

Minutes of the meeting of Health and Wellbeing Board held in Conference Room 1, Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Monday 4 December 2023 at 2.00 pm

Board members present in person, voting:

Stephen Brewster	VCS representative
Councillor Carole Gandy (Chairperson)	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire ICB
Matt Pearce	Director of Public Health, Herefordshire Council
Christine Price	Chief Officer, Healthwatch Herefordshire

Board members in attendance remotely, non-voting:

Kevin Crompton	Herefordshire Safeguarding Adults Board
Susan Harris	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust (representative of the Trust)
Dr Mike Hearne	Herefordshire General Practice (Managing Director, Taurus Healthcare)

Note: Board members in attendance remotely, e.g. through video conference facilities, may not vote on any decisions taken.

Others present in person:

Rob Davies	Consultant in Public Health	Community Wellbeing
Alan Dawson	Chief Strategy and Planning Officer	Wye Valley NHS Trust
Joelle Higgins	Governance Support Assistant	Herefordshire Council
Joanne Lilley	Community Wellbeing Communications Officer	
Lindsay MacHardy	Public Health Principal	
Henry Merricks-Murgatroyd	Democratic Services Officer	
Kristan Pritchard	Health Improvement Practitioner	
Councillor Diana Toynbee		

41. APOLOGIES FOR ABSENCE

Apologies received from: Jane Ives and Simon Trickett.

42. NAMED SUBSTITUTES (IF ANY)

Alan Dawson (Chief Strategy and Planning Officer, Wye Valley NHS Trust) substituted for Jane Ives.

43. DECLARATIONS OF INTEREST

There were no declarations of interest.

44. MINUTES

The board approved the minutes of the meeting 25 September 2023.

45. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received.

46. QUESTIONS FROM COUNCILLORS

No questions were received.

47. JSNA REVIEW

Rob Davies (Consultant in Public Health) presented a brief overview of the JSNA Review. The principal points included:

1. The purpose of the review was to assess whether the current JSNA process was fit for purpose after a number of years rolling with changes at the local authority level, NHS and the Covid pandemic.
2. This would help reveal key strengths and weaknesses of the process and make recommendations to improve next year and beyond.
3. This included looking at website hits and subscriber feedback online in addition to speaking to sixty people. All of this helped generate over 300 unique lines of feedback that were reviewed and summarised.
4. Furthermore, there was a search of best practice examples and frameworks from national sources and JSNAs were looked at from other areas in and outside of the West Midlands.
5. In terms of the strengths, it was found that Herefordshire's JSNA was clearly informing some work in a light touch manner but was driving far less.
6. Where it is driving change, this is in the form of bespoke needs assessments driven by multi-agency groups.
7. Some of the weaknesses relative to best practice were around the joint element of the joint needs assessment.
8. In terms of opportunities, from best practice and looking at other examples, there are a number of opportunities to improve things.
9. The main opportunity is to define a partnership group which can work through those best practice options and make those decisions on behalf of the JSNA users themselves.

Stephen Brewster (VCS representative) asked if PCN work is informed by the Joint Strategic Needs Assessment or whether that is from other datasets.

Rob Davies responded that the JSNA is a collect-all term and that PCN leaders do use some of the data and information from the JSNA, in addition to supplementing with their own records.

Matt Pearce (Director of Public Health) noted it was a good piece of work and that going forward, system partners need to come together to bring datasets together to help inform work.

David Mehaffey (Executive Director of Strategy and Integration) added that work was being done on population health management to look at how datasets are joined up including primary care data, hospital dataset, and other sources of information. It is important that the information is joined up to help decision-makers make decisions.

Kevin Crompton (Chair of Herefordshire Safeguarding Adults Board) commented that there is a need to get a multi-agency group together to help bring multi-agency data

together to use as evidence to try to inform policy, to assess performance and service delivery.

Alan Dawson noted that in his role he uses the JSNA a lot for planning services and use it consistently over time.

Stephen Brewster asked if a VCS representative was wanted to be part of a multi-agency group moving forward.

Rob Davies responded that the recommendation is that it falls within One Herefordshire Partnership and that it would be for the group to incorporate who they want to be involved.

Christine Price (Chief Officer, Healthwatch) noted that with the JSNA in the past they have gone out to seek wider views from the voluntary community sector to help inform broad discussion.

Stephen Brewster added that there needs to be a consistent way of reporting and if there is an opportunity to consult with the VCS it would help drive the work in the long-term.

The Director of Public Health agreed that there would be a lot of work that would involve the VCS as part of a whole range of stakeholders.

The report recommendations were proposed, seconded, and approved unanimously.

Resolved that:

- a. Establish a JSNA steering group to respond to the findings of this review;**
- b. Maintain a JSNA steering group to make on-going partnership decisions on the form, function, administration and governance of the JSNA;**
- c. Incorporate the function of a JSNA steering group into One Herefordshire Partnership, with the ability to involve additional partners as needed.**

48. UPDATE ON THE PROGRESS OF THE HEALTH AND WELLBEING STRATEGY DRAFT IMPLEMENTATION PLANS FOR THE TWO KEY PRIORITIES 'BEST START IN LIFE' (BSIL) AND 'GOOD MENTAL HEALTH' (GM)

Lindsay MacHardy (Public Health Principal) presented a brief update of the Best Start in Life and Good Mental Health implementation plans.

The Chair referred to the Healthy Tots programme and toolkits that are provided and asked how many Tots groups exist that are set up in villages and communities.

Lindsay MacHardy responded that a lot of Tots groups are not on the Talk Community directory. One of the things identified in the action plan is working with parish councils and the local communities in a different way to identify some of those groups.

The Chair also asked how parish councils are going to be communicated with to ask them about their Tots groups.

Lindsay MacHardy noted that there are going to be launch events with a series of launches to encourage others to come forward and have a wider variety of settings and interest groups as possible.

The Chair asked if progress on improving the health of children's teeth in Herefordshire is being made.

Lindsay MacHardy acknowledged that progress is slow, but that fluoride varnishing was being looked at as a possibility to help improve children's oral hygiene. There are also two practices that are starting in the new year which will cover about 30,000 people and it has been requested that they identify a number of places for young children.

Susan Harris (Director of Strategy and Partnerships) added that there is a mental health collaborative which sits across both Herefordshire and Worcestershire. The Better Mental Health Partnership sits under the One Herefordshire Partnership with a dedicated focus on mental health and wellbeing. It is a work in progress but aims to focus on the delivery of the strategy.

Hilary Hall (Corporate Director for Community Wellbeing) asked when we can expect to see the outcomes dashboard populated and agreed.

The Director of Public Health responded that on the outcomes dashboard, an item can be brought to the next HWB meeting.

David Mehaffey noted that there is a strong link between obesity and deprivation where obesity is highest in the most deprived communities. It was asked if it was known why childhood obesity levels are as high as they are.

The Director of Public Health responded that the answer was not known to why childhood obesity levels are as high as they are. It was noted that it is similar to oral health where oral health is not correlated with deprivation in Herefordshire whilst in some parts of the country it is.

Lindsay MacHardy added that some mapping is being done to map where oral health needs are showing for five-year olds with decayed or missing teeth. Other data is being looked at locally to see if other sophisticated mapping can be done with schools.

The Director of Public Health noted that work was being done on oral health, which had been brought to the last board meeting, and this could be brought back to the board at the next meeting.

The Chair agreed that obesity is linked to areas of deprivation but queried whether the link now is as great as it was. The Chair noted that she represents an area which is not particularly deprived but there is a significant number of young children who are overweight.

The Director of Public Health suggested a short briefing on childhood obesity could be brought to the next meeting alongside the Best Start in Life update in March.

Christine Price asked if there is a detailed piece around rurality and its impact.

The Director of Public Health suggested an item be brought to the board on rural deprivation at a following meeting.

David Mehaffey noted that money has been allocated on dental services, however, finding dentists to provide NHS services is difficult. It is a workforce challenge as opposed to a financial challenge.

The report recommendations were proposed, seconded, and approved unanimously.

Resolved that:

- a) That the Board consider the reports and note their progress.**

b) That the Board consider its response to the draft plans and suggest modifications for consideration as appropriate.

Action(s):

1. To bring twice yearly updates to the board on progress against each implementation plan on Best Start in Life and Good Mental Health.
2. To bring a short briefing on childhood obesity alongside the Best Start in Life update at the next HWB meeting in March.
3. To bring an item on the outcomes dashboard at a following HWB meeting.
4. To bring an item back to update the board on oral health at a following HWB meeting.
5. To bring an item on rural deprivation at a following HWB meeting.

49. COMMUNITY PARADIGM UPDATE

Hilary Hall presented a brief update on the Community Paradigm. The principal points included:

1. The Community Paradigm focuses on investing in prevention and the wider focus is on how capacity is built at the grassroots level and community-based solutions.
2. This work was launched in March 2023 and brought together a number of leaders across a range of sectors to explore and work through further.
3. Dedicated support is needed to move this work forward and there is joint-funding through organisations in Herefordshire to fund a post for the start in 2024.
4. There are six identified workstreams and they look at different aspects of how to build the community paradigm approach including community-led decision-making and a community chest approach.
5. To drive a more proactive approach requires a change in the way commissioning works which currently focuses on large-scale commissioning. The community paradigm suggests a move towards early prevention focused around communities and what those communities see are the local needs and the solutions to them.

Christine Price added that there was an emphasis on a cross-section of organisations and not one agency as the kinds of solutions being pursued cannot be resolved by one agency. It was added that Public Health have committed £150,000 to support the attempt at the community chest approach aimed at encouraging grassroots initiatives around the two Health and Wellbeing Strategy initiatives and anticipate that going live with the Community Foundation in early January 2024.

The Chair acknowledged the challenge that exists with the community paradigm but added that there is a great opportunity to work with different communities.

Stephen Brewster agreed that this is a significant challenge but noted that there is a growing willingness from the VCS sector to embrace this, however, some of the smaller charities can struggle to identify where to fit in. The community chest element has helped focus minds due to the available resources, but some initial feedback has noted that it is a bit short-term oriented.

Hilary Hall responded that she accepts there is some fragmentation around the funding but that there are things that will help to make this approach more seamless in the long-term.

Dr Mike Hearne (Herefordshire General Practice) noted that he was approached by a mental health charity which asked if they could get better contact with general practice. It

was asked regarding the community paradigm and community chest, how well the VCS could integrate and work together in a collective way to support health and social care services.

Christine Price responded that a lot of work of the community partnership is to bring people together to stimulate collaboration and there are pockets where it's working well but also plenty that don't engage with that. A significant challenge for the VCS is that there is not a strong infrastructure behind it to help facilitate integration and collaboration.

The report recommendations were proposed, seconded, and approved unanimously.

Resolved that:

**a) Health and Wellbeing Board note the progress made to date; and
b) Organisations represented on the Board commit to supporting the further development of the community paradigm in Herefordshire, building on the principles identified at paragraph 9.**

50. HEALTH PROTECTION ASSURANCE FORUM ANNUAL REPORT

Rob Davies presented a brief overview on the Health Protection system as a whole. The principal points included:

1. When compared to England/region/similar local authority, Herefordshire tends to be at the average or above the average in terms of immunisations, population screenings.
2. In some areas, Herefordshire is leading the country including, for example, in the human papillomavirus (HPV) programme in schools.
3. Similarly with seasonal flu vaccinations among the over 65s which have exceeded the national target.
4. While performing high among a lot of child immunisations including Measles, mumps and rubella (MMR) vaccination, there is still more to do to do better. Priorities for 2024 include increasing MMR dose 1 and 2 coverage above 95%, with particularly emphasis on dose 1 (currently 93% in 2022/23), which provides the majority of protection.
5. Where Herefordshire is underperforming, in line with national trends, is with breast cancer. Since Covid, there have been a lot of backlogs with who was invited to screening and this is the same in Herefordshire as it is nationally.

The Chair asked about the lower take-up of vaccination for shingles and pneumonia amongst older people. The Chair noted that she has not been offered a vaccination for shingles and pneumonia and queried whether this could be a factor as to why vaccination coverage is below the England average and benchmark target for 2021/22.

Dr Mike Hearne added that this is an all-organisational approach and how such an approach can be adopted to make programmes such as immunisation more effective.

The Director of Public Health agreed and added how this is also linked to health inequalities and how different barriers can be addressed to help increase uptake in immunisation and screening programmes to help improve health outcomes.

The report recommendations were proposed, seconded, and approved unanimously.

Resolved that:

- a) Health and Wellbeing Board to note the content of the report and are aware of the key findings, performance, risks, achievements and future priorities of the Health Protection Assurance Forum;
- b) Identify and feedback to Health Protection Assurance Forum whether the Health and Wellbeing Board require any further follow up reports, or updates, on key health protection activities.

51. DATE OF NEXT MEETING

The next scheduled meeting is 11th March 2024, 14:00-17:00.

The meeting ended at 3.32 pm

Chairperson