MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 17 JULY 2014

MEMBERSHIP

PRESENT Shahed Ahmad (Director of Public Health), Ian Davis (Director of Environment), Andrew Fraser (Director of Schools & Children's Services), Ray James (Director of Health, Housing and Adult Social Care), Deborah Fowler (Enfield HealthWatch), Dr Alpesh Patel (Chair of Local Clinical Commissioning Group), Liz Wise (Clinical Commissioning Group (CCG) Chief Officer), Litsa Worrall (Greek & Greek Cypriot Community of Enfield), Graham MacDougall (Director of Finance & Commissioning), Dr Henrietta Hughes (NHS England), Donald McGowan, Rohini Simbodyal, Ayfer Orhan and Doug Taylor (Leader of the Council)

ABSENT Vivien Giladi (Voluntary Sector)

OFFICERS: Bindi Nagra (Joint Chief Commissioning Officer), Glenn Stewart (Assistant Director, Public Health), Janet Leach (Joint Service for Disabled Children) and Jill Bayley (Principal Lawyer - Safeguarding) Penelope Williams (Secretary)

1
WELCOME AND APOLOGIES

The Chair welcomed everyone to the first meeting of the municipal year. He gave a special welcome to the new committee members, Councillor Doug Taylor and Rohini Simbodyal.

Apologies for absence were received from Vivien Gildai and for lateness from Dr Alpesh Patel, Chair of the Clinical Commissioning Group.

On behalf of the board, the Chair thanked the outgoing members, Councillors Christine Hamilton and Chris Bond, for their work and support over the past two years.

2
DECLARATION OF INTERESTS

There were no declaration of interests.

3
BETTER CARE FUND PROGRAMME AND GOVERNANCE

The Board received a report on the Better Care Fund and future governance arrangements.

Bindi Nagra, Assistant Director Strategy and Resources, Health, Housing and Adult Social Care presented the report to the Board highlighting the following:

- The report has been written to provoke discussion about possible options.

- The original proposals for the Better Care Fund were submitted in March/April 2014. Comments were received and amendments made in May 2014.

- The Government announced that there would be a total amount of £3.8billion available for this scheme, but this is not new money: it will come from existing Council and NHS budgets.

- It is estimated that Enfield will receive about £20m, including £2m for capital projects.

- The aim is to transfer resources from acute to primary care.

- A quarter of the money will be linked to performance, including reducing hospital admissions in 2015/16. New proposals are being developed to take account of this.

- The final submission will be made in September 2014.

- Up until now, governance has been carried out by a short life sub group. The paper puts forward three alternatives for future governance: merging with the current integrated care board to create a new sub group of the board; merging with the board's existing Joint Commissioning Sub Group; continuing with the current arrangements.

Comments/Questions

1. As there was no requirement to make a decision on future governance at this meeting, it was suggested that the options be discussed in more detail at the next Board development session. Information on the pros and cons of each option should be provided.

2. It was very important that the fund's decision making processes were clearly set out.

3. Plans have to be finalised by October 2014, before agreement on commissioning intentions for providers.

4. Future papers should be simplified, written in Plain English and avoid jargon.

5. Ray James apologised for not clearing the final version of the report, as he had just returned from holiday. He was grateful to officers for their work.

6. The revised plan will be signed off by the Government.

7. Two governance structures are required: one to agree sign off of the revised plan and another to oversee implementation and delivery. A wider reference group will include key stakeholders.

8. The decisions that will need to be taken will become clearer, once Government guidance is received.

9. The Chair of the Health and Wellbeing Board will take any necessary decisions in the interim. These will be reported back to the full board.

AGREED

1. To note that the Joint Better Care Fund Plan was submitted by the 4 April 2014 deadline and to note the content of the plan. The existing arrangements would continue until a decision on a new governance option is agreed.

2. The governance options will be discussed at the next board development session on 9 September 2014. Papers will be provided in advance and key differences, pros and cons of each option included.

4
CHANGE IN THE ORDER OF THE AGENDA

Members agreed to change the order of the agenda. Item 4 on the Care Act was considered after item 7 on the SEND reforms. The order of items in the minutes follows the original agenda order.

5
CARE ACT 2014

The Board received a report from Ray James, Director of Health, Housing and Adult Social Care, setting out the key requirements of part 1 of the Care Act 2014, the potential impact locally and progress made to implement the provisions in Enfield.

Bindi Nagra, Assistant Director Strategy and Resources, Health, Housing and Adult Social Care, presented the report to the Board, highlighting the following:

- The act received royal ascent in May. The Council is in the process of reviewing the regulations and working out what it will mean for Enfield. A summary of Part 1 is included in the report.

- It is a very significant piece of health and social care legislation, introducing major changes.

- The act is currently out for consultation and the Council is in the process of engaging service users, encouraging them to contribute to the consultation.

- The emphasis of health and social care will shift more towards prevention and supporting wellbeing.

- It is an expansion of the personalisation agenda, giving people more choice, responsibility and control of and for their own care.

- It places responsibility on the council to ensure that people have access to clear information and advice.

- It sets health and social care in a wider context, beyond benefits.

- New national minimum eligibility criteria will be created which should help reduce challenge and will enable people to move more easily between councils.

- There will be a new responsibility for councils to respond to the needs of carers.

- There is also a raft of reforms in the way care and support will be funded including the introduction of the recommendations from the Dilnot review, placing a cap on care costs, giving a life time allowance of £72,000.

- A Programme Board has been set up to oversee the changes and to make sure that the Council is compliant with the act from 2015. The first key task is to analyse the true implications for Enfield and assess the gaps.

- The financial gap for council's is likely to be significant.

Questions/Comments

1. The Government are setting a cap on the maximum that anyone will have to pay towards the cost of meeting their needs for care and support. There will be a new process of assessment. Currently the maximum amount of money people are allowed to have before the cost of residential care is met is £23,000. This will change to a maximum of £118,000. The £72,000 figure only covers care costs. People will still be liable for residential costs which are approximately £12,500 per year. It is likely to take 3-4 years before they reach a maximum of £118,000 and all their costs would be met by the state.

2. There is a scheme already in existence in Enfield called Keeping House which enables people who are in care to keep possession of their home. The council will renovate homes and let them out at an affordable rent to those in need.

3. The new care act scheme will protect people's assets, to a certain extent, but could also lead to a reduction in the quality of care to those with no assets. It will benefits those with assets at the expense of the poor and vulnerable and will be detrimental, if councils are unable to fund care for those without assets. Currently 48-49% of people benefit from a free service.

4. The local authority will bear the risk of the costs of the new scheme but it is thought by the Local Government Association that the Government has understated the cost - to Enfield this could mean a deficit of between £9m and £15m. The Government however has a statutory duty to fund new burdens on the authority.

5. The local authority will need to ensure that the services needed are available locally at a sustainable price. They will have a statutory duty to publish a market position statement and will have to deal with any market failures.

6. The Care Act will implement the Better Care Fund and £900,000 has already been set aside in the Better Care Fund for these proposals.

7. The ability of the local authority to place a legal charge on a property, if people fail to pay what they owe, has been removed, placing an additional risk on the authority.

AGREED

1. To note that the Care Bill received royal ascent in May and is now an act of parliament.

2. To note that the consultation on the draft regulations and guidance for Part 1 of the Care Act has been published and that Cabinet (at 23 July meeting) are being asked to agree the delegation of the Council's response to Councillor Donald McGowan.

3. To note the implications of the Care Act on local authorities and progress made locally to prepare for implementation (see paragraph 6) including a full impact assessment and gap analysis on the basis of the key milestones set out in legislation for 2015 and 2016, and the funding allocations attached (see paragraph 7).

4. To note the key risks associated with the implementation of the Care Act.

6
CLINICAL COMMISSIONING GROUP OPERATING AND STRATEGIC PLANS

The Board received a report from Liz Wise, Clinical Commissioning Group (CCG) Chief Officer, on the Clinical Commissioning Group operating and strategic plans.

Graham McDougall, Head of Commissioning, Integrated and Acute Care at the CCG, presented the report to the Board highlighting the following:

- All CCG's are required to develop an operational plan. Enfield has produced a draft plan to cover the next two years. Enfield is also involved in producing a five year strategic plan at the North Central London level.

- The trajectories in the operating plan are based on 7 key ambitions. They align with the trajectories in the Health and Wellbeing Strategy, the CCG Operating Plan and the Better Care Fund.

- There is a quality premium concerning access to services and recovery rates.

- NHS England had asked the CCG to review the trajectories for IAPT (Improving Access to Psychological Theories) and dementia diagnosis in the original submission.

- Reporting of medication errors was also subject to a quality premium. In Enfield reporting would need to increase by 30% to bring levels up to the London average within peer groups. The CCG have agreed a target to achieve this over two years at 15% at year.

- Much relates to the activity of the acute providers, including the need to reduce emergency admissions across the three acute trusts.

- The strategic plan is based upon the activity of the five North Central London Boroughs. It has been put together by a strategic planning group including representatives from all the boroughs.

- NHS England has expressed some anxieties about the initial submission. More detailed work will be needed to address the challenges and the plan will be resubmitted in September 2014. The boroughs will need to be more creative about how they work together to meet growing demand and the Nicholson Challenge; addressing rising costs at a time of a continuing reduction in the money available for services.

- Strategic planning is being carried out to try and bridge this gap and structural interventions put in place including value based commissioning based on outcomes.

- Improving urgent care so that 95% of people are seen within 4 hours is a significant focus. There are currently issues at North Middlesex but these are being addressed through a tri partite agreement between the five boroughs, NHS England and Monitor. There is currently an issue delivering elective care within 18 weeks from the point of GP referral. It will take time before benefits are realised.

- The Royal Free Hospital acquisition of Barnet and Chase Farm will enable Enfield to improve clinical pathways and the quality of care for patients.

- Primary Care has been reorganised into a four networks across Enfield. Work is beginning on jointly commissioned integrated services to manage particular populations, such as people with diabetes. Working at a network level will enable much wider, more effective interventions.

- Work on the QIPP (Quality Innovation Productivity and Prevention) financial plan to maintain the sustainability of the North Central London groups is continuing. There is a wide difference between the financial situation of the northern and southern boroughs: Enfield is £20m undercapitalised.

Questions/Comments

1. There are difficulties with the operating plan target on medication errors as the expectation is that the number of incidents reported is maximised at the same time as reducing the number of incidents. Work is continuing with the Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) to achieve this. The CCG is also working with the provider to obtain specific borough level data. Enfield CCG is the lead commissioner for the BEHMHT in this area.

2. The target in reporting errors will be achieved through better training and changing cultures. The onus for this will be on the provider who has to make the changes.

3. Deborah Fowler advised that Healthwatch England had written to NHS England and the Local Government Association with concerns about adequate public accountability where two or more CCG's were working together.

4. The suggestion that it would be helpful to include an outcomes table and information relating to patients involvement in their own care.

5. Reduction in medication errors is a local trajectory.

6. Enfield will have its own version of the five year strategic plan, which will disseminate the key trajectories for Enfield.

7. The risks will be shared among the five boroughs of North Central London, but not the resources.

8. Over the 5 year plan there is a shift in responsibility to the individual. The evidence that this will improve health outcomes is supported by work with patients which shows that outcomes are improved when patients are directly involved in their care. It will require a change in the approach of clinicians and major workforce redesign. There is also evidence from work on diabetes including the DAFNE and DESMOND teaching models.

9. The 15% medication errors target is challenging, but realistic in order to make it possible for the provider to succeed. A transparent approach will help ensure that good data is available and improvement recognised.

AGREED

1. To note the revisions to the NHS Enfield CCG Operating Plan.

2. To agree the proposed increase in reporting of medication-related safety incidents by 15%, based on NHS England guidance of a minimum expected 10% increase in reporting.

3. To note progress to date on the development of the North Central London SPG Five Year Plan.

7
SEND (SPECIAL EDUCATIONAL NEEDS AND DISABILITIES) REFORMS

The Board received a report from Andrew Fraser, Director of Schools and Children's Services on the SEND (Special Educational Needs and Disabilities) Reforms.

Janet Leach (Head of Services for Disabled Children) presented the report to members, highlighting the following:

- The Children's Act 2014 introduces one of the biggest changes to special education needs for many years. The report provides an overview of these changes.

- The agenda is challenging, with implementation starting in September 2014. The steps for transition from the old to the new system are prescriptive.

- Statements are being replaced with Education, Health and Care Plans, which is a more holistic approach, they will also be extended to cover young people from 0 to 25 years of age.

- Currently 1,400 young people in Enfield are subject to a statement.

- A new SEN Code of Practice has been produced and is due to be signed off shortly.

- Young people will be given personal budgets. Eligibility will be subject to a clear process depending on what funding is available. People will only be able to request a budget when they have an agreed plan. Agreeing a plan can take 20 weeks.

- There is also a requirement for setting out a local offer, by 1 September 2014, including the range of services available in Enfield. This will contain information about criteria, waiting times and access.

- A clear mediation process for dealing with disputes will be introduced. A contract will be agreed to provide an independent mediation service across the North London Boroughs.

- Young people will gain the legal right to express a preference for state academies, free schools and further education colleges as well as maintained, mainstream and special schools.

- Enfield has been piloting the new reforms with 12 families to see how they will work in practice and how services can best be commissioned. It will still be possible to make block bookings in some areas. A myth buster leaflet is being produced to reassure people.

- Outcomes are improving. There will be guidance around developing the plans, looking at outcomes for the general population and individuals. Plans will involve identifying the needs to the child, and the required outcomes, small steps to be taken to reach these and the resources required. A proportion of the resources will be available as a personal budget.

- Schools will also have to publish information about what they can provide. All information will be included on a website.

- This will be a massive cultural change putting parents, young people and their families at the heart of the process. Staff training will be required.

- The scheme will begin by prioritising young people in Year 6 – currently 140 children - with a target date for completion of 15 February 2015.

- The Government is providing extra funding for independent supporters to help families build resilience. Enfield has been awarded champion status to share and disseminate good practice.

Questions/Comments

1. If people move between boroughs, boroughs will work together to minimise disruption to services.

2. It is unlikely that GP's will be asked for advice about contributing to plans but they may be. Providing a briefing for GPs is a possibility.

3. Governing bodies have recently been given a duty to monitor children who are suffering from long term conditions such as type one diabetes and heart disease. These children would not qualify for an Education, Health and Care Plan but would have health care plans. A briefing on the new duties will be included in the briefing pack for the next Member Governor Forum.

4. Child wellbeing networks will help in integrating services.

5. The Council for Disabled Children will be training independent support workers to provide support for parents. School SENCOs (Special Educational Needs Co-ordinators) and the Parents Forum will also be involved.

6. The new system should make it easier for parents to obtain the services they need for their children. Parents will be fully engaged in the process, co-producing the plan and helping the professionals to identify the required outcomes. There will be no reduction in the services available but this system should take away the fight that parents often have to go through to get what they need.

7. The voluntary sector have also been involved and will have a key role supporting parents.

8. Most children with statements will transfer over to the new system but it will not be automatic.

9. Councillor Orhan, Cabinet Member for Education, Children's Services and Protection congratulated the staff involved on the excellent work being carried out.

10. It was suggested that the Chair of Our Voice could make a presentation on their work to the Health and Wellbeing Board.

11. The Health and Wellbeing Board will support the work being done to extend knowledge and raise awareness about the reforms.

AGREED

1. To note the content of the Children and Families Act in relation to SEND.

2. To note the progress to date in Enfield towards implementation of the reforms.

3. To note the requirements around the joint commissioning and personal budgets and support the implementation in Enfield.

8
SUB BOARD UPDATES

1. Health Improvement Partnership Board

The Board received an update report from Dr Shahed Ahmad, Director of Public Health, on the work of the Health Improvement Partnership Board.

Glenn Stewart, Assistant Director of Public Health, presented the report to the Board, highlighting the following:

- The smoking target for four week quitters for 2013/14 was exceeded.
- In the latest Active People Survey, Enfield came out as the fifth most obese borough in London.
- A workshop was held on 26 June 2014 to develop an obesity pathway.
- The obesity strategy will be updated in the summer.
- Public Health is working with University College London to implement behaviour change models at a population level.
- The data for the National Childhood Measurement Programme (NCMP) will be submitted in mid-august.
- A steering group has been set up to develop the Cycle Enfield proposals.
- In Upper Edmonton a diabetes social marketing campaign was implemented at the start of the year and an enhanced diabetes patients' pathway developed with the CCG.
- Latest life expectancy figures indicate that there has been an increase in life expectancy of 1.3 and 1.1 years for males and females in Upper Edmonton.
- Mental health involvement has included work with mosques, job centres, Council departments, the NHS and community organisations.
- In child health a school nursing needs assessment has been completed in draft, work has begun on female genital mutilation needs assessment, smoking in young people in the Turkish community, a

breast feeding friendly initiative introduced and 12 parent engagement champions are to be trained to work with the community.

- The health check targets for 2013-14 were exceeded as well as the offer targets.

- The Annual Public Health report is nearly complete.

- Information has been uploaded to the public health webpages.

Questions/Comments

1. Life expectancy is lower among both males and females in wards in the east of the borough, including Ponders End. New data from Enfield Chase, Enfield Lock, Ponders End and Jubilee is just out.

2. The schemes for increasing life expectancy have not been running for long and the work being done is based on good practice which should have an impact in the long term. Hypertension and smoking levels are key. In future focus will be placed on certain at risk populations such as the Turkish smokers.

3. One of the benefits of the transfer of public health services to the authority is the ability to target resources more effectively in areas of greatest need. With a better recall system those who need the most help can be more accurately identified.

AGREED to note the contents of the report and the appendix.

2. Joint Commissioning Board

The Board received the report from Ray James (Director of Health, Housing and Adult Social Care) updating them on the work of the Joint Commissioning Board.

Bindi Nagra (Assistant Director Strategy and Resources – Health, Housing and Adult Social Care) and Graham McDougal (Head of Commissioning, Integrated and Acute Care at the CCG) presented the report to the board, highlighting the following:

- Work is continuing on primary care case management and risk stratification for older people. The risk model enables the patients with the highest risk of hospitalisation to be identified. 45 out of the 52 GP practices have signed up to the tool. Those patients judged to be at high risk will be subject to multidisciplinary conferences.

- Chase Farm Hospital's Older People Assessment Unit is operating at full capacity, although the unit at North Middlesex is less well used. Chase Farm is nurse led more focussed on social circumstances: North Middlesex is consultant led and more medically orientated. There are

benefits to both approaches but both could benefit by adopting some of the approach of the other. The scope of the service is being reviewed and a report due in September 2014.

- The community services contract with Barnet, Enfield and Haringey Mental Health Trust expires next year. A new procurement process has started. The council is working with the CCG on the tendering process. This will be referred to the Board later in the year.

- Work is continuing with the Learning Disabilities Self-Assessment Framework and the action plan produced in response to the Winterbourne View Concordat. Most people have now been bought back to Enfield with only one person now remaining in a placement outside the borough.

- Savings from reducing the numbers of assessment and treatment beds have been reinvested in community support.

- There are now 2558 carers on the Carers' Register. Recruitment to the Carers' Nurse position has been delayed as we are looking for a GP practice host.

Questions/Comments

1. Cross borough discussions are continuing on the joint mental health strategy which will now be considered at Cabinet later in the year.

2. Responsibility for school nursing and health visitors will transfer to the Council next year. Discussions are continuing.

3. The draft CAMHS (Children and Adolescent Mental Health Service) strategy is being put together with consultation due to take place in July and August 2014. The intention is to have a whole systems approach covering children and young people on a continuum.

4. A recent Care Quality Commission (CQC) inspection had highlighted the existence of a device that can be fitted that will monitor the smell of gas and turn it off automatically which would help where requests had been made to switch off the gas of a customer suffering from dementia.

5. Since GPs had been paid specifically for services, referrals had gone down.

6. Some GP's had not signed up to the Risk Stratification Programme in some cases because the surgeries were being staffed by locums.

7. As the network system develops there will be less dependence on individual practices for the take up of new services.

8. If the GP practice does not have a partner then arrangements for cover should be possible. Henrietta Hughes agreed to take this matter up at NHS England.

9. The Barnet, Enfield and Haringey Mental Health Strategy will focus on prevention rather than treatment in people known to have the most need. Bindi Nagra will feed in comments to the consultation regarding working with the prison services and the minority ethnic communities. Bridging the gap, making good transition arrangements for those aged between 18 and 25 was also an issue that needed addressing.

10. The community safety tap it ap was praised by Henrietta Hughes.

AGREED to note the contents of the report.

Improving Primary Care Board

The Board received a report from Dr Mo Abedi, Medical Director NHS Enfield CCG updating them on the work of the Primary Care Sub Board.

Graham McDougal (Head of Commissioning, Integrated and Acute Care at the CCG) presented the report to the Board highlighting the following:

- This is the third year of operation of the Prevention and Primary Care Strategy and the group are looking to consolidate the successes of the last two years.

- Development of the four GP networks is continuing. Two networks are going through the accreditation process.

- Expressions of interest for co-commissioning services were invited by NHS England in May 2014. Possible areas being considered include primary care, bariatic surgery, chemical and radio therapies and HIV treatment. Co-commissioning could operate at various levels.

- The CCG has been informed that it will receive £0.5m less than hoped from transition arrangements. Spending priorities are being adjusted.

Questions/Comments

1. The impact of losing the money is still being worked out. Savings will be made across the larger areas and will be reported to the Improving Primary Care Sub Group. More feedback will be included in the next update report.

2. Childhood obesity is reducing. The specific intervention with 30 of the most obese children was successful but this was very expensive. The wider public health team will be working to address the problems.

3. Female Genital Mutilation was a relatively new area of work for the NHS. NHS England would be asked to report to the board on what was being done. Referrals are made to children's social care.

AGREED to note the contents of the report.

9
WORK PROGRAMME 2014/15

The Board noted that the work programme for 2014/15 will be discussed at the development session on 9 September 2014.

10
MINUTES OF MEETING HELD ON 20 MARCH 2014

The minutes of the meeting held on 20 March 2014 were agreed as a correct record.

11
DATES OF FUTURE MEETINGS

AGREED that full board meetings would take place as follows:

- Thursday 16 October 2014
- Thursday 11 December 2014
- Thursday 12 February 2015
- Thursday 14 April 2015

AGREED that future development sessions would take place as follows:

- Tuesday 9 September 2014
- Thursday 13 November 2014
- Thursday 22 January 2015
- Thursday 12 March 2015

All meetings will take place at the Civic Centre at 6.30pm.

Dr Alpesh Patel, Chair of the Clinical Commissioning Group, announced that he would stepping down from his position on 31 July 2014, as his term of office had come to an end. A new CCG chair would be elected and would attend future meetings of the board.

The Chair gave a vote of thanks, on behalf of the board, for his work over the past two years.

12
EXCLUSION OF PRESS AND PUBLIC