

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON THURSDAY, 12 DECEMBER 2013**

MEMBERSHIP

PRESENT Donald McGowan (Cabinet Member for Adult Services, Care and Health), Shahed Ahmad (Director of Public Health), Chris Bond (Cabinet Member for Environment), Andrew Fraser (Director of Schools & Children's Services), Ray James (Director of Health, Housing and Adult Social Care), Deborah Fowler (Enfield HealthWatch), Ayfer Orhan (Cabinet Member for Children & Young People), Dr Alpesh Patel (Chair of Local Clinical Commissioning Group), Liz Wise (Clinical Commissioning Group (CCG) Chief Officer) and Vivien Giladi (Voluntary Sector)

ABSENT Ian Davis (Director of Environment), Christine Hamilton (Cabinet Member for Community Wellbeing and Public Health) and Paul Bennett (NHS England)

OFFICERS: Bindi Nagra (Joint Chief Commissioning Officer), Felicity Cox (Partnership Manager, Health and Well-being), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Keezia Obi (Head of Public Health Strategy), Hayley Coates (Special Projects Business Manager), Glenn Stewart (Assistant Director of Public Health) and Jenny Mazarelo Koulla Panaretou (Secretary) and Penelope Williams (Secretary)

**1
WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. Apologies for absence were received from Councillor Hamilton and Paul Bennett and for lateness from Ray James. Councillor Orhan, Deborah Fowler, Andrew Fraser and Felicity Cox apologised for leaving early.

**2
DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3
CHILDREN'S DISABILITIES CHARTER**

The Board received a report from Andrew Fraser, Director of Schools and Children's Services, on the development of a Children's Disabilities Charter.

Janet Leach, Head of the Children's Disabilities Joint Service Board presented the report to members.

She highlighted the following from her report:

- The Charter was developed as part of the Every Disabled Child Matters and the Aiming High National Transformation Programme.
- The Health and Wellbeing Board is being asked to commit to seven key areas as part of the charter.
- Clause 170 of the Children and Families Bill, which is currently going through Parliament, will be asking local authorities to ensure clinical commissioning priorities for children with disabilities.
- Enfield has over 1,300 children with Special Educational Needs (SEN) statements: 815 of these have disabilities.

2. Discussion of the Report

The following points were made during the discussion on the report:

- 2.1 Members welcomed the report and the recent news that there were increasing numbers of disabled people taking part in sports activities, following up on the success of the Paralympics.
- 2.2 The Board had to be careful to be aware that it could not micro manage services, but could promote integration, encouraging services to work together. Any new work would have to be carried out within existing resources.
- 2.3 In the future it may be necessary to create a Children and Families sub group of the Health and Wellbeing Board to oversee work in this area. The Children's Disabilities Board currently reports in to the Schools and Children's Services Senior Management Team. Arrangements were in transition.
- 2.4 With the growth in the numbers of children and young people will come a growth in the number of children with disabilities. This is also due to better health care, enabling disabled children to live longer lives.
- 2.5 Next year Children's Services will become responsible for children in care from 0-25. Their assessment plans will cover the move to adult services.
- 2.6 Enfield's Learning Disabilities Team has an excellent careers service and Enfield has a higher proportion of disabled people in work than any other London Borough. A higher proportion is also supported at home

by their families. Children who had had out borough placements have also been bought back into the borough over the past few years.

- 2.6 The disabilities service is in a period of transition, but is developing.
- 2.7 Information on children with disabilities will be included in the JSNA: integration of services for them will also form part of the Health and Wellbeing Strategy.

AGREED that Board would formally sign up to the Charter.

4

JOINT HEALTH AND WELLBEING STRATEGY

The Board received an update from Keezia Obi, Head of Public Health Strategy, on the development of the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS).

Keezia Obi highlighted the following from her report:

- The JSNA is now live. The Steering Group will continue so that they can oversee the further development of the JSNA.
- The working group, made up of officers from both the CCG and the Council, have been working on putting together the Joint Health and Wellbeing Strategy developing the format to be put to the Board.
- So far over 400 individual responses to the consultation have been received. Officers have also gathered views through attendance at meetings with voluntary groups and others. All except one of the responses were in favour of the priorities. Activities will continue.
- The most popular priorities so far were “Enabling People to be safe, independent and well”, “Ensuring the best start in life” and “Promoting healthy lifestyles”.
- Respondents were supportive of the emphasis on prevention.
- Most of the respondents were females living or working in the Borough. Eight per cent were carers. Nineteen per cent were under 24 and 12% under 16.
- More work was needed to encourage people from ethnic minority communities to take part in the consultation, but this was being addressed.
- Suggestions also included removing vending machines.

2. Discussion of the Report

HEALTH AND WELLBEING BOARD - 12.12.2013

The following points were made during the discussion on the report:

- 2.1 Members welcomed the work being carried out.
- 2.2 There is a statutory responsibility to produce the JSNA. Resources needed to extend and broaden it will be found from within the Public Health budget.
- 2.3 Concern was expressed about the number of fast food outlets near to schools.
- 2.4 It was felt that people consulted were aware that responsibility for good health lay with them.
- 2.5 Ante-natal care was very important linking across all priorities. There were particular issues encouraging people from some communities, who have no concept of anti natal care, to take up the care offered.
- 2.6 Information and feedback gathered as part of the consultation would be passed on to CCG officers.
- 2.7 Consultation using CCG events had also taken place. The CCG had a new lead on engagement who would be happy to work with the Council.
- 2.8 It was suggested that engagement could continue after the end of the formal consultation period.

AGREED to

1. Note that the JSNA is now available on line at www.enfield.gov.uk/jsna
2. Note the progress made to produce the JHWS
3. Note the consultation arrangements and the views of local people on the draft priorities.
4. Continue promoting the consultation and encourage responses to the consultation questionnaire.

5

CHILDHOOD OBESITY AND PUBLIC HEALTH

The Board received a report on the development of a borough wide obesity strategy for children and adults.

1. Report

Glenn Stewart, Assistant Director Public Health, highlighted the following from his report:

HEALTH AND WELLBEING BOARD - 12.12.2013

- The latest National Child Measurement Programme (NCMP) obesity figures were released on the previous day. The figures are slightly different but broadly similar to those in the report.
- Enfield suffers from high rates of obesity. It has the fifth highest reception rate, and the sixth highest Year 6 rate in London. The Year 6 rate is almost twice that of reception.
- Twenty three per cent of adults are obese and 40% are obese and overweight. Nationally two thirds of the population are now overweight or obese. This problem has increased and is set to increase further.
- The costs of obesity are large: they are expected to rise from £75m in 2007 to £84.1m in 2015. Obesity can also lead to many long term conditions that cost the health service millions of pounds.
- Adults are the gatekeepers for children's behaviour and the causes of their obesity are the same: therefore it makes sense to combine obesity strategies.

2. Discussion of the Report

The following points were made during the discussion:

- 2.1 Board members welcomed the approach.
- 2.2 Children can help persuade their parents of the need to lose weight.
- 2.2 Persuading people in the workforce to eat more healthily was important. The Council had a commitment to creating a healthy workplace and had recently introduced a free fruit initiative and was working towards healthy workplace accreditation. Improving mental health was also important.
- 2.3 Collaborative working would be helpful. The CCG was keen to work with the Council on the development of a strategy.
- 2.4 Fast food outlets around schools were a concern, including the recent proliferation of outlets in the market square, near three secondary schools. Councillor Bond, Cabinet Member for Environment reported that regulations would change in February to allow the Council to turn down applications for fast food outlets within 400 metres of a school. The vans in the market square would soon be moved on.
- 2.5 NHS England also needed to be involved to enable discussions about moving funding from third tier acute services to early intervention.
- 2.6 Sweet fizzy drinks were also a problem: up to 20 per cent of calorie intake in children could be due to them.

HEALTH AND WELLBEING BOARD - 12.12.2013

- 2.7 It was important to support and empower communities to take responsibility for their own weight problems.
- 2.8 The strategy will be developed independently and then fitted back into the main Health and Wellbeing Strategy to enable relative prioritisation. The action plan setting out all priorities will be key.

AGREED to charge Public Health with producing a borough-wide obesity strategy to target both adults and children.

6

SECTION 75 AGREEMENT (ADULTS) 2013-14 MID YEAR REVIEW

The Board received a report from Ray James, Director of Health, Housing and Adult Social Care on the Section 75 Agreement (Adults) 2013-14 Half Year Review.

Bindi Nagra (Joint Chief Commissioning Officer) and Hayley Coates (Project Manager), presented the report to the Board. They highlighted the following:

- The schedules within the agreement include Mental Capacity Act and Deprivation of Liberty Safeguards, Joint Commissioning Team, Voluntary and Community Sector, Integrated Community Equipment Service, Public Health and Integrated Learning and Disabilities Service. They add up to £5.8m from the Council and £2.4m from the CCG.
- The agreement is working well.
- Some issues have still to be resolved including the formal signing of the agreement.
- The Mental Capacity Act has formalised information sharing to enable delivery of training, auditing and awareness raising.
- There has been an increase in the number of Deprivation of Liberty Standards applications from 3 to 33.
- Key priorities are the development of a joint action plan and delivering training to staff.
- The Joint Commissioning Team is working well.
- Twenty organisations have already signed up to the newly formed Enfield Dementia Alliance.
- Personnel changes at the CCG following the NHS transition have led to some difficulties.
- The Council has taken on responsibility for commissioning 10 services from the Voluntary and Community Sector for social care and health. Challenges arise due to uncertainty of funding.
- Processes for the Integrated Community Equipment Service are well established: 90% of items are being supplied within 3 days.
- In Public Health schedules are being put in place to ensure the necessary payments are made.
- £900,000 care purchasing savings have been made by the Integrated Learning Disabilities Service, so far, this year.

- A Learning Disabilities Acute Liaison Nurse at North Middlesex Hospital is being funded.

2. Discussion of the Report

The following points were raised:

2.1 Liz Wise, CCG Chief Officer, advised that she was unaware of several of the issues raised in the report including that the Section 75 agreement had not formally been signed, that the Physical Disabilities Board did not have a CCG representative or that there were any concerns regarding the changing of personnel in the Joint Commissioning Team.

AGREED

1. To note the content of the Section 75 Agreement half year review
2. To note that the payment is outstanding from the CCG for Quarters 1 and 2 and from the Council to the CCG, but that this is being progressed.
3. To note that a signed version of the Section 75 Agreement is outstanding from the CCG but that legal advice states that the relationship of the parties is governed by the conduct of both parties and is therefore governed by implied contract.
4. To note that the agreement would be signed within the next three weeks.

7

INTEGRATED TRANSITION FUND

The Board received a report from the Director of Health, Housing and Adult Social Care, on the development of the local Integration and Transformation Fund Plan.

The following points were highlighted from the report:

- The Fund has recently been renamed the Better Care Fund by the Government.
- A sub group of the Board with a working group has been set up to develop a plan for the use of the fund during the transition period from 2014/15.
- The Board was asked to agree the terms of reference for the sub board and working group.
- The fund will come into being fully in 2015/16.
- Formal national guidance on the operation of the fund was due to be published in the week following the meeting.

HEALTH AND WELLBEING BOARD - 12.12.2013

- A joint draft plan should be ready by February 2014, for final approval by the 4 April 2014.
- There has been a high level of engagement in the working group, progress is being made and key milestones agreed. A further report will be provided for the next meeting.
- No new money is being offered for this work. The funds will be taken from the CCG's existing resources.
- Agreement will be required from the CCG, the Council and the Health and Wellbeing Board.
- £1billion of the funding will be linked to performance outcomes.

2. Discussion of the Report

The following points were raised during the discussion:

- 2.1 The purpose of the fund was that from a public point of view care should appear to be provided seamlessly. It was therefore important to involve patients and service users.
- 2.2 An independent professional advisor is to be employed to move the work forward.
- 2.3 The plan for the fund will be outcome focussed. Ideas will be subject to public engagement and testing. It will dovetail with the work taking place on the Health and Wellbeing Board Strategy.
- 2.4 The Acute providers will be involved. They are already aware of the proposals and there is some concern about how the changes will be implemented particularly in the changeover period between the new system coming in and the old system being completed.
- 2.5 Some beds will be lost from the acute system to free up funds for integration. This will be a difficult period to manage and it will be necessary to find ways to avoid destabilising the whole service while changes are made. Good planning will be essential.
- 2.6 It will be essential for the Council and the CCG to work closely together and to be mindful of others circumstances, when managing the changes. The fund planning group will involve the five neighbouring boroughs, especially Haringey which also uses North Middlesex Hospital.
- 2.7 The Government's purpose in making these changes is to encourage authorities to work together more closely, more quickly.

2.8 It was suggested that the University College London Partners should also be engaged in the planning for the fund.

2.9 Maintaining the stability of the acute providers would be essential.

AGREED

1. To note the progress to date on the development of the Better Care (Integrated Transformation) Fund Plan.
2. To note the key issues raised.
3. To endorse the direction of travel set out in the initial scoping of the Better Care Fund Plan.
4. To note and agree the terms of reference for the Better Care Fund Sub Board and Working Group.

8

BETTER OUTCOMES FOR CHILDREN AND YOUNG PEOPLE'S PLEDGE

The Board received the report on Better Health Outcomes for Children and Young People Pledge from Andrew Fraser, Director of Schools and Children's Services.

1. The Report

Andrew Fraser introduced the report and highlighted the following:

- The department had received a letter from the Department of Health asking Health and Wellbeing Boards to sign up to the pledge.
- 28% of Enfield's population is 0-19 years old.
- 15% of 11-15 year olds have long term conditions.
- The pledge contains 5 shared ambitions which are set out in the report.
- The pledge is a joint commitment to improve outcomes for children and young people.

2. Discussion of the Report

The following points were made during the discussion:

- 2.1 The Board Members welcomed the report.
- 2.2 The aims will be reflected in the Joint Health and Wellbeing Strategy.
- 2.3 Enfield Healthwatch had already signed up to the pledge.

AGREED that the Health and Wellbeing Board would sign up to the pledge for better health outcomes for young people.

9

SUB BOARD UPDATES

1. Health Improvement Partnership Sub Group Update

The Board received an update report from Shahed Ahmed, Director of Public Health, on the work of the Health Improvement Partnership and the Public Health Department.

Glenn Stewart, Assistant Director of Public Health, highlighted the following from the report:

- Work with the CCG is continuing to increase HIV testing.
- Immunisation records are not up to date but withstanding recent threats such as the recent measles outbreak indicate that levels are higher than recorded. Work on improving record keeping continues.
- Health Check assessments are going well. At the end of Quarter 2 4001 checks had taken place: 45% over the trajectory.
- A conference on reducing the prevalence and stopping people starting smoking had taken place in October. Smoking prevalence in Enfield is 18.5% of adults compared with the England average of 20%.
- The healthy weight co-ordinator is doing good work and has set up 7 sub-groups across the borough.
- The Council has applied for funding from the Greater London Authority (GLA) as part of the mini Holland bid to help increase physical activity through cycling in the Borough.
- Enfield has high levels of tooth decay; the rate of decayed missing and filled teeth among 5 year olds is the highest in London. Work on improving this is taking place.
- Public Health is co-ordinating the Council's bid to become accredited under the GLA Healthy Workplace Charter.
- Work on the domestic violence and anti-social behaviour is continuing.
- Uptake of maternity services by 12 weeks and 6 days of pregnancy is increasing.
- Breastfeeding is above the London and England averages.
- Infant mortality is still high: an average of 28 babies die every year in Enfield. This is also concerning as infant mortality is an indicator of population health.
- A conference was held in July to develop a plan to improve female life expectancy in Edmonton.
- Work is continuing to improve employment opportunities at North Middlesex Hospital for Edmonton residents.
- All Cabinet reports now have a section to complete on public health implications.
- Vacancies in the public health team and difficulties in recruitment have caused some delays in the development of programmes, but all vacancies are now covered, some with agency staff.

2. Discussion of the Health Improvement Partnership Update Report

The following points were raised during the discussion:

- 2.1 Late diagnosis of HIV infection not only means that the disease is not dealt with at an early stage, but also increases the likelihood that individuals will infect more people. HIV testing needs to be more routine and regular. This is cost effective as treating the disease at a later stage is very expensive.
- 2.2 Voluntary sector representation on groups is welcome.
- 2.3 Interventions such as “brushing for life” are being planned to help prevent tooth decay.
- 2.4 Tooth decay and high infant mortality rates are symptoms of poverty.
- 2.5 Fluoridation of the water supply has been considered but in order for it to be implemented all the London Boroughs would have to agree to it. Some thought that the water in Enfield naturally had good levels of fluoride. Some dentists in the South are encouraging their patients to use fluoride toothpastes.
- 2.6 It was questioned whether infant mortality is still a reliable predictor of access to healthcare services in Enfield. Infant mortality can also be high in affluent areas due to mothers having babies later in life.
- 2.7 Averages can mask problems as rates can be high in some areas and low in others. In some areas smoking prevalence can be as high as 70%. It is helpful to consider outliers and to consider carrying out surveys in specific local areas. Obesity in eastern Enfield is higher than the in the west. Although the west is also higher than it should be.
- 2.8 More work was needed to tackle HIV infections particularly among some African and other communities living along the North Circular Road.
- 2.9 The Over 50's Forum was keen to get involved in helping to improve public health.
- 2.10 In significant parts of Edmonton a significant group of people are putting sugar into babies' bottles.
- 2.11 The Over 50's Forum felt that the public health and CCG Budget was not high enough and were planning to present a petition to NHS England to this effect.

AGREED to note the content of the report.

3. Joint Commissioning Sub Group Update

The Board received a report updating the Board on the work of the joint commissioning across health and social care in Enfield.

3.1 Discussion of the Report

The following points were raised during the discussion:

- 3.1.1 Paragraph 4.3 should state that the Enfield CCG had served notice on the community health services element of the Mental Health Trust Contract, not on the whole contract. The CCG and the Council were working together to work out how the services should be reshaped.
- 3.1.2 The Older People's Assessment Unit is not being well used, but rates have improved since the report was written and it would take time for it to become established. More GPs are now referring patients. Updated use figures would be presented to the next meeting. There had been problems with the ambulance service which were being resolved. Most of the referrals would however be from GPs or the Urgent Care Centre. Reports from those who have used it were positive.
- 3.1.3 The review of the Winterbourne View investigation was due to be published that week which is likely to make recommendations for Health and Wellbeing Boards.

AGREED to note the report.

4. Improving Primary Care Update Report

Mo Abedi, Medical Director for Enfield CCG and Jenny Mazerelo, Programme Manager Primary Care, provided a verbal update to the Board.

The key points of the presentation were as follows:

- Improving access to GP's, a major priority, has resulted in an extra 2,750 GP appointments per month. 39 practices have signed up to the scheme covering 82% of the Enfield population. More work with the 20 worst practices is also taking place to improve their patient access.
- Public satisfaction with the Minor Ailments Scheme is high and they have indicated that they would like it to continue. It has therefore been agreed that it will continue indefinitely.
- The University College London Scheme for 4 new GPs which is projected to bring in 17,000 extra appointments per year is almost ready to begin recruitment. This scheme will raise the profile of Enfield and hopefully encourage more newly qualified GPs to the area.

HEALTH AND WELLBEING BOARD - 12.12.2013

- The newly installed health kiosks for measuring blood pressure, height and weight were recently advertised in Our Enfield Magazine.
- Initial results from the childhood obesity camp are encouraging.
- The Patient Experience Tracker will enable practices to better assess and respond to issues. Thirty four practices have expressed an interest in this service.
- The pilot HiLo Initiative is to operate in two of the larger practices in conjunction with Queen Mary University helping to manage Coronary Heart Disease and high blood pressure.
- Health trainers have been recruited to promote the benefits of cancer screening to the community.
- Enfield Carers Strategy has enabled the recruitment of a GP Liaison Worker and Carers nurse who are working on early identification of carers, health promotion and other carer issues.
- The IT in most GP practices has been upgraded. The new text messaging service has saved 3,976 appointments and 615 clinical hours. The possibility of extending the texting service to include health promotion messages was being considered.
- Future planning includes focussing on the development of the GP networks to encourage collaborative working between practices, setting up an innovation fund to enable practices to bid for funding. A great deal of work has taken place over the past 18 months.

5. Discussion of the Report

The following points were raised during the discussion of the report:

- 5.1 Concern was expressed that not all GPs had the necessary IT to enable them to offer on line appointments from 1 April 2014. The requirements were that they should be able to do this during the 2014/15 year, which was what the CCG were working to achieve.
- 5.2 Concern was expressed about the availability of overnight urgent care. Board Members were assured that a doctor and a nurse would be available through the night at Chase Farm Hospital.
- 5.3 Some patient forums had felt that the questions in the patient survey were leading. Questions had been developed in consultation with voluntary groups including the Over 50's Forum and Healthwatch and had been commented on by the Local Medical Council. The questions will be subject to evaluation at a later date. It was hoped that the questionnaire will provide good intelligence about the patient experience.

- 5.4 The University College London investment was welcome and should provide a catalyst to make Enfield a beacon of excellence. Good communication was key.
- 5.5 The outcomes of the patient survey will be reported back to the next meeting of the Board.

AGREED to note the report.

10

MINUTES OF THE MEETING HELD ON 19 SEPTEMBER 2013

The minutes of the meeting held on 19 September 2013 were agreed as a correct record with the following amendments:

- Minute 9 item 2.2.13 to add the words “it was advised that NHS Enfield had said that” in front of “this was due to”.
- Minute 7 2.5 pg 10 University of Central London should be replaced with University College London.

11

WORK PROGRAMME 2013/14

The Board received and noted the work programme 2013/14.

12

DATES OF FUTURE MEETINGS

1. The following dates for future meetings of the Board were noted:
 - Thursday 13 February 2014
 - Thursday 24 April 2014
2. The following dates for future development sessions were noted:
 - Thursday 23 January 2014 (not 21 January 2014 as previously advised).
 - Thursday 20 March 2014