

# Public Document Pack

HEALTH AND WELLBEING BOARD - 8.2.2018

## MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 8 FEBRUARY 2018

### MEMBERSHIP

**PRESENT** Doug Taylor (Leader of the Council), Alev Cazimoglu (Cabinet Member for Health & Social Care), Krystle Fonyonga (Cabinet Member for Community Safety & Public Health), Ayfer Orhan (Cabinet Member for Education, Children's Services & Protection), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Parin Bahl (Chair of Enfield Health Watch), Tessa Lindfield (Director of Public Health), Tony Theodoulou (Executive Director of Children's Services), Vivien Giladi (Voluntary Sector), Maria Kane (Chief Executive North Middlesex University Hospital NHS Trust), Carla Charalambous (Enfield Youth Parliament) and Josh Salih (Enfield Youth Parliament)

**ABSENT** John Wardell (Clinical Commissioning Group (CCG) Chief Officer), Dr Helene Brown (NHS England Representative), Natalie Forrest (Chief Executive, Chase Farm Hospital, Royal Free Group) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

**OFFICERS:** Bindi Nagra (Director of Adult Social Care), Dr Glenn Stewart (Assistant Director, Public Health), Andrea Clemons (Acting Assistant Director, Community Safety & Environment), Tha Han (Public Health Consultant), Stuart Lines (Public Health) and Jill Bayley (Principal Lawyer - Safeguarding) Jane Creer (Secretary)

**Also Attending:** Vince McCabe (Director of Commissioning, Enfield CCG), Angela Bartley (Deputy Director of Public Health, The Royal Free London NHS Foundation Trust), Jon Newton (Head of Older People & Physical Disabilities) and 8 observers

**1**

### WELCOME AND APOLOGIES

#### NOTED

1. Councillor Doug Taylor (Chair) welcomed everyone to the meeting, including the two new Youth Parliament representatives.
2. Apologies for absence were received from John Wardell, Dr Helene Brown, Andrew Wright, Natalie Forrest and Ian Davis.
3. This would be the last Board meeting attended by Tessa Lindfield. Health and Wellbeing Board recorded thanks to Tessa for her work during her time at Enfield and her contributions to the Board.

**2**

**DECLARATION OF INTERESTS**

NOTED the declaration of Vivien Giladi that she was a member of the co-op and the Co-operative Party.

**3**

**WHOLE SYSTEM APPROACH TO URGENT CARE RESILIENCE**

RECEIVED the report of John Wardell, Chief Operating Officer, Enfield Clinical Commissioning Group (CCG).

NOTED

As John Wardell was unwell and unable to attend the meeting, Vince McCabe (Director of Commissioning, Enfield CCG) introduced the report, highlighting the following:

- Boxing Day onwards saw a huge surge in demand across North Central London and this was sustained in both patient numbers and acuity, leading to extreme pressure at local A&Es. There was also an increase in emergency admissions in December and January.
- The North Middlesex Hospital University Trust (NMTUH) recovery trajectory was set to reach 90% in December 2017 and 95% in March 2018.
- Enfield was consistently overachieving against the National Delayed Transfer of Care target. He thanked the social care locally.
- There had been an increase in the number of out-of-hours GP appointments available, and continuous communication kept up.
- Work with care homes had increased the confidence of providers to seek advice, and to minimise A&E attendance.
- Streaming through the Urgent Care Centre and NMTUH was higher than many peers. At the peak it had been necessary to open over 60 escalation beds. A new way of managing clinical flow was being implemented to make it sustainable.
- There had been reductions in delayed discharges, and more people were assessed at home in a safer environment. Partnership working was key.
- Planning had already started for winter 2018/19.
- Healthwatch Enfield had been commissioned to help understand why people went to A&E, particularly walk-in patients.
- He would like to hear how elected members wished to continue to be involved.

IN RESPONSE comments and questions were received, including:

1. The Chair thanked Vince McCabe for the helpful presentation, and asked about the percentage of discharges which resulted in re-admission within

- two weeks. In response it was advised that re-admission was monitored and taken seriously, and that NMUH was not an outlier on this.
2. In response to Councillor Cazimoglu's queries about cancelled operations, it was advised that planning began early on not scheduling elective surgery during December/January. These were not last minute cancellations. Elective surgery was now being phased back in. Cancer and emergency surgery continued. The hospital was now able to close escalation beds to increase the capacity available for elective surgery.
  3. In response to Councillor Cazimoglu's question about discharge to assess, it was confirmed that assessment at home was done only if it was safe to happen, and had been very successful to date with good feedback.
  4. Maria Kane was asked for more details about the work carried out by Enfield Healthwatch. It had been noted that there was very high A&E attendance in December, but the admission rate was half the national average, which indicated a lot of people were coming to A&E who did not need to be there. Surveys were carried out by Healthwatch, using community languages, and a narrow set of questions, and 37,000 pieces of data were collected. This confirmed that many of the attendees did not require emergency care, but had a lack of understanding about alternatives in primary care etc. Work was needed on more effective communications and possibly the provision of a primary care centre at NMUH. The numbers presenting at A&E were very difficult and conditions could be chaotic. The Chair suggested that it would be useful for Health and Wellbeing Board to see the research data at a future meeting.
  5. Councillor Orhan was also interested in the research, particularly a breakdown on age and gender. If there were issues with young people presenting to A&E, there could be work with the Youth Parliament to help take messages forward.
  6. Parin Bahl confirmed that Healthwatch had already suggested working with the Youth Parliament. It had also been found that patients did not know what was available, and were unclear about use of the A&E or Urgent Care Centre at NMUH. It had been good to see all partners supporting the hospital this winter, but would like assurance that a similar situation would not re-occur in a year's time.
  7. Vivien Giladi commented on not just staff shortage, but a severe shortage of money in the system. Also, the data on inflow had been provided with no comment or profiling of the patients who did not attend booked appointments. She had concerns about mental health support and advised that young people especially were concerned about the paucity of mental health provision. Vince McCabe acknowledged the growing priority and work to be done.
  8. The Chair considered that the issues should be subject to discussion in a development session to take place within the next six months to give more time to look at the research data and the planning for next winter in particular.

## **AGREED**

- (1) That the Health and Wellbeing Board noted the schemes, next steps and system partnership working within the presentation.

- (2) The suggestions from Health and Wellbeing Board members of the best forum for System Partners to continue to share and involve the members of the committee of the work taking place across the system, and agreed that a development session be scheduled as discussed.

**4**

**HEALTHY HOSPITALS - THE EXPERIENCE OF THE ROYAL FREE HOSPITAL AND CHASE FARM HOSPITAL**

The Board received a slide presentation from Angela Bartley, Deputy Director of Public Health, The Royal Free London NHS Foundation Trust.

The following points were highlighted:

- There was potential in an acute trust in improving the health of the populations they work with. The Royal Free was one of the first to have public health based in an acute trust.
- There was currently focus on three areas: obesogenic environment; domestic abuse; and making every contact count.
- Providing healthier food offered in retailers within the hospital and in the restaurant led to increased sales. Posters by lifts encouraged a choice to be physically active.
- Initiatives around domestic abuse included screening for domestic abuse in clinics, and advisers within the hospital.
- Work on staff health and wellbeing at the Royal Free was being evaluated, and targeted work was being done with the facilities team.

IN RESPONSE comments and questions were received, including:

1. Angela Bartley was thanked for the presentation, and the slides would be shared with the Board members and attached to the minutes.
2. Councillor Fonyonga was encouraged by the differences which had been made. The strategic approaches should be considered elsewhere, including at LB Enfield.

**5**

**VIOLENCE AGAINST WOMEN AND GIRLS STRATEGY**

RECEIVED the report of Shan Kilby, Domestic Violence Coordinator, LB Enfield Community Safety Unit.

NOTED

Andrea Clemons (Head of Community Safety, LB Enfield) introduced the report, highlighting the following:

- Discussions had taken place at the Board development session, and Board members were thanked for their support and agreement to assist in

developing the plan and reflecting what they were doing already into the action plan.

- There had been commitment to audit how far Enfield met the guidelines, and commitment to roll out routine enquiry.
- A champion would be identified from this group to work towards being a white ribbon borough.
- She hoped to come back to the Board for further discussions and to report on progress.
- Board members were encouraged to look at the strategy online and particularly in respect of contributing to the action plan:  
<https://new.enfield.gov.uk/enfieldlscb/wp-content/uploads/2017/10/VAWG-Strategy-July-2017.pdf>

IN RESPONSE comments and questions were received, including:

1. It was confirmed that Mo Abedi had volunteered as champion from the Board, and he was happy to support increased uptake amongst GP practices.
2. Councillor Orhan praised the work being done, and the knock on effect on families.
3. Councillor Cazimoglu wished to record congratulations on the strategy and the work of Shan Kilby.
4. Tessa Lindfield noted the synergies with the Healthy Hospitals presentation, and that routine enquiry should be included in performance monitoring of more contracts.
5. Information updates would be provided in performance reports to Health and Wellbeing Board.
6. Councillor Fonyonga suggested a development session in respect of serious youth violence.

#### **AGREED**

- (1) The contributions from partners to the Violence Against Women and Girls (VAWG) Action Plan.
- (2) Progression of the agreed recommendations detailed from the recent Health and Wellbeing Board development session.

## **6**

### **CARE CLOSER TO HOME INTEGRATED NETWORKS**

RECEIVED the report of John Wardell, Chief Operating Officer, Enfield CCG and Jon Newton, Head of Older People and Physical Disabilities, LB Enfield.

#### **NOTED**

Dr Mo Abedi and Jon Newton (Head of Older People & Physical Disabilities, LB Enfield) introduced the report, highlighting the following:

- The ambition for the Sustainability and Transformation Plan (STP) included equity across North Central London so there was a reduction in variation across Barnet, Enfield, Haringey, Camden and Islington.

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- There were 12 work streams within the STP including a Health and Care Closer to Home work stream charged with delivering Care Closer to Home Integrated Networks (CHINs). This was being progressed collaboratively and the progress to date was set out in the report.
- There were four locality teams in Enfield to locate services together and work to deliver health and social care and to understand the local area and its needs, as different parts of the borough had different needs.
- A number of outcomes had already been achieved in 2017.

IN RESPONSE comments and questions were received, including:

1. Parin Bahl welcomed much of the progress and ideas, but there should be emphasis on keeping people well, and making systems easier for patients to understand. Healthwatch were happy to help with the design process.
2. Vivien Giladi expressed reservations about the STP and cost-cutting, and asked for reassurance that the north-east of the borough would not be failed. She was in favour of a united GP network but questioned the name Enfield Healthcare Co-operative Limited and in particular the use of the word Co-operative.
3. Councillor Orhan supported previous comments and had concerns for several reasons, including the seemingly top down approach and exclusion of the public. She would also like to see cost factors in documentation. There should also be more details on what the public were not going to receive in future.
4. Councillor Cazimoglu acknowledged the progress and hard work, but also expressed concerns about viability.
5. Councillor Fonyonga echoed colleagues' comments, and noted the benefits to Enfield of the GP Federation but there must also be a way to capture feedback and the reality of how systems were working.
6. Tessa Lindfield considered that the CHINs model would happen in any case, and recommended that the Board focus on the QIST in the light of variation in approach to different communities.
7. In response to comments received, Mo Abedi advised that use of Co-operative referred to mutual collaboration rather than being a legal term. He also confirmed that primary care single offer, atrial fibrillation, and pre-diabetes were additional services after the core contract, and nothing would be lost as a result of providing those services. The walk in centres were currently under utilised, and there was data available in respect of the hubs which he would bring back to the Board. He would suggest a development session should be held around patient experience on that pathway, and this was supported by the Board.

### **AGREED**

- (1) That the Health and Wellbeing Board noted the content of the report.
- (2) The Board discussed how it wished to support the development of the Care Closer to Home Network Agenda and agreed that a development session be scheduled to consider the topic further.

**THE INTEGRATION AND BETTER CARE FUND - QUARTER 3 2017/2018  
BCF UPDATE**

RECEIVED the report of Bindi Nagra, Director of Adult Social Care, LB Enfield, and Vince McCabe, Director of Strategy and Partnerships, Enfield CCG.

**AGREED** that Health and Wellbeing Board noted

- (1) The Enfield Integration and Better Care Fund (BCF) 2017-2019 Plan has been approved.
- (2) The current BCF performance against metrics and scheme outcomes.
- (3) The Quarter 3 financial position, which is projecting a balanced position.

**8  
PROGRESS UPDATE ON JOINT HEALTH AND WELLBEING STRATEGY  
(JHWS)**

RECEIVED the report of Tessa Lindfield (Director of Public Health).

**AGREED** that Health and Wellbeing Board:

- (1) Noted the progress on HWB monitoring areas.
- (2) Noted the recommendations in respect of support of the HWB priority areas.

**9  
MINUTES OF THE MEETING HELD ON 5 DECEMBER 2017**

**AGREED** the minutes of the meeting held on 5 December 2017.

**10  
INFORMATION BULLETIN**

NOTED the Information Bulletin items.

**11  
HEALTH AND WELLBEING BOARD FORWARD PLAN**

NOTED the proposed forward plan and the additions to be made further to this meeting to schedule development sessions to consider (1) CHINs and accountable care organisations, (2) whole system approach to urgent care resilience; and (3) serious youth violence (this session could be held at

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4:00pm rather than 2:00pm to fit in with Youth Parliament members' availability). An amended forward plan should be circulated to the Board.

**12**

### **DATES OF FUTURE MEETINGS**

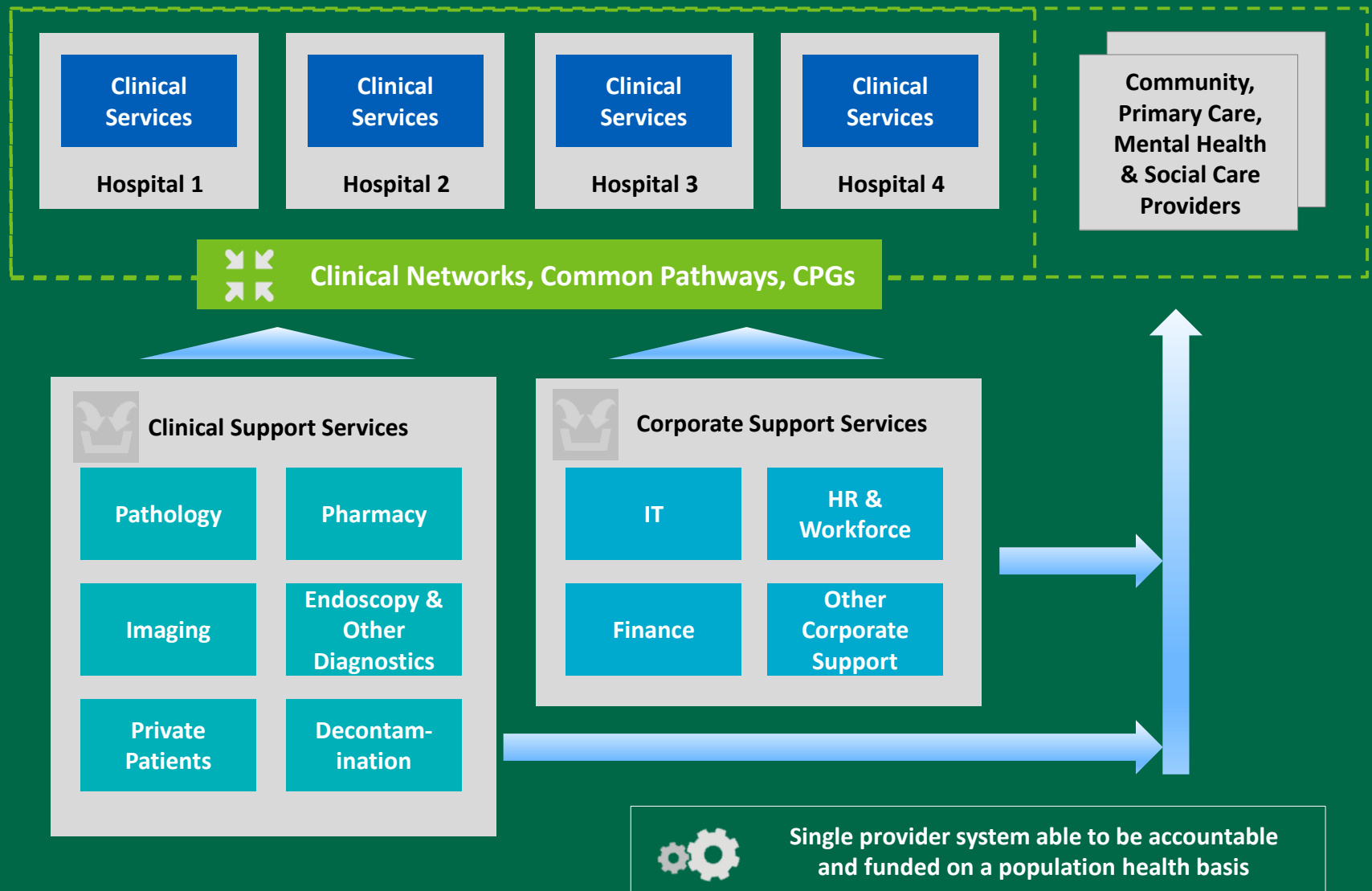
NOTED the dates of future meetings of the Health and Wellbeing Board and dates of future development sessions.



# Public Health Programmes at the Royal Free London NHS Foundation Trust

Angela Bartley, Deputy Director of Public Health,  
The Royal Free London NHS Foundation Trust

# Building our group to support population health



# The Role of Public Health in an Acute Trust

1. **Improving services:** understanding population health needs current and future
2. **Health improvement:** primary, secondary and tertiary prevention, inequalities, lifestyle, employment
3. **Health protection:** Infectious and environmental hazards
4. **Health care public health:**

*“To maximise value and equity by focusing not on institutions, specialties or technologies, but on populations defined by a common symptom, condition or characteristic, such as breathlessness or multiple morbidity”*

[www.royalfree.nhs.uk/about-us/public-health](http://www.royalfree.nhs.uk/about-us/public-health) - annual public health report

# Current Programmes of Work

Understanding our population – Public Health response	Service improvement / health inequalities	Health promoting environment
Population profiling as a group across populations	Stop smoking service – NRS and CQUIN	Obesogenic Environment Programme
Needs assessment for clinical service redesign.	Domestic Violence research and coordinate service delivery and training	Vanguard funding - research into the health or lower paid staff
Maternal and Child Health Programme – Early Help / troubled families work with LB Camden	Making Every Contact Count Training programme	Fit at the Free – staff health and wellbeing programme
Flu vaccination  Response to Hep B shortage	Alcohol CQUIN 2018	Staff health and wellbeing CQUIN Economic review of staff physio access

# Strategic Approach to the Public Health Programme

- To work across the trust in a multi disciplinary way to prevent disease and promote and protect health and wellbeing.
- To increase the Trusts understanding of current and future population health needs and inequalities in health and health care.
- To increase the evidence base on public health in an acute trust setting.

## Focus on 3 areas:

1. Obesogenic environment
2. Domestic Abuse
3. Making Every Contact Count

# WELCOME OUTPATIENTS

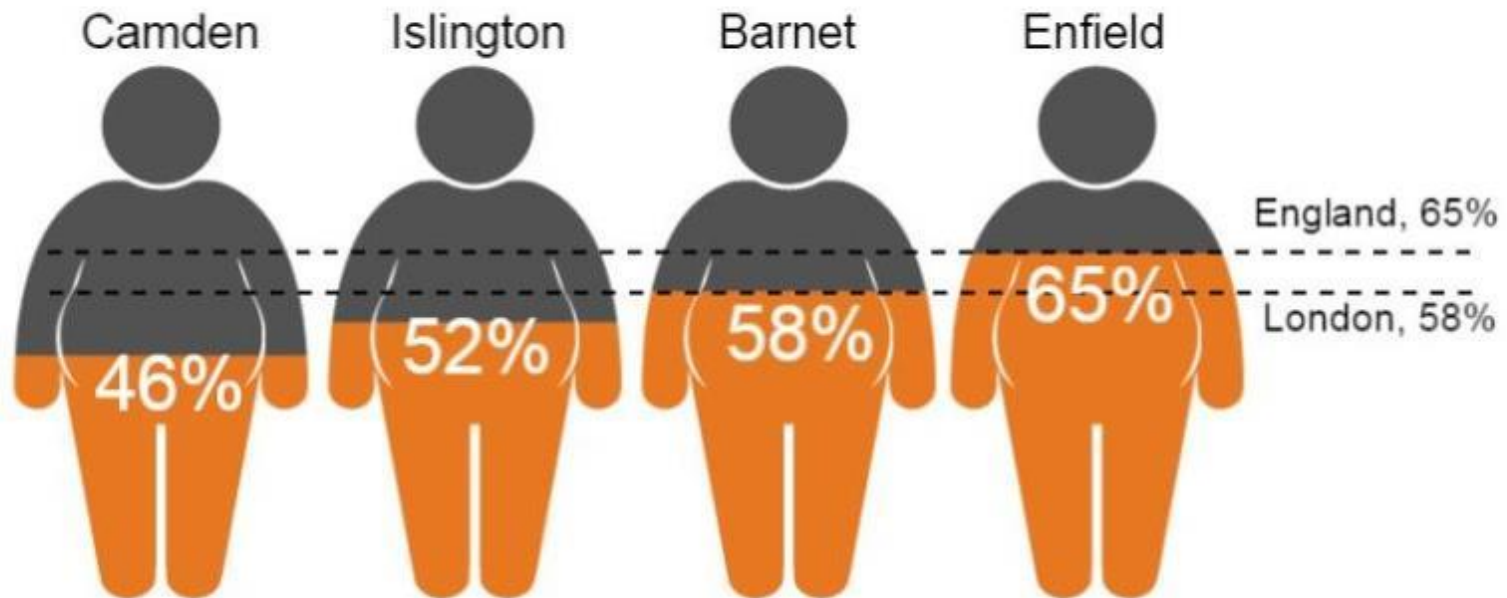


**What  
does this  
have to  
do with an  
acute  
trust ?**

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# We are seeing the impact of obesity every day...

## Overweight and obese adults in our catchment area



There is an alarming proportion of adults who are classified as overweight or obese. For example, 65% of adults in Enfield are overweight or obese.

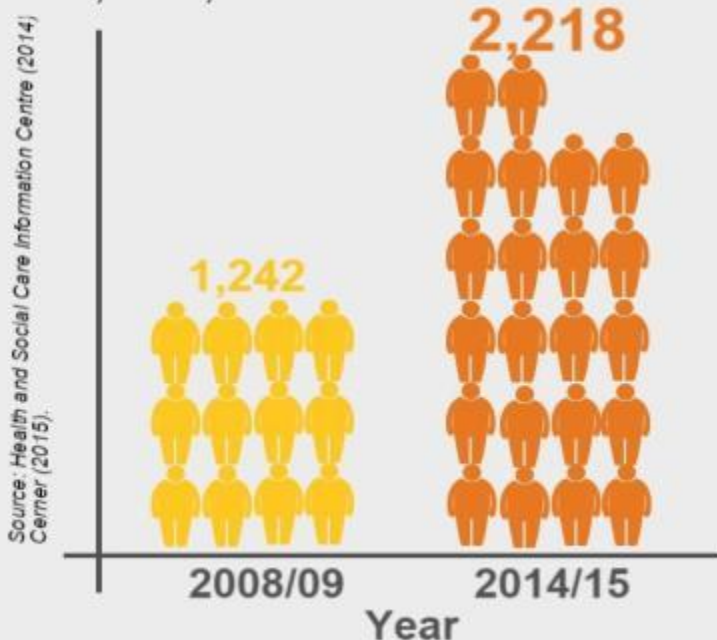


# We are seeing the impact of obesity every day...

## Hospital admission with a diagnosis of obesity

Trust data indicated a significant increase in obesity-related admissions since 2008/09. There has been an 80% increase in hospital admissions whereby obesity is one of the underlying causes (primary or secondary diagnosis).

Number of admissions with a diagnosis of obesity at Royal Free Trust



Hospital admissions for which obesity was a factor have almost doubled in 10 years

# Sugar Steps:

## 343 steps from RFL main entrance to clinic 1...

In that time you will pass:

- **94** different types of full sugar drinks
- **65** different types chocolate bars
- **64** different large bags of sweets
- **40** different types of biscuit
- **14** different cakes
- **5** different types of muffin

**Total = 389 different high fat/ sugar products on display**



# What have we been trying to achieve across the Royal Free since 2013 ?

1. Substantially reduce the availability of high fat high sugar foods available across all 3 trust sites
2. Enforce this approach through a public health clause in all procurement and contracting processes
3. Drive the staff health and wellbeing agenda with healthier foods/physical activity programmes
4. Achieve the NHS England Food CQUIN

# Results

- Total sales showed increased by 27% ten months later
- Sales of 'healthy' snacks up by 79%
- But, sales of chocolate also increased

Description	Sales Pre vs 10 months post (%)
Bars of chocolate (48g)	+29%
Blocks of chocolate (160g)	+23%
Bags of sweets	-20%
Children's confectionery	-17%
Healthy snacks	+79%
Healthier Meal Deals	+6%
Other snacks	+8%

# Study Conclusions

- Contradictory environment to messages don't work!
- It is inappropriate to have retail outlets on site promoting unhealthy foods, while hospital clinics are treating illnesses directly linked to obesity
- We demonstrated that it is possible to provide healthier alternatives in a WH Smith hospital shop without affecting total product turnover or financial profits

# Chase Farm Hospital (Spice of Life) healthy choices project

## 2014 (pre PH intervention)

- Confectionary easily visible and grouped at till points
- Limited health & wellbeing products and poor POS
- Insufficient healthy hot food choices





# BEFORE

## Spice of Life 2014



# AFTER

## Spice of Life 2015





# Results post intervention

- Confectionary items relocated & lines reduced
- Improved signage and healthy & wellbeing branding
- Increased focus on fruit & water



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**Overall reduction in calories (22%), fat (20%) and sugar (25%) in food sold**

**Fruit sales increased (61%)**

**Total sales increased 18%**

# Going Forward

- Achieving the Food Environment CQUIN across all sites
- Applying the learning to the new CF site in terms of contracting and procurement
- Making it easier to be physically active .....

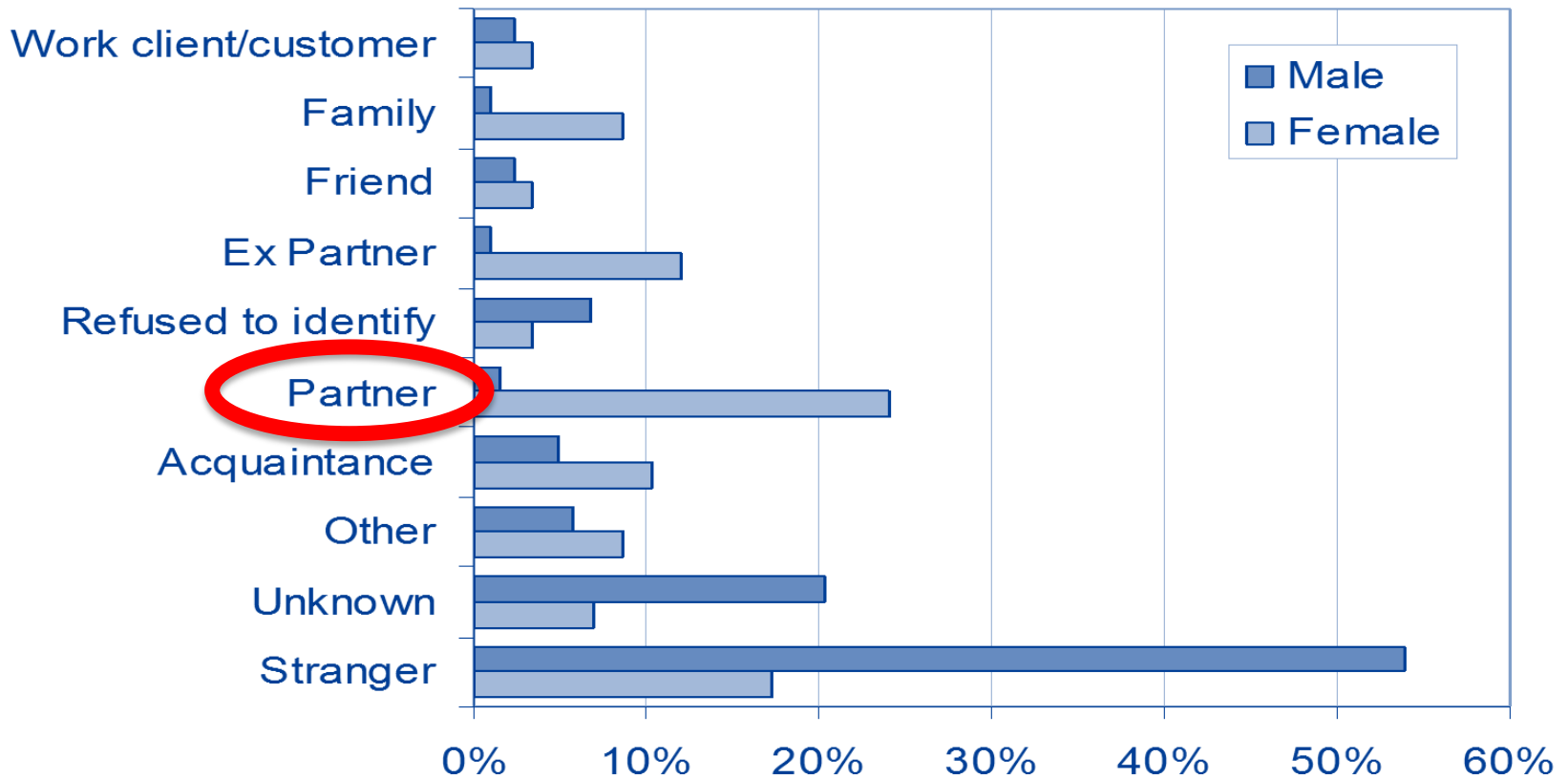


# Using hospital data to improve health

## Partnership Working on Domestic Abuse

# Domestic Abuse

A&E data showed there was a need:





**One in four women and one in six men will experience domestic violence in their lifetime.**

**The trust offers services to all patients and staff affected by domestic violence, including one to one emotional support, safety planning and advice.**

# We established a Domestic Abuse Programme across the Trust

- We screen for DV in maternity, community gynaecology, Marlborough clinic, ICDC (screening rates 53-99%)
- 7% of those screened reported ever having experienced domestic violence - 40% in termination clinic.
- People screening positive for DV had 2 X higher rates of previous non-elective admissions, day case admissions and emergency department attendances than patients screening negative. ( BMJ Open 2014)
- We have IDSVAs based at the RF, Barnet, funded by LB Camden Camden Safety Net and LB Barnet Victim Support

# Referrals to Hospital IDSVA's

2010-2011	2011-12	2013-14	2014-15	2015-16	2016-17
5	10	107	206	251	340

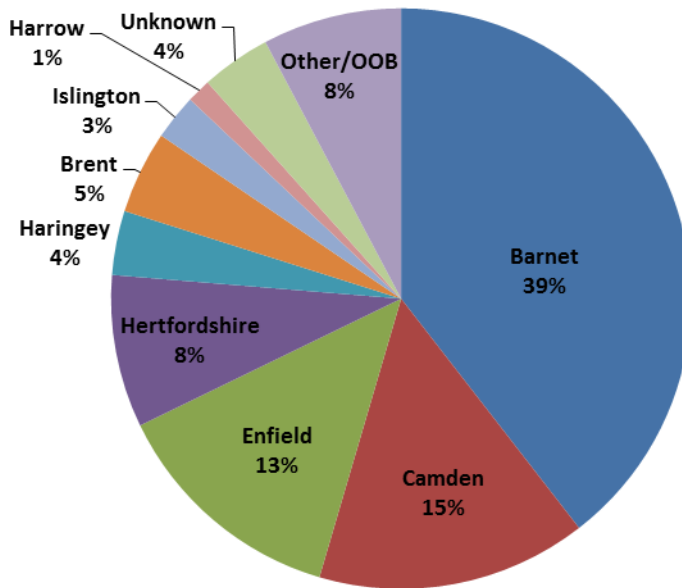
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Independent Domestic and Sexual Abuse  
Adviser (IDSVA) Started at the Royal Free

IDSVA started at Barnet

# Domestic Abuse Referrals

Proportion of DV referrals by borough of residence:  
Q2 2015/16 to Q1 2017/18  
Source: Royal Free Trust



- We have referred over 1000 patients to support services since 2013.
- 13% are MARAC referrals
- No IDSVA at Chase Farm



# Embedding public health skills

## Making Every Contact Count – partnership with the North Mid



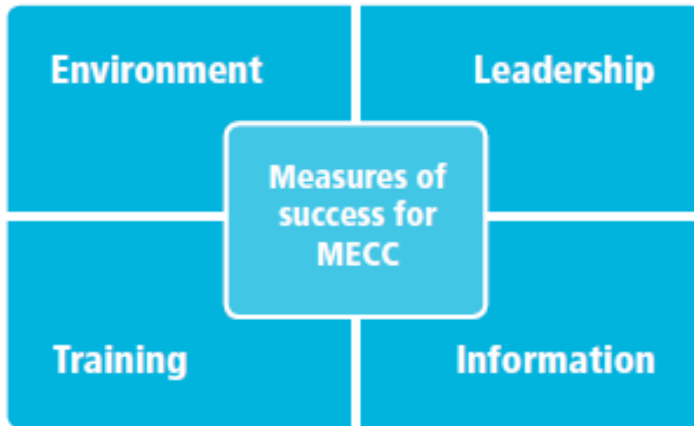
# Making Every Contact Count (MECC)

*for patients and staff*

Our vision and strategy for embedding MECC across the Royal Free London NHS Foundation Trust

# MECC Approach

For the Royal Free London, MECC means providing the leadership, environment, training and information needed to enable staff to deliver the MECC approach.



Initially, MECC will be launched in a selected number of departments across the trust to ensure that the approach can be embedded in each department's systems and way of working. Later, it will be rolled out more widely across the trust.

- Linked with WCC values
- Focus on key clinical groups – maternity, pre assessment, screening, paediatrics, respiratory, occupational health, therapies
- Baseline assessment undertaken to assess impact

# Uptake so far

- Courses started at the beginning of Nov 17 **Barnet** - 50 over 3 sessions
- Competing demands.... **Chase Farm** - 27 over 3 sessions
- Winter pressures... **Royal Free** – 67 over 5 sessions

# Health Improvement

## Staff Health & Wellbeing

world class expertise  local care

# Conclusion

- There are real opportunities as an employer but also as an anchor institution ?
- Hospitals have a duty to create a healthy working environment and support its staff to prioritise prevention activities with patients
- Evidence based prevention initiatives must be firmly embedded with financial incentives to deliver
- How do we maximise our clinical partner role with the North Middlesex to promote health and wellbeing ?

# Questions

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