HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Health and Wellbeing Board held on Wednesday 22nd January 2014 at 2.00pm at the Business Development Centre, Stafford Park 4, Telford TF3 3BA.

PRESENT: Cllr R Overton (Chair) (Telford and Wrekin Council), Dr M Innes (Vice-Chair) (Clinical Commissioning Group), D Evans (Clinical Commissioning Group), Cllr E Clare (Telford and Wrekin Council), P Taylor (Telford and Wrekin Council),
Cllr G Green (Telford and Wrekin Council), L Johnston (Telford and Wrekin Council), Cllr J Seymour (Telford and Wrekin Council), Liz Noakes (Telford and Wrekin Council), Cllr A England (Telford and Wrekin Council), Cllr P Watling (Telford and Wrekin Council), D Harrison (Clinical Commissioning Group)

Also Present: K Ballenger (Healthwatch Telford and Wrekin, on behalf of D Saunders), H Onions, (Consultant in Public Health), L Mills (Head of Health Inequalities and Lifestyle), C Harland (Health Improvement Commissioner) and K Roberts (Interim Service Delivery Manager, Commissioning)

Officers: M Cumberbatch (Legal Services) J Power (Delivery and Planning Manager) and J Clarke (Democratic Services Officer).

HWB-39 MINUTES

RESOLVED – that the Minutes of the meeting of the Health and Wellbeing Board held on 11th December 2013 be confirmed and signed by the Chair.

HWB-40 APOLOGIES FOR ABSENCE

D Wickham (NHS England Shropshire and Staffordshire Area Team), D Saunders (Healthwatch Telford and Wrekin)

HWB-41 DECLARATIONS OF INTEREST

D Harrison declared a personal interest in Agenda Item 7 – Support People with Autism.

HWB-42 PUBLIC SPEAKING

No members of the public had registered to speak.

HWB-43 6 MONTH PERFORMANCE REPORT: HEALTH AND WELLBEING STRATEGY OUTCOME MEASURES

J Power presented a joint report which set out the latest available performance against the Health and Wellbeing Strategy priority outcome measures.

The priorities were identified by areas of greatest challenge to the Borough and as a consequence of this the outcomes for the priorities were typically worse that the national comparators. The challenge was to show year on year improvements and out of the 31 measures that had been identified, 12 had improved, 10 had got worse and 9 awaited data. There had been changes to some of the measures and it had been difficult to track progress or compare data.

The report gave stock of the where things stood at mid-point through the year and full details of the outcome measures could be found at Appendix 1 to the Report.

Areas of discussion regarding the outcome measures included:

- Teenage Pregnancy
- Excess Weight in Children

A question was raised regarding what action was being taken to monitor the targets that had worsened and what could be done to improve the figures, whilst giving value for money. Each priority had a strategy and plan in place or being put in place which would give an understanding of what needed to be delivered and how this would be addressed. It was recognised by the Board that some indicators would not show a large amount of change and change would be a slow process ie obesity, whereas the teenage pregnancy rates had change much more rapidly.

With regard to the proportion of older people who were still at home after 91 days of being offered intermediate care, this was now much slower due to the enablement process. This was being reviewed through the Better Care Fund.

It was suggested that the targets needed to be looked at in the round and it was important to receive an update every 6 months. It was also important to work with all partners across the Borough and use all resources and links where possible.

RESOLVED – that:

a) **the latest performance data against the Health and Wellbeing Strategy outcome measures were considered;**

b) **the outcomes were improving at a satisfactory rate;**

c) **the strategy's basket of outcome measures was complete.**

HWB-44 LOCAL AUTHORITY TOBACCO CONTROL DECLARATION

H Onions presented a report which asked the HWB to sign up to the Local Authority Tobacco Control Declaration.

The Declaration had been initially developed by Newcastle City Council in May 2013 and was an agreement that demonstrated a Council's commitment to reducing smoking prevalence and the impact of smoking on communities.

A tobacco control strategy for Telford and Wrekin was being developed which was based on the ASH CLeaR self assessment. The strategy would be completed in March 2014.
This fit with the Council's agenda and new responsibilities on tobacco control. The declaration had been taken to the Council's Policy Review Meeting who had given their full support.

A discussion took place including:

- The signing up of the CCG to the declaration
- Long term health strategy
- Quit rates

- Smoke free homes/cars
- Passive smoking
- E-cigarettes
- Mortality/Morbidity rates

Telford and Wrekin Council had a long-term aspiration of preventing children taking up smoking and would work with schools/education/school nurses, together with key partners in order to get the message across.

It was suggested that ward level data on morbidity and mortality was made available to members of the Board and this was available through the JSNA. A link would be forwarded to members of the Board.

A further report would be brought back to the Board.

RESOLVED – that:

a) the Board endorse and sign up to the principles set out in the Local Authority Tobacco Control Declaration;

b) the Board recommend to Telford and Wrekin Council that they endorse and support the principles.

HWB-45 FOCUS ON HWB PRIORITIES

Reduce Excess weight in adults/children

C Harland presented a report on the HWB priority of excess weight. The report summarised the work undertaken to date and provided an update on the latest information from the National Child Measurement Programme for 2012/13.

The implementation of the Excess Weight delivery plan would enable children, young people and adults to achieve and maintain a healthy weight by making healthy choices in their daily lives. This would be achieved by:

- population based programmes to reduce health inequalities
- local activities in order to encourage healthy eating and physical activity
- create environments that encourage healthy eating and being more active
- identify those people who are overweight/obese and give them support

Almost 1 in 4 children aged 4-5 were overweight or obese. In 10-11 year olds this figure was 1 in 3. The figure in adults was 2 in 3 who were overweight or obese. It was considered that due to the adult rates, obesity was being normalised within the Telford and Wrekin area, although the Borough had closed the gap on the national excess weight averages which had remained constant.

The excess weight review process included the following:

- HWB consultation on priorities
- Public consultation
- Asset mapping
- Review of the evidence and reference documents

- Individual meetings and workshops with stakeholders

The outcomes of the review process included a vision and identified target groups which were:

- Pregnant women
- Children born to obese parents
- Those with mental health problems
- Those with disabilities
- Those living in deprived areas

Eight work streams were being developed to support partners and embed healthy eating and getting active into their services which included:

- Branding
- Building intelligence
- Workforce development
- Maximising the contribution of key partners and stakeholders
- Providing information and toolkits
- Badging and Accreditation Schemes
- Community Asset Mapping and Building Capacity
- Evaluation and Review

There would be some small pilot projects around the Change 4 Life branding and badging schemes which would help individuals to make healthy food choices and become more active within the places they live, work, play and go to school. Individuals would be given the opportunity to talk about being overweight and be given information, advice and support. Further information could be accessed at the Healthy Lifestyles Hub, Family Connect and My Life.

A discussion took place including:

- Body image
- Smart Swap - national campaign
- Population approach
- Rising costs of treating adults who are overweight
- Fast Food Chain advertising
- Pro-active support of families
- Whole Council approach to campaign
- Sugar consumption – contribution to obesity

RESOLVED – that:

a) the Board endorse the proposed partnership approach to reducing excess weight in adults and children;

b) the Board support the vision and population groups to be targeted for increased activity to reduce health inequalities;

c) the Board recognise the eight key work streams to be co-ordinated across the partners, including the Council, CCG and the voluntary sector;

d) **the Board note the updated national child measurement programme information for Telford & Wrekin including the further reduction to obesity in children aged 4-5 years.**

Support People with Autism

D Harrison declared a personal interest. It was agreed that D Harrison would take part in the discussion but not vote.

K Roberts presented the report on the Autism Strategy and the Autism Self Assessment Submission.

Since preparing the report there had been some changes to strengthen the alignment between Children and Young People/Adult Commissioning with both Commissioning areas now located under the Assistant Director: Family, Cohesion & Commissioning. The Council had also recognised the need to review the number of partnerships boards that were in operation and the need for officer support. There was a recognition that the work outlined in the Action Plan (Appendix 1 to the report) may be better served through a Task and Finish Group. It was suggested that recommendation 2.2 of the report be modified to incorporate this change.

It was a requirement of the Department of Health that the Autism Self-Assessment be signed off by the Health and Wellbeing Board and this could be found at Appendix 2 to the report.

The low level hub was working well and highly regarded which, together with support from other agencies ie housing, employment and the voluntary sector, was making a real difference. "Listen not Label" were currently championing the hub.

There were currently conversations taking place with SSSFT with regard to diagnosis pathways. There was an increasing recognition that many people with mental health issues had a link to autism and steps were in hand to quantify the level of support provided. It was critical to establish a clear and consistent level of governance and leadership which would ensure a consistent approach to support and diagnosis. The re-design would be undertaken in partnership with, for example CCG/CAMHS. This would require a small level of investment per annum that would gradually decrease over time. The overall intention was to extend support within the community to reduce or prevent acute admissions.

The decision had been taken to make the Autism Strategy an all-age strategy. Whilst this created challenges it also provided opportunities to achieve real and sustainable change and improvement over time. If intervention took place which was matched to the individual's needs there would be less likelihood of increases in mental health and challenging behaviour, which would ultimately increase costs of supporting people in the long term as they move into adulthood. It was important to understand the needs of individuals and learn from mistakes in order to achieve the best for the individuals and their families. It was suggested that a strategic paper was brought back to the board in the summer/autumn period.

The next steps were to:

- convene a meeting of all parties to confirm roles and responsibilities for taking the Action Plan forward, which would be chaired by Clive Jones
- establish a Task and Finish Group meeting quarterly with the first meeting to be held in March
- named leads to develop a project plan to ensure engagement with individuals and family carers

The Board were in agreement and welcomed an all-age autism strategy as a positive move forward. Engagement, together with joined up working was important in smooth transitions into adulthood.

A discussion took place including:

- links with the criminal justice system
- early assessment together with early intervention and action
- the need for a seamless streamlined approach
- support to deliver enablement and re-ablement
- smooth transitions from 0-25 to adult services
- low level hub and the funding of the hub

It was suggested that an amendment to recommendation 2.2 be made in order to reflect the governance being passed to a Task and Finish Group.

Recommendation 2.2 would now read:

"2.2 To confirm that overall governance for the Autism Strategy will be with the Autism Task and Finish Group and the Health and Wellbeing Board to receive an annual report on progress."

This amended recommendation was proposed by Laura Johnston and seconded by Paul Taylor and agreed by the Board.

RESOLVED: that

a) the Autism Strategy 2014-2017 and the accompanying Autism Action Plan be approved;

b) the overall governance for the Autism Strategy would be with the Autism Task and Finish Group and the Health and Wellbeing Board would receive an annual report on progress;

c) a further detailed paper outlining the overlapping strategic issues between a range of inter-dependent areas (autism, learning disability, the confidential inquiry into premature deaths of people with learning disabilities) which would propose actions to ensure the needs are met locally and with the objective of increased efficiency be brought to the Board;

d) the submission of the Autism Self Assessment in September 2013 be noted.

The meeting ended at 3.33pm

Chairman:

Date: