

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING SHADOW BOARD  
HELD ON THURSDAY, 14 FEBRUARY 2013**

**MEMBERSHIP**

**PRESENT** Dr Shahed Ahmad (Joint Director Public Health), Chris Bond (Cabinet Member for Environment), Peter Coles (NHS Commissioning Board), 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), Ayfer Orhan (Cabinet Member for Children & Young People), Dr Alpesh Patel (Chair of Local Clinical Commissioning Group), Richard Quinton (Director of Commissioning and Finance (CCG)), Jill Raines (Crossroads Care Enfield), Tony Seagroatt (Age Concern), Peter Smith (Healthwatch) and Litsa Worrall (Greek & Greek Cypriot Community of Enfield)

**ABSENT** Liz Wise (CCG Chief Officer)

**OFFICERS:** Mike Ahuja (Head of Corporate Scrutiny Services), Jill Bayley (Senior Lawyer - Safeguarding), Andrea Clemons (Acting Assistant Director Community Safety and Environment), Felicity Cox (Partnership Manager, Health and Well-being), Linda Leith (Scrutiny Support Officer), Bindi Nagra (Joint Chief Commissioning Officer), Glenn Stewart (Assistant Director Public Health) and Eve Stickler (Assistant Director - Commissioning and Community Engagement) Penelope Williams (Secretary)

**Also Attending:** Graham MacDougall (Head of Commissioning, Integrated and Acute Care), Dr Nicholas Losseff (Medical Director for Secondary Care), Dr Mo Abedi (Chair of the Primary Care Implementation Strategy Group), Siobhan Harrington (BEH Clinical Strategy Programme Director)

**1**

**WELCOME AND APOLOGIES**

The Chair welcomed everyone to the last formal meeting of the shadow board. Apologies for absence were received from Litsa Worrall and for lateness from Councillor Orhan, Andrew Fraser, Deborah Fowler and Peter Coles.

Mike Ahuja, Head of Corporate Scrutiny and Community Outreach, read out a statement regarding speaking at the meeting.

The Chair spoke of the challenges which will be faced by the statutory board from 1 April 2013 including: the large numbers living in poverty; high levels of childhood obesity; high death rates – women living in Upper Edmonton have the highest death rate in North Central London; while some GP practices are excellent, provision throughout Enfield was patchy; the continuing controversy surrounding Chase Farm Hospital; and the historic underfunding whereby Enfield receives 20% less than it needs: Ealing, a similar borough, receives £70m more per year than Enfield.

## **2**

### **DECLARATION OF INTERESTS**

There were no declarations of interests.

## **3**

### **HEALTH AND WELLBEING BOARD - GOVERNANCE ARRANGEMENTS**

The Shadow Board received a report on the proposed governance arrangements for the new statutory Board, which will be set up from April 2013.

#### **1. Health and Wellbeing Board Governance Arrangements**

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

- The three sub groups will be the engine, through which the Board will operate.
- The terms of reference will be subject to change, following the recent publication of Department for Health regulations.
- Pharmaceutical matters have not been included in the list of responsibilities, but these will be added.

#### **2. Questions/Comments**

**2.1** Any further comments on the terms of reference should be sent to Felicity Cox.

**2.2** Jill Bayley, Senior Lawyer, reported that, although the terms of reference had been drafted before the regulations had come out, there was nothing in them that was incompatible.

### **AGREED**

1. The re-freshed Enfield Health and Wellbeing Board Terms of Reference including the procedures for the Board meetings to take place in public.

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2. The increase in the number of Council appointed representatives to allow the Cabinet Member for Environment to be added to its membership. This appointment will be subject to confirmation by the Council.
3. That the board review and acknowledge the plans to elect the representatives of the third sector to its membership.
4. To note the need for the establishment and terms of reference to be subject to further review once the regulations have been published and to delegate any amendments to the Chair in consultation with the Director of Public Health and the Board Executive in advance of the referral to Council.
5. The procedure, to enable the public to speak at board meetings, as set out in Appendix B to the report.

### 4

#### **ACHIEVEMENTS OF HEALTH AND WELLBEING SHADOW BOARD**

The Board received a report setting out the achievements of the Health and Wellbeing Shadow Board and the progress made on the Joint Health and Wellbeing Strategy 2012/14.

Key achievements included:

- The creation of the three sub groups; the Health Improvement Partnership Board, Primary Care Strategy Implementation Board and the Joint Commissioning Board.
- The best improvement in mortality rates in North Central London, increased immunisation rates, improved screening, decreased teenage pregnancy, improvement in infant mortality, roll out of health checks, achieving stop smoking targets, establishment of Tobacco Control Alliance, becoming a British Heart Foundation Heart Town, influencing the UCL Partners academic and health sciences network, producing the joint strategic needs assessment and the Cancer Shop in Edmonton Green.
- The next steps would be reducing childhood obesity, improving blood pressure and cholesterol control in primary care, improving female life expectancy in North Central London and developing a local approach to health improvement.

**AGREED** to note the achievements of the Board to date.

### 5

#### **CLINICAL COMMISSIONING GROUP - AUTHORISATION DEVELOPMENTS**

The Board received a report from the Enfield Clinical Commissioning Group updating the Board on authorisation developments.

Dr Alpesh Patel, Chair of the Clinical Commissioning Group, presented the report highlighting:

- Recruitment to the Governing Body was now complete, all the vacant posts filled.
- Following the NHS Commissioning Board visit on the 7 January 2013, the number of red rated authorisation criteria had now been reduced to 14.
- Using input from the moderation panel report, a further five can be addressed through work on documentation.

## **2. Questions/Comments**

- 2.1 The outstanding issues are mainly related to funding and managing the deficit.
- 2.2 The commissioning intentions are in line with the Health and Wellbeing Strategy.
- 2.3 A risk sharing agreement with the other five North Central London commissioning Groups should help.
- 2.4 The outcomes from the authorisation site visit were more encouraging than hoped for.
- 2.5 One of the red rated authorisation criteria concerned agreement by the Health and Wellbeing Shadow Board that the CCG's Commissioning Board intentions were in alignment with the Joint Strategic Needs Assessment and Health and Wellbeing Strategy. As this had now been agreed, the red rated authorisation criteria could now be reduced to 13.

## **6 THE IMPACT OF CREATIVE ARTS AND THEATRE TO ENHANCE ASPIRATIONS AND RESILIENCE VIA BEHAVIOURAL CHANGE - LIFE OPPORTUNITIES COMMISSION REPORT**

The Board received a report from the Life Opportunities Commission on the impact of the creative arts and theatre on enhancing the aspirations and resilience of young people.

1. Mike Ahuja, Head of Corporate Scrutiny and Community Outreach, presented the report to the Board. He highlighted:

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- The view of young people that theatre was a powerful tool for behavioural change.
- That the Enfield Strategic Partnership had asked for the paper to be circulated to all partnership boards for comment.
- The Partnership had wanted the Board's views on what they felt should be included in the development of a strategic and borough-wide approach to the use of drama and the performing arts in changing the attitudes and behaviour of young people.
- A key focus would be the 2013/14 Year 6 Junior Citizenship programme.

### 2. Questions/Comments

- 2.1 The Youth Parliament was represented on the Life Opportunities Commission.
- 2.2 The Parent Engagement Panel and headteachers had also been involved.
- 2.3 Andrew Fraser, Director of Schools and Children's Services, felt that this was an opportunity to provide consistent clear messages in this area.
- 2.4 Ray James, Director of Health, Housing and Adult Social Care, was supportive of the concept and thought that working with voluntary organisations would be beneficial.

**AGREED** that progress would be discussed by the Health Improvement Partnership Board in 6-8 months time.

## 7

### **CLINICAL COMMISSIONING GROUP COMMISSIONING PLAN AND INTENTIONS**

The Board received a report from Richard Quinton, Director of Commissioning and Finance, summarising the first draft of the Clinical Commissioning Group Operating Plan for 2013/14.

1. Graham MacDougall, Head of Commissioning, Integrated and Acute Care, presented the report to the Board. He highlighted the following:
  - All CCG's have to produce an operating plan laying out their commissioning intentions.
  - Intentions are based on national priorities set by the Government and local priorities aligned with both the local Health and

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Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA).

- The report includes an executive summary of the first draft of the operating plan.
- The national drivers are centred on five domains: preventing people from dying prematurely; enhancing the quality of life for people with long term conditions; helping people to recover from episodes of ill health or following injury; ensuring people have positive experience of care; treating and caring for people in a safe environment and protecting them from harm.
- The four main local themes from the Health and Wellbeing Strategy are a healthy start for children, reducing health inequalities, healthy lifestyles and choices and healthy places.
- Final submission of the plan will be made by 5 April 2013.
- The commissioning intentions will be delivered through four main programmes and two care groups; prevention, primary care, integrated care, clinical and cost effectiveness, children and young people; and mental health.
- The commissioning intentions will be aligned against each of the health and wellbeing strategy themes.
- A range of different services have been put in place to improve diagnosis and prevention, to help reduce inequalities.
- There was a good alignment between the work of the health bodies and the local authority to provide a healthy start for children.
- A range of services were being put in place to encourage healthy lifestyles including stop smoking and alcohol liaison services.
- Healthy choices included improving access to psychological therapies and stroke prevention measures.
- Improving integrated care had been an NHS priority for 18 months and further investment had been allocated to deliver planned care and reduce the likelihood of emergency unplanned care. Investing in care homes will also help reduce emergency admissions.
- Another initiative has been set up to reduce hospital admissions and to improve case management. In total, it was planned to invest £2.5m.

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- Care Closer to Home, an initiative to redesign patient services in the community has been extended to include a redesign of hospital out patient services. Agreeing local tariffs will also help ensure that services can be more cost effective. The redesigned services will be monitored using outcome measures.

### 2. Questions/Comments

- 2.1 Improving quality and reducing costs are both priorities.
- 2.2 Further investment in improving primary care is planned. The risk sharing agreement with the hospitals should mean that more funds will be available. Ensuring that the primary care improvements are in place before the closure of the Chase Farm Hospital services was part of the strategy.
- 2.3 Andrew Fraser, Director of Schools and Children's Services, welcomed the health input into the council's work with troubled families, the use of the common assessment framework and supported the partnership working.
- 2.4 Similar work on integrated care for children to that being done for older people was being considered but there were differences in providing services for children who were mostly well. A separate model was also needed for children with long term health conditions. Working with children with disabilities was part of the wellbeing agenda.
- 2.5 Serious youth violence data on a ward by ward basis would be sent to Dr Alpesh Patel. **Action: Andrea Clemons**
- 2.6 A sub-committee had been set up to monitor the work on troublesome families. Andrew Fraser offered to provide information for the Board.
- 2.7 Councillor Hamilton felt that more needed to be done to ensure that there was a health input into the Safer Stronger Communities Board.
- 2.8 Ray James, Director of Adult Health and Social Care, welcomed the representative from the NHS Commissioning Board and commended the engagement activity planned. It was the intention that the public engagement activity should be as big and inclusive as possible.
- 2.9 The issue of the high early death rate of women in the Upper Edmonton Ward was a concern and it was felt that there should be a co-ordinated, focussed effort to make sure that women in the area have access to health checks.
- 2.10 Even once agreed the plan would continue to be developed throughout the year to adapt to changes which occurred. Richard Quinton stressed that he was happy to continue to work jointly with the local authority in setting strategies and making sure that they were aligned.

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- 2.11 Andrew Fraser felt that there should be some focus on Looked After Children.
- 2.12 The Primary Care Strategy Board would be making significant investments which were applauded by Dr Shahed Ahmad, Director of Public Health, including £100,000 for childhood obesity, £180,000 for cardiovascular services, and £200,000 for early cancer awareness.
- 2.13 The JSNA for 2013/14 was in the process of development with input from the CCG.
- 2.14 The Commissioning Plans are consistent with and do deliver against the Health and Wellbeing Strategy.

### AGREED

1. That the Board is assured that the plan supports the delivery of the Joint Health and Wellbeing Strategy.
2. To note the advice provided for further development before the March Board of the Enfield Clinical Commissioning Group Governing Body.
3. To note that the plan to deliver Joint Health and Wellbeing Strategy objectives is a requirement of final approval by the National Health Service Commissioning Board.
4. To note the steps required before final submission to the National Health Service Commissioning Board on 5 April 2013.

## 8

### SUB BOARD UPDATES

#### 1. Health Improvement Partnership Board

The Board received an update from the Director of Public Health on the work of the Health Improvement Partnership.

Glenn Stewart, Assistant Director of Public Health, introduced the report highlighting the following:

- Smoking is the greatest cause of preventable death in the Borough. Enfield is on target to meet the end of year target for stopping smoking. In Enfield, the latest estimate is that 20% of adults (16 plus) smoke. A stop starting conference is planned in March. An agreement has been reached with North Middlesex Hospital to make referral for smokers to stop smoking services automatic.



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- Immunisation rates are improving. Advertisements have been placed on buses and immunisation is being promoted via the Life Channel and on hospital screens.
- Much work has already been carried out on the transition of public health services to the borough. The transfer of all the NHS functions will be completed from 1 April 2013. Government has still to provide some guidance on the exact value and responsibilities of some contracts including sexual health and school nursing.
- The upper age limit for the emergency hormonal contraception scheme has been increased from 18 to 25. The peak age for terminations is 21-25. Enfield's rate at 34.5 is now below both the London and the national average.
- The prevalence of HIV between 2005 and 2010 has had a 52% increase probably due to screening rates being 99% at North Middlesex and 95% at Chase Farm Hospital.
- Health checks have been rolled out to the West of the Borough. An independent provider has been employed to carry out checks on those who do not respond to invitations from GPs.
- Indications are that there will be a big improvement in childhood obesity rates this year although it is still a problem. Projects including a changeable health programme and working with the Children's Trust on a Healthy Enfield Cook Book.
- A pop up cancer shop had been established in Edmonton, 7 days a week for a period of one month.
- Over 50 clients have been seen by health trainers to help them improve their life style behaviours and to become health champions.
- A Public Health Outcomes Framework had been produced although Department of Health guidance was still awaited.
- Good progress is being made on the JSNA, two data analysts have recently been employed and a project steering group established.
- University College London Partnerships, an academic health science network, attended a meeting of the Health Improvement Partnership Board to outline the work they do, using the latest academic research, on improving health outcomes.

## **2. Questions/Comments**

- 2.1 UCL Partners is a partnership organisation involving hospitals and universities across London. One in ten babies in the country is born to

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UCL Partner organisations. They are working not just in tertiary care but also on prevention. Enfield is situated in the centre of the area and should be able to benefit from their input.

- 2.2 Andrew Fraser welcomed the work being done on undiagnosed HIV infection which had been a problem in a serious case review a few years ago.
- 2.3 Tackling childhood obesity is a challenge which needs to be addressed as early as possible, starting with pre-school. Fantastic work is being carried out by the Healthy Weight Board in this area. Improvements are already being seen in Year 6 children. A number of ethnic groups have high rates of childhood obesity. Community development work needs to be taken forward.

**AGREED** to note the contents of the report especially:

- Smoking is the greatest cause of death in the borough and the Health Improvement Partnership is planning a conference on this in March.
- Good progress has been achieved on immunisation rates and cancer. A Cancer 'pop-up' shop has opened in Edmonton 7 days a week from 1 February to 3 March 2013.
- Good progress was made on healthchecks until Quarter 3. This is being addressed by the CCG and Public Health.
- Childhood obesity remains an area for concern but there have been significant improvements.
- Public Health will transfer to the Local Authority from 1 April 2013 with a number of responsibilities transferring from the NHS to the Local Authority. The Public Health Outcomes Framework is being developed but to date a number of indicators have not been defined.

### **3. Joint Commissioning Partnership Board**

The Board received a report from Bindi Nagra, Joint Chief Commissioning Officer updating them on the work of joint commissioning across health and social care in Enfield.

He highlighted the following from his report:

- Confirmation had been received that the social care grant will continue in 2013/14. The programme ranges from health checks to medicines management and will continue.
- Work is underway to recruit a local Health watch chair and establish a steering group. Five applications for the position of Chair have been received.
- An expression of interest for £350,000 worth of capital funding to improve the environment of care for people with dementia has been submitted.

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- The Department of Health had allocated £882,000 to provide support for social care in the winter.
- A bid for support for schemes from Warm Homes Healthy People funding has been made to provide help for vulnerable people.
- Commissioning Intentions for mental health both borough specific and tri borough have been produced and negotiations with the Mental Health Trust on contracts begun.
- Bids to the Mayors Care and Support Specialist Housing Fund for £900,000 to improve specialist accommodation for people with disabilities in the Borough.
- Cabinet recently approved the Voluntary and Community Sector Strategic Framework and the Joint Carers Strategy.
- Work is underway to ensure the smooth transition of NHS Public Health contracts to the local authority. Contracts include sexual health, health checks and other primary care services.
- The NHS Commissioning Intentions have been detailed. Joint commissioning activity will be central to delivering the key themes.
- A report on the Winterbourne View Hospital had been presented to the Partnership Board in December outlining recommendations arising and the Council's response.

### **4. Questions/Comments**

- 4.1 The health visitor vacancy rate is at 20%. This year the Barnet, Enfield and Haringey Mental Health Trust has struggled to recruit to the posts despite being given additional monies to help them achieve the target. Pay grades had been lower than those of surrounding boroughs, but these had now been adjusted. The census has indicated that there were also more children with complex needs in the borough who would need more support.
- 4.2 Ray James reported that Enfield had historically had a very low allocation for health visitors and that there was some way to go before more could be recruited. Different methods were required to address the problem, including programmes to recruit and train local people.
- 4.3 Peter Coles, National Commissioning Board Representative, acknowledged that health visitors were due to become the responsibility of the Commissioning Board but the transition was still being processed. Once established he agreed to pass on the Health and Wellbeing Shadow Board's concerns with a view to developing

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broader training and recruitment packages. After a year the responsibility was due to be passed on to the Council.

- 4.4 Andrew Fraser said that he would bring a report to the next meeting to update the Board on the health visitor situation as well as the Occupational Therapy Services.
- 4.5 Concern was expressed by Peter Smith, about the recruitment process for Chair of the Health Watch, which he felt had limited the number of applications received.
- 4.6 A report on the outcomes from the Child Healthy Weight project was requested for consideration at a future meeting of the Board.
- 4.7 The possibility of creating a Child Health and Wellbeing Strategy was proposed.
- 4.8 The commissioning intentions for mental health were set out on page 73 of the agenda pack.
- 4.9 Funding for Improving Access to Psychological Therapies had been increased but there had been no corresponding improvements in the service.
- 4.10 There were a range of provider organisations in both the NHS and the third sector which could be used if the Barnet, Enfield and Haringey Mental Health Trust could not provide satisfactory services. Moving away from a single provider was being encouraged. Negotiations with the trust were continuing and a final decision had not yet been taken.
- 4.11 A more in depth sub report on the Mental Health Trust would be provided at the next meeting.
- 4.12 The target for this year had been 5%, 3.8% is likely to be achieved. Next year the target will be 15%.
- 4.13 At the moment Commissioning as a whole were neither, over, or under spending, as savings have been achieved within the portfolio.
- 4.14 It was suggested that future reports should include more specific information including the numbers and sums of money involved in each area.

**AGREED** that the Board note the report.

### **5. Improving Primary Care Board**

The Board received a report from Sean Barnet (Implementation Programme Manager NHS North Central London), and Siobhan Harrington (BEH Clinical

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Strategy Programme Director) updating them on the Primary Care Strategy for Enfield and the Barnet, Enfield and Haringey Clinical Strategy.

Dr Mo Abedi (Chair of the Primary Care Implementation Strategy Group) highlighted the following on primary care:

- The report sets out the actions being taken to address the two strategies priorities.
- The enhanced access scheme had resulted in over 70,000 GP patient contacts. GPs and their receptionists have attended training sessions on new practices including technology to enable better use of a GPs time
- Care Closer to Home aims to improve the quality and safety of the patient experience. For example stable patients on long term warfarin therapy for clotting disorders will be able to have their blood tests carried out locally from April 2013. Training and equipment have been provided to enable patients with deep vein thrombosis to be treated in the community rather than in Accident and Emergency.
- Training and up skilling GPs and other health staff is in process.
- In Enfield there is a high prevalence of under diagnosis. This will be helped by the implementation of more health checks and improvements to blood pressure monitoring, projects to address childhood obesity and other issues.
- Education, training and development of the workforce are key priorities. Enfield has challenges recruiting GPs and has an aging workforce. To address this an arrangement has been reached with University College London to work with four newly qualified GPs who will be based in each of the four quarters of the Borough. This will be equivalent to approximately 17,000 extra appointments per year but will also encourage innovation and make Enfield a more attractive place for GPs to work.
- Investment has been made to bring primary care in Enfield up to the twenty first century. The PLATO text messaging services to remind people about appointments has already saved over 150 appointments These were then allocated to other patients.
- An audit of all GP practice premises had begun with a view to bringing them up to the Care Quality Commission Standards. Work on the first wave is almost complete and the second wave is underway. New premises are to be set up at Ordnance Road, Moorfields and Southgate Town Hall.
- Eighty percent of the extra £3 million allocated for primary care has been allocated and work is continuing to ensure that as much of the

remaining 20% as possible is spent, before the end of the financial year.

**6. Questions/Comments**

- 6.1 The CCG was working to maximise the use of the available resources, ensuring that the necessary infrastructure was in place. Enfield has made dramatic progress over the past year and has had significant backing from local GPs. Practices are working well together with secondary and social care providers.
  - 6.2 In response to a question from Councillor Hamilton on when patients would be likely to see improvements in health care, it was stated that improvements are being made and should soon be seen to have an effect.
  - 6.3 The network leads within each of the GP Forums were talking through the various schemes, and encouraging GPs to take them on.
  - 6.4 A Patient Participation Group has been established in 29 practices and work is continuing to set them up for every practice. This will facilitate patient involvement and enable the CCG to take account of patient views.
  - 6.5 Each practice has its own "on line" presence.
  - 6.6 Ray James said that he was heartened by the work that had been done as there had been a historic underinvestment in, and neglect of, primary care in Enfield.
  - 6.7 Members were keen to ensure that any money that was not spent this year could be carried forward for projects in Enfield in the next financial year.
  - 6.8 The number of patient participation groups had increased from 11 to 29 in less than 12 months for which the CCG deserved credit.
  - 6.9 Dr Shahed Ahmad welcomed the improvements in the quality of primary care which was one of the strongest determinants, he delighted in the number of patient participation groups which would help provide a user voice for the JSNA.
  - 6.10 As Upper Edmonton had the worst female life expectancy in the country, it was suggested that the additional GPs should have an extra focus in the Upper Edmonton Area. All the initiatives proposed will help women in the area.
7. Dr Nicholas Losseff, Medical Director for Secondary Care (NHS North Central London), highlighted the following from the report on Barnet, Enfield and Haringey Clinical Strategy.

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- A key milestone had been reached with the approval by the Barnet, Enfield and Haringey CCGs for the clinical strategy business case.
- Building work had started at both Barnet and North Middlesex Hospitals.
- There are five clinical work streams: emergency care, maternity and neonates, paediatrics, planned care and urgent care and three enabling: transport, workforce and communications and engagement.
- Governing the programme are a Clinical Cabinet, A Chase Farm Vision Group and a Reference Group.
- The aim of the groups is to stretch ambitions in quality and safety, ensure a step change in quality and that safety is maintained during transition.
- Reconfiguration of the services will result in big changes in process.
- Milestones include the establishment of an urgent care centre in Barnet.
- The delivery of the BEH Clinical Strategy is aligned with the vision and objectives of the Enfield Health and Wellbeing Strategy.

### **8. Questions/Comments**

- 8.1 Peter Smith (Healthwatch Representative) said that the public were frustrated with the lack of progress and uncertainty around issues such as the changes at Chase Farm and the status of mental health services at St Ann's Hospital. Currently at accident and emergency there was often standing room only. He questioned whether an emergency walk in centre would work properly.
- 8.2 Siobhan Harrington responded that there were many changes happening at Chase Farm, but plans were in place for an urgent care centre, for planned care to take place and for an outpatient service providing anti and post natal support. Dr Alpesh Patel was part of the Chase Farm Vision Group who were considering the changes and consulting with patients through the patient participation groups. The Vision Group will be producing a final report is due to be produced at the end of March.
- 8.3 It was acknowledged that communication should be improved to make sure the public is aware of the changes as implementation progresses.
- 8.4 A central programme team involving representatives from the Barnet, Enfield and Haringey CCGs has been set up to work with the hospital trust.

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- 8.5 Councillor Hamilton expressed concern that there was a widespread perception that the standard of care at Chase Farm was poor and that staff morale was low.
- 8.6 The aim of the clinical strategy was to ensure that residents and patients receive the best possible care. Some areas need improvement and that was what the clinical strategy was working to achieve. Services will be moved between the hospitals and it was acknowledged that it would not be possible to meet modern standards of care in all the hospitals without making changes. Of the three hospitals, Chase Farm was most vulnerable. The strategy enables changes to be planned to ensure the provision of high quality care and that the right workforce is in the right place.
- 8.7 Ray James observed that there were 3 questions arising out of the Board Assurance and Extreme Risk Report reported at meeting of the boards of the 5 primary care trusts to which answers were required.
- The Leader of the Barnet, Enfield and Haringey Clinical Strategy and of the five primary care trusts had stated that it was the intention that changes would be made by November 2013, was this when the changes would occur?
  - Assurance was sought that all the reconfiguration panel pre conditions were met before changes were made. Was this to be so?
  - The primary care trust boards had received assurance that the implementation of the primary care services would take place before a decision on the future of the hospitals was implemented. Was this so?.

The judgement of the chief executives of the 5 primary care trusts was clear and transparent. A written response was required.

- 8.8 Dr Shahed Ahmad asked if site specific hospital mortality data existed. North Middlesex Hospital was expanding its workforce and it was suggested that they should be encouraged to employ people from the Upper Edmonton area. A large children and families block was to be built at North Middlesex Hospital.
- 8.9 Andrew Fraser requested that the Clinical Cabinet should look ways to address the high infant mortality rate.
- 8.10 The twenty four hour blood pressure monitoring scheme was due to be rolled out this month. This had not yet been publicised, but it was felt that, at first, it would be best to roll out the scheme gradually, publicising it, once established.



**AGREED** that the Board note the report.

## **9. Children's Services Report**

The Board received a report from Eve Stickler, Assistant Director Commissioning and Community Engagement, containing information on the Big Lottery – Fulfilling Lives: A better Start Scheme.

Eve Stickler introduced the report highlighting the following:

- This was an opportunity for Enfield to lever extra money into the area partnership.
- The project was at an early stage but it was intended that Enfield should put in an initial expression of interest.
- The bid would be led by the voluntary sector.
- The steering group of the Enfield Strategic Partnership had recommended that the Enfield Highway, Enfield Lock and Turkey Street are the wards selected for the bid. The paper goes to the full Enfield Strategic Partnership Board next week. In total these wards have a population of 44,889 which is younger than average: nine percent of the population is under 5. Birth rates in these areas are also high and expected to rise. Approximately 50% of these children live in poverty and they have high levels of obesity.
- The initial stage of preparing this expression of interest has involved mapping the area and working out a gap analysis.
- Success could provide additional leverage concerning the proposals for "grow your own" health visitors.

## **10. Questions/Comments**

10.1 Those Voluntary and Community Sector organisations who have helped in the preparation of the bid at this stage and who have expressed their interest in being leading partners are, the Children's Food Trust and 4Children with the latter wishing to be named as the lead. In addition the NCT wish to be a key partner.

10.2 Initial consultation with local smaller voluntary sector providers of early years and childcare provision has taken place but will continue if successful through this first application round.

10.2 Consultation with voluntary sector providers would take place after the initial stages were complete.

10.3 The Board was asked to endorse the first stage of the process.

10.4 Councillor Hamilton asked about the possible risk associated with voluntary sector partners – this would be mitigated by dealing with large national organisations.

**AGREED** that the Board would endorse the recommendation of the Enfield Strategic Partnership Steering Group to the Enfield Strategic Partnership Board that the wards selected to put forward as part of the expression of interests for the Big Lottery Project are Enfield Highway, Enfield Lock and Turkey Street.

**9**

**MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 6 December 2012 were agreed as a correct record.

**10**

**DATES OF FUTURE MEETINGS**

The Board noted the dates agreed for future meetings.

- Monday 25 March 2013 at 6pm (Informal Session)
- Thursday 23 April 2013 at 6.30pm (First full Board meeting in public)

**11**

**EXCLUSION OF PRESS AND PUBLIC**