

**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