

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY, 20 JUNE 2013**

**MEMBERSHIP**

**PRESENT** Donald McGowan (Chair - Cabinet Member for Adult Services, Care and Health), Shahed Ahmad (Director of Public Health), Chris Bond (Cabinet Member for Environment), Ian Davis (Director of Environment), Deborah Fowler (Enfield HealthWatch), Ayfer Orhan (Cabinet Member for Children & Young People), Liz Wise (Clinical Commissioning Group (CCG) Chief Officer), Paul Bennett (NHS England) and Litsa Worrall (Voluntary Sector)

**ABSENT** 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), Dr Alpesh Patel (Chair of Local Clinical Commissioning Group) and Vivien Giladi (Voluntary Sector)

**OFFICERS:** Felicity Cox (Partnership Manager, Health and Well-being), Linda Leith (Scrutiny Support Officer), Bindi Nagra (Joint Chief Commissioning Officer), Glenn Stewart (Assistant Director Public Health), Tony Theodoulou (Assistant Director Schools and Children's Services) and Karen Keane (Public Health Manager) Penelope Williams (Secretary)

**Also Attending:** Graham MacDougall (Head of Head of Commissioning, Integrated and Acute Care, Enfield CCG) Maggie Lock (NHS England)

**1  
WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting.

Apologies for absence were received from Dr Alpesh Patel (Chair of the Enfield CCG), Andrew Fraser (Director of Schools and Children's Services), Vivien Giladi (Voluntary Sector Representative), Ray James (Director of Health, Housing and Adult Social Care).

The Chair presented an update to the Board as follows:

Further guidance for the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment has been released by the department of health outlining the new requirements for CCGs and Local Authorities. The guidance for JSNA is included in the board's paperwork. This includes a requirement for JSNAs to project needs into the future.

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Longer Lives, a new website showing the variation in early death rates has been launched by Public Health England (PHE). The website compares this authority to 15 similar authorities across England, for example Enfield are marked against Camden and Luton amongst others in a category labeled "more deprived". Out of the 15 Enfield has the lowest premature death rate (2009-11).

The South East Public Health Observatory has now released figures for cardiovascular mortality. These show that from 2008-2011 Enfield had a 34% drop in cardiovascular disease death rate; twice the national average. This was the fourth best level of improvement in London. Much of this will be due to the increased focus on smoking cessation, tackling high blood pressure and cholesterol levels. Whilst this news is to be welcomed, CVD death rates are about 70% higher in parts of our most deprived area than parts of our more affluent areas. This means that our attempts to reduce unnecessary deaths in our poorest populations is even more important than ever and that the CCGs investments initiatives should have a real focus on our most deprived populations.

The Department of Health have updated the Dementia Action plan and strategy for 2013/14, the objective is to develop more prevention and services for this growing need.

The JSNA team has continued to developed Enfield's new look JSNA. Following on from our development session in May, further events are being coordinated for the board later in the year for the continued development of both the JSNA and the Health and Wellbeing Strategy, in addition to regular updates brought to the board. The draft chapters of the JSNA are:

- Enfield People
- Enfield Place
- Enfield Resources
- Health and Wellbeing of Children, Young People and their Families
- Health and Wellbeing of Adults
- Health and Wellbeing of Older People

The process for the recruitment of a childhood healthy weight coordinator is currently underway; this post is to lead on the development of healthy weight promotion and interventions across the borough.

The Public Health Team are working with NHS England and the Emergency Planning Team in the Authority to ensure that all emergency planning is up to date following Public Health's transition into the Local Authority.

A development workshop on improving life-expectancy, and particularly female life-expectancy was held on 24<sup>th</sup> May. The outcome is a conference on this subject to be held on 16<sup>th</sup> July.

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Enfield's Department of Public Health has led on the development of the pan London Public Health Consultants Development Programme which was opened by Duncan Selbie; Chief Executive of Public Health England on June 18.

Enfield has achieved its stop smoking target and we are expecting Duncan Selbie to make presentation at the conference.

Enfield achieved the health checks delivery target this year, delivering 5503 health checks to Enfield residents.

Following the appointment of an independent Chair on 22<sup>nd</sup> March 2013, a full time Chief Executive Officer of Healthwatch Enfield has now been appointed.

The Council has been awarded £14,000 from the Department of Health for the development of direct payments in residential care in Enfield as part of a pilot programme. Work will commence in July 2013.

As recommended by the Health and Wellbeing Board In May 2013, an expression of interest was submitted by the Council in partnership with voluntary and community sector agencies to the Big Lottery Fund 'Fulfilling Lives, Ageing Better'.

The CCG, following consultation with the Health and Wellbeing Board and other partners have published, in line with their National timelines, their prospectus - Local clinicians working with local people for a healthier future, the final version will be presented to the board later on the agenda.

A Joint Mental Health Commissioning Manager has been recruited and has started in post June 2013.

As discussed at the Health and Wellbeing Board earlier this year, work is being progressed on the implementation of the Family Nurse Partnership. A project plan has been developed and a team supervisor appointed. A Project Board has been established that will report into the Health and Wellbeing Board.

## **2**

### **DECLARATION OF INTERESTS**

There were no declarations of interest.

## **3**

### **GANGS AND SERIOUS YOUTH VIOLENCE**

The Board received a report from Andrea Clemmons (Assistant Director Community Safety and Environment) providing examples of some of the

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current activity in Enfield to tackle gangs and promoting the benefit of further investment in and support for preventative work, together with a draft strategy for tackling gangs and serious youth violence.

Dr Shahed Ahmad invited comments on the report.

NOTED the Chair's statement that "whilst final priority setting and resourcing decisions will follow the priorities set within and agreement of the Joint Health and Wellbeing Strategy – the Health and Wellbeing Board commits to working with partners to address the recommendations set out below".

### **AGREED**

1. To note that following the presentation of the Tackling Gangs and Serious Youth Violence Strategy to the informal development meeting of the Health and Wellbeing Board, the work to tackle serious youth violence is now an identified area of need within the Joint Strategic Needs Assessment (JSNA) and will form part of the Joint Health and Wellbeing Strategy. This will enable the Health and Wellbeing Board to support better early identification of problems and information sharing.
2. To note that as part of the JSNA review process the Health and Wellbeing Board will receive further analysis from the Youth Offending Service on the levels of support for young people with mental health needs.
3. To note that as tackling Serious Youth Violence is part of the JSNA it will be considered as part of the Commissioning processes for Health and Wellbeing partners, including the Clinical Commissioning Group, Police and Local Authority.
4. A communications plan to publicise nationally this exemplar of good practice which for the first time in England aligns the work of the Health and Wellbeing Board with that of the Safer and Stronger Communities Board to tackle gang and serious youth violence.

## **4 IMMUNISATION**

The Board received a report informing the Board of NHS England's plans to improve immunisation rates in Enfield.

### **1. Presentation of the Report**

Maggie Luck from NHS England presented the report to the Board supported by Karen Keane, Senior Public Health Manager highlighting the following:

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- NHS England has plans to improve childhood immunisation rates within Enfield and across London to achieve the World Health Organisation's recommended 95% of the population coverage.
- NHS England is planning to deliver an MMR catch up campaign for 10-16 year olds and to instigate changes to the routine immunisation schedule.
- The responsibility for commissioning immunisation lies with the NHS England. In London this is generally done through GPs and schools in conjunction with local authorities.
- In Enfield immunisation levels are below the level required for herd immunity and more work needs to be done to bring Enfield up to the 95% rate of coverage.
- There are 5 areas of work including information management, GP performance, community services, training staff and raising public awareness.
- Changes to the UK immunisation schedule include removal of the second priming dose of men C conjugate vaccine to be replaced by a booster given in adolescence, the introduction of rotavirus vaccine for infants at 2 and 3 months and the introduction of a pilot child flu vaccination scheme.
- A temporary steering group has been set up to run an 6 months MMR catch up campaign, to immunise those who have missed being vaccinated and to help avoid a measles outbreak.
- Only three practices in London have opted out of the campaign.
- Enfield has consistently lower rates of vaccination than other parts of North East London, London and England as a whole.
- The new plans will provide more opportunities to develop local agency partnerships.

## **2. Questions/Comments**

**2.1** None of the surgeries who had opted out of the MMR Catch-Up Campaign were in Enfield.

**2.2** A communications plan is being developed. The possibility of targeting resources at those communities where there are the most problems was raised. Communication through schools has been shown to capture the greatest numbers. Posters and newsletters will be distributed among learning centres, libraries, community groups and the usual public places.

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- 2.3** Figures of children not vaccinated are not available per primary school as this information is held by GPs, but it was possible that information on the number of children invited for vaccination, booked in and not attended could be gathered. The scheme started on 2 June 2013.
- 2.4** NHS England was working with GPs to deliver the programme overall.
- 2.5** Links with school nurses were unclear. Further details would be provided.
- 2.6** Dr Mo Abedi said that he felt that there was a need for a more robust recall system for immunisations that had to be given over a period of time. Where this had been implemented, immunisation rates had improved.
- 2.7** It was felt that more robust data gathering was needed.
- 2.8** NHS England is in negotiation with local providers to provide the necessary training for staff who are to implement the proposed changes.
- 2.9** The CCG, local public health teams, NHS England and Public Health England are all working together, pooling their expertise and knowledge to improve the way immunisations are to be provided. Improvements will be based on good evidence based practice.
- 2.10** The figure of 85.7% of one year olds listed in the report which had been immunised would indicate that about 190 children had not been. As these children would still be under the care of a health visitor, health visitors could be asked to follow up to ensure that these children are immunised.
- 2.11** In quarter 1 (12/13) there had been an increase in the numbers vaccinated. 92.1% in Enfield closer to the 95% target. This was thought to be because at this time there had been a big push on the issue and a large increase in focus.
- 2.12** Ian Davis (Director of Environment) suggested that research was needed to find out why Enfield was so out of step with the rest of London to identify the root cause of the problem.
- 2.13** Data has not been not collected on an ethnic basis. Litsa Worrall suggested that more work should be done with the voluntary sector to enable them to be more proactive in encouraging different ethnic communities to make sure that their children were immunised.
- 2.14** Liz Wise (CCG Chief Officer) welcomed the introduction of the rotavirus vaccine as this had caused a lot of sickness in the past.

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- 2.15** A national change was being made to the MenC vaccination programme so that one dose was given in early childhood and a booster at aged 12-13 which would provide more protection for young people of university age when they are more at risk from the disease.
- 2.16** Immunisation had been a risk area during public health transition as there had been some ambiguity about where responsibility for the area lay but this had now been resolved. Lead responsibility now lies with NHS England, but the CCG and the public health team have a key role to play.
- 2.17** In Enfield there has historically been a problem with recording the data on immunisation, much of which had been inaccurate. NHS England has recently agreed to pay for a new recording tool which will enable Enfield to capture immunisation rates more accurately. This will give GP's more confidence in the system and ensure that referrals are followed up more effectively.
- 2.18** There was an opportunity to make sure children were immunised with the introduction of the new free school nursery places for two year olds. The school admissions process could also be used to help ensure that children starting school were up to date with their immunisations.
- 2.19** An update report will be provided to the next meeting of the Board including the action plan and more information on data analysis and why Enfield is different from the rest of London.

**AGREED** to note the changes to the routine immunisation schedule and to endorse the plans to protect the community from the effects of vaccine preventable diseases.

## 5

### **ENFIELD CLINICAL COMMISSIONING GROUP PROSPECTUS 2013-2020**

The Board received the Enfield Clinical Commissioning Group Prospectus 2013-14.

Liz Wise (CCG Chief Officer) presented the prospectus to the Board. She highlighted:

- The prospectus had already been discussed at the Board development session in May and comments received and incorporated.
- It was aligned with the Health and Wellbeing Strategy.
- This was the beginning of the a three year strategy including ambitious plans for transforming primary care services in Enfield, to meet the needs of the population, particularly those who in the past had had difficulty accessing services.

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- The prospectus will be a live document, continually updated.
- A users event had been held in April 2013 and a larger public event was planned for the later in the summer.
- A communications package is set out on page 29 of the report.

**AGREED** to endorse the Enfield Clinical Commissioning Group Prospectus 2013-14.

## 6

### WORK PLAN 2013/14

The Board received the draft work plan for 2013/14.

### NOTED

1. The work plan had been discussed at the May Development Session.
2. Topics will be discussed informally at sub groups and development sessions before being brought to the full Board. Although in the early months of the plan this has not always been possible.
3. A suggestion was made that employment opportunities at North Middlesex Hospital be discussed at the October meeting.
4. Ian Davis suggested that childhood obesity and physical activity be considered at the same meeting. Councillor Orhan had wanted childhood obesity to be considered at the earliest opportunity.
5. Litsa Worrall felt that social care should have more prominence.
6. Liz Wise was keen to ensure that CCG commissioning intentions were aligned with the Health and Wellbeing Strategy.
7. Integrated Care will be discussed by the Joint Commissioning Board and any issues will be reported up the main board. The latest guidance sets out key roles, responsibilities and opportunities for integrated working which will involve housing and environment as well as health and social care. Bindi Nagra reported that he will be mapping areas of current integration and the opportunities that there were to involve health and social care in the wider community.
8. Councillor Bond felt that environment was key in determining people's health, thought that issues such as air quality were important and that the second development session should pick up on environmental issues. The GLA were doing some work in this



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area and he felt that the Board could invite them to attend a meeting to talk about it.

9. Access for disabled people in parks and for all services was also an issue that ought to be addressed.
10. The work plan included only headline issues. Details would be completed later.

**AGREED** the work plan for 2013/14, taking account of the suggestions above.

### 7

#### **JOINT STRATEGIC NEEDS ASSESSMENT UPDATE (JSNA)**

The Board received an update report on the development of the Joint Strategic Needs Assessment.

#### NOTED

1. A good working draft has been produced together with factsheets. The draft is due to be sent round to Council directors for comment and will be finalised next month.
2. The outcomes will feed into the priorities of the Health and Wellbeing Strategy.
3. Two away days are planned to put together the priorities. A session in September for the wider community, followed by another in October for all Board members. Dates to be confirmed.

### 8

#### **SUB BOARD UPDATES**

The Board received the following updates from the Sub Boards as follows:

##### **8.1 Health and Improvement Partnership Update**

Glenn Stewart, Assistant Director of Public Health highlighted the following from his report on the work of public health in the Borough.

- The annual patient equalities monitoring report had been received from Barnet and Chase Farm NHS Hospital Trust. Most of their patients come from the northern part of the borough. People in the south are more likely to attend North Middlesex Hospital.
- Regeneration projects in Ponders End and Meridian Water are progressing.

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- Domestic Violence in Enfield is a major concern. The definition has been widened to include those aged 16-17. Over a third of violence reported to the police in Enfield is domestic or intimate partner violence.
- Enfield was the first London borough to receive White Ribbon Status for its work with violence amongst young people, but more needed to be done.
- Training in 25 GP Surgeries has begun, implementing a single point of entry system and developing protocols for routine health visitor enquiries.
- The Childhood Obesity Co-ordinator should be stating work next week.
- Enfield participation in the National Child Development Programme is higher than it's ever been.
- Breastfeeding is being promoted throughout the borough and 30 staff recently received specialist training at Middlesex University.
- No new data has been issued on life expectancy which continues to be an issue in Upper Edmonton. A workshop will take place on 16 July 2013.
- Enfield met its target for delivered health checks this year, delivering 5,503 checks.
- The smoking target was exceeded: 1,584 quitters against a target of 1,568.

### **8.2 Questions/Comments**

- 8.2.1 As regards transport, Lucy Saunders, had given a report to the Health Improvement Partnership Board on the bus review being carried out and there was a transport working group as part of the Barnet, Enfield and Haringey Clinical Strategy.
- 8.2.2 The figures for domestic violence are in line with national averages and are the most up to date available. It was acknowledged that there was a lot of under reporting in this area and not all the cases were being picked up. Statistics are reported quarterly to the Safer Stronger Communities Board. The recent welfare reforms may increase tensions in families and could lead to more cases. All cases where children are involved are reported through the single point of entry database.
- 8.2.3 It was likely that the obesity fall in reception and year 6 was either due to better reporting or increased activity.

8.2.4 Councillor McGowan thought that there might be a very low threshold for what was considered obese. It was made clear that BMI categories are agreed internationally and are not subject to local variation. People's perceptions of what a 'normal' BMI is and looks like have increased with the population increase in BMI.

8.2.5 Some concerns were expressed that the new blood pressure machines were situated too publicly; consideration would be given to how they were situated, including the possibility of putting them behind curtains to allow some privacy.

**AGREED** to note:

- That the Barnet and Chase Farm NHS Hospital Trust had presented a patient equality monitoring report to the HIP.
- The regeneration priority areas in the North East, South West and South East of the Borough.
- That domestic violence is a major concern in the borough, a factsheet for this is being developed and will feed into the Health and Well-being Strategy.
- That work is being done to promote vaccination, particularly in relation to the measles outbreak in Wales.
- That Participation in the National Childhood Measurement Programme was the highest yet recorded in 2011-12.
- A workshop on improving life-expectancy in Upper Edmonton has been run with a further workshop is being held on 16<sup>th</sup> July.
- Enfield achieved the health checks delivery target in 2012-13 but not the offer target.

### **8.3 Joint Commissioning Partnership Board**

The Board received an update report from Bindi Nagra (Joint Chief Commissioning Officer) on the work of the Joint Commissioning Sub Board.

Bindi Nagra highlighted the following from his report:

- Partners including the Council, NHS and voluntary sector have agreed to form the Enfield Dementia Action Alliance with the aim of promoting the needs of those living with dementia.
- In Enfield there are 2,800 people with dementia: 1,225 of them advanced. One in three 3 over 65s will develop the disease and live with it for an average of 7-12 years. Partners are working together sharing resources and organising training to make Enfield more dementia friendly.

### **8.4 Questions/Comments**

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- 8.4.1 Litsa Worrall added that local businesses were also involved, one aspect of their involvement included alerting shop workers to the problems of dementia sufferers. The Alliance will welcome the support of the Health and Wellbeing Board.
- 8.4.2 Risk stratification involves combining information from different databases to enable easier identification of families at risk or need of interventions which will help in the development of preventative strategies.
- 8.4.3 Questions were asked about why Enfield residents had to go to Chingford for bone density scanning. Bindi Nagra agreed to find out and report back to the Board.
- 8.4.4 The Section 75 agreement has been completed and is about to be signed.
- 8.4.5 HealthWatch is developing well.
- 8.4.6 There are still some issues about some of the contracts bought over to the Council as a result of public health transition; these are worth about £400,000. If any new cost pressures emerge Public Health England has indicated that they may adjust next year's financial settlement.
- 8.4.7 The NHS Social Care Grant had been notified to the council at a late stage and it had not been possible to spend all the money within the year. The grant covers this year and next but there are no guarantees for the future thereafter. The funds had been allocated on the basis that future funding could not be guaranteed. Investments had been made in areas such as stroke and intermediate care which should help save money by managing preventative care and reducing the incidence of disease for the future.
- 8.4.8 Paul Bennett, NHS England, affirmed that future funding was uncertain but he agreed that the council was acting prudently in the way that funds were being allocated.

**AGREED** that the Board note the report.

### **8.5 Improving Primary Care Board**

The Board received a report updating them on the work to date carried out to implement the primary care strategy across Enfield.

The report was presented by Dr Mo Abedi, (CCG Medical Director). He highlighted the following:

- Eight clinical champions are working with GP Practices across the borough promoting collaborative working.

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- 39 out of a total of 59 practices had signed up to an enhanced access scheme which has created an extra 8,000 doctor patient appointments and telephone consultations. The Primary Care Foundation is working with an extra 10 practices on managing capacity/demand processes. Further work will continue.
- Blood pressure and body mass index monitoring pods will be installed in 43 practices by the end of June. Another 5 pods will be installed in strategic locations across the borough. Two practices will have the facility for 24 hour blood pressure monitoring.
- Chronic Obstructive Airways Disease (COAD), a disease which affects smokers and can result in significant numbers attending hospital unexpectedly, is being tackled through a new initiative involving training and the provision of spirometry equipment.
- The Minor Aliments Scheme has resulted in about 1,200 diverted appointments and over 230 hours of GP's time saved.
- The ECCG/University College of London Joint Initiative involving the recruitment of four newly qualified GPs who will be employed in a four different practices. They will be able to improve systems and develop networks across the borough.
- Schemes to address conditions including deep vein thrombosis, anti coagulation, blood pressure monitoring and urology are also up and running.
- IT equipment is being updated across all GP practices to make it easier to transfer and share information between both practices and hospitals.
- Practice premises are also being bought up to Care Quality Commission standards.

Graham Macdougall (Head of Commissioning, Integrated and Acute Care, Enfield CCG) spoke about CCG plans for the coming year:

- Last year the CCG had focussed on activity and outputs, this year more emphasis would be put on preventions and impact on patients to demonstrate that the CCG is making a difference.
- More work will be done to develop GP support networks to enable GP's to work more closely together to improve services.
- Resources will be aligned to the different needs in the different quarters of the borough.
- Further service developments are planned together with the introduction of new health checks and the use of the extra GP

appointments. There will be further investment to provide intensive support to those practices that are struggling to meet demands or with poor outcomes.

- Work with the 40 patient groups, set up in most practices will continue.

## **2.6 Questions/Comments**

2.6.1 Councillor Orhan felt that obesity initiatives should be targeted on those areas where the problem was highest. The pathway development review will be analysing current strategies and working out the most effective ways to manage childhood obesity.

2.6.2 Ian Davis felt that the more work needed to be done to evaluate the success of the minor ailments scheme, to identify which pharmacies and which practices were making use of it and how effective it was.

2.6.3 The UCL doctors would be placed one in each of the four quarters of the borough and they will spend a year in a practice.

2.6.4 Dr Shahed Ahmad congratulated the CCG on all the initiatives started so far including the work on Chronic Obstructive Airways Disease (COPD) and improving life expectancy.

2.6.5 The HiLo Initiative, a pilot project to improve the management of Coronary Heart Disease and blood pressure is being carried out in conjunction with Queen Mary University. It is likely that it will be focussed on larger practices in Edmonton and Ponders End.

2.6.6 Councillor Orhan felt that there was too much focus on adults and not enough being done for children.

2.6.7 Ian Davis suggested that a set of key performance indicators including patient satisfaction should be drawn up so that it would be possible to measure improvements from year to year. It was also suggested that a dashboard of key outcome measures be produced which could then be reported on regularly at board meetings to enable progress to be measured. These could be linked to the JSNA. This could be a subject for discussion at a Board development session.

2.6.8 The Chair felt that the good work being done should be promoted.

**AGREED** to note the report.

## **9**

### **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 23 April 2013 were agreed as a correct record.

**10**  
**DATES OF FUTURE MEETINGS**

The Board noted the dates agreed for future meetings:

**Full Board Meetings**

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

**Development Sessions**

- Thursday 18 July 2013
- Thursday 17 October 2013
- Tuesday 19 November 2013 (originally scheduled for 14 November)
- Tuesday 21 January 2014 (originally scheduled for 23 January)
- Thursday 20 March 2014