

HEALTH AND WELLBEING BOARD AGENDA



**20 October 2014
at 9.30 am
in "Committee Room B"
Civic Centre, Hartlepool**

MEMBERS: HEALTH AND WELLBEING BOARD

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors C Akers-Belcher, Brash, Richardson and Simmons.

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group (2) – Dr Schock and Alison Wilson

Director of Public Health, Hartlepool Borough Council (1); - Louise Wallace

Director of Child and Adult Services, Hartlepool Borough Council (1) – Gill Alexander

Representatives of Healthwatch (2). Margaret Wrenn and Ruby Marshall

Other Members:

Chief Executive, Hartlepool Borough Council (1) – Dave Stubbs

Director of Regeneration and Neighbourhoods, Hartlepool Borough Council (1) – Denise Ogden

Representative of the NHS England (1) – Caroline Thurlbeck

Representative of Hartlepool Voluntary and Community Sector (1) – Tracy Woodhall

Representative of Tees, Esk and Wear Valley NHS Trust (1) – Martin Barkley

Representative of North Tees and Hartlepool NHS Foundation Trust – Alan Foster

Observer – Representative of the Audit and Governance Committee, Hartlepool Borough Council (1) – Councillor Springer.

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS



3. MINUTES

3.1 To confirm the minutes of the meeting held on 10 September 2014 (*attached*)

4. ITEM FOR CONSIDERATION

No items.

5. ITEMS FOR DECISION

5.1 Childhood Obesity in Hartlepool

- Scoping Report (*Director of Public Health, Director of Child and Adult Services and Chief Officer Hartlepool and Stockton on Tees Clinical Commissioning Group*)
- Presentation
- Debate

6. ITEMS FOR INFORMATION

No items.

7. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

Date of next meeting – Monday 1 December at 9.30 am in the Civic Centre, Hartlepool.



HEALTH AND WELLBEING BOARD

MINUTES AND DECISION RECORD

10 September 2014

The meeting commenced at 2.00 pm in the Civic Centre, Hartlepool

Present:

Councillor C Akers-Belcher, Leader of Council (In the Chair)

Prescribed Members:

Elected Members, Hartlepool Borough Council – Councillors Carl Richardson and Chris Simmons

Representatives of Hartlepool and Stockton-on-Tees Clinical Commissioning Group – Alison Wilson and Dr Schock

Director of Public Health, Hartlepool Borough Council – Louise Wallace

Director of Child and Adult Services, Hartlepool Borough Council – Gill Alexander

Other Members:

Chief Executive, Hartlepool Borough Council – Dave Stubbs

Director of Regeneration and Neighbourhoods, Hartlepool Borough Council – Denise Ogden

Representative of the NHS England – Caroline Thurlbeck

Representative of North Tees and Hartlepool NHS Foundation Trust, Alan Foster

Audit and Governance Committee Representative, Councillor Springer, (Observer)

In attendance as substitutes:-

Lynn Allison for Ruby Marshall, Healthwatch

David Brown for Martin Barkley, Tees Esk and Wear Valley NHS Trust

Also in attendance:-

Councillor Jim Ainslie, Hartlepool Borough Council (Observer)

Judith Gray, Healthwatch

David Pickard, Independent Chair of Hartlepool Safeguarding Children's Board

Ailsa Rutter and Andy Lloyd, Fresh Smoke Free North East

Officers: Joan Stevens, Scrutiny Manager, Hartlepool Borough Council
Carole Johnson, Head of Health Improvement, Hartlepool Borough Council
Denise Wimpenny, Democratic Services Team, Hartlepool Borough Council

9. Apologies for Absence

Apologies for absence had been submitted on behalf of the following Board Members:-

Tracey Woodhall, Hartlepool Voluntary and Community Sector
 Ruby Marshall and Margaret Wrenn, Healthwatch
 Martin Barkley, Tees Esk and Wear Valley NHS Trust

10. Declarations of interest by Members

None

11. Minutes

The minutes of the meeting held on 11 August 29 April 2014 were confirmed.

12. Introduction to Independent Chair of Hartlepool Safeguarding Children Board

The Chair welcomed David Pickard, the Independent Chair of Hartlepool Safeguarding Children Board. The Independent Chair took the opportunity to highlight his honour at being selected for the post and also provided a summary of his role as Independent Chair, main rationale and vision of the Board, areas identified for improvement as well as what he could contribute to the Board.

In response to the Independent Chair's indication that a copy of the joint vision and values would be provided to all Members of the Health and Wellbeing Board under separate cover following the meeting, it was agreed that this information be included in the agenda papers for the next meeting.

Decision

The information given be noted and details of the joint vision and values be included with the agenda papers for the next meeting.

13. Scoping Report – Obesity

The Director of Public Health referred to the Board's identification of obesity, at its meeting on 11 August 2014, as a priority issue for consideration in 2014/15. In preparing for the scoping of this issue by the Committee, it was felt that it would be beneficial to involve the Joint Commissioning Executive (JCE). On this basis the issue had been added to the agenda for the next meeting of the CE on 25 September 2014. The views of the JCE would then

be incorporated in the scoping report which would be considered by the Health and Wellbeing Board on 20 October 2014.

Decision

That the process for scoping the piece of work in relation to obesity to be undertaken by the Board during 2014/15 be agreed.

14. Scrutiny Investigation into COPD/Action Plan

The report included background information into the Audit and Governance Committee's scrutiny investigation into COPD. A proposed action plan was provided, set out at Appendix A, in response to the findings and subsequent recommendations of the Committee.

The board debated COPD statistics and noted that smoking was the main contributory factor in the occurrence of COPD. Whilst Members were pleased to note that the number of smokers continued to reduce, the impact of smoking continued to be a major problem. The importance of effective treatment and management of COPD was emphasised.

Decision

- (i) That the Action Plan, as detailed in Appendix A, be approved subject to a response from the CCG and Trust on recommendations (a) to (c) in response to the recommendations of the Audit and Governance Committee's investigation into COPD.
- (ii) Upon receipt of a response from the CCG and Trust on recommendations (a) to (c), the Action Plan be updated and re-circulated to all Members of the Board.
- (iii) The impact/progress on the Action Plan be reported to the Board along with the Public Health report in relation to COPD screenings (recommendation f refers) scheduled for consideration by the Board in March 2015.

15. Making Smoking History 5% by 2025 Regional Vision

The Board received a detailed presentation by a representative from Fresh Smoke Free North East. The presentation focussed on the following issues:-

- Reflections on progress to date
- How did we get there?
- Smoking is the greatest cause of health inequalities beginning in childhood
- Smoking and health inequalities

- Discussions at Making Smoking History in the North East Partnership
- Increasing international debate
- What is the idea?
- North East trajectory based on 2005-2011 experience – endorsed by Partnership as strategic aim – 5% by 2025
- Exciting developments with North East involvement
- Polluter pays principle
- Is enough being done to tackle the harm of smoking?
- Key recommendation from Cancer Research UK
- Key summary points from Partnership, HWB Chairs Forum, Elected Mayors/Leaders
- Will you support the regional vision?

The Board welcomed the presentation, the excellent progress made to date and unanimously supported the regional vision.

Decision

That the contents of the presentation be noted and the regional vision be supported.

16. Better Care Fund

The Board was provided with an overview of the new information requirements for the Better Care Fund (BCF) and changes to the assurance process and timeline, the background of which was set out in the report. Details of the impact of the changes were provided together with a summary of the key changes in the BCF planning templates, attached as appendices to the report. Members were advised of the financial, risk and communication and engagement considerations, as set out in the report.

Decision

The Health and Wellbeing Board:

- (i) Noted the changes resulting from the revised BCF guidance, including the revised assurance process and timeline;
- (ii) Reviewed and approved the updated BCF planning templates, in order for them to be submitted to the NHS Local Area Team and National BCF Task Force by 19 September 2014;
- (iii) Agreed the performance pot based on the Board's level of ambition for reducing emergency admissions;
- (iv) Agreed a process for ensuring that, if required, the BCF plans could be updated following this meeting to ensure that a final version could be submitted on 19 September.
- (v) Delegated authority to the Director of Child and Adult Services and Chief Officer, NHS Hartlepool & Stockton-on-Tees CCG (in consultation with the Health and Wellbeing Board Chair) to make any necessary changes, to the attached BCF planning templates, that

were required prior to submission.

17. Transformation Challenge Award – Better Childhood Programme

The report sought endorsement of the Health and Wellbeing Board to the submission of a bid for the Department for Communities and Local Government Transformation Challenge Award 2015-16. The Director of Child and Adult Services provided background information in relation to the programme and the proposal to submit an expression of interest, attached at Appendix 1, to the DCLG. If the bid to the DCLG for £750,000 was successful, it was proposed the funding be used to fund programme management capacity, programme delivery capacity, development of software to capture qualitative and quantitative outcomes data, transforming leadership and workforce development and programme evaluation.

A Member commented on the benefits of seeking additional funding to support this development. In response to some concerns regarding the level of funding allocated to support the development of software, the Director of Child and Adult Services outlined the benefits of software of this type and provided assurances that costs were being challenged to ensure value for money. Board Members went on to express their support for the Programme acknowledging the potential benefits as a result.

Decision

That the submission of a formal bid for the DCLG Transformation Challenge Award to invest in the integration and transport of early help services and processes be endorsed.

18. Audit and Governance Committee Work Programme 2014/15 – Cardiovascular Disease (CVD)

The Scrutiny Manager reported that the Audit and Governance Committee had met on 7 August 2014 to select topics for investigation in 2014/15. The Committee had welcomed the Health and Wellbeing Board's support for an investigation in relation to cardiovascular disease and went on to select the issue as its primary topic for 2014/15.

Decision

That the selection of 'cardiovascular disease' as the health topic for investigation by the Audit and Governance Committee be noted.

19. **Safer Hartlepool Partnership Draft Reducing Re-Offending Strategy 2014-2017**

The Director of Regeneration and Neighbourhoods presented the report which sought comments from the Board on the second draft of the Safer Hartlepool Partnership Reducing Re-offending Strategy 2014-17, attached as an appendix to the report.

The background to the development of the Reducing Re-offending Strategy together with the overall aim of the Strategy was set out in the report. Members were referred to an action plan, appended to the report, that had been developed by the Safer Hartlepool Partnership Reducing Re-offending Task Group, taking into account key findings from the Offender Housing Needs Event held in December 2013 and the ongoing work to develop a Tees-wide single Integrated Offender Management (IOM) scheme.

Responsibility for delivery against the strategic objectives and action plan had been allocated to the Safer Hartlepool Partnership Reducing Re-offending Task Group, where performance would be monitored by the Safer Hartlepool Partnership. The draft strategy was being consulted upon, the results of which would be considered and used to inform the production of the final draft which would be presented to the Safer Hartlepool Partnership for final approval.

In the discussion that followed, Members discussed the wider contributory factors of re-offending including the importance of improving pathways out of re-offending and the need for all partners to work together on the needs of offenders and the prevention agenda.

Decision

That the contents of the draft Safer Hartlepool Partnership Reducing Re-offending Strategy 2014-17 and comments of the Board be noted.

20. **Clear and Credible Plan Refresh**

A representative from Hartlepool and Stockton on Tees CCG presented the report which provided Board Members with a copy of the Clinical Commissioning Group Clear and Credible Plan (Refresh) for 2014/15 – 2018/19. The refreshed Plan incorporated the planning requirements, as detailed in the report. The Plan included the joint vision, the case for change and how the vision would be achieved. Members were advised that the refreshed plan was a lengthy document, a summary of which had not yet been produced.

In support of the report the Board was provided with a detailed and comprehensive presentation which focussed on the main changes to the Plan

and included Strategic aims/values, a number of Health and Wellbeing Work Programmes including Out of Hospital Care, Acute In-Hospital Care, Mental Health and Learning Disabilities, Medicines Optimisation, outcome ambitions, listening to communities together with the next steps.

Following the presentation, Board Members discussed issues associated with life expectancy and the importance of narrowing the gap in inequalities in Hartlepool given the comparator with the England average. Quality of life was highlighted as an issue in terms of improving life expectancy in Hartlepool and it was noted that people in Hartlepool suffered illness for longer than the rest of the North East. Some concerns were raised in relation to the challenges ahead and conflicting demands in terms of managing adult social care and health in the future given the continuing reduction in funding.

Decision

The Board noted the Refreshed Clear and Credible Plan.

The meeting concluded at 3.30 pm.

CHAIR

HEALTH AND WELLBEING BOARD

20 October 2014



Report of: Director of Public Health, Director of Child and Adult Services and Chief Officer, Hartlepool and Stockton-on-Tees CCG

Subject: 'CHILDHOOD OBESITY IN HARTLEPOOL' – SCOPING

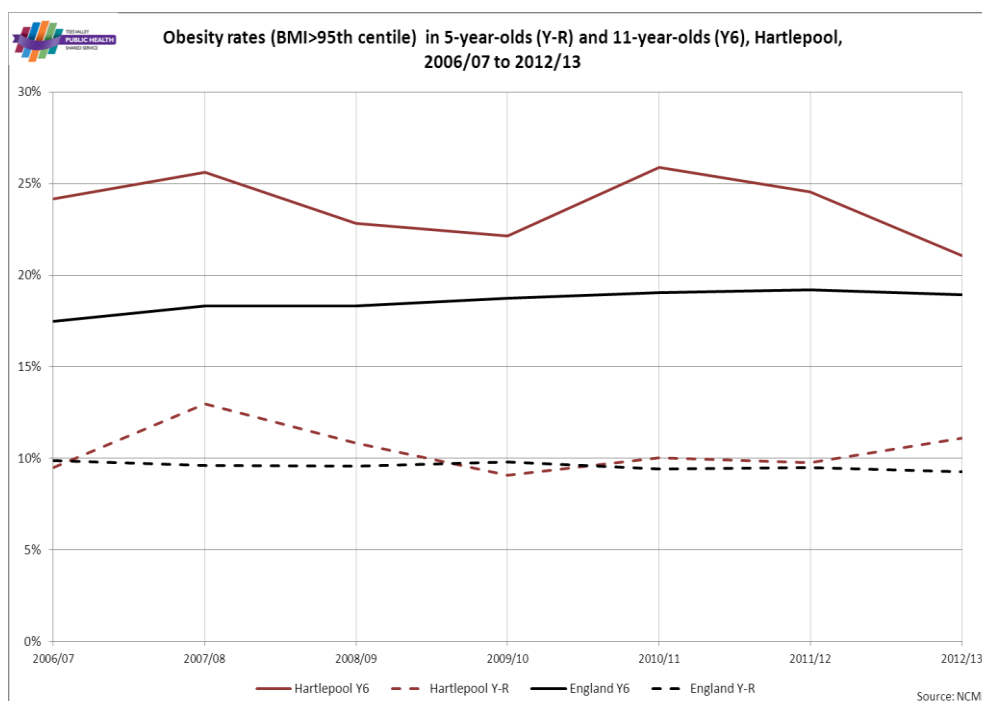
1. PURPOSE OF REPORT

- 1.1 To make proposals to the Health and Wellbeing Board for the conduct of its piece of work in relation to 'Childhood Obesity in Hartlepool'.

2. BACKGROUND INFORMATION

- 2.1 The Health and Wellbeing Board, at its meeting on the 11 August 2014, agreed to establish a defined work programme for 2014/15, focusing its activities on one specific issue. The Board recognised the scale, and impact, of the obesity epidemic sweeping the UK, with Department of Health statistics showing that in March 2013, 61.9% of adults and 28% of children (aged 2-15) in England were either overweight or obese. The implications of this being, a higher risk of type 2 diabetes, heart disease and certain cancers, with a cost to the National Health Service of more than £5 Billion every year.
- 2.2 Obesity prevalence is forecast to rise for both adults and children. The trend has been upward for decades and suggests that by 2030, 41-48% of men and 35-43% of women could be obese. The most recent data suggests that the rise in obesity is levelling off. However, more than one-quarter of adults are already obese and there is a serious and growing burden of obesity related ill-health. Evidence also suggests a child growing up in a household with obese parents are more than twice as likely to be obese themselves (Manios et al (2007)).
- 2.3 In Hartlepool, the mandated National Childhood Measurement Programme 2010/11 to 2012/13 tells us that 24.1% of 4-5 year olds (reception age) children are carrying excess weight (10.3% obese), compared to 22.5% across the rest of England (9.39% obese). This rises to 38.7% of children

aged 10-11 years olds (Year 6) carrying excess weight (23.9% obese) compared to a national average of 33.5% (19.05% obese). The following graph highlights the trends in childhood obesity in Hartlepool and England since the NCMP began in 2006/07:



- 2.4 The Foresight Report suggests an increase in the prevalence of obesity among people aged under 20 to around 15% by 2025. The proportion of boys having a healthy BMI will be 45% while for girls only 30% will be in the healthy weight category (Government Office for Science, 2007).

Percentage of children predicted to be obese by age and sex, England, 2004 and 2025

Gender	Age	2004	2025
Boys	6-10	10%	21%
	11-15	5%	11%
	All under 20	8%	15%
Girls	6-10	10%	14%
	11-15	11%	22%
	All under 20	10%	15%

Source: Foresight report

- 2.5 Hartlepool Borough Council operates a Healthy Weight Healthy Lives Steering Group which aims to share good practice, progress and bring together representatives from key services and partners to achieve the various actions within the Healthy Weight Healthy Lives Action Plan. The group and its associated obesity management services was the subject of an internal audit in 2014 and a number of recommendations and actions were made which are being addressed.

- 2.6 There are a number of initiatives currently in place to tackle childhood obesity in Hartlepool, but it is recognised that further work is needed over the coming years to evaluate their effectiveness and build capacity and sustainability within these programmes so they have the best possible outcomes for the communities they serve.
- 2.7 Initiatives which impact on childhood obesity in Hartlepool include:
- FiiT Hart Family Weight Management Programme
 - NHS Health Trainer Service for Adults
 - BHF Hearty Lives Programme in schools (now ended but work in schools is ongoing)
 - Various activities for children and families via HBC sport & recreation
 - Children's Centre weaning and pre- and post-natal groups
 - Improvements to school menus and catering
 - Implementation of universal free schools meals at KS1&2
 - Introduction of compulsory cooking skills standards in Primary schools
 - Breakfast and after-school clubs (mapping needed)
 - Bikeability training in schools
 - Physical education in schools and after-school provision
 - Green spaces, parks and countryside and playground provision
 - Community and voluntary sector programmes and activities
 - Private providers and organisations
- 2.8 It is widely known that the best start in life for a new baby is to breastfeed. A baby who is breastfed is less likely to become obese in later life and therefore less likely to develop type 2 diabetes and/or other illnesses. Breastfeeding rates in Hartlepool (43.9%) are among the lowest in England (73.9%) and the gap between Hartlepool and England is widening.
- 2.9 Breastfeeding rates vary considerably within Hartlepool. In Rift House, Brus and Owton wards, less than one-third of mothers initiated breastfeeding, compared with more than three-quarters in Elwick, Park and Greatham wards.
- 2.10 In Hartlepool, there are several initiatives to improve the uptake of breastfeeding:
- Peer support;
 - Training & guidance to staff & biological nurturing feeding position;
 - More support during pregnancy;
 - Health visitor teams trained in motivational interviewing for breastfeeding; and
 - Breastfeeding Welcome Award.
- 2.11 The Board recognised that it is imperative to tackle the obesity issue at a co-ordinated local level and the need to gain an understanding of the overall obesity issue in Hartlepool. It was, however, acknowledged that childhood obesity in particular is one of the most serious global public health challenges for the 21st century, a view shared by the World Health Organisation, and on

this basis, it was agreed that work for 2014/15 should focus on childhood obesity. This would allow the Board to look in depth at the issue with the potential to add the most value in terms of service outcomes and delivery.

3. PROPOSED OVERALL AIM OF THE PIECE OF WORK

- 3.1 To look at how Hartlepool Borough Council and its partners are tackling childhood obesity and formulate priorities for the future in order to deliver improved health and wellbeing outcomes.

4. POTENTIAL TERMS OF REFERENCE FOR THE PIECE OF WORK

- 4.1 The following terms of reference for the piece of work:-

- (a) To gain an understanding of the international, national, regional and local position in relation to obesity, with a particular focus on childhood obesity;
- (b) To consider the drivers, and changes, in national policy around childhood obesity and how this is reflected at a local level;
- (c) To gain an understanding of the social and family determinants of childhood obesity, including the Council's scope to influence such factors;
- (d) To examine the effectiveness of:-
 - (i) Childhood obesity programmes / interventions currently undertaken, or commissioned, by the Council; and
 - (ii) Previously provided programmes / interventions.
- (e) To examine the importance of multi agency/multi setting approaches in tackling child and family obesity and explore what partners can contribute / do differently to tackle childhood obesity; and
- (f) Formulate Hartlepool Borough Council's priorities in tackling childhood obesity across the town and explore how they can be progressed and ultimately achieved.

5. POTENTIAL AREAS TO EXPLORE TO GAIN EVIDENCE TO INFORM THE THEMED WORK PROGRAMME

- 5.1 Members of the Board may wish to consider receiving evidence and comparative information and invite a variety of individuals / bodies to participate in the stakeholder conference. Suggested invitees are outlined over the page and the Board's views are sought as to any amendments or additions to the list:-

- (a) Member of Parliament for Hartlepool;
- (b) Mayor;
- (c) Leader of the Council;
- (d) Chairs of the various Policy Committees;
- (e) Children's Strategic Partnership;
- (f) Director of Public Health;
- (g) Director of Child and Adult Services;
- (h) Director of Regeneration and Neighbourhoods (School meals);
- (i) School cooks / catering teams;
- (j) NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group;
- (k) North Tees and Hartlepool Foundation Trust;
- (l) NICE;
- (m) Specialist / Expert advice (inc. Hospitals, dietetics, etc);
- (n) Schools (Services provided and by whom (inc school meals);
- (o) Local residents;
- (p) Representatives of minority communities of interest or heritage;
- (q) Community and voluntary sector (The services they provide and how we work together);
- (r) Participants from successful activities;
- (s) Other Local Authorities (Potential good practice);
- (t) Councillors;
- (u) Dr Louisa Ells Specialist Advisor to PHE, Knowledge and Intelligence Team;
- (v) Public Health Intelligence Specialists, Tees Valley Public Health Shared Service; and
- (w) Youth Parliament / Youth Service.

5.2 A key stakeholder, and part of the Council's infrastructure, is the Children's Strategic Partnership. In recognition of this, specific consideration needs to be given to how the Partnership can participate, potential options including an independent piece of work with young people.

5.3 The Board may also wish to refer to a variety of documentary / internet sources, key suggestions are as highlighted below:-

- (a) Hartlepool's Joint Strategic Needs Assessments (obesity, diet & nutrition, physical activity – currently under review);
- (b) Healthy People, Health Places Briefings:
 - Obesity and the Environment: Regulating the Growth of Fast Food Outlets - Nov 2013 (Public Health England, LGA, Chartered Institute of Environmental Health);
 - Obesity and the Environment: Increasing Physical Activity and Active Travel - Nov 2013 (Public Health England and LGA);
- (c) Healthy Lives, Healthy People – A Call to Action on Obesity (2011);
- (d) Healthy Lives, Healthy People – Our Strategy for Public Health (2010);

- (e) NHS SoTW Overweight and Obesity Strategy (2010);
- (f) CCG Clear and Credible Plan
- (g) National Child Measurement Programme: briefing for elected members
- (h) Hartlepool Healthy Weight Healthy Lives Action Plan (2013)
- (i) NICE: Maternal Child Nutrition - Review Decision -
<http://www.nice.org.uk/guidance/PH11>

6. COMMUNITY ENGAGEMENT / DIVERSITY AND EQUALITY

- 6.1 Community engagement will play a crucial role in the process and diversity issues have been considered in the background research for this piece of work under the Equality Standards for Local Government. Based upon the research undertaken, paragraph 5.1 includes suggestions as to potential groups which the Board may wish involve in this piece of work (where it is felt appropriate and time allows).

7. PROPOSED TIMETABLE

- 7.1 Detailed below is the proposed timetable for this piece of work to be undertaken, which may be changed at any stage:-

October 2014 - Scoping Report and Setting the Scene presentation.

February 2015 - Full Day Stakeholder Conference

2 March 2015 - Feedback report, including outcomes and proposals from Stakeholder Conference.

TBC - Consideration of Final Report by the CCG Board, etc

8. RECOMMENDATION

- 8.1 Members are recommended to agree the remit of the piece of work to be undertaken by the Health and Wellbeing Board as outlined in the report.

Contact Officer: - Louise Wallace
Director of Public Health
Hartlepool Borough Council
louise.wallace@hartlepool.gov.uk
(01429 266522)

Gill Alexander
Director of Child and Adult Services
Hartlepool Borough Council
Gill.alexander@hartlepool.gov.uk
(01429 523910)

Ali Wilson
Chief Officer
NHS Hartlepool and Stockton-on-Tees CCG
Tel: 01642 745037
E:mail: awilson18@nhs.net

BACKGROUND PAPERS

The following background paper(s) was/were used in the preparation of this report:-

Reducing Obesity: Future Choices – Foresight Report (DH, 2007).

Manios Y et al (2007). Prevalence of obesity in preschool Greek children, in relation to parental characteristics and region of residence. BioMed Central Public Health, Vol 7, page 178 (online publication).

Director of Public Health Annual Report 2013, Hartlepool Borough Council