Public Document Pack

HEALTH AND WELLBEING BOARD

Wednesday, 19 April 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. JOINT HEALTH AND WELLBEING STRATEGY - SETTING PRIORITIES FOR THE HEALTH AND WELLBEING BOARD 2017-19 (6:20 - 6:50 PM) - TO FOLLOW

To receive an update about priorities going forward, further to the meeting of Health and Wellbeing Board 09/02/17.

4. NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (STP) ENGAGEMENT PLANS (6:50 - 7:20 PM) (Pages 1 - 8)

To receive the report of Genevieve Ileris, NCL STP Communications and Engagement Lead, NHS Enfield CCG.

5. THE BETTER CARE FUND AND INTEGRATION (7:20 - 7:40 PM) (Pages 9 - 20)

To receive a report from Bindi Nagra and Graham MacDougall on the Better Care Fund (BCF) and Health and Adult Social Care Integration, including the outcomes of the BCF for 2016/17 and the BCF planning for 2017/19.

6. JOINT STRATEGIC NEEDS ASSESSMENT, A NEW APPROACH FOR ENFIELD (7:40 - 8:00 PM) - TO FOLLOW

To receive the report of Tessa Lindfield, Director of Public Health.

REPORTS FOR INFORMATION

The following reports are for information only.

7. CCG OPERATING PLAN (8:00 - 8:10 PM) - TO FOLLOW

To receive the report of Graham MacDougall, Director of Commissioning, Enfield CCG.

8. ENFIELD PHARMACEUTICAL NEEDS ASSESSMENT (8:10 - 8:20 PM) - TO FOLLOW

To receive the report of Tessa Lindfield, Director of Public Health.

9. MINUTES OF THE MEETING HELD ON 9 FEBRUARY 2017 (Pages 21 - 26)

To receive and agree the minutes of the meeting held on 9 February 2017.

10. DATES OF FUTURE MEETINGS

Dates of future meetings are due to be agreed at Annual Council on 10 May 2017.

11. 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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Agenda Item 4

MEETING TITLE AND DATE:

REPORT OF:

NCL STP
Genevieve Ileris
NCL STP Comms and
engagement lead

Contact officer and telephone number: Genevieve Ileris 07814758923

E mail: Genevieve.ileris@camden.gov.uk

1. EXECUTIVE SUMMARY

There has been widespread feedback about the STP process nationally and about the lack of public engagement however there has been limited opportunity to engage with local people as the workplans have been developed.

To counter this, we have audited past engagement activity from across the five boroughs to identify the priority health and care issues for our community in order to 'test' our proposals.

Much engagement has been done on at an individual organisational level but we have been unable to 'land' this engagement activity as being part of the STP process and that information and evidence from these activities is a legitimate form of engagement.

We have formed a comms and engagement workstream that includes representatives from Healthwatch, voluntary sector and local people to work alongside comms and engagement leads from the partner organisations and workstream reps. This group is currently developing the updated narrative, key messages, an engagement calendar and a staff engagement strategy.

Building community trust will only come if we are confident our plan is an accurate response to the health and care needs of our community

2. RECOMMENDATIONS

- discuss the proposed approach going forward
- Note the rewrite of the plan and summary document
- Note the establishment of the comms and engagement workstream and the inclusive membership

3. BACKGROUND

The STP guidance is clear about the crucial role of Health and Wellbeing Boards, highlighting that success requires the engagement of all partners across a local system. The guidance goes on to encourage STPs to build on the work of the local Health and Wellbeing Board, including local needs assessments and Joint Health and Wellbeing Strategies.

North Central London STP

North Central London Sustainability and Transformation Plan

Engagement and Communications

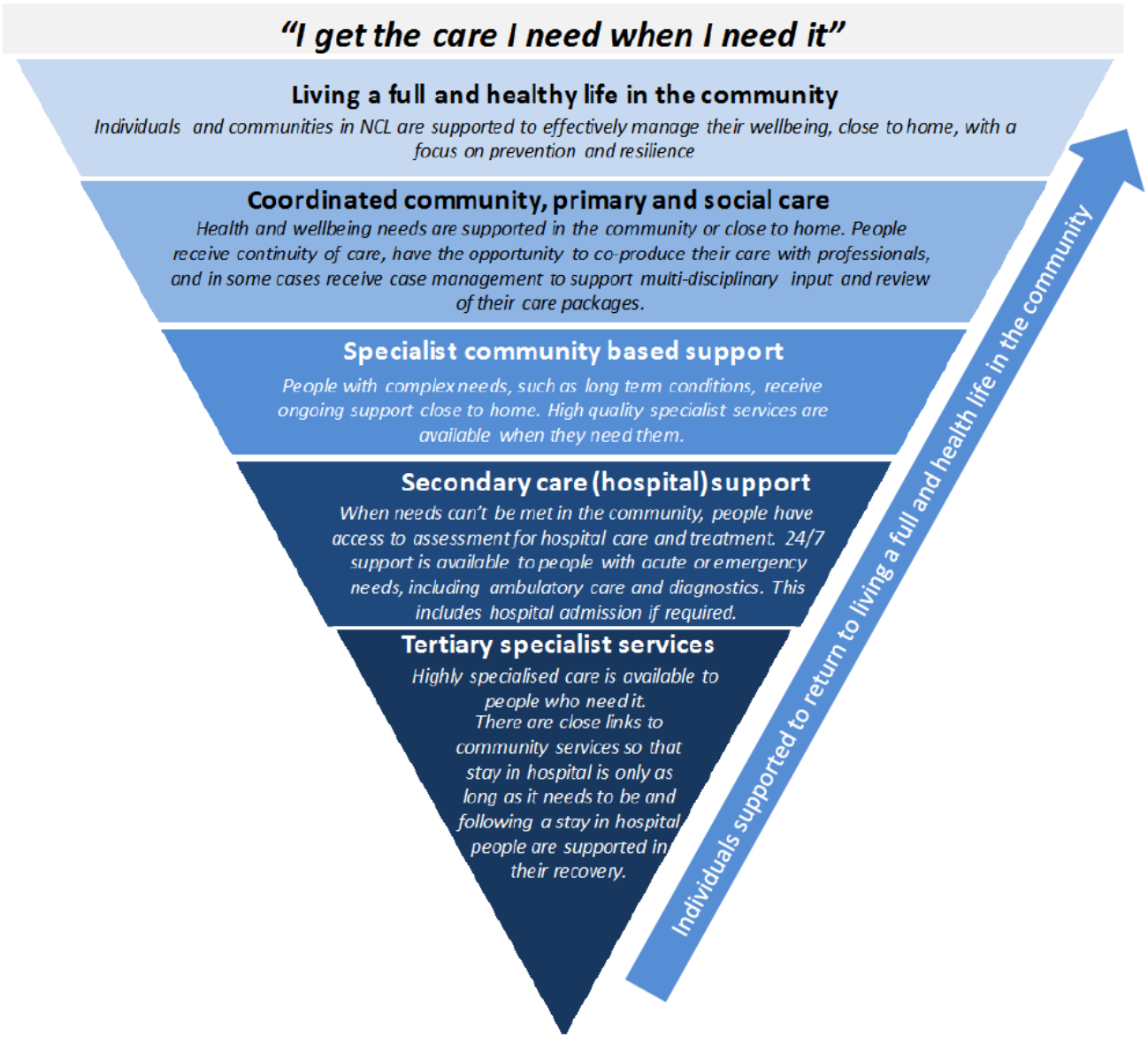
Gen Ileris NCL STP C & E lead

The vision of the North Central London STP

North Central London Sustainability and Transformation Plan

The vision of the STP is for NCL to be a place with the best possible health and wellbeing, where no-one gets left behind.

This vision is to be delivered through the following model of care:



Comms and Engagement so far

North Central London Sustainability and Transformation Plan

- The establishment of working relationships with people and organisations across NCL
  - Comms leads from the five CCG's, provider organisations and Local authorities
  - HR directors from provider organisations (to develop staff engagement strategy)
  - Healthwatch Chief execs
  - Local interest groups
  - Voluntary sector organisations
  - Royal Colleges
- Working with JHOSC to present the draft plan and workstream proposals for scrutiny
- Refresh of the draft plan (January) and a rewrite (April) of the plan and the public summary
- NCL website is being developed requiring the drafting of content
- Responding to media, public enquiries and FOI's
- Development of the communications and engagement draft strategy in collaboration with NCL comms and engagement leads with input from Healthwatch
- Meeting with and/or attending meetings to understand how to support the workstreams and the comms and engagement requirements of each
- Establishing the comms and engagement workstream with membership spanning Healthwatch, NCL leads, voluntary sector and lay people

Communications and Engagement approach going forward

North Central London Sustainability and Transformation Plan

- Work in collaboration with comms and engagement leads across the footprint
- Utilise relationships with Healthwatch, JHOSC and voluntary sector to reach different sections of the North London community to seek opportunities to meet and listen to the views of local people
- Make available key STP leads for public presentations and speaking events
- Together identify communication channels/opportunities and engagement or consultation events and activities that have a focus on specific areas of STP work
- Meet with C & E leads monthly to provide STP update and collaborate on
  - key messages
  - a calendar of events in each borough and pan borough activities
  - an approach to coproduction and co-design
- Where possible and capacity allows, utilise NCL comms and engagement people/teams to support workstreams in both engagement activities and communicating to staff, residents and other stakeholders .
- Development of a staff engagement strategy and train organisational champions who become the 'go to' person on NCL STP in workplaces
- Our website will require shared input and opportunities to add content and 'guest' blogging from across the footprint
- Opportunity to create citizen, staff and young peoples forums for online engagement events at borough level and across the footprint
- Work with NHSE on engaging young people through schools on issues of particular interest to them

Recommendations

North Central London Sustainability and Transformation Plan

- Discuss and agree to the proposed approach going forward
- Note the rewrite of the plan and summary document
- Note the establishment of the comms and engagement workstream and the inclusive membership

Agenda Item 5

MUNICIPAL YEAR 2017/18

MEETING TITLE AND DATE **Health and Wellbeing Board** **19th April 2017**	**Agenda – Part: 1**	**Item:**
	Subject: The Better Care Fund and Integration - Outcome of the 2016-17 Better Care Fund plan - Planning for the 2017-19 BCF plan and Integration	
	Wards: All	
REPORT OF: Bindi Nagra, Asst. Director, Health, Housing and Adult Social Care, LB Enfield, and Graham MacDougall, Director of Strategy and Partnerships, Enfield CCG	**Cabinet Member consulted:** Cllr. Doug Taylor, Leader of the Council	
Contact officer: Keezia Obi, Head of Transformation (People) **Email:** Keezia.Obi@enfield.gov.uk **Tel:** 020 8379 5010		

1. EXECUTIVE SUMMARY

This report provides an update on:

- the year-end financial position
- the delivery of the 16/17 BCF plan including the current performance against key indicators and service/scheme outcomes
- the status of the Shared Care Record development
- the proposed NHS England policy framework and planning process
- a status on the activity associated with integration and future planning.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- **Note** the year-end financial position
- **Note and receive** the current BCF performance and performance dashboard including outcomes
- **Note** the current status with the development of the shared care record
- **Update Note** that the BCF policy framework has now been published and key themes outlined in section 4.
- **Action** - Identify HWB volunteers to take part in the planning of the future Board development session that will be focused on Health and Social Care Integration.

3.0 OUTCOME OF THE 2016-17 BCF PLAN

3.1 Year-end financial position

For information: the expenditure plan 2016/17 was £777k over the total pooled budget. It was agreed that this potential overspend would be funded by: the £194k performance payment (for non-elective admissions) that related to Q4 2014/15, a £265k under spend from 2015/16, both of which have been carried forward to 2016/17 and scheme savings of £318k which is split between the CCG & Council (£159k each).

Financial monitoring has been ongoing throughout 2016/17 and it is confirmed that both the CCG and Council have achieved the required savings and are on budget for the year.

3.2 Current performance against key performance indicators and scheme outcomes

3.2.1 The following section is a summary of BCF performance as at the end of Q3 and as reported to NHS England. It is important to note that whilst we must continue to seek ways to improve performance where required, this needs to be considered within the wider context of the pressures on A&E's more generally, the population growth, growing demand and the funding position for adult social care.

3.2.2 **Diagnosis of dementia** -

Performance in Q3 has been above the target 66.7% and as at the end of December was 69.8%. Additional consultant capacity commissioned in 2016/17 and improvement in the diagnostic imaging pathway are having a positive impact on waiting times.

3.2.3 **Non-elective admissions (NEAs**) - this continues to be a significant area of challenge as admissions continue to be above the BCF and CCG Operational Plan targets. Activity in progress to improve performance includes:

Work is underway to assess the effectiveness of BCF (Integrated Care) schemes on admission avoidance of affected (50+ yrs.) cohort.

Underutilisation of Ambulatory Emergency Care pathways, particularly during high demand periods over winter, (AEC) is one of the key drivers of the over performance. The AEC pathway activity has been below plan, treating 619 fewer patients than planned at month 9 and thereby increasing the NEA by the same number. An increase in paediatric admissions at North Middlesex university Hospital, although outside the scope of the BCF Integrated Care programme has also contributed to the overall performance.

North Middlesex has recruited paediatric consultants in A&E to support a change in pathway which will result in fewer paediatric NEAs. CCG is also in the process of setting up Local Ambulance Service (LAS) Frequent Callers forums with the view to reducing inappropriate calls, conveyances and admissions. This will be in place before the end of the financial year.

3.2.4 **Delayed transfer of care (DTOCs) and admissions to residential care**

The target in the Better Care Fund is a maximum of 5838 days lost to DTOCs between April 2016 to March 2017 and this continues to be very challenging. Based on current activity, the projection indicates that performance will be 7369 days.

National Data (ADASS) shows that DTOC have risen nationally by 42% in four years (individual days from 119,736 to 169,928) In 2015/16 nationally 32% of DTOC were due to social care delays, however Enfield performed much better than the national position at 27%.There are two out of hospital groups (one for North Middlesex and one for Chase Farm) attended by health, social care and commissioners from each local authority (Barnet, Enfield and Haringey). The groups meet regularly to review delays and the reasons behind them and to agree actions required to mitigate.

Likewise the admissions to residential care continue to show a rise, reflecting the increasing demand of an ageing population and trends also suggest that those going into care have greater needs but have spent as long as possible in their own homes. The annual target has been set at 419 and at the end of quarter 3 the actual is 449.

Actions undertaken to improve the above performance indicators includes new activity (funded by the BCF) which commenced in December. This involves step down for further assessment and rehabilitation either in temporary residential setting or the persons own home. It is anticipated that this will contribute to a reduction in the number of delayed discharges and also admissions into permanent residential care. It will also contribute to establishing a clearer understanding of the factors contributing to delays where we could and should do something differently e.g. addressing the lack of nursing home spaces.

The Council and CCG performance and data management teams are also in the process of undertaking a detailed analysis of both DTOCs and residential admissions. A summary of this, with key messages will be available shortly for the HWB and Overview and Scrutiny Committee for a meeting later in April.

3.2.5 **Re-ablement**

The target for 2016/17 is 88.2% & current performance is 83.4% (as at December). Percentage of clients living independently at the same point last year was 81.5%, so we are on track for improved performance, but not to meet the target.

3.3 Commissioned schemes and examples of Q3 outcomes achieved (as at end of December)

3.3.1 **Integrated Care Programme**

It is noted that this programme is currently being reviewed to assess the impact of the investment and to inform the 2017/19 plan. The results will be available for the next WHB meeting.

However there are some clear benefits and outcomes currently being produced, including:

Care Home Assessment Team (CHAT)

Evidence from the December service evaluation indicated improved quality of care and a reduction of 9% in hospital admissions in CHAT covered homes between 2014-25 and 2015-16.

There has been a significant improvement in outcomes in 2015-16 with high levels of service satisfaction from residents, families, GPs and care homes; 25% of residents had reduced medications post-CHAT review

Use of assisted technology – number of patients with long term conditions including COPD, and Heart Failure who are being monitored using Telehealth equipment.
Evidence from the December scheme evaluation show up to 60% reduction in hospitalisation with appropriate targeting of patients; all patients are satisfied with the service; 88% felt better informed about their condition and 66% felt they could manage their condition.

Integrated locality teams
Phase I of the Programme brought together a number of services in a "virtual team" to case manage and support GPs in their practices without any organisational changes. This approach was successful in managing more complex cases of older people at risk of hospitalisation.

A review of the ILT following this found:

- 31% reduction in A&E attendances
- 28% reduction in emergency admissions
- 57% of people had reduced A&E attendances or no attendance at all
- 70% of people had reduced emergency admissions or no emergency admissions post ILT intervention
- 96% of patients were 'very satisfied' or 'satisfied' with the range of services they received from the ILT.
- 80% of patients who were discharged 2 months prior to ILT involvement remain at home 91 days after ILT involvement. 18% were initially at risk of being placed in a residential home prior to the ILT involvement

Palliative care rapid response

- Of the people who used the service – 92 % passed away in their preferred place (generally at home)

OPAU unit patient feedback

- 98% of people would recommend the unit to
- 83% of people felt care was well co-ordinated

3.3.2 **Safeguarding and Quality checker programme**

Outcomes achieved include:

- Call Centre Staff trained to escalate safeguarding concerns to MASH. Follow up calls demonstrate staff are following this procedure, which enables early identification of abuse and escalation to ensure any safeguarding risk is appropriately managed in a timely manner.

- fewer low level complaints escalated to the Provider Concerns process following the implementation of improvements to safeguarding practices identified by the Quality Checker programme.
- cards containing key hydration information distributed to care providers - providers identified as having poor hydration methods at the start of the project have shown a measurable improvement in hydration practices
- LGBT project has had a positive impact, with a number of providers requesting further LGBT training and service development support and one provider welcoming a same sex couple into their accommodation
- The production of a Making Safeguarding Personal DVD, to ensure that service users, carer and communities in Enfield can recognise what abuse is and how to report it. A safeguarding film provides an accessible medium for displaying what abuse is and though a visual narrative can connect with people's experiences. The film is delivered with audio description and British Sign Language options, so that more adults at risk can access information. By raising awareness and providing contact details to report abuse, adults experiencing abuse or neglect will be able to access services through the Multi Agency Safeguarding Hub which focus on their wellbeing, recovery and resilience.

As a result of the 4 Safeguarding Adult Reviews that were signed off by the Safeguarding Adults Board (SAB) in December the following service improvements have been implemented:

- New discharge checklist for patients at Enfield based hospitals to ensure adequate stock of medication dispensed
- A comprehensive transfer summary to accompany residents from care home to hospital with a particular provider

3.3.3 **Advocacy** – the key objective of this scheme is supporting independent advocacy for adults who would otherwise have difficulty accessing and/or using the care and support provision

Outcomes achieved include:
Advocacy was provided to 144 individuals during needs assessments, reviews, support planning and safeguarding investigations.
Customer feedback shows that the scheme has a positive impact on residents accessing the service provided and is making a difference:

- 45% said "I can speak up for myself more now I have had advocacy support"
- 45% said "I live more independently now I have had advocacy support"
- 91% of respondents felt "more involved in decisions about my life now I have had advocacy support"

3.3.4 **Disabled Facilities Grant (DFG)** – the key objective of grant is to provide appropriate aids and adaptations in a person's home to support the following the outcomes:

- To reduce the risk of hospitalisation due to falls or other injury
- To facilitate hospital discharge
- To prevent or delay the need for residential or nursing care

These outcomes have been achieved via:

- 158 grant applications approved in Q1 to Q3
- 116 grants adaptations completed in Q1 to Q3

3.3.5 **Wheelchair service** – the key outcome of this service is to provide wheelchairs that are appropriate to a user's needs to enable them to remain independent and in their own homes for as long as possible.

A survey user experience survey is given to all customers to complete and at the end of Q3 overall satisfaction level was 93%.

Activity to December includes:

- 777 new and re-referrals received from (657 adults/120 for children)
- 507 total wheelchairs issued across range of equipment. Of these, 452 wheelchairs were for adults and 55 for children.

Childrens Services - Strengthening the Support Around You (STAY)

This scheme is working on supporting Children and Young People with Learning Disabilities/ Autism to remain in schools and with their families thus avoiding family breakdown and disrupted education as well as costly out of borough placements.

Achievements to date:

- Young People in crisis who have deliberately self-harmed are seen within 1 working days following referral
- Young people in crisis are seen within 2 weeks following referral
- Achieved measurable improvement in mental health outcomes
- Ensured effective coordination of statutory and voluntary services to the young person and improved outcomes for education and employment.
- Feedback has shown high satisfaction ratings with the service

3.3.6 **Mental Health Liaison services**

Improvement in the reduction of lengths of stay in acute settings and as at the end of December performance was:

% of assessments begun within 1 hour of A&E – 85 %
% of assessments begun within 24 hours on wards – 88%

3.3.7 **Carers services**

Enfield Carers Centre support family carers to maintain their own health and wellbeing, to have a break from caring and to enable them to remain in their caring role for as long as possible.

The support of carers contributes to the prevention of hospital admission, speeds up discharge from hospitals, prevents admission to care homes and reduces the demand for home care support.

Key activities that support the above:

- Carers Register has increased by 804 since Dec 2016 and now stands at 5156
- Benefit advice and general advocacy services have been provided to 484 carers
- Training for 527 carers and counselling services for 83 carers have been provided
- 45 young adult carers (age 16 -25) have been identified and supported by the scheme
- 806 new carers have been registered and encouraged to have a Carers Assessment
- The number of carers receiving a Carers Assessment and/or review has increased by 436
- Respite care, ranging from meals out to weekends abroad, has been provided to 808 carers

Carers Trust Lea Valley, Crossroads Care Service activities:

Crossroads provides services to children, adults and older people with care needs to enable their carer to have a break and help carers maintain their own health and well-being.

- Over the three quarters of 2016/7 Crossroads has provided support to 152 carers and 152 people needing care.
- They have provided 5994.75 hours of respite care and an additional 1717 overnight care.

3.4 Shared Care Record update

Enfield Council and CCG are in the process of working with partners to finalise the options appraisal to determine which solution to adopt. A demonstration and evaluation session was held on March 30th with the two potential providers. This session found that in terms of functionality both systems are appointable. Financial information is to be supplied by the end of April, after which a further evaluation meeting will be held to make a recommendation on the preferred solution. Following this a paper will be presented to the May CCG Finance and Performance Committee so that a decision on the way forward can be made.

Estates and Technology Transformation Fund (ETTF) – there is agreement in principle that Enfield will be allocated money for the SCR solution.

4.0 BCF PLANNING 2017/19

4.1 Funding

It is expected that the current BCF fund will continue (with a small inflationary increase) in line with the 2016/2017 funding

For information, the Enfield funding for 2016/2017 can be summarised as follows:

- Revenue funding from CCG - £19,185,445
- Local Authority contribution (Disabled Facilities Grant) - £2,540,000
- Total - £21,725,445

And the allocation includes the following:

- Protection of Adult Social Care Services - £6,055,000
- Care Act monies (priorities are for advocacy and carers) - £734,000
- Funding held as a contingency as part of a local risk sharing agreement - £1,500,000

In addition to the above, the Improved BCF (iBCF) allocations for Enfield are summarised below:

The local government settlement by DCLG

2017/18	2018/19	2019/20
£443,000	£4,549,000	£8,249,000

Additional funding for adult social care announced in Budget 2017

A new grant, worth £2bn over the next three years, will be paid to local authorities (LAs) with social care responsibilities. This funding will be additional to the existing Improved Better Care Fund (IBCF) allocations to LAs. The grant conditions for the IBCF will require councils to include this money in the local BCF Plan, and is intended to enable areas to take immediate action to fund care packages for more people, support social care providers, and relieve pressure on the NHS locally by implementing best practice set out in the High Impact Change Model for managing transfers of care.

2017/18	2018/19	2019/20
£5,694,016	£3,694,655	£1,833,840

4.2. Approach to the 2017/19 plan

Scheme review

It has been agreed by the BCF Executive Group that the Integrated Care (IC) programme as a whole will be reviewed and evaluated (this includes 24 separate schemes with a funding allocation of £7.8m). An approach has been proposed which uses the NHS England logic model – the evaluation will look at the impact each service has made on outcomes for Enfield residents, their successes, cost effectiveness of changes made and barriers faced.

The intention is to continue with the current IC programme from April until the review has been completed. The results and recommendations will inform how the programme will be developed during the latter part of 2017/18 and for the second year plan for 2018/19.

For all other schemes, lead officers have been asked undertake a review and have provided a one page summary that covers the following:

- What the money has been spent on and how much
- What difference this scheme has made to service users, carers or patients in terms of:
  - The activity that has been undertaken taken i.e. the outputs
  - What outcomes have been achieved

The summaries have been evaluated by BCF Delivery Group members and recommendation made. This will be subject to review by the BCF Executive Group early April.

4.3 Proposed Integration and Better Care Fund requirements 2017-19

N.B. The Better Care Fund has now been renamed 'Integration and Better Care Fund' to emphasis the broader remit and importance of wider Health and Social Care integration agenda.

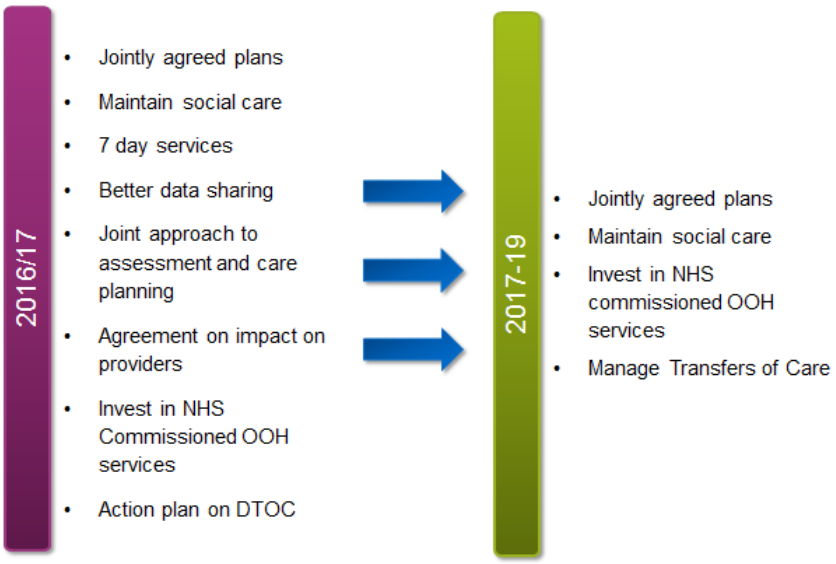
The detailed policy and framework was published on March 31st but the submission timeframe is not yet available. The detailed planning requirements document and allocations that underpin the framework will be published once NHSE/DCLG have final clearance

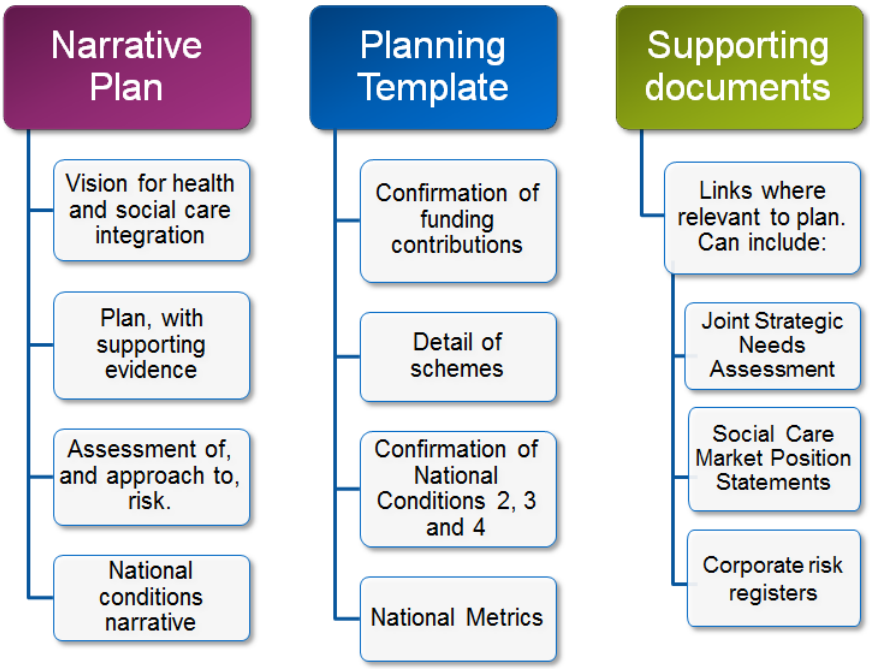
For information an overview of the proposed changes and conditions follows:

For 2017-19, there are four national conditions, rather than the previous eight:

1. Plans to be jointly agreed
2. NHS contribution to adult social care is maintained in line with inflation
3. Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care
4. Managing Transfers of Care (a new condition to ensure people's care transfers smoothly between services and settings).

Beyond this, areas have flexibility in how the Fund is spent over health, care and housing schemes or services, but need to agree how this spending will improve performance in the following four metrics: Delayed transfers of care; Non-elective admissions (General and Acute); Admissions to residential and care homes; and effectiveness of reablement.





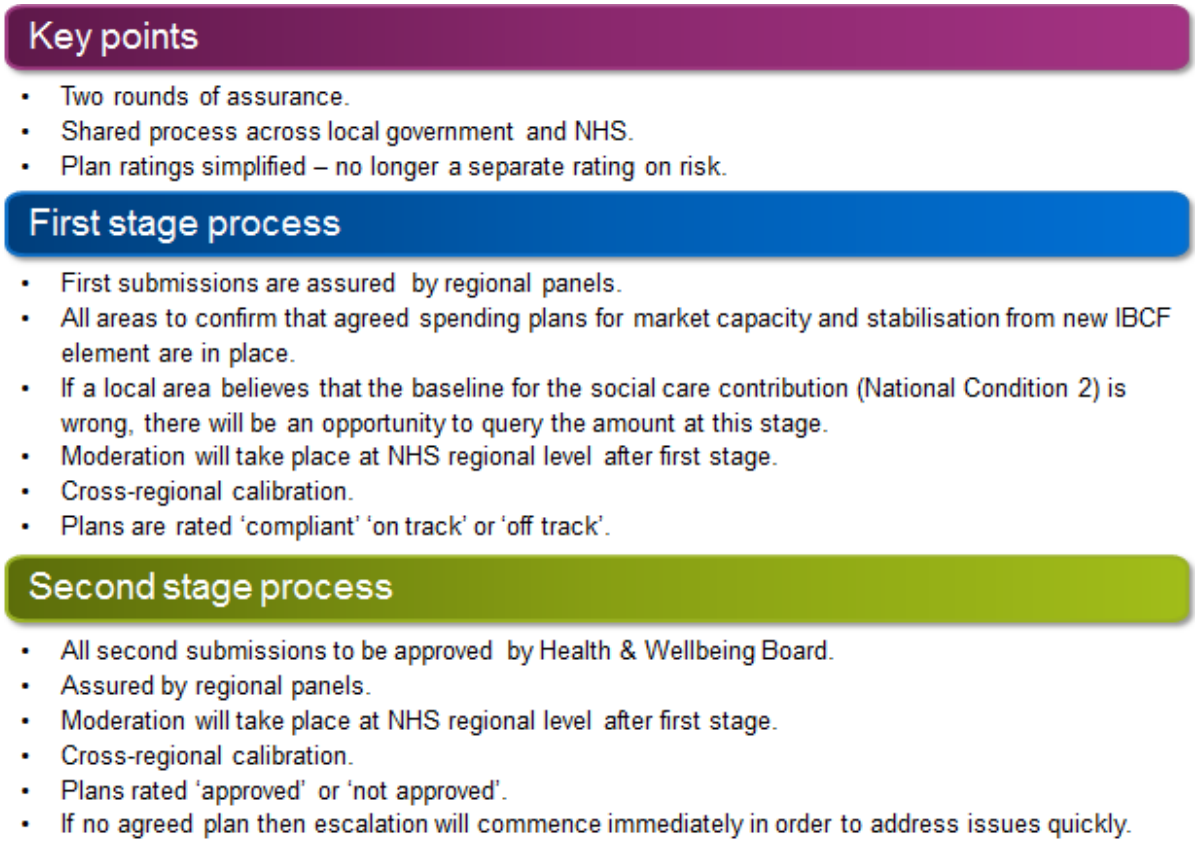
Measuring progress on integration:

To help areas understand whether they are meeting our integration ambition, NHSE/DCLG are seeking to rapidly develop integration metrics for assessing progress, particularly at the interface where health and social care interact. These will combine outcome metrics, user experience and process measures. Following the development of the metrics and an assessment of local areas, NHSE/DCLG will ask the Care Quality Commission to carry out targeted reviews in a small number of areas, starting as soon as is practical from May 2017. These reviews will be focused on the interface of health and social care

Local metrics currently in place – noted that there is no longer a requirement for the national collection of a locally proposed metric.

1. Diagnosis of dementia – plan will be aligned to the national ambition reported diagnosis rate (currently 66.7%)
2. Survey data. Satisfaction measures for patients and service users (Carers survey, ASC users survey, GP patient survey and OPAU patient feedback survey). Target is an improvement in 3 of the 4 surveys (based on showing an improvement from the previous survey data)

4.4 Proposed BCF plan assurance process



4.5 BCF graduation

Key points

- Places will be able to 'graduate' from the BCF if they have moved beyond its planning requirements
- There will be a first wave to trial the process

Key Criteria

- Have in place a sufficiently mature system for health and social care
- Provide evidence of improvement and / or approach to improving performance on BCF national performance metrics
- Set out plans to pool an agreed amount greater than the minimum levels of the BCF

5. HEALTH AND SOCIAL CARE INTEGRATION

5.1 Current status

Although the production of a separate strategic plan is not a BCF planning requirement, it is noted that the narrative will need to describe our vision and what integration will look like in Enfield and the progress made so far. So work has continued on the development of a joint Integration discussion document, as previously reported to the HWB.

The current draft includes:

- Our priorities

- The Context for change – National Guidance and Policy Context
- Local Guidance
- How this strategy was developed
- About Enfield
- Where are we now and our successes?
- Gap Analysis and Design of Future Provision
- Implementation and monitoring arrangements

5.2 Next steps

As discussed with the Chair of the HWB, it has been agreed that the next HWB development session is focussed on a discussion and workshop on integration. We already have a number of schemes and activities in place that are integrated and are demonstrating positive outcomes and it suggested that this is presented ("where we are now") to be followed by future planning.

The session will be delivered by an external facilitator from the Regional BCF Support Team (LGA and NHS England) and planned with senior officers from the Council and CCG with support from volunteers from the HWB. This would involve agreeing the agenda and outcomes for the session.

It is proposed that the session includes: an overview of where we are now, highlighting current successes and achievements, how integration supports the Sustainability and Transformation Plan and future activities.

End of Report.

MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 9 FEBRUARY 2017

MEMBERSHIP

PRESENT Doug Taylor (Leader of the Council), Alev Cazimoglu, Ayfer Orhan, Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Deborah Fowler (Enfield HealthWatch), Tony Theodoulou (Interim Director of Children's Services), Vivien Giladi (Voluntary Sector), Libby McManus (Chief Executive North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

ABSENT Krystle Fonyonga, Sarah Thompson (Chief Officer - Enfield Clinical Commissioning Group), Dr Helene Brown (NHS England Representative), Tessa Lindfield (Interim Director of Public Health), Ray James (Director of Health, Housing and Adult Social Care), Litsa Worrall (Voluntary Sector), Peter Ridley (Director of Planning, Royal Free London, NHS Foundation Trust), Robyn Gardner (Enfield Youth Parliament) and Bobbie Webster (Enfield Youth Parliament)

OFFICERS: Bindi Nagra (Joint Chief Commissioning Officer), Glenn Stewart (Assistant Director, Public Health), Andrew Lawrence (Service Development Manager - Early Years & Early Help, LBE), Sam Morris (Strategy, Partnerships, Engagement and Consultation Team) and Jill Bayley (Principal Lawyer - Safeguarding) Jane Creer (Secretary)

Also Attending: Richard Gourlay (Director of Strategic Development, North Middlesex University Hospital NHS Trust), Deborah McBeal (Director of Primary Care Commissioning & Deputy Chief Officer, NHS Enfield CCG), and 4 observers

1
WELCOME AND APOLOGIES

Councillor Doug Taylor (Chair) welcomed everyone to the meeting. Apologies for absence were received from Councillor Krystle Fonyonga, Sarah Thompson (represented by Deborah McBeal), Dr Helene Brown, Tessa Lindfield (represented by Glenn Stewart), Ray James (represented by Bindi Nagra), Litsa Worrall, Peter Ridley, Robyn Gardner, and Bobbie Webster.

2
DECLARATION OF INTERESTS

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

3
NORTH MIDDLESEX UNIVERSITY HOSPITAL CARE QUALITY COMMISSION REPORT

RECEIVED the printed presentation 'North Middlesex University Hospital NHS Trust : Response to CQC Report'.

NOTED

Libby McManus (Chief Executive North Middlesex University Hospital NHS Trust) highlighted:
● The printed presentation had been discussed at last month's Health and Wellbeing Board Development Session and was now slightly dated as an action plan had been put together based on what had been identified by the CQC, and a lot of actions had been taken already.
● Further to an internal process, the plan would be ready to share more widely this month, with opportunities for input.
● A Quality Summit in January had been very useful in respect of working on solutions.

IN RESPONSE comments and questions were received, including:

1. The Chair asked about the current situation in A&E, in the context of the national situation. Libby McManus clarified relevant issues, including increased demand and management of that demand; greater ambulance conveyances resulting from the hospital's location; and internal flow of patients through the hospital and patient discharge.
2. In response to Members' further queries regarding discharge of patients, it was advised that there had been an increase of length of stay in the acutely ill aged 75 and under, and some delayed discharges linked to provision outside the hospital and packages of care. Winter pressures had been expected and planned for, and extra unplanned pressures had also arisen.
3. Councillor Cazimoglu asked about the action plan in respect of maternity services. Libby McManus clarified that it was not meant that individual leaders were at fault and that there had been issues around various governance elements, but there had been changes in senior management though not just in response to the CQC report. Advice had been sought from a senior head of midwifery from another organisation, and there were enhanced monitoring arrangements. It should also be noted that 93% of respondants would recommend the service, which was equal to the London average.
4. Vivien Giladi emphasized the good work being done at the hospital and that extra effort should be put in to make the public aware of the improvements.
5. Dr Mo Abedi also raised continued offering of support, and opportunities for hospital trainees to work with GPs in primary care.
6. Bindi Nagra clarified the recent change in definition of delayed discharge, and the impact on social care of quicker discharge of

patients from hospital, which meant the Council had also been dealing with greater pressures.

7. In response to further queries in respect of data around swifter discharge of patients and hospital re-admissions, Libby McManus clarified how statistics were collected on re-admission and failed discharge, and she could provide the information collected.
8. In response to queries from Councillor Orhan, Libby McManus confirmed the work being carried out in relation to diversity and culture, and advised that more paediatric consultants had been recruited and that delayed discharge issues were less likely to occur for children.
9. Vivien Giladi raised that there was considerable anxiety among the population about the discharge of frail and elderly people from hospital.
10. Libby McManus gave reassurance about patient care.
11. The Chair suggested that Health and Wellbeing Board should reflect on the Better Care Fund at a future meeting. Sam Morris confirmed that this was a scheduled agenda item for the next meeting of the Board.

AGREED that Health and Wellbeing Board noted the update in respect of North Middlesex University Hospital NHS Trust : response to Care Quality Commission report.

4
ORDER OF THE AGENDA

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

5
NORTH MIDDLESEX UNIVERSITY HOSPITAL JOINING ROYAL FREE LONDON VANGUARD

RECEIVED the presentation of Richard Gourlay (Director of Strategic Development – North Middlesex University Hospital NHS Trust).

NOTED

Richard Gourlay introduced the presentation, confirming that there was nothing more to report at this stage further to the update in January, but he was happy to answer any questions.

IN RESPONSE

1. Deborah Fowler asked about progress in respect of involving and informing the public. Richard Gourlay confirmed that a colleague had begun work this week to focus on patient engagement and communications. He confirmed that there would be Accident & Emergency in North Middlesex hospital in future, and that work was being done with Healthwatch in Enfield and Haringey.
2. The Chair asked about relationships between the Royal Free and the group, and the governance structure inside the North Middlesex

hospital. Richard Gourlay advised that the aim was for North Middlesex to become part of Royal Free London. Other details were yet to be finalised, but there would be an overarching group and each individual site would still have a chief executive and an executive team.
3. Members also noted the importance of site-specific performance data.
4. Richard Gourlay confirmed that he would be happy to provide an update to the next meeting.

AGREED that Health and Wellbeing Board noted the information in respect of North Middlesex University Hospital joining Royal Free London vanguard.

Libby McManus and Richard Gourlay left the meeting at this point.

6
JOINT HEALTH AND WELLBEING STRATEGY

RECEIVED the report of Tessa Lindfield (Director of Public Health).

NOTED

Glenn Stewart (Assistant Director of Public Health) introduced the report, clarifying that the paper followed on from the development session of 11 January and sought permission for the Executive Board to make a decision about priorities going forward.

IN RESPONSE

1. In response to Deborah Fowler's query, it was confirmed that decisions regarding priorities would be based on evidence.
2. The Chair suggested that the priorities decided on be presented to the next Health and Wellbeing Board meeting for agreement, together with the methodology for the decision.

AGREED that:
● the Board delegated the selection of the priorities to the Health and Wellbeing Board executive group, taking members' views into account;
● a new web based performance report is developed for monitoring overall progress on the Enfield Joint Health and Wellbeing Strategy.

7
DEVELOPING THE NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (STP) - UPDATE

RECEIVED the report of Stephen Wells (Programme Manager, Strategy and Planning, Enfield CCG).

NOTED

Deborah McBeal (Director of Primary Care Commissioning & Deputy Chief Officer, NHS Enfield CCG) introduced the report, highlighting the development

of the executive leadership arrangements and the next steps. She confirmed that each CCG would retain their sovereignty. The final submission was planned for 31 March. Eleven work streams were developing delivery plans which were to be assured by NHS England and NHS Improvement. In respect of Care closer to Home networks (CHINs) it was recognised that in Enfield there was already some work which supports integrated care, and discussions focussed on how that was built on to deliver what was appropriate to the population of Enfield. There was an expectation of release of transformation funding for the STP to move forward, with some of the plans in progress.

IN RESPONSE

1. The Chair drew attention to the good work of the JSOH and their recommendations for the STP.
2. Councillor Alev Cazimoglu asked about public engagement.
3. Vivien Giladi expressed concerns about the finance required to deliver the STP programme, and echoed the disappointment at the lack of public engagement.
4. Deborah Fowler also stressed the importance of patient and public engagement and of the public being on board with the process. Engagement for the work streams was essential but should not prevent overall engagement as well.
5. Deborah McBeal confirmed that public engagement was a key element in the STP, but there needed to be proposals they could engage on. Each work stream would have engagement embedded, and she would take back comments in relation to the overall piece.
6. Dr Mo Abedi acknowledged the slow process on this radical work, but that a single commissioning and financial strategy was being worked towards which would be good for Enfield.
7. Deborah McBeal confirmed that once the plans were assured, at that point there would be access to transformation funding, and she considered that Enfield would be in a better position across the larger footprint.
8. Dr Mo Abedi confirmed there were clear and credible plans in respect of service transformation and they were based on equal outcomes across the five boroughs. The clear and credible plan would provide the assurance that the STP would be delivered. Additional work streams had also come on line to address the finance gap.
9. Vivien Giladi also wished to highlight the basic underfunding of the system by central government, and that concerns also existed among the public in respect of any potential for privatisation. In essence the NHS was underfunded for its needs.
10. The Chair reiterated points in respect of early consultation and the stage of submission of the STP. Deborah McBeal clarified that plans would then be worked up which could be discussed, and that this was the position across the country. The STP was being built from a clinical base.
11. The Chair requested that it be fed back that the sequencing of the STP submission and the engagement remained an issue of concern and was inconsistent with early promises of consultation before decisions.

AGREED that Health and Wellbeing Board noted:
● the contents of the report, including the accompanying attachments, and the associated steps to inform the STP 31st March 2017 submission;
● 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.

8
THE FAMILY RESILIENCE STRATEGY

RECEIVED the report of Andrew Lawrence (Service Development Manager – Early Years & Early Help, Schools and Children's Services, LBE).

NOTED

1. The report was provided as an information item for Health and Wellbeing Board to raise awareness of the Family Resilience Strategy, and to seek feedback on the strategy.
2. In response to the Chair's query, it was confirmed that the Troubled Families Programme had worked well in Enfield and families had been turned around.
3. In response to Councillor Cazimoglu's concern it was confirmed that the impact of the forthcoming universal credit had been fully considered.
4. Bindi Nagra highlighted the importance of covering the transition into adult services. It was confirmed that whole family working was promoted.
5. It was expected that a further update could be provided in June.

AGREED that Health and Wellbeing Board noted the report, and would wish to receive an update in due course.

9
MINUTES OF THE MEETING HELD ON 8 DECEMBER 2016

AGREED the minutes of the meeting held on 8 December 2016.

10
DATES OF FUTURE MEETINGS

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