

**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 15 May 2018 at 2.00 pm**

Present: D Horne (Vice Chairman) (In the chair)

C Baird	Director for children's wellbeing
C Price	Healthwatch Herefordshire
Cllr P Rone	Herefordshire Council
S Vickers	Interim director for adults and wellbeing
K Wright	Director of public health

In attendance: Cllr PA Andrews
Cllr JG Lester
D Sutherland, 2gether NHS Foundation Trust
I Tait, NHS Herefordshire Clinical Commissioning Group

Officers: K Coughtrie, Herefordshire Council
A Dawson, Wye Valley NHS Trust
D Helm, Herefordshire Council
A Neill, Herefordshire Council
C Worthy, Herefordshire Council

151. APOLOGIES FOR ABSENCE

Apologies were received from Diane Jones MBE, Ian Stead and Councillor EJ Swinglehurst.

152. NAMED SUBSTITUTES (IF ANY)

Christine Price attended for Ian Stead.

153. DECLARATIONS OF INTEREST

None.

154. MINUTES

It was requested that additional text be include in minute no. 150 at the first sentence of paragraph two, to read:

Responding to a question from the vice-chair about the functioning of the system in the context of reductions to the public health budget, it was explained that this was about the wider approach across the system where wellbeing was everyone's business.

RESOLVED

That subject to the additional wording as noted, the minutes of the meeting held on 13 February 2018 be approved as a correct record and signed by the chairman.

155. QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

156. QUESTIONS FROM COUNCILLORS

None.

157. JOINT STRATEGIC NEEDS ASSESSMENT 2018

The Director of public health introduced officers from the intelligence team who had produced the joint strategic needs assessment (JSNA).

The Intelligence team leader presented the report and explained that Understanding Herefordshire was an annual high level summary, and that this year was a light touch exercise, and more information would be published on the Understanding Herefordshire website.

She highlighted the key findings with focus on the priority areas for the health and wellbeing board which were identified from the 2017 JSNA:

- Fuel poverty – a high proportion of older people were living in the county's rural areas, putting them at risk of fuel poverty, and the consequences of this, including increased susceptibility to poor health and winter deaths
- Childhood dental health and obesity – there had been little change in the data since last year, and more information would follow on this priority in the autumn to draw out some information on inequalities
- Dementia – the number of people with dementia who had a formal diagnosis was lower than the national target

More generally in terms of the population:

- there was little change from 2017 regarding low average earnings in the county
- There were high levels of digital exclusion which was a consideration when looking at how people were able to get access to services and information
- An integrated learning disability needs assessment found inequalities around health checks and cancer screening
- Stroke, heart disease and hypertension rates were higher than the national level. An integrated needs assessment for cerebrovascular disease, linked to risk of strokes, was part of the core offer and found that there was high prevalence but low mortality leading to the development of a pathway.

The Director of public health added that stroke and diabetes prevention work were priorities for the sustainability and transformation partnership and there was work in progress with Worcestershire, which involved clinicians and CCG colleagues.

The Director of public health explained that future JSNAs would take a more themed approach with plans to take a more in-depth look into particular neighbourhoods to explore issues around inequalities.

The Chair noted the important role of the JSNA and its role in identifying priorities.

In response to a comment about identifying communities, the Interim director of adults and wellbeing commented that it was important to be clear on language used in the reports and what particular terms meant, such as intermediate care. Commenting also on rates of lower earnings being prevalent for some time, affecting people's ability to afford housing, he added that there were people with low earnings and who were self-employed, who relied on their parents for support to buy houses or act as guarantors. This highlighted the challenge that people who were needed to fill gaps in the workforce

would struggle to afford to live the county. The challenge was not limited to buying homes as the rental market was costly and limited, so a key element would be to consider how the system could help solve the problem and attract recently qualified and those looking for long term careers.

The Intelligence team leader explained that there had been some recent work on a local housing market assessment which looked at housing affordability, which was being refreshed later this year.

The board noted that in terms of clinical activity, NHS England had suggested that hypertension was under-reported in the county and had requested that this be addressed to alleviate concerns regarding under-management and under-prevention, and so it was a responsibility of the board to look at hypertension prevention and improve targeting. The board also noted that there was over-recording of dementia and that there had been a shift to under reporting over the past 10 years.

The Director for children's wellbeing commented on the integrated children's needs assessment and the impact on parenting and families of a higher threshold for services. There were comparatively high numbers of looked after children and children with child protection plans, so the data from 2017 would be updated. He added that responding to this need was a challenge for the council and there was work to be taken forward through the Children and Young People's Partnership (CYPP) and the Herefordshire Safeguarding Children Board (HSCB), so that through the JSNA, support from partners would be identified that would help to shift the level of need more towards the child in need level of support. He added, however, that the challenge remained to influence the family and the child's upbringing.

The Intelligence team leader pointed the board to the redaction of crime data in the published JSNA, and advised that this data had now been approved to be made available to the board.

RESOLVED

That the 2018 Joint Strategic Needs Assessment summary be approved.

158. PHARMACEUTICAL NEEDS ASSESSMENT 2018-21

The Director of public health explained that it was a function of the health and wellbeing board to publish the pharmaceutical needs assessment (PNA), which was intended to inform the strategic planning for pharmaceutical services. She reported that there were no significant changes from the previous needs assessment published in 2015 but it was important to ensure the information was up to date, and as highlighted by the JSNA, it was important to consider the issue of digital exclusion when looking at developing digital services.

The Director of public health summarised the main points that:

- Both the 2015 and the 2018 PNAs had found that there was adequate provision of pharmaceutical services including adequate provision of a 'flu vaccination service and no reduction in provision of emergency contraception, stop smoking and needle exchange services
- Adequate provision of pharmaceutical services would need to take into account the future housing supply
- The role of pharmacist was key in terms of what could be offered around responding to the health and wellbeing board's priorities, minor illnesses and reducing demand on other services, and so there was work underway with the CCG on how to take this forward.

RESOLVED

That the 2018-2021 Pharmaceutical Needs Assessment be approved for NHS and public health commissioners to implement.

The meeting ended at 3.35 pm

Chairman