# MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 15 OCTOBER 2015

## MEMBERSHIP

**PRESENT** Shahed Ahmad (Director of Public Health), Deborah Fowler (Enfield HealthWatch), Doug Taylor (Leader of the Council), Nneka Keazor, Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Kim Fleming (Director of Planning, Royal Free London, NHS Foundation Trust), Julie Lowe (Chief Executive North Middlesex University Hospital NHS Trust), Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust) and Paul Jenkins (Chief Officer - Enfield Clinical Commissioning Group)

**ABSENT** Ian Davis (Director of Regeneration and Environment), Ray James (Director of Health, Housing and Adult Social Care), Litsa Worrall (Voluntary Sector), Vivien Giladi (Voluntary Sector), Dr Henrietta Hughes (NHS England), Ayfer Orhan, Alev Cazimoglu and Tony Theodoulou (Interim Director of Children's Services)

**OFFICERS:** Bindi Nagra (Joint Chief Commissioning Officer), Sam Morris (Participation and Involvement Officer), Natalie Orchard (Partnership Administrator), Jill Bayley (Principal Lawyer - Safeguarding) and Julian Edwards (Interim Assistant Director Children's Social Care) Penelope Williams (Secretary)

## 1
## WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

Apologies from Councillors Ayfer Orhan, Alev Cazimoglu, Ian Davis, Vivien Giladi, Tony Theodoulou, Ray James.

## 2
## DECLARATION OF INTERESTS

There were no declarations of interest.

## 3
## BARNET ENFIELD AND HARINGEY MENTAL HEALTH TRUST SUSTAINABILITY REVIEW

The Board received the report from the Enfield Clinical Commissioning Group (CCG) on the outcomes from the recently completed Barnet, Enfield and Haringey Mental Health Services Sustainability Review.

## 1. Mental Health Sustainability Review

Paul Jenkins, CCG Chief Officer presented the report to the Board highlighting the following:

- The purpose of the review was to find ways to achieve sustainability across the Mental Health Trust, considering both the opportunities and challenges it faces.

- The review was an external review carried out by Carnall-Farrar, and sponsored by the Trust Development Authority. It considered the quality of the services provided, the outcomes required as well as mechanisms for delivery.

- The recommendations are now with the Barnet, Enfield and Haringey NHS Trust. The review was supportive of the Trust and the Trust was pleased that it showed shared values and an understanding of the challenges faced.
- The review judgements on quality and outputs were positive, in comparison with similar trusts in London, and they will provide opportunities for both the commissioners and the trust to improve what they do and for the transformation of services. The full report can be made available on request.

- Areas for improvement include improving the infrastructure – maximising the use of the estate - and making clear changes in the models of care provided, as well as reducing length of stay. As with similar trusts, there is a need to work leaner, smarter and more efficiently.

- It is necessary to understand what is causing the deficit and provide redress linked to the wider transformation programme recognising recognition that efficiencies need to be resolved.

- The interim agency workforce is another area to be addressed.

- Working out how improvements can be carried out will take place over the next few months, working with the regulator, the three boroughs and the three clinical commissioning groups. A more structured action plan is proposed. Enfield will help to facilitate this.

- This is an opportunity for the trust, not just about the finances but about improving quality, responsiveness and outcomes, working on behalf of patients and residents.

## 2. Questions/Comments

2.1 Andrew Wright, on behalf of the Mental Health Trust, advised members that he welcomed the positives from the review and the support of his

commissioning colleagues. The positives including on performance, staff and most significantly on the long term sustainability of the trust as it exists at present. The potential that the trust might have had to merge with another trust was very unsettling and unhelpful. Now it will be possible to work with the commissioners on the longer term sustainability and to address the underlying funding issues.

2.2 Deborah Fowler asked to be sent copies of the full reports.

2.3 Enfield and the other local authorities have been fully engaged with the review, our Chief Executive was interviewed and Enfield was part of the feedback.

2.4 The review removes some of the speculation and rumour that has been circulating around the future of the trust.

2.5 The work on improving the trust will be carried out in collaboration with the North Central London boroughs and will include the Tavistock Institute. Mental health is a key area for the North Central London boroughs and the intention is to include Camden and Islington. Although these boroughs have different financial circumstances they all face similar challenges. All will be involved in preliminary discussions.

**AGREED** to note that over the next 6 months, each of the recommended actions will be scoped and a more detailed programme plan developed, with the programme structure and resources put in place. A full stakeholder engagement and communications plan will be developed to ensure that staff, external stakeholders and patients are engaged and kept informed as this important work progresses.

**4**
**NORTH CENTRAL LONDON COLLABORATION OF CLINICAL COMMISSIONING GROUPS (CCGS)**

The Board received the report and presentation from Paul Jenkins, CCG Chief Officer containing an overview of the work of the North Central London Collaboration Board.

**1. North Central London Collaboration Board**

Paul Jenkins presented the report to the Board highlighting the following:

- The collaboration board have considered the options for working collaboratively, supporting the case for change with the aim of improving health and reducing health inequalities.

- The North Central London boroughs have been investigating ways of working collectively together in a similar way to other groups of boroughs in other parts of London.

- The boroughs are hoping to put together a streamlined and systematic health care offer, linking in the outcomes from Carnell Farrar Review, all working against the backdrop of significant financial challenge. Together the bodies are facing a deficit of between £400m to up to £1 billion across North Central London by 2019/20.

- This area includes a very large population - 1.4m residents.

- Staff recruitment and retention issues are variable, but all need to be able to attract and retain the highest calibre individuals to deliver future plans.

- It is a very complex health and social care landscape.

- The full report will be made available.

- Across the region life expectancy and clinical outcomes vary. Adults with long term conditions and mental health illness account for significant proportions of the money spent. The majority of money is spent on acute hospital care, followed by mental health, community and primary care.

- All the five CCG's are in the highest quartile nationally for prevalence of mental health.

- North Central London is facing significant clinical and financial challenges. If nothing is done and the organisations continue to work individually, the cumulative challenge would be £891m by 2019/20. This would be a significant increase in costs with no increase in outcomes or delivery.

- Priorities have been investigated and seven areas for joint improvement have been identified: a programme which looks to realise the opportunities through working with local authorities and other provider colleagues.

- The collaboration board had been set up to support the collective endeavour, making a case for change and setting out strategic objectives.

- Four programme work-streams have been prioritised, based on strategic objectives and the case for change. They are: optimising the use of the estate; prevention and self-care; care for those with chronic complex needs; care for those in child and adolescent mental health services (CAMHS).

- Four programmes have the potential to start immediately: These are redesigning acute services with an immediate focus on urgent and emergency care managing patient expectations and improving

infrastructure, mental health with an immediate focus on transforming inpatient care, care pathways with an immediate focus on primary care, system wide enablers with an immediate focus on estates.

- Various governance models are being considered by partners and stakeholders. Options include everything from a full federation of sovereign CCGs to a formal joint committee. If a new entity were to be created, GP practices will need to be part of the process.

## 2. Questions/Comments

2.1 A very successful meeting had been held in September, involving all the partners. This has created a good platform to build upon. The clinical case for change will need to be articulated, before any more can be done, alongside a financial piece of work. Both will be needed.

2.3 Other authorities have more money than Enfield, but not significantly better outcomes. It is important to think about how we can meet the standards of the future and there will be a need for consolidation. Personal fiefdoms will not be possible when considering what is affordable. The future will bring different challenges.

2.4 There is likely to be a convergence of funding across the five authorities.

2.5 There is some very successful collaboration in North West London and in Hertfordshire. Where parties are in serious financial difficulty it will be necessary to find a way forward. to find a strategic solution with the commissioners and providers, working closer together, sharing knowledge and ideas. This is beginning to happen. It is important that people are honest and frank.

2.6 Public Health has a strong role to play.

2.7 Before a governance model can be decided upon, the evaluatory framework will have to be considered and key principles identified. Clear principles are essential to ensure transparency when decisions are made in collaboration.

2.8 A voting mechanism will be necessary for conflict resolution.

2.9 There is some growth in the NHS budget but there is no growth in the local government budget. It will be necessary to understand what the reductions in funding will mean in reality.

2.10 There is some concern about special interest groups. Officers are stretched to attend all the various groups and there needs to be some consideration as to whether the groups are doing what they need to do. Are they strategic or operational?

2.11 The appointment of the programme director has to be considered. An experienced interim has been appointed, Janet Soo Chung, who is based in Camden, but all parties would want to be involved in a substantive appointment.

2.12 Governance issues are important to ensure that decisions can be taken at an appropriate level, without unnecessarily slowing down processes. Everyone will need to work differently in the future.

2.13 Ruth Carnall, author of the review, had said that it would not be possible to make major changes, without resources, but there are no resources.

2.14 There is a growing demand for services in primary care, but a decreasing capacity. There will be no new money, but it will be possible to change the application of commissioner spend resources between different areas.

2.15 There are multiple layers of groups and decision makers across the five boroughs including several system resilience groups. There is now an opportunity to improve what we currently have and to make systems more efficient and effective.

2.16 The same report on the procurement of the 111/Out of Hours service went to all five Health and Wellbeing Boards. There is already a joint health overview and scrutiny committee and with the right delegation and structure it could be possible to create one body covering all areas to deal with cross borough issues.

2.17 The aim is that final collaboration proposals will be fully developed and ready for decision in November 2015, but there is a need for further discussion both locally and across all the organisations involved. Special meetings may be necessary to sign off decisions.

**AGREED** to note the progress achieved towards the collaborative working of the North Central London clinical commissioning groups.

## 5
## OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME

The Board received a report for information on the Overview and Scrutiny Work Programme.

**AGREED** to note the Overview and Scrutiny Work Programme, particularly the items to be considered by the Health Standing Panel.

## 6
## REPORT BACK FROM DEVELOPMENT SESSION

The Board received a report, updating them on the outcomes from the development session held on 14 September 2015.

NOTED

1. The Board had explored the topic of “influence” and decided that a key issue in terms of system’s leadership was sugar.

2. A full paper would be bought back to the December formal board meeting.

3. The Board had also decided that they would like to communicate more outwardly and would be sending out messages after the meetings in the form of tweets.

4. Bindi Nagra and Shahed Ahmad would draft a tweet to send out on the day following the meeting.

**AGREED** to note the work undertaken at the development session.

**7**
**DEVOLUTION**

The Board received a briefing note on local government devolution.

NOTED

1. The devolution proposals follow on from the agreement for a combined authority in Greater Manchester.

2. London Councils and the Mayor of London have been working on the proposals for London and have been asking for authorities to volunteer for pilot schemes.

3. As part of a devolution programme at the local level, intervention and prevention on dementia and strokes are possible areas for consideration. Bids are being considered.

4. The North Central London estates programmes could also be an area for investigation.

5. London has been divided into 4 sub regions. Enfield falls into the Local London region made up of 8 other boroughs but this is not co-terminus with the North Central London health economy.

6. The Local London Group is developing its own proposals around a number of fields including business, education and skills, employment, housing, health and social care and crime and justice.

7. The Government is due to make announcements in November.

8. A legal identity will need to be created. Form will follow function.

9. All the different groupings are already aggregates of existing structures which have different interests and structures so this should not be threatening.

10. An update will be provided to a future meeting.

11. London councils are looking for expressions of interest for devolution pilot sites. They are looking for borough prevention pilots.

**Action:** Officers to consider the merit of submitting an expression of interest to be a Stroke and Dementia Pilot.

**8**
**SUB BOARD UPDATES**

**1. Health Improvement Partnership Board**

The Board received the report from the Health Improvement Partnership Board updating them on work of the board.

Shahed Ahmad highlighted the following from the report:

- Enfield is a national lead for blood pressure management. It has been used as a case study by National Public Health England Blood Pressure System Leadership Board and we will be supporting NHS England at a national conference.

- Enfield is supporting the London Care Transformation across the Capital.

- The Royal Society of Public Health held a national conference on Health Trainers which was hosted in Edmonton. Feedback has been very positive.

**2. Questions/Comments**

a. It was suggested that information about our successful blood pressure work could be the subject of a tweet.

b. Our immunisation data performance data is not as accurate as it should be and shows poorer performance than was felt to be the case. This was due to past IT problems which are now being rectified. The latest statistics and trends are being sought from NHS England. There is no room for complacency and the council is working with colleagues to improve immunisation rates, but as there have been no disease outbreaks, it is thought that the coverage was better than implied by the data. NHS England are now responsible for immunisation.

**AGREED** to note the report.

## 3. Joint Commissioning Board

The Board received an update report on the work of the Joint Commissioning Board.

Bindi Nagra presented the report to the Board and highlighted the following:

- The Integrated Sexual Health and Community services contract will be transferred to the North Middlesex Hospital NHS Trust on 1 November 2015. Several issues are still to be addressed but we are confident that these will be addressed.

- Commissioning responsibility for the Health Visiting and Family Nurse Partnership services has been transferred to the local authority.

## 4. Questions/Comments

a. The Family Nurse Partnership scheme is close to capacity. There have been lots of discussions about these arrangements and the possibility of replacing the scheme, perhaps with a home grown version. It was agreed that there was merit in providing a targeted intensive programme, but as the programme has reached capacity it will need to be reshaped in the future. This is not a priority as we will have to wait until the current agreement expires.

b. A transformation plan for the joint Enfield Council and CCG Strategy for the Emotional Wellbeing and Child Adolescent Mental Health for 0-18 years was due to be submitted by 16 October 2015. This will deliver significant new resources for the borough: £170,000 in the first, £500,000 in the second and £500,000 in the third years.

**AGREED** to note the report and its appendices.

## 5. Primary Care Update

There was no update for this meeting.

## 6. Integration Sub Board

The Board received a report from the Enfield Integration Board.

Mo Abedi presented the report to the board and highlighted the following:

- Two meetings had taken place since the last formal board meeting.

- The final business case for the Older People's Integrated Care Programme had been approved by the Integration Sub Board.

- The Integration Sub Board had approved in principle a replacement project within the Children and Young People work stream for bringing the support to young people with learning difficulties and challenging behaviours back into the borough in order to improve the quality of provision and provide value for money.

- One of the risks identified in the better care fund risk report – the risk around the failure to reduce emergency admissions – had occurred. A steering group had been set up to analyse the data and produce a recovery plan.

- Fluctuating delays in the transfer of care was also a problem.

- All board members would be invited to future sub board development sessions.

**7. Questions/Comments**

a. Emergency admissions were increasing but it was felt to be misleading to include the same figures twice on page 33 of the report. It was felt that it would be more accurate to use one set of data.

**AGREED** to note the report, including the performance report summarised within the main body of the report.

**9**
**MINUTES OF THE MEETING HELD ON 14 SEPTEMBER 2015**

The minutes of the meeting held on 14 September 2015 were agreed as a correct record.

**10**
**FUTURE ITEMS LIST 2015/16**

NOTED that the following items will be considered at future meetings:

**Full Board Meeting - Thursday 10 December 2015**

- Devolution
- Better Care Fund
- LBE Budget Consultation
- System Leadership Proposal
- Future in Mind CAHMS Scheme
- Vanguard Bids

**Development Session – Wednesday 4 November 2015**

- Housing and Health

- Primary Care

The Tower Hamlets Vanguard bid will be discussed at a future development session.

## 11
## COMMUNICATIONS

Communications were discussed earlier in the meeting.

## 12
## DATES OF FUTURE MEETINGS

To note the dates agreed for future meetings as follows:

- Thursday 10 December 2015, 6.15pm
- Thursday 11 February 2016, 6.15pm
- Thursday 21 April 2016, 6.15pm

To note the dates agreed for board development sessions as follows:

- Wednesday 4 November 2015, 2pm
- Wednesday 6 January 2016, 2pm
- Wednesday 2 March 2016, 2pm