason for recommendations	Refresh of the local outbreak management plan is a national requirement, in line with the updating of the national Contain Strategy. The BCP Council Health and Wellbeing Board oversees the Local outbreak engagement board, which in turn provides political oversight to the COVID-19 response provided by the Health Protection Board.

Portfolio Holder(s):	Councillor Nicola Greene
Corporate Director	Sam Crowe, Director of Public Health
Contributors	Sam Crowe, Director of Public Health, Rachel Partridge, Jane Horne, Nicky Cleave (Consultants in Public Health) Jo Wilson, Chris Ricketts, Kirsty Hillier, Public Health Dorset, Chief Superintendent Steve Lyne, Dorset Police
Wards	All wards – this is a plan covering BCP Council
Classification	Decision

1. Background

All Councils in England became responsible for developing and delivering local outbreak management plans in June 2020. In the intervening 9 months, much has changed, including the national strategy in response to COVID-19, with publication of the Roadmap on 22 February. The refreshed local outbreak management plan sets out the change in responsibilities of Councils in responding to COVID-19 and protecting the local population. The plan details the work of the Health Protection Board and Local Outbreak Engagement Board during the next phase of the response to the COVID-19 pandemic. It also shows how the health protection work will continue as we learn to live with COVID-19 as safely as possible and return to a less restrictive way of life under the stages of the roadmap.

2. Summary of financial implications

No direct financial implications. The plan sets out at a high level the broad areas that the Contain Outbreak Management Fund and Test and Trace Grant are being invested into, to respond to COVID-19.

3. Summary of legal implications

Councils have legal obligations to protect and improve health of local populations, as part of the statutory responsibility of the Director of Public Health. Local Outbreak management Plans build on these responsibilities and set out a clear framework for responding, including using a range of powers under the Public Health (Control of Disease 1984 Act) and the Coronavirus (Health Protection) Regulations.

4. Summary of human resources implications

No direct implications. However, under the ongoing work of the public health response we will be considering how to use Contain Outbreak Management Funding to support the public health team in maintaining an effective response.

5. Summary of environmental impact

No direct impacts.

7. Summary of public health implications

The plan is concerned with ensuring that we keep transmission of COVID-19 as low as possible, to minimise direct impacts on health, including serious illness, and death arising from COVID-19 infection. It also shows how the health protection board's work over the next phase will enable a return to more normal way of life, allowing people and communities and our economies to start the process of recovery.

Direct implications for public health are set out in the local outbreak management plan refresh, not least the necessity to continue to provide a substantial and ongoing response to managing the consequences of COVID-19. In order to do this, we need to work closely with many other sectors, including the voluntary and community organisations that are so important in maintaining the efforts required on public health measures to keep infection rates low.

8. Summary of equality implications

A screening EIA has been carried out and it is the view on the basis of that work that the local outbreak management plan refresh will not need a full EQIA. Partly this is because of the national research on the impact of COVID-19 on people with protected characteristics. We draw on this research locally in understanding the measures the local plan will need to take in ensuring we consider the impact of COVID-19 on different groups in our communities. The plan sets out a number of ways that we mitigate unintended consequences, including the Trusted Voices groups, regular engagement with sections of the community who may have different views and needs in relation to COVID-19, and the insights work we collaborate on with Dorset CCG to ensure that the vaccination uptake is as high and equitable as possible.

9. Summary of risk assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: HIGH

Residual Risk: MEDIUM

The current risk of a resurgence of COVID-19 resulting in significant impacts including loss of life are currently rated HIGH. This is in view of the severity of the wave over the winter period, and the impacts locally. However, having a strong and refreshed local

outbreak management plan, plus the mitigation measures including the progress with local vaccination, reduces this risk with an effective plan to MEDIUM.

Background papers

The refreshed Local Outbreak Management Plan is currently in production, and a working draft is required for regional sign off by 12 March. The draft document will follow this covering report as soon as it has been completed by the Health Protection Board.

Appendices

None.

HEALTH AND WELLBEING BOARD



Report subject	Development Session 21 January 2021 - outcomes and action
Meeting date	18 March 2021
Status	Public
Executive summary	<p>The BCP Health and Wellbeing Board held a Development Session on 21 January 2021 which included the development of the following:</p> <ul style="list-style-type: none"> (a) BCP Local Plan. (b) Housing Strategy. <p>A copy of the presentations given at the development session is attached at Appendix 1.</p> <p>At the Development Session, partners commented on the above and a summary of the issues raised on each document is detailed below. This report recommends that the Board notes and approves the outcomes from the Development Session and agrees actions for inclusion in the Board's Forward Plan.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <ul style="list-style-type: none"> (a) The Board notes and approves the summary of the outcomes from the Development Session held on 21 January 2021 as detailed below. (b) The Board considers and agrees the actions detailed below for inclusion in the Board's Forward Plan.
Reason for recommendations	Following the BCP Health and Wellbeing Board's Development Session on 21 January the Board should agree the outcomes and follow up on the actions agreed.

Portfolio Holder(s):	Councillor Nicola Greene,
Corporate Director	Jan Thurgood, Corporate Director, Adult Social Care Kate Ryan, Corporate Director, Environment and Community
Report Authors	Karen Tompkins, Deputy Head of Democratic Services
Wards	Council-wide
Classification	For Decision

Background

1. The BCP Health and Well-Being Board held a Development Session on 21 January 2021 which covered the BCP Local Plan and Housing Strategy.

Local Plan

2. The Local Plan is a statutory document that sets the vision and guides what can be built where, shapes future infrastructure investment and future patterns of development. The Board was advised of the process and associated timetable for the development of the Local Plan. The focus for the Board was to consider how the Local Plan can be an integral part to ensure that health and wellbeing was at the heart of planning for the BCP area. The National Planning Policy Framework sets out the requirements for Local Plans and Planning when including and reflecting health and wellbeing. Set out below are issues raised at the development session:
 - Improving the environment - creating thriving and healthy communities including the provision of community gardens, green spaces and encouraging the use of sustainable transport.
 - Local Plans from preceding Authorities – ensuring that the new Plan evolves taking account of the policies reflected in the Local Plans from the preceding authorities.
 - Health and wellbeing assessments - planning applications should include the consideration of health and wellbeing implications and the use of health and wellbeing impact assessments should be introduced.
 - Health and Wellbeing Strategy – the strategy enables the Board to consider how to tackle deprivation. Deprivation is a fundamental principle and how the planning responds should be an aspiration for the Local Plan. Partners commented on the long term aims and how the views of deprived communities can feed into the local plan process.
 - Provision of services for local people – service provision should reflect the needs of local people eg supported housing. Consideration should be given to how NHS land and infrastructure is used to support the health and wellbeing of the population. How can services be future proofed for the future including how NHS estates and infrastructure is used. Engagement

and horizon scanning through the Primary Care Network would support this approach.

- Brownfield sites – understanding and considering how these sites will be dealt with and can contribute to the wellbeing of the area.
- Homeless and Rough sleeping – consider the impact for the BCP area and the approach taken by the Council and its partners.

3. Set out below is a summary of the key actions:

- Consider further the implications and introduction of health and wellbeing assessments as a requirement of planning policy.
- accessibility to green spaces.
- Health and Wellbeing Strategy - linking the theme of deprivation in the Local Plan and considering the Board's priority in tackling mental health
- Local Plan driving economic prosperity
- Development of a Health Services Estates Strategy
- How health services are accessed by neighbourhoods which would identify the needs of the community.
- Consultation process – key officers and partners met to discuss engagement with the consultation process and report back to the Health and Wellbeing Board on next steps.

Housing Strategy

4. The Housing Strategy sets out a clear vision and strong leadership for BCP on housing matters and how to deliver outcomes that fulfil the priorities. The formal consultation has not yet started but early input from the Board would be helpful. The presentation emphasised that housing is integrated as a key component of the Corporate Strategy, Local Plan and Health and Wellbeing Strategy. Set out below are issues raised at the development session:

- Housing provision should be accessible for those with disabilities
- Deprived areas – options to include maintaining and improving the stability of communities through Housing.
- Creating a 'home for life' - Covid 19 has been a game changer and consideration needs to be given to additional rooms for working from home and outside space.
- HMOs – 2 Legislative frameworks exist across Council teams – private sector enforcement and planning - working together to ensure HMO compliance but they can avoid conflict.
- Housing market – needs to be assessed to understand how BCP stands in comparison to other areas on different types of tenure. Officers explained the analysis of data sets currently underway but until that report was available there was a limited evidence base and currently the team were learning lessons from other areas.

- Commissioning Strategies – consider how the Housing Strategy joins up with Commissioning Strategies including Sheltered Homes, Extra Care provision and residents with specialist needs.
 - Change the emphasis and consider where the Strategy sits in terms of the environment and sustainability.
5. Set out below is a summary of key actions:
- For comments received during the session to help shape the emerging Housing Strategy.
 - Building in Communities – need to consider the impact of buildings on existing communities which should not be undertaken in isolation.
 - Consider how key strategies are linked – stabilise communities and people in varying tenancies having an impact on health needs to be addressed.
 - In light of the impact of Covid to consider the affect on housing provision and accessibility to open spaces.
 - To circulate the links to the Board when formal consultation opens.

Summary of financial implications

6. The actions arising from the Development Session mean that all partners commit to contribute their agency resources as appropriate in relation to the collective aims of the Board. It was recognised that stakeholders, local people and communities are key contributors to the Plan and Strategy and will need to be engaged in the development of these documents.

Summary of legal implications

7. The Local Plan is a statutory document and development of the Plan should be undertaken in accordance with the relevant legislation.

Summary of human resources implications

8. All partners of the Health and Wellbeing Board will work to ensure that their staff understand and contribute to the development of the Local Plan and Housing Strategy.

Summary of sustainability impact

9. The Board recognises the Climate and Ecological Emergency and ensures that the work of the Board addresses this policy.

Summary of public health implications

10. A key role of the Board is to improve health and wellbeing in the BCP Area which is reflected in the Health and Wellbeing Strategy which the Board is required to publish under the provisions of the Health and Social Care Act 2012.

Summary of equality implications

11. The Local Plan and Housing Strategy are the subject of risk assessments by the relevant service area to ensure that the documents and the implications are relevant to all residents and those who have protected characteristics are appropriately addressed.

Summary of risk assessment

12. The risk assessments will have been undertaken by the relevant service areas.

Background papers

13. None

Appendices

Appendix 1 – Presentation on the Local Plan and Housing Strategy.

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Health and Well Being Board

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**Consultation on the
Local Plan & Housing Strategy**



Agenda

- Local Plan – presentation (10 mins)
- Break-out discussions (35 mins)
- Housing Strategy – presentation (10 mins)
- Break-out discussions (35 mins)
- Conclusion

BCP Local Plan

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Nicholas Perrins

&

Mark Axford

Head of Planning
Regeneration & Economy

Planning Policy Manager
Regeneration & Economy



What is the Local Plan?

- The Local Plan is a statutory document that sets the vision and guides what can be built where, shapes future infrastructure investment and future patterns of development
- The Local Plan is the framework for deciding planning applications
- Supports delivery of BCP Corporate Strategy and other local strategies

What is a healthy place?

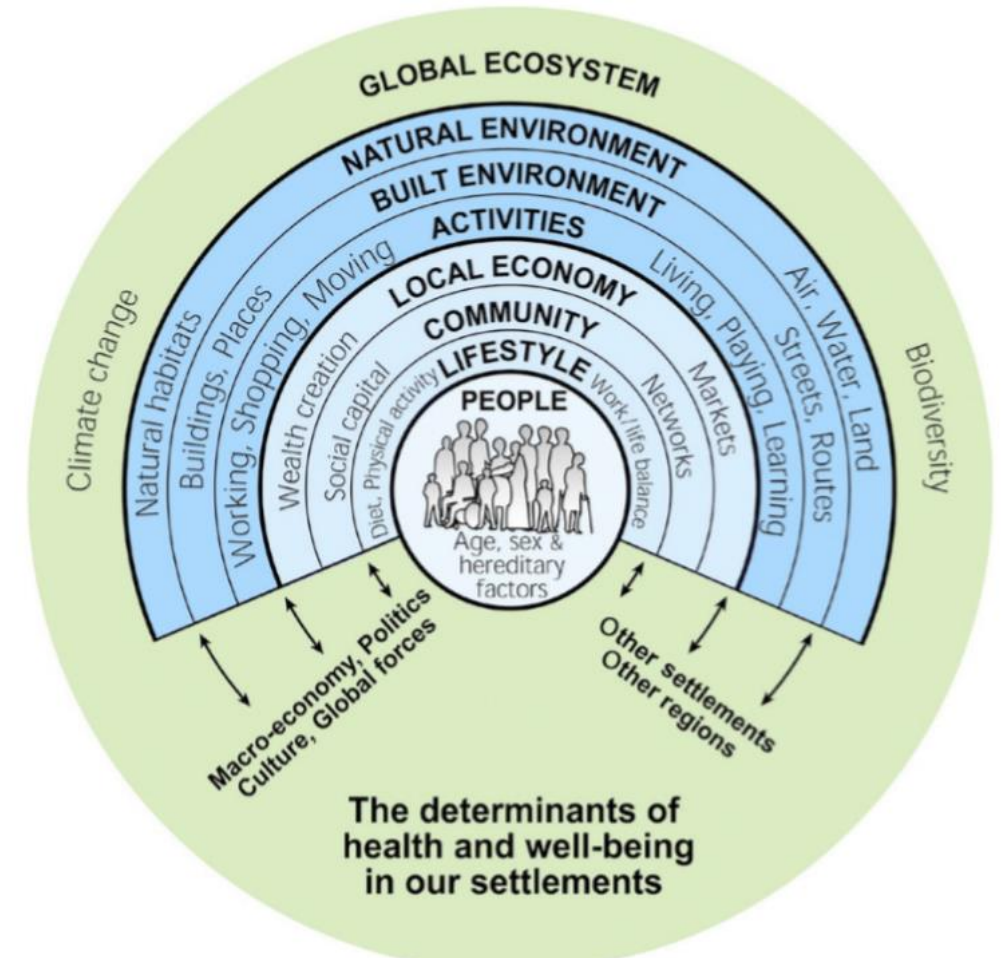
Movement and access Creating a place that prioritises active and inclusive environments which provide easy and safe opportunities for everyone to be physically active through sustainable modes of travel.	Open space play and recreation Delivering a comprehensive network of natural and public open spaces and places which provide for a range of informal and formal activities to happen for everyone's participation and enjoyment.
Food Environment Providing the local community with access to a diversity of food outlets selling healthy food options and the opportunity to grow their own food in designated public and private spaces accessible from the home, school, or workplace.	Buildings Constructing high-quality, human-scale buildings with healthy working and living, internal and external environments that will promote the long-term health and comfort of their occupants.
Neighbourhood spaces and infrastructure Providing improved access to community and health infrastructure to meet local needs, maximising redevelopment and, in the meantime, the use of redundant premises and spaces, and actively seeking opportunities for co-location.	Local Economy Providing a dynamic environment with accessible local industries, services and facilities, which help to secure employment, enterprise, and training opportunities for residents, and attract key workers.

Planning and Health and Wellbeing

NPPF requires Local Plans and Planning to :

- Take account and support delivery of local strategies to improve health, social and cultural wellbeing;
- Include planning policies and decisions should ensure developments create places that are safe, inclusive and accessible and which promote health and wellbeing;
- Consider transport issues and promote opportunities for walking, cycling and public transport use to help public health and air quality;
- Provide access to open space and opportunities for physical activity and recreation;
- Make provision for community facilities such as health, education and cultural infrastructure

THE DETERMINANTS OF HEALTH AND WELLBEING IN OUR SETTLEMENTS



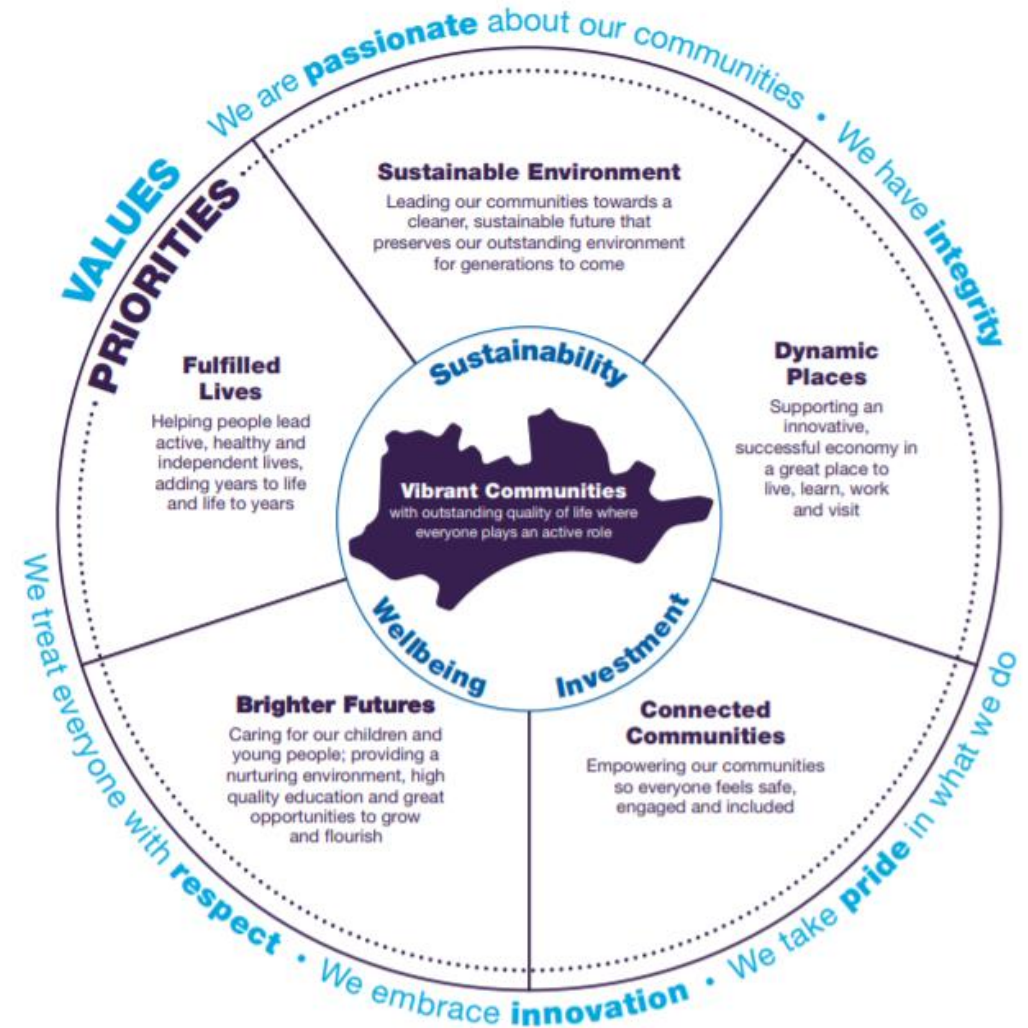
BCP Local Plan Timetable

- Initial issues consultation and call for sites – **Completed 2019**
- Evidence base collected across range of topics – **2020 and ongoing**
- Public consultation to focus in on issues and policy options – **Spring 2021**
- Draft plan preparation – **2021 / 2022**
- Draft plan public engagement – **2022**
- Submit for examination – **2022 / 2023**
- Examination and adopt – **2023**

Local Plan Story so far - 2019 Consultation Results

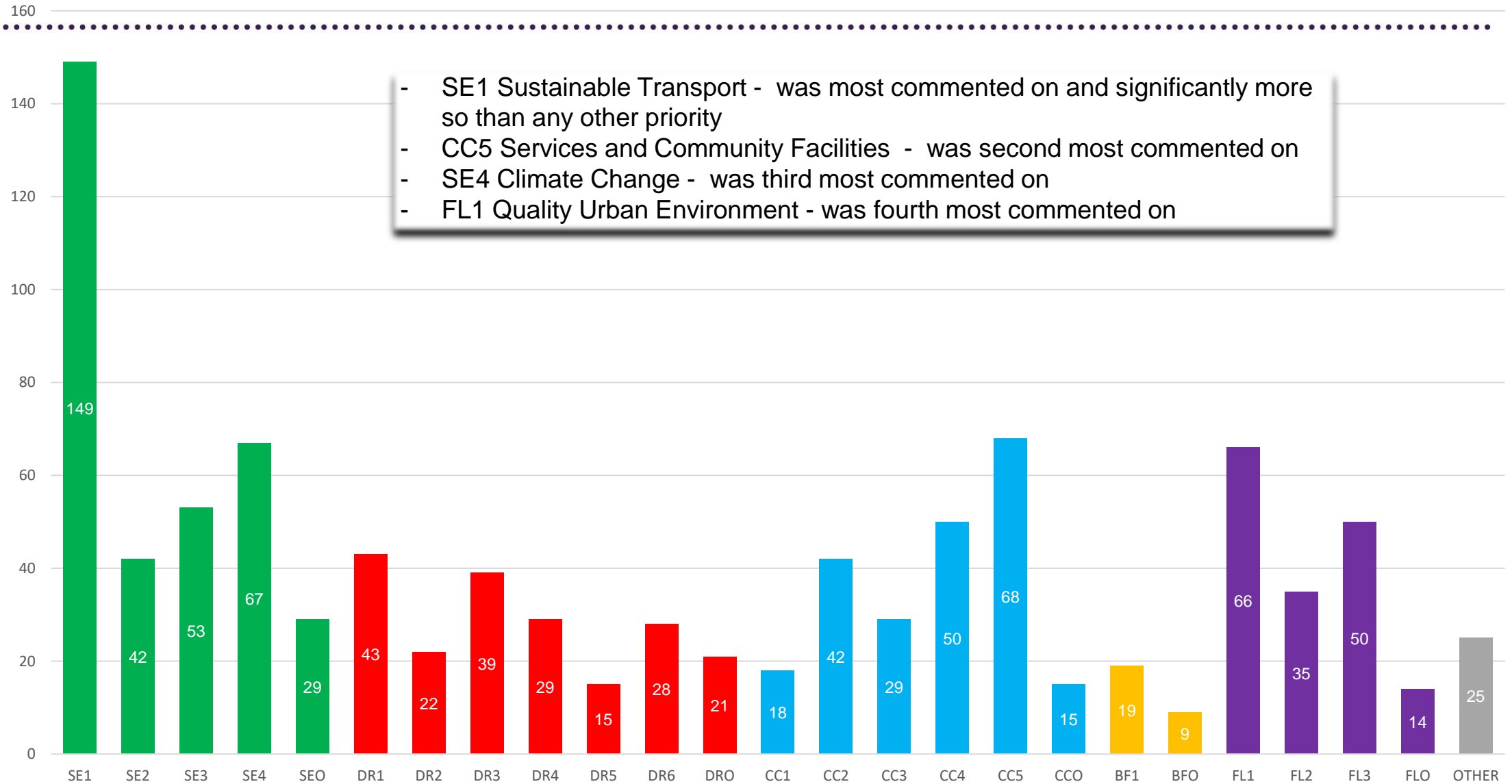
BCP Council's Corporate Strategy

- Questions themed against the Corporate Strategy priorities
- Total of 319 responses from range of individuals, business and community groups



Specific Consultation questions asked...

Issues	Precursor	Question	Code
Sustainable Environment	In planning for sustainable growth, how might we:	manage congestion and increase opportunities for active eco-friendly travel by walking, cycling and public transport?	SE1
		improve access to parks and open spaces?	SE2
		protect and enhance Bournemouth, Christchurch and Poole's exceptional natural environment?	SE3
		tackle the challenges posed by climate change?	SE4
	Other		SEO
Dynamic Region	In planning for the economy, how should we:	revitalise Bournemouth, Christchurch and Poole's town and local centres so that they provide complementary shopping experiences?	DR1
		plan for future business growth and deliver better paid jobs?	DR2
		balance the need for new homes to meet the challenging targets required, whilst retaining local character?	DR3
		maximise delivery of affordable homes for local people?	DR4
		deliver specialist accommodation to meet the needs of the ageing population?	DR5
		support and develop Bournemouth, Christchurch and Poole's tourism sector?	DR6
	Other		DRO
Connected Communities	In empowering our communities, how should we:	shape growth to ensure that the individual identities of Bournemouth, Christchurch and Poole are retained?	CC1
		ensure the delivery of high quality and attractive urban environments?	CC2
		strengthen cultural identity and preserve or enhance our historic environment?	CC3
		plan for safe, mixed and socially inclusive communities?	CC4
		ensure essential services and community facilities are easily accessible to everyone?	CC5
	Other		CCO
Brighter Futures	In caring for our children and young people, how might we:	plan for the provision of high quality educational facilities?	BF1
	Other		BFO
Fulfilled Lives	In helping people lead active, healthy and independent lives, how should we:	provide accessible, well connected, high quality urban environments and public open spaces?	FL1
		provide the opportunities for people to make healthy lifestyle choices?	FL2
		improve air quality by reducing reliance on the motor car?	FL3
	Other		FLO
Other	Anything unable to be categorised in the above issues.		OTHER



Fulfilled Lives

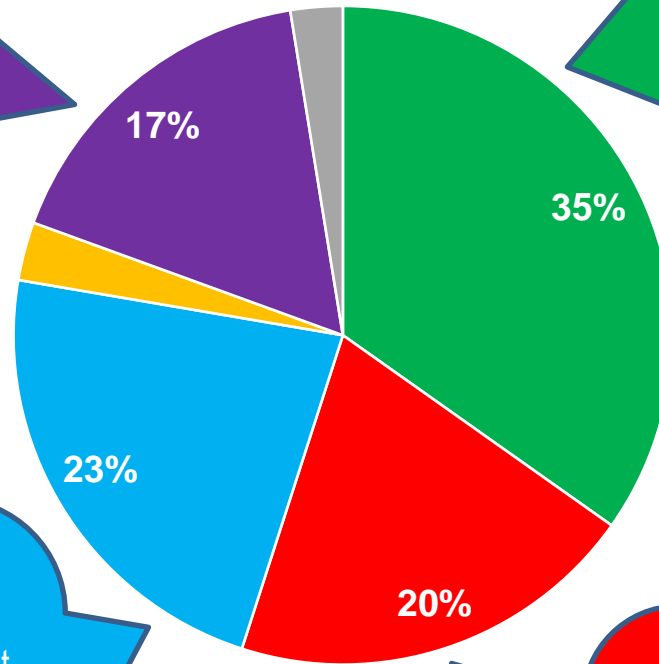
- Better cycling provision needed
- Better walking provision
- Role of arts and culture important to shaping BCP image
- Need to retain open spaces
- Improve management of open spaces and facilities
- Better facilities needed for young people and all year round weather facilities

Brighter Futures

- More investment in schools needed
- More schools needed for new development
- More innovative education needed
- Investment in outdoor education centres

Connected Communities

- Existing lack of services (doctors, schools and hospitals)
- Increased pressure upon services from new development
- Better transport links needed to Bournemouth hospital
- More innovative public transport needed (ie along the beach promenade)
- Must protect the special character of places
- Beggars and/or homeless problems in town centres
- Antisocial behaviour and safety concerns in certain areas
- Night time economy in town centres and balance with other users
- HMOs and associated problems
- Traveller sites and need for community consultation



Sustainable Environment

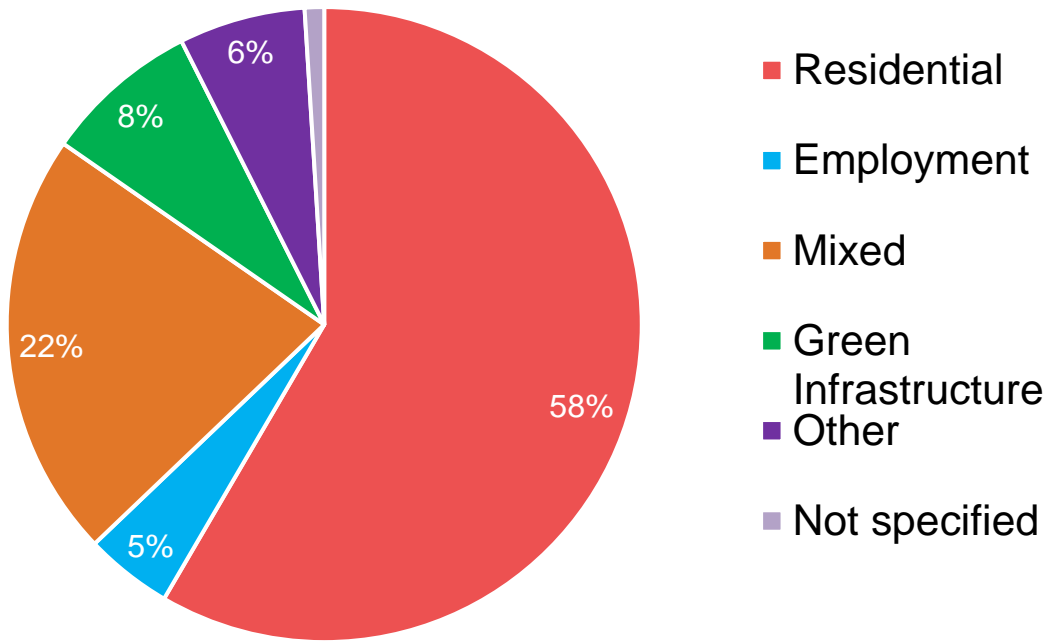
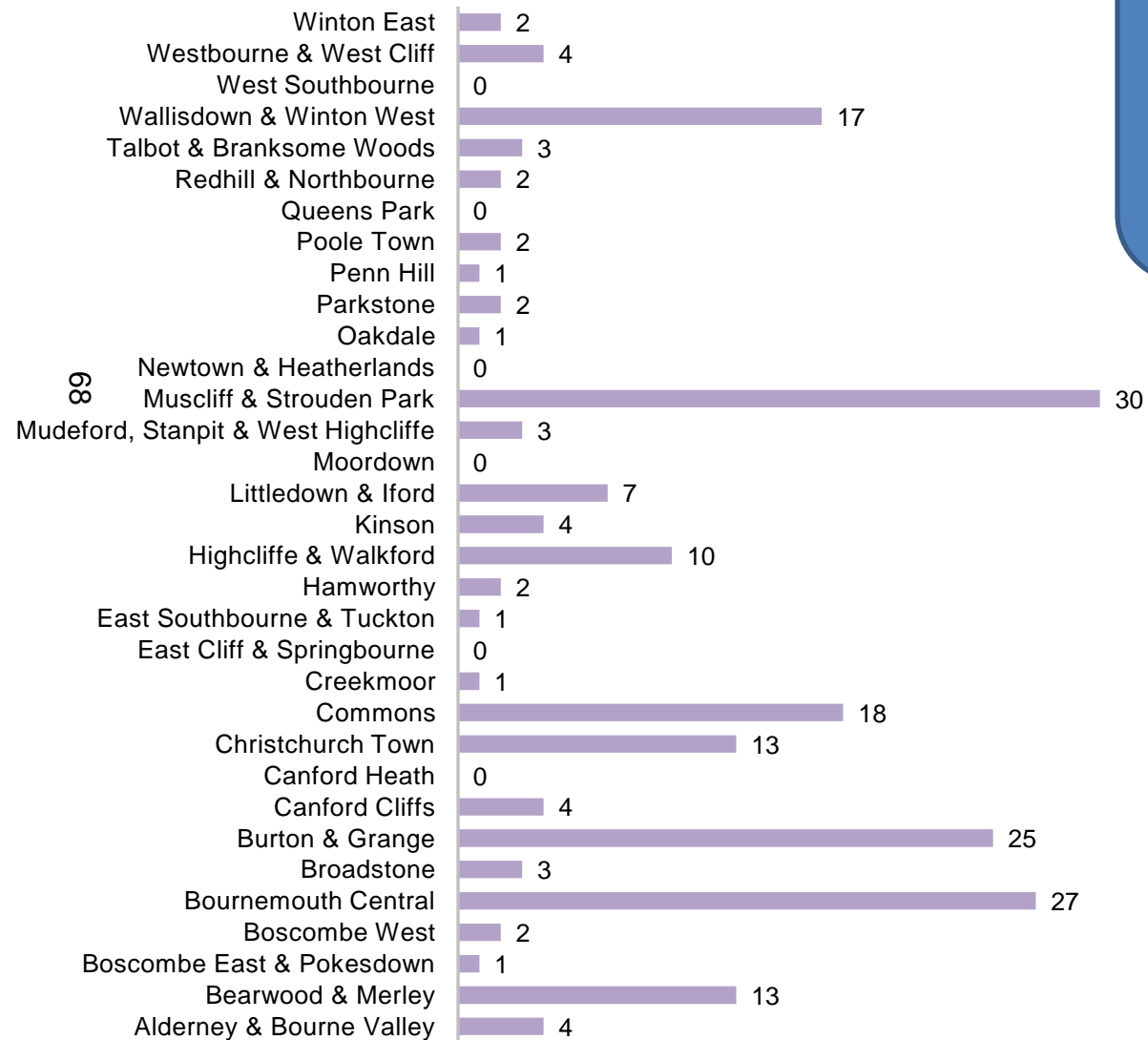
- Too much existing traffic congestion
- Increased traffic congestion from new development
- Road maintenance needs improving
- New road infrastructure needed
- Regional transport links need improving
- Better cycling provision needed
- Better public transport needed
- More innovative public transport alternatives needed
- Car parking requirements needs balancing
- Protect and enhance the Green Belt
- Protect the special natural environment and wildlife
- Protect and plant more trees
- More aspirational climate change measures needed to be carbon free
- Re-consider more innovative renewable projects (ie Navitus Bay)

Dynamic Region

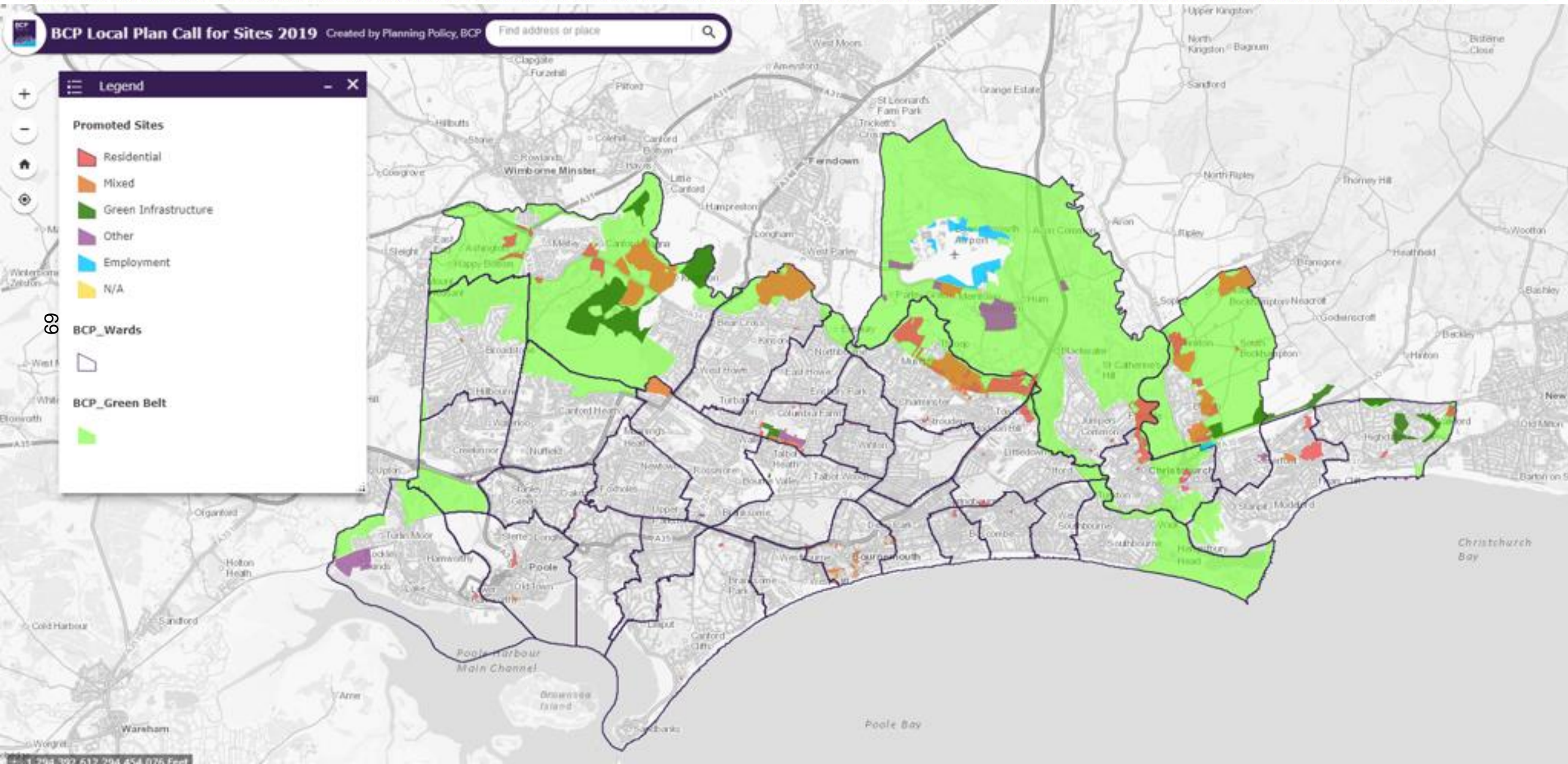
- Improve the appearance of all three town centres
- Address homelessness and beggars in town centres
- Better tourist facilities are needed in Bournemouth
- Poole town centre and bus station needs revitalising and uplift
- Use link more between arts and culture to town centres and tourism
- Review car parking in town centres and charges
- Challenge housing numbers and reduce target
- Need to deliver more affordable housing
- Need to prioritise and redevelop brownfield sites first
- Need to utilise empty homes and offices
- Too many flats are being built and not enough houses

Call for Sites

- Total of 202 sites promoted and currently being assessed.
 - Approximately 1/3 of sites known of.
 - 74 of the sites are within Green Belt.



Submitted Sites

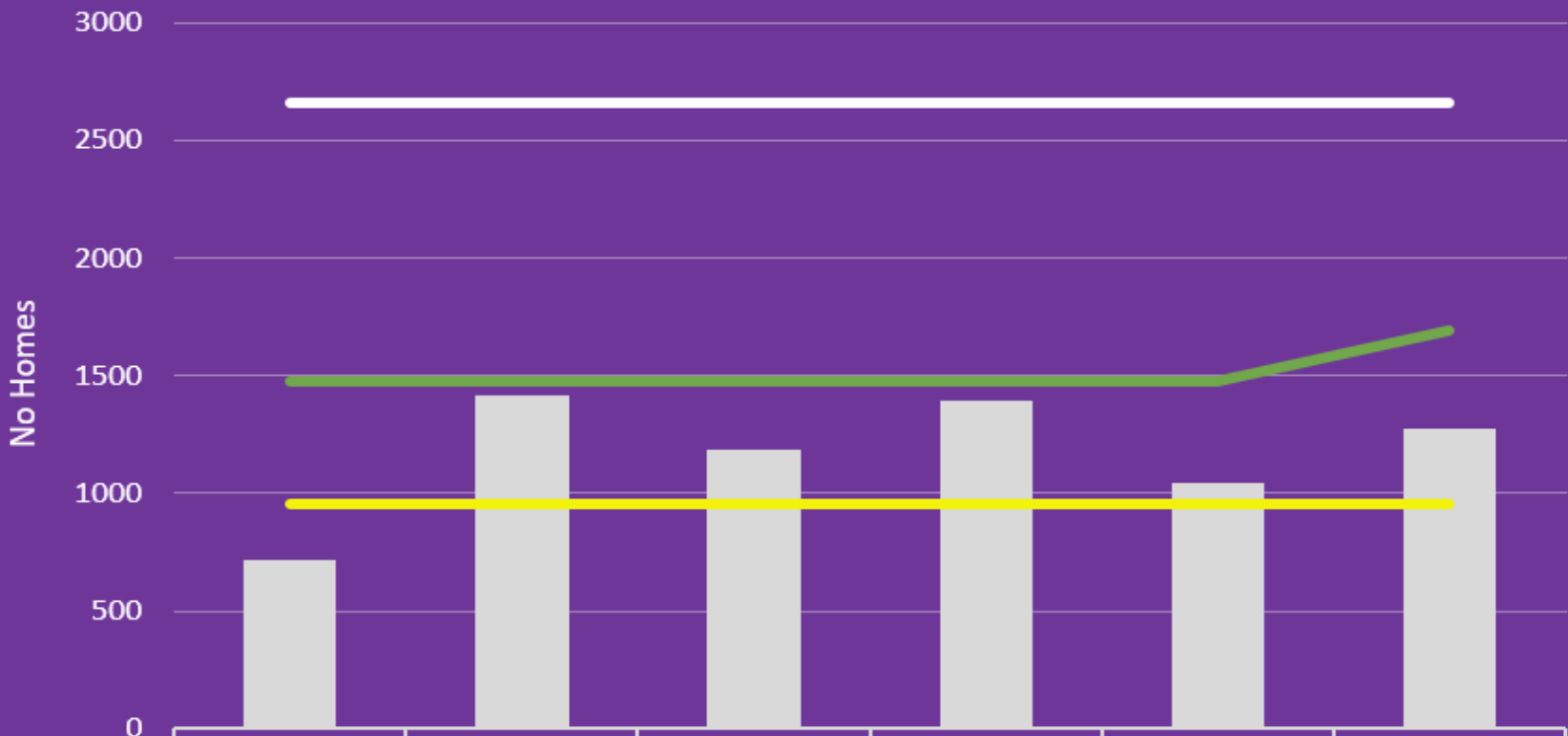


Key Issues for Local Plan to address

- Housing needs – Govt. method (based on 2014 data) sets minimum housing requirement of **2,670 dwellings per annum**
- Future role of town centres
- Design and quality of development
- Access to open space and recreation
- Climate change
- Movement and access
- Patterns of development
- Delivery of supporting infrastructure and community facilities
- Type of housing to meet needs of population change
- The economy and access to jobs

Housing Delivery compared to annual requirements

Comparing past housing performance against alternative housing targets in the BCP Council area



	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
BCP Homes completed	720	1416	1182	1396	1042	1272
Local Plans target	1479	1479	1479	1479	1479	1689
Housing target using standard method based on 2014 household forecasts	2655	2655	2655	2655	2655	2655
Housing target using standard method based on 2018 household forecasts	954	954	954	954	954	954

Questions for Breakout Session

- From your perspective, how well has the planning system worked to deliver healthy places, and how does it need to improve in the future?
- What do you think are the top 3 health and wellbeing issues that the BCP Local Plan needs to focus on?
- Given BCP's significant housing pressures, what strategic options should the Council consider in its Local Plan, and do you have a preferred option in the context of the health and wellbeing agenda?
- How would you like to be engaged in the Local Plan process from here on?

A new BCP Housing Strategy

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Lorraine Mealings

&

Kerry Ruff

Director of Housing
Environment and Community

Housing Enabling Manager
Environment and Community

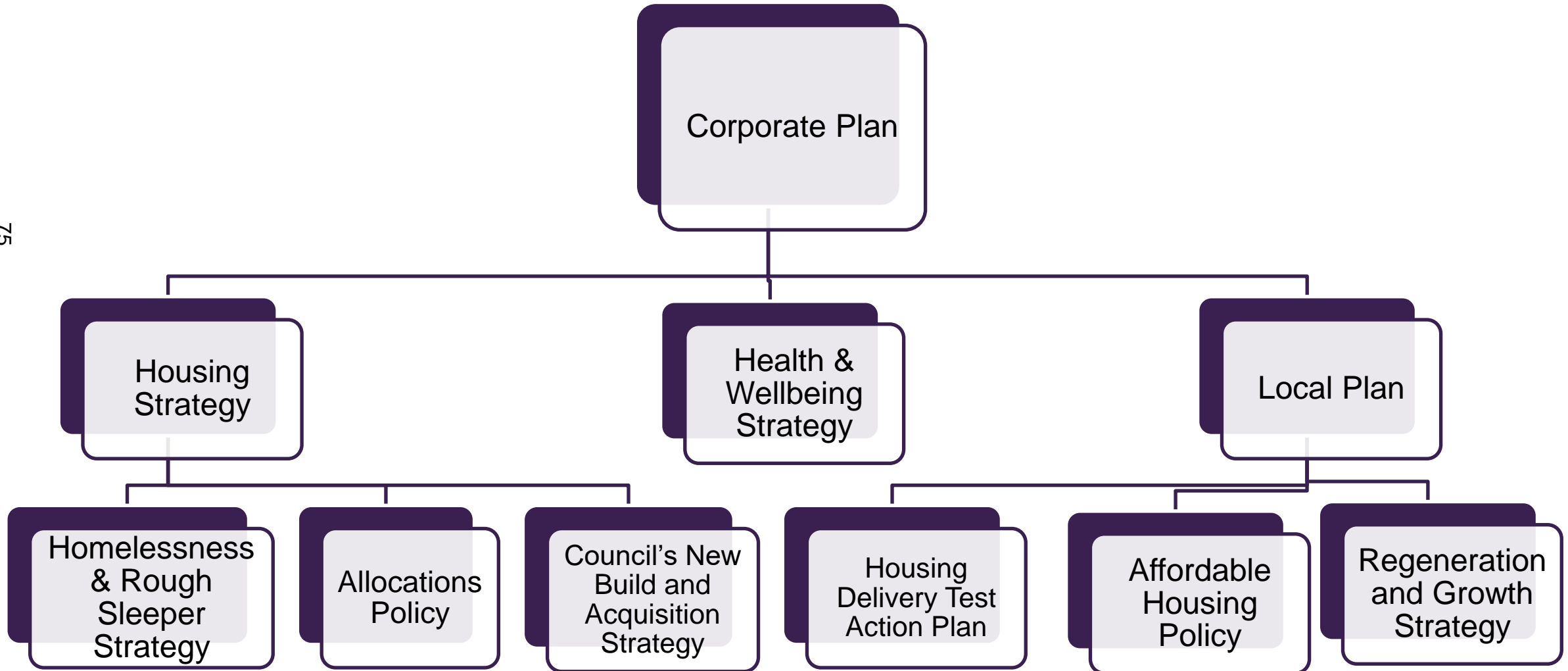


The importance of a Housing Strategy

- To set out a clear vision and strong leadership for BCP on Housing matters
- To deliver outcomes that fulfil the priorities
- Ensure housing is integrated as a key component of;
 - Corporate Strategy
 - Local Plan
 - Health & Wellbeing Strategy

Housing Strategy Hierarchy

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Housing & Health (The Marmot Review)

“Creating a fairer society is fundamental to improving the health of the whole population and ensuring a fairer distribution of good health. Inequalities in health arise because of inequalities in society – in the conditions which people are born, grow, live, work and age. “

Cross Cutting Issues

- Housing cuts across many other service areas
- Important to identify within the “Issues & Opportunities” consultation paper
- Consultation will be key with;
 - Internal BCP Services
 - External Stakeholder Partners
 - Local Residents / General Public

Housing Vision for BCP

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Influencing our area to make a positive difference in housing and improve lives

Proposed housing priorities

- 1. Meeting future growth needs**
- 2. Preventing Homelessness and Rough Sleeping**
- 3. Improve housing options, opportunities and choice for all**
- 4. Empower and co-create neighbourhoods where residents wish to live and be part of the community**
- 5. Improve safety and sustainability of all housing across BCP**

Key Ambitions within the Priorities

- The Council playing its part in delivering new homes by building out its surplus site pipeline at scale and pace across all tenure types
- Making sure that homelessness is prevented as much as possible through proactive early intervention and support needs
- Proactively understanding unmet specialist housing, care and support options for our most vulnerable and bringing additional housing schemes forward to help meet needs
- Making our 10,000 Council Housing stock even better in meeting the needs of our tenants
- Making sure fire safety across all our homes is top of our agenda

Meeting future growth needs

- Increase the supply of new homes through working with developers
- The Council to deliver a pipeline of at least 1,000 new homes using surplus owned land and acquire additional land and properties where appropriate
- Engagement and consultation to ensure the BCP Local Plan delivers the homes the area needs
- Develop a new affordable housing policy with supporting guidance
- Partnership work to deliver large regen development projects
- Seek to attract investment into our area
- Consider how new developments can incorporate wider benefits

Preventing Homelessness and Rough Sleeping

- Ensure no one sleeps rough or lives in places which aren't designed as a home, such as tents, vehicles, squats or non-residential buildings
- Anyone staying in emergency or temporary accommodation has a rapid rehousing plan specifying their appropriate move-on housing
- Everyone threatened with homelessness is provided with the advice, assistance and support they need to prevent their homelessness

Improve Housing options, opportunities and choice for all

- To continue working collaboratively with housing providers and developers to bring forward more homes for vulnerable people that offer a range of housing options and provide local leadership on what is required for the area.
- Work collaboratively with all stakeholders to ensure;
 - Families and children
 - Care experienced Young People (Care Leavers)
 - Older persons
 - Any other complex or specialist needs are being met

Empowering and co-creating neighbourhoods where residents wish to live and be part of the community

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- Housing Management services embrace the Govt. White Paper “Charter for Social Housing Residents”
- Ensure our regeneration schemes promote communities
- Residents have engagement opportunities on housing matters
- Private Sector Housing Standards are effectively managed
- Tackle the number of empty properties in communities

Improve safety and sustainability of all housing across BCP

- To ensure Fire Safety requirements and regulations are followed, implemented and where necessary enforced
- 85 • Our stock is well managed and maintained and investment is made to provide sustainable efficiencies to residents homes.
- Work with the private sector to take steps towards meeting our climate emergency commitments
- Work collaboratively to ensure developments consider design aspects that encourage;
 - Safer communities
 - Community cohesion

Timetable for the BCP Housing Strategy

Dates	Action
Nov / Dec 2020	Develop a draft “Issues and Opportunities” Housing paper to consult on
Dec 2020 / Jan 2021	Internal engagement / consultation with members, relevant groups and services
Feb 2021 – April 2021	Public Consultation (10 weeks) on Housing paper online, to include virtual meetings for stakeholder engagement session and social media
Early April 2021	End of consultation period
March / April	Housing Needs and Market Assessment report becomes available for BCP (jointly commissioned with Dorset Council)
June 2021	Endorsement and adoption by the Council of the finalised BCP Housing Strategy

Housing Strategy Consultation Questions

- From your perspective, what do you think are the key issues for Housing in relation to health and well-being?
- Do you think there are opportunities across the partnership to improve housing outcomes?
- What is your overall feedback on the proposed Housing Strategy?
- What do you think are the top three priorities that we need to focus on?



NEXT STEPS & THANK YOU

BCP COUNCIL HEALTH AND WELLBEING BOARD FORWARD PLAN

Recommendation:

That the Health and Wellbeing Board consider the development of the Forward Plan

Item Title	Reason for item	Desired Outcome	Lead Officer(s)	Why has it come to the Board?
Board Meeting: 18 March 2021				
Local Outbreak Management Plan	To provide an update to the Board on the current position in light of its role as the public engagement Board.	To enable appropriate communication and engagement.	Sam Crowe	To ensure that the Board is able fulfil its role in accordance with the Plan.
Health and Wellbeing Strategy – Promoting Healthy Lives - Eliminating Food Insecurities	To provide an overview of the work undertaken by the Access to Food Partnership, a proposed workplan for the coming year, desired outcomes and a request for a champion from the Board.	To enable the Board to monitor the Promoting Healthy Lives priority through the Eliminating Food Insecurities Theme	Kate Ryan, Kelly Ansell	Identified as a theme within the Health and Wellbeing Strategy
Outcomes and action from the development session on the Local Plan and Housing Strategy – 21 January 2021	To progress next steps following the development session	To enable the Local Plan and Housing Strategy to reflect the health and wellbeing needs of the BCP area.	Nick Perrins and Lorraine Mealings	To enable the Board to influence the development of the Local Plan and Housing Strategy

Item Title	Reason for item	Desired Outcome	Lead Officer(s)	Why has it come to the Board?
Development Session: Date TBC – Spring 2021 Health Primary Care Networks Wellbeing Population Health Benefits				
Board Meeting: 17 June 2021				
Local Outbreak Management Plan	To provide an update to the Board on the current position in light of its role as the public engagement Board.	To enable appropriate communication and engagement.	Sam Crowe	To ensure that the Board is able fulfil its role in accordance with the Plan.
Health & Wellbeing Strategy – Promoting Healthy Lives – supporting mental wellbeing and improving mental health	Update and feedback from Workshop scheduled for 18 February 2021 and to consider any initiatives coming forward	To enable the Board to achieve the Promoting Health Lives priority within the Health and Wellbeing Strategy	Paul Iggulden	Identified as a theme within the Health and Wellbeing Strategy
Health and Wellbeing Strategy – Safeguarding Partnership	To advise the Board of the how the safeguarding partnerships will be working together following the independent review		Jan Thurgood and Elaine Redding	

Item Title	Reason for item	Desired Outcome	Lead Officer(s)	Why has it come to the Board?
Development Session: Date TBC – September 2021 Inequalities Community Empowerment				
Board Meeting: 14 October 2021				
Local Outbreak Management Plan	To provide an update to the Board on the current position in light of its role as the public engagement Board.	To enable appropriate communication and engagement.	Sam Crowe	To ensure that the Board is able fulfil its role in accordance with the Plan.
Better Care Fund and Home First Programme	To provide an update on the BCP Fund and consideration of the Home First Programme Commissioning Strategy and Plan.		Phil Hornsby and Sally Sandcraft	
Health and Wellbeing Strategy – Promoting Healthy Lives - Eliminating Food Insecurities	To provide an update on the theme	To enable the Board to monitor the Promoting Healthy Lives priority through the Eliminating Food Insecurities Theme	Kate Ryan, Kelly Ansell	Identified as a theme within the Health and Wellbeing Strategy

Item Title	Reason for item	Desired Outcome	Lead Officer(s)	Why has it come to the Board?
Meeting dates for future meetings of the Board are detailed below: 20 January 2022 24 March 2022				