MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING SHADOW BOARD
HELD ON THURSDAY, 6 DECEMBER 2012

COUNCILLORS

PRESENT
Dr Shahed Ahmad (Joint Director of Public Health), Ian Davis (Director of Environment), Deborah Fowler (Non Executive Director, NHS Enfield), Andrew Fraser (Director of Schools & Children’s Services), Christine Hamilton (Cabinet Member for Community Wellbeing and Public Health), Ray James (Director of Health, Housing and Adult Social Care), Donald McGowan (Cabinet Member for Adult Services and Care), Dr Alpesh Patel (Chair of Local Clinical Commissioning Group) and Jill Raines (Crossroads Care Enfield)

ABSENT
John Lynch, Ayfer Orhan (Cabinet Member for Children & Young People), Tony Seagroatt (Age Concern), Liz Wise (Clinical Commissioning Group (CCG) Chief Officer) and Litsa Worrall (Greek & Greek Cypriot Community of Enfield)

OFFICERS:
Jill Bayley (Principal Lawyer - Safeguarding), Bob Griffiths (Assistant Director - Planning and Environmental Protection), Linda Leith (Scrutiny Support Officer), Sue McDaid (Acting Head of Trading Standards and Licensing), Bindi Nagra (Joint Chief Commissioning Officer), Keezia Obi (Head of Public Health Strategy) and Martin Rattigan (Public Health Team Leader), Penelope Williams (Secretary)

Also Attending:  Sean Barnett (Implementation Programme Manager NHS North Central London), Angela Lennox (Medical Director NHS North Central London, Linda Leith (Scrutiny and Community Outreach)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies for absence were received from Litsa Worrall (Voluntary Sector Representative) and Liz Wise (Clinical Commissioning Group Chief Officer).

2 DECLARATION OF INTERESTS

There were no declaration of interests.
3 LBE BUDGET 2013/14 CONSULTATION

The Board received a presentation from Richard Tyler, Assistant Director Finance, on Enfield Council’s Budget 2013/14 and Medium Term Financial Plan. Copies of the presentation slides are available from the Committee Secretary.

The following points were highlighted:

- The Council’s total budget for 12/13 was £1.031 billion. However a large part of this was passed on directly to Schools and allocated for Housing and Council Tax benefits. The budget last year for Health and Adult Social Care was £126 million.

- The Council has had to save £52 million over 4 years from March 2012; £12 million in 2012/13; £34.5 million in 2011/12.

- Council tax was frozen last year.

- There is a significant risk to future budgets due to the cuts in the public funding and the austerity agenda. There will also be changes to council tax benefit which is being consulted on.

- Next year’s financial settlement from Government will be known on 18/19 December 2012.

- Reduction in funding is more than 27% first put forward, as the Government is retaining more money centrally and it is not clear if and how this will be allocated to local authorities.

- Localisation of business rates could bring some more flexibility.

- Government is consulting on the recommendations from the Dilmot Report which leads to further uncertainty around the funding of social care. Changes are unlikely to come in before 2016/17.

- Inflation is significant at 2.7%, Enfield has a growing population with growing needs and suffers unduly from the Government’s damping arrangements.

- The Council Budget has been updated to include 2016/17, the new Government funding arrangements, inflation, demographic and welfare changes, North London Waste Authority costs, capital financing and other pressures. The funding gap is now £81 million to be covered over the next 4 years.

- £23 million needs to be found in 2013/14; £8.4 million of this has been included savings identified last year; £6 million was agreed by Cabinet in November 2012. Proposals for a further £8.7 million are currently being reviewed.

- More savings will need to be found to fill budget gaps in 2014/5 and 2015/16. Figures in the report are based on a 3% increase in the Council Tax.

- Consultation on saving proposals, with elected members and the public is underway and final decisions will be made at Cabinet and Council in February 2013.

- Consultation on the council’s council tax localisation scheme is taking place and the council is waiting for confirmation from Government on levels of funding. This is likely to result in a further shortfall to the Council of £2.5 - £3 million. A final decision on the scheme will be taken at Council on 30 January 2013.

- Wider welfare issues include the cost of rising homelessness, changeover to universal credit, social fund scheme criteria, impact on overcrowding, school places, domestic violence and regulation of homes in multiple ownership.

- The budget consultation will focus on how to balance the budget over the medium term, which services to prioritise and future levels of council tax. A decision is still to be taken on whether or not to accept the Government’s Council Tax freeze grant.

2. Questions

2.1 Most of the total £1 billion budget is not under the control of the Council. The £82 million savings have to be made out of £240 million not allocated for specific purposes.

2.2 A brief assessment on the impact of the proposed savings was provided by Ray James, Andrew Fraser and Dr Shahed Ahmad.

2.3 Ray James, Director of Health, Housing and Adult Social Care, said that eighty five percent of Adult Health and Social Care spending is on external providers. Savings either mean giving less per service or spending less per head. Enfield is only able to fund people with critical or substantial needs. More and more people receive individual care budgets and the Council seeks to involve them in making decisions on where best to spend the limited resources available.

2.4 Spending on early intervention and prevention is most effective as this enables money to be saved later in the system. £1 million has been allocated to enablement, trying to stop people having to go back into health care and intervention.
2.5 Managing demand is key to reducing the budget without impacting upon outcomes. Back office savings are becoming more and more difficult.

2.6 The department is working within the principle of a whole system approach involving up front discussion with partners.

2.7 Andrew Fraser, Director of Schools and Children’s Services said that his department was also working with a whole systems approach, protecting critical services such as child protection and building resilience, working together on early intervention and prevention strategies to protect families. Also making the best use of referrals to nurses and midwives, making sure that young children were ready for school and helping young people at stages of transition. Trying to identify more ways of reducing the number of looked after children.

2.8 Enfield is the third worst borough for child poverty. Plans are in place for providing a single point of entry so that assessments can be carried out holistically, identifying potential difficulties early on.

2.9 Community budgets will be hit but as much as possible is being done to protect front line services.

2.10 Over 2000 new primary places have been created for people moving into the borough, many of these children may need additional specialist help and as Government Reforms become established more families are likely to find themselves in difficulties. These are increasingly challenging times.

2.11 Shahed Ahmed added that when the Health and Wellbeing Board becomes a statutory body one of its key responsibilities will be to review the Clinical Commissioning Group plans to ensure they are in line with the Health and Wellbeing Strategy and this will be the same with the Council.

2.12 Much of what the council does impacts upon health and wellbeing including services such as community safety and other parts of environment.

AGREED that the board would looks again at the impact of the budget savings on health and wellbeing as a whole, once the budget has been finalised. Action: Felicity Cox

4 CHANGE IN THE ORDER OF THE AGENDA

Members agreed to change the order of the agenda so that item 7 on the Clinical Commissioning Group Authorisation Developments could be moved forward to this point. The minutes follow the order as set out on the agenda.
5
PUBLIC HEALTH TRANSITION

The Board received a report from Dr Shahed Ahmad, Joint Director of Public Health updating the Board on the transfer of public health responsibilities to the Council.

Dr Shahed Ahmad presented the report to members. He highlighted the following:

- Full details of next year’s budget will not be known until 19 December 2012.

- Key responsibilities include the production of the Joint Strategic Needs Assessment and the Joint Health the Wellbeing Strategy. Keezia Obi has recently been appointed as Head of Public Health Strategy.

- Review of the strategies have begun, conversations with key stakeholders have been taking place.

- The JSNA will be presented to the April 2013 meeting of the Board and it is hoped that the Health and Wellbeing Strategy will be ready by July 2013. There is overlap between them.

Keezia Obi added that

- There would be flexibility in the review to reflect the changing picture.
- Plans are in place for factoring public engagement in the process including consultation on the key priorities.

2. Questions/Comments

2.1 Andrew Fraser offered help in using the Parent and Youth Engagement Panels to facilitate contact with the harder to reach parts of the community.

2.2 Development sessions of the Board were planned to enable detailed discussion of issues such as the Joint Strategic Needs Assessment.

2.3 The current Joint Strategic Needs Assessment was commended for the engagement activity which had taken place in advance.

2.4 The challenge will be to prioritise the long list of needs using scientific methods.
The Board received the report Improving Health and Wellbeing in Enfield – the 2012 Annual Report of the Director of Public Health.

The following points were highlighted:

- Members were referred to the diagram on page 8 of the report showing the determinants of health and wellbeing.
- The council has influence over health and wellbeing.
- Over the year ahead the council will be measuring the impact of health interventions.
- There is a huge life expectancy gap between those living in the East and West of the borough. Money from the Capacity Building Fund has been used to fund work to address discrepancies.
- The four chapters cover health and its determinants, the new public health system, the data and how we can work together to improve health and tackle inequalities.

Councillor Hamilton, Cabinet Member with responsibility for Community Wellbeing and Health, welcomed the report and that public health was now coming under the control of the local authority.

7 THE ENFIELD AND HARINGEY TOBACCO CONTROL STRATEGY - 2012

The Board received the Enfield and Haringey Tobacco Control Strategy 2012.

The report was introduced by Bob Griffiths, Assistant Director Planning and Environmental Protection and Sue McDaid, Head of Regulatory Services.

The following points were highlighted:

- Smoking is the biggest single cause of preventable death.
- The strategy had been put together by the Tobacco Control Alliance co-ordinating the work being done across the borough.
- It was first launched in June 2012 at the Health Improvement Partnership, chaired by Bob Griffiths.
- Tobacco use has declined over the past few years but around 21% of adults in England still smoke.
- Smoking rates are much higher in the more deprived parts of the borough and it is a big driver of health inequalities. In 2009/10 there were over 2000 hospital admissions costing about £6m.
- In Enfield in 2011/12, the NHS helped 1,500 stop smoking.
- Second hand smoke is also a problem, particularly for children.
- For the action plan, four key work streams have been identified; stopping the inflow of young people recruited as smokers; making it
easy to get help to stop; ensuring no-one is exposed to second hand smoke; and communication.

- Work was being carried out in schools and a DVD has been produced to actively encourage children not to take up smoking.
- Regulatory services have been involved in campaigns to prevent age restricted sales, against retailers dealing in tobacco where the duty had not been paid, and the growing phenomenon of shisha bars.
- Stop smoking campaigns are being targeted on key risk groups such as pregnant women and the Turkish Community.
- Stopping exposure to second hand smoke was another key area; creating smoke free work areas, homes, vehicles. A new initiative was to forbid smoking in children’s play areas; which had been welcomed by the friends of the parks groups.
- Making better use of the web, ensuring that health was everyone’s business, bringing in front line workers such as the work with housing officers to train them to help people stop smoking.
- All the actions identified in the strategy are underway and officers would be happy to report back on progress at a future date.

2. Questions/Comments

2.1 There are currently 10 shisha bars in Enfield which are licensed to allow the one legal product where duty is paid.

2.2 The regulatory focus was to try and persuade people not to start smoking. 35-40% of smokers only smoke if they have access to cheap tobacco often illegally sold under the counter, where the duty has not been paid.

2.3 This is a long term project stretching over the next 5-10 years, before results will be seen.

2.4 Feedback on the project where those dropping cigarette ends were offered a discount on their fine for stopping smoking courses was still being gathered.

2.5 Council officers smoking outside the building was still an issue although people were not supposed to smoke within the council grounds. Ray James offered to investigate what could be done to stop officers smoking on the benches outside the Civic Centre, although these were not technically within the council grounds.

2.6 Many illnesses were smoking related, including hypertension and diabetes. NHS health checks were an effective way of raising the issue with effected individuals.

2.7 The aim of the Council and the NHS was to make every contact count referring individuals as appropriate to services for help and support.
2.8 The policy needs to include as clear statement as to what success will look like; clear measurable targets.

2.9 Individuals could save as much as £2,500 per year by giving up smoking.

2.10 Working in partnership on this issue had been very effective and would be a good model for future issues. Shahed Ahmad said that it was a positive step towards reducing smoking in Enfield.

2.11 Haringey had initially approached Enfield to work together on this issue which was common to both boroughs.

2.12 The dangers of shisha smoking should be more widely publicised.

2.13 Scrutiny had targeted Turkish smokers with an initiative a few years ago.

AGREED that the Tobacco Control Strategy and Action Plan be endorsed by the Board.

8 CLINICAL COMMISSIONING GROUP (CCG) AUTHORISATION - DEVELOPMENTS

The Board received a verbal update from Dr Alpesh Patel, Chair of the Clinical Commissioning Group (CCG).

The following points were highlighted.

- A key date for CCG authorisation is 18 December 2012, this is the day that the CCG allocations are published.

- Enfield CCG is one of the last CCG’s in London to be considered for authorisation.

- The application will be assessed across six domains and 119 lines of enquiry.

- The application has been submitted and a desk top review carried out. A number of lines of enquiry will be investigated further.

- A site visit will take place on 7 January 2013. A mock visit has already been held and areas for development identified. The whole of the CCG Board had taken part and had performed well.

- Dates for the outcome of the authorisation process are still to be confirmed.
• Board recruitment continues. The Chief Officer, Chief Finance Officer, Director of Service Quality/Intergrated Governance, second lay members and secondary care doctor are now in place. An advert has been put out for a secondary care registered nurse.

• The CCG has been delegated responsibility for all the appropriate budgets since October 2012 and will be held accountable on a monthly basis.

2. Questions/Comments

2.1 Dr Shahed Ahmed said that the CCG had performed very well in the mock inspection and was in a good situation to act on the learning points arising.

2.2 Ray James commended the positive collaboration taking place between the CCG and the local authority.

9 WORKING GROUP UPDATES

The Board received working group updates from the following:

1. Health Improvement Partnership Board

Shahed Ahmad, Joint Director of Public Health highlighted the following from his report:

• The British Heart Foundation is working with Enfield as a Heart Town which would be promoted further in 2013.

• Blood pressure and cholesterol control were key areas for primary care improvement. Improving these measures would increase life expectancy particularly in the more deprived areas.

• Good work had been carried out on childhood obesity, but better co-ordination was required.

• The London Health Improvement Partnership had chosen to site a pop up shop, in South Mall in Edmonton, in late January/early February to provide bowel cancer screening, to help with earlier diagnosis of bowel cancer, a significant problem in Enfield. In general people present late for this, but picked up early there was a better chance of recovery.

• Agreed that dates of the shops operation would be forwarded to members of the Board. Sean Barnett also suggested that more funding could be provided from the primary care budget to enable the shop to remain open for a longer period.

2. Joint Commissioning Partnership Working Group
Bindi Nagra, Joint Chief Commissioning Officer, presented the report to members.

NOTED

1. The Joint Commissioning Board has met made up of the representatives from a range of partnership boards, the Chair of the CCG and the joint chief commissioning officer.

2. There was some concern that separate partnership boards were too remote from this board. More information on the calendar and meetings cycle could facilitate engagement.

3. Progress had been made in the first stages of the creation of a new single Healthwatch organisation. Details would be circulated to the Board once finalised next week.

4. The Section 75 Agreement relating to commissioned services for adults would continue once the CCG was fully operational.

5. An extra children’s commissioning officer had been appointed.

6. Recruitment to the Health Watch Steering Group was due to begin.

7. Several Health and Wellbeing Board members were also on the partnership boards which did provide a link between boards and the Health and Wellbeing Board.

8. The structure of the board and its relationships with the partnership boards would be reviewed at the development meetings to be scheduled between the full meetings of the Board.

9. Difficulties in recruiting to social worker and health visitor posts in the Borough had been in part due to the discrepancies in pay across boroughs but this had been resolved. However nationally it was difficult to recruit to these posts and one way of addressing this was to operate in a safe climate and to train up people in house, people who live locally and have some commitment to the Borough. An extra 32 posts will be created over the next two years.

10. Andrew Fraser, Director of Schools and Children’s Services reported that he was meeting tomorrow to pick up on the issue. Child Protection Social Workers were particularly difficult to recruit.

AGREED that the Board note the contents of the report in particular that

1. Enfield’s Clinical Commissioning Group has confirmed the intention to continue the Section 75 Agreement for Adults in 2013-14, securing the partnership arrangements for a further year.
2. The Council has completed Phase One of the Local Government Association Adult Social Care Efficiency Programme, and will now pursue efficiency recommendations internally.

3. Community engagement to inform the setting up of Enfield’s Healthwatch has been undertaken – a summary of which is now being prepared.

4. The first monthly meeting of the Joint Commissioning Board took place on Thursday 8th November.

3. **Primary Care**

Sean Barnett, Implementation Programme Manager NHS North Central London presented the following information:

3.1 Some of the projects are behind schedule and have had difficulties getting off the ground but they are working to make sure they can get going. GPs are beginning to sign up to the schemes.

3.2 A range of interventions on childhood obesity and cardiovascular issues are in place.

3.3 Transforming the GP culture to create GP networks and improve the infrastructure to improve access, quality and the patient experience are starting to take affect.

3.4 This year the services are on target to spend 91% of the £11 million budget allocated. £4 million is due to be spent next year and the year after that. Spending the remaining 9% before March 2013 would be more challenging but they were trying to make it happen.

3.5 Ray James said that he was encouraged with the efforts taking place and hopeful that they would lead to sustainable, lasting improvements.

3.6 In the last week planning permission had been granted for the new Ordnance Road practice and a second tender process was beginning.

3.7 Shahed Ahmad said that it was important that the outcomes are reported and how we manage progress against the outcomes.

3.8 Huge energy has been generated into sharing the vision of a much improved primary care service with GPs and to build a significant legacy.

3.9 A project to use text messaging to remind people about their appointments has resulted in saving 130 appointment slots which were then able to be reused by others.
3.10 The primary care strategy is being reviewed and the council has engaged external consultants to name the improvements in primary care. An interim report is due out in the next few weeks.

3.11 The partnership work on the Ordnance Road Joint Service Centre has been very successful. Engagement with the public has also been effective with over 150 written responses to the consultation received.

3.12 It was suggested that there should be a stronger focus on young people particularly in relation to childhood obesity and gang and domestic violence. Some of the remaining money could be used to employ a single Childhood Obesity Co-ordinator.

3.13 There was a position on the Health and Wellbeing Board for a representative from the Joint Commissioning Board. It was suggested the Board be invited to nominate a representative as soon as possible.

4. Children’s Services

Andrew Fraser, Director of Children’s Services, highlighted the following:

- There was no longer any statutory requirement to have a Children’s Trust or Plan. More work was to be done on how some of the functions of these could be integrated more effectively with the work of the Health and Wellbeing Board.

- A recent inspection of Looked After Children’s Services by OfSTED had judged them to be “good”, a model of partnership working.

- There had been a large reduction in the percentage of under 18 conceptions since 2006, due to the work of the Council in partnership. Enfield was now a role model for London and had recently been visited by representatives from South Korea.

10 HEALTH AND WELLBEING BOARD WORK PROGRAMME

The Board received a draft copy of the Board work programme for next year which the Board members were asked to take away and come back with any comments direct to Felicity Cox.

NOTED

1. The work programme will be continually updated through the year.

2. A part of the Enfield Website was being developed for Health and Wellbeing issues. It will also provide an open forum for discussions.

3. Andrew Fraser suggested that infant mortality, troubled families and an update on the looked after children inspection be included.
4. More detailed discussion on the work programme will take place at the January development meeting.

5. It was proposed that the next year the Board will meet formally five times a year with informal monthly development meetings in between.

It was suggested that it would be helpful to receive feedback on how other shadow boards were doing.

11 MINUTES FROM THE MEETING HELD ON 13 SEPTEMBER 2012

The minutes of the meeting held on 13 September 2012 were received and agreed as a correct record.

12 DATES OF FUTURE MEETINGS

Members noted the dates agreed for future meetings as follows

- Monday 28 January 2013 at 5.30pm (Development Meeting)
- Thursday 14 February 2013 at 6.30pm (Full Shadow Board meeting in public)
- Tuesday 23 April 2013 at 6.30pm (First full board meeting)

A further development meeting will be arranged in March 2013.