

# Minutes of the meeting of Health and wellbeing board held in Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Thursday 27 April 2023 at 2.00 pm

## Board members present in person, voting:

Councillor David Hitchiner	Leader of the Council, Herefordshire Council
David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire Integrated Care Board
Matt Pearce	Director of Public Health, Herefordshire Council
Christine Price	Chief Officer, Healthwatch Herefordshire
Councillor Diana Toynbee	Cabinet Member - Children and Families, Herefordshire Council

## Board members in attendance remotely, non-voting:

Ross Cook	Corporate Director Economy and Environment
Darryl Freeman	Corporate Director for Children and Families
Superintendent Helen Wain	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:

Stephen Brewster		VCS
John Coleman	Democratic Services Manager	
Mary Knower	Public Health Programme Manager	
Gillian Pearson	PCN Development Manager	Taurus Healthcare
Alfred Rees-Glinos	Democratic Services Support Officer	Herefordshire Council

## Others in attendance remotely:

Simon Cann	Democratic Services Officer	Herefordshire Council
Alan Dawson	Chief Strategy and Planning Officer	Wye Valley NHS Trust
Samantha Evans	Acting Head of Law and Business Partner – Community Wellbeing	
Dr Frances Howie	Public Health Consultant	Herefordshire Council

## 1. INTRODUCTION

In the absence of the chair and vice-chair, the constitution makes provision that a chairperson can be created for just this meeting. It was therefore proposed and seconded that Councillor David Hitchiner chair the meeting.

The chair welcomed board members and attendees to the meeting.

## 2. APOLOGIES FOR ABSENCE

Apologies were received from: Mandy Appleby, Councillor Pauline Crockett, Hilary Hall, Susan Harris, Mike Hearne, Jane Ives, Amy Pitt, and Simon Trickett.

### **3. NAMED SUBSTITUTES (IF ANY)**

Gillian Pearson acted as a substitute for Mike Hearne from Taurus Healthcare.

### **4. DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **5. MINUTES**

The board approved the minutes of the meeting of the 13th March 2023.

### **6. QUESTIONS FROM MEMBERS OF THE PUBLIC**

No questions received.

### **7. QUESTIONS FROM COUNCILLORS**

No questions received.

### **8. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

Matt Pearce (Director of Public Health) provided an overview of the DPH Annual Report for 2022. The focus of the report was on healthy and sustainable food and to highlight the key challenges facing the county with recommendations for actions that may want to be considered as part of the report. The principal points included:

1. As part of the report, the Director of Public Health wants to celebrate the great things that are going on in Herefordshire in promoting healthy and sustainable food.
  - a. For example, the Herefordshire Food Alliance (HFA) is a key partnership of stakeholders from the public, private and voluntary sectors to look at how this agenda can be driven forwards.
2. Food and diet are associated with developing chronic diseases with cancer and diseases of the circulatory system (such as heart disease and stroke) the leading causes of premature deaths in Herefordshire.
3. Herefordshire has a higher prevalence of child and adult obesity compared to the national average.
4. In addition, the environmental impact is significant and having a healthy environment is beneficial to people's health and lifestyles.
5. A shift to plant-based diets, sustainable, seasonal and locally sourced foods and a reduction of food waste can greatly reduce carbon emissions from this sector.
  - a. Farming is an essential part of rural life and of Herefordshire communities' prosperity, with 77% of Herefordshire land farmed.
6. In Herefordshire, more than a third of black bin rubbish is food waste and its packaging. From 2022, local analysis found that 70% of food thrown away in Herefordshire was considered avoidable.
7. Food insecurity is another key challenge to healthy and sustainable food with multiple factors affecting national food security and the resilience of food supply chains.
  - a. Price and affordability are major determinants of the food that people choose to purchase, particularly for people on low incomes.

8. In Herefordshire, there has been a 100% increase in the use of food banks over the last 12 months, reflecting the impact that the cost of food has had on residents.
9. The Director of Public Health noted the opportunities that exist to promote healthy and sustainable food across the course of one's life.
10. In some of the studies, it has been found that more work needs to be done to support the eating habits of young children.
11. There is good work ongoing with Herefordshire Council participating in the national School Food Standards pilot with work being done in order to raise the quality of food being delivered in schools across the county.
12. The Healthy Start programme provides food for women who are pregnant and children up to the age of four, who are eligible. In Herefordshire, only 61% of eligible families claim the Healthy Start food vouchers, meaning that annually £154,000 of funds are going unclaimed.
13. The proportion of adults in Herefordshire meeting the recommended 5-a-day is higher (62.7%) than rates in West Midlands (52.6%) and England (55.4%). However, 40% of our populations is still not meeting current guidelines.
14. Herefordshire has high employment rates in the food sector, which may well contribute to the high number of households in fuel/food poverty due to low wages.
15. The food manufacturing and processing sector's high employment concentration in Hereford is almost four times as concentrated as the national average and accounted for 43% of all employment for this sector in the Marches area (consisting of Herefordshire, Shropshire and Telford and Wrekin).
16. Herefordshire's Big Economic Plan includes reference to supporting sustainable food, with the 2050 plan including the ambition to transform land management and farming practices to support sustainable food production.
17. There are a number of case studies which highlight the good work ongoing across the county, including Soil From the City and; Ross Community Garden.
18. As part of the report, the Director of Public Health presented some of the recommendations he felt the board may wish to consider. The recommendations include:
  - a. Work in partnership
  - b. Deliver good food education
  - c. Support healthy food for all
  - d. Enable local food procurement
  - e. Consider the effect food has on the environment
  - f. Access healthy food where we grow, live and work
  - g. Play your part

The Chair thanked the Director of Public Health and asked members for questions and comments on the report.

Councillor Diana Toynbee thanked the Director of Public Health and praised the focus on healthy and sustainable food, as set out in the report. Councillor Toynbee noted her particular interest in how Herefordshire could be a leader in food standards within schools, however, did raise concern about the need for more to be done in secondary schools, and the need to promote food voucher uptake among families.

David Mehaffey (Executive Director of Strategy and Integration) referenced Section 2.1 of the report that highlights that £6.5 billion is spent annually by the NHS on obesity-related diseases and that 31% of Herefordshire's adult population which is obese, compared to the national average of 25%. David Mehaffey asked the Director of Public Health, therefore, if it was known what is being spent locally relative to the national expenditure in tackling obesity-related diseases.

The Director of Public Health accepted that this would be useful to quantify as a way of helping prevent obesity but suggested that it may be difficult to achieve and that the last time estimates were based upon local authority obesity were produced over ten years ago.

The recommendation was proposed, seconded, and approved unanimously.

**Resolved:**

- a) That the Board note the content of the report, and for board members to share with respective organisations and networks to consider the recommendations contained within.**

## **9. THE HEALTH AND WELLBEING STRATEGY**

The Director of Public Health provided an overview of the strategy and highlighted some of the key retentions and changes from the draft. The principal points included:

1. There has been a strengthening of the type of community that is envisioned for Herefordshire to be in ten years and elaborated on the four ambitions to do this.
2. The strategy maintains the same principles that the board previously agreed on prevention and health inequalities.
3. The strategy strikes the right balance between the two core priorities – ‘best start in life’ and ‘good mental wellbeing throughout life’ – and supporting priorities including wider determinants such as housing, economy, and the environment.
4. A framework for delivery has been added towards the end of the strategy which sets out a systematic process that can be utilised to work in collaboration with communities to design the intervention.
5. A set of indicators have been added which are aligned with the integrated care strategy in order to monitor change from some of the outcomes and priorities identified in the Health and Wellbeing strategy.

The Director of Public Health also noted that as part of next steps for the strategy is the development of action plans which will be delegated to different partnership groups. One recommendation is that One Herefordshire owns the coordination oversight of the two core priorities. Additionally, ‘best start in life’ can be delivered through the Children and Young People Partnership and ‘good mental wellbeing throughout life’ can be supported by several groups including the Mental Health Collaborative and Adult Mental Health group. The intention therefore is to delegate those partnerships to develop those action plans and bring them back to the board in three-to-four months’ time.

Mary Knowler (Public Health Programme Manager) acknowledged the incorporation of all the issues that the strategy covers and noted the future launching of the strategy at a formal event.

David Mehaffey praised the alignment of the strategy with the integrated care strategy. On the ‘best start to life’ it was asked whether there should be a broader time period as opposed to the five year period as stated in the strategy.

The Director of Public Health argued that the current five-year period should be retained because intervention within the first five years helps produce better longer-term outcomes.

Alan Dawson (Chief Strategy and Planning Officer) expressed his support for the strategy and noted that through the One Herefordshire partnership, a number of stakeholder organisations have come together to help co-design this work, both looking

at the proposals around priorities and the outcome framework. The Wye Valley Trust have committed to include these priorities within the work plan of the One Herefordshire partnership which will form a key part of the Trust's work over the next year.

The Chair noted the challenges surrounding dental hygiene and how the strategy confronts this issue.

The Director of Public Health acknowledged the issue of dental hygiene as a priority that falls under the strategy's 'best start in life' priority in terms of up-stream prevention. Access to services is a supporting priority in the strategy, especially as this came up as a matter of importance to people in the consultation phase of the strategy.

David Mehaffey pointed out that responsibility for commissioning dental services was transferred to the ICB from NHS England from the 1<sup>st</sup> April. This means that the ICB now have more local control of dental services. A key priority of the ICB is to ensure that a fair share of allocation that was spent regionally before responsibility was transferred.

Stephen Brewster (Voluntary Community Sector) asked about the development of the action plans and the need to consider what the role of the voluntary sector in the delivery of those plans.

The Director of Public Health agreed that the voluntary sector need to be an equal partner and acknowledged that work needs to be done on how individual partnerships, tasked with delivering the strategy's priorities, work with the voluntary community sector.

The recommendations were proposed, seconded, and approved unanimously.

**Resolved:**

- a) That the Health and Wellbeing Board endorse the Herefordshire Joint Local Health and Wellbeing Strategy 2023 – 2033.**
- b) That the development of an action plan is delegated to the One Herefordshire Partnership and associated partnership groups to oversee, with a view to bringing the action plan back for agreement.**
- c) The Board to note the alignment with the Integrated Care System (ICS) Strategy in terms of the broad ambitions and partnership approach to delivery.**

## **10. SEXUAL VIOLENCE STRATEGY**

Dr Frances Howie (Consultant in Public Health) provided an overview of the Sexual Violence Strategy. The report is the work of the Herefordshire Community Safety Partnership (CSP) and various statutory partners have worked alongside the CSP including the police, probation, and the NHS, in addition to working with non-statutory partners including the Herefordshire Women's Equality group. The strategy covers a five-year period and has an action plan which works with partners across the system in the implementation of the strategy. The principal points included:

1. Sexual violence is an activity that is mostly perpetrated by men on women.
  - a. 98% of people who report sexual violence report that the perpetrators are male.
2. Sexual violence is an underreported crime in terms of it going through to the criminal justice system.
3. Data shows that reported offences are still higher post-Covid than pre-Covid.
4. There is evidence that shows what works in tackling sexual violence, including working with perpetrators to change their behaviour.

5. The strategy sets out a common vision where everyone lives free of the fear, threat, or experience of sexual violence.
6. There are three areas of focus: prioritising prevention; supporting victims and survivors and pursuing perpetrators.
7. In taking this forward, there is a commitment to:
  - a. Working together to prevent sexual violence.
  - b. Increasing community awareness of sexual violence, challenging victim blaming language and behaviours and believing victims and survivors.
  - c. Challenging attitudes that lead to sexual violence (e.g. gender inequality) by working with community settings such as schools and businesses.
  - d. Listening to victim and survivor voices to inform development and delivery of services.
  - e. Ensuring that all victims and survivors can, and know how to, access specialist support when and where they need it. Lifelong support should be available and responsive to triggering life events.
8. The next steps for the strategy are to actively manage the action plan; the Sexual Violence Sub-group of the CSP has now moved to a quarterly basis; and remaining committed to the vision where everyone lives free of the fear, threat, or experience of sexual violence.

Councillor Diana Toynbee praised the work of the strategy and acknowledged the concern that sexual violence is underreported. It was noted that there is concern with relation to the police, particularly in response to recent news stories, and it is important to keep holding police colleagues to account. Furthermore, involvement with schools was emphasised in order to teach about related issues to have appropriate training and guidance. There also needs to be some focus on the ways in which roles need to be filled and what resources are needed to help reduce waiting lists that victims and survivors face.

The Director of Public Health thanked Dr Howie and the CSP for the work and noted that within the new Health and Wellbeing strategy under mental health, one of the outcomes is for people to feel safe from harm in their communities. Relating to schools, the Director of Public Health noted a whole schools approach which covers a range of important issues including food, physical activity, and sexual violence. The Chair acknowledged the importance of the first priority area of prevention as sexual violence involves long-term difficulties.

Dr Frances Howie noted the issue of corporate social responsibility in which if higher visibility in anchor institutions around sexual violence could be promoted amongst their workforce, this would help raise awareness of the issue. The roll-out of bystander training and educational videos could also promote positive action in tackling sexual violence. Regarding the police, there has been consideration of recommendations from a report written by DCC Maggie Blyth which can be included into the strategy's action plan, and an additional member of the police from the vulnerability unit has joined the CSP, in addition to Ross Jones, helping to strengthen representation from the police.

The Chair asked about how quickly 'an audit of processes currently in place in schools to understand what is being implemented to protect and support victims' (p30 of strategy) will be conducted in helping to tackle peer-on-peer abuse.

Dr Frances Howie pointed out that the Sexual Violence Sub-group is working to put dates against the action plan and peer-on-peer is a priority for the group. Funding for training in education settings derives from the criminal justice system through the Safer Streets Fund.

The Chair referred to enforcement and bringing more cases before the courts which also reflected a wider national issue.

Dr Frances Howie praised the work of the police and has positive experience with the police in tackling the issue of sexual violence.

Superintendent Helen Wain noted that she was pleased that engagement with the police was positive and that efforts are ongoing to avoid this type of offending and bring offenders to justice.

The recommendations were proposed, seconded, and approved unanimously.

**Resolved that:**

- a) **The Board notes the Herefordshire Sexual Violence Strategy**
- b) **The Board support and facilitate further development and delivery of the action plan.**

**11. HEREFORDSHIRE AND WORCESTERSHIRE INTEGRATED CARE SYSTEM - UPDATE ON THE INTEGRATED CARE STRATEGY AND NHS JOINT FORWARD PLAN**

David Mehaffey provided an update on the Integrated Care Strategy and NHS Joint Forward Plan. The Integrated Care Partnership (ICP) met and approved the Integrated Care Strategy on 26<sup>th</sup> April for publication, with minor amendments to be made. Publication will not take place until after the elections in accordance with NHS guidance. The principal points included:

1. The strategy is strongly aligned with the Health and Wellbeing Strategy with a 'best start in life' priority present in the Integrated Care Strategy.
2. Best start to life covers living, ageing, and dying well, in addition to preventing ill health, premature death, and vulnerable causes.
3. Mental health and wellbeing, the second core priority of the Health and Wellbeing Strategy, runs through all of the priorities in the Integrated Care Strategy.
4. Mental health covers mental health in children, adults, and preventing suicides.
5. The ICP meeting on the 26<sup>th</sup> April raised the importance on mental health and the new collaborative and focusing on the relationship with the voluntary sector and the change in the way of commissioning to attempt to move away from a purely medical model.
6. The Joint Forward Plan (JFP) is a single document that is jointly owned by the ICB and the three NHS Trusts in the ICS area. This will form the response to the Integrated Care Strategy.
7. The Health and Wellbeing board will be asked to consider the JFP in a development session at the end of May with a substantially complete document provided by 19<sup>th</sup> May.
8. The specific request of the board will be to form an opinion on the extent to which the JFP addresses the priorities set out in the Health and Wellbeing Strategy.
9. The JFP will consequently be marked and reviewed by NHS England as part of an assurance process.

The Chair asked about the inclusion of waiting lists in the update report and whether it will be covered in the future.

David Mehaffey confirmed that specific trajectories are in place to cut waiting lists with the intention to tackle the long waits that some people have had to experience. The next phase is to bring down 78 week waits to 65 week waits and to get back to 18 week waiting lists in the long-term future.

Councillor Diana Toynbee asked what the relationship is between the ICB, NHS England, and the Department of Health and how accountability works.

David Mehaffey stated that the Department of Health is the government department that allocates resources to NHS England. NHS England then allocates the vast majority of its resources to the 42 ICBs across the country but retains some services itself for things that are best managed on a national scale including some very complex surgeries and military health, for example. Accountability, locally, for NHS services, is the ICB and elected members who then have an accountability to NHS England in the Midlands region who in turn are held accountable by the national NHS for their regional performance. The Secretary of State holds the NHS England Chief Executive to account through the NHS mandate.

The recommendation was proposed, seconded, and approved unanimously.

**Resolved that:**

**a) The Health and Wellbeing Board considers the report at Appendix 1.**

**12. HWB WORK PROGRAMME 2023-24**

The board had no proposals.

**13. DATE OF NEXT MEETING**

The next scheduled meeting is 26 June 2023, 14:00-17:00.

The meeting ended at 3.19 pm

**Chairperson**