

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

Minutes of the Meeting held on 09 June 2025 at 2.00 pm

Present:-

Cllr D Brown – Chair

Patricia Miller – Vice-Chair

Present: Glynn Barton, Cllr R Burton, Cllr K Wilson, Graham Farrant,  
Cathi Hadley, Karen Loftus and Cllr S Moore

Also in attendance: Patricia Miller joined the meeting virtually

1. Apologies

Apologies were received from Peter Browning, Bradley Stevens, Betty Butlin, Dawn Dawson and Siobhan Harrington.

2. Substitute Members

Betty Butlin was being substituted by Tim Branson, Dawn Dawson was being substituted by Ellie Lindop and Siobhan Harrington was being substituted by Lizzy Warrington.

3. Election of Chair

**RESOLVED that Cllr David Brown be elected as the Chair of the Health and Wellbeing Board for the 2025/26 Municipal Year.**

4. Election of Vice Chair

**RESOLVED that Patricia Miller be elected as the Vice Chair of the Health and Wellbeing Board for the 2025/26 Municipal Year.**

5. Confirmation of Minutes

**RESOLVED that the minutes of the Health and Wellbeing Board held on 23 March 2025 be 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. Integrated Care Board (ICB) Update

The Chair advised the Board that given the urgency and pace of change within the Integrated Care Board, he had asked the Deputy Chief Executive Officer, NHS Dorset, to come to the Board and provide an update.

The presentation included information regarding:

- The changing context – the scale of change
- A new model – model ICB blueprint
- The changing health and care landscape
- Strategic commissioning – what does it mean?
- How strategic commissioning would help focus on the longer view, on value and on early help & prevention
- Why this approach?
- The need for change
- Operational, target-driven focus misses the big picture opportunity
- Cluster arrangements: pre-cursor to merger and devolution
- Thinking about devolution...
- Still to come: the 10-year plan for health
- Next steps & timelines

During the presentation, the Board was updated on national changes to Integrated Care Boards (ICBs), which included a 50% reduction in running costs and significant job losses. The Board was advised that Dorset ICB was expected to lose 200–250 staff. The plan was for a cluster to be formed with Somerset and Bath and NE, Somerset, Swindon and Wiltshire (known as BSW) ICBs, transitioning to a shadow single ICB by April 2026, with a full merger anticipated by April 2027.

The Chief Executive, NHS Dorset, highlighted that some original ICB cluster proposals did not align with devolution boundaries, prompting pushback from central government. The Board was advised that alignment would likely be required as the transition progressed and confirmed that the proposals were under review by the Secretary of State for Health and Social Care.

The Chief Executive, NHS Dorset, also raised concerns about the local impact of national NHS workforce reductions, with Dorset expecting to lose up to 250 staff. Combined with local authority reductions, this posed risks to local employment and economic growth. She warned that insufficient re-employment opportunities could increase pressure on health inequality services due to reduced household income.

The Board discussed the presentation and in response to queries, was advised:

- The pace of change presented both professional and personal challenges for those involved, particularly whilst maintaining business as usual during the transition.

- The current safeguarding arrangements across Dorset and BCP were already resource-intensive, and there were concerns about how these would be managed under a shadow ICB structure before legislative changes were implemented.
- It was noted that concerns had been raised in both adults' and children's social care, with the hope that messages around capacity would be supported across the system.
- Multiple reforms were underway, particularly in children's social care, and there were questions about whether there was sufficient capacity and understanding to deliver the required multi-agency responses.
- No additional capacity had been provided to health colleagues to support the transformation, and this was acknowledged as a significant issue.
- Directors of Public Health across the new cluster area were meeting regularly to consider how they could support the ICB's population health responsibilities.
- The wider system's capabilities would be important in light of expected headcount reductions across all ICBs, and there was a commitment to collaborative working.
- Nationally mandated changes were not subject to local scrutiny committee approval, but the ICB remained committed to keeping partners informed and was willing to attend scrutiny meetings to provide updates.
- Once the cluster proposals were approved by NHS England, an equality impact assessment would be undertaken and shared with the ICB Board at a future public meeting. **ACTION.**

9. Children and Young People's Partnership Plan 2025 to 2030

The Corporate Director for Children's Services presented the Children and Young People's Partnership Plan 2025 to 2030 to the Board.

The Board was advised that the Children and Young People's Partnership Plan 2025–2030 had been officially launched with partners at a presentation event. The plan had been developed collaboratively with stakeholders, including the voluntary sector, key partners, and most importantly, with input from children and young people themselves.

The plan set out a shared vision for children and identified five main priorities that young people wished to see delivered through multi-agency and system leadership. It included achievements to date, captured the voice of young people, and reflected aspirations that were universally relatable and grounded in fairness and opportunity.

The Board was advised that key performance indicators would be developed to measure progress against the five priorities, and that the plan had been aligned with strategic plans across health, education, and other sectors. A dedicated website and logo were available for use by all

partners, reinforcing that this was a collective initiative, not solely the work of BCP Council.

The Board was further advised that a governance structure would be established to oversee delivery of the plan, chaired by the Chief Executive.

The Board discussed the presentation and in response to queries, was advised:

- It was essential for all partners to continue referring to the plan and embedding it into their day-to-day work.
- The plan had evolved over time, with each iteration reflecting further development and refinement, demonstrating that it had been built upon collaboratively.
- The plan had been well received, particularly by young people, and that its clarity and accessibility were key strengths. It was also noted that the plan was written in plain language, with an easy-read version also available, making it inclusive and understandable for a wide audience.
- In response to a query, the Board was advised that the plan was data-informed, clearly set out priorities, and demonstrated how partners could work together to deliver them.
- The plan had been co-produced with local children and young people and included a strong focus on health and well-being, as well as wider determinants such as green spaces, housing, community safety, inclusion, and mental health.
- The simplicity of the plan's presentation, including the use of visuals, contributed to its strength and impact.
- The ICB's contribution to delivering the plan would be most effective through place-based work, supported by a refreshed Health and Wellbeing Board strategy.

10. Better Care Fund 2024-2025 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 'A' 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 the End of Year Report of the Better Care Fund (BCF) for 2024-25.

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 integrated Health and Care System.

The report was a part of the requirements set by the Better Care Fund 2023-25 Policy Framework. The report needed to be jointly agreed and signed off by the Health and Wellbeing Board as an element of the planning requirements.

The Board discussed the report and in response to queries, was advised that:

- Small, non-clinical interventions, such as addressing hoarding, could significantly improve hospital discharge outcomes and patient safety at home.
- Hoarding had emerged as a key barrier to safe discharge, prompting the formation of a new working group to address the issue collaboratively.
- Real-life examples, such as the impact of the Disabled Facilities Grant, demonstrated how targeted support could enhance independence and reduce reliance on care packages or residential care.
- While delays in hospital discharge had occurred, responsive action had been taken to reallocate resources and implement care packages swiftly once referrals were made.
- The Future Care Programme was critical to ensuring system-wide efficiency and continuity, particularly during periods of structural change within the Integrated Care Board.
- Maintaining focus on strategic transformation programmes, such as Future Care, was essential to sustaining effective hospital discharge and admission avoidance.
- Emergency hospital admissions due to falls remained off-track, and a commitment was made to investigate this further in the context of ongoing transformation and prevention strategies.
- NHS Dorset was developing Integrated Neighbourhood Teams (INTs) with a focus on falls prevention, including strength workshops for at-risk individuals.
- The Future Care Programme included a workstream on alternatives to admission, aiming to support patients at the hospital front door or post-assessment with community-based care options.

**RESOLVED that the Health and Wellbeing Board approve the Better Care Fund 2024-25 End of Year Report.**

Voting: Nem. Con.

11. Health and well-being strategy into action and place based partnership update

The Director of Public Health and Communities, Head of Communities, Partnerships and Community Safety, BCP Council and the Deputy Director of Modernisation and Place, NHS Dorset, provided a verbal update accompanied by a presentation which covered the following:

- Role of the Health and Wellbeing Board,
- Draft Principles including workshop output and the Poverty Truth Commission Principles
- H&W Board priority areas – 2025
- Health and Wellbeing Board Drive Actions
- Our Dorset – Strategy into Action
- Future Horizons – ICB Blueprint and NHS 10 year plan focus
- Opportunities for place based partnerships
- Next Steps

The Board discussed the presentation and in response to queries, was advised:

- That social infrastructure referred to community buildings, spaces for people to gather, opportunities for community leadership, and access to essential services such as food outlets.
- The absence of social infrastructure, such as green spaces and community-led initiatives, could hinder progress in addressing community needs.
- The loss of local amenities, such as supermarkets, had a negative impact on community health and wellbeing, particularly in deprived areas.
- It was important to ensure that children and young people were considered across all priority areas, not just within the dedicated children's strand.
- It was highlighted that a whole-family approach should be adopted, recognising that many issues affect both children and adults and should be addressed holistically.
- Health and wellbeing strategies should avoid being siloed by organisational structures and instead ensure that priorities are integrated across all age groups.
- The inclusion of drive actions and measurable outcomes would help the Board track progress and demonstrate impact.
- The updated strategy presentation helped bring the priorities to life and would be revisited at the October meeting for further progress updates.

The Chair thanked the Officers for the update and looked forward to receiving an update at the next meeting of the Board.

12. Work Plan

The Chair referred to the Work Plan and highlighted the items already due for consideration at the next meeting and advised of the addition of the Pharmaceutical Needs Assessment (PNA) 2025 -2028. The Director of Public Health and Communities provided the Board with some background information to the PNA and the Healthwatch representative advised of engagement Healthwatch had undertaken with regards to this item.

The Head of Communities, Partnerships & Community Safety advised that the Annual Report of the Community Safety Partnership could come to the Board in January and also advised of some upcoming domestic abuse strategies which would be going to Cabinet should the Board wish to consider them at one of its meetings.

The Interim Director of Commissioning requested the Prevention Strategy come to the Board potentially at its January meeting.

13. Dates of future meetings

The dates of future meetings were noted.

The meeting ended at 3:35pm.

CHAIR

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