MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 19 SEPTEMBER 2013

MEMBERSHIP

PRESENT Donald McGowan (Cabinet Member for Adult Services, Care and Health), Shahed Ahmad (Director of Public Health), Ian Davis (Director of Environment), Ray James (Director of Health, Housing and Adult Social Care), Deborah Fowler (Enfield HealthWatch), Dr Alpesh Patel (Chair of Local Clinical Commissioning Group), Liz Wise (Clinical Commissioning Group (CCG) Chief Officer) and Vivien Giladi (Voluntary Sector)

ABSENT Chris Bond (Cabinet Member for Environment), Andrew Fraser (Director of Schools & Children's Services), Christine Hamilton (Cabinet Member for Community Wellbeing and Public Health), Ayfer Orhan (Cabinet Member for Children & Young People) and Paul Bennett (NHS England)

OFFICERS: Bindi Nagra (Joint Chief Commissioning Officer), Keezia Obi (Head of Public Health Strategy), Glenn Stewart (Deputy Director of Public Health), Andrea Martin (Policy, Engagement and Partnership's Manager (Health, Housing and Adult Social Care)), Pragati Somaia (JSNA Project Manager), Jill Bayley (Principal Lawyer - Safeguarding), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Eve Stickler (Assistant Director - Commissioning and Community Engagement), Andrea Clemons (Acting Assistant Director Community Safety and Environment) and Kate Charles (Commissioning Manager- Health & Adult Social Care) Penelope Williams (Secretary)

Also Attending: Alison Frater (NHS Enfield)

1
WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies for absence were received from Councillors Orhan, Hamilton and Bond, Paul Bennett (NHS England), Andrew Fraser (Director of Schools and Children's Services) and for lateness from Ian Davis (Director of Environment)

2
DECLARATION OF INTERESTS

There were no declarations of interest.

3

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The Board received a report from Keezia Obi, Head of Public Health Strategy, updating the board on the production of the Joint Strategic Needs Assessment (JSNA).

Keezia Obi presented the report to the Board:

- The JSNA (Joint Strategic Needs Assessment) had been created as an on line resource, which would be continually updated as the data changed. Approximately 400 pages had been uploaded but this will continue to rise.
- It was planned that it will go live on Tuesday 1 October 2013.

2. Questions/Comments

2.1 Members of the Board congratulated Keezia and her team for their excellent work.

2.2 Suggestions were made to improve accessibility, spelling out JSNA and providing signposts to more information. Links to and from the Council website would be included.

2.3 A communications strategy was planned.

AGREED

1. To approve the JSNA Strategy Online Resource.

2. To note the timescale for the availability of the JSNA on the Enfield Health and Wellbeing Website.

4

JOINT HEALTH AND WELLBEING STRATEGY - DRAFT PRIORITIES

The Board received a report about the development of the 2014-19 Joint Health and Wellbeing Strategy.

1. The Report

Keezia Obi, Head of Public Health Strategy, highlighted the following from the report:

- The JSNA had been used to inform the strategy.

- Over the Summer Board members had met, in three development sessions, to work on the priorities.

- Local knowledge and expertise had been drawn on.

- The Board had agreed a vision for the strategy "working together to enable you to live longer, healthier, happier lives in Enfield".

- Five priorities had been identified:

  - Ensuring the best start in life
  - Enabling people to be safe, independent and well by delivering high quality health and care services
  - Creating stronger, healthier communities
  - Narrowing the gap in healthy life expectancy
  - Promoting healthy lifestyles and healthy choices.

- Consultation on the priorities was due to begin in early October 2013.

2. Questions/Comments

2.1 The consultation will include the ability to rank priorities indicating what is most or least important, a double page spread in Our Enfield, questionnaires on the website, and a series of other meetings and activities that are in the process of being planned.

2.2 The established JSNA Communities Working Group will be asked to advise on the consultation on the strategy priorities.

2.3 Ray James suggested that the vision could be amended to make more explicit the desire to tackle inequality, adding "making a difference where it is needed most" or that it is made clear in the consultation documents.

2.4 In the consultation documents, it will make clear that responses will be valued and what the public says has considerable weight.

2.5 Eve Stickler asked that there should be engagement with young people and that it should be made clear to them that their feedback was heard and truly considered.

2.6 Care should be taken to ensure that the responses are representative.

2.7 A consultation report would be published.

2.8 Board members were asked to put forward suggestions for engagement.

2.9 Two formal consultation meetings were requested: one in Enfield Town and another in Edmonton Green. Other possibilities included the area forums, Youth Parliament, Over 50's Forum and CCG meetings. Liz Wise mentioned that the CCG were planning an event in early October which would be a good opportunity. It was also hoped that each patient participation group could contribute.

2.10 A copy of the consultation plan will be circulated to Board members.

AGREED that the Board:

1. Note the contents of the report, specifically the draft priorities for the Joint Health and Wellbeing Strategy.

2. Approve the consultation period for seeking local views on the draft priorities, in particular from local residents and other key stakeholders. It is proposed that the consultation process commences on 1 October 2013 for a 12 week period.

5
ROYAL FREE ACQUISITION OF BARNET AND CHASE FARM HOSPITALS TRUST

The Board received a report from Liz Wise (Chief Officer Clinical Commissioning Group) updating them on the Royal Free Hospital proposals for Barnet and Chase Farm Hospitals.

1. Report

Liz Wise highlighted the following from her report:

- Proposals were at an early stage.
- Last year, following new Government requirements that all NHS trusts become foundation trusts, Barnet and Chase Farm had concluded that financially and clinically they could not become a trust alone and had looked for other partners.
- The Royal Free had been chosen as the preferred partner, as it was felt that they would be able to provide the level of stability required.
- Acquisition would be a complex and formal process.
- No final decisions had yet been made.
- A formal business case is being prepared, which will be presented to the Royal Free Board and to the NHS England Commissioning Board in autumn 2013.
- The CCG were concerned to ensure that the proposals were in the best interests of Enfield residents.
- Regular update reports would be provided to the Board.

2. Questions/Comments

2.1 The Royal Free Hospital had recently been asked to support Basildon and Thurrock University Hospital Trust, via a buddying arrangement, providing expertise to a struggling organisation. Liz Wise reported that as far as she was aware, this was not a formal acquisition, but she would report back to the Board when she had more information.

2.2 This could be a concern in that there might be less focus on Barnet and Chase Farm Hospitals.

2.3 The Royal Free have indicated that they are fully behind the Barnet and Chase Farm reconfiguration plans and would only be interested in taking over the hospitals if these plans went ahead.

2.4 It was suggested that the Board invite a representative from the Royal Free Hospital to one of their development sessions to discuss the proposals.

AGREED that the Board note the report.

6
INTEGRATION SUB BOARD

The Board received a report briefing the Board on the proposals for the Integrated Transformation Fund from Ray James (Director of Health and Adult Social Care).

Bindi Nagra (Joint Chief Commissioning Officer) and Kate Charles (Deputy Joint Chief Commissioning Officer) presented the report to the Board, highlighting the following:

- The report describes the proposals for further developing joint integrated working arrangements between the CCG and the Council.

- A pooled fund including the £3.8m Integration Transformation Fund will be agreed. This will be partly made up of £20m from the Council and approximately £10m from the CCG.

- As a minimum, the fund conditions are anticipated to include at least the following:
  - Protection for social care in terms of services
  - Enabling 7 day working
  - Taking a joint approach to assessment and care planning
  - Facilitating information sharing including the use of the NHS number across health and social care
  - Taking account of the implications for the acute sector of service reconfiguration.
  - Set out arrangements for redeployment of funding held back in the event of outcomes not being delivered.

- The proposal includes setting up a sub group to work on the proposals. Timescales are tight.

- Work will be informed by discussions around the JSNA and the Health and Wellbeing Strategy.

2. Questions/Comments

2.1 It is speculated that funding will be allocated according to a formula which has not yet been decided.

2.2 Ray James said that this was potentially a fantastic opportunity and should facilitate more services for local people. This is especially welcome in terms of the national context and the 10% reduction in local authority funding.

2.3 The CCG would have to find the money from existing resources. There would be no new money. Liz Wise added that this could be a catalyst to enable things to be done in a different way. However the money for the services could only be found by taking funding from other services which are already being provided, and this could be difficult, especially as there were significant funding pressures on the NHS as a whole. NHS England have anticipated that the national health service will need an extra £30 billion just to stand still.

2.4 Deborah Fowler was concerned that the integration of services should considered from the point of view of the client receiving the services, focussing on individuals.

2.5 The new integration sub board will be time limited**.** It will be separate from the Joint Commissioning Board and will not replace it.

2.6 Councillor McGowan was concerned that there was a risk that if targets were not met, a percentage of the money would be lost. The risk would not be known until the conditions are published. Lobbying is currently taking place so that the targets can be agreed locally, although it is likely that there will, at the least, be some ministerial sign off of local plans.

2.7 The Health and Wellbeing Board would seek to influence any target setting to make sure targets were reasonable and deliverable.

2.8 The Health and Wellbeing Board will be the best body to help to help the integration proposals succeed.

2.9 A two year plan had to be produced within the next two months.

2.10 A suggestion was made that the contribution from the CCG would increase the QIPP. This did not follow as the money would most likely have to be taken from that currently allocated to acute services.

2.11 Requests were made that Ian Davis, a clinical representative, someone from HealthWatch and service users be included in the membership of the proposed sub group.

2.12 Liz Wise said that a decision on the creation of a sub group and its terms of reference would need to be taken back to the CCG Governing Body for approval.

2.13 It was proposed that a working group be set up to work up some detailed recommendations including the two year plan and to develop the proposals for a formal sub board.

AGREED

1. To set up a working group including the members of the sub board proposed in the terms of reference attached to the report as well as a representative from HealthWatch, the Director of Environment and a clinical representative from the CCG.

2. The working group will pull together the initial plans for the Integrated Transformation Fund, once the conditions and expectations are confirmed by Government.

3. The Working group will also work on a governance structure, including terms of reference, for future approval by both the Health and Wellbeing Board and the CCG Board.

7
SUB BOARD UPDATES

1. Health Improvement Partnership Board

The Board received a report from Shahed Ahmad (Director Public Health) updating the Board on the work of the Health Improvement Partnership Board.

Glenn Stewart highlighted the following from the report:

- There was good news on the Tobacco Control/Smoking Cessation. The smoking quitters target has been achieved, but the focus would be maintained. Enfield has the 16th highest smoking prevalence in London.

- A new Healthy Weight Co-ordinator had started work.

- A final draft of the JSNA was presented to the Board development session on 18 July 2013.

- The CCG Chief Officer gave the sub board an overview of commissioning and the issues surrounding maternity care. A review of maternity services is to take place in the Autumn 2013.

- An update on childhood poverty had been received.

- A consultant is leading work on the Child Death's Overview Panel.

- Enfield has come out well on the Public Health England data on prevention of premature deaths. We were 32nd out of 150 local authorities and 1 out of 15 in similar authorities.

- MoreLife(UK) had been providing summer weight loss camps for 8-17 year olds.

AGREED that the Board noted the contents of the report.

2. Questions/Comments

2.1 KPIs were being developed for the Board.

3. Joint Commissioning Sub Board Update

The Board received a report updating them on the work of the Joint Commissioning Sub Board.

Bindi Nagra (Joint Chief Commissioning Officer) highlighted the following from his report:

- A community interest company had been created, independently of the Council to deliver the HealthWatch functions.
- Enfield have just been informed that they will not be receiving the Warm Homes funding from the Government which would have been used to cover winter pressures this year. This is disappointing as last year the voluntary sector had provided an enormous amount of support with this funding. Other options for funding will be investigated.

4. Questions and Comments

4.1 The section 256 agreement had now been updated and signed. The Board had received information on the 13/14 allocations. Bindi Nagra would confirm when this had occurred and provide an audit trail.

4.2 Deborah Fowler invited all to the HealthWatch launch event.

4.3 Clarification of the issue about GPs failing to engage with the bone health nurse would be provided.

4.4 Liz Wise reported that she had written to the Chief Executive of the North Middlesex Hospital about the delays in implementing the paediatric integrated care work stream. She would keep the board briefed on developments.

4.5 Two learning difficulties nursing posts were in danger of being lost. Alternatives were being pursued. An update on the situation would be provided to the next meeting.

AGREED that the Board note the contents of the report.

5. Improving Primary Care Board

The Board received an update on the work to date to implement the primary care strategy across Enfield.

Dr Mo Abedi, Chair of the Primary Care Strategy Improvement Board highlighted the following from the report:

- The money available to deliver the primary care strategy was £11m over 3 years.
- Thirty eight practices had signed up to the Access Scheme which has created 3,400 additional GP slots per month, a projected 40,000 extra over a whole year, covering 82% of the population. An evaluation of the effectiveness of the scheme is being undertaken by the Primary Care Foundation.
- A total of 152 GP reception staff attended training on enhancing communication skills, given by Effective Professional Interactions who are also providing extra support to some of the practices evaluated.
- The Minor Ailments Scheme has resulted in an extra 3,159 face to face consultations with local pharmacists. Patient satisfaction data revealed that 95% of patients were seen within 10 minutes and 97% would use the service again. Evaluations would continue.
- Enfield Carers Centre had recruited a GP liaison worker and the funding has been made available for a Carers Nurse. Work was progressing, promoting carers support and developing a clear referral pathway for carers, for GPs and practice staff.
- The joint initiative with University College London to employ four academic clinical associates is well underway: posts have been advertised, interviews planned and host practices shortlisted. Once recruited, these extra doctors, will result in an extra 17,000 primary care appointments across Enfield, over 2 years. They bring in service improvements through research and redesign and raise the profile of Enfield as a borough for newly qualified GPs to settle in, in the long term.
- Several schemes to improve the patient experience including in blood pressure monitoring, management of childhood obesity and a patient experience tracker have also been introduced.
- A HiLo Initiative in conjunction with Queen Mary University has been set up in two practices to improve the management of Coronary Heart Disease and Blood Pressure.
- Over 80,000 cancer screening leaflets have been distributed to the over 50's and two trainers recruited to promote screening.
- A domestic violence project to work with up to 25 general practices has been set up.
- IT improvements have been bought in, providing at least half of practices with new hardware and to enable better communication between practices and with other health organisations.
- This year £3.4m has been allocated to Enfield's primary care strategy. The business case for a further two years of funding has been put forward.

- A series of GP networks have been set up and clinical leads identified to engage with practices in each of the different localities across Enfield.

2. Questions/Comments

2.1 Vivien Giladi who thanked Dr Mo Abedi for his positive report, expressed some reservations on behalf of the Over 50's Forum about the minor aliments scheme, but would wait to comment until after an evaluation had taken place in October 2013.

2.2 She reported concerns that she had received from visitors, at the Enfield Town Show, about the primary care provision in North East Enfield and referred to the evidence, discussed at the Enfield Health Reference Group, about 5 wards, in North East Enfield, which had been identified as those that would be most adversely affected by the proposed changes at Chase Farm Hospital.

2.3 Some of these concerns may be addressed when the Joint Service Centre planned for North East Enfield became fully operational.

2.4 The GP Network Leads were continuing to work with and engage those practices that had not taken part in the Access Scheme and to develop links, with all practices to enable them to better support each other.

2.5 The four extra University of Central London doctors would be placed in areas of shortage, but needed to be in practices where they would receive good support and training.

2.6 Access, patient satisfaction and attendance at Accident and Emergency Centres were due to be discussed at the next Improving Primary Care Board Meeting.

2.7 Councillor Don MCGowan queried whether the Clincial Commissioning Group (CCG) was happy with the rate of progress in the development of the GP networks. In response the Board were informed that the first stage had been achieved, to obtain buy in from the practices, but work was continuing on the second stage, to develop them to enable them to work together more effectively.

2.8 Dr Alpesh Patel said that in the past Enfield had not had a culture where GPs worked together and it was difficult to align the different ways of working amongst a large group of GPs who were used to working independently. It was the CCG's job to make a case for the clinical and financial advantages to be gained from working together, but this would take time. Progress was being made.

2.9 Ray James referred to the context of the Barnet, Enfield and Haringey Clinical Strategy in relation to the improvements required in primary care. He felt that there were some areas of progress but that the report had focussed

on the areas where there had been progress and did not give a complete picture of what progress had and had not been made in all areas of the primary care strategy, as had originally been set out, two years ago.

AGREED to note the report.

8
WORK PROGRAMME 2013-14

The Board received the work programme for 2013-14.

NOTED

1. The CCG Strategy and Commissioning Intentions would be discussed at the November development session of the board.

2. Key performances indicators would be formulated linked to the Health and Wellbeing Strategy priorities and discussed at a later development session.

9
MINUTES OF THE MEETING HELD ON THURSDAY 20 JUNE 2013

1. Minutes of the meeting held on 20 June 2013

The Board agreed the minutes of the meeting held on 20 June 2013 as a correct record.

2. Matters Arising

2.1 Immunisation (Item 4 – 2.19)

Alison Frater (NHS England) provided a verbal update to the Board on immunisation following the discussion at the last formal meeting and the request that more information be provides for this meeeting.

- Responsibility for Immunisation had recently been transferred to NHS England. The transition had gone relatively smoothly and investment was continuing.
- All commissioning was carried out, working closely with the CCG.
- As part of the Health and Social Care Act, Public Health England had been given ownership of all the immunisation data: there had been delays in receiving data from them. NHS England was unable to share any data until it had been published by Public Health England. Publication had been delayed.
- However informally, Enfield's Quarter One data looked encouraging and there had been some improvement in MMR uptake in the 2-5 age group.

- Three main action plans were being put together to improve the services:
- The first to establish a better set of information – much of the current data was inaccurate – and to invest in local systems creating a better engagement strategy.
- The second to target local communities where immunisation rates were low.
- The third to look at different work force models – currently a large proportion of immunisation is carried out by GPs - this would include looking at the feasibility of establishing a taskforce made up of health visitors to work with schools and nurseries for example while relying on the core GP delivery model.
- More could be done if GPs could improve the sharing of information on immunisation. Peer reviews between practices could improve uptake.
- More work to support the uptake of the seasonal flu vaccines, widening access to community pharmacies perhaps, would be undertaken.
- Immunisation uptake amongst health professionals themselves was poor and needed to be increased: they were at greater risk of infection.
- They would also be seeking to support work with, and raise awareness amongst at risk groups.

2.2 Questions/Comments

2.2.1 Ray James noted the reassurance that long established local schemes would continue and that possible risks during transition seem to have been overcome.

2.2.2 Data from Q1 was due to be published on 17 September 2013 and is now scheduled for mid October. In the past this had been provided in June.

2.2.3 It was suggested that Public Health England should be encouraged to issue data more quickly. Local Public Health could co-ordinate work to generate a better understanding of immunisation uptake practice by practice by asking GPs to send through copies of the data that they sent to Public Health England.

2.2.4 In general there has been a poor uptake across London, due to the high proportion of the population who were mobile and unregistered. But the reporting and data recording system was not working well. During the recent MMR campaign the level of immunisations was significantly under reported. If the level had been as poor as records indicated, there would have been a measles outbreak. A recent evaluation had indicated an uptake rate of 95%.

2.2.5 With improvements in technology reporting should become more reliable.

2.2.6 During the recent MMR campaign, GPs were asked to interrogate their systems and write to families who were not recorded as being immunised, they found that many were.

2.2.7 Including the MMR within the school leaver booster was being considered.

2.2.8 Providing more immunisation through Children's Centres was also a possibility.

2.2.9 There have been issues within the Traveller and Somali communities and some other hard to reach groups which need some targeted interventions.

2.2.10 An average of 95% is not enough to provide herd immunity. The rate does need to be increased.

2.2.11 Dr Mo Abedi said that there was a problem with the validity of the data and that he would urge greater collaborative working.

2.2.12 Doctors would welcome more information on the new flu campaign.

2.2.13 The Over 50's Forum had welcomed the new Shingles Vaccine which was being offered to the over 70's, but were disappointed that it only seemed to be available to 70 and 79 year olds. This was due to a shortage of vaccine.

2.2.14 Doctors did have difficulty with the recording system. It would be more effective if the surveillance data was linked to the payment system.

2.2.15 Enfield had invested heavily in the immunisation and there was a concern that NHS England would not be able to provide as much resource. Enfield had been able to employ a full time borough level co-ordinator enabling them to make good progress.

2.2.16 Once the data from Public Health England was available, it would be possible to target support where it was needed, and improve uptake.

10
DATES OF FUTURE MEETINGS

NOTED the dates agreed for future meetings of the Board:

- Thursday 12 December 2013
- Thursday 13 February 2014
- Thursday 24 April 2014

NOTED the dates agreed for Board Development Sessions:

- Thursday 17 October 2013

- Tuesday 19 November 2013
- Tuesday 21 January 2014
- Thursday 20 March 2014