

## MUNICIPAL YEAR 2015/2016

### MEETING TITLE AND DATE

Enfield Health and Wellbeing Board  
(EH&WB)  
11 February 2016

<b>Agenda - Part: 1</b>	<b>Item: 4</b>
<b>Subject:</b> <ul style="list-style-type: none"><li>• EH&amp;WB Work Plan</li><li>• EH&amp;WB Development Sessions Work Plan</li></ul>	
<b>Wards:</b>	
<b>Cabinet Member consulted: Cllr Taylor</b>	
<b>Approved by: Shahed Ahmed (Director of Public Health)</b>	

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### 1. EXECUTIVE SUMMARY

Currently the HWB has 5 formal sessions a year held in public and 5 development sessions.

Board members were recently written to asking for potential items for a work plan along with being asked about how frequent the development sessions should be. A number of comments were received.

These outlined :

- a. High level, critical issues should be addressed through the EH&WB meetings.
- b. The view that the sessions could be conducted differently including a more formal business-like approach to the developments sessions
- c. A view that 5 development sessions per year could be worthwhile as long as there was agreement about how to conduct them.

Further discussion took place at the January development session where it was suggested that some contextual information was provided in the development sessions work plan, so that members had a better understanding of the topics being explored and the effect they have on the wider health landscape.

### 2. RECOMMENDATIONS

1. The Board is asked to agree a forward plan for 2016 formal board sessions.
2. The Board is asked to agree the topics for the development sessions for 2016.

### **3. BACKGROUND**

#### **Agenda items for discussion at formal Board meetings**

HWB agendas for the past 2 years were reviewed alongside suggested work plan items from HWB members. We identified topics which have come up recurrently and topics which the HWB could reasonably expect as part of its core responsibilities. Using this baseline information we have drafted (appendix 1) a potential work plan *for discussion* for the formal in public sessions of the HWB.

#### **Development sessions work plan**

The programme for the development session includes a number of strategic health issues which will inform the work of the Board and provide a forum for issues to be discussed in detail.

A draft work plan is included in Appendix 2.

#### **London Councils funding**

EH&WB have secured £7000 funding from London councils for HWB development. From the list of facilitators provided to us we have identified John Deffenbaugh as someone who has supported us in the past, has some knowledge of Enfield and our HWB and has a broad knowledge of practice across the country and across different sectors.

### **4. ALTERNATIVE OPTIONS CONSIDERED**

No alternatives considered.

### **5. REASONS FOR RECOMMENDATIONS**

EH&WB would benefit from a more focused and structured approach. The lack of clear EH&WB work plans has meant there has been a piecemeal approach to developing agendas. Involving EH&WB members in the development of work plans, for both the development sessions and the formal Board will foster a shared ownership of the work of the EH&WB, and will ensure that crucial cross cutting issues are addressed through a partnership approach.

### **6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

#### **6.1 Financial Implications**

#### **6.2 Legal Implications**

Under section 194 (1) of the Health and Social Care Act 2012, all local authorities have a duty to establish a Health and Wellbeing Board. Section 101 of the Local Government Act 1972 permits a local authority to make arrangements for the discharge of their functions by a committee, sub-committee or officer of the authority.

The proposals set out in this report comply with the above legislation.

## **7. KEY RISKS**

The key risks are that the work plans don't allow the EH&WB and Development Sessions to be responsive to any unforeseen health and wellbeing concerns that will affect Enfield residents. However any prevalent issue can still go on the agenda and will be picked during the EH&WB planning meetings between the Chair, Vice Chair, Director of Public Health and the Strategic Partnerships Manger.

## **8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY**

Agreed EH&WB and development session work plans will ensure the Board is able to focus on the priorities below. The work plan sets out when the EH&WB will review the EH&WB Strategy to impact on the priorities.

- 8.1** Ensuring the best start in life
- 8.2** Enabling people to be safe, independent and well and delivering high quality health and care services
- 8.3** Creating stronger, healthier communities
- 8.4** Reducing health inequalities – narrowing the gap in life expectancy
- 8.5** Promoting healthy lifestyles

## **9. EQUALITIES IMPACT IMPLICATIONS**

### **Background Papers**

Appendix 1 – Draft work plan for formal in public sessions of the HWB

Appendix 2 – Draft work plan for development sessions in 2016

Appendix 1 – Draft work plan for formal in public sessions of the HWB

## Health and Wellbeing Board: Work Programme 2016/17

ITEM	Lead Officer	11 February 2016	21 April 2016	July 2016	October 2016	December 2016
Terms of Reference	Sam Morris		Review			
Leisure and Culture Strategy	Jess Khanom	Report				
Sub Committees-work programme	Sam Morris		Review			
CCG Operating Plan	Paul Jenkins		Report			
Annual Better Care Fund Review	Bindi Nagra		Review			
Healthy Weight Strategy	Glenn Stewart		Report			
Fuel poverty	Deborah Southwell		Report			
Commissioning Plans	Bindi Nagra			Review		
Memberships	Penelope Williams			Review		
Annual Public Health Report	Shahed Ahmad			Review		
Stroke and Dementia Action Plan	Shahed Ahmad			Report		
Annual Immunisation and Screening Review	Allison Duggal			Report		
CCG Commissioning Intentions	Paul Jenkins				Report	

<b>ITEM</b>	<b>Lead Officer</b>	<b>11 February 2016</b>	<b>21 April 2016</b>	<b>July 2016</b>	<b>October 2016</b>	<b>December 2016</b>
<b>Overview and Scrutiny Workplan</b>	Claire Johnson				<b>Report</b>	
<b>Adult and Children Safeguarding Reports</b>	Tony Theodoulou				<b>Reports</b>	
<b>Joint Health and Wellbeing Strategy Review</b>	Shahed Ahmad				<b>Review</b>	
<b>LBE Budget Consultation</b>	James Rolf					<b>Consultation</b>
<b>Review of the EH&amp;WB</b>	Sam Morris					<b>Review</b>

Appendix 2 – Draft work plan for development sessions in 2016

## Health and Wellbeing Board Development Sessions Work Programme 2016/17

ITEM	Lead Officer	Background	6 January 2016	2 March 2016	May 2016	September 2016	November 2016
<b>Work Programme</b>	Sam Morris/ Shahed Ahmad	N/A					
<b>Sport England</b>	Jess Khanom	N/A					
<b>Cancer Vanguard</b>	Kathy Pritchard Jones	N/A					
<b>Diabetes</b>	Tha Han/ Shahed Ahmad	<p>When high risk genetics to express their feature, they need to be exposed to the environmental risk. Enfield has an environment that has better access to high risk food and lifestyle than protective food and lifestyle. As a result, the prevalence of obesity and diabetes is increasing. There were more than 8,300 residents with diabetes and 30,000 are at high risk of becoming diabetics. The complication of diabetes is in every organ in the body and affects mental health too. When residents and public sector bears the burden of those complications year-on-year, we need to look at it from lifestyle and prevention to proper care. Enfield Health and Wellbeing Board partners are working closely to tackle this. An obesity strategy was drafted. An expression of interest to host national Diabetes Prevention Programme was submitted. Prevention and early recognition initiatives are piloted together with new models of care to better control blood glucose in the community. The change need to be scaled up so that healthy food and lifestyle is more accessible than unhealthy food and lifestyle, residents with high risk become more aware and are empowered to undertake effective measures and those already diabetic are supported to participate fully in their care plan. This will reduce the burden on the residents, make the care of the patients more effective and result in more sustainable public services. Nonetheless there are multiple challenges ahead to implement these evidence based programmes.</p>					

ITEM	Lead Officer	Background	6 January 2016	2 March 2016	May 2016	September 2016	November 2016
<b>Tower Hamlets Vanguard</b>		<p>It is made up of a collaboration of partners that include Tower Hamlets GP Care Group Community Interest Company (representing primary care); Barts Health NHS Trust (the local acute and community health services trust); East London NHS Foundation Trust (local mental health trust) and London Borough of Tower Hamlets (local council and social care).</p> <p>A patient in Tower Hamlets will benefit from having straightforward easy to access health and social care services and a positive patient experience.</p> <p>A key part of the Tower Hamlets proposal is to have a greater focus on a positive patient experience. The current collaboration of four organisations will be broadened to include both local voluntary and community sector organisations, as well as patient and service user groups, to share experiences and skills in the best interests of patients.</p>					
<b>Integration</b>	Bindi Nagra	Discussion and agreement regarding scope and model for Integration in Enfield					
<b>STP – the 5 Year Sustainability &amp; Transformation Plan</b>	Paul Jenkins	<p>STP should also build on the FYFV six principles for person centred, community focused services:</p> <ul style="list-style-type: none"> <li>• Care and support in person-centred care; personalised, coordinated and empowering,</li> <li>• Services are created in partnership with citizens and communities,</li> <li>• Focus is on equality and narrowing inequalities,</li> <li>• Carers are identified, supported and involved,</li> <li>• Voluntary, community &amp; social enterprise and housing sectors are involved as key partners and enablers,</li> <li>• Volunteering and social action are recognised as key enablers,</li> </ul> <p>The development of the STP will involve five key aspects:</p> <ul style="list-style-type: none"> <li>• Local leaders coming together as a team,</li> <li>• Developing shared vision with the local community which also involves local government as appropriate,</li> <li>• Programming a coherent set of activities to make it happen,</li> <li>• Execution against plan and</li> <li>• Learning and adapting</li> </ul>					

