

## West Dorset Partnership 14 January 2019

Minutes of the West Dorset Partnership meeting held on 14 January 2019 at South Walks House, Dorchester

### Present:

Organisation	Name
Chairman	Paul Everall
Bridport Local Area Partnership	Maureen Jackson
Bridport Town Council	Will Austin
Dorchester Community Forum	Emma Scott
LymeForward	Chris Tipping, Chris Boothroyd
Health & Care	Des Persse, Julian English, Simon Thompson
South West Multi-Cultural Forum	Mona Elkotory
Citizens Advice, Dorchester, Sherborne & North Dorset	Daniel Cadisch
Citizens Advice Bureau, Bridport	Sarah Ellis
Public Health Dorset	Naomi Mason
Dorset CCG	Karen Klrkham
West Dorset Health & Wellbeing Locality Group	Guy Patterson
Christchurch & East Dorset Council	Tracy Cooper
West Dorset District Council/Dorset Councils Partnership	Cllr Anthony Alford (WDDC), Kathy Boston-Mammah, Stephen Hill, Janet Moore, Jane Nicklen, Fiona Thomas

### Apologies:

Organisation	Name
Dorset Councils Partnership	Hilary Jordan
BAVLAP AND Sherborne Community Focus	Jo Keates
Dorset Association of Town and Parish Councils	Cllr Alan Thacker
West Dorset District Council/Dorset Councils Partnership	Cllr Ian Gardner (WDDC), Hugh delongh (DCP)
Churches Together in Dorset	Tom Murphy
South West Multi-Cultural Forum	Rachelle Smith
Magna Housing	David Aldwinkle
LymeForward	Cllr Cheryl Reynolds
Dorset Community Action	Alex Picot
Dorset Local Nature Partnership	Maria Clarke

### 1. Introduction and Welcome

The Chairman welcomed all parties present to the meeting and each attendee introduced themselves.

**2. Presentation on Non-Clinical Health Coaching and Social Prescription, Des Persse, Director of Services, Health & Care (Slides for this presentation are attached)**

Health and Care is commissioned to deliver the social prescription service by Dorset Clinical Commissioning Group. There is a strong emphasis on self-management and health coaching in a primary care setting where GPs refer patients to a 45 minute session and they are given the knowledge and resources to manage long-term health conditions.

Health and Care is a Bournemouth based organisation which has had a health coaching portfolio for the past 5 years. There is a confusing mix of services available and they are there to make sense of this especially accessing the services. Working in a community setting is a real challenge and a primary care setting is far more achievable.

An example is that Westbourne Health Centre has moved from “gate-keeping” to much wider support for patients benefitting patients and clinicians and easing pressure on services. The location of services and joined-up services are often crucial factors in a person’s recovery. This is a significant culture change with services catered to local developments and a “no wrong door” policy.

Scale and reach in Dorset is currently based on 19 GP practices with a further 93 or 94 still to go. Social prescription is a local and national agenda riding on the back of co-location of services as other programme as other programmes such as POPP run down. The service offer has a digital emphasis that is both helpful and accessible and joins up local providers who embrace co-production to make social prescribing work. There are currently 2 partners – Dorset Mental Health Forum and Dorset Hospitals University Foundation Trust (DHUFT).Based on a “whole systems” approach and change delivery of the programme draws heavily on a community development approach involving community partners.

**Q & A session:**

Q: How do you envisage linkage with existing services in Bridport given the demise of POPP?

A: The important thing is make things work in the locality through a joined up and inclusive approach.

Comment: There are huge changes in local government and the new council must not miss the links and ensure continuity. The CCG localities must not distract from existing localities and there must be a joined-up approach.

Comment: It would be helpful for public health to link into this work at the 19 locations. Public health assisted with the design but could not be part of the bid. The LiveWell programme needs to link into this and public health needs to be a strategic partner.

Q: Could someone prepare a flow chart of health relationships and partners please?

**3. Health & Wellbeing Case Study, “Integrated Care? A view from the Bottom” Chris Boothroyd, Chair of LymeForward CIC Steering Group and Health & Wellbeing Group (Slides for this presentation are attached)**

The common premise is that everyone is responsible for their own health but in reality few are. At times everyone needs help, support and advice. The problem is that there are different types of help and care available and **it is important that these are integrated in relation to the individual receiving that care.**

It is important to understand what care is around, hence the six month in-production LymeForward Health and Wellbeing Audit about what was there and what reaches Lyme Regis and Charmouth.

A complex slide of identified (but not fully-comprehensive) services and accountability to commissioners was displayed but it does not identify accountability to the public. This is glaringly absent and is an over simplification of a complicated system. In addition to the audit, a survey was undertaken with Axminster Patient Participation Group asking questions of patients in both East Devon and West Dorset. This identified similarities and some differences.

One major gap identified was in the inability of clinicians to connect people through effective signposting and referral. LymeForward brought together 22 service providers in Lyme Regis Medical Centre for 2 "DROP" (Don't Rely on Pills) events. This led to the formation of Care Links Lyme and a Directory of Services broken down into categories.

The real message is that care is poorly integrated by professionals at the level of the individual and the difficulty is to get this through to health and care organisations. It is worryingly difficult to get questions answered, there is far too much jargon to cut through and complicated titles are barriers to what people actually do.

Across health and social care:

- **The system must be simple**
- **Integrated budgets, records and management are required**

Too many people are not listed to or involved. Voluntary support is vital and this is the dichotomy. Engagement is not real and this demotivates and demoralises volunteers.

Comment: Dr Kirkham undertook to relay the messages back to the CCG.

Comment: Naomi Mason for Public Health Dorset stated that there are many databases of services and there is a need to integrate and co-ordinate these. Examples are My Life, My Care, and Dorchester Poverty Group

Chris reinforced the key message that Information must be **local and built from the bottom up!**

#### 4. Suggestions to improve locality health & wellbeing – Interactive discussion during the break

- The approach needs to be more holistic
- Culture (separatism must be prevented)
- Long term planning and investment is key (e.g. Canada model)
- Volunteer investment is required (e.g. honorarium to run projects)
- There needs to be a bottom up approach whenever communities are at the heart of the decision making
  - A Local steer must influence provision
- Health is part of community development
  - Not managed separately
  - **Council workers to facilitate top down**
  - Local knowledge is crucial and continuity is also important
  - Integrate Health and Community personnel – more joined up working
  - Use power and flexibility of Town Council's funding for Health and Community initiatives
- Manifesto's – what are they for when the Unitary Authorities don't paste in the complexities
- Area partnerships

**Comment [j1]:** Surely bottom up but notes do say this?

- Ideas are not identical in all communities
- Adapt the model to have health area partnerships as part of consultation
- Communities are not valued or listened to
- Programmes/commissions are “done to us”
- Create opportunities for social prescription – information needs to be available
- Invest in Home visits in localities
  - Well-funded local services
  - Keep things simple, sustained and long-term
- Are there low cost solutions?
  - Town Council could pay for Drug Advisers
  - Volunteers under a recognised model (CAMS)
- Community Development delivery will be essential during LGR
- So far no consultation or community engagement
- Area forums proposed but no consultation

**Comment [j2]:** Is this referring to Collaborative Assessment and Management of Suicidality? We must explain acronyms and professional jargon

#### 5. Notes of the last meeting.

24 September 2018 minutes of last meeting were checked and a correction made to Item 4 (b). The Rough Sleepers/Homeless Working Group at BLAP is looking to extend facilities at St Andrews not at the community hub at Flood Lane as reported. As there here were no further matters arising that would not be picked up in today's agenda, the minutes were agreed.

#### 6. LGR Update, Councillor Tony Alford, WDDC and Shadow Dorset Executive

Much work is being undertaken to make the new Dorset Council safe and legal for Day 1. Five senior appointments have been made:

- Jonathan Mair (only internal candidate from DCC) - Corporate Director (Legal & Democratic Services Monitoring Officer)
- Aidan Dunn – Executive Director (Corporate Development,s151)
- John Sellgren – Executive Director of Place
- Sarah Parker – Executive Director of People, Children
- Mathew Kendal – Executive Director of People, Adults

All existing staff will be TUPE'd across to Dorset Council from 1 April and the Transitional Structure will be formed very soon. Consultation starts on 21 January. There is nothing to report on connections with Town and Parish Councils and it is up to Dorset Council to formulate this relationship.

Q: If community planning continues, will it fall within the work of the Place workstream and if so, could the Director of Place attend the next WDP meeting?

A: Yes, it probably will rest in “Place”. Cllr Alford will ask if the Director can attend.

Q: Area Forums appear on the council democratic structure but there is no detail or Terms of Reference. Will they be funded? The Budget is being considered this afternoon and will go to Full Shadow Council on 2 February.

A: The scope of Area Forums is, as yet, undetermined although they are unlikely to have decision-making powers. There will be three area planning committees with different boundaries to those of the historic districts.

## 7. Local Area Partnership and Partner Updates.

### (a) Bridport Local Area Partnership (BLAP) - Bridport

- Rough sleeper's provision at St Andrews has insufficient space and is seeking alternative premises.
- The Health and Wellbeing Working Group is linking with LymeForward.
- Harmony will be running the mental health "Front Room" but there are issues with getting premises and paying a commercial rent, however the will and volunteers are there.
- BLAP's AGM will be held on 4 April 2019 and the theme will be Neighbourhood Planning.

### (b) Dorchester Community Forum

- Work is ongoing on mental health support for young people and a project is ongoing with Dorset Mind over truancy, an evening support group and work with Thomas Hardy School. There is still an issue with referrals not coming through GPs.
- A health and wellbeing picnic is being held in May in the Borough Gardens, bringing community groups and health professionals together.

### (c) LymeForward

- Lyme Food Bank has a strong team of volunteers and is now almost entirely self-sufficient.
- The Community Café has a soft launch in a few weeks.
- The Meet and Remember group has rebranded and streamlined to incorporate other initiatives.
- The community lunch needs to be expanded to a wider group of people.
- The CCF funded River Lym path is proving very successful. Stage 5 is focussing on physical signposting. The benefit is largely economic and aims to bring £700k into the local economy of Charmouth and Lyme Regis managed by LymeForward and the Dorset Community Fund.
- The £24k Coastal Revival Fund funding is being used to remodel the entrance to **MISSED THE LOCATION – PLEASE SUPPLY, CHRIS!**

### (d) Citizens Advice

- There is an increase in the needs of those struggling with Universal Credit claims the key issues being fuel and food poverty. The on-line journal is also causing problems. Local authority-funded case workers are helping. The CAB and others have been involved in successful lobbying of the Government and will continue campaigning.
- Gambling addiction has a wide impact on individuals and their families. Government funding has supported training and awareness-raising.
- Integrated and closer working between Citizens Advice and the community continues.
- A merger is taking place between North Dorset, Dorchester, Sherborne and Districts and Weymouth and Portland Citizens Advice which will deliver savings in back office support and governance. Existing offices and volunteers will be retained. Shared training with Bridport CAB is also happening.

Maureen Jackson noted that more people, even those living in their own homes, are experiencing fuel and food poverty.

**8. Format and theme of next meeting.**

The next meeting in 2019 will be held on 11 March between 9 am and 12.00 pm including a light lunch at South Walks House. This will be the West Dorset Partnership Annual Assembly. The theme will be:

“Shaping the Future of Community and Voluntary Involvement”

Signed as a correct record

**Chairman**

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