

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

Minutes of the Meeting held on 09 March 2022 at 2.00 pm

Present:-

Present: Cllr K Rampton, Cllr M White, Cllr J Kelly, Jess Gibbons, Rachel Gravett, D Vitty, Sam Crowe and Simon Watkins

Also in attendance virtually: Cllr M Iyengar, Louise Bate, Steve Place and Eugene Yafele

31. Apologies

Following a change in membership there was currently no Chair and as the Vice-Chair had apologised for the meeting Sam Crowe, Director of Public Health, took the Chair for the start of the meeting to take the Board through the first three items on the agenda.

Apologies for absence were received from Tim Goodson, Cathi Hadley, Scott Chilton, Chief Constable, Sally Sandcraft CCG, Richard Jenkinson, Debbie Fleming, Karen Loftus and Marc House. The Board was informed that Graham Farrant, Chief Executive, BCP Council was hoping to join the Board at approximately 3 pm and apologised for not being able to attend the meeting from the start.

32. Substitute Members

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

- Rachel Gravett for Cathi Hadley
- Steve Place for Karen Loftus

33. Election of Chairman

Councillor Karen Rampton was nominated and seconded for Chair. There were no other nominations and Councillor Rampton took the role of Chairman for the remainder of the Municipal Year.

34. Declarations of Interests

There were no declarations of interest made for this meeting.

35. Public Issues

There were no public issues for this meeting.

36. Confirmation of Minutes

The minutes of the meeting of the Board held on 14 October 2021 were confirmed as a correct record.

Voting: Agreed

37. Membership of the Board

The Board was updated on the changes in membership. The following new Members were welcomed to the Board.

- Councillor Mohan Iyengar Portfolio Holder for Tourism and Active Health replacing the previous Chair Councillor Nicola Greene.
- Councillor Jane Kelly Lead Member for Communities – replacing Councillor Bobbie Dove.

38. Living with Covid

The Director of Public Health updated the Board on living with Covid and in particular the continuing response to Covid in the light of the changes to the national strategy which were announced on the 21 February 2022 and implemented the Living with Covid Plan.

The Director of Public Health referred to the peak of Omicron in January followed by a reduction in rates throughout late January and early February with an increase partly driven by the return of schools. The Board was informed that infection rates in the BCP Council area appeared to be falling similar to other Councils in the Southwest. He explained that there was a change in the way that testing services were being used with free testing ceasing on 1 April 2022 and therefore this was no longer an effective way of local surveillance for Covid. The Board was advised that in its place was a national prevalence survey which was run by the Office of National Statistics and carried out every couple of weeks which provided reasonable estimates of the proportion of the population who had Covid. The Director of Public Health reported that there had been a 40% fall off rate in testing due to a change in behaviour.

The Director of Public Health reported on the role of the Health and Wellbeing Board. He explained that in light of the national strategy it was proposed to pause the Local Outbreak Engagement Board for now as the national plan indicated a return to straight forward public health measures. The Board was reminded that the strategy announced by the Prime Minister had triggered a number of changes with the lifting of all legal restrictions and regulations. There was a move towards a focus on the highest risk settings and the most vulnerable moving away from a public health approach of testing and breaking chains of transmission.

The Board was advised that the Health Protection Board would be maintained which was a multi-agency body operational since the start of the pandemic. That Board's remit and focus would shift slightly and would also look at other infections. The Director of Public Health explained that the Board would need to ensure that there was an effective, efficient and robust health protection function in the integrated care system.

He reminded the Board of the changes in regulations relating to Covid including stopping the national test and trace scheme and outlined the implications for the two teams that were operating under both Councils. The Board was informed that there were ongoing discussions with the

teams and the Director of Public Health thanked them for the work that they had undertaken. He explained that some staff may be joining the day response team and others were discussing redeployment opportunities with both Councils.

The Director of Public Health reported that there was no evidence currently of new variants in the Country. He explained that if the situation changed there would be a need to stand up resources. Public Health were in close contact with Regional Partnership teams who were thinking about how to access testing resources and outbreak support if there was a different pattern of the disease. The Board was advised that in the interim day responses were being offered to high-risk settings, the national guidance would be reviewed, and appropriate information published. The Director of Public Health reported that the decision had been taken to wind up the targeted community testing programme which would end on 31 March 2022 which was on the basis of strong advice from the Government as it was no longer funded. He reported that a limited supply of lateral flow tests would be kept for use in investigation clusters and in certain instances where there may be people in frontline roles who wanted to continue to test because of the settings that they visited.

The Director of Public Health commented on the vaccination programme and in particular the successful booster programme with 83% eligible having had a booster. He explained that there were significant pockets of the population that did not receive either dose 1 or 2 and therefore would not be included in the above percentage. The Board was advised that the Public Health team would continue to work with the vaccination programme locally with work ongoing on how to design a resilient and sustainable service rather than an emergency service and continuing work with trusted voices and vaccine ambassadors which was one of the most effective ways of working with communities to understand concerns about the vaccination and in many cases overcoming and addressing those concerns. The Director of Public Health reported that further news on the vaccine programme was expected in the autumn which could be further boosters or new vaccines including how we move from the summer into winter. The Chair sought clarification on whether there was a covid helpline number and if so, was it still available. The Director of Public Health indicated that he would check on the availability of any contact numbers and provide a post meeting update to Members.

39. Update on the development of the Integrated Care Partnership Strategy and the role of the Health and Wellbeing Board

The Director of Public Health reported on the Integrated Care Partnership Strategy and the proposed approach. He explained that he was delighted that he had been given the opportunity to lead on this piece of work and that he would be the senior responsible officer for developing the Integrated Care Partnership Strategy.

The Board was advised that it provided a great opportunity for setting a level of ambition and expectation in the system as it changes and to identify the issues, outcomes and opportunities for integration in the system from a range of different sources that were important but equally asking what

residents in our communities, feel was important and would like to make progress on. The Director of Public Health explained the proposed change in behaviour in developing the strategy by having upfront conversations about what was important before developing the strategy for the system.

The Director of Public Health explained that the key element was to ensure that the message was right to emphasise that the strategy was developed in an open and inclusive way. The Board was informed that it was proposed that there would be an interim strategy by the Autumn, which was a national requirement, and the rest of the system would then be asked to develop their strategies off the back of the partnership strategy in particular the NHS Integrated Care Board. The Director of Public Health highlighted that if good engagement processes were underway right from the start this should create a rolling programme of engagement. He asked the Board the following key questions:

- Do you agree with the 6-month timescale and approach?
- Do you agree with the design principles for development of the strategy?
- How does the ICP Strategy and Health and Wellbeing Strategies join up?
- What are the 2-3 questions we need to ask communities?

The Director of Public Health explained that the strategy should complement the Health and Wellbeing Board strategies and that what was key for the Health and Wellbeing Board should be reflected in the Integrated Care Partnership Strategy. Therefore, it was about an opportunity to start conversations with communities and the key questions may then become more apparent as part of that process. The Director of Public Health referred to the hierarchy/structure as set out in the national guidance with Health and Wellbeing Boards being asked to approve the Integrated Care Partnership Strategy. He emphasised that there was a legal duty to have regard to what was said in the Integrated Care Partnership Strategy when developing the strategic plans of the integrated care system organisations which would include the new integrated care board who would be asked to deliver its five-year plan early in 2023.

The Director of Public Health explained that it was a great opportunity to set the overarching framework and ambition for what we would like to see all of our organisations working on. He reported that part of the process was understanding and identifying the areas that when working together can add the most value, make the most difference and be more specific and challenging. The Director of Public Health appealed to the Board to play a full role. He also touched on the design principles, providing a common message for staff and public, co-designing with communities, the development process and timescale, an annual review and refresh and additional timelines which had recently been published.

The Director of Public Health reported that he would be providing regular updates to the Board and opportunities for engagement in the development of the strategy.

The Board discussed the process and commented on the suggested way forward in developing the strategy. The Director of Public Health indicated that there were usually very prescriptive approaches and guidance, but the important issue was to look after the population sufficiently to avoid outcomes for communities both on a national and local level. Therefore, the time taken to develop the strategy was to ensure that there was involvement which would create a more powerful case for change.

Jess Gibbons, Chief Operations Officer BCP Council fully supported the community led approach whilst challenging if 6 months was enough time to genuinely do the engagement thoroughly. She also referred to the use of data to reach into communities and hear from them on the impact of Covid in particular areas. Councillor White emphasised the need to involve children and young people in the process. The Chairman referred to the timeline and asked if the impact of Covid would affect the conversations undertaken with communities and how to broaden those discussions. The Director of Public Health in responding to these issues highlighted that this was about establishing a behaviour around engagement and co-production which was regularly revisited because inevitably there would be a need for more effective connections with communities as discussions continued. He also acknowledged that the conversation may need to start with Covid before a wider discussion can be undertaken. The Director Public Health also touched on the ways of engagement and with whom.

Councillor Kelly emphasised the need to use the right language and media to reach communities and the opportunity to use the relevant organisations such as the Community Action Network who have access to such relevant groups. She also referred to the asset-based and strength-based way of working.

Simon Watkins referred to a work stream that he was involved with on the ICS and asked who else was engaged. The Board was advised of the extensive engagement network across the whole of the system involving all statutory partners and community and voluntary networks so there were representatives from all organisations. Kirsty Hillier reported that one of the key elements was to pursue the idea of having over 100 conversations with different people from different areas across communities which would include young people, homeless, adults with learning disabilities, people from minority communities and reaching out through voluntary and community sector network partners to help with that approach. She explained that this would be ongoing to shape the strategy and enable the plan to adapt and change to the needs of communities. The Board reported that these would take the form of interviews/in depth conversations with people on what it was like to be them and what can we do.

**RESOLVED that the report be received acknowledging that there would be a further update at the next meeting of the Board in June and a timetable of opportunities would be produced on how people can be involved once the process commences.**

40. Summary of the Joint Strategic Needs Assessment

The Board received a presentation providing an update on the Joint Strategic Needs Assessment – JSNA from Natasha Morris, Public Health. She explained that the presentation would cover the process for the assessment, an update on the format and an opportunity for a discussion on outcomes/areas of concern.

The Board was reminded that the JSNA was a statutory requirement to undertake a continuous process of strategic assessment and planning with the key aim being to identify priorities for health and wellbeing. The JSNA provided an evidence base around health and well-being drawing out needs and priorities and therefore can provide narrative on priorities for inclusion in other strategies. Natasha highlighted the JSNA website which included data and needs assessments which were useful when putting funding bids together and for service planning and commissioning.

The Board was informed that the JSNA included many strands of insight which had been developed over the last couple of years. Natasha explained that traditionally the JSNA was data driven whilst highlighting that there has been value in the wider insights including talking to people who work directly working with communities and understanding what kind of issues they were seeing. She commented on participatory workshops with stakeholders including falls and emergency admissions which built the big picture of needs looking at data and insights across the system as well as breaking it down into geographical areas and locality profiles. The Board was informed that this had been pulled into an annual thematic narrative on the strategic health and wellbeing issues for BCP which was currently being updated and would be brought back to the Board.

The Board's input was sought on the proposed structure for the update with the narrative covering the following three areas

- Health of Our Communities
- Health and Care themes
- Integration opportunities

The Board undertook interactive sessions using slido.com to respond to questions and provide feedback on the JSNA. The Chair asked who had identified the proposed categories. Natasha explained that the aim was to cover the whole picture of health and wellbeing needs looking at health in general and population health outcomes such as life expectancy, healthy life expectancy and deprivation and how the system interacts. The Chief Operations Officer asked if there was anything that was considered but not identified as a category. Natasha confirmed that nothing had been excluded but she was keen for feedback from the Board. The Director of Public Health reported that this related to the previous item and the need for a view from the Board in leading our places in the BCP Council area and providing clear signals on the what the integrated care partnership strategy should be focussing on rather than a data directory of health facts. Jess Gibbons referred to the barriers to having healthy communities and the opportunities to inform the Council's Local Plan and Transport Plan in

shaping the Council's policy around place with prevention and early intervention whilst emphasising the need to unlock the barriers. Rachel Gravett in reflecting on the themes felt that the proposal was more informative than the previous data driven approach when deciding on the direction for services.

Natasha identified how the themes may work and the issues that were already known. Using life expectancy as an example the data provided a snapshot of mortality of those living in an area which can reflect different aspects, acknowledging the risk factors that people may have, the prevalence and severity of disease and the effectiveness of interventions. The Board was informed that the BCP compared well to the national averages however there were variations when looking at life expectancy by deprivation. When looking at healthy life expectancy there was also variations which can affect quality of life and the care that people need as they go through life. Natasha referred to indicators the impact of income deprivation and those households living in income deprivations.

The Board was informed of the health and care themes which highlight conditions where we can see variations using coronary heart disease there was a variation by area and a correlation with areas of deprivation which can apply to other conditions. The Board was advised of the impact of hip fractures where one in three returns to independence with two out of three suffering impact on their quality of life including mental health issues from pain or reduced mobility resulting in a higher need for additional care and support. Natasha outlined the integrated opportunities including a holistic approach, communication and engagement and effective collaboration.

Jess Gibbons left at 15.21

Councillor Iyengar asked if the answers to these questions were known from other pieces of work that had been undertaken as there were many groups that could be polled on the issues that need to be addressed. The Chair indicated that all contributions were welcome. The Director of Public Health reported that it was a mixed picture in respect of the evidence base which was supported by data. He explained that the process was trying to draw on the experience of Board Members and the connection with organisations represented on the Board.

Steve Place sought clarification on what was meant by integration opportunities. Natasha reported that it was about how we work as a system, what issues can be tackled together and what barriers there may be. Steve asked if this was about how delivering services could be improved to help address health outcomes. It was acknowledged that all ideas were welcome. Louise Bate, Healthwatch emphasised that involving the voluntary sector more would definitely help with the need to balance data with real life experiences.

The Director of Public Health reported that the purpose was to engage on the questions and learn more from real life experiences. The Chair emphasised the need for challenge. She highlighted the fuel increases and the potential for fuel poverty. The Director of Public Health emphasised the importance of context and where we can act. The Chair asked if a summary paper could be provided on the themes that had been highlighted

together with published papers. Steve Place referred to the data collection highlighting the qualitative information which was just as important as the health statistics as it explained how people were feeling about their health.

Councillor Mohan lyengar left at 3.30 pm

41. Update from the Poverty Truth Commission

The Board received a presentation from Emily Bradbury and Angela Fendley on the set up of the Poverty Truth Commissions in Bournemouth, Christchurch and Poole. The aim of the presentation was to explain the “why, what and how” in respect of the Commission and how it intersected with the Board’s work.

Emily Bradbury explained that back in 2020 a group working in different settings was considering the injustice of poverty and in particular hearing first-hand from those suffering in poverty. She highlighted that the status quo just was not good enough and therefore action needed to be taken. This Group had heard about Poverty Truth Commissions operating elsewhere in the country and asked if that would be a helpful approach to bring to the BCP area. As a result, early in 2021 meetings were set up with a broad range of local leaders and grassroots representatives to explain what a poverty truth commission was and asking the question was now the time to bring such a commission to the conurbation. Emily reported that there was an overwhelming and resounding yes.

A short video explaining how Poverty Truth Commissions operated, was shown. It explained that a commission acknowledged that there were two types of experts, professionals and those who were living on a daily basis with the struggle against poverty. The question was what could happen if we could find ways to bring both of these types of experts into the same room in a way that genuinely enabled both parties to contribute to finding solutions. It began with the community commissioners defining the issues that they want to tackle, and the civic and business commissioners would be identified namely local leaders who hold power, authority and decision-making capacity in the relevant areas. The Leaders were then invited into the community commissioners’ space to create a safe space and the meetings would be facilitated to ensure that everyone was comfortable. Emily emphasised that the Poverty Truth Commission works out of relationships and once relationship building has happened it was a matter of bringing both experts together to co-produce the solutions.

Angela Fendley advised the Board of the development of the team, their roles and outlined the timeline for the development of the commission which would run for 2 years over 4 phases. She explained that the Commission aligns with the ABCD approach and co-design with communities. The Board was asked to recommend potential community commissioners and outlined the role of the civic/business commissioners. Emily touched on her work in recruiting community commissioners and how moving the process had been when hearing the experiences and that the Commission was trying to bridge the gap.

Councillor Kelly reported that she was working with Emily and Angela on the process and welcomed the funding support from the Director of Public

Health. She emphasised the importance of the Commission as it aligns to the strength-based aspirations, and we want to listen to people and ensure that people listen to each other so that we can unlock solutions and get things right and understand what was happening in our communities. Councillor Kelly reported that the Vibrant Communities Partnership had just started and could be part of the process .

The Director of Public Health indicated that he was struck by the comment that it was important to slow people down and asked from the experiences of past Commissions how effective they have been in attracting the right leaders to devote the time and space to the Commission. Emily in response acknowledged that this was one of the big challenges. However, experiences from other Commissions demonstrated that when they were run for the second or third time the level of commitment to be involved increased.

Steve Place was interested in the comment about the Vibrant Communities Partnership Board and asked if there was an opportunity for that Board to be a regular open means of communication for findings from the Truth Commission for submission to the Health and Wellbeing Board. Councillor Kelly supported that suggestion. The Chair highlighted that there should not be assumptions that professionals were not struggling and that it was a key issue to bear in mind.

Rachel Gravett left the meeting 4.00 pm

42. Forward Plan

The Board considered the Forward Plan.

The Director of Public Health suggested that a development session be arranged on the JSNA in May prior to sign off by the Board.

**RESOLVED that the Plan be supported subject to the above.**

43. Calendar of Meetings for the Board

The following proposed dates had been circulated with the agenda.

9 June 2022 at 10.00 am

13 October 2022 at 10.00 am

The meeting ended at 4.10 pm

CHAIRMAN