

Minutes of the meeting of Health and wellbeing board held in Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Monday 28 March 2022 at 2.30 pm

Board members present in person, voting:

Councillor Pauline Crockett (Chairperson)	Cabinet Member - Health and Adult Wellbeing
Dr Mike Hearne	Managing Director, Taurus Healthcare
Matt Pearce	Public Health
Christine Price	Chief Officer, Healthwatch Herefordshire
Dr Ian Tait (Vice-Chairperson)	Chair of NHS Herefordshire and Worcestershire Clinical Commissioning Group
Councillor Diana Toynbee	Cabinet Member - Children and Families, Herefordshire Council
Simon Trickett	Chief Executive/STP ICS Lead, NHS Herefordshire and Worcestershire CCG

Board members in attendance remotely, non-voting:

Darryl Freeman	Corporate Director for Children and Families
Councillor David Hitchiner	Leader of the Council, Herefordshire Council
Jane Ives	Managing Director, Wye Valley NHS Trust
Paul Smith	Acting Director for Adults and Communities, Herefordshire Council
Superintendent Edd Williams	Superintendent for Herefordshire, 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:

Simon Cann	Democratic Services	Herefordshire Council
Terry Chikurunhe	Senior Commissioning	NHS England
Frances Howie		Herefordshire Primary Care Trust
Amy Pitt	Service Director - Communities	Herefordshire Council
Jenny Preece	Democratic Services Technical Support Officer	Herefordshire Council
Kristan Pritchard	Health Improvement Practitioner	Herefordshire Council
Crishni Waring	Chair Designate of the Herefordshire and Worcestershire ICB.	Herefordshire and Worcestershire ICB
nuala woodman	Deputy Head of Primary Care	Commissioning West Of England

Others in attendance remotely:

24. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Ross Cook (Corporate Director, Economy and Environment), Kate Coughtrie (Head of Law and Business Partner

(Adults)), Marie Gallagher (Project Manager), Susan Harris (Herefordshire and Worcestershire Health and Care NHS Trust), Alison Hayley (Assistant Director of Strategic Transformation)

25. NAMED SUBSTITUTES (IF ANY)

Amy Pitt attended the meeting as a substitute member for Paul Smith (Acting Director for Adults and Communities).

26. DECLARATIONS OF INTEREST

Dr Ian Tait reminded the board of his membership of the Worcestershire Health and Wellbeing Board and that his wife used to be a dentist in Herefordshire, but was now fully retired.

27. MINUTES

The minutes of the previous meeting were received along with an updated version of 2021 JSNA Key Findings document which had been added to the agenda and minutes pages for the meeting on the Council's website.

The chair noted that the minutes of the meeting on 6th December 2021 recorded that an interim report on children's mental health and suicide was to be tabled in to the meeting of 28th March 2022. This interim report was not on the agenda and the chair invited Mr Darryl Freeman (Corporate Director, Children and Young People) to provide a brief verbal update. Mr Freeman apologised for not being able to get the interim report to the board and explained that the delay was down to the ongoing reconfiguration of the Children and Young People's Partnership. Mr Freeman added that he was due to meet relevant parties the following week and would seek assurance that he would be able to hit the secondary report deadline of 6th June 2022.

RESOLVED: That the minutes of the meeting held on 06 December 2021 be approved and be signed by the chairperson.

28. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

29. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

30. A REPORT BY NHS ENGLAND AND NHS IMPROVEMENT ON DENTAL PROVISION IN HEREFORDSHIRE AS OF MARCH 2022.

The board received a report by NHS England and NHS Improvement on dental provision in Herefordshire as of March 2022. Terrance Chikurunhe (Senior Commissioning Manager Primary Care Commissioning NHS England) and Nuala Woodman (Deputy Head of Primary Care Commissioning for West of England) explained that the report had been developed between NHS England and NHS Improvement Commissioning Team managers and Consultants in Dental Public Health. NHSE/I had also provided specific information on children's access and the issue of identification of oral cancers. Local Healthwatch had been engaged to assist in identifying and responding to further issues of concern and to specific local access issues in Herefordshire.

Mr Chickurunhe and Ms. Woodman took the report as read and then proceeded to focus in on a number of key points impacting the delivery of dental health in the county:

- Covid-19 had impacted every area of the service; it had limited capacity to see patients, scared patients away from attending appointments and created a significant backlog of work that would take time to deal with.
- Two dental practices (Ross-on-Wye and Bromyard) had surrendered NHS services.
- Workforce issues, including recruiting and retaining dentists, was proving difficult, the county's rurality and relative lack of training facilities were cited as potential factors in Herefordshire's poor standing.
- Public-facing staff, such as receptionists, were leaving the sector due to increased levels of abuse from frustrated patients who could not access the service.
- NHS contracts were perceived as being overly complex, inflexible and economically unviable, and younger dentists were increasingly favouring carrying out cosmetic work over more traditional activity.

During the course of the debate the board noted the following points:

- The board noted and was concerned to discover that none of the population in Herefordshire currently benefits from water fluoridation and the impact of this could clearly be seen in the level of tooth decay in 5 year old children compared with comparative regional and national figures.
- It was pointed out that the Health and Care Bill; water fluoridation detailed government plans to transfer responsibility for water fluoridation from local authorities to the Secretary of State, but felt that this didn't mean fluoridation measures couldn't be encouraged and monitored at a local level.
- Concern was expressed that from a safeguarding point of view, poor dental hygiene and dental health can be a symptom and signpost of chronic neglect. When children and families struggled to access the service it became harder to spot this neglect and created a potential gap in knowledge around identifying risks for a number of children.
- The board noted that good dental health and a healthy smile were key to a sense of self and self-image, which impacted children's health and wellbeing.
- It was noted the service was struggling before the pandemic and that the pandemic had made things much worse.
- The board agreed that the current situation gave rise to serious public health issues and was not just about teeth, but also about children, the preventative agenda, safeguarding and domestic abuse. Poor dental health leads straight into inequalities and there was clear evidence to illustrate that people who have untended dental cavities have a higher rate of heart disease and earlier mortality rates.
- The board pointed out that the workforce crisis could be resolved by a more flexible and creative to approach to job roles within the profession and that an ST3 (Specialist Training) –style of training might make the profession and location more attractive.
- It was suggested that the dental sector might benefit from adopting a similar model to that of Taurus Health Care and that NHS England and the ICS might consider investigating the viability of creating a dental federation/collaborative within the county.

- The board noted the need to build on existing public awareness campaigns relating to dental health including the 'brush, book, bed' campaign and Talk Community's 'Time to Shine' programme.

The board discussed and proposed additions (Sections b, c, d and e) to the recommendation to accommodate some of the points raised in relation to the report.

The amended recommendations were proposed and seconded and agreed unanimously.

RESOLVED: That

- a) **The Health and Wellbeing Board considers the report at Appendix 1 and provides comments and recommendations on the briefing**
- b) **Public Health will set up a meeting with relevant parties to maintain the momentum behind the report and consider how it might be possible to bring in an ST3 (speciality training) style approach to dentistry, with training for mixed roles.**
- c) **Public Health and ICS to monitor impact of Health and Care Bill on water fluoridation and continue to pursue and encourage fluoridation measures at a local level.**
- d) **NHS England, ICS and Talk Community to investigate the viability of applying local solutions to regional and sub-regional problems, through the creation of a dentistry federation/collaborative.**
- e) **Healthwatch, NHS England and Public Health to promote engagement with the public on dental health issues via a widespread information gathering campaign incorporating existing campaigns such as 'brush, book, bed' and Talk Community's 'Time to Shine' programme.**

31. HEREFORDSHIRE'S PHYSICAL ACTIVITY STRATEGY

The board received a report on Herefordshire's Physical Activity Strategy. Kay Higman (Associate Consultant at Strategic Leisure) explained that the purpose of the report was to gain approval and support from the Health and Wellbeing Board for Herefordshire's Physical Activity Strategy. Partners across Herefordshire would work together to support, expand and deliver physical activity across the county, reducing health inequalities and promoting health and wellbeing. The vision was 'In Herefordshire every person has the opportunity to: get moving, be active, feel better, keep well and enjoy healthier lives as part of everyday life in their local community. She then explained the process and methodology involved in putting the report together.

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

- The board welcomed and praised the strategy and felt it would be a key tool in tackling health inequalities within the county.
- The board suggested that there was a need to prioritise deprived areas and communities where the facilities to engage in physical activity were limited or didn't exist.

- Talk Community's work in promoting physical activity including holiday activity funds, swimming lessons and gym membership was highlighted a phenomenal success.
- The work being done in the county and the strategy were applauded, but the board considered whether enough was being done and if there was room for improvement.
- It was felt that the local council facilities such as Halo should be promoted more widely.
- It was felt that there was a greater need for involvement with development planners to ensure that new projects and leisure were safe and convenient for pedestrians and cyclists to reach.

RESOLVED: That:

a) The Health and Wellbeing Board approves Herefordshire's Physical Activity strategy; and

b) Health and Wellbeing Board member organisations support and engage in activity within the strategy.

c) The board will encourage the Herefordshire Council to promote Halo and other council facilities in line with the strategy.

d) The board will encourage the Herefordshire Council to be a facilitator of this strategy and use Talk Community to help local communities to help themselves.

e) Public Health will engage with the planning department to ensure infrastructure is in place to engage with the strategy and ensure active transport is one of its fundamental priorities in the planning application processes.

32. ESTABLISHING THE INTEGRATED CARE PARTNERSHIP

The board received a report from on establishing the integrated care partnership. Simon Trickett (Chief Executive/STP ICS Lead, NHS Herefordshire and Worcestershire CCG) delivered the report. Mr Trickett explained that the statutory obligation of the Integrated Care Partnership was to produce and own an Integrated Care Strategy and that the paper described the approach to that. He added that although Herefordshire and Worcestershire were different, they shared a lot of common challenges.

The board was invited to discuss endorsing the proposed approach to forming the ICP and agreeing the process and timeline.

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

- The board felt it was a sensible proposal and that there were common themes that could be worked on collectively, although it would be important to continue to focus on focus on Herefordshire in terms of place.
- The board welcomed the assembly piece and felt it would bring agendas together and create opportunities for more collaboration across the patch.
- The board noted the collaboration between partners over the last 18 months and thanked Simon Trickett for his leadership throughout
- It was noted that the ICS could create opportunities from cradle to grave and the mention of all ages in the paper was welcomed.
- The board quoted Peter Drucker's "Culture eats strategy for breakfast" comment. The proposed strategy was welcomed, but it was noted that a healthy collaborative culture would be vital for the partnership to work productively.

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

RESOLVED: That:

- a) Members endorse approach to the establishment of the new Integrated Care Partnership for Herefordshire and Worcestershire;**
- b) Members agree the process and timeline for establishing the new Integrated Care Strategy for Herefordshire and Worcestershire;**
- c) Members agree to include appropriate content in future Health and Well Being Board development sessions to enable it to take on responsibilities on behalf of the Integrated Care Partnership.**

33. HEALTH AND WELLBEING BOARD WORK PLAN 2022/23

The board received the Herefordshire Health and Wellbeing Plan 2022/23. The plan was presented by Amy Pitt, Service Director Communities, who gave an overview of the plan.

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

- The need to incorporate areas such as dental provision, physical activity and transport accessible within the inequalities section of the plan.
- To take the 300 most deprived families in the county and create a 'golden thread' to draw together all the services in a working collaboration that would span all ages and services such as the police and would potentially necessitate an entirely new approach.
- A prevention symposium on the 18th May at the Green Dragon Hotel in Hereford was discussed and members were invited to attend.
- Superintendent Edd Williams (Superintendent for Herefordshire, West Mercia Police) stated that the police were keen to encourage stronger resilient families to not only break the cycle of offending, but to provide the tools and support for self-help and ensure that are provided with a consistent and equal service. There was a need to get upstream and intervene before the communities and families of Herefordshire access police services.
- It was felt that the board needed to establish what follows the plan and identify measures of success and expected outcomes. JSNA data would be down the road, so there was a current need to listen to the voices of people working on the front line and people receiving care on the front line to establish if objectives were being met.

RESOLVED: That:

- a) The work plan, ambitions and leads set out in appendix A are supported by the board to enable areas of focus for the next 12 months.**
- b) Dental provision, physical activity and transport accessibility to be focused on within the inequalities section of the plan.**

- c) **Make sure there is a link between strategy and delivery, with a golden thread joining together collaborative styles of work to support individuals and families in the greatest need.**

34. DATE OF NEXT MEETING

The next scheduled meeting is 06/06/2022

The meeting ended at 17:05

Chairperson