

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL
HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 03 December 2020 at 2.00 pm

Present:-

Cllr N Greene – Chairman

T Goodson – Vice-Chairman

Present: Cllr K Rampton, Cllr M White, Cllr B Dove, Jan Thurgood, Kate Ryan, Elaine Redding, Sam Crowe, D Fleming, S Sandcraft, Richard Jenkinson, Mufeed Niman, Simon Watkins, Louise Bate, Karen Loftus, Seth Why and Sian Thomas

68. Apologies

Tim Goodson took the Chair for items 1 – 3.

The Board welcomed new Members including Sian Thomas, Education Representative and Richard Jenkinson, Mufeed Niman and Simon Watkins representing the CCG. The Board was also advised that Jenni Douglas-Todd had attended the meeting as an observer.

Apologies for absence were received from Graham Farrant, James Vaughan and Eugene Yafele.

69. Substitute Members

The Board was advised that ACC Mark Callaghan was attending as James Vaughan's substitute and Katharine Harvey, Service Director for Children, Young People and Families was attending this meeting as Eugene Yafele's substitute.

70. Election of Chairman

Councillor Nicola Greene was nominated and seconded for Chairman. There were no other nominations and Councillor Greene took the role of Chairman.

Councillor Nicola Greene took the Chair.

She referred to the new Members of the Board and the change in administration and thanked the Members of the previous administration for their work on the Board.

The Chairman indicated that there may be a need to reorder agenda items 8 and 9 subject to when Kate Ryan, Corporate Director for Environment and Communities was able to join the meeting.

71. Declarations of Interests

The following declarations were made:

- Councillor Bobbie Dove declared an interest with reference to SEND and reported that she has a family Member who has an HCP with the Council.

72. Public Issues

There were no public issues for this meeting.

73. Confirmation of Minutes

The minutes of the meeting held on 3 September 2020 were confirmed as a correct record subject to the following change.

Page 8 of the agenda pack - Jenni Dougal-Todd should read Jenni-Douglas-Todd

Voting - Agreed

74. Health and Wellbeing Board - Business protocol, membership and terms of reference

The Deputy Head of Democratic Services reported that following the change in administration the business protocol, membership and terms of reference had been reviewed and in addition there were new Members proposed to join the Board from the CCG and a new education representative Sian Thomas. Proposed amendments to the membership were highlighted in yellow.

The Chairman welcomed the new members to the Board.

In addition, it was acknowledged that reference to the representative from the Bournemouth and Poole Voluntary Services Council should refer to the Community Action Network.

RESOLVED that the revised document, including the changes in membership be agreed.

Voting: Agreed

75. Planning to Deliver the Health and Well-being Strategy 2020-2023

The Corporate Director for Adult Social Care introduced the 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 BCP Health and Well-Being Board approved the Health and Well-Being Strategy 2020-2023 in September 2020. This report set out the developing plans for delivery of the priorities as agreed in the Strategy. All Board members and agencies were asked to consider the initial plans and identify where the further input of all agencies and sectors and the

engagement of local communities could contribute to the delivery of the strategy and its commitments.

The Corporate Director reported that the Strategy was developed collectively by the Board using both development sessions and formal meetings. The Strategy was set in the context of the BCP Council's Corporate Strategy where the vision was to create vibrant communities with excellent quality of life where everyone plays an active role. The Corporate Director explained that to create the Strategy data from the Joint Strategic Needs Assessment was used which Public Health helped to develop for all partners to look at the key demographic and equality issues within the BCP Council area. The Board was informed that the Strategy was further shaped in 2020 as the pandemic emerged and partners learnt about the major impacts in terms of Covid-19. In line with the Board's main purpose the overarching aims were as follows:-

- To increase healthy life expectancy for our population - with a commitment to tackle issues and inequalities
- Work together as partners to improve health and wellbeing and engage our local communities and residents and focus on those who are most disadvantaged
- Outcomes for Children and Young People
- Address issues of climate change in the activities of the Board

The Corporate Director reported that with the above aims in mind the strategy identified three priorities, empowering communities, promoting healthy lives and supporting and challenging the collective work the Board does and lead to improved outcomes. The Board was advised that the purpose was to present the initial plan to deliver the aims and priorities and review the recommendations, shape the forward plan around the delivery plan and the concept of champions.

The Chairman referred to the following recommendation in the report on the delivery of the two themes identified concurrently.

Approve that in relation to “Promoting Healthy Lives” priority, the two themes of “improving mental health” and “eliminating food insecurity” are delivered concurrently for the duration of the Strategy.

The Corporate Director for Environment and Communities reported on the initial development session held in November 2019 and explained that the priority in relation to Empowering Communities draws on those initial discussions. Partners have been working with communities of high need but there was now an opportunity to re-engage in our partnership structures and understand the needs and priorities of those communities. The report outlined the areas with the greatest need Boscombe West, Townsend, East Cliff & Springbourne, Kinson and Bourne as being the 10% most deprived areas within the BCP Council area. The Corporate Director reported that the Council was already working in partnership in these areas, but it was proposed to reinvigorate those partnerships. The Corporate Director highlighted the Boscombe Regeneration Partnership which was focussed on delivery of the Towns Fund Opportunity, but it was key to ensure that this agenda on health inequalities was at the heart of that partnership. The Corporate Director referred to the West Howe Partnership and asked

for commitment from the Board to send appropriate representatives to work with the partnership and push this work forward across those communities and neighbouring areas. The Board was advised of the proposal to commission a strategic area assessment for West Howe and asked for support for partner analysts and data information to feed into that process so there was a collective understanding of those communities and where the focus and priorities needed to be. The Board was advised that there were other areas of need this was a commitment to start in our most entrenched areas of need. The Corporate Director reported that there had been initial discussions with Public Health colleagues on the use of different models and an invitation to the Board to commit to this priority.

Councillor Dove in referring to page 34 of the strategy asked why we were concentrating on women who experienced domestic abuse given how under reported male domestic violence in heterosexual relationships was. The Director of Public Health reported that this was exactly the kind of input that would be helpful to shape the delivery plan and how we can be more specific.

Mark Callaghan commented on domestic abuse and the impact on the younger cohort as raised by Councillor Dove. He referred to the work on domestic abuse and men's health whilst highlighting that some victims were less keen to come forward. Mr Callaghan reported that the services were in place and there was monitoring of victims, age groups and gender to ensure that appropriate services were available. Mr Callaghan commented on the criminal justice aspects and how intervention was available. He explained that during Covid the Police had seen an increase in domestic incidents and emphasised the forthcoming training for police staff on domestic abuse.

Councillor Rampton referred to Asset Based Community Development and highlighted that the Council was keen to "ramp up" this approach. Karen Loftus reported that she had been working with Councillors on arrangements for a session on this initiative.

The Chairman referred to the need to build on lessons learnt when working with other communities. The Corporate Director reported on the need to develop the approach and share best practice across the range of partners working with our communities and one model was population intervention which would include civic programmes and empowering communities together with the work of our services and partners supporting communities.

The Director of Public Health in response to a question raised by Councillor Dove on the stages for suicide prevention indicated that it was a good observation. He explained that one of the challenges with the suicide prevention agenda was having a coherent approach. The Board was informed that there were a number of initiatives including the BCP Suicide Prevention Plan which would shortly be submitted to Cabinet but also a multi-agency Suicide Prevention Group working on a number initiatives and the impact on partners' families and loved ones.

The Head of Community Engagement reported that in Autumn 2019 a hidden hunger event was held at Upton House which brought together a

wide range of partners from across the BCP and Dorset areas who were actively involved in Public Health or food related activities to look at the barriers to reducing food inequality. She explained that building on that work a community food co-ordinator was engaged by the Council and her role has been fundamental in making sure that we can support our vulnerable communities throughout the pandemic. The Access to Food Partnership which was formed very much in response to the pandemic now has over 130 different partners who were involved in helping people to access food eg through community fridges, pantries and meal clubs. The Group currently meets virtually to share knowledge, best practice and identify ways to improve local community food support. The Partnership has a set of foundation principles which all partners were signed up to which were that everyone should have enough food for themselves and their family all the time, food was nutritious and safe, culturally acceptable and sourced in a way that does not compromise people's dignity, self-respect or human rights, that people can live in a neighbourhood that provided good affordable food options and that people's lived experiences of food insecurity and food poverty were heard in decision making which works towards food security. The Board was advised the access to food map had been developed which was not in the public domain yet but available to a wide range of practitioners and those working in food insecurity projects. The Board was advised that the map was virtual and identified the food provisions in place and opening hours. The Head of Community Engagement commented that the Access to Food Group was now focussed on Christmas ensuring that there was an adequate supply of food through the school holidays and mapping existing provision so that there was a cohesive idea of what was happening in communities and gaps could be identified. In addition, it was acknowledged that there was a need to co-ordinate those who wish to gift their time or money to support initiatives. The Head of Community Engagement reported that following Christmas the focus would be on recovery and the provision of sustainable routes to food and key to that was changing the way that we have the conversation about food insecurity and poverty and make it acceptable to come forward and ask for help.

Karen Loftus reported on why this had worked well which was due to the collaborative working. She explained that there had been a fantastic community response for volunteers through residents, community groups and charities. She highlighted the work of the Food Group and commended the comments made about the long term aims of alleviating food insecurity.

The Director of Public Health indicated that he hoped that the Board would support improving mental health as one of the themes under the Promoting Health Lives priority. He referred to the current importance, the statistics from the ONS and that it was clear how different sectors of the community had been affected by insecurities and the situation due to the pandemic. He reported that in the past two years he had reported to the Board on the prevention at scale initiative and the promotion of good mental health. The approach adopted at the time was to work alongside organisations and communities to improve understanding skills and resilience. He explained that the work continues and he hoped that the Board would agree to keep this in focus and one particular area for discussion was how we should

engage with the Board and what we should focus on in the delivery plan in a way that the Board can really add value.

Paul Iggulden, Public Health, explained that the report introduced initiatives that the Board may wish to consider developing around supporting mental wellbeing and improving mental health. He highlighted that many of these were influenced by the experience of the Covid-19 pandemic where there clearly had been incredible stresses and strains experienced by individuals, households and many of us in our work environment. The Board was advised that initial plans would be developed around 3 key themes

- **Supporting our communities** – with extensive communications planned over the next few months including the extension of the 'Live Well Dorset coaching offer. Dorset Mental Health Foundation in particular were doing work on bereavement and support. It was highlighted that additional support for children and young people should be provided in educational establishments.
- **Staff wellbeing** – considerable work has been done over the last few months to provide online training and support in a bid to support staff and increase resilience. The Board was informed that many organisations provided counselling support.
- **Development of the Suicide Action Plan** – such plans were being developed across the Country clearly with a two-year refresh cycle there would be considerable emphasis in view of the impact of the pandemic.

Mr Iggulden referred to the request for champions and asked the Board for help from partners to work on a task and finish group to develop this theme. Louise Bate indicated that Heathwatch would be keen to work on the improving mental health theme. She referred to their new youth worker and that they would be launching the young listeners initiative in January which could feed into this theme.

Mufeed Niman explained that there had been a huge increase in mental health issues and services had been overwhelmed. Sian Thomas commented on the education perspective she reported that it was a massive issue in schools and linked to deprivation. Sian highlighted the work undertaken in schools including promoting the five steps to wellbeing and the availability of champions. She emphasised what works for young people but that there was an overwhelming feeling that the resources do not meet the needs and in particular to connect with communities and understand what was available for families.

Richard Jenkinson explained that Primary Care Networks had been able to invest in additional roles and engage social prescribers who were very helpful in dealing with mental health such as loss of job, problems with benefits and signposting people with food poverty. He explained that this could be a resource that could be linked into developing the delivery plan. Simon Watkins referred to the work underway by the CCG ensuring that there was not silo working.

Kate Harvey Dorset Healthcare referred to the work on staff health and wellbeing and including primary health colleagues in that work stream. In reflecting on the links into communities she referred to the factors that

relate to health and wellbeing and the role of the Dorset Member Health Forum and the link with different support offers alongside community assets.

The Chairman reported on another group known as R Cubed which was established to consider how the economy should respond to the pandemic. She referred to the welfare group and emphasised that previously amongst the business community there had been strong support networks but some were now struggling and there was potentially a large group of people who were suffering due to job insecurities and business owners who were losing staff and were finding the situation tough. She suggested that a representative from that group be included in the work of the Task and Finish Group.

Elaine Redding, Interim Corporate Director Children's Services reported on the creation of the SEND Improvement Board. She reported that the current arrangements in reporting to the Health and Wellbeing Board were put in place prior to the establishment of the SEND Improvement Board and therefore suggested that exception reports were requested from the Health and Wellbeing Board once the Board Members had looked at the SEND Improvement Plan which would be circulated to Board members. The Corporate Directors reported that Board Members could then come back and ask questions and take an informed view on particular issues that the Board may wish to look at. Sally Sandcraft indicated that she supported the above approach.

Elaine Redding reported on the Safeguarding Children Partnership review and that consideration was being given to arrangements in Dorset and BCP Councils. She explained that current thinking was that there would be two separate boards from 1 April that would be place based but further work was needed on where the cross over points would be. The Board was advised that it was important not to lose the work around domestic abuse, but also ensuring that complex safeguarding interdependencies were not lost. A draft report was being prepared which would be submitted to the Safeguarding Children Board and then it would go through due governance process before submission to Cabinet. Jan Thurgood reported on the Safeguarding Adults Board development and on how community safety, children's and adults, partnerships were joining where it was needed. The Corporate Director reported that the Health and Wellbeing Board would receive a paper in the spring which would set out how all the partnerships were working together.

Tim Goodson referred to the configuration of health services and the impact on residents. Sally Sandcraft reported on the community aspects in particular the joint working and having a better understanding of local populations and how services can be brought together to provide more personalised care and support to people in those populations. The Board was informed that good progress had been made and accelerated through Covid and it was known that populations where there is deprivation tended to use more health and care services and had more complex needs. Sally explained that there had been a particular focus working with the community and voluntary sector through care networks and before that the localities about health and care and how it can be brought together. She

highlighted the importance of engaging early and making sure that there was a network of support in particular addressing issues such as social isolation to then being able to respond very quickly with a multi-disciplinary response as needs escalated and similarly how agencies wrap around support to enable people that need to go into hospital to be discharged quicker than they have done previously. The Board was advised of new developments including how the workforce was being expanded within the primary care networks so the right practitioner or health and care professional can be accessible to the individual first time for a quick response and workforce skills brought together around that population group. The Board was advised of the progress with the health and social care coordinators, health coaches, the use of other therapy roles and how social care workers and managers were part of those multi-disciplinary teams. Sally Sandcraft reported on the health and care needs of care home residents and the proactive and responsive in-reach support to those care home residents which has been a particular area which has been accelerated through the Covid period. The Board was advised of services working together around the support for quality, infection and prevention control within care homes. The Board was informed of home first a national directive which came to light through Covid which was how services engaged with people to discharge from hospital more quickly. Sally explained that work had started to engage with partners to look at how Home First can be escalated and bringing together principles of Home First and the Better Care Fund in terms of the strategy for service improvement and reflecting the metrics that can measure success. The Board was advised that for the Better Care Fund there was a rollover from the previous year and the interface with the home first initiative.

Debbie Fleming updated the Board on acute services and in particular highlighted the Dorset Plan. She reported that the plan was about greater prevention and much earlier intervention and to develop robust seven-day services out in the community that were integrated and meet the needs of local people. The Board was informed that a key component of making sure that right services were delivered in terms of hospital care was investment and development in the community making sure that people were only brought into hospital when it was really necessary. Debbie explained that the whole plan around changing health services and health and social care services was one element, but acute care required investment for equipment and buildings. The Board was informed that significant national capital funds had been drawn down in the region of £201m for the Bournemouth and Poole sites due to good systems plans. Debbie referred to assessing the benefits for patients and improvements for local people that all these changes would mean namely enabling people to obtain swift access to consistently high quality safe care within local hospitals in order to do that the building program was absolutely essential. The Board was advised of the merged trust which was now known as the University Hospitals Dorset and this was already making a difference including in terms of recruitment. Debbie emphasised that the Health and Wellbeing Board want and need the development of services and focus on tackling inequalities and supporting prevention and earlier intervention this cannot be done without the building program being completed.

Karen Loftus highlighted that the Community Action Network and Dorset Community Action were looking forward to being part of the discussions on the wrap around care and the role of the voluntary and community sector now and what it could be in the future.

The Director of Public health referred to population health management work and the use of universal services which may not be taken up as fully by some sectors of the community compared to others. He highlighted the level of insight that we can obtain through the primary care data which really enables much closer interrogation of where services and service models were working well for communities and where there might be instances where they were working less so. The Director reported that this was a good underpinning tool to look at how the Board may be able to have a sharper focus for some questions supporting the statutory duty through the Joint Strategic Needs Assessment which was more of a forensic lens on the Board's strategic direction.

RESOLVED that:-

- (a) Board member agencies have considered the initial plans for the delivery of the priorities;**
- (b) In relation to “Promoting Healthy Lives” priority, the two themes of “improving mental health” and “eliminating food insecurity” are delivered concurrently for the duration of the Strategy;**
- (c) The Forward Plan of the Health and Well Being Board is developed in the light of the plans and recommendations for progressing the Priorities of the Health and Well-Being Strategy; and**
- (d) Board members are requested to consider whether they would wish to take on a sponsorship role for any specific elements of the Strategy in line with the decision of the Board on 3/9/2020.**

Voting: Agreed

76. Local Outbreak Management Plan

The Director of Public Health reported on the upturn in the number of Covid-19 cases in the last 3-month period. The Board was advised of what issues would be covered including the local position and epidemiology, the current control messages under tier 2 and how public health and partners had been working.

The Director of Public Health reported that lockdown 2 has had the desired affect with a 45% fall in Covid cases. The current rate was 84 per 100,000 population with the infection rate in over 60s falling significantly to 68 per 100,000. The Director of Public Health indicated that this was one of the key measures that the Government would consider in assessing local controls which reflects our improved position in our health and care system. The Board was informed that in terms of testing about 9,500 people across the BCP area were tested each week with a drop in the positivity. The Director reported that contact tracing was completing about 70% with 15% in progress. The Board was advised of the local epidemic curve in the area and the increase in cases in September and October which were

associated with various events including the opening of schools and the return of students to university which drove transmission rates.

The Director of Public Health reported on the current control measures explaining that with the end of lockdown both Unitary Authorities were in Tier 2 with a restriction on social mixing between households indoors and in private homes. The Director explained that although the economy has started to open up households were not permitted to mix in bars and restaurants. The tiers would be reviewed by the Government on 16 December 2020 but that did not mean that the rules around the tiers would be reviewed but a reassessment of the area's tier status using the Government's measures as set out in the Winter Plan.

The Board was advised of the current position with the local outbreak management plan which included a priority on contact tracing with the Response team and an out of hours rota to support high risk settings with incidents. The Director reported that assurance of that activity had been through the Health Protection Board which meets on a weekly basis and the assessment of controls and messages. He highlighted that as we moved into the second wave communications and engagement has been even more important and the continuation in working with the public to show those areas where it was necessary to achieve a high degree of compliance. The Board was advised the Local Outbreak Engagement Board had met as cases started to escalate to agree messaging and exit from lockdown and worked well with good discussion. The Director of Public Health referred to the work with colleagues in Dorset through the LRF looking at the wider area and the impact on the health and care system.

The Director of Public Health updated on the detail of the messaging to encourage residents to follow the guidelines including a range of activities, localised assets with a clear call to action for particular areas, graphics aimed at families and how to follow the guidelines and still have fun and the Christmas advent countdown.

The Board was advised of the outlook in the medium term, the development of vaccines and three priority work programmes namely the behaviour insights framework, local tracing partnerships including the development of welfare calls and rapid antigen testing for high risk settings. He thanked all partners for their support and work.

The Chairman thanked the Director of Public Health and his team for all their work and the Health Protection Board and partners for taking on that regular weekly meeting and the co-ordination of data to enable partners to understand the position.

RESOLVED that the update provided by the Director of Public Health be received and noted.

77. Forward Plan, Dates for future meetings of the Board and arrangements for Development Sessions

The Corporate Director for Adult Social Care presented the Forward Plan which would be shaped by the delivery plan for the Health and Wellbeing

Strategy. The Board was advised that the development session on 21 January 2021 would be focussed on the development of both the Local Plan and the Housing Strategy.

The Board was informed that at the next formal meeting on 18 March 2021 there would be a report on the Local Outbreak Management Plan. The Plan would then pick up all the issues from the delivery of the Health and Wellbeing Strategy. In particular the Corporate Director referred to the role of the Board in providing governance on eliminating food insecurity and receiving regular reports. In terms of development sessions one area was looking at the significant changes in health and how over time it would input into wellbeing and also local community empowerment as outlined earlier in the meeting. The Board would also receive formal reports on the Better Care Fund and the Home First Initiative.

Councillor Dove requested that the Health and Wellbeing Strategy be non-gender specific. The Chairman provided assurance that this would be addressed.

RESOLVED that the Forward Plan be shaped based on the approach detailed above and the dates listed for meetings of the Board be agreed.

Voting: Agreed

The meeting ended at 4.10 pm

CHAIRMAN