

Public Document Pack



HEALTH AND WELLBEING BOARD

Thursday, 9 February 2017 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 Community Safety & Public Health – Councillor Krystle Fonyonga
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 – Sarah Thompson
NHS England Representative – Dr Helene Brown
Director of Public Health – Tessa Lindfield
Executive Director of Health, Housing and Adult Social Care – Ray James
Executive Director of Children’s Services – Tony Theodoulou
Voluntary Sector Representatives: Vivien Giladi, Litsa Worrall (Deputy)

Non-Voting Members

Royal Free London NHS Foundation Trust – Peter Ridley
North Middlesex University Hospital NHS Trust – Libby McManus
Barnet, Enfield and Haringey Mental Health NHS Trust – Andrew Wright
Enfield Youth Parliament – Robyn Gardner, Bobbie Webster

AGENDA – PART 1

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

2. DECLARATION OF INTERESTS

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

3. NORTH MIDDLESEX UNIVERSITY HOSPITAL CARE QUALITY COMMISSION REPORT (6:20 - 6:40PM)

To receive an update from Libby McManus (Chief Executive, North Middlesex University Hospital NHS Trust).

TO FOLLOW

4. JOINT HEALTH AND WELLBEING STRATEGY (6:40 - 7:00PM) (Pages 1 - 4)

To receive the report from Tessa Lindfield (Director of Public Health) regarding selection of a final set of priorities for the Health and Wellbeing Board's action plan and web based performance monitoring.

REPORTS FOR INFORMATION

The following reports are for information only.

5. DEVELOPING THE NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (STP) - UPDATE (7:00 - 7:20PM) (Pages 5 - 46)

To receive the report from Stephen Wells (Programme Manager, Strategy and Planning, Enfield Clinical Commissioning Group), providing an update on the development of the North Central London STP.

6. NORTH MIDDLESEX UNIVERSITY HOSPITAL JOINING ROYAL FREE LONDON VANGUARD (7:20 - 7:35PM) (Pages 47 - 50)

To receive the presentation of Richard Gourlay (Director of Strategic Development – North Middlesex University Hospital NHS Trust) on the Royal Free London (RFL) Vanguard.

7. THE FAMILY RESILIENCE STRATEGY (7:35 - 7:45PM) (Pages 51 - 56)

To receive the report from Andrew Lawrence (Service Development Manager – Early Years & Early Help, Schools & Children's Services, LBE).

8. MINUTES OF THE MEETING HELD ON 8 DECEMBER 2016 (Pages 57 - 66)

To receive and agree the minutes of the meeting held on 8 December 2016.

9. DATES OF FUTURE MEETINGS

Members are asked to note the date of the next meeting of the Health and Wellbeing Board:

- Wednesday 19 April 2017

All meetings take place at 6.15pm unless otherwise indicated.

Members are asked to note the date for the next Health and Wellbeing Board Development Session:

- Tuesday 21 March 2016

The development sessions take place at 2pm unless otherwise indicated.

10. 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.

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MUNICIPAL YEAR 2016/17

Meeting Title:
HEALTH AND WELLBEING BOARD

Date: 9 February 2017

Contact officer: Miho Yoshizaki
Telephone number: 0208 379 5351
Email address:
miho.yoshizaki@enfield.gov.uk

Agenda Item:
Subject: Health and Wellbeing Board areas of focus for 2017-19
Report approved by: Tessa Lindfield Director of Public Health

1. EXECUTIVE SUMMARY

At the Health and Wellbeing Board development session on the 11th January 2017, the Board reviewed the progress on the Enfield Joint Health and Wellbeing Strategy (JHWS) and discussed the priorities that they would like to focus on for the final 2 years of the strategy.

This report summarises the development session discussion and the subsequent follow-up meetings that was held with the key Board members who were not able to attend the development session. The report recommends a process to select a final set of priorities for the HWB's action plan for the next two years and a new web based performance report.

2. RECOMMENDATIONS

- That the Board delegates the selection of the priorities to the HWB executive group, taking members' views into account.
- That a new web based performance report is developed for monitoring overall progress on JHWS

3. BACKGROUND

3.1 At the Health and Wellbeing Board Development session held on the 12th January 2017, the Board considered the latest performance data on the Health & Wellbeing Strategy. The aim of this exercise was to consider where Enfield's Joint health & Wellbeing Strategy work is now and to consider what the Board would like to focus on for the final 2 years of the strategy.

- 3.2 Tessa Lindfield presented the report and encouraged the Board to consider the priorities in the context of where they could add value. Suggested activities for the Board were:
- Strategic oversight
 - Deep dive
 - Partnership working
 - Commitment to action
 - Join commissioning
 - Unblocking
 - Support across the system
 - Constructive challenge
 - Referral to scrutiny
 - Lobbying
- 3.3 The Board examined the data in detail and, in groups, developed a list of 10 issues that they would like to closely monitor.
- 3.4 There was appetite for this style of performance report. In terms of priorities moving forward the group felt that there were some issues where action should continue across the Enfield system of public services where Board oversight was needed and there were smaller number (around 3) of other priorities that would particularly benefit from a concentrated effort from the Board.

4. REPORT

- 4.1 The 10 issues suggested for HWB oversight were:
1. **Housing** – generally the quality and level of availability, in particular housing for vulnerable adults in Enfield.
 2. **Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)** – this is a new measure and shows concerning results for Enfield. This also has an element of housing quality (safe housing) and safeguarding including issues such as domestic violence.
 3. **Best start in life** – including early nutrition, parenting and development, getting children in the best place to learn once they reach school age
 4. **Mental health** with particular focus on improving resilience and wellbeing of the Enfield residents to prevent mental illness.
 5. **Diabetes prevention** – the number of people with diabetes is increasing. With rising obesity prevalence in adults and children, diabetes is a particular concern for Enfield. It is a preventable disease.
 6. **Obesity** – with a focus on families, not just the children, and tackling the environment that makes healthy eating and activity more difficult to achieve.

7. **Living well with multiple and chronic illness** (e.g. dementia and Parkinson's disease) – enabling independent and fulfilled lives
8. **End of Life Care** – improving palliative and end of life care.
9. **Tipping Points into need for health and care services** – evidence shows that it is not just physical health that determines the need for health and social care. There are preventative actions possible within a joined up system to enable people living well and independent longer.
10. **Flu vaccination amongst Health Care Workers**

- 4.2 The exercise was repeated in separate meetings with Board members who were not able to attend the development sessions to ensure their views were captured on the priority areas. These are other members yet to be heard.
- 4.3 A few more issues were raised as priorities during these meetings. These were:
 - Cancer – with particular focus on early diagnosis and prevention
 - Domestic Violence – particularly working more closely with the Safe and Stronger Community Board (SSCB) to address this.

5. Next Steps

- 5.1 There is a need for the Board to decide on a process to agree the priorities to avoid it becoming a protracted process. The proposal is once the conversations all members of the Board are complete, that taking everyone's views and the JSNA into account, the public health team formulate a shortlist for the HWB Executive Group to consider. The Executive Group would select a list of around 10 issues for monitoring and 3 priorities for the Board to examine in detail and take action on. This would be presented at the next Board meeting.
- 5.2 In addition, the Board is asked to support a second proposal that the progress report reviewed at the development session be developed into a live report on the HWB website so that the latest information on JHWS indicators is available for Board members to access at any time.

6. Recommendation

- 6.1 That the Board supports the proposals in paragraphs 5.1 and 5.2.

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MUNICIPAL YEAR 2016/2017

Meeting Title:
HEALTH & WELLBEING BOARD
 Date: 9th February 2017

Agenda Item:

Subject:

**Developing the North Central
 London Sustainability &
 Transformation Plan - Update**

Contact officer:
 Telephone number:
 Email address:

**Report written by:
 Stephen Wells, Programme
 Manager, Strategy & Planning,
 Enfield Clinical Commissioning
 Group**

1. EXECUTIVE SUMMARY

Every health and care system will produce a multi-year Sustainability and Transformation Plan (STP) – to become sustainable and deliver the Five Year Forward View – better health, better patient care and improved efficiency.

The North Central Strategic Planning Group has continued to develop the Sustainability and Transformation Plan (STP) which was submitted to NHS England on 21st October 2016. The STP embraces the Five Year Forward view ambitions to 2020/21 specifically in three key areas:

- Health and wellbeing
- Care and quality
- Finance and efficiency

Partners continue to collaborate in order to develop and agree the STP, with involvement of senior clinical and management staff from commissioners, local authorities, providers, and other stakeholders.

The STP single process will provide access to future NHS England transformation funding from April 2017 onwards.

1.1 Development of the North Central London STP

The draft STP submitted to NHS England in October 2016 set out work in progress to updating the plan and further work to inform each of the programme workstreams.

The STP process during November and December has focused on getting contracts in place and signed off which puts us on a good footing going forward to deliver the transformation required in the STP. These initially

focus on 2017/18.

Following agreement of NHS Provider contracts, CCG's Operational Plans for 2017/18 across NCL were submitted to NHS England on 23rd December 2016.

This report provides a progress update on the development of the NCL STP following the previous report to the Health and Wellbeing Board on 8th December 2016.

This update report provides a short summary of key work in progress between January and March 2017, including:

- Refresh of the STP narrative and work programme delivery plans
- Review of the STP with NHS England and NHS Improvement
- Clinical Cabinet
- Social care review
- Joint Health Overview & Scrutiny Committee report
- Digital Leadership summit
- Development of Care closer to home networks
- NCL STP bids for NHS England Sustainability Transformation Funding

Accompany this report is a short slide presentation that summarises the key actions being taken forward following the assurance meeting with NHS England and NHS Improvement (see **Attachment A: NCL STP update, January 2017**).

The next NCL STP Transformation Board meeting is scheduled for 28th February 2017.

2. RECOMMENDATIONS

Members of the Health and Wellbeing Board are asked to:

- Note the contents of the report including the accompanying attachments:
 - Attachment A: NCL STP update January 2017
 - Attachment B: NCL Joint Health Overview Scrutiny Committee (JHOSC) report, December 2016
 - Attachment C: NCL STP response to the JHOSC report, December 2016

and the associated steps to inform the STP 31st March 2017 submission.

- Note the continued collaborative working within the NCL STP to commission and deliver the requirements of delivering the Five Year Forward View: NHS planning guidance 2016/17 – 2020/21.

3.0 NCL STP Programme Update

3.1 Refresh of STP

Submission of the NCL STP took place in October 2016, noting that it was a work in progress submission, with a commitment to updating the plan following the work being done leading up to the agreement of NHS provider contracts and commissioners' operational plans for 2017/18, at the end of December 2016.

The STP process during November and December 2016 focused on getting contracts in place and signed off by 23rd December. This was completed and puts us on a good footing going forward to deliver the transformation required in the STP.

The STP project management office is overseeing the updating of the draft strategic narrative by the end of January 2017 in advance of a more major update of the overall plan by the end of March 2017 which will reflect the more detailed delivery plans and financial analysis for each of the STP workstreams. In addition, an updated public facing summary document will be developed by the end of March 2017, recognising that the plan itself will remain a largely technical document.

The refreshed key documents will be submitted to NHS England at the end of March 2017 for their assurance.

3.2 Development of STP programme delivery plans

Each programme workstream in the STP is required to develop a detailed delivery plan for review by the end of February 2017 and completion by mid-March 2017. The STP has developed delivery plan packs and templates which are being used by each workstream to ensure a consistent methodology to informing the production of the delivery plans.

The development of these detailed delivery plans will enable the STP to confirm finance and activity details at an individual organisational level for 2017/18 NHS contracts by mid-March 2017.

Each programme delivery plan will also include communication and engagement plans and identify the capacity required for implementation, under with the principle agreed, at the NCL STP December 2016 Transformation Board, that the majority of this capacity should be drawn from within existing resources across NCL under the principle that the delivery of the STP should become business as usual.

All programme workstreams are also required to confirm current or planned governance arrangements and how they will engage with NCL stakeholders. This information will be made available, once the refreshed STP documentation is submitted to NHS England by end March 2017.

3.3 STP review meeting with NHS England and NHS Improvement

The STP Transformation Board members met with NHSE and NHSI colleagues on 26th January 2017 to review the STP financial position for 2017/18. The discussion was positive and supportive of the hard work that had been done so far, but also recognised the scale of the remaining financial challenge which is set out in the pack. Excluding specialist commissioning, the current projected financial gap in NCL for 2017/18 is £148m across CCGs and NHS providers. Further discussion will be followed up during February and early March 2017, prior to the STP submission.

3.4 STP Clinical cabinet awayday

The clinical cabinet held an awayday on 17th January 2017 to review their work to date and their role going forward.

There was a strong commitment to continuing to operate as clinical leaders working together across NCL and to strengthening the integration of social care in this role. The clinical cabinet will develop proposals for their ongoing role on the basis of this discussion.

3.5 Social Care review

The five local authorities have started to review the priorities and financial implications for social care within the STP, with Sanjay Mackintosh leading this work (email Sanjay.Mackintosh@haringey.gov.uk). The outputs of this work will be built into the end March 2017 submission.

3.6 Joint Health Overview & Scrutiny Committee report

The Joint Health Overview & Scrutiny Committee reviewed the STP during November and December 2016 and produced a report (see **Attachment B: NCL Joint Health Overview Scrutiny Committee (JHOSC) report, December 2016**).

A response to that report was approved through the Programme Delivery Board which was signed off by Sir David Sloman, NCL STP Convenor on behalf of the STP Transformation Board (see **Attachment C: NCL STP response to the JHOSC report, December 2016**).

This will be discussed at the next JHOSC meeting on 3rd February 2017.

3.7 Digital Leadership summit – 7th February 2017

The STP is holding a Digital Leadership Summit on 7th February 2017. The aim of the summit is to:

- Provide an overview of the Local Digital Roadmap content
- Define the priorities for the digital programme for the next 2 years
- Propose a new NCL digital governance model
- Consider resourcing requirements to enable delivery

- Share learning from neighbouring STP digital workstreams
- Provide awareness of NHS England's expectations for delivery and alignment to STP plans and potential central funding sources

The outcomes from this meeting will inform the revision of the programme delivery plans.

3.8 Development of Care closer to Home network (CHINS)

NCL CCG's have, for several years now, been developing new models of care that can support people to stay well for longer through early identification and support for long term conditions; to understand their condition and manage their own health through supported self-management and navigation and to receive care that is co-ordinated when they need it through integrated care.

The concept of Care Closer to Home Integrated Networks (CHINs) takes this model one step further by commissioning and delivering services for population cohorts across a range of 50,000-80,000 people. The model is set out in the slide presentation (*refer to Attachment A: slides 11 and 12*). It is proposed that the CHINs effectively take on the responsibility of commissioning, co-ordinating and delivering health and care for the population that it serves. Plans for implementation would see staff working in multi-disciplinary teams to support patients and to pull in specialist services where they are required, for example, diabetic nurses to bring expertise into the community. These multi-disciplinary teams will have access to consultants and would build relationships across the primary and acute interface. Adult, Children and Young People's social care is a key partner in delivery, so CHIN's will need to ensure they are working towards agreed outcomes that support health and wellbeing. Similarly, partners in the voluntary sector, who already play such an important role in building community asset, will align within CHIN's in order to offer preventative and proactive interventions.

3.9 NCL STP bids for NHS England Sustainability Transformation Funding (STF)

The STP submitted bids for national STF funding which was announced in December 2016. The NCL STP submitted bids on 18th January 2017 for:

Mental Health

- Improving access to psychological therapies (Integrated IAPT)
- Urgent & Emergency Mental Health Liaison Services for Adults and Older Adults

Cancer

- Early diagnosis for people with cancer
- Cancer recovery package
- Cancer stratified follow up pathways

Prevention

- Improving uptake of structured education for people with diabetes

- Improving the achievement of the NICE recommended treatment targets
- New or expanded multi-disciplinary foot care teams (MDFTs)
- New or expanded diabetes inpatient specialist nursing services (DISNs)

Learning Disabilities

- Reducing reliance on specialist inpatient care for people with learning disabilities
- Reduction in children with learning disabilities placed away from their home and local community

3.10 Development of NCL STP Executive Leadership arrangements

Further to developing the revised programme management office arrangements, to oversee the development of the STP, there have been changes made to the executive leadership of the STP.

Mike Cooke, Chief Executive of London Borough of Camden, has taken over as STP Convenor for Sir David Sloman whilst he is on planned leave. Helen Pettersen has been appointed as the accountable officer for NCL CCGs and will be taking over as the STP Convenor when she commences in post.

3.11 Next Steps

The development of the NCL STP will continue at pace in order to submit key documents to NHS England by 31st March 2017 which will include:

- Refresh of the STP narrative and work programme delivery plans
- Review of the STP with NHS England and NHS Improvement
- Joint Health Overview & Scrutiny Committee report
- Digital Leadership summit
- Development of Care closer to home networks
- Update on the NCL STP bids for NHS England Sustainability Transformation Funding

4. ALTERNATIVE OPTIONS CONSIDERED

None

5. REASONS FOR RECOMMENDATIONS

Update received from NCL STP programme management office.

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

6.1 Financial Implications

As detailed in the workstream plans.

6.2 LEGAL IMPLICATIONS

The organisations will discharge their statutory duties in respect of patient and public engagement via the communications and engagement workstream of the STP Programme Management Office.

Any major service changes requiring formal consultation will be highlighted within the workstream plans and undertaken as appropriate.

7. KEY RISKS

As detailed in the workstream plans.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

- 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

These are as detailed in the workstream plans.

9. EQUALITIES IMPACT IMPLICATIONS

Equality Impact Assessments are undertaken in relation to substantial commissioning changes and will be available where necessary in relation to individual work programmes.

10. BACKGROUND PAPERS

Please refer to web link below:

<http://www.enfieldccg.nhs.uk/about-us/sustainability-and-transformation-plan.htm>

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North Central London Sustainability and Transformation Plan Update

January 2017



Our vision is for North Central London to be a place with the best possible health and wellbeing, where no one gets left behind

What's what in the NHS
– The National View



The North Central London
(NCL) STP is how these
challenges will be met

- We are part of the North Central London area or 'footprint'.
- There are 44 footprints nationally and each one will produce a place based plan to address three key gaps over next 5 years.
- The STP is about the NHS and local government working together to provide better services across NCL
- It's also an opportunity for us to develop our local plan for an improved, more sustainable, health and care system.
- The STP is important because it will determine how much money NCL London and our local area get from national funds

The [NHS Five Year Forward View](#), published in 2014, outlines progress made but also challenges through to 2020/21.

- STP triple aims:**
1. Close gaps in **Health & Wellbeing**
 2. Close gaps in **Care and Quality**
 3. Close gaps in **Finances**

What is North Central London (NCL)?

Enfield CCG / Enfield Council

320k GP registered pop
48 GP practices

Barnet CCG / Barnet Council

396k GP registered pop
62 GP practices

Haringey CCG / Haringey Council

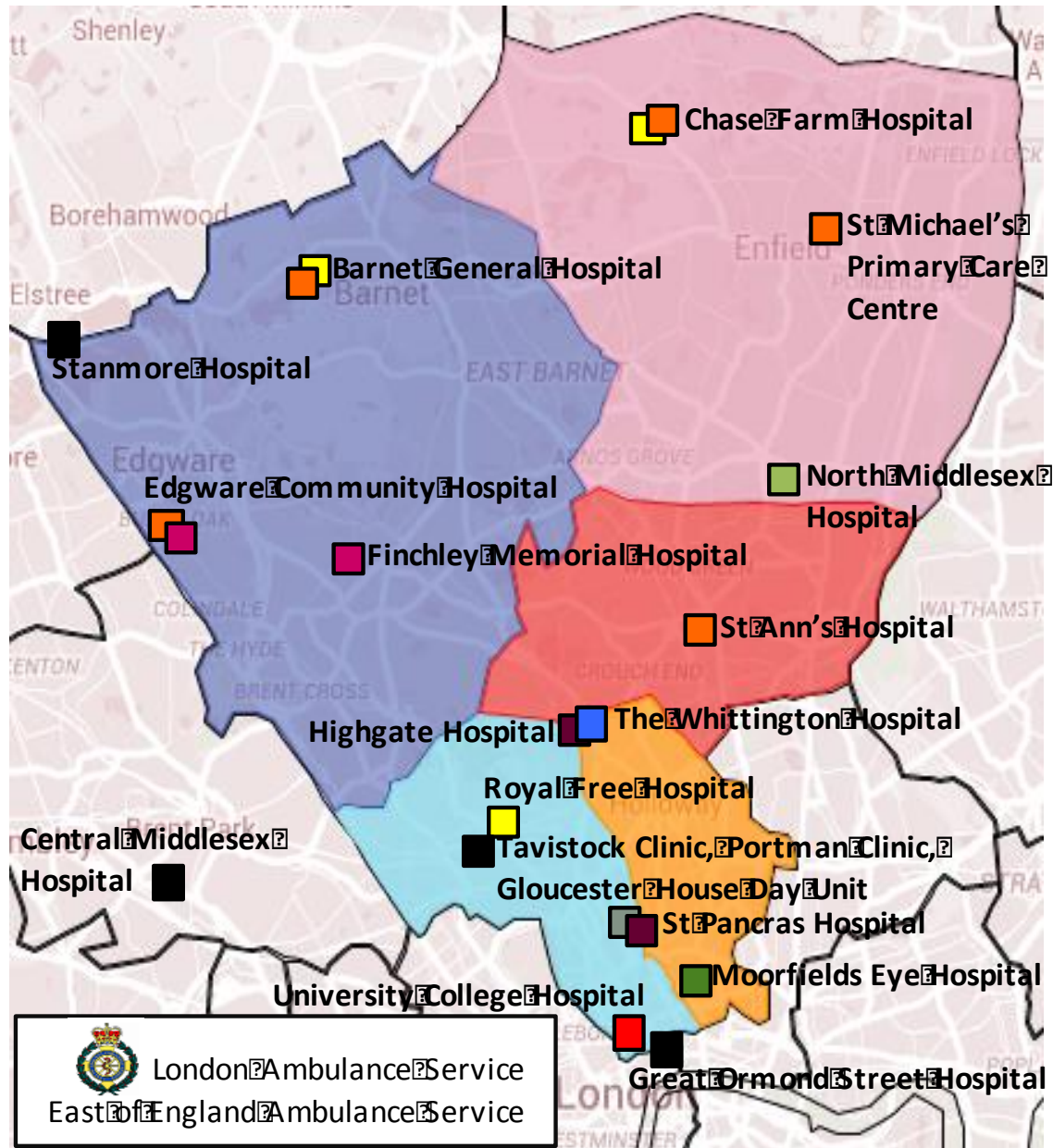
296k GP registered pop
45 GP practices

Islington CCG / Islington Council

233k GP registered pop
34 GP practices

Camden CCG / Camden Council

260k GP registered pop
35 GP practices



Where are we with finance and contracts?

All NHS contracts in NCL signed by 23rd December 2016 in line with the national planning & contracting timetable

The contracts are in line with the activity and finance assumptions which have been developed through the NCL STP

Move away from the national Payment by Results payment system by including agreed marginal rates of funding for activity to achieve a better balance of risks between commissioners and providers

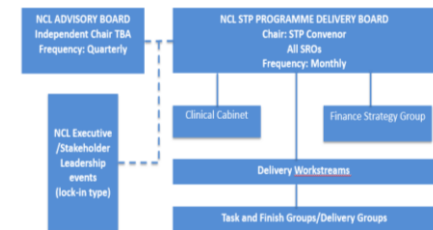
The financial and activity content of the contracts for 2017/18 will be reviewed by mid March in light of more fully developed implementation plans



But we still have a large financial gap to address

Action: Review of governance structure

Governance structure illustration to oversee delivery of STP



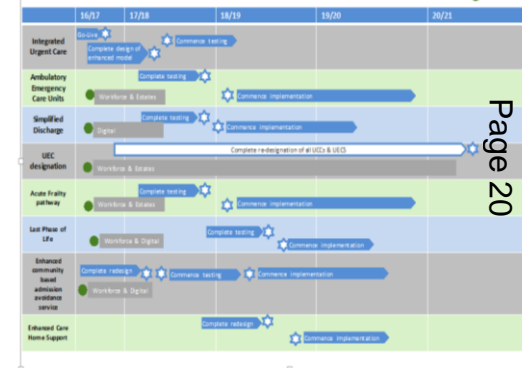
Rationale: As we move from planning to implementation we are reviewing the governance structure and making amendment to ensure the robustness of our process.

Action: Draft STP to be refreshed by end January 2017 to reflect further work since October 2016 submission

Rationale: We have received feedback through a number of channels including the JHOSC and through further engagement with social care. This feedback will be incorporated into the refreshed version of our plan and will be available for further review and feedback.



Action: STP delivery plans being further developed up until end March 2017.



Rationale: Our draft plan (October 2016) provided a broad overview. The delivery plans (March 2017) will provide granular detail of how the objectives will be achieved and by when. Each workstream has a senior responsible officer and at least one management support.

Action: STP communications & engagement workstream is being established to oversee overall approach.

Rationale: The Communications and engagement workstream will provide direction and oversight and the task oriented work will be done in partnership with the comms and engagement leads from across the NCL organisations



Action: Refined STP (both technical document and public facing version) to be produced by end March 2017 reflecting the more detailed delivery plans

Rationale: The NCL STP PMO will produce a more refined version of the plan that will include more detailed workplans from each of the workstreams and an engagement strategy to ensure transparency of process and to involve the NCL community in our plan.



Our vision for primary care in NCL is an integrated network of organisations that is focused on outcomes and shaped by people’s needs



Fundamental design principles

- Care will be organised around the patient
- Primary care hubs will be the first point of contact for patients, offering access to a GP and other care professionals as required
- Primary and community care will be delivered through hubs at a locality / neighbourhood based on population groups and needs
- Hubs will work in an integrated network with other providers including secondary care, voluntary services and social care
- Borough level pathways will be developed to ensure streamlined access to specialist services as needed
- Communication across provider networks will be supported by harnessing technological innovation, delivering interoperability and information sharing to allow shared patient records and clinical data



Place-based approach: Population-based contracts will be commissioned deliver health outcomes for the local population. GP federations will be commissioned to provide at scale services through a number of primary care hubs as the delivery vehicle.

Supporting patients: The patient is at the centre of care. People will be supported in the new primary care system to take an active role in self care if they want to, managing their own health and wellbeing. Support will be available for patients, carers and professionals to be confident users of information and IT solutions that enable self-care.

Coordinated care: GPs will be the coordination point and care manager for patients with complex needs. Named GPs will continue to have responsibility for the oversight of a patient’s care in the system, but will work with an integrated network of providers in the model as shown.

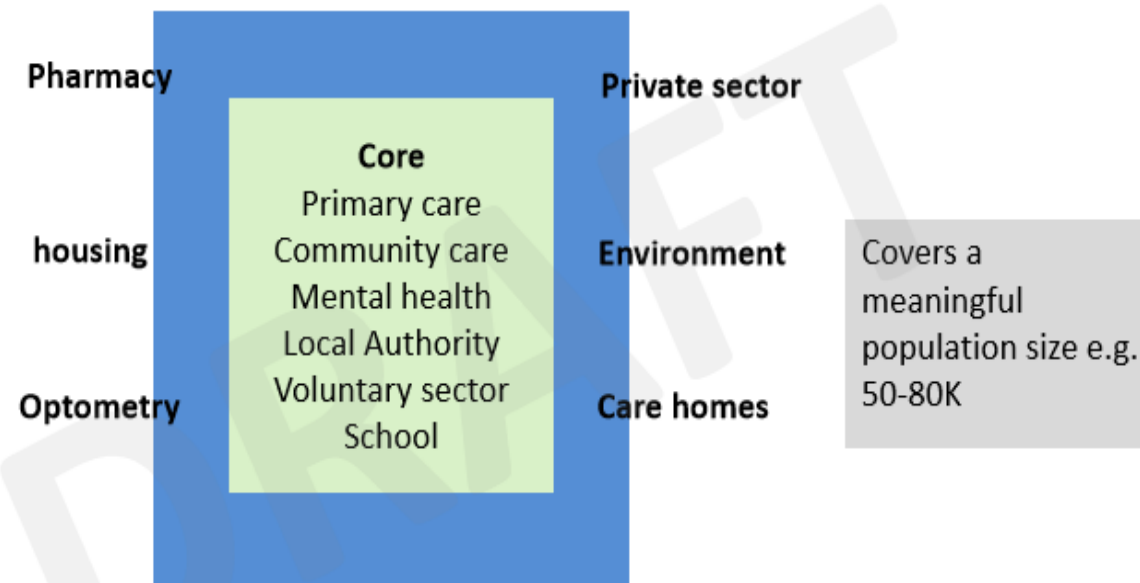
Access: Patients will be able to access the right care, in the right place, at the right time when they need it. Primary care hubs will link to GP out of hours and urgent care.

Care closer to home integrated networks (CHIN)

Principle

Network/hub does commissioning and providing

- Network has a multidisciplinary teams – pulled from core group supplemented by locally determined key players



Commissioning

- Needs analysis (public health and outcomes)
- Agree care pathways that are in scope
- Delegated budget
- Set an agreed commissioner plan
- Review aim to reduce variation – to achieve upper 25% across key players

Providing

- Acute reactive – clinician agnostic
- LTC chronic – clinician specific
- Rehabilitation
- Admission prevention
- Discharge facilitation

Questions & Discussion

If you have ideas about how to improve the plan, how you would like to be engaged, want further information or have other feedback please contact nclstppmo@nhs.net

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Camden



ENFIELD
Council



ISLINGTON

North Central London
Joint Health Overview Scrutiny Committee (JHOSC)
December 2016
Sustainability and Transformation Plan (STP)

***Recommendations to
Secretary of State for Health Rt. Hon Jeremy Hunt MP***

In light of the severe cuts to the Social Care budget of the Councils represented by this Joint Health Overview Scrutiny Committee, we ask for the Chair to write to the Secretary of State for Health to highlight our deep concerns about the current level of transformation money and the need to ensure the safe redesign of all services.

We recommend that the extra money required should be determined and agreed by NCL's Transformation Board, the CCGs and the Leaders of Barnet, Camden, Enfield, Haringey and Islington Councils.

***Recommendation to NCL Council Leaders and David Sloman
Chair NCL Transformation Board – see also pages 2 to 11***

We believe that the Leaders of Barnet, Camden, Enfield, Haringey and Islington Councils must not endorse NCL's STP until sufficient funding for local clinical and social care services has been agreed.

The JHOSC will take the response of the Transformation Board to our recommendations at a future meeting of the JHOSC.

Chair of NCL JHOSC Cllr Alison Kelly, vice –chairs Cllrs Martin Klute and Pippa Connor. Members: Cllrs Abdul Abdullahi, Alison Cornelius, Jean-Roger Kaseki, Graham Old, Richard Olszewski, Anne-Marie Pearce, Charles Wright.

Contact Sarah Moyies sarah.moyies@Camden.gov.uk Tel: 0207 974 4129

Introduction

This report presents the combined response of residents, stakeholders, health service professionals, officers, Council Cabinet and Leaders, and elected scrutiny members to the current status of the NCL STP.

The document presents considered critical challenge to the plans where it is felt to be necessary, and is based on verbal and written evidence taken during November and December 2016 at specially convened meetings of the Joint Health Overview and Scrutiny Committee (JHOSC) for North Central London, in response to the very short timescales for submission imposed on the sector by Central Government.

The committee heard evidence that was passionate, supportive and concerned about our local health services, and what those services might look like following implementation of the STP, and deep concerns about whether the STP as it currently stands contains sufficient detail for all interested parties to understand what it does in fact propose.

The JHOSC review has generated a number of key principles and recommendations across eight key themes to help inform and challenge the development and delivery of the NCL STP.

<i>RECOMMENDED PRINCIPLES to guide NCL's approach to developing the STP</i>
<ul style="list-style-type: none"> • <i>Put the needs of individual patients, carers, residents and communities truly at the centre;</i> • <i>Recognise that local patients, carers, residents and communities themselves are a resource for knowledge, for information, for understanding and for change; work with patients, residents and communities to harness their strengths;</i> • <i>Trust and empower local patients, carers, residents and communities to drive change and deliver sustainable improvements;</i> • <i>Co-design, co-produce and co-deliver services and programmes with local patients, carers, residents and communities;</i> • <i>Focus on building resilient patients, carers, residents and communities - and on where resources can have the biggest sustainable impact.</i>

Transparency

People told us:

- There is a need to ensure clinical scrutiny of everything across the whole system and to ensure we maintain good and safe clinical and social care.
- Engagement is key
 - There has been little to no engagement so far. Many people, including those who are vulnerable, homeless unwell or elderly, are unaware of the STP.
 - There is a need to clearly explain what the STP plan means (translate the technicality and language of the plan)
 - Local people who know of the STP are often concerned it implies major cuts;
 - There is a need to produce a short simple statement about what the STP plans are (sent to every household) and that there will be public consultation on them as they are developed
 - There is a need to produce weekly digests and engagement meetings for each part with a range of stakeholders
 - There is a need for investment of resources in on-going public engagement including the political accountability process. Elected political representatives are guardians of our residents; they engage with and champion the needs of residents. They embrace public scrutiny and understand how to challenge where plans fail to meet the needs of our residents
- Co-production should be serious
 - There has been very little collaborative while developing the plans so far.
 - There has been no dialogue or attempt at any co-design or co-production.

Transparency recommendations: The Transformation Board needs to:
<ul style="list-style-type: none"> • Ensure future development of the STP includes greater transparency, political accountability, inclusive and open engagement with residents, including with the most vulnerable, frontline staff, clinicians, GPs and council and political leadership; • Ensure there is meaningful public engagement once details of the plans are available, using a range of communication methods, including but not limited to, the existing engagement processes used by partner agencies; • Set out clearly what the impacts and implications of the changes will be in a language and format accessible to all residents regardless of age, disability and ethnicity. <ul style="list-style-type: none"> ○ Events must be in accessible locations ○ Engage with people from a range of backgrounds including those disadvantaged by language barriers, physical disabilities, mental health, physical health, social and other inequalities ○ Outputs from meetings held in public must be publically available • Commit to demonstrating where engagement activity has influenced STP planning and be transparent when it has not. • Provide the evidence base for key decisions. Undertake 'stress-testing' to ensure assumptions underpinning the STP are credible and the changes can be delivered.

Governance

People told us:

- There is a lack of Adult Social Care representation on the Transformation Board
- There is a lack of clarity over the governance arrangements / structure of the STP Board
- The JHOSC should consider recommending the delay of signing off to enable consultation, provision of financial modelling information and to address the political engagement deficit.
- There is a need to link into community interest groups, CCGs and elected Councillors
- There is a need to establish a Joint Committee to allow organisations to make collective and public decisions and share accountability

Governance recommendations: The Transformation Board needs to:

- To adopt the 'Principles to guide NCL's approach to the STP' outlined in page 2 of this report.
- Align with the principle of the NHS Constitution and in particular that 'patients should be at the heart of everything the NHS does' and that 'the NHE is accountable to the public, communities and patients that it services' i.e. demonstrate how/ where the local voice is involved in decision making
- To provide full details of anticipated governance arrangements so soon as possible for public consultation
- Develop governance arrangements that allow organisations to make collective decisions and share accountability, and that allow for scrutiny and assurance
- Ensure accountability is maintained at both sub-regional and local level, and that accountability is clear
- Include staff representation on the STP Oversight group
- Work with ASC professionals so that they consider that they are appropriately represented on the Transformation Board and STP work streams.
- Consider establishing an NCL Health & Wellbeing Board building on good practice across the five boroughs and align the STP with Health & Wellbeing strategies

Finance

People told us:

- No funded plan for the transformation. The STP makes assumptions about council services which cannot be met due to funding pressures. If there is no further investment in social care the aims of the STP are undeliverable.
 - Need to recognise the significant funding pressures are also being felt by voluntary sector groups that support vulnerable people across the boroughs.
 - Solutions must be developed to fund adult social care services beyond the introduction of the precept, avoiding the disproportionate impact on lower income households that increasing council tax in the long-run would cause.
 - There is a need to prioritise spending to addressing health inequalities e.g. mental and physical health and homelessness
 - A shift to prevention should not involve a reduction of resources – integration requires running costs to fund targeted peer support and capacity building
- There is a need to understand the impact is of detailed financial assumptions / cuts to social and public health care funding. E.g. What is the future of Better Care Fund and how will this be transferred to ASC
 - It will take time and investment to deliver the kind of systemic change required to move to a prevention based approach.
 - Facing an aging population, more complex morbidity, increasing demand, patient expectations and cost and more expensive innovative technology; issues seen internationally
 - Concerns whether care closer to home will reduce unnecessary costs.
 - Concern that plans to deliver more services in pharmacies may be affected by national plans to reduce pharmacy funding.
 - The STP seeks to fund health promotion and sickness prevention
However, there is concern that many factors influencing ill-health lie outside the scope of local interventions and the potential expected gains of keeping people well longer is not achievable within this footprint.
 - Concern where innovative projects are working, there are no funds to upscale.
- The money originally promised for transformation of services is steadily being removed to fund the deficits being incurred by under-funding of the NHS. It will not be available in the original amounts to fund integration between health and social care.

Finance recommendations: The Transformation Board needs to:

- Recognise that major investment in adult social care, community services, third sector organisations and in prevention is needed to deliver the plans
- Increase the focus on mental health, homelessness, prevention and the development of integrated community services and to support residents closer to home.
- Recognise that as services are transferred from acute to the community so must the funding.
- Provide clarity on where the level of investment required will come from.
- Provide the evidence base and detailed financial assumptions for detailed savings within in the STP e.g. a properly staffed and resourced more primary-care led NHS will be cheaper than the current model of service.
- Provide further detail of the intended spending on public health interventions for the next five years and what measurable benefits are expected to be achieved from this investment
- Provide detail of intended investment in the voluntary and community sector to support delivery of the plan locally.
- Provide detail on how resources will be shared and what financial management processes are being developed.

Digital Services

People told us:

- Digital technology to provide major savings requires significant investment.
- Health and care providers are not ready to meet the Accessible Information Standard for people with disabilities
- The digital transformation described within the plan cannot be delivered and integrated effectively across all provides given the anticipated deficit and historic problems with and overspend on IT systems in the NHS
- Potential to develop approaches that will embed technology to support people to remain independent for longer. Can be used at all stages of the care pathway from early prevention to supporting complex needs.

Digital services recommendations: The Transformation Board needs to:

- Provide further information about how the digital transformation will be paid for
- Explore options to integrate the Accessible Information standard across all systems
- Provide further detail about key planning assumptions and risks around delivery and integration of the digital transformation across all provides.
- Learn from elsewhere, including from abroad.
- Provide further detail on the approaches that will embed technology to support people to remain independent for longer.

Adult Social Care (integrated working):

People told us:

- Concerns about the critical challenges faced in providing ASC, given the impact of funding reductions, including the financial gap of local ASC services and increasing demand pressures on the whole health and care system both locally and nationally.
- The challenges around the workforce instability in terms of recruitment and retention, market sustainability for areas such as home care and care/nursing home sector, meeting the needs of an aging population and pressures presented by the National and London Living Wage all require an ASC perspective.
- Health and care systems are closely linked. Addressing the challenges and proposing changes in one part of the system without considering the other risks severely limits the progress that can be made.
- There needs to be a strategic rethink of the delivery of services to develop new integrated target operating models that promote and support individual independence, dignity and choice, that are financially sustainable.
 - They support the Care closer to Home Integrated Networks (CHINs), to also encompass Maternity Hubs and to ensure that models of care closer to home are funded and transparent
 - There is a need for collaboration that focuses on prevention and early intervention
 - There is a need to ensure inpatient care and secondary care in an acute setting is improved with a focus on strengthening the population and community based model.
 - There is a need to integrate services across health, social care and housing regardless of service or borough boundaries.
- There is a need for stronger recognition of integration through for example, a focus on a more integrated workforce and for pathways that promote independence and that keep people in the community.
 - Getting integrated care right can have a range of benefits for carers, including reduced use of mental health services and increasing of peer support networks.
- Local people are worried about the future of essential community services and the STP does not offer a solution.
 - Concern that a lot of the community based services detailed within the STP rely on community centres e.g. children's centres, day care centres, which are being closed = people left in a community setting without proper support. The community is being asked to provide but it is already so overstretched.
 - There is a need to invest and strengthen community services otherwise there will need to be more acute beds.

<p>Adult Social Care recommendations: The Transformation Board needs to:</p> <ul style="list-style-type: none"> • Work with ASC professionals so that they consider they are appropriately represented on the Transformation Board. • Continue to support localised plans currently in progress to develop integrated health and care services for residents, including using the voluntary and community sectors as the sector of preference. Continue to ensure local control. • Be more explicit in detailing, in plain English,, how the proposed plan will benefit local residents and the sustainability of the health and care system • Consider the creation of maternity hubs within the Care Closer to Home Integrated Networks and the inclusion of maternity outcomes e.g. choice added to the care closer to home outcomes listed in the STP • Consider and promote non-profit model options for home care as a sustainable model for fair care wages
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Outcomes including better public and mental health

People told us:

- We want NCL to be the best place for health and wellbeing and where: no one gets left behind; in times of need, good quality and safe health and social care is available; tax payers money is used to the maximum value; there is maximum opportunity for people to reach full recovery
- There is a need to start talking about people / residents / citizens - not patients
- Need to ensure a shift from a model based on sickness to a model focusing on prevention – enable people to stay healthy and live to the best of their potential
 - Need to direct services towards early intervention and integration to ensure people have healthy long and fulfilling lives and prevent the need for more costly services like avoidable hospital admissions and long term residential care.
 - Only 3% of NHS funding goes into prevention – needs a step change = more money to go on prevention.
- There is a need to improve access for deaf and non-English speakers needing interpreters at GP and hospital appointments.
- Concerns about local health and social care outcomes:
 - Need to invest in mental health crisis services in A&E, homelessness, psychiatric intensive care for women and strengthen peri-natal mental health and intervention around dementia
 - Commend the STP for ensuring the implementation of the findings of the national Maternity review: Better Births.
 - NCL have high rates of homelessness – there is no mention of any systematic focus on response to the problem in the STP. The STP process could help to join up and integrate services for homeless patients, as an

- exemplar to how the system works with other complex groups with multiple morbidities
 - Investment in adaptations and adapted housing is needed to prevent people having accidents and to enhance people's lives in the long-term; ensure adapted housing is targeted to those with need.
 - Public health activity in relation to women (e.g. caring for women with substance abuse problems, obesity issues) and families may benefit from joined-up working in LAs and the core NHS workforce
 - Consider the introduction of therapeutic audits by pharmacists to overview prescribed medications
- Concerns about clinical services being consolidated into fewer hospitals, making them less geographically accessible to local people – Accessibility is a key factor in overcoming health inequality.

Outcomes recommendations: The Transformation Board needs to:
<ul style="list-style-type: none"> • Ensure NCL is the best place for health and wellbeing where: <ul style="list-style-type: none"> ○ no one gets left behind; in times of need, good quality and safe health and social care is available; people can access services in the right place and at the right time; tax payers money is used to the maximum value; there is maximum opportunity for people to reach full recovery • Commit that no acute services will be cut until the 'replacement' community services are proven to work. Provide further details about plans to consolidate services.

Estates

People told us:

- There is a need a fit for purpose estate that matches the overall strategy
 - Opportunity for estate, hospital environment and workplace environment to be part of the solution.
 - Need to consider dementia friendly building design during any remodelling.; more efficient use of estates; shrink back office accommodation; NHS Property must take risks of void space in their buildings not CCGs as under current arrangements; greater flexibility around rent setting and facilities management costs in community health and primary care properties to ensure best use of properties and facilities.
- Insufficient funding to develop estate and remodel for care closer to home.
- NCL NHS estate has high land values. It is not clear who owns the estates and who would get the proceeds of disposals (Central Government?.) This must be fully clarified. Any disposals must only be made in the long term interests of NCL residents, patients and staff.

- The estates devolution agreement aims to release capital and land for housing and modernising the NHS estate - to better deliver services. The STP focuses on how to release surplus property to remodel, repurpose and modernise the estate to move care out of hospitals and closer to home.

Estates recommendations: The Transformation Board needs to:
<ul style="list-style-type: none"> • Integrate estates planning with the rest of the STP process so it focuses on delivering better health and wellbeing outcomes and full staffing and VFM • Put pressure on Central Government so all decisions about NHS estates in London are taken by London NHS commissioners, providers and London councils working together, with devolved powers, for the good of local people • Provide assurance that no estates disposals will take place unless the full benefit goes to the NCL community or is retained for their future use. • Explore options to maximise the potential of community hubs e.g. expanding GP settings with Keeping Well facilities, the voluntary and community sector, council services and funding mobile clinics.

Workforce

People told us:

- There is a shortage of staff :
 - The best way to improve productivity is to use the existing workforce to eliminate staff shortages, making the work place positive and supportive place, incentivising staff to work overtime, encouraging those who have left to return or to become bank staff - thereby reducing agency spend
 - Need a more versatile workforce and give people new skills to work differently in an integrated health and social care sector
 - requires significant investment; and
 - requires strong strategic innovation capacity in a system which is actually a collection of large and small entities
- Concerns about the capacity of the current workforce to go through the transformation programme;
- The ability to recruit and retain high calibre, well-trained operational staff remains a substantial issue and one that has impact for the whole system – the STP has not had strong input from councils and does not provide details how these issues will be addressed for ASC;
- Concerns that the STP does not address how to develop a positive workplace culture, transparency or development of safe spaces where clinicians can learn when things go wrong or right;
- Concerns about amount of investment in professional development pathways at a time when bursaries and funding have been reduced/removed;
- Concerns that Making every contact count (MECC) is a challenge (staff frequently lack the time, training and resources to meet the demands of a public

health agenda) but can be overcome if contacts are long enough and if appointments are consistently with the same clinician.

Workforce recommendations: The Transformation Board needs to:

- Adopt a policy of redeployment rather than redundancies as a result of any STP implementation.
- Detail how they plan to embed positive working cultures (supportive and open workplaces where staff are supported to learn from mistakes, where leaders are open and honest and where people can speak up when things go wrong) and ensure that services are appropriately staffed, across health and social care, as they are transformed.
- Detail how they plan to reduce agency spending.
- Detail the intended investment in developing skills and qualifications for the part of the workforce who will need to work differently in the future

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Response to North Central London Joint Health Overview and Scrutiny Committee report – December 2016

Introduction

The North Central London (NCL) Joint Health Overview and Scrutiny Committee (JHOSC) issued a report in December 2016 on the current status of the NCL Sustainability & Transformation Plan (STP). This followed three evidence gathering sessions held during November and December 2016.

The JHOSC report sets out a number of recommendations for the STP Transformation Board to consider. Our initial response to these recommendations is set out below.

Overview

The NCL Transformation Board welcomes the JHOSC review of the STP and the recommendations which are set out in the report. The leadership of the STP were actively engaged in the JHOSC process and welcomed the positive and constructive approach that has been taken throughout.

The NCL STP is very much a work in progress and we are committed to continuing to work with the JHOSC and the wider NCL community as we develop our plans in the months and years ahead.

The JHOSC report set out recommendations against eight key themes. Our preliminary response to the recommendations made by the committee, follow the headings provided in the report.

Recommended principles

We agree to adopt the recommended principles to guide NCL's approach to developing the STP set out on page 2 of the JHOSC report:

- *Put the needs of individual patients, carers, residents and communities truly at the centre;*
- *Recognise that local patients, carers, residents and communities themselves are a resource for knowledge, for information, for understanding and for change; work with patients, residents and communities to harness their strengths;*
- *Trust and empower local patients, carers, residents and communities to drive change and deliver sustainable improvements;*
- *Co-design, co-produce and co-deliver services and programmes with local patients, carers, residents and communities;*
- *Focus on building resilient patients, carers, residents and communities -and on where resources can have the biggest sustainable impact.*

Transparency

We understand the concerns raised about transparency, although we do emphasise that there has been more engagement in the development of the content of the draft STP than has been acknowledged. The draft plan builds on many years of engagement work which has been undertaken by the Clinical Commissioning Groups, NHS providers and local authorities across NCL. This information and research has informed many of the areas of work being proposed. As a consequence, the ideas set out in the draft plan have generally been welcomed.

However we acknowledge the need to address the concerns that have been raised about transparency and set out our initial response to the recommendations below.

Transparency recommendations from the JHOSC:

<p>1. <i>Ensure future development of the STP includes greater transparency, political accountability, inclusive and open engagement with residents, including with the most vulnerable, frontline staff, clinicians, GPs and council and political leadership.</i></p> <p><i>Transformation Board response:</i> Agreed. We are committed to working in a fully transparent, inclusive and open way as the STP develops.</p>
<p>2. <i>Ensure there is meaningful public engagement once details of the plans are available, using a range of communication methods, including but not limited to, the existing engagement processes used by partner agencies.</i></p> <p><i>Transformation Board response:</i> Agreed. We will ensure that public engagement is built into each of the STP workstreams as they develop the plans in more detail.</p>
<p>3. <i>Set out clearly what the impacts and implications of the changes will be in a language and format accessible to all residents regardless of age, disability and ethnicity.</i></p> <p><i>Transformation Board response:</i> Agreed.</p>
<p>4. <i>Events must be in accessible locations.</i></p> <p><i>Transformation Board response:</i> Agreed.</p>
<p>5. <i>Engage with people from a range of backgrounds including those disadvantaged by language barriers, physical disabilities, mental health, physical health, social and other inequalities.</i></p> <p><i>Transformation Board response:</i> Agreed. We make a commitment that equalities assessments will be developed as part of the next phase of planning.</p>
<p>6. <i>Outputs from meetings held in public must be publically available.</i></p> <p><i>Transformation Board response:</i> Agreed. We will create a NCL website that allows material from meetings to be available and accessible to the public.</p>
<p>7. <i>Commit to demonstrating where engagement activity has influenced STP planning and be transparent when it has not.</i></p> <p><i>Transformation Board response:</i> Agreed.</p>
<p>8. <i>Provide the evidence base for key decisions. Undertake 'stress-testing' to ensure assumptions underpinning the STP are credible and the changes can be delivered.</i></p> <p><i>Transformation Board response:</i> The draft plans have been based on an assessment of evidence. The evidence base which has been</p>

used will be shared as part of engagement on the plans as they are worked up in more detail.

Governance

We have recognised that there has been a lack of engagement of local politicians and chairs of health organisations in the governance of the STP to date. We are currently developing our ideas on how to address this.

There has been significant social care input into the STP. All local authorities are represented on the current *Transformation Board* and there are lead officers for both adult social care and children's social care who sit on the current *Transformation Group* and on the *Clinical Cabinet*. There is also social care input into the workstreams.

Our initial response to the governance recommendations from the JHOSC is set out below:

1. *To adopt the 'Principles to guide NCL's approach to the STP' outlined in page 2 of this report.*

Transformation Board response:
Agreed.

2. *Align with the principle of the NHS Constitution and in particular that 'patients should be at the heart of everything the NHS does' and that 'the NHE is accountable to the public, communities and patients that it services' i.e. demonstrate how/where the local voice is involved in decision making.*
3. *To provide full details of anticipated governance arrangements so soon as possible for public consultation.*
4. *Develop governance arrangements that allow organisations to make collective decisions and share accountability, and that allow for scrutiny and assurance.*
5. *Include staff representation on the STP Oversight group.*
6. *Ensure accountability is maintained at both sub-regional and local level, and that accountability is clear.*

Transformation Board response:
The new governance arrangements that are being developed will set out how this will be achieved. We expect to be able to put new arrangements in place by the end of March 2017.

7. *Work with ASC professionals so that they consider that they are appropriately represented on the Transformation Board and STP work streams.*

Transformation Board response:
Adult social care is well represented throughout the STP as described above. However we are currently working to review whether the focus on social care within the STP could be strengthened.

8. *Consider establishing an NCL Health & Wellbeing Board building on good practice across the five boroughs and align the STP with Health & Wellbeing strategies*

Transformation Board response:
This recommendation should be considered by the Health & Wellbeing Boards.

Finance

We recognise that further work is necessary on the financial elements of the draft STP. The draft STP submitted in October did not achieve financial balance and lacks detail in relation to social care. The

draft STP does include significant investment in out of hospital services, but that investment is indicative to date.

Our initial response to the finance recommendations from the JHOSC are set out below:

1. *Recognise that major investment in adult social care, community services, third sector organisations and in prevention is needed to deliver the plans.*
2. *Recognise that as services are transferred from acute to the community so must the funding.*
3. *Provide clarity on where the level of investment required will come from.*
4. *Provide the evidence base and detailed financial assumptions for detailed savings within in the STP e.g. a properly staffed and resourced more primary-care led NHS will be cheaper than the current model of service.*
5. *Provide further detail of the intended spending on public health interventions for the next five years and what measurable benefits are expected to be achieved from this investment.*
6. *Provide detail of intended investment in the voluntary and community sector to support delivery of the plan locally.*
7. *Provide detail on how resources will be shared and what financial management processes are being developed.*

Transformation Board response:

Agreed. The draft STP includes indicative investment in community based services and public health interventions, but the financial and workforce implications will need to be worked through as we develop the plans in more detail.

8. *Increase the focus on mental health, homelessness, prevention and the development of integrated community services and to support residents closer to home.*

Transformation Board response:

These areas are a major focus of the current draft plan, although further consideration may be needed on homelessness. The more detailed plans as they are developed will demonstrate how these issues are being addressed.

Digital Services

We believe the digital technology offers opportunities to both improve the quality of care and to drive improved productivity. We therefore see the digital workstream as one of our key enabling areas of work.

Our initial response to the digital services recommendations from the JHOSC are set out below:

1. *Provide further information about how the digital transformation will be paid for.*

Transformation Board response:

The draft STP sets out the scale of capital investment required to deliver our ambitions. Speed of implementation will depend on the availability of capital funding which has not yet been confirmed.

2. *Explore options to integrate the Accessible Information standard across all systems.*

Transformation Board response:

We aim to utilise opportunities for real-time, fully interoperable information exchanges to provide new, flexible and responsive digital services that deliver integrated, proactive care that improves outcomes for local people.

3. *Provide further detail about key planning assumptions and risks around delivery and integration of the digital transformation across all provides.*

4. *Provide further detail on the approaches that will embed technology to support people to remain independent for longer.*

Transformation Board response:

More detailed plans will be developed over the coming months.

5. *Learn from elsewhere, including from abroad.*

Transformation Board response:

Agreed.

Adult Social Care (integrated working)

We recognise the challenges we face in relation to social care funding and we support the development of more integrated working between health and social care.

Our initial response to the adult social care recommendations from the JHOSC is set out below:

1. *Work with ASC professionals so that they consider they are appropriately represented on the Transformation Board.*

Transformation Board response:

Adult social care is well represented throughout the STP as described in the governance section above. However we are currently working to review how the focus on social care within the STP could be strengthened.

2. *Continue to support localised plans currently in progress to develop integrated health and care services for residents, including using the voluntary and community sectors as the sector of preference. Continue to ensure local control.*

Transformation Board response:

Agreed. This is a key element of the care closer to home workstream.

3. *Be more explicit in detailing, in plain English, how the proposed plan will benefit local residents and the sustainability of the health and care system.*

Transformation Board response:

Agreed. As the details of the plan are further developed we will produce plain English versions of the plans.

4. *Consider the creation of maternity hubs within the Care Closer to Home Integrated Networks and the inclusion of maternity outcomes e.g. choice added to the care closer to home outcomes listed in the STP.*

Transformation Board response:

To be considered as part of the care closer to home workstream and the work in the NCL of our early adopter programme for the national Better Births which will be our maternity workstream in the STP.

5. *Consider and promote non-profit model options for home care as a sustainable model for fair care wages.*

Transformation Board response:

We will consider the recommendation as we move forward to developing the STP, particularly around the development of CHINs and the UEC stream

Outcomes including better public and mental health

The draft STP puts an emphasis on increasing our efforts on prevention and early intervention to improve the health and wellbeing outcomes for our whole population.

Our initial response to the outcomes recommendations from the JHOSC is set out below:

1. *Ensure NCL is the best place for health and wellbeing where: no one gets left behind; in times of need, good quality and safe health and social care is available; people can access services in the right place and at the right time; tax payers money is used to the maximum value; there is maximum opportunity for people to reach full recovery.*

Transformation Board response:

Agreed. This is in line with the vision set out in the draft STP

2. *Commit that no acute services will be cut until the 'replacement' community services are proven to work. Provide further details about plans to consolidate services.*

Transformation Board response:

The draft STP sets out our ambition to reduce demand on acute services. There are no plans to 'cut' acute services and any capacity reduction would be linked to reduction in demand. There are currently no plans to consolidate services but we will keep this under review as our detailed plans develop. Any consolidation would be subject to public consultation.

Estates

Our vision is to provide a fit for purpose, cost-effective, integrated, accessible estate which enables the delivery of high quality health and social care services for our local population. Our initial response to the estates recommendations from the JHOSC is set out below:

1. *Integrate estates planning with the rest of the STP process so it focuses on delivering better health and wellbeing outcomes and full staffing and VFM.*

Transformation Board response:

Agreed.

2. *Put pressure on Central Government so all decisions about NHS estates in London are taken by London NHS commissioners, providers and London councils working together, with devolved powers, for the good of local people.*

Transformation Board response:

We are working as part of the London devolution programme to pilot devolved powers in relation to the health and care estate.

3. *Provide assurance that no estates disposals will take place unless the full benefit goes to the NCL community or is retained for their future use.*

Transformation Board response:

This is one of the expectations of the London devolution programme.

4. *Explore options to maximise the potential of community hubs e.g. expanding GP settings with Keeping Well facilities, the voluntary and community sector, council services and funding mobile clinics.*

Transformation Board response:

This will be considered as part of the care closer to home workstream.

Workforce

We aim to ensure that NCL becomes the place of choice to train, work and live healthy lives. This includes working together to create and deliver a compelling offer that will attract, develop, retain and sustain a community of people who work in health and care in NCL. Our staff need to move towards a more person-centred approach to care and this will mean developing new skills, training modalities and new roles.

Our initial response to the workforce recommendations from the JHOSC:

1. *Adopt a policy of redeployment rather than redundancies as a result of any STP implementation.*

Transformation Board response:

We would always seek to redeploy staff to avoid redundancies wherever possible.

2. *Detail how they plan to embed positive working cultures (supportive and open workplaces where staff are supported to learn from mistakes, where leaders are open and honest and where people can speak up when things go wrong) and ensure that services are appropriately staffed, across health and social care, as they are transformed.*

3. *Detail how they plan to reduce agency spending.*

4. *Detail the intended investment in developing skills and qualifications for the part of the workforce who will need to work differently in the future.*

Transformation Board response:

The next stage of the workforce workstream will be to develop more detailed plans. We will ensure there is broad stakeholder engagement in the work as it progresses.

Next steps

We are keen to continue to work constructively with the JHOSC as our plans develop.

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Royal Free London 

NHS Foundation Trust



North Middlesex University Hospital 
NHS Trust

**North Middlesex University
Hospital consideration of
joining the RFL Group**



We believe that the Group will enable us to deliver improved patient care (outcomes, safety and experience) at lower cost

The components of our proposition



Reduce variation in clinical processes

Standardise approach to non-clinical processes



Consolidate clinical services to drive quality and value

Consolidate clinical support services across the group

Centralise non-clinical activity



Effective leadership and workforce development

Better use of resources across the group

Effective performance management of members

Delivering system wide benefits through whole pathway re-design

Key Benefits

Patient Benefits
Improved Safety, Efficacy and Experience of Care

Staff Benefits
Better Career Progression, Professionalism, L&D

System Benefits
Lower Unit and System costs

NMUH & RFL Partnership Board

- Partnership Board established to overview potential for NMUH to join RFL group
- Commenced meeting in June 2016 & meets monthly
- Membership includes Executives and Non-executives from both organisations
- Representatives from CCG and NHSI & NHSE
- Proposed timetable to Autumn 2017 for NMUH to join the group
- Decisions dependent upon Trust Boards, Council of Governors at RFL & Regulators

- Discussions with Healthwatch Haringey & Enfield on engagement & patient involvement

Key Messages from partnership programme

- Opportunity to look at how pathways are delivered to reduce unwarranted variation
- Sustainability of clinical services fundamental to programme
 - Clinical and financial sustainability
 - Scale will improve resilience of services across all areas
- NNUH site will remain as an acute provider with A&E and necessary support services
- Improve quality of service and experience for patients
- Improve opportunities for staff education, training and development

MUNICIPAL YEAR 2016/2017 - REPORT NO.**MEETING TITLE AND DATE**
Health and Wellbeing Board

Director of Children's Services

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Agenda - Part:	Item:
Subject: Update on Enfield's Family Resilience Strategy	
Wards: All	
Cabinet Member consulted: -	
Approved by: -	

1. EXECUTIVE SUMMARY

This report is to update the board with respect to Enfield's Family Resilience Programme, which is being led by Children's Services under the auspices of the Enfield Safeguarding Children Board (ESCB). Appended to this report is a copy of the draft Family Resilience Strategy.

Progress to date

- An initial draft of the Early Help Strategy was compiled in summer 2016. Due to an evolving landscape and following feedback from various partners, Enfield Safeguarding Children's Board and Education and Children's Services Departmental Management Team (DMT), the strategy has been revised.
- The strategy has been renamed the Family Resilience Strategy (hereafter referred to as the 'Strategy') to better reflect our commitment to prevention as well as early help and has four key themes:
 - 'Think Family'
 - Family resilience
 - Developing the workforce
 - Embedding new ways of working
- The key recommendations from the original draft have been incorporated into the Strategy and it further embeds the Signs of Safety (SoS) and Thrive models.
- The Strategy sets out how we will provide early help and preventative services to families through an effective multi-agency approach, and also explains how we are delivering on phase two of the Department for Communities and Local Government (DCLG) national Troubled Families Programme, known locally as Change and Challenge.

- Alongside the Strategy, a draft action plan and proposed governance structure were presented to the DMT and discussed at a preliminary scoping meeting in November 2016.
- The preliminary scoping meeting invited key officers across various sectors and professions to feedback on the Strategy and help develop the governance of the Family Resilience Programme moving forward including, identifying who needs to be involved.

2. RECOMMENDATIONS

- The board is invited to provide feedback on the strategy.
- A core steering group, led by and with representation from Assistant Directors within Education and Children's Services oversees the work of three workstreams. It is recommended that the board will receive update reports on the work of the steering group, noting that the key line accountability lies with the Enfield Safeguarding Children Board.

3. BACKGROUND

An initial draft of the Early Help Strategy was compiled in summer 2016 and reviewed by the Enfield Safeguarding Children Board on 6th June. The board agreed in principal to own the strategy, in line with Ofsted's recommendation to "...ensure that the ESCB robustly monitors, evaluates and influences the effectiveness of early help services."

Due to an evolving landscape and following feedback from various partner agencies, ESCB and DMT, the strategy has been revised and retitled as the Enfield Family Resilience Strategy. This is to better reflect our commitment to prevention as well as early help and has four key themes:

- 'Think Family'
- Family resilience
- Developing the workforce
- Embedding new ways of working

The Strategy recognises that we want families to:

- be resilient, thrive and strengthen their community
- preserve family life wherever possible
- have the best physical and mental health and wellbeing
- support children in their learning and education

- be as economically self-sufficient as possible
- live free of crime and domestic abuse

Context:

- 52% increase in referral rates
- Excellent examples of partnership working
- 97% 'Good' and 'Outstanding' schools (March 2016)
- A skilled and committed children's workforce
- High quality Children's Centres
 - 80% of children with speech, language and communication needs seeing improved outcomes
 - 500+ families receiving 1-2-1 support each year
- A well-developed model for Troubled Families

Recent developments that have influenced the changes:

- All Party Parliamentary Group Report on Family Hubs
- Special Educational Needs & Disability inspection in June 2016
- Evidence of impact of Early Help services, such as those being delivered through Children's Centres
- DCLG reviews of Change and Challenge and need to develop a 'mature' model
- Reduction in Youth Services

A workshop was held on 21st November to present the revised strategy and agree membership of the core steering group, as well as three thematic workstreams, which will support the delivery of the Strategy.

4. ALTERNATIVE OPTIONS CONSIDERED

The Local Authority is acting on the recommendations of Ofsted and exploring all options to deliver Early Help services effectively.

5. REASONS FOR RECOMMENDATIONS

Ofsted carried out an inspection of Children's Services in 2015 and recommended that we should:

"Ensure that the ESCB robustly monitors, evaluates and influences the effectiveness of early help services."

"Prioritise the planned integration of the Single Point of Entry (SPOE) with the Referral and Assessment Team, so that referral pathways for children in need and those in need of protection are rationalised and better understood alongside the planned review of early help."

Working Together to Safeguard Children 2015 states that:

“Effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;*
- undertake an assessment of the need for early help; and*
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children.”*

In order to achieve for our families, it is imperative that all relevant decision making bodies are kept aware of development.

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

6.1 Financial Implications

None – this paper is for information only

6.2 Legal Implications

None – this paper is for information only

7. KEY RISKS

Risk of poor outcomes for families, increasing budgetary pressures on statutory services and not fulfilling requirements of Ofsted if work is not progressed.

Further risk analysis will be carried out against each action point as part of the thematic groups' work.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

The Strategy recognises that we want families to:

- be resilient, thrive and strengthen their community
- preserve family life wherever possible
- have the best physical and mental health and wellbeing
- support children in their learning and education
- be as economically self-sufficient as possible
- live free of crime and domestic abuse

9. EQUALITIES IMPACT IMPLICATIONS

Equality impact assessments will be carried out for any changes that are proposed as part of this work.

We will ensure that the implementation of this Strategy continues to give due regard to our duty and commitment to promote and maintain equality.

Background Papers

Draft Enfield Family Resilience Strategy

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HEALTH AND WELLBEING BOARD - 8.12.2016

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON THURSDAY, 8 DECEMBER 2016**

MEMBERSHIP

PRESENT Doug Taylor (Leader of the Council), Alev Cazimoglu, Krystle Fonyonga, Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Deborah Fowler (Enfield HealthWatch), Tessa Lindfield (Director of Public Health), Ray James (Director of Health, Housing and Adult Social Care), Tony Theodoulou (Director of Children's Services), Vivien Giladi (Voluntary Sector), Peter Ridley (Director of Planning, Royal Free London, NHS Foundation Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

ABSENT Ayfer Orhan, Sarah Thompson (Chief Officer - Enfield Clinical Commissioning Group), Dr Helene Brown (NHS England Representative), Litsa Worrall (Voluntary Sector), Libby McManus (Chief Executive North Middlesex University Hospital NHS Trust), Robyn Gardner (Enfield Youth Parliament) and Bobbie Webster (Enfield Youth Parliament)

OFFICERS: Keezia Obi (Head of Safeguarding Adults), Sam Morris (Strategy, Partnerships, Engagement and Consultation Team) and Jill Bayley (Principal Lawyer - Safeguarding) Jane Creer (Secretary)

Also Attending: Graham MacDougall (Director of Commissioning, NHS Enfield CCG), Regina Shakespeare (Project Consultant, Enfield CCG), Dr Jahan Mahmoodi (Medical Director, Enfield CCG), Jayne Fitzgerald (Head of Strategic Finance), Patricia Mecinska (Chief Executive, Enfield HealthWatch), Dr Tha Han (Public Health Consultant)

1**WELCOME AND APOLOGIES**

Councillor Doug Taylor (Chair) welcomed everyone to the meeting. Apologies for absence were received from Councillor Ayfer Orhan, Sarah Thompson (represented by Regina Shakespeare), Dr Helene Brown, Litsa Worrall, Libby McManus, Robyn Gardner, and Bobbie Webster. Apologies for lateness were received from Councillor Krystle Fonyonga.

2**DECLARATION OF INTERESTS**

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

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3

ORDER OF THE AGENDA

AGREED that the order of the agenda be amended to accommodate attendees. The minutes follow the order of the meeting.

4

ADHERENCE TO EVIDENCE BASED MEDICINE

RECEIVED the report of Regina Shakespeare, Project Consultant and Mark Eaton, Director of Recovery, Enfield CCG in respect of the programme 'Adherence to Evidence Based Medicine'.

NOTED

Regina Shakespeare introduced the report, highlighting the key points:

- Evidence reviews were being led by Clinical Leaders at the CCG.
- Procedures of Limited Clinical Effectiveness (PoLCEs) were procedures where the evidence supported the adoption of thresholds and criteria.
- Policies were in early stages and there had been some pre-engagement.
- There would be discussions with the Scrutiny Health Work Stream in respect of formal engagement and consultation.
- There would be co-ordination with colleagues supporting Sustainability and Transformation Plan (STP) planning.

Dr Jahan Mahmoodi, Medical Director CCG, was invited to make additional comments, including:

- It had been found that GPs were not adhering strictly to the evidence base.
- Packs of evidence were publically available on the seven key procedures listed in the paper.
- Robust discussions were taking place with clinicians.
- The plan in Enfield was to continue to review the evidence and to roll out the engagement programme.

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

1. Vivian Giladi (Voluntary Sector) asked about the pre-engagement, and noted there was some public concern regarding the key procedures listed. She asked the CCG to be more active in explaining simply to the public what this means.
2. Councillor Doug Taylor, Chair, was concerned that rationing of resources would be seen as the driver of the policies, and asked about patient choice. Dr Mahmoodi stressed that choice was paramount in the NHS within a given therapeutic remit. Important aspects which must be taken into account included recovery, surgical aspects, and the impact a condition had on a patient's life. GPs and patients came to joint decisions about treatments: this evidence base would inform their conversations in a more inclusive way. A decision could be made together with the GP to refer, or an Individual Funding Request (IFR) could be referred to a panel.

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3. In response to Councillor Alev Cazimoglu's queries about potential differences in implementation of thresholds across boroughs, it was confirmed that dialogue was with all clinicians across all the North Central London (NCL) CCGs and this was about standardisation of the quality of care across the region. The aim was that any clinical decision should be evidence based.
4. Ray James (Director of Health, Housing and Adult Social Care) reinforced Councillor Cazimoglu's point, and that the Health and Wellbeing Board could not be comfortable if Enfield residents were not afforded access to treatments that others were. For the policies to progress there would need to be transparent fairness across North Central London which could be explained to the public and ensure consistency.
5. Tessa Lindfield (Director of Public Health) welcomed the proposals and highlighted that it was not just about money and that patients should not be put through unpleasant procedures that did not work. In response to her queries about views of secondary clinicians, it was confirmed that the best approach was early dialogue with consultants and GPs. Discussions so far had been very robust, with an hour long discussion for example yesterday on IVF.

AGREED to support the approach being taken, noting comments made and that there should be no deterioration in patient outcomes, that there should be no second class offer in Enfield compared to Islington, Camden and Barnet, and that Health and Wellbeing Board wished the consultation to be open and extensive.

5

THE BETTER CARE FUND

RECEIVED the report of Keezia Obi (Head of Service, Enfield 2017) providing an update on the 2016-17 Better Care Fund (BCF) plan implementation and planning for the 2017-19 BCF plan.

NOTED

Keezia Obi introduced the report, highlighting:

- She and the BCF Delivery Group were working on improvements to the management and delivery of the BCF.
- In respect of performance, there were no surprise emergency admissions but delays continued to present challenges. The report also included positive news on a number of areas and outcomes.
- Information was provided about regional BCF activity and performance, spending, and planning for 2017-19.
- In the context of the STP and awaiting BCF guidance, Health and Wellbeing Board may wish to consider discussion at a future development session.

IN RESPONSE comments and questions to Keezia Obi and Graham MacDougall (Director of Commissioning, Enfield CCG) were invited:

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1. Deborah Fowler (Healthwatch) noted the helpfulness of a document setting out information in one place, and asked about next actions, and over-arching governance and accountability. In response, the association with the STP and the challenges to acute providers was acknowledged, and that work was ongoing eg this week's workshop on managing growing delayed transfer of care issues.
2. Vivien Giladi (Voluntary Sector) was happy to accept the report recommendations, but would like more information regarding dementia (para 3.2.2); expansion of paediatric A&E (para 3.2.3); and the additional nursing home capacity referred to (para 3.2.4). In response it was advised that there was confidence that performance in respect of dementia diagnosis would continue at this rate in 2017/18. Nursing home capacity was acknowledged as a challenge, but that there were some step down beds / short stay capacity, and a new home was due to come on stream in February. Reference to paediatrics was related to a statutory responsibility for looked after children to receive a health assessment.
3. Ray James (LBE Director of Health, Housing and Adult Social Care) also provided information about changes to come including new national standards and expectations, and new models of care. He also drew attention to national performance figures published today which were the highest on record around delayed transfer of care, with the biggest factor being availability of home care.

AGREED that Health and Wellbeing Board

- Noted the current BCF performance and performance dashboard including outcomes;
- Noted the Quarter 2 financial position;
- Noted the information about regional BCF activity and performance;
- Noted that the NHSE policy framework and planning guidance was due to be published for the production of a 2 year plan – 2017/19. It was expected that the first submission was expected to be before Christmas and the final one at the end of March 2017;
- Noted the information regarding integration and future planning.

6

LONDON BOROUGH OF ENFIELD BUDGET CONSULTATION INCLUDING THE AUTUMN STATEMENT 2016

The Board received a presentation on LB Enfield's 2017/18 budget consultation from Jayne Fitzgerald, Head of Strategic Finance.

Budget Presentation

Jayne Fitzgerald highlighted the following:

- The public consultation had just been launched to inform the 2017/18 budget. Copies of the consultation document were tabled.

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- Declining government funding was projected to 2019/20 and this was the period of certainty over the funding to be received by the Council.
- A number of assumptions were built into the medium term financial plan, including savings, inflation, and pay award levels; and an assumed 1.99% increase in Council Tax. In 2019/20 councils would also be able to raise an additional 2% as long as this was earmarked for adult social care, and it was assumed that Enfield would do this.
- Pressures and opportunities included new legislation eg the national living wage, the large regeneration scheme at Meridian Water, and starting to plan for what the increase in business rates might be.
- The recent Autumn Statement had not included new funding for adult social care, and overall did not bode well for any additional funds for local government.
- Last year, over 3,300 people took part in the budget consultation on paper and online and at focus groups and briefings, and the results were reported to the Overview and Scrutiny budget meeting. The majority of respondents preferred an increase in Council Tax rather than service cuts. Respondents traditionally chose street scene areas as the priority, followed by adult social care.
- The consultation this year asked people “if you have any comments on how the Council should prioritise spending or make savings to help find the £58.5 million in savings by 2020/21, let us know”. The results would be fed into the Overview and Scrutiny Committee budget meeting in the New Year.

Questions / Comments

1. Ray James questioned the quoted Council spending figure for Services to older people and vulnerable adults. It was confirmed that the figures were gross and before any fees and charges.
2. Councillor Taylor acknowledged the difficulty in providing the appropriate level of information in the consultation exercise, and hoped that people would take the opportunity to express their views in the consultation document.

7

DEVELOPING THE NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (STP) - UPDATE

RECEIVED the report from Enfield Clinical Commissioning Group (CCG), providing an update on developing the North Central London (NCL) Sustainability and Transformation Plan (STP).

NOTED

Dr Mo Abedi (Chair, Enfield CCG) introduced the report, highlighting the following:

- The report provided a web link to the NCL STP strategy paper.
- The draft STP was submitted to NHS England on 21 October 2016.
- Development of the STP would be undertaken in accordance with the NHS England (London) assurance process.

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- A further update would be submitted to NHS England by the end of January rather than on 23 December as detailed in the report.
- There would be ongoing engagement through the workstreams, and formal engagement would go online by January.

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

1. Ray James advised that there was likely to be a suggestion that the Chair of Health and Wellbeing Board would be asked for views on involvement in governance and oversight going forward. Plans to recruit an accountable officer across the five CCGs would be happening soon.
2. In response to Deborah Fowler's queries regarding engagement and consultation, it was advised that a separate workstream in relation to communications and engagement was likely by January, and more information would be provided when available. It was recognised that engagement could have been done better thus far, and there was a commitment to improve
3. Vivien Giladi expressed concerns regarding how the development of the STP was being presented, the absence of detail, and that governance was weak. As the representative of the voluntary sector she had serious reservations that the STP was being presented as a 'done deal', and about whether the STP was deliverable.
4. Councillor Krystle Fonyonga arrived at the meeting at this point.
5. Councillor Alev Cazimoglu considered it difficult to comment on the STP due to lack of detail, or to be supportive at this stage.
6. Ray James responded to concerns raised, and that this was still 'a plan for a plan' and consultation was a statutory requirement.
7. Dr Mo Abedi confirmed that there was a clinical case for change, and that transformation of relationships throughout the system was key.
8. Councillor Taylor in summary emphasised the importance of transparency and of early engagement before decisions were made, and noted that Overview and Scrutiny were the principal interrogator for LB Enfield.

AGREED that the Health and Wellbeing Board noted the North Central London Sustainability and Transformation Plan update and noted the next steps to inform further development of the NCL STP.

Councillor Taylor apologised that he had to leave the meeting at this point, and Dr Mo Abedi acted as Chair for the remainder of the meeting.

8

ENFIELD HEALTH AND WELLBEING BOARD AND DEVELOPMENT SESSION WORK PROGRAMMES

RECEIVED the report of Sam Morris (Strategic Partnerships Manager) in respect of Enfield Health and Wellbeing Board work programme for 2017.

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NOTED the introduction by Sam Morris that agenda items had been agreed via email and during the November development session, and draft work programmes were attached to the report, which were a guide to what the Board would cover during the year but were also open to further amendment.

IN RESPONSE to the report the following comments were received:

1. There was approval for the draft work programmes.
2. Thought should be given to the consideration of the STP in the future, and how the Board wished to engage with the process. The Board should be involved in driving the process rather than just responding.
3. Councillor Cazimoglu expressed that primary care work should be explored by the Board in more detail as the STP progressed.
4. Using a development session to cover a single issue in depth was also recommended.

AGREED that the Enfield Health and Wellbeing Board (EH&WB)

- (i) agreed the work programme for 2017 EH&WB; and
- (ii) agreed the work programme for the 2017 development sessions.

9

PROGRESS UPDATE ON TRANSFORMING CARE

RECEIVED an update report from Ineta Miskinyte, Service Development Manager – Learning Disabilities.

NOTED

Graham MacDougall (Director of Commissioning, NHS Enfield) introduced the report, highlighting the following:

- The programme had been widened to include children's cohorts as well as adults with learning disabilities.
- Transforming Care was a national programme delivered over the STP footprint. Haringey led the NCL area.
- Aims included reductions in use of long term hospital beds and elimination of out of area placements by 2019 as well as transformation of care and use of positive behaviour support.
- Positive results were reported locally.
- Two patients had been discharged since publication of this report and focus continued on trying to prevent admissions.

IN RESPONSE to the report, Ray James praised the good work and thanks were recorded to the frontline staff.

AGREED to note the Transforming Care Update.

10

LISTENING TO LOCAL VOICES ON MENTAL HEALTH - HEALTHWATCH ENFIELD

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RECEIVED the report of Healthwatch Enfield 'Listening to Local Voices on Mental Health': a recent thematic report on adult mental health services in Enfield.

NOTED

1. This report had been discussed by Board members at the development session on 24 November.
2. An update report to the Board was scheduled for July 2017.

AGREED to

- (1) endorse the recommendations within Healthwatch Enfield's report entitled 'Listening to local voices on mental health';
- (2) endorse Healthwatch Enfield's proposal that the HWB commence co-production of an Action and Project Plan to implement the recommendations to improve mental health services in Enfield;
- (3) actively consider what staff time and other support they can give to co-production of the Plan and its subsequent delivery.

11

IMMUNISATION ANNUAL REPORT

RECEIVED the report of the Director of Health, Housing and Adult Social Care, providing an overview of immunisation programmes delivered in Enfield.

NOTED that the Health and Wellbeing Board noted and supported the work NHS England (London) were doing to increase vaccination coverage and immunisation uptake in Enfield.

12

LETTER FROM DAVID MOWAT MP ON THE INTEGRATION OF HEALTH AND WELLBEING BOARDS AND PRIMARY CARE

RECEIVED and NOTED the letter from David Mowat MP (Parliamentary Under Secretary of State for Community Health and Care) highlighting the General Practice Forward View, published in July 2016, which all Health and Wellbeing Boards are requested to review the General Practice Forward View document and what more Boards could do to build effective relationships between primary care and wider local services.

13

POLICE AND CRIME COMMISSIONERS AND HEALTH AND WELLBEING BOARDS

RECEIVED and NOTED the joint letter from the Home Secretary and the Secretary of State for Health for Police and Crime Commissioners and Health and Wellbeing Boards.

14

MINUTES OF THE MEETING HELD ON 5 OCTOBER 2016

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AGREED the minutes of the meeting held on 5 October 2016.

15

DATES OF FUTURE MEETINGS

NOTED the dates of future meetings of the Health and Wellbeing Board and dates of future development sessions.

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