

Minutes of the meeting of Health and wellbeing board held in The Conference Room, Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Monday 6 December 2021 at 2.30 pm

Board members present in person, voting:

Councillor David Hitchiner	Leader of the Council, Herefordshire Council
Chief Inspector Ross Jones	West Mercia Police
Paul Smith	Acting Director for Adults and Communities, Herefordshire Council
Dr Ian Tait (Vice-chairperson, in the chair)	Chair of NHS Herefordshire and Worcestershire Clinical Commissioning Group
Councillor Diana Toynbee	Cabinet Member for Children and families, Herefordshire Council
Councillor Ange Tyler	Herefordshire Community Safety Partnership / Cabinet member housing, regulatory services, and community safety

Board members in attendance remotely, non-voting:

Hazel Braund	Director of Partnerships and Change, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Darryl Freeman	Corporate Director for Children and Young People
Rebecca Howell-Jones	Acting Director of Public Health, Herefordshire Council
Jane Ives	Managing Director, Wye Valley NHS Trust
Richard Kelly	Healthwatch Herefordshire

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

Others present in person:

Ben Baugh	Democratic Services Officer	Herefordshire Council
Simon Cann	Democratic Services Officer	Herefordshire Council
Jenny Preece	Democratic Services Technical Support Officer	Herefordshire Council

Others in attendance remotely:

Rosemary Adebola	Deputy Director of Strategy and Partnerships	Herefordshire and Worcestershire Health and Care NHS Trust
Ewen Archibald	Interim Assistant Director, All Ages Commissioning	Herefordshire Council
John Burgess	Senior Commissioning Officer	Herefordshire Council
Kate Coughtrie	Head of Law and Business Partner (Adults)	Herefordshire Council
Marie Gallagher	Senior Commissioning Officer	Herefordshire Council
Adrian Griffiths	Business Partner	Herefordshire Council
Jack Lyons-Wainwright	Delivery Programme Manager	NHS Herefordshire and Worcestershire Clinical Commissioning Group
Heather Manning	Deputy Designated Safeguarding Nurse	NHS Herefordshire and Worcestershire Clinical Commissioning Group
Pete Norton		Herefordshire Food Alliance
Amy Pitt	Service Director - Communities	Herefordshire Council
Kristan Pritchard	Health Improvement Practitioner	Herefordshire Council
Charlotte Worthy	Intelligence Unit Team Leader	Herefordshire Council

12. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Board Members: Cllr Pauline Crockett (Herefordshire Council), Christine Price (Healthwatch Herefordshire), Chief Fire Officer Johnathon Pryce (Hereford and Worcester Fire and Rescue Service), Dr Mike Hearne (Taurus Healthcare), Neil Taylor (Herefordshire Council), Superintendent Edd Williams (West Mercia Police), Mark Yates (Herefordshire and Worcestershire Health and Care NHS Trust), and Julie Grant (NHS England and NHS Improvement). Apologies had also been received from Paul Walker (Herefordshire Council).

At the meeting, apologies were relayed on behalf of Sarah Duggan and Susan Harris (Herefordshire and Worcestershire Health and Care NHS Trust).

13. NAMED SUBSTITUTES (IF ANY)

The following named substitutes were present: Chief Inspector Ross Jones for Superintendent Edd Williams.

The following named substitutes were in attendance virtually and therefore were able to participate, but not cast a vote: Hazel Braund for Simon Trickett (Herefordshire and Worcestershire Clinical Commissioning Group); and Richard Kelly for Christine Price (Healthwatch Herefordshire).

14. DECLARATIONS OF INTEREST

Dr Ian Tait reminded the board that he was a member of Worcestershire's Health and Wellbeing Board.

15. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on Monday 26 July 2021 be approved and be signed by the chairperson.

16. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

17. QUESTIONS FROM COUNCILLORS

No questions had been received from the Councillors.

18. HEREFORDSHIRE SAFEGUARDING CHILDREN PARTNERSHIP REPORT TO HWBB RE CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND SUICIDE DURING 2020

The board received the report Herefordshire Safeguarding Partnership Report to HWBB RE Children and Young People's Mental Health and Suicide during 2020. Heather Manning (Deputy Designated Safeguarding Nurse, NHS Herefordshire and Worcestershire CCG) and Darryl Freeman (Corporate Director for Children & Young People, Herefordshire Council) introduced the report. Mr Freeman provided clarification on the report recommendation: the board was being asked by the Herefordshire Safeguarding Children Partnership to seek assurance that effective processes were in place to prevent further deaths by suicide and self-harm and that the Health and Wellbeing Board seek assurance regarding the resilience of and access to mental health services locally.

It was noted that this was a board responsibility and not one for safeguarding partners.

The board raised the following points and questions:

- Clarity was sought regarding children and young people numbers being referred to the school nursing services during Covid-19.

Heather Manning explained the decrease in referrals may have occurred when schools were not open for children and so therefore they were not being seen by the school nursing in situ.

- The board requested further clarity on the recommendation.

A board discussion took place in which it was noted that the Children and Young People's Partnership had been stood down for part of the year, but had recently re-emerged and would potentially be a board where an action could be tasked. Dr Tait asked the board if it felt there were any people not in the room/attending virtually who needed to be involved in the debate. No names were put forward. The board subsequently developed a number of additions and amendments in place of the original recommendation including requests for assurances on: effective processes being put in place to prevent further incidents, greater involvement and commitment from system partners, third sector and other groups, and the provision of an interim report to the board before the detailed report in June 2022.

The board agreed a change to the recommendation (a) in the report. The change reflected the collective input from the vice-chair, members and attendees during the debate.

The recommendations were proposed and seconded and approved unanimously.

RESOLVED: That

- a) **The Health and Wellbeing Board requests that the Children and Young People's Partnership Board examines the following topics in order to obtain assurance on:**
 - **effective processes being in place to prevent further deaths by suicide and self-harm**
 - **there being resilience in terms of health and wellbeing services locally, including access to mental health services**
- b) **System partners commit to a partnership approach to responding to any recommendations arising from the report in terms of prevention and outcomes.**
- c) **Opportunities to maximise the input of voluntary, third sector and other groups be explored, e.g. through the 'working better together' initiative.**
- d) **An update on progress be provided in the form of an interim report to the Board at its next scheduled meeting in March 2022, with a detailed report in June 2022.**

19. COUNTYWIDE APPROACH TO BECOME A SUSTAINABLE FOOD PLACE

The board received a report by the Health Improvement Practitioner on the county-wide approach to become a Sustainable Food Place. Kristan Pritchard (Health Improvement Practitioner, Herefordshire Council) and Pete Norton (Herefordshire Food Alliance) introduced the report and outlined: the focus on making healthy and sustainable food a defining characteristic of living in Herefordshire, the formation of Herefordshire Food Alliance (HFA), and the key elements of becoming a Sustainable Food Place (SFP).

During the course of the debate the board raised the following points and questions:

- It was suggested that the term food poverty could be incompatible with how the council works with farmers and local food producers, because it can imply food is too expensive.
- It was queried whether there had been any engagement with producers regarding processing food within the county.

Pete Norton explained that discussions had occurred around the term food poverty and that perhaps 'household food insecurity' was a better way of describing it. It was acknowledged that various factors contributed to household food insecurity and that it was not the aim of the HFA to see everyone producing cheaper food.

Regarding farmers and producers, it was explained that the HFA worked with the NFU, Farm Herefordshire and Visit Herefordshire in engaging with local producers about celebrating local food. It was also explained that there were broadly three different kinds of producer: big producers, micro producers and a middle ground of processor; the intention would be to try and better understand and support the needs of this middle group.

- A query was raised regarding risk management from community and partner organisations not working together and potential funding issues.

It was explained that the HFA was not a formally constituted group, but would rely on other people within the network to pick up the mantle where necessary. It was stated that the HFA was funded for the next 18 months and that in that time it would strive to build momentum to secure further resources.

- It was noted that sustainability and the importance of locally sourced nutrition was not just a local government issue and was recognised by the NHS and the wider public sector.

The recommendations in the report were proposed and seconded and agreed unanimously.

RESOLVED: That

- a) The work on Sustainable Food Places in Herefordshire, including the local vision, aims and actions set out in the plan, be supported; and**
- b) Member organisations promote and engage in activity across the sustainable food places framework, including the food charter.**

20. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) 2021

The board received a report concerning the Joint Strategic Needs Assessment (JSNA) 2021. Becky Howell-Jones (Acting Director of Public Health, Herefordshire Council) and Charlotte Worthy (Intelligence Unit Team Leader, Herefordshire Council) introduced the

report and outlined: the new sections summaries, the importance of risk factors and vulnerabilities and the impact that the right early help and intervention can have on individuals and resources across the whole system. Low productivity concerns, the impact of Covid-19 and the need to link disparate evidence around vulnerabilities, safeguarding and community work were highlighted.

During the course of the debate the board raised the following points and questions:

- A query was raised about the lower economic value of food and whether there comes a point where productivity becomes meaningless.

Charlotte Worthy explained that there is a need for specialist research to gain a better understanding of what productivity really means. If everything was pinned on the single figure of GVA (Gross Value Added), this could hide potential complexities.

- It was noted that one of the Himalayan countries uses gross national happiness as their measure of wealth. It was also noted that one of the original designers of the GDP tool had expressed frustration at how the tool was being used for purposes other than for what it was designed for.
- Concern was expressed regarding the decrease in male life expectancy for men in Herefordshire over the last five years.

Charlotte Worthy explained that confidence measures were very wide and so these figures were not an absolute measure of a five year reduction. Previously, Herefordshire had been significantly better than the rest of England, but for males there is no longer that significant difference, so male life and healthy life expectancy had fallen off and was now close to the national average.

- It was proposed that there was a need for a specific piece of work to examine whether this fall was an anomaly or reflected something more meaningful.

The board discussed and proposed an addition (Section d, subsection v) to the recommendations to accommodate this suggestion.

The amended recommendations in the report were proposed and seconded and agreed unanimously.

RESOLVED: That

- a) **The Key Findings of the 2021 Joint Strategic Needs Assessment (at appendix 1 to the report) be approved;**
- b) **The findings of the JSNA be considered in the development of the board's priorities and future health and well-being strategies;**
- c) **Member organisations facilitate the dissemination and use of the JSNA within their organisations and other system networks; and**
- d) **The priorities for theme-based analysis for 2022/23 be agreed as**
 - i. **continued assessment of the longer-term impacts of the Covid-19 pandemic on the health and well-being of Herefordshire's people and place**

- ii. **system-wide understanding of need and demand for mental health services in the county**
- iii. **research into the drivers of Herefordshire's low economic productivity**
- iv. **continued strengthening of the evidence base by considering how to:**
 - **bring together partners' insights about vulnerabilities, safeguarding and community safety**
 - **measure the impact of environmental changes on people's well-being locally.**
 - **gain a more complete understanding of what poverty and financial insecurity look like in Herefordshire**
- v. **to explore the apparent deterioration in enhanced male life expectancy and to seek evidence based opportunities for intervention to reverse that trend.**

21. HEREFORDSHIRE AND WORCESTERSHIRE MENTAL HEALTH AND WELLBEING STRATEGY

The board received a report concerning the draft Herefordshire and Worcestershire Mental Health Strategy. Ewen Archibald (Interim Assistant Director All Ages Commissioning) and Jack Lyons-Wainwright (NHS Herefordshire and Worcestershire CCG) introduced the report and outlined: the all-ages scope of the strategy, the extensive engagement that had taken place, the interconnectivity of the strategy with other services, the ongoing transformation of community mental health services for working age adults and the significance of wider developments such as Talk Community and work upstream.

Jack Lyons-Wainwright highlighted slides within the report containing the pillars of mental health and the pyramid of need, and how the strategy aims to pull resource down to informal care, self-care and primary care level where possible.

Board members were invited to comment, the principal points included:

- It was queried how GPs refer people to mental health services for help, how support services would link together and if there were enough resources to cope, given existing waiting lists to see mental health counsellors.

It was explained that there was a transitional phase in progress when Covid-19 arrived, which presented difficulties during this time. A GPs triage process was now in place for all community mental health referrals to: IAPT (Improving Access to Psychological Therapies), Healthy Minds, secondary mental health services or voluntary sector partners. The intention was to develop that further, so the GPs will be able to directly refer to, for example, voluntary sector partners rather than going through mental health practitioners through the trust.

It was explained that waiting lists had been an issue, especially regarding Healthy Minds. There is an ongoing cycle of national investment around increasing the number of people going through IAPT services, which had presented a challenge from a workforce and workplace perspective. A recovery plan had been put in place focusing on quality of service, recovery outcomes and waiting times. IAPT had been a very fixed and rigid model and the aim is to broaden that model and

have more services available for people to access, which would reduce pressure on IAPT.

- It was noted that in relation to children and young people (CYP) there would be a push at the frontline. Questions would need to be asked as to whether CAMHS (Child and Adolescent Mental Health Services), CLD Trust mental health teams and schools had the resources they need, and that the Integrated Care System (ICS) actually works for Herefordshire.
- A correction was requested relating to the equality impact assessments in Appendix 2. The sex of respondents had been recorded, but male and female were shown as identities, which they were not. It was requested that male and female are recorded as sex, as under the Equality Act, so that the data was accurate.
- A point of clarification was made in relation to Appendix 3. Mental health issues were described in the appendix as a recognised disability. It was noted that this is not strictly true and that mental health had specific meaning within the Equality Act and it needed to be specified that it is only if those issues and problems have a substantial effect on how a person or people live their lives.

It was confirmed that the requested amendments would be actioned. It was explained that in relation to CYP access issues there was a specific investment level, which was protected.

- The increased awareness of mental health issues through classroom discussion among CYP was highlighted. The importance of working in partnerships was raised, with the need to work together with schools, teachers, the police and everybody else - not just the ICS - being noted.

It was agreed the strategy should not be too ICS focused. The success of the mental health sports and schools project was cited as a good example of health services working across schools and building relationships. The increased discussion about mental health issues in the classroom was commended and it was pointed out that schools potentially know children better than the GP when it comes to identifying referral needs.

The recommendation in the report was proposed and seconded and agreed unanimously.

RESOLVED: That the draft Herefordshire and Worcestershire Mental Health Strategy be endorsed.

22. HEREFORDSHIRE'S BETTER CARE FUND (BCF) AND INTEGRATION PLAN 2021-22

The board received a report concerning the Better Care Fund (BCF) 2021-22. It was introduced by Ewen Archibald (Interim Assistant Director All Ages Commissioning) and Adrian Griffiths (Business Partner) introduced the report. The principal points of the introduction included:

- Unusual timings and timescales shortened the preparation time available to prepare the plan.
- Herefordshire Council had satisfactorily met the key national conditions and metrics and the council continues to work with the CCG in fulfilling those

conditions and metrics - ensuring that shared strategic objectives around integrated services are fulfilled.

- An assurance that the plan was submitted on time for the approval process, but feedback from the submission was not anticipated until just before Christmas.
- The requirement that the health and wellbeing board approve the plan so that it can be jointly agreed.
- The overall plan was just over £23 million (£23,174,000).
- The plan supports core social care and community health care services in Herefordshire, particularly around discharge facilitation and hospital discharge.
- The plan supports significant services including:
 - £6 million towards the community health services provided by Wye Valley Trust.
 - £2 million for the Home First reablement service.
- The plan supports operational social care discharge teams and some of the more complex social care teams and was a funding stream that covered the crucial services where health and social care join up with each other.

Board members were invited to comment, the principal points included:

- The board commended the BCF team on successful plan for the year and noted the programme as a working example of a collaborative partnership between the council and the NHS.
- It was queried whether there were plans to move from a back end of the system integration to more of the front end, in terms of prevention. It was also queried whether there had been an update on previous discussions regarding looking at the front end of the system rather than discharges.

The Business Partner explained that this year's plan introduces admission prevention with a metric that focuses on adding admissions prevention as a focus for BCF. These changes were currently low key, but the direction of travel was for upstream intervention and preventing admissions to acute beds to be more of a part of a BCF rather than just focusing on discharge.

- The strategy was welcomed by the board.

The recommendation in the report was proposed and seconded and agreed unanimously.

RESOLVED: That the Herefordshire Better Care Fund narrative plan and planning template 2021-22 (at appendix 2 to the report) be approved.

23. DATE OF NEXT MEETING

The date of the next meeting was confirmed as Monday 28 March 2022.

The chairperson thanked the attendees for their contributions and the meeting was closed.

The meeting ended at 4.35 pm

Chairperson