

Notice of Health and Wellbeing Board

Date: Monday, 21 October 2024 at 2.00 pm

Venue: HMS Phoebe, BCP Civic Centre, Bournemouth BH2 6DY



Membership:

Chair: Cllr D Brown, Portfolio Holder for Health and Wellbeing

Vice-Chair: Patricia Miller, NHS Dorset

Cllr R Burton	Portfolio Holder for Children, Young People, Education and Skills
Cllr K Wilson	Portfolio Holder for Housing and Regulatory Services
Cllr S Moore	Portfolio Holder for Communities and Partnerships
Graham Farrant	Chief Executive, BCP Council
Jillian Kay	Corporate Director for Wellbeing, BCP Council
Cathi Hadley	Corporate Director - Children's Services, BCP Council
Sam Crowe	Director, Public Health, BCP Council
Glynn Barton	Chief Operations Officer, BCP Council
Matthew Bryant	Dorset HealthCare University NHS Foundation Trust
Heather Dixey	Dorset Police
Dawn Dawson	Dorset Healthcare Foundation Trust
Louise Bate	Healthwatch
Karen Loftus	Community Action Network Bournemouth, Christchurch and Poole
Marc House	Dorset & Wiltshire Fire and Rescue Service
Siobhan Harrington	University Hospitals Dorset NHS Foundation Trust

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?MIId=5969>

If you would like any further information on the items to be considered at the meeting please contact: Louise Smith, louise.smith@bcpcouncil.gov.uk or email democratic.services@bcpcouncil.gov.uk

Press enquiries should be directed to the Press Office: Tel: 01202 454668 or email press.office@bcpcouncil.gov.uk

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

GRAHAM FARRANT
CHIEF EXECUTIVE

11 October 2024

**DEBATE
NOT HATE**



Available online and
on the Mod.gov app



Maintaining and promoting high standards of conduct

Declaring interests at meetings

Familiarise yourself with the Councillor Code of Conduct which can be found in Part 6 of the Council's Constitution.

Before the meeting, read the agenda and reports to see if the matters to be discussed at the meeting concern your interests



What are the principles of bias and pre-determination and how do they affect my participation in the meeting?

Bias and predetermination are common law concepts. If they affect you, your participation in the meeting may call into question the decision arrived at on the item.

Bias Test

In all the circumstances, would it lead a fair minded and informed observer to conclude that there was a real possibility or a real danger that the decision maker was biased?

Predetermination Test

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

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

For more information or advice please contact the Monitoring Officer
(janie.berry@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 Councillors.

2. Substitute Members

To receive information on any changes in the membership of the Committee.

Note – When a member of a Committee is unable to attend a meeting of a Committee or Sub-Committee, the relevant Political Group Leader (or their nominated representative) may, by notice to the Monitoring Officer (or their nominated representative) prior to the meeting, appoint a substitute member from within the same Political Group. The contact details on the front of this agenda should be used for notifications.

3. Confirmation of Minutes

To confirm and sign as a correct record the minutes of the Meeting held on 15 July 2024.

7 - 14

4. Declarations of Interests

Councillors 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.

5. Public Issues

To receive any public questions, statements or petitions submitted in accordance with the Constitution. Further information on the requirements for submitting these is available to view at the following link:-

[BCP Council Constitution - Part 4 - Procedure Rules](#)

The deadline for the submission of public questions is midday on 15 October 2024 (3 clear working days before the meeting).

The deadline for the submission of a statement is midday on 18 October 2024 (the working day before the meeting).

The deadline for the submission of a petition is 4 October 2024 (10 working days before the meeting).

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

15 - 24

This report provides an update on BCP's Age Friendly Communities partnership and highlights the key takeaways from the new State of Ageing report for BCP.

This partnership has 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 is now in its third year and is 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. This report aims 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.

7. Integrated Neighbourhood Teams

25 - 50

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

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

8. Better Care Fund 2024-2025 Quarter 1 Report:

51 - 54

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.

9. Refreshing the Strategy

55 - 70

This paper proposes a simple process for developing and agreeing a refreshed Health and Wellbeing Strategy, following the workshop held earlier in the year.

It also proposes a workshop for the place-based partnership to consider which programmes should be prioritised, to deliver against the main strategy themes.

10. Update from Place based Partnership

To receive a verbal update regarding the place based partnership.

11. Access to services principles: Poverty Truth Commission

71 - 86

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 is 'nothing about us, without us, is for us'. This means that lasting change in improving social justice only happens when people experiencing struggle take 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 find it difficult to access the support they need from

public services. Barriers include not being listened to, or being passed between services. Sometimes appointments are made at times that make it difficult for people to attend. There is often a lack of flexibility in working with the person.

The Board is 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.

12. Work Plan

87 - 90

To consider the Board's work plan.

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 15 July 2024 at 2.30 pm

Present:-

Cllr D Brown – Chair

Present: Cllr R Burton, Cathi Hadley, Bryant, Karen Loftus, Phil Hornsby, Jillian Kay and Siobhan Harrington

Also in attendance: Nick Johnson, Chief Strategy and Transformation Officer at Dorset County and Dorset Healthcare
Amy Gallagher, Community Initiatives Manager, BCP Council
Alistair Doxat-Purser, Chief Executive of Faithworks and Chair of the Access to Food Partnership in BCP
Ashley Boreham, Deputy Chief Transformation Officer, NHS Dorset

In attendance virtually: Paul Johnson, NHS Dorset
Louise Bates, Healthwatch
Cat McMillan, Communities Manager

1. Apologies

Apologies were received from Cllr Kieron Wilson, Graham Farrant and Patricia Miller.

2. Substitute Members

There were no substitute members on this occasion.

3. Election of Chair

RESOLVED that Cllr David Brown be elected as Chair of the BCP Health and Wellbeing Board for the 2024/25 Municipal Year.

4. Election of Vice Chair

RESOLVED that Patricia Miller be elected as Vice Chair of the BCP Health and Wellbeing Board for the 2024/25 Municipal Year.

5. Confirmation of Minutes

The Minutes of the meeting held on 5 February 2024 were confirmed as an accurate record and signed by the Chair.

6. Declarations of Interests

There were no declarations of interest on this occasion.

7. Public Issues

There were no public issues on this occasion.

8. Update on joint working in Health and Integrated Neighbourhood and Community Teams Programme

The Transformation and Partnerships Officer for Dorset Healthcare presented a report and presentation, 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 presentation provided an update to the Health and Wellbeing Board on the development of the federated model between Dorset Healthcare University NHS FT (DHC) and Dorset County Hospital NHS FT (DCH). Additionally, it provided an update on the Integrated Neighbourhood Teams Transformation Programme.

The federated model was the form by which the joint working between DHC and DCH was described and formed. Each NHS Trust retained its identity, and each Trust Board remained sovereign, whilst the Trusts collaborated by default and do things once where it was appropriate to do so. Joint Sub-Committees were being formed, supported by a Joint Executive Team and other joint roles. A Joint Strategy was being finalised.

The Integrated Neighbourhood Teams Transformation programme was a priority programme for the Dorset Integrated Care System. It was co-sponsored by DHC and the GP Alliance with a commitment to working alongside key partners, particularly Local Authorities, and a connection to the Health and Wellbeing Board. The programme aimed to bring together multi-disciplinary practitioners from across health and care organisations to deliver services to meet the needs of their defined population by focussing on personalised care that was as far as possible anticipatory rather than reactive. The INT Programme was part of the wider 'Place' work; however, it was not the vehicle to deliver the whole 'Place' agenda or to undertake work to address the wider social determinants of health.

The Board discussed the report including:

- The Corporate Director for Wellbeing highlighted that the Board would play an important governance role in the BCP locality.
- In response to a request for reassurance that BCP would not be negatively impacted by the federated model detailed, the Board was advised of the safeguards in place to ensure that the model was not weighted towards Dorset.
- The Chief Executive of UHD advised of the importance of the integrated neighbourhood teams to compliment and work alongside

the changes which were happening in UHD and requested the Board ensure it was progressed in a safe and timely manner.

- In response to a query from the Chair regarding risks during the transition period in terms of continued care, the Board was advised of the potential strategic risks but was reassured that there were ongoing conversations about ensuring any risks were monitored and mitigated.
- The Board was advised that it was essential that the programme was delivered collaboratively, and that time was allowed for it to bed in before any judgment or scrutiny on its delivery.

RESOLVED that the Health and Wellbeing Board note and provide comment on the update.

9. Joint Forward Plan 2024/25

The Deputy Strategy and Transformation Officer NHS Dorset 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 purpose of the report was to provide members with an update on the refreshed Joint Five Year Forward Plan 2024/25. The Board was advised that the Forward Plan had been published as a supplement to the item and the reasons for its lateness was highlighted.

The Deputy Strategy and Transformation Officer detailed the presentation appended to the report to the Board.

The Board discussed the presentation, including:

- A Board Member highlighted the statement on the last slide of the presentation regarding shifting investment to where it has high value, and the importance of investing in communities to increase preventative care and therefore reducing hospital admissions.
- It was noted that the work around integrated neighbourhood teams would be a key enabler to unlocking community preventative care and a Board Member advised that empowering communities to have the tools and the want to be healthy was the solution.
- The Director of Public Health highlighted the need to consider further topics for discussion, particularly around the planned refresh of the BCP health and wellbeing strategy and the progress of the preventative work under the five pillars.
- The Deputy Strategy and Transformation Officer welcomed some deep dives around the progress to ensure NHS Dorset was being held to account and monitored to ensure delivery progress as planned.
- A Board Member referred to the first comment on the item and felt it would be beneficial to request the Integrated Care Board provide the quantification of amounts spent in community care across BCP and the impact that had on emergency hospital admissions. **ACTION.**

- The Chair highlighted the need to be clear about ensuring the right items were being considered by the Board and that there was no duplication of work.

RESOLVED that the Board note the update.

10. BCP Access to Food Partnership update: Working together to address food insecurity & improve wellbeing

The Community Initiatives Manager and Chief Executive of Faithworks, and Chair of the Access to Food Partnership presented a report and presentation, 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.

The report updated the Health and Wellbeing (HWB) Board on the work of BCP's Access to Food Partnership since October 2021. It had grown into a thriving collaborative network, with a breadth of partners, working together with place-based and strength-based approach to empower and build community resilience. The continued impact of the cost of living crisis had put significant pressure on frontline workers and food projects, but together they had shown strength in their ability to co-create new neighbourhood initiatives to respond to the evolving needs of local communities. The Partnership was now in the final year of its 3-year funding from the National Lottery Community Grant.

The Board discussed the presentation, including:

- The Chief Executive, Dorset HealthCare University NHS Foundation Trust, congratulated them on the positive work that had been undertaken and advised he would welcome working closer with them for some of the community groups he worked with as well as some staff groups who were struggling with the cost of living.
- The Director of Public Health put a challenge to the Board of considering ways in which the public sector could increase the basic infrastructures through long term resilient funding and strong connections to enable community empowerment to flourish and also felt that some two-way learning would be beneficial with the integrated neighbourhood teams regarding a more holistic approach.
- The Head of Community Engagement and Community Safety highlighted the enormous amount of work which had gone into the partnership which had been recognised nationally as award winning and made a plea for consideration to be given about how food insecurity could be tackled and addressed within the workplace
- The Board continued to discuss the issues highlighted and how they could work together to support those in need including staff and within the communities they served
- A Board Member stressed that a lot of the organisations and partnerships highlighted rely on volunteers and expressed concern regarding the depletion of funding which provided the important infrastructure for those volunteers.

- The Chair concluded by advising Board Members to consider any actions they could progress which had arisen out of the discussions on this item.

It is RECOMMENDED that HWB Board Members:

- a) Acknowledge how the work of the Access to Food Partnership (A2FP) has contributed to upstream prevention by supporting those most vulnerable to the impact of health inequalities and the cost of living crisis in BCP.**
- b) Commit to highlighting at a strategic level the importance of the A2FP in addressing food insecurity and hidden hunger in communities, and champion local system change to enable community and voluntary sector partners to continue to grow and thrive.**
- c) Recognise the significant ongoing challenges in high levels of demand from local people struggling with the cost of living and support the A2FP to meet this need.**
- d) Recognise the A2FP's increasingly important role as a point of trusted communication and collaboration in neighbourhoods and commit to ensuring that their frontline workers have up to date knowledge and understanding of the A2FP.**
- e) Facilitate work between the A2FP and all system partners to enable better health outcomes and reduced inequalities.**

Cllr Richard Burton left the meeting at 4pm.

11. Pharmaceutical Needs Assessment (PNA)

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.

Each Health and Wellbeing Board must publish a pharmaceutical needs assessment (PNA). There was legislation that set out the process for this. Part of this was regular review, with a new PNA for the Dorset system due by October 2025.

The report started the process, with key questions for the Board. A proposed timeline was set out for agreement, and the Board should consider if this required any delegated authority to ensure delivery.

In response to a query from the Chair, the Board was advised that the Dorset Health and Wellbeing Board were content for it to be a Pan Dorset Assessment.

There was some discussion regarding consideration of those most in need and the ability to access to transport when considering future provision and the emerging links with the integrated neighbourhood teams.

The Director of Public Health clarified that it is the role of the Board to prepare the assessment and comment on where it felt there were any gaps in provision but that the commissioning arrangements were carried out by the NHS.

RESOLVED that:

- (a) The start of the 2025 PNA process is noted.**
- (b) The Board agrees to support a single PNA across the Dorset system as in previous PNAs.**
- (c) The provisional timeline set out under section 4.1 is agreed, and the Board consider any need for delegation required to support this.**
- (d) The Board consider:**
 - (i) The scope of the PNA, and**
 - (ii) Any other representatives required on the Steering Group.**

The Director of Public Health left meeting at 4:15pm.

12. Better Care Fund 2023-2025: Quarter 2 & 3, the End of Year Report 2023/24, 2024/25 Planning Template

The Director of Commissioning 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.

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

The report provided an overview of Quarters 2 and 3, the End of Year 2023/24, and the 2024/25 planning template of the Better Care Fund (BCF) plan for 2023-25.

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

The reports were a part of the planning required set by the Better Care Fund 2023-25 Policy Framework. The reports and plan needed to be jointly agreed and signed off by the Health and Wellbeing Board as one of the planning requirements.

The Board discussed the report and commented as follows:

- In response to a challenge about how the Better Care Fund could be brought to life to demonstrate the positive impacts it was having; the Board was advised that examples of joint working in particular settings could bring to life some of the resident and staff stories and could come to a future meeting of the Board. **ACTION.**
- In response to a query about flexibility of the resources to enable focus on changing priorities, the Board was advised that unfortunately it was quite restrictive and the reasons for that were detailed.
- A Board Member requested when it was reviewed, that more consideration was given and highlighted to the 18 – 25 year olds BCP supported.
- A Board Member emphasised the need to consider the impact the BCF was having on those with mental health conditions and the need to ensure maximum value was being obtained from the funds provided.
- The Corporate Director for Wellbeing requested dialogue with NHS England and the Department of Health and Social Care regarding the limitations of the BCF and it was acknowledged that changes may come under the new Labour Government.
- In response to a query, the Board was advised that BCP Council had been provided as an exemplar, particularly in the South West for its management of the BCF.

RESOLVED that the Health and Wellbeing Board retrospectively approve the:

- **Better Care Fund Quarter 2 Report**
- **Better Care Fund Quarter 3 Report**
- **Better Care Fund End of Year Report 2023/24**

Better Care Fund 2024/25 Planning Template.

13. University Hospitals Dorset (UHD) Maternity update

The Director of Adult Social Care advised that this report had been provided from University Hospitals Dorset (UHD) for information, with no presentation planned. The Board was advised that it was also going to the Health and Adult Social Care Overview and Scrutiny Committee and had prompted some questions to be referred to UHD for response.

The Director of Adult Social Care advised that should any members of the Board have any questions to forward them to her to coordinate responses. **ACTION.**

14. Forward Plan

The Chair referred to the Forward Plan and noted the item due to come in October meeting.

The Communities Manager advised they could bring a report on Age Friendly Communities across BCP and the Chair advised it be added to the Forward Plan for a future Board meeting.

The meeting ended at 4.32 pm

CHAIR

HEALTH AND WELLBEING BOARD



Report subject	Working together to build an Age Friendly Community for all: State of Ageing report in Bournemouth, Christchurch and Poole
Meeting date	21 October 2024
Status	Public Report
Executive summary	<p>This report provides an update on BCP's Age Friendly Communities partnership and highlights the key takeaways from the new State of Ageing report for BCP.</p> <p>This partnership has 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 is now in its third year and is well established with a local action plan and sharing best practice through the UK national steering group.</p> <p>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. This report aims 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.</p>
Recommendations	<p>It is RECOMMENDED that Board members:</p> <ul style="list-style-type: none"> 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.

	<p>c) Facilitate work between the Age Friendly Communities partnership and system partners in response to the report finding, in order to review and improve on the age friendliness of services and support.</p>
Reason for recommendations	<p>The State of Ageing report brings together a wealth of information to plan for current and future demands on our health and social care services. It provides insight on a wide range of services that impact a person's health and wellbeing, including housing, social connections, transport, urban design and public spaces. It is important that the system not only recognises the level of demand, but is able to invest time and resource to effectively listen and better respond to the real community needs by humanising the process.</p> <p>The report includes data on those aged 50 years and above, which enables a focus on earlier intervention and prevention, helping people to better plan for life stages and trigger points, rather than in a crisis response. In turn, this creates greater opportunity for prolonged wellbeing and adaptations to be able to age well.</p> <p>BCP's Age Friendly Communities partnership brings together a network of committed partners, including community groups and ambassadors, that share a common goal of creating more age friendly communities where <i>"people can stay living in their homes, participate in the activities they value, and contribute to their communities, for as long as possible"</i>.</p> <p>Using an asset-based community development approach, the partnership has seen community-led activities within neighbourhoods, alongside local businesses and partners stepping up and showing their commitment. It aids information sharing about services, community support and local activities through supportive and trusted networks, and continues to strengthen network and resident connections through events and activities.</p> <p>The partnership demonstrates how communities that are working together on issues that matter to them can create meaningful connections of voluntary and community sector and Integrated Care System (ICS) partners. This offers new opportunities for early help, intervention and prevention to reduce health inequalities.</p> <p>This new data and insight report creates further opportunity to breakdown silo working, and consider ways for a more</p>

	council-wide, as well as system wide approach to embed age friendly practices within services and support.
Portfolio Holder(s):	Cllr Sandra Moore, Portfolio Holder for Communities and Partnerships
Corporate Director	Jillian Kay, Director of Wellbeing
Report Authors	Amy Gallacher, Community Initiatives Manager. Communities and Partnerships team, BCP Council Sara Ireland, Principal Analyst, Insights team, BCP Council
Wards	Not applicable
Classification	For Update and Information

Background about BCP's Age Friendly Communities partnership

1. The World Health Organisation defined a framework of eight domains (through extensive research with older people) that are important in creating an Age friendly community: *"A place that enables people to age well and live a good later life. Somewhere that people can stay living in their homes, participate in the activities they value, and contribute to their communities, for as long as possible."*
2. BCP's Age Friendly Communities partnership (AFC) uses an asset-based approach to this framework, with a vision for "Bournemouth, Christchurch, and Poole to be age friendly places to live, work, and visit".
3. Since the recruitment of a dedicated Age Friendly Communities Coordinator within BCP Council in July 2022, it has strengthened our ability to focus on this community partnership to help people to age well.
4. This programme was initially funded through BCP Council for one year, and has since been extended using external funding from UK Government, initially through the UK Shared Prosperity Fund and the Accelerating Reform Fund until the end of March 2027.
5. The local network includes over 200 representatives and is led by an independent Chair alongside statutory organisations, businesses, voluntary sector, community groups, and Age Friendly Ambassadors. Partners include Bournemouth Town BID (Chair), PramaLife, Bournemouth University, Community Action Network, Dorset Healthcare, HACT (Housing Association Charity Trust) and local charities such as Poole u3a and Christchurch Community Partnership.
6. BCP Council's Age Friendly Coordinator works closely with the UK Centre

for Ageing Better to share and exchange knowledge about age friendly work across 50+ cities/towns. Her enthusiasm has led to her be invited to become a representative on the national steering group.

7. In March this year, BCP was accepted to become part of the WHO's Global Network of Age Friendly Communities, a goal for many years, and was recognised as a recent achievement in BCP Council's corporate strategy.
8. The work of the partnership supports the Council's shared vision to *"support people to live independent, fulfilled lives, staying healthier for longer"* and by *"working with partners to improve resident's health and wellbeing outcomes and reduce inequalities"*.
9. The partnership has created a joint action plan with partners, with the key three priorities until April 2025 being to:
 - engage with older adults and our partners
 - help older adults to participate socially and connect with their communities
 - work with local employers on age friendly practices
10. As part of its work, the partnership wanted to create a baseline assessment to understand what it's like to age in the BCP area. The Communities team requested the support of the Insights team earlier this year, who gathered information from a range of data sources.
11. The report is complimented by knowledge gathered through community engagement and listening to the views of older people. For instance, Bournemouth University's PIER team facilitated four engagement events in March 2024. It used an appreciate enquiry approach to "Starting a conversation: [Envisioning an age friendly community in BCP](#)".

Key takeaways from the State of Ageing report

12. This State of Ageing Report provides a detailed picture of older people and their experience of ageing in the Bournemouth, Christchurch and Poole, including analysis at a ward level. It covers people aged 50 and over in line with national State of Ageing analysis.
13. It presents a baseline for strategic planning to ensure all individuals can age well. Data has been used from a variety of sources including the 2021 Census, to evaluate the experiences of older people and identify disparities among different groups.
14. The report has been produced as a slide deck, and accompanied by an executive summary, both of which are available on BCP Council's Age Friendly Communities [webpage](#).
15. Key threads that emerged through the facilitated Bournemouth University conversations included the importance of connection, belonging, friendship, community, health and wellbeing, and desire to remain active and useful.

Demographics

16. There are currently 166,000 older people aged 50 or over in the BCP area, expected to rise to 181,000 by 2031 (41% of the total population). There is a significant presence of post-war and sixties baby boomers. As a result, population growth will be primarily among those aged 75-84 in the short term to 2026, and those aged 65-74 and 85+ in the medium term to 2031.
17. Around 3% of people aged 50+ in the BCP area do not speak English as their main language, with some unable to speak it well. The diversity of languages spoken in the area requires tailored communication strategies to ensure inclusivity.

Deprivation and Income

18. Around 13% of people aged 60 or over in the BCP area live in relative poverty, with significant variation across neighbourhoods. The highest levels of deprivation are found in Boscombe West, Bournemouth Central, East Cliff & Springbourne, and Kinson wards.
19. Nationally, there is a lower pension credit uptake than those eligible to receive it. In the BCP area an estimated 6,000 people are not claiming pension credit despite being eligible. Areas estimated to have the highest shortfall in claimants are Newtown & Heatherlands, Kinson, and Alderney & Bourne Valley suggesting potential for improvement in uptake.
20. There has been a steady increase in the percentage of economically active individuals aged 50 and over, particularly noticeable among those aged 50 to 64. A lower proportion of older women are in employment compared to men, with caregiving responsibilities being a significant factor.
21. A sizeable number of individuals aged 50 to 64 are economically inactive, with concerns over the growing number of working-age individuals who are economically inactive post-Covid. There has been an increase in economic inactivity due to long-term sickness, with a notable rise in Disability Living Allowance or Personal Independence Payment claimants.
22. People aged 50 and over contribute disproportionately to unpaid care, often balancing this with work, and a higher proportion of women are involved in caregiving roles. There are 21,000 unpaid carers aged 50+ represented in the BCP area, almost 2/3 of all unpaid carers.
23. Caregiving can adversely affect the health and well-being of unpaid carers, especially those dedicating a substantial portion of their time to it. Therefore, supporting unpaid carers must be a key focus.
24. The report emphasises the importance of supporting older workers to remain in fulfilling work through accommodating changing health needs and caring responsibilities and providing access to training and development into later life. It also points out the inequalities in who leaves the labour market and how, with lower income groups more likely to leave employment due to ill health, and not retirement.

Health, care and support

25. Most older people living in the BCP area report being in good health, but there is a notable increase in disability and ill-health with age. However, a sizeable portion of the older population in BCP have at least one long-term condition (LTC), with hypertension being the most common.
26. The prevalence of multiple LTCs increases with age, presenting challenges not just for individuals but also for families, and care and support services. As the older population increases, the number of people living with ill-health and with multiple long-term conditions will increase too. This will generate significant additional demand for future care and support services.
27. Falls are a significant cause of emergency hospital admissions for older adults, and BCP has higher rates of such admissions compared to England overall.
28. Dementia prevalence in BCP is also higher than the national average.
29. A high proportion of over 55s in BCP are physically active, but there is still a significant number who remain relatively inactive, highlighting the importance of promoting healthy lifestyles among older adults.
30. There are notable health inequalities in BCP, with more deprived areas experiencing poorer health and lower life expectancy, highlighting the need for targeted interventions. The report emphasises the importance of addressing these inequalities to improve outcomes for older residents.

Housing

31. Most older people aged 50 or over own their homes, but there is a growing trend of private renting.
32. A proportion of homes are classified as non-decent, and many older adult households live in homes with poor or no energy efficiency ratings.
33. Lower energy efficiency makes homes harder to keep warm and more expensive to heat. 6 in 10 older people are more likely to cut back on energy usage due to the cost-of-living crisis.
34. Cold homes can increase the risk of adverse outcomes, such as respiratory problems, poor mental health, increased risk of falls and exacerbate long-term conditions. Fuel poverty is estimated to contribute to 10% of excess winter deaths.
35. In BCP around 27,000 (15%) all households are one-person households aged over 66 and living alone.
36. There is high level of underoccupancy in housing, with around 24,500 older households living in under-occupancy i.e. have more rooms than needed.
37. There is a predicted increase in the number of older adults with mobility issues, highlighting the need for accessible housing and adaptations. or adaptability and accessibility.
38. A commonly-held misconception is that most older people want to downsize or enter specialist accommodation such as retirement communities. However, for most the priorities are to stay close to friends and family, in a house that suits their needs, and to have access to good facilities such

green spaces and transport. Therefore, it is essential to offer a range of housing options to cater for the diverse needs, to help older adults live independently, stay connected to their communities, and reduce social care and health costs.

Getting out and about

- 39. Concessionary bus pass uptake in the BCP area is high, especially among the 75-84 age group, but lower for women aged 85+.
- 40. Urban design issues can hinder active travel and access to public transport, leading to social isolation. Satisfaction with pavement maintenance and street cleaning is low among older individuals.

Social connection and sense of belonging

- 41. Maintaining strong social connections is crucial for older adults. Being part of a community helps reduce feelings of loneliness and isolation.
- 42. Older adults, especially those in their mid-60s to mid-70s, are actively engaged in volunteering, contributing significantly to their communities. 18% people aged 55+ volunteered at least once a month in the last year.
- 43. Older people face challenges around communication. Some struggle with the increased digitisation of information and services. Age and socio-economic status are proven to be major factors affecting internet use.
- 44. An estimated third of older people aged 55+ suffer from some level of hearing loss, which can also impair effective communication and lead to social isolation.
- 45. Effective communication and timely sharing of information is at the heart of an age friendly community. When information is easy to see, hear, and understand, everyone benefits. Therefore, this must be a priority across all organisations.

BCP Age Friendly Communities partnership – Highlights and Key activities

46. Collaborative working and sharing information across the network:

The coordinator creates a monthly newsletter with information from the network, dedicated webpages on BCP Council, and face to face meetings at Forums, quarterly steering group meetings and smaller network/ action groups by focus areas, with agendas being driven by participants. There is also a designed shared logo and a Facebook group.

- 47. **Community events and activities:** The coordinator facilitates community activities to mark significant events, such as the UN's International Day of Older Person's on 1st October annually. This year, one of our ambassadors and amateur photographer Louise Ahrens, worked with five local older residents to recreate iconic album covers to challenge stereotypes of ageing. This has received exceptional international media attention, including coverage in local news (Echo, BBC South Today) national newspapers (Daily Express, Mirror, Daily Star) and national media (Lorraine

TV show, Jeremy Vine radio show), and international press (New York post).

48. **Age friendly training:** Created with support from the Age Friendly Ambassadors includes: What is an Age friendly Community and why this is important in BCP, Ageism Awareness and Age Friendly Communication. Since the start of July, we have reached nearly 50 partners and staff. There is interest from some Age Friendly Ambassadors to lead the training themselves with their community groups. In person Dementia training to staff is also delivered by PramaLife manager.
49. **Age Friendly Ambassadors:** This new role was developed earlier in the year, and there are now over 25 ambassadors involved for BCP. At the recent Ambassador meeting, they set out priorities for engagement with residents over the coming months including Pension Credit Awareness and Age Friendly Training. Ambassadors have used their skills to support international Day of Older People, create support resources e.g. New BCP Carer Support Podcast (launch October) and helping the role grow. They will now be attending the Age Friendly Steering Group to allow information exchange between residents and the Age Friendly Network.
50. **Working with local businesses:** The coordinator has connected care homes and local hotels that were interested in working with the Centre for Ageing Better on their national framework for an Age Friendly Employer pledge. The coordinator is also working with Bournemouth BID to improve Age Friendliness of Bournemouth town centre through initiatives such as the “take a seat” campaign.

Summary of financial implications

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

Summary of legal implications

52. None identified at present

Summary of human resources implications

53. The Age Friendly Communities Partnership is currently reliant on limited resource and generous partnership working from the Chair and others. Whilst there is funding until March 2027, this is limited to funding solely the Coordinator post, and does not include funds for actual activity and delivery, or for other members of the partnership and their time. Consequently, the Partnership lacks a longer-term sustainable resource and funding strategy.

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

Summary of sustainability impact

55. The partnership creates opportunities for local communities to come together, including encouraging social connections within local neighbourhoods, or becoming part of volunteering opportunities, such as helping in local open spaces. This in turn has a benefit on the local environment.

56. The cost of living crisis response has raised awareness on energy efficiency, such as more energy-efficient cooking equipment, which in turn is helping to reduce carbon emissions.

Summary of public health implications

57. The State of Ageing report and Age friendly communities work both compliment the JSNA strategy for BCP. There are further opportunities to link this work more closely together.

Summary of equality implications

58. The Equality Act 2010 includes provisions that ban age discrimination against adults in the provision of services and public functions. It is unlawful to discriminate on the basis of age.

Summary of risk assessment

59. Failing to utilise the insight from the report may mean that some services may struggle to keep up with growing community demand.

Background papers

[State of Ageing report in BCP](#), Autumn 2024

[Executive Summary](#): State of Ageing report in BCP, Autumn 2024

[Starting a conversation](#): Envisioning an age friendly community in BCP

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BCP HEALTH AND WELLBEING BOARD



Report subject	Integrated Neighbourhood Teams
Meeting date	21 st October 2024
Status	Public Report
Executive summary	<p>The attached report provides an update on the Integrated Neighbourhood Teams (INT) Transformation Programme.</p> <p>It covers, the ambition, programme scope, INT footprints, approach to measurement, progress to date and also an update on the community engagement workstream.</p> <p>The shared ambition of the INT Programme is to build confident and autonomous, integrated multidisciplinary teams around meaningful populations or neighbourhoods, i.e. communities that people say they feel they belong to.</p> <p>The programme has 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.</p> <p>For 24/25 the ICB wrote to the Dorset Provider Collaborative setting out the following requirements and expectations for the INT Programme.</p> <ul style="list-style-type: none"> • The programme will 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 is 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 is that greater benefits will be gained from pooling of budgets and other resources; looking to further align

	<p>commissioning budgets to Place Based Partnerships and INTs going into 25/26.</p> <p>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 is 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.</p> <p>Within BCP, work is well underway in Boscombe and a summary of that progress is included in the report, with work about to start in Poole West.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>The Health and Wellbeing Board note the progress made on the development of Integrated Neighbourhood Teams and the Community Engagement workstream</p>

Integrated Neighbourhood Teams

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Bournemouth, Christchurch and Poole Council
Health and Wellbeing Board



Our Ambition

Partners from across Dorset are united in wanting to move towards a more integrated model based around Dorset's communities

Integrated Neighbourhood Team in the context of Place

Our vision

Dorset Integrated Care System works together to deliver the best possible improvements in health and wellbeing

Key priorities

Prevention and early help

Helping you stay well by providing prevention support as early as possible

Thriving communities

Investing in communities, building strong networks and developing high quality spaces in the community where we can work together

Working better together

Consider your needs at all stages of your journey through health and care services

Outcomes



Joined-up health and wellbeing, consider mental and physical health



Invest in and involve informal care and support



Care closer to home



Children's health, and best start in life



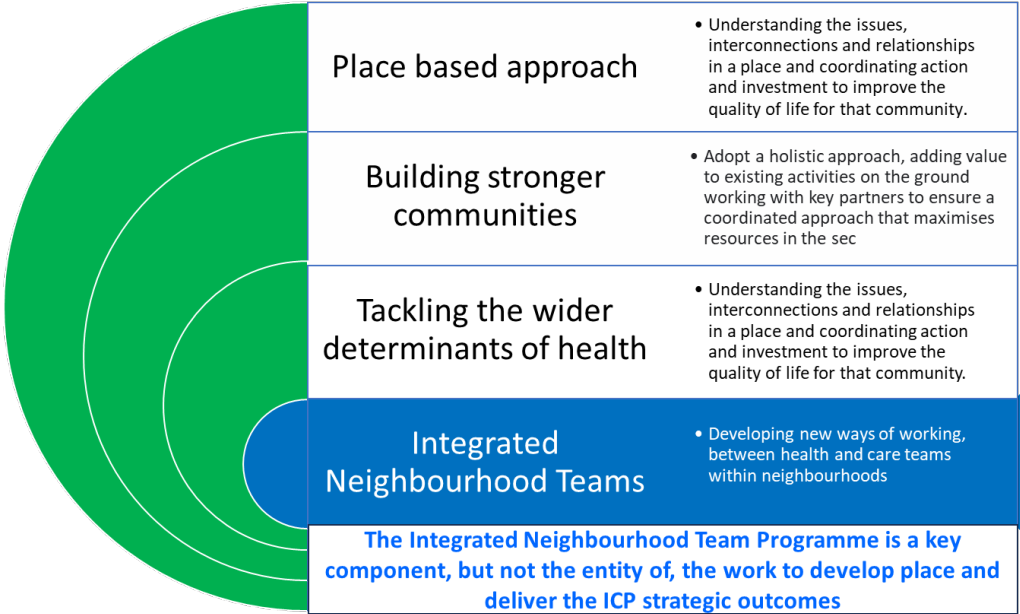
Inequality, or 'fairness' in access, outcomes and experience



Social isolation, loneliness



Listen and involve people in solutions



This Programme is focused on the development of Integrated Neighbourhood Teams - building confident and autonomous, integrated multidisciplinary teams around the needs of the population they serve

Our
Dorset

Integrated teams are not a new concept

This is a journey that **BCP Council** have been working on for years.

The **NHS** too, as it builds on: the Clinical Services Review; the Locality model; and Primary Care Networks.

All partners across Dorset are aligned on the ambition and there is an appetite to deliver a real difference for our communities and our teams.

30

However the **NHS has much work to do to simplify the current fragmentation in its services** and remove the barriers that get in the way of teams working effectively together for the communities they support. This needs to be addressed if it is to work more effectively with partners as part of Integrated Neighbourhood Teams.

Possible future state
Confident and autonomous integrated team of
teams built around local neighbourhoods

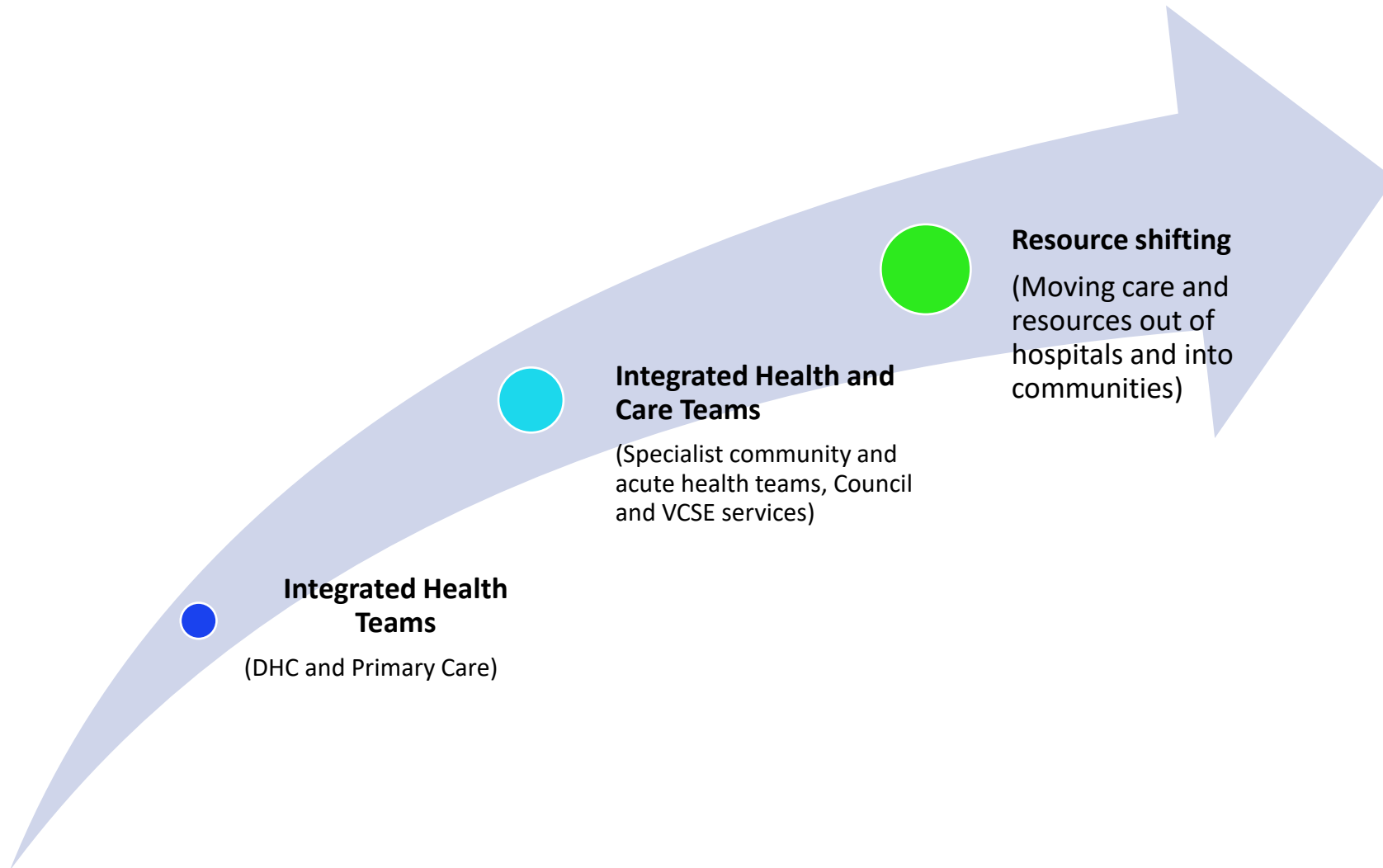


Our
Dorset

*NB The make up of the teams will vary
depending on the needs of the local population*

Integrated Neighbourhood Team Development Journey

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Programme scope for 24/25

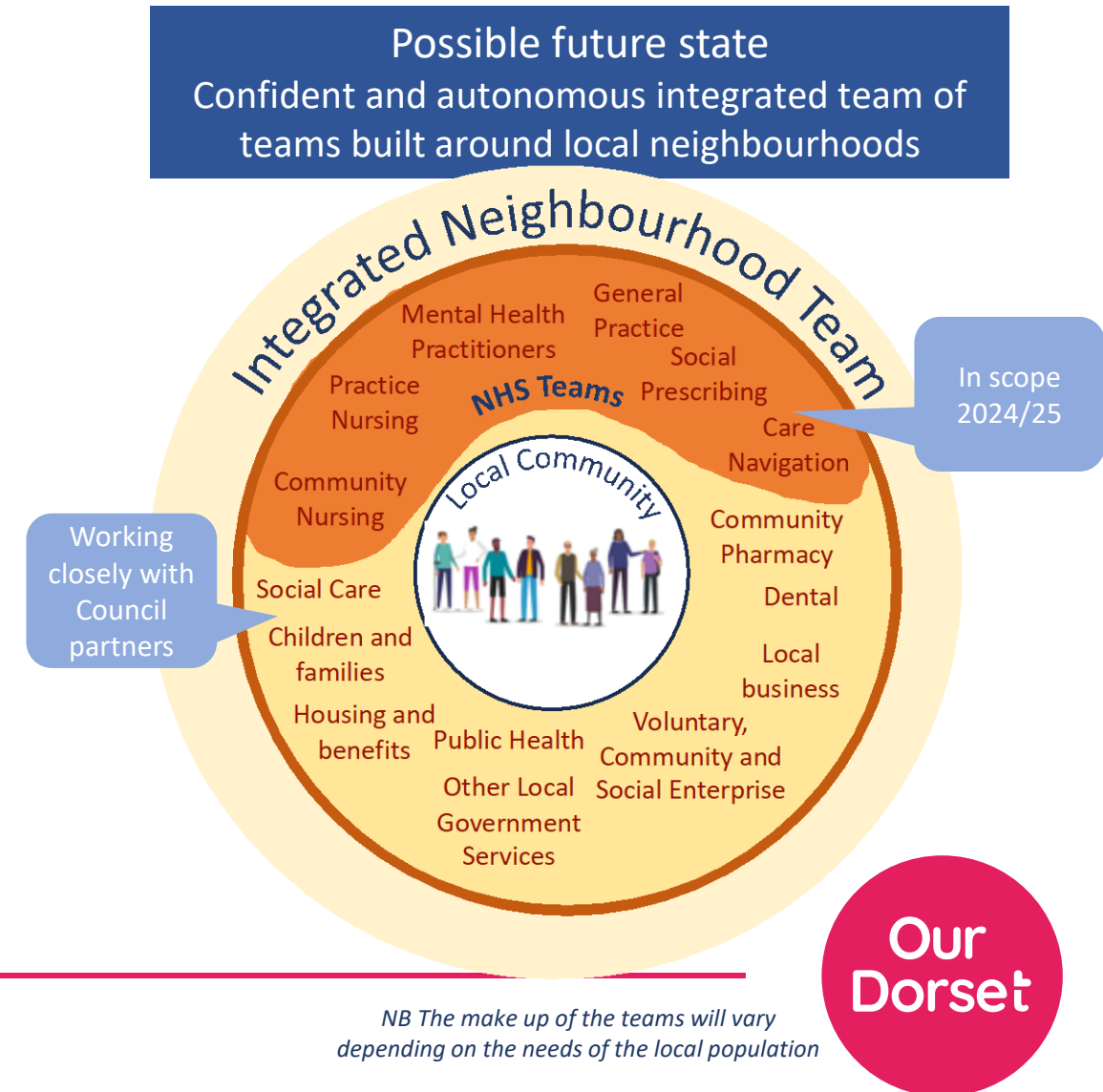


To enable the NHS to be able to engage smoothly with Council and wider partners, in 2024/25 we are bringing together the NHS teams at a Neighbourhood level

Creating integrated health care teams with a focus on primary and community care so that we can create the right structures, conditions and environment to better work with social care and we are better placed for a shift of care into the community.

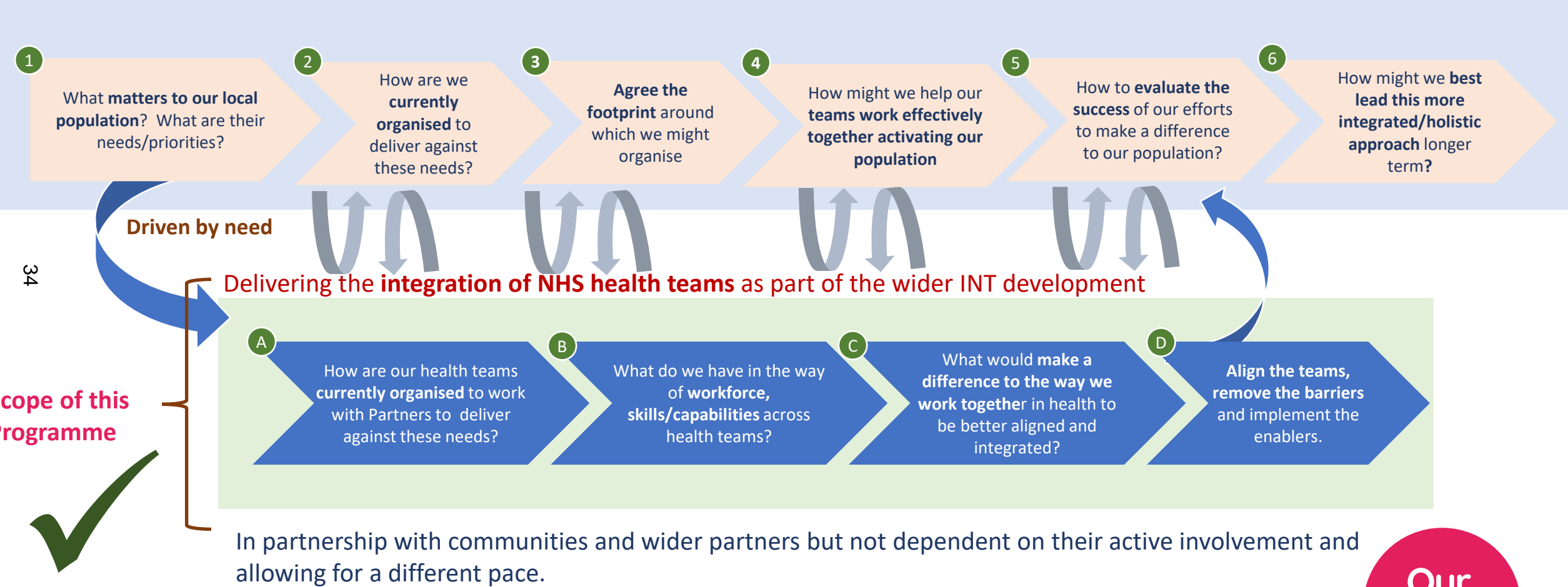
This means:

1. We are **realigning and integrating the NHS** elements of Neighbourhood care
2. We are **simplifying the contractual and operational processes**
3. We are **supporting the development of flourishing Neighbourhood Teams**
4. We are enabling the NHS to **work better with wider partners**
5. We are **assuming the boundaries for Neighbourhood footprints will be based upon the views of people of Dorset** and may evolve over time

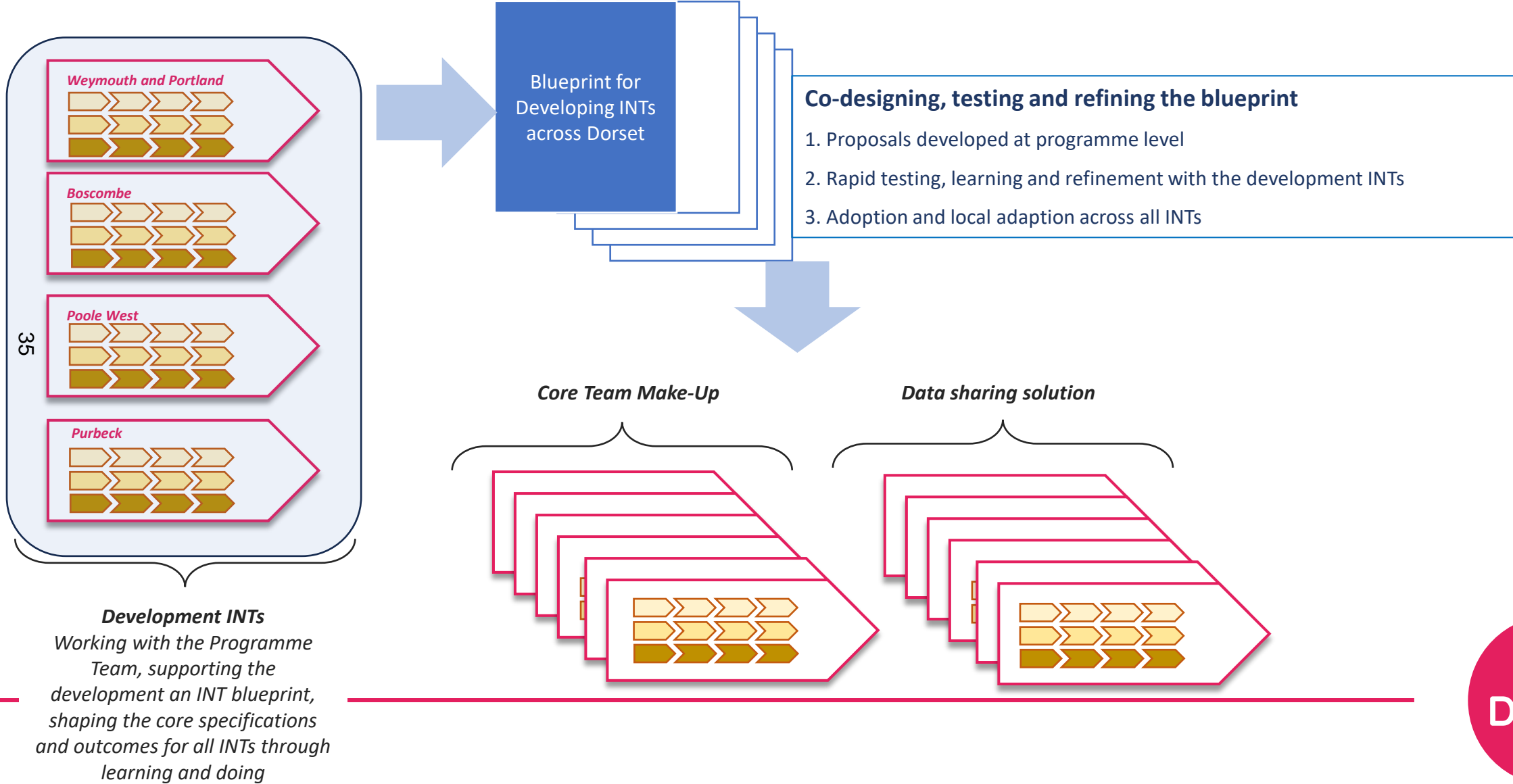


Understanding how we can focus on the necessary integration of health teams through 2024/25 AND develop the wider ambition

Outline journey to delivering the full **Integrated Neighbourhood Team** ambition

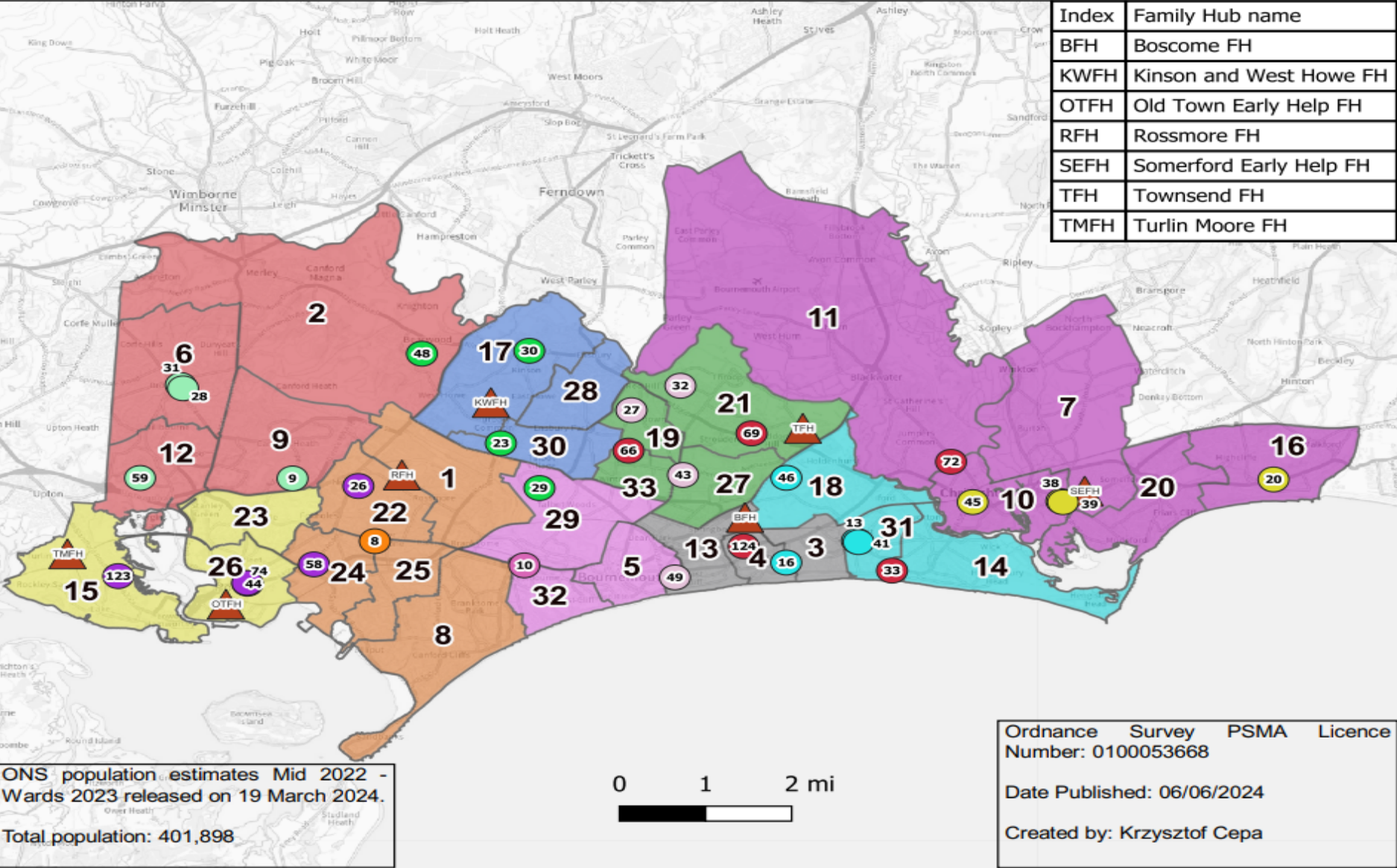


Developmental approach to Health Team Integration



INT Footprints within Bournemouth, Christchurch and Poole

Bournemouth, Christchurch and Poole - Wards (Groups) including GP practices (PCNs) and Family Hubs



Legend

Wards (Groups & population)

- Group 1 (49,890)
- Group 2 (28,944)
- Group 3 (50,891)
- Group 4 (41,927)
- Group 5 (66,531)
- Group 6 (39,031)
- Group 7 (38,456)
- Group 8 (38,208)
- Group 9 (48,020)

GP Practice (PCN split)

- Bournemouth East
- Central Bournemouth
- Christchurch
- North Bournemouth
- Poole Bay and Bournemouth
- Poole Central
- Poole North
- Shore Medical
- South Coast Medical

Family Hubs

- Family Hubs

Approach to measurement



We need to develop and agree the outcomes and success measures overall and with each INT

Balancing the system wide and local perspectives, we propose to work together with key stakeholders and early wave INTs to agree a small set of **core measures** linked to overarching strategic outcomes, and establish measures that are **locally-relevant** to local populations and their needs

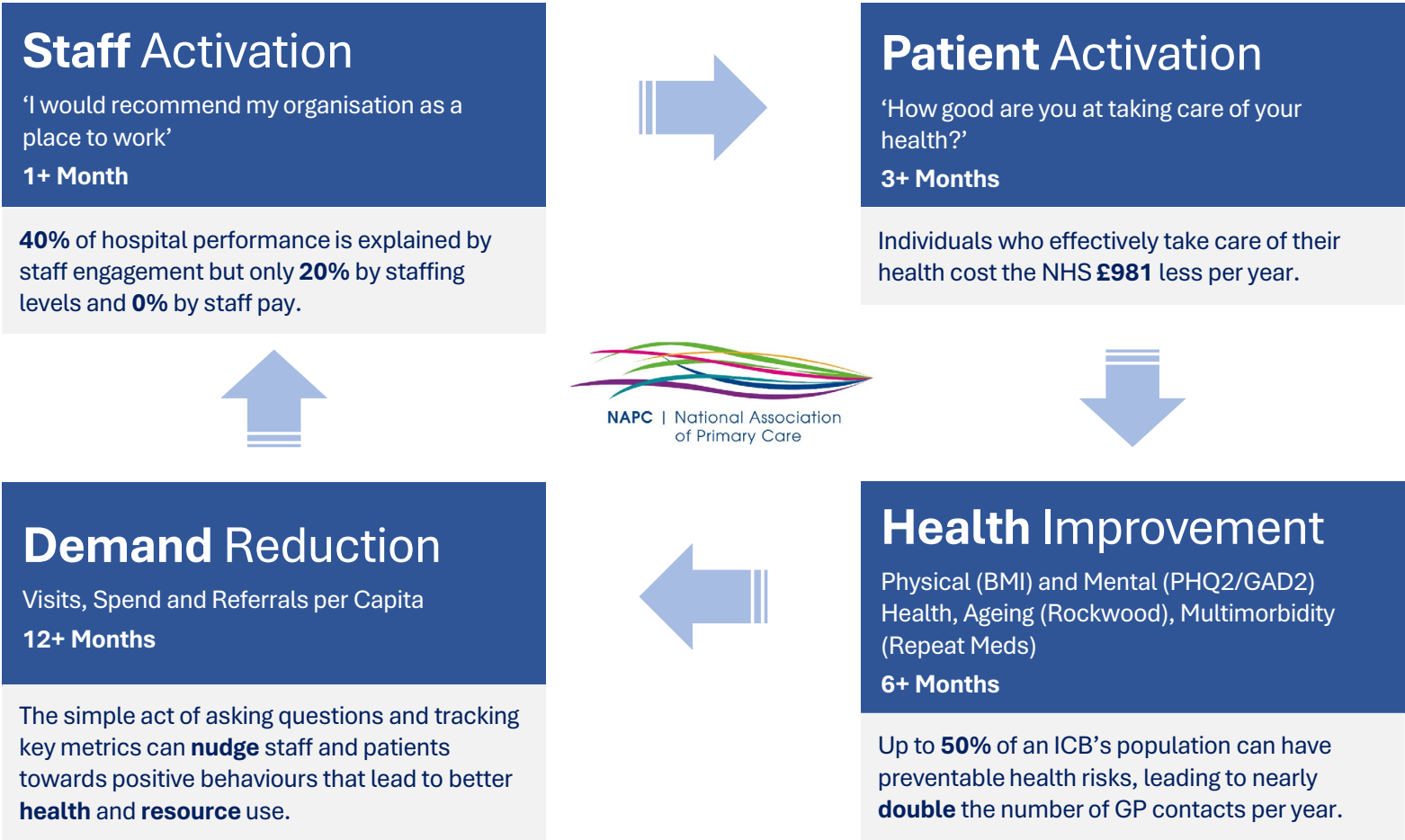
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Our emerging metrics align with some of the research from the NAPC that shows that activating Staff & Patients can Reduce Healthcare Utilisation

A Simple Set of Metrics to Support Innovation

40



Start small with high-ROI interventions, building evidence and momentum for larger-scale transformation.



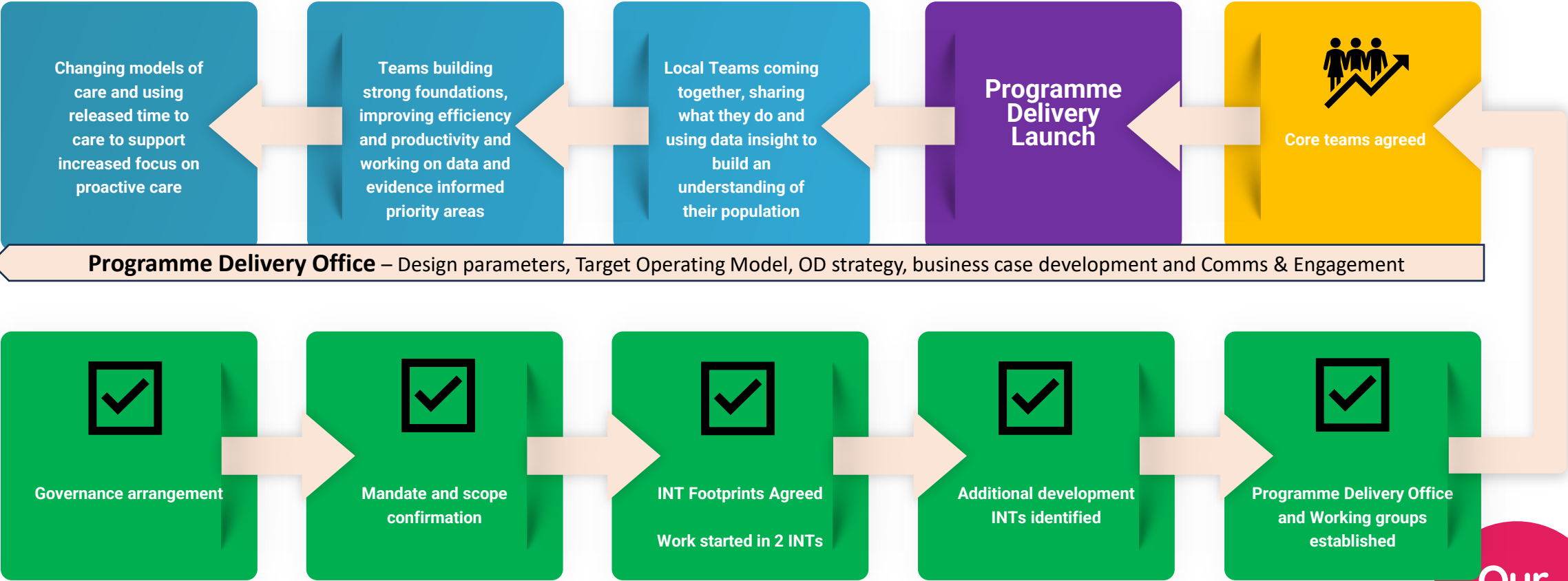
Focus on improvement, not comparison. Celebrate regions with the biggest activation and health improvements to identify the **very best** practices for national improvement.

Progress to date



INT development - first phase

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Boscombe Update

- Initial design stakeholder workshops convened
- Data insights used to inform initial opportunities for more integrated approach
- Key emerging areas
 - Mental Health – focus on depression
 - Long Term Health conditions – focus on diabetes (under 40 years)
 - Addiction including co-morbid mental health presentations
- Wider opportunities
 - Homelessness provision
 - Immunisation and vaccination
 - Children & Young People
- Refining ‘who’ is in the core team to address identified initial opportunities
- Engagement with local community
 - Co-produced survey being developed (Health, LA, VCSE & Community Groups)
 - Community Conversations approach – training for local VCSE scheduled to take place in October
- Next Steps
 - Bringing existing teams together
 - Set the foundations and principles for integrated team approach
 - Design the way the integrated team will operate

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**All data in this report has been obtained from the Diis and is correct as of September 2024*



Poole West Neighbourhood

In addition to Boscombe we are starting to work with Poole West as part of the group of development INTs.

Poole West has a combined population of 39,888 and includes the three wards of:

- Hamworthy
- Poole Town
- Oakdale

⁴⁴ There are Family Hubs in Hamworthy and Poole Town

This area incorporates four Primary Care Networks within its boundaries:

- Poole Central
- Poole North
- Purbeck
- Shore Medical



**All data in this report has been obtained from the Diis and is correct as of September 2024*

Our
Dorset

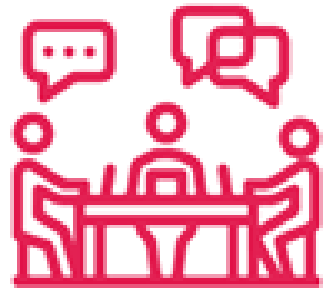
Community Engagement workstream update



Objectives for Community Engagement workstream

- Develop a community engagement model that provides qualitative data on what is important to people's health and wellbeing across each neighbourhood.
- Ensure that the model is able to be replicated in each neighbourhood in BCP.
- That any project is able to be resourced effectively and delivered on time.
- The project engages with health, VCS and council partners across the BCP area.
- Can be delivered alongside other integrated neighbourhood workstreams, such as the development of the Access to Wellbeing Hub, datapacks and workforce mapping

Community Engagement approach



Establish
Working
Group

Broad
Approach

Deep Dive

Analyse
and
Report

Review
existing
insight

Survey -
reaching
out to all

Community
conversations
- case studies

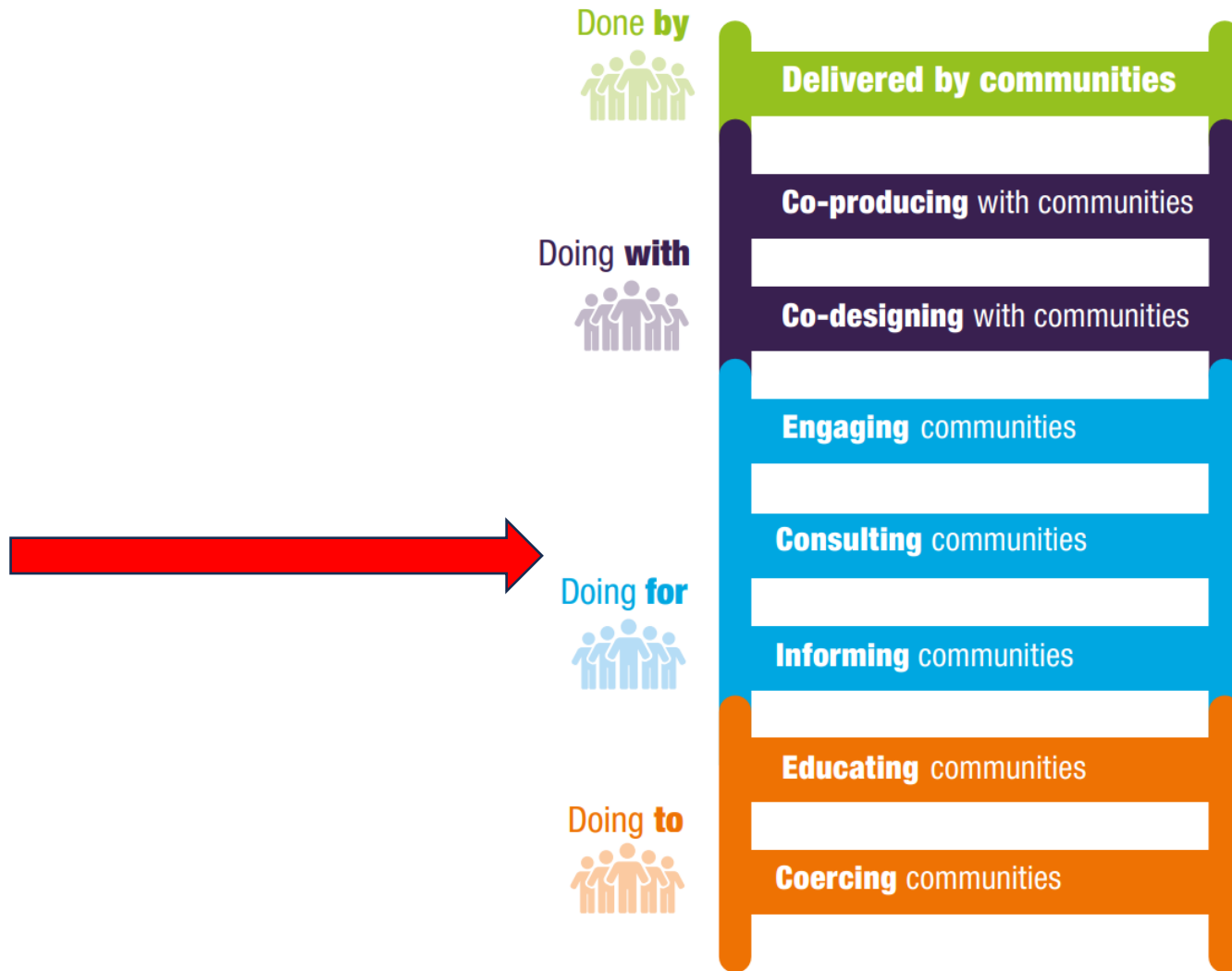
Feedback to
local people

Our
Dorset

INT Community Engagement Workplan

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Comms and Engagement	Introduction stage	Local Intelligence - local visit / walkabout
		Arrange 1 to 1 meetings with local community providers related to neighbourhood
		Establish an engagement working group (NHS local providers, BCP Council) & Community leaders)
		Develop communication plan for neighbourhood - to include key meeting places/Comms messages
		Conduct research to gain Community insights that have occurred recently - what's worked/hasn't
	Survey stage	Design localised survey questions to add to generic survey (neighbourhood dependant)
		Understand capacity for service delivery - who/ where doctors surgeries, community hubs etc.
		Survey delivery, Communicate in neighbourhood
		Review survey uptake weekly & report back uptake.
		Attend local pop up events etc to gain further survey uptake insights
	Deep dive/Community conversations	Establish working group to identify whose detailed stories to capture - through community conversations
		Identify resource requirements (trained reviewers)
		Conduct community conversations (conversations and transcription)
		Review survey results to identify further participants from low uptake or diverse applicants
		Provide synopsis/case study of each conversation - using AI software
		Case study to be approved for sharing with interviewee
	Analyse & report	Collate final report of survey findings
		Collate 10 case/studies synopsis's into a report
		Provide series of recommendations to INT
		Report back to survey respondents
		Close & lessons learnt for other neighbourhoods



Questions for the Health and Wellbeing Board

- What role should ward councillors play within the development of the engagement workstream, as well as wider INT development?
- How can we ensure that any recommendations are adopted by BCP Place-Based partnership and/or individual INT's?

HEALTH AND WELLBEING BOARD



Report subject	Better Care Fund 2024-2025 Quarter 1 Report:
Meeting date	21st October 2024
Status	Public Report
Executive summary	<p>This report provides an overview of the Quarter 1 Report of the Better Care Fund (BCF) for 2024-25.</p> <p>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.</p> <p>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.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <p>The Health and Wellbeing Board retrospectively approve:</p> <ul style="list-style-type: none"> Better Care Fund Quarter 1 Report
Reason for recommendations	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.
Portfolio Holder(s):	Cllr David Brown, Portfolio Holder for Health and Wellbeing

Corporate Director	Zena Dighton, Interim Director of Adult Social Care Commissioning
Report Authors	Scott Saffin, Commissioning Manager – Better Care Fund and Market Management Kate Calvert, Deputy Chief Officer, Commissioning - NHS Dorset
Wards	Council-wide
Classification	For Decision

Background

1. This report is a covering document for the content of the Better Care Fund Quarter 1 Report. The report is made up of a single document template. The template was provided by NHS England and completed by officers in BCP Council and NHS Dorset. The document is as follows.
 - Spend and Activity data on the Local Authority and Integrated Care Board Discharge Fund.
2. The BCF is a Programme spanning both the NHS and Local Government which seeks to join-up health and care services, to promote people's ability to manage their own health and wellbeing and live independently in their communities for as long as possible.
3. The BCF pooled resource is derived from existing funding within the health and social care system such as the Disabled Facilities Grant and additional contributions from Local Authority or NHS budgets. In addition, short-term grants from Government have been paid directly to Local Authorities i.e. Improved Better Care Fund, which is used for meeting adult social care needs, reducing pressures on the NHS, and ensuring that the social care provider market is supported. The Discharge Fund is also now wrapped up as part of the BCF and is subject to quarterly reporting against spend and activity.
4. The Adult Social Care Discharge Fund was first introduced in November 2022. This fund was established to help speed up the discharge of patients from hospitals and improve patient flow by providing financial support to local authorities and integrated care boards.
5. In Bournemouth, Christchurch, and Poole - The Discharge Fund funded via the Integrated Care Board and BCP Council totals £6,640,926 for the year 2024/25.

6. A mid-year update on all schemes and metrics of the Better Care Fund will be provided at the next Health & Wellbeing Board meeting, when the Better Care Fund Quarter 2 report will be presented, which is currently a work in progress for submission on Thursday 31st October.

The Better Care Fund 2024-25 Quarter 1 Report

1. The planning requirements sheet dictate that this document is presented to the Health & Wellbeing Board on Monday, October 21st, for approval.
2. The report shows the spend and activity of the six schemes that are funded through the Adult Social Care Discharge Fund.
3. All schemes are being implemented as planned from the BCF Planning Template 24/25 that was approved at the 15th July 2024 Health & Wellbeing Board meeting.

Summary of Financial Implications

4. The Joint Commissioning Board of BCP Council and NHS Dorset continue to monitor BCF budgets and activity for 2023-25 Plan.
5. The previously approved plan provides a very granular breakdown of the spending by scheme type, source of funding and expenditure (See Appendix 2). A high-level view of this is detailed in the table below:

Source of Funding	Income
Disabled Facilities Grant	£3,837,600
Minimum NHS Contribution	£36,352,413
Improved Better Care Fund	£13,438,749
Additional Local Authority Fund	£2,182,000
Additional NHS Contribution	£13,049,700
Local Authority Discharge Funding	£3,140,153
ICB Discharge Funding	£3,500,773
Total	£75,501,388

Summary of Legal Implications

6. New Section 75 agreements, (in accordance with the 2006 National Health Service Act), will be put in place as prescribed in the planning guidance for each of the pooled budget components in the fund.

Summary of human resources implications

7. The services funded under the BCF are delivered by a wide range of partners some of whom are employed by BCP Council and many who are commissioned by BCP to deliver these services. There are no further human resources implications to note.

Summary of sustainability impact

8. Services are only sustainable as long as funding is available.

Summary of public health implications

9. 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.

Summary of equality implications

10. An Equalities Impact Assessment was undertaken when the Better Care Fund schemes were implemented and there have been no changes. Additional EIAs will be undertaken if there are any proposed future changes to policy of service delivery.

Background papers

[2023 to 2025 Better Care Fund policy framework - GOV.UK \(www.gov.uk\)](#)

[Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements - GOV.UK \(www.gov.uk\)](#)

Appendices

Appendix 1: [Better Care Fund 2024-25: Quarter 1 Quarterly Reporting Template](#)

Appendix 2: [Better Care Fund 2024-25: Planning Template](#)

BCP Council Health and Wellbeing Board



Report subject	Refreshing the Strategy
Meeting date	21 October 2024
Status	Public report
Executive summary	<p>This paper proposes a simple process for developing and agreeing a refreshed Health and Wellbeing Strategy, following the workshop held earlier in the year.</p> <p>It also proposes a workshop for the place-based partnership to consider which programmes should be prioritised, to deliver against the main strategy themes.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <ol style="list-style-type: none"> 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.
Reason for recommendations	<p>The Health and Wellbeing Strategy is 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 have potential to deliver against priorities, including council and NHS transformation plans. Capturing these programmes in a delivery plan for the place based</p>

	partnership, overseen by the Health and Wellbeing Board, will ensure strong alignment between priority and delivery.
Portfolio Holder(s):	Councillor David Brown, Portfolio Holder Health and Wellbeing
Corporate Director	Jillian Kay, Director of Wellbeing
Contributors	Sam Crowe, Director of Public Health
Wards	All Wards
Classification	For Recommendation

Background

1. The BCP Council Health and Wellbeing Board Strategy is due to be refreshed. It was last refreshed in 2020, during COVID and under a previous administration. Since then there is a new administration, new corporate strategy, a strategy for the integrated care system and a new NHS Joint Forward Plan.
2. The Board held a development session in December 2023 that agreed to refresh the strategy, taking into account the BCP Council corporate strategy and vision, Integrated Care Strategy, and other plans and strategies.
3. The board recognised the importance of alignment between the Health and Wellbeing Strategy, and the emerging place-based partnership.
4. Board Members proposed an initial list of programmes and transformation work that could help contribute to delivering the strategic aims of the Health and Wellbeing Board, through the place-based partnership. This included:
 - Development of family hubs, and other community assets including the proposed wellbeing hubs; the fulfilled lives transformation programme for children and young people;
 - Integrated neighbourhood teams, which are now developing in Boscombe and Poole Central.

- Supporting older adults to live well and independently through the Better Care Fund; the building strong foundations adults transformation programme;
- Community mental health transformation – including services for children and young people, and the new Access Wellbeing community offer;
- Going smoke-free by 2030 – to accelerate smoking cessation and develop community champions to support initiatives like Swap to Stop (vaping starter kits).
- Cost of living, poverty and housing – this was raised by Members as an important issue affecting all communities currently.
- Major health services changes, including the new hospitals programme, and urgent and emergency care transformation.

The proposed process

5. Rather than draft a strategy and invite Board Members to comment on it, a short survey is being proposed that would give Members the opportunity to identify their top priorities and programmes that should be included in the strategy. We are proposing to use the 3 main headings in the ICP strategy to organise these priorities and programmes: Prevention and early help, Thriving Communities, and Working Better Together. Once the voting has been considered, a draft framework will be shared with the board that shows the main programmes under each of these themes.
6. The BCP Council place-based partnership is due to hold its first meeting just before the Health and Wellbeing Board in October. This will be a good opportunity to start to align work programmes that could deliver the outcomes under the Health and Wellbeing Strategy. The Partnership will be asked to consider holding a short workshop to identify the main programmes that will deliver against the strategy aims.
7. The Board will be kept informed of the discussions in the place-based partnership, the outcome from the survey, and a timeline for sign off of the completed strategy refresh. The aim is to complete this work by January 2025.

Summary of financial implications

8. There are no financial implications to note

Summary of legal implications

9. The Health and Wellbeing Board is required to produce a strategy that shows how the major health and wellbeing needs will be met through health and care working together. It must pay due regard to the ICP strategy, and Joint Strategic Needs Assessment.

Summary of human resources implications

10. There are no human resources implications to note.

Summary of environmental impact

11. There are no environmental implications to note

Summary of public health implications

12. Having a clear strategy supported by a delivery programme overseen by the place-based partnership will be necessary to meet the legal duty to improve public health and reduce inequalities.

Summary of equality implications

13. The strategy will need to consider how differences in health outcome between equalities groups can be minimised.

Summary of risk assessment

14. HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

Background papers

Appendix One: Presentation to the Board to support the paper.

Refreshing the Health and Wellbeing Strategy

Development briefing
October 2024

Background

- BCP Council Health and Wellbeing Board Strategy due a refresh
- last published in 2021 – two administrations ago

Meanwhile ...

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- Integrated Care Strategy published – January 2023
- New BCP Corporate Strategy 2024
- Health and Wellbeing Board as strategic partnership board to oversee place-based working
- Aspiration for an officer executive group to oversee place-based working, including integrated neighbourhood teams (place-based partnership in national guidance)
- Public health disaggregating this year – two new teams and 2 DsPH from April 25 on the footprint of each 'place' (upper tier local authority) in the ICS

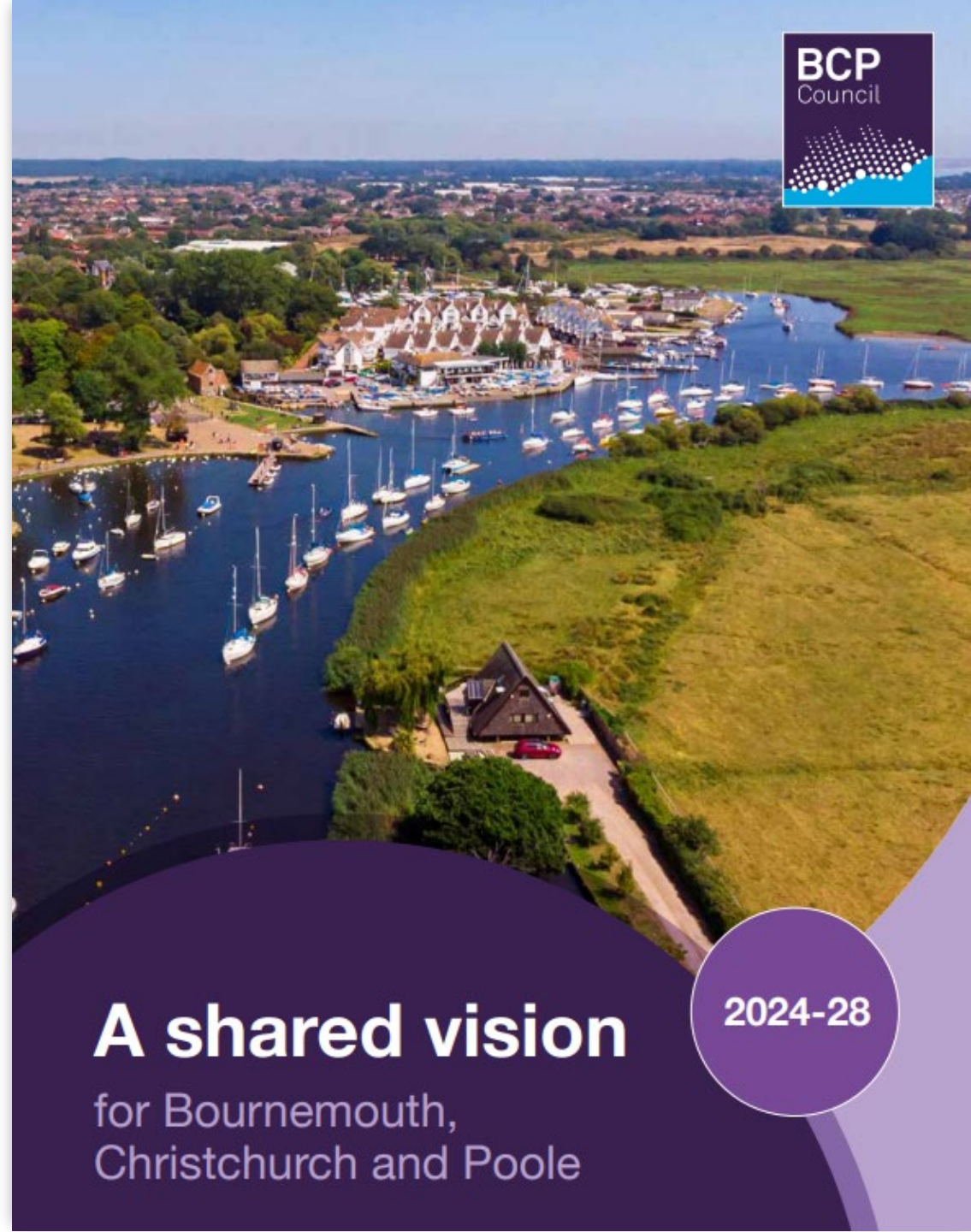
What does the guidance say?

Statutory guidance

- HWBs must use the [joint strategic needs assessment](#) to prepare a joint local health and wellbeing strategy
- Sets out how the system will deliver improvements to the health and wellbeing of people and communities, through NHS and Councils working together with wider partners
- Must have regard to the ICP strategy, and the NHS Mandate (2022 update)
- LAs and NHS bound by law to consider ICP strategy when determining their commissioning, prevention and integration workplans

Local considerations

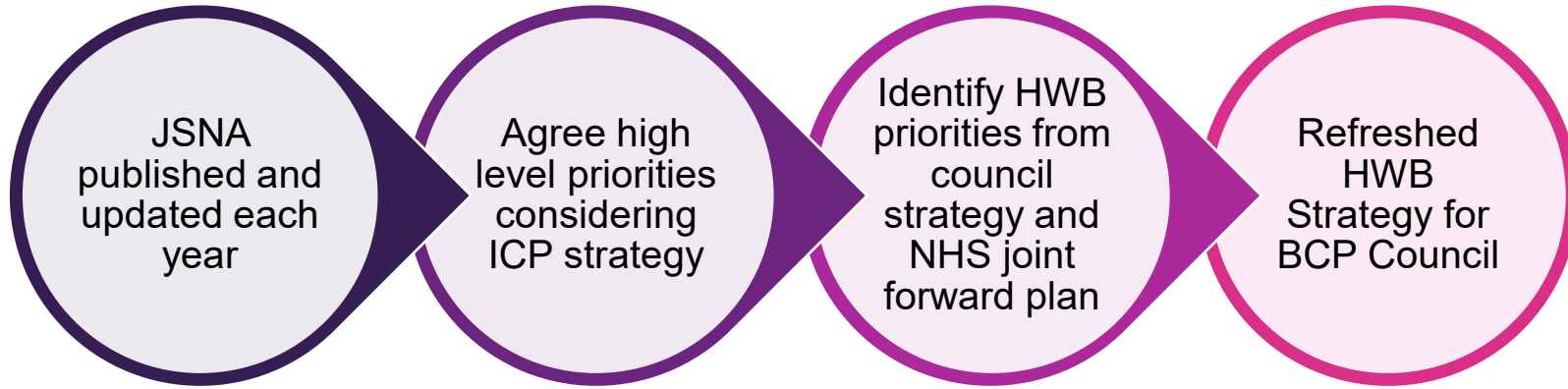
- New council plan published 2024, NHS Joint Forward Plan published
- HWB strategy refresh can be used to set out how relevant priorities in both these plans will happen at place-level in the integrated care system
- New public health and communities function 'at heart of BCP Council' – link to HWB strategy



A shared vision

for Bournemouth,
Christchurch and Poole

2024-28



Health and wellbeing board strategy refresh process

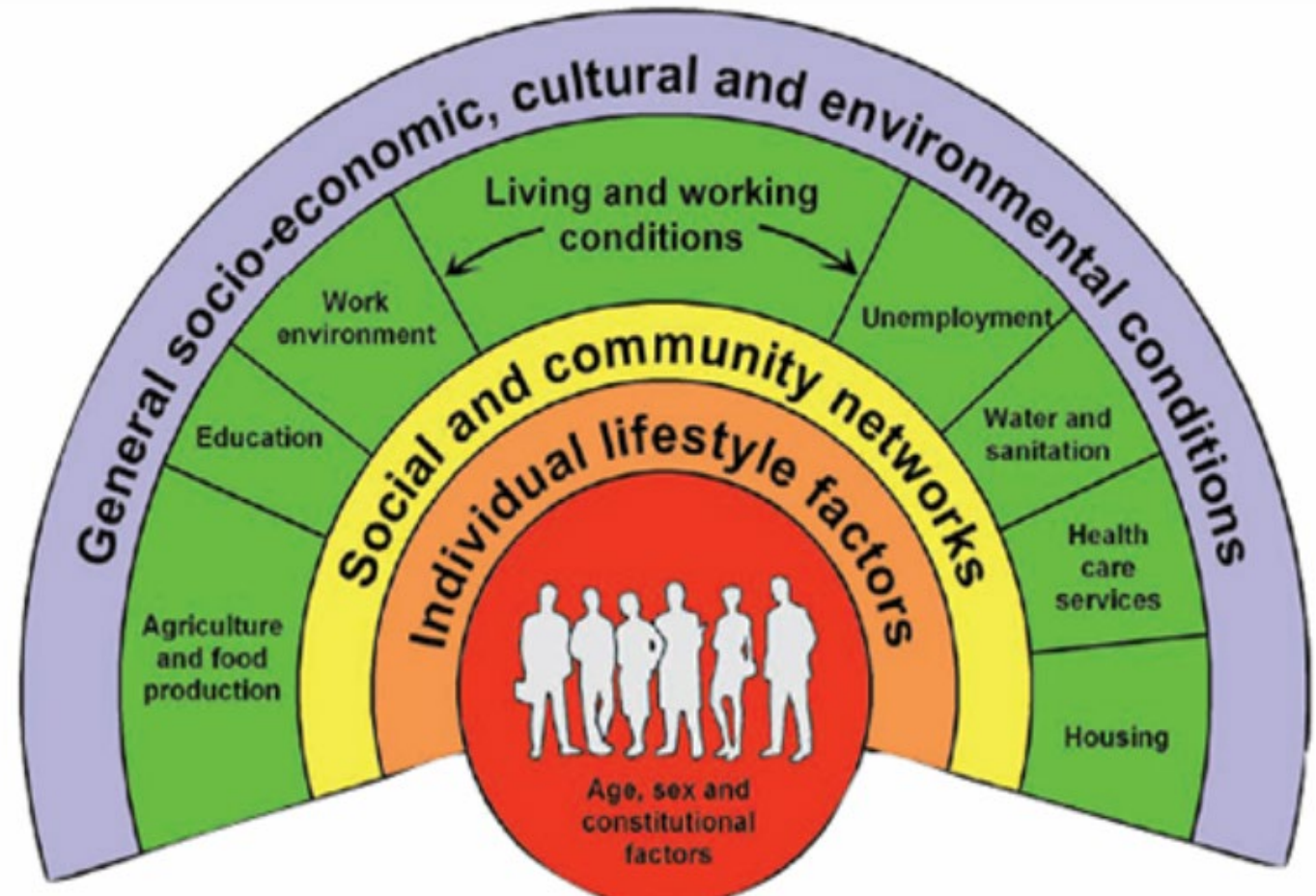
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More detailed delivery plan for place-based partnership



Identifying what drives health and wellbeing...

Many issues councils and communities are involved in influence health through so called social determinants of health ... services provided by the NHS and Councils are important, but over the longer term having a good quality house, a job with autonomy and purpose, and good friends and social connections are just as important ... not to mention the quality of the environment we live in.



Thriving Communities – Our Population

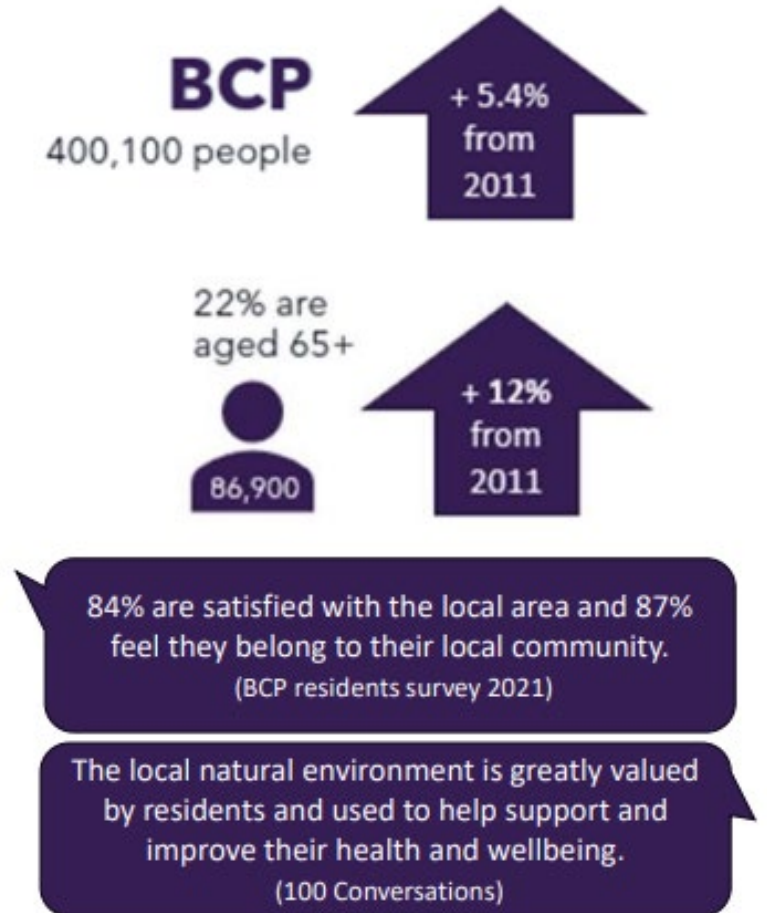
BCP Council is home to just over 400,000 people. Over the past 10 years the population has grown by 5.6% (21,306 more people).

Around 87,000 residents are aged 65 and over. There is a growth of 12% since 2011. BCP also has university, college and foreign language school connections which sees inward migration to the area from young people.

18% or around 70,000 people identify as a minority ethnic group, and this has increased by 60% since 2011. The largest minority ethnic group in the BCP area is 'Other white'.

15% of residents are non-UK born (61,949 people). Most arrived in the UK in early adulthood or as children.

BCP Council is home to serving military personnel and veterans. Almost 16,000 residents aged 16+ have previously served in the UK armed forces. In 2011 8.8% of BCP residents reported providing unpaid care, a slight decrease from 11.3% in 2011. 2.5% of residents are providing 50 hours or more of unpaid care a week.



Healthy Lives – selected issues

The health of children and young people is mixed compared with England averages.

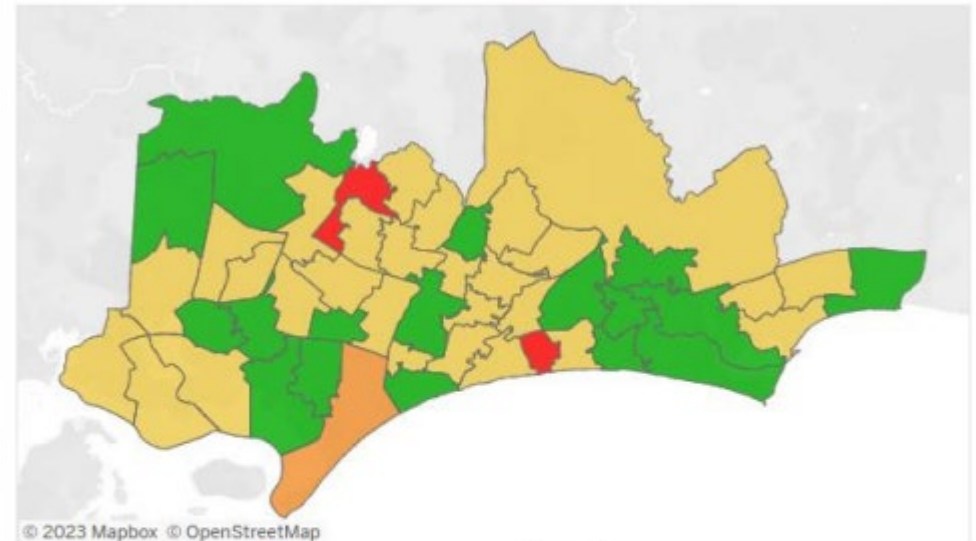
There are fewer babies born with low birth weight, and the percentage being breastfed are better than average for England. Levels of childhood obesity are better than England – about 1 in 6 Year 6 children are obese and this varies across the local authority.

65 Mental health and emotional wellbeing of children is a priority with rates of inpatient admissions and admissions for self harm worse than England.

In adults, a similar proportion to England are overweight or obese. Fewer adults smoke compared with the England average, and 22 per cent are physically inactive (doing less than 30 minutes per week of moderate activity).

Admissions to hospital for alcohol related conditions are higher compared with England, and deaths from substance-misuse are also higher than England.

Year 6: Prevalence of obesity (including severe obesity), 3-years data combined



© 2023 Mapbox © OpenStreetMap

Time period
2019/20 - 21/22

Indicator
Year 6: Prevalence of obesity (including severe obesity), 3-ye...

Compared to England (value or percentiles)

Better Similar
Not compared * Worse

* Not Compared - this is where we have not been able to make comparisons to England or LA areas. This could be due to small sample size, disclosure control or data quality reasons.

Thriving Communities - Inequalities

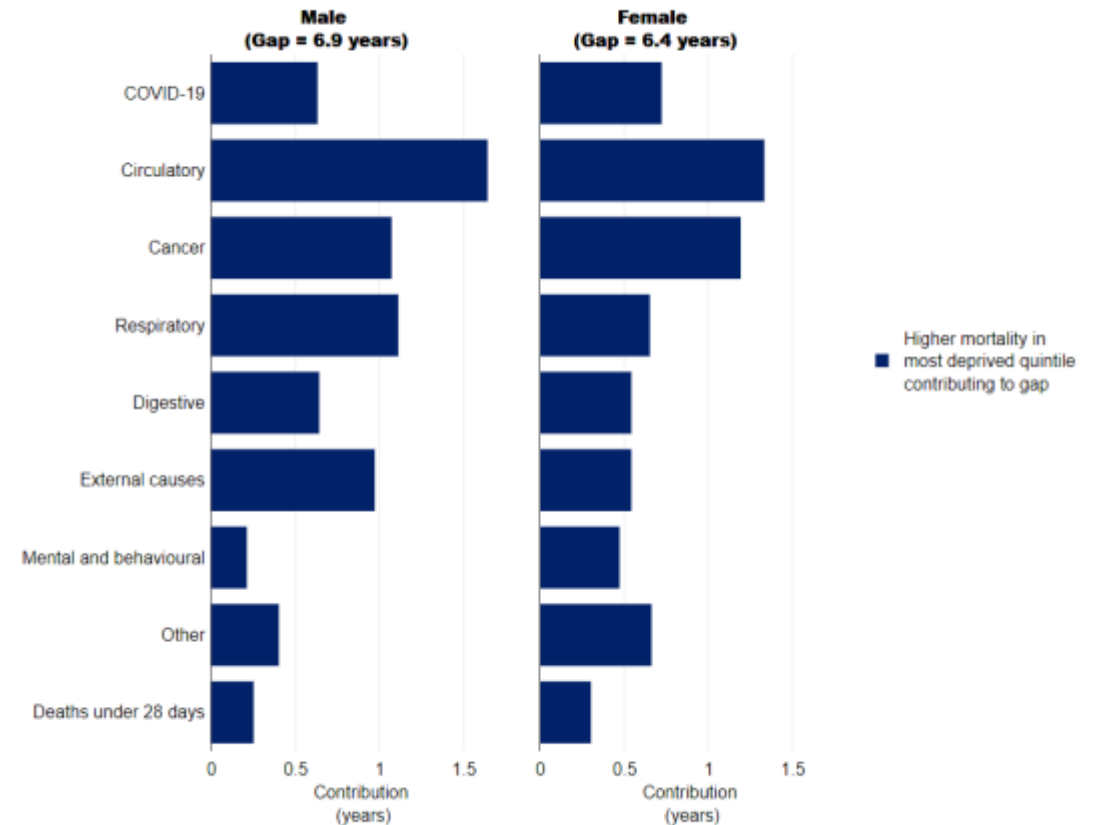
Health inequalities are unfair and avoidable differences in people's health across social groups and between population groups.

In the BCP Council area people are generally healthier and live for longer than England. But there is a social gradient in life expectancy between least and most deprived areas. This gap is 6.9 years for men and 6.4 years for women.

Circulatory disease, respiratory disease and cancer contribute most to this gap.

Men living in BCP Council will spend about 15 years in poor health in later life, and women 18 years in poor health – known as healthy life expectancy. Just as with life expectancy, there is a gap in healthy life expectancy with people living in less deprived areas staying in good health for longer.

Breakdown of the life expectancy gap between the most and least deprived quintiles of Bournemouth, Christchurch and Poole by cause of death, 2020 to 2021



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

The ICP strategy broad priorities

Prevention and early help

- programmes that work upstream to avoid or reduce consequences of ill-health. Includes public health, NHS and council activities

Thriving communities

- Changing our approach to service provision – working with and for communities. Includes community development, work on wider determinants of health

Working better together

- Examples of how statutory partners deliver integration, ranging from pooling money, developing joint teams, sharing information, collaborating with wider partners

Strategy refresh – examples of programmes that could fit under ICP headings

Prevention and early help

- Fulfilled lives (BCP children's transformation)
- Building strong foundations adults transformation
- Prevention (all age, smoking, obesity, alcohol)
- Public mental health /suicide prevention

Thriving communities

- Empowering communities
- Age friendly communities / BCP
- Access to Food Partnership
- Housing including strategy refresh

Working better together

- Better Care Fund, urgent care
- Neighbourhood teams and locality working
- Care records and pop. health insight
- New hospitals programme

Approach to the refresh

Asking for support for the following proposals

- 1) No big refresh process – use ICP strategy headings, priorities in NHS and Council plans to produce high level framework
- 2) Send out a short MS Forms survey to board members to seek views from a long list – use this to identify and agree the most important
- 3) Identify connection between BCP Council corporate strategy and HWB strategy
- 4) Engage and seek views from Place-based partnership – launch October 17th
- 5) Strategy sign off January 2025
- 6) Workshop to develop and agree delivery plan for the PBP, informed by HWB strategy

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BCP Council Health and Wellbeing Board



Report subject	Access to services principles: Poverty Truth Commission
Meeting date	21 October 2024
Status	Public report
Executive summary	<p>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 is 'nothing about us, without us, is for us'. This means that lasting change in improving social justice only happens when people experiencing struggle take 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 find it difficult to access the support they need from public services. Barriers include not being listened to, or being passed between services. Sometimes appointments are made at times that make it difficult for people to attend. There is often a lack of flexibility in working with the person.</p> <p>The Board is 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.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <ol style="list-style-type: none"> 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.

Reason for recommendations	<p>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.</p> <p>The Health and Wellbeing Board must pay due regard to the ICP strategy in its work. This encourages the development of person-centred approaches where possible, to help tackle inequalities in health. There is 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 will ensure a whole person and community approach is 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.</p>
Portfolio Holder(s):	Councillor David Brown, Portfolio Holder Health and Wellbeing
Corporate Director	Jillian Kay, Director of Wellbeing
Contributors	Sam Crowe, Director of Public Health
Wards	All Wards
Classification	For Recommendation

Background

1. BCP Council was involved in the establishment of the first Poverty Truth Commission in the south of England, which ran from 2021 to 2023. Commissions bring together 12 community commissioners with experience of poverty and other struggles, to join 12 civic and business commissioners to build relationships and work through challenges together.
2. One of the themes that emerged from the Commission in BCP Council was 'Humanising the Process'. This was based on hearing people's experiences of what it felt like when services don't work well, fail to listen or take the whole person into account. From this we built up a list of principles that underpin what a service would look like, if it was to treat all people with dignity and respect, listen to their needs, and be more responsive to making small adjustments that could lead to better outcomes for all.
3. Similar themes have emerged from Poverty Truth Commissions all over the UK. These have been brought together and formed into a set of principles by the National Poverty Truth Commission Network. They have developed 5 principles from this work which, if adopted and worked through with people experiencing poverty and other challenges, should improve relationships, outcomes, efficiency and satisfaction with services. Above all, these principles should improve people's confidence in making changes that will improve their lives, through building trust and respect.

How might the principles be used?

4. Many public sector organisations are undergoing a time of substantial change. Whether this is transforming customer services and contact centres, developing new models of care, or understanding how to remove barriers to accessing services, often the work is done by professionals. We often talk about co-production, recognising that working with people with direct experience of important issues can deliver a better result, identify important perspectives that can be overlooked, and result in better services.
5. Considering these principles as part of any re-design work, or transformation, would mean embedding a way of working that is focused on building relationships, recognising people's strengths, and making adjustments where needed to ensure they are able to benefit fully. However, this works best when these principles are worked through together with people who are experts by their experience.
6. There are a number of community commissioners who have volunteered to remain involved in embedding work locally, even though the first Commission has ended. This offer includes looking for opportunities to humanise services, or act as mentors

to professionals and local leaders involved in change where there is the potential to truly change to an integrated, person-centred approach.

7. One simple example of using the principles might be to workshop what changes would need to happen in a service, in order to be delivering in line with the principles. This would work best as a relational conversation between people with lived experience of what it feels like when services don't work in this way, and local leaders and teams involved in the change.

Summary of financial implications

8. There are no financial implications to note

Summary of legal implications

9. No direct legal implications. However, statutory organisations represented on the Board (NHS, upper tier local authorities) have a legal duty to improve health and reduce inequalities in health, which adopting these principles can help with.

Summary of human resources implications

10. There are no human resources implications to note.

Summary of environmental impact

11. There are no environmental implications to note

Summary of public health implications

12. Adopting principles that encourage genuine person-centred approaches will reduce some of the barriers to accessing service faced by people who are most disadvantaged, including through poverty. This in turn will help reduce inequalities in health, an important public health objective.

Summary of equality implications

13. Adopting these principles will contribute to equality by ensuring everyone is treated with dignity and respect. This reduces the risk of exclusion and discrimination.

Summary of risk assessment

14. HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

Background papers

Appendix One: Access to service principles, Poverty Truth Commission

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poverty
truth
network

**Access to
Services
Principles**

Summary

What does good access to services look like? These principles were developed by a group of Commissioners from the Poverty Truth Network to answer that question. They are for use by those planning and delivering public services. We know that even when everyone is trying their best, the perfect solution doesn't always exist, but hope these principles will help improve access, including for people facing the struggle against poverty.

'Nothing about us, without us, is for us,' is the starting point for Poverty Truth Commissions. It identifies that lasting social change only happens when those who experience the struggle participate in generating that change. Yet, if we want to go far we have to go together. People experiencing poverty should take this journey with decision-makers and organisational leaders. By listening to each other, sharing wisdom and building empathy, trusting relationships are formed to have difficult conversations and find the way forward. Poverty Truth Commissions are places where those transformational relationships are formed and nurtured. The Poverty Truth Network supports this work.

Consistent and
connected services
from cradle to
grave

A whole person
and a whole
community
approach

Services when
and where people
need them that
everyone
can access

Dependable
and supportive
relationships

Everyone is
treated with
dignity and
humanity

Amplify

Sometimes issues bubble up from local Poverty Truth Commissioners that need change at a national level. That is what Amplify is all about. Commissioners across the UK are working on six themes – and one of those is access to services.



Access to Services Principles

Access to services theme group

In September 2022, Commissioners at our National Gathering selected three new themes to work on nationally. One theme was access to services, because many of us have met challenges accessing support from public services. We came together as a theme group in January 2023 and began to discuss the barriers and challenges. Over time it became clear to us that we were circling around a set of principles for how access to services could be improved. We began to turn problems into solutions. Since then we have worked together as Commissioners experiencing the struggle against poverty and Commissioners in civic and business roles to write down and refine the five principles that follow.

Purpose and audience

We want these principles to be used by people planning and delivering public services. We know that even when everyone is doing their best, there often isn't a perfect solution, so our aim is to improve what is currently happening.

We also think that change happens best in relationship. So we encourage anyone using these principles to consider how you can work with your local Poverty Truth Commission or similar group to make change together.



Consistent and connected services from cradle to grave

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Correct information about me is shared with services relevant to my needs with my ongoing permission. This means when I speak to different services I don't have to tell my story over and over again which is emotionally hard.

When things change in my life, the support and advice on offer changes as well.

A whole person and a whole community approach

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I am listened to, respected, and accepted for who I am. There's room for me to talk about what I want and what my hopes are, regardless of my situation or circumstances!

If I'm interested, we discuss community activities and groups that I can join which will help me build friendships and meet other people in my situation.

I am involved in decision-making, sharing my knowledge, skills and experiences.

Services when and where people need them that everyone can access

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I have a choice about where and when my appointments are. Before the meeting is made someone asks me what barriers might prevent me getting there, from physical barriers like stairs to language, the cost of travel and caring responsibilities.

When needed, pop-up services come to places I already use like my local school or community centre. If I want to meet online or on the phone, I have choice about that, too.

Dependable and supportive relationships

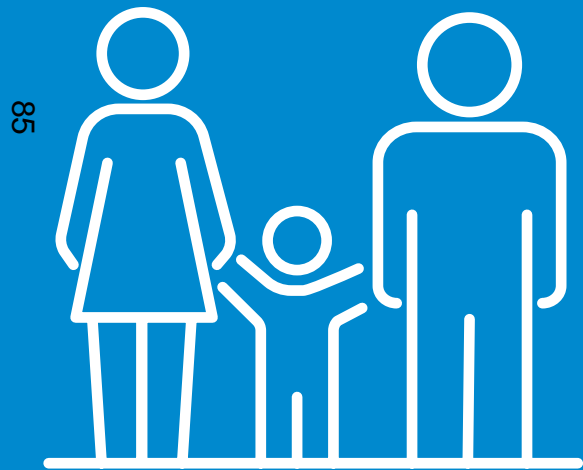


I see the same person and we grow to trust each other. We listen deeply and take one another seriously. They understand me and what is going on in my life because they get to know me and my reality.

My needs are taken on board and together we make progress. When either one of us says we'll do something, we do it.

Working together develops mutual respect and trust.

Everyone is treated with dignity and humanity



I am always treated with compassion and without judgement.

I am included in decisions made about me and there is honesty about what my options are and what's possible.

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Work Plan - BCP Health and Wellbeing Board – 24/25 Municipal Year

Updated: 9 October 24

	Subject and background	Anticipated benefits and value to be added by HWB engagement	How will the scrutiny be done?	Lead Officer	Report Information
21 October 2024					
	BCP HWB Strategy and action plan	For the Board the consider the proposed Strategy refresh and action plan	Committee report	Sam Crowe and Jillian Kay	Requested at Board meeting of 5 Feb 24
	Update from Place based Partnership	For the Board to receive an update from the partnership	Verbal update	Jillian Kay and Cathi Hadley	Added by JK on 13 Sept 24
	Access to Services Principles	For the Board to consider adopting the principles	Committee Report	Sam Crowe	Added by SC on 13 Sept 24
	Integrated Neighbourhood Teams	For the Board to receive an update	Committee Report and presentation	Matthew Bryant	Added by JK and SC on 13 Sept 24
	Age Friendly Communities	To receive an update on the ongoing work around Age Friendly Communities across BCP	Committee Report and presentation	Cat McMillan and Amy Gallagher	Added at Board meeting on 15 July 24

	Subject and background	Anticipated benefits and value to be added by HWB engagement	How will the scrutiny be done?	Lead Officer	Report Information
	Better Care Fund 2024-2025 Quarter 1 Report	To retrospectively approve Better Care Fund Quarter 1 Report	Committee Report	Zena Deighton	
13 January 2025					
	Community Action Network (CAN)	For the Board to be informed of the work of CAN	Committee report	Karen Loftus	Requested by KL via email on 21/8/24
	Safeguarding Adults Board's Annual Report	To receive this annual report	Committee report and presentation	Sian Walker-McAllister	
Future items to be allocated to meeting dates					
	Changes to hospitals, role of hospitals and responding to the needs of Communities	To consider the changes going on in local hospitals to include significant changes in mental health provision.		TBC – highlighted by Richard Renaut	

Vibrant Communities Partnership Board	Report from the Co-Chair to the Board on the work of the Partnership Board			
BCP Local Plan			Laura Bright	Request from Chair
Household Support Grant?			Jess Gibbons	Added at Board meeting on 9 June 2022
Better Care Fund	To receive a mid year progress update	Committee Report	TBC	TBC

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