

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL
HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 09 June 2022 at 10.00 am

Present:-

Cllr K Rampton – Chairman

T Goodson – Vice-Chairman

Present: Cllr J Kelly, Graham Farrant, Jess Gibbons and Sam Crowe

44. Apologies

Apologies for absence were received from Councillor Mike White, Cathi Hadley - Corporate Director BCP Council, Siobhan Harrington – Chief Executive, University Hospitals Dorset NHS Foundation Trust, Dawn Dawson – Chief Executive, Dorset Healthcare Foundation Trust, David Vitty – Director BCP Council and Scott Chilton Dorset Chief Constable.

The Board was informed that Richard Jenkinson had stepped down as a member of the Board for personal reasons and Councillor Mohan Iyengar was no longer a member of the Board.

45. Substitute Members

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

Councillor Nicola Greene for Councillor Mike White.

Rachel Gravett for Cathi Hadley, Corporate Director BCP Council.

Jane Elson for Dawn Dawson.

Paula Shobbrook for Siobhan Harrington – joining the meeting remotely via MS teams.

46. Election of Chair

Council Jane Kelly was nominated and seconded for Chair. There were no other nominations and Councillor Kelly took the role of Chair for 2022/23.

47. Election of Vice-Chair

Tim Goodson was nominated and seconded for Vice-Chair. There were no other nominations and Tim took the role of Vice-Chair for 2022/23.

48. Declarations of Interests

There were no declarations of interest made for this meeting.

49. Public Issues

There were no public issues for this meeting.

50. Confirmation of Minutes

The minutes of the meeting of the Board held on 9 March 2022 were confirmed as a correct record.

Voting – Agreed

51. Health and Wellbeing Board - Business Protocol, Membership and Terms of Reference

The Deputy Head of Democratic Services presented the Business Protocol, Membership and Terms of Reference document, a copy of which had been circulated to each Member and appears as Appendix “A” to these minutes in the Minute Book.

The Board was advised that the document was reviewed on an annual basis. The Deputy Head of Democratic Services reported that one of the key issues was the potential change to the membership of the Board as a result of the implementation of the Integrated Care System effective from 1 July 2022.

The Vice-Chair reported that the CCG would end on 30 June 2022 and would be replaced by the Integrated Care Board – ICB from 1 July 2022. He explained that the ICB would need to propose changes to the membership which would affect the Chief Officer position and other existing members of the Health and Wellbeing Board.

RESOLVED that having reviewed the Business Protocol, Membership and Terms of reference the document be amended to take account of the changes in membership as previously reported and due to the implementation of the Integrated Care System effective from 1 July 2022.

Voting – Agreed

52. Physical Activity Strategy

The Board considered a report on the Physical Activity Strategy, a copy of which had been circulated to each Member and appears as Appendix “B” to these minutes in the Minute Book.

The Board received a presentation from Rupert Lloyd, Public Health and Martin Kimberley Chief Executive, Active Dorset updating on the development of the Physical Activity Strategy and the work that both Public Health and Active Dorset had been undertaking to improve movement across Dorset.

Martin explained that the survey undertaken each year with approximately 500 adults to provide statistics on the level of activity showed that roughly 1 in 5 of those surveyed did not achieve 30 minutes of activity a week and were likely to come from under-represented groups. A similar survey targeted at children run through schools showed that a third of children do not achieve moderate activity each day and the recommendation for Children was 60 minutes plus per day. The Board was advised that one

group that had been identified was young carers who find it more difficult to take part in regular activity.

Rupert Lloyd reported on the approach being taken, steered by stakeholders in making activity more a part of daily life. The Board was advised of the four headline changes following conversations with stakeholders:

- Not moving was a 'norm' which we learn from and have reinforced by, our family, social networks and other people
- Physical and mental health limits individuals' and organisations' capacity for moving more and enabling others to move more.
- Other pressures and priorities outweigh the 'value' we attach to movement.
- The places we live in can make movement challenging and sedentary behaviour convenient.

In light of the above the Board was advised of the following three areas for action to improve outcomes:

- Reframing our language
- Building movement into daily life
- Connecting people with the value of moving more

The Board was informed of the relevant legislation, public policy and local context which underpins the strategy. Martin Kimberley reported that BCP was making good progress on active travel and design which was a key area where movement can be incentivised each day and makes a huge difference at scale. He highlighted collaborations which had enabled activities such as park runs and park yoga to thrive. The Board was informed that the ICS provided a focus for prevention at scale and advised of the opportunities for attracting support for BCP by utilising the Strategy. Officers focused on the detail of the three areas for action and how everyone can contribute to increase movement including using existing plans eg the Local Plan.

The Board was asked to consider the following:

- Provide help to bring the strategy to life
- Continue to be advocates for movement
- What are we missing?
- How would you like to measure progress against Strategy?

The Chair thanked Rupert Lloyd and Martin Kimberley for the presentation. She highlighted the need to get into schools and teach children who would then teach their parents.

Councillor Nicola Greene referred to the statistics that 1 in 3 children were inactive which was of concern. She asked how children with SEND were represented and if the Strategy focused on the needs of that group. Councillor Greene also referred to the hour of activity permitted during the first lockdown which was embraced by a lot of people and asked if the existing inequality had been reinforced. Martin explained that the inequality grew significantly through Covid, and the recovery had been much slower.

Councillor Rampton commented on Children with SEND and suggested that annual health checks could be used as a means of monitoring this Group and their access to activities. She also referred to competitiveness amongst young people to encourage movement. Councillor Rampton highlighted the need to look at the provision of leisure activities in deprived areas. Rupert Lloyd welcomed the comments and indicated that it emphasised the need to connect people with opportunities. Martin Kimberley referred to the data on children and those with SEND highlighting that a key challenge was to get enough respondents to the survey to make the data robust. He commented on accessibility to services and how leisure services were commissioned had an impact emphasising that it needed to be a systems approach.

Councillor Rampton made a challenge to Graham Farrant, Chief Executive for the provision of a table tennis table in the Council offices to encourage activity. Graham Farrant indicated that he was happy to take the challenge and look at what can be done within the office environment. He suggested that there was an opportunity to map how much was being spent on subsidising activities across the BCP area and where that was being funded from with a focus on prescribing exercise rather than medication.

Simon Watkins reported that the statistics were shocking, but it was important to give people a “nudge” towards the activities and services that were available to improve movement. Sam Crowe, Director of Public Health referred to the challenges highlighted during the presentation stating that the issue should be a core part of the Integrated Care Partnership Strategy and consideration given to how the change in culture was embedded. He indicated that he was shocked to hear that there was resistance in some clinical and care settings on prescribing physical activity acknowledging the challenge that physical activity was not always the intervention that was used. Sam Crowe referred to the opportunity to refocus the initiative for physical activity champions and include this in the strategy. He also referred to the increase in the cost of living and encouraging people away from using their cars. The Board was informed that there was an opportunity to consider behavioural challenges and the barriers preventing people from walking or cycling. Sam suggested that monitoring progress could be undertaken via the Joint Health and Wellbeing Strategies acknowledging that the measures may be different in Dorset compared to BCP, but both had prioritised physical activity/movement.

Cllr Nicola Greene left at 10.57 am

Martin Kimberley reported on the continuing training with GPs and the collaborative approach to promote the Livewell pathway. Jess Gibbons welcomed the strategy whilst highlighting the need for connections with the Local Plan and Transport Plan. She commented on the Council's Leisure Needs Assessment including key projects and the Play Strategy whilst referring to a new leisure centre in Exeter which was shifting people into different ways of moving. The Board was advised of the big conversation and feedback whereby wellbeing was a key part of BCP which should be embedded into the culture and embraced across the area and internally by

the Council. Mufeed Niman GP highlighted the impact that a change in behaviour by communities and professionals would have.

RESOLVED that: -

- (a) the priorities for action referenced in the strategy presentation be noted.**
- (b) it was acknowledged the actions members can take in their role and raise awareness of the strategy once launched.**
- (c) the suggestions proposed for action that align to the themes within the strategy be noted.**

53. Integrated Care Partnership Strategy Update

Sam Crowe, Director of Public Health presented an update on the Integrated Care Partnership Strategy, a copy of which had been circulated to each Member and appears as Appendix “C” to these minutes in the Minute Book.

The Director of Public Health highlighted the importance of continuing the conversation which started at the last board meeting on the development of the Integrated Care Partnership Strategy. The purpose of the presentation was to provide the Board with:

- an overview of the requirements of the Integrated Care Strategy and the opportunities this would bring for integration, collaboration and to do things differently in Dorset.
- an update on the approach being taken to develop the strategy and the progress made to date.
- an update on the role Health and Wellbeing Boards would play in contributing to priorities in the strategy – including arrangements for a Health and Wellbeing Board development session jointly with Dorset with the date to be determined.
- an opportunity to support the approach and continued engagement.

The Director of Public Health outlined the new health and care system and identified the focus on people and population needs. The Board was informed that the guidance was due out in July on the ICP strategy, and it was expected that it would highlight the importance of Health and Wellbeing Boards feeding priorities for each ‘place’ into the ICP strategy. As the Board would have to agree the strategy it was key that it was ready to challenge its content. The Director of Public Health reported on the governance and accountability as the Strategy was developed including the Integrated Care Board’s development of the Strategic Plan which must take account of the ICP Strategy and reinforced the Health and Wellbeing Board critical role. The Director of Public Health reported that there was a legal duty for Council plans and strategies to have regard and take account of what was in the ICP Strategy which could be seen as a vehicle for promoting collaboration.

The Board was advised of the establishment of the Working Group and the three agreed workstreams of research, engagement and systems leadership. The Director of Public Health reported on the purpose of the

Joint Health and Wellbeing Board development session in July to review priorities. Board Members were asked to liaise with Sam Crowe or Kirsty Hillier if they wished to be trained as interviewers for the engagement element of the Strategy.

The Director of Public Health reported on next steps and the progress insight into the content of the draft strategy including population health outcomes, health and care pathway opportunities and transformation opportunities. He also referred to the System Leaders Workshop in July which would discuss developing the over-arching vision, the aim of the strategy and potential outcomes.

The Chair highlighted the need to embrace the development of the strategy and get involved. Councillor Rampton referred to the implementation of the new Housing Management model and that there was a great opportunity to have a health and wellbeing conversation at one of the proposed new residents' panels and raise the issue with the 10,000 households who would be part of BCP Homes.

RESOLVED that: -

- **the update on the approach and development of the ICP Strategy be supported.**
- **the proposed joint development session in July with Dorset Health and Wellbeing Board to sign off on the Joint Strategic Needs Assessment and consider how the Boards will work with the ICS going forwards be supported.**

Voting - Agreed

54. Better Care Fund - end of year review 2021/22

Phil Hornsby, Director of Commissioning for People – BCP Council presented a report on the end of year review 2021/22 for the Better Care Fund, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book.

The Board was advised that with the focus remaining on the pandemic and post pandemic recovery there had been little change in the Better Care Fund schemes over the past two years. The end of year review confirms this and gives assurance as to how the money was spent and some associated commentary and metrics. The end of year report was presented to the Health and Wellbeing Board for approval.

Phil Hornsby focussed on paragraph 6 onwards in the report which detailed the end of year review explaining that the template Officers were required to complete was set out at Appendix 1 to the report. The Board was advised that all the national conditions were met with the income and expenditure spent as required but not all the performance metrics were met which predominately was due to the impact of the pandemic. The Board was advised that there was commentary in the report on performance. The Director reported that there was an opportunity to provide feedback on the successes and challenges on delivering the Better Care Fund programme last year. He highlighted that the Council, CCG and service providers had

worked well collaboratively over the past 2 years but how that was reflected in the Better Care Fund was difficult to see in terms of performance. The Board was advised that the collaborative working was particularly evident regarding hospital discharge. Mr Hornsby explained that the challenges in particular related to how the workforce was retained and recruitment undertaken to meet the challenges concerning sufficient care and the support need to keep people at home. The Board was also advised of the issues associated with the sharing of records and data as currently there was more than one source of data. The Director reported that in accordance with the governance review the Health and Wellbeing Board was required to sign off the review. He explained that in view of the timetable a draft submission was made to NHS England prior to the Board's approval.

The Director of Public Health asked if there was an understanding of where the Better Care Fund may go now in view of the ICS. Phil Hornsby reported that there were no clear planning conditions at this stage but there was an indication that there would be a stronger focus around hospital admissions or readmissions and the prevention of such admissions. Sally Sandcraft, CCG expressed her view that the BCF was a vehicle to enable resources to be aligned against priorities. She emphasised that the most important issue was how to identify priorities and achieve best effect by joining up and improving outcomes for the local population. Sally explained that the BCF links to the ICP Strategy. She also highlighted the significant pressures the system was under and the impact for people who were in hospital when they were ready to go home. The Board was informed that the majority of those patients ready to go home over 220 people were stuck in hospital waiting for packages of care with 170 waiting for Local Authority funded care which had a detrimental impact on their outcomes. The Board was advised that the commissioning capacity did not meet the extent of the need. Graham Farrant highlighted the need to look at the system as a whole indicating that the conversation should be about the numbers going into hospital and how they come out more effectively.

RESOLVED that having assessed the report the Better Care Fund end of year review for 2021/22 be approved.

Voting - Agreed

55. Living with Covid

The Director of Public Health provided an update on the latest position on 'living with covid' highlighting that in recent weeks there had been a drop in prevalence in Covid with approximately 1 in 70 people in one week actively having Covid 19. The Board was informed that the impact of this had fed positively into the numbers in hospital with currently about 60 people across the whole of the Dorset system compared to over 200 six weeks ago.

The Director of Public Health reported that there were fewer outbreaks in care settings. He explained that the decision had been taken to close down the Health Protection Board with local outbreak management plan no longer a requirement. The Board was informed that Rachael Partridge,

Public Health had been working in the system to establish a new health protection network and include broader health protection issues.

RESOLVED that the update be noted.

56. Forward Plan

The Board considered the development of the Forward Plan.

The Director of Public Health reported on the opportunity to develop the Forward Plan as part of the Development Session in July looking at priorities, including refreshing the Joint Health and Wellbeing Strategy to bring it into line with what was proposed for the Integrated Care Partnership Strategy and what the Board want to see as part of the Forward Plan.

Jess Gibbons referred to the Household Support Grant and if it would be useful alongside the wider work with the voluntary sector to bring an update to the Board on the impact that it was having. The Chair suggested it would be useful to have testimonials from those who had benefitted.

RESOLVED that the Forward Plan be agreed subject to including and addressing the issues highlighted above.

Councillor Rampton reported that Karen Tompkins, Deputy Head of Democratic Services would shortly be leaving the authority and on behalf of the Board she thanked her for her service and wished her well for the future.

The meeting ended at 11.51 am

CHAIRMAN