

**Minutes of the meeting of Health and wellbeing board held at  
The Council Chamber - The Shire Hall, St. Peter's Square,  
Hereford, HR1 2HX on Monday 1 October 2018 at 9.30 am**

**Present:** Cllr JG Lester (Herefordshire Council) (Chairman)  
Dr I Tait (NHS Herefordshire Clinical Commissioning Group) (Vice Chairman)

Jo Alner	NHS England
C Baird	Director for children and families
P Rone	Herefordshire Council
S Vickers	Acting director for adults and communities
K Wright	Director of Public Health

**In attendance:** Councillors PA Andrews

**Officers:** John Coleman, Alistair Neill, Amy Pitt and Alison Talbot-Smith

**159. APOLOGIES FOR ABSENCE**

Apologies were received from Ingrid Barker, Russell Hardy, Jo Melling, Ian Stead, Councillor EJ Swinglehurst and Simon Trickett.

**160. NAMED SUBSTITUTES (IF ANY)**

Christine Price attended for Ian Stead, Jo-Anne Alner attended for Simon Trickett and Duncan Sutherland attended for Ingrid Barker.

**161. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**162. MINUTES**

**Resolved that:**

**the minutes of the meeting held on 13 February 2018 be agreed as a correct record and signed by the chairman.**

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

There were no questions from members of the public.

**164. QUESTIONS FROM COUNCILLORS**

There were no questions from councillors.

**165. BETTER CARE FUND QUARTER 1 REPORT 2018/19**

The head of partnerships and integration introduced the report and highlighted the key points. She noted that partners had agreed to invest improved better care fund (iBCF) funds in a number of new areas including a trusted assessor scheme, discharge to

access model and to support improvements in the quality of care in care homes. It was recognised that substantial performance improvements were required to meet the new target in relation to Delayed Transfers of Care (DToc).

The case studies circulated as a supplement to the agenda papers were reviewed as examples of the impact the additional funds were expected to have.

In discussion of the report the board noted that:

- there was no single area of weakness in Herefordshire care homes, key themes identified in inspections of homes were around recruitment and retention of staff, leadership and management not having a full understanding of what was required, poor care planning and the environment of some homes;
- a nurse led, rapid improvement team employed by the CCG had been set up to provide hands on support and early intervention;
- care homes in Herefordshire were generally run by smaller providers and work was taking place to improve partnership working and mentoring for weaker providers;
- where homes were judged to be failing a condition could be imposed requiring that they work with an improvement partner;
- the case studies provided were helpful in translating the work being undertaken to real life situations.

**It was resolved that:**

- a) the better care fund (BCF) 2018/19 quarter one report, at appendix 1, as submitted to NHS England was reviewed;**
- b) the integration and BCF plan 2018/19 refresh, at appendix 2 and 3, as submitted to NHS England be approved; and**
- c) the board determined there were no further actions it wished to recommend to secure future improvement in efficiency or performance at this time.**

## **166. CHILDREN AND YOUNG PEOPLE'S PLAN 2018 - 2023**

The director for children and families introduced the draft plan and highlighted the improvements made and achievements over the life of the previous plan. Many children and young people had been involved in developing the new plan. Consultation was now taking place and it was hoped that the final version of the plan would be approved by Herefordshire Council at the full council meeting in February 2019.

The children's commissioning and contracts lead explained the engagement work that had taken place with children, young people, providers and parents in drafting the new plan. Efforts had been made to make the plan as concise and easy to read as possible. The plan had moved towards an outcomes based approach and four key pledges:

- be safe from harm;
- be healthy;
- be amazing; and
- feel part of the community.

In discussion of the draft plan the board noted:

- it was important to join up work with children and work with adults to focus on whole family issues;
- that the importance of making every contact count (mecc) should be highlighted;
- that 'family first' was a local name for an approach to working with troubled families, with an expanded outcomes framework;

- that the plan could be aligned with the local maternity services plan and that contact between the authors of the two plans should be encouraged;
- that mental health was an important element, work was taking place with partnerships and would feed in to the plan and be translated to concrete actions;
- that individuals from a travelling background had the poorest outcomes in Herefordshire and that particular efforts should be made to target and engage with this group;
- that care should be taken when presenting figures in the plan as fact if they were not, for example the number of children and young people requiring support with their mental health or emotional resilience was an estimate based on national statistics, it was agreed that this would be reworded;
- that schools would have a significant role to play in implementing the plan, it was noted that action plans would be developed under the main plan and that schools would be one of the partners involved;
- that members of the board should take the outcomes in the plan back to their respective governance structures, publicise the plan as much as possible, ensure the outcomes were embedded in their own areas of work and regularly referred to;
- that the plan should be more explicit about partnership work, but it was noted that the plan should not become too large a document;
- that board members should identify barriers to the success of the plan and use their strategic weight to remove these.

Actions identified by the board included:

- board members to take the strategic priorities identified in the plan and work to deliver them through the governance structures of their respective organisations;
- board members to reference and encourage discussion of the strategic priorities identified in the plan in forums not specifically dealing with children and families to identify opportunities for indirect contributions to achieving outcomes; and
- board members to publicise the plan and the outcomes achieved through it.

**It was resolved that:**

- (a) The Health and Wellbeing Board's comments on the attached draft as set out in the minutes of the meeting be fed back in order to inform development of the final version of Herefordshire's final Children and Young People's Plan; and**
- (b) The Health and Wellbeing Board considered its key role and identified necessary action it should take in helping to achieve the proposed priorities.**

## **167. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2017**

The director of public health introduced her annual report for 2017. Directors of Public Health have a statutory duty to produce an independent annual report on the health of their population. This report sits alongside the Joint Strategic Needs Assessment (JSNA). The director highlighted that:

- the health and wellbeing of the population was generally improving although there were some areas of concern;
- the areas of concern had been picked up in other related plans;
- the key areas for action were obesity in both adults and children, children's mental health, developing a strategic and coordinated approach to embedding community focused and strengths based approaches and how to build the resilience of health and social systems;

- there was a need to look at priority groups across all plans and strategies and to embed health in all policies for example strengthening licensing conditions around fast food outlets and alcohol free zones;
- there was a need to strengthen the embedding of making every contact count (MECC), for example anyone having contact with a family could have a conversation about access to dentists and reducing consumption of sugary drinks to promote good oral health;
- an oral health plan and healthy weight plan were being developed;
- building individual, family and community resilience would underpin efforts to improve childhood mental health;
- the ageing well plan would look at sustainable health and welfare and what could be done around environmental changes and MECC with an aim to have people living in good health longer;
- the strategic prevention board, which included representatives from the council, CCG and HVOSS would be working to embed prevention, this needed support from the health and wellbeing board.

In discussion of the report board members noted that:

- organisations represented on the board should seek to support their own staff to live healthy lives and take a lead in embedding the practices recommended;
- work was going on both locally and nationally with supermarket chains to promote fresh food and change how sweets were marketed;
- care should be taken in the tone of communications and there should be a focus on practical things that could be done, it was recognised that there was no single solution to the issues but a lot of individual steps would contribute to overall improvement;
- communication should be consistent and marketed in a non-preachy way;
- environmental health would be included in future reports, the JSNA breakdown at local community level would identify particular areas to target and the Hereford City Plan would also be considered;
- it was important to link together strategies and identify barriers;
- key messages should be included in induction for new staff members in organisations represented on the board, including MECC training;
- positive examples should be used in communications as case studies;
- there was a need to work at grass roots level and give ownership to local communities;
- business cases for projects such as the Hereford bypass should reflect the potential savings from improved public health;
- that the board should consider a future workshop on environmental health impacts.

Actions identified by the board included:

- looking at the policies and practices in place within board member's own organisations to support the health and wellbeing of staff members and their families;
- improving communication of the areas of concern and focus in the report;
- ensuring relevant members of staff undertake 'making every contact count' training;
- encouraging staff to highlight examples of successful projects which could be used as case studies in communications;
- exploring pooling resources for outreach workers;
- highlighting the potential health benefits of infrastructure projects when creating business cases and the savings that these can generate; and
- Identifying health impacts of environmental pollution / air quality as a topic for a future workshop.

**It was resolved that:**

- (a) The Health and Wellbeing Board provides leadership to the process of implementing the recommendations of the Director of Public Health Annual Report by communicating the key messages of the report to their constituent members; and**
- (b) The Health and Wellbeing Board receives quarterly reports from the Director of Public Health on the progress being made in leading the implementation of the recommendations and as part of this process considers how it will support the Director of Public Health in overcoming barriers that may arise.**

The meeting ended at 11.18 am

**Chairman**