

**Minutes of the meeting of Health and wellbeing board held at
Committee Room 1, Shire Hall, St. Peter's Square, Hereford,
HR1 2HX on Tuesday 5 March 2019 at 3.00 pm**

Present: Councillor Paul Rone (Herefordshire Council) (Chairperson)

J Alner	NHS Herefordshire Clinical Commissioning Group
C Baird	Director for children and families
C Price	Healthwatch Herefordshire
D Sutherland	2gether NHS Foundation Trust
Elissa Swinglehurst	Herefordshire Council
S Vickers	Director for adults and communities
K Wright	Director of public health

In attendance: Councillor Polly Andrews, Dr M Hearne, Professor J Melton and C Merker

Officers: Ben Baugh, Kate Coughtrie, Annie Doherty, Rebecca Howell-Jones, Alistair Neill, Amy Pitt, Sandie Rogers and Charlotte Worthy

Election of chairperson for this meeting

Due to the receipt of apologies for absence from the chairperson and the vice-chairperson, the first matter of business was to elect a chairperson for this meeting, in accordance with paragraph 4.1.10 of the council's constitution.

Councillor Paul Rone was elected as chairperson for this meeting.

168. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillor Lester, Ingrid Barker, Jane Ives, Ian Stead, Dr Ian Tait and Simon Trickett.

169. NAMED SUBSTITUTES

The following substitutes were noted: Duncan Sutherland for Ingrid Barker; Christine Price for Ian Stead; and Jo-anne Alner for Simon Trickett.

170. DECLARATIONS OF INTEREST

No declarations of interest were made.

171. MINUTES

The minutes of the previous meeting were received.

Resolved:

That the minutes of the meeting held on 1 October 2018 be approved and be signed by the chairperson.

172. QUESTIONS FROM MEMBERS OF THE PUBLIC (Pages 9 - 12)

The questions received and responses given are attached as appendix 1 to these minutes.

173. QUESTIONS FROM COUNCILLORS

No written questions had been received from councillors for this meeting.

174. UPDATE ON THE DELIVERY OF DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2017 RECOMMENDATIONS

The director of public health provided an update on the implementation of the recommendations of the director of public health's annual report 2017, as agreed at the 1 October 2018 meeting (minute 167 refers). The key points included:

Recommendation 1: Strengthen our approach to embedding health in all policies, strategies and commissioned services

Public health had been working with planning, licensing and other areas of the council to ensure that health issues were considered in policy development and decision making.

Recommendation 2: Work with Herefordshire's health and wellbeing board and other partners to develop a comprehensive oral health plan to tackle issues of poor oral health in children...

The oral health needs assessment was progressing well and should be published at the end of May 2019.

Recommendation 3: Work with Herefordshire's health and wellbeing board and other partners to develop and implement a healthy weight plan which focuses on reducing obesity in children...

The children and young people scrutiny committee was congratulated on its dental health and childhood obesity spotlight review which had brought together a range of organisations to explore these issues. Work on the healthy weight plan was progressing, including mapping. Some targeted weight management programmes were being offered through schools and an assessment of school meal provision was to be undertaken.

Recommendation 4: Work with partners to develop a co-ordinated approach which focuses on what people can do to take care of themselves and build individual and community resilience...

Increased focus on working with communities, including the roll out of 'Let's Talk Community Hubs' and embedding 'Making Every Contact Count' across the system, were helping to build community resilience.

Recommendation 5: Work with our partners to develop an ageing well plan, which responds to the findings in the ageing well needs assessment and the deep dive analysis of the problems of cardiovascular disease and hypertension.

This plan was being developed and should be completed by June 2019.

Recommendation 6: Develop the Healthy Living Network (HLN) to enable community and voluntary organisations, businesses, partners and residents to champion actively health and wellbeing improvements in their area.

The HLN had recruited 39 different organisations and 79 people had been trained to date, with further activity planned to support community networks and recruit more members.

Recommendation 7: Work with schools and early years settings to better understand the underlying issues impacting on children's mental health and self-esteem and embed evidenced based interventions to promote resilience and good relationships.

Alongside other initiatives, a parenting programme was being rolled to promote children's mental health, build confidence, and provide access to the right support.

Recommendation 8: Develop a sustainable health and social care service in Herefordshire by maximising the opportunities to reduce demand on services in the first instance.

The benefits of the prevention agenda and strengths-based model of working to improve health and wellbeing and reduce demand on social care were noted. Developments included the multi-agency domestic abuse strategy, locality profiles, and improving the uptake of NHS health checks.

In response to a question from the chief executive about the use of dental sealants and fluoride varnishes for children, the director of public health acknowledged the ongoing need to raise awareness of and access to this intervention; an undertaking was given to explore the longevity of new products and the potential for professionals other than dentists to apply such treatments.

There was a discussion around the issues arising from recommendation 7, the key points included:

- i. Duncan Sutherland commented on the importance of identifying and treating mental health issues in childhood and ensuring connectivity between settings.
- ii. The director of public health outlined the role of children's community nurses.
- iii. The director for children and families said that some schools were doing some good work in this area, with pupils acting as champions and points of contact for others. The director of adults and communities added that schools were excellent at delivering results and, whilst it would be helpful it was part of the Ofsted agenda, there could be opportunities to work in a more collaborative way locally.
- iv. Jo-anne Alner commented on the proposals for the development of children and young people's mental health care, as detailed in the NHS Long-Term Plan and in the government's response to the children and young people's mental health green paper consultation.
- v. Professor Melton reported on initiatives to tackle stigma and raise awareness of emotional wellbeing, such as the 'Crucial Crew' event, and work to support transitions between age groups and services.

Resolved:

That the update be received and the role of the board in taking forward the priorities be noted.

[Note: The Homeless Link Health Needs Audit item was considered next, but the original agenda order is preserved in these minutes for ease of reference]

175. FUTURE ARRANGEMENTS AND PRIORITIES FOR THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The consultant in public health summarised the proposed changes to the JSNA process and outputs as follows:

- a. One of the statutory functions of the health and wellbeing board was to produce a JSNA of the health and wellbeing needs of Herefordshire and its residents.
- b. The current approach included the production of a summary report which was refreshed every year and published on the 'Facts and Figures about Herefordshire' website.
- c. It was proposed that the annual document be replaced with a summary report every three years and the JSNA be repositioned as a live resource, supported by quarterly intelligence bulletins.
- d. As there had not been time to consider priorities during a board member workshop, it was suggested that the identification of priorities for analysis and understanding for 2019/20 and beyond be delegated to a workshop involving partner organisations.

The consultant in public health and the intelligence unit team leader responded to questions, the key points included:

1. Population health profiles would form part of the JSNA resource and work was being undertaken on smaller, locality profiles.
2. The 'Facts and Figures about Herefordshire' website would be rebranded 'Understanding Herefordshire: people and places' to reinforce its repositioning as the JSNA and evidence base hub.
3. The current annual report was resource intensive to produce and many strategic indicators did not change significantly year-on-year. The revised approach would enable greater focus on the analysis and understanding of the data, in a more real-time way.
4. Different boards took different approaches, but it was considered that the new arrangements would complement the focus on localities and assets.
5. It was anticipated that the changes would release some capacity in the team, potentially to support discrete pieces of work going forward.
6. Jo-anne Alner expressed her appreciation for the frailty integrated care pathway. It was confirmed that such documents would still be produced, with the director of public health adding that there would be opportunities for other organisations to upload documents to the website, subject to quality assurance. It was noted that the new JSNA Delivery Group would comprise those responsible for the production of evidence and intelligence across the whole system.

Resolved: That

- (a) **The proposed move to a three-yearly summary, supplemented by a live JSNA in the form of the new Understanding Herefordshire website and quarterly bulletins, be approved;**

- (b) **The key areas for analysis and intelligence for the 2019/20 JSNA be delegated to a workshop involving partner organisations and the outputs be circulated to board members; and**
- (c) **The director of public health be authorised, following consultation with the CCG chief officer and relevant cabinet members, to determine in-year changes to the key areas for analysis and intelligence.**

176. BETTER CARE FUND QUARTER 2 AND 3 REPORT 2018/19

The head of partnerships and integration reported on the better care fund 2018/19 quarter two and three national performance report and drew attention to the following matters:

- a. Due to the national submission deadlines, the quarterly reports had been submitted and the board was invited to note the completed data.
- b. The report reflected national conditions and metrics, and the requirement to implement the High Impact Change Model for Managing Transfers of Care.
- c. The board was advised that Delayed Transfers of Care had been peer reviewed recently and there were key programmes in place to support the system, including the implementation of a trusted assessor model, appointment of an integrated discharge lead, and an integrated discharge team function.

In response to a question, the director for children and families explained that the forecast in the 'Section 75 Agreement Finance Summary 2018/19' for 'Total Pool 4 – Children's Services' related to children with complex needs and any underspend would be returned to the agencies that contributed to the pooled fund.

Resolved: That

- (a) **the better care fund quarter two and three performance reports, as submitted to NHS England, be noted; and**
- (b) **there were no further actions that the board wished to recommend to secure improvement in efficiency or performance at this time.**

177. HOMELESS LINK HEALTH NEEDS AUDIT

The consultant in public health presented the results of Herefordshire's Homeless Link Health Needs Audit, with attention drawn to the following:

- a. The audit was identified as an action in Herefordshire's Homelessness Prevention Strategy 2016-20.
- b. The health inequalities faced by people who were homeless were considerable, with greatly reduced average life expectancy compared with the general population; over 30 years lower for men and 40 years lower for women.
- c. The audit was undertaken between December 2016 and February 2018, with 102 audits completed through face-to-face interviews by undertaken by Home Group, Supported Housing for Young People Project (SHYPP) and the council's outreach service.
- d. The key findings were summarised, including background information, physical and mental health conditions, drug and alcohol use, and access to services.

- e. The rough sleeper outreach worker outlined two case studies which highlighted the complexities: the first demonstrated that access to mental health services were often vital for people who were homeless; and the second demonstrated that the provision of accommodation had to be complemented by a willingness to engage and support to address mental health and addiction issues.
- f. The recommendations were outlined, and it was suggested that a workshop be held to examine care pathways. The audit would be published on the JSNA website, with the intention of repeating it again in three years.

Duncan Sutherland welcomed the audit and commented on the importance of breaking down silos and taking a pro-active approach. An overview was provided of an integrated initiative in Bristol that was achieving impressive results and it was recommended that consideration be given to the submission of a bid to the Homes England 'Move On Fund' to increase the availability of move-on accommodation.

The chief executive emphasised that expressions of commitment had to be backed up by actions to support vulnerable people. Noting that 25% of respondents had spent time in prison, it was suggested that the Ministry of Justice could be involved in the development of creative initiatives and solutions. It was acknowledged that the issues were profoundly challenging for any community, especially where people rejected help, and some practical shape was needed to take this work forward.

The director of public health said that the audit was a good piece work, it reinforced the need to focus on community resilience, the workshop should result in an action plan, and the board had an important role to play in holding lead agencies to account.

The cabinet member children and families suggested that opportunities for community work could be explored to help homeless people reengage with the wider community.

Jo-anne Alner supported a workshop to identify and overcome barriers to healthcare and other services, noted that a new mental health crisis line was being developed, and reiterated a commitment to consider representation on the Herefordshire Homelessness Forum.

Dr Hearne said that the workshop should explore care pathways from the perspectives of homeless people and then make recommendations at network and strategic levels to deliver the changes needed.

Resolved: That the health and wellbeing board:

- (a) sign up to the 'Charter for Homeless Health' and implement its commitments, including identifying need, providing leadership and commissioning for inclusion;**
- (b) requests board members to review within their organisations access to services, including mental health services, primary and secondary health care and preventative services for homeless people with the aim to improve health and reduce first-line use of A&E and ambulance services;**
- (c) seeks assurance from lead agencies (including Herefordshire Council, NHS Herefordshire Clinical Commissioning Group, Wye Valley NHS Trust and 2gether NHS Foundation Trust) on the actions they are taking to address this inequality and considers these in a future session together with local consideration / adoption of the national memorandum of understanding on**

health and housing “Improving health and care through the home: A National Memorandum of Understanding”; and

- (d) endorses the Homeless Health Needs Audit being undertaken again in three years’ time (2022; completing the audit cycle) and being reported to the board.**

178. HEREFORDSHIRE AND WORCESTERSHIRE DEMENTIA STRATEGY 2019-2024

The clinical programme manager of the CCG gave a presentation on the Herefordshire and Worcestershire ‘Living Well with Dementia Strategy 2019-2024’, the principal points are summarised below:

- a. The purpose of the new strategy was to set out a shared vision for a collaborative approach across both counties, with each county having its own action plan.
- b. Improving the health and wellbeing of people affected by dementia was a shared priority health outcome area for both counties and there were similarities, particularly between south Worcestershire and Herefordshire, in terms of challenges around dementia diagnosis and geography; the four CCGs were underperforming against the national target for dementia diagnosis.
- c. The strategy had been informed by the Older People’s Needs Assessment, local partnership events, a public survey, and feedback from service users, carers and a range of other stakeholders.
- d. The vision was that ‘in Herefordshire and Worcestershire people with dementia can live well through the following guiding principles: preventing well; diagnosing well; supporting well; living well; and dying well.
- e. The key messages and challenges that had emerged during a series of workshops were outlined.
- f. It was estimated that around 12,500 people were living with dementia in Herefordshire and Worcestershire, and this was expected to rise to around 20,000 people by 2025. Consequently, there was a need to pool resources and share learning in order to achieve the best possible outcomes.
- g. A further engagement event was to take place during the following week to explore the high-level actions and to consider the immediate priorities.
- h. A five-year plan was considered realistic and would provide time to drive the culture change required and achieve longer-term outcomes.

The director for adults and communities said that the work was positive overall but, whilst there had been engagement with a range of stakeholders, more could be done to engage with the local authorities in the two counties, especially given the finite management resources available to attend individual events. Concern was expressed about potential risks in terms of governance processes and ensuring that plans were relevant to the localities in which they were to be implemented. The director added that there was a lot of strategy development happening locally which needed to be aligned; for example, the economic development strategy could contribute directly towards shaping dementia friendly communities.

Jo-anne Alner emphasised that the Herefordshire and Worcestershire Sustainability and Transformation Partnership did not operate in isolation, commented on the various

engagement opportunities, and reiterated that each county would have its own action plan.

Resolved: That

- (a) the draft Herefordshire and Worcestershire Dementia Strategy 2019-2024 be noted; and**
- (b) partner organisations be recommended to take the draft strategy through their governance systems for consideration and approval.**

179. PROVISIONAL MEETING DATES FOR 2019/20

Provisional meeting dates for 2019/20 were noted, with the next scheduled meeting on Monday 8 July 2019.

The meeting ended at 4.50 pm

Chairperson

Public questions to the health and wellbeing board – 5 March 2019

The following questions related to agenda item 10, Homeless Link Health Needs Audit. The associated report is available as follows:

<http://councillors.herefordshire.gov.uk/documents/s50064790/Homeless%20Link%20Health%20Needs%20Audit%20main%20report.pdf>

Question 1

From: Dr Sid Freeman of Hereford

This report recommends that the Health and Wellbeing Board (HWBB) sign up to the St Mungo's 'Charter for Homeless Health' and implement its commitments. In the Council's Homelessness Prevention Strategy (2016-2020, Objective 3 (Action 3), the Council agreed to demonstrate commitment to the health of homeless people by working towards the achievement of this same charter. However, the latest published Action Plan for this Strategy (June 2018) indicates no practical action has been taken to implement the 'Leadership' aspect or the commitment to 'Commissioning for Inclusion'. Nor are there evaluation criteria in the Action Plan to demonstrate effective implementation.

How will the HWBB ensure this recommendation will be implemented coherently across relevant agencies/trusts and that evaluation criteria – including outcomes, impact and improvement – are reported annually, so councillors and the public can judge the effectiveness of the implementation process?

Response

Chairperson of the health and wellbeing board

Thank you for your question. Herefordshire health and wellbeing board will discuss and consider signing up to the St Mungo's Charter and asking partner agencies to report back on the actions they are taking to address the health inequality faced by people who are homeless, in line with the report recommendations.

Herefordshire Council's Homelessness Prevention Strategy 2016-2020 included the commitment to work towards the priorities in the St Mungo's Charter. We would like to clarify that the Action Plan for the Homelessness Prevention Strategy is a working, operational document that is not routinely published. The Homelessness Prevention Strategy review will be undertaken this year, ahead of developing a strategy for beyond 2020. This strategy update will consider any legislative changes, guidance on developing the strategy and the Herefordshire Homeless Link Health Needs Audit and other relevant documents. It will be appropriate to review the action plan structure with the strategy update.

Question 2

From: Christine Pepler, Chair of Herefordshire Homelessness Forum, Church & Society Link Officer for the Diocese of Hereford

One of the aims of the audit (Key considerations point 6) is to "bring statutory and voluntary services together to develop responses to local priorities and address gaps in services", this is also one of the aims and terms of reference for the Herefordshire Homelessness Forum (though we have struggled to find any health representation on the Forum). It takes a lot of support for

somebody who is homeless to access any non-crisis health service, this support often comes from the voluntary/community/faith sector, along with officers from the Homeless Outreach service. How does the Health and Wellbeing Board envisage ensuring that these other sectors are coherently involved and resourced to provide this necessary support?

Response

Chairperson of the health and wellbeing board

Thank you for the question and for raising the valuable role of the voluntary/community/faith sector in supporting people who are homeless. We agree there are considerable challenges faced by someone who is homeless to access services and a broad range of support opportunities is important. This report provides data on the access to services by people who are homeless in Herefordshire. The health and wellbeing board will discuss and consider the recommendations of the report which include seeking assurance from lead organisations on the actions they are taking to reduce this inequality. It is envisaged that these actions will include the partnerships and work being undertaken with the voluntary/community/faith sector.

Supplementary question from Christine Pepler asked at the meeting:

To enhance partnership working and the plans to address inequality of access to health services for the homeless, could consideration be given to consistent representation by health services at the Herefordshire Homelessness Forum?

Summary of the verbal responses provided at the meeting:

The chairperson felt that this was a reasonable request and invited attendees to comment. Stephen Vickers (director for adults and communities, Herefordshire Council) and Jo-anne Alner (managing director, NHS Herefordshire Clinical Commissioning Group) agreed to consider future representation at the forum. Mike Hearne (managing director, Taurus Healthcare) noted that the primary care networks were increasingly become the place where health services and communities worked together collaboratively, and suggested that issues could also be explored at a locality level.

Question 3

From: Elliot Swatridge of Hereford

I entirely welcome this timely audit and its excellent intentions.

However, during volunteering at the Night Shelter, I have seen the true human plight of homelessness, including a very recent fatality, and critically poor health in others. I am thus deeply concerned that, while the commitment to the Charter for Homeless Health is a step forward, that the report's conclusions make no specific, measurable goals, and makes no commitment to financial investment (page 73). The bottom line is that, unless a major overhaul of present services takes place, which realistically includes financial commitment, the next 3 years shall see multiple preventable fatalities in the homeless community. My question is:

when shall specific, measurable targets, with the necessary financial investment to show they are more than empty words, be added to the conclusions of this report?

Response

Chairperson of the health and wellbeing board

Thank you for your question and for highlighting the inequality in health outcomes faced by those who are homeless. The homelessness health audit has provided insight and data on the health and wellbeing of the homeless population in Herefordshire. The reason to bring it to the health and wellbeing board is to enable partner agencies to consider where there are opportunities to improve outcomes rather than to set strategic direction and dictate actions. Measurable targets will not therefore be added to the conclusion of this report but following discussions with partners at the health and wellbeing board, actions that develop can feed into the current work plans. This audit was an action under the Homelessness Prevention Strategy 2016-20 and is part of the work being undertaken by Herefordshire Council and other partners to prevent homelessness and support those who are homeless. The Homelessness Prevention Strategy review will be undertaken this year, ahead of developing a strategy for beyond 2020. This strategy update will consider any legislative changes and guidance on developing the strategy but also take into consideration the findings from the Herefordshire Homeless Link Health Needs Audit and other relevant documents. Finally, the health and wellbeing board will discuss the recommendation that the audit is repeated in the future to determine whether improvements have been achieved.

