

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 21 October 2024 at 2.00 pm

Present:-

Cllr D Brown – Chair

Patricia Miller – Vice-Chair

Present: Cllr R Burton, Graham Farrant, Cathi Hadley, Sam Crowe, Louise Bate, Marc House, Jillian Kay, Wendy Lane, Lizzy Warrington and Cllr S Moore

In attendance

virtually: Karen Loftus and Matthew Bryant

15. Apologies

Apologies were received from Glynn Barton, Siobhan Harrington and Cllr Wilson.

The Chair welcomed Cllr Sandra Moore to the Health and Wellbeing Board.

16. Substitute Members

Glynn Barton was substituted by Wendy Lane and Siobhan Harrington was substituted by Lizzy Warrington.

17. Confirmation of Minutes

The minutes of the Board meeting held on 15 July 2024, were confirmed as an accurate record and signed by the Chair

18. Declarations of Interests

There were no declarations of interest on this occasion.

19. Public Issues

There were no public issues on this occasion.

20. Working together to build an Age Friendly Community for all: State of Ageing report in Bournemouth, Christchurch and Poole

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

The report provided an update on BCP's Age Friendly Communities partnership and highlighted the key takeaways from the new State of Ageing report for BCP.

The partnership had grown into a thriving collaborative network, with a breadth of partners working together to empower people to age well, feel part of their local communities and build community resilience. With the help of external funding, the partnership was now in its third year and was well established with a local action plan and sharing best practice through the UK national steering group.

The State of Ageing report brings together a range of data sources to provide a detailed picture of older people and their experience of ageing in Bournemouth, Christchurch and Poole. The report aimed to provide data-driven insights to guide policy and interventions; and encourage proactive measures across the integrated care system to improve the quality of life of our local older population.

The Board considered the presentation and made comments, including:

- A Board Member welcomed the rich information detailed and that it had been tied back to the work of the Joint Strategic Needs Assessment. It was also highlighted that the integrated care system (ICS) needed to consider how it could humanise processes and make reasonable adjustments in how it responds to people to ensure the whole person is considered and not just the presenting issue.
- It was highlighted how this linked to other items on the agenda and the work of the Integrated Neighbourhood Teams and requested consideration be given to the ambition when it came to place based assets and the setting of priorities, setting tangible actions and the measurements of success/progress. It was also noted that this needed to be connected to the work detailed on the Joint Forward Plan.
- The Better Care Fund was highlighted including its focus on carers and how they featured strongly in the report and the need to consider them when embedding the principals of the fulfilled lives programme in optimising wellbeing.
- The Vice Chair highlighted the need to ensure literature was easily accessible and where there was reference to ensuring language was culturally sensitive, suggested reaching out to different communities for them to assist with translation to ensure it was accurate.
- There were some further considerations detailed including further work into deprivation to improve quality of health and wellbeing later in life for those communities.
- Conversations with local businesses and employers were highlighted as important to ensure the age friendly communities work reached all the appropriate forums.

Cathi Hadley joined the meeting at 14:42pm.

RESOLVED that the Board:

- a) **Recognise the contribution that BCP's Age Friendly Communities network of partners provides in helping older people to age well, stay independent for longer and potentially thrive within their communities.**
- b) **Use the insight from the State of Ageing report, alongside the JSNA (Joint Strategic Needs Assessment), to understand the demographic issues of our older population, to better plan for growth and demand on services across the system.**
- c) **Help facilitate work between the Age Friendly Communities partnership and systems partner in response to the report findings, in order to review and improve on the age friendliness of services and support.**

21. Integrated Neighbourhood Teams

The Chief Executive, NHS Dorset Healthcare, the Deputy Director of Place and the BCP Community Development Manager presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'B' to these Minutes in the Minute Book.

The report provided an update on the Integrated Neighbourhood Teams (INT) Transformation Programme.

It covered, the ambition, programme scope, INT footprints, approach to measurement, progress to date and also an update on the community engagement workstream.

The shared ambition of the INT Programme was to build confident and autonomous, integrated multidisciplinary teams around meaningful populations or neighbourhoods, i.e. communities that people say they feel they belong to.

The programme had several phases; the first being the establishment of integrated neighbourhood teams within health; essentially creating the environment and structures to make INTs an investable proposition and to enable the second phase focused on integrating more widely with LA and VCSE partners. The third phase being the embedding of the transformed operating model and investing in prevention, proactive care and an increase in care provided in communities.

For 24/25 the ICB wrote to the Dorset Provider Collaborative setting out the following requirements and expectations for the INT Programme.

- The programme would see the launch and development of the new Integrated Neighbourhood Team (INT) model in four sites (equally within the BCP and DC Places) in Q1 and Q2, with a rolling delivery programme pan Dorset throughout the remainder of the year.
- The INT model was the means by which General Practice and Community Health teams integrate.
- Scope of services offered to be person- centred, utilising the multidisciplinary approach including wider determinants of health, though

on a person/needs-led level, not population health level (the responsibility for population health level of improvement will sit with the Place Based Partnership).

- The expectation was that greater benefits would be gained from pooling of budgets and other resources; looking to further align commissioning budgets to Place Based Partnerships and INTs going into 25/26.

The concept of INTs was first endorsed by the Dorset system in November 2023 and since then the INT programme has been defined and positive progress has been made. The approach was to focus, initially, on integration of health teams, working with four areas to inform the development of a blueprint which other areas can then take and locally tailor to meet the needs of their local populations.

Within BCP, work was well underway in Boscombe and a summary of that progress was included in the report, with work about to start in Poole West.

The Vice Chair of the Board provided some information regarding the changes that were needed within the NHS and the need to reduce the cost of it by providing more support and services to people in the community. The opportunities, impact and challenges of processing this change were also detailed.

RESOLVED that the Health and Wellbeing Board note the progress made on the development of Integrated Neighbourhood Teams and the Community Engagement workstream.

22. Better Care Fund 2024-2025 Quarter 1 Report

The Interim Director of Commissioning presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'C' to these Minutes in the Minute Book.

NHS England (NHSE) require the Health and Wellbeing Board (HWB) to approve all BCF plans, this is one of the national conditions within the Policy Framework. This includes planning documents at the beginning of a funding period, and template returns reporting progress against the plans quarterly.

This report provides an overview of the Quarter 1 Report of the Better Care Fund (BCF) for 2024-25.

The BCF is a key delivery vehicle in providing person centred integrated care with health, social care, housing, and other public services, which is fundamental to having a strong and sustainable health and care system.

The report is a part of the requirements set by the Better Care Fund 2023-25 Policy Framework. The report needs to be jointly agreed and signed off by the Health and Wellbeing Board as one of the planning requirements.

A Board Member welcomed the breakdown of activity by quarter as it brought the money spent to life and requested that performance against the

system could be incorporated in future reports to enable judgments to be made.

RESOLVED that the Health and Wellbeing Board retrospectively approve the Better Care Fund Quarter 1 Report.

23. Refreshing the Strategy

The Director of Public Health presented a report, 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 Health and Wellbeing Strategy was due a refresh. This process should incorporate the new BCP Council corporate strategy, the ICP strategy and NHS Joint Forward Plan. It should also take account of important system programmes that had potential to deliver against priorities, including council and NHS transformation plans. Capturing these programmes in a delivery plan for the place based partnership, overseen by the Health and Wellbeing Board, would ensure strong alignment between priority and delivery.

The report proposed a simple process for developing and agreeing a refreshed Health and Wellbeing Strategy, following the workshop held earlier in the year.

It also proposed a workshop for the place-based partnership to consider which programmes should be prioritised, to deliver against the main strategy themes and there was some discussion over the most appropriate time for this to take place

RESOLVED that:

1) Board members agree to adopt the main ICP strategy headings (Prevention and Early Intervention, Thriving communities, Working Better Together) and construct the strategy to reflect these.

2) Board members agree to participate in a simple voting process to select the most important issues under each of the three themes. From this, the final strategy will be developed.

3) Board members are asked to endorse a workshop involving the place-based partnership officers to identify the main programmes anticipated to deliver against the themes in the strategy, to ensure alignment.

24. Update from Place based Partnership

The Corporate Director for Wellbeing and the Corporate Director of Children's Services provided a verbal update which included:

- The first meeting of the place based partnership took place last week and the partners who attended were detailed

- The partnership had agreed collaborative efforts to lead to significant improvements in areas such as childhood obesity and increasing its overall impact on helping people to stay healthy and lead fulfilled lives.
- The refresh of the Health and Wellbeing Strategy was discussed in detail and how the partnership could drive the priorities forward including a planned workshop to further progress plans.
- It was highlighted that there were some questions around governance of the partnership but all partners agreed its focus needs to be on delivery through collaboration and making an impact.
- It was noted that the partnership was currently finding its way informally however, should there be a need to discuss and agree delegation of budgets then a more formal committee would be required.

The Vice Chair highlighted the need to formalise governance because health would like to develop some commissioning responsibilities in place

25. Access to services principles: Poverty Truth Commission

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

Access to services can present significant barriers, especially to people living with complex needs including poverty, mental health or long term physical health conditions. It has been shown that these barriers can be an important contributory factor to inequalities in health, arising because of delays, misunderstandings or mistrust of public services.

The Health and Wellbeing Board must pay due regard to the ICP strategy in its work. This encouraged the development of person-centred approaches where possible, to help tackle inequalities in health. There was currently an important programme underway to develop integrated neighbourhood teams, for example.

Adopting these principles and asking Member organisations to consider them when designing and transforming services for people would ensure a whole person and community approach was embedded in our services including neighbourhood teams. It should help more people feel supported, build trusting relationships and lead to fewer missed appointments, delays in care and misunderstandings.

BCP Council was the first area in the south to host a Poverty Truth Commission, which ran from 2021 to 2023. One of the starting points for Commissions was 'nothing about us, without us, is for us'. This meant that lasting change in improving social justice only happened when people experiencing struggle took part fully in generating that change. One of the themes the BCP Council commission focused on was 'Humanising the Process'. This was a recognition that often people with complex struggles

including poverty found it difficult to access the support they needed from public services. Barriers included not being listened to, or being passed between services. Sometimes appointments were made at times that make it difficult for people to attend. There was often a lack of flexibility in working with the person.

The Board was asked to consider adopting a set of principles developed by the national Poverty Truth Commission Network, based on experiences from many Commissions, design to help improve the planning and deliver of public services.

RESOLVED that:

1) Board members consider adopting the access to services principles (appendix A).

2) Members are also asked to share these principles with their own organisations, especially where transformation work is taking place involving contact with customers, appointments, assessments and other services.

26. Work Plan

The Chair stressed the importance of the Board Members sharing the information provided at the meeting with colleagues, partners and the wider community to ensure practices were positively impacted.

The Chair highlighted the items due to come to the January meeting.

The meeting ended at 3.57 pm

CHAIR