

**TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD
– 14th May 2014**

REVIEW OF THE HEALTH AND WELLBEING BOARD

**REPORT OF LIZ NOAKES, ASSISTANT DIRECTOR: HEALTH,
WELLBEING AND PUBLIC PROTECTION, MATTHEW CUMBERBATCH,
LEGAL SERVICES MANAGER AND JON POWER, DELIVERY &
PLANNING MANAGER**

LEAD CABINET MEMBER – CLLR R. OVERTON

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1. This report outlines a proposed series of changes to the role of the Health and Wellbeing Board and its relationship with other strategic partnership boards: the Children, Young People and Families Board, the Community Safety Partnership and the Better Care Fund Project Management Group. In line with these proposed changes to the role of the Health and Wellbeing Board, this report reviews the terms of reference for the Board, which includes a review of the members of the Board and the frequency of meetings.
- 1.2. Please refer to Appendix 1 for the draft revised terms of reference for the Health and Wellbeing Board.

2. RECOMMENDATIONS

That the Board review the following and make recommendations for amendment of the constitution to full Council as appropriate:

2.1 The role Strategic Commissioning Group is developed to integrate the commissioning actions of all the proposed Commissioning and Transformation Partnerships.

2.2 That Commissioning and Transformation Partnerships are established to bring greater consistency and connectivity to partnership working.

2.3 That consideration is given to the creation of a Living Well Board.

2.4 A report is brought back to the Health and Wellbeing Board in January 2015 by the Strategic Commissioning Group on the Telford £.

2.5 Subject to approval of the changes to the membership by the Council, the Chair of the Community Safety Partnership is invited to become a member of the Health and Wellbeing Board.

2.6 That the number of scheduled Health and Wellbeing Board meetings is set at four per municipal year.

2.7 To amend the terms of reference as proposed in Appendix 1 to allow meetings to be quorate in the event that the NHS England and Healthwatch representative are unable to attend.

3. IMPACT OF ACTION

3.1 If the Board accepts the proposals:

- The Board’s relationships with the Children, Young People and Families Board, the Community Safety Partnership and the Better Care Fund Programme Management Group will change to become a more strategic role that supports and drives integration to improve the health and wellbeing of our communities and address health inequalities. A new partnership board would be created, Living Well, to improve public health outcomes. The pre-existing Boards will become Commissioning and Transformation Partnerships which will integrate resources to improve efficiency and outcomes.

- The Commissioning and Transformation Partnerships will deliver the existing Health and Wellbeing priorities, with the exception of the “to improve life expectancy and reduce health inequalities” priority which will remain with the Health and Wellbeing Board due to its overarching outcome. The role of the Health and Wellbeing Board in relation to the existing priorities will be focused upon challenging the Commissioning and Transformation Partnerships on the delivery of those priorities.

- If the Board proposed changes to the Board membership, meeting frequency and rules on quorum (depending upon the option chosen from the three choices as detailed in Part B, Section 6) it will require changes to the programme of meetings and their administration.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific Health and Wellbeing Board Priority	
	No	The proposals contribute to all of the Health and Wellbeing Board’s priorities and will help the Health and Wellbeing Board meet their principles of accessibility, engagement and positive experience.

	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	The proposals contribute to the Council meeting the 'Health and Wellbeing' objective.
	Will the proposals impact on specific groups of people?	
	No	
TARGET COMPLETION/DELIVERY DATE	If the Board recommend the proposals regarding the changes in membership; they will proceed to Council Constitution Committee and then, if approved, onto full Council at the earliest opportunity.	
FINANCIAL/VALUE FOR MONEY IMPACT	No	There are no foreseen financial implications arising from adopting the recommendations of this report. RP-020514
LEGAL ISSUES	Yes	Section 194 of The Health and Social Care Act 2012 requires the Council to establish a Health and Wellbeing Board as a formal committee of the Council in accordance with section 102 of the Local Government Act 1972 (subject to some exceptions). Accordingly the conduct and procedure of the Board must comply with the appropriate statutory requirements that relate matters such as the publication of the meeting agenda and publishing of reports. Section 194 of the Health and Social Care Act 2012 sets out the membership requirements of the Health and Wellbeing Board set out at paragraph 1.3 of this report. Any changes to the membership must comply with these requirements. In order to give effect to any changes full Council has to approve the changes which will result in the consequent amendment to the Council's constitution to incorporate the new arrangements. Council Constitution Committee also has involvement in the structure and content of the Committee terms of

		reference and procedures. The partnership groups set out in the diagram at paragraph 2.3 of this report are not Committees or Sub-committees of the council, they will not have powers delegated to them and the responsibility for the areas they examine on behalf of the Board will remain the ultimate responsibility of the Board.
EQUALITY & DIVERSITY	Yes	Access to the Health and Wellbeing Board should be for all of the community. The policies which the Council has in place to communicate with all of the community will be utilised where necessary.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	No	
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Set out at Section 2 of this report below.

PART B) – ADDITIONAL INFORMATION

1. BACKGROUND INFORMATION

1.1. On 3rd April 2014 the Board held a Development Session to look at 'drivers for change' with regards to the role of the Health and Wellbeing Board. The 'drivers for change' were:

- ***The Better Care Fund*** - the Board has previously agreed the governance arrangements for the Better Care Fund with the instigation of the Strategic Commissioning Group and the Better Care Fund Programme Management Group. The Board members were asked to consider the developments that the fund created for its future working with other partnerships.
- ***A review of existing partnership arrangements*** – the Board Development Session on 5th November 2013 identified a need to review how it worked with other strategic boards, how it can work together to deliver outcomes and that it should take a more strategic view to drive integration of health and care. This work was completed and the Board members were asked to consider how the role of the Health and Wellbeing Board could strengthen

the partnerships within Telford and Wrekin and drive forward improving the lives of the community.

2. REFOCUSING THE ROLE OF THE HEALTH AND WELLBEING BOARD

2.1. The Health and Wellbeing Board currently reviews the progress of its priorities on a cyclical basis with a focus on outcomes. It is proposed that the role of the Board is developed to become more strategic and focus on supporting and driving the integration and transformation of services to improve the health and wellbeing of our communities and reduce health inequalities ensuring maximum value from finite resources.

2.2. To enable the Board to do this it is proposed that the partnership landscape is amended as shown in Diagram 1.

2.3. It is also proposed that the delivery of the Health and Wellbeing Strategy priorities is through the Commissioning and Transformation Partnerships, with the exception of the “*improve life expectancy and reduce health inequalities*” priority which would remain with the Board. (Please refer to Appendix 2 for a list of the current priorities/outcomes and the proposed Commissioning and Transformation Partnerships.)

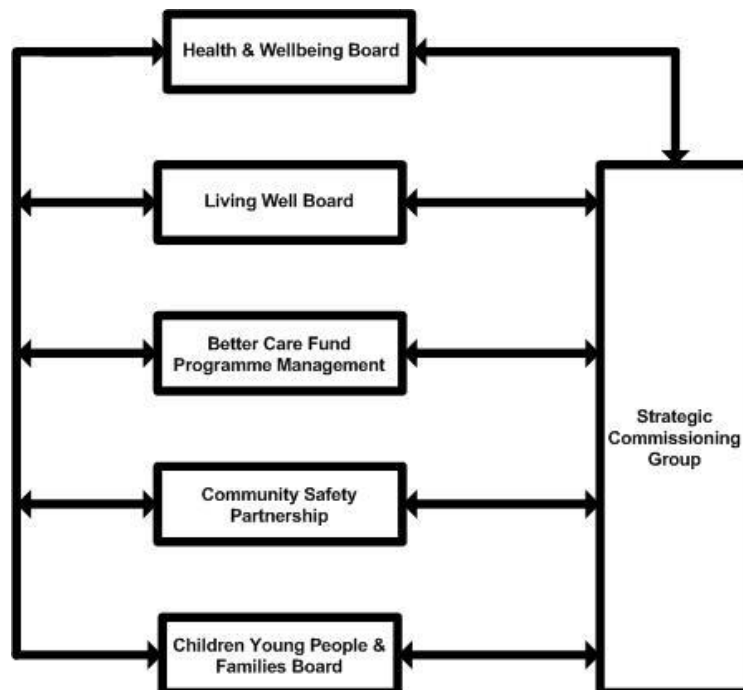


Diagram 1: Proposed partnership landscape

3. DEVELOPING THE ROLE OF THE STRATEGIC COMMISSIONING GROUP

- 3.1. The Strategic Commissioning Group was established following agreement at the last Board meeting (12th March 2014) to ensure that commissioning by the key partners is integrated and evidence based to ensure efficiency and effectiveness primarily in the delivery of the Better Care Fund.
- 3.2. In the proposed new partnership landscape the Strategic Commissioning Group would widen its remit to include oversight and understanding of any commissioning within the Commissioning and Transformation Partnerships.
- 3.3. This group will review the whole commissioning landscape to ensure that services that are commissioned are integrated and able to deliver the Health and Wellbeing overarching priorities and also the priorities of the Commissioning and Transformation Partnerships.

4. PROPOSED ROLE OF COMMISSIONING AND TRANSFORMATION PARTNERSHIPS

- 4.1. The current role of the strategic partnerships (Children, Young People and Families Board, the Community Safety Partnership and the Better Care Fund Programme Management Group) is to drive the delivery of the priorities identified in their plans to improve the lives of the community within Telford and Wrekin. It is proposed that these three established groups become Commissioning and Transformation Partnerships, along with the creation of a new partnership, the Living Well Board, centring on public health outcomes.
- 4.2. The focus of Commissioning and Transformation Partnerships will be to bring greater consistency and connectivity to partnership working. As well as focusing on improving outcomes, these partnerships will drive and challenge how services are being delivered. To do this, they will map the resources (the “Telford £”) which are currently employed delivering these services and explore alternative delivery and commissioning models. This may involve the creation of pooled or aligned budgets with a focus on driving the integration of services and value for money.
- 4.3. It is proposed that the Living Well Board would focus on upstream measures to improve public health outcomes. The partnership would comprise of a range of council teams and partners that deliver, particularly against health improvement outcomes. It is proposed that it uses a number of means to improve outcomes, including social marketing, community development and encouraging healthy environments as well as commissioning ‘prevention’ services. It is proposed that the Board will focus on healthy lifestyles and emotional

health and wellbeing outcomes with the drugs and alcohol outcomes sitting with the Community Safety Partnership.

4.4. It is proposed that the Health and Wellbeing Board challenge and hold the Commissioning and Transformation Partnerships to account for the areas they are responsible for.

4.5. As noted in Section 2.3 it is proposed that the Health and Wellbeing Strategy's priorities are distributed amongst the Commissioning and Transformation Partnerships to drive their delivery and that the Commissioning and Transformation Partnerships would provide assurance to the Board that progress is being delivered. Please refer to Appendix 2 for the existing priorities and proposed Commissioning and Transformation Partnerships.

4.6. It is proposed that the Commissioning and Transformation Partnerships report into the Health and Wellbeing Board on a regular basis and that the forward plans for all Commissioning and Transformation Partnerships are combined to ensure that linkages are made and it is clear to all Commissioning and Transformation Partnerships and the Health and Wellbeing Board what is being discussed when.

5. NEXT STEPS

5.1. It is suggested that if the proposal to establish Commissioning and Transformation Partnerships is agreed, the mapping of the "Telford £" is completed by October 2014. This work should be led and reported to the Strategic Commissioning Group. A report will then be presented to the Health and Wellbeing Board shortly after.

5.2. It is proposed that the Health and Wellbeing Board hold at least two development sessions per year to build on the experience of the past twelve months and the need to keep the function of the board under periodic review.

6. TERMS OF REFERENCE

6.1. It is good practice for Boards and Committees of the Council to review their terms of reference at the commencement of the new municipal year (it is contained in the Board's terms of reference at paragraph 18); however, it was felt more appropriate considering the nature of the report that the terms of reference were considered at this stage. It is now more than twelve months since the Board emerged from its 'shadow' operations and a number of developments have taken place in the meantime including the provision of public speaking and the establishment of both the Health and Wellbeing Board Strategic Commissioning Group and Better Care Fund Project Management

Group. This section of the report looks at some operational aspects of the Board and to seek decisions on whether adjustments are now required.

Membership of the Health and Wellbeing Board

6.2. The current membership of the Health and Wellbeing Board is made up as follows:

- 6 elected members
- 3 CCG representatives
- 3 Council Officers
- 1 representative from NHS England
- 1 representative from Healthwatch

6.3. The specific titles of the current membership are set out at in the terms of reference at Appendix 1 of this report (section 2 of the Terms of Reference entitled 'Membership'). During the course of the year there have been representations made by a number of external bodies to become members of the Health and Wellbeing Board and the Board are now asked to consider whether the membership should be changed. As outlined in Section 2 of the report it is proposed that the Community Safety Partnership becomes one of the Commissioning and Transformation Partnerships, and thereby the Board are asked to consider that the Chair of Community Safety Partnership becomes a member of the Health and Wellbeing Board. Whilst the expertise provided by other external bodies is always valuable, officers are recommending that there are no other changes to the Board membership at this point. Officers are mindful that the Board already has a large membership and accordingly there is an issue over the impact which an increased membership may have upon the expediency of the operation of the Board. It is suggested that those parties wishing to take part in the Health and Wellbeing Board meetings can be invited for relevant topics of discussion and given the opportunity to contribute as appropriate.

6.4. The Regulations governing the membership of the Health and Wellbeing Board state that the membership should be as follows:

- at least one councillor of the local authority
- the director of adult social services for the local authority,
- the director of children's services for the local authority,
- the director of public health for the local authority,
- a representative of the Local Healthwatch organisation for the area of the local authority,
- a representative of each relevant clinical commissioning group, and
- such other persons, or representatives of such other persons, as the local authority thinks appropriate.

Frequency of Meetings

6.5. As the Health and Wellbeing Board becomes more established and looks to take a more strategic role, it is appropriate to address the frequency of formal Board meetings. Currently the Health and Wellbeing Board meets every couple of months with special meetings when required. It is proposed that this should be amended to quarterly meetings. This would still allow regular updates, reviews and decision-making whilst also taking into account that the Board's work that is being undertaken via other bodies such as the Health and Wellbeing Board Strategic Commissioning Group and Better Care Fund Project Management Group.

Quorum for meetings

6.6. The quorum is a minimum attendance at Board meetings that is required for the meeting to take place. Currently the quorum is set out in the Terms of reference as stating:

“Quorum of one quarter is required, cross section of partners represented, (the minimum number of members that need to be in attendance before decisions can be taken). Business shall not be transacted at a meeting of any Council Committee unless at least one quarter of the whole number of the Committee is present.”

6.7. It is recommended that the quorum requirement in relation to partners is clarified to provide some certainty as to when a meeting can proceed if one of the partners is absent. Looking at the responsibilities and nature of the business going to the Health and Wellbeing board the following quorum requirement is proposed:

“Quorum of one quarter is required, with a minimum of one Councillor Board member from Telford and Wrekin Council and one Board member from the CCG required in attendance.”

7. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

The impact will depend upon which option, if any, is recommended to full Council by Health and Wellbeing Board.

8. PREVIOUS MINUTES

17th July 2013 – Health and Wellbeing Board – 22

12th March 2014 – Health and Wellbeing Board

9. **BACKGROUND PAPERS**

- Health and Wellbeing Boards – A practical guide to governance and constitutional issues. Issued by the Local Government Association, March 2013
- The Health and Social Care Act 2012
- <http://www.legislation.gov.uk/ukpga/2012/7/contents>
- Health and Wellbeing Board Support and Delivery Arrangements report – presented to the Health and Wellbeing Board in March 2014.

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Appendix 1 - updated terms of reference in light of the changes proposed in the report, with the additions highlighted in yellow.

Telford & Wrekin Health and Wellbeing Board Terms of Reference

The Committee has the responsibility on behalf of the Council in respect of public health and health and wellbeing responsibilities within the Borough.

TERMS OF REFERENCE

1. The Health and Wellbeing Board is responsible for guiding and overseeing:
 - 1.1. The ongoing development of the joint strategic needs assessment (JSNA)
 - 1.2. Developing a high-level joint health and wellbeing strategy based upon the findings of the JSNA
 - 1.3. The establishment of sound joint commissioning arrangements
 - 1.4. The development of HealthWatch forum for public and patient engagement and involvement
 - 1.5. Public Health responsibilities and arrangements in the local authority
2. The Health and Wellbeing Board will provide a key forum for public accountability of NHS, social care for adults and children and other commissioned services that the Health and Wellbeing Board agrees are directly related to health and wellbeing in Telford and Wrekin.
3. The Health and Wellbeing Board has a duty to encourage integrated working between local health, social care and health-related commissioners.
4. The Health and Wellbeing Board will work with, and receive reports from, the Children, Young People and Families Board, Community Safety Partnership, Better Care Fund Management Group and the Living Well Board.
5. The Health and Wellbeing Board will have a link to the overarching Telford and Wrekin Local Strategic Partnership but will also very much function in its own right. In addition it will link with the existing adult and children safeguarding boards in order to ensure the focus on the improved health and wellbeing outcomes for the whole population of Telford and Wrekin.
6. The Health and Wellbeing Board will lead on the development of a Telford and Wrekin Joint Health and Wellbeing Strategy for residents which drives health improvement, plans to deliver this strategy and keeps the implementation of these plans under review.

7. Through the Joint Health and Wellbeing Strategy, the Health and Wellbeing Board will oversee a commissioning programme of service and/or pathway redesign to better meet the needs of patients and service users and to deliver improved outcomes. Successful delivery of this will be dependent on the Health and Wellbeing Board developing effective management mechanisms with both primary care and secondary care providers where relevant or appropriate.
8. The Health and Wellbeing Board will link into the Local Strategic Partnership, Strategic Boards and associated Partnership Boards, making recommendations to Full Council, NHS England, and the Clinical Commissioning Group Board, as appropriate.
9. The Health and Wellbeing Board will analyse the priorities for deployment of health and care resources in the area based on information collected through the JSNA and other sources.
10. The Health and Wellbeing Board will consider options and opportunities to maximise the impact of aligning the deployment of resources of the health and care agencies in the area on agreed priorities. This will include the joint commissioning of health and social care services for children, families, and adults in Telford and Wrekin, to meet identified needs and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.
11. The Health and Wellbeing Board will oversee the development of this proposed joint commissioning activity, ensuring any proposed activity is aligned with local priorities and levels of need and is undertaken within available resources. To consider options for joint commissioning and procurement between relevant organisations to support this work.
12. The Health and Wellbeing Board will oversee all areas of health and social care commissioning activity for people of all ages, to ensure that commissioning priorities are in line with those set through analysis of the JSNA and the local Joint Health and Wellbeing Strategy. This commissioning activity includes all local services commissioned by Telford and Wrekin CCG, Telford and Wrekin Council, Joint Commissioning CCG/Council, Public Health England and NHS England, which could include local specialised services; secondary dental care; general dental services; GP services; general ophthalmic services; pharmaceutical services; any services for the Armed forces or Offenders; and other primary care.
13. The Health and Wellbeing Board will keep under review, the financial and organisational implications of joint and integrated working across health and social care services, ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.

14. The Health and Wellbeing Board will identify and act upon changes that may be required following any new guidance in relation to the Health and Wellbeing Board.
15. The Health and Wellbeing Board will propose recommendations, as appropriate to:
 - 15.1. Telford and Wrekin Council's Full Council
 - 15.2. NHS England Board
 - 15.3. Telford and Wrekin Clinical Commissioning Group Board
16. The Health and Wellbeing Board will ensure that the Health and Wellbeing Board works to promote the achievement of the objectives of the organisations represented on the Board, including the Council's health improvement responsibilities.

General

17. Annually at the first meeting after the Annual Council Meeting consider its terms of reference

PROCEDURE

General

1. Unless specifically provided for in these Terms of Reference the Council Procedure Rules govern the way that committees operate but these may be varied or suspended¹ at the discretion of the Chairman of the Committee in the interests of efficient and effective management of the committee.

Membership

2. Members of the Health and Wellbeing Board will comprise representatives from the Clinical Commissioning Group, Telford & Wrekin Council, Healthwatch and NHS England Local Area Team. The core members are:
 - 2.1. Cabinet Member responsible for Public Health and Public Protection ~~wider Health Services~~ (Chairman of the Health and Wellbeing Board)
 - 2.2. Cabinet Member for Adult ~~and~~ Social Care
 - 2.3. Cabinet Member for Children, Young People and Families
 - 2.4. Cabinet Member for Leisure ~~and Wellbeing Services~~ and Culture
 - 2.5. Director responsible for Adult Social Care
 - 2.6. Director responsible for Children's Services
 - 2.7. Director of Public Health
 - 2.8. NHS England Local Area Team representative
 - 2.9. Chair of Telford and Wrekin Clinical Commissioning Group (CCG) (Vice Chair Health and Wellbeing Board)
 - 2.10. Non-Executive Director from Clinical Commissioning Group
 - 2.11. ~~Accountable~~ Chief Officer from Clinical Commissioning Group

¹ With the exception of paragraph 12

2.12. Representative of local Healthwatch

2.13. Chair of the Community Safety Partnership

2.14. Each opposition Group with 4 or more elected members shall have one place on the Health and Wellbeing Board with voting rights.

2.15. Such other persons, or representatives of such other persons, as the Local Authority thinks appropriate

3. Attendance and support from such other persons, according to the agenda, including:

3.1. Assistant Directors responsible for Commissioning (AD Family, Cohesion and Commissioning)

3.2. Director of Executive Lead for Commissioning, CCG

4. This reflects the statutory minimum membership in the Health and Social Care Act 2012.

5. The members of the Board will be advised and supported by officers from the local authority and CCG.

6. Members agree to share all relevant information and data, to allow performance, and other joint working arrangements, to be properly monitored and managed.

Disqualification for Membership

7. Any person who would be disqualified from being able to stand for election as a councillor will be disqualified from being a member of a committee or sub-committee of a local authority. The regulations state that these disqualifications will be retained for Health and Wellbeing Board, but the regulations will ensure the disqualifications do not apply to Health and Wellbeing Board in so far as they cover disqualifications in respect of members of the board holding any paid employment or office in the local authority – this allows the Directors of Adult Social Services, Children’s Services and Public Health to be formal members of the Health and Wellbeing Board.

8. The following disqualifications will be retained for members of the Health and Wellbeing Board:

8.1. Being the subject of a bankruptcy restrictions order or interim order

8.2. Having been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

Voting Rights

9. All Members of the Health and Wellbeing Board will be able to vote alongside the elected representatives. This applies to any additional board members appointed in addition to the statutory membership set out in the Health and Social Care Act 2012.

Meetings

10. The Health and Wellbeing Board will meet **quarterly** ~~bi-monthly~~. Dates and times of meetings will be agreed and published in advance.
11. Agendas and supporting papers will be issued at least five clear days before each meeting and action notes will be produced, confirmed as a true record of the meeting and signed by the Chair.
12. Members of the public and press will have access to the meetings. A Protocol will be developed and agreed by Health and Wellbeing Board.
13. There will be a public speaking section at each Health and Wellbeing Board meeting. A procedure for public speaking at the Health and Wellbeing Board is in place and is available on the Council's website or by contacting Democratic Services.

Quorum

14. Quorum of one quarter is required, cross section of partners represented, (the minimum number of members that need to be in attendance before decisions can be taken). Business shall not be transacted at a meeting of any Council Committee unless at least one quarter of the whole number of the Committee is present.

Code of Conduct and Declaration of Interest

15. The Health and Wellbeing Board will adopt the Council's code of conduct. Any interests in item(s) on the agenda should be declared at the start of the meeting.

Access to Information/Transparency Provisions

16. Meetings of the Health and Wellbeing Board will be held in public, although the press and public may be excluded during consideration of any matter which would involve the disclosure of confidential or exempt information.
17. The agenda and papers for meetings of the Board, except for any documents that may disclose confidential or exempt information, will be made available for public inspection five days before the meeting.

Reporting Mechanisms/Accountability

18. The Health and Wellbeing Board, as a Committee of the Council, will report to Full Council.
19. The Health and Wellbeing Board will regularly update the Telford and Wrekin Local Strategic Partnership with its progress and specific contributions to achieving the vision and priorities of Telford and Wrekin.
20. The actions of the Health and Wellbeing Board will be subject to independent scrutiny by the relevant members of the Overview and Scrutiny Committee of the Council.

21. The Board will review its structure, membership and activities in response to any further guidance.

Establishment of Sub-Committees

22. The Health and Wellbeing Board will be able to establish sub-committees and delegate functions to them.

Scrutiny

23. Health scrutiny function and powers will be delegated by Full Council to the relevant Scrutiny Committee and the power of referral to the Secretary of State is also delegated to the relevant Scrutiny Committee. The relevant Scrutiny Committee will notify Full Council of an intention to refer a matter to the Secretary of State before a referral is made.

Appendix 2

Health and Wellbeing Strategy existing priorities and proposed Commissioning and Transformation Partnerships (CATP)			
Priorities	Proposed Outcome Measures	Proposed CATP	
Children Adults	Reduce excess weight in children and adults	<ul style="list-style-type: none"> • Increase the number of babies breastfed at birth and at 6-8 weeks • Reduce the number of children aged 4-5 years and 10-11 years who are overweight or obese • Reduce the number of adults who are obese • Increase the numbers of people who are physically active 	Living Well Board
	Reduce teenage pregnancy	<ul style="list-style-type: none"> • Reduce the number of conceptions amongst women under 18 years • Reduce risk taking behaviour 	Children, Young People and Families Board
	Improve emotional health and wellbeing	<ul style="list-style-type: none"> • Reduce the number of people who are admitted to hospital as a result of self-harm • Increase the number of people reporting positive wellbeing 	Living Well Board
	Support people with autism	<ul style="list-style-type: none"> • Measures to be developed and linked to the strategy 	Better Care Fund
	Reduce the number of people who smoke	<ul style="list-style-type: none"> • Reduce the number of mothers who smoke during pregnancy • Reduce the number of babies born with a low birth weight • Reduce the number of people admitted to hospital with smoking-related diseases • Reduce the number of people who die as a result of smoking-related diseases • Reduce the number of smoking-related deaths 	Living Well Board
	Reduce the misuse of alcohol or drugs	<ul style="list-style-type: none"> • Reduce the number of people admitted to hospital due to alcohol-related diseases • Reduce alcohol related violent crime • Increase the number of people successfully taking part in drug programmes • Reduce the number of people admitted to hospital with alcohol related liver disease • Reduce the number of people who die from preventable liver disease 	Community Safety Partnership
	Improve adult and children carers' health and wellbeing	<ul style="list-style-type: none"> • Carer-reported quality of life • Carers who feel they have been included in discussion about the person they care for 	Better Care Fund
	Improve life expectancy and reduce health inequalities	<ul style="list-style-type: none"> • Improve male life expectancy at birth • Narrow the gap of people who die before age 75 from cardiovascular diseases and cancers • Improve the number of people who take part in cancer screening programmes • Improve the management and treatment of long term conditions such as diabetes and chronic respiratory diseases • Increase the numbers of people immunised against flu 	Health and Wellbeing Board
	Support people to live independently	<ul style="list-style-type: none"> • Social care self-directed support • Older people who were still at home 91 days after discharge from hospital into re-ablement services • People receiving re-ablement services who need ongoing support • Delayed transfers of care from hospital 	Better Care Fund
	Support people with dementia	<ul style="list-style-type: none"> • Increase the number of dementia services available. 	Better Care Fund