

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY, 26 JULY 2018**

**MEMBERSHIP**

**PRESENT** Cllr Alev Cazimoglu (Cabinet Member for Health & Social Care), Cllr Yasemin Brett (Cabinet Member for Public Health), Mo Abedi (Enfield CCG Chair and Vice Chair of the HWB), Parin Bahl (Chair of Enfield Health Watch), John Wardell CCG Chief Operating Officer), Bindi Nagra (Director of Adult Social Care), Stuart Lines (Director of Public Health), Natalie Forrest (Chief Executive, Chase Farm Hospital, Royal Free Group), Vivien Giladi (Voluntary Sector), Litsa Worrall (Voluntary Sector), Jo Ikhelef (CEO of Enfield Voluntary Action) and Josh Salih (Enfield Youth Parliament)

**ABSENT** Nesil Caliskan (Leader of the Council), Ian Davis (Chief Executive), Achilleas Georgiou (Cabinet Member for Children's Services), Dr Helene Brown (NHS England Representative), Tony Theodoulou (Executive Director of Children's Services), Maria Kane (Chief Executive North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

**OFFICERS:** Dr Glenn Stewart (Assistant Director, Public Health), Jill Bayley (Principal Lawyer - Safeguarding), Paul Sutton (Assistant Director, People's Services) and Tariq Soomauroo (Secretary)

**Also Attending:** 9 observers

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**WELCOME AND APOLOGIES**

Councillor Cazimoglu (Chair) welcomed everyone to the meeting. Apologies for absence were received from Ian Davis (Chief Executive), Dr Helene Brown, Councillor Georgiou, Tony Theodoulou, Maria Kane and Councillor Caliskan (Leader).

The Chair suggested to the board to hold the next meeting at a different venue (Outside Enfield Town) to aid public awareness of the Board.

The Board **AGREED** this would be a good idea.

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**DECLARATION OF INTERESTS**

There were no declarations of interest registered in respect of any items on the agenda.

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**NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST (NMUH) CASE FOR CHANGE**

RECEIVED a presentation by Richard Gourlay, Director of Strategic Development, NMUH.

NOTED

Richard Gourlay introduced the report, highlighting the following:

- North Middlesex University Hospital (NMUH) primarily looking at how to provide a sustainable service
- NMUH trying to digitalise pathways and make decisions in closer collaboration
- Provide essential care for a needy population
- It was highlighted that the current pressure on the A&E department is significant
- Issues raised were Retention and Recruitment regarding staff, improving the culture in the workforce and implementing Governance Arrangements
- It was noted that arrangements will be drafted in August 2018 and engagements with stakeholders to commence in September 2018.

IN RESPONSE comments and questions were received, including:

1. The Chair raised issues regarding Public Transport to and from hospitals, and if anything is being done in connection with this?

Richard Gourlay advised that he has a specialist team (Estates team) working on this issue and that NMUH representatives sit on that group.

2. Congratulations were passed onto the North Middlesex on how well they did during the Winter crisis. A question was asked regarding the amount of deficit the Royal Free have?

It was advised that the deficit at the start was 29 Million and is projected to be 18 Million (end of the year), it was also highlighted that integration within the organisations (NMUH & RFL) will improve current deficits.

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3. A question was asked for better clarification on the managerial structure with a Royal Free London (RFL) integration.

Similar management structure as Barnet Royal Free. Royal free to be strategic decision makers.

4. Dr Mo Abedi (Vice-Chair) also made a comment regarding the improved stability the association have brought.
5. Bindi Nagra (Director of Adult Social Care) commented that the Board needed to look at all options not just one, Bindi also advised that Maria Kane's (North Middlesex University Hospital NHS Trust) approach regarding quality improvement has been excellent. It was also highlighted by Bindi that there was a lack of evidence regarding the benefits the Royal Free would bring to guide decision making.

Other questions received:

6. Why can't you go it alone, without any integration with RFL?

Some services are small and fragile, A&E department demonstrated this with issues around retainment and recruitment in the sector this year.

7. Do you understand why you struggle to recruit/retain staff?

Inner London waiting is more appealing to potential/current staff and the culture within organisation needs improving.

8. Parin Bahl (Healthwatch Representative) mentioned that she has previously highlighted her disappointment if another crisis happened, residents' value their local hospital and welcome the idea for change.

9. Stuart Lines (Director of Public health) asked what is the role of the Royal Free in prevention?

Stop smoking services, maintaining care outside hospitals. A bid was recently submitted to CCG looking at other prevention action plans.

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## **INTEGRATION AND BETTER CARE FUND (BCF)**

RECEIVED the report of Bindi Nagra, Director, Adult Social Care Enfield Council and Graham MacDougall, Director of Strategy and Partnerships Enfield CCG

NOTED

Graham MacDougall introduced the report, highlighting the following:

- The year-end financial position for the BCF's performance was good
- It is confirmed that both the CCG and Council have achieved the required savings to provide a balance position (End of year)
- The Better Care Fund allocation was agreed as part of a two-year plan 2017-2019, this was ratified by the Health and Wellbeing Board in August 17 and submitted to NHS England with the plan formally agreed in October 17
- The improved better care funding for 18-19 has been allocated to meet the following grant conditions; Adult Social Care needs, reducing pressures on NHS and to support the local social care provider market.

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

RECEIVED the report of Stuart Lines Director of Public Health, on progress on Health and Wellbeing Board Monitoring areas for 2017-19 and the Annual Review of key indicators.

NOTED

Stuart Lines introduction of the report highlighted:

- This is a regular item within the Board Meetings, with the priority areas being Best start in Life, Healthy Weight and Mental Health resilience
- Continue to support ongoing partnership with Thrive LDN in mental health resilience
- Awareness of emotional health and wellbeing resilience to other HWB priorities
- HWB member organisations to sign up to Sugar Smart Enfield and Enfield CCG and LBE to offer more accessible places locally for initial assessments, and group intervention sessions regarding diabetes prevention
- Continue to progress the Best Start in Life Action Plan
- Monitoring the VAWG Strategy Action Plan
- Progressing an audit of how Enfield is meeting NICE guidelines on domestic abuse
- Supporting future cancer awareness campaigns and to facilitate/encourage bowel scope launches for Enfield residents
- Season Flu vaccination performance have improved in 17/18 across all NHS providers and will continue to support flu vaccination uptake and campaigns

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**MENTAL HEALTH - PRIORITY UPDATE REPORT**

RECEIVED the report of Stuart Lines, Director of Public Health on Mental Health.

NOTED

Mark Tickner (Senior Public Health Strategist) introduced the report, highlighting the following:

- Proposals will be in place soon for additional activity moving forward
- Mark advised 2 flowcharts will be developed relating to “Making Every Contact Count” [MECC] and “Mental Health First Aid” [MHFA] at the Council
- The first to display how we might introduce MECC and MHFA across LBE, and for whom and to define what additional skills would be delivered. This would include timeframes and optional arrangements including potential partners locally
- The second to show how the referral mechanisms for MECC and MHFA after introduction
- Mental Health resilience is a priority identified by the Health and Wellbeing Board
- Flowcharts are due to be submitted by the 3<sup>rd</sup> September 2018

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**BEST START IN LIFE - PRIORITY UPDATE REPORT**

RECEIVED the background papers on Giving Every Child the Best Possible Start in Life through improving school readiness

NOTED

Andrew Lawrence introduced the report, highlighting the following:

- In Enfield, for a cohort of 4,634 children the data shows an improvement of 1.6% to have a good level of development (GLD) from 66% in 2016, to 67.8% in 2017. The National GLD had also risen from 69% to 70.7%.
- Enfield have consistently improved in line with other authorities, it has not yet however narrowed the gap in school readiness measures in terms of nation/regional comparators.
- Some Enfield Schools, who have a high percentage of children from families with complex issues, can ensure that 66+% of children do achieve a GLD while others it is still only 55+%
- Schools are also reporting higher mobility within the year group. During reception year 160 children (4%) left whilst another 80 transferred to another Enfield school.
- In response programmes such as empowering parents and empowering communities are taking place.

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- Healthy early year schemes are also in place in private, voluntary and independent nurseries, early learning/day care in children's centres, schools, nursery schools and childminders.

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#### HEALTHY WEIGHT - PRIORITY UPDATE REPORT

RECEIVED the report of Dr Glenn Stewart, Assistant Director of Public Health

#### NOTED

Dr Glenn Stewart introduced the report, highlighting the following:

- Report encourages their organisations to respond to the Healthy Weight Strategy consultation and consider what actions to take
- Support Enfield Councils efforts to participate in School Superzones pilot project that target unhealthy food and drink sales, advertisements, alcohol, smoking, gambling, air quality and physical inactivity
- Obesity still a priority for the Health and Wellbeing Board for 2017 - 2019

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#### KEY MESSAGES FROM THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

RECEIVED the presentation on the Key Messages from the Joint Strategic Needs Assessment (JSNA) sent to follow.

#### NOTED

- Population Structures in Enfield;
- 331,395 people in Enfield, 5<sup>th</sup> largest population in Enfield, Larger proportion of 0-19-year olds compared to London/England average and Enfield population to increase to 354,300 by 2023
- Deprivation;
- Highest deprivation in East of Enfield, 22% of Enfield children (around 19,00) lives in poverty (Tenth highest in Enfield)
- Ethnicity is ethnically diverse borough
- Life expectancy in Enfield is 80.1 years (Male) and 84.5 years (Female)
- There are still wide inequalities in health outcomes in the Borough
- Obesity also a serious issue in the Borough.

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#### HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

RECEIVED the report of Tony Theodoulou (Executive Director of People's Services) sent to follow.

NOTED

- The amended Terms of Reference were agreed at full Council on the 19<sup>th</sup> July 2018
- Key amendments include;
- The frequency of Board meetings and Development Sessions
- Revised structure and Governance Arrangements

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**VOLUNTARY REPRESENTATION AT THE HEALTH AND WELLBEING BOARD**

RECEIVED the report of Dr Glenn Stewart, Assistant Director of Public Health, sent to follow

NOTED

Dr Glenn Stewart introduced the report, highlighting the following:

- The current Terms of Reference include provision for the election of a representative from the Third Sector for a term of office of 3 years. The current representatives have been on the Board since 2013.
- The revised terms of reference state that there will be one representative from Enfield Voluntary Action (EVA) and another elected representative.
- There is therefore a need to hold a formal, open, transparent and democratic election to secure voluntary sector representation to assist the HWB in fulfilling its health leadership role for the borough.
- Democratic Services have confirmed that the current voluntary sector representatives will remain in place until new voluntary sector representatives have been elected (or re-elected).

PROPOSAL

1. To achieve the above, it is anticipated that engagement with the VCS will start immediately with a view to holding elections in September with the result reported to the HWB on 27<sup>th</sup> September 2018.

The Board considered that the proposal was satisfactory

IN RESPONSE comments and questions were received, including:

1. An ECS representatives' term of office is three years, with new representatives to be in place by 27<sup>th</sup> September 2018.
2. It was advised to include as many people as we can to have the best Health and Social Care experience.

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**HEALTH AND WELLBEING BOARD FORWARD PLAN**

RECEIVED the report of Stuart Lines, Director of Public Health

NOTED the proposed forward plan.

**AGREED**

1. That the Health and Wellbeing Board agreed the proposed forward plan.

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**INFORMATION BULLETIN**

NOTED the Information Bulletin items.

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**MINUTES OF THE MEETING HELD ON 17 APRIL 2018**

**AGREED** the minutes of the meeting held on 17 April 2018.

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**DATES OF FUTURE MEETINGS**

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