

## **Minutes of the meeting of the Health, Care and Wellbeing Scrutiny Committee held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 31 March 2025 at 2.00 pm**

**Committee members present in person and voting:**      **Councillors: Polly Andrews (Vice-Chairperson), Jenny Bartlett, Simeon Cole, Pauline Crockett (Chairperson), Dave Davies, Ben Proctor and Richard Thomas**

Others in attendance:

Z Clifford	Director of Public Health	Herefordshire Council
M Cook	Chief Officer, Echo (Chair of Herefordshire Activities Together)	Echo Herefordshire
M Essoussi	Public Health Programme Officer (Strategy and Partnerships)	Herefordshire Council
Councillor C Gandy	Cabinet Member Adults, Health and Wellbeing	Herefordshire Council
H Hall	Corporate Director Community Wellbeing	Herefordshire Council
G Jaques	Registered Manager Shared Lives	Herefordshire Council
M Jhawar-Gill	Head of Service, Living Well	Herefordshire Council
D Knight	Childrens Centre Services Manager	Herefordshire Council
L MacHardy	Public Health Principal	Herefordshire Council
H Merricks-Murgatroyd	Democratic Services Officer	Herefordshire Council
K Pritchard	Public Health Lead - Mental Health	Herefordshire Council
J Stephens	Public Health Lead – CYP and Sexual Health	Herefordshire Council
D Thornton	Democratic Services Support Officer	Herefordshire Council
N Turvey	Head of Service Early Help	Herefordshire Council
D Webb	Statutory Scrutiny Officer	Herefordshire Council

### **42. APOLOGIES FOR ABSENCE**

Apologies were received from Cllr Mark Dykes.

### **43. NAMED SUBSTITUTES**

Cllr Ben Proctor was present as the named substitute for Cllr Mark Dykes.

### **44. DECLARATIONS OF INTEREST**

Cllr Jenny Bartlett noted that she is a volunteer of ECHO.

No other declarations of interest were made.

### **45. MINUTES**

The minutes of the previous meeting were received.

**Resolved: That the minutes of the meeting held on 17 February 2025 be confirmed as a correct record.**

**46. QUESTIONS FROM MEMBERS OF THE PUBLIC**

No questions had been received from members of the public.

**47. QUESTIONS FROM MEMBERS OF THE COUNCIL**

No questions had been received from councillors.

**48. HEALTH AND WELLBEING STRATEGY**

The committee considered a report on the Health and Wellbeing Strategy.

The principal points of the discussion are summarised below:

1. The Public Health Principal noted that this was the first time that the Health and Wellbeing Strategy had been brought to scrutiny and provided a background on the strategy.
  - a. In 2022, the council undertook an extensive consultation process with a range of groups, organisations and the public in an online survey. 960 responses were received to the online survey, including 17 from organisations. Representation was received from across the county and in terms of areas of deprivation.
  - b. Together with the Joint Strategic Needs Assessment (JSNA) and the Children and Young People's quality of life survey, all of the information was put together to create the HWB Strategy.
  - c. There were two key priorities that were voted for across all the consultation and engagement: 1. Best Start in Life and; 2. Good Mental Health.
  - d. The objectives of the strategy are underpinned by four ambitions:
    - i. Living in thriving communities
    - ii. Living in environments that are healthy and sustainable
    - iii. Opportunities for all to fulfil their potential
    - iv. People will be empowered to take control of their health
  - e. There is a focus on prevention, working with and understanding our communities, reducing health inequalities, working as a whole system, and using evidence and outcomes to review progress and shape new programmes of work.
  - f. The HWB Strategy is not only a council strategy but rather is a partnership strategy and the emphasis is on taking a partnership approach.
  - g. The strategy was informed by a range of inputs including the 2021 JSNA, and the e Public Health Outcomes Framework (PHOF) which all local authorities sign up to reporting and recording data on. The PHOF is important, particularly in terms of the long-term approach for this strategy

and provides robust data which is Herefordshire-specific. There is a time lag, however, and it can be difficult to demonstrate impact in real-time. These time lags make reporting impact more difficult to attribute to actions taken in the short-term.

- h. Work has been ongoing with the groups to begin developing a dashboard including long-term outcome indicators and some proxy indicators, drawn from across partner organisations. For example, on smoking cessation, as of December 2024, local data indicates that the proportion of mothers who were smokers at the birth of their baby has fallen to 6.2% compared to around 8.8% on the PHOF.
- i. As part of the strategy, the Herefordshire Together programme was developed across the two priority areas. Local communities and groups were awarded funding to take pieces of work forward. The full evaluation report will be due next month.
- j. One of the most successful achievements with the strategy are the two implementation plans for each of the core priority areas. In each of the two implementation plans, it was wanted to make sure that children enjoy good mental health, are protected from harm in their community, achieve their early milestones, and parents are well-supported during pregnancy and post-birth and access appropriate information, resources, and services.
- k. When looking at the implementation plans for both priorities, a lot of progress has been made and this helps provide an opportunity to review and rethink the implementation plans in relation to potential new areas of concern, areas of limited progress, for example.
- l. The Health and Wellbeing Board and One Herefordshire Partnership (1HP) are being reported to twice a year for each of the implementation plans. Therefore, there is a robust governance in terms of how actions are set out and the direction going forward.
- m. In relation to the partnership groups, there is a Best Start in Life Early Years partnership group which operates across children's, NHS, education, and other partners. Similarly, the Good Mental Health group mostly focuses on adults but also has a standing item on children and young people's emotional health and mental wellbeing.
- n. In terms of the Good Mental Health priority, there are four overarching goals:
  - i. People feel satisfied with life and have a positive sense of personal wellbeing.
  - ii. Individuals and families are able access appropriate mental health information and services when they need it.
  - iii. People feel safe from harm in their community.
  - iv. People feel connected to their community.
- o. The mental health priority is more difficult to measure and to develop programmes that are led by a single agency. A lot of the work is community based, what is going on in schools, and training.

- p. Through the implementation plan, there are a number of areas where significant progress has been made including the Prevention Concordat for Better Mental Health, and the Suicide Audit Group, for example.
- q. Looking ahead, it is intended to demonstrate more quickly the progress that it is being made so that this can be reported back to the Health and Wellbeing more quickly. It is intended that 1HP are worked with slightly differently so that a better dialogue can be ensured so that primary care colleagues are on board and that there are no issues coming through from general practice.
- r. It is intended that the implementation plans be revised so that a record of achievements are kept succinctly without bloating the document further.

The slides presented by the Children's Centre Services Manager are outlined below (in italics), with the principal points noted below.

A The Children's Centre Services Manager presented:

*Early Help Offer – overview including Best Start in Life Offer*

a.1 It was clarified what services are provided to reach out to different people in relation to the council's Early Help offer.

*Talk Community Offer*

a.2 It was clarified what list of initiatives that Talk Community are doing with children and families in the community.

*The Future – Strengthening Early Support for Families*

a.3 Moving forward, Talk Community are having a bigger input into the children and families' agenda including the recruitment of Children and Families Community Development Officers.

*Children's Centre Services Targeted Offer*

a.4 Every time that work is done with a family one-to-one, who have level 3 needs and who need a multi-agency approach, within that piece of support there will always be a consideration of their health and wellbeing.

a.5 Therefore, as well as the targeted support that is offered, there are opportunities for children to learn and develop and help their parents to give them the best start.

*Children's Centre Services – First Steps offer*

a.6 First Steps is a flag-ship service that is offered to new parents under the age of 21 who have identified vulnerabilities. This service provides extra support to help them get onto the journey of parenting.

a.7 This is done in partnership with health visitors, midwifery colleagues, and a national learning provider.

a.8 It was noted that in some cases, new parents gain their confidence and do not complete the whole journey provided by the First Steps service.

*Feedback from families*

B The Head of Service Early Help presented:

*Families First Partnership programme*

b.1 As part of the new Families First Partnership programme are two parts, Family Help and Multi-Agency Child Protection Teams.

*Family Help – providing supportive and welcoming services to families*

b.2 Family Help will merge the strengths of targeted early help and section 17 (Children in Need) work. This has already begun with some early help family support workers (FSW) moving into social care teams to be doing that work with children and families in most need.

b.3 It was noted that as part of the restructuring, some of the teams are now located in Leominster, Ross, and in Plough Lane.

b.4 The name of the child protection/court teams has changed to safeguarding and support which is more restorative for families.

b.5 The programme also talks about the establishment of a Family Help Lead Practitioner role which has already been in place in Early Help where the family decides who is going to be the lead person when they have an assessment and who will be the lead person holding all the other agencies together in supporting them.

*Family Help – Where are we in Herefordshire?*

b.6 As part of the work with the whole family, there are 8 weekly review meetings with lead professionals as well as officers from the council.

b.7 The council also commissions a targeted service, delivered by Vennture, so that families have a choice if they do not want to be supported by the council at the early help stage.

*Next Steps – Family Help*

b.8 It was clarified what the council will be doing going forward in providing family support.

The principal points of the subsequent discussion included:

- i. The Cabinet Member Adults Health and Wellbeing commented that the Health and Wellbeing Strategy is a significant piece of work with a lot of objectives as to the improvement of lives of children and adults. In general, a lot of this work falls on public health and few members of the public and councillors recognised the extent of the work that goes on in the background by public health. It was added that it is probably easier to deal with the Best Start in Life because there is some control over that in the local authority, in comparison to mental health.
- ii. The Chair welcomed the new Director of Public Health, who noted that she previously worked regionally in public health and in public health at Gloucestershire County Council. The Director of Public Health added that priorities of the HWB Strategy will be key areas of focus for public health for the population of Herefordshire.

- iii. In response to a question about how effectively the strategy translates into actions and measurable results, the Public Health Lead – CYP and Sexual Health noted that in relation to oral health, there is a problem with 0–5-year-olds with the number of cavities. There are over 45 schools in Herefordshire that have signed up to supervised toothbrushing, many of which are in deprived areas. A lot of work has been done around supervised toothbrushing which has seen positive results in prevention. It was added that the prediction for those children currently will be better learned when the results from the oral health survey are received by the end of the Summer/early Autumn. In relation to the recruitment of dentists into Herefordshire, the establishment of two new dental practices in the county is in place.
- iv. The Cabinet Member Adults Health and Wellbeing noted that the work being done in the schools is positive. However, where there is a problem is in relation to access to dental services in which people in rural areas do not have adequate transport links to dental practices.
- v. In relation to a question about the use of Fingertips as a data collection service, the Director of Public Health noted that Fingertips is a national tool that enables the council to compare with similar local authorities as well as the rest of the region and nationally. Therefore, it is a robust data set. However, it was added that there is a time lag with the data available through Fingertips so the availability of local data was emphasised.
- vi. In response to a question about council provision of housing and financial help as part of Family Help, the Head of Service Early Help noted that the Children's Help and Advice Team (CHAT) have the telephone helpline and would sign post families to help that is available including Housing Solutions and Talk Community. If families have very specific needs, there could be the offer of an assessment of all their needs and targeted support with potentially a family support worker helping them on a family one-to-one basis.
- vii. Responding to a question on Best Start in Life and Good Mental Health going to be the priorities for ten years and if they are going to change, how does that happen, the Public Health Principal commented that the strategy is set for ten years and the implementation plans are live documents. Therefore, the whole strategy is under constant review. The initial data was developed from consultation and engagement that was previously collected before developing a new commissioned service for the health visiting school nursing work. New information is always being collected and is being fed in to the strategy. It would be for the Health and Wellbeing Board to make a decision on the strategy's priorities and whether they should change.
- viii. In response to a question about who is triangulating back the success/failure of the individual sets of four aims of the two priorities back to the overall objectives as set out at the beginning of the strategy, the Public Health Principal noted that there is existing data that can be used to rate the success/failure of the aims as set out in relation to the two core priorities and that there are other opportunities to bring in new data including, for example, Talk Community who now sit in public health which will make it easier to triangulate data to further help assess the progress of the strategy.
- ix. The Public Health Principal also emphasized the significance of integrating qualitative data with quantitative data to evaluate the strategy's progress toward its primary goals. It was noted that established trajectories help guide the strategy's direction, allowing for adjustments if necessary.

- x. The Corporate Director Community Wellbeing added that while the two core priorities in the strategy are set, as part of reviewing, that focus could be switched away toward other areas.
- xi. The Public Health Programme Officer – Strategy & Partnership noted that new data on vaccination for children was recently received which is encouraging and underlines the work that partners are doing. For example, amongst children up to 24 months of age, the rate of vaccination was 94.7% for Quarter 3 of 2024/25.
- xii. The Cabinet Member Adults Health and Wellbeing commented that in between public Health and Wellbeing Board meetings, workshops would be held to concentrate on specific issues such as obesity, for example.
- xiii. In relation to a question about access to green space, the Cabinet Member Adults Health and Wellbeing clarified that the Community Open Space grant exists for building/improving buildings to allow health and wellbeing activity to participate that otherwise would not happen.
- xiv. In response to a question about provision under the First Steps programme, the Children's Centre Services Manager commented that whilst targeted support cannot be provided universally, if a family had other vulnerabilities such as being out of work, for example, then they would qualify for that support.
- xv. Responding to a question about the impact of social media on children, the Public Health Lead Mental Health noted that social media is referenced frequently through engagement with schools and school staff. It is a focus for the healthy schools programme to build resilience and to do the preventative work around safe usage and who to go to if issues arise.
- xvi. In relation to mental health support for older people, the Public Health Lead Mental Health added that throughout the Mental Health Needs Assessment, it was noted that there is a lack of data around the mental health of older people. A lot of the work that Talk Community does helps to address isolation and loneliness in rural communities.
- xvii. The Public Health Lead - CYP and Sexual Health highlighted that public health have commissioned a 0-19 public health nursing service. This involves school nurses operating drop-in sessions with every high school in the county once a week.
- xviii. In response to a question about what mechanisms are in place to update the committee on progress against the implementation milestones, the Public Health Principal thanked the committee for the opportunity to inform scrutiny and receive questions and concerns from members. She noted that she would be happy to bring back the implementation plans for the two core priority areas and suggested in the following year when more information is available and the dashboards are developed further.

The draft recommendation was then read out by the Statutory Scrutiny Officer, and the following resolution was agreed by the committee.

**Resolved:**

**That Herefordshire Council:**

1. **Demonstrates in its delivery plans how the work public health undertakes relates to the strategic vision and four ambitions of the Health and Wellbeing Strategy.**

#### 49. **COMMUNITY ACTIVITY - DAY PROVISION**

The committee considered a report on Community Activity – Day Provision.

The slides presented by the Head of Service Living Well are outlined below (in italics), with the principal points noted below.

A The Head of Service Living Well introduced the presentation on Community Activity – Day Provision.

B The Head of Service Living Well presented:

##### *Overview*

b.1 It was clarified that some of the services provided allow unpaid carers to receive respite and rest from their main caring duties.

##### *How Do We Commission?*

b.2 It was noted that there is a team of direct payments officers that monitor payments and procurement cards on a regular basis directly with the individuals that are cared for.

##### *Community Activities*

b.3 Community activities are an important element of the council's preventative services that help to promote the independence of participants and support individuals to gain a number of different skills.

b.4 For some, community activities can be an early introduction into mainstream services that are assessed. It supports the unpaid carer to get the rest that they need.

b.5 It was added that there is an upcoming review of the council's community activities. In the previous year, there was a review of community activities working in partnership with Herefordshire Activities Together. The second phase of that piece of work will focus on a wider review of the service provision to look at some of the council's building-based services and will consider the utilisation of technologies to help promote the independence of individuals.

##### *Community Activity Review*

b.6 The review is currently in its early stages of planning for that piece of work and is intended to be a co-production between the council and individuals who currently access the community activities provision.

C The Registered Manager Shared Lives presented:

##### *Herefordshire Shared Lives*

c.1 In addition to the provision of long-term arrangements, and short breaks, a model has just been launched around 'Shared Days' which offers an opportunity to find other ways to offer family carers a break during the day.



c.2 Once people have been assessed and approved, there is a nominated coordinator who monitors the work that they are doing and supports them to make sure that CQC requirements are met and that the individuals and carers are happy and the arrangements are working.

### *Living Well, Supporting Well*

#### *Shared Days Scenarios*

D The Head of Service Living Well presented:

#### *Respite*

d.1 Respite encapsulates a range of different services including bed-based respite, as well as the ability for individuals to have shared lives or take a direct payment to receive respite.

d.2 Work is ongoing with the Carers' Partnership Board to collect data as part of the carers' action plan to help understand who else is out there who may need a service.

#### *Respite Provisions*

d.3 There are a number of respite services that are delivered in the county that are both bed-based and non-bed-based by different providers.

d.4 It was noted that a capital programme exists to support developments in some of the council's buildings and data will be utilised to help understand what provision is required.

#### *What can we learn from other areas?*

d.5 It was added that there are a number of areas where best practice can be learned from.

The Chief Officer Echo introduced himself to the committee.

The slides presented by the Chief Officer Echo are outlined below (in italics), with the principal points noted below.

E The Chief Officer Echo introduced the presentation on Community Activities in Herefordshire.

#### *Who are Herefordshire Activities Together?*

e.1 It was noted that Herefordshire Activities Together (HAT) is a network of 16 VCSE providers who work together to develop specialist support and accessible community activities for people of all abilities, for public benefit.

#### *Community Activities*

e.2 It was added that support does not often end with the activity that they are doing but it can encompass all aspects of someone's life.

e.3 Community engagement helps to promote the work that is ongoing to support individuals participating in community activities.

#### *Community Activities benefits*

e.4 The services provided help to produce a reduction in the need for acute services through prevention rather than through expensive crisis management.

#### *Arts Activities*

#### *Outdoor Activities*

#### *Work Skills*

e.5 Community Activities also help individuals into the workplace and sector specific skills are taught such as woodwork and carpentry, in addition to core work skills such as time-keeping and responsibility.

#### *Specialist areas*

#### *Continuing Improvement*

e.6 HAT is currently planning its co-production work with other stakeholders which aims to focus on the social care system and the pressure points within it.

The Chairperson thanked the Chief Officer Echo for his presentation. The principal points of the subsequent discussion included:

- i. The Cabinet Member Adults Health and Wellbeing thanked the voluntary sector for the work that they do with people with learning disabilities and encouraged committee members to visit some of the providers to see the work that is ongoing in the sector.
- ii. In response to a question about how much the geographic make-up and the lack of transport links across the county make service provision more complicated, the Chief Officer Echo noted that transport provision is challenging and it is difficult to ensure that everyone has access to the services that they need to access community activities.
- iii. The Head of Service Living Well added that there is community activities review that HAT members and non-HAT members will be involved in. As part of the review, work will be done to hear from people who are not currently utilising services but are incoming and how services can be shaped in the future to meet that increase in need.
- iv. The Chief Officer Echo added that support to unpaid carers enables savings to acute services in addition to keeping the cared for independent.
- v. The Head of Service Living Well noted that there is an under-utilisation and that there are regular contractual meetings with providers who deliver council services to address this under-utilisation. One way to address this is a new process around all of the council's respite going through the brokerage team who will do the physical purchasing once need is identified.

The draft recommendation was then read out by the Statutory Scrutiny Officer, and the following resolution was agreed by the committee.

#### **Resolved:**

#### **That Herefordshire Council:**

**1. That Herefordshire Council organises a briefing for councillors on the community activity services available in Herefordshire.**

**50. UPDATE ON RECOMMENDATIONS MADE BY THE HEALTH, CARE AND WELLBEING SCRUTINY COMMITTEE**

The Statutory Scrutiny Officer recommended that the item be deferred to a future meeting. The committee unanimously agreed to the proposal.

**51. WORK PROGRAMME 2024/5**

The Statutory Scrutiny Officer noted the draft work programme for the Health, Care, and Wellbeing Scrutiny Committee for the municipal year 2024/25. The Statutory Scrutiny Officer also noted that the committee will also be carrying out a review of its work programme prior to its next committee meeting.

**Resolved that:**

**The committee agree the work programme for Health, Care, and Wellbeing Scrutiny Committee contained in the work programme report attached as appendix 1.**

**52. DATE OF THE NEXT MEETING**

The next scheduled meeting in public was confirmed as Monday 19 May 2025, 2.00 pm.

The meeting ended at 5.00 pm

**Chairperson**