

Minutes of the meeting of Health and Wellbeing Board held in Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE on Monday 9 December 2024 at 2.00 pm

Board members present in person, voting:

Stephen Brewster	Voluntary and Community Sector representative
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
Christine Price	Chief Officer, Healthwatch Herefordshire

Board members in attendance remotely, non-voting:

Jon Butlin	Assistant Director (Prevention), Hereford & Worcester Fire and Rescue Service
Cate Carmichael	Director of Public Health, 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:

Harpal Aujla	Consultant in Public Health	Herefordshire Council
Ben Baugh	Democratic Services Officer	Herefordshire Council
Councillor Pauline Crockett	Chairperson Health, Care and Wellbeing Scrutiny Committee	
Mohamed Essoussi	Public Health Programme Officer (Strategy and Partnerships)	Herefordshire Council
Kristan Pritchard	Public Health Lead - Mental Health	Herefordshire Council
Alfred Rees-Glinos	Governance Support Assistant	Herefordshire Council
Crishni Waring	Chair, Integrated Care Board	NHS Herefordshire and Worcestershire Integrated Care Board

Others in attendance remotely:

Rob Davies	Consultant in Public Health	Herefordshire Council
Sophie Hay	Public Health Lead - Health Protection / Behavioural Insights	Herefordshire Council
Lindsay MacHardy	Public Health Principal	Herefordshire Council

[Link to the meeting page and video for each agenda item](#)

26. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Kevin Crompton, Herefordshire Safeguarding Adults Board. The Chairperson welcomed Crishni Waring, Chair of NHS Herefordshire and Worcestershire Integrated Care Board.

27. NAMED SUBSTITUTES (IF ANY)

No substitutes had been notified.

28. DECLARATIONS OF INTEREST

No declarations of interest were made.

29. MINUTES

The minutes of the previous meeting were received.

Resolved: That the minutes of the meeting held on 16 September 2024 be confirmed as a correct record and be signed by the Chairperson.

30. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions had been received from members of the public.

31. QUESTIONS FROM COUNCILLORS

No questions had been received from councillors.

32. UPDATE TO THE BOARD ON THE GOOD MENTAL WELLBEING THROUGHOUT LIFETIME IMPLEMENTATION PLAN

The Public Health Lead – Mental Health introduced the report and delivered the presentation '[Good Mental Wellbeing throughout lifetime \(GMW\), December update](#)', including slides on: recommendations; update to the board on the Good Mental Wellbeing throughout lifetime Implementation Plan; and our ambitions and activity so far.

The Chairperson drew attention to Action 1.2.2, 'Deliver targeted physical activity interventions to improve the mental wellbeing of children and young people' as referenced in [Appendix 1 - GMW implementation plan](#), and commended the various activities provided by Stride Active.

In response to a question about the reference to '£75,000 invested into a community solutions initiative to create meaningful connections for people to improve their emotional wellbeing – Herefordshire Together', the Chair of Healthwatch Herefordshire reported that this investment contributed towards funding for twelve projects, including community shed, gardening, play group, and befriending initiatives.

The Corporate Director for Community Wellbeing welcomed the implementation plan and said it would be helpful to see the outputs of the outcomes framework. Whilst acknowledging that some outcomes involved longer term measures, it was suggested that consideration be given to proxy measures which could be looked at on shorter timescales, perhaps utilising qualitative data such as feedback. The Director of Public Health endorsed this suggestion and commented on the work being undertaken with partnership board chairs to explore outcomes and to identify any gaps.

The Voluntary and Community Sector representative commented on the positive feedback from participants and carers involved in physical activity interventions for people living with dementia; the Director of Public Health added that Halo Leisure had won an award recently.

The Vice-Chairperson said that, informed by the outputs, there would be a need to check the ambitions, particularly to question the level of ambition. The Public Health Lead –

Mental Health confirmed the intention to review the implementation plan once the needs assessment had been published.

The Executive Director of Strategy and Integration noted that Action 2.2.1, 'Scope prevalence of Neurodivergent CYP in H&W to understand current and future needs', contained the only reference to neurodivergence and, referencing recent comments by the Corporate Director Children and Young People about the need to come together as a system more effectively, suggested that further consideration of neurodivergence may be required.

The Chair of NHS Herefordshire and Worcestershire Integrated Care Board drew attention to Action 1.3.3, 'Raise awareness of the issue of suicide...', and noted the value of online training provided by the Zero Suicide Alliance. The Public Health Lead – Mental Health reported that a dedicated suicide prevention officer had been appointed and part of this work was around training and raising awareness. The Chairperson commented that the [Baton of Hope Tour 2025](#) would include Herefordshire on 2 October 2025 and noted that suicide in rural areas was a significant national issue.

Resolved: That:

- a) The report, updated implementation plan and progress to date be noted;**
- b) The need to ensure that all partnership organisations are clearly sighted on the implementation plan and expected outcomes, and references these across their own strategies and plans: both for adults and children and young people, be noted; and**
- c) The board requests that consideration be given to:**
 - the presentation of outputs of the outcomes framework, including the potential for shorter term measures, and**
 - neurodivergence within the ambitions and actions.**

33. UPDATE ON INEQUALITIES STRATEGY 2023-2026

The Consultant in Public Health introduced the report and delivered the presentation '[Health Inequalities](#)' (HI), including slides on: what are health inequalities?; life expectancy [additional slide]; health inequalities across Herefordshire; our main strategies to tackle HI; Core20+5; flow of HI work; and Primary Care Network priorities 24/25.

The Chairperson drew attention to the '[Inequalities Strategy 2023-2026](#)' and suggested that it would be helpful to update the document, or provide an addendum, to reference significant changes that had occurred since the adoption of the strategy, for example: mention of the strategy being 'currently out for consultation' (para. 41); the paragraph on Fastershire (para. 47); and the living wage 'of £8.75 an hour' (para. 28). The Chairperson also queried the meaning behind the different coloured tree icons in the presentation slide 'Health inequalities across Herefordshire'.

The Executive Director of Strategy and Integration commented on: the work of the Health Inequalities, Prevention and Personalised Care Board (HIPP) which worked across the Integrated Care System (ICS) as a whole, in addition to the Herefordshire HIPP Board; and the money put into primary care through the Clinical Excellence and Investment Framework to develop health inequality plans. In response to a question, the Consultant in Public Health acknowledged the need to explore trends in life expectancy and healthy life expectancy as more data became available; the Director of Public Health added that disability-free life expectancy was another indicator of population health.

The Consultant in Public Health provided a live demonstration of the health inequalities dashboard, enabling health and social care partners to identify inequalities, plan interventions, and evaluate impact; it was reported that development was ongoing on various datasets, including bowel cancer screening, health checks, and hypertension prevalence.

The Chairperson noted the value of detailed analysis by practice which would enable partners to work collaboratively to address health inequalities in specific communities and local areas.

The Executive Director of Strategy and Integration commented on the next stage of development, integrating secondary care datasets. The Consultant in Public Health confirmed the intention to add more indicators incrementally to ensure that the dashboard was accessible, easy to understand, and usable.

Other board members welcomed the dashboard and comments were made about the potential to target preventative and other resources to key cohorts, and to reduce demand on urgent and emergency healthcare pathways.

The Voluntary and Community Sector (VCS) representative said that VCS organisations and faith groups could be engaged to work with communities, particularly to spread messages about screening programmes. The Consultant in Public Health said that the primary care networks would lead on interventions, working closely with public health, including outreach and other community initiatives.

The board briefly discussed some of the barriers to the uptake of health checks and vaccinations.

Resolved: That:

- a) **The comprehensive and innovative programme of work which is underway to reduce health inequalities in Herefordshire be noted;**
- b) **The continuation of a system approach to delivery of the strategic priorities identified in the Inequalities Strategy be supported;**
- c) **The development of a revised action plan to incorporate the CORE20+5 approach be supported;**
- d) **The board requests that consideration be given to:**
 - **updating the Inequalities Strategy 2023-2026 document, or providing an addendum, to reference significant changes that had occurred since the adoption of the strategy,**
 - **the inclusion of a key to the tree icons on the presentation slide 'Health inequalities across Herefordshire', and**
 - **referencing connections to the work being undertaken across the Integrated Care System.**
- e) **Updates be provided at appropriate future meetings on the trends in life expectancy, healthy life expectancy, and disability-free life expectancy, as more data becomes available.**

The Consultant in Public Health introduced the report and delivered the presentation '[Health Protection Assurance Forum Annual Report 2024](#)', including slides on: role of the Health Protection Assurance Forum; 2024 Annual Report; strong or improving areas, plus illustrative examples; development areas, plus illustrative examples; and outline.

In response to a comment from the Chairperson about the harmful effects of synthetic opioids and contaminated drugs, an overview was provided of the work being undertaken by Turning Point, the Combatting Drugs Partnership, and the Drug Related Death Panel. It was also reported that a Local Drug Information System (LDIS) had been launched recently to share information with partners and to issue alerts rapidly.

The Vice-Chairperson questioned the reasons for declining cervical cancer screening coverage. The Director of Public Health, referencing work in another system, commented on some of the practical barriers, including those for older women and ethnic minority women, and the importance of understanding the issues and exploring the options available.

In response to a question about breast cancer screening, the Consultant in Public Health said that local screening coverage was relatively high before the coronavirus pandemic, had dipped during the pandemic, and was now moving back up towards pre-pandemic levels.

There was a brief discussion about media coverage of the struggles of well-known people with cancer which often resulted in higher numbers of people attending screenings.

The Chair of NHS Herefordshire and Worcestershire Integrated Care Board said that the Chief Executive of NHS England has recently announced that women would be sent invitations for cancer screening via the NHS App, as part of a new 'ping and book' service. The potential value of such innovations was noted, alongside the need to consider barriers to digital inclusion and explore opportunities to promote app use, including encouraging partner organisation employees to register.

The Chairperson suggested that mobile screening services could visit the more rural areas of the county, particularly to benefit people without access to a vehicle.

The Director of Public Health commented on the potential of home test kits to overcome barriers for certain types of cancer screening.

The Consultant in Public Health commented that the Health Protection Assurance Forum tried to learn from feedback from national issues. Where solutions were already in place, but indicators were still declining, the forum could explore matters at a hyper local level; it was noted that the ongoing development of population health dashboards would assist with this.

Resolved: That:

- a) The health protection system performance, achievements, and risks for 2024, as well as areas of focus for 2025 be noted; and**
- b) The Health Protection Assurance Forum be encouraged to explore further the issues around cancer screening coverage.**

35. WORK PROGRAMME

The Chairperson drew attention to the updated work programme for the board. It was noted that the number of items identified for the next meeting may need to be adjusted to ensure that business could be transacted efficiently; it was suggested that an item on the

Point Prevalence Audit could be taken to a future workshop session, as the findings had already been reported through other public fora.

Resolved: That the updated work programme be approved.

36. DATE OF NEXT MEETING

The date of the next scheduled meeting in public was confirmed as [Monday 17 March 2025, 2.00 pm](#).

The meeting ended at 3.27 pm

Chairperson