MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY, 12 JULY 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), Cllr Alev Cazimoglu, Cllr Doug Taylor (Leader of the Council), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Libby McManus (Chief Executive North Middlesex University Hospital NHS Trust), Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust), Tony Theodoulou (Interim Director of Children's Services), Cllr Krystle Fonyonga, Peter Ridley (Director of Planning, Royal Free London, NHS Foundation Trust) and Sarah Thompson (Chief Officer - Enfield Clinical Commissioning Group)

ABSENT Ian Davis (Director of Environment), Dr Henrietta Hughes (NHS England) and Cllr Ayfer Orhan

OFFICERS: Bindi Nagra (Joint Chief Commissioning Officer) and Keezia Obi (Head of Safeguarding Adults), Allison Duggal (Public Health Consultant), Jill Bayley (Legal Representative), Sue Glandfield (Programme Manager), Sam Morris (Strategic Partnerships Manager) and Koulla Panaretou (Secretary)

Also Attending: Richard Gourlay (Director of Strategic Development NMUH), Mary Sexton (Executive Director of Nursing, Quality and Governance, BEH-MHT), Deborah McBeal (Deputy Chief Officer, NHS Enfield CCG)

1
WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and apologies for absence were received from Ian Davis (Director of Regeneration & Environment), Councillor Ayfer Orhan and Dr Henrietta Hughes (NHS England).

2
DECLARATIONS OF INTEREST

There were no declarations of interest registered in respect of any items on the agenda.

3
CHANGE OF ORDER OF AGENDA ITEMS

The Chair agreed to alter the order in which items on the agenda were considered at the meeting.

Item 6.3.b (Barnet, Enfield & Haringey NHS Mental Health Trust progress update on recent CQC visit) was taken as item 3 (Sustainability and Transformation Plan (STP Submission. The minutes reflect the order of items listed on the agenda.

4
SUSTAINABILITY AND TRANSFORMATION PLAN (STP) SUBMISSION

RECEIVED a submission report on the Sustainability and Transformation Plan (STP) which was submitted to NHS England on 30th June 2016, to be noted by the Health and Wellbeing Board.

NOTED

Deborah McBeal, Deputy Chief Officer, NHS Enfield CCG) introduced the report to the Board, highlighting the following:

- The STP covers the Five Year Forward View ambitions to 2020/21 specifically in three key areas:❶ health and wellbeing❷ care and quality, and ❸ finance and efficiency in accordance with the NHS England (London) assurance process.

- The NCL STP Submission was a “plan for a plan” and included:

    - A Case for Change – identifying care and quality gaps in health and wellbeing.
    - The financial position – identifying the finance and efficiency gap and include information about how to start to develop the contribution of the work streams to help close this gap. Currently 13 work streams have been identified within the scope of the NCL STP and they are detailed within the report.
    - The STP programme governance structure which would be reviewed as the programme moved into implementation.
    - Plans for the work that needed to be done to September 2016 to produce the full STP and implementation, with further planning to be done following that date.
    - A Stakeholder communications and engagement plan overview.

- The NCL STP Transformation Board would provide oversight of the continued development of the NCL STP.

IN RESPONSE the following questions/comments were received:

1. Deborah Fowler (Healthwatch) asked what the difference was between planning on a place not people basis and was concerned that the voices of the Enfield public were not being heard. She offered support to the CCG from Healthwatch Enfield in planning public engagements. This last was supported by Vivien Giladi (Voluntary Sector) who confirmed that the public were becoming increasing more anxious and sceptical as they were not clear what was happening. Communication and engagement needed to be significantly improved so that information could be shared in a clear and concise manner, to avoid these concerns.

2. Sarah Thompson (CCG Chief Officer) advised that the CCG also had a contribution to this and Simon Stevens (CEO of NHS England) would be hosting a "Plan for a Plan" engagement on the 14th July. The level of further engagement required would be clearer after this event and would be implemented if required.

3. Andrew Wright (BEH Mental Health NHS Trust) confirmed that a lot of time and energy was being focussed on governance issues initially.

4. Ray James (Director of Health, Housing & Adult Social Care) confirmed that processes had begun and there will be the opportunity for meaningful co-production in the time ahead, where engagement will be encouraged. The work streams were constantly developing. The position of the Health and Wellbeing Board needed to be defined in the process; is it a commentator or a system leader

5. Shahed Ahmad (Director of Public Health) highlighted the enormity of the plans, involving a number of Trusts, CCG's and Councils and stressed the time that would be required to sort out the complexity of the huge task ahead.

6. Mo Abedi (Chair of Enfield CCG) provided assurance that all meetings would be held in a transparent and informative manner. Solutions to problems identified would be developed through the relevant programmes. The main purpose shared by all participants was that a patient from Enfield, Barnet, Camden or Islington should receive the same level of care.

7. Vivien Giladi raised the concern of the public who fear that Camden and Islington Boroughs have significantly more resources than Enfield and money goes to organisations who demonstrate excellence. Local people need assurance that this will not happen.

8. The Chair requested that David Sloman (Chief Executive Royal Free London RFL), who is the RFL lead for STP, be invited to a Health & Wellbeing Board development session. **ACTION: Sam Morris**

AGREED to note the report.

5
CO-COMMISSIONING OF PRIMARY CARE SERVICES

RECEIVED a report requesting that the Health and Wellbeing Board comment on the opportunity for the CCG, along with the other CCGs in North Central London, to apply for delegated commissioning of Primary Care Services.

NOTED

Deborah McBeal, Deputy Chief Officer, NHS Enfield CCG) introduced the report to the Board, highlighting the following:

- Co-Commissioning of Primary Care Services was an essential part of moving to place-based commissioning and a way of implementing new models of care.

- The five CCGs in North Central London (namely Barnet, Camden, Enfield, Haringey and Islington) had submitted an application to undertaken joint co-commissioning of primary care services with NHS England and have since operated as joint commissioners of Primary Care Services, having made the governance changes required to do so.

- The benefits for NCL of becoming delegated commissioners of Primary Care were perceived as follows:

    - Collaborative primary care commissioning;
    - Ability to influence local primary care transformation;
    - Local input in decision making;
    - Ability to redesign local incentive schemes;
    - Clinical leadership and decision making;
    - CCG insight into practices and ability to harness CCG expertise to drive up quality;
    - Control of primary care medical budgets
    - Greater control of the workforce and processes supporting co-commissioning.
    - Expectation nationally that CCGs take on level 3 delegated commissioning at some point in the future.

- The CCGs in NCL needed to determine whether to move to delegated commissioning, with an application due in October 2016 for interested CCGs.

IN RESPONSE the following comments were received:

- Enfield have sought and been granted permission to proceed with the work.
- NHS England had struggled to commission Primary Care in Enfield and there was a need to mitigate risk as the CCG was still under directions.

AGREED that Enfield recommend the active commissioning of the development of Primary Care Services.

6
CHILD HEALTH

RECEIVED a briefing on the local child health profiles and health behaviours of young people for Enfield. The profile allows comparison with national and regional data on child health and allows the targeting of areas for local improvement.

IN RESPONSE to the report, the following comments were received:

- Looking at the context of the data, child obesity rates in Enfield were of concern. Sam Morris (Strategic Partnerships Manager) had recently attended the "Great Weight Debate" meeting at London Councils. He reported back that feedback received on child obesity rates was also of concern across all Boroughs. The Obesity Strategy was due to be released soon. In order to deal with the issue, engagement is needed and the Health & Wellbeing Board could play an active role in this.
- Immunisation rates had increased. An action plan from NHS and Public Health England was being implemented. The issue of recording immunisation rates in the past were being looked at and data was being collated. An Assurance Board was to be set up on immunisation rates.
- Hospital Admissions needed to be looked at as there were high numbers of children attending A&E departments with ear, nose and throat (ENT) issues.
- A separate paediatric urgent care pathway was to be piloted so that children were seen by GP's instead of Paediatricians.
- With regard to Female Genital Mutilation (FGM) – there was national work in progress and a campaign on African TV which has also been shown on some channels in the UK. FGM was also on the agenda for the next Overview & Scrutiny Committee and a FGM steering group also exists.
- Allison Duggal was thanked for her excellent briefing which was a useful basis of reference, especially in respect of FGM. It was noted that Allison will be leaving Enfield and taking on a new position at another local authority and the Board unanimously sent their best wishes to her.

AGREED to note the briefing.

7
ENFIELD HEALTH & WELLBEING BOARD SUB BOARDS & PARTNER UPDATES

7.1 Updates from Sub-Boards:

RECEIVED updates from the following Health & Wellbeing Board Sub Boards:

7.1.1 Joint Commissioning Board Sub Board:

NOTED that the Board received an update from the Joint Commissioning Sub Board. 12.3.3 of report refers to a Local Authority Trading Company, which will be operating in October and will manage Adult Social Care provider services.

7.1.2 Health Improvement Partnership Board:

NOTED that the Board received an update from the Health Improvement Partnership Sub Board.

No firm proposals had been agreed for the future stop smoking model. Any plans would need to be discussed with the CCG and agreed by council's CMB.

7.1.3 Better Care Fund 2016/17 Plan:

It was noted that further to the HWB meeting held on 21st April, the 2016-17 plan was agreed and submitted to NHS England. Full approval was expected. The Board received and noted the contents of the plan.

Keezia Obi was thanked for her valued work on the Better Care Fund Plan to date.

7.2 Updates from Partners:

RECEIVED updates on specific local service developments by providers, as follows:

7.2.1 Future Organisational Models at North Middlesex University Hospital (NMUH) NHS Trust

The Board received a presentation from Richard Gourlay (Director of Strategic Development at NMUH NHS Trust).

NOTED

- NMUH was to be involved in the Acute Care Vanguard which was to be developed as part of the NHS five year forward view. The aim of the vanguard was to enhance viability of local hospitals, to share formal working relationships and improve efficiency of back office administrative functions.
- There are currently 13 successful acute care vanguards across the country.
- The chain concept had been developed in Salford & Wigan, and Northumbria Foundation Group. The Royal Free London could work with these foundation trusts in developing plans for their own group and the creation of a multi-provider hospital.
- Under the models of established hospital groups, there were a range of membership scenarios. ❶ Buddying ❷ Shared Services and Back Office ❸ Shared clinical support ❹ Full membership. The latter being the preferred choice for the Royal Free London Board who would assume full responsibility for the other hospitals.
- The group model preferred by Royal Free would involve individual hospitals joining a group as operational units, with the group executive overseeing all units and each operational unit would be accountable to a group management structure.
- This would provide scope to increase the resilience and efficiency of non-clinical services by increasing the pool of clinical resources available including executive leadership, finance and commercial expertise, human resources, information management and technology, procurement, communications, teaching, education and research.
- Discussions with the Trust Board were held in March 2016 which led to an agreement to a “memorandum of understanding” to enable them to proceed to explore membership as part of RFL vanguard, envisaged from April 2017. This would also help maintain existing clinical pathways with other organisations.

IN RESPONSE the following questions/comments were received:

1. The NMUH were clinical specialists on their own, through shared services with other providers. It was one of the busiest hospitals in London, with in excess of 5,000 births per year, A & E and care for the elderly high in numbers. Further work was required to create a case for change and clinicians at NMUH would meet David Sloman to talk about what this could look like.

   Working together to provide the same service and sharing resources would provide a huge recruitment benefit and develop the work force

for both the Royal Free and the NMUH. Resilience and stability was needed at NMUH A&E.

2. It was highlighted that the presentation did not provide direction. Reassurance was needed for the Health & Wellbeing Board regarding the ongoing viability and sustainability of services in light of the recent CQC report and media interest. A statement was needed on how the A&E can be secured, with increasing numbers of people attending being the major issue.

3. Work was currently underway with colleagues to ensure that the A&E at NMUH is somewhere where the public feel happy to attend at any time day or night. Additional senior medical staffing from other units were arriving in ED to support the current rotas, and they will be in place during July & August.

4. In respect of shortages in A&E consultants previously reported, it was confirmed that five new consultants & middle grade doctors would arrive on secondment and all would be in place by August 2016, one would be working at night where the greatest challenge has been. There had also been a recent appointment to the Clinical Director role in the A&E department that enhances the medical leadership.

5. NMUH had not yet sought to involve local people or patients in the development of its tie-up with RFL, nor in its plans for the “local accountability” arrangements that would be needed. It was suggested to Richard Gourlay by Deborah Fowler (Healthwatch Enfield) that NMUH should involve patients in developing the local accountability arrangements, and that patients could also be involved in the resulting arrangements on an ongoing basis.

6. It was questioned whether the A&E need the Vanguard sustainability? In response, the NMUH A&E has to be sustainable financially and once the work streams are in place, there will be a clearer picture of what can be delivered to this crucial resource for the local community.

7. How would the chain work and whether a CEO will be appointed are issues currently being worked through.

NOTED the presentation and update.

7.2.2 Barnet, Enfield, Haringey Mental Health Trust Care Quality Commission (CQC) Comprehensive Inspection Outcome

The Board received an update on the BEH MHT CQC Comprehensive Inspection Outcome from Mary Sexton (Executive Director of Nursing, Quality and Governance)

NOTED

- The approach taken by the CQC Inspection measured the quality of care by how safe, effective, caring, responsive, well-led it was.
- The CGC had inspected all core mental health services and Enfield community services.
- The Trust had been informed of the inspection 20 weeks in advance and information received from stakeholder providers had been analysed and used to produce a data pack.
- The CGC team comprised of 4 teams of 88 people with appropriate knowledge and expertise.
- Final findings showed an area of challenge in the quality of the existing buildings, especially at St Ann's Hospital, where many of the structures were 18th and 19th century. The poor environment at St Ann's Hospital had altered the perception of the report.
- The CQC had found that most of the Trust's staff were very caring, professional and worked tirelessly to support patients. Staff morale was high, with access to opportunities to further their careers.
- Challenges and Actions identified were ❶staffing ❷ patient centred care and communication ❸ leadership and management ❹ premises and equipment.
- The Trust found the CQC Inspection a helpful and positive process.
- A Quality Improvement Plan was in place.
- The Trust had high levels of staff engagement and the strong leadership needed to deliver the improvements required.
- There were a number of risks and dependencies which were being addressed jointly with partners.
- The key risk was funding for the improvements needed, which had been costed at £2 million. The Trust was in discussions with commissioners about the funding of these improvements and the CQC were aware that without investment, the action plan could not be fully delivered.

IN RESPONSE the following questions/comments were received:

1. The Trust's financial position was difficult at the moment. There had been a £7.5m deficit seen last year which was projected to increase this year to £12.6m. The Trust was working with NHS Improvement on a Financial Improvement Plan which aimed to reduce the financial deficit to £9.4m. With regard to St Ann's Hospital, the Trust's Strategic Outline Business Case was being reviewed by NHS Improvement and approval was anticipated by September 2016, which would then allow the project to proceed, which had not been possible until the business case was approved.

2. The CQC Inspectors were not likely to return for a full inspection but a more focussed inspection around seclusion and lone working was expected before December this year.

3. An Interim Director of Improvement had been appointed to bring in the required expertise to lead the Trust's Improvement Programme over the next six months.

4. With regard to an update on patient centred care and communications with GPs, it was confirmed that more psychologists for inpatients within the wards were needed. It was acknowledged that more information on patient care needed to be communicated to GPs in a timely way

5. Clarity as sought as to whether there were there any particular issues with Enfield Community Services? In response, it was confirmed that there were no particular issues and that the CQC report included a lot of positive comments about ECS services.

Mary Sexton was thanked for the very helpful and comprehensive review received.

8
ITEMS FOR INFORMATION

8.1 Annual Public Health Report 2015/16

The Board received and noted the Annual Public Health report for information including key public health indicators at Enfield including the Life Expectancy Gap and Infant Mortality which had significantly improved since 2010.

The Board thanked Allison Duggal for the update.

8.2 Thanks to Dr Shahed Ahmad & Allison Duggal

The Board thanked Dr Shahed Ahmad for his contributions over the last 7 years and wished him luck in his new role at NHS England and also wished Allison Duggal well in her new role at another authority.

9
MINUTES OF THE LAST MEETING

The minutes of the meeting held on the 21st April 2016 were agreed subject to an amendment to Item 3, CCG Operating Plan 2016/17, no 7: A Healthwatch representative attended the Transformation Board as an observer only, not a full member.

10
DATE OF NEXT MEETING

The date of the next meeting was confirmed as Wednesday 5th October 2016 at 6:15pm in Room 1.