

Minutes of the meeting of Health and Wellbeing Board held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 11 March 2024 at 2.00 pm

Board members present in person, voting:

Stephen Brewster	VCS representative
Darryl Freeman	Corporate Director for Children and Young People, Herefordshire Council
Councillor Carole Gandy (Chairperson)	Cabinet Member Adults, Health and Wellbeing, Herefordshire Council
Hilary Hall	Corporate Director for Community Wellbeing, Herefordshire Council
Jane Ives (Vice-Chairperson)	Managing Director, Wye Valley NHS Trust
David Mehaffey	Executive Director of Strategy and Integration, NHS Herefordshire and Worcestershire ICB
Matt Pearce	Director of Public Health, Herefordshire Council
Christine Price	Chief Officer, Healthwatch Herefordshire

Board members in attendance remotely, non-voting:

Kevin Crompton	Independent Chair, Herefordshire Safeguarding Adults Board
Susan Harris	Director of Strategy and Partnerships, Herefordshire and Worcestershire Health and Care NHS Trust (representative of the Trust)
Councillor Ivan Powell	Cabinet Member Children and Young People, Herefordshire Council
Superintendent Helen Wain	Superintendent, 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:

Councillor Pauline Crockett	Chairperson, Health, Care and Wellbeing Scrutiny Committee	Herefordshire Council
Mohamed Essoussi	Public Health Programme Officer (Strategy and Partnerships)	
Henry Merricks-Murgatroyd	Democratic Services Officer	
Frances Martin	Deputy Chair WVT, Non-Executive Director – One Herefordshire Partnership	Wye Valley NHS Trust
Kristan Pritchard	Public Health Lead - Mental Health	Herefordshire Council
Emma Roberts	Head of Prevention	Hereford & Worcester Fire and Rescue Service
Julia Stephens	Public Health Lead - CYP and Sexual Health	Herefordshire Council

Others in attendance remotely:

Harpal Aujla	Consultant in Public Health	Herefordshire Council
Hayley Doyle	Service Director - All Age Commissioning	
Marie Gallagher	Integrated Systems Lead	
Adrian Griffiths	Business Partner	

52. APOLOGIES FOR ABSENCE

Apologies received from: Jon Butlin, Dr Mike Hearne, and Cllr Jonathan Lester.

53. NAMED SUBSTITUTES (IF ANY)

Emma Roberts substituted for Jon Butlin (Hereford and Worcester Fire and Rescue Service).

54. DECLARATIONS OF INTEREST

There were no declarations of interest.

55. MINUTES

The board approved the minutes of the meeting 4 December 2023.

56. QUESTIONS FROM MEMBERS OF THE PUBLIC

A question received from a member of the public and the response given, including a supplementary question and the response, attached as Appendix 1 to the minutes.

57. QUESTIONS FROM COUNCILLORS

A question received from a councillor and the response given is attached as Appendix 2 to the minutes.

58. HEREFORDSHIRE SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2022/23

The Independent Chair Herefordshire Safeguarding Adults Board presented a brief summary outlining the main contents of the annual report.

The Chair referenced the fall in the number of reported safeguarding concerns and asked whether this had meant that the overall number of concerns had fallen.

The Independent Chair Herefordshire Safeguarding Adults Board confirmed that this referred to the number of cases being drawn to the board's attention had fallen.

The Chair asked what could be done to get more feedback from those involved in safeguarding concern cases.

The Corporate Director Community Wellbeing responded that some feedback in relation to the outcomes of safeguarding cases is followed up. Work is being done in an attempt to gather more feedback.

The Chair asked how understanding, in relation to Making Safeguarding Personal (MSP), is being improved across the wider sector.

The Independent Chair Herefordshire Safeguarding Adults Board answered that much of this is connected to the work of Talk Community and working with partners in the voluntary sector.

The Director of Public Health noted the desire for more safeguarding training within the voluntary community sector and asked if there is still a need for that.

The Independent Chair Herefordshire Safeguarding Adults Board answered that not enough data existed on that issue.

The Cabinet Member Children and Young People added that as the outgoing Safeguarding Adults Board Chair, engaging with service users, for the last several years, a number of different ways have been tried to engage with those people. The local authority has a desire to complement and supplement its own work in attempting to engage with service users. On the voluntary community sector, raised by the Director of Public Health, the annual report was presented to HVOSS and work is ongoing as to what a training offer may look.

The Independent Chair Herefordshire Safeguarding Adults Board noted that a small team is being put into place under the principal social worker to increase capacity to get feedback from users. Some work had been done with Healthwatch to try to get feedback, however, this didn't get off the ground.

The Chief Officer Healthwatch responded that a process had to be used where the safeguarding team would get consent in mosaic at the end of their safeguarding case. However, not enough consented and access to those service users was not available.

The Vice-Chair asked about the timeliness of the report and whether it will be brought earlier in the year next year.

The Independent Chair Herefordshire Safeguarding Adults Board responded that it would be the aim of the Herefordshire Safeguarding Adults Board to bring the next annual report to the Health and Wellbeing Board in autumn. One of the main issues with report timeliness rests with national data sign-off which can take until December to occur.

The Vice-Chair asked the Chair of the Herefordshire Safeguarding Adults Board what his top worry was.

The Independent Chair Herefordshire Safeguarding Adults Board answered that his main concern rested with not knowing what was not known from potential safeguarding cases. In addition, a significant concern relates to individuals with complex needs.

The Corporate Director Community Wellbeing commented on the conversion of concerns into inquiries and whether the abuse is substantiated from those inquiries. It is important to not stop people from referring in concerns as that should be informing awareness raising and work in the voluntary community sector as to how best to respond to those concerns.

The Chair asked about the evaluation of safe voice where it has not been possible due to the lack of service user participation.

The Chief Officer Healthwatch noted that to get consent to follow up with individuals who had been going through a safeguarding process, the safeguarding team is asked to ask those individuals to consent about the process. Few individuals consented and not much more work can be done to capture them at a time when they proceeded through the process.

The Chair added that the training courses which were provided have been well-attended and underlined the positive engagement with these events.

The report recommendations were proposed, seconded, and approved unanimously.

Resolved

That:

a) The Health and Wellbeing Board considers the HSAB Annual Report 2022/23 and discuss the effectiveness of the arrangements for safeguarding adults in Herefordshire.

59. UPDATE TO THE BOARD ON THE BEST START IN LIFE IMPLEMENTATION PLAN

The Director of Public Health noted that the last draft for the implementation plans were brought in December for Mental Health and Best Start in Life. This is the first meeting in which an update on the progress of the implementation plan – Best Start in Life – will be presented. Updates on each implementation plan will alternate at each respective Health and Wellbeing Board meeting.

The Public Health Lead CYP and Sexual Health presented the update. The principal points included:

1. Since December, work has been ongoing with various partners to develop key targets against the actions. Lead professionals are responsible for responding to each of those targets.
2. A performance monitoring framework has been developed which focuses how performance remains on track to deliver targets, how to monitor it, and the challenges that exist.
3. For the new 0-19 service, Wye Valley Trust are the contracted provider and will be rolling out an oral health and weaning check. This will be a universal check and promotes good oral health and weaning alongside healthy eating.
4. A healthy schools and healthy tots framework is being developed and will target all primary schools and all secondary schools. Pilot settings have been identified and from September, it will be offered out to the broader school community.
5. Work is ongoing with special schools to take up supervised tooth brushing with further opportunities to extend roll-out being explored.

The Director of Public Health commented on the outcomes dashboard and highlighted the attempt to bring together nationally published data that is available through the public health outcomes framework and local indicators and metrics that are available.

The Executive Director Strategy and Integration ICB asked what made the difference with roll-out.

The Public Health Lead CYP and Sexual Health responded that strong relationships between schools and early-years providers have helped to establish communications.

The Executive Director Strategy and Integration ICB added that the framework as a whole is clear and is good to see the direct alignment to the integrated care strategy, which was signed off last year.

The Chair praised the work being done and asked where the two new dental practices, opening in April 2024, are going to be located.

The Consultant in Public Health responded that he would let the Chair know about the locations of the two new dental practices following the meeting.

The Chair asked what work is being done on immunisations in relation to children in care.

The Corporate Director CYP responded that this is picked up by the Corporate Parenting Board and there is work ongoing around immunisations and dental health checks.

The Chair asked what plans are in place to vaccinate children in hard to reach groups. The Director of Public Health answered that there are a number of programmes in place across the county including a national recall system where GP surgeries are told as to who they can contact.

The Executive Director Strategy and Integration ICB added that a lot of emphasis has been placed across both Herefordshire and Worcestershire on prevention outreach services and some services can be taken out into certain locations.

The Director of Public Health asked that an action be noted to bring back some work on prevention outreach services to the board at a future meeting.

The Vice-Chair asked whether childhood obesity had improved.

The Public Health Lead Mental Health answered that Herefordshire is following the national trend with childhood obesity having fallen slightly.

The Executive Director Strategy and Integration ICB mentioned that the correlation between deprivation and childhood obesity is almost directly linked. This is another targeted intervention group that would be useful to focus on.

The report recommendations were proposed, seconded, and approved unanimously.

Resolved

That:

a) That the Board considers the reports and notes progress to date;

b) That the Board considers how to ensure that all partnership organisations are clearly sighted on the implementation plan and reference it across their own strategies and plans.

Action:

1. To bring back work on prevention outreach services to the board at a future meeting.

60. BETTER CARE FUND (BCF) QUARTER 2 AND QUARTER 3 REPORTS 2023-2024

The Service Director All Age Commissioning presented the item. The principal points included:

1. The Quarter 2 report focuses on a summary of changes in demand and capacity plans and provides updates against metrics. The Quarter 3 report collects the information against the metrics and ambitions in addition to an update on spend.
2. As a system, a lot of work is being undertaken against all of the BCF schemes. The focus remains on supporting people at home to avoid hospital admissions or the need for longer-term care.
3. Over the last two quarters, significant movement has been seen in relation to homecare market with increased capacity, new entrants and new providers to that homecare framework. The waiting list has reduced to only seven people last week.
4. Increased acuity is being seen with a higher number of hours required for those coming through homecare.

5. Work has been ongoing across the system with ICB colleagues around discharge to assess services.
6. Discharge to Assess 'sprint' is a significant programme of work to address challenges overseen in Discharge to Assess services including a complete review of pathways such as working with hospital teams at point of discharge, occupational therapy teams, reablement offer, and pathways through the community access team service.
7. There has been an increased commissioning capacity to work closely with Hoople to make changes and work alongside Hoople and other ICS colleagues in the re-design of the service specification for both Home First and Hillside. That work continues and will be reporting into the Discharge to Assess Board from next week.
8. Issues continue with data recording when capturing an accurate picture for Discharge to Assess data. A data specialist is being appointed who will be hosted by Taurus.
9. Work has been close with Hoople and capacity in the Home First service will begin to increase following a number of changes and consultation with staff teams delivering the reablement service via Home First.
10. The BCF partnership group has been re-established and is meeting regularly and will report directly into the Integrated Care Executive and upwards to One Herefordshire Forum in relation to governance and performance monitoring going forward.

Adrian Griffiths (Business Partner) noted that the five pools which make up the BCF are very close to break-even running up to the end of December 2023. At the end of the summer, it is likely that the year-end report will be ready and this year's refreshed plan.

The Service Director All Age Commissioning added that in terms of longer-term care for residential and nursing care, work is being done with the market to look at block book arrangements for longer-term residential and nursing care beds. There is capacity in the market to source longer-term care, but challenges remain around the affordability of that care.

The Chair asked at what stage is the decision made to determine what level of care a person requires.

The Vice-Chair responded that Discharge to Assess does not involve that decision-making in the hospital but rather at a later stage during support and those decisions are made to determine what long-term arrangements are required.

The Chair asked when would that assessment be made in relation to people with more complex needs for care.

The Vice-Chair responded that a lot of that work would be done upfront. The complexity largely exists around emergencies and those patients are ones that are more likely to get stuck in the system.

The Vice-Chair asked what, in twelve months' time, will be different from now and what are the metrics that will be measured.

The Service Director All Age Commissioning responded that the data analyst that will be hosted by Taurus will be leading on those wider metrics. There is currently an initial draft around what the dashboard should look like and that can be brought back.

The Executive Director Strategy and Integration ICB requested that a health inequality lens be applied to the dashboard.

The VCS representative asked whether the VCS is helping to deliver the plan.

The Service Director All Age Commissioning responded that there is not currently a commissioned service through the BCF delivering specifically on the Discharge to Assess services, however, work with Talk Community is done to assess all available options.

The VCS representative noted that other VCS groups such as Age UK do work that would be useful to be captured.

The Corporate Director Community Wellbeing agreed and argued that the template is very narrow and does not give the full picture. There is more work that can be done as to how all of the partners can come together beyond services which are commissioned.

Resolved:

That:

a) The better care fund quarter two and quarter three reports for 2023/24, at appendix 1 and 2, as submitted to NHS England, be reviewed; and

b) The board determine any actions it wishes to recommend to secure improvement in efficiency or performance.

c) A broader set of metrics be measured to assess outcomes and value for money from the BCF as part of the report which comes back to the Health and Wellbeing Board.

d) A health inequality lens be applied to the dashboard.

61. MOST APPROPRIATE AGENCY

The Director of Strategy and Partnerships and Superintendent Helen Wain presented the item. The principal points included:

1. The MAA was implemented in April 2023 following the successful implementation in Humberside.
2. Its aim is for the police not deploying to incidents where there is no statutory duty for them to do so.
3. The interagency monitoring group brings colleagues together to look at the MAA impact and use case studies to explore whether there are gaps and whether things can be done differently.
4. There are escalation points where the police can be involved with the most appropriate response applied.
5. The national Right Care, Right Person (RCRP) policy has come into effect and underpins all of the approaches that are being sought under MAA.

Resolved

That:

a) The Health and Wellbeing Board notes this update.

62. ANY OTHER BUSINESS

The Consultant in Public Health presented a short briefing on the association between childhood obesity and oral health and gave an update on the provision of fluoride varnishing in dental practices across Herefordshire. The principal points included:

1. There is an association between childhood obesity and oral health, however, the causation data is not available at present.
2. There is stronger evidence between adult obesity and poor oral health.
3. A lengthy discussion was had with the Oral Health Improvement Board around fluoride varnishing. Fluoride varnishing can be applied to both baby teeth and adult teeth by a dentist and the process involves the varnish having high levels of fluoride on the surface which can be applied on the teeth twice a year to prevent decay.
4. The recommendation is for children and adults, at high risk of tooth decay, to have fluoride varnishing. More can be done to publish fluoride varnishing and one of the actions taken by the Oral Health Improvement Board was to look at the data which is supplied by NHS Business Services Authority (BSA).
5. At the next Oral Health Improvement Board meeting, it will be reported as to how many dental practices are claiming for fluoride varnishing services and that will help feed into the plan for greater publication across the county.

The Public Health Lead Mental Health presented a short item on childhood obesity. The principal points included:

1. The data for 2022/23 indicates that in Herefordshire, 19% of children in reception are obese rising to 35% in Year 6.
2. There is a longstanding pattern of obesity doubling in primary school.
3. The Herefordshire proportion of overweight/very overweight/obese children has followed the English trend, with a peak seen in 2021 data and then a slight downwards trend in last year's data.

The Director of Public Health noted that there is a significant proportion of children who are overweight or very overweight. It is worrying that 1 in 2 children in Year 6 in the most deprived wards are overweight or very overweight. Positively, about 16% of children who are obese at reception year go to a healthy weight at Year 6. Therefore, whilst there are real challenges, there are some real opportunities that exist in this area.

The Executive Director Strategy and Integration ICB suggested whether there is an issue about access to unhealthy foods among certain age groups in some parts of the county.

The Director of Public Health added that obesity is a complex issue and that there are 150 different determinants of obesity. It may be useful to do some insight work in some of these areas to understand the challenges and themes that may address obesity in certain parts of the county.

The Vice-Chair asked whether there is any difference amongst uptake of those being weighed and those refusing to be weighed at school.

The Public Health Lead Mental Health responded that uptake figures are high with about 98% being weighed at school.

The Public Health Lead CYP and Sexual Health added that the Healthy Tots programme, aimed at early years nurseries, is a real opportunity where the criteria, within the framework, can be dictated. As a result, healthy eating policies can be steered in nurseries.

The VCS representative noted the 'Off to an Active Start' programme is being piloted in Worcestershire.

63. WORK PROGRAMME

The board considered the work programme. The main points in relation to potential ideas for development sessions were:

1. For the development session in May, a theme on mortality in Herefordshire would be useful for the board to explore.
2. A focus on prevention would be useful.
3. There is a strong alignment between prevention and health inequalities. Community Paradigm, prevention, and health inequalities as a themed approach may be useful for a session after the May date, potentially in July.

Action:

1. To share a Doodle poll with members to confirm the May date for a Private Development Session.

64. DATE OF NEXT MEETING

The next scheduled meeting is 10th June 2024, 14:00-17:00.

The meeting ended at 4.02 pm

Chairperson