

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY, 11 FEBRUARY 2016**

**MEMBERSHIP**

**PRESENT** Shahed Ahmad (Director of Public Health), Vivien Giladi (Voluntary Sector), Ayfer Orhan, Doug Taylor (Leader of the Council), Nneka Keazor, Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Julie Lowe (Chief Executive North Middlesex University Hospital NHS Trust) and Tony Theodoulou (Interim Director of Children's Services)

**ABSENT** Ian Davis (Director of Environment), Ray James (Director of Health, Housing and Adult Social Care), Deborah Fowler (Enfield HealthWatch), Dr Henrietta Hughes (NHS England), Alev Cazimoglu, Kim Fleming (Director of Planning, Royal Free London, NHS Foundation Trust), Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust) and Paul Jenkins (Chief Officer - Enfield Clinical Commissioning Group)

**OFFICERS:** Jill Bayley (Principal Lawyer - Safeguarding), Sam Morris (Strategic Partnerships Officer), Christine Williams (Public Health) and Jess Khanom (Acting Head of Leisure, Facilities and Sport) Penelope Williams (Secretary)

**1**

**WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting.

Apologies for absence were received from Councillor Cazimoglu, Paul Jenkins, Ray James, Dr Henrietta Hughes, Kim Fleming, Andrew Wright.

Apologies for lateness were received from Councillor Keazor.

Lorna Reith stood in for Deborah Fowler.

**2**

**DECLARATION OF INTERESTS**

There were no declaration of interests.

**3**

**LEISURE AND CULTURE STRATEGY**

The Board received a report from the Director of Finances, Resources and Customer Services on the Leisure and Culture Strategy.

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Jess Khanom, Acting Head of Leisure, Facilities and Sport, presented the report to the Board highlighting the following:

- The Leisure and Culture Strategy, launched last July 2016, focusses on improving lives in the community through leisure and culture.
- Leisure and sport has a big impact on health and wellbeing, social development and the local economy. It can be fun and exciting and bring the community together. As well as helping to develop skills for life and work.
- The strategy is based on three key principles: engage, inspire and grow: engaging with alternative groups, making use of alternative technology methods and social media; inspire by helping to raise aspirations, challenging the community, encouraging step challenges and helping to promote community cohesion; grow by helping people to develop and build resource capacity.
- Some work is being focussed on the five priority wards by working with the community and through the training of local staff.
- Nationally the Government is due to launch Department for Culture Media and Sport strategy to encourage people to undertake more physical activity.
- The service would like to use the findings from the National Commissioning Project and the Leisure Officers Association and Sport England, exploring the strategic positioning of sport and physical activities for wider social and health outcomes, to develop a joint outcomes framework with the Health and Wellbeing Board.
- We need to find out how best to implement measures to achieve the desired health outcomes and how to work with our partners to add value to our work.
- This will also be discussed with the Health Improvement Partnership Board.

### Questions/Comments on the Presentation

1. More work needed to be done when training new GPs, around the area of social prescribing, as well as encouraging exercise in the work place.
2. Primary Care would be the right place to start with these type of initiatives, but there were no resources for them or any formal referral mechanism.
3. Some funding had been made available to train up GPs in this area.

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4. One challenge was finding ways to best engage with a diverse population and to reach out to the hard to reach groups.
5. A recent project had been undertaken visiting mosques during Ramadan to highlight the issue of diabetes. A similar initiative could be undertaken to promote the benefits of exercise.
6. The suggestion that consideration of where the greatest benefits would be, needs to take place in order to target limited resources effectively was made: segmenting different groups and developing targeted strategies to address specific needs.
7. Sport could be off putting for older people and younger people often give up after leaving school. Ways to encourage continued participation, needed to be developed. A health scare was often a wake-up call. School nurses had the opportunity to work with a whole family when they contacted parents about overweight children in Reception and Years 1 and 2.
8. The ambition must be that every resident will have opportunities for physical activity but resources must be provided for those with difficulties and those who are most vulnerable.
9. A universal programme should be put in place.
10. There was concern about the lack of baseline data and the inability of judging therefore, the success of any initiatives. However children were measured in reception classes and in Year 6.
11. A root cause analysis of the issues was required to find out the reasons for lack of participation in physical activity. The whole family's needs would have to be addressed. This was not easy to do and would be a long term programme, but work was progressing in the 5 target wards.
12. The Local Authority would be working with partners to stimulate demand. We needed to work out how to use local influence to encourage use of services and how to best use the resources available.

### AGREED

1. To use the findings from the National Commissioning Project and work with the Chief Leisure Officers Association and Sport England to explore the strategic positioning of sport and physical activity for wider social and health outcomes.
2. To jointly develop and outcomes framework with the Health and Wellbeing Board and Health Improvement Partnership to enable a focus on key priorities.

## **FORWARD PLAN 2016/17**

The Board received a report from Sam Morris, Strategic Partnership Officer, on a work programme for full board meetings and the development sessions.

He reported that:

- He had consulted all board members, writing to them and asking them to put forward items for a work programme and had received a good response.
- It was felt that the board should focus on strategic issues.
- The frequency and number of the development sessions had been considered.

NOTED the following comments from the board:

1. Some concern that too many medical and not enough prevention issues had been included.
2. The need for some prioritisation of items so that one major item and one lesser can be discussed at each session. Sam Morris agreed to look at the scheduling of items.
3. The view that a whole session on primary care would be beneficial.
4. How Enfield fits in to the North Central London and tri borough proposals is another issue for consideration.
5. It would be helpful if it could be clear on future agendas whether an item is for information or for decision.
6. Child and adult mental health should be added to the programme.

## **AGREED**

1. To approve the forward plan for 2016/17 for formal board sessions with the amendments suggested above.
2. To approve the topics for discussion at the board development sessions in 2016.

## **5**

### **SUB BOARD UPDATES**

#### **1. Health Improvement Partnership Update**

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

NOTED

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- 1.1 A public health sustainability fund was being considered.
- 1.2 The North Central London Strategic Planning Group was due to make an initial submission on its 5 year plan in March 2016 with a final application in June 2016. It was hoped that engagement would take place at an early stage and not just at the end of the process.
- 1.3 Public Health was collaborating with North Central London on the case for change. Gaps being addressed included health care and financial issues.
- 1.4 Enfield was co-leading on health care. There was a general feeling that talent was being fragmented and there was duplication in several areas.
- 1.5 Enfield's work on blood pressure was coming to prominence across London. Analysis shows that if London could do as well as Canada we could reduce stroke incidence by 5,000 which would save the NHS £80m over 5 years.
- 1.6 The problem of unregistered patients was highlighted. Shahed Ahmad would feed back to the Board on how GP registration was recorded and how this was being monitored.
- 1.7 A draft report on mental health had been produced and would be available shortly.

**AGREED** to note the contents of the report.

## **2. Joint Commissioning Board Update**

The Board received a report from Bindi Nagra, Assistant Director Strategy and Resources, Health, Housing and Adult Social Care, updating them on the work of the Joint Commissioning Board. Christine Williams, Public Health Commissioning Manager introduced the report.

NOTED

- 2.1 Councillors Keazor and Brett have been working with officers to organise a conference for the Turkish community warning them on the dangers of smoking which is a particular problem for this community.
- 2.2 There has been a gradual long term improvement in the proportion of people with dementia with a formal diagnosis. This has improved from 45% to 68% between June 2014 and November 2015.
- 2.3 There is evidence that social isolation and loneliness are linked to a number of risk factors including risk to wellbeing, mental health and

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vulnerability to abuse. A scheme was being piloted to address this issue.

- 2.4 The Quality Checkers Project were doing a piece to work to establish the quality of activities in care homes across the borough.
- 2.5 The increase in the proportion of people suffering from Hypertension, now estimated to be 3,000 is likely to be due to the improvement in collecting data. It is important that hypertension is recognised and assisted more than it had been in the past.
- 2.6 Concern was expressed about the lack of legislation surrounding the use of electric cigarettes. Current thinking indicated that most people using them were already cigarette smokers and that therefore they were less harmful than real cigarettes and helped people to give up smoking. Other people are concerned that the electronic cigarettes normalise smoking and are becoming fashionable, particularly among the young. If they were to encourage more young people to take up smoking, it would be dangerous. These concerns would be fed through to the Tobacco Control Alliance.

**AGREED** to note the content of the report.

Councillor Ayfer Orhan and Councillor Doug Taylor (Chair of the Board) left the meeting at this point. Mo Abedi (Vice Chair) took over the position of chair for the rest of the meeting.

### 3. Primary Care Update

Mo Abedi, Chair of the Enfield Clinical Commissioning Board) presented the report updating the Board on primary care matters across the borough focussing on the Enfield Patient Offer and the Quality and Outcomes Framework Achievement 2014/15.

NOTED

1. Four priority areas had been identified for implementation in respect of the patient offer: patients with atrial fibrillation, diabetes and cardiovascular disease, primary care estates, primary care work force development and optimisation and exploitation of clinical IT systems.
2. These areas had been discussed during a workshop involving 70% of GP practices.
3. Enfield scores in the Quality and Outcomes Framework had improved significantly to be listed 183 out of 206 CCGs. This was better than boroughs with similar demographics like Haringey and had been achieved with lower expenditure.

**AGREED** to note the report.

#### **4. Better Care Fund Update**

The Board received an update report from Bindi Nagra (Assistant Director Health, Housing and Adult Social Care and Graham MacDougal (Director of Strategy and Partnerships at the CCG).

Any questions would be forwarded to Bindi Nagra.

#### **AGREED**

1. To note the contents of the report, including the current performance metrics and activity taking place to improve performance in response to recent reviews.
2. To note that NHS England quarter three data submission was due in February 2016.
3. To note that the Better Care Fund 2016/17 policy framework has been published but the detail of the planning guidance was delayed.
4. To note that a further development session would be held on 17 February 2016 with the Integration Board. The session would inform strategic planning in relation to the Better Care Fund and the future of integration in Enfield.
5. To note that a London Better Care Fund network has been set up and led by ADASS (Association of Directors of Adult Social Services) and NHS London. The network would facilitate the sharing of good practice, address issues of concern and assist with embedding the principles of the Better Care Fund at the local level.

#### **6**

#### **UPDATE FROM DEVELOPMENT SESSION**

The Board received and noted the update from the Development Session held on 6 January 2016.

#### **7**

#### **MINUTES OF MEETING HELD ON 10 DECEMBER 2015**

The minutes of the meeting held on 10 December 2015 were received and agreed as a correct record.

It was noted that Julie Lowe had responded to the Board's letter regarding the ability for GPs to access blood pressure information from the North Middlesex University NHS Hospital Trust on line and this was now possible.

#### **8**

#### **DATES OF FUTURE MEETINGS**

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NOTED the dates agreed for future board meetings as follows:

- Thursday 21 April 2016 at 6.30pm

NOTED the dates agreed for future board development sessions as follows:

- Wednesday 2 March 2016 at 2pm