Notice of Health and Wellbeing Board

Date: Thursday, 14 October 2021 at 10.00 am

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

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)
Kate Ryan	Corporate Director, Environment and Community (BCP Council)
E Redding	Corporate Director, (interim) Children's Services (BCP Council)
D Vitty	Director of Adult Social Services
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
Scott Chilton	Dorset Police
Vacancy	Education Representative

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

The press and public are welcome to view the live stream of this meeting at the following link: https://democracy.bcpcouncil.gov.uk/ieListDocuments.aspx?MId=5186
If you would like any further information on the items to be considered at the meeting please contact: Karen Tompkins by email at Democratic.Services@bcpcouncil.gov.uk

Press enquiries should be directed to the Press Office: by email at press.office@bcpcouncil.gov.uk

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

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GRAHAM FARRANT
CHIEF EXECUTIVE

6 October 2021

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 directly 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 must leave the room during the debate unless you hold a dispensation

Other Registerable Interest

Yes

Declare the nature of the interest

You may speak on the matter ONLY if members of the public are also allowed to speak at the meeting

Otherwise, do NOT speak or vote on the matter and leave the room during the debate unless you hold a dispensation

No

Does the matter **directly relate** to your financial interest or well-being or those of a relative or close associate?

Yes

You must disclose the interest.

Does the matter affect your financial interest or well-being:

(a) to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;

(b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

Yes

You may speak on the matter ONLY if members of the public are also allowed to speak at the meeting

Otherwise, do NOT speak or vote on the matter and leave the room during the debate unless you hold a dispensation

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

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

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

Selflessness

Councillors should act solely in terms of the public interest

Integrity

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

Objectivity

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

Accountability

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

Openness

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

Honesty & Integrity

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

Leadership

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

AGENDA

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

1. Apologies

To receive any apologies for absence from Board Members.

2. Substitute Members

To receive any changes in the membership of the Board.

3. Declarations of Interests

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

Declarations received will be reported at the meeting.

4. Public Issues

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

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

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

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

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

5. Confirmation of Minutes and action sheet 7 - 22

To confirm and sign as a correct record the minutes of the Meeting held on 17 June 2021.

The Board is also asked to consider the action sheet.

6. Anchor Institutions

The Board will be updated following the recent presentation from the Health Foundation.

7. Eliminating Food Insecurity: Access to Food Partnership update 23 - 48

This report provides an update on the work of the BCP Access to Food Partnership. There is much to celebrate in what the partnership has so far achieved, and local community partners are demonstrably helping families

to build more food resilience. However, the challenge is growing – although the BCP area has some outstanding food support, Sheffield University research suggests people seriously struggle to afford food in BCP, which attracted negative local press coverage. In addition, rising food and fuel prices combined with changes in universal credit going into the winter will mean more residents are likely to struggle with access to food. Therefore, the Board are asked to redouble their efforts to collaborate on communicating key messages around finding help within and across all statutory partners, and to invest in the continuation of the partnership beyond March 2022.

8. Better Care Fund and Home First Programme Update 49 - 60

The Board is asked to consider the report on the above.

9. Hospital Discharge Programme Funding 61 - 64

At the June Health and Wellbeing Board the council and CCG committed to bring a full report on Hospital Discharge Programme (HDP) funding to the October Board.

However, the reconciliation of the funding for April to September 2021 is not yet available therefore cannot be shared at this meeting.

On 6th September 2021 the Government confirmed, via a press release, the extension of the HDP funding for a further six months. The allocation for Dorset Integrated Care System is £8.889m.

The Pan Dorset Home First Board continues to review options and service models to meet the significant challenge it faces in supporting people with a swift and safe discharge from hospital. There remains significant financial concern and workforce pressures despite the additional funding being made available. The Home First Board have engaged Impower as a strategic partner to assist in developing a plan to support the changes needed to improve our position.

10. Update on the Dementia Services Review 65 - 76

The Board is asked to consider the update on the Dementia Services Review.

11. Safeguarding Adults Board - Annual Report 77 - 106

The Board is asked to consider the Annual Report from the Safeguarding Adults Board.

12. Pharmaceutical Needs Assessment 107 - 110

The Board is asked to consider the report on the above.

13. Local Outbreak Management Plan

The Board will be updated on the above and any recent developments.

14.	**Development Session Feedback - Understanding the role of Health and Wellbeing Boards in our developing ICS** The Board is asked to consider the report on the above.	111 - 116
15.	**Forward Plan** The Board is asked to consider and agree the latest version of the Forward Plan and consider proposed development sessions.	117 - 120

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 17 June 2021 at 10.00 am

Present:-

Cllr N Greene – Chairman

T Goodson – Vice-Chairman

Present: Cllr K Rampton, Cllr M White, Cllr B Dove, Jan Thurgood, Kate Ryan, Sam Crowe, D Fleming, E Yafele, Richard Jenkinson, Simon Watkins and Marc House

1. Apologies

Apologies for absence were received from Graham Farrant, Chief Executive BCP Council, Elaine Redding, Corporate Director BCP Council, Sian Thomas, Education Representative, Karen Loftus, Community Action Network and Sally Sandcraft from CCG.

2. Substitute Members

The Board was advised of the following substitutes for this meeting:

Kelly Twitchen, Virtual School and College Headteacher for Elaine Redding, Corporate Director BCP Council.

Steve Place for Karen Loftus Community Action Network

3. Election of Chairman

Council Nicola Greene was nominated and seconded for Chairman. There were no other nominations and Councillor Greene took the role of Chairman for 2021/22.

4. Election of Vice-Chairman

Tim Goodson was nominated and seconded for Vice-Chairman. There were no other nominations and Tim took the role of Vice-Chairman for 2021/22.

5. Declarations of Interests

Councillor Bobbie Dove declared an interest in respect of Agenda item 12 as a family member was receiving support from Special Educational Needs & Disabilities (SEND) Services.

6. Public Issues

There were no public issues for this meeting.

7. Confirmation of Minutes and action sheet

The minutes of the meeting held on 18 March 2021 were confirmed as a correct record.

Voting: Agreed

The Board considered and agreed the action sheet.

Voting: Agreed

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

The Board considered the business protocol, membership and terms of reference, a copy of which had been circulated and which appears as Appendix 'A' to these minutes in the Minute Book.

The Chairman highlighted the need to consider how the Board could best undertake its business following the move back to face to face meetings. She indicated that the input from Members and the flexibility that was allowed by holding meetings virtually was welcome and saved considerable time and provided an opportunity to bring a number of partners together.

The Deputy Head of Democratic Services in presenting the paper indicated that it provided any opportunity to review the Board's practices but equally to consider the membership and make any changes as appropriate. As previously raised by the Chairman there was an opportunity to look at the quorum of the Board. A suggested proposal was to have a quorum of seven members of the Board to include one Councillor, one NHS representative and the Director of Public Health. A Councillor asked when any proposed changes would be effective. The Board was advised that it was anticipated that any proposed changes could be implemented quickly but the Deputy Head of Democratic Services reported that she would check on any further approvals that were required. The Chairman suggested that substitutes be used as appropriate eg for the Director of Public Health.

RESOLVED that the Business protocol, membership and terms of reference be agreed subject to the proposed change to the quorum as detailed above and the arrangements for substitute members.

Voting: Agreed

Jan Thurgood, Corporate Director BCP Council asked that the Board note that in respect of agenda item 14 there would be discussions on other independent chairs having observer status which would have an impact on the protocol.

9. Local Outbreak Management Plan

Sam Crowe, Director of Public Health presented the report on the Local Outbreak Management Plan which provided an update on current actions under the plan, a copy of which had been circulated and which appears as Appendix 'B' to these minutes in the Minute Book.

The Director of Public Health provided an update on the latest position against the four priorities in the refreshed plan. He reported on the increase in infection rates per 100,000 which had changed in the last couple of weeks with the rate in the BCP Council area currently around 60 cases per 100,000 with the infection rate expected to rise due to the data coming through local information systems. The Director of Public Health explained that it was a similar situation in many of the other Councils across the Southwest. He explained that Southwest England had an infection rate of around 45 cases per 100,000 with the rate for England well over 70 cases per 100,000. The Board was advised that these increases had been predicted through local modelling and the group operating would provide ongoing enhanced surveillance including the work being undertaken around variance of concern. The Director of Public Health reported that all national models had predicted that as we go through step 3 of the roadmap there would be an increase in infection rates however so far based on the information for hospital admissions it looked as if the link between high community infection rates and hospital admissions had been very much weakened. He reported that he welcomed the pause in the roadmap announced by the Prime Minister as it provided an opportunity to progress the vaccination programme which was progressing extremely well and highlight the importance of rolling out to the younger age groups. The Board was informed that it was predominantly younger age groups that were seeing the increase in infections.

The Director of Public Health reported that the Local Outbreak Engagement Board which was a sub-committee of the Health and Wellbeing Board had met yesterday had reviewed the current situation and agreed the communication on key messages. He highlighted that over the next few weeks the Health Protection Board communication colleagues in both Councils would promote the interventions namely the opportunities to get vaccinated, the importance of having two doses including working with local employers to reinforce messages about the vaccination. The Director of Public Health also highlighted the need for twice weekly lateral flow tests.

Tim Goodson, Vice Chairman referred to paragraph 7 of the report relating to the unvaccinated in the least and most deprived areas. He referred to the work being undertaken with community leaders and pop-up clinics to work with minority groups to encourage take up of the vaccination. Richard Jenkinson GP commented on his experience and the vaccination programme which was currently dealing with 18-year-olds. He explained that it was becoming more difficult to encourage people to be vaccinated and in particular younger people who do not perceive themselves to be at risk. Kelly Twitchen reported on care experienced young people and the opportunities to provide support for young people to take up the offer of a vaccination working with social care colleagues. The Chairman commented on existing partner networks that could be used to promote the message to take up the offer of a vaccination.

RESOLVED that the report be received and noted.

Voting: Agreed

10. Health & Wellbeing Strategy - Promoting Healthy Lives - supporting mental wellbeing and improving mental health

Paul Iggulden, Public Health Consultant, presented the report on the Health and Wellbeing Strategy – Promoting Health Lives – supporting mental wellbeing and improving mental health, a copy of which had been circulated and which appears as Appendix 'C' to these minutes in the Minute Book.

Mr Iggulden reported on three themes previously identified by the Board namely supporting our communities, supporting our staff well-being and working to prevent suicides. He explained that at the request of the Board a workshop was set up to take a stock check of the current position and to consider any additional activities that may be needed to support mental wellbeing. Mr Iggulden highlighted that the report set out key initiatives and recommendations. The Board was advised of the following themes:

- **Understanding the landscaping** – the workshop had discussed three levels – low level support, second level relating to initial diagnosis and a third professional intervention level. Mr Iggulden indicated that the focus of work for the Board would be around level one including wellbeing support that can be made available and in particular how we work to build shared understanding across our communities of the signs of good mental wellbeing, recognising when problems were emerging and where to go for help.
- **It's time to talk** – the workshop discussed people's ability to access offers of help which was often limited by either recognition or reluctance to ask for help or acknowledge that there were issues. Conversations highlighted the continuing existence of stigma around asking for help and that emotional distress was often poorly understood. Proposals included development of tools to help people recognise when either they need help to boost resilience or see that others may need help. In the statutory sector the view was staff wellbeing was well supported through the pandemic in terms of mental health and wellbeing, but it was less clear about what offers were in place for local business. It was suggested that the offers of training and support be extended to the wider workforce. In schools and educational establishments offers were being developed that were available to pupils but support for staff was less clear. He also highlighted that there was no mention of the offer to people in their homes or communities.
- **Improving joined up working -** there was a need to provide information, advice and guidance regarding preventative measures and non-medical support.

Mr Iggulden outlined the detail of each of the recommendations set out in the report. The Director of Public Health highlighted, in respect of initiative 2, the need to scope the proposal to know exactly what added value a digital offer can provide. Steve Place, Community Action Network referred to the bounce back fund through the R3 Group to develop a first stop shop including the option of an app in respect of anxiety about losing employment or going out to work. He highlighted the opportunity to discuss with the Citizen's Advice Bureau and to take a joined-up approach. The

Chairman referred to the role and input from the Council's economic development team the relevance of small businesses, larger employers and the establishment of a welfare group which was having similar conversations about mental health and wellbeing. The Chairman highlighted the need for focus and to ensure that there was not a duplication of efforts through existing networks. She encouraged partners to contribute and add value to existing systems and to liaise with Mr Iggulden as appropriate. The Director of Public Health referred to the work undertaken through mental health is everyone's business programme in Dorset and that one of the outputs was a community charter to increase the visibility of some of the low-level support. Eugine Yafele reported that the Charter had been started but was interrupted by the pandemic so there was a need to regroup. He reported that he was supportive of this work stream and using what already exists to provide a network that connects with communities.

Mr Iggulden advised the Board of the prevention concordat and reported that to be a signatory required agreement of the consensus statement with an action plan addressing the five domains of the framework. He explained that the concordat provided some access to PHE resources together with support. He referred to the interest from the Dorset Multi-Agency suicide prevention steering group in looking at the concordat. He highlighted in the longer term a need for project support to progress this approach. The Chairman confirmed at this stage the proposal was to start the discussion on the concordat. It was acknowledged that further work was needed, and Mr Iggulden indicated that he would like to channel it through the prevention concordat to provide more structure and visibility to the work. Richard Jenkinson indicated that during the pandemic there had been a step change in the number of people suffering with their mental health so there has never been a more important time when we need to address this. The Director of Public Health felt that a significant amount of work had been undertaken as a system for example the multi-agency and local authority suicide prevention plans. He indicated that this was about additional visibility within a clear framework, and which brings the work entrained to the fore. Debbie Fleming felt that this was an ideal way of progressing the issue which should be undertaken within a framework but she always asks the meaning of such concordats. The Chairman indicated that the Board would like a further report but would be happy to adopt the direction of travel.

RESOLVED that:-

(a) Initiative 1- Raising awareness of the landscape of mental wellbeing / mental health and feedback from partners on the 'light on' campaign is encouraged (to joanna.quinn@dorsetcc.gov.uk) be supported.

(b) Initiative 2 - 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 be supported at this stage subject to scoping the concept to ensure that it would add value.

(c) Initiative 3 - Directory of (community) support resources – further work on this to develop the offer and consider how it might be maintained is supported.

(d) Initiative 4 - The identified funded training opportunities to SMEs be promoted is supported.

(e) In respect of initiative 5 - Signing up to the national Prevention Concordat - the direction of travel be supported and the concordat agreed in principle subject to a further report being submitted to the Board on the approval of the concordat.

Voting: Agreed

11. Health and Wellbeing Strategy Empowering Communities - Deprivation

Cat McMillan, Head of Community Engagement at BCP Council, gave a presentation focussed on proposals to develop vibrant Communities in priority neighbourhoods, using strength-based approaches in partnership with communities. The Board was advised that part of this involved a culture shift in the language used moving away for phrases such as tackling deprivation and regeneration with a focus on deficits inside communities to develop vibrant communities and highlighting what was strong not what was wrong.

The Board was advised that key communities the Council want work with, in a vibrant way, have been identified. The next stage was how to engage with communities and work with them to identify strength-based approaches. The Board was advised that services were already delivered in a vibrant and dynamic way eg innovative parks, large impactive festivals and award-winning behaviour changing services which helped people across the area to make lifestyle changes to improve their wellbeing. Cat explained that there was considerable evidence that public services that were delivered in partnership with the communities provided more sustainable and better outcomes for residents. This was apparent during the presentation given earlier in the year by Cormac Russell who was a world-renowned expert in asset-based community development or ABCD. The issue to consider was are partners going far enough to give communities enough ownership in the decisions that affect their lives.

The Board was advised of the outcomes that had been achieved by East Ayrshire in Scotland which had transformed the way in which they work with their communities including the process they adopted eg through community events to engage with residents. Cat explained the fundamental change which was the shift of power from the Local Authority to communities, that ABCD had been embedded throughout the Council and that the Local Authority's role was to serve the communities. The Board was informed of the development of the community led action plan which the local community then delivered in partnership with the Council and wider partners. Cat outlined the ABCD model and the various stages. The Board was advised that this approach was used to work with the priority neighbourhoods across BCP those that were within the 20% most deprived under the indices of deprivation. Cat outlined the development of the strategies that would support this approach, the future for vibrant

communities beyond area action plans and the evaluation of the model. The Board was advised of the work streams and the structure for the development of the model for priority neighbourhoods in the BCP Council area and the associated timelines.

Steve Place, Community Action Network, welcomed the proposal, the detail that underpinned the approach and the time taken by the Council to consider this initiative. He highlighted the expected long-term improvements and reported that there were plenty of communities of interest that suffer disadvantages and asked how their needs would be addressed. Mr Place also referred to neighbourhood plans that were supported as part of the planning system which would be an option within the ABCD approach with statutory status in terms of planning development going forward. He referred to the opportunity to learn from rural areas such as parish planning systems.

The Vice-Chairman outlined his support for the approach and that ABCD provided a good foundation to build on the strengths of communities. He referred to Wigan which was also a good source of learning and emphasised that this structured approach could add the most value. Louise Bate, Healthwatch felt that it was a great plan, referred to the way in which communities had pulled together to support each other during Covid and that it was the right time to build on that momentum. She also highlighted that communities of interest should not be missed. Mr Iggulden asked about the work stream in lane three and how partners could better respond and be receptive to the vibrancy of communities. Councillor Rampton highlighted that she would like to see innovative ways of reaching out and engaging with communities and less reliance on social media. She also supported previous comments on the geographical boundaries and whilst it was important to go to more deprived communities that ABCD should be a conurbation-wide approach with the concept embedded in the whole conurbation and not just in a few communities.

Kate Ryan, Corporate Director, in response to a question commented on the governance arrangements which would result in setting up a new sub-group that would report into the Health and Wellbeing Board. It therefore means that that community agenda would be at the heart of the Health and Wellbeing Framework with links to the Health and Wellbeing Strategy which included the priority to empower communities and tackle inequalities. Debbie Fleming asked who was overseeing this activity. The Board was advised that this initiative provided an opportunity to provide the forum and the approach that all partners could support alongside existing networks into communities. Marc House felt that this was an incredibly positive opportunity for partners to work collaboratively and put communities at the heart of everything that was undertaken. He explained that for the service it was about developing healthier and safer lives with learning and engagement and he welcomed the opportunity to be engaged in the project.

Cat McMillan explained that this project was not being undertaken to the exclusion of other communities of interest all the work in these areas continued. She confirmed that in terms of West Howe the reference in the report was recognition that there was an incredibly strong charity already operating and well established.

RESOLVED that the Board support the approach outlined in the presentation to develop vibrant communities on a strength-based approach and that the Board is engaged as appropriate applying the commitment of the partnership.

Voting: Agreed

12. Special Educational Needs & Disabilities SEND Improvement Journey

Terry Reynolds, Education Consultant working for BCP Council, presented the report which provided an update on the SEND improvement journey and key progress to date as evidenced by performance, a copy of which had been circulated and which appears as Appendix 'D' to these minutes in the Minute Book.

Mr Reynolds referred to the Local Government Association Peer review of SEND Services undertaken in January 2020 that identified a number of issues requiring improvement and that subsequently partners had established the SEND Improvement Board. The Improvement Board received a report in October 2020 from Anthony Douglas, Independent Children's Advisor, on a diagnostic of statutory SEND services to look at the most critical issues needing improvement. Mr Reynolds explained that there was the Improvement Board and a Learning and Improvement Plan arising out of the reports referred to above. The Board was advised that the issues facing BCP Council were common in almost all Local Authorities around the provision of effective SEND services. Mr Reynolds referred to a recently published Ofsted report which indicated that there were systemic issues reflected in SEND area inspections highlighting common weaknesses. These weaknesses included the lack of joint commissioning, that co-production does not work effectively and the development of poor-quality health and care plans. He highlighted that there were 151 Local Authorities and all of them had deficits in their high needs block budget which funded SEND services. Therefore, the conclusion of the Ofsted report was that reforms of the SEND services was now even more urgent following the pandemic than it was before. Mr Reynolds reported that the aspirations of those working in the service was to provide the best possible service for children and families so that Children with SEND can live healthy fulfilled and successful lives. The Board was advised that there was a number of challenges in providing the service that the Council wants to provide and there were two elements which BCP Council does not yet have which was the continuum of provision from mainstream through to very specialist provision and the budget pressures were not only substantial but were increasing due to increased demand on the system. The Board was informed that there was a challenge to provide an effective system and manage the budget.

The Vice-Chairman acknowledged that it was clearly a challenging area and was very emotive for anyone who had been involved in the system. He explained that it was an area that needs improvement, and it was good to see the progress made.

Kelly Twitchen commented on the extra support and oversight for children in care to ensure that those with SEND were receiving what they needed.

She commented on the upskilling of the SEND team and that staff had been seconded to provide support. The Board was advised that a lead for inclusion had been appointed within the virtual school to provide an extra layer of oversight to ensure timeliness for the completion of plans, annual reviews and early identification of need. Louise Bate, Healthwatch referred to the young listeners who were designing an engagement project and as part of that initiative they would be speaking to young people who were in the SEND category. Louise confirmed that she would feed the insights into the Board.

Kate Ryan, Corporate Director referred to her area of service delivery and in particular preparation for adulthood and the need for suitable independent housing options. She highlighted the work with care leavers and the various commissioning strategies being developed to support this work. Jan Thurgood, Corporate Director reported on the preparation for adulthood and the work being undertaken to promote independence and choices to enable young people and young adults to achieve want they want. She highlighted one of the key areas which was training and employment and asked partners to consider potential employment opportunities in their organisations for young people and those coming though SEND services and adults with disabilities.

RESOLVED that the update report and progress made to date be received and noted.

Voting: Agreed

13. Hospital Discharge Programme 2021/22

Jan Thurgood, Corporate Director presented the report on the hospital discharge programme 2021/22, a copy of which had been circulated and which appears as Appendix 'E' to these minutes in the Minute Book.

The Corporate Director explained that the report was to seek delegation to the Chairman and Vice-Chairman of the Board in consultation with the Cabinet Member for Adults to take any decisions that were required on funding for the Dorset Integrated Care System to support the Hospital Discharge Programme for the period April – September 2021. The Board was informed that since the pandemic all partners across the NHS, Councils and voluntary sector had been engaged in radically changing the way that they manage patients leaving hospital but ensuring that only those people that need to go into hospital were admitted. The Corporate Directorate explained the changes to the hospital discharge process and reported that the aim was for patients to return home if appropriate but to ensure that they continue their care treatment and recovery in the right place.

The Corporate Director reported that the Government had provided funding for various schemes. She explained that capped funding was now being directed to Integrated Care Systems. This had raised an issue in respect of how the capped sum was divided between different health and wellbeing areas. The Corporate Director reported that it should be acknowledged that there may be issues on whether the capped sum would meet all the costs and if the model was sustainable. The Board was informed that further

guidance was awaited through the national adult social care routes. The Corporate Director in response to a question confirmed that the cap applied to the £8.4m.

The Vice-Chairman supported the paper and felt that it was a pragmatic way in managing the issue going forward. He highlighted that the cap would be a challenge due to the level of spend.

The Chairman in providing assurance to Board Members reported that the Council has its own appropriate schemes of delegation.

RESOLVED that the Chair and Vice-Chair of the Board (following discussions with the Cabinet Portfolio Holder and subject to Council and CCG governance processes) are given delegated authority to make relevant decisions on behalf of the Board related to Dorset Integrated Care System funding for the Hospital Discharge Programme for the period April to September 2021 if needed in advance of a report coming to the Board in October 2021.

Voting: Agreed

14. Development of the BCP Council area and Dorset Integrated Care System Strategic Partnership Framework

Jan Thurgood, Corporate Director presented the report on the development of the BCP Council area and Dorset Integrated Care System Strategy Partnership Framework, a copy of which had been circulated and which appears as Appendix 'F' to these minutes in the Minute Book.

The Corporate Director explained that the report provided information on the development of local strategic partnerships and outlined 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). The Board was informed that all relevant partners and stakeholders would 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.

The Director of Public Health highlighted the design principles for the ICS which had been published yesterday which can be provided to the Board and highlighted the importance of place-based partnership forums in bringing forward an integrated plan which looks at the improvement of outcomes for health and care services.

RESOLVED that :-

(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) 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.

(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 31st December 2021.

*** It was acknowledged that the Board's terms of reference would need to be amended to take account of the decision at (a) above**

Voting: Agreed

15. Forward Plan

RESOLVED that the Forward Plan as presented be noted and the items proposed during the meeting acknowledged.

The Chairman paid tribute to the following members of the Board

- James Vaughan, Chief Constable, who would shortly be retiring from his role. The Chairman thanked him on behalf of the Board for all the support that he had given in his years of service and wished him well for the future.
- Jan Thurgood, Corporate Director, who would shortly be retiring from her role with BCP Council. The Chairman thanked Jan for her service and extraordinary support to the Board and predecessor Board together with her service to BCP Council and previously the Borough of Poole Council and that she left with very warm wishes.

The meeting ended at 11.43 am

CHAIRMAN

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

Actions arising from Board meeting: 18 March 2021				
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.**		
Actions arising from Board meeting: 17 June 2021				
8	Health and Wellbeing Board - Business protocol, membership and terms of reference	Decision made That the Business protocol, membership and terms of reference be agreed subject to the proposed change to the quorum as detailed above and the arrangements for substitute members.	To enable the Board to review the business protocol, membership and terms of reference	N/A

10	Health & Wellbeing Strategy - Promoting Healthy Lives - supporting mental wellbeing and improving mental health	Decision made That In respect of initiative 5 - Signing up to the national Prevention Concordat - the direction of travel be supported and the concordat agreed in principle subject to a further report being submitted to the Board on the approval of the concordat.		
11	Health and Wellbeing Strategy Empowering Communities - Deprivation	Decision made That the Board support the approach outlined in the presentation to develop vibrant communities on a strength based approach and that the Board is engaged as appropriate applying the commitment of the partnership.		
13	Hospital Discharge Programme 2021/22	Decision made That the Chair and Vice-Chair of the Board (following discussions with the Cabinet Portfolio Holder and subject to Council and CCG governance processes) are given delegated authority to make relevant decisions on behalf of the Board related to Dorset Integrated Care System funding for the Hospital Discharge Programme for the period April to September 2021 if needed in advance of a report coming to the Board in October 2021. ✓ **report included on the agenda for the meeting on 14 October 2021.**		

14	Development of the BCP Council area and Dorset Integrated Care System Strategic Partnership Framework	Decision made (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) 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. (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 31st December 2021. * It was acknowledged that the Board's terms of reference would need to be amended to take account of the decision at (a) above		

		✓ **(b) Actioned – Development Session held on 8 September 2021.** ✓ **Feedback from the Development Session being reported to the Board on 14 October 2021.**		
15	Forward Plan	Decision made that the Forward Plan be updated in accordance with the decisions of the Board.		

HEALTH AND WELLBEING BOARD

Report subject	Eliminating Food Insecurity: Access to Food partnership update
Meeting date	14th October 2021
Status	Public Report
Executive summary	This report provides an update on the work of the BCP Access to Food Partnership. There is much to celebrate in what the partnership has so far achieved, and local community partners are demonstrably helping families to build more food resilience. However, the challenge is growing – although the BCP area has some outstanding food support, Sheffield University research suggests people seriously struggle to afford food in BCP, which attracted negative local press coverage. In addition, rising food and fuel prices combined with changes in universal credit going into the winter will mean more residents are likely to struggle with access to food. Therefore, the Board are asked to redouble their efforts to collaborate on communicating key messages around finding help within and across all statutory partners, and support the continuation and sustainability of the partnership beyond March 2022.
Recommendations	It is RECOMMENDED that: a) Board members consider how they can help to support the longer term sustainability of the Access to Food partnership beyond March 2022. b) Board members identify how their partner organisations are able to help communicate key messages and share information to help residents more easily identify and ask for relevant support if they are struggling with food insecurity. c) Board members identify a dedicated representative from their organisation to be part of the Access to Food partnership and lead on the food insecurity agenda within their organisations. d) Board members allocate a future agenda item to discuss macro level changes that are needed to help improve the situation around food insecurity.

Reason for recommendations	To demonstrate support for the Board's priority to promote healthy lives through one of its key themes to eliminate food insecurity in the Health and Wellbeing Strategy 2020-2023. To recognise that the funding for BCP Council's Community Food Coordinator post ends in March 2022. The partnership is exploring funding options to sustain the work of the partnership. It has submitted a preliminary application for 3 years' funding to the National Lottery and awaiting feedback. BCP Council has committed £30,000 in match funding to support the bid. It is requested that other partner organisations consider funding as well in order to strengthen the bid. Without this dedicated resource, the partnership will not be able to continue. To note that data and insight from multiple sources have highlighted that the combination of upcoming changes in universal credit and furlough ending, coupled with rising food costs will result in more residents struggling to afford and access food during the coming months and this crisis needs to be recognised by the Board.

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

Refresh on the BCP Access to Food partnership

1. BCP's Access to Food partnership has a strength-based approach to its Vision that is to create *"a Bournemouth, Christchurch and Poole where everyone is able to feed themselves and their family nutritious food, all of the time".*

2. At the March 2021 meeting, we agreed that:

    - Cllr Nicola Greene would be the Champion for the Board
    - Others would champion the issues in their own organisation
    - The issue would be linked into existing ICS development and strength-based approaches
    - We would collectively pursue prevention of food insecurity actions
    - We would build capacity in this area
    - Keep the momentum beyond the immediate Covid crisis

Current status on food insecurity challenges for BCP

3. With the universal credit uplift (£20 per week less from 1st October) and furlough ending, alongside rising energy and food prices, the coming months will create financial difficulties for many, in particular lower incomes households.
4. BCP Citizen's Advice expects these combined changes to create a more difficult winter than seen over the last two years, with further insight "Universal Credit & Food Bank Briefing Paper September 2021" (see Background papers).
5. As a resident explained "The same weekly shop with Asda online and the 'same basket' which used to be £42 per week is now £57 with no extra's added in".
6. A recent report published by Sheffield University (see Background papers) compared local authorities nationally and identified the BCP Council area as 8th highest for estimated population who are worried about their food security (18.75%) and 3rd highest for estimated population who are struggling with food insecurity (23.82%).
7. In BCP, approximately 9,000 people in Bournemouth, Christchurch and Poole are on furlough, which will also come to an end on 30th September 2021, many of which may become redundant. The number of families with dependent children on Universal Credit has risen approximately 50% in the last year (from 7,380 in March 2020 to 11,401 in May 2021).
8. Pupils eligible for free school meals has risen from 13.9% in 2018/19 Spring Term to 17.3% by Summer Term 2020/21. This coupled with BCP having higher than average rent levels is likely to mean a significant number of households will be struggling to pay rents and avoid eviction (now the eviction ban is lifted).
9. The Access to Food partner network continue to see increased demand compared to pre-pandemic levels. For example, Christchurch Foodbank are experiencing demand levels 3% higher now than in 2020. They are now feeding 614 individuals compared to 465 last year.
10. On 30th September, the government announced £500m of grants to help families struggling with the cost of living as other previous government local support schemes come to an end. The new fund will help households pay for essentials like food and bills and be distributed through local councils. We are awaiting further details at this stage and will update the Board at the meeting.

11. A more detailed analysis is provided in Appendix 2 by BCP Council Insights team on the “Current and Future situation in relation to Food Insecurity in BCP”.

Access to Food Partnership activity update since March 2021

12. Since the last update in March 2021 to the Board, the Partnership has worked together to achieve the following actions. A full report is available in Appendix 1.

a) Ensure everyone can access food when in crisis
   - Launched the ‘Listening Broadly’ work
   - 81% of the schools that have the highest level of pupils eligible for Free School Meals have been connected to a local community food projects to help support their pupils in some way.

b) Equip individuals & families with the confidence, skills & resources to consistently feed themselves nourishing food
   - White goods given to those moving into temporary accommodation to enable people to cook nutritious food straight away
   - “Cookbags” and “Meal-in-a-bag” being distributed through Friendly Food Club and Food Banks

c) Bring local communities together to identify needs, seize opportunities and solve problems, using local strengths and community assets
   - Neighbourhood Conversations organised in West Howe & Kinson and
   - Bourne & Alderney have led to communities exploring the idea of setting up a community fridge and a community store with residents
   - Gathered lunch clubs and community meals to enable re-opening with confidence
   - Gathering growing initiatives to share ideas to distribute locally grown food accessibly

d) Share good information about the local community food offering
   - Community Food Posters have been distributed to public community hubs all over the conurbation.
   - Trained 50+ additional frontline staff in identifying food insecurity and the community food offer

e) Make access to food a priority in local policy and decision making
   - Worked with Southampton University and BCP Council Insights team to measure the cases of food insecurity and the future impact

f) Built capacity in the local food network
   - Set up PPE hubs across the conurbation to provide free PPE supplies to community food projects.
   - 10 volunteers trained to Level 2 Food Hygiene, through free food hygiene training for the partnership

Activity with HWB partners since the last meeting

13. NHS Dorset CCG: The partnership presented to Dorset NHS CCG Members including GPs across Dorset and are linking with other programmes to raise awareness of the partnership through Our Dorset's Integrated Care System
    - Building Health Partnerships
    - Joint Primary Care Relationship and Business Manager meetings to facilitate conversations with individual PCN Partnership Boards and explore how the work links closely with the PCN Population Health Management and Prevention at scale work as part of their CCLIP's as we move beyond COVID.
    - Social Prescribing Community of practice agenda
14. Dorset Healthcare: Initial discussion on how as an organisation they can promote food resilience in the community both as an employer as well as a health care provider (particularly in terms of their more vulnerable cohorts).
15. Poole Hospital**:** Working with Community Action Network to explore how the partnership can support the Home First project
16. Dorset & Wilts Fire and Rescue Service: Officially joined the partnership by signing the Access to Food Charter. Training was delivered to the Safe and Well team – focusing on identifying food insecurity during visits and learning the breadth of community food support available in Bournemouth, Christchurch and Poole.The Safe and Well team are participating in the Listening Broadly work and we are exploring ways to gather insight from the team on their knowledge of behaviours regarding older people asking for food support and their coping mechanisms,and helping frontline staff to signpost to support.
17. BCP Council: Presented to ASC Senior Management Team at Access to Food and strength-based approaches workshop and continuing to work together to look at opportunities to connect this work more closely with the ASC teams. Training on the range of community food support available has been delivered to the Emergency Duty Service team. Training has also been delivered to BCP Council Housing teams – specifically 20 staff with the Resettlement Officers Team and Early Prevention Service, both working with those moving into temporary accommodation.

Priorities for the partnership for the next 6 months

18. The following priorities for the next 6 months against the 5 mission statements, are outlined in more detail in Appendix 2. This includes:
    a) Campaign to encourage continued donations of food from public
    b) Encourage new community meals and add to food map
    c) Creating info pack to make it easy to start new cooking initiatives, identify crowdfunding and sharing and sharing a list of cooking skills courses more broadly
    d) BU and AUB developing plan with Access to Food team to ensure students are aware of how to get help and how to give help
    e) Bring as many "growing" groups together to plan what to grow in 2022 and how to link in with food network

Overcoming barriers to progress

19. The Access to Food partnership is working hard on limited resources to support the Health and Wellbeing Board's priority to eliminate food insecurity across BCP.
20. The work is currently delivered through a part-time dedicated Community Food Coordinator post that has been funded by BCP Council for the past two years until March 2022.
21. There is additional capacity provided by staff from key stakeholders through generous partnership working (BCP Council, Faithworks Wessex, Public Health Dorset and Community Action Network). Alistair Doxat-Purser, Chief Executive for Faithworks Wessex is an active Chair for the partnership and is fundamental in leading the strategic development and direction of the partnership.
22. The partnership is exploring funding options to sustain the work of the partnership beyond March 2022.
23. It has submitted a preliminary application to the National Lottery for £186,000 for a three year period, which includes a proposed budget for a partnership coordinator, communications and campaigns, website development, insights and research, network training and listening to those with lived experience project.
24. BCP Council has committed £30,000 in match funding to support the bid.
25. It is requested that other partner organisations consider funding as well in order to strengthen the bid. Further commitment from the Health and Wellbeing Board will greatly improve the likelihood of a successful Lottery bid or other funding applications.
26. It is requested that the Board discuss the longer term sustainability of the partnership.
27. Public Health Dorset funded a similar post a few years ago using non recurrent funds as it was considered beyond core business. It is open to debate whether this work should now be considered as part of core business going forward.
28. The partnership would like the Board to recognise that with the gradual return to the "new normal", the generous and dedicated partnership working that existed during the pandemic is becoming more challenging with other work commitments starting to take priority. In order to sustain momentum we need to allocate staff resources from across the partnership.
29. In addition, a member of staff from Public Health Dorset that is the representative on the partnership is leaving and we hope there will be continued dedicated resource and representation from across Our Dorset's Integrated Care System in order for issues and solutions to be addressed effectively.
30. As detailed in section 2, we expect there to be growing demand in the number of residents struggling to afford and access food over the coming months and increased demand on local community food projects since pre-pandemic levels. The Access to Food partner network is currently coping with the demand.
31. Community Action Network recently carried out a State of the Sector survey with local voluntary and community sector organisations (not just those related to community food) and identified the significant impact the pandemic has had on the local sector. About half (51%) of the responding organisations said that they are at risk of permanent closure within 12 months if funding is not made available to them and 56% of the 31 organisations who wish to continue their expanded services will need to access funding to enable this.

32. BCP's Access to Food partnership is focused on strength-based approaches to build community skills and confidence with access to food, including skills for growing, cooking and feeding themselves and their families nutritious food, and in turn build resilience within communities.
33. In order to support the voluntary and community sector with providing access to food to the most vulnerable within our communities, the Access to Food partnership and the work of the Community Food co-ordinator provides the space to connect organisations and groups together to share ideas, challenges and opportunities for change by working collaboratively. It helps to build additional support to help strengthen and build capacity and growth within the network, through sharing information, training and making connections, and in turn broaden the network of people that are able to effectively support and help those experiencing food insecurity out of crisis or to avoid and prevent it in the first place. This is particularly important as we experience those newly into crisis now needing to access support.
34. This work requires the ownership and support of the Board to ensure that food insecurity remains on the agenda and is seen as everyone's problem. We need to strengthen the 'no wrong door' approach so that frontline staff across Our Dorset ICS are prepared and knowledgeable to be able to help people out of crisis. It is important that food insecurity is recognised as a shared problem and that we collaborate to identify opportunities to help our communities. What more can we do as a system to help identify hidden hunger and the impact it has on resident's health and wellbeing?
35. This work links to the anchor institutions work of the system and having discussions around supporting staff and living wages.

Recommendations to the Board:

36. Board members consider how they can help to support the longer term sustainability of the Access to Food partnership beyond March 2022.

37. Board members identify how their partner organisations are able to help communicate key messages and share information to help residents more easily identify and ask for relevant support if they are struggling with food insecurity.

38. Board members identify a dedicated representative from their organisation to be part of the Access to Food partnership and lead on the food insecurity agenda within their organisations.
39. Board members allocate a future agenda item to discuss macro level changes that are needed to help improve the situation around food insecurity. For instance, the Board and large employers together need to consider new standards in staffing contracts across BCP to raise incomes for those most at risk of food insecurity by widespread encouraging adoption of real living wage levels salaries, and an end to zero-hours contracts.

Summary of financial implications

40. No set financial implications for the Board except the request to consider how the Board can help with the long term sustainability of the partnership.

Summary of legal implications

41. None identified at present

Summary of human resources implications

42. The funding for BCP Council's Community Food Coordinator post will end on March 2022 unless further funding is identified.

Summary of sustainability impact

43. The partnership is focusing on growing initiatives and in turn this will help to reduce carbon emissions by growing local food. It also identifies surplus food wastage within the system and redirects this resource to local community food projects.

Summary of public health implications

44. Pre-pandemic, nationally there was a rising trend in levels of household food insecurity (The Food Standards Agency, The Lived Experience of Food Insecurity under COVID-19, July 2020) which was demonstrated locally through 2019 Dorset Hidden Hunger event.

45. A recent report by The Food Foundation (see background papers) cited that Covid-19 has left more people than before struggling to afford or access a nutritious diet. It highlights that emergency interventions appear to have prevented the situation from worsening in recent months but warns the ending of this support risks elevated levels of hunger and deprivation with poor diets and the increased risk of associated health problems becoming the new normal

46. The report goes on to say that Covid-19 has dramatically widened inequalities in food security and access to nutritional food stating that throughout the crisis, the following groups have consistently encountered disproportionately higher levels of food insecurity, compared with other population groups, finding it harder to put nutritious food on the table - BAME communities; Adults with disabilities or life limiting health problems; Clinically vulnerable adults; Households with children (particularly low income families and lone parent households).

47. The other public health implications surrounding food insecurity remain the same as when the partnership first presented to the board in March and these are included below again for reference.

Summary of equality implications

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

Summary of risk assessment

49. The Access to Food Partnership is currently reliant on limited resource and generous partnership working. The Partnership lacks a longer-term sustainable resource and funding strategy.

50. If the Access to Food partnership do not secure funding beyond March 2022, the majority of the work of the partnership will come to an end. This will have an impact on how local residents are supported in being able to access community food support when needed.

51. The Partnership's action plan includes several short-term objectives that could become delayed without sufficient focus and resources.

Background papers

- BCP Access to Food map
- Sheffield University – Comparing local responses to household food insecurity across the UK – Executive Summary
- Sheffield University – Local Food Insecurity Estimates – Jan 2021
- Citizen's Advice – Universal Credit & Food Bank Briefing Letter
- The Food Foundation- The Impact of COVID -19 on Household Food Insecurity.

Appendices

Appendix 1. Access to Food Partnership – Progress report on 5 key elements of the Partnership mission
Appendix 2. BCP Council Insights – Current and Future situation in relation to Food Insecurity in BCP
Appendix 3. BCP Access to Food partnership Action plan

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Appendix 1. Progress report on 5 key priorities for Access to Food Partnership

The Access to Food partnership has a strength-based Vision to create

"a Bournemouth, Christchurch and Poole where everyone is able to feed themselves and their family nutritious food, all of the time"

5 key elements of the partnership mission

A) To ensure everyone can access food when in crisis,

B) To equip individuals & families with the confidence, skills & resources to consistently feed themselves nourishing food.

C) To bring local communities together to identify needs, seize opportunities and solve problems, using local strengths and community assets,

D) To share good information about the local community food offering

E) To make access to food a priority in local policy and decision making.

Over the last 6 months the Access to Food Partnership has worked together to develop our work in the 5 key areas.

A) To ensure everyone can access food when in crisis,

Working with Schools:

Learning & Info Sessions are a continuing piece of work, engaging schools and developing links with community food projects.

81% schools - where more than 10% of the student body in receipt of Free School Meals – are now formally linked to at least one community food project in the conurbation.

The need for offline signposting was highlighted during these sessions which lead to the development of the Community Food Poster (see Part D).

Key outcomes from the June session (at which 11 schools were represented) was developing connections between schools and food growing projects. These connections are increasing the community gardens on school land and seeing growing nutritious food as part of the curriculum.

The access to food sessions have been immensely helpful for me in school, it has given me the opportunity to signpost parents to the most appropriate and relevant support that they require. To network with new people has been amazing and has offered many learning opportunities. I have made contacts that continue to work alongside me and develop our school especially it terms of growing our own produce.

Alice Smith, Pastoral Support - Stourfield Infants School
Schools Working Group Member

Holiday and Food Programme - the Partnership has worked with the steering group to ensure that community food projects are linked with holiday activity providers and providers are aware of food support that is available in their communities.

In the Easter holiday:

- 1,372 children attended HAF sessions.
- The average number of sessions attended per child was 6.
- Providers planned to deliver 3,382 4-hour places.
- 2,429 4-hour places were provided (72% of the original delivery target).

In the Summer holiday (based on returns received so far):

- 2,396 children attended HAF sessions, of which around 300 had SEND (in addition to this, the Short Breaks team delivered some targeted provision for children with SEND and their families).
- Providers planned to deliver 30,157 4-hour places.
- Delivery of 27,323 4-hour places has been declared so far (91% of the original delivery target).

Figures for the number of places delivered and the number of children attending sessions over the summer will increase when the remaining providers submit their returns.

Listening to those with Lived Experience

We are committed to listening to those who have experience of food insecurity and who are trying to navigate the support that is available to them. Through the initiative 'Listening Broadly' the Partnership is working together to do a collective listening exercise (through a paper survey and conversation starters) to understand two things:

- The current **situations that are creating 'crisis situations'** that lead to food insecurity
- The things **that encourage people to reach out for support** where they may not have done so before.

A pilot was conducted over the summer holidays with 5 organisations from the Access to Food Partnership. This pilot has led us to officially launching Round 1, with participating groups including;

- TWC Track and Trace
- Citizen's Advice BCP
- Dorset & Wilts Fire and Rescue Service
- BCP Council Family Hubs
- Housing associations
- Large number of community food projects such as foodbanks and pantries.

Round one will last until 15th November, with feedback shared 29th November.

Being part of the Listening Broadly working group has been great not just for improving our conversations with and support we offer our patients, but also in building on professional working links across the conurbation. The meeting commitments have been manageable and always feel like a good investment of time. The data capture form was carefully curated so it was easy to use and as a result it was quick and effortless to add our contributions and ensure the voices of our patients are being heard.

Romany Ross, Social Prescriber Central Bournemouth PCN
Listening Broadly Pilot Participant

B) To equip individuals & families with the confidence, skills & resources to consistently feed themselves nourishing food.

- A partnership between BCP Council and Faithworks is enabling those who are moving on from temporary emergency accommodation to a fresh start to not only have a furniture donation, but also basic white goods; this includes a fridge and a microwave/mini-oven so that they can get started with cooking. Many of these rooms are completely unfurnished, so this is vital for the individual's physical as well as mental health.
- Other partners continue to offer cooking skills help with access to equipment for those who lack the ability to try the skills at home – e.g. Bournemouth Foodbank's Eat Well, Spend Less course, and Faithworks' Staysafe project where cooking together is one of the day-time activities for those in emergency accommodation who can take a basic mini-oven if no other cooking facilities
- Meanwhile, the Friendly Food Club continue to support groups with "cook-bags" that provide video plus recipe and ingredients; the SMILE lone parent project gave out 40 of these each week during the summer
- Poole and Christchurch foodbanks also continue to give out "recipe in a bag" packs that also make it easier to cook a meal

C) To bring local communities together to identify needs, seize opportunities and solve problems, using local strengths and community assets,

Neighbourhood Conversations

- **West Howe & Kinson** - set up in Kinson after a number of projects expressing a desire to understand more about the stakeholders in the neighbourhood and how they could work together. Over a number of sessions stakeholders from the community - West Howe Community Enterprise, Public Health Dorset Locality lead, West Howe Library - discussed how to cross refer and the potential of establishing a Community Fridge in the neighbourhood.
- **Bourne & Alderney** - A need was identified in Bourne & Alderney, since there were no Community Food projects on the estate. Community leaders came forward with the idea of setting up a community store. The community leaders in Bourne were introduced to Moor Community Food and Poole Pantry. A meeting was set up make space for everyone to learn from each other, helping them to continue engaging the community in setting up a Community Store.

Let's talk about Lunch Clubs

As covid restrictions were lifted over the summer many lunch clubs, that had been unable to meet, expressed desires to start up again. The Access to Food Partnership held an online meeting which covered:

- How to be covid secure (with PHD)
- How to be food safe (with Environmental Health)
- How to connect with the network (Access to Food Map and My Life My Care)
- Sharing ideas about how to develop the work of lunch clubs and community meals
    - Being participatory - Developing skills and confidence in cooking
    - Being intergenerational – Family friendly supper clubs
    - Providing safe and welcoming environments – taking community meals for those who are homeless indoors

19 individuals from 19 different lunch clubs from around the conurbation joined this meeting in June.

Growing: Great IDEAS

The Access to Food's first 'in real life' meeting will be a gathering to bring together growers from around the conurbation to forge collaborations that gets locally grown food onto the plates of those who need it. Growing: Great IDEAS is a networking event and harvest swop shop that brings groups together to share ideas and encourage collaborations that make these ideas happen. The first Growing: Great IDEAS event will take place in late October.

Your Planet Doctors has got so much out of the Access to Food Partnership! Thanks to the Forum meetings we met Grounded Communities and Abri Housing Association, together we have developed the Grow your Own Rainbow Project, providing kits and workshops for households on Beaufort Road Estate to grow fruit and veg at home. We're excited about what's next, especially the opportunities that will rise from the Growing: Great IDEAS gatherings!"

Anne Hayden, Co-founder Your Planet Doctors

D) To share good information about the local community food offering

Access to Food Map

- Community food map referred to 9019 times, up 2,492 from March 2021.
- Consistently updated over the last 6 months, to ensure that anyone using the map is confident that projects are active and can be referred to.
- Changes in restrictions and opening of community spaces means that there have been an increase of community food support being added to the map, particularly lunch clubs and community meals.
- Updated to clearly show holiday support, for example: the list of activities and food available through the Holiday and Food Programme.

Community Food Poster

To address the need for offline communications on support available to reach a wider audience. This poster has been distributed to:

- Schools across the conurbation

- Community Centres
- Family Hubs
- Libraries
- Places of worship
- To all BCP Council Members
- The wider Access to Food Partnership
- Through CCG contacts for GP Surgeries
- Housing Associations
    - PHP
    - BCHA
    - Abri
    - Sovereign Housing

The Community Food Poster directs individuals to the closest community food project to the notice board where the poster is shown. The poster also notifies individuals of a person in the venue (whether school/community centre/GP etc) who they can talk to if they want to disclose food insecurity. It also directs individuals towards the online Access to Food Map if they want to find other community food projects in other parts of the conurbation.

Training Frontline staff

We have trained additional teams on the subject of Food Resilience and the support that is available across the conurbation. Formal training has been delivered to:

- Dorset & Wiltshire Fire and Rescue SAIL teams
- BCP Council's ASC Emergency Duty Service
- NHS Dorset Cancer Partnership
- BCP Council's Early Prevention Service Team
- Wiseability UCAN 1-to-1 coaches

The team has also presented the work of the Access to Food Partnership to the broader CCG, including GPs in the region.

"The session was very interesting and I have been able to use the information to help my several of my participants to access food when they are short, and the Surplus Food Pantry has been especially useful. It was interesting to hear about the wider initiatives that are being put into place."

"I found it extremely informative and very helpful going forward with relevant participants, it gave me more options, locations and a greater knowledge of support available and how to access it. I have since referred to Waste Not Want Not and feel I have a better understanding of support available"

"Just a quick one to say that the session was really helpful, Daisy gave a lot of useful info and the updates she sends are handy to look back on"

Training Attendees, UCAN Project Team - Wiseability

E) To make access to food a priority in local policy and decision making.

Insights and Data

The Access to Food Partnership has been working with various partners to gather greater understanding of food insecurity in the conurbation. Along with working with BCP Council Insights team, we are also liaising with Southampton University to assist with their Food Insecurity Mapping. Through this we have detailed maps of areas of need in the conurbation.

We have also been gathering data from community food projects to understand our KPIs as a Partnership. This data collection will allow us to see the direction of travel and help in setting partnership priorities.

Lottery Bid

The Access to Food Lottery Bid is to ensure that building food resilience in our communities is a priority in the years ahead. This bid will ensure a further 3 years of funding for the work of the Access to Food Partnership, allowing this work to continue and grow.

F) The partnership team have also continued to build capacity in the local food network

PPE Hubs have been set up in Bournemouth, Christchurch and Poole to enable community food projects across the conurbation to access free PPE to ensure they can carry out their work safely in the winter.

Community Food Projects are able to contact their nearest hub (Bournemouth, Christchurch or Poole Foodbank) and pick up the supplies they need. Items stocked at the hub include disposable masks, disposable gloves (size M/L) and industrial sized hand sanitizer.

Food Hygiene Qualifications

The Access to Food Partnership is working with Community Action Network and Environmental Health to ensure that all community food projects are up to date with their Food Hygiene requirements.

Free places on Level 2 Food Hygiene Training are being offered through the network, especially to those who are offering community meals. This free training is being offered after feedback that cost was a barrier for groups to put their volunteers through training.

10 individuals have now taken up the offer of L2 Food Hygiene Training. Nine individuals have passed with another doing the home learning course at their own pace.

Current and Future situation in relation to Food Insecurity in BCP

The pandemic, Brexit and other economic factors have made food insecurity a higher risk for many families.

Despite the health situation due to the pandemic improving, the removal of protections provided to help those who might find themselves in financial difficulty as a result of the pandemic is likely to mean many find themselves worse off. This coincides with other economic shocks such as the energy price rises, and potential price rises on other products due to supply issues related to the HGV driver shortage and Brexit is likely to create a period of financial stress for those on lower incomes. In a locality where housing costs are higher than average but incomes are lower than the national average it will inevitably lead to families having to make stark choices between essentials such as heat or food.

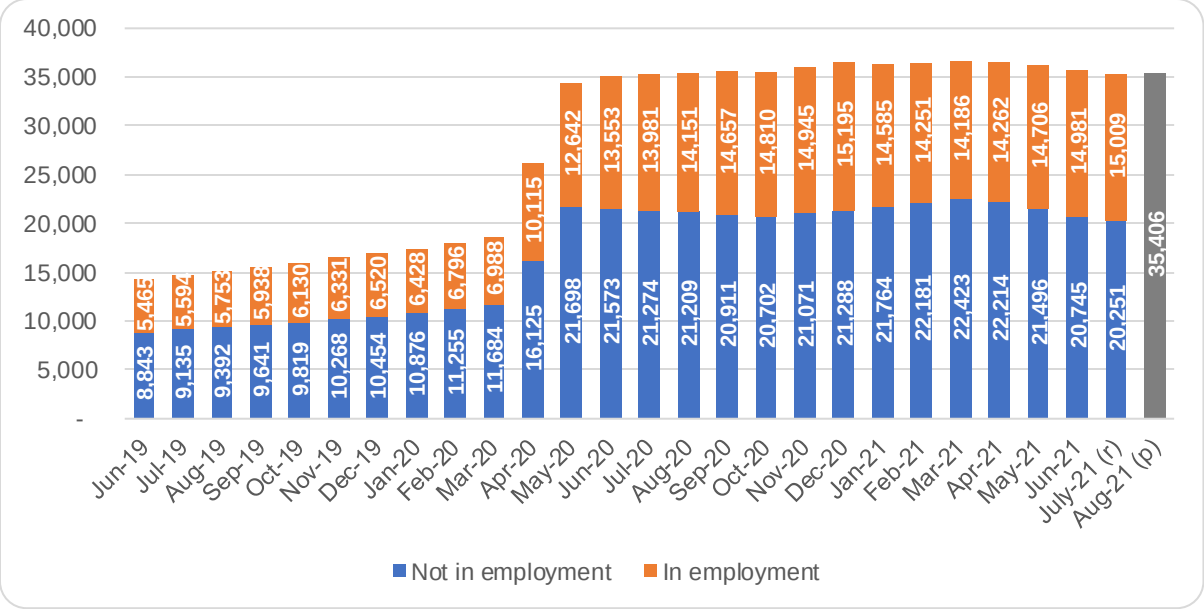
Universal Credit

In BCP although the claimant rate has decreased in recent months currently standing at 5.8% compared with 6.5% in England (August-21), this represents 11,780 individuals. In addition, as at the end of July there were still around 9,000 people on furlough with the scheme ending at the end of September. Although month on month the numbers are declining its likely there will still be a significant number at the end of September who are likely to face redundancy. As we move into Autumn seasonal jobs will also come to an end potentially increasing unemployment.

The numbers of families with dependent children on universal credit has increased significantly since before the pandemic. In March 2020 there were 7,380 families with dependent children on Universal Credit and the latest provisional figures for May 2021 give a figure of 11,401 families, an increase of over 54%. For all families on universal credit the number has increased to 30,296, an increase of nearly 83%. With the threat of the £20 reduction of Universal Credit (introduced at the beginning of the pandemic) due to be implemented on the 6th October 2021, this is an increased pressure for all families.

More recent statistics for individuals on Universal Credit suggests that since March 2021 the total numbers have been falling in BCP but at a very slow rate and indicates that while the number of those “not in employment” is falling the number of those claiming universal credit “in employment” has increased. This may indicate that while those claiming have found work they are earning below the threshold that means they are still eligible for universal credit.

Numbers of individuals on Universal Credit



Weekly median earnings of Full-time workers resident in the area, 2020,ONS
BCP- £537
South West £558.40
England-£589.80
Median monthly private rental sector rent- 2020/21, ONS
BCP -£850
South West-£750
England- £730
House price to residence-based earnings ratios, 2020, ONS
BCP-9.73
SW-8.66
England-7.84

Free School Meals

Eligibility for Free School Meals is another indicator of numbers of households in financial stress. In the 2018/19 Spring Term 13.9% of pupils in BCP were eligible for free school meals. In Summer Term 2020/21 that figure had increased to 17.3% with 8,999 eligible.

Fuel Poverty

This is another indicator of the numbers likely to be in financial stress. Pre-pandemic data from 2019 estimated that around 10.3% of households in BCP (18,889) were considered to be in fuel poverty[1]. This number is likely to have increased during the pandemic with the current record price increases in energy costs likely to put

[1] The new fuel poverty metric Low Income Low Energy Efficiency (LILEE) was set out in the Fuel Poverty Sustainable Warmth strategy published in February 2021. The LILEE indicator considers a household to be fuel poor if: • it is living in a property with an energy efficiency rating of band D, E, F or G as determined by the most up-to-date Fuel Poverty Energy Efficiency Rating (FPEER)3 Methodology; and • its disposable income (income after housing costs (AHC) and energy needs) would be below the poverty line. The poverty line (income poverty) is defined as an equivalised disposable income of less than 60% of the national median.

increased financial pressure for many households but particularly those on low incomes.

Rent arrears

A poll undertaken by the debt charity StepChange and YouGov suggested that 10% of private renters could owe rent. The charity estimates they owe on average £800 each. In October the notice landlords have to give to tenants reverts to the two-month period that was the requirement prior to the pandemic (during the pandemic tenants had extra protection from eviction). BCP has a large private rented sector and higher than average rent levels that are likely to mean significant number of households will be struggling to pay rents and avoid eviction.

		Reason for loss of housing - Rent Arrears			Eviction Notices	Cases
		Assured Shorthold Tenancy	Social Rented	Supported Housing	Valid Section 21 Issued	Total Cases Opened
2019	**Aug**	21	4	4	38	497
	Sep	18	4	1	38	492
	Oct	29	4	0	27	621
	Nov	22	3	2	32	596
	Dec	16	4	1	20	442
2020	**Jan**	23	6	1	35	665
	Feb	18	4	2	29	594
	Mar	15	7	1	38	740
	Apr	16	2	0	4	601
	May	5	0	2	7	601
	Jun	10	1	3	18	772
	Jul	8	2	1	12	829
	Aug	9	2	0	13	635
	Sep	11	1	2	20	617
	Oct	8	2	0	19	638
	Nov	8	0	2	17	619
	Dec	7	2	0	15	490
2021	**Jan**	8	0	1	12	595

	Feb	6	1	0	21	573
	Mar	11	0	0	24	763
	Apr	9	0	0	22	645
	May	6	0	0	17	607
	Jun	26	3	0	49	952
	Jul	11	0	3	29	811
	Aug	4	0	0	13	680

Employment

The latest furlough statistics were released on the 9th September 2021 and provide provisional figures to the end of July 2021. Across England the take-up rate was 6%, with a 5% take-up rate in both BCP and Dorset. This amounted to 9,000 employments in BCP and 6,600 in Dorset. The figure for BCP to the end of June was 11,600 employments on furlough with numbers looking like they are continuing to fall with two more months of data to be released after the scheme ends. Across the sectors the figures for BCP to the end of June suggest that just under a third of the furloughed jobs are in the wholesale and retail and accommodation and food services sectors but furloughed jobs in other sectors are fairly evenly spread.

On a more positive note for those searching for work demand for staff is currently at levels nationally not seen for a number of years so this may help some; particularly as this may encourage employers to offer higher salaries and offer more flexible ways of working in order to recruit, however there may be a skills mismatch so retraining may be necessary.

Calls made to Crisis Advice Line

Crisis Payment Scheme	**Jan-21**	**Feb-21**	**Mar-21**	**Apr-21**	**May-21**	**Jun-21**	**Jul-21**	**Aug-21**
No of calls	46	48	52	48	52	41	64	42
No of missed calls	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total number of grants	0	0	0	1	0	0	0	0
Food bank vouchers awarded	25	36	25	25	27	28	33	27
Grants total value (£)	0	0	0	34	0	0	0	0

“I spoke to one individual several weeks ago who did the same shop week on week with Asda online and they said the same’ basket’ which used to be £42 per week is now £57 with no extra’s added in.” Donna Jefferies, Contact Officer

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BCP "Access to Food" Programme Action Plan – as at Oct 2021 (v02)

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

They arise from 5 key "mission" areas:

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

Ref	Action	Timescale	Objective	*Lead organ'n*	*Overall outcome*	*Status*
A	Seek to ensure holiday support continues beyond Covid	0-6m	Prevent further food poverty	*Council – Children's services*	*All can afford nutritious food*	*Complete*
A	Lived Experience: develop listening pathways	0-12m	Identify issues/barriers to accessing help; identify what would help; case studies to show journeys out of crisis	*Council - Communities*	*<u>All</u> outcomes*	*In Progress*
A	Comm. meals/lunch clubs plan for restart post Covid	0-12m	Provide key points of connection; create cook/eat together opportunities	*Forum*	*All know how to access help / bounce back*	*In Progress*
A	Review how cm'ty fridges, pantries etc. help reduce food insecurity	0-12m	Understand success factors for current / future projects	*Council - Communities*	*[Future plan]*	*Jan 2022*
A	Review possible innovations (e.g. digital foodbanks)	Ongoing	Partnership approach to reviewing new ideas; Understand success factors for projects	*Steering group*	*[Future plan]*	*Jan 2022*

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

Ref	Action	Timescale	Objective	*Lead organ'n*	*Overall outcome*	*Status*
B	Develop/share list of cooking skills courses, incl cooking on a budget, making food go further	0-6m	Partners can cross-refer	*Forum*	*All know how to cook*	*In Progress*
B	Link local allotments to food setting	0-6m	Any growing surplus is always linked back to those with least access	*Forum*	*All can access low cost fresh*	*In Progress*
B	Create pack to make it easy to start new cooking initiatives	0-12m	New cooking initiatives can start quickly	*Council - Communities*	*All know how to cook*	*Jan 2022*
B	Provide food hygiene courses for free	0-6m	Partners have confidence to run food initiatives	*CAN*	*All know how to access help / how to cook*	*Complete*
B	Link every school with high need to local food support	0-12m	Every school team can get help to any family in need	*Steering group*	*All know how to access help / bounce back*	*In Progress*
B	Ensure every school with high need can use food map etc.	0-12m	Every school team can get help to any family in need	*Council – Communities/ CS*	*All know how to access help / bounce back*	*Complete*
B	Create local "harvest response" to store, preserve, and make most of excess	6-12m	Any growing surplus is always linked back to those with least access	*Forum*	*All can access low cost fresh*	*In Progress*
B	Identify and list for partners, all crowd-funding etc. routes to pay for cooking equipment	6-18m	All partners can refer individual without equipment to an appropriate fund	*Forum (VCS partners)*	*All have equipment needed*	*Nov 2021*
B	Identify which schools do growing; Create pack to make it easy for other schools to start	0-24m	Every school has a link to a growing facility	*Steering group, Children's services*	*All can access low cost fresh*	*In Progress*

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

Ref	Action	Timescale	Objective	*Lead organ'n*	*Overall outcome*	*Status*
C	Run monthly forum (training/funding help/ understanding partners needs)	Ongoing	Partners can cross-refer Offer to individuals is sustained	*Steering group*	*All outcomes*	*In Progress*
C	Share food map widely, map developments such as automation/mobile app	Ongoing	Individuals understand available help	*All*	*All know how to access help / bounce back*	*In Progress*
C	Partnership Comms strategy	0-12m	All stakeholders have latest info Individuals understand available help	*Steering group, Council - Communities*	*All know how to access help / bounce back*	*Nov 2021*
C	Partnership Website	6-18m	All stakeholders have latest info Individuals understand available help	*Steering group ++*	*All know how to access help / bounce back*	*Mar 2022*

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

Ref	Action	Timescale	Objective	*Lead organ'n*	*Overall outcome*	*Status*
D	Use food map to identify gaps/duplication	0-6m	Knowing where to target work	*Steering group*	*[Future plan]*	*Complete*
D	Neighbourhood conversations	0-12m	Partners know local offering / avoid duplication; start suitable local projects	*Council - Communities*	*All outcomes*	*In Progress*
D	Help local neighbourhoods identify/start local projects	6-24m	Relevant community store / pantry in every area of BCP	*Council - Communities*	*All can afford nutritious food*	*In Progress*
D	Post-covid, use best-practice to create pack to make it easy to start breakfast clubs	12-24m	Breakfast clubs in every community	*Steering group ++*	*All can afford nutritious food*	*Mar 2022*

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

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

BCP Health and Wellbeing Board

Report subject	**Better Care Fund and Home First Programme Update**
Meeting date	14 October 2021
Status	Public Report
Executive summary	This report considers budget issues, for extending existing BCF Section 75 agreements to include the impact of COVID 19 pooled expenditure. The Dorset Integrated Care System has been providing an enhanced supply of out of hospital care and support services, commissioned via BCP and Dorset Council on behalf of the system. This service is to be extended to the end of March 2022. The enhanced supply of out of hospital care and support services can be approved by delegated authority as outlined in the recommendations. (Please note agenda item 9 – Hospital Discharge Programme Funding) This report provides an update on progress and performance of the Better Care Fund (BCF) Plan and Home First Programme for 2020/21 including information against each scheme. A national programme of work has taken place led by NHS England considering changes to the BCF from 2021 onwards. This report takes account of the new requirements. This content of this report in line with the BCF changed requirements recently provided (August 2021) and we will continue to monitor changes and adhere to these as we progress.
Recommendations	**The Health and Wellbeing Board is asked to note:** 1. the performance against the 2021/22 BCF plan 2. the revised BCF Guidance for 2022/23 – has additional focus on the Hospital Discharge Arrangement. 3. the progress made on the Home First Programme supported by Impower.
Portfolio Holder(s):	Cllr Karen Rampton, Adults

Corporate Director	Phil Hornsby, Director - Commissioning for People BCP Council Sally Sandcraft, Director - Primary and Community Care, Dorset Clinical Commissioning Group
Contributors	Elizabeth Saunders, Interim Director of Adult Social Care Commissioning, BCP Council Kate Calvert, Deputy Director Primary and Community Care, Dorset Clinical Commissioning Group Becky Whale, System Flow Director, Dorset Integrated Care System
Wards	All
Classification	For Decision

1. Introduction

1.1. The report considers how the budget is being managed. This includes the arrangements for extending existing Better Care Fund (BCF) section 75 agreements to include the impact of COVID 19 spending. The Dorset Integrated Care System has designed an enhanced supply of out of hospital care and support services that will be commissioned via BCP and Dorset Councils on behalf of the system. This is presented in a separate paper (Agenda item 9 – Hospital Discharge Programme Funding).

1.2. The report provides an update on the Health and Wellbeing areas performance against the national framework for 2021/2022. The new BCF Policy Framework was recently published in August 2021. Although there are minor changes, there is more emphasis on Condition 4 – Improving Outcomes for People being discharged from hospital.

1.3. The report includes an update of the enhanced hospital discharge arrangements across the system. This strategic programme is the Home First Plan supported by Impower.

2. Background and Better Care Fund 2020/21

2.1. Since 2013, the BCF has been a programme spanning both the NHS and local government which seeks to integrate health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

2.2. The majority of pooled resources for the BCF came from existing expenditure within the health and social care system, such as the Disabled Facilities Grants (used for aids and adaptations) and financial contributions from Local Authority or Clinical Commissioning Group (CCG) budgets. Additional short-term grants from central government have been paid directly to local authorities such as the Winter Pressures Grant and Improved Better Care Fund. These are used for meeting adult social care needs, reducing pressures (including seasonal) on the NHS, and ensuring that the social care provider market is supported. In addition, the BCF is funded by a CCG contribution, which is a national condition for meeting the national assurance process.

3. Extending existing Better Care Fund section 75 agreements to include the impact of COVID 19 spending arrangements

3.1 The Government has allocated £1.3 billion to the NHS, via CCGs (Clinical Commissioning Groups), to be used to enhance the discharge process and fund the cost of new or extended out of hospital health and social care packages as part of the Covid 19 response. The funding will cover the follow-on care costs for adults who receive social care support, or people who need additional support, when they are out of hospital and back in their homes or care settings and extra costs incurred in preventing people having to go into, or return from, hospital.

3.2 The national hospital discharge guidance issued by NHS England during the Covid 19 period came into force on 19th March 2020 resulting in health and care systems and providers having to change their discharging arrangements and the provision of community support during the period. The new national approach is a Discharge 2 Assess model, which is based on assessment happening in the community with Hospital Therapists and Social Workers following people out of hospital and completing their assessment at home or in a care setting.

3.3 The national hospital discharge guidance outlines that additional financial support provided to CCG's and local councils should be pooled locally using existing statutory mechanisms (namely Section 75 agreements). The guidance says that existing Section 75 agreements can be extended to include these services and functions and the council should commission the health and social care activity on behalf of the system. The activities covered will be in line with the national discharge requirements. For the Dorset Integrated Care System, the activities for BCP Council covered in the Section 75 agreement will be in line with Dorset Council apart from the additional budget for the contract with the Community Equipment Service, which will sit with BCP as the lead commissioner.

3.4 Currently the arrangements for managing the Section 75 agreement extensions are being discussed between BCP Council, Dorset Council and Dorset CCG. There will need to be underpinning arrangements in place for separately identifying spend within the agreement and monitoring of this to ensure funding flows are correct. NHSE&I will reimburse CCGs through a monthly allocation process. The BCF and its Section 75 agreement are formally governed through the Health and Well-Being Board. To make decisions in relation to the extension of the Section 75 agreement in a timely manner, the Board is recommended to delegate to the Chair and Vice Chair of the Health and Well-Being Board the authority to approve additions to the Section 75 agreement on behalf of the Board on recommendation from senior officers.

4. Approach to integrated Services at Health and Wellbeing level

4.1. Dorset CCG and BCP Council working in conjunction with local NHS providers and the wider care market continue to invest all BCF allocation under the five operational schemes detailed below:

4.1.1 Maintaining Independence via Equipment

1. The Pan-Dorset Integrated Community Equipment Service ensures 70%+ of standard equipment was delivered within three days and 84%+ within seven days of being requested.

2. Service capacity and resources, since March 2020, has been focused on discharge and admission avoidance activities which has impacted on the timely delivery of NHS and Local Authority Business as usual demand. The service has coped well to date, but this has been in the context of significant disruption to non-covid related work. 2020-2021 saw fewer people (847) receiving more complex equipment packages. This points to service users with complex needs being discharged into the community with equipment levels emulating what is available in a hospital environment. As society continues to move into the Covid 19 recovery phase, significant additional pressures will be generated from backlogs of business-as-usual cases which will make the equipment service highly vulnerable to failure.

3. Home First has generated an increased focus on the delivery of core electrical mechanical equipment. This has seen an increase in the supply of profiling beds, riser recliner chairs, moving and handling equipment and pressure care mattresses and cushions. The increase reliance on urgent deliveries means stock need outstrips the supply that can be collected from the community in the timescales being dictated. This has made the purchase of new stock essential for maintaining stock levels but in the context of National and International supply shortages and interrupted logistics. Discharges are being facilitated in the expectation that key equipment will always be available despite the risks associated with a strained supply system still impacted by the Pandemic and import difficulties. Equipment has become *the* solution of preference with little consideration of contingencies should supplies be interrupted.

Note: paragraphs 2 and 3 above from Equip for Living Budget Recovery Plan 2021-2022

4.1.2 Maintaining Independence via My Life My Care

1. The online information and advice service My Life My Care has worked hard to engage with GP (General Practitioner) Surgeries, Pharmacies, and small businesses to promote the website, with positive feedback from the public. The Covid19 information pages include food and meal delivery services, pharmacy prescription services, carers support, FAQs (Frequently Asked Questions), volunteering and befriending and general advice such as exercising at home and how to care for your wellbeing and mental health.

4.1.3 Early supported discharge

1. This scheme responds to the national 8 high impact changes that make a difference to discharge planning. This includes working with acute hospitals in planning for safe discharge into community settings.

2. Dorset CCG have been working with the national team the "Emergency Care Intensive Support Team" (ECIST) to review the system pathways into and out of hospital and use the recommendations to implement improvements during 2020/21 and 2021/22. Dorset CCG has been actively monitoring Long Length of Stay performance via the contracting route, with the Head of Urgent and Emergency care now attending all acute contracting meetings.

3. The nationally mandated discharge requirements during the Covid 19 period have brought radical changes to hospital discharge arrangements which has generated local and national interest to understand the learning from a Discharge 2 Assess model and how this could influence future models of care post-pandemic.

4. A short-term contract providing rapid response, discharge from hospital domiciliary care capacity is in place to ease pressures. Daily system leader calls are in place when the hospital reaches Opel 3 and 4 levels to facilitate flow within the hospital.

4.1.4 Carers

1. A comprehensive review of the support available to unpaid carers, including young carers, is being planned. Learning from the experiences of carers before and during the Covid-19 pandemic will be an integral feature of this review.

2. The Pan-Dorset Steering Group has been undergoing a refresh looking at updating the terms of reference, membership, and governance of the group.
3. Local measures[1] identified that over 2300 carers had accessed services and information and advice up to August 2021.

Note: [1] From Corporate Scorecard 2021/22

4.1.5 Moving on from Hospital Living

1. This pooled budget funds integrated personalised care for people with complex needs who have moved on from long stay hospital accommodation. From 1 April 2019, this has been a pooled budget between BCP Council and Dorset Clinical Commissioning Group.

4.1.6 Integrated Health and Social Care Locality Teams

1. These are multi-disciplinary teams made up of GPs and GP Practice staff; physical and mental health team; adult social care staff and the voluntary sector to support people who have long-term conditions; are frail and those with complex needs. Work is also underway to more clearly define our rapid response offer provided in the community as well as deliver in-reach into ED (Emergency Department) departments with a view to implement changes from 2020/2021.

2. This all links to roll out of work across wider Dorset, which was established as part of the Clinical Services Review, about growing capacity in primary and community services to reduce the reliance on hospital interventions and reducing non-elective admissions. This is work taking place across the county and is about growing capacity and making best

use of what we already have within the Primary Care Networks, not just GPs, but extends to community services and social care workforce. This is to ensure we engage with people earlier in community settings and have appropriate rapid interventions and response services in place.

Scheme Description	CCG contribution £000	BCP contribution £000	**Total** **£000**
Maintaining Independence	8,094	13,565	**21,659**
Early Supported Hospital Discharge	5,755	2,997	**8,752**
Carers	1,168	0	**1,168**
Moving on From Hospital Living	7,265	2,182	**9,447**
Integrated Health & Social Care Locality Teams	19,105	0	**19,105**
Total	**41,387**	**18,744**	**60,131**

5. Strong and Sustainable Care Markets

5.1. A key strategic theme within the Better Care Fund Plan is to enable further integration by developing and maintaining strong and sustainable care markets. Key elements of this work are:

1. Remodelling Coastal Lodge care home to offer an enhanced intermediate care bedded unit for the ICS.

2. The joint Homecare Framework for BCP and Dorset CCG continues to provide an integrated approach to maintaining people in their homes.

3. The Brokerage Service has established a new Care Allocation Team to directly support the hospitals with speedy discharge and flow.

4. The reshaping of the existing reablement services, strengthening an integrated reablement offer to facilitate with discharges and enhance the outcomes for the individual.

5. Provider relationship management and meaningful partnership working between the market and LAs. Dedicated provider engagement incorporates forums, workshops, focus groups and information sharing.

6. A strong focus on improving and supporting providers to deliver quality services. The Team has implemented a programme of actively, monitoring both care homes and domiciliary agencies, to ensure quality is delivered with the Council's contracted providers. This information is shared through the ICS Care Quality Monitoring and Intelligence Group and Quality Surveillance Group.

7. The recently published BCP Council Extra Care Strategy, which was subject to Provider consultation, the next steps will be a co-produced implementation plan.

8. The recently published Home Care Strategy, which was subject to Provider consultation, the next steps will be a co-produced implementation plan

6. Summary of financial implications

6.1 The non-recurrent nature of funding solutions in 2021/22 and the challenges to the sustainability of funding for both the CCG and LAs (local authorities) means that managing the BCF budget creates risks for both Dorset Clinical Commissioning Group and BCP Council. The table below summarises the sources of funding and area of spend.

Sources of funding	**Area of spend**		**Total**
	Social Care	Community Health	
	£000	£000	
BCP contributions			
- Disabled Facilities Grant	3,518		**3,518**
- iBCF	13,044		**13,044**
- Additional LA (Local Authority) contribution	2,182		**2,182**
CCG contributions	12,107	29,280	**41,387**
	30,851	**29,280**	**60,131**

6.2 During the period April – August 2021 there has been budget pressure experienced by the Dorset wide (CCG, BCP Council and Dorset Council) Integrated Community Equipment Service of £565,000. For this first part of the financial year the overspend has been attributed to demand from hospital discharges and has been covered using the Hospital Discharge funding. The Government has announced that the Hospital Discharge funding will continue until March 2022, however we have not yet received the conditions of the next period of funding, therefore we cannot be certain at this stage that any future demand above budget can be covered with the Hospital Discharge funding.

6.3 In respect of Moving on from Hospital Living, Partners agreed to split this arrangement into two separate pooled budgets in 2019/20 - East (CCG/BCP) and West (CCG/DC). The outturn projection for 2021/22 is currently showing £135,000 pressure. Discussions are ongoing between partners to finalise the longer-term arrangements of the pooled budgets.

6.4 The Winter Pressure Grant and the improved Better Care Fund were combined in 2020/21 and are not ring fenced for winter pressure spending. The improved Better Care Fund allocation for 2021/22 has remained at the same level as 2020/21.

7. The Home First Programme

7.1 About the Home First Programme

The Dorset Home First Programme was established in response to the national mandate to implement a full 'discharge to assess' model in each local system; and supported by national hospital discharge funding.

Considerable progress has been made since March 2020 with partners working together at pace to put in place the processes and infrastructure necessary to support more people to be discharged safely to their own home; and to reduce avoidable delays in discharge pathways that negatively impacts outcomes and flow.

Following a period of review and evaluation (supported by Professor John Bolton), the next phase of the programme is focused on embedding the changes made to date and to establish a sustainable long-term model for intermediate care that will meet the evolving needs of the Dorset population. A strategic partner has been appointed to support and enable this work.

7.2 Programme Focus

- **Implementation of national D2A requirements**
  - Criteria to Reside
  - Twice daily board rounds
  - Single point of access
  - MDT Assessment out of hospital
  - Case management approach
  - Joined up intermediate care

- **Understanding system data**
  - Demand by pathway
  - Capacity across health and social care
  - Flow in and out of hospital
  - Outcomes – long-term care needs

- **Development of future model and commissioning**
  - Sufficient capacity commissioned to meet demand for each pathway
  - Outcome based services focussed on rehab/reablement principles
  - Improved processes - reduced hand offs, duplication, and fewer delays
  - Collaborative delivery model across all partners

7.3 Progress in the Last Quarter

- System Flow Director now in post to provide senior programme leadership. Focus on three area: Short-term actions to improve flow (linking into Integrated Resilience Unit); Capacity and flow for winter delivery (linking into UEC Board) and long-term model development and refreshed programme governance (in conjunction with IMPOWER).

- IMPOWER appointed as strategic partner and have commenced diagnostic phase to support long-term model as well as supporting system in identifying high impact interventions to address immediate system flow issues. Priority interventions agreed by Design and Delivery Group and will be signed-off by Home First Board on Sept 20.

- Home First Winter proposal drafted with focus in 3 areas: Extension of short-term/rapid response capacity to support P1 (Priority 1) discharges; increasing capacity in End-of-Life Care and scope to open additional interim beds to support discharge and flow over winter months. This is being presented to CCG governing body on Sept 14 for agreement to deploy HDP4 and Section 256 funding to support these proposals

- Acknowledged that unlocking constraints in therapy workforce is key to improving system flow. Work underway to map therapy resource across all partners with a view to targeting earlier input post-discharge to optimise care needs and recovery potential. Current focus on looking at tasks that could be undertaken by non-registered workforce (supported by ICS (Integrated Care System) workforce cell) and scoping how multi-disciplinary resources in cluster teams can better support 48h therapy review. Pilot work underway in Bournemouth and Poole clusters and due to commence with Weymouth and West cluster from October.

- Review of Home First dashboard and metrics in train. Refreshed set of requirements identified and now being worked with a view to using data to drive better understanding of system flow, drive operational improvements and enable patient-level tracking across partners. IMPOWER are supporting this work.

- Progress made in demand and capacity work linked to development of Urgent Community Response (part of Ageing Well agenda but linked into Home First). Using population health management data to understand needs at cluster level and how service model can support this going forward.

7.4 Performance in the Last Quarter

- System flow continues to be challenging with numbers waiting in both acute and community hospitals increasing in line with wider system pressures

- Average of 264 people waiting for discharge on P1-P3 at any one time. Over half of these are people in UHD beds and the majority are waiting for P1 discharge (discharge to home with care support). 19% of delays are people in COHO beds.

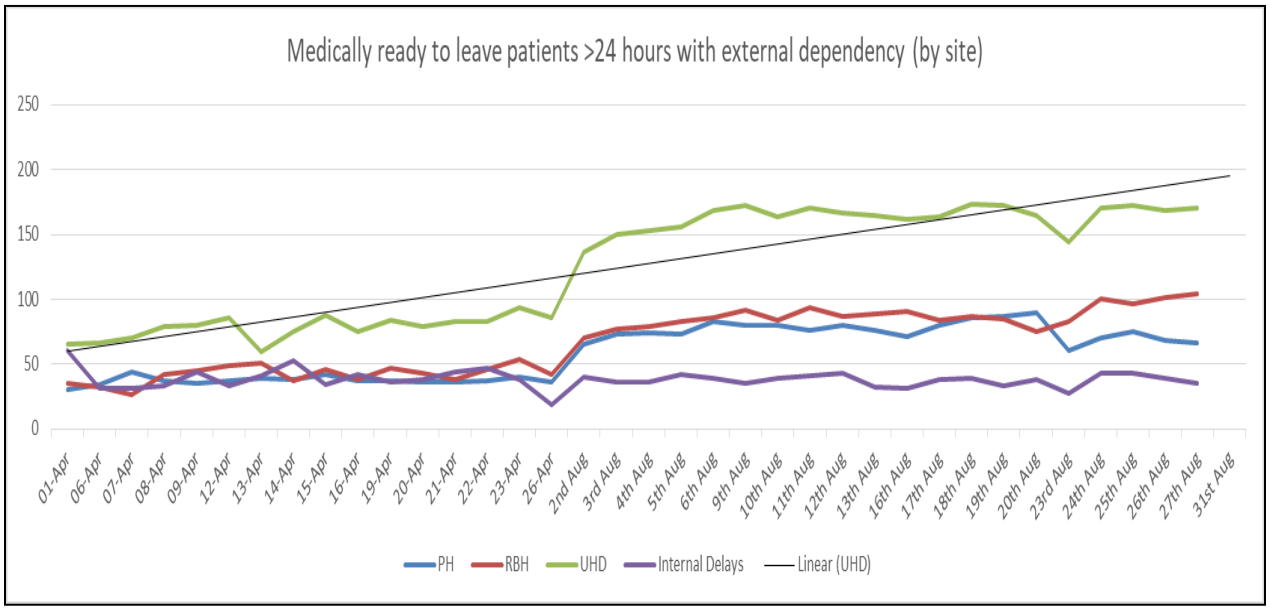
- There are increasing waits for home care support and growing numbers of people waiting for large packages of care. Existing provision is saturated and there are significant backlogs of people waiting for care in the community as well as supporting hospital discharge. There are similar backlogs in community therapy.

- There is capacity in care homes but limited staffing to provide nursing and wraparound care (risk that people get stuck).

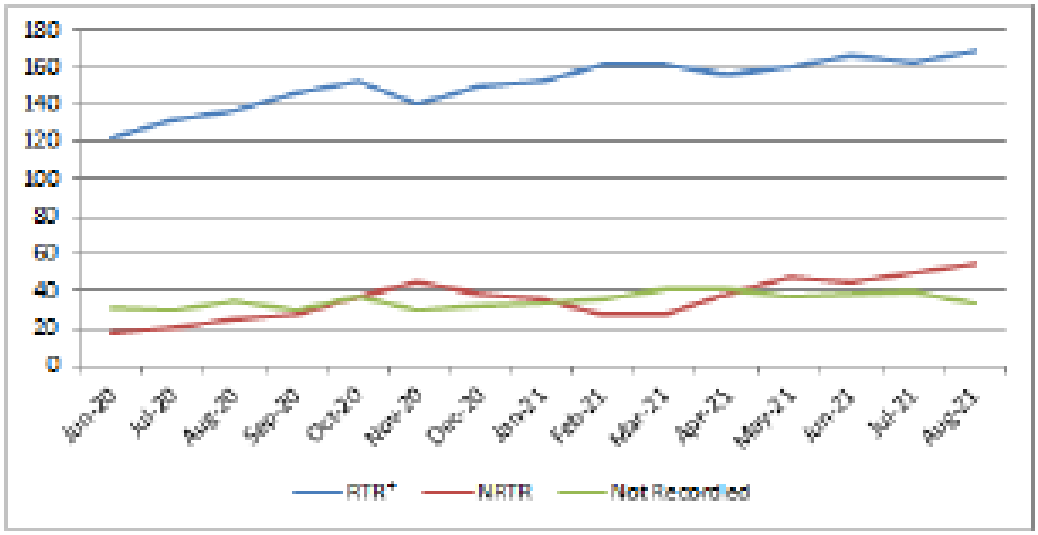
- All of this is contributing to a lack of flow in the system and increasing delays in hospitals. Partners continue to explore solutions to both expedite processes and increase capacity and throughput but few quick fixes available.

- Expectation that Home First winter plan will help but requires process improvement alongside to reduce handoffs and delays

7.4.1 University Hospitals Dorset (UHD)



7.4.2 Dorset County Hospitals (DCH)



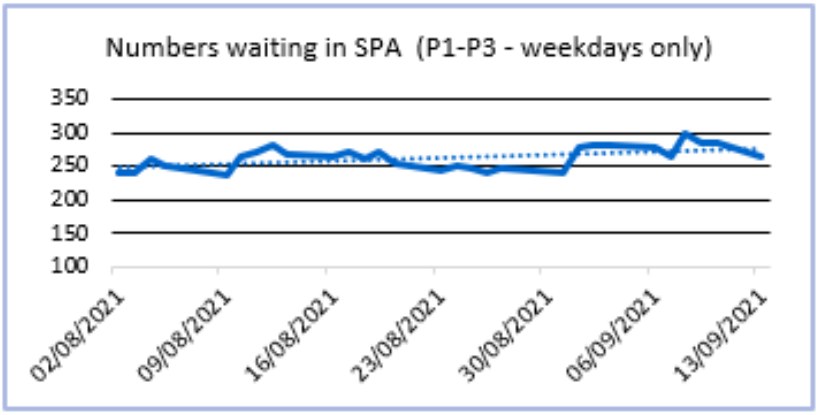
7.4.3 Discharge Statistics and Numbers Waiting

- 55% referrals are UHD
- 18% referrals are DCH
- 19% referrals are COHO

- 46% BCP residents
- 53% Dorset residents

- 56% waiting on Pathway 1
- 37% waiting on Pathway 2
- 8% waiting on Pathway 3

- Ave time to discharge 7.3 days (all pathways)



7.4.4 Plan for next quarter

Progress priority interventions to address immediate challenges of increased demand, reduced flow, and resilience in existing services

- Further develop and Implement winter capacity plans to improve and maintain flow and resilience over Q3/Q4
- Refresh financial framework to support HDP4 and transition to long-term model
- Refresh programme governance and stocktake of position against national discharge guidance

Progress work with Impower to develop long-term model focusing on:

- Data/intelligence/gap analysis of need and linked to pathways
- Assessment and agreement of change/transformation required for existing services (in line with national operating model)
- Determination of future model for intermediate care
- Development and agreement of a financial strategy

8. Summary of equality implications

8.1 An overall Equalities Impact Assessment (EqIA) was completed when the 2017-19 BCF plan was agreed. The plan for 19-20 has minimal changes. An EqIA (Equality Impact Assessment) will be carried out during 2021/2022 as there are some changes to the policy of service delivery.

HEALTH AND WELLBEING BOARD

Report subject	**Hospital Discharge Programme Funding**
Meeting date	14 October 2021
Status	Public Report
Executive summary	At the June Health and Wellbeing Board the council and CCG committed to bring a full report on Hospital Discharge Programme (HDP) funding to the October Board. However, the reconciliation of the funding for April to September 2021 is not yet available therefore cannot be shared at this meeting. On 6th September 2021 the Government confirmed, via a press release, the extension of the HDP funding for a further six months. The allocation for Dorset Integrated Care System is £8.889m. The Pan Dorset Home First Board continues to review options and service models to meet the significant challenge it faces in supporting people with a swift and safe discharge from hospital. There remains significant financial concern and workforce pressures despite the additional funding being made available. The Home First Board have engaged Impower as a strategic partner to assist in developing a plan to support the changes needed to improve our position.
Recommendations	**It is RECOMMENDED that:** **There is an extension to the period of delegated authority for the Chair and Vice-Chair of the Board (following discussions with the Cabinet Portfolio Holder and subject to Council and CCG governance processes) to make relevant decisions on behalf of the Board related to Dorset Integrated Care System funding for the Hospital Discharge Programme for the period up to the end of March 2022.**
Reason for recommendations	As stated in the report to the Board in June 2021, national funding has been made available to support the Hospital Discharge Programme during 2020/21 and has been extended for the period April to September 2021. National

	guidance was issued that requested Health and Well-Being Boards be involved in making decisions on local budgets for this programme. Spend against funding has yet to be reconciled as we are not at the end of the period consequently the final position in relation to local budgets it yet to be confirmed. Confirmation from Government on Dorset's share of the additional £478 million HDP funding for October 2021 to March 2022 as released on 4 October. This funding was announced on the 6 September as part of the Government's commitment of an extra £5.4 billion over the next six months to support the response to Covid-19 and tackle waiting lists.

Portfolio Holder(s):	Councillor Karen Rampton, Portfolio Holder for Adults
Corporate Director	Graham Farrant, Chief Executive
Report Authors	Phil Hornsby, Director of Commissioning for People
Wards	Council-wide
Classification	For Decision

Background

1. At the start of the Covid-19 pandemic, a national fund was provided to support the rapid discharge of patients from hospital settings as soon as it was clinically safe to do so.
2. Initially the costs of care for all discharged patients, from the time of discharge to the point of completing assessments of care requirements, were eligible to be reimbursed. This was scheme 1 and was in place from mid-March to the start of September 2020.
3. From September 2020 until the end of March 2021, the eligibility rules changed and only the additional costs of care, for up to the first six weeks following discharge, were eligible for reimbursement. This was extended until June 2021.
4. From 1st July to end of September 2021, the eligibility rules remained the same however the length of time reduced from six weeks to four weeks following discharge,
5. The funding for the schemes has been managed via amendments to existing Better Care Fund Section 75 Agreements between the local authorities and the CCG, as recommended in the guidance.

6. On 6th September the Government confirmed via a press release the extension of the HDP funding for a further six months and confirmed on 4 October 2021 the allocation for the Dorset ICS as being £8.889m.

   Additional £5.4 billion for NHS COVID-19 response over next 6 months - GOV.UK (www.gov.uk)

Options Appraisal

7. The Pan Dorset Home First Board continues to review options and service models to help best meet the significant challenge the health and care system faces in supporting people with a swift and safe discharge from hospital. There remains significant financial concern and workforce pressures despite the additional funding being made available. The Home First Board have engaged Impower as a strategic partner to assist in developing a plan to support the changes needed to improve our position.

Summary of financial implications

8. Work is ongoing on the reconciliation of 2021/22 funding in order to present the Board with the financial position in relation to the £8.4 million Government funding.
9. Confirmation of an additional £8.889m funding for October 2021 to March 2022 has been given for the Dorset system.

Summary of human resources implications

10. The Hospital Discharge Programme requires NHS organisations and local authorities to provide access to safe and timely discharge seven days per week. This has led to the requirement across agencies to have suitably qualified and experienced staff available at weekends and for evening working.

Summary of sustainability impact

11. All partner agencies are mindful in their strategic and operational planning of the commitments, which they have taken on to address the impact of climate change.

Summary of public health implications

12. The partners across Dorset report a similar picture to many other areas in the South West and nationally in relation to the challenges facing people with health and social care needs and the availability of provision to support the needs. Some South West authorities are on high alert and have Government help in place to support the management of Covid-19 numbers and service response.
13. One of the highest risks here is the challenge brought about by lack of available therapy and increased home care demand. The lack of availability of these two services reduces our ability to discharge people swiftly and to help optimise their ability to become more independent. The system, like other areas, has a challenged workforce with staff shortages.

Summary of equality implications

14. It is important that people receive care and support in the most appropriate setting. This includes ensuring that people are provided with quality community treatment, care and support services so that they are not admitted to hospital when this could be avoided and also ensuring that people are discharged from hospital safely and

with access to services which will support their continued recovery, at the earliest possible opportunity when they are medically fit to leave hospital.

Summary of risk assessment

15. The Hospital Discharge Programme was initiated in March 2020 to ensure that NHS, particularly hospital services, were able to respond to the very high demand for care and particularly hospital admissions which arose as a consequence of the COVID19 pandemic. It continues to be essential that NHS, Council, the social care sector and 5 the voluntary sector work together to support people to receive quality, safe and care in the right setting. Pressures continue in terms of demands for NHS services, including hospital services.

Background papers

Health and Wellbeing Board 17 June 2021: Hospital Discharge Programme report

http://ced-pri-cms-02.ced.local/documents/b15536/Hospital%20Discharge%20Programme%2017th-Jun-2021%2010.00%20Health%20and%20Wellbeing%20Board.pdf?T=9&LO=1

Appendices

There are no appendices to this report

Health and Well-Being Board

Report subject	Update on the Dementia Services Review
Meeting date	14 October 2021
Status	Public
Executive summary	This report provides an update on the implementation of the Dementia Services Review including reference to current diagnosis rates and the impact of covid and resulting specific actions.
Recommendations	**This report is for noting.**
Reason for recommendations	To update the Board on the implementation of the review.
Portfolio Holder(s):	Karen Rampton
Corporate Director	Sally Sandcraft, Director of Primary and Care Community Directorate, Dorset Clinical Commissioning Group
Contributors	Jane Austin, Dr Paul French, Kathy Sheret, Steve Jones
Wards	All
Classification	For information

Background

1. The vision of the Dementia Services Review (DSR) is to ensure people living with dementia and their families/carers will achieve similar outcomes, regardless of where they live in Dorset and to be enabled to live well with dementia, no matter what the stage of their illness or where they receive care.
2. The new dementia services were implemented on 1 April 2021. This was at a challenging time whereby COVID-19 lockdown restrictions started to lift and demand on health and social care services intensified. There have been workforce issues attributable to COVID-19 such as self-isolating and higher than average sickness rates impacting on capacity. In addition, the new dementia diagnostic pathway was modelled before COVID-19 and the current demand could not have been predicted.
3. This report provides Health and Wellbeing Board members with an update on the current position with the implementation of the DSR, how COVID-19 has impacted, and the actions taken.

Current Status of Implementation

4. The Memory Assessment Service (MAS), provided by Dorset Healthcare, receives referrals directly from primary care, local acute hospitals, frailty and community teams. GPs can refer people who are worried about their memory directly to the MAS and anyone can contact the service via the new single point of contact telephone number.
5. The service now includes Advanced Nurse Practitioners to carry out diagnosis and neuropsychologists and consultant psychiatrists to manage more complex diagnoses.
6. Initially, despite Dorset HealthCare's best efforts on recruitment it proved difficult to recruit to all of the new posts outlined within the model of care. In the last two months, this has improved with the service managing to successfully recruit to roles and the service is now close to having a full complement of staff in all roles.

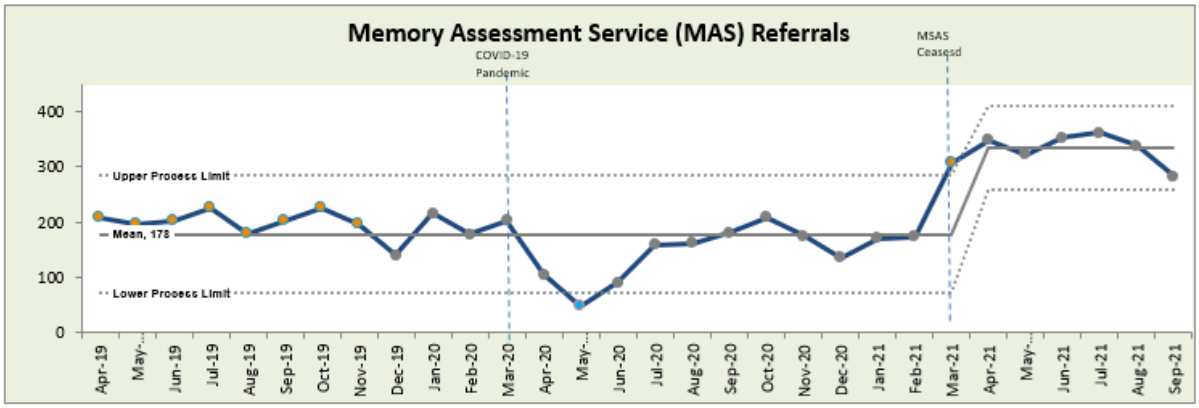
7. Since April 2021, the MAS has experienced a significant increase in referrals which represents a higher rate than originally modelled in the Dementia Services Review. This is due to many factors including:

    - Promotion of the new services to primary and secondary care services, local authorities and Voluntary Community and Social Enterprise sector.
    - People more willing to ask for help since the easing of lockdown
    - A decline in physical and mental wellbeing of people due to isolation
    - Families more aware when visiting elderly relatives and noticing changes in cognitive function

8. The increase in referrals and challenges with workforce has resulted in a backlog of screening and assessments. Table 1 highlights the reduction in referrals observed during the lockdown phases of the pandemic and the subsequent spike associated with the easing of Covid restrictions, alongside the implementation of the new model of care which included the cessation of the Memory Support and Advisory service and expanded capacity within the dementia diagnosis service (MAS).

9. The average number of referrals to the MAS have increased from 178 to 344 per month since March 2021[1]. Modelling of demand / capacity for the revised diagnostic service was based on a total of 3,200 referrals per year. Based on current numbers, the trajectory is suggesting an overall 29% increase above that rate although it is noted that in the last two months referral rates have started to decline. As of the end of August 2021, 827 people waiting for a 1st assessment. Actions to address this are outlined later in this report.

Table 1- MAS referrals illustrating activity from April 2019



10. The Dementia coordinator service, provided by Help and Care, is becoming embedded into Primary Care Networks and becoming a key member of the primary care multidisciplinary team. The Dementia Coordinator Service operates as one team pan Dorset and works jointly with the Help and Care social care prescriber service.

11. Referrals into the coordinators are received from MAS, Community Mental Health Teams, GPs with people also having the option of self-referral. Many of the memory advisors that transferred from Memory Support and Advisory Service (MSAS) have kept their original mobile telephone numbers enabling a smooth transition for their patients and carers. Referrals from local authority services have been lower and remain an area for further development.

[1] Based on 5 months (21/22 YTD) data

Table 3- referrals to the Dementia coordinators service

12. Cognitive Stimulation Therapy courses were implemented as COVID restrictions started to lift. Referrals are mainly received from the Dementia Coordinators. Initially groups to the east of the county were well attended and the west have followed more recently.

13. The Carers emotional support workshops have been slower to implement due to locating a covid safe venue and for carers feeling confident to attend a face-to-face meeting. The workshop content has been reviewed and a digital version is also in the process of being developed.

14. The Intensive Community Support for Dementia service was previously only available in the east of the county and since April, the service has expanded across the west of the county and is providing intensive support and treatment for up to 6 weeks for those experiencing a crisis.

Current dementia diagnosis rate

15. Dorset has for many years aced challenges in meeting the national diagnosis threshold of 66.7%. Detailed work has been undertaken in recent years to understand this challenge with business intelligence modelling suggesting that the challenge may be related to the methodology used in the national calculator (CFAS II) to determine the prevalence/incidence rates. It is likely that the calculator may be overestimating local rates.

16. Since the onset of Covid 19, Dorset's dementia diagnosis rate has declined with latest data available for August 2021 suggesting a current diagnosis rate of 55.4% (source NHS Digital). This equates to 7620 people diagnosed with dementia over the age of 65 years.

17. Latest monthly statistics for those aged 65+ on the dementia register as at 31/08/2021 are broken down into the two local authorities as follows:

- Dorset CCG: 7,620
- BCP (Bournemouth, Christchurch & Poole): 4,040
- Dorset Council: 3,580

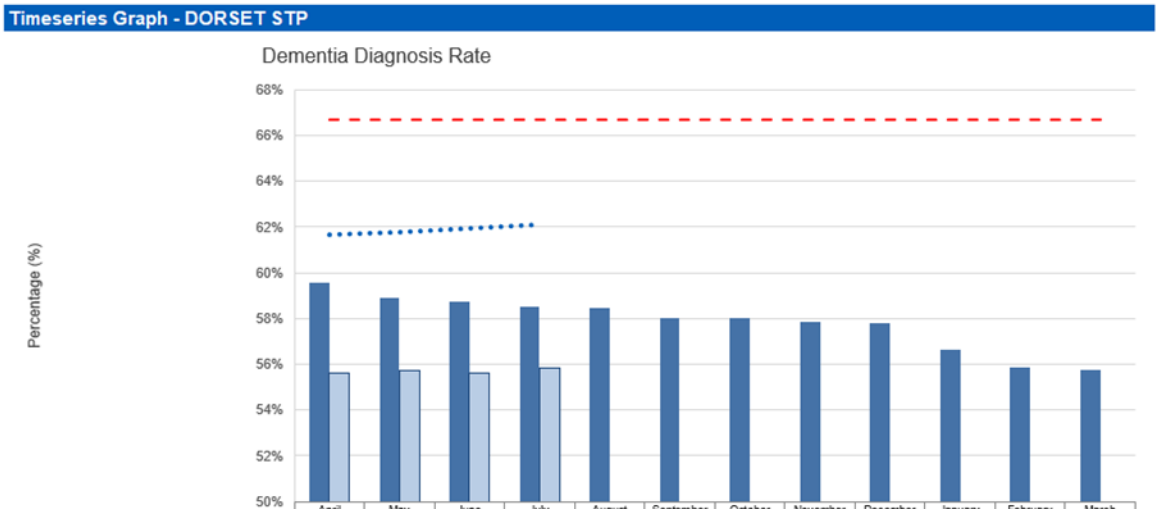
18. It is important to note that there has been an overall decline in diagnosis rates across the country since the beginning of the pandemic. The current national dementia diagnosis rate is estimated to be 62%.

19. This decline in dementia diagnosis rates may correlate to the specific impact of the pandemic upon those with a dementia diagnosis with data suggesting a disproportionate number of deaths within this population.

20. Further work and analysis are required to fully understand this impact how that may affect local dementia diagnosis rates.

21. Table 4 illustrates the decline in Dorset dementia diagnosis rates from April 2020 to July 2021. The local rate appears to be tracking the national rate of decline over the past few months.

Table 4- Dorset Dementia Diagnosis rates in comparison to the national target of 66.7%



	April	May	June	July	August	September	October	November	December	January	February	March
Diagnosis Rate (2020-21)	59.5%	58.9%	58.7%	58.5%	58.5%	58.0%	58.0%	57.9%	57.8%	56.7%	55.9%	55.7%
Diagnosis Rate (2021-22)	55.6%	55.7%	55.6%	55.9%								
Diagnosis Rate - England (Current Year)	61.7%	61.8%	61.9%	62.1%								
Standard	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%

Current Developments & Interventions

22. NHS England have made dedicated non-recurrent funding for Dementia services available to all health systems across the country to support the response and

recovery from Covid. The local system considered how best to utilise these funds and agreed to focus on addressing the backlog of referrals and waiting times in the Memory Assessment Service by temporarily increasing capacity within the service.

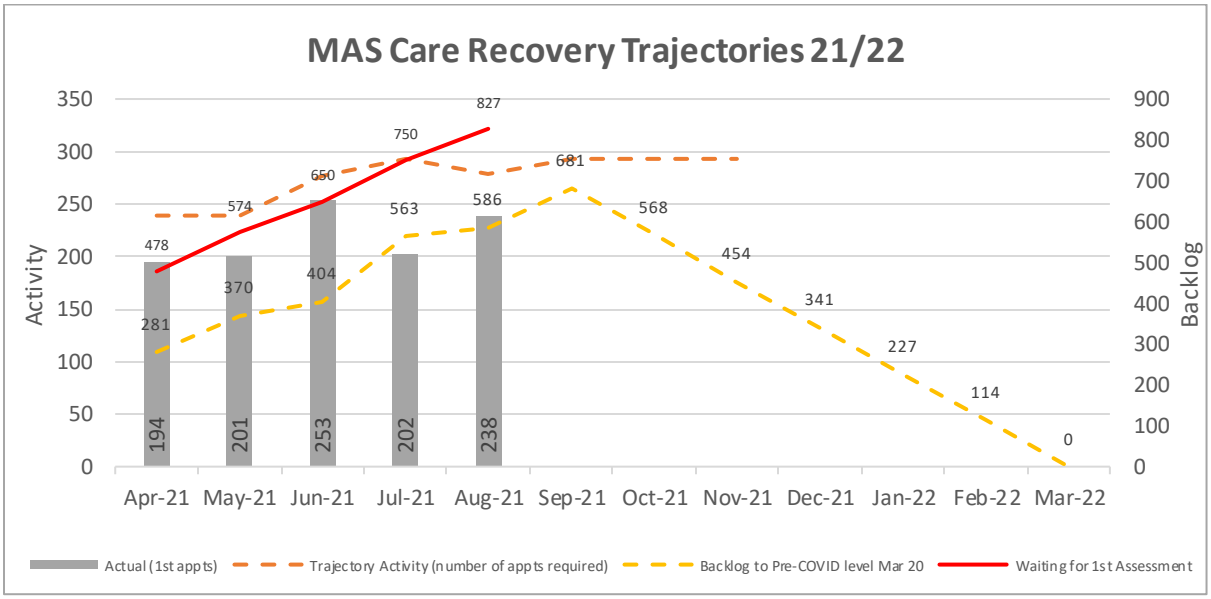
23. Recruiting temporary workforce has been challenging due to limited availability of agency staff and ongoing issues with self-isolation and sickness. However, MAS have been successful in recruiting the following temporary posts.

    - Two band 6 nurses to support the triage function and assessment process
    - Receptionist to manage single point of contact calls
    - Locum medic to carry out diagnosis
    - 4 assistant psychologists to support diagnosis
    - Limited number of agency staff and bank staff

24. Agency and bank staff are also used whenever available

25. The objective of this additional capacity in the workforce is aimed at increasing the number of assessments offered and reducing current waiting times. This is also likely to increase the dementia diagnosis rates in the long term.

26. A trajectory based on this additional capacity is outlined below:



27. All people referred to the service are responded to by the MAS. This includes sharing details of avenues of interim support whilst they await a diagnosis appointment. These include

    - Adult social care in Poole, Bournemouth and Christchurch and Dorset
    - Connection phone service

- Dementia UK
- Alzheimer's Society
- Next Steps website offering information on support on what to do whilst waiting for an assessment. www.nextsteps.org.uk

Post Diagnostic support

28. The MAS ensure anyone who receives a diagnosis of dementia is referred to the Dementia Coordinator service. Over 1000 referrals have been received by the service since its implementation in April 2021. The Dementia Coordinator role supports the person and their carer from diagnosis through to the end of life stage by offering post diagnosis support, advice, guidance, information and signposting. The coordinator ensures a care plan is in place and reviewed annually.
29. A young onset dementia co-ordinator is in post to specifically to support people diagnosed with dementia at an earlier age and coordinators are starting to work more closely with care homes particularly to support carers whose family member has recently been moved to a care home.
30. The coordinators are becoming established within Primary Care Networks to support people with dementia and their carers in the community. Links are also being made with key partners such as the acute hospitals, adult social care teams, frailty teams and voluntary organisations.
31. A Memory Roadshow, provided by the Dementia Coordinator service, is being planned for winter 2021 and will incorporate activities to officially launch the new Dementia Service care pathway. The service is currently exploring virtual options as well as a face-to-face event with all agencies attending.

32. Cognitive Stimulation Therapy (CST) Courses have become well established in the east and west of the county with over 200 participants completing the first cohort. More promotion is needed in the north of the county where uptake is less. Links have been made with social care services, care homes and Primary care Networks.
33. The first Carers emotional support workshop started in September 2021 at a venue in Ferndown. The MAS are exploring a virtual online package for carers as an alternative to face to face. Neuropsychologists within MAS have reviewed the programme to ensure that emotional support is integrated throughout.
34. The connection telephone helpline is in place to support people diagnosed with dementia and their carers experiencing a crisis and enabling a point of access to gain help from other appropriate services.

35. The Living with Memory Loss and Dementia in Dorset directory is due to be revised as part of the implementation of the new model of care. The directory is recognised as a valuable information resource to many carers and health and social care professionals and work is underway to update the existing version. The document will be produced in both electronic or printed media for people to access.

Evaluation plan

36. The plan for evaluating the new model of care for dementia services will be coproduced with stakeholders involved in the DSR. This will build on the logic model developed as part of the DSR business case.

37. The evaluation will be framed around the agreed outcomes identified as part of the DSR - improving the quality and effectiveness of dementia services for people with memory loss, improving the dementia diagnosis pathway and post diagnostic care, providing support to family carers, and increasing the Dementia Diagnosis rate in Dorset. Current planning is for the evaluation to be completed 12 months post implementation. Key metrics will be monitored in the interim.

Conclusion

38. The implementation of the DSR has taken place under challenging circumstances due to the pandemic. Services have had to adapt to deliver the required outcomes of the DSR by using new technologies and ways of providing services to deliver consultations and post diagnostic support.

39. Referrals to the MAS have been extraordinarily high which was not predicted or planned and is likely to be connected to the impact of the Covid pandemic.

40. System partners including health and social care continue to work in partnership to identify opportunities and manage emerging challenges related to provision of care and support for people with dementia.

Appendices

Appendix 1

Memory Assessment Service information leaflet

Background papers

Dementia Services Review Full Business Case

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Age UK Partners

Age UK Partners can offer an intervention called Cognitive Stimulation Therapy (CST) to help people with dementia improve their memory and thinking skills and to cope with memory loss.

Age UK North, South and West Dorset -
01305 269444 cst@ageuknswd.org.uk

Age UK Bournemouth, Poole and East Dorset -
01202 530530 cst@ageukbped.org.uk

What if I have any other questions?

Please contact us on the numbers below. We would be happy to answer any queries you may have.

Memory Assessment Service - 0300 303 5342

Adult social care

- Poole, Bournemouth and Christchurch - **0300 1239895**
- Dorset - **01305 221016**

Useful numbers and websites

- **Connection** - **0800 652 0190** (24-hour mental health support) www.dorsethealthcare.nhs.uk/access-mental-health
- **Dementia UK** - **0800 888 6678** www.dementiauk.org
- **Alzheimer's Society** - **0333 150 3456** www.alzheimers.org.uk
- **Next Steps** (support while waiting for a memory assessment appointment) www.nextsteps.org.uk

The information in this leaflet is available in additional languages and alternative formats. Please contact the Trust for further details.

Leaflet ref: PED-ED-CMHT2-21

Dorset HealthCare University NHS Foundation Trust
Sentinel House
4–6 Nuffield Road
Poole, Dorset
BH17 0RB
☎ 01202 277000
@DorsetHealth
www.dorsethealthcare.nhs.uk

NHS
Dorset HealthCare University
NHS Foundation Trust

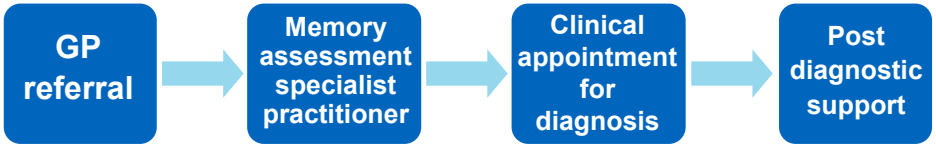
Memory Assessment Service

Information for patients, relatives and carers

★ Excellence
♥ Compassion
Expertise
in all we do

The Memory Assessment Service provides specialist help for residents of Dorset with a memory problem affecting their daily life. We aim to diagnose the cause, offer treatment and advice, and direct you to other services that can provide support. It is important to all of us to maintain our independence for as long as possible. We want to ensure people living with memory loss are able to lead the kind of life they want to live.

How do I access the service?



Your GP asks you some questions and the answers – along with other relevant information, such as your medications or medical history – are used for a referral to the Memory Assessment Service. We will then arrange your first appointment.

What will happen at my first appointment with the Memory Assessment Service?

Your first appointment will be with a Memory Assessment Specialist at an NHS clinic or it may take place by telephone or video-call. We can also visit you at home if you are not normally able to get to a clinic or are housebound.

Please allow around an hour for this appointment. You will be asked about the problems you face and how they affect your life on a day-to-day basis. We will ask about your health and any medications you are taking, and may take your blood pressure, pulse and weight.

Doing some memory exercises will also help us learn more about your memory and how this affects you.

We will ask who you would like your information shared with, such as your next of kin, partner or carer. We will discuss what information you would like about any diagnosis and what the possible implications of a diagnosis might be for you. However, you will not receive a definite diagnosis at this stage. After the appointment, the clinician will discuss your assessment with the team doctor. We may refer you for further investigations, such as blood tests and or a brain scan, if we feel they are needed before a diagnosis can be made.

What should I bring with me to my appointment?

Please bring any glasses or hearing equipment you use. If you wish to, it will be helpful to bring a relative or a friend who knows you well, as their contribution can be very valuable.

What are the ‘memory exercises’ I will be asked to complete?

Lots of people worry about what they may be asked in a memory assessment. It is important to know there is no pass or fail aspect to the exercises. They are designed to help us understand how the different parts of your memory are working, so we can help as much as possible.

The clinician will work through the exercises with you and explain things clearly. The kinds of exercises vary, but you may be asked to look at something on a piece of paper and identify what it is, or asked to draw something. Please say if you have any particular concerns about the exercises, and let us know if English is not your first language.

Why might I need a brain scan?

A brain scan will help to show any changes which may have caused your memory problems so we can provide you with an accurate diagnosis.

What happens next?

You will be offered an appointment with the team doctor or a clinician to discuss the outcome of the assessment and any scan results. There are many causes of memory loss, including dementia, stroke disease, depression and other mental health problems. We will work with you to help you understand your diagnosis, and what treatment and support is best for you.

What support is available if I get a diagnosis of dementia?

Help & Care are working in partnership with us to provide comprehensive support and advice so people in Dorset can live well with dementia. You will be offered a named Dementia Co-ordinator to support you and those close to you.

Help and Care - 0300 123 1916

www.helpandcare.org.uk/

help&care

ANNUAL REPORT 2020 - 2021

The Board brings together all public, voluntary and community sector agencies cross Dorset with the aim of working together to protect adults at risk from abuse, harm, or neglect. We achieve this through joined up strategic leadership and collective accountability.

September 2021

This report is available electronically at www.bcpsafeguardingadultsboard.com

Contents

Our outgoing Independent Chair – Barrie Crook

The arrival of Covid-19 with its impact upon the most vulnerable in our society has overtaken many planned activities during 2020-21. There has often been little previous experience to guide professionals with decisions being made on the best possible information available at the time.

Inevitably the focus for members of the Board has been on management of the pandemic in hospitals and the adult care sector. This has involved a step change in multi-agency work during the year and a more intensive engagement with the independent care sector.

Patterns of safeguarding during the pandemic

In the first quarter of 2020-21 the Association of Directors of Social Services (ADASS) undertook a national study of safeguarding data collated during April to June 2020 (the Insight report). In comparison with Bournemouth Christchurch and Poole (BCP) Dorset did not record a significant increase in safeguarding concerns in April and May but began to see an upward trend in June. In two of the three months, Section 42 enquiries stayed at a similar level to the previous year's data. In line with national trends a greater number of concerns involved people in their own home. However, at the same time there was restricted access to care homes for the normal range of quality monitoring visits.

A second Insight report will focus upon later stages of the pandemic and may indicate different trends. Some safeguarding issues, for example domestic abuse or the impact of prolonged social isolation upon self-neglect, mental health, and carer stress, may not be revealed fully until some months after 'lockdown' has finished.

The Care Sector

The Dorset & BCP Safeguarding Adults Review subgroup has examined the safeguarding response to the pandemic and identified many indications of assurance about the work organisations are undertaking to protect people in need of care and support. These include

- The support that has and is being provided to the care sector, including financial assistance, provision of PPE. Care home support plans give more detail of these measures
- Significant stepping up of multi-agency coordination from the beginning of the pandemic – one of the examples of good practice in the Insight report concerns the multiagency operational meetings run across Dorset and BCP.
- Close liaison and involvement with provider representatives to enable their concerns to be heard and escalation of issues.
- Positive feedback from providers re: the response when safeguarding issues have been raised
- Examples of the Quality Assurance Process that have been provided by both local authorities showing how commissioning and quality improvement teams have monitored health and safety and infection control measures being implemented by care providers.

It is clear that the positive relationships established during phase 1 of the pandemic have been a valuable foundation for continued joint work to manage the perhaps more widespread impact of phase 2 in the early months of 2021. Throughout decisions have had to be taken in real time to manage what is an unpredictable pandemic.

'Business as usual'

At the outset the DSAB identified a more limited business plan with the expectation that in some instance's objectives would take longer than a year to be achieved.

With support from Public Health the Boards have engaged in a national project seeking to improve the safeguarding response to alcohol dependent drinkers. The project has identified some best practice indicators for work with this group, which are being disseminated through national and local virtual seminars.

This theme relates closely to another of the Board's priorities, homeless people. The pandemic has led to many people who are long-term homeless, being offered accommodation with an increased focus upon their wellbeing. There has also needed to be careful assessment of the safeguarding risks for rough sleepers housed in temporary placements to prevent abuse by those with whom they are living in close proximity.

The DSAB has continued to analyse the data regularly gathered about safeguarding and use this to promote improved practice. Some safeguarding enquiries resulted in no further action and these have been audited and learning identified to continue to improve practice.

Looking back

I am now stepping down after five and a half years as independent Chair. In that time, we have started to look at more issues in greater depth as illustrated, it now encompasses concerns for different groups such as the homeless and dependent drinkers and substance misusers. We are also more aware of the extent of sexual and financial exploitation. Some of the casework involving individuals caught up in these forms of abuse is increasingly complex and challenging.

I want to express my appreciation of the excellent work being carried out by staff in all member organisations of the Board, exemplified more than ever during the past year.

I must also thank the Board's Business Manager, Administrator, and chairs of subgroups for their continued support. I am grateful for having had the opportunity to undertake such a worthwhile role and I have learned a great deal from all my colleagues.

Barrie Crook

Independent Chair, Bournemouth, Christchurch & Poole Safeguarding Adults Board

About our new Independent Chair – Siân Walker

Since April 2021 Siân Walker has been the new Joint Independent Chair of the Dorset Safeguarding Adults Board and the Bournemouth Christchurch & Poole Safeguarding Adult Boards.

Siân is a registered social worker with over 40 years' experience working in social care and a wealth and depth of experience in Adult Safeguarding. Siân is also currently Chair of the Bath & North East Somerset Community Safety & Safeguarding Partnership and chaired 3 other Safeguarding Adult Boards in Kingston, Lambeth and Devon prior to her appointment at the end of March 2021.

Siân has led and chaired the regional South-West Chairs Network for 3 years and has recently been appointed as the national co-chair for the SAB Chairs Network. With experience in diverse geographic areas, Siân is very well-placed to understand safeguarding issues pertaining to more rural areas as well as towns and cities.

Siân is driven by a passion for excellence, ensuring all services to vulnerable people are person-centred, easy to access and more importantly promote independence, while making sure people are safe. Siân's experience and personal qualities combined will surely be an asset to the Boards during the course of her tenure.

See Siân talk about her new role and the importance of adult safeguarding in the following YouTube link -

Video for Safeguarding Week - YouTube

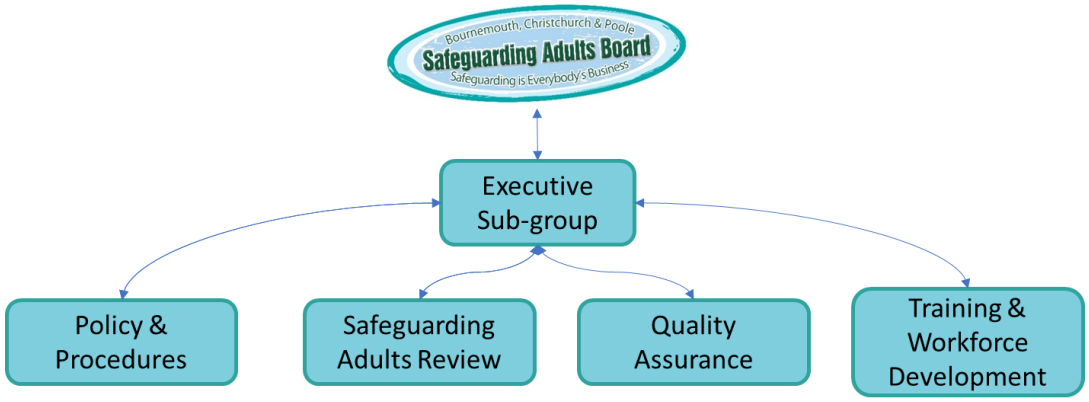
About Us

The Bournemouth, Christchurch and Poole Safeguarding Adults Board (also known as the SAB) has been the partnership body for Safeguarding, originally in just the Bournemouth and Poole areas, for over a decade. It is a partnership Board with senior representatives from our statutory partners in the Local Authority, Police and Health and other member organisations including the emergency services, probation and the voluntary sector. On 1st April 2019 we became the Bournemouth, Christchurch and Poole Safeguarding Adults Board reflecting the new structure of local government in the BCP Council area.

The overarching purpose of a Safeguarding Adults Board is to help and safeguard adults with care and support needs. We aim to stop abuse or neglect wherever possible and prevent harm occurring. We strive to address the causes of abuse or neglect. Our work includes raising awareness of safeguarding issues so these can be identified and supporting affected people in making choices to resolve issues.

The Board has an Independent Chair, who also fulfils this role for the Dorset Safeguarding Adults Board which helps facilitate the close alignment of the two Boards in their quest to safeguard adults pan-Dorset.

The Board has 5 subgroups which are comprised of members from the Bournemouth, Christchurch and Poole Safeguarding Adults Board and the Dorset Safeguarding Adults Board.



The Bournemouth, Christchurch and Poole Safeguarding Adults Board seeks to assure itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance. The Board seeks assurance that Safeguarding practice is person-centred and outcome-focused and that partners work collaboratively to prevent abuse and neglect where possible.

In the event that abuse, or neglect have occurred, the Board calls on agencies and individuals to give timely and proportionate responses so that lessons can be learned to inform the preventative agenda.

Safeguarding practice ought to improve and enhance the quality of life of adults in the area.

SAB's have three core statutory duties which are:

- Develop and publish a strategic plan setting out how we will meet our objectives and how our member and partner agencies will contribute.
- Publish an annual report detailing how effective our work has been.
- Commission Safeguarding Adult Reviews (SARs) for any cases which meet the criteria for these.

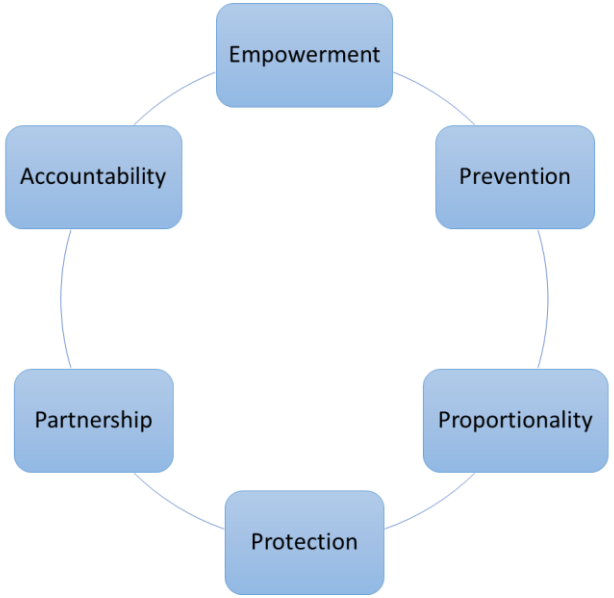
Partner Contributions 2020-21

The BCPSAB is grateful for the financial support of our partners which enables us to carry out our work:

BCP Council	£70,000
Dorset Clinical Commissioning Group	£20,000
Dorset Police	£9,000
Dorset HealthCare	£2,000
Poole Hospital Trust	£2,000
Royal Bournemouth & Christchurch Hospital Trust	£2,000
Dorset & Wiltshire Fire & Rescue Service	£500
Total income	£105,500

The Six Safeguarding Principles

All safeguarding activity should have at its core these six principles:



To raise a Safeguarding Concern in the Bournemouth, Christchurch and Poole area:

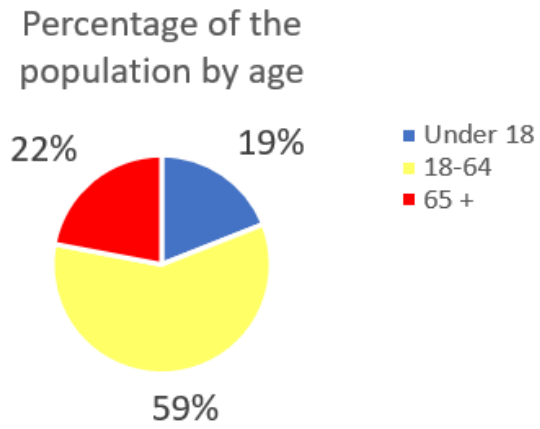
Contact the Adult Social Care Contact Centre ☎ 01202 123654
asc.contactcentre@bcpcouncil.gov.uk

Emergency Duty Service - Evenings and Weekends: ☎ 01202 657279

In an emergency call the Police on 999

The Local Picture

The population of the BCP area is almost 400,000 people.



18% of the population overall, around 71,000 people, have their day-to-day activities limited by a disability or illness.

10% were limited 'a little' and 8% limited 'a lot'.

When we look at the over 65 age group 29% were limited 'a little' and 28% limited 'a lot' by a disability or illness, so 57% combined.

Over 88% of the population is white British and other ethnic groups mean the overall population is more than 94% white.

90% of people living here were born in the UK.

Asian/Asian British people make up 2.9% of the population and 0.6% of residents are of Black/African/Caribbean ethnicity. In terms of Safeguarding the BCPSAB has worked with BCP Council to ensure that the ethnicity of those involved in Safeguarding Concerns and Enquiries is recorded to see if Black and Minority Ethnic (BAME) communities are represented equitably in accessing services.

Local Adult Safeguarding Activity – the graphs and figures below represent activity from April 2020 to March 2021

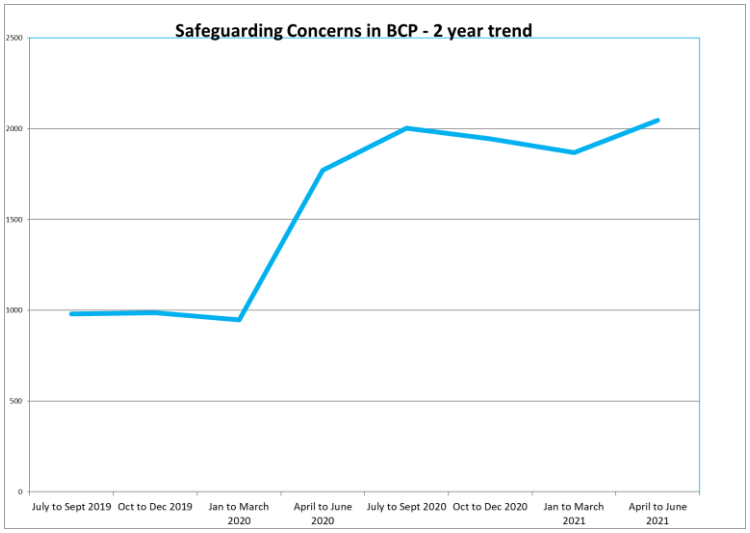
7560 Concerns received in 2020-21

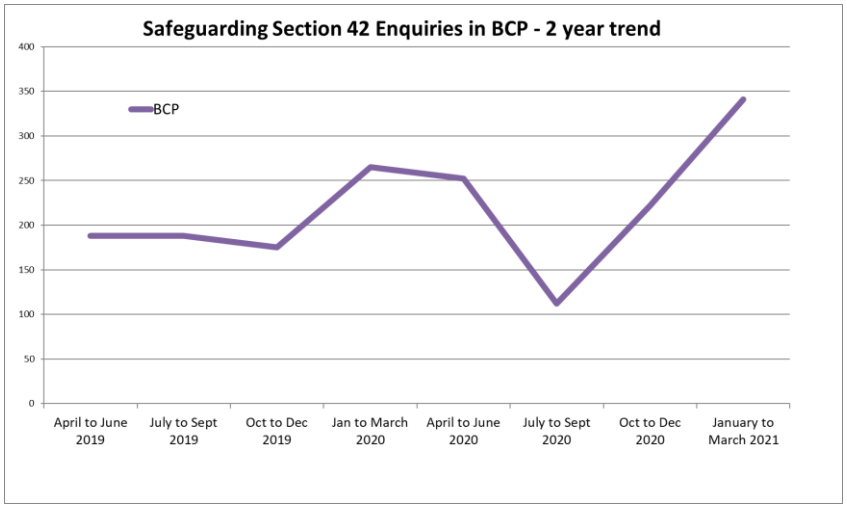
941 Converted to Section 42 Enquiries in 2020-21

12% Conversion rate this year

Since 2019-20:
The volume of Concerns has increased **84%**.

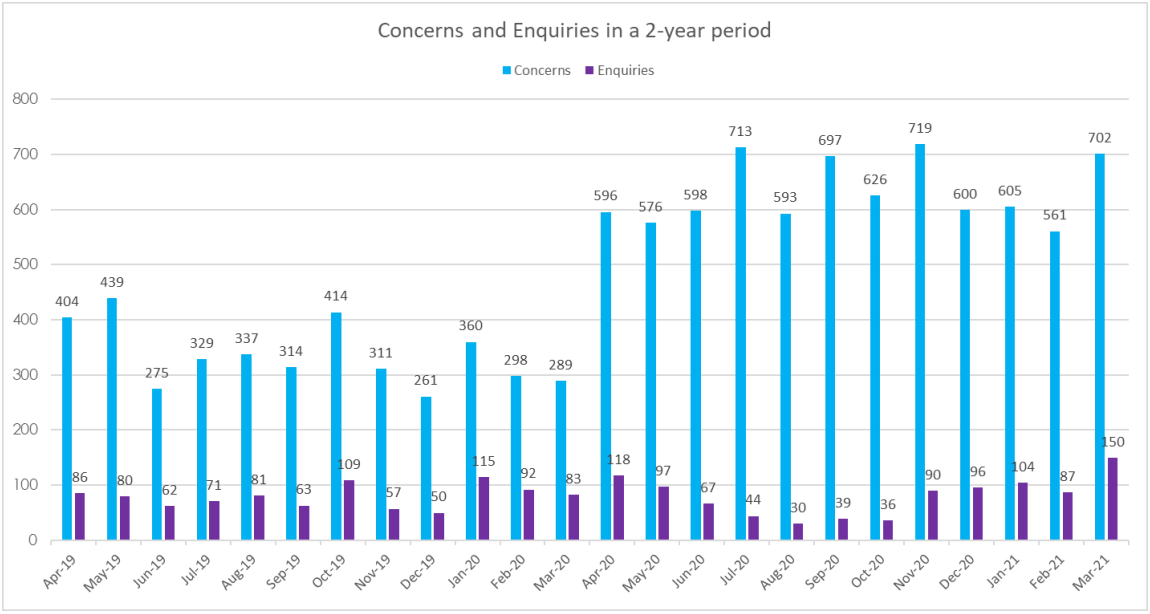
The volume of S42 Enquiries has increased **15%**.





2020-21 has been the busiest year to date in terms of Safeguarding Concerns received.

Volumes of concerns have presented a challenge for the operational teams at a time when new Covid-safe methods of working have had to be adopted quickly.



Some key safeguarding issues

In 58% of Enquiries the abuse occurred in the person's own home – this was 56% last year in BCP compared to 44% nationally.*

The next most common location for abuse to occur is in residential and nursing homes.

*According to the NHS Digital SAC Return NHS Digital Safeguarding Adults Collection Return 2019-20
This year's report is not yet available.

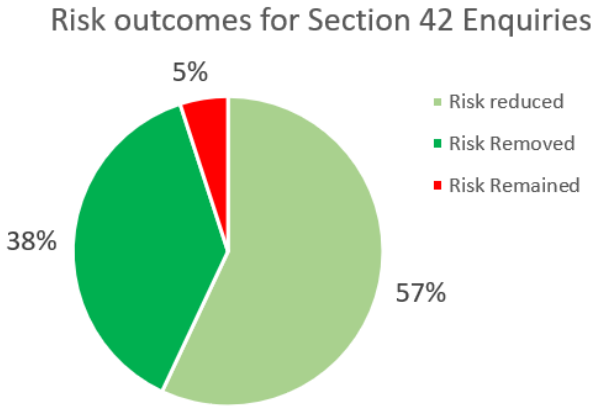
The most common abuse type is Neglect & Acts of Omission.

This accounted for 39% of Enquiries in 2020-21

In an effort to better understand this abuse type it has been broken down into categories – Missed visits, medication errors, provider not following care plan, pressure sores, carer not following professional advice or care plan, carer stress and 'Other'. The information gathered will help with preventative work.

The next most common abuse types are:

- Physical abuse
- Financial Abuse
- Domestic abuse



Making Safeguarding Personal

For concluded Section 42 Enquiries, around 60% of individuals were asked if they had their desired outcomes met.

Most people who were asked did have a desired outcome.

Of those who were asked 90% had their desired outcomes fully or partially met.

It is hoped to increase the proportion of people asked.

Safeguarding Adult Reviews

One of the Board's core duties is the commissioning of Safeguarding Adults Reviews (SARs) for any cases which meet the Care Act 2014 criteria for these.

It is important to note that a death does not need to have occurred for a SAR to take place. The SAB may, at its discretion, commission a SAR in other serious circumstances.

The Safeguarding Adult Review Subgroup of the Board comprises members from both the BCP and Dorset areas and meets every 6 weeks to review those cases referred, where serious harm has or may have occurred. This group regularly receives referrals of cases for consideration and works collaboratively with partner agencies, requesting full and frank contributions from partners in order to systematically assess whether a SAR ought to be commissioned. If it is concluded that a case has not met the SAR criteria but learning can be derived, the Subgroup can recommend further actions for agencies to undertake to ensure that this learning is passed on and practice improves.

The objective of any SAR is not to apportion blame but to extract the key learning points with a view to fulfilling the aims of effective learning and safeguarding, and above all in this context, prevention of a recurrence.

The SAR Subgroup report their findings to the Board and collaborate with the other subgroups of the Board. In 2020- 2021 the SAR Subgroup has overseen progress on several ongoing SARs and Domestic Homicide Reviews (DHRs).

Safeguarding Adult Reviews

In 2020/21 there were no new SARs commissioned in the BCP Council area however work was progressed on SARs that were delivered in previous years and SAR 7 which is yet to be published.

SAR 5 - The 'Harry' Joint SAR and DHR Report was published in 2019 and the BCPSAB carried out assurance work with partners, this year, with a view to signing off the Action Plan evidencing the great deal of work that has followed this review.

SAR 6 - A Mental Health Homicide Review into the care and treatment of a Dorset Healthcare University NHS Foundation Trust patient who killed another man in Poole in August 2016 was published by NHS England in July 2020. Final Report Mr P Dorset

During the course of the investigation by NHS England the SAR Subgroup found that whilst the review examined in great detail the health service actions, there was an opportunity to identify learning in respect of engagement between mental health services and the Multi Agency Public Protection Arrangements (MAPPA).

Through the SAR Subgroup the SAB engaged a SAR author with a great deal of experience in the MAPPA arrangements to look at the elements of the case relating to the MAPPA and the duty of agencies to cooperate with these. An exceptional SAB meeting was held to present the supplementary report and the author was on hand to answer questions. It was agreed that the supplementary report would sit alongside the published review on the NHS England website so that the two could be read together in order that the full learning from the case was evident. Supplementary Report

SAR 7 - Progress has been made on a joint SAR/DHR/MAPPA review as a result of a complex case from early 2019 originating in the former Borough of Poole.

The decision was taken to commission a joint review in order to maximise learning whilst ensuring an efficient use of agency resources. The SAR Subgroup and the BCPSAB reviewed the draft report in an exceptional meeting held with the Community Safety Partnership and MAPPA representatives. The report was approved by the SAB and is currently with the Home Office to quality assure the report against the DHR criteria.

The Subgroups of the Board

The Terms of Reference of all subgroups have been reviewed and updated within this year and are published on our website www.bcpsafeguardingadultsboard.com

Quality Assurance (QA)

Chaired by Andrea Breen, Dorset Council

The QA Subgroup has brought together the data reporting from partner organisations. Discussions at the meeting have led to improved recording, for example the most prevalent form of abuse – Neglect and Acts of Omission – is now subcategorised by the local authority staff to better understand what is happening. Understanding will lead to better prevention.
Cases which do not progress to full safeguarding enquiries S42 (NFAs) are also now followed through and categorised to identify common themes. This would identify if a high proportion of concerns were similar, or whether there were repeated referrals from a particular service and thus it would allow dialogue on what remedial or preventative steps can be taken.

The Subgroup coordinated an audit into the Multi-Agency Risk Management (MARM) process in Dorset and BCP. There were concerns that the governance of the process was not sufficiently clear, and it was thought that more frequent and effective use could be made of the MARM process as a safeguarding tool, by all agencies.
An independent auditor was appointed to examine the cases in detail and engage in discussion with practitioners. Further workshops with practitioners and managers were planned and the draft conclusions and recommendations will be presented to each subgroup and to the Board.

Policy & Procedures (P&P)

Chaired by David Vitty, BCP Council

Based on the Keeping Adults Safe Leaflet which details different abuse an Easy Read Keeping Adults Safe Leaflet was also co-produced with 'People First Forum'.

As part of the communication strategy the Safeguarding 'Stop Abuse' posters of Safeguarding Poster Margaret and Safeguarding Poster Russell were updated with current contact details and laminated copies were sent to Covid-19 vaccination centres so they could be displayed prominently for those coming to receive vaccinations – and be wiped clean for infection control purposes. This was an opportunity to share the message with people who may not have been out of their homes much during the pandemic.
An action following an Independent Review of the SAB was to look at whether we would benefit from engaging a supplier to provide a hosted procedures system.

The Subgroup sought the views of Board members and SAB Managers nationally as well as hearing from the London Boroughs which work together to produce common Procedures and localised add-ons.

Training & Workforce Development (TWD) Chaired by Liz Plastow, Dorset CCCG
TWD Representation at the Pan Dorset Safeguarding Children's Partnership equivalent meeting helps support a 'Whole Family' approach. All partner organisations are delivering training via virtual means and this, although not fully back to pre-covid rates, has moved on significantly. A system to share themes from reviews discussed at the SAR subgroup has been developed to allow for identification of recurring themes so that leaning can be focussed on these. The subgroup canvassed all Board partner organisations to ask if they were providing training and/or learning to support the Board's priority themes of Self-neglect and Domestic Abuse. The positive responses meant the subgroup could provide assurance to the Board that this was in place. The subgroup hosted Mike Ward of Alcohol Change UK to share early findings from the project (see page 16 for details) and training workshops for Board partner organisations are planned for2021-22.

What we set out to achieve in 2020-21

Together with the Dorset SAB we have set out to achieve the objectives outlined in our Joint Strategic Plan 2018-2021

- Support the development of a more robust independent care and health provider market that leads to fewer safeguarding concerns.
- Reduce the instances of people with care and support needs being involved in Domestic Abuse and improve the interface between Domestic Abuse and Safeguarding.
- Help to establish working with the whole family as standard practice.
- Evidence lessons from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) have changed the way we work.

In our Joint Business Plan2020-22 the following are the priority themes:

- Safeguarding in the care sector
- Domestic abuse
- Neglect and self-neglect
- SAB Governance Review

Associated themes:

- Implementation of learning arising from SARs/DHRs and LeDeR reviews
- Exploitation
- Homelessness
- Substance Misuse

Our progress

The strategic plan spanned 3 years and predated the Covid-19 pandemic. In previous years the SAB has supported providers, at an annual event which was not possible in this reporting year. However contact has been built with providers and the SAB sought views of providers this year and asked what assistance would be welcome. Relationships between the LAs and the health and social care provider market have developed; there has still been a significant increase in Safeguarding Concerns which are attributed to the pandemic. During this period Local Authorities (LAs) and the local NHS Clinical Commissioning Group (CCG) have provided constant and consistent support to providers in order to keep people safe.

Much work has been carried out regarding Domestic Abuse and people with care and support needs. The SAB continues to work closely with the Community Safety Partnership which is the lead organisation for Domestic Abuse. The SAB has had input into the local Domestic Abuse strategy to ensure that the challenges facing those with care and support needs are considered.

The work of the SAR Subgroup and learning from reviews is ongoing - all agree that it is key to identify and implement learning rapidly, and there is evidence of this in the referrals received.

The SAB now considers the 'whole family' approach to be business as usual.

Neglect and acts of omission is the most commonly reported abuse type in the Safeguarding Adults Collection (SAC) Return. This data is sent by every local authority to NHS England and the national picture is reflected in BCP. Better recording and understanding of this abuse type is work in progress. The SAB's participation in the Alcohol Change project will also benefit practitioners and individuals as some of the self-neglect behaviours are explored.

The SAB has worked closely with the local authority Housing service as well as with other partners, recognising that Homelessness is not a 'one agency issue'. The SAB dedicated time at its Board to Homelessness and the causes, which are complex, and heard from housing partners about the initiatives that started as a result of Covid-19 such as 'Everyone In' when many people sleeping rough were accommodated, and the opportunities that this offered to all partners working with these individuals with whom previous engagement had been difficult. This led to increased momentum on working together.

Covid-19 Response

At the end of the previous reporting year the SAB had just held its first joint BCPSAB and DSAB meeting in March 2019. This was a step towards the closer working which had been recommended in the Independent Board Governance Review. During the pandemic we resumed joint meetings although overall the governance review was paused it will now be revisited in 2021-22.

The Independent Chair and Business Managers from the two SABs participated in regular Safeguarding Meetings with partners from the LAs, NHS and Police where any pressing concerns were discussed and the group was updated on the current picture at that time, particularly on the situation in hospitals and residential settings. Many offers of assistance were exchanged and this positive form of working was highlighted in the LGA Insight report.

The SAB was reassured by the evidence of joint working with LAs, CCG, Public Health and providers in order to safeguard individuals and staff working in settings.

BCP Council worked with the Community Action Network on the 'Together We Can' initiative which saw volunteers trained and deployed where most needed. The SAB supported this work and was involved in regular meetings with the voluntary sector and representatives from the Local Authority.

Challenges of the market – staff recruitment and retention, Brexit

The SAB held a special meeting in November to bring together member organisations and representatives from Public Health to share information on the Covid response locally. Commissioners spoke of the challenges of residential and domiciliary care settings and the huge effort in supporting them, but also the market as a whole. Prior to the pandemic there were already issues with staff recruitment and retention and worries about how Brexit would impact the workforce. Staffing became even more of a concern as many people had to isolate and care settings were faced with staff shortages and additional work due to covid measures in place.

At this meeting the work of the Local Resilience Forum was discussed. This group includes SAB partners such as the LAs, Police, Health as well as Public Health and some national bodies and the voluntary sector.

Prior to the introduction of the Infection Control Grant both LAs decided to financially support care homes. Although using slightly different methods, in practice care homes received increased funding to enable them to increase staffing and better infection control. The Grant then took over from this support.

The BCP Council Director of Adult Social Care set up a social care subgroup to the Local Resilience Forum which the SAB Chair attended.

At the March 2021 Board meetings there was a joint presentation from the LAs and CCG detailing the ongoing work and providing assurance to the SAB that safeguarding was prioritised.

Alcohol Change UK

The BCPSAB and Dorset SAB gratefully received funding from Public Health to enable us to jointly participate in the Safeguarding Vulnerable Dependent Drinkers project undertaken by Alcohol Change UK
Around 20 Safeguarding Adults Boards and Local Authorities signed up to the project following an analysis of alcohol-related SARs from 2017 and further research by Professor Michael Preston-Shoot into the learning from SARs in general which identified that alcohol was a factor in approximately 25% of the SARs sampled.

SABs had the option to defer participating in the information-gathering stage as this coincided with a particularly busy period for partner agencies during the pandemic. This gave local agencies the opportunity to have more time to feed into the project and Alcohol Change UK have changed the training model to a virtual one.

Mike Ward of Alcohol Change UK has worked with Professor Michael Preston-Shoot and a panel of experts to develop training for practitioners working with chronic, particularly vulnerable dependent drinkers, with the aim of improving outcomes for them, their families and their communities.

There is a spotlight on the importance of legal literacy for practitioners (police officers, social workers, substance use workers, health professionals, probation officers, and others) who are aware that certain legal frameworks, such as the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 2007, which can be used when necessary to more effectively help these people, if practitioners are equipped to properly, proportionately and confidently use those powers.

The TWD Subgroup hosted Mike Ward in February when he spoke to SAB members about the project and the scope of the work and how the Care Act can be applied to people with alcohol problems and in particular the inclusion of self-neglect as a form of neglect which encompasses many in this client group.

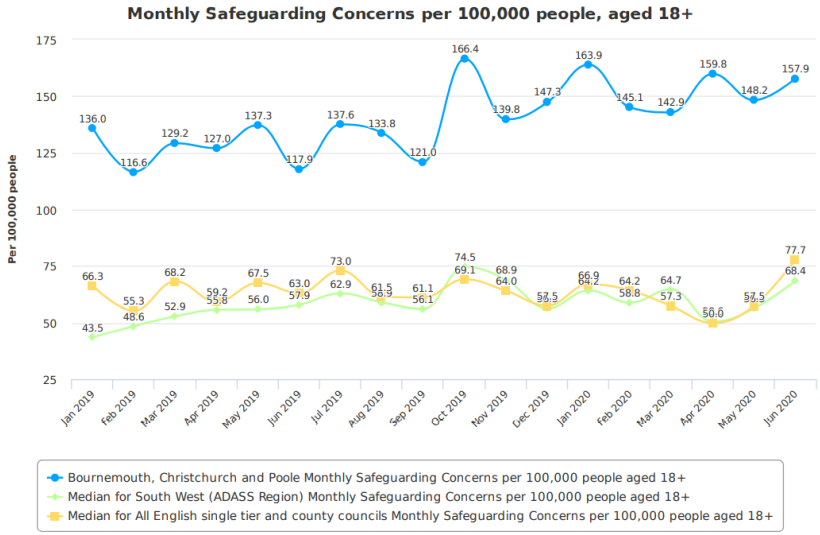
The training sessions are planned for 2021-22.

LGA ADASS Insight Project

Following a proposal from the executive group of the National Network of Chairs of Safeguarding Adults Boards the Care & Health Improvement Programme (CHIP) invited councils to participate in a voluntary data collection exercise to help the sector promptly understand the nature of the impact of COVID-19 and the lockdown on safeguarding activity, and how it compared to the previous year. This is known as the Insight Project and BCP Council has participated and continues to so. Further reports will be produced at intervals.

https://www.local.gov.uk/covid-19-safeguarding-adults-insight-project

At the December 2020 Board there was a focus on the key findings from the most recent report published at that time which allowed comparisons to be drawn with the Southwest Region and with the whole of England. It was noted that there was a good rate of participation across the region.



Regarding concerns per 100,00 of the population the BCP Council volume of concerns was significantly higher than the South West and the England average in the early months of the pandemic. This was borne out by the overall concerns for the year being up 84% on the previous year.

S42 Enquiries per 100,000 in the BCP area followed a similar trend to the South West and England in the lower conversion rate of concerns (down from 20% to 12% year on year).

In basic terms this tells us that the volume of safeguarding concerns being reported during the year increased quite dramatically, but the lower proportion converted to S42 Enquiries indicates that the increase in concerns were what can be deemed lower-level concerns.

When comparing the abuse types (in May 2020) the BCP area had a noticeably higher proportion of Neglect and Acts of Omission – 41% compared to 25% for the Southwest and 29% for England, and then a lower proportion of physical abuse – 9% compared to 19% for the region and nationally and psychological abuse – 9% compared to 15% for the region and nationally. There were higher levels of financial abuse in BCP, the remaining abuse types were comparable with the Southwest and England. In this area the proportion of reported domestic abuse did not rise significantly despite predictions that this would be the case nationwide.

Although the rates of abuse in an individual's own home were higher in BCP than in the Southwest and nationally they had not changed greatly from the previous year. Outcomes of risk being removed or reduced were comparable with the region and the country.

Written Partner Contributions

We recognise that all communities and every aspect of adult social care including safeguarding services have been affected by the Covid-19 pandemic, it has been an exceptional year for all of us. The Covid-19 pandemic has also disrupted professional and supportive services relationships with children, families, carers and adults with care and support needs.

Forced to stay at home during the pandemic, some families have reported a positive impact in spending more time with loved ones. In contrast, others have found the experience very isolating and lonely or feel unsafe. They raised further concerns about the impact on mental health and emotional wellbeing for all ages, and the resilience of families across the paid and unpaid workforce

All the Member reports on the following pages reflect delivering safeguarding services in a different and difficult context.

Details of our partner organisations are on our website [BCPSAB Members]

Adult Social Care Services & Commissioning

Achievements

- Implementing a new BCP Safeguarding Model. We were able to incorporate some of the learning that came from the pandemic into the new model. The next steps are to review the implementation of the model and measure how effectively it is enabling us to meet the increased demands.
- Proactive links with Housing colleagues to support the housing strategy during lockdown, addressing self-neglect and supporting people to attain settled accommodation.
- A review of the suitability of services and a workforce skills audit has helped inform the Learning Disabilities and Autism delivery plan.
- Built strong working relationships with colleagues within ASC Commissioning and Services and the provider market.

Challenges

- Managing routine demands on services, in the context of the lockdown restrictions and the significant increase in demand caused by the Covid-19 pandemic.
- Managing an 84% increase in the volume of concerns received by Adult Social Care compared to the previous year. There have been significant challenges when managing risk in the context of Covid restrictions and a huge increase in demand on services that has resulted from the pandemic.
- This balancing act, of managing risk and preventing further harm, whilst maintaining Covid-safe practice has seen staff at all levels demonstrating remarkable commitment, resilience and professionalism for which they should be commended. Maintaining staff morale and wellbeing, however, has been a challenge and it should be recognised that it is not reasonable to ask that they continue to manage the extraordinary levels of pressure throughout 2021/22 that have been needed throughout the pandemic.

Areas of Focus

- Weekly meetings have been held between Safeguarding operational managers and commissioning colleagues to discuss provider concerns and plan responses. A risk stratification approach was used to target support at those providers most in need of support.
- Supported for the provider market to help safeguard individuals by undertaking regular telephone contact and ensuring they had access to the latest guidance and PPE.
- A vaccination programme was devised that took into consideration providers' needs to have staff vaccinated to protect their residents.
- BCP is continuing to develop CPD opportunities, for example training needs such as legal literacy which have been identified by DHR/SARs.
- Three new Social Work posts funded through grant applications to respond to needs during lockdown and help support the council's homeless strategy.
- Two new Social Work posts created following learning from DHR/SAR to focus on assertive engagement of people at risk of exploitation and/or self-neglect, particularly younger people, where it is not clear which service can best meet their needs.
- Service Improvement Team visits to resume monitoring of care quality and compliance. This resumption of work will be prioritised based on risk.
- Developing new ways of working based on learning from the Covid-19 pandemic and evaluating how our practice has changed and what positive changes have come

Housing

Achievements

- Reducing rough sleeping numbers by 65% year on year in terms of Official Annual Street Count (72 in Nov 2019, 25 in Nov 2020)
- 400+ placed in Emergency Accommodation during Everyone In and 120+ planned moves
- Extremely successful Severe Weather Emergency Protocol (SWEP) provision in Winter 2020/21, with enhanced protocol and very high acceptance levels.
- Early issues with substitute prescribing addressed, helped by various additional grant funding, this included assertive outreach workers.
- Primary Care through the HealthBus was successful in delivering health interventions to those either rough sleeping or in Emergency Accommodation.
- Related to this several COVID-19 vaccination clinics delivering close to 300 combined doses of the 1st and 2nd vaccine to date
- Growth and development of the Homelessness Partnership and related Action Groups and the establishment of the Homelessness Forum.
- Linked to this partnership working, the Homelessness Strategy has been co-produced with the Partnership.

Challenges

- BCP Outreach continue to engage with a small number of people refusing support and accommodation during the pandemic.
- A number of 'organisations' providing food, clothes etc. to people on the street, even at the height of lockdown, and resistant to efforts to bring them into the Partnership to better align with work being done collectively and safely.
- Issues with lack of compliance with COVID-19 rules/social distancing etc, especially during the first lockdown.
- Gaps and delays initially with substitute prescriptions such as Methadone and agreeing processes for sourcing alcohol for alcohol dependent patients.
- Addressing ongoing Workforce Development gaps in safeguarding
- Housing Supply sufficiency - Providing Suitable accommodation for women & adequate bespoke housing supply solutions, both emergency & settled
- Youth Homelessness agenda/care experienced young people preparing for adulthood
- New housing front door implementation

Areas of focus

- COVID-19 planning and minimising the numbers rough sleeping and at most risk including access to medical assistance and vaccinations.
- Partnership working – in terms of the pandemic, wider partnership working and the development and completion of the inaugural BCP Homelessness and Rough Sleeping Strategy and Action Plan
- Workforce development strategy around safeguarding, Multi Agency Risk Management (MARM), Mental Capacity Act, Recording, Multi-Disciplinary Team
- Embedding safeguarding across the homelessness partnership (protocols, safe practices)
- Reducing rough sleeping and conducting future reviews and learning into deaths and near misses of rough sleepers

NHS Dorset Clinical Commissioning Group (CCG) plan, develop and commission health services on behalf of the local people. Our key providers include Dorset HealthCare, Dorset County Hospital, University Hospitals Dorset, South Western Ambulance Service, Salisbury Hospital, Southampton Hospital and Yeovil Hospital, as well as providers from the charitable, voluntary and private sectors.

Achievements

- The team has embraced the ethos of "Think Family" working across the system to support each other and consider the impact of adults on children and vice versa.
- A new streamlined approach to information sharing for MARAC and HRDA meetings.
- The CCG Adult Lead chairs a High-Risk Domestic Abuse Conference monthly, enabling oversight of the quality of referrals and completion of health actions.
- Domestic abuse has been the focus of a CCG well-being blog with resources attached, and also within the CCG's Men's Health Forum.
- A tracker for learning from statutory reviews has been developed, to identify learning to improve practice.
- General Practice training has resumed and is cascaded via GP Safeguarding Leads.
- The majority of health staff undertook Level 4/5 safeguarding training this year.
- NHSE SW have funded a module for all Partners with Bournemouth University on risk assessment and decision-making in safeguarding.

NHS Dorset Clinical Commissioning Group

Challenges

Throughout the COVID-19 pandemic, practice has transformed through virtual working and the use of digital technology. The pandemic has seen a rise in the complexity of domestic abuse incidents, an increase in Domestic Homicide Reviews (DHR) and referrals to HRDA and MARAC and also, an increase in incidents not meeting the threshold for criminal proceedings. Adult safeguarding referrals have reported frauds and scams targeted at the elderly and increased isolation for those in society who were already vulnerable.

Safeguarding training compliance has been impacted on across all services due to the additional system pressures, however credit to all for transforming training into the virtual space so readily.

Areas of focus

The CCG has been supporting partners in shielding the most vulnerable and working with community safety partners in addressing the impact from lockdown. Targeted communication campaigns have been rolled out including domestic abuse, exploitation, frauds and scams and the impact of low level but frequent alcohol consumption.

In Primary Care, the GP's focus has been on understanding safeguarding demand and risk across the population and its link to health inequalities. Reducing rough sleeping

Achievements

The recruitment of 3 vulnerability lawyers has expanded our ability to obtain civil orders in order to protect victims. For example, in 2019 we secured 53 Domestic Violence Protection Orders (DVPOs) but in 2020 it was 133.

Throughout COVID the team has shown great flexibility in continuing to provide a service to partner agencies and vulnerable victims.

The Adult Safeguarding specialist within in the Safeguarding Referral Unit has developed excellent relationships with colleagues in other agencies allowing effective discussions around safeguarding concerns.

Challenges

Due to sharp rises in demand in other areas such as domestic abuse and child protection the Adult Safeguarding Team (AST) has decreased in size and has less investigative capability. This has meant that most investigations are passed to officers in general teams such as CID and uniform policing. The Adult Safeguarding still has 3 Detective Sergeants, 1 Detective Inspector and 1 Detective Chief Inspector who will still provide tactical advice and case direction but the ability to retain enquiries within AST has been reduced.

We recognise that it can be frustrating for partner agencies when we change roles in the Police. Due to sickness, promotions and maternity we have had a number of changes in our Inspector, Chief Inspector and Superintendent positions over the last 12 months. It is hoped that this is now more stable as it is recognised that there is a need for consistency if partnership working is to be successful.

It is felt that the Police are often asked to Chair MARM meetings even when they are not the lead agency. This usually occurs as a result of an action from a MARAC or HRDA meeting and can have an impact on the time-management of the Sergeants who have a number of competing demands on their time. In addition, a member of the AST is often asked to attend a MARM when it should be the officer dealing with the investigation attending. This can lead to some frustration from the other agencies attending who want an update on the investigation which the AST member of staff is not able to provide.

Areas of focus

Clare's Law disclosures is a significant area of demand for the Police and we are still trying to get the process right. The research, decision to disclose and then managing the disclosure all needs improving in terms of process management and we are making steps to achieve that.

An area where we will increase our focus is on modern slavery and exploitation. We continue to receive intelligence about issues such as pop-up brothels and domestic servitude and we will seek to drive some pro-active work around that.

We will be increasing our use of Civil Orders. Dorset Police now has 3 vulnerability lawyers and with their expertise we will be seeking to use new legislation such as the Modern Slavery and Stalking Protection Orders to tackle some of our repeat offenders.

Our Force Intelligence Bureau are leading on some work to identify the offenders causing the most harm. Some of this cohort will include those that prey on vulnerable adults and the work will assist in identifying enforcement opportunity

Achievements

During the year there has been promotion of a positive safeguarding culture, achieved through innovation and the use of remote and digital platforms.

The embedding of 'Safeguarding Everyone, Think Family' embracing children, adults, families and contextual safeguarding has continued with the development of resources to support staff's understanding. Domestic Abuse learning has been a quality priority and this includes completion of an internal eLearning package. The link safeguarding practitioner programme has been developed and launched, following the positive evaluation of a pilot project working with Steps to Wellbeing. Safeguarding has been central at the Large-Scale Vaccination site with awareness rising training programmes for individuals, volunteers and staff as well as developing resources such as posters and information in public places.

Opportunities for the forthcoming year are being planned including further transformation of the team, a review and quality assurance assessment of what is currently offered.

Areas of focus

During the year the service has continued to support the DHC Mental Capacity Act team preparing to embed the new Liberty Protection Safeguards.

There has been focused work on data collection to ensure it is meaningful, adding value around workforce management and population safeguarding. Work has also taken place with clinical systems to ensure data is used effectively and in a complementary way.

MAPPA arrangements across the Trust have been strengthened with a particular focus on the Level 1 & 2 cases and strong links have been built with the MAPPA coordinator and police.

The safeguarding service has used a skill mix model to grow and develop. This has allowed a focus on the transfer and effective dissemination of learning from reviews, the embedding of the six principles of safeguarding and 'Making Safeguarding Personal' whilst adopting strengths-based approaches to safeguarding for all clinicians.

Challenges

Undoubtedly, this year has brought unprecedented challenge. The pandemic led to several changes within DHC in a very short time frame, including the successful introduction of remote working.

During the year there was an increase in the number of safeguarding advice calls into the DHC service; this was the result of both an increased awareness amongst staff, and the three periods of lockdown. Analysis of the calls showed that they were primarily around complex case management where the individual had not met the criteria for adult safeguarding, and included complex Domestic Abuse and Self Neglect.

At times, communication and feedback from Local Authority and Police colleagues has been more challenging than usual for DHC practitioners, so an internal escalation process has been established which promotes effective challenge for cases where there is drift, or where risk is escalating.

The Service has been engaged with the LADO to manage allegations against people who are in a position of trust.

Achievements

Reflecting back on what was a very challenging year the adult safeguarding team at University Hospitals Dorset (UHD) are proud to have maintained an effective safeguarding service that keeps the patient at the centre of the service. The merger of Royal Bournemouth and Christchurch Hospitals and Poole Hospital Foundation Trust has brought together our respective adult safeguarding services to establish a robust system to support the delivery of the safeguarding adults agenda across both sites in line with national and local legislation and guidance. The Safeguarding Lead Nurses work collaboratively with the local authority and other partner agencies to provide Trust staff with expert advice and support colleagues to achieve safe, person-centred care, delivered with compassion and kindness.

Challenges

As with partner agencies, the pandemic has impacted on the way the Adult Safeguarding Team has worked; supporting team members to work safely either at work, home or in a repositioned role. To support the changing needs of the Trust the team however remained flexible in their approach, adjusting working patterns to deliver an effective core safeguarding service.

The implementation of a new Bournemouth Christchurch and Poole (BCP) Local Authority front door led to a review of working practices. During this time, the Trust worked closely with the local authority to establish a process that works for both partners and are in the process of establishing a system that will work for all involved.

Following national guidance for social workers during the pandemic, social care partners ceased their face-to-face working in the clinical areas, providing their services through off site working communication methods. This created a challenge, with the loss of one-to-one contact, key information was found to be less readily available or consistently fed back to ward staff than it had been pre pandemic.

The requirement to cancel face to face training, due to social distancing legislation and workforce priorities to ensure that safe staffing and the delivery of high-quality care was maintained. Adjusting to a different way of working including, working in Covid Secure environments, use of personal protective equipment for infection control and embracing virtual technology.

NHS
University Hospitals Dorset
NHS Foundation Trust

Areas of focus

The merger provided an opportunity to further develop safeguarding practice across both sites, sharing best practice to embed a culture that recognises and supports the need to safeguard and protect adults, children and their families within our care. The adult team worked closely with the children's and maternity safeguarding teams to develop an integrated safeguarding policy, supporting the think family approach. On-going work continues to strengthen this area of focus across all teams.

Domestic abuse was a key area of focus at UHD as this can be an issue for both staff and patients. A new role of a health domestic abuse advocate was commissioned by BCP council for a fixed 2-year period and the contract was awarded to the "You Trust". Adult safeguarding training, including Mental Capacity Act training and Learning Disability awareness training was updated and delivered via an eLearning platform. This enabled staff to undertake training at a time and in an environment convenient to them.

Strengthening leadership and partnership collaboration

During 2020/21, NHS England and NHS Improvement have been central to coordinated responses during the pandemic. Solid multi-agency leadership and strategic direction focused on improving our central coordinated efforts to gain clarity regarding the problem(s) needing to be tackled across our communities, to keep vulnerable citizens safe during the Covid-19 pandemic. We have set-up the first SW Regional Serious Violence & Contextualised Safeguarding (all ages) Data and Information Sharing Group, securing regional leadership and collaboration across PHE, policing, community safety partnerships, violence reduction units and local safeguarding partnerships, linking strategic priorities and Joint Strategic Needs Assessments for violence and abuse. The group have produced a SW Regional Serious Violence & Contextualised Safeguarding Information Governance Framework.

Early in the pandemic we restructured to deliver programmes of support through various groups, ranging from regional joint Covid-19 Gold calls, Health Outbreaks & Operational Pressures, Infection Prevention & Control (IPC), pathology, clinical cells, establishing care sector networks and the regional ethical referral groups, restructuring our regional safeguarding governance arrangements to improve collaborative data sharing and problem-focused analysis. This has provided core groups to oversee issues and challenges to keep citizens safe. In turn, we were supporting our communities including the care and independent sector, designated and named professionals for safeguarding, as well as the workforce supporting Nightingale hospitals, front line staff and individuals seeking guidance and advice, providing peer support for NHS volunteers, test and trace centres, swab test sites as well as mass vaccination sites. We continued to act as a key link between national, regional and local systems and practitioners and have been involved in the National Safeguarding Adults Network and working with both the Regional SW Safeguarding Adults Board Chairs and SW Safeguarding Adult Health Network, to tackle emerging or continued challenges.

NHS England

Challenges

Impact on assessments

Nationally and regionally we have also completed our Safeguarding Equality Impact Assessment, to ensure that the needs of people with protected characteristics, as well as those experiencing health inequalities, have been considered and actioned during the pandemic.

The increased vulnerability of people with a learning disability was identified early into the pandemic and reinforced by the LeDeR national review of deaths of people with a learning disability during the Covid pandemic. This report highlighted key actions that were felt to reduce the risks for this group of people. The majority of the suggested actions had already been considered and actions implemented, including the rollout of Restore 2 & Restore Mini, to improve early identification of deteriorating health by social care staff. The report did help to raise awareness across the wider health and social care community and led to increased senior leadership involvement and inclusion of people with a learning disability as a priority group.

Challenges

Virtual working

Virtual working has improved the ability to network across systems and we have experienced increased collaborative working. An example of this is specialist learning disability services and primary care services with commissioners working together in a Call to Action to improve the uptake of Annual Health Checks for people with a learning disability. These checks are a good means of identifying health problems early and ensuring the right support is being offered. In quarters 1 and 2 we saw a marked reduction in the number being provided however, following the Call to Action and excellent work in local areas, the number has increased to near or above last year's number.

NHS England

Direct Commissioning

We have been supporting the national work led by the National Quality Lead Nurse for Health and Justice, regarding safeguarding within the prison estate. A guide to wellbeing & safeguarding support in prisons is due to be published on the NHS Futures platform, and work is ongoing with Health Education England to design safeguarding training specific to prisons. This element of the work will commence in 2021/22 (May 2021).

Our South West NHS Safeguarding Workforce

Some challenges for safeguarding adults with care and support needs remaining for 2021-22

We seek to work collaboratively to improve service pathways for our most vulnerable members of society and their families, particularly children and young people with learning disabilities, special educational needs and disabilities and those who are moving into adult services.

- We have planned a focused piece of work during 2021 to examine the pandemic's impact on children in care and care leavers living in the South West.
- Direct Commissioning are planning to roll out the RESTORE2 to recognise early soft signs of deterioration, both across the health care team and non-clinicians such as prison staff.

Achievements

Levels of Safeguarding Training for DWFRS staff is dependent on role. All staff receive L1 safeguarding training, with specialist roles training up to L3. All training is on track with excellent responses of 98% of 1240 L1 staff in-date. This combined with regular safeguarding campaigns has led to an increase in referrals. Staff awareness and professional curiosity has resulted in referrals and safeguarding being better embedded within DWFRS, with positive outcomes for vulnerable members of the community.

Dorset & Wiltshire Fire and Rescue Service has entered a formal partnership with Age UK in North, South and West Dorset (NSWD) to provide additional support to elderly and vulnerable residents in these areas.

We have continued with BAU throughout Covid carrying out Safe and Well visits to high-risk individuals in their homes. We have supported work in vaccination centres, assisted with mask face fitting and supported SWAST with driving ambulances.

DORSET & WILTSHIRE FIRE AND RESCUE

Challenges

A continuing challenge is raising awareness with external agencies that the Fire Service is about more than big red fire engines and putting out fires. We have an ambitious Fire Prevention agenda and in line with our Service priorities make a real difference to keeping individuals and families safe in their homes from a range of risks.

We find other agencies generally overlook factors of an individual's situation which could increase the risk of fire and often a referral to the FRS is not considered, we are working with partners to strengthen the risk awareness of staff across agencies.

Areas of focus

In conjunction with the challenges above, we have appointed a Prevention Partnership Manager whose focus is creating relationships with organisations to help us be more effective and efficient in the delivery of community safety initiatives across Dorset & Wiltshire, understanding how we can support each other's objectives and look for opportunities to grow relationships further.

The National Fire Chiefs Council (NFCC) and Care Quality Commission (CQC) have signed a Memorandum of understanding (MOU) with an overriding objective to reduce fire risks and improve protection for people in receipt of health and social care services, safeguarding the wellbeing of those receiving health and social care.

Following fire deaths that have been linked to the use of emollients near ignition risks, we continue to raise awareness on the safe use of emollients. A training package to highlight the risks as well as providing safety information for carers and NHS staff will be used as training opportunity and if possible, raise further awareness via Pharmacies.

Department for Work & Pensions

In 2020 DWP introduced teams to lead work on its approach to supporting vulnerable customers. As part of this, a network of over 30 Advanced Customer Support Senior Leaders (ACSSLs) were appointed, providing an escalation route for all DWP colleagues to refer to when a customer requires some form of advanced support, ensuring that these customers are signposted or referred to the support that they need.

ACSSLs work with a range of external partners within their own geographical area, aligning support for vulnerable customers wherever possible. They have formed a network of robust links within local communities across England, Scotland and Wales that form an integral element of DWPs wider partnership agenda.

Whilst DWP does not have a legal duty to 'safeguard', we absolutely recognise the positive impact that a collaborative approach can have when supporting vulnerable customers. We continue to work across all internal teams and with our external partners to help to provide the support that customers require.

healthwatch Dorset

Healthwatch are a SAB partner organisation and we work closely on relevant issues; Healthwatch were involved in the recruitment process of the new Chair.

Our plans for 2021-22

- Continue to support and challenge Board member organisations in their work
- Be flexible as necessary as the pandemic evolves
- Publish updated Procedures
- Update our SAR Policy
- Continue to review the Board Governance to ensure that the Board is run efficiently and maximises opportunities to work together with partners
- Ensure that we are engaging with Providers and the Voluntary and Community Sector. Last year we were unable to host our usual annual Provider Event as providers were busy keeping their residents or people who used their services, as well as their staff, safe. We will look at how we can engage with this group and thank them for all they are doing.

Our Strategic Plan for the coming (and current) year

In 2021/22 with our new Independent Chair we will be refreshing the way we work as two Safeguarding Adults Boards across the BCP area and Dorset.

We will be reviewing our structure and process with the aim to deliver a focused Strategic Plan which is easy to understand for everyone, professionals and citizens. We'll be focused on involving citizens more in the work of the Board. Our Strategic Plan will take into account the challenges which citizens and all partners have been facing in the pandemic.

We've identified early that Transitional Safeguarding and Homelessness are key priority areas and we will be agreeing our other key priorities for the 3-year Strategic Plan at our September 2021 Board.

To find out more about the BCP Safeguarding Adults Board please visit our website bcpsafeguardingadultsboard.com

If you would like to comment on the contents of this report please send your feedback to bcpsafeguardingadultsboard@bcpcouncil.gov.uk

Health and Well-Being Board

Report subject	**Pharmaceutical needs assessment**
Meeting date	14 October 2021
Status	Public
Executive summary	The BCP Council Health and Wellbeing Board has a statutory responsibility for publication of a Pharmaceutical Needs Assessment (PNA) by October 2022. The paper sets out plans for how this will be delivered.
Recommendations	**This report is to approve the:** • development of a single PNA that covers both the BCP and Dorset Health and Wellbeing Boards • use of Primary Care Networks as the basic framework for the PNA • delegation of authority to the Director of Public Health to agree final content for publication by October 2022, following statutory consultation
Reason for recommendations	This will enable publication of the next PNA by October 2022, in line with the HWB statutory requirement.
Portfolio Holder(s):	Cllr Nicola Greene, Portfolio Holder for Covid Resilience, Public Health and Education
Corporate Director	Sam Crowe, Director of Public Health, BCP Council
Contributors	Jane Horne
Wards	All
Classification	For decision

Background

1. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 came into effect in April 2013 in line with changes in the NHS at that time. Commissioning for community pharmacies shifted to NHS England, whilst responsibility for developing, updating and publishing local PNAs shifted to Health and Wellbeing Boards in local authorities.

2. The Regulations require PNAs to be reviewed and published every three years, however due to the COVID pandemic this was extended so that local authorities now have until October 2022 for publication of their next PNA.

3. The Regulations set out a Schedule of Information that should be contained within the PNA, and a requirement for a minimum 60-day consultation with a specified range of consultees as part of the development process.

4. Section 198 of the Health and Social Care Act allows two or more Health and Wellbeing Boards to make joint arrangements in how they discharge their functions. Both PNAs published since 2013 were developed as a single PNA to cover the Dorset Health and Wellbeing Board and the Bournemouth & Poole Health and Wellbeing Board areas (prior to the establishment of Dorset Council and BCP council).

5. The PNA provides an overview of local pharmaceutical needs and services and outlines any gaps in provision. It is used by NHS England to support commissioning intentions for pharmaceutical services and forms the basis for their decisions to:
   - grant applications for new pharmacies
   - grant applications to change the premises from which a listed pharmacy business is allowed to provide pharmaceutical services
   - change the pharmaceutical services that a listed pharmacy business provides.

Current position

6. The current Dorset PNA, published April 2018, is available at Pharmaceutical Needs Assessment (PNA) - Public Health Dorset.

7. Previous PNAs have been developed and published for the whole of Dorset aligned with NHS Dorset CCG and the Dorset Integrated Care System. Both the CCG and Public Health Dorset currently also commission services from pharmacies. These 'locally commissioned services' are subject to different commissioning approaches than are required by NHSE and there is no legal requirement to use the PNA. However with the establishment of the statutory ICS there may be changes in local commissioning arrangements for services and opportunities for better integration of community pharmacies within the

local system, and it is therefore proposed that the PNA once again uses the Dorset ICS footprint.

8. Previous PNAs have used 13 localities, aligned to the Dorset CCG localities, as the basic framework to discuss pharmaceutical services. Since then localities have been superseded by Primary Care Networks. Views from the virtual PNA steering group are strongly in favour of using these Primary Care Networks as the basic framework in the next PNA.

9. In view of timings of Health and Wellbeing Board meetings it is proposed that Health and Wellbeing members are involved virtually ahead of formal consultation as set out in the regulations, as well as invited to respond as part of the formal consultation, with delegated authority for sign-off to the Director of Public Health.

10. A virtual Steering Group is being set up to lead this work, with representatives from Public Health Dorset, Dorset CCG, Dorset LPC and NHSE. Board members are asked to consider whether there are other stakeholders that should be part of the Steering Group.

11. Indicative milestones for delivery of the PNA are:
    - Set up virtual Steering Group- August 2021
    - Dorset Health and Wellbeing Board approval of plan – 22 September 2021
    - BCP Health and Wellbeing Board approval of plan – 14 October 2021
    - First stage discovery work and data gathering Sep 2021 to March 2022
    - Initial draft complete – April 2022
    - Formal consultation May to July 2022
    - Further data or discovery arising from consultation – June to August 2022
    - Final draft complete August 2022
    - Dorset Health and Wellbeing Board see final PNA – September 2022
    - BCP Health and Wellbeing Board see final PNA – September/October 2022

Summary of financial implications

12. Development of the PNA has no direct financial implications other than staff time. NHS England will take account of the PNA in making future commissioning decisions with potential budget implications in the future. Other local commissioners including the local authority and the CCG may also use the information within the PNA to help inform commissioning and budgetary decisions in the future.

Summary of legal implications

13. This report outlines how the BCP Health and Wellbeing Board will fulfil its statutory duty as regards PNA.

Summary of human resources implications

14. There are no specific HR implications other than staff time from across the system to deliver the PNA.

Summary of environmental impact

15. Maintaining good access to pharmaceutical services within local communities will minimise the need for travel to access services and consequent environmental impacts.

Summary of public health implications

16. Community pharmacies are a vital community asset supporting health and wellbeing in a local place, as they see high footfall in places convenient to the local population.

17. Key conclusions from the 2018 PNA were that there were no gaps at that time in essential pharmaceutical services, that if all 149 community pharmacies remained open there would be no future gaps, and that there was a reasonable choice of pharmacies at that time and looking ahead three years.

18. Since the 2018 PNA was published three pharmacies have closed, two as the result of consolidation with another pharmacy close-by. Developing the PNA will provide the opportunity to understand what impact this may have on access to services

Summary of equality implications

19. The PNA development work will include an Equality Impact Assessment.

Summary of risk assessment

20. Risk is likely to fall principally on NHS England, in that if the PNA is not sufficiently robust there is a risk of challenge to their decision making.

Background papers

Pharmaceutical Needs Assessment (PNA) 2018
The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

Health and Well-Being Board

Report subject	**Development session feedback – Understanding the role of Health and Wellbeing Boards in our developing ICS**
Meeting date	14 October 2021
Status	Public
Executive summary	
Recommendations	**None – output from the session is for noting**
Reason for recommendations	N/A
Portfolio Holder(s):	Cllr Nicola Greene, Portfolio Holder for Portfolio Holder for Covid Resilience, Public Health and Education
Corporate Director	Sam Crowe, Director of Public Health, BCP Council
Contributors	Sam Crowe, Lucy Mears
Wards	All
Classification	For information

Background

1. The BCP Council Health and Well-Being Board agreed at its June 2021 meeting to hold a development session to consider the implications for the board of the formation of a local Integrated Care System.

2. As Integrated Care Systems are developed, under legislation currently going through Parliament, the Health and Wellbeing Board has a potential key role to play in shaping priorities for the Integrated Care Partnership. In addition, Health and Wellbeing Boards will be required to approve the health, care and public health partnership plan of the ICP. As the Health and Wellbeing Board already exists as a statutory board, it was felt important to allow members space to consider how the Board would wish to work with the emerging ICP.

3. The development session was held on September 8, in advance of the Systems Partnership Board meeting on September 9th. This allowed Board members and additional attendees a chance to reflect on the progress of Health and Wellbeing Boards to date and discuss how they envisaged the Board playing its role in the development of a strong Integrated Care Partnership.

4. This brief report provides Health and Wellbeing Board members with a short summary of the main points of agreement arising from the development session. Additionally, it updates Members on discussions and agreement reached by members of the Systems Partnership Board when it met on September 9th to consider how the Integrated Care Partnership should work – which touches on several points raised by Health and Wellbeing Board members during the development session.

Development session feedback

5. The session was constructed around a background presentation that set out the national policy and requirements behind integrated care systems, and the role of place-based partnerships. This also covered some of the recent progress made by Health and Wellbeing Boards against their statutory role and functions. Members were then asked for views about what good would look like if the ICS was working well locally, focusing on perspectives from professionals working in primary care, supporting children with additional needs, and from a community development perspective. The final session was devoted to a discussion of how the Board would like to see the role of the Health and Wellbeing Board developed in supporting the ICP, including joint working with the Dorset Health and Wellbeing Board.

6. The summarised output from the session is attached as an appendix to this cover report (Appendix A). However, some clear themes were apparent from discussions:

    a. Support for the two Health and Wellbeing Boards to work more closely together, with the chairs meeting to discuss priorities; the boards should

be recognised as strategic leaders for each 'place' (where 'places' are the respective footprints of BCP and Dorset Councils).

b. Recognition that there will be common priorities for the whole of the ICS, but that each 'place' under each Health and Wellbeing Board will also have different needs that should be captured fully

c. Agreement that making a real difference on the ground in communities is the exciting bit – each 'place' needs a strong voice to represent communities

d. There is further work to do on how the governance between the ICP and Health and Wellbeing Boards will be effective

e. Should be a clear process for feeding priorities up from 'place' partnerships, as well as down from the ICP

f. Strong continuing role for the Health and Wellbeing Board and joint strategic needs assessment process to feed into the ICP strategy

g. There was recognition that arrangements will have to develop over time, and that we are already working well as a relatively simple system. We need to build on this experience and continue to discuss and develop proposals over time.

Systems partnership board views on the integrated care partnership

7. At the meeting on September 9th, the Systems Partnership Board met to consider the proposals for developing Integrated Care Partnerships, as part of the ICS. Views were gathered to help inform the future development and form of the ICP. The most relevant are summarised here for Health and Wellbeing Board members' information, as they naturally touch on similar points raised in the development session.

8. There was broad agreement on the following points of discussion in the SPB:

    a. Recognition and support for two 'places' based around BCP and Dorset Council footprints, within the over-arching partnership

    b. Strong support for Health and Wellbeing boards to drive the strategy with strong Elected Member representation for each place

    c. Partnership should be focused on medium to longer term aims, and outcome focused, not activity or input focused. Support for convening the ICP in more of a conference format, less of a formal business meeting

    d. The ICP should be chaired by the current independent chair of the ICS, Jenni-Douglas Todd for the first 12 months, then reviewed

    e. Support for a specific work stream to develop proposals for how the ICP could work in Dorset, including governance and relationships with other key groups including Health and Wellbeing Boards.

Summary of financial implications

9. No direct implications at this stage. A strong and vibrant Integrated Care Partnership and strategy is crucial to ensuring integrated care systems can meet the 'triple' aim of better health for all, better care for all, and better use of NHS resources.

Summary of legal implications

10. Health and Wellbeing Boards are the statutory boards for promoting prevention and integration of health and care at a local level. Ensuring they play a full role in the Integrated Care System proposals through the partnership board is an important requirement under national policy and legislation being laid before Parliament. It will also ensure the ICS remains focused on longer term ambitions around outcomes.

Summary of human resources implications

11. None directly.

Summary of environmental impact

12. No direct impacts. The ICS partnership offers an opportunity to influence and ensure all organisations have a strong plan to attain carbon net zero standards, working collaboratively with the rest of the public sector in Dorset.

Summary of public health implications

13. The Integrated Care Partnership will be charged with developing an Integrated Care Strategy to address the broad health and social care needs of the population. Having a strong voice via Health and Wellbeing Boards should improve action around jointly identified priorities for public health, as Better health is one of the core aims of ICS's.

Summary of equality implications

14. No direct implications.

Summary of risk assessment

15. None. A risk assessment has not been undertaken in connection with this policy development at this time.

Background papers

Thriving Places: Guidance on the development of place-based partnerships as part of statutory integrated care systems. NHS England/ Improvement and the Local Government Association. September 2021.

Appendices

Appendix A – Summary output from the Health and Wellbeing Board development session on Integrated Care Partnerships, 8 September 2021.

BCP Health and Wellbeing Board Development Session – 8 September 2021

Key themes

How will the BCP Board work with the Dorset Council Board?

- Need the same level of access to the same information and data
- A common understanding of governance between the ICB – ICP and LA HWBs
- Review where we have common priorities across the local authority areas – ICP will provide a formal space to do this
- Recognition that LA areas do have very different needs, as well as variation within each area
- A tactical level is needed under the HWBs and operational leads to take forward the work of the boards
- The ICP should hold the strategic priorities and the HWBs should hold tactical ones
- HWBs mutually hold the ICS to account
- The Chairs of the HWBs should meet regularly to discuss priorities, supported and facilitated by PHD
- Working at neighbourhood and community level is the exciting bit – what do we really need to do to make a difference on the ground?

Developing place-based priorities

- Importance of local representation and understanding our communities
- Need a strong voice for each local authority area
- JSNA and HWB strategy feed in to the overarching prevention strategy
- Need to sufficiently understand 'place' to deliver the change we need
- Need a structured process and mechanism for communities to feed up to the ICP board as well as down

Style and purpose – how will we work?

- Opportunity to empower and delegate to 'place'
- Outcome rather than input focused
- Working together through the ICP to reduce duplication
- Action at community level feeds through to the ICP
- Ensure all voices are heard at all levels of the ICS – dialogue needs to happen at an early stage
- New way of working so will take some time to settle in
- Oversight and setting strategy at board level but need to empower community level leads
- Already working well as a system – need to build on this experience
- Continue to discuss and develop over time

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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?
Development Session: Date TBC **Health Primary Care Networks** **Wellbeing Population Health Benefits** **Development Session: Date TBC** **Inequalities** **Community Empowerment**				
Board Meeting: 14 October 2021				
Anchor Institutions	Update the Board on the outcome the recent presentation.	To enable the Board to consider the impact of the Institutions.	Paul Iggulden	N/A

Item Title	Reason for item	Desired Outcome	Lead Officer(s)	Why has it come to the Board?
Eliminating Food Insecurity: Access to Food Partnership	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
Better Care Fund and Home First Programme Update	To provide an update on the Better Care Fund and the Home First Programme Commissioning Strategy and Plan.		Elizabeth Saunders and Sally Sandcraft	
Hospital Discharge Programme Funding	Follow up from the item considered by the Board at its meeting on 17 June 2021		Phil Hornsby and Sally Sandcraft	
Update on the Dementia Services Review	To receive an update on the implementation of the dementia review and improvements and to look more widely at local responses ensuring good health and well-being outcomes for people who are diagnosed with dementia and their carers	To enable the Board to monitor the impact of the review and the improvements to the service.	Sally Sandcraft, Mark Harris	

Item Title	Reason for item	Desired Outcome	Lead Officer(s)	Why has it come to the Board?
	such as the Dementia Friendly Communities initiative.			
Safeguarding Adults Board – Annual Report 2020-21	To consider and receive the Annual Report from the Safeguarding Adults Board.	To enable the Board to fulfil its role in working with the Safeguarding Adults Board.	Claire Hughes	To comply with the statutory requirement
Pharmaceutical Needs Assessment	To consider plans for how the PNA will be developed	To enable the Board to ensure publication of the PNA.	Jane Horne	To comply with the statutory requirement.
Local Outbreak Management Plan	To provide an update to the Board on the current position in light of its role as the public engagement Board.	To enable appropriate communication and engagement.	Sam Crowe	To ensure that the Board is able fulfil its role in accordance with the Plan.
Development Session Feedback - Understanding the role of Health and Wellbeing Boards in our developing ICS	The Board is asked to consider the outcomes from the development session and next steps.		Sam Crowe	
Meeting dates for future meetings of the Board are detailed below:				

Item Title	Reason for item	Desired Outcome	Lead Officer(s)	Why has it come to the Board?
20 January 2022 24 March 2022				