MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY, 23 APRIL 2013

MEMBERSHIP

PRESENT Donald McGowan (Cabinet Member for Adult Services, Care and Health), Shahed Ahmad (Director of Public Health), Andrew Fraser (Director of Schools & Children's Services), Christine Hamilton (Cabinet Member for Community Wellbeing and Public Health), Ray James (Director of Health, Housing and Adult Social Care), Ayfer Orhan (Cabinet Member for Children & Young People), Dr Alpesh Patel (Chair of Local Clinical Commissioning Group), Paul Bennett (NHS England), Vivien Giladi (Voluntary Sector) and Deborah Fowler (Chair of HealthWatch Enfield)

ABSENT Chris Bond (Cabinet Member for Environment) and Ian Davis (Director of Environment)

OFFICERS: Jill Bayley (Principal Lawyer - Safeguarding), Felicity Cox (Partnership Manager, Health and Well-being), Martin Rattigan (Public Health Team Leader), Glenn Stewart (Assistant Director of Public Health) and Eve Stickler (Assistant Director - Commissioning and Community Engagement) Penelope Williams (Secretary)

Also Attending: Litsa Worrall (Deputy Voluntary Sector Representative), Richard Quinton (Director of Finance Enfield CCG), Andrew Williams (Director of Strategy Enfield CCG)

1
WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting particularly the new voluntary sector representatives: Vivien Gildadi and Litsa Worrall.

Apologies for absence were received from Councillor Bond, Ian Davis, Andrea Clemmons and Dr Mo Abedi.

2
DECLARATION OF INTERESTS (6.30-6.40PM)

There were no declarations of interest.

Board members were reminded of the need to complete their declaration of office and registration of interests' forms which had been sent out separately.

3
BOARD TERMS OF REFERENCE (6.40-6.50PM)

The Board received a report on the establishment of the Health and Wellbeing Board.

NOTED that

1. Council had approved the establishment of the Board and the terms of reference at its meeting on 27 March 2013.

2. The Chair highlighted a proposed minor change to the terms of reference to include that membership of non statutory members should be reviewed annually.

3. Councillor Hamilton corrected the impression in Para 3.4.3 that the Cabinet Member for Environment, and not as was the case, the Cabinet Member for Community Wellbeing and Public Health was responsible for community safety.

AGREED

1. To note and endorse the terms of reference as set out in Appendix A to the report.

2. To note that the Council's Code of Conduct will apply to all Board members. Para 3.6 of the report.

3. To approve a change to the terms of reference, agreed at Council, that "membership of all non statutory board members be reviewed annually in line with the Council representations".

4. To agree to the continuation of the three sub committees that previously operated under the shadow board arrangements. These were the Health Improvement Partnership Board, the Joint Commissioning Partnership Board, and the Improving Primary Care Partnership Board.

4
FINAL TRANSITION OF ENFIELD NHS TO ENFIELD CLINICAL COMMISSIONING GROUP (CCG) (6.50-7.10PM)

The Board received an update report from Liz Wise (Chief Officer – Enfield Clinical Commissioning Group) on the overall position on the authorisation, transition and handover processes of the CCG.

1. Presentation of the Report

Richard Quinton Director of Finance - Enfield CCG presented the report to the Board highlighting:

- The Enfield CCG was authorised by NHS England as a legally established organisation with only 7 conditions out of 119 criteria and one legal direction.

- The CCG is producing a plan as to how to address these conditions which is due to be approved by the CCG Governing Body at a meeting on 24 April 2013.

- It is hoped that all conditions will be resolved by June and the CCG will then be able to take on responsibility for all the relevant health services in Enfield.

- There are likely to be monthly, assurance reviews until all the conditions are resolved.

- By the end of the year the CCG should have a balanced financial position.

- On 4 April NHS Enfield CCG held its first public event, attended by over 80 people. Presentations were made by Dr Alpesh Patel, Liz Wise, Dr Shahed Ahmad and Richard Quinton. Following questions a series of workshops were held on Unscheduled Care, the Barnet Enfield and Haringey Clinical Strategy, Integrated and Primary Care. Positive feedback was received.

2. Questions/Comments

2.1 A summary of the plan will be produced and will be circulated to Board members.

2.2 It is not anticipated that the 7 remaining conditions will impact upon patient care.

2.3 The contracts with the major providers Barnet and Chase Farm and North Middlesex Hospitals are within days of being finalised, although there are still some points of difference but these should not cause problems.

2.4 The CCG development plan is being reviewed in the light of the locality based working. Enfield will be divided up into 4 areas and work will continue as to how best to deliver the locality based services.

AGREED to note the contents of the report in particular that

1. To receive and note the briefing about the authorisation, transition and handover processes.

2. To receive and note the update to the CCG introduction event on 6 April 2013.

5

HEALTHWATCH (7.10-7.30PM)

The Board received a report updating the board on the development of the HealthWatch function from Michael Sprosson, Service Manager Procurement.

1. Presentation of the Report

Bindi Nagra, Joint Director of Commissioning, highlighted the following from the report:

- A reference group had been established in March 2013 and Deborah Fowler recently appointed Chair of the organisation.

- The process of selecting board members had begun: twenty eight expressions of interest received from a wide range of people with a variety of skills and experience. Interviews were due to take place on 7 and 8 May 2013.

- An advertisement for the Chief Executive Officer post had been placed in the Guardian.

- A dedicated individual and phone number had been identified within the council. This had been publicised and some phone calls received.

Deborah Fowler, HealthWatch Chair, added:

- The immediate focus of the group had been on recruitment and it was hoped that trustees and a chief executive would soon be in place. Two other staff members were also to be taken on.

- The initial development phases had received good support from Commissioning Staff and the reference group.

- HealthWatch were keen to work with existing groups and to build on work that had already been carried out.

- Work had begun on creating a website and linking to the national body HealthWatch England.

- A letter had been sent to all Links members welcoming their involvement in the new organisation.

- A search for suitable premises had begun.

- She, as Chair, had attended a national launch event in London.

- Expectations management would be essential.

- Although Enfield was not as far advanced in this area as other boroughs, everything was now in place to create a good solid organisation

2. Questions/Comments

2.1 Andrew Fraser advised that he would be keen to assist through the engagement of children and young people eg youth parl. Also the Parent Engagement Panel could be used as a forum to support engagement with communities.

2.2 Concern was expressed as to how to reach seldom heard people. Deborah Fowler responded that HealthWatch had been set up as a new organisation by Government and this was one area where work would be carried out.

2.3 Although the organisation had been set up by the Council, it would be working independently. Accountability was ultimately to the people of Enfield.

2.4 The reference group which had been set up to set up the organisation was representative of a wide spectrum of the voluntary sector.

2.5 HealthWatch was anxious not to lose the knowledge and experience gained by the Links organisations.

2.6 It was not anticipated that councillors would be involved directly in HealthWatch. A protocol for councillor involvement would be drawn up by officers.

2.7 Councillor McGowan acknowledged that the organisation had been formed quite late in the process, but this had been after extensive consultation. Final decisions on establishment would be made by the reference group and the Chair.

AGREED that the Board note the contents of the report and progress to date.

6
FAMILY NURSE PARTNERSHIP BID NEXT STEPS (7.30-7.50PM)

The Board received a report from Andrew Fraser, Director of Schools and Children's Services, on the Family Nurse Partnership Programme.

1. Presentation of Report

Eve Stickler presented the report to board members. She highlighted the following:

- The report updated members on progress, since the presentation received by the board at their development session in March.

- The scheme was something that the department had wanted to participate in for some time and this was an opportunity to engage.

- The scheme was licensed, as such it had a clear structure and was very prescriptive to enable outcomes to be maintained.

- Participation was limited to first time mothers, aged 19 and under, entering no later than the 28th week of pregnancy; 60% to be enrolled by the 16th week.

- This was an opportunity to access a free resource which would be fully funded for the first two years. It would act along side the wider children and young people and health visitor services.

- The partnership scheme involved highly skilled practitioners working intensively with small case loads with clear outcomes including reducing low birth rates, increasing breast feeding, improving immunisation rates, enabling parents, increased maternal and paternal employment.

- Participants would leave the scheme after two years as the aim was to avoid dependency and enable the families to function more effectively becoming self supportive.

- A Local Advisory Board will be set up to drive and oversee the project, in operation.

- Initially the team of 4 with one supervisor will have a caseload of 104 young mothers

2. Questions/Comments

2.1 Ray James advised that the scheme would be funded by the Department of Health for the first two years and then be included as part of baseline funding.

2.2 Eve Stickler would provide information on where scheme workers would be based.

2.3 Avoiding creating silos and ensuring the scheme worked in co-operation with other services would be key to success and should help ensure that the working is embedded once the initial scheme ends. Duplication should also be avoided to ensure that what the nurse partnership nurses do is apart from what is being done by regular health visitors.

2.4 The Health and Wellbeing Board will have oversight and should receive regular 3-6 monthly updates to enable them to help resolve any

problems and to see where lessons learned could be utilised by other services.

AGREED

1. To note the aims of the Family Nurse Partnership and the progress in implementing it to date.

2. To support the development of the Family Nurse Partnership across Enfield.

7
SUB BOARD UPDATES (7.50-8.30PM)

7.1 Joint Commissioning Board Report

7.1.1 The Board received a report from Bindi Nagra, Joint Chief Commissioning Officer.

He highlighted the following:

- The Voluntary and Community Strategy had been agreed by Cabinet. Implementation would be phased in.

- The Council has been successful in its application to be part of a pilot programme for the implementation of direct payments in residential care. Details on how the pilot will operate have not yet been received.

- A response to the Joint Commissioning Board on the roll out of direct payments in healthcare is being prepared.

- The Quality Checker Programme have recruited and trained over 50 quality checkers. They have already undertaken 191 visits to 57 sites. Visits are made with a view to look at what is being done well, as well as what could be improved. Further information will be provided to the Board at a later meeting.

- A network multidisciplinary team had been established in the North West area of the borough as part of the Integrated Care Programme for Older People. This will also be rolled out to the other parts of the Borough.

7.1.2 Questions/Comments

7.1.2.1 The Quality Checker Scheme is unique to Enfield. All volunteers are thoroughly trained and take part in an induction process. This will not take the place of regulatory or inspection visits but has been designed to complement them. The Care Quality Commission is aware of the scheme and has expressed support. Enfield has been invited to share the model with other authorities.

7.1.2.2 A review of all grant funded voluntary sector organisations is being undertaken over a period of 18 months.

7.1.2.3 The consultation on direct payments for healthcare is a national consultation exercise. The scheme promotes choice and enables patients to have greater control over their own care. It is in the interests of both patients and the council that it can work well. .

7.1.2.4 The use of overt and covert surveillance to deter and detect abuse of adults at risk is a national issue. It was felt that the Council had a moral duty to explore its use in care settings, as the technology was now readily available and it was a way of protecting service users. Some felt that it was not the Local Authority's job to act as snoopers and that human rights issues were involved. The Council had recently received two safeguarding alerts, for which the public had gathered evidence covertly. This was an issue which would be subject to further discussion.

7.1.2.5 The network multidisciplinary team was to be rolled out to the South East and North East of the borough soon.

7.1.2.6 Andrew Fraser was awaiting further information from Derby on the recent safeguarding case involving the Philpot family, where parents had been found guilty of killing their own children. He would be looking to learn from the information provided to apply in Enfield. Tony Theodoulou, Assistant Director Children's Services, could be asked to provide a report for the board on what the council is doing in response to cases such as this to provide reassurance that similar events would be unlikely to take place in Enfield.

7.1.2.7 Deborah Fowler expressed interest from a HealthWatch point of view in the quality checker scheme.

7.1.2.8 It had been harder than expected to reduce the numbers going to hospital as a result of the work of the falls prevention and fracture liaison service. Further interpretation of the data was needed to try and find out why. A possible reason is that two years ago there were a higher number of falls than average due to the bad Winter.

7.1.2.9 The Care Homes project has resulted in a significant improvement in the quality of life for residents. Teams of professionals make weekly visits, making care plans and reviewing medication as well as providing training for care staff.

7.1.2.10 When organising the structure for direct payments to vulnerable adults it would be important to mitigate any risks through service design.

7.1.2.11 Discussion of the use of overt and covert surveillance around safeguarding issues has been discussed at the Safeguarding Adults Board. It had been agreed that the Health and Wellbeing Board would receive the Annual Reports from the Safeguarding Boards and this item would be included.

7.1.2.12 The Enfield Dementia Friendly Communities Bid has been submitted. Dementia was an important issue for the JSNA and it was hoped that the bid would be successful.

7.1.2.13 Success in the Fulfilling Lives Ageing Better Bid could mean that Enfield receives £6M worth of funding over 6 years which would help reduce isolation among older people.

7.1.2.14 Concern was expressed about the Section 75 agreement on Commissioned Services for Adults. There was a fear that this represented privatisation within the NHS. Another view was that it enabled money to go further. The Council would be putting together a response and the Chair of the Board would be consulted.

7.1.2.15 Personalisation of Care saves money and reduces bureaucracy. The Chair would also be consulted on the response to the Consultation on Direct Payments for Healthcare.

7.1.2.16 Paul Bennett, Representative from NHS England, assured board members that any money under spent this year on primary care could be carried forward to next year.

7.1.2.17 The shortage of health visitors in Enfield was an issue of concern which was bought to the attention of Paul Bennett. Further discussions involving Ray James, Dr Shahed Ahmad and Children's Services would be arranged outside of the meeting.

AGREED to note the contents of the report.

7.2 Health Improvement Partnership Board Report

The Board received a report from the Director of Public Health updating them on the work of public health.

7.2.1 Glenn Stewart, Assistant Director Public Health, highlighted the following from the report:

- Smoking is the biggest cause of preventable death in the borough; 20% of deaths can be directly attributed to smoking.

- By the third quarter, Enfield had reached the target of 950 four week quitters. Final results for the year were due out on 17 June 2013.

- Several stop smoking events had been held and a policy of smoke free areas around play areas in parks instituted.

- Quarter 3 results on immunisation were encouraging.

- The Joint Strategic Needs Assessment and Health and Wellbeing Strategy were on line and updated regularly. Work has commenced on putting together this years strategy.

- Enfield is submitting a bid to the GLA as part of the Mayor's Vision for Cycling. Cycling rates are improving but Enfield spends large amounts of money on journeys of less than 2 miles many of which could be replaced by bicycle. Increasing cycling levels would have huge benefits in terms of health, pollution and reducing obesity levels. Plans were afoot to create mini Hollands in parts of the borough to make cycling more attractive.

- Work to encourage breastfeeding and to reduce childhood obesity has continued.

- Encouraging results are being seen in reducing the number of under 18 conceptions. Although more work needs to be done to improve late diagnosis of HIV and Chlamydia.

- Enfield female life expectancy in Upper Edmonton was in the worst 5% of wards in London. There is a 13 year gap between the best and worst areas within the borough. Two workshops have been arranged to discuss the issues.

- The transfer of public health to the local authority is almost complete although there are still a few financial issues to be resolved; these included some issues on the block contract for sexual health and parts of the smoking contract.

7.2.2 Questions/Comments

7.2.2.1 The recent publicity around the measles outbreak in South Wales would be an ideal opportunity to encourage immunisation take up. Talks about how this could be done across London were taking place.

7.2.2.2 The suggestion was made that there should be a separate agenda item on every agenda to update on the JSNA and the Health and Wellbeing Strategy.

7.2.2.3 A childhood obesity co-ordinator had recently been appointed and was due to start in 6 weeks time.

7.2.2.4 The impact on any children should be considered when adults are identified with HIV.

7.2.2.5 Work with the Somalian Community, to improve immunisation rates, was continuing.

7.2.2.6 Walk to Work week begins on 19 May 2013. The NHS will be working with the Council to encourage participation.

7.2.2.7 Tackling the life expectancy problems in Upper Edmonton is part of a community development approach. Work is taking place in partnership with the British Heart Foundation, UCL Partners and the Enfield CCG. The CCG already have an initiative to look into every heart attack or stroke which occurs to see what could have been done to prevent it.

AGREED to note the contents of this report, in particular that:

- Smoking is the greatest cause of death in the borough.
- Good progress has been achieved on immunization rates
- Enfield is in the process of submitting a bid to the Big Lottery Fulfilling Lives fund.
- Enfield is submitting a bid to the GLA as part of the Mayor's Vision for Cycling. The potential impact of increased cycling is noted.
- Work continues on childhood obesity though prevalence remains high
- Life-expectancy has improved but the female life-expectancy gap between wards is amongst the worst in London and the country.
- Public Health will transfer to the Local Authority from 1st April 2013 with a number of responsibilities transferring from the NHS to the Local Authority.

7.3 Children's Services Update

7.3.1 Change and Challenge Programme

Eve Stickler, Assistant Director Children's Services, highlighted the following:

- The Change and Challenge Programme, previously known as the Troubled Families Initiative was targeting 775 families.

- The first year's work had involved identifying the families which needed support. Now direct help was being provided in key areas such as worklessness.

- A key part of the work involved the Single Point of Entry which had gone live at the end of 2012.

- A streamlined version of the CAF had been developed to make the process easier.

- Over 6000 families had been identified initially but this had been narrowed down to 334.

- Referrals are open to many different organisations including the Children's Trust and from the Voluntary Sector. A referral guidance pack has been produced which has been commended and is being used as a model across London.

- A Troubled Families Employment Advisor has been appointed and is working at Edmonton Job Centre.

7.3.2 Questions

7.3.2.1 Concern was raised about those that had not been identified as needing support, but had not met the criteria for the scheme. Members were assured that these families would continue to be supported in other ways.

7.3.2.2 The project was intended to bring about systematic change to make it sustainable. Early intensive help should bring about good long term outcomes.

7.3.2.3 Outcomes could not be measured effectively at this stage. More could be assessed after July 2013. But already more families were being supported than initial targets.

7.3.2.4 There were other support schemes in place to help families including the Gang Call in initiative. The Youth Offending Service had identified 106 young people, of which 61 had signed up for support.

7.3.2.5 The grant would last for three years. This should enable a transformation to take place which could then be picked up by existing services using the learning gained from the project. Multiagency support work would continue.

7.3.2.6 The Department had spent time gather the relevant evidence to identify the families. This information and the learning taking place would add value to the work already being carried out to support those in need.

7.3.2.7 Officers would report back to the Board on progress.

AGREED to note information and continue to engage with and promote the programme as appropriate as it contributes to achieving positive outcomes for Enfield's families.

7.3.3 Fulfilling Lives Programme

Eve Stickler reported that the Department had been successful in getting through to the second stage of the bidding process for the Fullfilling Lives Early Start Programme. Success in the final stages could bring in between £30 and £50 million.

7.4 Improving Primary Care Sub Group Update

The Board received the update circulated as a "to follow" paper.

7.4.1 Presentation of the Report

Andrew Williams, Director of Strategy for the Enfield CCG, in place of Dr Mo Abedi who had been called away, highlighted the following from the report:

- The Enfield CCG had started this year of operation in a much better position than in its shadow year.

- Work is focussed around three key strategic work streams: improving access, improving patient experience and improving health outcomes.

- The enhanced access scheme has helped GPs to redesign the way they deliver their service. As a result over 6000 extra slots for patient contact have been provided.

- A minor ailments scheme to enable pharmacists to provide advice and simple medication has been introduced. This is normal practice in many areas but is new to Enfield. About 5% of patients are referred on to GPs.

- Changes are being made to the blood pressure monitoring service. Wristwatch style devices have been introduced to enable monitoring over a long period. A new stand alone device had also been introduced and installed in GP surgeries across the borough. There is the possibility of providing these in other locations including the Civic Centre.

- The CCG is committed to promoting wellbeing and providing better health care across the borough.

- The formation of the clinical delivery networks with improved IT will also help deliver better services to patients.

- Childhood obesity is a significant problem for Enfield. Fifty practices have agreed to create a register for obese children and to a training scheme to provide an enhanced level of support to families and children in need.

7.4.2 Questions/Comments

7.4.2.1 Significant concern was expressed that there was not enough information in the report about what was being done for children and young people. It was felt that children should be specifically mentioned in plans and development proposals.

7.4.2.2 The Voluntary Sector was concerned about the workings of the minor ailments scheme which it was understood was planned to free up 10% of the GPs time. It was felt that much more detail on the proposals was needed for reassurance that the scheme could provide appropriate care.

7.4.2.3 It was suggested that the minor ailments scheme could be a topic for one of the informal board sessions.

7.4.2.4 Concern was expressed about when it would be possible to see the measurable improvements in primary care which had been promised before the changes at Chase Farm Hospital took place.

7.4.2.5 It was suggested that the CCG should engage further with the voluntary sector on these issues.

AGREED to note the report.

8
MINUTES OF PREVIOUS MEETING (8.00-8.05PM)

AGREED the minutes of the meeting held on 14 February 2013 as a correct record.

9
DATES OF FUTURE MEETINGS

NOTED the dates put forward for future meetings of the Board:

- Thursday 20 June 2013
- Thursday 19 September 2013
- Thursday 12 December 2013
- Thursday 13 February 2014
- Thursday 24 April 2014

10
EXCLUSION OF PRESS AND PUBLIC