

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

Minutes of the Meeting held on 09 March 2026 at 2.00 pm

Present:-

Cllr D Brown – Chair

Mark Harris – Vice-Chair

Present: Cllr R Burton, Cllr K Wilson, Cllr S Moore, Laura Ambler, Rob Carroll, Cathi Hadley, Siobhan Harrington and Marc House

Also in attendance: Louise Bate joined the Board meeting virtually

39. Apologies

Apologies for absence were received from Matthew Byrant, Peter Browning, Betty Butlin, Aidan Dunn, Karen Loftus and Dawn Dawson.

40. Substitute Members

Ellie Lindop substituted for Dawn Dawson and Kate Parker substituted Karen Loftus on this occasion.

41. Confirmation of Minutes

The Minutes of the Board held on 12 January 2026 were confirmed as an accurate record and signed by the Chair.

42. Declarations of Interests

There were no declarations of interest on this occasion.

43. Public Issues

There were no public issues on this occasion.

44. NHS Dorset ICB 5 Year Commissioning Plan

The Deputy Director of Performance and Planning, NHS Dorset, presented a report, a copy of which had been circulated to each Member and a copy of which appears as Appendix 'A' to these Minutes in the Minute Book.

NHS England's new planning framework published on 24 October 2025, marked a shift from short-term operational cycles to a longer-term, locally led approach to improvement, aligned to the ambitions of the 10-Year Health Plan. It introduced a multi-year funding settlement, a revised operating model, and a focus on local innovation, prevention, digital transformation, and quality of care.

Integrated Care Boards were required to develop a Five-Year Commissioning plan setting out how local services would be transformed through strategic priorities, improving population health, reducing inequalities, and ensuring long-term financial sustainability. NHS Dorset ICB 5-year plan was submitted to NHS England on 12 February 2026 as per national requirements.

An initial high level overview of Dorset Integrated Care Boards (ICB) Five Year Commissioning Plan was presented to Health and Wellbeing Board members on 12 January 2026.

Feedback received from members was incorporated within the submitted plan. The commissioning plan remains iterative in nature and would evolve to incorporate more specific place-based priorities aligned to the local neighbourhood health plans once they were developed.

The Board discussed the report, including:

- A Board Member thanked colleagues from the ICB for taking comments on board and welcome an evidence based approach.
- Neighbourhood health was highlighted as a really positive step to shift from hospital to community and prevention from disease.
- Members welcomed the updated strategic commissioning intentions and noted that earlier feedback had been incorporated.
- It was emphasised that the work would be iterative, with ongoing alignment across commissioning activities and health partners, particularly in relation to neighbourhood plans.
- A Board Member praised the achievement of developing a coherent strategy despite wider system pressures.
- Enthusiasm was expressed for progressing neighbourhood health across Dorset and the BCP area, supporting a shift from hospital-based care toward prevention and community-focused models.
- The plan's clear focus on prevention, reducing inequalities, wider determinants of health, and co-designing services with people and communities was noted.
- The Board was advised of positive cross-organisational discussions in recent weeks regarding governance and future ICB cluster arrangements.
- It was acknowledged that there would be challenges during ICB cluster changes but constructive engagement to maintain delivery focus was welcomed.

**RESOLVED that the Health and Wellbeing Board:**

- **Note the final ICB Five Year Commissioning Plan; and**
- **Endorse the ICB Five Year Commissioning Plan.**

Voting: Nem. Con.

The Chair, with consensus, moved Agenda Item 8 - Developing a Place Based Partnership for BCP to be the next item considered by the Board.

45. Developing a Place Based Partnership for BCP

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

The report set out the background, rationale, purpose, and scope for developing a Place-Based Partnership (PBP) in Bournemouth, Christchurch & Poole (BCP), drawing on local and national context.

Ultimately the paper aimed to support the BCP Health & Wellbeing Board (HWBB) in considering the establishment and operation of a BCP Placed Based Partnership, clarifying its distinct role, governance, and relationship to existing structures.

In summary:

- Consensus to date had been that the PBP should act as a non-statutory strategic delivery group for the Health & Wellbeing Board which was a statutory and formal committee
- This would allow for greater agility and flexibility to determine local form and function and respond to local priorities and needs
- The HWBB would continue as a statutory committee and would formally provide strategic direction and oversight to the PBP. Strategic oversight could also be provided by the ICB Cluster Board as necessary to ensure join up and direction of NHS resources at place
- The PBP would act as an officer-led executive delivery group (similar to the previous ICS System Executive Group) for both the HWBB and the ICB Cluster Board, providing a collaborative space for senior executives to meet to plan, arrange and co-ordinate the delivery of key strategies and programmes that seek to transform and integrate services to improve the health & wellbeing of BCP residents.
- The partnership was where the work would be done to join together programmes and have honest and challenging conversations in a safe and respectful space.
- Initial programmes in scope include:
  - BCP Health & Wellbeing Strategy
  - BCP Neighbourhood Health Plan & Neighbourhood Health Programme and prevention
  - Future Care Programme
  - Better Care Fund and joint commissioning as appropriate
  - Strategic commissioning intentions

- Place based engagement
- Focus on facts & data, insights (linked to BCP Continuous improvement programme)
- Building local knowledge
- Opportunities around asset review to deliver shared aims of partnership at place and neighbourhoods.
- The programmes in scope could be evolved and expanded over time to include other place-based programmes.
- The partnership could share and redistribute financial resources, on approval of the HWBB and the ICB Cluster Board, and act as forum for joint commissioning
- It was hoped that existing commissioning responsibilities could be delegated by the ICB to the PBP over time.

The Board discussed the report, including:

- Members discussed the place-based partnership plans and noted that previous challenges and opportunities had been outlined.
- The opportunity created by ICB clustering and wider partnership working across health, social care, and the voluntary sector was highlighted.
- It was stressed that neighbourhood health should not be interpreted as narrowly as traditional health services, but as a partnership vehicle to drive local plans.
- The Board was advised of increased clarity around system governance, with the partnership reporting to both the Health and Wellbeing Board and the ICB cluster board.
- The need to avoid duplicating governance structures and ensure alignment with national policy and local priorities was raised.
- The Board discussed gaps in representation on the Health and Wellbeing Board, particularly employer, skills, and education voices formerly present in integrated care partnership meetings.
- The importance of reassurance for residents that local needs would drive service design despite ICB clustering at a broader geography was highlighted.
- A Board Member queried how the partnership's work and purpose would be communicated publicly and recognised the importance of co-production and lived experience.
- There was a discussion regarding the relationship with the Health and Adult Social Care Overview and Scrutiny Committee, including its role in examining delivery, public participation, and effectiveness of commissioned services.

**RESOLVED that the Health and Wellbeing Board:**

- **That HWB discuss the proposals and give their views.**
- **Subject to views of HWBB that the Wellbeing Directorate progresses in briefings with relevant members, and wider stakeholders and setting up the place based partnership.**
- **That a workshop session on Place Based Partnership working and neighbourhood plans is scheduled for DSG/CMB/Cabinet and the HWBB.**

Voting: Nem. Con.

46. BCP Community Safety Partnership Annual Report

The Head of Communities, Safety and Partnerships 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 note the BCP Community Safety Annual Report which was presented to Overview and Scrutiny Board on 23 February 2026.

The paper set out elements of development and delivery by 'Safer BCP', the BCP Community Safety Partnership (CSP), and its constituent agencies. It provided Members with an update since the last report to Overview and Scrutiny Board in January 2025.

The Local Government Act 2000 included crime and disorder scrutiny as one of the functions the council must ensure its scrutiny arrangements cover. Sections 19 and 20 of the Crime and Disorder Act 1998 and related regulations required the Council to have a committee with the functions of reviewing and scrutinising decisions and actions in respect of the discharge of crime and disorder functions by "responsible authorities".

The specifics of the duty were set out in the Police and Justice Act 2006, which also allowed members to refer any "local crime and disorder matter" raised with them by anyone living or working in their area, to the Crime and Disorder Committee. The Board designated as the Crime and Disorder Scrutiny Committee must meet at least once every 12-month period to conduct the functions.

Guidance issued concerning how this role should be conducted include that:

- the role should be one of a critical friend, providing constructive challenge at a strategic level.
- the focus should be on the entire partnership and if issues arise that related specifically to a particular partner agency, it may be more appropriate to refer such issues to the governing bodies of that organisation.
- the scrutiny of partners should be "in so far as their activities relate to the partnership itself."

In the BCP area, the Overview and Scrutiny Board undertake this function each year.

The Board discussed the report, including:

- The Chair thanked officers for the comprehensive update on the Community Safety Partnership.
- It was noted that the Community Safety Partnership team had received an award for its work.
- The Board recognised downward trends in antisocial behaviour but acknowledged challenges around reporting and public perception.
- The Board discussed cuckooing trends, noting unexpected age groups affected and wider safeguarding concerns.
- The Board was advised that domestic abuse funding remained at previous levels, amounting to a real-term reduction.
- It was noted that serious violence funding was being redirected nationally toward knife crime, which did not align with local priorities such as violence against women and girls.
- Raised concern that current funding streams did not support key local initiatives including night-time economy safety work and the 'Just Don't' campaign.
- A Board Member suggested including case studies in future reports to better demonstrate real-life impact.
- The Chair highlighted that fear of crime remained significantly higher than actual crime levels, impacting quality of life for some residents.
- The Board discussed the need for improved communications and a whole-system approach involving partners to promote positive safety messages.
- The Board discussed the need to explore opportunities to integrate community safety considerations into neighbourhood plans and the broader health and wellbeing work.
- The Board recognised the importance of national best practice examples, including the adoption of the 'Just Don't' campaign.
- Officers emphasised the role of multiple partners, including the voluntary sector, in delivering community safety outcomes.

**RESOLVED that the Health and Wellbeing Board:**

- a. note the progress of the Community Safety Partnership during 2025;**
- b. note the compliance of the BCP Community Safety Partnership as set out in the relevant legislation.**

Voting: Nem. Con.

47. Better Care Fund 2025-26 Quarter 3 Report

The Commissioning Manager and Senior Lead – Operations, NHS Dorset, presented a report, a copy of which had been circulated to each Member

and a copy of which appears as Appendix 'D' to these Minutes in the Minute Book.

The report provided an overview of the Quarter 3 Report of the Better Care Fund (BCF) for 2025-26.

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 maintaining a strong and sustainable health and care system.

The report was a part of the requirements set by the Better Care Fund 2025-26 Policy Framework. The report must be jointly agreed and signed off by the Health and Wellbeing Board as one of the planning requirements.

The Board discussed the report, including:

- Concerns were raised that, despite metrics showing activity 'on track', system pressures remained high, particularly around non-criteria-to-reside and people being in the wrong place in the system.
- A reset conversation was suggested to increase impact and ensure people were placed appropriately within the system.
- Discharge delays were acknowledged as not on track; enhanced caseload management, escalation pathways, and commissioning actions were highlighted as mitigation.
- Questions were raised regarding future local authority funding, including the freeze to the local authority element and possible absorption into the Revenue Support Grant.
- Concerns were raised about potential pressure on the Better Care Grant element if funding were absorbed into a broader formula and it was noted that the Council was waiting for clarification from government on future funding arrangements.

**RESOLVED that the Health and Wellbeing Board retrospectively approve the Better Care Fund 2025-2026 Quarter 3 Report**

Voting: Nem. Con.

48. CQC Assurance Visit Outcome

The Corporate Director for Wellbeing advised that the Council had not yet heard from the Care Quality Commission with feed back from the assurance visit and therefore no update could be provided at this time.

49. Work Plan

The Chair highlighted the items due to come to the next meeting and it was noted to add the CQC Assurance outcome, Health and Wellbeing strategy and Neighbourhood Health plans to the Work Plan.

Access to food partnership report and support required moving forward was highlighted as a potential topic for inclusion.

The Board noted its Work Plan.

The meeting ended at 3.30 pm

CHAIR