

# Notice of Health and Wellbeing Board

Date: Thursday, 17 June 2021 at 10.00 am

Venue: Committee Suite, Civic Centre, Poole BH15 2RU



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## 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 and Poole
Marc House	Dorset & Wiltshire Fire and Rescue Service
James Vaughan	Dorset Police
Sian Thomas	Education Representative

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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.bcpCouncil.gov.uk/ieListDocuments.aspx?MId=4580>

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](mailto:democratic.services@bcpCouncil.gov.uk)

Press enquiries should be directed to the Press Office: by email at [press.office@bcpCouncil.gov.uk](mailto:press.office@bcpCouncil.gov.uk)

This notice and all the papers mentioned within it are available at [democracy.bcpCouncil.gov.uk](https://democracy.bcpCouncil.gov.uk)

GRAHAM FARRANT  
CHIEF EXECUTIVE

9 June 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

Do any matters being discussed at the meeting relate to your registered interests?

Disclosable Pecuniary Interest

Yes

Declare the nature of the interest

Do NOT participate in the item at the meeting. Do NOT speak or vote on the item EXCEPT where you hold a dispensation

You are advised to leave the room during the debate

Local Interest

Yes

Declare the nature of the interest

Applying the bias and pre-determination tests means you may need to refrain from speaking and voting

You may also need to leave the meeting. Please seek advice from the Monitoring Officer

No

Do you have a personal interest in the matter?

Yes

Consider the bias and pre-determination tests

You may need to refrain from speaking & voting

You may also need to leave the meeting. Please seek advice

No

You can take part in the meeting speak and vote

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](mailto: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 any changes in the membership of the Board.

**3. Election of Chairman**

To elect a Chairman of the Board for the 2021/22 Municipal Year.

**4. Election of Vice-Chairman**

To elect the Vice-Chairman of the Board for the 2021/22 Municipal Year.

**5. 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.

**6. 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.

**7. Confirmation of Minutes and action sheet**

To confirm and sign as a correct record the minutes of the Meeting held on 18 March 2021.

The Board is also asked to consider the action sheet.

<b>8.</b>	<b>Health and Wellbeing Board - Business protocol, membership and terms of reference</b>	23 - 26
	The Board is asked to review the business protocol, membership and terms of reference and amend as appropriate.	
<b>9.</b>	<b>Local Outbreak Management Plan</b>	27 - 38
	The Board will receive an update on the above.	
<b>10.</b>	<b>Health &amp; Wellbeing Strategy - Promoting Healthy Lives - supporting mental wellbeing and improving mental health</b>	39 - 52
	The Board will receive an update on supporting and promoting mental wellbeing and improving mental health and to consider any initiatives coming forward.	
<b>11.</b>	<b>Health and Wellbeing Strategy Empowering Communities - Deprivation</b>	53 - 66
	The Board will receive a presentation on proposals to develop vibrant Communities in our priority neighbourhoods, using strength-based approaches in partnership with our communities'.	
<b>12.</b>	<b>Special Educational Needs &amp; Disabilities SEND Improvement Journey</b>	67 - 88
	The report provides an update on the SEND Improvement journey and key progress to date as evidenced by performance.	
<b>13.</b>	<b>Hospital Discharge Programme 2021/22</b>	
	The Health and Wellbeing Board will be asked to agree the apportionment of national funding for the Hospital Discharge Programme.	
<b>14.</b>	<b>Development of the BCP Council area and Dorset Integrated Care System Strategic Partnership Framework</b>	89 - 108
	The Board is provided with information on the development of local strategic partnerships and outlines the national requirements for new partnership arrangements being introduced in April 2022 as part of legislation and guidance related to formation of Integrated Care Systems (ICS). All relevant partners and stakeholders will be working over the coming months to ensure that the future framework of partnerships brings best value and impact in terms of improving outcomes for local communities and residents, particularly those who experience inequality and/ or who have additional or complex needs. The report makes recommendations to strengthen relationships between the Health and Well-Being Board and relevant other partnerships and recommends that prior to the end of 2021, the Health and Well-Being Board considers and approves a document which sets out the framework within which all relevant strategic partnerships will work within the BCP Council and the Dorset ICS areas.	

## **15. Forward Plan**

109 - 114

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

No other items of business can be considered unless the Chairman decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

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**BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL**  
**HEALTH AND WELLBEING BOARD**

Minutes of the Meeting held on 18 March 2021 at 10.00 am

Present:-

Cllr N Greene – Chairman

T Goodson – Vice-Chairman

Present: Cllr K Rampton, Cllr M White, Jan Thurgood, Kate Ryan, Sam Crowe, D Fleming, E Yafele, S Sandcraft, Richard Jenkinson, Louise Bate and Karen Loftus

78. Apologies

The Chairman welcomed Marc House, Area Manager, Dorset and Wiltshire Fire and Rescue Service who would replace Seth Why as the Service's representative on the Board. The Chairman on behalf of the Board thanked Seth Why for his support to the Board.

The Board welcomed Alistair Doxat-Purser the Chair of Access to Food Partnership who was attending for item 6 on the agenda.

Apologies for absence were received from, Graham Farrant, Chief Executive, BCP Council, Elaine Redding - Corporate Director, BCP Council, James Vaughan, Chief Constable, Councillor Bobbie Dove, BCP Lead Member, Simon Watkins, NHS Dorset CCG and Sian Thomas, Education Representative.

79. Substitute Members

The Board was advised that Councillor Jane Kelly BCP Lead Member would replace Councillor Bobbie Dove for this meeting.

80. Declarations of Interests

There were no declarations notified for this meeting of the Board.

81. Public Issues

There were no public issues for this meeting.

82. Confirmation of Minutes and action sheet

The minutes of the meeting held on 3 December 2020 were confirmed as a correct record.

Voting: Agreed

The Board considered and agreed the action sheet.

Voting: Agreed

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

The Board received a report, a copy of which had been circulated to each Member and which appears as Appendix 'A' to these Minutes in the Minute Book.

The report provided 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 shared the Partnership's vision, strategy and desired outcomes and sought advice and constructive feedback from the Health & Wellbeing Board. Whilst this issue existed pre Covid, the report highlighted how the scale of the problem had been exacerbated due to the pandemic. The Partnership wished 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.

Alistair Doxat-Purser the Chair of Access to Food Partnership gave a presentation on how the Board can support the programme, a copy of the presentation was attached to the report. He introduced Amy Gallagher from the BCP Council Communities team and Michelle Smith from the Public Health Team and referred to Daisy Carr, who was BCP Council's Community Food Network Co-ordinator and thanked her for the huge amount of work that she had undertaken over the past year on the project.

The Board was referred to the summary report in the agenda pack which set out the activities which had been undertaken in year one together with an outline action plan for the coming year. The Board was advised that the aim of the presentation was to provide the headlines in respect of the journey so far and to highlight five areas where the Board's support was sought on the programme and to work with the Board on eliminating food insecurity.

Alistair Doxat-Purser reported that the Dorset Hidden Hunger Conference was held in 2019 which had been sponsored by the sustainable food city network and Public Health Dorset. He explained that one of the key findings was that 46% of people in Dorset were not spending enough to eat a healthy diet and a quarter of people were in food crisis or unable to afford healthy food. The Board was advised that in 2020 there was a massive upscale of need as the Covid-19 pandemic hit and there was some fantastic grass roots creativity including communities providing hot meals for those in most need, food banks developed a range of other options including access to kitchen equipment, new community pantries, allotments and schools were linked in with food settings and there was a WhatsApp group sharing excess food so it was not going to waste. Mr Doxat-Purser reported on the development of the Access to Food Map which was now public and had received 6,500 hits.

Alistair Doxat-Purser outlined the key issues which the Partnership was asking for the Board's support as detailed below:

- Championing the issue
- Crisis and Recovery Pathways
- Joint Approach to Prevention
- Capacity building



- Keep the momentum

Mr Doxat-Purser referred to the proposal for a champion and that a report be submitted every six months to the Board on progress with the action plan. The Board was advised of a success story which had started by supporting an individual who a year ago had been in crisis and had gone to a food setting for support which ultimately resulted in him finding accommodation and employment and he was now supporting the community that had helped him out of crisis.

The Chairman introduced Councillor Jane Kelly who was the Council's lead member for community engagement. Councillor Kelly commented on the approach outlined by Alistair Doxat-Purser which was exactly how ABCD Asset Based Community Development operated. She explained that this approach was about building community resilience. In referring to the Access to Food Programme it was about building capability, confidence and capacity in people across all communities to enable them to move forward, help themselves and understand how food can be less expensive than they thought and passing knowledge and skills to their Children.

The Vice-Chairman highlighted the importance of getting the basics right with food and nutrition. He suggested that the Partnership do a similar presentation to the GPs. Sally Sandcraft, CCG, welcomed the connection that had been made with the social prescribers working in the Primary Care Networks which was a key point of contact in terms of raising awareness within the networks but equally the social prescribers know how to access the assets in terms of supporting people that they come into contact with. She encouraged that continued engagement with those individuals which would help to build capacity within the Networks on an ongoing basis. She also offered further support from her team on engagement with the community and voluntary sector. Sally also referred to the work on inequalities which would raise the profile of eliminating food insecurities in terms of the Dorset Integrated Care System and at a network level. Debbie Fleming welcomed the presentation and highlighted the passion in both the presentation and the paper. She referred to the numerous links in many areas out in the community and commented on what the hospitals might be able to offer. This could include understanding cases which come into A&E Departments because of food challenges and making connections with the specialist gastroenterology services or dietetic services. Debbie also referred to the catering departments where there was an opportunity for a number of links and connections, the approach on buying local food and what the hospitals do with food waste. In addition, she emphasised the number of employees and the challenges that were being faced. She also offered to make introductions within the hospitals if that had not already been done. The Chairman also commented on discharges from hospitals and potential vulnerabilities which could be explored.

Sam Crowe, Director of Public Health, thanked the partnership and explained the he had been reflecting on how this initiative started. He explained the link between tackling inequality and ABCD was really important because there was a risk that it could be a theoretical concept but this was a real example of how the power of people can be used to genuinely make a difference. He paid testament to the work and how far it

had developed highlighting the need for more vocal leadership on this issue. Paul Iggulden reported on recent discussions with Dorset County Hospital who had linked up with a local food bank with a view to having a collection point in the hospital and the poignancy of keeping the issue to the fore of peoples' minds raising awareness and helping others to contribute. He asked if it would be useful to the partnership for other organisations locally to make a similar offer.

Jan Thurgood, Corporate Director, BCP Council reported that in terms of Adult Social Care it was good to see that the Partnership was involved with the Crisis Services, which is run by Adult Social Care and provides responses to people who find themselves with no access to finance and other resources in an emergency. She invited the team to attend a broader management team to have a wider discussion about the points of connection in terms of adult social care.

Marc House reported that there was a strong synergy with much of the work of the Fire and Rescue Service and one of the Service's key priorities was about making safer and healthier choices. He reported on the extensive network of safe and well advisers who go into residents' homes to discuss issues particularly fire safety but also looking at the wider health agenda as well as a wide range of issues. He emphasised that advisers can signpost people to the right agencies and there was an opportunity to work with the food partnership to raise awareness and communicate as appropriate.

Eugene Yafele reported on the opportunities around life skills and being more conscious and sustainable about collecting food, supporting communities and the role that community hospitals and centres have to support this approach. He highlighted the need to make every contact count in raising awareness.

Amy Gallagher thanked the Board for its support and feedback with the project and emphasised the need to connect across the system at a strategic level and broaden relationships and conversations. Michelle Smith reported on the engagement with GPs and Primary Care Networks and their feedback indicated that they do have patients presenting with low level anxiety and stress and frequently refer to the fact that they worry about food. She reported on the connections with the hospitals from a workforce perspective and having access to the assets including the food map to support members of staff who may be experiencing food insecurity, but to have wider engagement at a senior level and on food procurement would be welcomed. Alistair in summing up was encouraged by the session and the feedback from the Board. He commented on partners being the 'eyes and ears', with the provision of easy road maps and key messages within relevant contexts and the creativity of ideas was a welcome approach.

The Chairman highlighted the importance of having the conversation and that it was acceptable to talk openly about food insecurity. She emphasised that the partnership that exists within the Board provided many opportunities to take forward the project. The Chairman emphasised the benefit of agreeing to run the two themes of food insecurity and mental health concurrently which was clearly linked. The Chairman reported on the

need to also focus the conversation on children whilst acknowledging the work that was ongoing in schools and the associated communications in particular with the upcoming Easter Holidays.

The Board was advised that it was also crucial for the partnership to link with other Council services including planning, licensing and transport.

The Chairman thanked Alistair Doxat-Purser, Amy Gallacher and Michelle Smith for the presentation.

**RESOLVED that:-**

- (a) The Board agrees the approach as outlined in the report and above on how to engage and support the work of the partnership.**
- (b) Councillor Nicole Greene, as Chairman of the Board undertakes the role of 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.**

Voting: Unanimous.

84. Refresh of the Local Outbreak Management Plan

The Director of Public Health presented a report, a copy of which had been circulated to each Member and a copy of which appears at Appendix 'B' to these Minutes in the Minute Book.

The Board was reminded that 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.

The Director of Public Health highlighted the connection with the Health and Wellbeing Boards through the Local Outbreak Engagement Board which was agreed in Summer 2020 as a Sub-Committee of the Health and Wellbeing Board. He explained that the Engagement Board meetings regularly lead on the approach to communications and engagement and more had been learnt about the response to the pandemic which was a critical intervention. The Director of Public Health reported that the draft plan was going through a month-long assurance process. He explained that it has been through the regional assurance working group and would be considered nationally before being signed off at the beginning of April. The Board was advised that the Plan sets out how the health protection work would continue as we mount the response to Covid-19. The Director

of Public Health reported that when the team reflected on what was in the original plan it was clear that the content had moved on considerably based on the fact that there had been a shift from a national leading response on Covid-19 to a situation now where it was more about local delivery, regional coordination of some of the interventions that need to be delivered and then national support. He explained that because there had been so many developments as the responsibility shifted towards local councils taking on local outbreak planning it was felt that it would be a better idea to write a new plan with more of a forward look.

The Board was advised that the plan supports the national contain framework which would be reviewed and updated this week but continued to make clear that Local Directors of Public Health remain responsible for managing local outbreaks of Covid-19 using a range of powers under the Public Health and Coronavirus legislation. He emphasised that this was a significant shift in the previous assurance role of Public Health Directors and explained that Public Health England was in the process of becoming a new organisation the UK Health Security Agency. The Board was informed that the team was also thinking about how the Integrated Care Systems develop over the next year. He reported that in view of the forthcoming changes the plan focusses on the need to maintain a local health protection function which would be mainly staffed and resourced by the Public Health Dorset team.

The Board was informed that the refresh was a single plan under the Dorset Health Protection Board which covers both Unitary Councils. The Director of Public Health reported on the incredible support and engagement through the Health Protection Board and the strong network of communication. The new plan was more dynamic and there was more narrative on the end-to-end outbreak management response and how this should work going forward which had been structured around 4 priorities and how to live safely with Covid. The priorities were keeping transmission low, ensuring that surveillance was optimal, ongoing effective testing systems locally and integrated local contact tracing. The Director of Public Health outlined the other changes in the plan including deploying rapid asymptomatic testing which started with staff and had now been expanded to include other parts of the community the latest of which included households bubbles with children returning to school. The Board was advised that under the theme of intelligence and surveillance the Public Health team had been using national data and building local tools to analyse networks and clusters and feedback into the system. The Director of Public Health reported that he was grateful to colleagues from across the system including both the two Councils for their contribution. He explained that a major section of the plan dealt with how to open up safely under the Prime Minister's roadmap.

The Director of Public Health reflected on the anniversary of the first recorded case of Covid-19 in Dorset, that the plan captured the scale of the Covid-19 response, that 1364 had sadly lost their lives within 28 days of a positive test result, that the team had responded to 365 incidents and outbreaks affecting education settings, 588 incidents and outbreaks in care homes, that outbreaks had continued to affect all three of the major hospitals and 40 other outbreaks had affected other healthcare settings.

The Director of Public Health reported that the plan would be a live document and developed to support the population to get back to normal and captured the ongoing risks and challenges together with appropriate mitigations and opportunities. He explained the main risks including loosening measures too soon, public fatigue and the need to for organisations to return to normal. He reported on the need to provide assurance that the Health Protection Board would continue to work quietly in the background, referred to the gaps in vaccination coverage and the need to encourage take up.

The Board was informed that the feedback from the Regional Working Group effectively gave the draft refresh of the plan a green tick and included the main areas that they would expect to see which had been comprehensively covered.

The Chairman thanked the Director of Public Health for the leadership he had shown across the County and in particular for the experience in the BCP area.

The Board echoed the comments from the Chairman and thanked the Director of Public Health and his team for the work and support provided during the pandemic. A Member referred to the increase in workload for Public Health and the impact on resources. The Director of Public Health reported on the support provided by the Government to local Councils during restrictions per head of population which amounted to a significant non-recurring sum across both Councils. He outlined how the funding would be used through the development of a resources plan and the timing relating to dealing with local cases.

The Vice-Chairman supported the 4 priorities within the Plan and reported that the CCG would feedback if there were any other comments. He referred to planning for the summer period when visitors to the area would increase considerably. The Director of Public Health reported on the effort going into summer operations and the work with colleagues in regulatory services and trading standards in supporting businesses and that partners were as prepared as they can be.

Kate Ryan, Corporate Director welcomed the engagement on the plan and the role of Council services to minimise risk and harm. In particular she referred to the detailed resort management plan which was ongoing to give confidence to the Health and Wellbeing Board on the multi-agency approach.

The Director of Public Health thanked all partners for their continued support.

**RESOLVED – that the refresh of the Local Outbreak Management Plan – Living Safely with COVID-19 be noted and approved.**

Voting: Agreed.

85. Development Session 21 January 2021 - outcomes and action

Kate Ryan, Corporate Director BCP Council presented a report, a copy of which had been circulated to each Member and which appears as Appendix 'C' to these Minutes in the Minute Book.

The Corporate Director reported on the Development Session held on 21 January 2021 on the following:

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

At the Development Session, partners commented on the above and a summary of the issues raised was set out in the report. The Board was advised that the Housing Strategy was now live for consultation which runs until 21 May 2021. All partners were encouraged to comment as part of the consultation process. The Board was advised that in terms of the Local Plan the issues and options were being developed and would be subject to consultation in due course. Members were encouraged to continue with the ongoing engagement of the above Strategy documents.

**RESOLVED that:-**

- (a) The Board notes and approves the summary of the outcomes from the Development Session held on 21 January 2021 as detailed in the report.**
- (b) The Board agrees the actions detailed in the report for inclusion in the Board's Forward Plan.**

Voting: Agreed

86. Forward Plan

The Chairman introduced the Board's Forward Plan which was being developed to reflect the Health and Wellbeing Strategy and the requirements under the Local Outbreak Management Plan.

The Board was asked to include the following in the Plan:

- Deprivation to monitor the empowering communities' priority – June 2021
- Health Foundation – presentation on Anchor Institutions

Debbie Fleming asked what the Board would be expecting from acute partners on the transformation of acute services and with the change agenda what was the lens that the Board would like to cover.

Sally Sandcraft referred to the opportunity to have an update on the implementation of the dementia review and improvements being implemented now. Jan Thurgood, Corporate Director supported the opportunity to bring forward an item on the dementia review and to look more widely at local responses to ensuring good health and well-being outcomes for people who are diagnosed with dementia and their carers, such as the Dementia Friendly Communities initiative.

The Director of Public Health commented on the opportunity through the HIP 2 programme for the Board as public sector leaders to challenge itself

around use of social value linked with the capital investment for health services. The Chairman commented that it was important to be mindful of the work of the Health and Adult Social Care Overview and Scrutiny Committee and to make appropriate links.

**RESOLVED – that the Forward Plan be amended to take account of the above comments.**

Voting – Agreed

The meeting ended at 11.32 am

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)
<b>Actions arising from Board meeting: 3 December 2020</b>				
<b>74</b>	<b>Health and Wellbeing Board – Business Protocol Membership and Terms of Reference</b>	<p>Decision Made:</p> <p>That the revised document, including the changes in membership be agreed</p> <p>✓ <b>Actioned – document updated</b></p>	To enable the Board to review the business protocol, membership and terms of reference	N/A
<b>75</b>	<b>Planning to Deliver the Health and Wellbeing Strategy 2020-2023</b>	<p>Decision Made:</p> <p>That</p> <p>(a) Board member agencies have considered the initial plans for the delivery of the priorities</p> <p>(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</p> <p>(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.</p>	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>(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.</p> <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>	To enable the Board to maintain oversight of this issue.	N/A

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		<p>✓ <b>Actioned – Included on the Forward Plan are the following:</b></p> <p><b>Local Outbreak Management Plan</b>  <b>Issues arising from the Health and Wellbeing Strategy</b>  <b>Better Care Fund and Home First Initiative</b>  <b>Development Sessions – including Community Empowerment.</b></p>		
<b>Actions arising from Board meeting: 18 March 2021</b>				
83	Eliminating Food Insecurity - Update from Access to Food partnership	<p>Decision Made:</p> <p>(a) The Board agrees the approach as outlined in the report and above on how to engage and support the work of the partnership.</p> <p>(b) Councillor Nicole Greene, as Chairman of the Board undertakes the role of Champion to help drive forward change for eliminating food insecurity.</p> <p>(c) The Access to Food Partnership report progress and seeks advice from the Board at least every 6 months.</p>		

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
		✓ (c) Actioned – Included on the Forward Plan for the Board meeting on 14 October 2021		
84	Refresh of the Local Outbreak Management Plan	Decision made that the refresh of the Local Outbreak Management Plan – Living Safely with COVID-19 be noted and approved.  ✓ Actioned by the Director of Public Health in accordance with the approval process.		
85	Development Session 21 January 2021 - outcomes and action	Decision made that  (a) The Board notes and approves the summary of the outcomes from the Development Session held on 21 January 2021 as detailed in the report.  (b) The Board agrees the actions detailed in the report for inclusion in the Board's Forward Plan.  ✓ Actioned – Forward Plan to be updated as to maintain engagement with the Board on the Local Plan and Housing Strategy as appropriate.		
86	Forward Plan	Decision made that the Forward Plan be amended to take account of the above comments.		

<b>Minute number</b>	<b>Item</b>	<b>Action*</b> *Items remain until action completed.	<b>Benefit</b>	<b>Outcome</b> (where recommendations are made to other bodies)
		✓ <b>Actioned – Forward Plan updated as appropriate</b>		

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## **BOURNEMOUTH, CHRISTCHURCH AND POOLE (BCP) HEALTH AND WELLBEING BOARD**

### **MEETINGS AND BUSINESS PROTOCOL**

#### **A. MEMBERSHIP**

The membership of the Board will be reviewed and confirmed each year. Set out in section C below is the proposed membership of the Board.

The Board may invite/co-opt other representatives to attend meetings for specific issues as appropriate. The quorum for meetings of the Board shall be 10 including at least two Councillors and two representatives from the NHS.

(Note - the Board is asked to consider its quorum for future meetings)

#### **B. ELECTION OF CHAIR AND VICE CHAIR**

The Chair and Vice Chair of the Board will be elected annually at the first meeting of the Board following the Annual meeting of the Council.

#### **C. VOTING RIGHTS**

The following members of the Board will have voting rights.

BCP Portfolio Holder for Covid Resilience, Schools and Skills

BCP Portfolio Holder for Adults

BCP Portfolio Holder of Children and Young People

BCP Lead Member for Equalities

Chief Executive BCP Council

Corporate Director, Adult Social Care

Corporate Director, Children's Services

Corporate Director, Environment and Community

Director, Public Health

Chief Officer, NHS Dorset Clinical Commissioning Group

Chief Executive, University Hospitals Dorset NHS Foundation Trust

Chief Executive, Dorset Healthcare Foundation Trust

Lead Director of Primary and Community Care, NHS Dorset Clinical Commissioning Group

Three GPs/representatives from the NHS Dorset Clinical Commissioning Group

Representative of NHS England and NHS Improvement

One Healthwatch representative (Evolving Communities Community Interest Company)

One Representative of the Bournemouth and Poole Voluntary Services Councils

One Representative from Dorset Police Force

One Representative from Dorset and Wiltshire Fire and Rescue Service

Education Representative

Note Substitutes are permitted for the above representatives

#### D. DISCLOSURE OF INTERESTS

In accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, Members and named substitute Members of the Board will be required to declare any disclosable pecuniary interests in matters before meetings of the Board. All Members and named substitute Members will have received and completed the necessary form giving details of their disclosable pecuniary interests.

#### E. PUBLIC ISSUES

The Board will conduct its business under the Procedure Rules contained in the Council's Constitution. The Procedure Rules will allow members of the public, subject to certain conditions being met, to appear before the Board to:

- Ask a question
- Present a statement
- Present a petition

In the event of any requests being received from the public to ask a question or to present a statement or petition, the Board will be advised of the relevant procedures at the meeting.

#### F. MEETINGS, AGENDA BRIEFING SESSIONS AND DEVELOPMENT SESSIONS

The following arrangements are proposed in respect of these matters:

- Meetings of the Board will be held on a minimum of 4 occasions each year. Special meetings of the Board can be arranged if required in consultation with the Chairman and Vice-Chairman.
- Briefing meetings will be arranged as appropriate prior to publication of the Agenda and reports for Board Meetings
- Development sessions will be arranged and agreed with the members of the Board.



## **BOURNEMOUTH, CHRISTCHURCH AND POOLE (BCP) HEALTH AND WELLBEING BOARD TERMS OF REFERENCE**

The Board will:

1. Act in accordance with its statutory duty promote integration and prevention approaches in improving the health and wellbeing of local residents.
2. Identify health and wellbeing needs and priorities and co-ordinate the development and updating of the Joint Strategic Needs Assessments – JSNAs – and the Pharmaceutical Needs Assessment – PNA.
3. Agree, develop and implement the priorities and outcomes set out in the BCP Health and Wellbeing Strategy, working with existing partnerships where appropriate and periodically refreshing the Strategy in line with evidence in the Joint Strategic Needs Assessment. The Health and Well-Being Board will ensure that it considers all relevant factors in relation to health and well-being including environmental factors, housing, health and other inequalities and ensure a focus on mental well-being in conjunction with good physical health.
4. Contribute to the governance of the Dorset Integrated Care System and work to ensure that the agreed plans of the Dorset Integrated Care System are developed and implemented with positive impact for all people who live, work and visit the BCP area.
5. Encourage integrated working between health and social care commissioners, including providing advice, assistance and other support to encourage commissioning, pooled budget and/or integrated provision in connection with the provision of health and social care services.
6. Encourage close working between commissioners of health -related services and the Board itself.
7. Encourage close working between commissioners of health-related services and commissioners of health and social care services.
8. Discharge any other functions that may be delegated by BCP Council under Section 196(2) of the Health and Social Care Act 2012.
9. Have responsibility for improving health and wellbeing of children and maintain a formal relationship with the relevant Children's Partnerships.
10. Be responsible for developing collaborative working to improve health and wellbeing across the conurbation and ensure there are appropriate links with the Bournemouth, Christchurch and Poole Adults Safeguarding Board.
11. Work cooperatively with the Dorset Health and Wellbeing Board and, where appropriate, agree shared priorities and action.
12. Measure progress against the plans of the Dorset Integrated Care System and the Health and Wellbeing Strategy, to ensure action is taken to improve outcomes when monitoring or performance indicators show that plans are not working.
13. Promote and ensure engagement and communication with relevant stakeholders, patients, people who live and work in the Boroughs including seldom heard groups, particularly in relation to service changes.
14. Deliver its public sector equalities duties as set out in the Equality Act 2010.
15. Produce an annual report outlining what the Board has achieved in respect of the improvement of health and wellbeing, and the reduction of health inequalities for the population of Bournemouth, Christchurch and Poole.

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## Health and Well-Being Board

Report subject	<b>Update on the local outbreak management plan</b>
Meeting date	17 June 2021
Status	Public
Executive summary	The BCP Council Health and Wellbeing Board approved the refreshed Local Outbreak Management Plan at its March 2021 Meeting. The Board continues to support local outbreak management by regularly meeting as an outbreak engagement board to consider current communications and engagement activity in the context of the local COVID-19 situation. This report provides an update on current actions under the plan.
<b>Recommendations</b>	<b>This report is for noting.</b>
Reason for recommendations	To update the Board on the Plan.
Portfolio Holder(s):	Cllr Nicola Greene, Portfolio Holder for Portfolio Holder for Covid Resilience, Public Health and Education
Corporate Director	Jan Thurgood Corporate Director Adult Social Care, BCP Council Sam Crowe, Director of Public Health, BCP Council
Contributors	Sam Crowe, Jane Horne, Sarah Longdon
Wards	All
Classification	For information

## Background

1. The BCP Council Health and Well-Being Board oversees the development and delivery of the local outbreak management plan for COVID-19, as well as providing leadership to the communications and engagement function for COVID-19 through the Local Outbreak Engagement Board.
2. A refreshed Local Outbreak Management Plan was published in March 2021, and the Health and Wellbeing Board approved the plan at its 18 March meeting. At the time of publication, the Government was publishing its updated Contain strategy, including a new Roadmap to outline how and when England would ease out of COVID-19 restrictions as infection rates began to fall.
3. This report provides Health and Wellbeing Board members with a short update on the current situation with COVID-19, and the response that is continuing under the refreshed local outbreak management plan. Because the refreshed plan set out 4 priorities to be delivered through the ongoing work of the health protection board, the report will use these priorities to structure the current position and outlook.

## Current position

4. Priority 1: bring infection rates down as low as possible and maintain them.  
Weekly infection rates have remained below 25 cases per 100,000 population in the BCP Council area since 18 March 2021 and are currently below 10 cases per 100,000. The number of outbreaks and incidents has fallen to its lowest level since the start of the pandemic. This relatively stable position has continued for more than two months and is similar in other councils in SW England. However, over the past 2 weeks the England infection rate has started to rise, partly due to increasing infection rates in other regions linked with the Delta Variant of Concern, B.1.617.2 which is becoming the dominant strain of coronavirus in England.
5. Priority 2: Surveillance of transmission including for Variants of Concern (VOCs) must be optimal. The EpiCell that was stood up early in the pandemic to provide weekly situation intelligence for COVID-19 continues to report weekly. In addition the work on a local short term forecast model continues, supported by system partners. Intelligence on surveillance of Variants has also improved in the past few months. Public Health England now provides a weekly regional summary of all VOCs, shared with Directors of Public Health. The confidential line list of cases provided to DsPH also now contains information on the presence of S-gene or S-gene target failure – both proxy markers of the main variants currently in the country, Kent, or Alpha, B.1.1.7, and Delta (formerly known colloquially as Indian 02 variant, B.1.617.2). As well as enhanced surveillance for VOCs both Councils have surge testing plans in place and an emergency response pathway should the need to stand up rapid testing in any of our communities arise.

6. Priority 3: Contact tracing and isolation needs to work, with a clear testing strategy. BCP Council has developed an effective contact tracing operation and has progressively taken on more direct contact tracing under a scheme called Local Zero. This means the local team are able to access information on cases and contacts with almost no delay, and often make the first contact rather than waiting for NHS Test and Trace to try and reach contacts on the system. As there are now many fewer cases and contacts, the team is successful in reaching almost all of the contacts, using a combination of emails, text messages and phone calls. Testing capacity remains high locally, and there is a combination of community testing for asymptomatic COVID-19, using assisted lateral flow tests, and PCR testing for people who have symptoms of COVID-19 or who have tested positive on lateral flow and need a confirmatory test. Testing positivity rates are very low due to the low infection rates. There has also been a fall in demand for assisted testing now that people are able to order tests by post or pick up from a collection site. For this reason the community asymptomatic testing programme is being reshaped to replace many of the static sites with mobile asymptomatic testing from the end of June onwards. Public Health Dorset will continue to promote regular asymptomatic testing through the summer, as we aim to maintain vigilance for asymptomatic transmission. Regular testing is one way of ensuring we can identify COVID-19 as early as possible and act to break transmission through isolation of contacts and cases.
7. Priority 4: Local vaccination must continue to be delivered effectively and equitably. The vaccination programme in Dorset is progressing extremely well, with more than 85% of age groups older than 50 years having received their first dose, and around half of 30-39 year olds vaccinated with one dose – the current focus of local efforts. In addition, 75% of those eligible for second doses have now been vaccinated – with a current big push on offering 50-59 year olds their second dose. The biggest challenge over the next few weeks will be ensuring that the coverage remains as equitable as possible. There are currently some differences in uptake emerging when analysed by primary care network – with slightly lower uptake among people living in areas with higher deprivation scores compared with the least deprived areas. Partly this is due to age (more deprived areas are more likely to have a younger population) but even comparing rates in older cohorts, there is still around an 11% difference in the proportion unvaccinated between most and least deprived areas (over 50s and clinically vulnerable). Work is underway via the Health Inequalities Group to support the vaccine delivery group with insights-led communications to overcome some of the barriers to uptake stemming from a lack of confidence in its safety and efficacy. Primary care also continues to plan additional capacity, including pop up clinics for people in areas with poorer uptake.

### **Forward look, key risks and issues**

8. All of the national modelling is forecasting increases in infection rates as the country progresses through the final stages of the roadmap. The decision on

whether to move to the final stage of opening up on 21<sup>st</sup> June, is expected on 14 June. At this moment, it is difficult to predict how the decision will go as a number of public health advisors are recommending caution because of the increase in cases of Delta variant in parts of England. The infection rate has also begun to rise in secondary school-aged children at a national level, although there are still relatively few local incidents and outbreaks in local schools. Any local increase in hospital occupancy linked with increasing infection rates is likely to begin to be seen from 1 June onwards, picking up in July. EpiCell will continue to monitor the situation on a weekly basis. The progress with vaccination is the main mitigation measure, and we are on track to meet the national target of vaccinating all eligible groups by the end of July.

9. The main risks during the summer period will be the risk of importing cases of Delta variant, either linked with international travel, but also as the number of domestic summer visitors rises in the holiday period. Extensive planning supported by use of the Contain Outbreak Management Fund has meant that BCP Council is better prepared to deal with the forecast increase in visitor numbers, with an emphasis on supporting people to enjoy the summer here safely. In addition, BCP Council has developed plans to deploy surge testing should it be needed quickly in response to new variants.
10. There is also an ongoing risk of fatigue from COVID-19. This is fatigue among the public, who have become less engaged with communications messaging in recent weeks about COVID-19 measures, and are undertaking less asymptomatic testing. And fatigue among public sector workers who have been involved in providing a response for well over a year now. The public health team continues to provide a day response team to handle incidents and outbreaks, as well as out of hours consultant cover. To ensure resilience going forwards, a number of fixed term roles are being advertised to ensure the capacity to continue to respond is in place, funded from the Contain outbreak management fund. Appendix A shows how the fund has been used in the past financial year to support local efforts to control outbreaks and promote COVID-19 resilience.

### **Summary of financial implications**

11. The Local outbreak management plan delivery is supported by use of the non-recurrent Contain Outbreak Management Fund. Appendix A sets out how the fund has been used for the financial year 2020/21, in line with the grant conditions.
12. There are also ongoing financial costs to the public health shared service arising from COVID-19 which are likely to be met from reserves. This includes needing to fund an element of some fixed term roles, where these extend beyond the financial year 21/22.

### **Summary of legal implications**

13. Councils have a legal duty to improve the health and wellbeing of their residents, and reduce inequalities in health between different areas within their Council. The Director of Public Health is responsible for ensuring the health and wellbeing of local residents through a range of statutory functions. Health protection is a statutory responsibility of Public Health England. However, because of the emergency nature of the pandemic, local public health teams in Councils have been fulfilling this statutory role, working closely with PHE, and based on delivery of strong local outbreak management plans.
14. This report shows how BCP Council is fulfilling its legal duties by continuing to protect the local population from COVID-19 infection.

### **Summary of human resources implications**

15. The continued success of a strong local outbreak management function is only possible through having a resilient, skilled and dedicated workforce. This report outlines the steps the public health team is taking to ensure continued resilience through developing a number of fixed term roles to bolster the team.

### **Summary of environmental impact**

16. No direct impacts.

### **Summary of public health implications**

17. Being able to continue to provide strong local outbreak management is essential to the continued protection of the public's health from COVID-19 infection. This report shows how the four priorities under the refreshed plan are being met locally, and ongoing risks managed.

### **Summary of equality implications**

18. Addressing issues of inequality and deprivation and ensuring equality duties are fully enacted are central to the ongoing success of the vaccination programme, ensuring coverage is as high as possible in our communities.

### **Summary of risk assessment**

19. There is an ongoing risk of further increases in the COVID-19 infection rate, some of which is related to factors outside of the control of those working to deliver the local outbreak management plan (further loosening of measures, international travel). However, this paper has set out a number of risks where mitigating actions are underway, including ongoing risk of fatigue to public health teams, the risk of unvaccinated populations leading to infection rate rises, and risks arising from increasing numbers of visitors to BCP Council over the summer. The ongoing risks are likely to present a medium chance of further infections and deaths from COVID-19 at the current time.

## **Background papers**

BCP and Dorset Council COVID-19 Local Outbreak Management Plan (Refresh, March 2021)

## **Appendices**

Appendix A – Summary of how the Contain outbreak management fund has been used in 2020/21.



**Test and Trace Grant, and Contain Outbreak Management Fund for BCP  
Council  
Summary of funding for financial year 2020/21**

During the pandemic Government provided funding to Councils under the Contain strategy to support the development and delivery of local outbreak management plans. Plans set out how local government would respond to COVID-19 in their communities, setting out the end to end outbreak management and response. Funding was provided under two Grants – the Test and Trace Grant (TTG) and Contain Outbreak Management Fund (COMF).

The table below shows the total amount received for each grant, the total of schemes approved, and the amount spent up to 31 March 2021.

<b>T&amp;T and COMF allocation summary BCP 20/21 Year-end</b>	
	£
Test and Trace	(1,808,624.00)
Contained Outbreak Management Fund	(9,120,850.93)
<b>Total Grants received</b>	<b>(10,929,474.93)</b>
Test and Trace	840,532.00
Contained Outbreak Management Fund	7,303,537.48
<b>Total approved schemes</b>	<b>8,144,069.48</b>
Spend as at 31st March	2,896,260.33
<b>Approved remaining to spend</b>	<b>5,247,809.15</b>
<b>Total grants remaining for approval</b>	<b>(2,785,405.45)</b>

### **Grant conditions**

MHCLG wrote to Councils setting out the grant conditions for use of funds during the financial year 2020-21. These are set out below.

### **Test & Trace Grant**

The purpose of the grant is to provide support to local authorities in England towards expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of COVID-19.

### **COMF Grant**

This was paid on a per capita amount depending on the severity of local outbreaks, and the time spent under local restrictions during the tier system. Financial support for Local Authorities at Local COVID Alert Level Medium and High is to fund the following activities:

- a. Targeted testing for hard-to-reach groups out of scope of other testing programmes.  
Additional contact tracing.

- b. Enhanced communication and marketing e.g. towards hard-to-reach groups and other localised messaging.
- c. Delivery of essentials for those in self-isolation.
- d. Targeted interventions for specific sections of the local community and workplaces.
- e. Harnessing capacity within local sectors (voluntary, academic, commercial).
- f. Extension/introduction of specialist support (behavioural science, bespoke comms).
- g. Additional resource for compliance with, and enforcement of, restrictions and guidance.

Financial support for Local Authorities at Local COVID Alert Level Very High has a broader scope, to support local economies and public health. Activities expected such as (this list is not exhaustive):

- h. Measures to support the continued functioning of commercial areas and their compliance with public health guidance.
- i. Funding Military Aid to the Civil Authorities (marginal costs only) .
- j. Targeted support for school/university outbreaks.
- k. Community-based support for those disproportionately impacted such as the BAME population.
- l. Support for engagement and analysis of regional areas to assess and learn from local initiatives.
- m. Providing initial support, as needed, to vulnerable people classed as clinically extremely vulnerable who are following tier 3 guidance.
- n. Support for rough sleepers.

The Department of Health has confirmed in correspondence that Local Authorities are best placed to determine how to use their COMF allocation to meet the needs in their communities, within the guidelines set out above, including how the funding can support a smooth de-escalation in their local area through the roadmap stages. This will ensure that we can continue to progress at the same pace nationally through the steps of exiting lockdown, protecting citizens, our health care systems, and the economy.

The specific public health activities that can be funded from the COMF are left to the judgement of LAs in conjunction with their directors of public health.

We have updated the local outbreak management plan for Dorset, and COMF funding is designed to support delivery of the objectives set out in these plans.

A further payment for 2021/22 financial year was received in April. Updated guidance and grant conditions were recently published. The grant payment is dependent on councils submitting regular returns for monitoring purposes during the previous year. In addition, the criteria have been amended slightly to make clear that the purpose of the funding is to support local areas to ensure cases remain low as we progress through the spring roadmap.

We have established a robust process to approve and monitor the schemes, to ensure they meet the criteria and are spent accordingly. This is co-ordinated by the public health team on behalf of the Health Protection Board and overseen by the director of public health. BCP's internal audit team have reviewed the process and records and have given a green 'reasonable assurance' rating.

We submit a monthly monitoring report to DHSC in line with national requirements.

The table below schemes approved from the Test and Trace grant

Test and Trace Grant allocation summary 2020/21			
		£	
<b>Total Grant received</b>		<b>(1,808,624.00)</b>	
Ref	Activity	£	Approval by CIMT
TTG1	Together we can legacy manager post 50% funding	52,992.00	20/07/2020
TTG2	Testing resources 1/10/20-30/9/21	72,494.00	26/10/2020
TTG3	Programme manager	26,465.00	26/10/2020
TTG4	Regulatory services	179,000.00	30/10/2020
TTG6	Housing manager	60,000.00	05/10/2020
TTG7	Trusted voices engagement leads	10,000.00	26/10/2020
TTG8	Local COVID-19 health protection rota costs	11,500.00	09/11/2020
TTG10	Comms support in BCP	24,000.00	26/10/2020
TTG13	5% overheads BCP	90,431.00	26/10/2020
TTG14	Young people's campaign	15,000.00	09/11/2020
TTG15	On call comms covering weekends for 6 months DC	6,000.00	09/11/2020
TTG16	Comms backfill in Public Health	20,000.00	09/11/2020
TTG17	Bespoke resources for trusted voices /other activities	10,000.00	14/12/2020
TTG18	Project management for lateral flow testing	9,650.00	14/12/2020
TTG19	Various costs for testing cell	1,000.00	14/12/2020
TTG20	Pre-Christmas communications	2,000.00	14/12/2020
TTG21	Public health resources	215,000.00	11/01/2021
TTG22	Drugs & alcohol support	15,000.00	11/01/2021
TTG24	Public Health Day response team	20,000.00	15/02/2021
<b>Total approved schemes</b>		<b>840,532.00</b>	
Spend as at 31st March		503,205.79	<b>31/03/2021</b>
<b>Approved remaining to spend</b>		<b>337,326.21</b>	
<b>Total grant remaining to approve</b>		<b>(968,092.00)</b>	

## Appendix A

The table below shows the schemes approved from the Contain Outbreak Management fund

Contain Outbreak Management Fund allocation summary 2020/21				
Total Grant received		£		
		(9,120,850.93)		
Ref	Activity	£	Decision	Date
COMF02	Local contract tracing partnership	153,077.00	CIMT	12/12/2020
COMF04	Postcard to households	70,000.00	CIMT	08/01/2021
COMF05	Port of Poole haulier testing £1k per day January	17,300.00	CIMT	04/01/2021
COMF06	Lateral flow testing for key council staff	370,000.00	CIMT	13/01/2021
COMF07	Behavioural insights work SW plan	17,206.50	CIMT	25/01/2021
COMF08	Rule breaking communications	25,000.00	CIMT	25/01/2021
COMF13	Connected communities co-ordinators posts x 3	105,000.00	CIMT	08/02/2021
COMF14	Promenade social distancing - sand clearance	70,000.00	CIMT	01/02/2021
COMF16	Citizens Advice mobile outreach vehicle	55,000.00	CIMT	08/02/2021
COMF18	Support with transportation to vaccinations for priority residents	13,000.00	CIMT	08/02/2021
COMF22	Best start in life phase 1	125,000.00	CIMT	15/02/2021
COMF24	Business support officers x 3	55,000.00	CIMT	01/03/2021
COMF25	Covid marshals	262,000.00	CIMT	01/03/2021
COMF26	Communications capacity	25,000.00	CIMT	08/03/2021
COMF29	Housing isolation case	1,000.00	Officer	16/03/2021
COMF30	Regulatory services enforcement programme	62,535.00	CIMT	29/03/2021
COMF31	PPE for highways, parks and bereavement	43,000.00	CIMT	29/03/2021
COMF32	Emergency welfare grants (communities)	20,000.00	CIMT	29/03/2021
COMF33	Security for temporary housing for homeless	578,000.00	CIMT	29/03/2021
COMF34	Security patrols waste services	50,000.00	CIMT	29/03/2021
COMF35	Security patrols in community	5,000.00	CIMT	29/03/2021
COMF36	Corporate communications and marketing	9,234.00	CIMT	29/03/2021
COMF37	Customers services	30,467.00	CIMT	29/03/2021
COMF38	PPE	330,000.00	CIMT	29/03/2021
COMF39	Homelessness support for accommodation, security & support worker costs	350,000.00	CIMT	29/03/2021
COMF40	Car park management	137,000.00	CIMT	29/03/2021
COMF41	Car park management - Purchase of no waiting cones	10,000.00	CIMT	29/03/2021
COMF42	Traffic Control room	15,000.00	CIMT	29/03/2021
COMF43	Sandbanks ferry measures	31,000.00	CIMT	29/03/2021
COMF44	Security & enforcement patrols	286,000.00	CIMT	29/03/2021
COMF45	Seafront additional seasonal staffing	107,000.00	CIMT	29/03/2021
COMF46	Signage	60,000.00	CIMT	29/03/2021
COMF47	Seafront additional first aid cover	25,000.00	CIMT	29/03/2021
COMF48	Equipment	30,000.00	CIMT	29/03/2021
COMF49	Communications management	50,000.00	CIMT	29/03/2021
COMF50	Replacement of seafront litter bins	38,000.00	Officer	12/03/2021
COMF51	Leave only footprints and recycling artwork for each bin	3,495.00	Officer	12/03/2021
COMF52	Third party public cleaning company for open spaces	60,000.00	Officer	12/03/2021

## Appendix A

Ref	Activity	£	Decision	Date
COMF53	2 night supervisors at Nuffield site to facilitate tipping	27,000.00	Officer	12/03/2021
COMF54	Increase household waste recycling centre and waste transfer station staffing levels	32,186.00	Officer	12/03/2021
COMF55	Employ traffic CSAS staff to work at recycling centres	58,716.00	Officer	12/03/2021
COMF56	Additional communications messaging required for live updates	25,000.00	Officer	12/03/2021
COMF57	Traffic management officers to cover 8 key sites	315,000.00	Officer	12/03/2021
COMF58	Park and ride for 350 vehicles	112,000.00	Officer	12/03/2021
COMF59	Additional CEO supervisory to support team	50,000.00	Officer	12/03/2021
COMF60	Beach app rapid development to include parking locations	30,000.00	Officer	12/03/2021
COMF61	Security patrols at the beaches on estimated 60 busy days in the summer	80,284.00	Officer	12/03/2021
COMF62	3 Full time data analysts	90,000.00	Officer	12/03/2021
COMF63	Command Structure Lead officer fill /overtime	110,000.00	Officer	12/03/2021
COMF64	Public Toilets - increase in toilet provision	20,000.00	Officer	12/03/2021
COMF65	Private site increase in opening hours (toilets)	15,000.00	Officer	12/03/2021
COMF66	Additional cleansing (toilets)	60,000.00	Officer	12/03/2021
COMF67	Covid compliance and out of hours noise officers x 2	80,000.00	Officer	12/03/2021
COMF68	Additional Covid marshals at train stations and ferry	65,520.00	Officer	12/03/2021
COMF69	Drones for use on key busy days including staff training allowance	77,000.00	Officer	12/03/2021
COMF70	Contingency on core costs in case of significant increase in demand	170,320.00	Officer	12/03/2021
COMF71	Health protection / day response team	404,000.00	Officer	29/03/2021
COMF72	Data science capability	170,000.00	Officer	29/03/2021
COMF74	Enhanced contact tracing	137,242.00	Officer	29/03/2021
COMF75	Communications, trusted voices, behavioural	173,000.00	Officer	29/03/2021
COMF91	Insights	9,000.00	Officer	09/04/2021
COMF92	Customer contact telephony	422,000.00	Officer	19/04/2021
COMF93	Homelessness accommodation	599,000.00	Officer	19/04/2021
COMF94	Resettlement officers	22,000.00	Officer	19/04/2021
COMF95	Cleaning of accommodation	25,000.00	Officer	19/04/2021
COMF96	Children Services	26,000.00	Officer	19/04/2021
COMF97	Administration costs 5%	113,954.98	Officer	19/04/2021
COMF98	Rough sleeper locker project	40,000.00	Officer	23/04/2021
COMF99	Mental health worker	50,000.00	Officer	23/04/2021
<b>Total approved schemes</b>		<b>7,303,537.48</b>		
Spend as at 31st March		2,393,054.54		<b>31/03/2021</b>
<b>Approved remaining to spend</b>		<b>4,910,482.94</b>		
<b>Total grant remaining to approve</b>		<b>(1,817,313.45)</b>		

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## BCP Health and Well-being Board



Report subject	<b>Health &amp; Wellbeing Strategy – Promoting Healthy Lives – supporting mental wellbeing and improving mental health</b>
Meeting date	17 June 2021
Status	Public Report
Executive summary	<p>The H&amp;WB Board requested stakeholder support for a ‘stocktake’ workshop to explore mental wellbeing. An online workshop was held in February with a series of subsequent small group meetings and correspondence used to develop themes and identify additional initiatives. The report summarises findings and five suggested initiatives:</p> <ol style="list-style-type: none"> <li>1. Raising awareness of the landscape of mental wellbeing / mental health</li> <li>2. Exploring the potential to develop an on-line ‘triage’ tool ‘proof of concept’ with a view to subsequent development of an App (or similar resource) as part of BCP Smart Cities work</li> <li>3. Further work be undertaken on a directory of (community) support resources to develop the offer and consider how it might be maintained</li> <li>4. Promoting availability of funding for training opportunities to SMEs</li> <li>5. Signing up to the national Prevention Concordat.</li> </ol>
<b>Recommendations</b>	<p>Initiative 1 Raising awareness of the landscape of mental wellbeing / mental health. Feedback from partners on the ‘light on’ campaign is encouraged (to <a href="mailto:joanna.quinn@dorsetcc.gov.uk">joanna.quinn@dorsetcc.gov.uk</a>)</p> <p>Initiative 2 H&amp;WB Board support for developing an on-line triage ‘proof of concept’ with a view to subsequent development of an App (or similar resource) as part of BCP Smart Cities work is requested.</p> <p>Initiative 3 Directory of (community) support resources – further work on this to develop the offer and consider how it might be maintained should be progressed.</p>

	<p>Initiative 4 The identified funded training opportunities to SMEs be promoted</p> <p>Initiative 5 Signing up to the national Prevention Concordat. Initial feedback from Health and Wellbeing Board members on this approach is requested.</p>
Reason for recommendations	<p>Recommendations 1 to 4 provide pragmatic next steps to the opportunities identified through the stakeholder 'stocktake' workshop.</p> <p>Recommendation 5 will provide a structured framework to ongoing work to improve mental wellbeing. It will require committed partnership working and will progress faster with dedicated project support.</p>



Portfolio Holder(s):	Cllr Greene, Portfolio Holder for Portfolio Holder for Covid Resilience, Public Health and Education
Corporate Director	Jan Thurgood, Corporate Director – Adult Social Care
Contributors	Paul Iggulden Public Health Consultant- Author Task and Finish Workshop Participants Jane McNiven -St Aldhelm's Academy Sian Thomas – Ambitions Academy Trust Richard Jenkinson – Christchurch Medical Practice Louise Bate – Healthwatch Dorset Simon Watkins – Evergreen Oak Surgery Meherzin Das – Dorset Healthcare University NHS Foundation Trust Katie Hall – Dorset CCG Mufeed Niman – South Coast Medical Group Tom Lund – Citizens Advice BCP Heidi Roper – View HR Limited Adrian Trevett – BCP Council Simon Mills – ETS group Donna Lawson – Serco Emma Rossi- Livewell Dorset
Wards	BCP Council wide
Classification	For Update and Information

## Background

1. At the December 2020 Board meeting a range of mental health and wellbeing initiatives were reported across three themes:

- Supporting our communities – in general and with children and young people in focus
- Supporting our staff wellbeing
- Working to prevent suicides.

The H&WB Board requested stakeholder support for a 'stocktake' workshop. An online workshop was held in February with a series of subsequent small group meetings and correspondence used to develop themes and identify additional initiatives. Appendix 1 to this paper provides a slide deck summary of the workshop approach and findings.

This update report summarises engagement findings and the emerging initiatives coming forward from the engagement.

## **2. Headlines from workshop**

There is much to be celebrated in the responses to increased needs, with an impressive range of initiatives in place and working well. But also, a sense of latent needs surfacing and demands on services ramping up. Stakeholders are expecting release from the 3rd covid lockdown to lead to a sharp increase in needs in general and with particular concerns around the impacts on children and young people.

Colleagues have spoken to a strong desire to promote mental wellbeing and for an increased emphasis on consistency / joined up working.

### **Area of focus**

Mental health and wellbeing is a broad landscape and workshop participants considered where best to focus. Three levels were discussed:

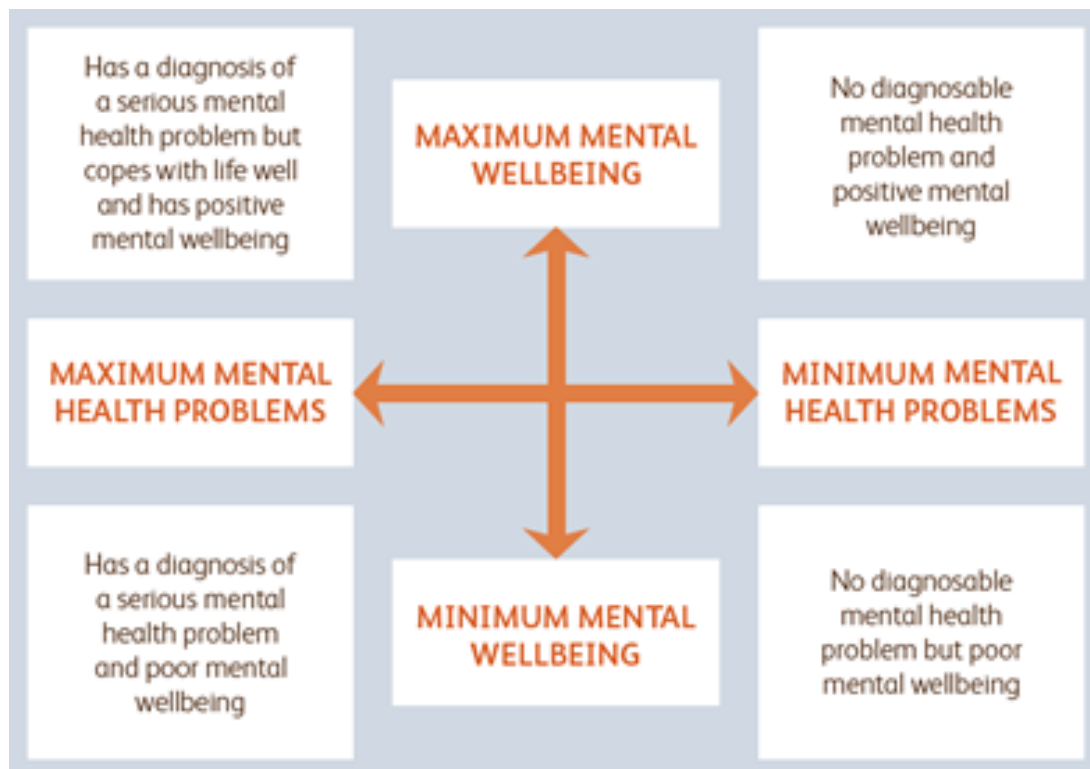
- Level 1 – support
- Level 2 – initial medical diagnosis
- Level 3 – professional intervention.

Participants agreed level 1 – initial support as being the focus of the workshop.

### **Emerging themes and initiatives for consideration**

Mental health literacy / stigma leading to delayed requests for help.

Stakeholders expressed concern that people seek help later than they could either because clues are missed (by others or self), because of stigma or because of a belief that other's needs are more important. Our engagement with stakeholders suggested that awareness raising may be required to better equip communities to navigate the landscape of mental wellbeing mental health problems.



There is currently a Dorset wide communication campaign strategy for mental wellbeing and suicide prevention, with targeted communications across five key themes:

- support for people experiencing financial difficulties
- young people and parents (have the conversations and developing listening skills)
- people who are socially isolated (“you're not on your own”)
- bereavement support offer
- women who experience domestic abuse.

The ‘light on’ campaign forms a key element of this Dorset wide communications strategy, focused on ‘building mental wellbeing together’ with tips, tools, interviews and events to develop a long term sustainable understanding of our mental health journey. This is being actively promoted by Dorset Chamber with 40 partners representing a mix of public and private organisations signed up as advocates in support of this five-year campaign to improve Dorset’s mental wellbeing. A toolkit to support champions is available from [joanna.quinn@dorsetcc.gov.uk](mailto:joanna.quinn@dorsetcc.gov.uk) with public resources available on the website: <https://www.lightonmh.uk/>.

*Suggested Initiative 1 Raising awareness of the landscape of mental wellbeing / mental health. Feedback from partners on the ‘light on’ campaign is encouraged (to [joanna.quinn@dorsetcc.gov.uk](mailto:joanna.quinn@dorsetcc.gov.uk)).*

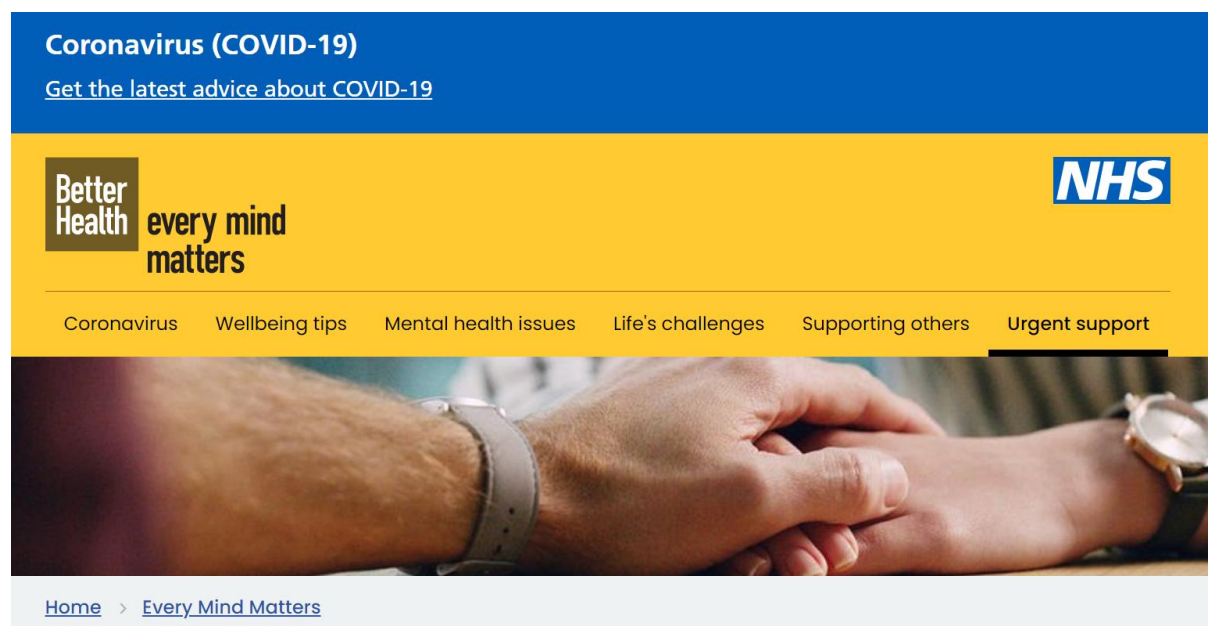
## On-line support for promoting mental wellbeing

Stakeholder conversations questioned whether greater use could be made of on-line resources to support mental wellbeing.

Colleagues were keen to impress that resilience be seen as a community / structural issue – it's more than providing courses and expecting individuals to become more resilient, awareness raising and training should be as much about looking out for others as it is for ourselves. This point is graphically portrayed by Dr Chris and Dr Xand in a BBC film made available as part of Mental Health awareness week (beginning 10<sup>th</sup> May) ([www.bbc.co.uk/iplayer/episode/p06zf3sb](http://www.bbc.co.uk/iplayer/episode/p06zf3sb)).

[Every mind matters](#) is an NHS branded offer from Public Health England providing:

- Wellbeing tips
- Information on mental health issues
- Advice framed around life's challenges
- How to support others; and
- Where to access urgent support
- The mind plan quiz - Answer 5 questions in this interactive quiz to get top tips and advice for your mental wellbeing



The mind plan quiz provides immediate support in the form of tips and advice for mental wellbeing; it fails however to discern when someone may need more urgent and expert

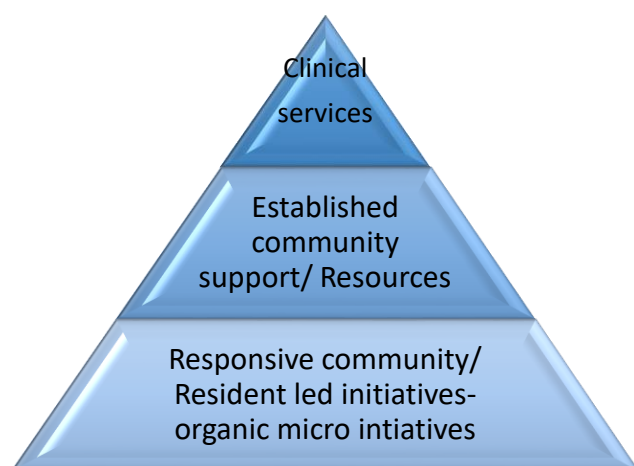
intervention. With this in mind, we are keen to explore the potential for an on-line 'triage' tool which would provide a more differentiated response across the mental wellbeing and mental ill-health landscape. PHD colleagues have begun conversations with DHC to scope this.

*Initiative 2 H&WB Board support for exploring these conversations to develop a 'proof of concept' with a view to subsequent development of an App (or similar resource) as part of BCP Smart Cities work is requested.*

### **Working on the seams – surfacing and sharing what help is available**

Stakeholders perceived that individuals and professionals are often aware of the clinical services and interventions available but felt that there was a greater need to provide information, advice and guidance regarding the non-medical preventive measures available locally.

Exploring this theme further we have been giving consideration to the following information triangle:



The top element we have considered as out of scope for this work. The lower section refers to a micro 'community' level which is somewhat transitory and organic in nature. Colleagues suggested there is scope for further work around the middle layer. An initial draft directory has kindly been drafted (thanks to colleagues at SERCO) and can form the basis of a resource to support partners in general and the Connected Communities Co-ordinators in particular. Next steps with this will be a review of stakeholders of the resource created; we note that Dorset Mind host a directory of Local services [Local Services \\* Dorset Mind Mental Health](#) and hence will be included in this review.

*Initiative 3 Directory of (community) support resources – further work on this to develop the offer and consider how it might be maintained should be progressed.*

## Developing capacity in organisations

Stakeholders perceived training and support for staff to be well established in the NHS and Local Authority organisations; Health and care support staff have access to a [library of online mental health resources](#) which signposts to information and advice about looking after your mental health during the coronavirus outbreak. [Livewell Dorset](#) provide free of charge training to Dorset healthcare professionals, local authorities and voluntary organisations on a range of wellbeing topics.

The workshop identified the need for additional training for SMEs. The engagement work identified a source of local funding and available courses to meet this need. Consideration needs to be given to promoting these opportunities.

*Initiative 4 promotion of funded training opportunities to SMEs*

## Going even further faster

Engagement with colleagues suggests there will value in H&WB Board partners considering signing up to the national [Prevention concordat](#). This would commit partners to developing a plan to address the prevention and promotion of better mental health.

From December 2020, Public Health England have invited local authorities, health and wellbeing boards, integrated care systems (ICS), sustainability and transformation partnerships (STP), and other health partnerships to sign up to the Prevention Concordat. To be recognised as a Prevention Concordat signatory, we will need to agree to the consensus statement and produce an action plan addressing the 5-domains of the framework:

- understanding local needs and assets
- working together
- taking action for prevention and promotion, including reducing health inequalities
- defining success and measuring outcomes
- leadership and direction.

PHE resources include case studies, guidance and evidence reviews and have been designed to help us to put in place effective prevention planning arrangements.

*Initiative 5 Signing up to the national Prevention Concordat.*

*This will provide a structured framework to ongoing work to improve mental wellbeing. It will require committed partnership working and will progress faster with dedicated project support.*

*Initial feedback from Health and Wellbeing Board members on this approach is requested.*

### **Summary of financial implications**

3. The delivery of the outcomes of the Health and Well-Being Strategy overall will require the commitment of resources of all partners of the Health and Well-Being Board and all sectors of our communities including the business, faith, voluntary and community sectors. Whilst there is considerable work under way to support improvements in mental wellbeing the sign up to the Prevention Concordat suggested by this stocktake may require partner agencies to identify additional resources, primarily staff capacity.

### **Summary of legal implications**

4. The Health and Social Care Act 2012 sets out the requirements of Health and Wellbeing Boards to agree and implement a Joint Health and Well-Being Strategy to improve the health and well-being of the local community and reduce inequalities for all residents. The BCP Health and Well-Being Board approved the "Health and Wellbeing Strategy 2020-2023 Bournemouth, Christchurch and Poole Council" in September 2020. The report sets out the initial proposals for the delivery the outcomes and priorities of the strategy including work to improve mental wellbeing.

### **Summary of human resources implications**

5. The delivery of the aims, priorities and outcomes of the Health and Well-Being Strategy in general will be through the collective work of staff, volunteers and leaders across all partners to the Health and Well-Being Board, all sectors of our community (including the business community) and through the active participation of local residents. The Health and Well-Being Board will implement an approach where we work to engage all relevant partners, communities and residents in the delivery of this work to improve mental wellbeing of communities.

### **Summary of environmental impact**

6. The Health and Well-Being Board has committed to an aim in the Strategy that the Board will "Make sure in all the board does, we recognise the climate emergency". As the Board and its partners deliver its strategy, it will ensure that issues relevant to the climate emergency are identified and addressed.

### **Summary of public health implications**

7. The strategy overall has been developed to deliver improved health and wellbeing for residents of BCP Council in general and, in particular, to residents of communities of highest need. The strategy aims to:

- Increase healthy life expectancy
- Make sure all partners and communities work effectively together to improve health and wellbeing, especially for those most disadvantaged and make best use of resources
- Make sure all children and young people have opportunities to have the best start in life.

### **Summary of equality implications**

8. At the heart of the strategy is a commitment to address inequalities in outcomes across our communities and in particular to ensure that all children have opportunities to have the best start in life. In order to deliver the aim of “improving healthy life expectancy”, issues of inequality in outcomes for many residents will need to be addressed. The equalities impact of mental wellbeing work will be addressed in all delivery plans being developed and will form a key element of any prevention concordat plans.

### **Summary of risk assessment**

9. The Health and Well-Being Strategy sets out ambitious plans for improving health and well-being for all residents and in addressing inequalities in health outcomes. The major current risk in the delivery of the plan, aims and outcomes of the Strategy is the ongoing priority and attention which all partners have to give to addressing the impact of the COVID19 pandemic and the impact of the pandemic on the health and wellbeing of all local people and its particular impact in exacerbating inequalities across our communities. These risks are anticipated to impact adversely on mental wellbeing and hence the requirement to focus on this theme of work and consider fully the resources required to progress the agenda under the prevention concordat.

### **Background papers**

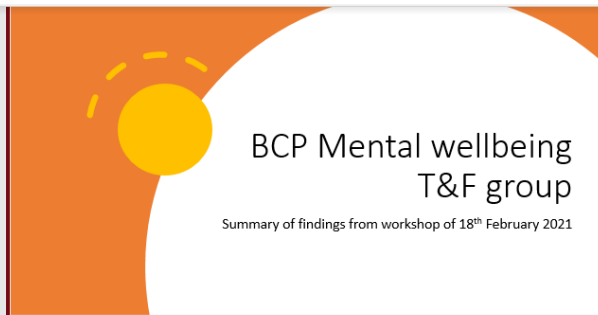
None

### **Appendices**

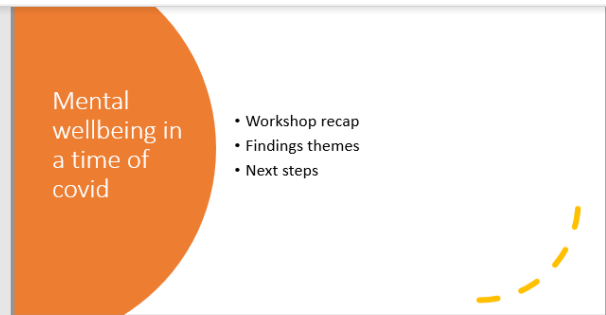
Appendix 1 – BCP Mental Wellbeing T & F group, summary of findings.



# Appendix 1



1



2

## Workshop key facts

- Held 18<sup>th</sup> February 2021
- Virtual gathering using MS Teams
- 11 participants from range of backgrounds:
  - Community and voluntary sector organisations
  - Education sector
  - Primary care
  - Mental health service providers
- 1.5 hour facilitated workshop
- Two work groups explored how well BCP mental wellbeing supported and how it could be improved
- Workshop method slides included as appendix to this slide deck

## Findings themes (1 of 6) – introduction

- Much to be celebrated
  - In the responses to increased needs
  - Initiatives in place and working well
- But a sense of latent needs surfacing and demands on services ramping up
  - Expecting release of 3<sup>rd</sup> lockdown to lead to sharp increase in needs
  - Concerns around impacts on children and young people
  - Service thresholds getting higher in areas of greatest need
- Strong desire to promote mental wellbeing and for an increased emphasis on consistency / joined up working

## Findings themes (2 of 6) – Key themes

- Joined up working
- Places – working through the lens of where we spend time
- Understanding the landscape – it's time to talk

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## Findings themes (3 of 6) – joined up working

- Examples of good practice shared; but scope for more
- Increased emphasis needed on the 'seams' between services
  - Individuals and professionals are often aware of the medical services and interventions available, but felt that there was a greater need to provide information, advice and guidance regarding the non-medical preventive measures
  - Knowing where to signpost / refer people is challenging
  - Pathways / what's available not always clear particularly to CVS and education based participants
  - PCNs have established links to care homes in their areas, could similar be done with schools?
  - Can we raise awareness of advice and support for wellbeing through themed community events or similar?
- Some find that the services are hard to reach
  - Can we do more to give (vulnerable) groups a greater voice – to listen, and then act on what is said?
  - Do we need to establish how well known local support offers are to the public and wider professionals?

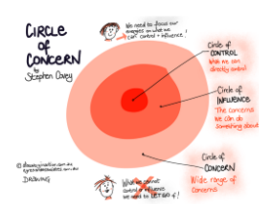
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## Findings themes (4 of 6) – places; working through the lens of where we spend time

- Workplaces
  - Staff wellbeing support in place for hospitals, PCNs, care homes and LA staff
  - Less clear what offers are in place for businesses
  - How can we extend the offers of mental wellbeing training and support to the wider workforce?
- Schools and other educational establishments
  - School based offers to pupils in place / being developed
  - Support to staff less clear
  - Watch and wait ..... Referral need something in the gap!
  - Lots of pressure on staff, at a time when they also need more support
- Notable perhaps by it's absence was mention of the offer to people in their homes / communities
  - Is there scope for community campaigns to raise awareness / normalise and promote help that's available – with emphasis on CVS as trusted partner

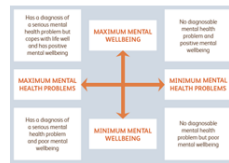
## Findings themes (5 of 6) – understanding the landscape

- This is a broad landscape – where are we (BCP H&WB Board) best focusing?
  - Level 1 – support
  - Level 2 – initial medical diagnosis
  - Level 3 – professional intervention
- And how do we build a shared understanding across our communities of
  - What are the signs of good (and not so good) mental wellbeing
  - What are mental health problems?
  - What help can I get if I have a mental health problem?



## Findings Themes (6 of 6) it's time to talk

- Understanding the landscape – it's time to talk
- Starting where people are at
- Awareness and overcoming stigma
  - Ability to access offers is limited by levels of recognition and / or reluctance to accept
  - Many struggle to ask for help at an early stage
  - Emotional distress poorly understood and often pathologised
  - Challenging limiting norms and raising aspirations
- Community wide themed days to promote mental wellbeing
- Are there tools to help people recognise they might need to take action to boost resilience / seek support?



• <https://blogs.ed.ac.uk/research-bow/mental-wellbeing-and-the-annual-review/>

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## Next steps

- A single workshop begins to scratch the surface, in addition to widening engagement we will need to give consideration to:
  - How we can quantify need
  - The effectiveness of support / interventions (evidence based and / or building)
  - Understanding impacts
- Feedback to workshop participants to enrich report and develop further next steps
- Fuller report (plan for action) to BCP H&WB Board in June

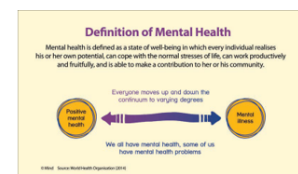
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Mental wellbeing in a time of covid

- Workshop method

## Aims of session

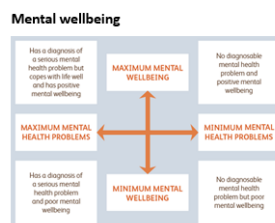
1. To take stock of what's working now
2. To consider issues (and opportunities?) for individuals, families, communities, services arising from (or exacerbated by) the covid pandemic
3. To generate initial ideas on what more needs to be in place to support mental wellbeing across BCP



## Approach

### Workshop sessions

- Blended workshop
  - So hopefully you will all get plenty of opportunities to contribute
  - Combining the notion of a rating scale (from OSKAR coaching method) with café conversations
- On a scale of 0 (the worst possible) to 10 (the best it could be) how would you rate what we have in place in BCP to support mental wellbeing



• <https://blogs.ed.ac.uk/research-bow/mental-wellbeing-and-the-annual-review/>

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## Some considerations



**Be clear about the perspective you are offering:**  
Promoting Mental wellbeing / resilient  
Treat mental ill health  
All ages  
Specific groups  
Setting?



**How can we evidence or understand:**  
Scale of needs  
Impacts of interventions?

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## Workshop session 1

- Introductions and agree scribe and someone to feedback (5 minutes)
- Session 1 – 30 minutes
  - On a scale of 0 (the worst possible) to 10 (the best it could be) how would you rate what we have in place in BCP to support mental wellbeing
  - What is it that leads to giving that score (focus on what's working)
- Gather your thoughts – quiet time – take some notes please so you can share the detail (5 minutes)
- Share café conversation style
  - 1-2 minute each to share your responses (5\*2 = 10 minutes)
  - A further round reflecting on your responses in light of others comments (5\*2 = 10 minutes)
  - Agree key points for plenary (5 minutes)

## Plenary 1

- Feedback from the two groups
  - 5 minutes per group
  - A flavour of the conversation and key points made

## Workshop session 2

- Session 2 – 30 minutes
  - What would it take for you to give a 10 (focus on what more needs to be in place)
- Gather your thoughts – quiet time – take some notes please so you can share the detail (5 minutes)
- Share café conversation style
  - 1-2 minute each to share your responses (5\*2 = 10 minutes)
  - A further round reflecting on your responses in light of others comments (5\*2 = 10 minutes)
  - Agree key points for plenary (5 minutes)

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## Plenary 2

- Feedback from the two groups
  - 5 minutes per group
  - A flavour of the conversation and key points made

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# Health and Wellbeing Strategy Empowering Communities - Deprivation

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**Cat McMillan,**  
**Head of Community Engagement,**  
Communities Directorate

# Health and Wellbeing Strategy 2020-2023

"Priority one - engaging with and empowering communities of highest need to improve healthy life expectancy"

‘Developing Vibrant Communities in our priority neighbourhoods, using strength-based approaches in partnership with our communities’

# We are already vibrant...



# East Ayrshire Council

- Committed to an initial 3-year programme to develop community-led area action plans
- Empowered and enabled local communities to take on the development and delivery of local programmes, services and facilities
- Transformed their relationship with the communities they serve
- Over 30 community led action plans now developed or being developed



# East Ayrshire Council

Each community follows a similar process:

- Community Steering Group established
- Household Survey developed and distributed to all households.
- Community Profile prepared
- Stakeholders identified and interviewed on a 1:1 or focus group basis
- All responses analysed and collated into a report
- Community event organised to feedback and revise results through a voting process
- Community event report prepared
- Draft Action Plan developed
- Final Plan printed
- Community Led Action Plan launch preparation

# East Ayrshire Council

## Key outcomes:

- More people wanting to take part in shaping the future of their community
- Changing and more sophisticated leadership within communities
- Communities shifting from being reactive to proactive
- Communities becoming partners in their own development
- A wide range of community projects and initiatives
- A greater ability for communities to partner with public agencies to deliver services
- Increased membership of existing local groups
- Creation of new community organisations
- Increased local capacity to develop and manage community projects

# Empowering Communities

- Support communities to identify local assets and bring together local groups, associations and public services
- Prioritise actions through local surveys and consultation
- Provides a real voice that can influence decisions in the community.



# Vibrant Communities - Strategy Development

- Community & Voluntary Sector and Volunteering Strategy - Increase volunteering and define how we work with the community and voluntary sector
- Community Engagement & Consultation Strategy
- Increased role for partner organisations
- Improve the way the council engages with the public



# The future...

- Themes from resident action plans develop – skills for life, extra support for early interventions
- Community Asset Transfers
- External funding support for local community and voluntary sectors
- Evaluation of social value within the public sector
- Procurement and Commissioning – ensuring money spent by public services is invested locally

# Proposal to the Health & Wellbeing Board

- Use the best practice approach from the East Ayrshire model to roll out the Vibrant Communities approach to working in our priority neighbourhoods using our existing resources
- Developing community led action plans for each area
- Establish a Vibrant Communities Partnership Board to oversee the work, feeding into the Health & Wellbeing Board
- Running alongside this is the transformation of BCP Council using strength based approaches to embed community and partnerships at the heart of its operating model



# Health and Wellbeing Board

## Vibrant Communities Partnership Board

### Empowering Communities

- Access to Food
- Area steering groups
- Working in priority neighbourhoods

### Community and Partnerships Workstream (transformation)

- BCP workforce development
- Cultural change
- Transformation/operating model

### Community Engagement Strategy

- Com Equalities Champions Network
- Community Champions
- Strategy - September Cabinet

### Voluntary and Community Sector and Volunteering Strategy

- CVS 'Conversations'
- Grant funding prog
- BH Coastal Lottery
- Compact
- Strategy - September Cabinet

## ICS

## Community Covid Recovery

## Area Forums

## Within 20% - strengths based approach

# What's next

- Support from system leaders – we need your input and support
- Branding – Vibrant Communities
- Development of Community Action Plans in priority areas over the next year
- Workforce sessions – explore what vibrant communities means to staff
- Volunteer and Community Engagement Strategy
- Transformation of BCP Council ensuring Communities and Partnerships are at its centre



# Timeline – Vibrant Communities

Month	Activity
June	Vibrant Communities – engagement with public and community sector partners
July	Phase 1 begins – Resource allocation (Townsend, Bourne Valley & West Howe*)
August & September	Phase 1 Community Profiles Development
October	Phase 1 Steering Groups set up
Winter 2021/22	Phase 1 Engagement with residents (interviews, focus groups, events and resident surveys)
January 2022	Phase 2 begins – Resource allocation and steering groups (Turlin Moor, Somerford)
Spring 2022	Phase 1 Community Asset Mapping session to explore data and map strengths
Early Summer 2022	Phase 1 Draft community action plan
June 2022	Phase 3 begins – Resource allocation and steering groups (Boscombe and other priority areas).
September 2022	Phase 1 Celebration event and community action plan implementation

# Questions?

Cat McMillan,  
[Cat.McMillan@bcpcouncil.gov.uk](mailto:Cat.McMillan@bcpcouncil.gov.uk)

## Health and Wellbeing Board



Report subject	<b>Special Educational Needs &amp; Disabilities – SEND - Improvement Journey</b>
Meeting date	17 June 2021
Status	Public Report
Executive summary	This report and appendices provide an update on the SEND Improvement journey and key progress to date as evidenced by performance.
<b>Recommendations</b>	<b>That the Board note this update and progress made to date.</b>
Reason for recommendations	To provide updates to the Board on the SEND Improvement Journey.
Portfolio Holder:	Councillor Nicola Greene, Portfolio Holder for Covid Resilience, Schools and Skills
Corporate Director	Elaine Redding, Corporate Director, Children's Services
Report Authors	Terry Reynolds, Education Consultant Kelly Twitchen, Head Teacher, Virtual School and College
Wards	Council-wide

### Background

1. The Children and Families Act 2014 established new statutory responsibilities for local authorities and health services in provision for children with special educational needs and disabilities.
2. While many aspects of the reforms have been widely welcomed, there have been some unintended consequences.
3. There has been a significant increase in demand for Education, Health and Care Plans (EHCPs) that replaced the previous statutory assessments (commonly known as statements of SEN). Between 2014 and 2018 there was an increase of 35% in children with EHCPs and a consequent substantial increase in costs of provision.

4. The effectiveness of local areas in providing for children with SEND is inspected by OFSTED through SEND Area Inspections which began in Spring 2016.
5. When the inspections were paused by the COVID pandemic, 117 of 151 local areas had been inspected. 60 of those were required to submit a written statement of action (WSOA) in response to significant weaknesses in their SEND services.
6. SEND services are funded by the High Needs Block (HNB), a section of the Dedicated Schools Grant made to local authorities by central government according a formula. The HNB is cash limited.
7. All councils are reporting deficits in their HNBs. At the end of 2018 (the last date figures are available) nationally there is an accumulated deficit of £318m.

#### **Current position in BCP**

8. The attached slide presentation provides the current picture.

#### **Summary of financial implications**

9. The accumulated HNB deficit is £7.8 million at outturn with £0.5 million savings across other blocks, at March 2021.
10. The budget is cash limited but demand continues to grow.
11. Action being taken to recover this position must meet statutory responsibilities and relies on retaining the confidence of parents and carers that provision is designed to provide the best outcomes for children and young people.

#### **Summary of legal implications**

12. The 2014 Act imposes duties on local authorities with regard to assessing children's special educational needs.
13. The 2014 Act imposes duties on local authorities to 'secure the specified special educational provision for the child or young person'.
14. Parents or carers have the right to appeal to a SEND tribunal which may direct the authority.

#### **Summary of human resources implications**

15. The local authority needs to employ sufficient qualified staff to process applications for assessment for an EHCP within the required 20 week timescale, and to conduct the requirements of the annual review of each EHCP.

#### **Summary of sustainability impact**

16. Improved local provision for children and young people with SEND will reduce the number of journeys to specialist provision.

#### **Summary of public health implications**

17. Improvements in SEND provision can have a positive public health impact. An example is reductions in abuse and neglect.

**Summary of equality implications**

18. Improved SEND services make a positive impact to inclusion, equality and diversity by supporting disadvantaged and vulnerable individuals and their families and preventing or limiting their adverse experiences.

**Summary of risk assessment**

19. N/A Update only.

**Background papers**

None

**Appendices**

- Appendix 1: SEND Learning and Improvement Plan Outline and Headlines (powerpoint presentation).
- Appendix 2: SEND Performance summary report

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# SEND Learning and Improvement Plan (LIP) Outline and Headlines



# Our responsibility as partners

## Children and young people with special educational needs and disabilities in BCP:



- Are some of our most vulnerable young residents
- Have high aspirations that they want to achieve in their future – from travelling the world, writing songs, to making a difference in their community and having their own home; they want to be doctors, footballers, carpenters, youth workers and DJs – and some aren't sure yet
- Have a huge range of abilities and needs





# Some of the things Children and Young People with SEND have told us



# Our Vision

## Brighter Futures

Caring for our children and young people; providing a nurturing environment, high quality education and great opportunities to grow and flourish



**Children and young people with SEND have brighter futures, fulfilled lives and are part of their local communities:**

- experiencing inclusion in every aspect of their lives
  - achieving their full potential
- being partners, alongside their families, in developing provision and services

# How can you help us on our improvement journey?

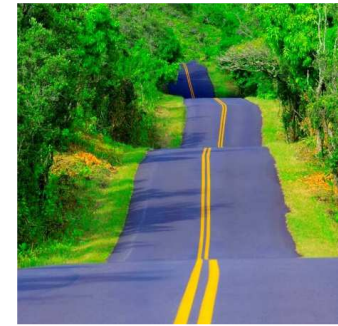
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## Priority areas:

Strong leadership and governance

Co-Producing - individual, service, strategic



Education that's inclusive, supporting children & young people to achieve their full potential

Young people being prepared for adulthood, within their local community

Joint Commissioning

# Leadership & Governance

Areas experiencing improvement	Evidence
Strong partnership working, underpinned by SEND & Inclusion Strategy (May Cabinet)	<ul style="list-style-type: none"> <li>• Work of the SEND Improvement Board and Working Groups</li> <li>• External support and challenge secured for improvement priorities (with external funding)</li> </ul>
Commitment of SEND Improvement Board as corporate parents	
Increased Dedicated Clinical Officer (DCO) capacity at Dorset CCG	
Partnership audits of EHCPs including lived experience of parent carers	
External learning	
Areas in need of improvement	Evidence
Timeliness and backlogs for EHC assessment and Annual Reviews	<ul style="list-style-type: none"> <li>• 52.9% of new EHCPs issued within 20 wks (March 21), gradually increasing since Oct 20.</li> <li>• 86.7% of EHCP C&amp;YP have had an Annual Review meeting by school, but 1,112 annual reviews are in progress and not completed by LA.</li> <li>• Projected overspend HNB</li> <li>• Higher than average placements in Independent &amp; Non Maintained (11.5% March 21)</li> </ul>
Lived experience of children and young people informing audits	
Reducing overspend the High Needs Block Budget	
Embedding the new SEND Quality Assurance Framework across the system	

# Co-Production

Areas experiencing improvement	Evidence
Co-production charter co-produced and agreed	<ul style="list-style-type: none"> <li>Feedback from Parent Carers Together (PCT) on the working relationship</li> </ul>
“Working together to make things better” – work by 45 children and young people	
Co-production of forms and templates related to EHCP processes	<p><b>SEND</b></p> <p><b>Bournemouth, Christchurch and Poole</b></p> <p><b>Co-production Charter</b> for children and young people with special educational needs and disabilities</p> <p><b>What is Co-production?</b></p> <p>Co-production means working with people as equal partners in design, development, commissioning, delivery and review of services to create better outcomes. <i>All voices are equal.</i></p> <p><b>There are good reasons why we should co-produce:</b></p> <ul style="list-style-type: none"> <li>it leads to better services that improve people's lives</li> <li>we can all learn from experience together</li> <li>it's empowering and respectful when we come together</li> <li>there is a legal requirement to co-produce in the Children and Families Act, the Care Act and in the NHS Constitution.</li> </ul>
Trust and transparency in working relationships	
Parent carers part of recruitment of key posts	

The Co-production Charter lays out five principles that all parties will use to work together in the right way

<p><b>We listen to everyone</b></p> <p>We take the views of all parents, carers, children, young people and practitioners seriously. No-one should feel that they have to fight to be heard.</p>	<p><b>We empower people</b></p> <p>We share the information everyone needs to know to take part in decision making. We provide support and advice where needed.</p>	<p><b>We co-produce from start to finish</b></p> <p>We set the scope, agenda, key decisions and review progress together. Everyone is invited to the right meetings and made to feel welcome.</p>	<p><b>We are person centred and solution focused</b></p> <p>We do not put barriers in the way of good ideas and do not hide behind policy and protocol for reasons why things cannot be done.</p>	<p><b>Everyone is enabled to take part</b></p> <p>We make sure that everyone can participate. Meetings are held at convenient times, accessible venues are used, interpreters are arranged.</p>
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Co-production should happen at all levels of service delivery:

**individual** - we take a person centred approach  
**operational** - we deliver services in a way that works for the community  
**strategic** - we take all big decisions in partnership



Areas in need of improvement	Evidence
Regular and meaningful engagement post Covid with children and young people and parent carers (keeping the benefits of new virtual ways of engaging)	<ul style="list-style-type: none"> <li>Engagement limited during Covid due to being virtual</li> <li>Feedback from parent carers and young people about how they want to access to information</li> </ul>
Embedding co-production across partners	
Effective communication with young people and parent carers about process, support and services	

# Education

Areas experiencing improvement	Data Evidence
Supporting children and young people's mental health in education settings	<ul style="list-style-type: none"> <li>• New Mental Health Support Team working with increasing number of settings in BCP</li> <li>• Early Years Transitions Charter co-produced</li> <li>• 88% of the children reported that the sessions helped them settle into school</li> <li>• Transition Framework co-produced</li> </ul>
Schools actively engaged in creating an Education Quality Mark for Inclusion	
Support for transitions: <ul style="list-style-type: none"> <li>- from Early Years to School</li> <li>- Year 6 to 7: Universal offer in place and 16 targeted groups were delivered across 16 schools and 57 children attended</li> <li>- Key Stage 2 to 3</li> </ul>	

Areas in need of improvement	Data Evidence
Inclusion in schools	<ul style="list-style-type: none"> <li>• Persistent Absence has improved slightly Autumn 2019 to Autumn 2020 but is slightly higher than National</li> <li>• NEETs at 10.8% at year end compared to 8% last March.</li> <li>• Reduction in exclusions, 8.8% for SEN Support and 8.0% for EHCP (impacted by Covid).</li> </ul>
Young people with SEND not in education, employment or training (NEETs)	
The impact of Covid – lost learning, impact on transitions and mental health and wellbeing	

# Preparation for Adulthood (PfA)

79

Areas experiencing improvement	Data Evidence
Community based learning offer piloted 2020/21 (challenging during Covid)	<ul style="list-style-type: none"> <li>• 'Transition navigator' post created and recruited to</li> <li>• Moving online the annual employers/providers showcase event for YP with SEND, promoting PfA and high aspirations</li> <li>• Increasing number of schools with an Enterprise Coordinator (28 of 34)</li> </ul>
Supporting young people with an EHCP preparing to move into adulthood (across housing, health, social care, benefits, community participation and employment)	
Increasing number of schools have an Enterprise Coordinator (EC) linked to the Careers Hub	
Personal Budget Policy in place	
Strengthening (or adapting given Covid) support to young people with SEND into employment	

Areas in need of improvement	Data Evidence
Impact of Covid and economic climate is affecting many aspects of PfA including community based learning opportunities and employment opportunities	<ul style="list-style-type: none"> <li>• What young people have told us</li> </ul>
Making changes which young people tell us will help make the wider community of BCP feel a more inclusive place to live	
Embedding high aspirations for adulthood, and providing practical opportunities in the curriculum across schools and colleges for young people with SEND	
Suitable independent housing options	

# Joint Commissioning

80

Areas experiencing improvement	Data Evidence
Commitment and partnership working on joint commissioning	<ul style="list-style-type: none"> <li>• Joint commissioning strategy in place</li> <li>• SENDiass jointly commissioned</li> <li>• Multi Agency Resource Panel in place</li> <li>• New CETRs for Dorset CCG in post; system wide training underway</li> </ul>
Embed a framework and practice guidance across the system for Care & Education Treatment Reviews (CETRs) New Care & Treatment Review Co-ordinator for Dorset CCG in post	
External review of sufficiency and provision	

Areas in need of improvement	Data Evidence
<p>Large scale and longer time frame pieces of work underway on pathways for children and young people with:</p> <ul style="list-style-type: none"> <li>- speech, language and communication needs (SLCN)</li> <li>- social, emotional and mental health needs (SEMH)</li> <li>- autism</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback from families, use of provision/graduated response</li> </ul>



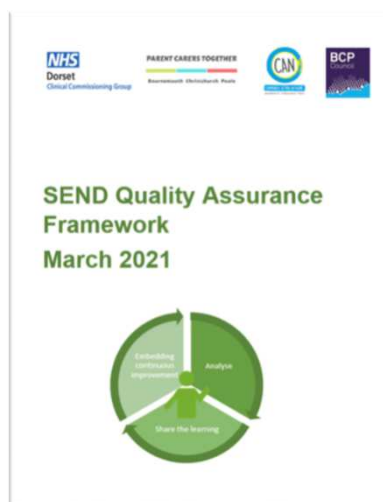
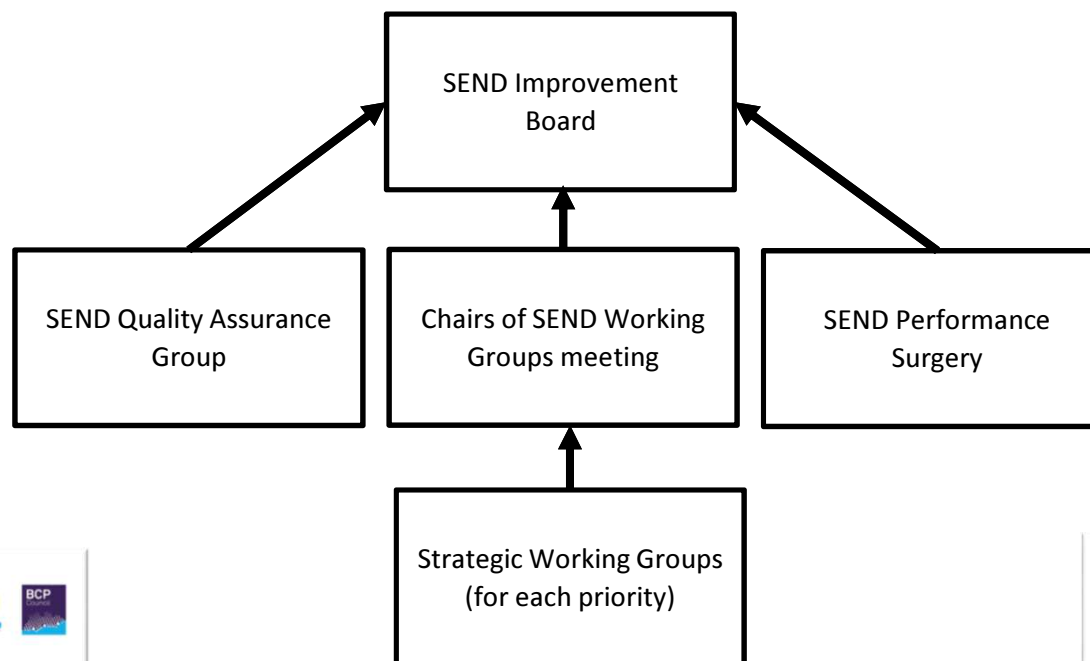
# Cross cutting challenges we are tackling

- Embedding system wide culture change
- Inclusion
- Impact of Covid on children and young people and their families, especially in relation to PfA
- Responding to increasing need and complexity of need
- Pace and impact

# Governance

Giving a clear line of sight across the system and partners

Cabinet, Overview & Scrutiny, wider partnership boards



**UCL**  
**Charter**  
 University of Cambridge

ANNUAL GOVERNANCE  
 REPORT 2020  
 UCL CHARTER  
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**CAM**  
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**UCL**  
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## SEND LIP Progress Summary March 2021

13

LIP progress summary		Completed by: Claire Webb, SEND Improvement Programme Manager				
Summary of RAG categories		Summary of RAG				
RAG	Description	Dec 2020	Jan 2021	Feb	Mar	
Green	On track - no problems (includes if the action is completed but not yet embedded)	10	11	13	14	
Amber	Issue - but it is manageable	43	44	42	40	
Red	Issue requiring or intervention for a resolution	3	1	1	2	
Blue	Completed and embedded	2	3	3	3	
Black	Not yet started	2	2	2	2	

Action 13 relating to embedding our commitment of corporate parenting and action 13 regarding SEND (quality, timeliness and clearing the backlog) are both now RED - see exception report.

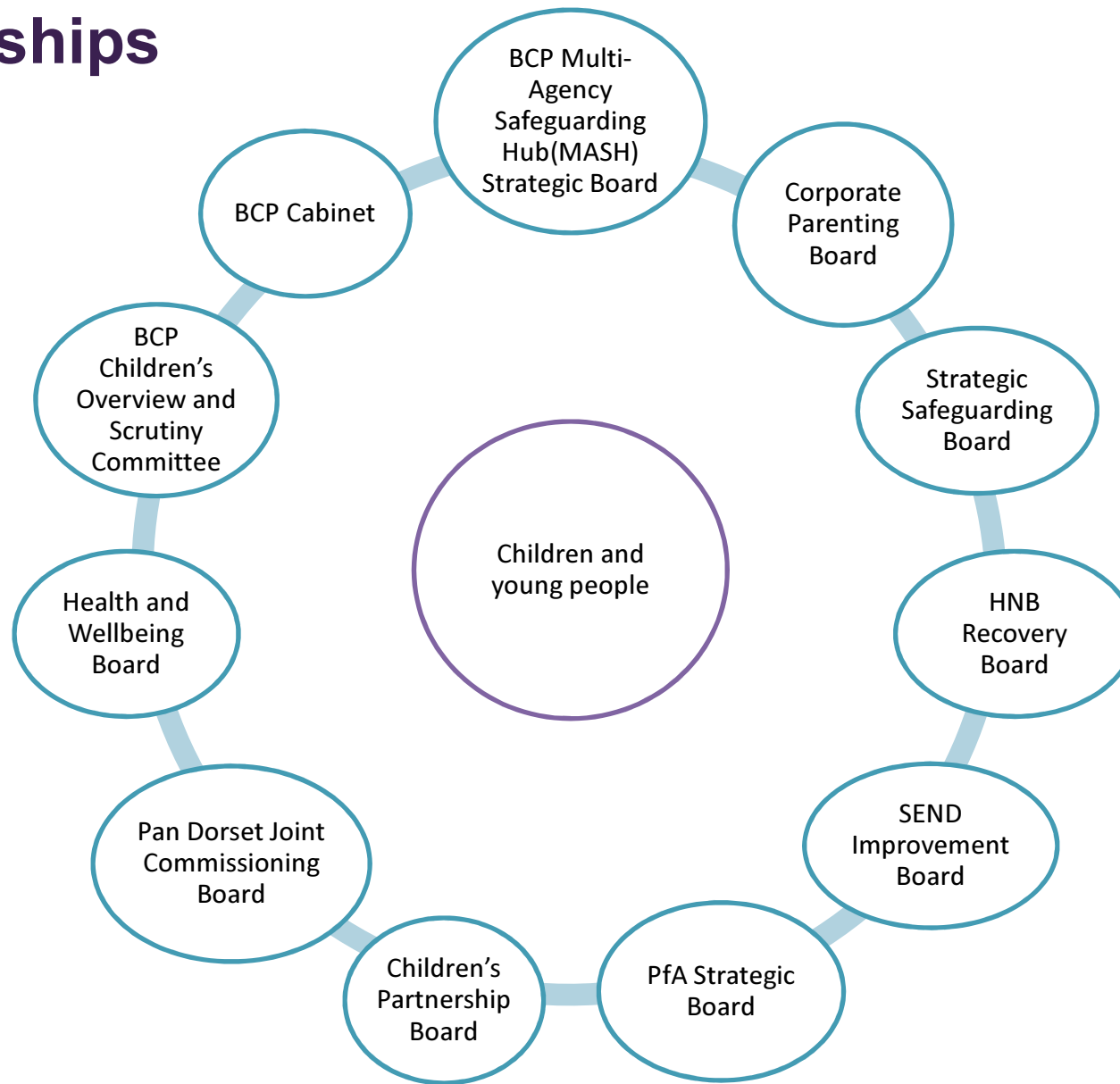
### RAG Summary impact

RAG	Description	Dec 2020	Jan 2021	Feb	Mar
Green	On track	10	11	13	14
Amber	Issue - but it is manageable	43	44	42	40
Red	Issue requiring or intervention for a resolution	3	1	1	2
Blue	Completed and embedded/sustainable	0	0	0	0
Black	No impact yet	44	43	40	41

The same 3 actions remain rated RED for impact (as previously reported):

- 2 relate to SEND as previously reported through the performance exception report
- 1 relate to the expected oversight in the high needs block despite actions taken through the SEND Review Plan. Actions taken to address this were reported to J8 in Dec and Jan, and progress continues to be reported through the LIP

# Partnerships



Thank you

## SEND Improvement Board

Report Subject	Performance Report February 2021
Meeting Date	23 April 2021
Name	Vikki Whild, Interim Head of Children's Performance Jane Trevett, Lead Information Management Officer
Introduction	This report summarises the February Performance Report for the SEND system.
Progress to Date	<p>Key progress to date, evidenced by performance:</p> <ul style="list-style-type: none"> <li>The number of EHCPs continues to rise, now 2,695 up 9.6% on the same period last year. 42 new EHCPs were issued in the month and 44 new requests for assessment were received in the same period, up from 35 in the previous month. There were marginally more EHCPs issued than new requests in the period.</li> <li>In the academic year to date, 8 mediation cases have been held, none of which have gone on to tribunal. This suggests that mediation remains highly successful at reaching a resolution.</li> <li>Continuing low numbers of appeals registered. 3 appeals were registered with the tribunal in February, and no tribunal outcomes were reached in the period. 7 tribunal cases are ongoing currently; those cases that do progress to tribunal are increasingly becoming more complex.</li> <li>An increase in the percentage of 2-2.5 year olds offered ASQ-3 as part of the Healthy Child Programme or integrated review was noted this month, continuing recovery after the outbreak of Covid. This is now 90.0% compared to a national average of 90.3%.</li> </ul>
Challenges	<p>Key challenges highlighted by the performance report are:</p> <ul style="list-style-type: none"> <li>The timeliness of EHCP assessments increased to 21.4% in February, the highest performance since May 2020. The decision regarding whether to assess at the 6 week mark has significantly improved to 70%, which</li> </ul>

	<p>is projected to improve overall timeliness for the completion of assessments. Multi-disciplinary training has been delivered by the Council for Disabled Children to the SEND team and colleagues from health and social care. A Care Advice Coordinator is now in post, to ensure social care advice is secured in accordance with timescales and is of a good quality. Weekly meetings to track statutory advice are now being implemented.</p> <ul style="list-style-type: none"> <li>• The completion of Annual Review meetings by schools remains high (85.9%) in February. The number of Annual Reviews then completed by the LA increased to 158 in February, however, there are 326 children with an outstanding annual review. A working group has been identified to review Annual Review paperwork, which commences April 2021, and a systems thinking approach is underway within the SEND team to streamline the process. Additional resource to undertake overdue reviews has been identified, but the recruitment of staff for short, fixed term positions may be challenging.</li> <li>• SALT data received for Quarter 3 shows an increasing rate of referrals into the service pan Dorset, with an increase in assessments completed as part of the ASD pathway. Ongoing system level work programmes in relation to SCLN pathway and All age autism review are in place to better understand need and deliver improvement.</li> <li>• The percentage of children in care with an EHCP who have an overdue health assessment remains too low at 70.7%. This is being followed up at a child level. There is a delay in completing and receiving out of area health assessments, and health assessments generally are not added to the child's record in a timely way. A multi-agency meeting in March agreed a streamlined process to add assessments to a child's record and introduce a quality assurance process for health assessments.</li> <li>• 10.8% of 16-18s with an EHCP were NEET in February, up from 4.8% in the same period last year. 26 young people with an EHCP are in an apprenticeship, traineeship or internship (up 2 from the previous month) and 3.5% of 18-25s with a learning disability are in paid employment (no change from previous month). The creation and recruitment to a transition navigator post within BCP Council will enable</li> </ul>
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	<p>improved advice and information to young people who are at risk of NEET. The SEND Team is currently focussing on young people with EHCPs in year 11 to support them into post 16 opportunities. A strategic Preparing for Adulthood group is being established to progress a more comprehensive, seamless and coordinated approach to support young people into adulthood.</p>
Next Steps	<ul style="list-style-type: none"> <li>• Move frequency of full Performance Surgeries attended by partners to quarterly, with data collection and commentary remaining monthly with review by Head of Service SEND, Head of Children's Performance and SEND Improvement Programme Manager.</li> <li>• In line with March SIB action, bring together quality and performance data in June, which is efficient while providing assurance to the Board.</li> <li>• Reintroduce CAMHS performance data to the report, which has not been received since June 2020.</li> </ul>

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## Health and Well-Being Board

Report subject	<b>Development of the BCP Council area and Dorset Integrated Care System Strategic Partnership Framework</b>
Meeting date	17 June 2021
Status	Public
Executive summary	<p>The report provides information on the development of local strategic partnerships and outlines the national requirements for new partnership arrangements being introduced in April 2022 as part of legislation and guidance related to formation of Integrated Care Systems (ICS). All relevant partners and stakeholders will be working over the coming months to ensure that the future framework of partnerships brings best value and impact in terms of improving outcomes for local communities and residents, particularly those who experience inequality and/ or who have additional or complex needs. The report makes recommendations to strengthen relationships between the Health and Well-Being Board and relevant other partnerships and recommends that prior to the end of 2021, the Health and Well-Being Board considers and approves a document which sets out the framework within which all relevant strategic partnerships will work within the BCP Council and the Dorset ICS areas.</p>
Recommendations	<p><b>It is RECOMMENDED that:</b></p> <ul style="list-style-type: none"> <li><b>a) The Chairs of i) the Pan-Dorset Safeguarding Children Partnership; ii) the Children and Young People's Partnership iii) the BCP Safeguarding Adults Board and iv) the BCP Community Safety Board are given an open invitation to attend Health and Well-Being Board meetings and can make requests to the Chair of the Health and Well-Being Board to put items on the Board's agenda.</b></li> <li><b>b) The Health and Well-Being Board holds a development session to consider the new requirements in relation to partnerships as part of Integrated Care Systems and develops recommendations as to how the BCP Health and Well-Being Board can work most effectively in the context of Dorset ICS from April 2022.</b></li> </ul>

	<p><b>c) The Health and Well-Being Board considers and approves a document which sets out a framework for the future working arrangements between relevant strategic partnerships across the BCP Council and the Dorset ICS areas before 31<sup>st</sup> December 2021.</b></p>
Reason for recommendations	<p>The Health and Well-Being Board operates in the context of a range of statutory strategic partnerships which all play key roles in ensuring the health and well-being, safety and positive outcomes for local communities and residents of all ages. It is important that appropriate communication and joint working takes place between these other statutory partnerships and the Health and Well-Being Board. As a way of strengthening the current joint working, it is recommended the Chairs of the relevant bodies ( Pan-Dorset Children's Safeguarding Partnership; the BCP Children's and Young People's Partnership; the BCP Community Safety Partnership and the BCP Safeguarding Adults Board) have an open invitation to attend and participate in Health and Well-Being Board meetings and are able to request items are placed on the agenda of Health and Well-Being Board. In addition, the statutory partnership landscape is changing with new legislation and guidance in relation to Integrated Care Systems which will be implemented by April 2022. The guidance enables local systems to develop partnership arrangements which best suit local circumstances. In this context the Health and Well-Being Board is recommended to give specific consideration to the role it wishes to play within the Dorset ICS. It is important that all partners and the public understand the role and remit of individual partnerships and how they discharge their functions in a coherent framework with relevant joint working between partnerships. It is therefore further proposed that the Health and Well-Being Board works with the other strategic partnerships to develop and agree a Strategic Partnership Framework document which sets out the role and remit of each partnership and the working relationships between them.</p>

Portfolio Holder(s):	Cllr Nicola Greene, Portfolio Holder for COVID Resilience, Schools and Skills
Corporate Director	Jan Thurgood Corporate Director Adult Social Care, BCP Council Elaine Redding Corporate Director, Children's Services (Interim), BCP Council Kate Ryan, Chief Operating Officer, BCP Council Sam Crowe, Director of Public Health, BCP Council Tim Goodson, Chief Officer, Dorset Clinical Commissioning Group
Contributors	Kelly Ansell, Director of Communities, BCP Council Rachel Gravett, Children's Commissioner, BCP Council
Wards	All
Classification	Decision

## Background

1. The Health and Well-Being Board works in a context of a range of statutory partnerships all of which have a key contribution to make to the health and well-being and safety of local communities and to good quality outcomes for local residents of all ages. It is important these partnerships work in a coherent framework so that the remit of each partnership is clear and that there is appropriate communication and joint working between them.
2. Since Local Government Reorganisation in the BCP and Dorset Council areas, partners have been working to develop strong and effective statutory partnerships. Information is provided in Appendices 1 to 4 in this report on how each relevant key statutory partnership has been developed. The Health and Well-Being Strategy, which was agreed by the Board on 3<sup>rd</sup> September 2020, has "Support and Challenge" one of three priorities. This priority is described as "provide governance and support to our partners, prioritising the delivery of key partnership outcomes". One of the four areas for focus under this priority was identified as "Ensure that safeguarding arrangements for children and vulnerable adults are effective". This report provides the Health and Well-Being Board with updated information on the development of the three key partnerships which are relevant to safeguarding and resident safety which are the Pan-Dorset Safeguarding Children Partnership Board, the BCP Safeguarding Adults Board and the Community Safety Partnership. Information is also provided on the development of the Children and Young People's Partnership which leads on delivering good and improving outcomes with and for children, young people and their families which includes health and well-being. Information on each partnership is provided in Appendices 1 to 4.

3. As a means to strengthen joint working between the four partnerships above and the Health and Well-Being Board, it is proposed that the Independent Chair of each partnership is given an open invitation to attend Health and Well-Being Board meetings and also is able to request items are placed on the agenda of the Health and Well-Being Board. The Independent Chair of the BCP Safeguarding Adults Board, who took up the post in April 2021, has already indicated that she would wish to ensure that she fulfils the statutory duty to report to the Health and Well-Being Board on an annual basis.
4. The national framework for partnership working in relation to health, care, public health and well-being is changing with the formation of statutory Integrated Care Systems through the provisions of the Health and Care Bill and its attendant guidance. The Bill is still going through the legislative process and so the proposals as set out below may well be subject to further changes.
5. The proposals set out the ambition for how all parts of the health and care system can work together as ICSs, involving
  - stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care;
  - provider organisations being asked to step forward in formal collaborative arrangements that allow them to operate at scale;
  - developing strategic commissioning through systems with a focus on population health outcomes;
  - using digital and data to drive system working, connect health and care providers, improve outcomes and putting the citizen at the heart of their own care
6. The proposed legislative changes would see the introduction of a statutory corporate NHS Body that brings the CCG statutory functions into the ICS, therefore:
  - CCGs will be abolished and replaced with:
 

**ICS NHS Body** - Integrated Care Board (ICB), consist of representatives from NHS Providers, primary care and local government, alongside a Chair and a Chief Executive. The ICS will be able to appoint any other members as it deems appropriate.

Responsible for developing a plan to meet population health needs; capital plan for NHS providers; and securing provision of health services. They have no power to direct NHS providers.
7. There are also proposals to introduce **Statutory Health and Care Partnerships** which will bring together a wider group of partners to confirm their shared ambition for the health of their population and develop overarching plans across health, social care and public health. These are expected to build on systems'

existing partnership boards, bringing together those parties that can address the wider determinants of population health and wellbeing.

8. To support systems to better achieved their objectives, they should establish:
  - Place Based Partnerships who will be responsible for services to meet the day to day care needs of their population for example:
    - Staying well and preventative services
    - Integrated care and treatment
    - Digital services (non-digital alternative)
    - Proactive support to keep people as well as possible where they are vulnerable or at high risk
  - Provider Collaboratives- providing a formal arrangement to bring together providers to maximise the delivery of services at scale, where appropriate.

Appendix 5 provides a diagrammatic representation of the national board and partnership proposals.

9. More detailed national guidance is being developed about how partnership arrangements may work best, which will include how Health and Well-Being Boards can best play a key role in this new partnership landscape. Given the different geography and local context for each statutory ICS, each ICS will develop arrangements which best suit its local context.
10. Given the significance of these national changes, it is recommended that the BCP Council Health and Well-Being Board holds a development session to discuss the new ICS partnership landscape in the BCP and Dorset Council areas and future role of the Health and Well-Being Board in these new arrangements.
11. It is important that everyone working in the relevant strategic partnerships and local people understand the role and remit of each partnership and how strategic partnerships work in a coherent context. It is therefore proposed that representatives of all the major partnerships work together to produce a Framework document which sets out the remit of each partnership and how these partnerships work together across the BCP and Dorset ICS areas. It is proposed that this Framework is considered and approved by all relevant local partnerships including the Health and Well-Being Board no later than 31<sup>st</sup> December 2021.

### **Summary of financial implications**

12. Partners to the Health and Well-Being Board and other statutory partnerships work in a collaborative way both to support the partnership itself and the delivery of key strategies which are agreed by the Boards. On some occasions, this may mean that partners have clearly aligned or pooled budget arrangements. In the case of the Health and Well-Being Board it has a specific remit to approve and monitor the outcomes of the Better Care Fund where NHS and Council budgets

come together in an aligned and in some circumstances pooled budget arrangements to deliver agreed health and care outcomes.

13. A key aim of the most effective partnership working is to ensure that partners use public, private, community and voluntary sector funding and resources to make the most positive impact on health and well-being, safety and resident outcomes for local communities.

### **Summary of legal implications**

14. Each of the statutory partnerships referred to in this report undertakes its work within the context of legislation and its attendant guidance. Health and Well-Being Boards were established under the Health and Social Care Act 2012.
15. As outlined in this report, the Health and Care Bill 2021, which is progressing through Parliament, will place Integrated Care Systems on a statutory footing and introduce new partnerships requirements as set out in paragraphs 5 to 7 and Appendix 5.

### **Summary of human resources implications**

16. The delivery of all statutory partnership strategies require a skilled and motivated workforce across the public, independent, business and community and voluntary sectors. It should also be noted that many members of the public will also be critical to the development and delivery of these strategies and that co-production with residents of all ages, local communities and people who use specific services are critical to the success of all statutory partnerships.

### **Summary of environmental impact**

17. All statutory partnerships need to ensure that environmental impact and the requirement to address issues of climate change are central to their work.

### **Summary of public health implications**

18. All of the statutory partnerships referred to in this report have a key role to play in improving public health outcomes and health and well-being. It is essential that partnerships worked in a co-ordinated way to ensure that priority issues are both identified and addressed in the most effective way and that there is not inappropriate duplication of activity between partnerships.
19. The Health and Well-Being Strategy sets out a key priority of “Empowering Communities – engaging with communities of highest need to improve healthy life expectancy”. This priority will have relevance to all key statutory partnerships and the Health and Well-Being Board is well placed to ensure that a coherent and impactful approach is taken to this priority across all partners and partnerships.

## **Summary of equality implications**

20. Addressing issues of inequality and deprivation and ensuring equality duties are fully enacted are core to all statutory partnerships and all partner agencies must fulfil the requirements of the Equality Act 2010.

## **Summary of risk assessment**

21. It is important that over the coming months that all partners and partnerships work together to further develop a coherent and impactful framework of statutory partnerships across the BCP and Dorset ICS areas. The risks of not developing this framework are as follows:

- i) Partners do not make best use of resources and public sector funding
- ii) Work on key issues for local communities and residents is fragmented or inappropriately duplicated and therefore desired outcomes are not achieved or there is a lack of pace in their achievement
- iii) Local communities, residents and the community and voluntary sector are not engaged in meaningful and coherent co-production.

## **Background papers**

BCP Council Health and Well-Being Strategy 2020 to 2023

List details of any documents used to a material extent in drafting the report and where these documents are located. If those papers are readily available to the public through the Council's web site or elsewhere on the internet or a publication available to the public then please state 'Published works'. Only if there are absolutely no other documents used to assist with the production of the report should the report author state 'None'. All background papers must be made available for public inspection for a period of 4 years from the date of the meeting. If the background papers contain exempt information then this should be clearly indicated and the exemption category clearly identified.]

## **Appendices**

- 1) Pan-Dorset Safeguarding Children's Partnership
- 2) BCP Children and Young People's Partnership
- 3) BCP CSP
- 4) BCP Safeguarding Adults Board.
- 5) Our Dorset ICS Next Steps – The Proposal

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## Appendix 1: The Pan-Dorset Safeguarding Children Partnership (PDSCP)

### Statutory Background

Following the Children and Social Work Act (2017), 'Working Together' 2018<sup>i</sup> set out the requirements for new Safeguarding Children Partnerships to replace Local Safeguarding Children Boards.

A fundamental difference in the new Partnership model is that there are three statutory partners who are "shared and equal partners," taking responsibility for the effectiveness of local safeguarding children systems. Under the previous LSCB arrangements, the local authority held the statutory responsibility.

The statutory partners are:

- Local authority (BCP and Dorset in the PDSCP)
- Dorset Police
- Dorset Clinical Commissioning Group

Accountability sits with the four Chief Executives of the statutory partners, with delegated authority to the two local authority Directors of Children's Services, the Chief Constable and the Director of Nursing and Quality.

### Statutory functions of a Safeguarding Children Partnership

The overall purpose of Safeguarding Children Partnerships is to ensure there is effective join up in multi-agency arrangements to work together effectively to safeguard and promote the welfare of children in the local area. Specifically, there is a requirement to:

- Act as a strategic leadership group in supporting and engaging other 'relevant agencies', including dissemination and implementation of local and national learning from serious child safeguarding incidents
- Publish Partnership arrangements, including funding, accommodation, services and resources connected with these arrangements
- Ensure that relevant agencies in the local safeguarding system have robust safeguarding policies and procedures in place, including how information will be shared amongst the relevant agencies and safeguarding partners
- Share information with relevant agencies about how to escalate concerns and how any disputes will be resolved, including details of independent scrutiny and whistleblowing procedures.
- Publish an Annual Report, which has been subject to Independent Scrutiny
- Agree how the Partnership will fund expenditure connected with local multi-agency arrangements – this should be made transparent to local families and include funding to cover the cost of local child safeguarding practice reviews (formerly known as Serious Case Reviews).
- Consider what (multi-agency) training is needed locally and how the Partnership will monitor and evaluate the effectiveness of any training commissioned
- Carry out **Child Safeguarding Practice Reviews**. Locally, safeguarding partners must "make arrangements to identify and review serious child safeguarding cases which, in their view, raise issues of importance in relation to their area. They must commission and oversee the review of those cases, where they consider it appropriate for a review to be undertaken". (Working Together 2018)

- Have oversight of **Child Death Reviews**. Responsibility for ensuring child death reviews are carried out is held by 'child death review partners', who, in relation to a local authority area in England, are defined as the local authority for that area and any clinical commissioning groups operating in the local authority area. Child death review partners must make arrangements for the analysis of information from all deaths reviewed.

## Local Arrangements

Arrangements for the PDSCP were agreed in early 2019, prior to the implementation of the local government review across the two local authorities. These arrangements have been subject to review in 2021 and the operational model has been further developed to facilitate a greater focus on local priorities, with more 'placed based' activity that will support local needs and issues and support a more inclusive approach with other 'relevant local agencies', such as schools and community sector organisations.

Two multi-agency 'delivery arms' have been established based on the BCP/Dorset area footprints overseen by a 'safeguarding committee' in each. Dorset Police and Dorset CCG, as pan-Dorset partners, have committed resource to each.

The PDSCP Executive Team will continue to have oversight and responsibility for the Partnership statutory functions and will seek assurance via regular reporting from the two safeguarding committees.

The BCP Safeguarding Committee will oversee workstreams covering:

- Child Safeguarding Practice Review work
- Scrutiny and Challenge (multi-agency quality assurance/learning)
- Learning and Development, which will link with the BCP Social Work Academy
- Safeguarding in Education/Early Years provision

The PDSCP employs an Independent Chair/Scrutineer, currently Anthony Douglas CBE, whose role is to advise and support the PDSCP Executive Team and to oversee scrutiny and challenge of the Partnership's work. There is expected to be a new postholder in this role by September 2021.

The work of the Partnership is supported by a Business Manager and admin support function in each of the two delivery arms. The roles are hosted by the local authority but funded via the contributions of the statutory partners.

## Reporting and Governance

The PDSCP is required to produce an annual report which sets out the impact of its work in improving safeguarding arrangements for children. This report must be submitted nationally to the Child Safeguarding Practice Review panel and the "What Works" Centre. The report is also presented locally via the relevant governance panels of the statutory partners. It is also published on the PDSCP website.

The Pan-Dorset Safeguarding Children Partnership website can be found via the following link:

<https://pdscp.co.uk/>

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/942454/Working\\_together\\_to\\_safeguard\\_children\\_inter\\_agency\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf)

## **Appendix 2**

### **The Bournemouth, Christchurch and Poole Children and Young People's Partnership Board**

#### **Statutory Background**

As part of the agreed LGR framework with Government, BCP was required to publish a Children and Young Peoples Plan by March 2021, 2 years into BCP. There was no stipulation about the focus or content of the plan or about its duration, nor did the Plan need to be submitted to Government. There was no requirement to establish a Partnership Board, so this was done by the council and its partners because they wanted to see a Board in place which could exercise an overview about all the needs of children and young people living in the BCP area and to also oversee how agencies are working together to produce better outcomes for children and young people over a longer period of time that is usually being considered.

#### **Local Arrangements**

The BCP Children and Young Peoples Partnership Board was developed in the summer of 2020 as a direct replacement for the Learning Partnership Board which had a focus exclusively on education. Senior leaders in the council wanted to extend the remit of the earlier Board to include all issues relevant to children and young people.

An independent Chair was appointed, so that additional scrutiny could be brought to the way each agency contributed to the Partnership. It is important to note that as this Board has no legal status, any decisions taken must be taken back into the decision-making process of each constituent partner agency.

Because the new Board was established during the pandemic it was decided to keep the focus in year 1 on education, because of the significant issues facing vulnerable children and schools over the course of the year. The Board was able to extend its membership to a broader group of school leaders and to also include senior leaders from all other statutory agencies working in BCP. Young people also became involved through their representatives on the Youth Parliament.

Board members decided to meet termly, not more frequently and for the Board to focus on strategic and not operational issues. The main task in the Board's first nine months was to produce the Plan required by Government. This was consulted on extensively over the winter of 2020/21. Surveys were carried out including one on happiness as the aims of the Partnership were evolving in terms of making children healthier, happier and safer. 2021-24 was chosen as the best timeframe for a plan. Any shorter and there is not enough time to generate positive outcomes. A longer timescale risks the context changing fundamentally and being overtaken by events.

The Plan was produced on time and signed off by all agencies represented, at different levels and forums depending on the governance arrangements in each

organisation. As the Plan and the Board so not have a statutory basis and powers, involvement and commitment have to be negotiated. A small network is being put together to take forward the business of the Board this year. This is starting with an action plan to make sure the priorities in the published Plan are delivered as set out.

It is envisaged the Partnership will sit above the various delivery boards and will seek to use the detailed work from those Boards to track how the big outcomes for children and young people are being delivered. Strategic outcomes are notoriously difficult to measure and work is under way to produce a partnership dashboard so that progress can be judged against a benchmark or benchmarks.

### **Bournemouth, Christchurch and Poole Community Safety Partnership**

#### **1. Purpose and Background**

- 1.1 The BCP Community Safety Partnership ('the Partnership') is the statutory 'community safety partnership' (CSP) for the local authority area of Bournemouth, Christchurch, and Poole. The Chair is Chief Superintendent Mark Callaghan.
- 1.2 The Partnership brings together the key statutory public bodies with community, voluntary and private sector partners for the purpose of reducing crime, anti-social behaviour, domestic and sexual abuse/violence, substance misuse and reoffending in BCP.
- 1.3 The Partnership aims to achieve this purpose by:
  - a) Providing effective BCP-wide leadership on community safety and crime reduction.
  - b) Bringing together the key statutory agencies and other private, voluntary and community partners to enable effective joint-working and partnership activity.
  - c) Supporting responsive service delivery, led by intelligence and evidence-based approaches.
  - d) Promoting the safeguarding of children and vulnerable adults, in particular their protection from maltreatment, exploitation, abuse, crime, and anti-social behaviour.
  - e) Engaging the conurbation's diverse communities and residents and providing accountability and transparency to increase public confidence and enhance perceptions.
  - f) Ensuring that communities and residents are engaged and informed about crime, offending and substance misuse in the conurbation, listening to what is of most concern to them and acting to tackle those issues in a timely and effective manner.
  - g) Ensuring that agencies represented in the Partnership share information and intelligence effectively to support victims and tackle offending.
  - h) Promoting the interests of public protection and safety with effective communications and public relations.
- 1.4 Following Local Government Reorganisation, a new BCP CSP was formed and this has now been functional for 2 years. The first year of activity was largely focused on formative work with year 2 largely dominated by the Covid 19 Pandemic. It was recognised that the partnership needed to reset in order to move away from the reactive response demanded by the pandemic, and in to a partnership context where the strategic issues and challenges of the BCP area could be appropriately addressed.

- 1.5 The CSP held a partnership development day in March 2021, in order to begin a review of partnership arrangements. This resulted in a new vision and constitution being adopted in May 2021.

## **2. BCP CSP Moving Forward**

- 2.1 The Partnership's refreshed vision is "to make Bournemouth, Christchurch and Poole an even better place by creating safer and healthier environments where businesses and communities thrive and where residents and visitors feel safe and welcomed".
- 2.2 The future work of the CSP will be directed through an Executive Board with strategic groups accountable to it. The final CSP structure is being completed for final approval at its July 2021 meeting.
- 2.3 The new partnership structure will facilitate a greater focus on community engagement and place-based partnership work, as well as ensuring that the full spectrum of CSP duties and priorities are addressed across the partnership.

## **Appendix 4**

### **The Bournemouth, Poole and Christchurch Safeguarding Adults Board**

#### **Statutory Background**

Section 43 of the Care Act (2014) places a statutory duty on every upper tier or unitary local authority to have a Safeguarding Adults Board.

The Bournemouth, Christchurch and Poole Safeguarding Adults Board (SAB) provides system-wide governance for adult safeguarding, including seeking assurance that local residents are protected and that partner agencies are appropriately discharging their safeguarding duties to a high quality standard and that lessons are learned when residents come to harm. Specifically, The SAB has three principle duties which are set out by the Care Act (2014):

- To publish a strategic plan each year which sets out its main objectives and how these will be achieved.
- To publish an Annual Report which says what it has done during the year.
- To conduct Safeguarding Adult Reviews (SAR) when someone has died or has experienced significant harm and it appears that agencies have not worked effectively together

#### **Local Arrangements**

The Bournemouth, Poole and Christchurch SAB covers residents of BCP Council and, similarly, the Dorset SAB covers residents of Dorset Council. The two boards work in close partnership and although each act separately at a governance level, much of the strategic planning, partnership work and sub-groups are shared. This is particularly important because key partners, such as Dorset Police, Dorset CCG and some NHS Trusts work across the geography of both boards.

The SAB meets every 3 months to provide assurance that:

- There is good communication with the public and staff, and they know how to recognise and report harm to adults at risk.
- Agencies work together to reduce risk, prevent harm and protect adults at risk
- National policy and guidance are being followed locally
- Local policy and procedures are agreed and followed
- Activities between agencies are co-ordinated.
- Joint training is encouraged and arranged
- Safeguarding practices are improved, monitored and reviewed
- Ways of working are developed which will improve the support residents receive across the community to live a life free from abuse.
- Lessons are learned when people have not been adequately protected
- People who use services and carers are listened to and their views influence practice

The SAB is chaired independently and supported by a business office. A recent recruitment of a new Independent Chair for BCP and Dorset Safeguarding Adults Boards saw Sian Walker-McAllister take up these roles in April 2021.

BCP Council hosts the Chair and business office for the purpose of employment and accommodation but does so at arms-length. The Care Act prescribes three core member organisations for the SAB: the local authority; the clinical commissioning group (CCG). The Board has representatives of the following statutory organisations:

- BCP Council Adult Social Services
- BCP Council Housing Services
- Dorset Clinical Commissioning Group
- Dorset & Wiltshire Fire & Rescue Service
- Dorset HealthCare NHS Foundation Trust
- National Probation Service
- Dorset Police
- University Hospitals Dorset NHS Foundation Trust

Representatives of the adult social care sector and BCP Council's Cabinet Portfolio Holder for Adults and Health also attend Board meetings.

There are four working sub-groups of the SAB, each of which reports to both the Dorset SAB and the Bournemouth, Poole and Christchurch SAB:

❖ The Policy & Procedures Subgroup

This group makes sure that local standards, policies and procedures are in place to safeguard adults at risk of harm. These will reflect national standards, regulations, guidance and case law and will apply to all relevant agencies across Dorset, Bournemouth, Christchurch and Poole.

❖ The Workforce Development and Training Subgroup

The aim of this group is to make sure there is a skilled workforce to help protect adults at risk of harm. The group makes sure there is awareness across all organisations, including the independent and voluntary sectors about what safeguarding means and what to do if harm or abuse is suspected.

❖ The Quality Assurance Subgroup

This group enables the Board to oversee the quality of local services and safeguarding activity across all partners, including the production of regular monitoring reports.

❖ Safeguarding Adult Review Subgroup

This group oversees the commissioning of Serious Care Reviews and ensures there is a process to learn lessons and make improvements where failures are identified.



## Vision and Strategy

The SAB Strategic Plan (2018 – 2021) sets out the following core vision and principles:

*Effective safeguarding means protecting an adult's wellbeing and right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. At the same time there is a responsibility to ensure that the adult's wellbeing is promoted and to have regard for their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.*

The strategic aims of the SAB are described in the strategy as:

### EFFECTIVE PREVENTION

*Adults are safe from avoidable harm and avoidable death*

*Early intervention uses a pro-active approach which reduces risks and promotes safe services whilst ensuring independence, choice and control.*

### EFFECTIVE SAFEGUARDING

*Adults know that their concerns about safety will be listened to and dealt with at an early stage and that they are safe and in control with people who work with them*

*The level of intervention is proportionate to the severity of risk.*

*Risk is removed or reduced in accordance with the wishes of the individual*

### EFFECTIVE LEARNING

*People working with adults are aware of their safeguarding responsibilities and have access to appropriate guidance, procedures and training.*

*Learning from Safeguarding Adults Reviews and Investigations is disseminated to enable effective learning, learning transfer and continuous improvement.*

### EFFECTIVE GOVERNANCE

*There is a culture of mutual support and challenge within the Boards.*

*Partnerships are held to account for their contribution to safeguarding Adults at Risk*

*There is a commitment to inclusivity and diversity to serve all the communities in Bournemouth, Poole and Dorset.*

## Reporting and Governance

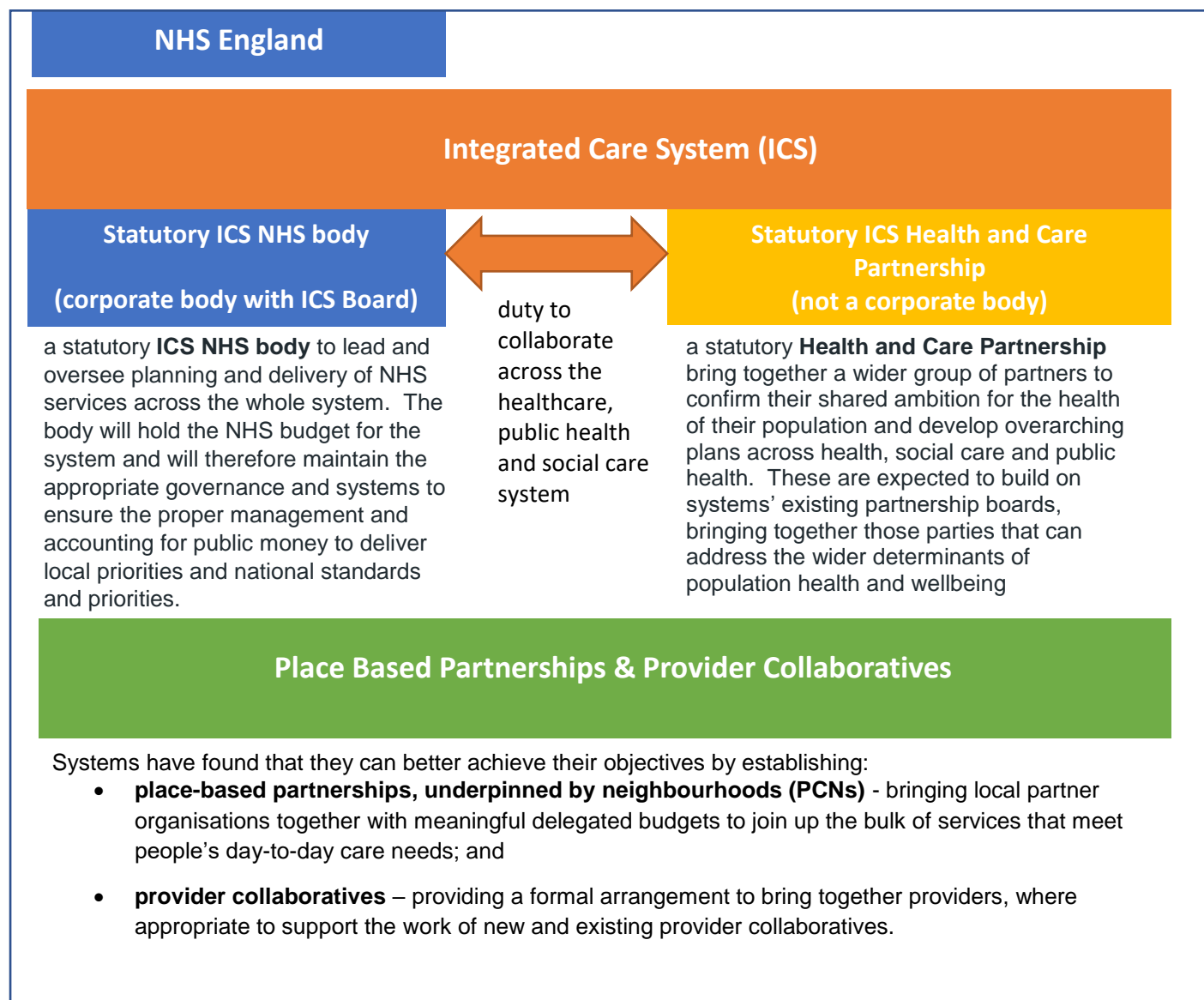
The SAB produces an annual report and business plan and the Independent Chair reports annually to the BCP Council Health & Social Care Overview and Scrutiny Committee and to the Chief Executive of BCP Council.

The Safeguarding Adults Board website can be found on the following link:

<https://www.bcpsafeguardingadultsboard.com/>

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## Appendix 5 – National Partnership Framework for Integrated Care Systems



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## 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?
<b>Board Meeting: 17 June 2021</b>				
<b>Health and Wellbeing Board – Business protocol, membership and terms of reference</b>	To undertake a regular review	To ensure that the business protocol, membership and terms of reference are fit for purpose and allow effective operation of the Board.	Karen Tompkins	To ensure that the Board is able to operate effectively and fulfil its statutory requirements.
<b>Local Outbreak Management Plan</b>	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 to fulfil its role in accordance with the Plan.
<b>Health &amp; Wellbeing Strategy – Promoting Healthy Lives – supporting mental wellbeing and improving mental health</b>	Update on supporting and promoting improving mental health and to consider any initiatives coming forward	To enable the Board to monitor the Promoting Healthy Lives priority within the Health and Wellbeing Strategy	Paul Iggulden	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?
<b>Health and Wellbeing Strategy Empowering Communities - Deprivation</b>	To receive a presentation on proposals to develop Vibrant Communities in our priority neighbourhoods, using strength-based approaches in partnership with our communities'	To enable the Board to monitor the Empowering Communities priority and the promotion of the agenda tackling health inequalities	Kate Ryan, Kelly Ansell, Cat McMillan	Identified as a theme within the Health and Wellbeing Strategy
<b>Special Educational Needs &amp; Disabilities - SEND Improvement Journey</b>	To provide an update on the SEND Improvement journey and key progress to date as evidenced by performance	To enable the Board to monitor SEND Improvements	Elaine Redding Terry Reynolds	
<b>Hospital Discharge Programme 2021/22</b>	The Health and Wellbeing Board will be asked to agree the apportionment of national funding for the Hospital Discharge Programme.	To enable the Board to comply with National Guidance relating to the programme	Jan Thurgood and Sally Sandcraft	
<b>Development of the BCP Council area and Dorset Integrated Care System Strategic Partnership Framework</b>	To advise the Board of the how the safeguarding partnerships will be working together following the independent review	To enable the Board to respond to the development of the BCP Council area and Dorset Integrated Care system	Jan Thurgood and Elaine Redding	

Item Title	Reason for item	Desired Outcome	Lead Officer(s)	Why has it come to the Board?
		Strategic Partnership Framework		
<b>Development Session: Date TBC – Summer 2021</b>  <b>Health Primary Care Networks</b> <b>Wellbeing Population Health Benefits</b>  <b>Development Session: Date TBC – Autumn 2021</b>  <b>Inequalities</b> <b>Community Empowerment</b>				
<b>Board Meeting: 14 October 2021</b>				
<b>Anchor Institutions</b>	Presentation from the Health Foundation		Paul Iggulden	
<b>Local Outbreak Management Plan</b>	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.

Item Title	Reason for item	Desired Outcome	Lead Officer(s)	Why has it come to the Board?
<b>Better Care Fund and Home First Programme</b>	To provide an update on the BCP Fund and consideration of the Home First Programme Commissioning Strategy and Plan.		Phil Hornsby and Sally Sandcraft	
<b>Dementia Review</b>	To receive an update on the implementation of the dementia review and improvements and to look more widely at local responses to ensuring good health and well-being outcomes for people who are diagnosed with dementia and their carers such as the Dementia Friendly Communities initiative.		Sally Sandcraft, Mark Harris	
<b>Health and Wellbeing Strategy – Promoting Healthy Lives - Eliminating Food Insecurities</b>	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?
<b>Safeguarding Adults Board – Annual Report and Business Plan</b>	TBC	TBC	TBC	TBC
<b>Meeting dates for future meetings of the Board are detailed below:</b> 20 January 2022 24 March 2022				

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