

Public Document Pack



HEALTH AND WELLBEING BOARD

Thursday, 11 February 2016 at 6.15 pm
Conference Room, Civic Centre, Silver
Street, Enfield, EN1 3XA

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MEMBERSHIP

Leader of the Council – Councillor Doug Taylor (Chair)
Cabinet Member for Health and Social Care – Councillor Alev Cazimoglu
Cabinet Member for Public Health and Sport – Councillor Nneka Keazor
Cabinet Member for Education, Children’s Services and Protection – Councillor Ayfer Orhan
Chair of the Local Clinical Commissioning Group – Dr Mo Abedi (Vice Chair)
Healthwatch Representative – Deborah Fowler
Clinical Commissioning Group (CCG) Chief Officer – Paul Jenkins
NHS England Representative – Dr Henrietta Hughes
Director of Public Health – Dr Shahed Ahmad
Director of Health, Housing and Adult Social Care – Ray James
Interim Director of Children’s Services – Tony Theodoulou
Director of Environment – Ian Davis
Voluntary Sector Representatives: Vivien Giladi, Litsa Worrall (Deputy)

Non-Voting Members

Royal Free London NHS Foundation Trust – Kim Fleming
North Middlesex University Hospital NHS Trust – Julie Lowe
Barnet, Enfield and Haringey Mental Health NHS Trust – Andrew Wright

AGENDA – PART 1

1. WELCOME AND APOLOGIES (6:15-6:20PM)

2. DECLARATION OF INTERESTS (6:20-6:25PM)

Members are asked to declare any disclosable pecuniary, other pecuniary or non-pecuniary interests relating to items on the agenda.

3. LEISURE AND CULTURE STRATEGY (6:25-6:50PM) (Pages 1 - 28)

To receive a report on the Leisure and Culture Strategy and the vision for physical activity for health in Enfield.

4. FORWARD PLAN 2016/17 (6:50-7:20PM) (Pages 29 - 36)

To receive and agree a forward plan containing items for consideration at future Board meetings and development sessions.

5. SUB BOARD UPDATES (7:20-8:00PM) (Pages 37 - 68)

To receive updates from the following:

- Health Improvement Partnership Board
- Joint Commissioning Board **(To Follow)**
- Primary Care **(To Follow)**
- Better Care Fund

6. UPDATE FROM DEVELOPMENT SESSION (8:00-8:10PM) (Pages 69 - 72)

To receive an update from the development session held on 6 January 2016.

7. MINUTES OF MEETING HELD ON 10 DECEMBER 2015 (8:10-8:15PM)
(Pages 73 - 86)

To receive and agree the minutes of the meeting held on 10 December 2015.

8. DATES OF FUTURE MEETINGS

To note the dates agreed for future meetings of the board:

- Thursday 21 April 2016

To note the dates agreed for future development sessions:

- Wednesday 2 March 2016

9. EXCLUSION OF PRESS AND PUBLIC

If necessary, to consider passing a resolution under Section 100A(4) of the Local Government Act 1972 excluding the press and public from the meeting for any items of business moved to part 2 of the agenda on the grounds that they involve the likely disclosure of exempt information as defined in those paragraphs of Part 1 of Schedule 12A to the Act (as amended by the Local Government (Access to Information) (Variation) Order 2006).

There is no part 2 agenda.

MUNICIPAL YEAR 2015/2016

MEETING TITLE AND DATE

Health and Wellbeing Board
11 February 2016

Agenda - Part:1	Item: 3
Subject: Leisure and Culture Strategy	
Wards:	
Cabinet Member consulted: N/A	
Approved by:	

Contact officer and telephone number:
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1. EXECUTIVE SUMMARY

The Leisure Culture Strategy focusses on improving the lives of our community through Leisure and Culture. In order to extract the key elements from this to support the health and well-being agenda we are keen to develop an outcomes framework with partners. Key aims in the L&C strategy related to Health and Well-being include:

Engage aims:

- Raise awareness of leisure and culture activities and its benefits
- Work in partnership with non-traditional leisure and culture groups to involve them in the planning, promotion and delivery of events and activities

Inspire aims:

- Encourage our young people to engage, participate and succeed in leisure, sports, arts and culture.
- Energise and motivate our residents to become more active promoting lifelong participation and improving health.
- Promote non-clinical pathways into universal services for mental and physical well-being through leisure and culture activities.

Grow aims:

- Improve access to leisure and culture opportunities across Enfield
- Build the capacity of leisure, sport, the arts and culture sector to extend the local activity offer supporting long-term sustainability.

2. RECOMMENDATIONS

Using findings from the National Commissioning Project with the Chief Leisure Officers Association and Sport England in relation to exploring the strategic positioning of sport and physical activity for wider social and health outcomes, we would like to jointly develop an outcomes framework with the Health and Well-being Board and Health improvement partnership to focus on key priorities.

3. BACKGROUND

Draft areas we think maybe beneficial to explore are:

Potential overarching Vision:

We want to continue to improve the lives of our community through sport and physical activity.

Benefits we want to achieve:

- More residents having a healthy weight
- More active people, less inactive people in the Borough
- Greater community awareness of sport and physical activity services
- Built environment that promotes active travel and participation in physical activity
- Promoting healthy lifestyles is everybody's business

Partnerships we want to develop and what we want to achieve:

GPs/CCG:

- Develop a physical activity care pathway jointly with CCG
- Influence GPs to prescribe/refer patients to SPA opps
- Produce and adopt one agreed systematic, easy method of referring patients – removing any prior methods.

Adult social care:

- Raise profile of opportunities available in sport and physical activity amongst OT's and brokers to ensure it is considered as part of someone care plan for those that meet the statutory support requirement in ASC. To also ensure that do not meet the thresholds for support are still signposted to leisure services.

Voluntary Community Sector:

- Promote opportunities available to community groups working with underrepresented groups in sport and physical activity
- Work collaboratively in funding bids to ensure outreach sport and physical activity sessions are led by community groups and facilitated by the Council initially.
- Empower community leaders to raise the importance of physical activity for health

Five Priority ward members/Community:

- Empower ward members to act as champions for SPA

- Develop community led walks in the five priority wards through cascade walk leader training

Older People Board/Over 50s Forum:

- Ensure a clear menu of sport and physical activities is targeted/tailored and promoted for this segment of the community

Regeneration /Neighbourhood Renewal service:

- Ensure our environment encourages physical activity as an easy choice.

Schools/Young People and Families:

- Raise the profile and importance of SPA in schools, children's centres and with parents.
- Adoption of Golden Mile

Communications and Marketing Teams:

- Ensure a coordinated whole Borough approach to the promotion of physical activity for health including leisure, parks and Cycle Enfield

Enfield 2017/ Transformation team:

- Highlight the role physical activity can play in supporting the transformation agenda

Wider Colleagues:

- Promote the importance of health and well-being in the workplace more so during transformational change taking place.

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ACTIVE AND CREATIVE

ENFIELD LEISURE AND CULTURE STRATEGY 2015 TO 2020

JULY 2015





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FOREWORD

Our vision is to improve the lives of our community through leisure, sport, arts, heritage and culture. By 2020 every resident will have the opportunity to participate and experience leisure and cultural activities in their local community. The Active and Creative Strategy is about making leisure and cultural activities an important and valued part of the community. It is a five year strategy that sets out our strategic aims and objectives for leisure, sport, arts, heritage and culture from 2015-2020. It recognises the impact of leisure and culture on wider social, health and economic development. It builds upon the progress made as a result of the Everybody Active (2009-2014) and Creative Enfield (2008-2013) strategies.

We believe that leisure and cultural activities significantly add to community life and positively impacts well-being and a sense of civic pride for everyone who lives, works and studies in Enfield. It provides fun, enjoyment, excitement and challenge as well as the opportunity to meet and interact with people of different ages and from different backgrounds. It also helps reduce obesity and isolation, improve health, provide positive activities, develop skills and create jobs.

Enfield's Active and Creative strategy outlines the intention of Enfield Council and its partners to enrich the offer through better joined up working, advocacy and exploitation of opportunities that help build the capacity of groups and organisations operating in the sector, and raise the profile of the great things to see, do and get involved with in Enfield. This strategy has been developed by Enfield Council in conjunction with a range of partners and local community organisations. It contributes to the key priorities of the Enfield Strategic Partnership, Enfield Council and other local organisations. We would like to thank these partners and look forward to working with them in the future.

Cllr Doug Taylor
Leader of the Council

INTRODUCTION



We believe that Leisure and Culture is an important and valued part of community life in our borough. It not only brings vitality, life and vibrancy to Enfield's community, it also provides lifelong enjoyment.

This strategy sets out the case for ongoing provision and investment in Leisure and Culture to deliver a range of outcomes and support wider social agendas in areas such as education, health, the economy and facilitate the development and empowerment of communities. Leisure and Culture provides us with opportunities within an increasingly diverse yet cosmopolitan society to come together, celebrate and enjoy shared experiences. It is an excellent mechanism for increasing social capital and social cohesion. But beyond that broader value, leisure and culture continues to provide us with those inspirational, incomparable and invaluable moments of enjoyment whether it is listening to music, watching our team win, enjoying a community event, visiting a heritage venue and learning about Enfield's rich history or going to the theatre.

In summary, Leisure and Culture has a positive impact on cross cutting agendas such as:

- Improving health and well-being
- Supporting local people and building capacity
- Raising aspirations and increasing life chances
- Promoting social and economic development

Our Active and Creative strategy sets out our commitment to cultivate and build upon the current levels of provision to achieve our vision.



OUR VISION

We want to continue to improve the lives of our community through leisure, sport, arts, heritage and culture. By 2020 every resident will have the opportunity to participate and experience leisure and culture activities in their local community. We want to **Engage** our residents, **Inspire** greater participation, and **Grow** involvement.



OUR OBJECTIVES



We want everyone to understand and value the benefits of Leisure and Culture and to translate that into everyday participation. Leisure and Culture can make a significant difference to our physical and mental well-being, happiness and outlook on life. They help to reduce long term health conditions, increase the likelihood of community cohesion and promote a “feel good factor”. It can help prevent or reduce obesity and enable older people to continue to lead and enjoy independent lives. Leisure and Culture can impact on community safety, anti-social behaviour and crime, it can impact on deprivation and economic prosperity but probably more importantly leisure and culture adds value to our lives in allowing us to enjoy sport, theatre, cultural events, physical activity and relaxation with friends and family.

By 2020, Enfield will be a culturally vibrant and active borough, which celebrates the diversity and heritage of its people and values the contribution of all sectors of the community from the cultural and sporting life of the borough. Leisure and Cultural partners will work together to bring more skills, experience and employment to the borough and make Enfield an even more attractive place for people to live and work. We will foster the development of vibrant clubs, venues and town centres developing the local economy where possible. More people will take part in leisure, sporting, arts and cultural activities. We will work to ensure that everyone, including our young people, can access a broad range of excellent cultural and leisure services so that they are able to realise and achieve their full potential for the benefit of the wider community.



A number of local issues underpin and support the development of this strategy, see Appendix 1 for further details but the headline issues are listed below:



INACTIVITY LEVELS

In 2014, Enfield has been identified as one of the top 10, most inactive adults in country with 36.9% of adults in Enfield adults taking part in no physical activity



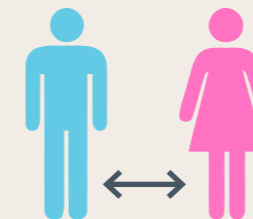
POVERTY

In 2011, over a quarter (23,000) of young people and children living in poverty



RAISING YOUTH ASPIRATION

From April 2014 to March 2015 on average 3.5% of Enfield's young people (aged 18-24yrs) claimed Job Seekers allowance compared to 3.3% regionally



LIFE EXPECTANCY GAP

There is an 8.7 years difference in life expectancy for males and 8.6 years difference in females from Upper Edmonton to Grange Park ward (2011-2012)



OVERWEIGHT OR OBESITY

64% of Enfield Adults are overweight or obese (2012-2013)
Enfield has the 6th highest prevalence of reception aged children who are overweight or obese (26.2%) and 13th highest in London with 39.1% for year 6



MENTAL HEALTH

In 2012, estimates suggest that 32,263 adults aged 18-64 years in Enfield are living with a common mental health disorder such as depression, anxiety or obsessive compulsive disorder

For more up to date information please visit: www.enfield.gov.uk/healthandwellbeing

Council resources will be used to improve the quality of life for our residents. Partnership development and innovative programmes will be fundamental to the way we deliver services in order to reduce the demand on public resources whilst increasing the benefits to residents.

Enfield's population is currently estimated to be around 320,000, and it is expected to grow to about 335,000 by 2020. This strategy is written at a time of significant economic pressures and

all the challenges that it brings to local people in terms of their employment, wellbeing, life opportunities, and expendable income. In this context the Council is seeking to work ever more efficiently through commissioning, partnering, brokerage and good management of resources whilst maintaining excellent standards. The Council's ambition for its residents is to be a top performing authority in the area of Leisure and Culture. This context is a key driver of this strategy in that it emphasises the need to work in partnership, to share resources, and bring partners together to seek new funds and seize opportunities.

OUR PRINCIPLES



WE WILL ACHIEVE OUR VISION WITH 3 PRINCIPLES

ENGAGE

Under the ENGAGE principle we will explore alternative ways of attracting under-represented groups to participate and experience the leisure and culture offer and celebrate the diversity of our Borough by bringing people together.



Our ENGAGE aims are to:

- Raise awareness of leisure and culture activities and its benefits
- Work in partnership with non-traditional leisure and culture groups/organisations to involve them in the planning, promotion and delivery of events and activities
- Promote community cohesion by integrating communities through our local festivals, activities and events.

INSPIRE

Under the INSPIRE principle we will raise the aspirations of our residents through leisure and culture emphasising that achievements are valued at every level from personal fitness goals, to joining a local drama group, to competing in a dance competition.



Our INSPIRE aims are to:

- Encourage our young people to engage, participate and succeed in leisure, sport, arts and culture
- Energise and motivate our residents to become more active promoting lifelong participation and improving health
- Promote Non-Clinical Pathways into Universal Services for mental and physical well-being through leisure and culture activities.

GROW

Under the GROW principle we will develop our people, resources and services to ensure leisure and culture continues to exist as traditional sources of funding become scarce.



Our GROW objectives are to:

- Improve access to leisure and culture opportunities across Enfield
- Build the capacity of leisure, sport, the arts and culture sector to extend the local activity offer supporting long term sustainability
- Develop Enfield as a geographical, social and economic hub of activities for arts, cultural, heritage and sporting events.

OUR LEISURE AND CULTURE PROVISION IN ENFIELD



Leisure and culture provision in Enfield is rich in what it has to offer its community. Opportunities to be active and creative can be found in a number of channels led by our public, private, community and voluntary groups and organisations. A map illustrating Council provision is available in Appendix 2.

Visually the landscape of leisure and culture includes:

- 5 theatres providing diverse theatre productions
- 7 leisure centres including bowls facilities, swimming and fitness suites
- Forty Hall and Estate – Grade 1 listed Jacobean Manor House

- Over 150 sports clubs with 41 Clubmark Accredited
- A wide events programme including Enfield Autumn Town Show and Edmonton Festival
- 6 youth clubs providing positive activities
- 123 parks and open spaces consisting of outdoor gym areas, tennis courts and multi-use games areas

- Opportunities to compete at London Youth Games
- Sports events raising money for local charities
- Exercise referral programmes to reduce sedentary lifestyles
- Physical education service to schools
- 17 libraries
- Museums and local history



A number of areas contribute to the Leisure and Culture offer in Enfield:

ACTIVE TRAVEL / CYCLING

Enfield is one of the largest boroughs in London. Its landscape varies from greenbelt to built-up urban areas. Our borough is linked together with 374 miles of streets and roads to walk, cycle or drive on and use public transport. We have ambitious plans to further improve transportation in the borough to help residents make healthy and sustainable travel choices.

Walking is a great way to get gentle outdoor exercise benefitting physical and mental well-being. 30% of all car trips in Enfield are less than 2km (just over 1 mile). This distance can easily be walked in less than 25 minutes; the 'walkit' tool campaign promotes walking between destinations, supporting our active travel plans. Our School Travel Plans also look at ways to encourage walking and cycling to school.

Cycling is a fun, healthy and economical way to travel. Nearly 80% of car trips in Enfield are of cycleable length. Enfield Council was awarded £30 million to transform cycling across the



borough by the Mayor of London, making the cycling environment much more attractive and enabling more people to choose cycling for local journeys. The Cycle Enfield programme will improve road infrastructure in and between town centres and provides supporting activities like the £10 Cycle Loans.

ARTS AND CULTURE

The arts contribute to our sense of who we are as a place and as a community. They contribute to our social, economic and educational value systems, building bridges and connections across our diverse communities. We believe that the arts and culture contributes to making Enfield a great place to live, work, study, visit and do business.

The arts and cultural offer in Enfield embraces the work of:

- Artists, painters, poets and sculptors
- Millfield and Dudgale Theatre
- Community Theatres (Chickenshed, Intimate and FacefrontTheatres)
- Forty Hall and Estate



- Festivals and Events
- Musicians
- Visual and performing arts

The wide range of arts and cultural organisations and groups enhances the vitality, diversity and innovation to our offer in Enfield.

HEALTHY PLACES, PARKS AND OPEN SPACES

Creating vibrant, prosperous communities is at the heart of our plans for Enfield. We are driving regeneration in a number of areas, delivering new homes, improving open spaces, shops, leisure and community facilities. Our Borough is one the greenest in London with 123 parks and opens spaces of which a significant proportion have Multi Use Games Areas, outdoor gyms, play areas, tennis courts, running and walking circuits.

Parks and open spaces provide residents with local, free-low cost and accessible places to keep active, play and simply enjoy life. They also provide a venue to bring communities together through festivals and events promoting community cohesion and civic pride.



LEISURE, SPORT AND PHYSICAL EDUCATION

Physical activity and access to appropriate leisure opportunities is a key factor in the prevention of number of long term health conditions. Within our schools we support PE teams in increasing the number of extra-curricular sports opportunities for pupils including gymnastics and dance festivals, we develop the skills of young people to become coaches and young leaders and improve the standards of school swimming and the swimming provision available in curriculum time.

We have invested significantly in our Leisure Centre's and facilities including the refurbishment of QEII stadium to improve the quality of provision for local people ensuring these facilities are widely accessible by all members of the community. Fusion Lifestyle as the operator of our Leisure Centre's will continue to play a pivotal role in investing and increasing participation. Sports developments sessions are provided by a range of partners including the Council, community groups and our sports clubs. These outreach sport, health and dance sessions are held in community settings such as schools, parks and open spaces and community halls allowing residents to participate in physical activities locally. This function is fundamental to prevention of long term health conditions.

LIBRARIES

Libraries are important sources of information and signposting to local leisure and culture opportunities. The Council currently has 17 libraries, the highest in London. Our libraries serve our community in a number of ways, by:

- Supporting learning and skills through a range of learning and literacy resources with space for quiet study for teenagers and adults and a fun and creative space for young children to improve their readiness for school
- Addressing digital exclusion so that all people can benefit from going online with improved and expanded IT facilities including assistive technology and support for people who want to learn digital skills
- Outreach to build strong communities and address social exclusion with community use of facilities, reaching out to communities and people in greatest need and increased use of volunteers who will receive a programme of training and support

Functioning as co-ordinated centres for accessing information, advice and services for a range of organisations including the Council, with support for online forms, self-service kiosks, general advice and appointments and shared facilities with other services, library services play a key to promoting the local leisure and culture offer in Enfield.



MUSEUMS AND LOCAL HISTORY

Enfield Museum Service unites and celebrates the history and diversity of Enfield's people and places. Our mission is to bring together and celebrate the people and places of Enfield. We do this by collecting and caring for things from the past and present so that people can enjoy, learn from and share in each other's lives. The Local Studies Library & Archive exists to identify, acquire, and preserve archival materials that document the history of the London Borough of Enfield, and to make such records available for the benefit of all its partners, residents and visitors. Museums and Local History play an important role in social integration and can reduce the sense of isolation supporting the mental health and well-being agenda.



PUBLIC HEALTH

Public Health supports people to achieve a healthy mind and body. We do this with individuals, families and communities where they live and work to prevent disease, promote health and prolong healthy life.

70% of NHS budget is spent on Long Term Conditions (e.g. diabetes, heart chronic kidney disease, chronic pulmonary obstructive disease (COPD)). All of these are either preventable or amenable to lifestyle change. Physical activity is associated with a 30% reduction in mortality as well as a 20-30% reduction in such as diabetes, heart disease bone disease and mental ill-health. There is also a proven link between the increased likelihood of obesity across generations in families. Critical to tackling this problem is investing resources to increase participation in physical activity. The estimated health cost due to insufficient physical activity is £4.5million in Enfield. In the current economic climate investing in physical activity will significantly reduce financial pressure and improve the lives of our residents.



YOUTH AND FAMILY SUPPORT SERVICES

Youth and Family Support Services provide young people and families' information, advice and guidance on a range of services, activities and programmes available in the Borough. The youth centres and hubs play a vital role in providing a safe environment for young people to engage in leisure and culture activities. The networks built within this service are essential in supporting the promotion and growth of participation in these activities.

OUR ACHIEVEMENTS



In partnership with our customers, volunteers, staff, service providers and community groups we have achieved a number of benefits for our residents in the following ways:

- Opening of a new Studio Theatre and Conference Centre at the The Dugdale Centre in Enfield Town
- Customer service excellence accreditation for Enfield Council's Leisure and Culture Service
- Online bookings system for sports courses making bookings more accessible for customers
- Appointment of a new leisure centre operator
- Approximately £8.9 million has been invested in the leisure facilities since 2010 including £5.5 million at Southgate LC, £2.5 million at Albany LC and nearly £1 million at Southbury LC
- Increase in attendances at the leisure centres from approximately 1.6 million in 2010/11 to 1.9 million in 2013/14, an increase of nearly 20%
- Refurbishment of QEII stadium
- Restoration of Forty Hall and Estate
- Refurbishment of Millfield Theatre and Millfield House
- Over 386,000 attendances to a theatre performance at Millfield Theatre and The Dugdale Centre
- 308,000 Children and Young People attendances in Positive activities at Millfield Arts Centre in Edmonton
- 13 new outdoor gyms and trim trails
- Development of Ponders End Youth Centre with a gym and a sports hall
- Development of UNITY HUB Youth Centre with a gym, climbing wall and a dance studio.



REGIONAL AND NATIONAL CONTEXT

Leisure and Culture contribute to our sense of who we are as a place and as a community. They contribute to our social, economic and educational values, building bridges and connections across diverse communities. We believe that leisure, sport, arts, heritage and culture contribute to making Enfield a great place to live, work, study, visit and do business.

Our strategy is in line with Sport England's <i>A Sporting habit for Life 2012-2017</i> specifically on items:	It also takes into consideration the <i>London Sport Strategy</i> principles:	The Art Council England's <i>Great Art and Culture for Everyone 2010-2020</i> also influences this strategy specifically through the following items:
<ul style="list-style-type: none"> • More people taking on and keeping a sporting habit • Create more opportunities for young people • Nurture and develop talent • Provide the right facilities in the right places • Ensure real opportunities for communities 	<ul style="list-style-type: none"> • Make it easier for Londoners to find the right activity, stay in it and achieve their potential • Get more resources by making best use of current investment and securing more • Supporting grassroots organisations by making the structures simpler and better • Bigger and better workforce to support activity • Harness the power of elite sport to create sustained grassroots activity and inspire the next generation of talent 	<ul style="list-style-type: none"> • Everyone has the opportunity to experience and to be inspired by the arts • The arts are resilient and environmentally sustainable • Every child and young person has the opportunity to experience the richness of the arts

CONCLUSION

Our strategy "*Active and Creative*" challenges all of us as individuals to make leisure and culture a regular part of our lives and to create environments, facilities, programmes and events at a local level that make it easy for us to do so. To achieve the vision by 2020 will require action and investment by many organisations working together to provide a co-ordinated Leisure and Culture offer for every young person and adult in Enfield that promotes healthy lifestyles, promotes community cohesion, delivers economic improvements and delivers positive activities for the community to take part in.

ACTIVE AND CREATIVE ACTION PLANNING





ENGAGE

Under the ENGAGE principle we will explore alternative ways of attracting under-represented groups to participate and experience the leisure and culture offer and celebrate the diversity of our Borough by bringing people together.

ACTIONS	OUTPUTS/ MEASURE /PI / MILESTONE	TIMESCALES	RESOURCES	LEAD
E1. Raise awareness of leisure and culture activities and the benefits				
E1.1. Develop a coordinated approach for health, leisure and cultural activities in Our Enfield Magazine, Press Releases and What's On e-newsletter and other Council marketing initiatives.	Regular meetings with all parties involved in health, leisure and culture activities to promote a joint approach to priorities	Commence 1st April 2015	Council	Leisure and Culture & Corporate Comms
	Produce a calendar of events in line with Enfield Festival Brochure incorporating Health, leisure and culture activities	May 2015	Council	Leisure and Culture
	Secure a page of health, leisure or culture related activity in every edition of Our Enfield	TBC	Council	Leisure and Culture
E1.2. Ensure information on leisure, health and cultural activities in the Borough are available in variety of formats and are accessible for all.	Hard copy posters in parks notice boards, youth clubs, libraries and leisure centres	Ongoing	Council	Comms and Leisure and Culture teams
	Information on activities and events sent via email to community organisations, faith groups and schools	May 2015	Council	Leisure and Culture
	Maximised use of social media to promote activities and its benefits	Ongoing	Council	Corporate Comms
	Use the council 'Market Place' to advertise universal services and activities as part of the prevention aspect to the Care Act agenda	May 2015	Council	Leisure and Culture & Corporate Comms
E1.3. Utilise market segmentation data to target marketing for specific profiles.	Targeted marketing materials and channels with support from London Sport	June 2015	Council	Comms and Leisure and Culture teams
E1.4. Deliver targeted communication for: <ul style="list-style-type: none"> • Hard to reach groups • Faith groups • Women and Girls • Disabled and Deaf People • Voluntary Community Sector • Young people • Over 50s • Local Businesses • Investors/Sponsors 	Guidelines produced on appropriate language in line with 'tone of voice' of website – agreed via Enfield 2017	Sept 2015	Council	Comms
	Distribution list created for key contacts	June 2015	Council	Leisure and Culture & Corporate Comms
E1.5. Develop an online portal in line with the transformation of the Council Website which centrally holds all information of leisure and culture activities in the Borough, making it easier for all to access local information.	Council information gathered and inputted on system with a mechanism for partners to add information verified by Council. System tested and live	March 2016	Council Enfield 2017 Project	Leisure and Culture/Enfield 2017
E1.6. Promote Libraries as a point of customer contact regarding leisure and culture provision.	Libraries added to Leisure and Culture publicity (where appropriate and training/guidance have been provided)	May 2015	Council	Leisure and Culture/ Libraries
	Scripting for customer services to reflect this	Ongoing	Council	Leisure and Culture/OSC

ACTIONS	OUTPUTS/ MEASURE /PI / MILESTONE	TIMESCALES	RESOURCES	LEAD
E1.7. Promote national campaigns such as Change4Life '10 Minute Shake Up' and NHS Choices 'Couch to 5K' to promote local participation.	Promotion included on Council Website, social media and Our Enfield	May 2015	Council	Corporate Comms/ Leisure and Public Health
E1.8. Promote Enfield Fusion Leisure Centres as hub sites for physical activity and sport.	Tag line added to appropriate leisure and health information regarding leisure centres	May 2015	Council	Leisure and Culture and Fusion Lifestyle
E2. Work in partnership with non-traditional leisure and culture groups/organisations to involve them in the planning, promotion and delivery of events and activities				
E2.1. Set up appropriate consultation and engagement with existing and potential new user groups of Leisure and Culture Activities to ensure the community have every opportunity to get involved, including (but not exclusive to): <ul style="list-style-type: none"> • Faith groups • DAAT Team • Parent Engagement Panel • Youth Parliament • Disability Groups • Area Youth Forum • Voluntary Community Sector Groups • Targeted youth engagement board • GP Surgery Patient Participation Groups • Schools • Over 50s Forum Using up to date data ensuring that marginalised groups are also targeted including: <ul style="list-style-type: none"> • women and girls • BME groups • disability groups • lower socio economic background focussing on 5 wards of lowest life expectancy: Jubilee, Chase, Upper Edmonton, Ponders End, Enfield Lock 	Meetings secured and a minimum 5 groups sign up to promoting activities	March 2016	Council	Leisure and Culture/Public Health
	E2.2. Deliver Active and Creative Strategy roadshows that advocate the benefits of growing participation in Leisure and Culture Activities.	Minimum of 3 roadshows delivered per quarter in year 1	March 2016	Council
E2.3. Launch 'Active and Creative' Campaign – whereby communities groups pledge/sign up and commit to promoting local activities.	Minimum of 10 groups pledge per year	March 2018	Council	Leisure and Comms
E3. Promote community cohesion by integrating communities through our local festivals, activities and events				
E3.1. Celebrate Enfield's diversity by promoting local cultural venues and activities as high quality and affordable provision to meet, create, be active and do business.	Information added within the Enfield festival brochure for a range of community groups	May 2015	Council	Leisure and Culture
E3.2. Promote intergenerational projects and activities by holding a number of events that bring together different age groups in order to make people more aware of the diverse local community.	1 additional event added to events calendar per year	May 2015	Council	Leisure and Culture
E3.3. Promote National Days through web and social media of all the different cultures in Enfield highlighting significant leisure and cultural aspects of those cultures/nations.	1 national day promoted per month including national days for older people, mens health week etc.	March 2016	Council/ Fusion	Leisure and Culture and community groups
E3.4. Work with the Voluntary Community Sector to encourage mass participation challenges to bring community groups together.	2 community physical activity challenges per year	March 2016	Council	Leisure and Culture



INSPIRE

Under the INSPIRE principle we will raise the aspirations of our residents through leisure and culture emphasising that achievements are valued at every level from personal fitness goals, to joining a local drama group, to competing in a dance competition.

ACTIONS	OUTPUTS/ MEASURE /PI / MILESTONE	TIMESCALES	RESOURCES	LEAD
I1. Encourage our young people to engage, participate and succeed in leisure, sport, arts and culture				
I1.1. Consult with young people to provide a range of sporting and cultural activities and events that is led by young people to engage their peers.	Attendance at youth parliament twice a year	March 2016	Council/ external funding bids	Leisure and Culture
I1.2. Encourage our young people to become young leaders in their community through volunteering, work experience and training opportunities.	Minimum of 15 work experience placements	March 2016 (annually)	Council	Leisure and Culture
I1.3. Develop opportunities for young people to influence decision making and shape future services via the Area Youth Forums and the Enfield Youth Parliament.	Attendance youth parliament twice a year	March 2016 (annually)	Council	Leisure and Culture
I1.4. Work closely with youth and family support services across the Borough to ensure young people at risk have the opportunity to participate in positive activities.	Information provided to YFSS team via portal development – referrals reported MOPAC project by THF signed off	March 2016	Council	Leisure and Culture
I1.5. Use Leisure and Culture activities to help young people remain in education, employment and training reducing unemployment and improving skills of Enfield's residents.	Minimum of 3 internships annually	March 2016 (annually)	Council	Leisure and Culture
	Annually deliver min of 1 sports leaders award	March 2016	External	Leisure and YFSS
I1.6. Build stronger connections with schools to promote life-long participation in leisure and culture activities and promote the use of Enfield facilities to host national school sports events.	Secure a Leisure and Culture Champion in each school	March 2018	Council	Leisure and Culture
	Regular attendance at Heads of PE meetings	Ongoing	Council	Leisure and Culture
I1.7. Provide competitive structures for those young people wishing to compete and engage at a higher level such as London Youth Games.	Trials for youth games advertised to all schools and clubs in the Borough	March 2016	Council	Leisure and Culture
	Enter a youth games team annually	March 2018	Council	Leisure
I1.8. Work with Fusion Lifestyle to ensure affordable provision is available for young people at Leisure Centres.	Free swimming and use of gym during school holidays	March 2016	Council	Leisure
I2. Energise and motivate our residents to become more active promoting lifelong participation and improving health				
I2.1. Promote a programme of healthy lifestyle opportunities for the community and local businesses including walks programme.	Minimum of 6 businesses annually 'pledge' to promote healthy lifestyles within the work place	March 2016	Council	Public Health
I2.2. Work with Fusion Lifestyle to increase the number of new members at Leisure Centres.	Number of new member reported in monthly meetings	Ongoing	Fusion	Fusion
I2.3. Increase the number of Health champions and Health Trainers (as part of the Non-Clinical Pathway) in the Borough that promote the benefits of health, leisure and culture activities.	15 more health champions within year 1 via sports development coaches and instructors 1 additional Health Trainer (dependent on funding)	March 2016	Council/ External	Public Health

ACTIONS	OUTPUTS/ MEASURE /PI / MILESTONE	TIMESCALES	RESOURCES	LEAD
I2.4. Develop a volunteer network of key groups to be used as promoters/motivators/health champions of activities and its benefits ensuring 10 organisations pledge to make a difference to their local community.	10 organisations pledge	March 2016	Council	Public Health
I2.5. Launch the 'Energise' campaign where by local residents support their neighbour to participate in health, leisure or culture activities.	20 residents pledge	March 2016	Council	Leisure and Culture
I2.6. Ensure there is good signage and visual aids in our Environment (including parks, streets and open spaces) to ensure residents are aware walking/cycling distances to local amenities and leisure and cultural facilities.	Signage installed across the borough	March 2017	Council	Environment and Public Health
I2.7. Seek opportunities to install public art in parks and open spaces as a way of supporting and recognising local talent. This could include sculptures, art trails, etc.	Public art placed in local parks	March 2017	Council	Culture and Environment
I3. Promote Non-Clinical Pathway into Universal Services for mental and physical health and wellbeing through leisure and culture activities				
I3.1. Ensure residents have the opportunity to access nature, parks (including outdoor gyms) and open spaces as a means of physical and mental well-being.	Information available to health trainers to include as part of the mapping process for the Non Clinical Pathway	April 2016 (ongoing)	Council	Leisure, Culture, Parks and Public Health
I3.2. Identify a number of 'Healthy Parks' as a means of supporting physical activity referrals.	To include as part of the Non-Clinical Pathway	March 2017	Council	Parks and Public Health
I3.3. Develop capacity of local sports clubs through training to ensure they can cater for a wide range of residents.	2 club forums per year	March 2016 (ongoing)	Council	Leisure
I3.4. Explore libraries, museums and local history as referral opportunities.	Information available to health trainers	March 2016	Council	Public Health
I3.5. Lobby for GP referrals into physical activity.	Funding secured for GP payment of referrals	March 2017	TBC	FRCS and Public Health

**GROW**

Under the GROW principle we will develop our people, resources and services to ensure leisure and culture continues to exist as traditional sources of funding become scarce.

ACTIONS	OUTPUTS/ MEASURE /PI / MILESTONE	TIMESCALES	RESOURCES	LEAD
G1. Improve access to leisure and culture opportunities across Enfield				
G1.1. Deliver inclusion training to staff working in this area including Fusion Lifestyle, Millfield, Dugdale and Forty Hall.	1 training opportunity available per year	March 2016	External	Leisure and Culture
G1.2. Encourage active transport (walking and cycling) throughout the borough.	Promotion of Cycle Enfield within Enfield festival brochure	May 2015	Council	Leisure and Culture
G1.3. Continue to invest in leisure and cultural facility development including parks and open spaces and involve local community groups in the design process.	Pro-active consultation recorded	Ongoing	Council	Leisure and Culture
G1.4. Enhance the quality of parks and open spaces promoting positive and health led community use.	TBC via Community Safety and Cycle Enfield	Ongoing	Council	Parks and Community Safety
G1.5. Increase the number of leisure and cultural events and activities taking place in a range of parks.	Pilot programmes such as exercise in parks delivered	March 2020	Council	Leisure and Culture
G1.6. Annually carry out customer surveys to ensure customers/residents are satisfied with leisure and culture services.	90% or above satisfaction rate overall	Ongoing	Council	Leisure and Culture
G1.7. Complete the Enfield Cycle Route Network to provide safe and attractive cycle routes between town centres, public transport nodes, open spaces and employment sites, including: <ul style="list-style-type: none"> Greenways as off-road leisure routes, like Enfield Town to Meridian Waters Improved walking and cycling connections across obstacles like the A10 and A406 Cycle hubs with cycle parking, cycle hire, showers, lockers and bike workshop/retail. 	TBC	2014/2015 to 2017/2018	Council	Environment
G1.8. Promote Cycle Enfield amongst the leisure and culture community including: <ul style="list-style-type: none"> Free cycle training £10 Cycle Loans Sunday bike rides Cycle parking. 	TBC	Ongoing	Council	Environment
G1.9. Ensure the equality of access within parks and open spaces particularly for the elderly, disabled people and parents with young children.	TBC	Ongoing	Council	Environment
G1.10. Increase participation in Leisure and Culture activities including: <ul style="list-style-type: none"> Attendance at Leisure Centres Attendance at Forty hall Attendance at Dugdale and Millfield theatre. 	1% increase in attendance figures annually	Ongoing	Council	Leisure and Culture
G1.11. Work with schools to open up sports and leisure facilities to the whole community.	1 school annually secured	March 2016	Council	Schools and Education/ Leisure

ACTIONS	OUTPUTS/ MEASURE /PI / MILESTONE	TIMESCALES	RESOURCES	LEAD
G2. Build the capacity of leisure, sport, the arts and culture sector to extend the local activity offer supporting long term sustainability				
G2.1. Provide 'Health Champion' training opportunities to local organisations to build their confidence to promote the benefits of leisure and culture activities and act as local role models for residents.	15 more health champions within year 2 via community groups	March 2016	Council	Public Health
G2.2. Make every contact count- ensure professionals in sport and leisure understand MEDS (Move more, Eat well, Drink less alcohol and sugary drinks, Stop smoking) and their role in supporting health weight.	All Leisure and Sport Providers within Sports Development function informed and mystery shopping takes place.	March 2016	Council	Public Health
G2.3. Facilitate community groups and sports clubs to apply for funding to enhance the delivery of leisure provision including local activities and capital development projects.	Minimum of 4 funding surgeries annually	March 2016 (ongoing)	Council	Leisure and Culture
G2.4. Explore opportunities with Tottenham Hotspur Foundation in relation to the provision leisure activities post Section 106 community coaching hours cease.	Pilot projects in place with proposal of future delivery in place	March 2018	THF	Leisure
G2.5. Proactively maximise external funding for Leisure/Culture and health Activities.	Minimum of 1 significant (over 100k) external funding bid accepted	March 2016 (ongoing)	External	Leisure and Culture/Public Health
G2.6. Develop the capacity and raise standards within the arts and culture sector to increase resources available through partnership working to take advantage of new opportunities, including the sharing of resources to deliver efficient ways of working in a challenging economic climate.	TBC	March 2016	Council	Culture
G2.7. Continue to grow the number of Everybody Active mark and club mark clubs in the borough.	5 everybody active mark clubs annually	March 2016 (annually)	Council	Leisure
G2.8. Work with local, regional and national partners to share good practice for long term sustainability.	Adopt 1 good practice initiative annually	March 2016 (annually)	External	Leisure and Culture
G3. Develop Enfield as a geographical, social and economic hub of activities for arts, cultural, heritage and sporting events				
G3.1. Develop a sponsorship package to maximise resources in the Borough's Festivals and events programme raising the profile of Enfield and what it has to offer.	Sponsorship package signed off	March 2017	TBC	Leisure and Culture
G3.2. Promote Enfield as a visitor destination through leisure cultural activities and events.	Deliver 1 major event with regional coverage	March 2017	Council	Leisure and Culture
G3.3. Connect communities through events and festivals celebrating the diversity of our Borough.	TBC	March 2016	Council	Leisure and Culture
G3.4. Increase the number of events in the borough focussing on hosting Nationally recognised events.	1% increase	March 2016	Council	Leisure and Culture
G3.5. Review the work of the leisure and culture partnership to ensure it leads and supports the active and creative strategy aims and actions.	Review agreed and signed off – new TOR	Sept 2015	L&C partnership	LCP

APPENDICES



APPENDIX 1

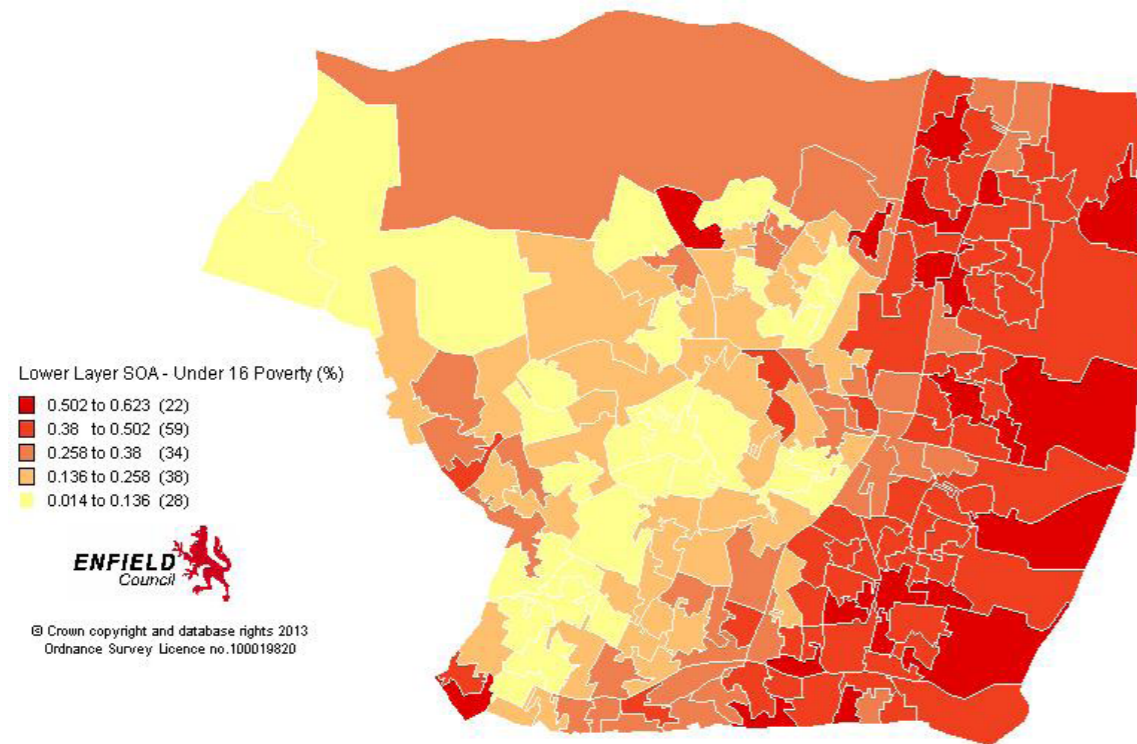
BACKGROUND – PEOPLE AND PLACE

Enfield's population is estimated to be around 320,000, and it is expected to grow to about 335,000 by 2020. Enfield has an ethnically diverse population with 166 languages spoken at schools.

DEPRIVATION IN ENFIELD

Enfield is a highly deprived borough: it ranked the 64th most deprived local authority in England. The three Edmonton wards, in the South East, are all within the most deprived 10% of wards in England, whilst 12 of Enfield's twenty-one wards are in the most deprived 25% of wards in England. Around 23,000 children live in poverty in Enfield, the largest number of any London borough. The child poverty rate varies widely within Enfield, with higher rates seen in the east of the borough.

Figure 1. Percentage of children (under 16 years) living in poverty, Lower Super Output Area in Enfield, 2011

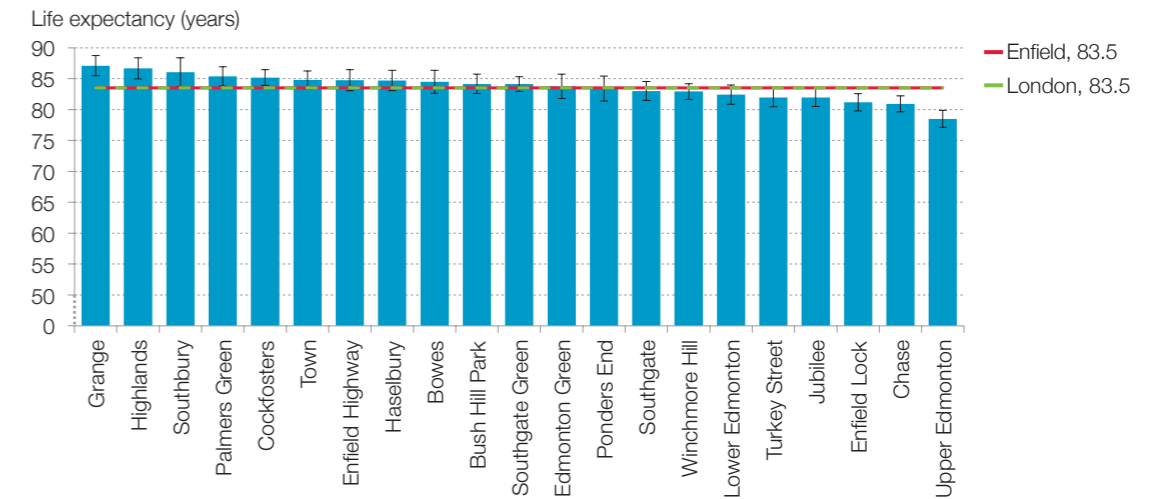


Source: HM Revenue and Customs

LIFE EXPECTANCY IN ENFIELD

Life expectancy in Enfield has been increasing and it is particularly pleasing to see the recent improvement in Edmonton area. However there is still a gap in life expectancy of about 8.5 years between some east and west wards of the Borough.

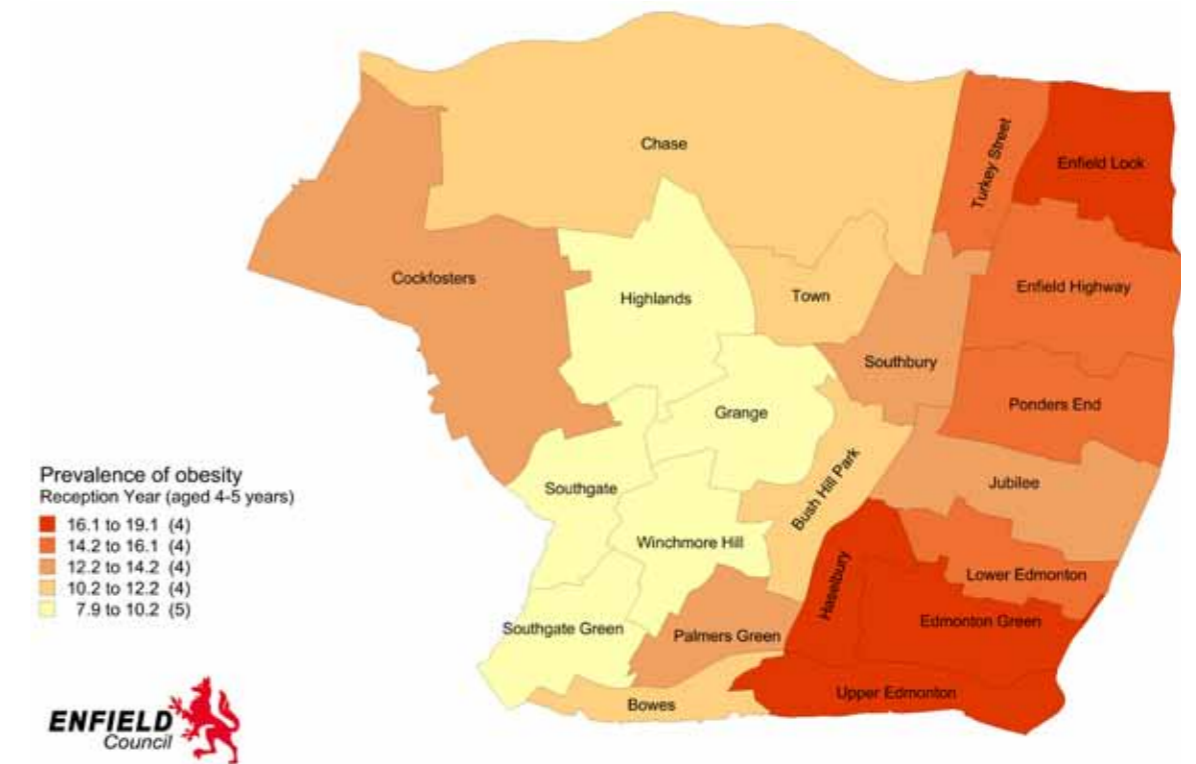
Figure 2. Female life expectancy at birth, Enfield wards, 2008-2012



Source: Greater London Authority using ONS mortality data and ONS mid-year population estimates

One of the factors that impact on life expectancy is infant mortality. The department of health identified tackling child poverty and reducing prevalence of obesity as important factors in reducing infant mortality. Obesity can reduce life expectancy on average by nine years through premature death. The pattern of childhood obesity in Enfield is shown in figure 3.

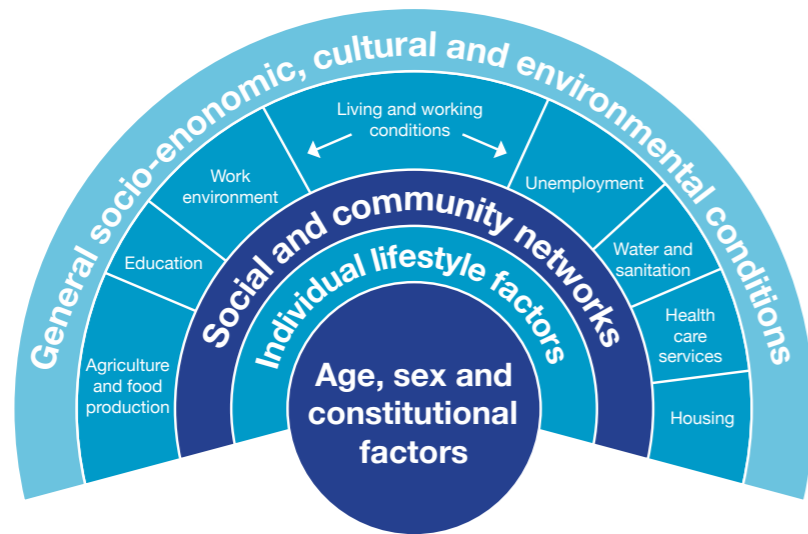
Figure 3. Percentage of children who are obese, Reception Year (aged 4-5 years), Enfield wards, 2010/11-2012/13



Source: National Childhood Measurement Programme, National Obesity Observatory

Various factors impact on health. The diagram below shows that life style factors such as physical activity, and social and community networks impact on health.

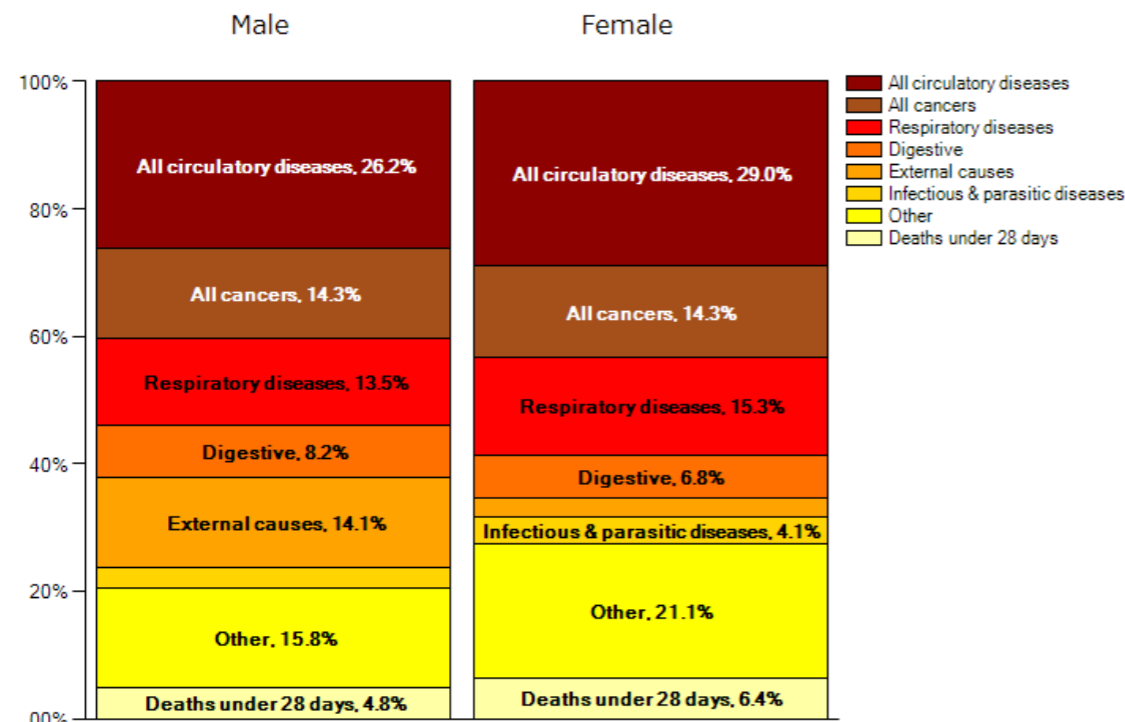
Figure 4. The determinants of health model



Source: Dahlgren G and Whitehead M. (1991). *Policies and Strategies to Promote Social Equity*. Stockholm: Health Institute of Future Studies

We know that the key diseases that cause the main gap in life expectancy (shown in a diagram below) are circulatory diseases and cancers, both of which amenable to lifestyle changes.

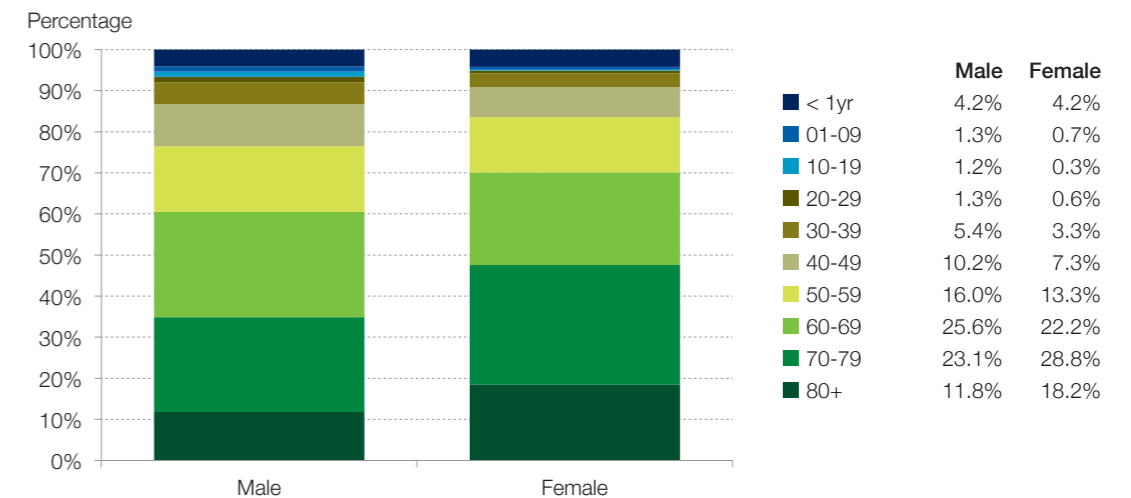
Figure 5. Breakdown of life expectancy gap between the Most Deprived Quintile (MDQ) of Enfield LB and the least deprived quintile in the local authority average by cause of death, 2011



Source: London Health Observatory

We also know that age group to target for the biggest impact most rapidly is the over 50s (as illustrated in the diagram below).

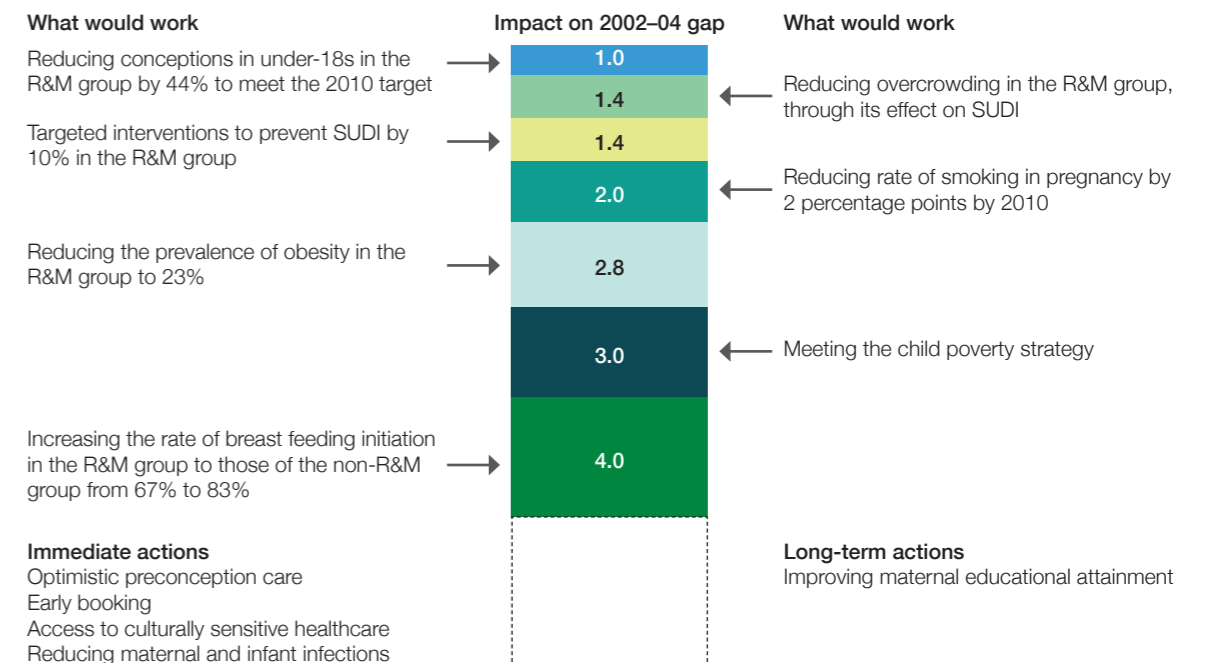
Figure 6. Breakdown of the life expectancy gap between the 70 local authorities with the worst health and deprivation indicators and England, by age group, Males and Females, 2006-2008



Source: Health Inequalities Intervention Toolkit – Life Expectancy Spearhead Tool, Public Health England

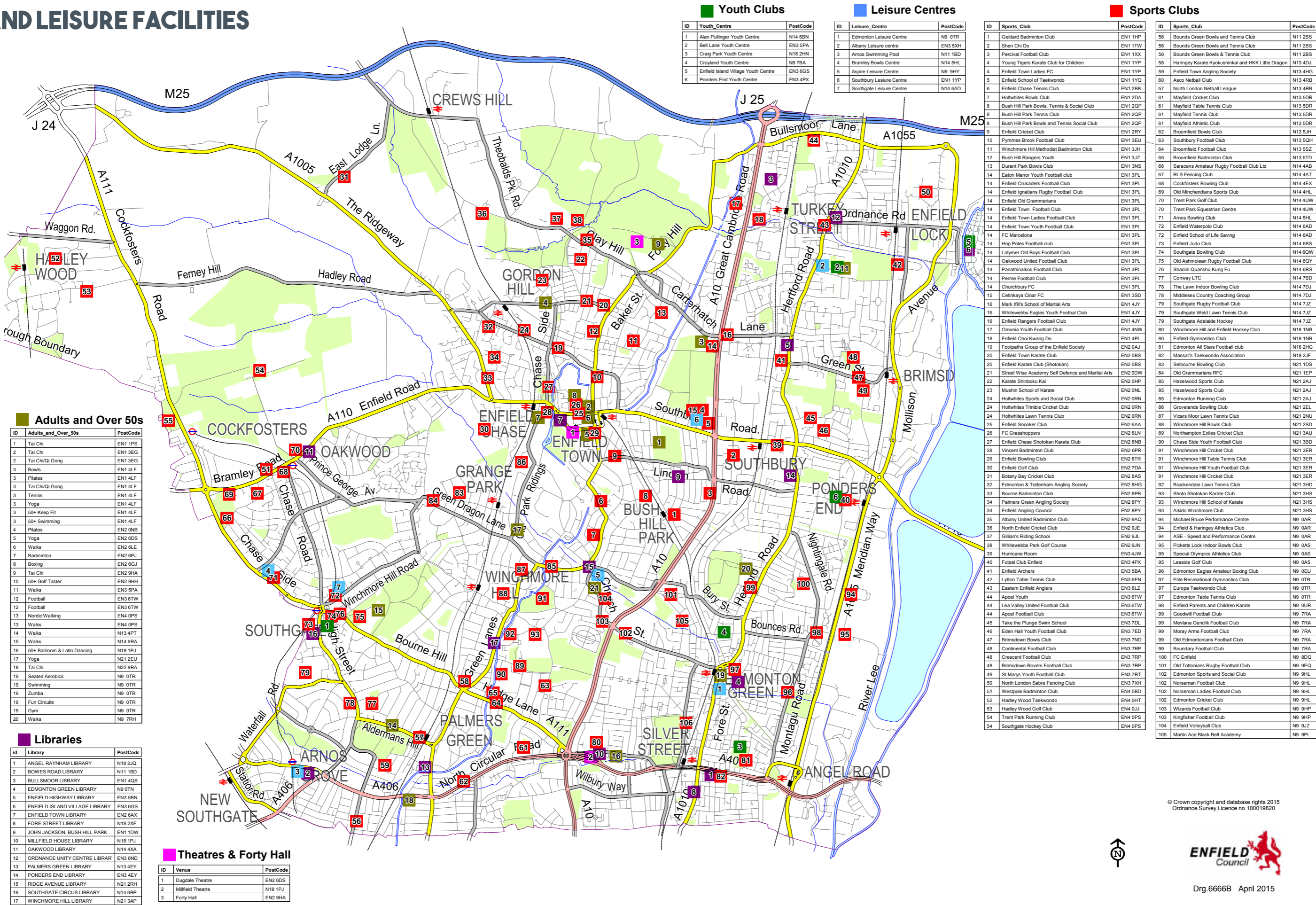
We know that infant mortality affects life expectancy and that tackling obesity and child poverty are important as illustrated in the diagram below.

Figure 7. Nationally identified interventions to reduce inequalities in infant mortality



Source: Implementation plan for reducing health inequalities in infant mortality: a good practice guide, Department of Health

APPENDIX 2: LONDON BOROUGH OF ENFIELD SPORTS AND LEISURE FACILITIES



Youth Clubs

ID	Youth_Centre	PostCode
1	Alan Pullinger Youth Centre	N14 6BN
2	Bell Lane Youth Centre	EN3 5PA
3	Craig Park Youth Centre	N18 2HN
4	Croyland Youth Centre	N9 7BA
5	Enfield Island Village Youth Centre	EN3 6GS
6	Ponders End Youth Centre	EN3 4PX

Leisure Centres

ID	Leisure_Centre	PostCode
1	Edmonton Leisure Centre	N9 0TR
2	Shen Chi Do	EN1 2BS
3	Amos Swimming Pool	N11 1BD
4	Young Tigers Karate Club for Children	N14 5HL
5	Aspire Leisure Centre	N9 9HY
6	Southbury Leisure Centre	EN1 1YP
7	Southgate Leisure Centre	N14 6AD

Sports Clubs

ID	Sports_Club	PostCode	ID	Sports_Club	PostCode
1	Geldard Badminton Club	EN1 1HP	56	Bounds Green Bowls and Tennis Club	N11 2BS
2	Shen Chi Do	EN1 1TW	57	Bounds Green Bowls and Tennis Club	N11 2BS
3	Percival Football Club	EN1 1XX	58	Bounds Green Bowls & Tennis Club	N11 2BS
4	Young Tigers Karate Club for Children	EN1 1YP	59	Haringey Karate Kyokushinkai and HKK Little Dragon	N13 4DJ
5	Enfield Town Ladies FC	EN1 1YP	60	Enfield Town Angling Society	N13 4HG
6	Enfield School of Taekwondo	EN1 1YQ	61	Asco Netball Club	N13 4RB
7	Enfield Chase Tennis Club	EN1 2BB	62	North London Netball League	N13 4RB
8	Holwhites Bowls Club	EN1 2DA	63	Mayfield Cricket Club	N13 5DR
9	Bush Hill Park Bowls, Tennis & Social Club	EN1 2QP	64	Mayfield Table Tennis Club	N13 5DR
10	Bush Hill Park Tennis Club	EN1 2QP	65	Mayfield Tennis Club	N13 5DR
11	Bush Hill Park Bowls and Tennis Social Club	EN1 2QP	66	Mayfield Athletic Club	N13 5DR
12	Enfield Cricket Club	EN1 2RY	67	Broomfield Bowls Club	N13 5JH
13	Pymmes Brook Football Club	EN1 3EU	68	Southbury Football Club	N13 5QH
14	Winchmore Hill Methodist Badminton Club	EN1 3JH	69	Broomfield Football Club	N13 5SZ
15	Bush Hill Rangers Youth	EN1 3JZ	70	Broomfield Badminton Club	N13 5TD
16	Durant Park Bowls Club	EN1 3NS	71	Saracens Amateur Rugby Football Club Ltd	N14 4AB
17	Eaton Manor Youth Football Club	EN1 3PL	72	RLS Fencing Club	N14 4AT
18	Enfield Crusaders Football Club	EN1 3PL	73	Cockfosters Bowling Club	N14 4EX
19	Enfield Ignatians Rugby Football Club	EN1 3PL	74	Old Minchindens Sports Club	N14 4HL
20	Enfield Old Grammarians	EN1 3PL	75	Trent Park Golf Club	N14 4UW
21	Enfield Town Football Club	EN1 3PL	76	Trent Park Equestrian Centre	N14 4UW
22	Enfield Town Ladies Football Club	EN1 3PL	77	Amos Bowling Club	N14 5HL
23	Enfield Town Youth Football Club	EN1 3PL	78	Enfield Waterpolo Club	N14 6AD
24	FC Marcelona	EN1 3PL	79	Enfield School of Life Saving	N14 6AD
25	Hop Poles Football Club	EN1 3PL	80	Enfield Judo Club	N14 6BS
26	Latimer Old Boys Football Club	EN1 3PL	81	Southgate Bowling Club	N14 6QW
27	Oakwood United Football Club	EN1 3PL	82	Old Ashmoan Rugby Football Club	N14 6QY
28	Panathinaikos Football Club	EN1 3PL	83	Shaolin Quanshu Kung Fu	N14 6RS
29	Perme Football Club	EN1 3PL	84	Corway LTC	N14 7BD
30	Churchbury FC	EN1 3PL	85	The Lawn Indoor Bowling Club	N14 7DJ
31	Cetrinkaya Cntr FC	EN1 3SD	86	Middlesex Country Coaching Group	N14 7DJ
32	Mark Illis School of Martial Arts	EN1 4JY	87	Southgate Rugby Football Club	N14 7JZ
33	Whitehebbes Eagles Youth Football Club	EN1 4JY	88	Southgate Weld Lawn Tennis Club	N14 7JZ
34	Enfield Rangers Football Club	EN1 4JY	89	Southgate Adelaide Hockey	N14 7JZ
35	Omonia Youth Football Club	EN1 4NW	90	Winchmore Hill and Enfield Hockey Club	N18 1NB
36	Enfield Choi Kwang Do	EN1 4PL	91	Enfield Gymnastics Club	N18 1NB
37	Footpaths Group of the Enfield Society	EN2 0AJ	92	Edmonton All Stars Football Club	N18 2HG
38	Enfield Town Karate Club	EN2 0BS	93	Massar's Taekwondo Association	N18 2JF
39	Enfield Karate Club (Shotokan)	EN2 0BS	94	Selbourne Bowling Club	N21 1DS
40	Street Wise Academy Self Defence and Martial Arts	EN2 0DW	95	Old Grammarians RFC	N21 1EP
41	Karate Shinboku Kai	EN2 0HP	96	Hazelwood Sports Club	N21 2AJ
42	Mushin School of Karate	EN2 0NL	97	Hazelwood Sports Club	N21 2AJ
43	Holwhites Sports and Social Club	EN2 0RN	98	Edmonton Running Club	N21 2AJ
44	Holwhites Trinitis Cricket Club	EN2 0RN	99	Grovelands Bowling Club	N21 2EL
45	Holwhites Lawn Tennis Club	EN2 0RN	100	Vicars Moor Lawn Tennis Club	N21 2NU
46	Enfield Snooker Club	EN2 6AA	101	Winchmore Hill Bowls Club	N21 2SD
47	FC Grasshoppers	EN2 6LN	102	Northampton Exiles Cricket Club	N21 3AU
48	Enfield Chase Shotokan Karate Club	EN2 6NB	103	Chase Side Youth Football Club	N21 3BD
49	Vincent Badminton Club	EN2 6PR	104	Winchmore Hill Cricket Club	N21 3ER
50	Enfield Bowling Club	EN2 6TR	105	Winchmore Hill Table Tennis Club	N21 3ER
51	Enfield Golf Club	EN2 7DA			
52	Botany Bay Cricket Club	EN2 8AS			
53	Edmonton & Tottenham Angling Society	EN2 8HG			
54	Bourne Badminton Club	EN2 8PB			
55	Palmer's Green Angling Society	EN2 8PY			
56	Enfield Angling Council	EN2 8PY			
57	Aikido Winchmore Club	EN2 8PY			
58	Albany United Badminton Club	EN2 9AQ			
59	North Enfield Cricket Club	EN2 9JE			
60	Gillian's Riding School	EN2 9JL			
61	Whitehebbes Park Golf Course	EN2 9JN			
62	Hurricane Room	EN3 4JW			
63	Futsal Club Enfield	EN3 4PX			
64	Enfield Archers	EN3 5BA			
65	Lytton Table Tennis Club	EN3 6EN			
66	Eastern Enfield Anglers	EN3 6LZ			
67	Apoel Youth	EN3 6TW			
68	Lea Valley United Football Club	EN3 6TW			
69	Apoel Football Club	EN3 6TW			
70	Take the Plunge Swim School	EN3 7DL			
71	Eden Hall Youth Football Club	EN3 7ED			
72	Brimdown Bowls Club	EN3 7ND			
73	Continental Football Club	EN3 7RP			
74	Crescent Football Club	EN3 7RP			
75	Brimdown Rovers Football Club	EN3 7RP			
76	St Marys Youth Football Club	EN3 7RT			
77	North London Sabre Fencing Club	EN3 7XH			
78	Westpole Badminton Club	EN4 0BD			
79	Hadley Wood Taekwondo	EN4 0HT			
80	Hadley Wood Golf Club	EN4 0JJ			
81	Trent Park Running Club	EN4 0PS			
82	Southgate Hockey Club	EN4 0PS			

Adults and Over 50s

ID	Adults_and_Over_50s	PostCode
1	Tai Chi	EN1 1PS
2	Tai Chi	EN1 3EG
3	Tai Chi/Qi Gong	EN1 3EG
4	Bowls	EN1 4LF
5	Plates	EN1 4LF
6	Tai Chi/Qi Gong	EN1 4LF
7	Tennis	EN1 4LF
8	Yoga	EN1 4LF
9	50+ Keep Fit	EN1 4LF
10	50+ Swimming	EN1 4LF
11	Plates	EN2 0NB
12	Yoga	EN2 0DS
13	Waiks	EN2 0LE
14	Badminton	EN2 0PJ
15	Boxing	EN2 0QJ
16	Tai Chi	EN2 9HA
17	50+ Golf Taster	EN2 9HH
18	Waiks	EN3 5PA
19	Football	EN3 6TW
20	Football	EN3 6TW
21	Nordic Walking	EN4 0PS
22	Waiks	EN4 0PS
23	Waiks	N13 4PT
24	Waiks	N14 6RA
25	50+ Ballroom & Latin Dancing	N18 1PJ
26	Yoga	N21 2EU
27	Tai Chi	N22 8RA
28	Seated Aerobics	N9 0TR
29	Swimming	N9 0TR
30	Zumba	N9 0TR
31	Fun Circuits	N9 0TR
32	Gym	N9 0TR
33	Waiks	N9 7RH

Libraries

ID	Library	PostCode
1	ANGEL RAYNHAM LIBRARY	N18 2JQ
2	BOWES ROAD LIBRARY	N11 1BD
3	BULLSMOOR LIBRARY	EN1 4QS
4	EDMONTON GREEN LIBRARY	N9 0TN
5	ENFIELD HIGHWAY LIBRARY	EN3 5BN
6	ENFIELD ISLAND VILLAGE LIBRARY	EN3 6GS
7	ENFIELD TOWN LIBRARY	EN2 6AX
8	FORE STREET LIBRARY	N18 2XF
9	JOHN JACKSON, BUSH HILL PARK	EN1 1DW
10	MILLFIELD HOUSE LIBRARY	N18 1PJ
11	OAKWOOD LIBRARY	N14 4XA
12	ORDNANCE UNITY CENTRE LIBRARY	EN3 6ND
13	PALMERS GREEN LIBRARY	N13 4EY
14	PONDERS END LIBRARY	EN3 4EY
15	RIDGE AVENUE LIBRARY	N21 2RH
16	SOUTHGATE CIRCUS LIBRARY	N14 6BP
17	WINCHMORE HILL LIBRARY	N21 3AP

Theatres & Forty Hall

ID	Venue	PostCode
1	Dugdale Theatre	EN2 6DS
2	Millfield Theatre	N18 1PJ
3	Forty Hall	EN2 9HA

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MUNICIPAL YEAR 2015/2016

MEETING TITLE AND DATE

Enfield Health and Wellbeing Board
(EH&WB)
11 February 2016

Agenda - Part: 1	Item: 4
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Subject:

- **EH&WB Work Plan**
- **EH&WB Development Sessions Work Plan**

Wards:

Cabinet Member consulted: Cllr Taylor

Contact officer and telephone number:
Sam Morris **0208 3794245**
E mail: **sam.morris@enfield.gov.uk**

**Approved by: Shahed Ahmed
(Director of Public Health)**

1. EXECUTIVE SUMMARY

Currently the HWB has 5 formal sessions a year held in public and 5 development sessions.

Board members were recently written to asking for potential items for a work plan along with being asked about how frequent the development sessions should be. A number of comments were received.

These outlined :

- a. High level, critical issues should be addressed through the EH&WB meetings.
- b. The view that the sessions could be conducted differently including a more formal business-like approach to the developments sessions
- c. A view that 5 development sessions per year could be worthwhile as long as there was agreement about how to conduct them.

Further discussion took place at the January development session where it was suggested that some contextual information was provided in the development sessions work plan, so that members had a better understanding of the topics being explored and the effect they have on the wider health landscape.

2. RECOMMENDATIONS

1. The Board is asked to agree a forward plan for 2016 formal board sessions.
2. The Board is asked to agree the topics for the development sessions for 2016.

3. BACKGROUND

Agenda items for discussion at formal Board meetings

HWB agendas for the past 2 years were reviewed alongside suggested work plan items from HWB members. We identified topics which have come up recurrently and topics which the HWB could reasonably expect as part of its core responsibilities. Using this baseline information we have drafted (appendix 1) a potential work plan *for discussion* for the formal in public sessions of the HWB.

Development sessions work plan

The programme for the development session includes a number of strategic health issues which will inform the work of the Board and provide a forum for issues to be discussed in detail.

A draft work plan is included in Appendix 2.

London Councils funding

EH&WB have secured £7000 funding from London councils for HWB development. From the list of facilitators provided to us we have identified John Deffenbaugh as someone who has supported us in the past, has some knowledge of Enfield and our HWB and has a broad knowledge of practice across the country and across different sectors.

4. ALTERNATIVE OPTIONS CONSIDERED

No alternatives considered.

5. REASONS FOR RECOMMENDATIONS

EH&WB would benefit from a more focused and structured approach. The lack of clear EH&WB work plans has meant there has been a piecemeal approach to developing agendas. Involving EH&WB members in the development of work plans, for both the development sessions and the formal Board will foster a shared ownership of the work of the EH&WB, and will ensure that crucial cross cutting issues are addressed through a partnership approach.

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

6.2 Legal Implications

Under section 194 (1) of the Health and Social Care Act 2012, all local authorities have a duty to establish a Health and Wellbeing Board. Section 101 of the Local Government Act 1972 permits a local authority to make arrangements for the discharge of their functions by a committee, sub-committee or officer of the authority.

The proposals set out in this report comply with the above legislation.

7. KEY RISKS

The key risks are that the work plans don't allow the EH&WB and Development Sessions to be responsive to any unforeseen health and wellbeing concerns that will affect Enfield residents. However any prevalent issue can still go on the agenda and will be picked during the EH&WB planning meetings between the Chair, Vice Chair, Director of Public Health and the Strategic Partnerships Manger.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

Agreed EH&WB and development session work plans will ensure the Board is able to focus on the priorities below. The work plan sets out when the EH&WB will review the EH&WB Strategy to impact on the priorities.

- 8.1** Ensuring the best start in life
- 8.2** Enabling people to be safe, independent and well and delivering high quality health and care services
- 8.3** Creating stronger, healthier communities
- 8.4** Reducing health inequalities – narrowing the gap in life expectancy
- 8.5** Promoting healthy lifestyles

9. EQUALITIES IMPACT IMPLICATIONS

Background Papers

Appendix 1 – Draft work plan for formal in public sessions of the HWB

Appendix 2 – Draft work plan for development sessions in 2016

Appendix 1 – Draft work plan for formal in public sessions of the HWB

Health and Wellbeing Board: Work Programme 2016/17

ITEM	Lead Officer	11 February 2016	21 April 2016	July 2016	October 2016	December 2016
Terms of Reference	Sam Morris		Review			
Leisure and Culture Strategy	Jess Khanom	Report				
Sub Committees-work programme	Sam Morris		Review			
CCG Operating Plan	Paul Jenkins		Report			
Annual Better Care Fund Review	Bindi Nagra		Review			
Healthy Weight Strategy	Glenn Stewart		Report			
Fuel poverty	Deborah Southwell		Report			
Commissioning Plans	Bindi Nagra			Review		
Memberships	Penelope Williams			Review		
Annual Public Health Report	Shahed Ahmad			Review		
Stroke and Dementia Action Plan	Shahed Ahmad			Report		
Annual Immunisation and Screening Review	Allison Duggal			Report		
CCG Commissioning Intentions	Paul Jenkins				Report	

ITEM	Lead Officer	11 February 2016	21 April 2016	July 2016	October 2016	December 2016
Overview and Scrutiny Workplan	Claire Johnson				Report	
Adult and Children Safeguarding Reports	Tony Theodoulou				Reports	
Joint Health and Wellbeing Strategy Review	Shahed Ahmad				Review	
LBE Budget Consultation	James Rolf					Consultation
Review of the EH&WB	Sam Morris					Review

Appendix 2 – Draft work plan for development sessions in 2016

Health and Wellbeing Board Development Sessions Work Programme 2016/17

ITEM	Lead Officer	Background	6 January 2016	2 March 2016	May 2016	September 2016	November 2016
Work Programme	Sam Morris/ Shahed Ahmad	N/A					
Sport England	Jess Khanom	N/A					
Cancer Vanguard	Kathy Pritchard Jones	N/A					
Diabetes	Tha Han/ Shahed Ahmad	<p>When high risk genetics to express their feature, they need to be exposed to the environmental risk. Enfield has an environment that has better access to high risk food and lifestyle than protective food and lifestyle. As a result, the prevalence of obesity and diabetes is increasing. There were more than 8,300 residents with diabetes and 30,000 are at high risk of becoming diabetics. The complication of diabetes is in every organ in the body and affects mental health too. When residents and public sector bears the burden of those complications year-on-year, we need to look at it from lifestyle and prevention to proper care. Enfield Health and Wellbeing Board partners are working closely to tackle this. An obesity strategy was drafted. An expression of interest to host national Diabetes Prevention Programme was submitted. Prevention and early recognition initiatives are piloted together with new models of care to better control blood glucose in the community. The change need to be scaled up so that healthy food and lifestyle is more accessible than unhealthy food and lifestyle, residents with high risk become more aware and are empowered to undertake effective measures and those already diabetic are supported to participate fully in their care plan. This will reduce the burden on the residents, make the care of the patients more effective and result in more sustainable public services. Nonetheless there are multiple challenges ahead to implement these evidence based programmes.</p>					

ITEM	Lead Officer	Background	6 January 2016	2 March 2016	May 2016	September 2016	November 2016
Tower Hamlets Vanguard		<p>It is made up of a collaboration of partners that include Tower Hamlets GP Care Group Community Interest Company (representing primary care); Barts Health NHS Trust (the local acute and community health services trust); East London NHS Foundation Trust (local mental health trust) and London Borough of Tower Hamlets (local council and social care).</p> <p>A patient in Tower Hamlets will benefit from having straightforward easy to access health and social care services and a positive patient experience.</p> <p>A key part of the Tower Hamlets proposal is to have a greater focus on a positive patient experience. The current collaboration of four organisations will be broadened to include both local voluntary and community sector organisations, as well as patient and service user groups, to share experiences and skills in the best interests of patients.</p>					
Integration	Bindi Nagra	Discussion and agreement regarding scope and model for Integration in Enfield					
STP – the 5 Year Sustainability & Transformation Plan	Paul Jenkins	<p>STP should also build on the FYFV six principles for person centred, community focused services:</p> <ul style="list-style-type: none"> • Care and support in person-centred care; personalised, coordinated and empowering, • Services are created in partnership with citizens and communities, • Focus is on equality and narrowing inequalities, • Carers are identified, supported and involved, • Voluntary, community & social enterprise and housing sectors are involved as key partners and enablers, • Volunteering and social action are recognised as key enablers, <p>The development of the STP will involve five key aspects:</p> <ul style="list-style-type: none"> • Local leaders coming together as a team, • Developing shared vision with the local community which also involves local government as appropriate, • Programming a coherent set of activities to make it happen, • Execution against plan and • Learning and adapting 					

ITEM	Lead Officer	Background	6 January 2016	2 March 2016	May 2016	September 2016	November 2016
Primary Care	Deborah McBeal						
Hospital Chains	Kim Flemming						
New Models of Care	Graham McDougall	<ul style="list-style-type: none"> Overarching aims of new models of care Outline of all national vanguard pilot sites Progress to date on vanguards Local discussions with providers on new models of care approaches to provision Nest Steps 					
Medium Term Financial Outlook	James Rolfe	A high level exploration of Enfield's process, Its medium term outlook and the risks/issues we are like to face over the next 3-4 years.					
Urgent and Unplanned Care	Paul Jenkins	Urgent and Unplanned Care <ul style="list-style-type: none"> Overarching aims of new models of care, Outline of all national vanguard pilot sites, Progress to date on vanguards Local discussions with providers on new models of care approaches to provision Achieving excellence across Enfield and the North Central London Urgent Care Network by 2017. 					

MUNICIPAL YEAR 2015/2016

MEETING TITLE AND DATE

Health and Wellbeing Board
11 February 2016

Agenda - Part: 1**Item: 5a**

**Subject: Health Improvement
Partnership Board Update**

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Approved by: Dr Shahed Ahmad

1. EXECUTIVE SUMMARY

This report summarises the work of the Health Improvement Partnership Board.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to note the contents of this report.

The next Health Improvement Partnership (HIP) is scheduled for March 2016. This is an interim report on the activities reporting to the HIP board.

1.0 REDUCING LIFE EXPECTANCY GAP - THE FIVE PRIORITY WARDS

The Public Health Core offer team coordinates the measures aimed at reducing health inequality. There has been a significant improvement in reducing the health inequality gap, but there have remained significant challenges to life expectancy across the borough. It was determined that 5 wards (Upper Edmonton, Chase, Ponders End, Enfield Lock and Jubilee) should receive discrete interventions in order to tackle this.

The team works within communities, with patients and health professionals, to improve prevention, early recognition and effective management of long term conditions which are identified as major causes of gap in life expectancy. Long term conditions are also not only a burden to patients and their families but also significant burden to the local health and social care economy.

A GP registration promotion campaign was undertaken in November 2015 in the form of distribution of leaflets across Enfield. A generic leaflet with information on how to register was distributed across Enfield as part of the housing newsletter mail drop. Leaflets with schematic ward maps were distributed, by door-to-door drop, to all households in the 5 priority wards.

The maps show the location of the GPs in the wards and the immediate vicinity and relevant bus routes. Active travel is also encouraged by putting walking distance times around GPs. Adverts were also be distributed at libraries, hospitals and groceries if those hosts permitted.

Health Intelligence team has been actively supporting this programme by providing analyses and evidence. Recently mortality rates by wards were analysed which highlighted the consistently higher mortality rates amongst those five priority wards, in particular, the wide variation in mortality due to cardiovascular disease within Enfield. This gives all the more importance to promote prevention and effective management of the cardiovascular diseases in Enfield to reduce inequality.

2.0 SUPPORTING PRIMARY CARE IMPROVEMENT

2.1 GP practice visits

Systematic reviews have widely reported that the quality of the structural and functional characteristics of primary care determines population health outcomes.

It is also known that an adequately supplied primary care system reduces mortality and can mitigate some of the adverse effects of income inequality. In Enfield, like other areas in England, there is much variation within the borough for primary care management of long term conditions. The Public Health team is meeting with the GP practices in the five high priority wards as a measure to facilitate primary care improvement within the allocated resources.

Public Health representatives have been attending GP surgeries for practice visits since July 2015. This is part of a formalised process to disseminate good practices and to address the underlying causes of variation in performance and outcomes across the borough as a whole.

When we looked at high performing GPs, many of them have their own challenges related to their local demographics or capacity issues, yet did manage to achieve a great deal. Therefore we are attempting to facilitate similar achievement across a range of general practices in Enfield. We are also soliciting the GP's support in smoking cessation activities and other population health initiatives commissioned by both LBE and the NHS. Freezywater, Riley House and Bowes Park were visited in December 2015 and early January 2016.

Information reviewed / discussed at the meetings included –

- Highlighted health issues of the residents of Ponders End, Upper Edmonton and Jubilee.
- Discussed how Public Health and the surgeries can work together to help improve residents' health.

- Public Health services currently delivered in Enfield were promoted. These include NHS Smoking Cessation, NHS Healthcheck, and lifestyle services.
- The importance of reducing the variation in primary care performance including screening and immunisation was highlighted.
- How a single-handed GP can tackle diabetes and other long-term condition management: teamwork and dedication to holistic health.
- How challenging cases of high blood pressure and cholesterol can be managed with innovative support.
- Exchanged information and ideas on how to improve health of the population and reduce inequality.
- Offer of inclusion in Hilo initiative.

2.2 GP Newsletter

Newsletters for local health professionals focusing on hypertension, cardiovascular risk, and diabetes have been produced and delivered to all GP practices in Enfield. These provide information about local epidemiology, health needs, evidence based practices, and variation in practices across the borough. They aim to celebrate improvement and good local practices in order to motivate and encourage improvement across Enfield. These provide additions to the information base relating to long-term conditions such as hypertension and diabetes. The latest Enfield Public Health Newsletter for Health Professionals celebrated the achievements of Bowes Medical Centre, which is in the top 10% of practices in England in terms of managing blood pressure in patients with coronary heart disease.

3.0 LONDON HIGH BLOOD PRESSURE WORK

If London achieved the same rate of hypertension diagnosis and control as Canada we would have nearly an extra half a million people diagnosed and controlled. It is estimated that over 5000 strokes and 2300 heart attacks would be prevented, over the next five years. If we all achieved what Greenwich is currently achieving nearly 1000 strokes would be prevented.

To kickstart this work at a London level on December 16 a London Hypertension Conference was held. The Public Health team at LBE were involved, from its conception to the delivery of Public Health England's Workshop: "New opportunities to tackle high blood pressure in London" This very useful day explored key evidence and resources in relation to the pathway for high blood pressure, covering prevention, detection and management, through a mix of evidence sessions, practical advice, examples of good work in practice, and group exercises.

As we have often stated high blood pressure is the second biggest risk factor for premature death and disability in this country. Yet it can often be prevented through lifestyle change. Currently of every 10 adults in

England with high blood pressure, only four are both diagnosed and controlled. Addressing this is a huge opportunity both to reduce avoidable mortality and save money in the NHS and social care in a reasonable and useful timeframe.

Links:

- PHE Conference on high blood pressure: https://www.phe-events.org.uk/hpa/frontend/reg/tOtherPage.csp?pageID=210812&ef_s_el_menu=1878&eventID=542&eventID=542 ,
- BMJ blog: <http://blogs.bmj.com/bmj/2015/12/21/richard-smith-why-are-we-doing-so-badly-with-hypertension/>
- Enfield hypertension profile: <http://www.yhpho.org.uk/hypertensionla/default.aspx>

4.0 COMMISSIONING FOR PREVENTION IN LONDON

We were asked to present our Enfield work on hypertension by Healthy London Partnerships at their Commissioning for Prevention event on January 11.

5.0 Voluntary Care Sector (VCS) Prevention Workshops

Members of the Public health team participated and spoke at two whole day workshops that were being held at Communities House organised by the Department of Health, Housing and Adult Social Care (HHASC).

These workshops invited representatives from Enfield's voluntary sector to attempt to address one central theme: What does good prevention look like?

- The workshops took account of good practice within the VCS, and utilised case studies & scenarios to prompt discussion.
- We highlighted primary prevention but invariably we did also discuss on secondary and tertiary prevention. Public Health was intimately involved with this section of the workshop.
- HHASC will be co-ordinating a report soon after the second workshop.

6.0 EFFICIENCY PROGRAMME (QIPP)

Public health core offer team supports the local CCG with strategic steer, clinical and scientific evidence, and operational support related to engagement and data to improve population health by investing according to need and evidence and allocating the resources in the right place so that patients receive the right care at the right time at the first time, while meeting its £12.5M saving target.

The team also endeavours to ensure population outcomes are improved without compromising vulnerable people or increasing health inequalities. This is undertaken in part by regularly representing Public Health, and giving expert advice in a number of regular meetings and working groups.

These include the Transformation Programme and Financial Recovery Board, the Quality & Safety Group, the Clinical Reference Group, and Working Groups for diabetes, cardiology, respiratory and musculoskeletal conditions. In addition the equalities subgroup, individual funding request panel and better care fund also receive Public Health input.

Public Health Representatives also regularly attend the urgent care transformation board meetings for North Central London. This is especially important as the emergency admissions related to injuries, infections, common paediatric conditions, mental health issues and non-ambulatory care sensitive conditions are increasing year-on-year in Enfield.

On the other hand public health team supports the reduction of rising demand in long-term conditions (e.g. heart disease, stroke, diabetes, and dementia) by designing new models of care and prevention. These include atrial fibrillation recognition and management, pre-diabetes recognition and pathway, complex diabetes care, hypertension recognition and control, and COPD recognition and control.

It is also to be noted that NHS England chooses Enfield CCG as one of the CCGs to receive commissioning support by the “Right Care” approach. We are working closely with the CCG in utilising intelligence and evidence provided through “Right Care” programme.

7.0 PUBLIC HEALTH CAMPAIGN

8.1 HIV prevention campaign

A HIV prevention campaign was carried out in November during the national HIV testing week and including World AIDS Day, to promote the importance of HIV tests and address the high late diagnosis rates in the borough.

8.0 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWSs), through the health and wellbeing board. The purpose of the JSNA is to inform the way in which decisions about health, wellbeing and social care services are planned and arranged.

The Enfield JSNA is available on the Enfield Health and Wellbeing website at <http://www.enfield.gov.uk/healthandwellbeing/jsna>.

The contents are being reviewed and updated to ensure it remains relevant and a useful tool and resource for commissioners, policy makers, local people and other key stakeholders.

The maintenance of Enfield JSNA is led by the Public Health Intelligence team, and the maintenance process is overseen by the JSNA steering group which membership includes Local Authority, CCG and Community

and Voluntary sector colleagues. The JSNA steering group meets quarterly and the last meeting was in October 2015.

Data and contents update is progressing well with the support from various stakeholders at LBE and Enfield CCG. We will continue to update the data and contents as appropriate. Since December 2015, following sections are updated and are currently being reviewed by leads before the web update.

- Substance Misuse – Drugs and Alcohol (Health and Wellbeing of Adult Chapter)
- Substance Misuse – Drugs and Alcohol (Health and Wellbeing of Children Chapter)
- Oral Health Children
- Childhood Obesity

9.0 QUALITY AND OUTCOMES FRAMEWORK (QOF) 2014/15 DETAILED ANALYSES

QOF is the annual reward and incentive programme detailing the GP practice achievement results. The data for 2014/15 was published at the end of October 2015. Health Intelligence team produced a LTC management report highlighting the variation in achievement of clinical management indicators between Enfield GP practices. These findings were shared with GPs at the Locality Commissioning meetings in January 2016 and will inform locality commissioning for next year.

10.0 MENTAL HEALTH

Borough's comprehensive Mental Health Needs Assessment is currently being undertaken by UK's leading Public Mental Health specialist and psychiatrist, commissioned by Public Health. It covers the mental health needs of all age groups and has had full support from wide range of partners at local authority, CCG, NHS providers and voluntary sector. The final report is due during February, which will inform commissioning and strategy at both local authority and NHS.

Public Health team have also contributed to the Future in Mind Enfield transformation plan which has now been agreed with NHS England. The children's public health team is working with partners in PHE and the CCG to develop artwork for an anti-stigma campaign in the borough.

11.0 PUBLIC HEALTH SERVICES FOR 0-5 YEARS

From 1 October 2015, the responsibility for commissioning Health Visiting and Family Nurse Partnership services transferred from NHS England to local authorities. The rationale behind this move is that local authorities know their communities and have a better understanding of local needs so they are in a more informed position to commission the services.

Funding for the 0-5 budget will sit within the overall public health budget and is ring-fenced to March 2017.

A review at twelve months, involving Public Health England (PHE) will inform future commissioning arrangements.

Child Health Information Systems (CHIS) and the 6-8 week GP check (Child Health surveillance) have not transferred to local authorities, although the CHIS service is expected to transfer in 2020.

Health Visitors and Family Nurses continue to be employed by the provider, which is currently Barnet Enfield and Haringey Mental Health Trust.

11.1 Health Visiting

Health visiting is a universal service that provides a professional public health service based on evidence of what works for individuals, families, groups and communities.

Health visitors are highly trained specialist community health nurses, skilled at spotting early issues that may develop into problems or risks to the family if not addressed.

The service will vary according to the personalised assessment of each particular family and what will work for them. They lead the delivery of the 0-5 elements of the Healthy Child programme in partnership with other social care colleagues, which places them in a strategic position to tackle and reduce infant mortality because they work closely with the parent and family from pre-natal, during pregnancy, post-natal until the child starts school at 5 years.

Health visitors are mandated to undertake:

- an antenatal visit,
- visit new born babies at home between 10 and 14 days, and
- undertake a 6-8 week review, followed by
- another review at one year and
- a further review at 2 - 2½ years,

and focus on six early year's high impact areas including;

- (i) maternal mental health,
- (ii) transition to parenthood,
- (iii) breastfeeding,
- (iv) healthy weight,
- (v) managing minor illnesses / accident prevention and health and wellbeing.

This facilitates regular contact with families and their children at the most challenging times of their lives and plays a key role in early detection of potential risk factors of infant mortality and child development.

One of the strengths of health visiting is that by visiting families in their homes, they are able to take a holistic view of the family and their needs. Through regular contact and with appropriate training, health visitors can influence mothers, fathers and family members to develop healthy behaviours (including increasing physical activity and maintaining a healthy weight) associated with improved wellbeing. In addition, health visitors can encourage greater physical activity among children by providing relevant information to families and working with partners to develop greater opportunities to be physically active within

The Trust has worked on recruitment and has almost doubled the WTE in the past three years (currently @ 69.7WTE). Staff retention has also been a notable success in the Borough.

It was identified that a trajectory of 79 HVs would be the ideal in order to deliver the whole Healthy Child Programme (HCP). Recruiting is a national issue and it is a continuous struggle to recruit to the full trajectory. The Council is working with the Trust to identify the areas of the HCP that are not being met. As there have not been any safeguarding issues identified, the data provided will enable the Council to review the trajectory and unmet needs.

Public health are currently reviewing the health needs of the 0-5 population in the borough and reviewing the health visiting service. These reviews will inform the commissioning of the services.

11.2 Family Nurse Partnership (FNP)

The Family Nurse Partnership (FNP) is an evidenced based, preventative programme offered to vulnerable young mothers having their first baby. It is a nurse led intensive home-visiting programme from early pregnancy to the age of two. The aims are to:

- improve pregnancy outcomes;
- improve child health and development;
- improve parents' economic self-sufficiency.

The criteria for eligibility to be offered the programme are:

- All first time mothers aged 19 and under at conception;
- Enfield residents;
- Eligible if previous pregnancy ended in miscarriage, termination, still birth;
- Enrolment should be as early as possible in pregnancy and no later than the 28th week of pregnancy. 60% should be enrolled by the 16th week of pregnancy.
- Women who plan to have their child adopted or have had a previous live birth are excluded from the programme.

For 2016/17, Enfield will be localising the service to meet the Borough's needs, for example, whilst the programme is at its full quota, there are 86 active clients. The intention is to empower the FNP Supervisor to

graduate those clients that have not maintained contact in order to allow another vulnerable young mother to be admitted to the programme.

The FNP programme is overseen by a FNP Advisory Board (FAB) chaired by the Assistant Director Commissioning and Community Engagement, Schools and Children's Services.

In the last 12 months:

- 33 clients were enrolled, of whom 45.5% were enrolled by the 16th week of pregnancy (the target is 60%);
- 75% of those who were offered the programme enrolled, which meant that the target of 75% was achieved;
- 41 pregnancies, 42 infancies and 4 toddlerhood graduations were completed.

The second annual review took place in November 2015 and the team will have their first graduation from Enfield FNP in March 2016.

A strategic vision for FNP in Enfield is being developed as part of the borough's wider maternity and children's services. FNP aligns with the Healthy Child Programme and will be included in future commissioning plans for the wider Health Visiting service.

12.0 SCHOOL NURSING

School nursing service provides a service to all the Council-funded schools in the borough. School nurses assist with safeguarding, health promotion, can advise on health matters and help with training on long term medical conditions (e.g. how to use EpiPens) to help every child attend school and reach their potential. School nurses also deliver the school aged national immunisation programme to all schools in the borough.

Children can self-refer to school nursing or can be referred by school staff, social services, the Looked After Children nurse specialists, child protection nurses or medical colleagues.

There are plans to co-commission an immunisations service with NHSE and to develop a traded service for school nursing to be offered to academies, free schools and independent schools in the borough.

School nursing will be reviewed in the next year to ensure value for money and assure clinical quality and governance.

13.0 SCREENING AND IMMUNISATION

The latest immunisation data suggest an increase in coverage, but these have not been validated and are not available for dissemination yet. Flu vaccination in schools for children in Years 1 and 2 was completed in December. The final data is yet to be released, but early indications from

NHS England (NHSE) show that Enfield achieved over 50% and fares well compared to other boroughs.

A meeting has been held to discuss immunisation rates in the Looked After Children (LAC) population in the borough and an action plan is being developed with partners, including the LAC health team, NHSE and health visitors.

The new public health practitioner has been attending meetings with the antenatal and new born screening team from the local maternity units and NHSE. The children's public health team is working with NHS England to assure the Council of screening programmes in the borough and have invited NHSE to attend the upcoming Scrutiny sessions. A North Central London Adult Screening Assurance meeting has also been initiated and is due to meet in January 2016.

14.0 HEALTH PROTECTION

The team has been busy preparing for a borough pandemic flu exercise and have consulted with partners in the health protection forum, including Public Health England and the Borough Resilience Forum.

The outbreak of Ebola Virus Disease in West Africa has not been declared as over, as there are still reports of sporadic cases.

There have been cases of Polio in Ukraine, but no instances in European countries.

There is a multi-country outbreak of Zika virus in South America, in countries that have not seen the virus before.

There was a local outbreak of norovirus disease affecting Enfield schools, but this was brought swiftly under control.

We remain in constant contact with colleagues from PHE and remain vigilant for the signs of infectious diseases in the borough.

15.0 AIR QUALITY – SEEK TO REDUCE EMISSIONS FROM VEHICLE IDLING

A bid was submitted to the Mayor's Air Quality Fund with the ambition of making Enfield idle-free by 2020. There are several strands to this project which include engagement with schools, the community and local businesses. Specific campaign/target areas include level crossings, outside schools, air quality hot spots, taxi ranks, stations and at key junctions where people are likely to be waiting for over a minute for the lights to change.

Commissioning some "Air Aware" lessons within schools, separate to the bid but will complement it, if it is successful.

A report from King’s College estimates that some 17% of deaths in Enfield are related to air pollution.

16.0 CYCLE ENFIELD

The health benefits of Cycle Enfield have been endorsed by the Health and Wellbeing Board. The project supports the Public Health England work to highlight the importance of physical activity and its effect on both individual and societal health as well as healthcare budgets.

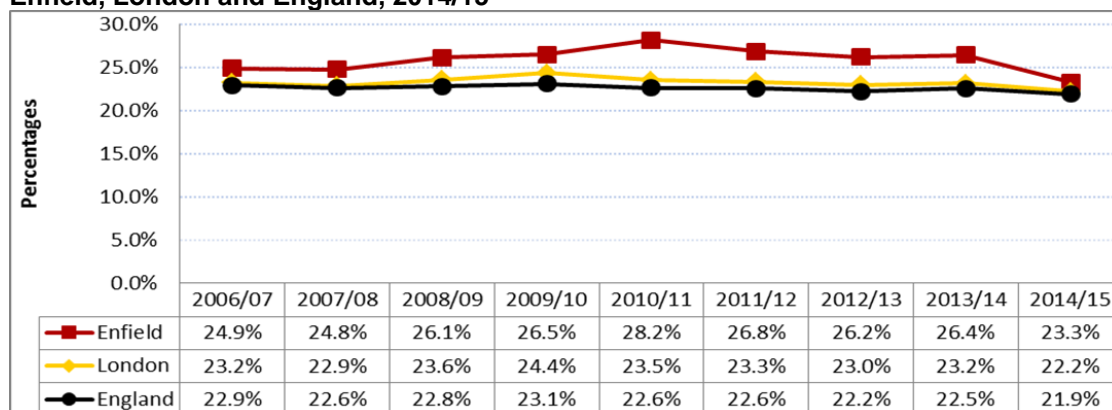
17.0 CHILDHOOD OBESITY

Childhood obesity data for 2014/15 has been released.

In Enfield in Reception year (aged 4-5 years):

- Almost one in four Reception Year pupils in Enfield were overweight or obese (23.3%), slightly higher than London (22.2%) and England (21.9%) averages.
- Just over one in ten Reception Year pupils in Enfield was obese in 2014/15 (10.5%). This was the 11th highest rate amongst 32 London boroughs. This is similar to London (10.1%) but significantly higher than England (9.1%) averages.
- More than one in seven Reception Year pupils was overweight in Enfield (12.7%) in 2014/15. This was significantly higher than London (12.0%) average but similar to England (12.8%) average.
- 1.5% of Reception Year pupils were underweight in Enfield in 2014/15.

Prevalence of Overweight or Obesity in Reception Year pupils (aged 4-5 years), Enfield, London and England, 2014/15



Source: National Childhood Measurement Programme, HSCIC

In Enfield in Year 6 (aged 10 – 11):

- Almost two in five Year 6 pupils were either obese or overweight in Enfield (41.0%). This was significantly higher than London (37.2%) and England (33.2%) averages.
- Just over one in four Year 6 pupils was obese in 2014/15 (25.4%). This was the 6th highest amongst 32 London boroughs (Figure 2.2), and significantly higher compared to London (22.6%) and England (19.1%) averages.
- Around one in six Year 6 pupils were overweight in Enfield (15.7%), above the London average (14.6%). Enfield rate was significantly higher than England average (14.2%). This was also the 3rd highest amongst 32 London boroughs.
- 1.5% Year 6 pupils were underweight in Enfield in 2014/15.

The Active People Survey indicates that 64.8% of adults in Enfield are either overweight or obese.

Public Health is attending the London Association of Directors of Public Health learning set on childhood obesity on 5th February.

18.0 HEALTH CHECKS

Backdated health check data indicates that the number of health checks received in Q1 has risen from 1,297 to 2,416. In Q2 data indicates 1604 were received with a cumulative Q2 total of 4020. Projected healthchecks for 2015/16 are indicating over performance on the set target (8,000 health checks).

The service will be reviewed for 2016/17.

19.0 TOBACCO CONTROL

Smoking events were held for New Year quitters in Enfield town and Edmonton. A conference on reducing smoking prevalence in the Turkish community is being planned for May 2016.

20.0 SEXUAL HEALTH

The Council has the responsibility for:-

- Integrated Sexual Health Community Services, which is delivered by NMUH; and
- LARC, which is delivered by the borough's GPs

The Integrated Sexual Health Community Services contract delivers GUM treatment for all Enfield residents and Contraception for those not registered with an Enfield GP.

The contract includes specialised Sexual Health Outreach Nurses for young people (4YP) and will be working with voluntary organisations to improve relations with the population identified as 'hard to reach' – sex workers, substance misusers as well as the LGBGTT and certain identified BME population.

The new service model will commence on a phase basis based on the service moving to the new locations, with the Burleigh Way (EN2) location opening on 04 January 2016.

The Council has contractual agreements with 27 of the Borough's GPs to deliver Long Active Reversible Contraception (LARC). Activity is steadily increasing and is expected to continue to grow as the new contractor for Integrated Sexual Health Community Services will be training and supporting the GPs with this service.

21.0 Regional and National Activities

- 21.1 We support the London Primary Care Transformation group and will be supporting them to develop London-wide standards for primary care. We have also been clear that GP provider networks should ensure that they have access to Public Health expertise.
- 21.2 We have been working with Public Health England to deliver the London Hypertension Workshop
- 21.3 We have been providing Public Health advice to the Board of London Cancer and to Cancer Commissioning Board for London.
- 21.4 We represent local authority public health at the Home Office FGM Stakeholder Group and attend meetings with the London Safeguarding Children Board
- 21.5 We represent public health at the North Central London Urgent and Emergency Care Network
- 21.6 We continue to act as Professional Appraisers for Public Health England and benefit from the national Revalidation system for doctors.
- 21.7 We continue to provide mentoring support for new and aspiring Directors of Public Health and to support Public Health workforce development in London
- 21.8 We are co-leading the London Healthcare Public Health Group which is committed to making sure that Public Health Consultants working on healthcare public health are making the impact they have the potential to make.

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MUNICIPAL YEAR 2015/2016

MEETING TITLE AND DATE Health and Wellbeing Board 11 th February 2016	Agenda – Part: 1	Item:
	Subject: Better Care Fund Update	
	Wards: All	
REPORT OF: Bindi Nagra, Asst. Director, Health, Housing and Adult Social Care, LB Enfield, and Graham MacDougall, Director of Strategy and Partnerships Enfield CCG	Cabinet Member consulted: N/A	
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Tel:	020 8379 5010	

1. EXECUTIVE SUMMARY

This report provides an update on the Better Care Fund (BCF) and the latest performance and financial position.

NHS England reporting – the quarter 2 report was submitted to NHS England in November and the regional update report based on local area submissions is due for publication. Quarter 3 data is due for submission on 26th of February.

Better Care Fund planning guidance 2016/17 – NHS England has yet to publish the detailed planning guidance for the Better Care Fund in 2016-17. We are advised it will be published as soon as possible. It was expected that Health and Wellbeing Boards would be signing off BCF plans in mid-April, however in view of the delay any resulting changes to the timetable for completing BCF Fund plans will be set out with the publication of the guidance. The Health and Wellbeing Board BCF allocations will be published at the same time. In the meantime, the BCF 2016-17 Policy Framework has been published and can be found at [Better Care Fund Policy Framework](#).

Performance – the performance report is attached as Appendix 1. Activity is taking place to improve performance across the key metrics and this is outlined in the report.

Finance – The Quarter 3 financial report is currently in draft and will be presented to the BCF Management group on 12th of February. This follows a review of the financial position of all projects and programmes and it is anticipated that the year-end position will be within budget.

Development sessions – a second development session to be facilitated by the Leadership Centre is taking place with the Integration Board on 17th February 2016.

External Support and Better Care Fund Audits – final reports have been issued and a single action plan is being developed following the participation in the support scheme with PA Consulting and audits undertaken by PWC and EY. The plan will be monitored by the BCF Management Group. Meanwhile, action is already being taken to improve performance. Outcomes will be reported to the Health and Wellbeing Board as part of future updates.

Governance and management – Closer collaboration between the Council and CCG is taking place. The BCF Management Group meets on a monthly basis, and the BCF Finance and Activity Group is being re-focused to provide on-going governance and challenge. As required, Council and CCG finance leads will jointly report to the BCF Management Group.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Note the contents of the report, including the current performance metrics and activity taking place to improve performance in response to recent reviews.
- Note that the NHS England quarter 3 data submission is due in February.
- Note that BCF 2016/17 policy framework has been published but the detail of the planning guidance is delayed.
- Note that a further development session will be held on 17th of February with the Integration Board. The session will inform strategic planning in relation to the BCF and the future of integration in Enfield.
- Note that a London BCF Network has been set up and led by ADASS and NHS London. The Network will facilitate the sharing of good practice, address issues of concern, and assist with embedding the principles of the BCF at local level.

3. Performance

3.1 The performance report is attached as Appendix 1.

Non-Elective Admissions (NEL) - General and Acute

3.2 The current increase in NEL activity represents a 6% increase in admissions from April to November 2015 compared to the same period in 2014, with increases across all age groups.

3.3 The increases of activity are mainly being attributed to paediatrics but also cover orthopaedic and immunology specialties. These are due to revised pathways at North Middlesex University Hospital which are using beds for assessment and observation; this is demonstrated in the A&E conversion rates which have significantly increased since 2014/15;

3.4 NEL admissions for 65+ have increased by 6.2% between April and November 2015 compared to the same period in 2014. Since November 2015 there has been an increase in activity in the Older People's Assessment Unit, whilst the Integration Board agreed to fund a GP Local Incentive Service to encourage practices to work with the integrated care network in the multi-agency management of complex cases of (predominantly older) patients most at risk of hospitalisation. This has been rolled out from January 2015 with over half of Enfield practices signing up already. It is expected that both these solutions will help avert avoidable hospital admission in the remainder of 2015/16.

- 3.5 As reported in the December HWB update, a working group has been established which is reviewing non-elective admissions, including continuing to undertake analysis to increase the understanding of the activity and recommend action to improve performance.

Residential Admissions

- 3.6 Residential admissions within Enfield for people aged 65 and over have decreased over the last two years to a level which is below both London and national averages as more people are supported (either with or without ongoing social care support) to continue living independently within their own homes. There has been an increase in the number of people entering residential or nursing care for dementia related care and support.
- 3.7 The majority of residential and nursing placements also continue to be made from hospital (60% of whom were not previously known to social care). Work is underway to better understand how earlier intervention across the health, social care and voluntary sector partnership can provide appropriate access to the kind of support which will reduce the impact of declining health, prevent falls, support carers to continue caring and provide earlier diagnosis of dementia and support services which prevent or postpone hospitalisation and the need for residential/nursing care support.

Reablement

- 3.8 This national indicator (NI 125) looks at the proportion of people who have entered the service from hospital and whether or not they are living independently within 3 months of receiving the service. Independent means continuing to live in the community (with or without support). It excludes people who have moved into a residential/nursing placement or people who have died.
- 3.9 The Council continues to work in partnership with colleagues in health to develop its enablement service. Over the last three years capacity within the service has been doubled from just over 800 people seen per year to over 1600. The review and move on process has been improved to ensure that service users gain maximum benefit from the service.
- 3.10 The target of 88% was always very ambitious, particularly with significantly increased numbers of people passing through the service. Performance is currently at 82%. However, if people who have subsequently passed away within the three months are taken into account, performance stands at around 87%. The service also monitors the number of people who receive the service (both to prevent hospital admission and ensure appropriate and timely discharge) where no further input is required (people are living independently) and performance here has continued to improve year on year. Currently at over 72% this compares very favourably with London and national averages around the low 60%.

Delayed Transfers of Care

- 3.11 Acute Delays April - November 2015 (people):
- Adult Social Care Delays – 5 (5 in same period in 2014)
 - Health Delays – 76 (63)
 - Joint Delays (health and social care – 0 (0)
- 3.12 Assessment delays are the main cause of acute adult social care delays to date. Within health, the main reasons have been the need to await further non acute NHS care, awaiting a continuing healthcare nursing home placement, community equipment delays and patient choice for residential/nursing care.

3.13 Non-Acute Delays April – November 2015 (people)

- Adult Social Care – 27 (21)
- Health – 55 (42)
- Joint health and social care – 11 (3)

3.14 The main reasons for a delay within adult social care were assessment completion, funding and residential/nursing placements. Within health the main reasons for a delay were assessment completion, continuing healthcare nursing placements and family choice.

3.15 Number of Days lost to Delayed Discharges

There was a 16% increase in the number of days lost to delayed discharges for both health and social care in April to November 2015 compared to the same period in 2014, with 70% & 22% of these bed days lost due to health and social care delays, respectively, in 2015, with the main reasons for delays being due either awaiting further NHS provision (acute delays), completion of assessment (non-acute delays) or patient/family choice (both).

3.16 Despite the overall increase, there was a <1% increase in bed days lost in acute delays between the two periods, but a significant increase in non-acute delays of either working age or older adults with functional or organic mental health issues. Despite this, all partners continue to look to ways of improve their discharge processes to avoid delays in the system. In response, an action plan has been developed to reduce functional mental health delays, to include analysis of the reasons and analysis of the mental health enablement service capacity/accommodation options for people with mental health struggling to maintain tenancy arrangements.

3.17 Actions are also being explored to address delays in the completion of assessments and the provision of value for money placements for continuing healthcare patients. Similarly, a more rigorous monitoring and discharge process for older people with organic mental health issues was agreed and implemented between Barnet, Enfield & Haringey Mental Health Trust, Enfield CCG and LBE to better identify earlier and manage the discharge of people from non-acute beds, and this will impact on the non-acute figures from December 2015, once available.

3.18 Dementia Diagnosis

Enfield CCG continues to make good progress on dementia diagnosis. The latest data published by Health and Social Care Information Centre (HSCIC) is for December 2015, and shows a diagnosis rate of 68% (figures for 7 GP practices are estimated, based on their last available data). The Direct Enhanced Services (DES) scheme for GP practices and Commissioning for Quality and Innovation (CQUIN) scheme for community services, introduced in 2015/16 for the first time to encourage screening of patients known to community services, are expected to boost diagnosis rates. Recent increases in memory clinic waiting times are being addressed to further improve patient experience and diagnosis rates.

4.1 Finance

4.1 It was reported to the HWB in December that based on the quarter 2 financial report there is an expected underspend of £51,900 due to delayed or phased start to projects. As noted in the Executive summary, since then the financial position of all projects and programmes has been reviewed and the quarter 3 financial report is currently in draft. It will be reported to the BCF Management

Group in mid-February including a forecast for year end. It is anticipated that the year-end position will be within budget.

5. Better Care Fund planning guidance 2016/17

5.1 NHS England has yet to publish the detailed planning guidance for the Better Care Fund in 2016-17. In the meantime policy guidance has been issued which includes:

- The Statutory and Financial Basis of the Better Care Fund
- Conditions of Access to the Better Care Fund
- The Assurance and Approval of the Local Better Care Fund Plans
- National Performance Metrics
- Implementation 2016-17

5.2 NHS England will set the following conditions, which local areas will need to meet to access the funding:

- A requirement that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)
- A requirement that plans are approved by NHS England in consultation with DH and DCLG
- A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

5.3 They will also require that Better Care Fund plans demonstrate how areas will meet the following national conditions:

- Plans to be jointly agreed;
- Maintain provision of social care services;
- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
- Better data sharing between health and social care, based on the NHS number;
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
- Agreement on local action plan to reduce delayed transfers of care.

6. Development Sessions

6.1 The Leadership Centre will be facilitating a session with the Integration Board on 17th of February, the focus of which will be to start the process of defining a shared vision

for integration for the future as well as revisiting the discussion at a previous session regarding Integrated Locality Teams.

- 6.2 Prior to the first session, the facilitator had a telephone conversation with all attendees to obtain an understanding of the different perspectives and ideas. This will be offered again to attendees who have not yet had the opportunity to speak to the Leadership Centre. Partners have been asked to make every effort to attend the session.

7. External Support and Audits

- 7.1 At the December HWB meeting a summary of the position in relation to the above was provided. Following this, the development of a single action plan was agreed with the BCF Management Group. However, whilst this is being produced the key issues identified in these audits are being actioned including:

- Working more closely across the Council and CCG e.g. performance and finance leads
- Strengthening the performance and finance reporting of BCF schemes
- An agreement to reviewing how information is produced, what is required for reporting purposes and when. This will help to streamline the process and manage the requirements in a planned way
- Agreement to review and improve the reporting of outcomes and benefits realisation
- Improving the financial flows between the Council and the CCG ensuring payments are made in a timely manner.

- 7.2 As previously reported, Enfield Clinical Commissioning Group has commissioned Baker Tilly to undertake an audit to provide assurance on how Clinical Commissioning Group managers are maximising collaborative working and engagement with external groups and maintaining effective financial control. This forms part of the internal audit cycle and in view of the recent audits was deferred and will commence in the new financial year. This will also allow some time for the improvements identified in the earlier audits to be evidenced.

8. Governance and Management of the Fund

- 8.1 As noted the BCF Management Group is meeting regularly. The Finance and Activity group is being re-focused and is meeting on a monthly basis. At a recent meeting it was agreed to review the terms of reference and the membership to ensure that it can effectively review and challenge finance information and performance, ensuring that the BCF Management Group and Integration Board receives the information it requires to deliver on the BCF plans and associated outcomes.

9. BCF London Network

- 9.1 A regional network has been set up to:

- Share issues and concerns as well as good practice;
- Draw the Network's attention to matters of concern relating to BCF implementations issues and make recommendations to the London ADASS Branch and NHS England (London region) for areas of support; and
- Embed the principles and processes of the BCF guidance locally

- 9.2 Membership is Local Authorities and Clinical Commissioning Groups.

- 9.3 At the second meeting of the Network held in January, it was reported that local areas have different interpretations of national conditions, for example 7 day working and joint approaches to assessments. Consequently this affects reporting and the information published for regional comparisons. It was agreed that the Network will look at this at a future meeting.

End of Report

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Better Care: Current Period Data

Report Author: Sam Buckley

Generated on: 28 January 2016



1. Non-Elective admissions (general and acute)

Indicator		Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Latest Note
Number of Admissions	ACTUAL	2,355	2,453	2,515	2,546	2,356	2,499	2,656	2,477					Please see report for further information. Monthly targets and actuals are shown. The Indicator is green and the latest available data from November 2015 shows that we are ahead of target. There has been a 6% increase in such admissions between Apr-Nov-15 compared to Apr-Nov-14
	TARGET	2,291	2,291	2,292	2,378	2,377	2,378	2,499	2,499	2,500				
Cost of Admissions														

2. Residential Admissions

Indicator		Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Latest Note
New Admissions to Residential and Nursing Care (65+) per 100,000 pop 65+	ACTUAL	47.4	74.8	104.7	159.5	184.5	211.9	226.9	256.8	286.7				Residential admissions within Enfield for people aged 65 and over have decreased over the last two years to a level which is below both London and national averages. Please see the report for further information. Please note that there is some outstanding data from December which may have a small impact on the figures but will remain within target. ANNUAL TARGET 2015/16 = 486 (199 admissions).
	TARGET	40.6	81.1	121.8	162.4	202.8	243.0	283.9	324.5	365.0	405.5	446.1	486.6	
Number of admissions to supported permanent Residential and Nursing Care (65+)	ACTUAL	19	30	42	64	74	85	91	103	115				There have been 115 admissions this FY; to fall in line with SALT this now includes full cost and 12 week disregard clients.
Enfield Population 65+	ACTUAL	40,113	40,113	40,113	40,113	40,113	40,113	40,113	40,113	40,113	40,113	40,113	40,113	

3. Reablement

Indicator		Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Latest Note
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Indicator		Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Latest Note
(BC) - Achieving independence for older people through rehabilitation/intermediate care	ACTUAL	83.95%	80.25%	81.61%	83.00%	82.69%	82.71%	82.74%	81.42%	81.49%				Target for 15/16 is 88%. Please see report for further information. Current performance is under target. 493 of the 605 clients who were discharged from hospital and received enablement were independent. Of the remaining 105 - 35 are Deceased and 79 are in Residential/Hospital (13 of which have been privately arranged).
	TARGET	88.00%	88.00%	88.00%	88.00%	88.00%	88.00%	88.00%	88.00%	88.00%	88.00%	88.00%	88.00%	
Number of clients living independently 3 months after ICT service	ACTUAL	68	130	182	249	301	373	417	460	493				
Number of clients discharged from hospital with ICT	ACTUAL	81	162	223	300	364	451	504	565	605				

4. Delayed Transfers of Care

Indicator		Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Latest Note
Delayed transfers of care (patients) per 100,000 pop	ACTUAL	5.01	6.89	8.47	8.77	8.68	8.85	9.18	9.1					There is always a one month delay in the availability of data for this indicator and so November is the latest information. Please see the report for further information. Action Plans are in place to address performance through the Joint Commissioning and integration Board.
	TARGET	5	5	5	5	5	5	5	5	5	5	5	5	
Delayed transfers of care (days)	ACTUAL	351	758	1270	1780	2403	2918	3592	4136					
	TARGET	381	761	1142	1522	1903	2283	2664	3044	3425	3805	4186	4566	
Population 18+	ACTUAL	239,600	239,600	239,600	239,600	239,600	239,600	239,600	239,600					

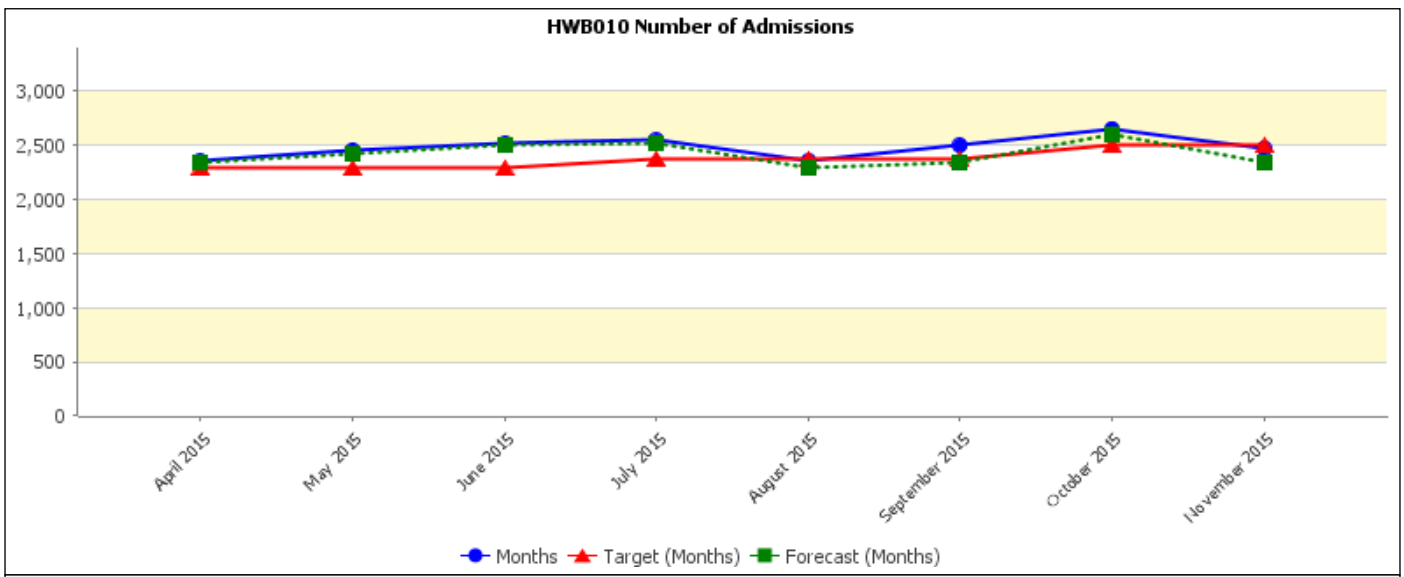
5. Dementia Diagnosis

Indicator		Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Latest Note
Dementia Diagnosis Rate	ACTUAL					67.30%	67.80%	67.60%	68.00%					Please see report for further information. Enfield CCG has made good progress on dementia diagnosis in 2015. The latest data shows a diagnosis rate of 68%
	TARGET	60.10%	60.10%	60.10%	60.10%	60.10%	60.10%	60.10%	60.10%	60.10%	60.10%	60.10%	60.10%	

Better Care: Number of Admissions



Generated on: 28 January 2016



BLUE LINE in the chart: Monthly Activity Report (MAR) trend GREEN DOTTED LINE: Secondary Uses Service data

Monthly Activity Report

	Value
April 2014	2,346
May 2014	2,321
June 2014	2,254
July 2014	2,370
August 2014	2,318
September 2014	2,378
October 2014	2,401
November 2014	2,455
December 2014	2,528
January 2015	2,296
February 2015	2,119
March 2015	2,336
April 2015	2,355
May 2015	2,453
June 2015	2,515
July 2015	2,546
August 2015	2,356
September 2015	2,499
October 2015	2,656
November 2015	2,477
December 2015	

Target

	2,374
	2,374
	2,374
	2,459
	2,459
	2,459
	2,583
	2,584
	2,585
	2,323
	2,323
	2,324
	2,291
	2,291
	2,292
	2,378
	2,377
	2,378
	2,499
	2,499
	2,500

Secondary Uses Service

	2,196
	2,152
	2,088
	2,161
	2,015
	2,100
	2,132
	2,114
	2,253
	2,081
	1,861
	2,083
	2,338
	2,420
	2,507
	2,527
	2,287
	2,336
	2,596
	2,339

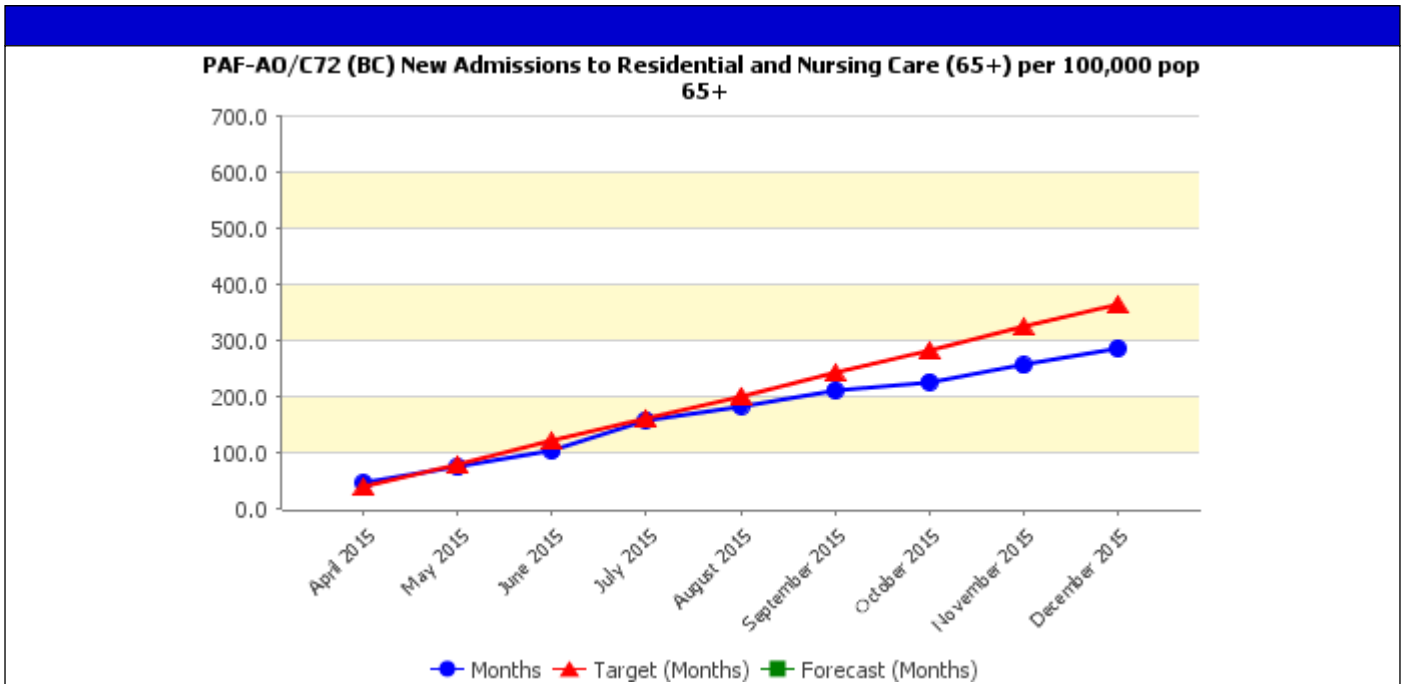
Notes

Please see report for further information. Monthly targets and actuals are shown. The Indicator is green and the latest available data from November 2015 shows that we are ahead of target. There has been a 6% increase in such admissions between Apr-Nov-15 compared to Apr-Nov-14

Better Care: New Admissions to Residential and Nursing Care (65+) per 100,000 population over 65



Generated on: 28 January 2016



Report Date Ranges

2014-15		
	Value	Target
June 2014	57.3	108.1
July 2014	87.3	144.1
August 2014	112.2	180.1
September 2014	134.6	216.1
October 2014	162.0	252.1
November 2014	184.5	288.1
December 2014	201.9	324.2
January 2015	239.3	360.2
February 2015	271.7	396.2
March 2015	289.2	432.2
April 2015	47.4	40.6
May 2015	74.8	81.1
June 2015	104.7	121.8
July 2015	159.5	162.4
August 2015	184.5	202.8
September 2015	211.9	243.0
October 2015	226.9	283.9
November 2015	256.8	324.5
December 2015	286.7	365.0
January 2016		405.5
February 2016		446.1
March 2016		486.6

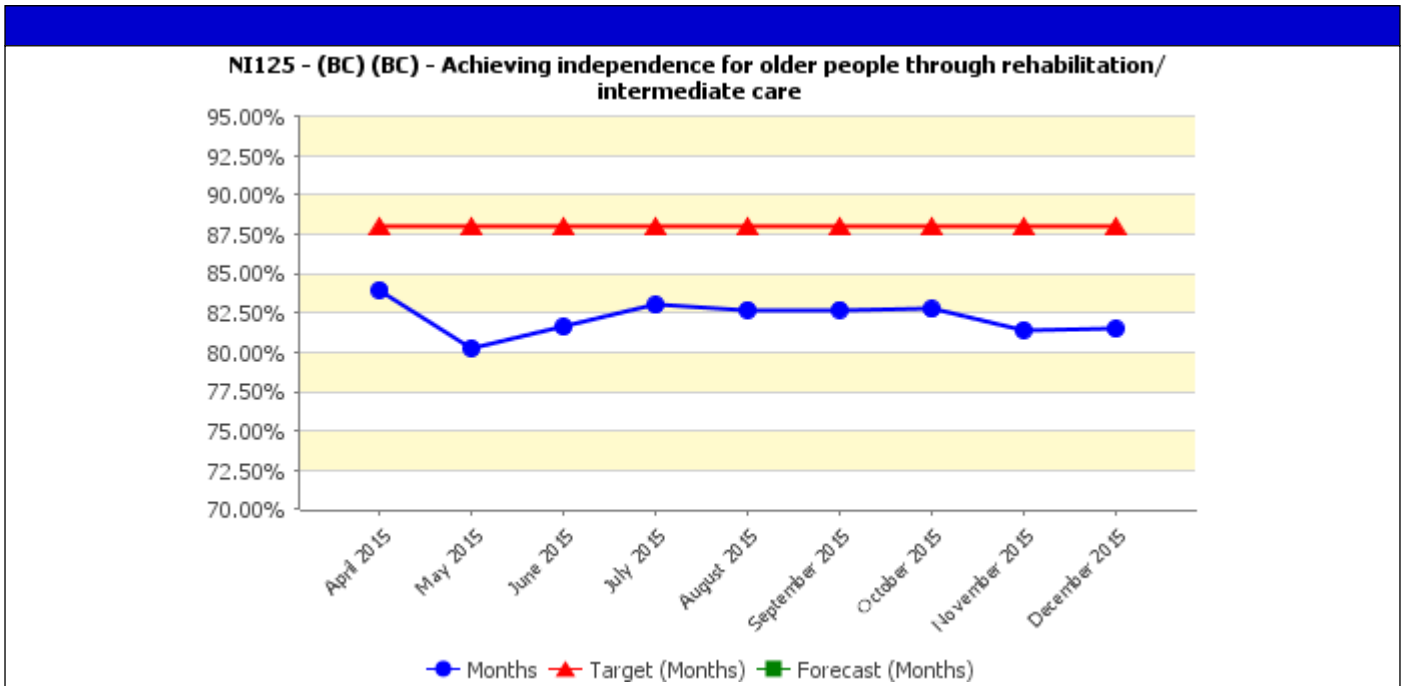
Notes

Residential admissions within Enfield for people aged 65 and over have decreased over the last two years to a level which is below both London and national averages. Please see the report for further information. Please note that there is some outstanding data from December which may have a small impact on the figures but will remain within target.
ANNUAL TARGET 2015/16 = 486 (199 admissions).

Better Care: Achieving Independence for Older People through rehabilitation/ intermediate care



Generated on: 28 January 2016



Report Date Ranges

2014-15		
	Value	Target
April 2014	83.87%	88.00%
May 2014	86.96%	88.00%
June 2014	84.29%	88.00%
July 2014	83.65%	88.00%
August 2014	83.14%	88.00%
September 2014	83.10%	88.00%
October 2014	83.05%	88.00%
November 2014	82.20%	88.00%
December 2014	82.61%	88.00%
January 2015	82.62%	88.00%
February 2015	82.79%	88.00%
March 2015	82.28%	88.00%
April 2015	83.95%	88.00%
May 2015	80.25%	88.00%
June 2015	81.61%	88.00%
July 2015	83.00%	88.00%
August 2015	82.69%	88.00%
September 2015	82.71%	88.00%
October 2015	82.74%	88.00%
November 2015	81.42%	88.00%
December 2015	81.49%	88.00%

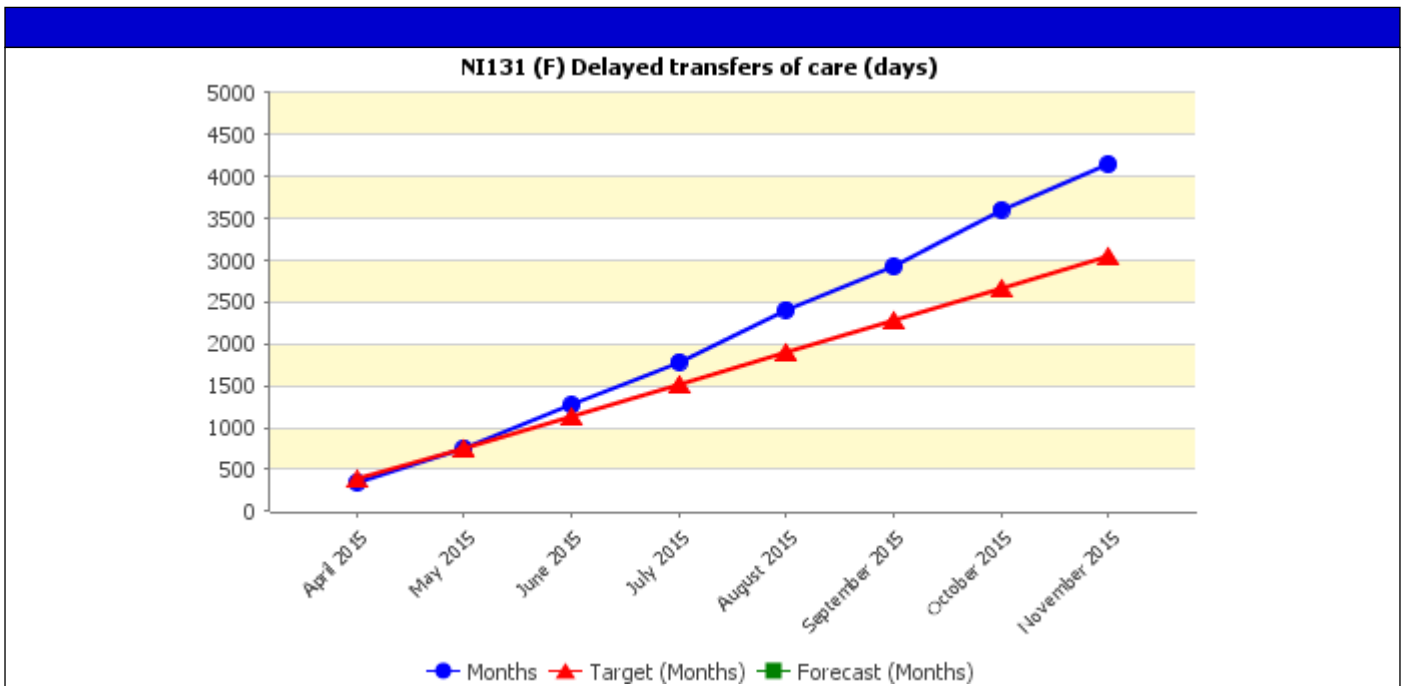
Notes

Target for 15/16 is 88%. Please see report for further information. Current performance is under target. 493 of the 605 clients who were discharged from hospital and received enablement were independent. Of the remaining 105 - 35 are Deceased and 79 are in Residential/Hospital (13 of which have been privately arranged).

Better Care: Delayed Transfer of Care



Generated on: 28 January 2016



Report Date Ranges

	2014-15	
	Value	Target
June 2014		
July 2014		
August 2014		
September 2014	2278	2432
October 2014	2859	2697
November 2014	3427	3082
December 2014	3875	3648
January 2015	4196	4055
February 2015	4486	4461
March 2015	4778	4866
April 2015	351	381
May 2015	758	761
June 2015	1270	1142
July 2015	1780	1522
August 2015	2403	1903
September 2015	2918	2283
October 2015	3592	2664
November 2015	4136	3044
December 2015		3425
January 2016		3805
February 2016		4186
March 2016		4566

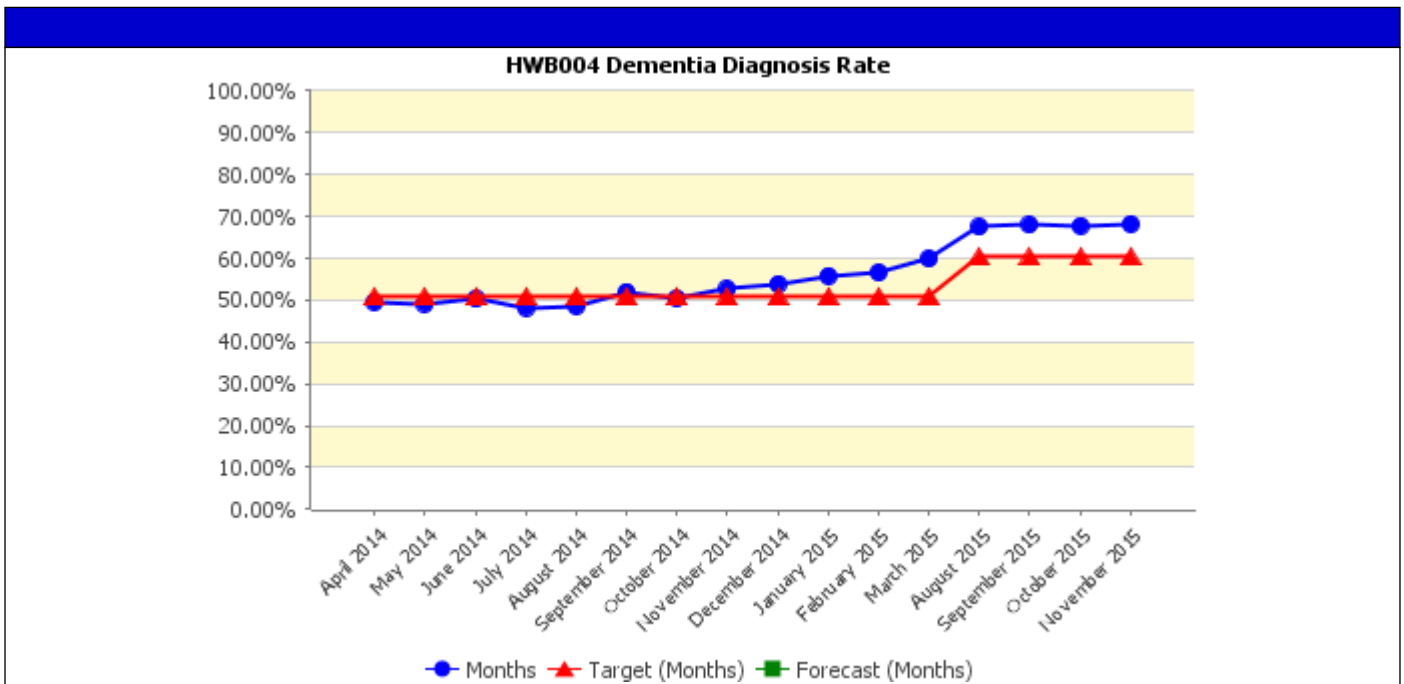
Notes

There were 4136 days delayed between April and November which is above the cumulative target of 3044 day

Better Care: Dementia Diagnoses



Generated on: 28 January 2016



Report Date Ranges

2014-15		
	Value	Target
April 2014	49.49%	50.58%
May 2014	49.08%	50.58%
June 2014	50.10%	50.58%
July 2014	48.14%	50.58%
August 2014	48.53%	50.58%
September 2014	51.91%	50.58%
October 2014	50.26%	50.58%
November 2014	52.51%	50.58%
December 2014	53.78%	50.58%
January 2015	55.68%	50.58%
February 2015	56.44%	50.58%
March 2015	59.73%	50.58%
April 2015		60.10%
May 2015		60.10%
June 2015		60.10%
July 2015		60.10%
August 2015	67.30%	60.10%
September 2015	67.80%	60.10%
October 2015	67.60%	60.10%
November 2015	68.00%	60.10%

Notes

Please see report for further information. Enfield CCG has made good progress on dementia diagnosis in 2015. The latest data shows a diagnosis rate of 68%

Better Care: Survey Data

Generated on: 28 January 2016



Short Name	Source	Frequency	Suggested target	13/14 Baseline	Latest ranking	Latest average	Latest top quartile	2014/15
								Value
Proportion of carers who find it easy to find information about services	Carers survey	Biennial (completed April 2015)	65%	64.3%	17/33	65.6% (notional)	69.3%	61.7%
Proportion of people who use services who find it easy to find information about services	ASC User Survey	Annual (May)	75%	74.30%	13/32	74.4% (notional)	77.9%	73.2%
Last 6 months, enough support from local services/organisations to help manage long-term conditions	GP Patient Survey	annual	60%	56%	18/32 (14/15)	59%	64.3%	57.3%
OPAU - did you have to repeat your clinical history to different members of staff?	OPAU	annual	69%			67%		
Composite Measure			67.3%	64.9%		67.0%		

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NOTES OF HEALTH & WELLBEING BOARD DEVELOPMENT SESSION**6th JANUARY 2016****Cancer Vanguard**

Professor Kathy Pritchard-Jones updated the Board on the current Cancer Vanguard project running at University College Hospital.

The London Cancer and NHSE New Models of Care Cancer Vanguard were explained:

- Established in 2011, London Cancer is the integrated cancer system serves the 3.2 million population of North East and Central London and West Essex.
- It is dedicated to improving the health outcomes and experience of people with cancer and supporting partners to provide expert, compassionate care for every patient.
- The work aims to tackle the challenges of late diagnosis of cancer, too much variation in practice across fragmented care pathways and improving patient experience.
- The aim of the cancer vanguard is to address the following gaps:
 - Health & Wellbeing gap
 - Care and quality gap
 - Funding gap

These will be underpinned by:

- Early diagnosis
- Centre for cancer outcomes
- London Cancer
- National Health New Models Programme

Feedback from the Board:

- With regard to breast cancer and public involvement, it was confirmed that there is big patient involvement and support scheme supported by McMillan. A full time project manager has been appointed to lead on patient involvement and widen participation.
- Recognition that many Londoners do not go to their GP's, thus late diagnosis is seen. With the new London Cancer referral pathways, GP's get to know patients well and some CCG's encourage GP's to write up case reports which were recommended for Enfield.

- Cancer Vanguard is keen to form partnerships to work with local trusts, thus reducing the risk of late diagnosis.

HEALTH & WELLBEING STRATEGY PERFORMANCE REPORT

Miho Yoshizaki (Health Intelligence Manager) provided a report and relevant information in respect of the Health & Wellbeing Strategy Performance and asked the Board to comment on the usefulness of the report and feedback on any amendments that are required.

Feedback from the Board:

- Suggested frequency of reporting to be every 6 months (therefore 2 per year).
- Tooth decay and obesity to be linked.
- Map out outcomes on sugar
- A comments box is recommended on Appendix 1 to include timeframe and the strategy should be shown separately.
- From a recent consultation, the indicators should be included for the Board.

AGREED:

- Two reports per year to be completed, one to be more detailed and the other an interim report.
- The current report to be updated to include comments made and then sent to DMTs and Corporate Directors for further comments. Thereafter re-circulated and format adopted.

LONDON SPORTS ENFIELD

Femina Makkar (London Sports) and Jess Khanom, Acting Head of Sport and Leisure Facilities attended to provide a shared understanding and approach to physical activity for health.

- London Sport is the County Sport Partnership (CSP) for London. They are networks of local agencies committed to working together to increase participation in sport and physical activity. There are 44 CSP's across the country.
- CSP's work closely with local authorities, Public Health England, GLA, NGBs, Schools, leisure sector and others.
- Aim is to get one million Londoners active by 2020.
- Recommended physical activity in early years (5s) should be at least 3 hours spread throughout the day. All 5-18 year olds should engage in moderate to

vigorous physical activity for at least 60 minutes or more every day. All adults (19-64 year olds and 65+ years) should aim to be active daily, adding up to 2.5 hours over a space of 5 days.

- Physical inactivity directly contributes to one in six deaths in the UK. Young people are not achieving Chief Medical Officers recommended amount of physical activity.
- A National Framework: Everybody Active, Every Day has been devised.
- Prevention is the initial important factor to be tackled.
- Good progress has been made in Enfield, with the Enfield Active and Creative Strategy (2015-2020); health trainer service; healthy weight strategy; health awareness training for staff, sugar campaign and many more.
- Physical activity is essential for health and reduced the risk of many preventable diseases and conditions from cancer to depression.

Enfield are one of 17 Local Authorities nationally selected to be part of the Chief Leisure Officers Association and Sport England (CLOA) National commissioning project. The project aims to strengthen the strategic position of sport and physical activity, supporting officers to engage more effectively in the commissioning environment, ensuring sport and physical activity is a strategic partner helping meet the Council's wider objectives. As part of this process we have an allocated consultant, Deb Watson (who is the Chief Leisure Officers Association/Sport England Commissioning Expert), who has interviewed key senior officers and members including the CCG chair and deputy chief officer, Enfield Council Chief Executive, DPH and many others. The Council will be taking the findings from this work to schedule an action plan for key areas to focus on in terms of physical activity for health.

Feedback from the Board:

- Suggestion made to put poster on physical activity up on railway stations.
- A walking meeting was suggested.
- You Tube video called "Twenty three and a half hours" was recommended to be seen by all.
- A walk every lunchtime was recommended daily in the workplace.
- Organised yoga and walks in local parks current in some parks within the Borough. This is not costly and often run by park users and Friends of the Park groups on a voluntary basis.
- Suggestion received to engage with Heads of Schools with the view to encourage children to provide support to their older family members. This can be

linked to School Forum work currently being done and London Sport to be invited to a future School Forum meeting.

- Schools to be encouraged to do the daily mile and London Sport is campaigning for the London Mile and resources can be given by London Sport.

FORWARD PLAN FOR THE BOARD

The draft forward plan/work programme for formal board meetings and development sessions was submitted for comment.

AGREED:

More details were requested on each item and objectives to be made clearer. The work programmes to be updated and re-circulated for agreement at the full Board meeting on 11th February 2016.

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**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.

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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.

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- 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.

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4. Cycling will be given an 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.

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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 an 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.

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- 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.

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- 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

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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 is 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 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.

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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 brought 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.

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- 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

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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

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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.

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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

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- Wednesday 2 March 2016, 2pm