

Public Document Pack



HEALTH AND WELLBEING BOARD

Wednesday, 19 April 2017 at 6.15 pm
Conference Room, Civic Centre, Silver
Street, Enfield, EN1 3XA

Contact: Jane Creer
Board Secretary
Direct: 020-8379-4093
Tel: 020-8379-1000
Ext: 4093
E-mail: jane.creer@enfield.gov.uk
Council website: www.enfield.gov.uk

Agenda – Part 1 -To Follow Papers

- 3. JOINT HEALTH AND WELLBEING STRATEGY - SETTING PRIORITIES FOR THE HEALTH AND WELLBEING BOARD 2017-19 (6:20 - 6:50 PM)**
(Pages 1 - 6)

To receive an update about priorities going forward, further to the meeting of Health and Wellbeing Board 09/02/17.

- 6. JOINT STRATEGIC NEEDS ASSESSMENT, A NEW APPROACH FOR ENFIELD (7:40 - 8:00 PM)** (Pages 7 - 10)

To receive the report of Tessa Lindfield, Director of Public Health.

- 7. CCG OPERATING PLAN (8:00 - 8:10 PM)** (Pages 11 - 18)

To receive the report of Graham MacDougall, Director of Commissioning, Enfield CCG.

- 8. ENFIELD PHARMACEUTICAL NEEDS ASSESSMENT (8:10 - 8:20 PM)**
(Pages 19 - 22)

To receive the report of Tessa Lindfield, Director of Public Health.

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MUNICIPAL YEAR 2017/18

Meeting Title:

HEALTH AND WELLBEING BOARD

Date: 19th April 2017

Agenda Item:

Subject: Health and Wellbeing Board Priorities for 2017-19

Contact officer:

Telephone number:

Email address:

Report approved by:

Tessa Lindfield

Director of Public Health

1. EXECUTIVE SUMMARY

The Health and Wellbeing Board (HWB) has reviewed progress to date on the Joint Health and Wellbeing Strategy and discussed where they could most effectively focus for the remaining term of the strategy (until 2019). 12 initial topics suggested were evaluated for their size of burden in Enfield and the added value HWB could bring to that topic. From this three priority areas are recommended as the focus of the HWB for the next two years:

- Better Start in Life
- Obesity
- Mental Health Resilience

2. RECOMMENDATIONS

- The Board is asked to endorse the four levels of engagement in monitoring the progress of JHWS in 2017-2019.
- The Board is asked to endorse the priority areas as recommended herein this report.

3. BACKGROUND

3.1 In 2014 Enfield Health and Wellbeing Board (HWB) developed a 5 year Joint Health and Wellbeing Strategy (JHWS) with the aim of promoting and supporting wellbeing in our local community and enabling local people to live happy and fulfilling lives.

3.2 The strategy sets out five priorities. These are:

- Ensuring the best start in life

- Enabling people to be safe, independent and well and delivering high quality health and care services
- Creating stronger, healthier communities
- Reducing health inequalities – narrowing the gap in life expectancy
- Promoting healthy lifestyles and making healthy choices

3.3 At Health and Wellbeing Board development session in December 2016, the board reviewed progress to date on the strategy and discussed which areas it would be most effective to focus on in the next two years.

4. REPORT

4.1 There are a number of actions the HWB could take in order to improve health and wellbeing in Enfield. These include:

- Strategic oversight
- Deep dive
- Partnership working
- Joint commissioning
- Unblocking system working
- Support across the system
- Constructive challenge
- Referral to scrutiny

4.2 At the Health and Wellbeing Board development session in December 2016, the board reviewed progress on the strategy and discussed which areas they would like to place particular focus on in the next two years. This exercise was repeated separately with board members who were not able to attend the development session. From these discussions, around ten issues were suggested for HWB oversight.

4.3 At the last HWB meeting, the Board requested to Public Health team to evaluate these issues and recommend priorities for the HWB. Following the evaluation at Public Health Senior Management Team, their recommendation was circulated for comment via email.

4.4 Responses indicated general support although some individuals suggested other priorities, including;

- End of life care
- Diabetes prevention
- Cancer
- Flu vaccination for healthcare workers

4.5 The group reviewed these options but felt that the three recommendations reattached the areas most amenable to HWB actions. Some concerns were expressed as to how and what the likely HWB impact. These issues are addressed.

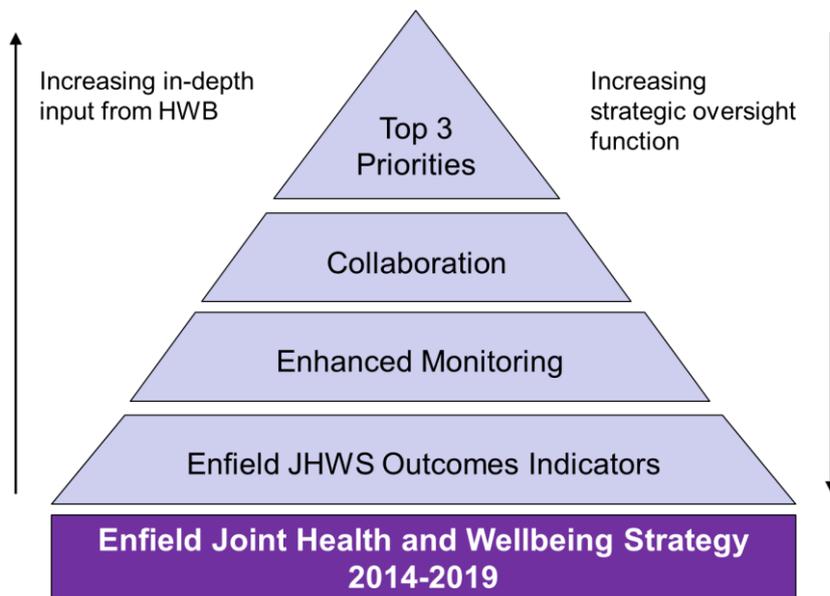
4.3 As the board is responsible for coordinating actions to improve health and wellbeing across the borough, there is a duty on the HWB to focus its

attention on those areas where it will have the most effect. This decision would be best based on the current needs (local demography and epidemiology), evidence of effectiveness and professional judgement of what might be most effective within Enfield. Accordingly, the principles for the selection of priorities are:

- Size of burden on the health and wellbeing in Enfield residents i.e. what impact is the topic area having on the population in Enfield
- What added value the HWB will have on this area i.e. where the focus of the HWB might bring significant additionality

In this context additionality is likely to derive from where the HWB is able to focus and coordinate the actions of a number of agencies on a condition, where that condition is pervasive across the population and where it is not the focus of major programmes of work.

4.4 Implementing four levels of engagement can maximise the impact of HWB in improving health and wellbeing of the Enfield community (see below).



4.4 The four levels of engagement are:

- **Top 3 Priorities** – there will be deep-dive exercises to enhance the knowledge and problem solving around the topic area. The HWB will be a catalyst for change including commitment for actions as well as facilitating better partnership working to tackle these issues.
- **Collaboration** – There are areas that improved collaboration with other partnership board would make the most impact in delivering better outcomes for Enfield. There may also be an opportunity of a development session to furthering the understanding of the topic area.
- **Enhanced Monitoring** – HWB to review quarterly progress report on these areas and receive updates on successes and challenges.
- **JHWS Outcomes Indicators** – HWB to review the full outcomes report annually. The report will be also developed as online

resource to allow the board members accessing the latest data at any time.

4.6 Areas proposed for **Top 3 priorities** are:

- Best start in life
- Obesity
- Mental health resilience

The following outlines why these areas were selected as priorities:

Best start in life – Health in pregnancy and early childhood impacts on physical and mental health all the way from conception through to adulthood. In Enfield, there are around 5,000 births each year; the breastfeeding rate is decreasing; and, although improving, the latest data indicated that only one in three children were ready for school education (reception). A wide range of partners are already working to improve nutrition, parenting and development and getting children ready to learn. HWB can add significant value by focusing on this as a work programme and facilitating partnership working across the system. There is potential for actions across the system to ensure a positive policy environment to support best start in life.

Healthy Weight – Carrying too much weight may be seen as an outcome of unhealthy lifestyles and can lead to a number of serious conditions, such as Type 2 diabetes, coronary heart disease and some types of cancers. Obesity can also have impact on mental wellbeing, including depression and low self-esteem. These will result in increasing demand for health and social care. In Enfield, almost one in four children (10-11 year olds) and two thirds of adult are overweight or obese. The rate of obesity in Enfield is one of the worst in London. Creating an environment that makes healthy eating and physical activity easier to achieve would be a key in tackling this trend and HWB could add significant value by leading this change. In addition, improving lifestyle will positively impact on most long-term conditions. There is no silver bullet to solve this complex population health issue, but there is potential for HWB to unblock the system working to promote healthy weight in Enfield.

Mental Health Resilience – One in four people will experience mental health problems at some point in their lives. Improving mental health resilience and wellbeing is associated with a range of better outcomes including improvement in physical health, better educational achievement, reduced risky behaviours such as smoking and alcohol misuse. At present, there is little focus in the borough around improving mental health resilience at a population level and HWB could add significant value in improving this area. There is potential to join the London Health Board's work in this area.

4.6 Area proposed for **Collaboration** is:

Domestic Violence – Domestic Violence and abuse has significant impact on victim's physical and mental health. It is a priority area for Enfield Safer Stronger Community Board (SSCB). HWB is likely to add the most value in reducing DV by working closely with SSCB. There is a need to explore how the HWB can add further value.

4.7 Areas proposed for **Enhanced Monitoring** are:

- Cancer
- Flu vaccination amongst Health Care Workers
- Housing
- Hospital admissions caused by unintentional and deliberate injuries in children (0-4 year olds)
- Diabetes prevention
- Living well with people with multiple chronic illness
- End of life care
- Tipping point into need for health and care services

The following outlines the rationale behind these selections:

Cancer with particular focus on early diagnosis and prevention - An estimated 42% of cancer cases each year in the UK are linked to a combination of 14 major lifestyle factors such as smoking, obesity and physical inactivity. These risk factors are already addressed through existing work streams including obesity. Early diagnosis is a key to better outcome of cancer. Improving early diagnosis is a priority in NHS nationally, as seen in 2-weeks referral target. There is extensive work developing around improving cancer care and treatment pathways in London through vanguard work. Therefore the added value of HWB locally is likely to be limited.

Flu vaccination amongst Health Care Workers – It is important that frontline healthcare workers are vaccinated against seasonal flu to maintain a healthy workforce as well as to protect vulnerable patients from the infection. The seasonal flu vaccination is available between September and February each year to those who are at higher risk including healthcare workers for free. During this period, there is a large presence of national campaign; uptake is closely monitored at each organisation and at NHS England. Therefore, additional value from HWB is likely to be limited.

Housing – The quality and level of availability, in particular housing for vulnerable adults has been a challenge in Enfield. Demand is driven from within as well as surrounding areas therefore limited evidence of effectiveness of locally implemented programmes.

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) – this is a new measure and shows concerning results for Enfield. This indicator includes injuries happened at

any places, but could also have an element of housing quality (safe housing) and safeguarding issues. Though rate is higher than some other areas in London, the number of admissions relates to only 1% of the population, therefore low impact in terms of the size of population affected. Further monitoring at HWB will be beneficial.

Diabetes prevention – The number of people with diabetes is increasing. With rising obesity prevalence in adults and children, diabetes is a particular concern for Enfield. It is a largely preventable disease. Enfield secured funding for NHS England and Public Health England's National Diabetes Prevention Programme and it is currently being implemented. Improving lifestyles and maintaining healthy weight will also help reducing diabetes. The review group felt that works around Healthy Weight and Diabetes Prevention overlapped and that the current gap was around healthy lifestyles rather than diabetes prevention per se.

Living well with multiple and chronic illness (e.g. dementia and Parkinson's disease) – Supporting people managing their conditions through appropriate care pathway as well as improving lifestyles is key to independent and fulfilling life. There is limited added value by HWB around care pathways as it is largely led by regional and national NHS, and lifestyles issues are best addressed through focus on obesity and other existing works such as stop smoking. Therefore, monitoring this topic under enhanced monitoring would be beneficial.

End of Life Care – Nationally, various measures are already put in place to improve palliative and end of life care, which are currently being actioned locally. It would be beneficial for HWB to monitor the progress, but it is unclear whether HWB action would add value.

Tipping Point into need for health and care services - Evidence shows that it is not just physical health that determines the need for health and social care. There are preventative actions possible within a joined up system to enable people living well and independent longer. It will be of HWB's interest to monitor the progress in this area.

Recommendations

- 5.1 The Board is asked to endorse the four levels of engagement in monitoring the progress of JHWS in 2017-2019.
- 5.2 The Board is asked to endorse the recommended priority areas for 2017-2019.



MUNICIPAL YEAR 2017/18

Meeting Title:

HEALTH AND WELLBEING BOARD

Date: 19th April 2017

Agenda Item:

Subject: The New Enfield Joint Strategic Needs Assessment – New Approach for Enfield

Contact officer: Miho Yoshizaki
 Telephone number: 0208 379 5351
 Email address:
miho.yoshizaki@enfield.gov.uk

Report approved by:
Tessa Lindfield
Director of Public Health

1. EXECUTIVE SUMMARY

The Health and Wellbeing Board (HWB) is responsible for preparing the Joint Strategic Needs Assessment (JSNA). The JSNA should provide information and intelligence to inform strategic decision and commissioning.

There is a need for major update work due to the shift in how JSNA is being used as well as to inform the development of Joint Health and Wellbeing Strategy 2019.

This report summarises the proposed new JSNA structure and process for development and management going forward.

2. RECOMMENDATIONS

- The Board is asked to endorse the proposal for the new Enfield JSNA development.
- The Board is asked to endorse the delegated authority to JSNA steering group for development and maintenance of the new Enfield JSNA.

3. BACKGROUND

- 3.1 The local authority and the clinical commissioning group are jointly responsible for preparing a JSNA, through the health and wellbeing board (HWB).

- 3.2 The JSNA should provide a comprehensive picture of the current and future health and wellbeing needs of the local community, inform decisions and commissioning across the Council and the local NHS and support the monitoring of Health and Wellbeing Strategy focussed on achieving better health outcomes for all and reducing existing health inequalities.
- 3.3 The current Enfield JSNA was published as a web-based document in 2013 and informed development of Enfield Joint Health and Wellbeing Strategy (JHWS) 2014-2019. Since its first publication, over 30 sections have been reviewed and updated.
- 3.3 Over time, the way the JSNA is being used has changed – increasingly, stakeholders look for information within the JSNA to support their business cases, service design and bid application. External inspections also use JSNA as an evidence-base for local needs.
- 3.4 In addition, the Enfield JHWS will be due for update in 2018/19.
- 3.5 There are needs for major update work to improve the current JSNA process and structure in order that the JSNA continues to be relevant and useful.

4. REPORT

- 4.1 The JSNA is a process that identifies the current and future health and wellbeing needs of the local community. It is not just a report or data portal.
- 4.2 The good JSNA will;
- Provide intelligence to show the current and future health and wellbeing needs of the Enfield communities.
 - Identifies areas that would benefit from further deep-dive analyses
 - Use evidence of what works to inform strategic decisions and commissioning
 - Underpin the Joint Health and Wellbeing Strategy and outcomes
- 4.3 At Health and Wellbeing Board development session in March 2017, HWB discussed what they would like to see in the new Enfield JSNA. Several themes emerged from this discussion.
- **Accessible** – available to wide range of audience. Easy to digest intelligence.
 - **Informative** – focus on “so what?” and potential actions to address the needs identified
 - **Flexible** – ability for users to select data and intelligence they need.
 - **Consistent** – consistent in style throughout the profiles for easy access to key information. Exploring opportunity for consistent approach within North Central London.

- 4.3 The new Enfield JSNA will be developed as a collection of health knowledge and intelligence products (see below), all of which are aiming to promote better understanding of health needs of Enfield communities.

New Enfield Joint Strategic Needs Assessment			
<p>Profiles on various topics</p> <p>Series of profiles. Each profile focuses on key subject area or population group. (Please see appendix A for current contents plan.)</p>	<p>Health Profiles for Enfield GP localities and Wards</p> <p>Health profiles aiming to identify health needs in different geographical area.</p>	<p>Deep-dive Health Needs Assessment</p> <p>Deep-dive Health Needs Assessment may be required for areas where there will be a significant service re-design or development of new work programmes.</p>	<p>Stats of the Month</p> <p>Short monthly article based on a key statistic. Aiming to explore emerging health and wellbeing issues and concepts.</p>

- 4.4 Profiles will be developed as a web-based interactive source of intelligence using Power BI, providing flexible and easy access to knowledge and information. Key summary section in each profile will provide easy to digest information for wide range of audience.

Governance

- 4.5 The JSNA steering group was re-established to prepare the new Enfield JSNA and met in February 2017. The JSNA steering group will report through the Health Improvement Partnership Board to the Health and Wellbeing Board (subject to the review of the Health and Wellbeing Board sub-boards).
- 4.6 The steering group members include representative from each department in the Council, Enfield CCG, Enfield Healthwatch and local voluntary organisation representative.

5. Recommendations

- 5.1 The Board is asked to endorse the proposal for the new Enfield JSNA development.
- 5.2 The Board is asked to endorse the delegated authority to JSNA steering group for development and maintenance of the new Enfield JSNA.

Appendix: Draft structure – Profiles on various topics

Chapter	Profile	Description
Enfield People	Demography	Current and projected population and characteristics of Enfield population.
	Life expectancy, Healthy Life expectancy and mortality	This section explores life expectancy and causes of death in Enfield.
	Happiness - Well being of the Enfield residents	Explores Enfield residents' well-being, highlighting newly developed measure of happiness and other indicators that are known to have impact on people's wellbeing.
Enfield Place	Healthy Streets	"Healthy Streets" is a London Mayor's initiative to improve city's infrastructure and transport to create healthy city. This JSNA profile explores and assess Enfield's needs in developing programmes around this initiative. It covers transport including active transport, air quality...
	Housing and health	Housing is one of the important determinants of health. The profile aims to explore housing and health in Enfield including homelessness, poor housing quality, fuel poverty etc.
	Health and Care services in Enfield	Health care service provision in Enfield as well as Adult Social Care provision in the borough. Patients/Clients experience where possible.
	Community Safety	Summarises crime and community safety statistics. Also includes Youth Crime.
	Domestic Violence (title TBC)	Aims to explore statistics and intelligence around DV
	Employment	Aims to explore employment / unemployment, and services to support employment
	Healthy Living	Obesity
Smoking		Smoking is the single most preventable cause of deaths. This profile aims to explore the current prevalence, death related to smoking, smoking related long term conditions, and successful quitters.
Oral Health		Oral health of the Enfield population.
Substance misuse - Drug and Alcohol		Aims to explore needs around drug and alcohol and any related health conditions.
Mental Health		aims to present mental health needs in the borough from child and young people to adult mental health.
Sexual and Reproductive Health		Presents current sexual and re-productive health needs in the borough.
Leisure & Culture		Explores information around leisure and culture in the context of improving health and wellbeing of the population
Life stages & Population Groups	Maternity	Health status / needs at maternity - includes early access to maternity service, Smoking during pregnancy, Immunisation uptake, Screenings uptake
	Early years	Health needs at early years - includes Health Visiting services, breastfeeding, immunisation, hospital admissions
	School age children & young people	Health needs of children and young people of school ages - school age immunisation, school readiness, educational attainment, NEET,
	Working Age	Health needs of working age population - long term conditions, screenings, lifestyles
	Older People	nursing and residential care, social isolation, living alone
	End of Life Care	LTCs, Place of Death, Causes of Death.
	Vulnerable Children	Aims to explore health needs of vulnerable children such as safeguarding issues, LAC, children with disability
Carers	Explores health and wellbeing needs of the carers	
Disease, Conditions and Disabilities	Cardiovascular Diseases	Explore level of risk factors and disease burden in Enfield. Covers Hypertension, Diabetes, AF, CHD, Stroke/TIA
	Cancer	Screening, Incidence, Diagnosis, Treatment pathway
	Respiratory diseases	Explore level of risk factors and disease burden in Enfield
	Dementia	Explore level of disease burden, risk factors
	Learning Disabilities	Explore level of needs in the borough, including inequalities.



MUNICIPAL YEAR 2017/2018

Meeting Title:

HEALTH & WELLBEING BOARD

Date: 19th April 2017

Contact officer: Graham MacDougall

Telephone number: 0203 020 3688 2823

Email address:

graham.macdougall@enfieldccg.nhs.uk

Agenda Item:

Subject:

**NHS Enfield CCG Operational Plan
2017/18 -2018/19 - Update**

Report written by:

**Stephen Wells, Programme
Manager Strategy & Planning,
Enfield Clinical Commissioning
Group**

1. EXECUTIVE SUMMARY

Following publication of the NHS Operational Planning and Contracting Guidance 2017-2019 on 22nd September 2016, this paper provides the background to inform the development of NHS Enfield CCG's Operational Plan 20178-2019. The national guidance described the processes that supported:

- Development of Sustainability & Transformation Plans,
- Development of Financial Plans to restore and maintain financial balance which includes the development of two-year contracts with providers and reaffirms national priorities (that build on those in 2016/17),
- Delivery of NHS Constitutional standards in accordance with the requirements of the national guidance

The 2-year Operational Plan 2017/19 - 2018/19 builds on the CCG's Operational Plan in 2016/17, and is aligned with the key requirements of the North Central London Sustainability & Transformation Plan which has continued to be developed informed by the national planning and contracting guidance.

This paper provides the Health and Wellbeing Board on the progress that has been made to develop the Operational Plan, which is also informed by the CCG's commissioning intentions 2017/18.

2.0 RECOMMENDATIONS

Members of the Health and Wellbeing Board are asked to note the requirements and progress within the report, to inform the development of the CCG's Operational Plan 2017/19.

3.0 BACKGROUND

The Delivering the Forward View: NHS Operational Planning and Contracting Guidance 2017-2019 was published by NHS England, on 22nd September 2016. The national guidance described the processes that support:

- Development of Sustainability & Transformation Plans,
- Financial Plans restore and maintain financial balance which includes the development of two-year contracts with providers and reaffirms national priorities (that build on those in 2016/17),
- Delivery of NHS Constitutional standards in accordance with the requirements of the national guidance

Full details of the national guidance can be found at

<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/>.

The first draft operational plan submission was made to NHS England on 24th November 2016 and the final draft was submitted in accordance with the NHS England Operational Planning and Contracting Guidance on 23rd December 2016, with further refinement of the activity assumptions informed by the NCL STP interventions as agreed and submitted to NHS England on 30th March 2017.

4.0 ALTERNATIVE OPTIONS CONSIDERED

No alternative options were considered.

5.0 REASONS FOR RECOMMENDATIONS

There is an expectation that CCG's will work with their local Health & Wellbeing Boards to inform agreements in relation to specific areas.

6.0 COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications- There are no direct risks arising directly from this report, however the Operational Plan 2017/18 is aligned with the development of the North Central London Sustainability & Transformation Plan (NCL STP) and the associated two-year contractual agreements (2017/18-2018/19) with Providers across North Central London. The CCG will be performance managed on the delivery of the operational plan 2017/18 by NHS England through the relevant assurance mechanisms.

6.2 Legal Implications - No direct implications from this report.

7.0 KEY RISKS

There are no direct risks arising directly from this report. However the Operating Plan 2017/18 and its contents will be subject to the NHS England assurance requirements and performance management on the delivery of the national requirements by NHS England.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

The Operating Plan 2017/18 continues to support the delivery of the Health and Wellbeing Strategy in relation to mental health, children and young people and older people and system resilience. In addition, the operational plan has been informed by the development of the NCL STP and the associated programme delivery plans which includes urgent and emergency care, care closer to home, mental health, planned care and prevention and key elements from these have been included in the 2017/18- 2018/19 provider contractual agreements.

9. EQUALITIES IMPACT IMPLICATIONS

Equality Impact assessments and Quality Impact Assessments are undertaken routinely, as part of the CCG's Transformation Programme and reported to the CCG's Transformation Programme Group as part of business as usual.

10. BACKGROUND PAPERS

Please refer to previous papers related to:

- Development of the North Central London Sustainability & Transformation Plan
- NHS Enfield CCG Commissioning Intentions 2017/18 - please refer to http://www.enfieldccg.nhs.uk/about-us/commissioning_intentions

1.0 Introduction

This paper updates the Health and Wellbeing Board on the development of Enfield CCG's 2-year Operational Plan, as informed by the NHS Operational Planning and Contracting Guidance 2017-2019, published in September 2016.

1.1 Development of the CCG's Operational Plan 2017-2019

NHS England published the NHS Operational Planning and Contracting Guidance 2017-2019 in September 2016, which set out the national requirements to inform the development of the CCG's 2-year Operational Plan 2017-2019. The CCG's 2-year Operational Plan was required to be aligned with the:

- NHS England 2016/17 activity forecast outturn for NHS Enfield CCG,
- Delivery of the NHS Constitutional standards and additional planning requirements in accordance with the NHS England planning and contracting guidance 2017-2019,
- North Central London Sustainability and Transformation Plan (NCL STP) transformation programme assumptions (including QIPP),

The two year operational plan was also developed to ensure alignment with finance and activity across NCL commissioners and providers to inform the 2-year provider contractual offers for 2017-2019. Enfield CCG was also required to include the local transformation plans with other NCL CCG's including "local adherence to the evidence base medicine" programme which forms part of the development of provider's 2-year contractual offers.

1.1 Operational Plan 2017-2019 – first draft submission, 24th November 2016

The CCG's first draft Operational Plan for 2017-2019 was submitted to NHS England on 24th November 2016 informed by the NCL STP submission to NHS England on 21st October 16. The preparation of the final operational plan continued to be informed by further progress in relation to:

- Delivery of NHS Constitution and additional planning requirements,
- Further understanding of the NCL STP interventions (in relation to Urgent & Emergency Care, Elective Care, Care closer to Home and Prevention) and the associated phasing of the NCL STP programme deliverables in 2017/18 and 2019/20,
- Development of 2-year provider contractual offers, 2017-2019,

2.0 NHS England (London) Assurance requirements to inform the final Operational Plan submission, 23rd December 2016

Following submission of the first draft Operational Plan 2017- 2019 on 24th November 2016, NHS England (London) confirmed their requirements for CGG to inform the final operational plan submission on 23rd December 2016. The following areas required further refinement to ensure delivery of the national requirements and the revised NCL STP transformation planning assumptions:

- Annual activity plan 2017/18 including mitigated growth informed by the NCL STP,
- Delivery of the NHS Constitutional standards and additional planning commitments,

3.0 Operational Plan 2017-2019 final submission to NHS England on 23rd December 2016

Enfield CCG's final 2-year operational plan 2017-2019 was submitted to NHS England on 23rd December 2016 in accordance with the NHS England requirements.

Enfield CCG's operational plan submitted NHS England is compliant with delivering the NHS Constitutional standards and all other operational performance requirements in 2017/18.

The plan is also informed by the NCL STP transformation assumptions (QIPP) to ensure triangulation with finance and contracted activity with providers in 2017/18. These include the agreed NCL STP assumptions for growth (3% for both demographic and non-demographic growth) and the impact of service interventions agreed through the NCL STP programme workstreams.

A summary of the CCG's narrative response to the NHS England requirements is described in the sections below.

3.1 Activity Plan assumptions 2017-2019

Enfield CCG's activity assumptions for 2017/18 have been consistent with those in the activity template submitted to NHS England on 24th November 2016). This was aligned with the NCL STP and associated provider contractual agreements. Enfield CCG has applied the NCL STP transformation activity reductions for both 2017/18 and 2018/19, as agreed by commissioners and providers for Urgent & Emergency Care, Planned Care and Care Closer to Home.

Contract baselines for 2017/18 also included these agreed NCL STP assumptions for growth (3% to cover both demographic and non-demographic growth) and the impact of service interventions agreed through the NCL STP workstreams. Provider contract baselines also include the CCG's local QIPP schemes, over and above the NCL STP interventions, where these had been agreed between commissioners and providers.

Interventions have been worked on at pace in order to develop proposals to meet deadlines for the NCL STP submission, and contract signature and operating plans that act as milestones for delivery of the NCL STP. Further work undertaken in January to March 2017 was to refine the impact of both NCL STP and local CCG transformation scheme interventions.

3.2 Mitigated Growth

Enfield CCG has applied 1.4% demographic growth and 1.6% non-demographic growth to both 2017/18 and 2018/19 activity in line with the NCL STP 3.0% mitigated growth assumptions. These remain the same in the final submission, as informed by the CCG's first draft submission to NHS England on 24th November 2016.

4. NHS England Mental Health Investment Standard

Enfield CCG also confirmed in the operational plan 2017/18 that it had uplifted mental health spending in line with the growth in its commissioning allocations. The CCG receives a 2.9% increase in allocation in 2017/18 and has included 3.0% growth in our main Mental Health contracts in 2017/18. This includes Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) which accounts for a large proportion of Mental Health

spend in Enfield. Further to this, the CCG is also investing in Complex Care Rehabilitation at BEH MHT.

Other 'Non-Core Mental Health Spend' has, in most cases, been uplifted in excess of allocation growth. This includes Primary Care Prescribing (c.5.1%), Continuing Health Care (c. 3.5%) and Acute Mental Healthcare (c.3.1%).

5. Quality Premium

Further to the national guidance published by NHS England, the CCG was required to identify two areas from the Quality Premium incentive scheme 2017-2019. The CCG was required to identify:

5.1 One mental health indicator from NHS England:

- A reduction in the number of inappropriate Adult out of area placements for non-specialist adult acute care
- Improve equity of access and outcomes in IAPT services
- Improve access to Children and Young People's Mental Health services

And

5.2 Identify one local indicator from the national RightCare suite of indicators as described in the national Commissioning for Value packs focusing on an area of unwarranted variation which enables the CCG to drive improvement.

Enfield CCG undertook a significant piece of work to analyse service provision, business intelligence and analyses the associated risks for each quality premium indicator. Following further discussion with the CCG's Clinical Reference Group and Executive Committee the two indicators chosen for 2017-2019 are:

- Mental Health option - Reducing Out of Area placements and
- RightCare option - Increasing Atrial Fibrillation diagnoses and reporting

6. Risks and Mitigation steps to inform Operational Plan delivery 2017-2019

Enfield CCG submitted the final 2-year Operational Plan 2017-2019 on 23rd December 2016, and agreed and submitted the Operational Plan 2017/18 activity template to NHS England on 30th March 2017.

A summary of the key risks to inform delivery of the CCG's Operational Plan in 2017/18 are set out in the table below and these were agreed by the CCG's Governing Body on 18th January 2017.

6.1 Table of Key Risks and Mitigation Steps

	RISK AREA	MITIGATION STEPS
1.	Challenging sector-level A&E performance.	The CCG has been party to the agreement of the A&E Recovery Plans in place with lead commissioners (Barnet CCG RFL and Haringey CCG for NMUH). The CCG's Director of Commissioning is

		<p>a member of the respective A & E Delivery Boards which provide oversight to develop the local A&E Improvement programmes already in place.</p> <p>The CCG has developed a robust reporting mechanism to manage the escalation required to ensure: medically optimised patients are discharged in a timely manner and Delayed Transfers of Care are reviewed on a case by case basis, to ensure the local health and care system is working together to improve patient discharge. The CCG will continue to provide daily proactive management support in 2017/18 and ensure lessons are learnt from the current winter period and shared across all health and care organisations.</p>
2.	Failure to achieve new access standards for children and young people mental health services.	<p>The London Borough of Enfield plan to reduce the CAMH services they commission as a result of financial pressures. These savings have been confirmed and represent a significant risk to the original Enfield Future in Mind Transformation Plan. Investment to address waiting time issues was made in 2016/17 whilst the original plan was being re-profiled. The CCG has worked with partners to agree a revised plan that was submitted to NHS England on the 3rd March 2017. The revised plan will mitigate the risk of the Council savings and ensure the maintenance of an effective service; however Enfield will not be in a position to meet the Operating Plan trajectory or to ensure full compliance with the Future in Mind Assurance Template.</p> <p>The elements of the template where we will be partially compliant are Local Transformation Plan Ambition; access to CYP IAPT therapies, and urgent and emergency (crisis) mental health care for CYP.</p> <p>In mitigation Urgent and emergency mental health care is part of the STP Mental health work stream.</p>
3.	Risk to achievement of NICE Recommended treatment element of the Early Intervention in Psychosis (EIP) national standard.	<p>The CCG is aligning growth monies to Early Intervention in Psychosis and is finalising this as part of the 2017/18 contract to be complete by end of March 2017.</p>
4.	£0.4m outstanding from NCL Risk Share arrangements.	<p>Agreement this will be covered in Month 12 (2017/18) depending on where contract variances fall.</p>

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MUNICIPAL YEAR 2017/18

Meeting Title:
Health and Wellbeing Board
 Date: 19th April 2017

Agenda Item:

**Subject: Enfield Pharmaceutical
 Needs Assessment**

Contact officer: Miho Yoshizaki
 Telephone number: 0208 379 5351
 Email address:
miho.yoshizaki@enfield.gov.uk

Report approved by:
Tessa Lindfield
Director of Public Health

1. EXECUTIVE SUMMARY

The Health and Wellbeing Board (HWB) is responsible for preparing the Pharmaceutical Needs Assessment (PNA) of the borough, which will inform market entry and commissioning of pharmaceutical services. The next Enfield PNA is due April 2018.

This report outlines the proposed process of Enfield PNA and seeks HWB's approval to progress this programme.

2. RECOMMENDATIONS

- The Board is asked to note the PNA responsibilities and proposed time frame.
- The Board is asked to endorse the proposal to delegate authority to the PNA steering group in preparing the Enfield PNA.
- The Board is asked to endorse the proposed process for the Enfield Pharmaceutical Needs Assessment.

3. BACKGROUND

3.1 The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) set out the system for market entry to provide community pharmacy services.

3.2 Under the Regulations, Health and Wellbeing Boards are responsible for publishing a statement of the current and future needs for the pharmaceutical services for the population in its area, referred to as

Pharmaceutical Needs Assessment (PNA), every three years; and NHS England is responsible for considering applications and maintaining the pharmaceutical list.

- 3.3 The first PNA since the responsibility was transferred to the HWB was published in March 2015 and is available at [the Council website](#).
- 3.4 The next Enfield PNA is due for April 2018.
- 3.5 Although the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) is due for review by The Secretary of State (the first report due by the end of August 2017), there has not been any indication on significant changes to the PNA process. Given the time needed to address all the requirements for the PNA, Enfield's review process needs to be initiated.

4. REPORT

- 4.1 PNAs are used by NHS England as a basis to determine market entry to a pharmaceutical list. NHS England use the PNA to review whether any new applicant is able to meet a pharmaceutical need, as outlined in the relevant PNA, as well as to consider decisions to move or commission additional services from existing pharmacies.
- 4.2 PNAs can also be used to inform the commissioning of enhanced or locally commissioned services from pharmacies by NHS England, Local Authority, Clinical Commissioning Groups (CCG) and other local commissioners.
- 4.3 Below outlines the minimum requirement for the PNA;
 - A statement of the pharmaceutical services provided that are necessary to meet needs in the area;
 - A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision);
 - A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area;
 - A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area;
 - A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services;
 - An explanation of how the assessment has been carried out (including how the consultation was carried out); and
 - A map of providers of pharmaceutical services

- Consultation. HWB must consult the bodies set out in Regulation 8 at least once during the process of developing PNA. The minimum consultation period required is 60 days.

Proposed process

- 4.4 As per the previous PNA, it is proposed that Enfield will commission analyses of unmet pharmaceutical needs, development of PNA framework and report production to external specialist consultant. This will ensure Enfield's PNA is delivered to high standard meeting all legal requirements, while minimising the cost. The financial envelope for this programme is £25,000 - £30,000 and will be funded by Public Health.
- 4.5 Public Health team will also provide resources to manage the overall project and provide quantitative analyses on health needs of the borough, while the Council's corporate hub will provide support in conducting qualitative information gathering and consultation.
- 4.6 The PNA steering group will be set up to provide strategic direction of the process. The steering group will be responsible for ensuring the accuracy of the PNA and ensure that PNA is fit for purpose.

Proposed PNA timeline

- 4.7 Proposed timeline for the PNA is outlined below:

Stage	Dates	Key actions
Set up	April – June 2017	<ul style="list-style-type: none"> • HWB paper to outline PNA responsibilities. Delegated authority to PNA steering group. • Setting up PNA steering group and first meeting. • Produce project plan and secure resources. • Agree work stream plans and timelines.
Information finding	June – July 2017	<ul style="list-style-type: none"> • Collating necessary information including current pharmaceutical services in Enfield and health needs of the borough
Analyses	August – September 2017	<ul style="list-style-type: none"> • Analyses of pharmaceutical needs in Enfield • Identification and agreement to any potential gaps in pharmaceutical service provision • Any changes in legislation to be addressed during this process
Draft PNA production	September – October 2017	<ul style="list-style-type: none"> • Completing draft PNA for consultation • Presentation to HWB on progress and draft PNA
Consultation	November – December 2017	<ul style="list-style-type: none"> • Complete minimum 60 days of consultation
Final consideration	January – February 2017	<ul style="list-style-type: none"> • Analyses of consultation and amendments to PNA as appropriate • Agreement on final PNA
HWB approval	February – March 2017	<ul style="list-style-type: none"> • Health and Wellbeing Board presentation and approval
Publication	February – March 2017	<ul style="list-style-type: none"> • Following the HWB approval, publish the PNA

5. Recommendations

- 5.1 The Board is asked to note the PNA responsibilities and proposed time frame.
- 5.2 The Board is asked to endorse the proposal to delegate authority to the PNA steering group in preparing the Enfield PNA.
- 5.3 The Board is asked to endorse the proposed process for the Enfield Pharmaceutical Needs Assessment.