MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 27 SEPTEMBER 2018

MEMBERSHIP

PRESENT Alev Cazimoglu (Cabinet Member for Health & Social Care), Yasemin Brett, Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Parin Bahl (Chair of Enfield Health Watch), John Wardell (Clinical Commissioning Group (CCG) Chief Officer), Stuart Lines (Director of Public Health), Vivien Giladi (Voluntary Sector) and Bindi Nagra (Director of Adult Social Care)

ABSENT Nesil Caliskan (Leader of the Council), Achilleas Georgiou, Dr Helene Brown (NHS England Representative), Tony Theodoulou (Executive Director of Children's Services), Natalie Forrest (Chief Executive, Chase Farm Hospital, Royal Free Group), Maria Kane (Chief Executive North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

OFFICERS: Clara Seery (Assistant Director - Education, Schools and Children's Services), Dr Glenn Stewart (Assistant Director, Public Health), Harriet Potemkin (Strategy, Partnerships, Engagement & Consultation), Richard Eason (Cycle Enfield Consultation Manager) and Jayne Middleton-Albooye (Head of Legal Services) Jane Creer (Secretary)

Also Attending: 2 observers

1
WELCOME AND APOLOGIES

Councillor Alev Cazimoglu (Chair) welcomed everyone to the meeting. Apologies for absence were received from Councillors Caliskan and Georgiou, Dr Helene Brown, Andrew Wright, Maria Kane (represented by Richard Gourlay, Director of Strategic Development, NMUH), and Tony Theodoulou (represented by Clara Seery, Assistant Director, Education, LBE).

2
DECLARATION OF INTERESTS

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

3
PROGRESS UPDATE ON JOINT HEALTH AND WELLBEING STRATEGY (JHWS)

RECEIVED a discussion paper and a slide presentation from Harriet Potemkin (Strategy and Policy Hub Manager, LBE).

NOTED

Harriet Potemkin's presentation highlighted:
- The themes and approaches had been discussed at the development session in July.
- The new strategy centred on behaviour change, focussing on a small number of behaviours known to have the biggest impact on health outcomes, and followed the 3-4-50 concept. This approach was supported by evidence in Enfield, and would also tackle health inequality.
- There was also expected to be a positive impact on mental health as it was closely connected to physical health.
- The vision was to make the healthy choice the first choice, with the focus on the three behaviours: being smoke-free; having a healthy diet; and being active.
- Members were asked to consider the suggested strategic priorities in advance of a public consultation.

IN RESPONSE comments and questions were received, including:
1. Members were happy that the development session discussions had been successfully captured in the proposals.
2. Delivery of the plan was to be the responsibility of the Board.
3. Adopting the Health in All Policies (HiAP) approach was important, within members' organisations and in their commissioning decisions.
4. There had been some improvements in some outcome measures shown as 'below national and/or have worsened since 2014', particularly the Learning Disability Health Check where the CCG was now one of the top performers nationally, and the table should be corrected.
5. There should be a clear summary page of priorities and actions, and the emphasis should be about the people and communities of Enfield and their empowerment. Messaging should be targeted and direct. A simple narrative was good for communication. The strategy should be simple, deliverable and measurable.
6. The current strategy ends in March 2019 and the new JHWS would begin in April 2019. A 12-week public consultation was intended beginning at the start of December, with the results to be brought back to the Board. Board members requested the presentation to be circulated, and the proposed public consultation to be provided by email for comment and approval.

AGREED that Health and Wellbeing Board:
(1) noted the progress on the proposal for a new Enfield Joint Health and Wellbeing Strategy 2019 onwards;

(2) agreed to receive the proposed public consultation for comment and approval via email.

4
CYCLE ENFIELD - PRESENTATION AND PROGRESS

RECEIVED a presentation from Richard Eason (Lead Officer for Cycle Enfield, LBE).

NOTED the presentation highlighted the following:
● The funding for the Cycle Enfield scheme came from investment from the Mayor of London: it was external funding.
● The scheme's aims were behaviour change and promoting active travel – to make cycling integral to people's everyday lives.
● A fivefold increase in bike use was sought in Enfield. This would make the population more active, and would help reduce traffic congestion.
● 30% of car journeys currently were less than 2km, which could be walked or cycled but people often did not feel safe sharing the road with motor traffic.
● The first cycle lane was completed along Green Lanes. Work was now concentrated at Edmonton Green. This major project was being delivered with improvements to the public realm as well. There were also quieter routes through green spaces.
● Supporting activities included better access to bikes eg dockless bike hire, work with young people eg training in schools, and cycle parking hubs. There was also a vibrant website, social media presence and newsletters.
● Health and Wellbeing Board could provide support through travel plans, leading by example, and supporting bids for future external investment.

IN RESPONSE comments and questions included:
1. It was noted that the scheme had received a degree of hostility from some groups, and it should be promoted as a benefit to public health and not detrimental to local businesses. HWB Board had a role in relation to promotion of behaviour change and ensuring a positive message was heard.
2. Cycling in Enfield was not done by some minority communities and there was a need to provide encouragement. Cycling mentors were suggested.
3. Schools could be engaged more. Work was ongoing to provide safe cycle storage on school sites, and cycling routes to schools.
4. Cycling should be promoted as the easy choice.

AGREED that Health and Wellbeing Board noted the presentation and agreed to consider further what support could be provided by the Board.

5
HEALTH IMPROVEMENT PARTNERSHIP (HIP) UPDATE

NOTED the verbal update from Dr Glenn Stewart (Assistant Director Public Health, LBE) and the Board agreed re-commitment to the HIP sub group from all the organisations. A meeting date would be circulated.

6
NORTH CENTRAL LONDON (NCL) STRATEGY FOR GENERAL PRACTICE

RECEIVED a covering letter and slides, plus an executive summary circulated to members.

NOTED the introduction by Dr Mo Abedi, advising that the five NCL CCGs were tasked to engage with key stakeholders and that comments on the draft strategy were requested by 28 September. The final strategy was due to be submitted to the CCG governing body in November.

IN RESPONSE comments and questions included:
1. The document was welcomed, and it was important that the strategy for General Practice was refreshed from time to time, particularly in this situation of considerable change and of population churn, rising population, and decreasing assets. However, there was a disappointing lack of information regarding Enfield specifically. The general focus was on the whole STP NCL area, but Board members would like to know more about issues in Enfield in particular. The document seemed to give more detail on other boroughs on some aspects, and there should be parity of presentation.
2. It was acknowledged there was a shortage of GPs in NCL, but Board members would like to know how many GPs Enfield was short of. Similarly, there was information about poor GP premises and single-handed practices, but members would like to know how many such practices there were in Enfield.
3. Board members would like to see more detail in respect of the estates plan, and felt that GPs should be working with Trusts over estates.
4. It was rightly stated that appointments were offered between 8am – 8pm, seven days a week, but it was a greater concern to people in Enfield that they could not always get through to GP surgeries by phone, and when they did, they could not get an appointment for a long time. Patients were told they could go to hubs, but the difficulties of travel for patients should be factored in, and changes should not be made to services without adequate consultation about transport, and recognition of the problems with access that could arise.
5. The draft strategy contained no realistic or persuasive solution to the key issue of GP shortages.
6. Mention was made of new and alternative employment models for GPs, but it would be useful to give examples, and to show how outcomes would be achieved. Information was lacking about how to grow the workforce, and by when.
7. More could be done to reflect how primary care looks to, and is experienced by patients, especially those in deprived areas.

8. There were concerns about how the strategy was presented in the document. Information should be presented about each borough (as is the case in many NCL documents). There were too many words and small print. Some issues and strategies would be consistent across the area, but there was a need to analyse the differences in each borough, and what was going to be done to meet borough-specific issues. The tone of the language was inconsistent across the document.
9. There appeared to be an expectation that patients would do things differently, but more information was needed about the necessary messaging and how this behaviour change would be achieved.
10. There was mention of private companies in relation to Estates, but their role in the future strategy was not clear.
11. The Board would welcome consideration of equality issues and their implications for the strategy.
12. There was insufficient information and data in respect of the vision and strategy for General Practice in Enfield for the Health and Wellbeing Board to give full support to the document.

AGREED that the points made by Health and Wellbeing Board would be included in a formal letter of response to the consultation.

7
ANNUAL PUBLIC HEALTH REPORT (APHR)

RECEIVED for information a covering report and link to the Annual Public Health Report 2018 online.

NOTED
1. The production of this annual report was a statutory requirement, and an imaginative format had been used this year, including an interactive picture.
2. The report was welcomed as a very interesting summary of the wider determinants of health, and that improvements can only be achieved by all partners working together across the system.

AGREED that Health and Wellbeing Board noted the Annual Public Health Report.

8
VOLUNTARY SECTOR REPRESENTATIVE APPOINTMENT / SELECTION PROCESS

NOTED a verbal update from Niki Nicolaou (Voluntary Sector Manager) that two potential partners had been identified to carry out the appointment

process, that procurement was taking place, and until an election was held Vivien Giladi would remain the Voluntary Sector representative on the Health and Wellbeing Board.

9
MINUTES OF THE MEETING HELD ON 26 JULY 2018

AGREED the minutes of the meeting held on 26 July 2018, with a minor amendment to Minute 14 (2.) to read ‘could’ rather than ‘will’.

10
INFORMATION BULLETIN

NOTED the Information Bulletin items.

11
NORTH CENTRAL LONDON (NCL) SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) NEWSLETTER

NOTED

1. The NCL STP newsletter items.
2. Members’ concerns in respect of the Adult Elective Orthopaedic Service Review and wishes to be fully engaged in the consultation, and that the team should be invited to a development session with the Health and Wellbeing Board on 31 October 2018.

12
HEALTH AND WELLBEING BOARD FORWARD PLAN

NOTED the Health and Wellbeing Board Forward Plan.

13
DATES OF FUTURE MEETINGS

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