

Supplement 1 to the agenda

Health and Wellbeing Board

Monday 9 June 2025, 2.00 pm

Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE

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Minutes of the meeting of Health and Wellbeing Board held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 17 March 2025 at 2.00 pm

Board members present in person, voting:

Stephen Brewster	Voluntary and community sector representative
Jon Butlin	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
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
Dr Lauren Parry	Herefordshire General Practice

Board members in attendance remotely, non-voting:

Jane Ives	Managing Director, Wye Valley NHS Trust
Christine Price	Chief Officer, Healthwatch Herefordshire
Chief Inspector Gregory Tudge	West Mercia Police

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

Others present in person:

Isobel Adams	Public Health Officer (Tobacco Control)	Herefordshire Council
Harpal Aujla	Consultant in Public Health	Herefordshire Council
Ben Baugh	Democratic Services Officer	Herefordshire Council
Luke Bennett	Public Health Lead - Healthy Behaviour	Herefordshire Council
Ryan Davies	Public Health Training Specialist Registrar	Herefordshire Council
Philippa Ellis	Talk Community Health and Wellbeing Manager	Herefordshire Council
Mohamed Essoussi	Public Health Programme Officer (Strategy and Partnerships)	Community Wellbeing
Mark Farrell	Active Communities Coordinator	Halo Leisure
Lindsay MacHardy	Public Health Principal	Herefordshire Council
Kristan Pritchard	Public Health Lead - Mental Health	Herefordshire Council
Aneka Rao	Evaluation Specialist	Halo Leisure
Alfred Rees-Glinos	Democratic Services Support Officer	Herefordshire Council
Julia Stephens	Public Health Lead - Children and Families	Herefordshire Council
Ryan Stratton	Active Communities Manager	Halo Leisure
Sarah Volpe	Active Families Co-ordinator	Stride Active CIC
Beky Williams	Managing Director	Stride Active CIC

37. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Kevin Crompton (Herefordshire Safeguarding Adults Board), Susan Harris (Herefordshire and Worcestershire Health and Care NHS Trust), Dr Mike Hearne (Herefordshire General Practice), Tina Russell (Herefordshire Council), Simon Trickett (NHS Herefordshire and Worcestershire Integrated Care Board) and Superintendent Helen Wain (West Mercia Police).

38. NAMED SUBSTITUTES (IF ANY)

Dr Lauren Parry attended in person for Dr Mike Hearne, and Chief Inspector Gregory Tudge attended remotely for Superintendent Helen Wain.

39. DECLARATIONS OF INTEREST

No declarations of interest were identified at the start of the meeting.

During the agenda item 'Update to the board on the implementation of the Physical Activity Strategy' and due to the participation of representatives of Halo Leisure, Stephen Brewster declared an other interest as a member of the Board of Trustees of Halo Leisure.

40. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 9 December 2024 be confirmed as a correct record and be signed by the Chairperson.

41. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

42. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

43. PROGRESS ON THE BEST START IN LIFE ACTION PLAN

The report was introduced by the Public Health Principal, highlighting progress recorded in the Best Start in Life (BSiL) Implementation Plan 2023-2025 (Appendix 1 to the report) and in the Outcome Indicators Dashboard (Appendix 2).

Attention was drawn to the following red, amber, green (RAG) ratings:-

- i. Red indicators: dental decay in 5-year-olds; MMR (measles, mumps and rubella) vaccination at 5 years; DTaP and IPV (diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis vaccine) booster vaccinations at 5 years; vaccination coverage of children in care; and premature births (less than 37 weeks). The board was advised about the work being undertaken in relation to oral health and vaccinations.
- ii. Amber indicators: mother's smoking status at time of delivery; overweight children including obesity at reception and year 6; children achieving a good level of development at age 2.5 years; and Free School Meals children reaching a good level of development at the end of reception year. It was reported that local data suggested that 'smoking status at time of delivery' had reduced from 8.3% to 6.7%. It was commented that the time lag in some national data sources highlighted the need to explore the use of uptake data and other proxy indicators at a local level to identify trends more quickly.
- iii. Green indicators included: the launch of the Healthy Schools programme, with work coming along on the Healthy Tots programme, and for further education settings; and SEND (special educational needs and disabilities) champions had been implemented within the 0-5 service and were represented in each PCN

(Primary Care Network) area. It was commented that progress had been made in terms of partnership working and in utilising data from early years settings to inform policy development.

The Public Health Lead (Children and Families) provided further details about BSiL projects and initiatives. The key points included: over 45 schools had signed up to the Health Schools programme; the Healthy Tots programme aimed to enhance standards in early years settings, including addressing issues around unhealthy baby and toddler food products; a large proportion of schools had signed up to the supervised toothbrushing scheme; through the recommissioning of the 0-19 years Public Health Nursing Service, additional health checks had been introduced and were receiving good uptake; and work with the local maternity services included the roll-out of 'challenging conversations' training to midwives around healthy lifestyles.

The Chairperson emphasised the corporate parenting principles for children in care and sought further clarification on the position with vaccination coverage. The Public Health Principal commented on the efforts to identify which vaccinations were missing, noting that a significant proportion of the children concerned were in out of county settings, and the Public Health Programme Officer (Strategy and Partnerships) outlined the work with partners and other local authorities to administer vaccinations and to improve the recording process. The Vice-Chairperson noted that the position had improved, with coverage increasing from a baseline of 80% to 87% currently; this compared favourably to the region (83%) and England (85%).

The Chairperson questioned why action 3.2.2, 'Co-produce a community offer that will extend children's social experiences and support their communication skills ...' was rated amber but 'No progress to date' was identified. In response, the Public Health Lead (Children and Families) explained that work was underway and, alongside organisational changes to Talk Community, action targets were being adapted.

In response to questions from board members:

1. The Public Health Lead (Children and Families) explained that 'Work with CVS to reach and gain the voice of children and families...' involved a broad range of community and voluntary groups. A board member suggested that an appendix could be included to identify the groups that the authority was working with, particularly to recognise their positive contributions.
2. The Public Health Principal commented that action B, 'Develop a cross-sector dashboard covering health services, social care, CVS and early years data', had 'limited progress to date' partly due to hiatus in Children and Young People Partnership Board meetings. It was reported that, in view of the information already collected by services, it should be possible to deliver this another way, and the action would be updated accordingly.
3. The Public Health Principal noted that, whilst significant progress had been made, reducing smoking status at time of delivery should remain a priority. It was reported that a pathway was being developed with the health visiting service to encourage mothers to abstain from smoking subsequently. The Chairperson drew attention to the next agenda item on the Tobacco Control Plan.

Resolved: That

- a) **the board has considered the report and appendices, and notes the progress and challenges to date on the Best Start in Life priority; and**
- b) **future updates include an appendix to identify the involvement and contributions of voluntary and community sector groups in the projects.**

44. TOBACCO CONTROL PLAN

The Consultant in Public Health introduced the item and explained that the purpose of the Tobacco Control Plan was to reduce smoking prevalence and create a 'smokefree generation' in Herefordshire by 2030.

The Public Health Lead – Healthy Behaviours delivered the presentation '[Tobacco Control Report](#)', including slides on: Background; Expected Impact; Tobacco Control Plan (including the four workstreams of prevention, supporting smokers to quit, eliminating variations in smoking rates, and effective enforcement); Measuring Progress (including reducing the number of adult smokers, reducing smoking rates among individuals with a long-term mental health condition, increasing the number of quit dates set, and reducing the number of children and young people who vape); and Recommendations.

The Public Health Officer (Tobacco Control) drew attention to Appendix 1 to the report, 'Planned Actions 2025 – 2030', and explained that the next quarterly Tobacco Control Alliance meeting would consider indicators/measurements that were currently identified as 'to be confirmed' and would work with partners to assign the responsible service(s).

The Chairperson commented on the 'Smokefree Sidelines' initiative which encouraged people not to smoke at local youth football matches.

In response to questions from board members, the Public Health Officer (Tobacco Control) reported that:

1. Work had been undertaken through the Healthy Schools programme to engage with students about vaping, but it was recognised that there was more to be done. The Chairperson commented on the number of children and young people who vape and expressed concern about potential long-term implications.
2. The Tobacco Control Alliance included representation from the Trading Standards department, reflecting ongoing efforts to stop underage sales. It was noted that the Tobacco and Vapes Bill intended to place additional controls in connection with tobacco, vapes and other products.

Resolved: That

- a) **the new Tobacco Control Plan for Herefordshire and the roadmap to achieve a Smokefree Herefordshire by 2030 be supported;**
- b) **actions to deliver on the Smokefree Herefordshire 2030 strategic priorities, including building strong place-based partnerships to achieve our Smokefree ambition, be supported; and**
- c) **an annual report from the Tobacco Control Alliance, on progress against the planned actions of the Tobacco Control Plan, be added to the work programme for the board.**

45. UPDATE TO THE BOARD ON THE IMPLEMENTATION OF THE PHYSICAL ACTIVITY STRATEGY

The item was introduced by the Consultant in Public Health. The presentation '[Herefordshire's Physical Activity Strategy](#)', was delivered as follows:

- i. The Public Health Lead – Health Behaviours presented the slides: Physical Activity in Herefordshire; Sport and Physical Activity Levels (Children and Young People in school years 1-11); and Highlights of the Action Plan Deliverables.

Halo Leisure

- ii. Aneka Rao, Evaluation Specialist, presented the slides: Halo – Feel Good For Life; Programme Overview; Project Goals; Training and Support; Accessible Leisure Environment; Key Performance Indicators – Highlights; Wellbeing; and Partners and Signposting. Mark Farrell, Active Communities Coordinator, presented the slides: Rika and Colin; and Session Information. Ryan Stratton, Active Communities Manager, also contributed.

In response to a question from a board member, it was confirmed that work was to be undertaken to qualify and quantify the social return on investment.

Stride Active

- iii. Beky Williams, Managing Director, presented the slides: Stride Active – Community Interest Company; An Overview of Stride Active; Areas of Focus; Supporting Healthy Schools; Here Girls Can, including the video [Here Girls Can - Be part of the Change](#); and Climbing and Resilience Interventions. Sarah Volpe, Active Families Co-ordinator, presented the slides: Active Families; Active Families Physical Activity Impact; Active Families Outcomes; and A Family's Physical Activity Journey.

The Chairperson commented on a visit to the Here Girls Can Festival in 2024, including witnessing positive changes in the levels of confidence and engagement in several participants. Board members briefly discussed opportunities to raise the awareness of primary care practitioners to such campaigns. A comment was made about the potential of physical activity projects to address specific inequalities within the system.

- iv. The Talk Community Health and Wellbeing Manager, responsible for the Healthy Lifestyle Service, presented slides on: Ramblers' Wellbeing Walks.
- v. The Public Health Lead - Mental Health presented the slide: Next Steps.

Noting reference to the next step 'Broaden the existing strategy to focus on the development of a Healthy Weight Strategy...', a board member commented on the need to consider the linkages to new weight loss medications for obesity to be prescribed in primary care settings.

The board thanked the presenters and noted the merit of hearing from people involved in the schemes. The Chairperson commented that the board would welcome the participation of relevant parties in appropriate agenda items at future meetings.

Resolved: That

- a) the progress to date be noted; and
- b) the board encourages all partnership organisations to be clearly sighted on the Herefordshire Physical Activity Strategy and reference it across their own strategies and plans.

46. WORK PROGRAMME

The updated work programme for the board was considered and additions were identified.

Resolved: That the work programme be agreed, with the following additions:-

- a) an annual report to be received from the Tobacco Control Alliance; and**
- b) consideration be given to a future agenda item on work and health (with reference made to the WorkWell project) for September 2025 or December 2025.**

47. DATE OF NEXT MEETING

The date of the next scheduled meeting in public was confirmed as Monday 9 June 2025, 2.00 pm.

The meeting ended at 3.56 pm

Chairperson

Health and Wellbeing Board, 9 June 2025

Agenda item 5 - Questions from members of the public [v1, 4 June 2025]

Question number: 1/1 [HWB25-26.001]

Questioner: Ms Reid, Hereford

Question to: Health and Wellbeing Board

Question: The functions of the Health and Wellbeing Board include:

‘To encourage the close working of those providing health or social care services with those who arrange for the provision of health related services in Herefordshire.’

In April 2025, I was informed that currently NHS breast cancer screening takes place in Kington and until the end of May 2025 in the car park of Morrisons supermarket in Hereford. Many women will not travel to Kington. What action will the health and social care partners take to ensure that breast cancer screening will take place in the future in the centre of Herefordshire, in Hereford? For example, perhaps a letter could be sent to Morrisons asking for breast cancer screening to continue in the long term there.

Response: We would like to thank Ms Reid for raising concerns about breast screening. We recognise how important it is for residents to be able to access essential screening provision. This will be discussed at the June Herefordshire Health and Wellbeing Board.



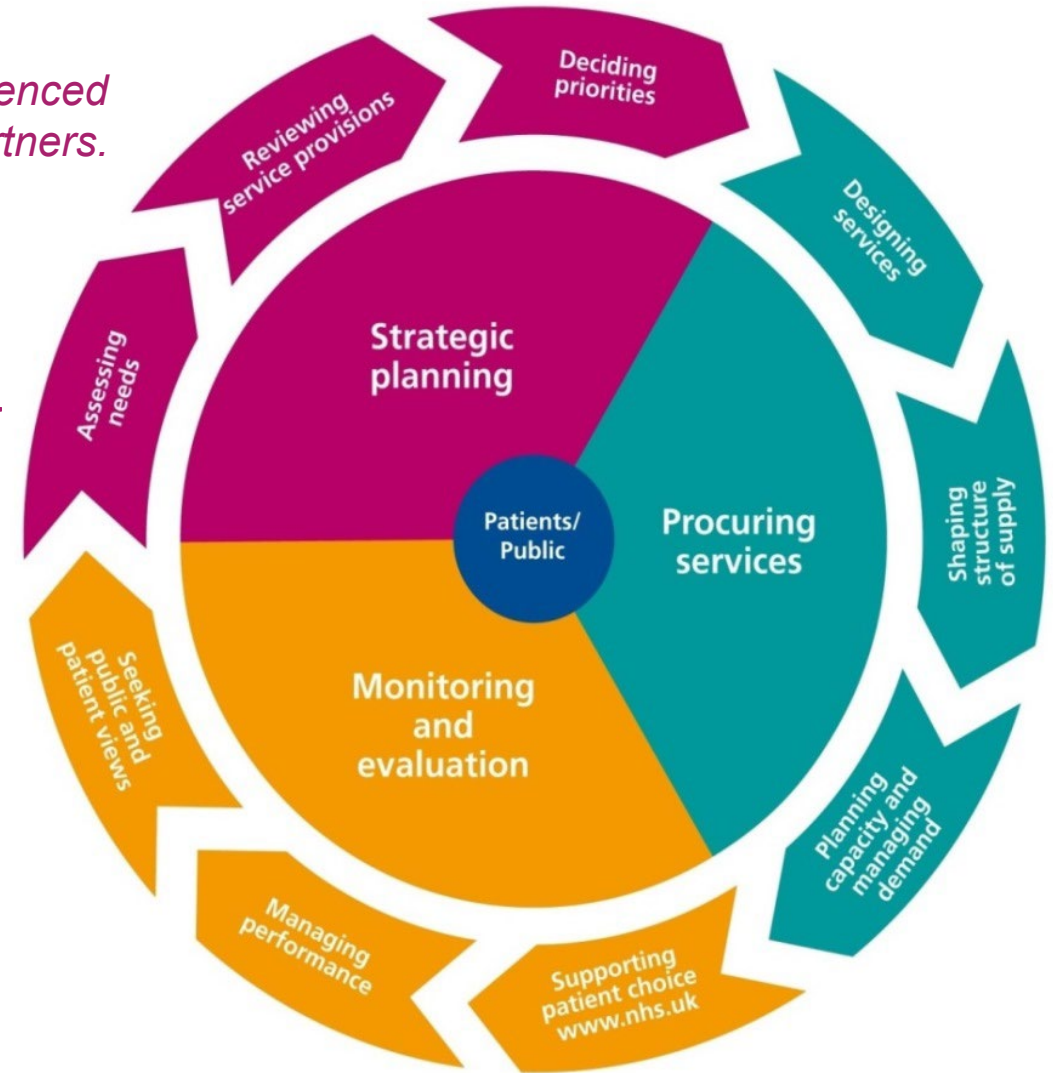
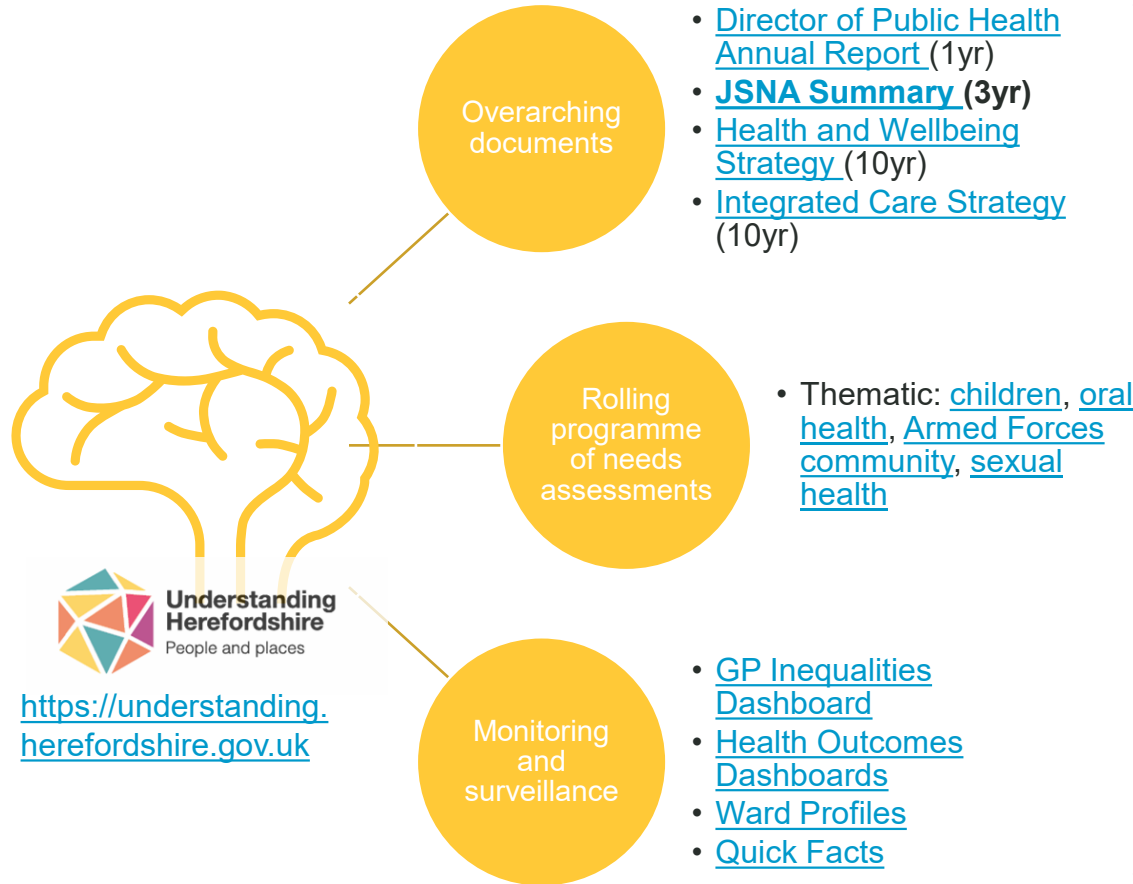
**Understanding
Herefordshire**
People and places

Joint Strategic Needs Assessment 2024

Health and Wellbeing Board
9 June 2025

JSNA parts and process

Goal: to identify health and social care needs that can be met or influenced by the local authority in collaboration with the NHS and other local partners. Either directly or by also addressing the wider determinants of health.



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

JSNA 2024 Summary: contents and use

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Use

- Multiple audience shared reference
- High level insights
- Signposting to major works
- Commissioner level detail is in topic specific needs assessments
- Other tools for specific audiences e.g. Ward profiles, health inequalities segmentation tool for targeted PCN work etc.

Recommendations of paper

- a) The board notes formally the publication of the 2024 JSNA Summary (Appendix 1) as the shared understanding of the overall health and wellbeing needs of Herefordshire
- b) The board agrees to consider the findings of the JSNA in the development of their priorities and future health and wellbeing strategies
- c) Board members agree to **facilitate the effectiveness of the JSNA** by ensuring the JSNA Summary is used within their organisations and other system networks, and
- d) Board members agree to engage with the JSNA Strategic Partnership Group to develop a joint intelligence forward plan.

Facilitating effectiveness: Communication & engagement plan

- 2024 JSNA Summary published: [Understanding Herefordshire website](#)
- Programme of presentations to key groups / meetings underway
- Already completed / arranged:
 - Health scrutiny (16 Jan)
 - One Herefordshire annual review workshop (25 March)
 - Council leadership team (17 June)
 - HWBB workshop (4 July)
 - Council teams including public health, talk community, adult social care, corporate performance
- Further strategic opportunities?
- Champion the use of the JSNA through own channels

