Herefordshire Council

Minutes of the meeting of Health and wellbeing board held at Committee Room 1 - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 18 July 2017 at 3.00 pm

Present: **Dr Dominic Horne (Vice-Chairman, in the chair)**

M Emery, Dr Dominic Horne, Mrs D Jones MBE, J Melling, C Price, M Samuels and Prof R Thomson

Officers: **Dr Arif Mahmood**

125. APOLOGIES FOR ABSENCE

Apologies were received from Chris Baird, Cllr JG Lester, Cllr PM Morgan and Ian Stead.

126. NAMED SUBSTITUTES (IF ANY)

Mike Emery attended as a substitute for Simon Hairsnape and Christine Price attended for Ian Stead.

127. DECLARATIONS OF INTEREST

None.

128. MINUTES

RESOLVED
That the minutes of the meetings held on 16 May 2017 and 13 June 2017 be agreed as correct records and signed by the chairman.

129. QUESTIONS FROM MEMBERS OF THE PUBLIC

No questions were received.

130. QUESTIONS FROM COUNCILLORS

No questions were received.

It was moved that the agenda order be adjusted to prioritise presentation of the Better Care Fund quarter four performance report.

131. BETTER CARE FUND 2016/17 QUARTER FOUR PERFORMANCE REPORT

The director for adults and wellbeing presented the quarter 4 submission of performance against the better care fund (BCF) plan. The national submission date had been determined by NHS England close to the deadline which meant that it had not been possible for the submission to be approved by the health and wellbeing board. Therefore the submission had been approved by the director for adults and wellbeing and the accountable officer of NHS Herefordshire Clinical Commissioning Group (the CCG) through delegated authority.

The principal theme from this submission was that performance was broadly satisfactory although demographics continued to be a pressure. For example, in residential care and non-elective admissions, the cohorts were growing at a faster rate with an impact on delayed transfers of care (DToC).

In terms of the BCF plan for the year 2017/18, commencing 1 April 2017, the guidance had been received two weeks ago. The guidance had changed from the draft previously circulated and now included a new timetable and targets. These were being considered by the joint commissioning board in order to address use of the improved BCF (iBCF) funding and management of the income streams.

It was noted that there were some tensions nationally around the suggested targets for DToC and these were being attended to at a local level. It was a requirement to submit the DToC target by Friday, 21 July, which would require formal approval from the health and wellbeing board chair or vice-chair. The council was also required to submit a return on the iBCF to the Department for Communities and Local Government (DCLG), signed off by the director for adults and wellbeing under delegated authority.

The BCF plan, with core BCF and iBCF plans, were required to be submitted to NHS England by 11 September following formal approval by the health and wellbeing board on 7 September.

There was an assurance process awaiting confirmation for completion in December, but which was intended to be a simplified process. DToC performance would be based on September data and therefore it would not be possible to show how the BCF would affect DToC, although it would be possible to determine how organisations that failed to meet the required performance targets might be fined in the following year.

A board member commented on the impact on communities in relation to fines, where factors were not within their control. The director explained that this was the first new target in 7 years and that the issue of fines did cause tensions in the system, so it was necessary to work together to make the BCF work locally to ensure the right outcomes for the people of Herefordshire.

A board member noted the key successes that were reported and asked if the challenges around nursing home quality and capacity would mean an increase in DToC. The director responded that domiciliary care and residential nursing care needs could be met through the available funding. There was a decreasing proportion of people affected because the system was good at keeping people at home; however there was some nursing care needed and this was where there was a potential capacity pressure as a result of recruitment and retention challenges. A board representative also noted that

there were workforce plans within the sustainability and transformation plan (STP) to address these issues.

In terms of what the board could do to raise the profile of workforce pressures, it was noted that provider and workforce development was being addressed through iBCF to make good use of resources and meet pressures.

RESOLVED
That:

(a) the better care fund (BCF) quarter four performance submission be noted; and

(b) the board meet on 7 September 2017 to approve the better care fund plan for 2017/18 prior to submission to NHS England on 11 September 2017.

132. JOINT STRATEGIC NEEDS ASSESSMENT 2017

The consultant in public health presented the report and asked the board to consider the robustness of the joint strategic needs assessment (JSNA) and whether any adjustments were required in the health and wellbeing strategy.

In presenting the report, it was explained that a working group had been overseeing the development of the JSNA and as a result of that work, which included consultation with stakeholders, a number of priorities had emerged:

- Supporting the health needs of the working-age population, noting the plans for a new university in Hereford
- Preventing road deaths in the county, ensuring safer roads
- Fuel poverty and reducing winter deaths
- Childhood dental health: it was noted that the situation in the county was severe, with the worst figure nationally for dental decay. This had been addressed through fluoride treatment but had not been consistently applied across the county's dentists, and a position was needed on water fluoridation.
- Obesity: comparative figures were poor, with contributory factors being poor diets and physical inactivity.
- Long term medical conditions: there was a higher prevalence than the national average, particularly with regard to high blood pressure for which 20,000 undiagnosed cases were estimated, despite the potential to control the risk factors.
- Life expectancy gap: addressing risk factors such as coronary heart disease, cancer, respiratory diseases.
- Falls: there were around 244 hip fractures per year and simple mobility tests could be used within primary care to ease the falls response service.
- Young people's mental health and wellbeing: there were increasing needs, hospital admissions and suicide numbers were higher than average. A suicide prevention strategy was under development and but there was a need to review provision of community mental health services.

Board members made the following comments in response:

- The matter of fluoridation had been raised periodically for some years and although it was considered to be a good solution in general, it was believed to be difficult to achieve within the county. This was seen to be due to a number of factors which included numerous water supplies in the county and high set-up costs. There were pros and cons to alternatives such as fluoride varnish. In the

meantime, work had begun with schools on nutrition but there was recognition that parents' behaviour also needed to change.

- In addressing falls, a simple test known as 'get up and go' was a quick assessment of someone's physical stability, which could be carried out by a GP, or community pharmacist when dispensing medicines that could cause drowsiness for example.
- There was intelligence being developed regarding possible correlation between wellness and accessibility to services, for example, a person's proximity to a GP.
- Perinatal mortality rates were based on relatively small numbers. Findings were that there were both congenital and circumstantial causative factors.
- The data presented in the JSNA were informative and a suggested development was to make connections between data and evidence of effective approaches to address them in the local context to inform commissioning decisions. It was noted that there were some areas where there were common factors and approaches, such as in relation to hypertension, but with, say, road traffic deaths, there were more individual factors. It was therefore necessary to focus on factors that the health and wellbeing board could have direct influence over.
- In presenting the JSNA to the governing body of the CCG, the focus needed to be on the areas that the CCG had the remit to address, in order to assess impact in a year's time and inform refreshed commissioning plans. This could be supported by showing how ownership of the different elements were apportioned between the CCG and the council.
- The veterans' needs assessment was welcomed in the JSNA work programme as this had been requested as an area of focus, although it was felt that the 2019 timescale needed to be sooner.

RESOLVED

That:

(a) the 2017 joint strategic needs assessment (at appendix 1) be approved;

(b) the areas of concern noted above, where not already included, be built into the appropriate priorities of the joint health and wellbeing strategy. In particular, these being identified as:

- **establishing the most appropriate approach to increasing fluoride uptake as part of the strategy to improve dental health in children, including further investigation into the feasibility and desirability of water fluoridation**
- **promoting the 'get up and go' test with clinicians as part of falls prevention work**
- **bringing forward the work on a veterans' needs assessment for earlier completion;**

(c) the analysis of data be developed in order to provide a demonstrable evidence base for the approaches used in order to inform commissioning plans; and

(d) stakeholders be asked to take into account the priorities identified by the JSNA when refreshing their commissioning plans, showing clear ownership of actions.

133. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

The director for adults and wellbeing updated the board following the last meeting held on 13 June at which the draft sustainability and transformation partnership (STP) plan was considered.

The views of the health and wellbeing board had been included in a letter to the STP lead accountable officer (appendix 1).

A refreshed plan was being presented to governing bodies and boards within the local footprint in order for it to receive the required approval. Whilst the health and wellbeing board was not required to approve the plan, it would be sensible to adopt it.

The plan was provided at appendix 2, and it was noted that it was necessary to ensure consistency between the plan and commissioning intentions and consider how the role of the health and wellbeing board related to these.

In terms of the next steps, there were challenges in determining the nature of engagement between the roles of the NHS, the council and the health and wellbeing board. It was felt that greater clarity was needed as regards roles and how health and wellbeing boards within the footprint work together. One Herefordshire would be a focal point and options were being considered in order for the various components to work and be better connected. The necessity of the STP as a regular agenda item for the board was noted in order to support local democracy and consider wider determinants such as infrastructure.

Board members commented on a need to take into account developments around accountable care organisations and how NHS England could be held to account as regards the plan, and that the best use of finite resources supported by robust governance was essential.

RESOLVED
That:

(a) the refreshed STP plan be adopted;
(b) board members undertake to ensure the plan be taken into account within commissioning intentions of the organisations reflected in board membership; and
(c) the STP plan be included as a regular item on the board's agenda in order to maintain engagement and be in touch with emerging care models.

The meeting ended at 4.30 pm **Chairman**