MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 21 APRIL 2016

MEMBERSHIP

PRESENT Shahed Ahmad (Director of Public Health), Ray James (Director of Health, Housing and Adult Social Care), Deborah Fowler (Enfield HealthWatch), Litsa Worrall (Voluntary Sector), Vivien Giladi (Voluntary Sector), Ayfer Orhan, Alev Cazimoglu, Doug Taylor (Leader of the Council), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), 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), Dr Henrietta Hughes (NHS England), Nneka Keazor, Peter Ridley (Director of Planning, Royal Free London, NHS Foundation Trust), Tony Theodoulou (Interim Director of Children's Services) and Sarah Thompson (Chief Officer - Enfield Clinical Commissioning Group)

OFFICERS: Bindi Nagra (Joint Chief Commissioning Officer), Andrea Clemons (Acting Assistant Director, Community Safety & Environment), Keezia Obi (Head of Safeguarding Adults), Jill Bayley (Principal Lawyer - Safeguarding) and Sam Morris (Strategic Partnerships Officer) Penelope Williams (Secretary)

Also Attending: Allison Duggall (Standing in for Tony Theodoulou), Deborah McBeal, Deputy Chief Officer (Standing in for Paul Jenkins), Graham MacDougall, Director of Strategy and partnerships, Enfield CCG.

1
WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

Apologies for absence were received from Tony Theodoulou, Nneka Keazor, Henrietta Hughes and Ian Davis.

Andrea Clemons (Head of Community Safety) stood in for Ian Davis, Allison Duggal (Consultant in Public Health) stood in for Tony Theodoulou, Deborah McBeal (Deputy Chief Officer Enfield Clinical Commissioning Group) stood in for Paul Jenkins.

It was noted that Kim Fleming, the representative from the Royal Free had retired from the Royal Free. The Board asked for their thanks to him for his

work on the board to be noted. It was agreed that a letter would be written thanking him for his work on the board.

2
DECLARATION OF INTERESTS

There were no declaration of interests.

3
CLINICAL COMMISSIONING GROUP (CCG) OPERATING PLAN 2016/17

The Board received a report on the Clinical Commissioning Group Operating Plan 2016/17.

Graham McDougall (Director of Strategy and Partnerships- Enfield Clinical Commissioning Group) introduced the report to the Board highlighting the following:

- This was the fourth year of the CCG's NHS Operating Plan (2016/17), produced as part of the NHS annual planning cycle, and has been reported to HWBB.
- The plan covered acute activity, performance and finance.
- Acute activity from acute providers includes accident and emergency, outpatients, day case surgery and emergency admissions.
- The NHS expects performance to be improved in 2016/17 in 4 key areas: accident and emergency, referral to treatment, cancer 62 day treatments and access to diagnostics.
- The NHS expects accident and emergency performance to be at 95% during the fourth quarter of 2016/17 and for treatment to take place within 18 weeks of referral.
- The other focus for 16/17 is to reduce acute providers who are in deficit Acute providers have access to the national Sustainability Transformation Fund which is designed to improve performance as well as financial position.
- CCgs have access to financial incentives via the Quality premium which is set out in the table included in the papers. There were five national measures and three locally determined measures to meet.
- The three local measures involved cancer treatment, dementia reporting and Improving Access to Psychological Therapies.
- The CCG has been given an additional savings target of £7.2m to achieve during 2016/17 which was expected to be a significant challenge. This would mean an overall saving on nearly £17m for 2016/17.

Questions/Comments

1. Meeting the additional savings target would mean that difficult decisions would need to be made. The CCG were currently looking at all expenditure to assess what could be done. A high level list would be provided to NHS England by the end of April.

2. Enfield suffers in comparison with other authorities as they were 4.8% underfunded. Underfunding within 5% was deemed acceptable putting Enfield in a difficult position.

3. A plea was made that local people be involved in deciding what cuts would be made.

4. The multi system (North Central London wide) sustainability and transformation plan was a new requirement for delivering the Five Year Forward View. This meant partners including commissioners, providers and local authorities working together to improve the quality, and reduce the inequality and financial gap across services. In order to obtain the transformation money, the goals in the plan would need to be met. All parts of Health and Social Care were working together to develop a sustainable plan. This will have to be submitted towards the end of June 2016. Governance structures would need to be agreed to enable quick decision making and to make sure that everyone is aligned and all deliverables and key milestones can be met.

5. Schemes to work on include urgent and emergency care, mental health and primary care. The system enablers were estates and workforce. However these proposals were outside the funding deficit and were not designed to close the existing financial gap.

6. The next steps were to provide a high level indication, to be bought together into a high level plan by June 2016. By November 2016 the plan should be complete. Some areas were already being delivered across the five CCGs such as the recently commissioned integrated NHS111 and Out of Hours Service, commissioned for all five North Central London CCGs.

7. There had not been much time to involve the public in the sustainability and transformation plan proposals, but there were plans to develop a communication and engagement strategy. Some engagement strategies were already in place within the workstreams, but it was acknowledged that more could be done. A Healthwatch representative does sit on the Transformation Board. Each workstream will need to develop an engagement plan.
   Post meeting note: A Healthwatch representative attends the Transformation Board as an observer and not a full member of the Board.

8. Ray James advised that he was the Director of Adult Social Services lead for the five boroughs for the North Central London Sustainability and Transformation Plan.

9. There were issues of democratic deficit and engagement which did still need to be addressed. Some alignment was planned to take place in the near future with full integration in 2017 for delivery in 2020.

10. Developments were welcomed and there was a view that where there have been co-operations in the past they have been successful but there were concerns that changes should make sense to patients and the local population. There would be fears that services were moving away from people.

11. Plans were being developed, looking at population projections and disease profiles. It is currently planned that specialist commissioning would be done at a pan London strategic level.

12. Some concern was expressed that the structure was too much focussed on Camden. It was suggested that this may have been because Camden was better funded than other boroughs and so had more capacity to take on the extra work. The Health and Wellbeing Board was concerned to feel confidence and receive reassurance that the more peripheral areas were being understood. Ray James agreed to feed the board's concerns back to the North London Strategic Planning Group.

4
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST UPDATE

The Board received a presentation from Julie Lowe, Chief Executive, of the North Middlesex University Hospital NHS Trust, updating them on the current situation at the hospital.

1. Presentation

Julie Lowe highlighted the following:

- The hospital had not been able to hit the 95% weekly 4 hour standard target on accident and emergency since July 2015.

- This was due to long term issues. There were huge problems recruiting senior doctors as there were not enough in England. North Middlesex had also struggled as it was not a major trauma centre.

- The problems had been triggered as a result of a critical Care Quality Commission inspection of junior doctor training last July which led to a need to provide more junior doctor training and supervision and reduce the hospital's previous reliance on them to fill the more senior positions.

- Overnight this had a dramatic impact on waiting times and led to the failure to achieve the 4 hour target. At times patients have had to wait for a long time, leading to patient safety concerns. To put this in context performance as a whole had also dropped by 10% nationally.

- A recent re-inspection had approved the changes in training and a new clinical director was due to start in June 2016 which should lead to improvements.

- The NHS and other partners had been asked to help to provide senior doctors but this had not been successful because of national shortages.

2. Questions/Comments

2.1 When the closure of the accident and emergency unit at Chase Farm Hospital had taken place, it had been planned that North Middlesex would have fourteen senior doctors. Since then three new doctors had been recruited and the hospital now had nine in total. Unfortunately two of those were close to retirement and did not want to continue working full time.

2.2 At the time of the Chase Farm closure, it had been thought that the number of qualified emergency department doctors would increase, but the situation had changed: some doctors had been recruited to the air ambulance service and others had emigrated to Australia. It would be two years before the situation was back in balance. It would not necessarily follow even then that there would be enough doctors and different solutions would need to be found. One possibility was to consider the way that GP’s make referrals.

2.3 It was also felt that more needed to be done to improve the pathways through the hospital. Strong clinical leadership would be needed to bring this about but this would be provided by the new clinical director when they took up their post in June. The CCG offered their support to help look at ways to improve the pathways.

2.4 In public health, work was being done to help bring down the number of people visiting the emergency department. This included the winter vaccination programme and the Winter Warm Scheme.

2.5 Regular meetings were held with representatives from Haringey and Barnet to address concerns.

5
BETTER CARE FUND REVIEW 2015-16 AND BETTER CARE FUND PLAN FOR 2016-17

The Board received a report from Bindi Nagra, Assistant Director of Strategy and Resources – Health, Housing and Adult Social Care and Graham MacDougall, Director of Strategy and Partnerships, Enfield CCG.

Keezia Obi, Head of Service Enfield 2017 (BCF Lead), presented the report to the Board highlighting the following:

- The report was in two parts. A review of 2015/16 and the plan for 2016/17.

- The Overview of 2015/16 highlights the achievements in relation to admissions to residential and nursing care, integrated locality team working and community based rapid response working as well, as the challenges faced over delayed transfers of care and in Non-Elective (emergency) admissions (NEA's) to hospital.

- In response to recent audits, governance and management of the fund had been strengthened recently. The financial issues were mainly historic and were in the process of being resolved.

NOTED

1. Activities had been put in place for improving integrated care for the over 50s.
2. The new Older People's unit at Chase Farm had been successful and was well used.
3. Work was continuing with GPs to expand 7 day working using the integrated locality teams.
4. Funding for IAPT (Improving Access to Psychological Therapies) had been expanded.
5. A programme had been set up for enhanced behavioural support which would be continued into the next year.
6. Much had been achieved in the past year although there was still more to be done.
7. The guidance from NHS England for developing the new plan had only recently been received. The conditions were in the main the same as last year, except for two which are noted in the report – a plan for DTOC's and removal of performance payments related to NEA's which has been replaced by the consideration of a risk sharing agreement..
8. The final submission was due by 3 May 2016.
9. The narrative plan had been included with the agenda pack and included agreement on issues such as the alignment and extension of memory clinics, 7 day working and support for mental health.
10. Ninety five percent of the investment plan had been agreed, but discussions were continuing on the final 5 %. It was noted that the area that remains unresolved is due to the CCG being unable to commit further funds due to financial pressures and the Council wanting to see further investment in the community funded by the BCF.

11. Outstanding issues were around the investment plan funding and the risk share agreement. Both the local authority and the NHS were suffering from severe financial challenges. Agreement will be reached by the deadline. If necessary an escalation process will be used to ensure agreement.

12. Acknowledgement that it was disappointing that agreement had not been reached, but it was agreed that the Chair and the Vice Chair would sign off the final submission once an acceptable reconciliation had been brokered.

AGREED:

1. To note the update on the 2015-16 Better Care Fund (BCF) plan, including the current performance metrics and achievements.
2. To note the activity taking place in response to participation in the NHS England support scheme and audits, in particular improvements being made.
3. To note the publication of the 2016-17 planning guidance and timetable, and key changes to last year's guidance.
4. To receive the attached Better Care Fund 2016-17 narrative plan (submission 2 as noted above), noting that this may be subject to change as a result of the final agreement to the investment plan.
5. To agree that delegated authority is given to the Chair and Vice-Chair of the Health and Wellbeing Board to approve that the final 2016-17 Better Care Fund submission. This is in view of the very tight timescale and that the Council and Clinical Commissioning Group have not yet reached agreement on the investment plan.
6. To note at the time of writing that on 11 April 2016 we received verbal feedback from NHS England on the second Better Care Fund submission, but are awaiting the formal feedback. The summary feedback is that we have a good plan but a rating of 'approved with support' has been given at this stage in view of the area awaiting resolution. Further details have been included in the report, but it is noted that it may be subject to change.
7. To note that since the last report to the Health and Wellbeing Board in February, a further development session had been held with the Integration Board.

6
LONDON ASSEMBLY: LONDON ASSEMBLY HEALTH COMMITTEE - END OF LIFE CARE INVESTIGATION

The Board received for information at report from the London Assembly Health Committee on an investigation into End of Life Care.

AGREED that further analysis would be provided to put the information in the context of Enfield for the next meeting.

7
HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

The Board received a report reviewing the Health and Wellbeing Board Terms of Reference.

Sam Morris presented the report to the Board setting out the proposed changes highlighting the following:

- The changes made the terms of reference clearer and legally compliant as a committee of full Council.
- The terms of reference had not been reviewed since being established in April 2013.
- The key amendments were changes to titles, removal of Director of Regeneration and Environment as a full board member, amendment to the reflect the legal responsibilities of the board including the removal of the determination and allocation of public health funds.
- An updated structure had been provided in appendix one with governance information on the Health and Wellbeing Board in the context of it being a council committee.
- It was proposed that the other appendices were removed including the speaking protocol as they were no longer felt to be necessary, now that the board was fully fledged.

NOTED

1. That the Joint Strategic Needs Assessment (JSNA) was published annually.
2. That non statutory appointments should be reviewed annually.
3. The lack of reference to the board's mental health partners.
4. That the term of office of the voluntary sector representatives came to an end in April 2016. An election would need to be held to find replacement representatives.
5. That it would be appropriate to change the titles of the Cabinet members to include instead the Cabinet member with responsibility for the specified remits to avoid having to make changes every year when titles changed.
6. The suggestion that the Enfield Youth Parliament should provide a representative on the board.

AGREED to recommend for agreement to full Council the changes to the Health and Wellbeing Board terms of reference, as set out in the report with the amendment suggested above.

A revised version would be circulated to all board members for final comment.

8
NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN

The Board received and noted the progress update on the North Central London Sustainability and Transformation Plan.

9
ST MUNGO'S HOMELESS HEALTH CHARTER

The Board received a report on the St Mungo’s Homeless Charter inviting them to express commitment towards tackling health inequality among people who are homeless by signing up to the charter.

NOTED the Director of Health, Housing and Adult Social Care’s comment that the charter was consistent with what the authority aspired to but acknowledged that they sometimes struggled with some of the aspirations. He agreed to appraise the board of any specific issues.

AGREED to note the content of the charter and that the Chair would sign up to the charter on behalf of the Health and Wellbeing Board.

10
SUB BOARD UPDATES

1. Health Improvement Partnership Sub Board Update

The Board received an update from the Health Improvement Partnership Sub Board.

NOTED that the Health Improvement Partnership Board was also looking at performance indicators which they would bring back to a future full board meeting.

AGREED to note the report.

2. Joint Commissioning Board Sub Board Update

The Board received an update from the Joint Commissioning Sub Board.

NOTED

1. Concern about the way that the funding of the NHS Health Checks and the smoking cessation programme had been stopped and the lack of consultation and communication on the decision.

2. The funding of Health checks had been suspended last year due to overspending. It had been discovered that the health check budget had been over spent and spending had had to be stopped midyear. Public Health England had imposed a mid-year £1m cut and this had necessitated cuts in public health budgets.

3. The way the public health function worked was also being reorganised and officers would have been less familiar with the normal protocols and so the communication had not been done as well as it would normally have been done. Lessons would be learnt and improvements implemented.

4. A group is being set up to discuss how to make the best use of the limited resources available. There was a consensus that everyone needed to work more closely to support each other so that difficult decisions can be made in the best way possible.

5. It was felt that more information on this should have been included in the update report.

AGREED to note the report.

3. Primary Care Update

The Board received the Primary Care Update.

NOTED

1. Deborah McBeal (Deputy Chief Officer) reported that the strategic planning group has developed a primary care chapter for the Sustainability and Transformation Plan.

2. Discussions had begun into delegated commissioning arrangements with NHS England. In the short term this would be difficult to sustain because of staffing shortages.

3. A major local strand was the link between GPs and the Sustainability and Transformation Plan on the wider level.

4. It was regretted that the NHS England representative had not attended the meeting to enable the Board to put across their views on the subject.

AGREED to note the report.

11
MINUTES OF THE LAST MEETING (8:10-8:15PM)

The minutes of the meeting held on 11 February 2016 were agreed as a correct record.

12
DATE OF NEXT MEETING

The dates of future meetings would be agreed at Annual Council on 11 May 2016.