

**Minutes of the meeting of Health and wellbeing board held at Council Chamber - Shire Hall on Tuesday 16 May 2017 at 3.00 pm**

**Present:** PM Morgan (Herefordshire Council) (Chairman)  
Dr Dominic Horne (NHS Herefordshire Clinical Commissioning Group) (Vice Chairman)

C Baird	Interim director for children's wellbeing
C Douglas	NHS England
Mr S Hairsnape	NHS Herefordshire Clinical Commissioning Group
Cllr JA Hyde	Herefordshire Council
Dr A Mahmood	Consultant in public health
M Samuels	Director for Adults and Wellbeing

**Officers:** Steve Eccleston, John Gorman, Lindsay MacHardy, Alison Talbot-Smith

**112. APOLOGIES FOR ABSENCE**

Apologies were received from Cllr JG Lester, Diane Jones, Jo Melling and Prof Rod Thomson.

It was noted that a new chair of Healthwatch had been appointed and was to be invited to future meetings of the health and wellbeing board.

**113. NAMED SUBSTITUTES (IF ANY)**

Cllr JA Hyde substituted for Cllr JG Lester and Dr A Mahmood substituted for Prof R Thomson

**114. DECLARATIONS OF INTEREST**

None.

**115. MINUTES****RESOLVED**

**That the minutes of the meeting held on 28 March 2017 be approved as a correct record and signed by the chairman.**

**116. QUESTIONS FROM MEMBERS OF THE PUBLIC**

No questions were received.

**117. SAFEGUARDING AND COMMUNITY SAFETY**

The business manager for the Herefordshire Safeguarding Boards and Community Safety Partnership presented the report, and highlighted the following:

Community safety partnership (CSP)

The CSP met in March and considered its key priorities for 2017 – 2020:

- To reduce harm from domestic violence and abuse
- To reduce sexual offending against children
- To promote community cohesion, address hate crime and prevent radicalisation
- To reduce exploitation of vulnerable people

These priorities were set in the context of a partnership approach to community safety and would be presented in a refreshed strategy to the CSP board in June.

The chairman noted that the updated priorities did not seek to take the focus away from ongoing work with regard to harm from drugs and reducing reoffending; rather it was important to reflect that these areas continued through service contracts and delivery as a matter of course. There was some concern over the performance of the drug service contract provided by Addaction, which had been highlighted recently by the scrutiny committee, and the contract was being monitored closely.

A board member welcomed the fact that the CSP and the health and wellbeing board were working in consultation with each other.

#### Update on the safeguarding boards' annual reports

An update was provided in response to action points raised at the meeting of the board on 7 February 2017 at which the annual reports of the safeguarding boards:

- Action point 1 – a report was commissioned in order to have a better understanding of incidences of sexual abuse of children coinciding with domestic abuse. The report did not raise any concerns regarding links between the two.
- Action point 2 – a domestic abuse summit has been planned for 24 November 2017 to coincide with National Domestic Abuse White Ribbon Awareness day the following day. The summit would provide opportunity for learning from domestic homicide reviews that have taken place.
- Action point 3 – the CSP and the two safeguarding boards are reviewing the approach to tackling modern slavery and trafficking and domestic abuse as a priority through task and finish.
- Action point 4 – a bid was submitted to the Home Office for funding through the Violence Against Women and Girls service transformation fund, to support an improved response to tackling domestic violence where dementia was a factor. A decision on this was pending.

#### **RESOLVED**

**That**

- a) the priorities be confirmed as aligned with the health and wellbeing strategy;**
- b) the refreshed CSP strategy be presented to the health and wellbeing board at the next available meeting;**
- c) board members note the domestic abuse summit on 24 November 2017; and**
- d) concerns regarding delivery of the drug service contract be noted and addressed by continued contract monitoring and review.**

#### **118. ADULTS WELLBEING PLAN 2017- 2020 AND LOCAL ACCOUNT**

The director for adults and wellbeing presented the adult social care local account 2016 and the adults wellbeing plan 2016.

#### Adult social care local account 2016

Councils were expected to produce a local account of adult social care performance for the year just gone. The publication was intended to be accessible to consultees including the public. The account set out the financial aspects and showed how the proportion of council budgets allocated to adult social care was increasing progressively, which was a national theme, and was in order to focus on the priority of delivering statutory functions. The budget focused on some 3000 people, a third of whom resided in care homes. It was a challenge to manage 45% of the budget focused on 1% of the population although Herefordshire was performing well with regard to outcomes compared with the national picture. It was noted that significant outcomes were achieved when considering demographics of the county and a projected growth in the number of people aged over 75 as a significant proportion of the population.

#### Adults wellbeing plan 2017 – 2020

The plan was intended to complement and mirror the children's wellbeing plan in recognition of its success as a system plan and there was a separate plan for public health. Engagement was encouraged from the Clinical Commissioning Group to make it a plan for the county and putting the person at the centre. The focus of the plan was on prevention and enablement, taking an asset-based approach and identifying where needs were not being met. In recognition of the health and wellbeing strategy, the aim was to ensure people had the best possible quality of life and supporting them to have choice and take control.

A board member commended the statement of intent as a good summary of what the council intended to do.

The chairman observed that a small proportion of what was provided was funded by the state and these were the essential services that the council must focus on; there was a range of provision beyond that.

It was noted that the primary care element was presenting a challenge to resources and that a whole-system approach was required with organisational plans aligned to the health and wellbeing strategy. The benefits of developing a partnership plan was noted as promoting a clear sense of the priorities with partners working together. It would also support the direction of One Herefordshire and drive the direction of the joint commissioning board.

#### **RESOLVED**

**That**

- a) it be confirmed that the adult wellbeing plan be aligned with the health and wellbeing strategy; and**
- b) assurance be given regarding the commitment and aspirations for the development of a partnership plan from 2018**

#### **119. PUBLIC HEALTH STRATEGY AND PLAN 2017 - 2020**

The consultant in public health presented the public health plan for 2017 – 2020, which identified key priorities and future intentions. The presentations today focused on two key areas, problematic alcohol use in the county, and an integrated programme for children and young people focusing on child dental health and obesity.

#### Problematic alcohol use

The presentation highlighted that:

- around 30-40,000 people were thought to be consuming alcohol at harmful levels in the county with the trend being towards drinking at home rather than at licenced venues

- it was considered that alcohol was a greater public health risk than smoking, possibly attributed to differing perceptions of risk by consumers
- it was notable that mortality rates were lower despite higher levels of drinking and it was not clear how demographics explained this in comparison with other areas
- alcohol related hospital admissions were reducing, including those connected with road traffic incidents, despite the nature of roads in the county. This perhaps reflected the trend towards drinking at home rather than drink-driving, and it was thought that this was attributed to successful campaigns over the past 20 years, although there was still more to do
- outcomes from addressing alcohol consumption were currently below the national averages

A number of actions had been identified to address these issues which included reviewing service delivery and performance of the contract with the current provider (Addaction), working with primary care to extend GP brief intervention work and use of a national toolkit. It was agreed that a briefing note would be provided to board members to show how these action points were making a positive impact.

#### Over the rainbow - integrated programme for health and wellbeing for children and young people

The health improvement practitioner presented information on this programme, focusing on dental health and obesity in children and young people. She drew attention to emerging data which suggested that almost 30% of reception age children were obese and that oral health was a serious concern.

The level of dental extractions was noted as a serious concern by board members and discussion took place regarding water fluoridation and potential barriers to introducing this in the county. There were possible alternatives such as fluoride supplements and fluoride varnish treatments which could be explored via national commissioning. It was noted that oral health had been picked up as a safeguarding issue as children were losing significant numbers of teeth, including some 10% under anaesthetic each year. It was noted that levels of dental decay were worsening in the county, with 41% of 5 year olds with dental decay issues.

In terms of obesity in children and young people, there appeared to have been a dramatic rise in obesity of 50% in the last 2 years and there was a danger that this could become normalised amongst the population, and this needed early intervention before children started school. There was a range of programmes and work to address this including looking at food provided in school and nursery settings and at home, and identifying the barriers to healthy eating. The data in terms of obesity and also dental health was going to be checked further by public health officers.

The chairman noted the range of good work set out to tackle serious issues but observed that there needed to be more passion, and asked if there was more merit in focusing on fewer remedies but doing these well.

Board members added that campaigns needed to be more assertive to bring about changes in behaviour and encourage people to talk about the issues in order to address them and to encourage self-care as the norm. There was evidence of good practice within schools to encourage active lives, although there were challenges around parents' perceptions of their children's weight, and establishing the evidence base for GPs to recommend action.

A board member commented in conclusion that these issues were a worry, and were highlighted by the joint strategic needs assessment (JSNA) and prioritised by the health

and wellbeing board. He added, however, that interventions needed to identify what difference they would make.

**RESOLVED**

**That:**

- a) the following recommendations be considered to improve achievement of outcomes or alignment with the health and wellbeing strategy, with particular focus on alcohol related harm and dental health in young people:
  - explore what interventions would be feasible to achieve fluoridation
  - to identify, from the available range, the key initiatives and interventions to focus work to deliver better outcomes
  - to develop an assertive approach to bringing about changes in behaviour to pursue healthier lifestyles; and
- b) that a briefing note be provided to the board showing actions and timeframes for improvements in service delivery by Addaction, with information to show improved performance.

The meeting ended at 16:53

**Chairman**