MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 10 DECEMBER 2015

MEMBERSHIP

PRESENT Shahed Ahmad (Director of Public Health), Deborah Fowler (Enfield HealthWatch), Vivien Giladi (Voluntary Sector), Councillor Alev Cazimoglu, Councillor Doug Taylor (Leader of the Council), Councillor Nneka Keazor, Mo Abedi (Enfield Clinical Commissioning Group Chair), Kim Fleming (Director of Planning, Royal Free London, NHS Foundation Trust), Julie Lowe (Chief Executive North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

ABSENT Ian Davis (Director of Environment), Ray James (Director of Health, Housing and Adult Social Care), Dr Henrietta Hughes (NHS England), Councillor Ayfer Orhan, Tony Theodoulou (Interim Director of Children's Services) and Paul Jenkins (Chief Officer - Enfield Clinical Commissioning Group)

OFFICERS: Bindi Nagra (Joint Chief Commissioning Officer), Glenn Stewart (Assistant Director, Public Health), Eve Stickler (Assistant Director - Strategic Commissioning), Jill Bayley (Principal Lawyer - Safeguarding), Isabel Brittain (Assistant Director of Financial Management) and Tha Han (Public Health Consultant) Penelope Williams (Secretary)

1
WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting. Apologies for absence were received from Councillor Orhan, Dr Henrietta Hughes, Tony Theodoulou and Paul Jenkins.

Deborah McBeal was standing in for Paul Jenkins, Eve Stickler for Tony Theodoulou, Bindi Nagra for Ray James and Bob Griffiths for Ian Davis.

2
DECLARATION OF INTERESTS

There were no declaration of interests.

3
CHANGE IN THE ORDER OF THE AGENDA

It was agreed to change the order of the agenda. Item 7 on the budget consultation was taken before item 4 on the Royal Free Vanguard. The minutes reflect the order of the original agenda.

4
ROYAL FREE VANGUARD

The Board received a briefing note on Royal Free NHS Foundation Trust Vanguard Bid.

Kim Fleming, Head of Planning at the Royal Free NHS Foundation Trust, highlighted the following information:

- The bid was an outcome of various processes and discussions around ways to develop new models of care.

- The process involves a five year forward view.

- The Royal Free will be working with Northumbria Healthcare NHS Trust and the Salford Royal NHS Foundation Trust to develop a group of providers to collaborate with. This would involve primary care as well as acute providers.

- Working together would enable the trusts to operate at a scale that could lead to a reduction in unit costs.

- The proposals were flexible at this stage but they could involve new clinical models of care including treatments for common conditions, looking at new behaviours and finding ways to overcome difficulties in working in particular ways. This could involve making changes to government regulations where they prevented them from working in certain ways.

- It would be a joint venture and would enable the different trusts to learn from each other and to benefit from particular areas of expertise.

- All health services were suffering financial challenges. The Royal Free was having to save £48m per year. Therefore it was important that they were not distracted from their key functions, but this bid would enable them to look at different ways to improve services.

- The next stage is to make a further submission. Final decisions on this will be made in March 2016.

2. Questions/Comments

2.1 Each of the three trusts had very different areas of expertise which would be useful to the other two. Salford was highly advanced in clinical safety and quality. Northumbria was recognised for their work on improving patient involvement and engagement.

2.2 All were interested in group models involving working with other partners to facilitate ways of working which were not easily facilitated or even not permitted under current regulations.

2.3 A large cost in health care arises from regulation and commissioning. Simplifying commissioning could save money.

2.4 The two deepest problems facing the health service were improving services and surviving financially.

2.5 The Royal Free had already been in a spontaneous learning set with these trusts and had been looking at options for sharing knowledge and experience. The Vanguard bid was an opportunity to develop this further.

2.6 Operating at scale and simplifying structures and procedures could improve the patient experience and help save money. The aim was to provide effective and efficient clinical care across all areas of the NHS.

2.7 The risks to health inequalities were something that would be considered.

2.9 If possible the details of the final bid would be shared with the Board.

AGREED that hospital chains should be looked at during a future development session.

5
CYCLE ENFIELD

The Board received a report from the Director of Regeneration and Environment updating them on the Cycle Enfield proposals.

Glenn Stewart (Assistant Director of Public Health) and Bob Griffiths, (Assistant Director of Planning, Highways and Transformation) presented the report to the Board.

In their comments they conveyed the following information:

1. The figures quoted for increasing cycle levels (from 1% to 5%) were derived from studies and work with the University of Westminster based on research and what happened in Amsterdam during the 1970's. Enfield has low cycling rates compared with other parts of the country.

2. Meeting physical activity guidelines is associated with a reduction in all long-term conditions of between 20 and 40% (depending on the condition). Long term conditions account for 70% of the NHS budget.

3. A modal shift away from motorised traffic would also have positive benefits in air quality. Currently 17% of deaths in Enfield are related to poor air quality.

4. Cycling will be given and equal weight to vehicle traffic. If nothing was done about the traffic, Enfield would become permanently gridlocked. 80% of journeys in Enfield are cyclable.

5. A business and economic assessment had been carried out and the proposals have been designed to have a positive impact on local business.

6. It has estimated that the introduction of cycle routes will increase car journey times by only 50 seconds.

7. The proposals provide an opportunity for us to transform the way that we move around the borough.

8. All objections will be considered and ways investigated to overcome difficulties highlighted.

NOTED that individual board members gave their opinions.

AGREED to note that physical activity was important for health, the progress to date and the potential benefits to the borough of Cycle Enfield.

6
SYSTEM LEADERSHIP PROPOSAL/SUGAR REDUCTION

The Board received a report from Ian Davis, the Director of Regeneration and Environment about the Scientific Advisory Committee on Nutrition's recommendations about sugar consumption.

Glenn Stewart presented the report to the board.

NOTED

1. Members discussed the suggestions, as to what could be done at a local level to encourage sugar reduction, set out on page 19 of the agenda pack.

2. Chase Farm Hospital had developed some of the leading thinking on sugar reduction.

3. Removing sugary drinks from council and hospital vending machines and replacing with a non-sugar equivalent was considered. Diet drinks were not necessarily the answer, as there were also some concerns about these. Public Health advice was to drink water whenever possible. But diet drinks were a possible first step to reducing sugar intake.

4. It was suggested that the Council could include a clause in any contracts they let to state that contractors would not provide sugary drinks for their workers.

5. Intervening in the market to set up social enterprise businesses, selling healthier alternatives to the usual takeaway, was put forward as a suggestion. This could possibly be implemented through the planning system.

6. A fully worked up strategy for the board to consider would be more effective than the list of suggestions. A healthy weight strategy was being developed. Following completion of the strategy, a plan should be drawn up including long, medium and short term sugar reduction goals.

7. Advertisements can be and effective way of pointing out the dangers of too much sugar.

8. Reducing portion sizes and stopping two for one offers, should also be considered.

9. Not serving sugar with tea and coffee was another suggestion.

10. There was some support for the implementation of a sugar tax.

11. The view that it was important to consider what would be practically possible. In real life people need to be able to have some treats.

12. Work tailored to the needs of particular communities would also be necessary. Changing behaviours and habits would however take time.

AGREED that the final draft of the Healthy Weight Strategy, containing sugar reduction goals, and supporting action plan be presented to the board at a future meeting.

7
LONDON BOROUGH OF ENFIELD BUDGET CONSULTATION 2016/17

The Board received a presentation on Enfield's 2016/17 budget consultation from Isabel Brittain, Assistant Director Finance. Copies of the presentation slides are attached to the agenda or available from the Board Secretary.

1. Budget Presentation

Isabel Brittain highlighted the following:

- The presentation had also been given to a selection of focus groups and to area meetings organised by associate cabinet members.

- The consultation survey had also been delivered to every household in the borough and was available on line. Over 300 responses had already been received.

- All the responses will be fed in to the Overview and Scrutiny Committee Budget meeting in the New Year.

- The Council's gross expenditure for 2015/16 is £1,064 billion. Much of this is pass-ported directly on to services including schools and benefits. The council's controllable budget is only about a quarter of the whole amount.

- The money received from Government has since 2010 has been, and is anticipated to be, going down and is predicted to be reduced cumulatively by £71.2 million by 2019/20. Significant savings will need to be made in all areas.

- Other budget pressures include increases in care costs and additional responsibilities for the Council, increasing demand for council services due to population growth and an ageing population, increased costs for new borrowing for capital investment, increased costs of running services due to inflation and an upturn in the property market increasing rents.

- The Council will know for certain how much the Government grant is likely to be, in Mid-December 2015.

- The possibility of raising the Council tax to bring in more money is being considered, but this will not bring in a large amount as the amount that the tax can be increased by, without a referendum, is capped at 1.9%.

2. Questions/Comments

2.1 Enfield received £550 per head from Government compared to Islington which received £900 per head. Enfield suffers from the damping formula which means that they receive £10 million per year less than the Government judged was needed.

2.2 By 2020 the Government's long term strategy is that the percentage of money spent by the state will fall from 42% (in 2001) of gross domestic product to 36% (in 2020). This compares with 52% in France. As welfare, health and education have been protected, savings will have to be made from every other area. Even if the economy is buoyant services will suffer.

2.3 Long term the Council is trying to counter some of the effect by making capital investments in areas such as Meridian Water the Electric Quarter in Ponders End, creating more jobs and housing. Difficult decisions will have to be made. By law the Council cannot run a deficit and has to set a balanced budget.

2.4 The Government has also promised to allow Council's to keep their business rates, but how this is to be done has not been decided.

2.5 £70m from a budget of £250m represents a near 30% cut.

2.6 To note that in the Comprehensive Spending Review CRS cuts to public health had been announced. Eventually it is intended that this budget will disappear and public health funding will come from the business rate receipts.

8
FUTURE IN MIND TRANSFORMATION PLAN - CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

The Board received a report from Graham McDougall (Director of Strategy and Partnerships Enfield Clinical Commissioning Group) on the Child and Adolescent Mental Health Services (CAHMS) Future in Mind Transformation Plan.

Claire Wright (Head of Strategy Enfield Clinical Commissioning Group) presented the report to members highlighting the following:

- Future in Mind is a national vision for the improvement of mental health services for children and young people. The CCG has been asked to submit plans for its implementation. These plans were approved on the day before the meeting.

- They involve collaboration across partnerships.

- There are five key themes: accountability and transparency, improving access to effective support, care for the most vulnerable, promoting resilience, prevention and early intervention and developing the workforce.

- CCGs have been allocated three areas of funding as well as money for training places for Improving Access to Psychological Therapies for children and young people. There is also extra money for CCGs who already fund services for eating disorders and for self-harm and crisis intervention.

- Additional funding for perinatal mental health has also been promised.

- Recent pressures include increasing numbers of people self-harming and longer waiting times. The increase could be partly due to better reporting of the data.

- The priority is to build a platform for the future. Additional investment is being made.

Questions/Comments from the Board

1. There was some concern that there was not enough focus on early intervention as well as dealing with people in crisis. Whole system approaches were required.

2. Enfield does better than others on emergency admissions and there is a good relationship between the CAMHS service and the specialist Royal Free unit. Enfield CCG is commissioning emergency admissions at Barnet Hospital but there is some concern about lack of support from other boroughs.

AGREED to note the contents of the report. The full plan will be circulated subject to further advice from NHS England.

9
DEVOLUTION

The Board received a briefing note on health devolution in London, originally produced for London Councils.

Shahed Ahmad introduced the item stating that an announcement by the Treasury on the proposals was due in the following week.

NOTED

1. The five North Central London CCGs had been working on a pilot and had submitted an initial devolution proposal containing a shared vision around estates which could release money for capital and revenue, improving financial sustainability.

2. There will be opportunities to link up across the NHS and the Council to benefit from economies of scale.

3. Estates are an enabler for providing access to services and care.

4. Many of the current buildings are not fit for purpose and new models of care will have different requirements.

5. If the initial proposal if approved, a more detailed plan will be developed. If so this will be circulated to the Board next year.

10
STROKE AND DEMENTIA PREVENTION UPDATE

The Board received a report on stroke and dementia prevention from Dr Tha Han, Consultant in Public Health.

Cardiovascular disease is the biggest cause of death in Enfield and is a high t cost, not only to the health service but to individuals in terms of suffering. Numbers are rising. However stroke is largely preventable. The risk factors leading to both strokes and dementia are similar.

1. Comments and Questions from the Board

1.1 It was felt that the list of ways of tackling risk factors set out in paragraph 6 of the report should be drawn together in a strategic framework.

1.2 There are 1,888 recorded cases of dementia in Enfield. It is likely that the true figure is closer to 3,000. Only those who have been formally diagnosed with be able to access intervention and support.

1.3 The pick-up rate is improving and Enfield generally performs well. However referrals have increased and despite increased performance there is still much to be done.

1.4 Healthwatch had concerns about the lack of support for dementia patients. After they had attended a memory clinic, there was no further support on offer. It was also felt that more should be provided in the way of signposting to appropriate services.

1.5 The Over 50's Forum was also concerned. Although identification of dementia and treatment had improved significantly over the last 5 years, there was still felt to be a large reservoir of untreated people.

1.6 The fact that dementia might be preventable was not well understood. The voluntary sector representative asked for public health to publicise it more widely.

1.7 The Mayor of Enfield had held a Dementia Awareness Event on the preceding Saturday.

1.8 Early diagnosis was important. The earlier that people are diagnosed the better care they can access. There was a lot that can be done to improve people's lives.

AGREED to note the report and that a stroke and dementia action plan would be bought back to the Board. **Action: Tha Han**

11
SUB BOARD UPDATES

1. Health Improvement Partnership Update

The Board received a report from the Health Improvement Partnership.

NOTED

1.1 The prevalence of diabetes is likely to increase to 30,000 by 2030. This would place a huge burden on health and social care.

1.2 GPs are not able to share blood test results with the North Middlesex which means that repeat tests have to be made. It was agreed that the board would write to Julie Lowe at the North Middlesex to ask if it would be possible for them to share their blood test results.

Action: Shahed Ahmad

1.3 CCG have been running structured patient education sessions in primary care.

AGREED to note the contents of the report.

2. Joint Commissioning Update Report

The Board received a report updating them on the work of the Joint Commissioning Sub Board.

NOTED

2.1 The responsibility for commissioning Health Visiting and the Family Nurse Partnership was transferred to the Council on 1 October 2015. The council will be working with the main provider to work out how to provide the services most effectively.

2.2 A patient carer service is being commissioned at present. It was planned that it would be open in January. Further information would be provided to Deborah Fowler on the current situation.

Action: Bindi Nagra

2.3 Work was taking place to provide appropriate placements for older people needing long term mental health care. The Seacole Unit at Chase Farm was meant to be an assessment unit, not a place for long term care. Support was being provided to the Community Intervention Team to enable them to support people in crisis rather than admitting them for treatment. Bed usage had fallen to almost none. It is anticipated that only one or two a year would be needed in future.

2.4 Councillor Taylor welcomed the reduction in smoking prevalence.

AGREED to note the report.

3. Primary Care Update

NOTED

3.1 A new Transforming Primary Care framework is being developed. This sets out the key underpinning role for primary care and describes where it would like to be and what each organisation should do. This includes developing the patient offer. However currently there are no spare resources to develop the proposals. It is hoped that once

priorities have been agreed, over time it will be possible to implement them.

3.2 A lengthy discussion on the framework had been held at the recent Health Improvement Partnership meeting. The patient offer is a key part it, describing what is expected from patients and what they can expect from services.

3.3 There was some concern expressed about how it would be possible to deliver the proposals and whether they would make a substantial difference.

3.4 It was felt that involving and engaging patients would be the key to success.

3.5 The notion of self-care was one that it was felt should be treated warily. On a continuum, it could be framed as a way to assist people in preventing their own ill health. The patient offer should be seen as a way of enabling self-care.

3.6 GPs needed to buy in to the framework. It was not possible for every GP practice to do everything.

3.7 This was a good opportunity to focus on what was wanted and to start to move in the right direction.

3.8 There was a need for an easier registration process for new patients at GP surgeries.

3.9 There was still no agreement on how local authorities would be represented on the new co-commissioning structure. This group had so far only met once formally. Previously it had been a steering group. Deborah McBeal agreed to feed back on the representation issue.

Action: Deborah McBeal

3.10 Mo Abedi advised that GPs were supportive of the new proposals. He suggested that a wider discussion on this take place in a development session to which some of the GPs on the Clinical Commissioning Group board could also be invited.

3.11 There was concern expressed about the shortage of GPs in the borough at a time of rising population and when a large proportion of people in the borough were in poor health.

3.12 Concern was expressed that two of the GP networks were not working well together.

3.13 Members were pleased that an on line booking system had been introduced but were disappointed that only 6% of bookings were being

done on line. It was felt that more advertising to let people know that they could book online was needed.

3.14 More information was requested on what the clinical outcomes were and how and when they could be achieved.

AGREED to note the contents of the report and the local authority deliverables in the patient offer.

4. Better Care Fund

The Board received an update report on the Better Care Fund from Bindi Nagra (Assistant Director Strategy and Resources – Health, Housing and Adult Social Care) and Graham MacDougal (Director of Strategy Enfield CCG) setting out the latest performance data and financial position.

4.1 Bindi Nagra presented the report highlighting the following:

- Non elective admissions are forecasted to increase by over £1.8k compared to 14/15. There has been little growth in accident and emergency. The trends match the national picture. Long term admissions are generally declining, but rising at North Middlesex. The CCG were aware of the issue and it was being discussed.

4.2 Board Questions and Comments

4.2.1 It would be helpful if the data could be presented without the need for colour.

4.2.2 The Better Care Fund would be discussed again in January 2016.

AGREED

1. To note the contents of the report, including the current performance metrics and actions being taken to improve the performance and respond to findings from recent reviews.

2. To note the Q2 return was submitted to NHS England on 27 November 2015 as required.

3. To note that further development sessions will be held in January 2016 with the Integration Board and wider stakeholders, to inform planning for the Better Care Fund in 15/16.

12 FEEDBACK FROM THE HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION

The Board noted the feedback from the Health and Wellbeing Board Development Session on the impact of housing on health.

13
MINUTES OF THE MEETING HELD ON 15 OCTOBER 2015

The minutes of the meeting held on 15 October 2015 were received and agreed as a correct record.

14
FUTURE ITEMS

The Board noted the items identified for consideration at future full board meetings as follows:

11 February 2016

- Health and Wellbeing Terms of Reference
- Leisure and Culture Strategy

21 April 2016

- Healthy Weight Strategy
- Better Care Fund Update

The Board noted the items identified for consideration at future development sessions as follows:

6 January 2016

- Cancer Vanguard
- Sport Enfield

2 March 2016

- Diabetes
- Tower Hamlets Vanguard
- Hospital Chains
- Primary Care

15
DATES OF FUTURE MEETINGS

Noted the dates set aside for future meetings as follows:

- Thursday 11 February 2016, 6.15pm
- Thursday 21 April 2016, 6.15pm

Noted the dates agreed for board development sessions as follows:

- Wednesday 6 January 2016, 2pm

- Wednesday 2 March 2016, 2pm