BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 29 June 2026 at 2.00 pm

Present:-

Cllr D Brown – Chair

Becky Whale – Vice-Chair

Present:	Aidan Dunn, Rob Carroll, Mark Harris, Cllr R Burton, Louise Bate, Ellie Lindop, Lizzy Warrington, Tim Branson, Zena Dighton and Cllr S Moore
Also in attendance virtually:	Laura Ambler, Cathi Hadley and Karen Loftus

1. Apologies

Apologies for absence were received from Marc House, Pete Browning, Siobhan Harrington and Dawn Dawson.

2. Substitute Members

Lizzie Warrington substituted for Siobhan Harrington and Ellie Lindop substituted for Dawn Dawson on this occasion.

3. Election of Chair

The Chairman of the Council presided over this item.

It was Proposed and Seconded that Cllr David Brown be elected as Chair of the BCP Health and Wellbeing Board for the 2026/27 Municipal Year. There were no other nominations.

RESOLVED that Cllr David Brown be elected as Chair of the BCP Health and Wellbeing Board for the 2026/27 Municipal Year.

The newly elected Chair presided over the remainder of the Board meeting.

4. Election of Vice Chair

It was Proposed and Seconded that Becky Whale, BCP Place Director, NHS Dorset, be elected as Vice Chair of the BCP Health and Wellbeing Board for the 2026/27 Municipal Year. There were no other nominations.

RESOLVED that Becky Whale, BCP Place Director, NHS Dorset, be elected as Vice Chair of the BCP Health and Wellbeing Board for the 2026/27 Municipal Year.

5. Confirmation of Minutes

The Minutes of the Board held on 17 March 2026 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. Health and Wellbeing Board Terms of Reference

The Board received a report presenting the revised Terms of Reference.

Officers advised that the Terms of Reference had been refreshed and refined since their last review. The revisions were intended to reflect best practice, clarify and strengthen the role of the Health and Wellbeing Board, and streamline governance arrangements, including membership, meeting arrangements and annual review processes.

Members considered the proposed membership arrangements and noted the inclusion of Councillor representatives and partner organisations as core voting members.

During discussion, a Board member suggested that the purpose section should make more explicit reference to the role of the voluntary, community and social enterprise (VCSE) sector in supporting integration across health and wellbeing services.

It was noted that reference to the VCSE sector would better reflect current policy directions, including neighbourhood health approaches. Members agreed that this should be included as an addition rather than replacing references to the wider determinants of health.

Members also sought clarification on whether references to social care and wider determinants encompassed wider council services, including housing, leisure and other wellbeing-related functions. Officers confirmed that this was the intention.

It was suggested that the wording of the purpose section be reviewed further to improve clarity and better reflect health, wellbeing, social care, VCSE and wider determinant services.

The Director of Public Health further noted that references to the Integrated Care Partnership within the section on system leadership and the Integrated Care System role were no longer current, as governance arrangements had changed. Officers agreed to update this section to reflect

the current Integrated Care Board arrangements and partnership structures.

The Health and Wellbeing Board RESOLVED:

- **That the Terms of Reference be approved, subject to amendments to the purpose section to strengthen reference to the VCSE sector and wider wellbeing services.**
- **That the system leadership and Integrated Care System role section be updated to reflect current partnership and governance arrangements.**

Voting – Nem. Con.

9. Neighbourhood Health

The Deputy Director of Place (BCP), 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.

The Department of Health & Social Care published a Neighbourhood Health Framework on 17th March 2026 - Neighbourhood health framework - GOV.UK. The Framework set out the key requirements associated with delivering on the governments ambition to embed neighbourhood health at the heart of bringing care into local communities; convening professionals into person-centred teams; and ending fragmentation. It also provided the platform for transforming access to general practice and preventing unnecessary hospital admissions whilst simultaneously supporting reintegration of healthcare into the social fabric of places.

Under the guidance of the Health & Wellbeing Board, system partners were expected to work together to develop a locally owned neighbourhood health plan ready for implementation from 2027/2028. The document described the expected core elements of neighbourhood health plans.

To support preparation for implementation, the guidance also set out key actions to be completed during 2026/2027 as part of developing the local plan:

- Agree the neighbourhood footprints around natural communities for the future development of INTs
- agree plans to establish Integrated Neighbourhood Teams focused on high priority cohorts, including how devolving care budgets could work in their area.

Work had already commenced in relation to these two points with the Dorset Neighbourhood Health & Wellbeing Programme well established and dedicated workstreams in situ. High priority cohorts had been identified

with pilot schemes developed. Neighbourhood geographies (footprints) were actively being considered with a proposed timetable for Health & Wellbeing Board agreement in October.

Separate national guidance regarding enabling Neighbourhood Health Centres was also published late April with an NHS England requirement to complete an initial precis of a potential pipeline of schemes for consideration under a Public Private Partnership (PPP) arrangement. Specific eligibility criteria were set out including the need for an onsite GP surgery. Short turnaround times allied to the level of detail requested had restricted the initial pipeline of schemes included for BCP Place to known and existing unfunded opportunities:

- Boscombe: Hawkwood Road / Kings Park Campus - Archetype 1: Hub-and-Spoke / Upgrade, Repurpose or Extend Existing NHS Estate
- Poole Parkstone - Archetype 4: Purpose-Built Neighbourhood Health Centre
- Poole Town Centre - Archetype 2: Repurposed Community or Civic Spaces

Existing funded work included the development Winton Neighbourhood Health Centre which is scheduled to be open during the summer of 2026.

Beyond the initial three identified schemes, ongoing consideration as part of neighbourhood plans would be given to further NHC opportunities across Christchurch and other neighbourhoods across Bournemouth and Poole.

The Board discussed the report, including:

- Board Members welcomed the comprehensive report and acknowledged the opportunity presented by the neighbourhood health agenda to improve health and wellbeing outcomes across BCP.
- A representative from Healthwatch highlighted the importance of involving communities at an early stage of development and offered to share learning from ongoing work examining access to GP services and women's health initiatives.
- Concern was raised regarding the proposed abolition of Healthwatch and the potential loss of an independent patient voice. It was noted that people experiencing health inequalities may be less likely to share their experiences directly with statutory organisations.
- Members welcomed the framework's emphasis on co-design, community engagement and the role of the voluntary, community and social enterprise (VCSE) sector.
- It was noted that, while the framework identified civil society and community organisations as key partners in delivery, further

consideration would be needed regarding how the VCSE sector could be coordinated and supported effectively at scale.

- Members highlighted the opportunity to develop a clear model for integrating community groups and organisations into neighbourhood health delivery arrangements.
- Officers agreed that the VCSE sector should be recognised as a key delivery partner and advised that this would form part of the first phase of development.
- The Board noted that existing place-based partnership arrangements and stakeholder groups would be used to help inform neighbourhood planning, commissioning and delivery arrangements.
- Members emphasised the importance of recognising and supporting carers within the development of neighbourhood health services and suggested that this should be reflected more strongly in future work.
- In response, officers welcomed the comments made and confirmed that the feedback would inform the next stage of development. It was noted that getting neighbourhood health arrangements right would be fundamental to improving outcomes for residents.

RESOLVED that the Board:

1. **Note the requirements set out within the national neighbourhood health framework and related guidance concerning neighbourhood health centres;**
2. **Endorse the proposed initial pipeline of local neighbourhood health centres schemes submitted for NHSE consideration;**
3. **Approve the proposed approach for developing and agreeing neighbourhood health geographies (footprints) in the BCP Place;**
4. **Approve the proposed approach for development of a Neighbourhood Health Plan for BCP.**

Voting: For - Unanimous

10. BCP Council Suicide Prevention Action Plan

The Public Health Consultant 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 document presented the 2026 BCP Suicide Prevention Action Plan for Bournemouth, Christchurch and Poole Council. The plan was informed by an evidence-based framework and outlines actions for council colleagues, alongside shared priorities to be delivered through pan-Dorset partnership working.

The draft plan had been considered by the Health and Adult Social Care Overview and Scrutiny Committee on 19 May 2026, and the resulting feedback had been taken on board in its development.

The Board discussed the report, including:

- Members welcomed the report and action plan, noting the importance of suicide prevention as a public health priority and the relevance of the work in light of recent events.
- Members supported the framework priorities, including actions focused on designing out environmental risk factors through the planning process and promoting responsible media reporting of suicide.
- A Board Member highlighted the impact of media coverage and social media commentary following recent incidents and emphasised the importance of responsible reporting and public messaging.
- Members sought further information regarding suicide data for children and young people and highlighted the importance of understanding risk factors affecting specific groups, including care-experienced young people.
- Members noted the importance of ensuring that support remains accessible to young people, including consideration of the impact of changes to mobile phone use and social media access.
- The value of maintaining an accurate and up-to-date directory of support services to enable effective signposting for individuals experiencing suicidal thoughts was highlighted.
- The opportunities presented through neighbourhood health approaches to strengthen community connections, reduce loneliness and improve access to support was highlighted.
- Members emphasised the importance of a strong communications approach to raise awareness, promote available support services and equip people with the information needed to signpost individuals to appropriate help.
- Officers advised that the action plan included a strong focus on children and young people, workforce development, training, awareness raising and partnership working across the system.
- The Board noted plans to work with communications teams and partners across the system, including activity linked to World Suicide Prevention Day and the development of further training opportunities for professionals, community organisations and the wider public.
- Members welcomed discussion regarding training to help build confidence in recognising warning signs, asking direct questions about suicide and signposting individuals to support.
- Board Members acknowledged the need for continued partnership working across public health, health services, local authorities, the voluntary sector and community organisations to reduce suicide rates across the area.

Following consideration, the Board decided to include an additional resolution as follows:

That a letter be sent to local media organisations encouraging adherence to good practice guidance on the responsible reporting of suicide.

RESOLVED that the Health and Wellbeing Board:

1. **Approves the BCP Council Suicide Prevention Action Plan as a programme of work to be led by BCP Council officers, with support from partner organisations as needed.**
2. **Notes the Pan-Dorset Suicide Prevention Framework. This has been co-produced with organisations across Dorset providing a structure for organisational action plans such as this BCP Council Action Plan.**
3. **Notes that Dorset system-wide suicide prevention activity is underway, complementing the BCP Action Plan. The system-wide work is jointly led by BCP Public Health and Dorset Healthcare University Hospital Foundation Trust, ensuring a sustained, coordinated approach that strengthens alignment, avoids duplication, and maximises collective impact across the system.**
4. **Request a letter be sent to local media organisations encouraging adherence to good practice guidance on the responsible reporting of suicide.**

Voting: Nem. Con.

11. Better Care Fund 2026-27 Planning Documents/Better Care Fund 2025-26 End of Year 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 'C' to these Minutes in the Minute Book.

The report provided an overview of the planning document of the Better Care Fund (BCF) for 2026-27, as well as the 2025-26 End of Year Report.

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 documents were part of the requirements set by Better Care England and the Department of Health & Social Care. These documents needed to be jointly agreed and signed off by the Health and Wellbeing Board as per the planning requirements.

The Board considered the report, and comments were made, including:

- Members noted that the report reflected activity across the full year and that more recent trends would be reported at a future meeting.
- The Board noted that delivery of the Better Care Fund continued to support the wider ambition of developing neighbourhood health and neighbourhood health teams.
- Members emphasised the significance of the Better Care Fund, noting that it represented around £80 million of investment in care and support services across the BCP area and had a direct impact on the lives of many residents.
- Members expressed concern regarding the impact of a frozen funding settlement and the increasing costs of delivering services, including workforce and operational pressures.
- Members discussed the future of Better Care Fund arrangements and noted the uncertainty surrounding future national funding reforms and potential changes to funding mechanisms.
- Officers advised that no further information was currently available regarding future funding arrangements but highlighted the importance of the Better Care Fund in supporting jointly commissioned services and prevention-focused activity.
- The Board noted that partners had sought to align programme delivery with emerging neighbourhood health priorities, including prevention, reablement and collaboration with the voluntary, community and social enterprise sector.
- It was acknowledged that evidence of the impact and value of Better Care Fund investment would be important in supporting future funding discussions and demonstrating the benefits of integrated working across health and care services.
- Members recognised that continuation of dedicated funding would be consistent with national ambitions around prevention, early intervention and delivering care in the most appropriate setting.

RESOLVED that the Health and Wellbeing Board retrospectively approve the:

- **Better Care Fund 2026-27 Plan**
- **Better Care Fund 2026-27 Narrative**
- **Better Care Fund 2025-26 End of Year Report**

Voting: Nem. Con.

12. Health & Wellbeing Strategy

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

This report and associated documents provided;

- An update on the development of a new Joint Health and Wellbeing Strategy for the Bournemouth, Christchurch and Poole

- An updated draft of the BCP Joint Health and Wellbeing Strategy (version 3) for approval following public consultaion and feedback from the Health and Social Care Overview & Scrutiny Committee

The Board discussed the report, including:

- Members welcomed the inclusion of lived experience within the Health and Wellbeing Strategy and highlighted the importance of ensuring that the voices of people with lived experience are reflected in future reporting and implementation arrangements.
- Officers advised that this commitment had been incorporated into the strategy and would be considered further through both the Place-Based Partnership and the Health and Wellbeing Board. Consideration would also be given to future arrangements for lay representation, particularly in light of proposed changes affecting Healthwatch.
- Members noted the positive level of engagement achieved through the public consultation, including more than 120 online responses and contributions from a range of partner organisations and community stakeholders.
- The Board recognised the valuable role played by voluntary and community sector organisations in promoting the consultation and encouraging participation.
- Members noted that feedback received through the consultation had helped refine the structure, priorities and wording of the final strategy.
- Officers outlined the next steps, advising that, subject to approval, the strategy would be finalised, designed and published. The strategy would inform development of the BCP Neighbourhood Health Plan and future implementation arrangements.
- The Board noted proposals to establish multi-agency delivery groups for each of the four strategic priorities, with progress reported back to the Health and Wellbeing Board.
- It was noted that future Board meetings could adopt a thematic approach to reviewing progress against individual priorities.
- Members also noted that annual workshops would continue to be held to review the Joint Strategic Needs Assessment and ensure that strategic priorities remained appropriate and responsive to emerging needs.
- Members welcomed the final strategy and its emphasis on children and young people, noting that this remained a central focus following consultation and scrutiny.

RESOLVED that the Board note:

1. **the progress made to date with the development of a new Health & Wellbeing Strategy**
2. **that a public consultation has been completed on the draft strategy and that feedback from the public consultation has**

been reviewed and used to inform this final version of the strategy for approval

3. **the draft strategy has received scrutiny and feedback from the Health and Social Care Overview & Scrutiny Committee and that feedback from this committee has been used to inform this final version for approval**
4. **The Board is asked to approve the Health & Wellbeing Strategy for implementation, noting that strategy will be reviewed on a regular basis in response to any changes in national health policy and any significant changes in needs arising from the annual Joint Strategic Needs Assessment.**

Voting: For – Unanimous.

13. CQC Assurance Visit Outcome

The Interim Director of Adult Social Care provided a verbal update as follows:

- The Board received an update on the outcome of the Care Quality Commission (CQC) Assurance Assessment of Adult Social Care services, which reviewed compliance with duties under Part 1 of the Care Act 2014.
- Members noted that the assessment process included a self-assessment, review of performance data, and engagement with residents, carers, staff and system partners.
- The Board was advised that the final report had been published on 18 June 2026 and that the overall outcome was "Requires Improvement".
- Members noted that the authority score was towards the upper end of the "Requires Improvement" range and that the findings broadly reflected the Council's own assessment of its performance, with no significant unexpected issues identified.
- The assessment highlighted strengths including prevention and early intervention arrangements, progress through the transformation programme, improvements in assessment waiting times, Good ratings for safeguarding and leadership and governance, market shaping and innovation, workforce culture, and improved use of performance information.
- Members noted areas requiring further development, including sustaining improvements in assessment timeliness, improving access to reablement and intermediate care services, reducing inconsistencies in service experience, improving access to advocacy and interpreter support, strengthening support for unpaid carers, demonstrating the impact of partnership working more clearly, and ensuring governance arrangements translate into positive outcomes for residents.
- The Board noted the findings of the report and the programme of improvement work that would be taken forward in response to the assessment outcome.

- The Chair acknowledged that, whilst the overall outcome of the CQC Assurance Assessment was not the rating that had been sought, the findings reflected areas already recognised by the Council and aligned with existing improvement activity.
- Members noted that a range of strategies and action plans were already in place to support improvement across Adult Social Care, including work relating to extra care housing, day opportunities, prevention, carers, workforce development and transformation.
- It was noted that the assessment recognised progress in a number of areas and that several findings related to the need to demonstrate sustained improvement over a longer period rather than the absence of improvement activity.
- Members expressed confidence that the existing improvement programme provided a strong foundation for securing a higher rating at a future assessment.
- Members noted that an initial response had been submitted to the Care Quality Commission and that a detailed improvement plan would be developed in response to the findings of the report.
- The Board recognised the value of external assurance in identifying strengths and improvement opportunities and noted that the process supported ongoing service improvement for residents.
- Members highlighted the significant contribution made by staff throughout the assessment process and welcomed the positive way in which the findings had been received across Adult Social Care services.
- It was noted that many of the findings recognised good practice but identified a need for improvements to become more consistently embedded across services.
- Members welcomed the balanced media coverage following publication of the report and noted the importance of recognising strengths alongside areas requiring further development.
- The Board agreed that staff should be encouraged to take pride in the positive aspects identified within the report while maintaining focus on the improvement journey ahead.
- Officers advised that the improvement plan would be developed within approximately three months of publication of the report.
- The Board noted that the CQC would undertake annual conversations with the Council and that a further comprehensive assessment could be expected within three years of publication of the report.

14. Work Plan

The Board considered the work plan and noted the items scheduled for the October meeting.

Members noted that the October agenda was expected to include updates on the Neighbourhood Health Plan framework and footprints, Integrated Neighbourhood Teams, the Creative Health Strategy, and the Gambling Harms Needs Assessment.

The Director of Public Health requested that the first independent Director of Public Health Annual Report be added to the October agenda. It was noted that the report would focus on community-centred approaches to health and wellbeing, highlighting the contribution of communities and community organisations to improving health outcomes and wellbeing.

The Board noted the draft work programme for the next meeting and raised no further items for inclusion at this stage.

The meeting ended at 3.47 pm

CHAIR