Public Document Pack

HEALTH AND WELLBEING BOARD

Tuesday, 17 April 2018 at 6.15 pm
Civic Centre Restaurant, 2nd Floor, Civic Centre, Silver Street, Enfield, EN1 3XA

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Board Secretary
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Please note meeting venue

MEMBERSHIP

Leader of the Council – Councillor Doug Taylor (Chair)
Cabinet Member for Health and Social Care – Councillor Alev Cazimoglu
Cabinet Member for Community Safety & Public Health – Councillor Krystle Fonyonga
Cabinet Member for Education, Children's Services and Protection – Councillor Ayfer Orhan
Chair of the Local Clinical Commissioning Group – Dr Mo Abedi (Vice Chair)
Healthwatch Representative – Parin Bahl
Clinical Commissioning Group (CCG) Chief Officer – John Wardell
NHS England Representative – Dr Helene Brown
Director of Public Health – Stuart Lines
Executive Director of Health, Housing and Adult Social Care – Bindi Nagra
Executive Director of Children's Services – Tony Theodoulou
Voluntary Sector Representatives: Vivien Giladi, Litsa Worrall (Deputy)

Non-Voting Members

Royal Free London NHS Foundation Trust – Natalie Forrest
North Middlesex University Hospital NHS Trust – Maria Kane
Barnet, Enfield and Haringey Mental Health NHS Trust – Andrew Wright
Enfield Youth Parliament – Carla Charalambous and Josh Salih

AGENDA – PART 1

1. WELCOME AND APOLOGIES

2. DECLARATION OF INTERESTS

Members are asked to declare any pecuniary, other pecuniary or non-pecuniary interests relating to items on the agenda.

3. PNA REPORT - SIGN OFF & DECISION ON HOW TO REFRESH (Pages 1 - 6)

Miho Yoshizaki to provide an update on the signed off PNA report to the board members

4. HEALTHY WEIGHT - TACKLING OBESITY PARTNERSHIP/TERMS OF REFERENCES (TOR)

Dr Glenn Stewart (Assistant Director of Public Health) to present the report on the Healthy Weight- tackling obesity partnership/terms of reference, building on the obesity pathway work at the Health and Wellbeing Development Session in March.

(TO FOLLOW)

5. 2018-19 HWB ARRANGEMENTS (HWB & HIP TOR) (Pages 7 - 20)

Dr Glenn Stewart (Assistant Director of Public Health) to discuss arrangements for the HIP & HWB TOR.

6. BEST START IN LIFE (BSIL) ACTION PLAN (Pages 21 - 26)

Mark Tickner (Senior Public Health Strategist) to present the Action plan on the Best Start In Life Report

7. PLAN TO RENEW JOINT HEALTH WELLBEING STRATEGY (JHWS) (Pages 27 - 32)

Dr Glenn Stewart (Assistant Director of Public Health to present the JHWS report.

8. INFORMATION BULLETIN (Pages 33 - 36)

Information Bulletins attached

9. HEALTH AND WELLBEING BOARD FORWARD PLAN (Pages 37 - 40)

The 2018/19 version of the Forward Plan is attached for comments and to be agreed

10. MINUTES OF THE MEETING HELD ON 8TH FEBRUARY 2018 (Pages 41 - 80)

To receive and agree the minutes of the meeting held on 8 February 2018.

11. DATES OF FUTURE MEETINGS

The dates of meetings of the Health and Wellbeing Board for the 2018/19 municipal year will be circulated following formal approval of the Council Calendar of Meetings at the Annual Council meeting on 23 May 2018.

12. EXCLUSION OF PRESS AND PUBLIC

If necessary, to consider passing a resolution under Section 100A(4) of the Local Government Act 1972 excluding the press and public from the meeting for any items of business moved to part 2 of the agenda on the grounds that they involve the likely disclosure of exempt information as defined in those paragraphs of Part 1 of Schedule 12A to the Act (as amended by the Local Government (Access to Information) (Variation) Order 2006).

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Agenda Item 3

MUNICIPAL YEAR 2017/18

Meeting Title:
HEALTH AND WELLBEING BOARD
Date: 17th April 2018

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

Agenda Item:

Subject: Enfield Pharmaceutical Needs Assessment

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. PNA is completed and published on the Healthy Enfield website at the end March 2018.

It is good practice to periodically review the PNA to identify whether the assessment is still relevant. This should be at least annually or after any significant changes in pharmaceutical services. This report provides proposed approach for PNA maintenance in Enfield.

2. RECOMMENDATIONS

- The Board is asked to note the publication of Enfield PNA 2018-2021
- The Board is asked to discuss and agree on the approach to maintaining the Enfield PNA.

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. The update of PNA was due by April 2018.

3.3 Enfield PNA is now complete and available on Healthy Enfield website.

4. REPORT

4.1 60 days stakeholder consultation was conducted between the 24th October 2017 and 7th January 2018.

4.2 PNA steering group reviewed and considered all the comments and feedback submitted during this consultation. PNA report was amended as appropriate.

4.3 As agreed at the HWB meeting on the 10th October 2017, the final PNA report was signed off by the delegated HWB members (CCG, LA Public Health and Healthwatch) on the 15th March 2018.

4.4 The full report along with the executive summary report is now available on Healthy Enfield website at https://new.enfield.gov.uk/healthandwellbeing/pna/

4.5 It is good practice to periodically review the PNA to identify whether the assessment is still relevant. This is generally recommended to be at least annually or after any significant changes in pharmaceutical services in the borough.

4.6 Proposed approach in Enfield is presented in Appendix A along with the updated TOR for PNA steering group for maintenance in Appendix B.

5.0 Recommendation

5.1 The Board is asked to note the publication of Enfield PNA 2018-2021

5.2 The Board is asked to discuss and agree on the approach to maintaining the Enfield PNA.

Appendix A: Enfield's approach to PNA Maintenance – draft proposal

Introduction

The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 requires Health and Wellbeing Boards to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the need for pharmaceutical services since the publication of its PNA, and at least every three years.
This paper summarises the Enfield's approach to maintaining our PNA.

Review of PNA

It is good practice to periodically review the PNA to identify whether the assessment is still relevant. This should be at least annually or after any significant changes in pharmaceutical services.
Following areas should be considered at this periodic review:

- Changes in pharmaceutical service provision in Enfield
- Health needs, as identified in the JSNA
- Other services commissioned by local public health, CCG or other NHS organisations
- Other factors such as development planning which could affect current or future pharmaceutical needs

The result of the review and required actions are summarised in the table below.

Changes identified during the review	Action
Changes in needs and/or pharmaceutical service provision is disproportionate to revise the assessment.	• Update the pharmaceutical list and map. • Any other changes to be reflected in the next PNA revision.
Changes in needs and/or pharmaceutical service provision are relevant to the granting of applications[1], but they are disproportionate to revise the assessment.	• Update the pharmaceutical list and map. • Publish supplementary statement.
Changes in needs and/or pharmaceutical service provision are relevant to the granting of applications[1], but they are proportionate to revise the assessment.	• Initiate formal process to revise and develop PNA.

Enfield PNA steering group should carry out this periodic review. Membership and terms of reference of this group can be found in Appendix B.

[1] The 5 types of market entry applications are: Current needs; Future needs; Improvements or better access to the current service; Unforeseen benefits (that there is evidence of benefits that was not foreseen when the PNA was published); future improvements or better access.

Appendix B:

Enfield Pharmaceutical Needs Assessment Steering Group Terms of Reference

Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing and maintaining a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

The purpose of the PNA is to review current and future needs for pharmaceutical services within the borough. It maps the pharmaceutical services which are currently provided, together with when and where these are available to the local population, in order to establish any gaps in provision.

PNAs are used by NHS England as a basis to determine market entry to a pharmaceutical list, move an existing pharmacy or to provide additional services. 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.

Roles and functions of the steering group

The Enfield PNA Steering Group (PNA SG) has been established to:

- Oversee and drive the formal process required for the maintenance of a PNA for Enfield
- Ensure that the published PNA complies with all the requirements set out under the Regulations
- Promote integration of the PNA with other strategies and plans including the Joint Health & Wellbeing Strategy, the CCG's Commissioning Strategy Plans and other relevant strategies.
- Nominated members to review new applications and proposed NHS England decisions, on behalf of Health and Wellbeing Board, as and when required.

Key Objectives

- Review the PNA at least annually to assess whether it is still relevant.
- Maintain pharmaceutical list and map, and publish additional statement if required.
- Ensure that the requirements for the maintenance and content of PNAs are followed and that the appropriate assessments are undertaken, in line with the Regulations
- Initiate revision of PNA, if required. Report this to the Health and Wellbeing Board.
- Report to the HWB of any updates and changes to pharmaceutical service provision and needs in the borough.

- Nominated members (Enfield PH, CCG and Enfield Healthwatch) to formally respond, on behalf of the Health and Wellbeing Board, to invitation to comment on the proposed decisions regarding new openings or changes in community pharmacies in Enfield, requested by the NHS England.
- Document and manage potential and actual conflicts of interests
- Liaise with NHS England in maintaining the Enfield's PNA

Governance

The steering group will be governed by the Enfield Health and Wellbeing Board (HWB) and will report any changes and issues to HWB as and when required. The HWB will oversee the maintenance of the PNA.
The Director of Public Health will act as the responsible member of the HWB to maintain the PNA going forward. A suitable member of the Public Health Department, usually a Health Intelligence Manager, will chair the steering group and report directly to the Director.
The chair of the PNA steering group has delegated authority to make decisions between the steering group meetings in order to remove blockages and barriers. The chair of the steering group will need to give an account of any actions or decisions to the steering group and also to the HWB via the Director of Public health who is the responsible member to the HWB.
Transparent arrangements to manage actual and potential conflicts of interest have been established as follows:

- Declaration of interests will be a standing item on each PNA Steering Group agenda.
- Where a member has a conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

Membership

- Enfield Public Health, LBE (Chair)
- Medicines Management Team, Enfield CCG
- Barnet, Enfield and Haringey Local Pharmaceutical Committee
- Enfield Healthwatch
- Enfield Voluntary Action

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Agenda Item 5

MUNICIPAL YEAR 2017/2018 - REPORT NO.

MEETING TITLE AND DATE **Health and Wellbeing Board**	**Agenda - Part:** **Item:** **Subject:** **Proposed Health & Wellbeing Board arrangements for 2018/19** **Report of:** **Stuart Lines** **Director of Public Health**

Contact officer and telephone number:
Glenn Stewart
Tel: 0208 379 5328
E mail: glenn.stewart@enfield.gov.uk

1. EXECUTIVE SUMMARY

The Enfield Health & Wellbeing Board was formally constituted in April 2013 at which time its terms of reference and working pattern were set. The Board wishes to review and update these arrangements.

The following provides an outline of the proposed revised arrangements, including the frequency of Board meetings and development sessions, the updated terms of reference and the revised Structure chart and Governance Arrangements.

2. RECOMMENDATIONS

Enfield Health & Wellbeing Board is requested to:

1. Note and endorse the updated terms of reference;
2. Note and approve the proposed frequency of meetings;
3. Note and approve the proposed Structure chart and Governance Arrangements.

3. BACKGROUND

Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

The establishment of the Enfield H&W Board, along with the terms of reference, was approved by Council on 27th March 2013.

Key functions of the board include:

- preparation of the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment (PNA) and Joint Health and Wellbeing Strategy (JHWS)
- promoting greater integration and partnership between the NHS and local government to improve local health outcomes
- Supporting closer working between commissioners of health-related services to improve services for the local population.

Five years on from its creation, the Board wishes to review and update the original arrangements to ensure that these aims and functions are being delivered as effectively as possible.

Appendix 1 provides an outline of the proposed revised arrangements, including the frequency of Board meetings and development sessions, the updated terms of reference and the revised governance structure.

4. ALTERNATIVE OPTIONS CONSIDERED

The option of review and improvement of the current supporting and enabling structures is considered preferable to continuing with the current format as this will help drive the delivery of improved health outcomes.

5. REASONS FOR RECOMMENDATIONS

Although indicators show that improvements have been achieved in the health of Enfield residents the Board recognises that significant challenges remain. This is reflected in a range of health indicators and is acknowledged to be the result of a range of factors, including the wider determinants of health.

The current Joint Health & Well Being Strategy (JHWBS) 2016-19 has served to provide focus and drive improvements in important areas. The strategy will be refreshed in 2019 which will provide an opportunity to stimulate further action on achieving improved health outcomes.

In order to capitalise on this opportunity, to strengthen joint working and maintain focus on achieving tangible improvements to the health and wellbeing of our residents these revised arrangements, terms of reference and structure are recommended.

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

6.1 Financial Implications

N/A

6.2 Legal Implications

N/A

7. KEY RISKS

N/A

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

It is anticipated that the proposed revised arrangements will help in the delivery of current and future priorities of the Enfield JHWBS, including:

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

N/A

Background Papers

N/A

Appendix 1

Revised arrangements for the Health & Wellbeing Board, including the frequency of Board meetings and development sessions, updated terms of reference and revised governance structure.

Frequency and timing of meetings

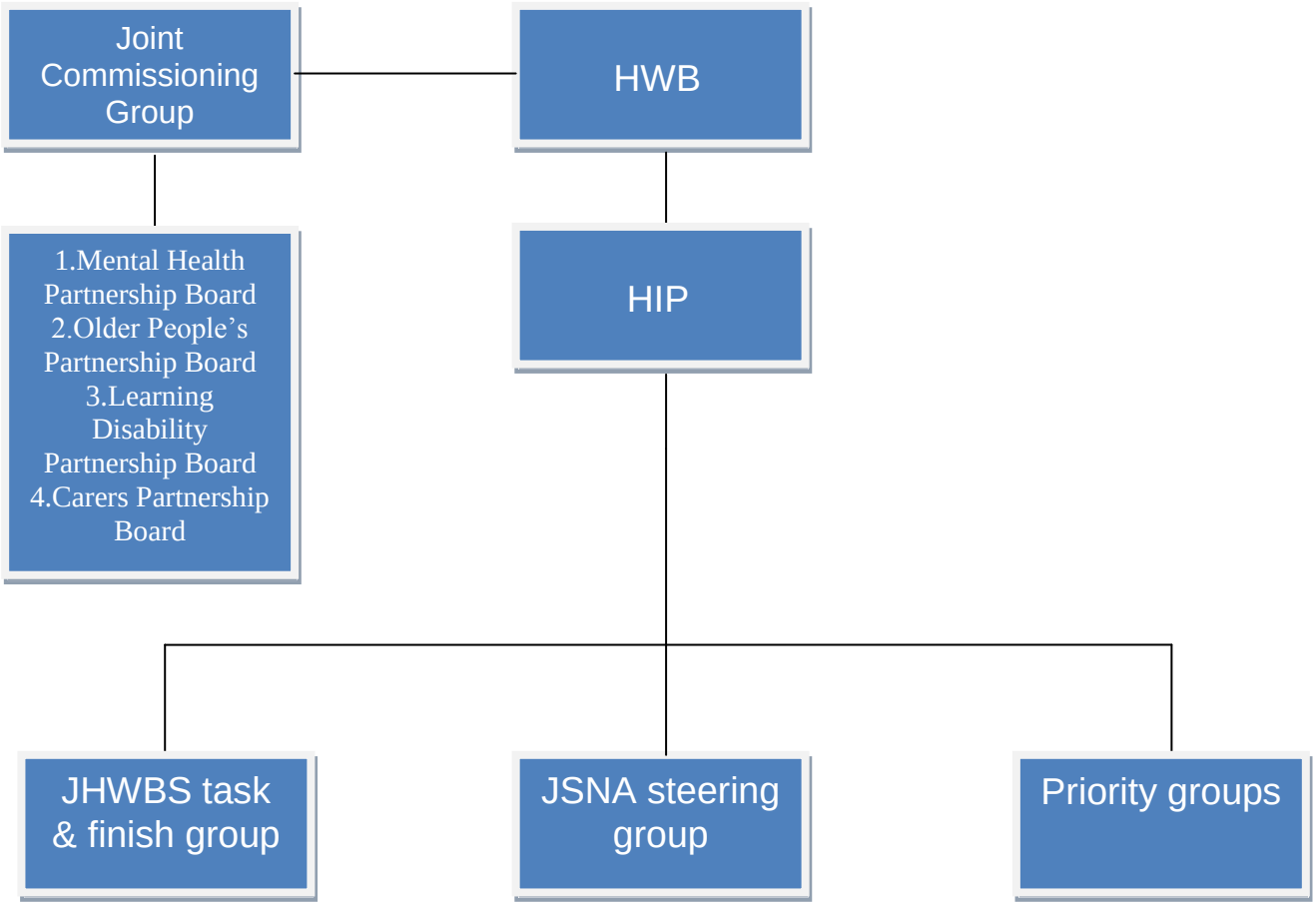
There will be a total of 6-8 meetings per year.

- Development sessions to take place before the HWB to enable informed and strategic discussions.
- Timings (to help enable maximum attendance) of combined meetings:

  4.30pm – 6.15pm Development session

  6.30pm – 7.45pm HWB
- Four of these combined meetings to take place per year
- Extra Development sessions (between 2 and 4 per year depending on need) to take place between 5.00 – 7.00pm and programmed as necessary between combined meetings.

Structure Chart



Governance Arrangements

1. The Health and Wellbeing Board as a Council committee

EH&WB was set up in April 2013 as a committee of the Council under section 102 of the local Government Act 1972. This was consistent with the requirements of the Health and Social Care Act 2012.

The regulations for HWBs do, however, modify and dis-apply certain provisions of the Local Government Act. The Board should be thought of as a section 102 committee, and it must follow the procedures and policies of its host organisation (the Council) rather than its constituent parts (such as the Clinical Commissioning Group [CCG]). However, there are some key differences between HWBs and other Council committees with regards to membership, decision-making arrangements and reporting structures.

2. Decision-making arrangements

EH&WB is not a policy creating body, and cannot take decisions that are vested in either officers, Cabinet or Council. Neither is EH&WB a committee of the executive or cabinet. The Board cannot make executive decisions, only recommendations to the correct body to do so.

Regulation 6 modifies the Local Government and Housing Act 1989 (section13 (1)) to enable all members of health and wellbeing boards or their sub-committees to vote unless the council decides otherwise. This means that the Council is free to decide, in consultation with the HWB which members of the HWB should be voting members.

The intention of the legislation is that all members of health and wellbeing boards should be seen as equals and as shared decision makers, acknowledging that health and wellbeing boards are about bringing political professional and clinical leaders and local communities together on an equal basis. It is hoped that this will be achieved by consensus, where possible. However, there will be some occasions where votes will have to be taken.

A summary table of the duties and powers introduced by the Health and Social Care Act 2012 relevant to JSNAs and JHWSs is available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223845/Summary-table-of-the-duties-and-powers-introduced-by-the-Health-and-Social-Care-Act-2012-relevant-to-JSNAs-and-JHWSs-March.pdf

3. Scrutiny

The regulations stipulate that the scrutiny function cannot be delegated to the Health & Wellbeing Board. Overview and Scrutiny are able to scrutinise the work of the Health and Wellbeing Board in a similar way to the other work of the Council. However, although the discharge of functions by health and wellbeing boards falls within the remit of scrutiny,

the core functions are not subject to being called in, as they are not executive functions.

The HIP (Health Improvement Partnership)

The HIP will act to support the Health and Wellbeing Board in discharging its functions relating to system leadership. This will include work on the wider determinants of health, further promoting and supporting cooperation between the Local Authority, the NHS and the Community and Voluntary Sector to reduce health inequalities.

The HIP draft terms of reference are attached in Appendix 2 and are subject to ratification by the Health and Wellbeing Board.

JHWBS task & finish group

The production of the Joint Health & Wellbeing Strategy will be a key action during 2018/19 ready for publication in April 2019.

Due to the complexity and time involved in developing a JHWBS a separate Task & Finish group will be established.

HWB terms of reference

The HWB terms of reference have been revised and are subject to ratification by the Health and Wellbeing Board.

Glossary

HWB	Health & Wellbeing Board
JSNA	Joint Strategic Needs Assessment
JHWBS	Joint Health & Wellbeing Strategy
HIP	Health Improvement Partnership

Appendix 2

(Draft)

ENFIELD HEALTH IMPROVEMENT PARTNERSHIP (HIP)

TERMS OF REFERENCE

Purpose

The purpose of the Enfield Health Improvement Partnership (HIP) is to support the Health and Wellbeing Board (HWB) in its role of providing strategic leadership for health across the borough. In this, members of the HIP will be expected to brief their respective Board members and be proactive in implementing actions arising from the HWB. There will be active interaction between the HIP and the HWB to allow the HWB to fulfil its function of leadership and unblocking and resolving issues to improve health and wellbeing and reduce health inequalities in Enfield.

The HIP will:

- Act as a forum through which actions from the HWB will be driven forward
- Provide feedback to the HWB on actions, their implementation and progress
- Brief HWB board members of actions and issues relating to HWB papers and programmes
- Maintain an overview of the HWB strategy and report on such to the HWB Board
- Make recommendations to the HWB

Structure and membership

- London Borough of Enfield
    - Public Health (chair)
    - Children's Services
    - Adult Social Care
- HealthWatch
- Enfield CCG
- North Middlesex University Hospital NHS Trust
- Royal Free Hospital NHS Trust
- Voluntary & Community Sector

Meetings

Meetings will be held both before and after each HWB meeting.

- Meetings after the HWB will be to clarify resultant actions, to identify what is needed to achieve the action and allocate responsibility.

- Meetings before the HWB will be to ensure that actions have been completed / progressed, to raise issues for consideration by or escalation to the HWB and to ensure that HWB members are briefed appropriately.

Members of the HIP will be ideally placed to identify and strengthen linkages and cooperation between the HWB and other partnership bodies in Enfield and across NCL (North Central London).

The HIP will also design and organise HWB development sessions, organising workshops and events and arranging speakers.

Meetings may be held either physically or via teleconference.

The agenda and papers for the meeting will be circulated 5 working days in advance of the meeting and draft minutes will be available within 10 working days.

Support

Administrative support will be provided by the Partnerships Coordinator in conjunction with programme support from the LBE Policy & Strategy team.

Review

The form and function of the HIP, including the terms of reference, will be reviewed at least annually.

Enfield Health and Wellbeing Board - Terms of Reference

1. Aims

The primary aims of Enfield's Health & Wellbeing Board are to provide system leadership to improve health and reduce health inequalities in Enfield and improve local accountability for health improvement. The Board will support the development of strong partnership working and integration, particularly between the local authority, the Clinical Commissioning Group (CCG) and other local services and partners for the benefit of residents.

2. Name

The name of the Board will be 'Enfield Health and Wellbeing Board' (EH&WB)

3. Membership

Members

- Leader of the Council - Chair
- Chair of the local Clinical Commissioning Group - Vice Chair
- HealthWatch Representative
- NHS England Representative
- CCG Chief Officer
- Director of Public Health
- Director of Adult Social Care
- Director of Children's Services
- Representative of the Third Sector (nominated by Voluntary Sector Strategy Group)

Non-Voting Members

- Director of Planning from the Royal Free London NHS Foundation Trust
- Chief Executive from the North Middlesex University Hospital NHS Trust
- Director of Strategic Development from the Barnet, Enfield and Haringey Mental Health NHS Trust
- Enfield Youth Parliament Representatives x 2
- Strong & Safer Communities Board representative
- ESP representative

Substitute members

Each EH&WB member can nominate a substitute member to be permitted to attend in the following circumstances:

- To take the place of an ordinary member on the EH&WB where that member will be absent for the whole of the meeting. Such an appointment would apply for the entire meeting, including where the meeting is reconvened after any adjournment; or

- Where an ordinary member of the EH&WB is prevented from attending and participating in a meeting due to any disclosable interest they may have in an issue or complaint to be considered. In these cases the substitute appointment would only apply to the consideration of the relevant item on the agenda.

The EH&WB member who wishes to appoint a substitute member must notify Democratic Services, prior to the beginning of the relevant meeting of the intended.

Additional members may be appointed to the EH&WB by the agreement of all current members and Council. Non-statutory membership will be reviewed by the EH&WB annually.

4. Key functions of the Board

The key functions of the Board are:

- The preparation of the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment (PNA) and Joint Health and Wellbeing Strategy (JHWS)
- Promoting greater integration and partnership between the NHS and local government to improve local health outcomes
- Supporting closer working between commissioners of health-related services to improve services for the local population.

5. Management and administration

The Director of Public Health will be the lead officer for the EH&WB supported by the Strategic Partnerships Manager or their representative who will be in attendance at all Board meetings.

The EH&WB will be administrated by Enfield Council Democratic Services.

6. Sub-committees and groups and the Health Improvement Partnership:

The EH&WB is to appoint sub-committees to discharge their functions in accordance with section 102 of the 1972 Local Government Act.

All sub-committees will have their ToR and membership approved by the EH&WB and will operate in accordance with the requirements of the Board,

and be focused on activity that is in line with the ToR and remit of the EH&WB.

The key sub- committee is the Health Improvement Partnership (HIP), which operates to support the work and delivery of the EH&WB. Its membership will consist of representatives of each of the Board members.

Supporting groups include the JSNA Steering Group, the JHWBS task & finish group and working groups to support the delivery of key work streams.

7. Chairing

The Chair will be either the Leader of the Council or their appointed representative. The Vice Chair will be the Chair of the Enfield Clinical Commissioning Group.

8. Voting

Each full member of the Board shall have one vote and decisions will be made by a simple majority. The Chair will have the casting vote.

9. Quorum

The quorum for the EH&WB shall be at least four full members or one quarter of the full membership, to include a representative from the Clinical Commissioning Group, and a Councillor.

10. Frequency of Meetings

Each year there will be four formal meetings of the EH&WB as well as any other additional extraordinary Board meetings and between 2-4 development sessions as called by the Board.

11. Conduct of Business of the EH&WB

(a) EH&WB meetings will generally be open to the public and other councillors except where they are discussing confidential and exempt information. This will need to be in accordance with the requirements of the Local Government Act 1972 as amended.

(b) Members of the EH&WB will be entitled to receive a minimum of five clear working days' notice of such meetings, unless the meeting is convened at shorter notice due to urgency.

(c) Any member of the Council may attend open meetings of the EH&WB and speak at the discretion of the Chair.

(d) **Agendas and notice of meetings:** There will be formal agendas and reports which will be circulated at least five working days in advance of meetings.

(e) **Exempt and confidential items:** There will be provision for exempt or confidential agenda items and reports where the principles of the relevant access to information provisions of the Local Government Act 1972 (as amended) apply.

(f) **Reports:** Reports for the EH&WB will usually be prepared by the relevant officer or EH&WB member.

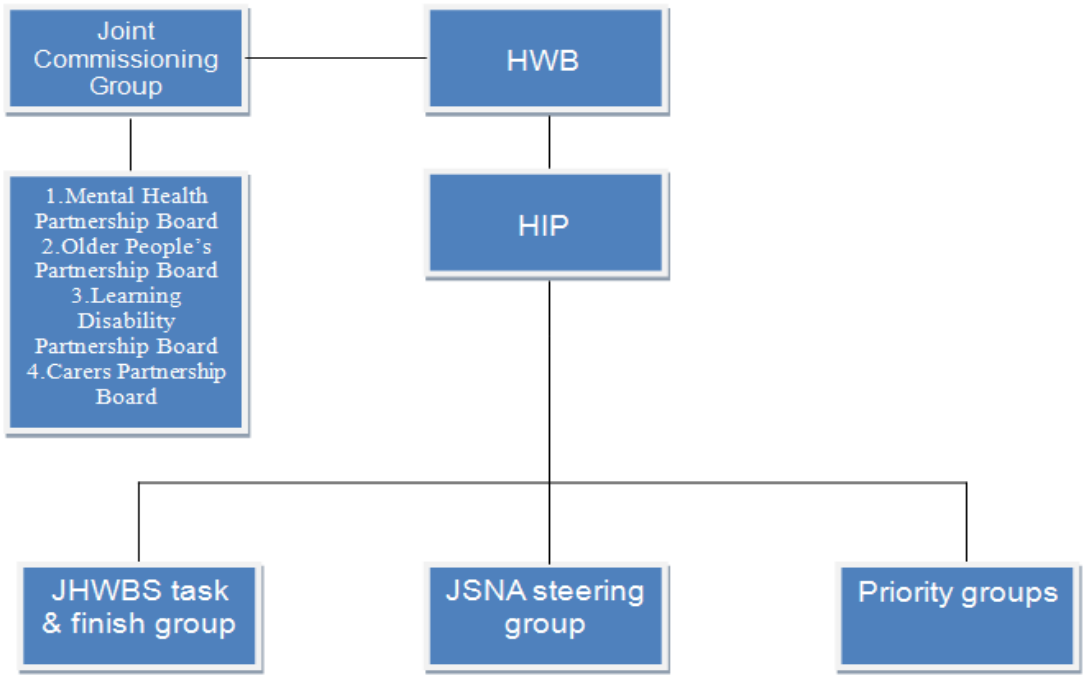
(g) Reports will be presented by the appropriate EH&WB member, and must include advice from relevant officers, including finance and legal implications and reasons for the recommendations.

(h) **Officer advice:** Officer advice will be stated fully and clearly within reports to the EH&WB Board.

(i) **Templates:** Formal reports to the EH&WB will need to be submitted with the EH&WB template, completed in accordance with the Councils report writing guidance.

(j) **Minutes of decisions made at EH&WB meetings:** Minutes will be made public within 10 working days of each meeting.

Structure Chart and Governance Arrangements



Governance Arrangements

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13. Decision-making arrangements

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Regulation 6 modifies the Local Government and Housing Act 1989 (section13 (1)) to enable all members of health and wellbeing boards or their sub-committees to vote unless the council decides otherwise. This means that

the Council is free to decide, in consultation with the HWB which members of the HWB should be voting members.

The intention of the legislation is that all members of health and wellbeing boards should be seen as equals and as shared decision makers, acknowledging that health and wellbeing boards are about bringing political professional and clinical leaders and local communities together on an equal basis. It is hoped that this will be achieved by consensus, where possible. However there will be some occasions where votes will have to be taken.

14. Scrutiny

The regulations stipulate that the scrutiny function cannot be delegated to the Health & Wellbeing Board. Overview and Scrutiny are able to scrutinise the work of the Health and Wellbeing Board in a similar way to the other work of the Council. However, although the discharge of functions by health and wellbeing boards falls within the remit of scrutiny, the core functions are not subject to being called in, as they are not executive functions.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223845/Summary-table-of-the-duties-and-powers-introduced-by-the-Health-and-Social-Care-Act-2012-relevant-to-JSNAs-and-JHWSs-March.pdf

Action Plan - Best Start in Life – Improving School Readiness

Priority	Actions	Lead	Timeframes	Update
1. Data access and sharing				
Improved data sharing between agencies to target for 2-year olds	Develop data sharing agreements between LBE, BEH and CCG	Miho	Scope by 20th March Update BSIL meeting in early March	Miho and Francesca have met Miho and Francesca to liaise with Andrew, Diana, Jayne as necessary
	Miho to take to GDPR project group (Purnima)	Miho	Completed by Sept 2018	Miho to update
	Link to CAMHS	Andrew	April 2018	Andrew to contact Natalija Lytrides (CAMHS Service Manager) re Children's Centre Therapeutic Team (CCTT)
Analysis of school-age outcomes against early help interventions Aim – to better understand the impact of services on GLD	Explore correlation between mandated health visiting checks and school readiness Establish whether there have been effective follow up actions	Miho	Scope by 20th March Completed by Sept 2018	Miho, Francesca to liaise with Jayne i.e. track back from age 5 to results at age 2
2. Act on findings of				

analysis				
Develop a response and plan based on findings of analysis Can we identify who is not being reached?	Consider barriers to take up (e.g. cultural influences)	Jayne / Andrew	From Sept 2018	BSIL school readiness working group to develop plans Examples of response: • Promote 2-year checks • targeted or universal offer • PEP (Parent Engagement Panels) • SALT referrals pathway
Outcome measures	Develop output/outcome measures e.g. dashboard	Miho	Oct 2018	e.g. HV checks, perinatal MH
3. Improve uptake of services through awareness raising				
Mapping existing relevant services	Develop a 'guide' to what is available in Enfield	Mark	Oct 2018	Mark to coordinate
e-red book	Explore introduction of	Jayne	In line with tender process (April 2019)	Jayne to include in 0-19s recommissioning process
Digital offer	Better signposting to information e.g. benefits up to age 5	Jayne	April 2018	Jayne to liaise with BEH
Promote new 2-year old nursery provision	Consider financial resource required for publicity	Diana	Starts April 2018	Diana to liaise with Early years team to encourage take up of offer

4. Good maternal mental health & parental mental health				
Embed maternal MH in referral pathways	Engage with STP / IAPT – specialist perinatal MH service not available locally	Claire	Oct 2018	Claire to liaise with Jayne, Suzy, Clive, Andrew, Mark Claire to update
	EPIP	Suzy	Oct 2018	Suzy to contact Louise Lock and add
	Explore potential of London Perinatal Mental Health Champions Training	Mark	March 2018	Mark /Jayne to explore and feedback
	Link to relevant areas of Thrive LDN	Mark	Sept 2018	Mark to keep informed
	Link to Domestic violence	Andrew	April 2018	Andrew to advise
5. Learning activities	**(including speaking to baby and reading with child)**			
Children & Family Hubs	Link Children's Centres with GP localities	Andrew	June 2018	Andrew, Claire, Jayne

	Linking data profiles and sharing e.g. with primary care e.g. Map VCS involvement	Miho	Sept 2018	Miho, Francesca
'Sing to your baby' project	How is this being delivered and where?	Suzy	March 2018	Suzy to contact Nick Skinner (head of music service) and advise on links
6. High-quality early education	**Andrew to update this section**			
7. Enhancing physical activity	**Ailbhe to update this section with overview of relevant activities**			
NCMP support package for Reception Year children identified as overweight.	Membership to Fusion leisure centres will be offered for the summer holidays. Access to pool, soft play and free access for a carer.	Ailbhe	July – August 2018	
Upskill the early years workforce to increase physical activity levels in Under 5s	Early Years Physical Development conference planned for the Autumn term, which will promote 4 booklets the PE team have written for Early Years staff to increase physical activity.	Ailbhe / Jan Hickman / Sharon Davies	October 2018	

	Physical activity included in Eat Better, Start Better training for EY settings	Ailbhe	July 2018	
Encourage safe, active and sustainable travel	The primary school Junior Travel Ambassador programme to encourage safe, active and sustainable travel also covers EY children.	Alex Kidd		
	Expand Tots-U5s (gymnastics and trampolining) during term time in Fusion Leisure Centres	Ailbhe / Tim Harrison		
8. Early Years Support				
Parenting support provision (under-5s)	Incredible years for targeted families	Andrew	Sept 2018	Andrew to link to Children's Services Parenting Offer working group and feedback
	PIPT – 'incredible years one to one'	Andrew	Sept 2018	
	Children's Centre Family Support	Andrew	Sept 2018	
	Universal offer FNP / MECsH?	Jayne	Sept 2018	Jayne to advise
	Parental substance misuse programme	Jayne	Sept 2018	Jayne to advise

Key areas of focus for improved outcomes • good maternal mental health • learning activities, including speaking to your baby and reading with your child • enhancing physical activity • parenting support programmes • high-quality early education Emotional health & wellbeing underpins school readiness	**GLD dimensions** • Personal & Social • Communication • Physical development • Numeracy • Literacy

Agenda Item 7

MUNICIPAL YEAR 2017/2018 - REPORT NO.

MEETING TITLE AND DATE **Health and Wellbeing Board**	**Agenda - Part:** **Item:** **Subject: Proposed 2018/19 timeline for production of the JHWBS (Joint Health & Wellbeing Strategy) by April 2019**
Contact officer and telephone number: Glenn Stewart Tel: 0208 379 5328 E mail: glenn.stewart@enfield.gov.uk	**Report of:** **Stuart Lines** **Director of Public Health**

1. EXECUTIVE SUMMARY

The current Enfield Joint Health & Wellbeing Strategy (JHWBS) runs from 2014 to 2019.

In order for the next JHWBS to be published by April 2019 a clear timeline and governance structure is required.

The JHWBS will be developed by the JHWBS Task & Finish Group, which reports to the Health Improvement partnership (HIP), a sub-group of the Health & Wellbeing Board.

The JHWBS Task & Finish Group will be a multi-agency group which will report progress to the HIP regularly.

The timeline provides an overview of the process with key milestones.

2. RECOMMENDATIONS

Enfield Health & Wellbeing Board is requested to note and endorse the proposed timeline for the delivery of the 2019 JHWBS

3. BACKGROUND

The Health & Wellbeing Board is required to produce a Joint Health & Wellbeing Strategy (JHWBS). The current Strategy runs from 2014 to 2019. In order for the next JHWBS to be published by April 2019 a clear timeline and governance structure is required.

The JHWBS will be developed by the JHWBS Task & Finish Group, which will report to the Health Improvement partnership (HIP), a sub-group of the Health & Wellbeing Board.

The JHWBS Task & Finish Group (T&F Group) will be a multi-agency group, reflecting the complex and multi-disciplinary nature of the Strategy. The T&F group will use the Joint Strategic Needs Assessment (JSNA) in developing the strategic priorities for the people of Enfield.

Project management will be provided by the Strategy & Policy Hub. The JHWBS T&F Group will report progress on the project timeline with key milestones to the HIP regularly.

4. ALTERNATIVE OPTIONS CONSIDERED

N/A

5. REASONS FOR RECOMMENDATIONS

The JHWBS is a complex and multi-agency piece of work that requires strong project management to a clearly defined timeline in order to be co-produced over the coming year.

The JHWBS T&F Group is a partnership group designed to achieve input from all relevant parties. Project management will be provided by the Strategy & Policy Hub.

The attached timeline shows the key milestones and processes required during 2018/19 to achieve publication by April 2019.

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

6.1 Financial Implications

N/A

6.2 Legal Implications

N/A

7. KEY RISKS

The key risk is failure to deliver the Strategy by April 2019.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

The delivery of the JHWBS will enable continued focus on the Enfield 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

N/A

Background Papers

Proposed timeline for the publication of the Enfield JHWBS by April 2019.

Proposed timeline for the publication of the Enfield JHWBS by April 2019

Month	Phase	Milestones and key actions	Lead officer
April 2018	**Development**	• HWB to agree timeline, process and governance at April Board • Commitment and project management resource secured from Strategy & Policy Hub (Harriet Potemkin)	Glenn Stewart Shaun Rogan (Strategy & Policy Hub)
May		• Harriet Potemkin (Strategy & Policy Hub) returns from maternity leave	
June		HWB Development Session: • JSNA for discussion and key messages • Summary of 2014-19 JHWBS progress and achievements • Engaging and briefing stakeholders • Identification of key outputs and messages into a list of draft priorities	 Miho Yoshizaki Miho Yoshizaki Harriet Potemkin Harriet Potemkin
July		• Informing public, key partners, boards and groups about the strategy refresh, timescales and how they can be involved • Engagement event to commence consultation work	Harriet Potemkin Harriet Potemkin

August	**Co-production**	• Drafting inputs	JHWBS T&F Group
September		• Formalising the draft strategy and narrative • Draft structure and themes for HWB Development session	JHWBS T&F Group
October	**Consultation**	• Publish draft strategy for public engagement • Consultation events	Harriet Potemkin
November		• Consultation events	Harriet Potemkin
December		• Consultation events • Collation and review of consultation feedback	Harriet Potemkin
January 2019	**Finalising**	• Collation and review of consultation feedback	JHWBS T&F Group
February		• Finalising draft	JHWBS T&F Group
March		• Finalising draft • CCG Governing Body sign off • HWB sign-off	JHWBS T&F Group CCG HWB

April	**Delivery**	• Publication and dissemination and communication of key messages • Beginning work on delivering/monitoring the strategy • Identifying priority leads • CCG incorporating new priorities in commissioning intention documents • Writing a delivery framework • Agreeing a process for the HWB to regularly discuss progress on the Strategy	Harriet Potemkin HIP HIP CCG HIP HIP

Healthy Enfield
move more eat well drink less stop smoking

Health and Wellbeing Board Information Bulletin

New Work and Health Programme

Please see link to Redbridge Council's website describing the new Work and Health Programme which will target unemployed people with health conditions. Redbridge is the lead and accountable body for the programme which is operating across 9 boroughs including Enfield.

The programme went live on 1 March. Anna Loughlin (Economic Development Manager) has been working with Local London colleagues to ensure that Enfield residents who are legible are signposted to this new programme. For the majority of referrals, this is not a mandatory programme.

Out of the 94 referrals to the programme to date, 21 are from the 3 Enfield borough job centres (Edmonton, Palmers Green and Enfield).
For further information See link below or contact Anna Loughlin (e- mail anna.loughlin@enfield.gov.uk; or telephone 020 8379 4789/07773 258439)

https://www.redbridge.gov.uk/news/march/local-london-work-and-health-programme/

GP extended access service

Extra GP appointments in the evenings and at weekends are now available to Enfield patients. There is now walk-in access at some of the hubs on weekends and the single point of access number is now available 8am-8pm daily. For more information, please see:
http://www.enfieldccg.nhs.uk/primary-care-gp-hubs.htm

Psychological support services for Londoners following terrorist incidents

As the anniversary of the attacks is approaching it is anticipated that some members of the public may seek help. For detail of the service, please see:
http://www.slam.nhs.uk/our-services/type-of-service/support-for-people-affected-by-london-terror-attacks

Healthy Enfield
move more eat well drink less stop smoking

NHS 70 celebrations

Enfield CCG is planning to coordinate the NHS 70 birthday celebrations with our patient and public engagement event in July. Details of the event will be available once confirmed.

Healthy London Partnership Update:

Transforming Cancer Services Team Lunchtime showcase event

The Transforming Cancer Services Team (TCST) are holding a lunchtime showcase event on 18 April 2018, 11.00am – 1.30pm at Skipton House, The Atrium.
This is an opportunity for our key stakeholders to come together and find out more about the projects, progress and transformation that is being undertaken at a pan-London level by the TCST. For more information, please see:
https://www.healthylondon.org/event/transforming-cancer-services-team-lunchtime-showcase-event/

Making the case for MECC

Read the case for implementing making every contact count in your organisation. Making the case for Making Every Contact Counts (MECC) has been designed to highlight the benefits of MECC to senior colleagues. Download this presentation at:
https://www.healthylondon.org/resource/mecc-making-the-case/

Voluntary mental health attendance to hospital form

A handover process was developed by Healthy London Partnership in partnership with the Metropolitan Police and London's Urgent and Emergency Care system to improve information sharing, partnership working and safety through the effective handover of risks and care needs for voluntary mental health patients. More information and the form is available at:
https://www.healthylondon.org/resource/voluntary-mental-health-attendance-to-hospital-form/

Learning – Launch of London's section 136 pathway

A report capturing the learning from the launch of London's section 136 and health based place of safety specification in December 2016 is now available at:
https://www.healthylondon.org/resource/learning-launch-of-londons-section-136-pathway/

Children's use of non-dental services for mouth pain could be costing the NHS £2.3m a year

Thousands of children with oral pain are being taken by parents to pharmacies and non-dental health services, including A&E, instead of their dentist, and could be costing NHS England £2.3 million a year, according to research funded by Healthy London Partnership and NHS England London Region and led by Queen Mary University of London. For more information, please see: https://www.healthylondon.org/childrens-use-of-non-dental-services-for-mouth-pain-could-be-costing-the-nhs-2-3m-a-year/

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Forward Plan for Health & Wellbeing Board 2018/19

Timetable

- 4.30– 6.15 Development session
- 6.30 – 7.45 HWB
- 4 meetings to take place per year. Early June, September, December, March, to avoid a January meeting which has proved difficult to get papers done for.
- Plus 'extra' Development sessions (between 2 and 4 per year depending on need) to take place between 5.00 – 7.00pm.
- Therefore, a total of 6-8 meetings per year.

Standing agenda items for every HWB meeting

- JHWS progress report – highlights and challenges on progress against the top 10 and DV (in collaboration with SSCB)
- Information Bulletin
- HWB Forward Plan

Date	Meeting	Agenda Items	Sponsor Board Member
April 2018	HWB	PNA report – sign off & decision on how to refresh - Miho	Stuart Lines
		Update on actions post Development Session	Stuart Lines
		2018-19 HWB arrangements (HWB & HIP TOR, HWB Schedule, forward plan)	Stuart Lines
			Stuart Lines
		JHWS Annual Report – Miho Yoshizaki	Stuart Lines
June 2018	Dev Session – Health & Wellbeing in Enfield – where are we now?	JSNA key messages Population Health Management Atlas of Variation Rightcare NCL Prevention workstream Lifestyle behaviour	Miho Yoshizaki CCG – Tar CCG – Tar CCG – Tar Dr Glenn Stuart
	HWB		
		Subgroup updates – HIP MH theme – anti stigma hubs	Dr Glenn Stuart Mark Tickner

		Access to talking therapies Substance misuse strategy Plan for renewal of JHWS Longterm Condition	 Dr Glenn Stuart Harriet Potemkin CCG
		Update from Joint Commissioning Board	Bindi Nagra, Vince McCabe
September 2018	Dev Session	Suicide in Enfield, evidence for prevention, development of a strategy (Mental Health) RFH population health board -	 presentation from Angela Bartley
	HWB	APHR	
December 2018	Dev Session	JHWS	Stuart Lines
	HWB	Suicide prevention Strategy	
January 2019	Extra Dev Session	JHWS	
			Stuart Lines
March 2019	Dev Session	PNA Annual review	
	HWB	JHWS sign off	
June 2019	Dev Session		
	HWB		

Other Topics for consideration

- Population Health Management – how can we use this new resource to improve health in Enfield?
- Preventing ill health across NCL (STP Prevention plan) including action on
    - Falls
    - CVD (HT & AF work)
    - Alcohol & Smoking CQUIN in Enfield
- Urgent & Emergency Care (STP)

- Care Closer to Home (STP)
- Developments in Primary Care incl use of Pharmacy to improve Health & General Practice development in Enfield
- Progress in delivery of VAWG strategy. September will be 12 months since it last came to HWB
- Improving life for people with Long Term Conditions, including work on self-care, diabetes management
- Integration of health and care – perhaps an Extra Dev Session in October?
    - What is our ambition for integration in Enfield?
    - What are new models of care that could work here?
- Healthy Weight Action Plan – building on the obesity pathway work at March Dev Session and sugar smart
- Place design and health – what are the opportunities for Enfield
    - Chase Farm
    - Meridian Water
    - Healthy streets (Lucy Saunders)
- 2019 – 2024 JHWS development – maybe use extra dev session for this

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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 Sociial 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 (NMUH) 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 NMUH 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.

● 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.

7

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

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.

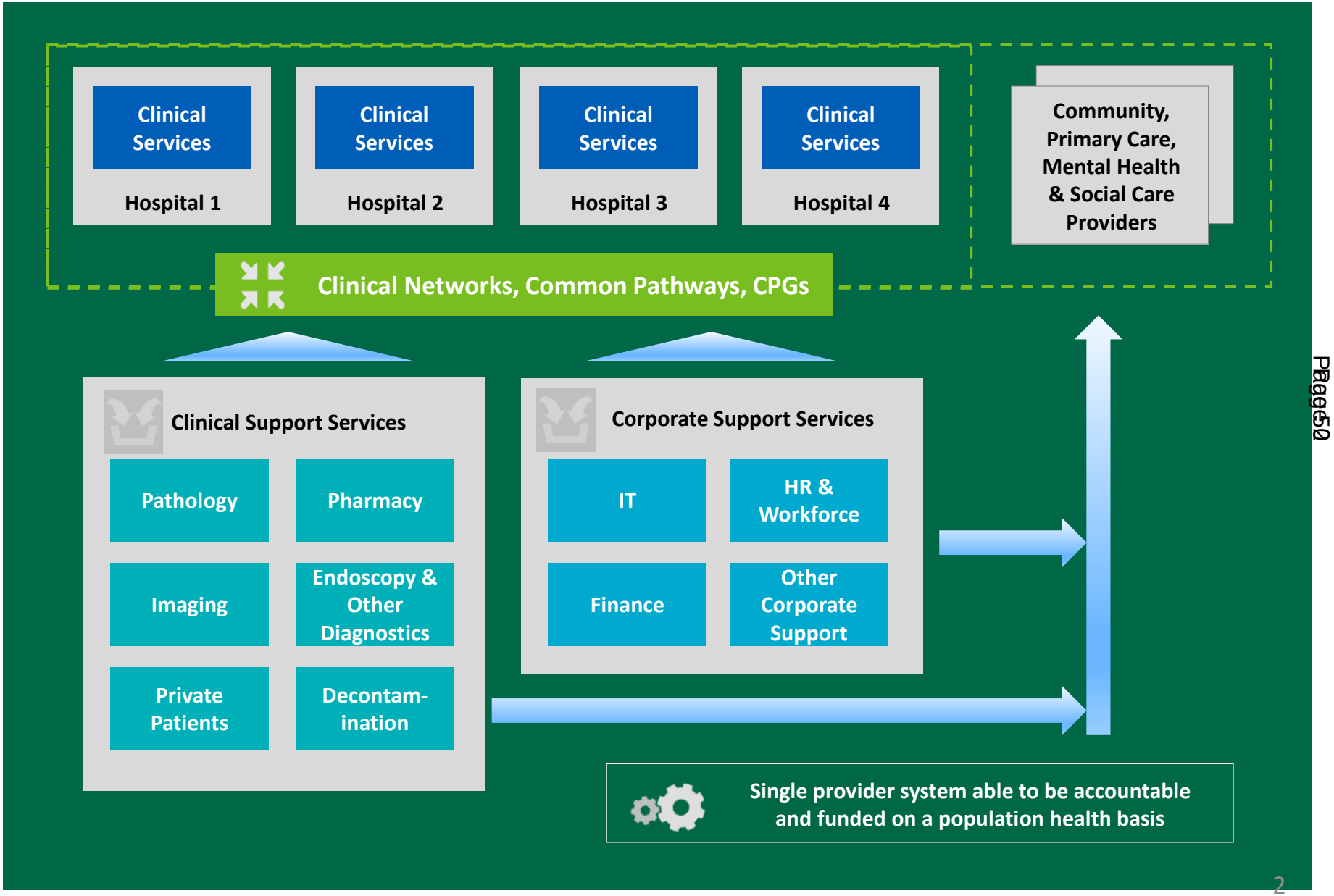
world class expertise local care

Royal Free London NHS
NHS Foundation Trust

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 *- annual public health report*

Ref: Public Health Outcomes Framework

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.

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Focus on 3 areas:

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

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What does this have to do with an acute trust ?

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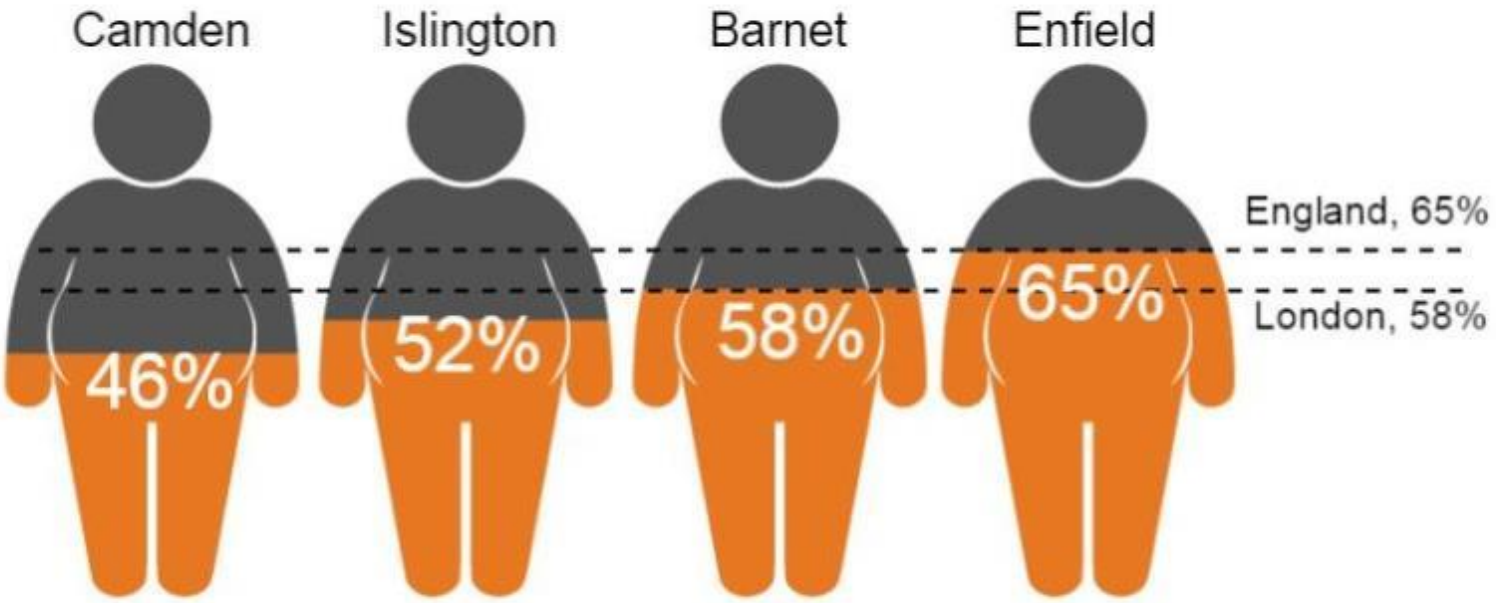
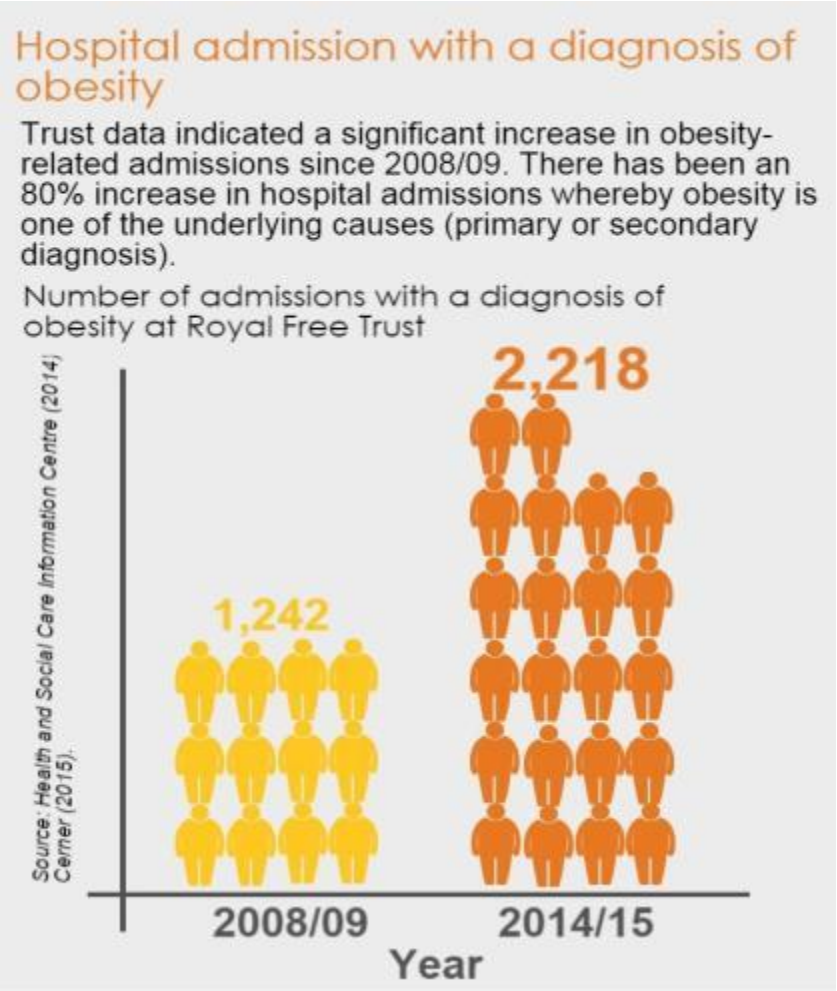
We are seeing the impact of obesity every day…

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 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%

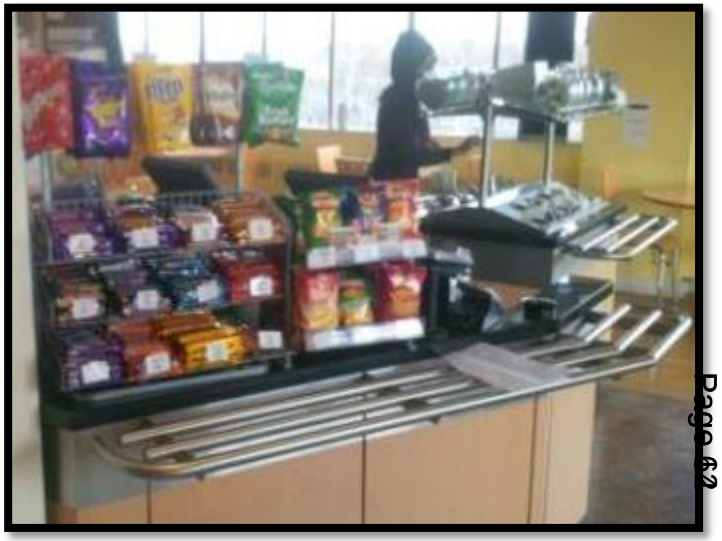
Study Conclusions

- 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

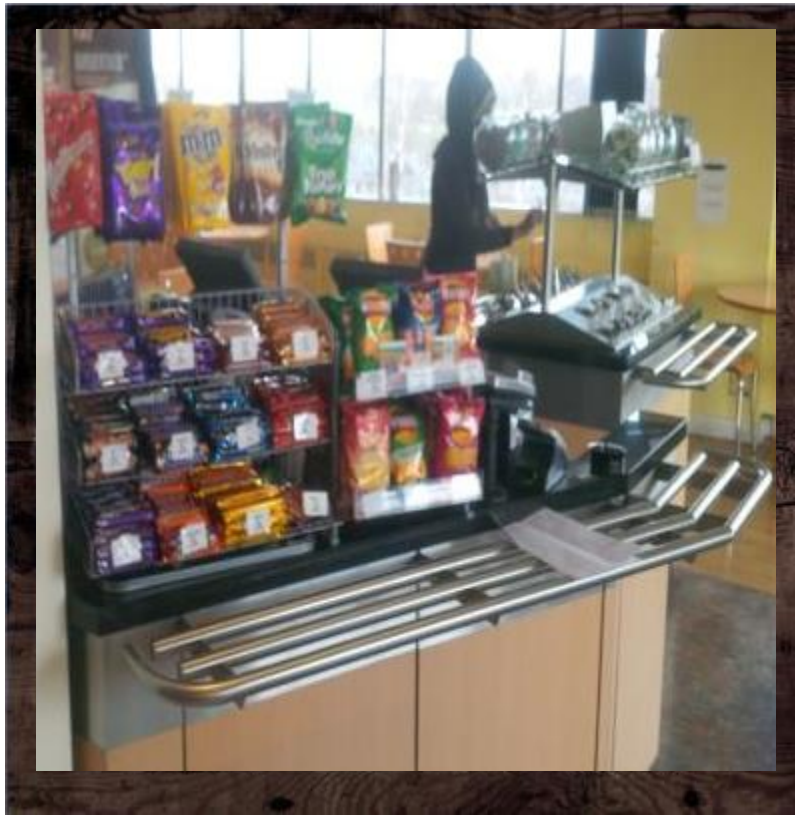
Chase Farm Hospital (Spice of Life) healthy choices project

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

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Results post intervention

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

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

Fruit sales increased (61%)

Total sales increased 18%

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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 …..

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Using hospital data to improve health

Partnership Working on Domestic Abuse

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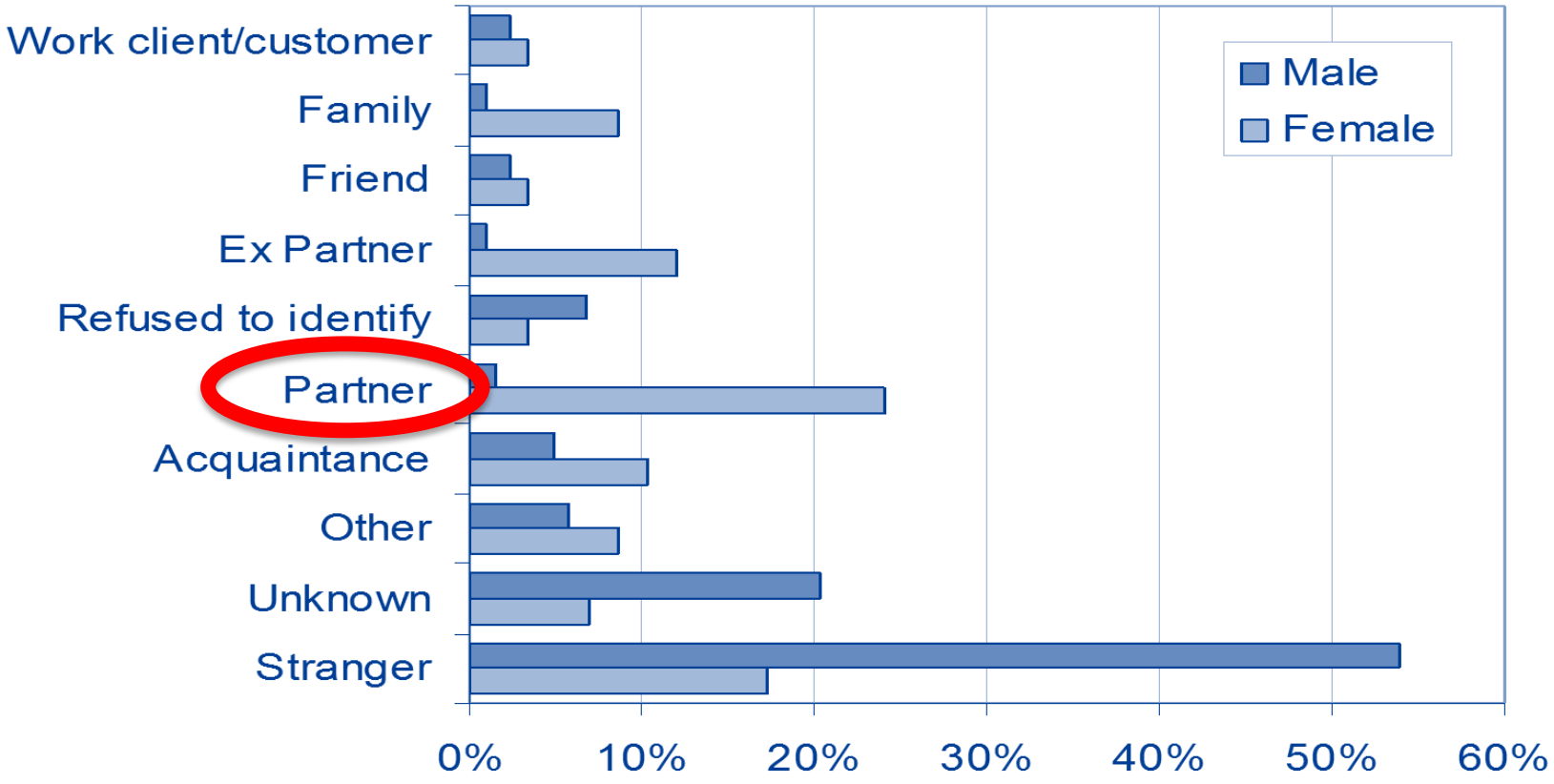
Domestic Abuse

A&E data showed there was a need:



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

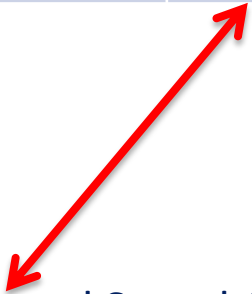
The trust offers services to all patients and staff affected by domestic violence, including one to one emotional support, safety planning and advice.

We established a Domestic Abuse Programme across the Trust

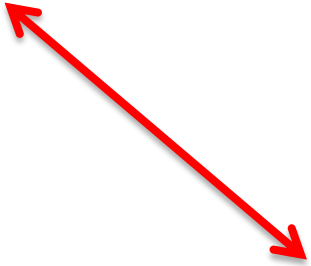
- We screen for DV in maternity, community gynaecology, Marlborough clinic, ICDC (screening rates 53-99%)
- 7% of those screened reported ever having experienced domestic violence - 40% in termination clinic.
- People screening positive for DV had 2 X higher rates of previous non-elective admissions, 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



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



IDSVA started at Barnet

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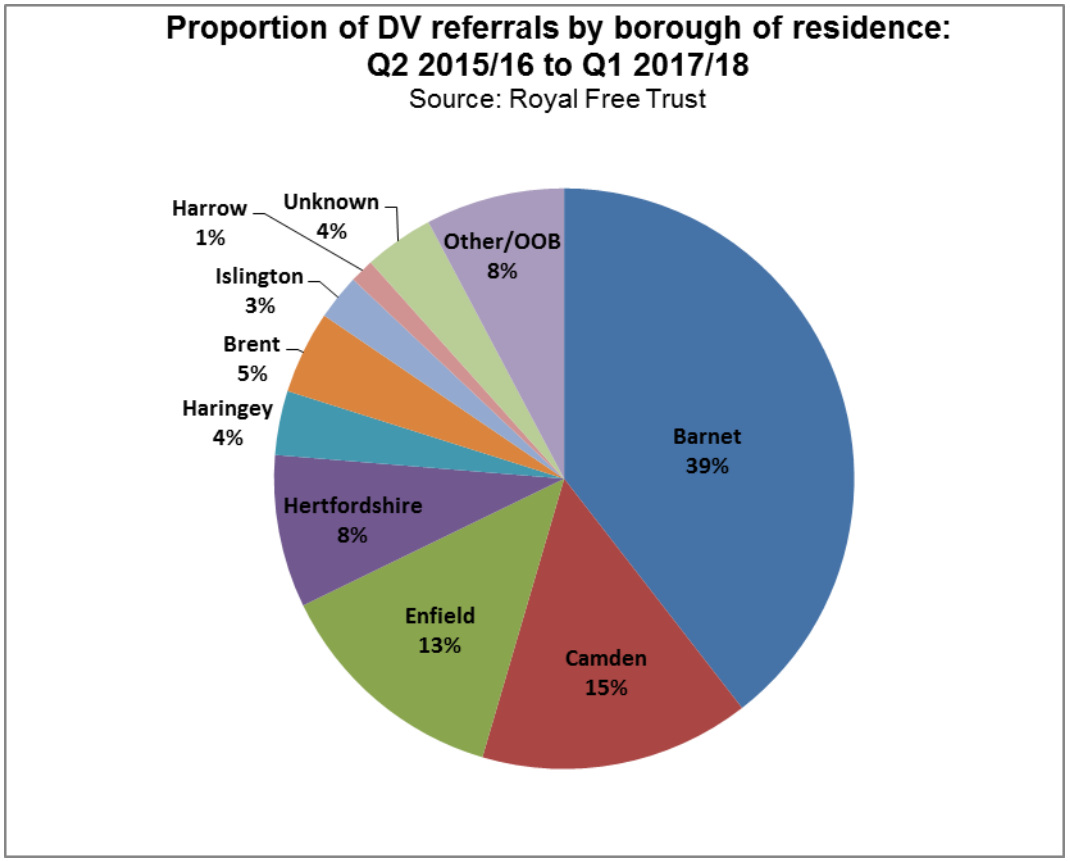
Domestic Abuse Referrals



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

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Embedding public health skills

Making Every Contact Count – partnership with the North Mid

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Making Every Contact Count (MECC)

for patients and staff

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

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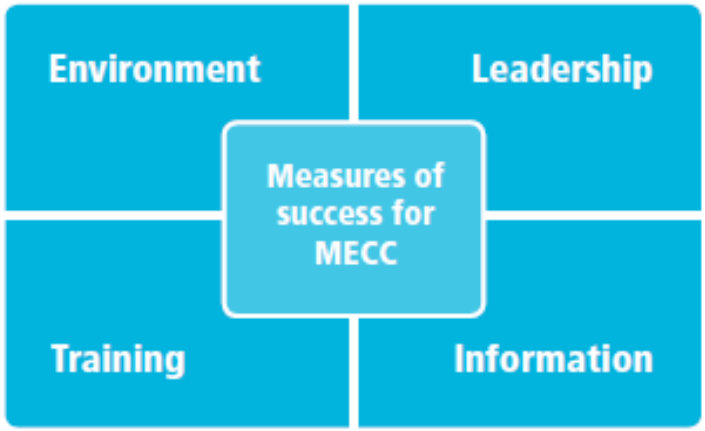
MECC Approach

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
- Competing demands….
- Winter pressures…

Barnet - 50 over 3 sessions

Chase Farm - 27 over 3 sessions

Royal Free – 67 over 5 sessions

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Health Improvement

Staff Health & Wellbeing

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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 ?

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Questions

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