

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON THURSDAY, 13 FEBRUARY 2014**

MEMBERSHIP

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

ABSENT Chris Bond (Cabinet Member for Environment), Ian Davis (Director of Environment), Christine Hamilton (Cabinet Member for Community Wellbeing and Public Health), Deborah Fowler (Enfield HealthWatch), Paul Bennett (NHS England), Litsa Worrall (Greek & Greek Cypriot Community of Enfield) and Vivien Giladi (Voluntary Sector)

OFFICERS: Bindi Nagra (Joint Chief Commissioning Officer), Felicity Cox (Partnership Manager, Health and Well-being), Graham MacDougall (CCG - Director of Finance & Commissioning), Keezia Obi (Head of Public Health Strategy), Jill Bayley (Principal Lawyer - Safeguarding) and Eve Stickler (Assistant Director - Commissioning and Community Engagement) and Penelope Williams (Secretary)

Also Attending: Chris Neale (Price Waterhouse Coopers), Noelle Skivington (Enfield Healthwatch)

1

WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies for absence were received from Councillors Bond and Hamilton, Vivien Giladi, Deborah Fowler, Paul Bennett, Litsa Worrall and Ian Davis.

2

DECLARATION OF INTERESTS

There were no declarations of interest.

3

JOINT HEALTH AND WELLBEING STRATEGY 2014-2019

The Board received a report from Keezia Obi, Head of Public Health Strategy, on the Joint Health and Wellbeing Strategy.

Keezia Obi presented the report to the Board:

NOTED

1. The strategy had been received by both the Council's Cabinet and Clinical Commissioning Group Board.
2. Some very minor amendments were still to be made and a foreword from the Chair included: this had been circulated separately at the meeting.
3. The final strategy document will be published and a printed version provided at March board meeting.
4. Keezia Obi thanked her team for their work on the strategy particularly for producing the document in such a short space of time.
5. The challenge would now be to implement the strategy.
6. A meeting of the working group, set up to oversee development of the strategy, will be arranged so that they can develop a performance framework and action plan. This will also be brought to the Board.
7. The chair was concerned to ensure that the targets were ambitious enough. (Post Meeting Note – the action plan and its implementation allows for change and further challenge if required).
8. The thanks of the Chair to all involved.
9. The consultation process had been recognised as excellent and was being put up as a model at a Public Health England Conference in September 2014.

AGREED

1. To note the success of the consultation process and that the majority of comments from both the questionnaires and public events have influenced the body of the report of the actions and measures of success.
2. To approve subject to minor amendments the Joint Health and Wellbeing Strategy 2014-19 as attached to the agenda report.

4

ENFIELD CLINICAL COMMISSIONING GROUP (CCG) BUDGET AND STRATEGIC PLAN 2015-20

The Board received a report from Graham MacDougal, Director of Strategy and Performance at Enfield Clinical Commissioning Group,

Graham MacDougal presented the report to the Board highlighting the following:

- The Clinical Commissioning Group is required to submit operating plans for 2014/15 and 2015/16 and a strategic plan for 2014/15 to 2018/19.

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- The strategic plan is set out in the Plan on a Page Appendix to the report and covers 5 CCGs across North Central London. A draft has been submitted to NHS England, but there will be scope for revision.
- The operating plan follows the standard format laid down by Government and includes some self-assessment.
- The plan will be based on five domains and seven ambitions and a further three key measures set out on page 64 of the report. These will form the trajectory for the next five years.
- The domains and ambitions are in alignment with the aims of the Better Care Fund, the Health and Wellbeing Strategy as well as the CCG's own priorities.
- A £50m challenge fund has been set up by the Prime Minister to help GPs deliver core services.
- There will be a focus on health inequalities.
- The operating plan, together with a covering letter, was due to be submitted on the day following the meeting. Initial submission of the strategic plan is due in April with final submission in June 2014.
- The template has been provided by the Department for Health and follows a systematic process.

Questions/Comments

1. Bringing about parity of esteem and addressing inequalities was implied in the ambitions. In order to achieve the ambitions for all, certain groups would have to be targeted. Resources would be focussed on areas of greatest need and those facing greatest inequality. This will be set out more explicitly in the fuller document.
2. Parity of esteem will aim to ensure that those with mental ill health will not be disadvantaged.
3. Children, young people and maternity services will be a priority within Enfield's operating plans, even though this does not come through in the Government's template.
4. The CCG are already moving in the direction of the plans.
5. Only GP practices themselves can bid for the Prime Minister's Challenge Fund, but the CCG is working with them to help access the funds. The funds are specifically available to meet infrastructure costs and IT and to aid in transferring care from the acute sector to the primary care level. The Challenge Fund will provide one off funding, but will not help with maintaining services over the long term.

AGREED

1. To note the contents of the paper and the timetable for the submission of the Operating and Strategic Plans.

2. To recommend the Strategic and Operating Plans and to review the further budget and plans at the next Board Development Session and Board Meeting.

5

BETTER CARE FUND (FORMERLY INTEGRATED TRANSFORMATION FUND)

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

The report was introduced by Chris Neale from Price Waterhouse Coopers who has been working on putting together the fund submission.

NOTED

1. The Better Care Fund Plan was due to be submitted in draft on the day following the meeting.
2. Priorities for 2015/16 have been identified using the £20.5m drawn from existing local authority and CCG funding.
3. Additional information is set out in the Part 2 report.
4. The final version is almost ready, although there is more work to be done.
5. The priorities are consistent with the CCG Commissioning Plan and the Joint Health and Wellbeing Strategy.
6. The programme is capable of delivering significant benefits.
7. Much has been achieved within a very tight timescale.
8. There is still an opportunity to review proposals, and processes will be adapted as time passes.
9. The aim is to make the best use of resources based on the best available evidence.
10. Enfield will be focussing on children and young people.
11. Once submitted to NHS England, regional leads will be asked to consider and discuss the plans.
12. Ray James said that as a regional lead, Enfield's plan compared favourably with others that he had seen so far.
13. The work had been supported by the Council Management Board and the management teams at the CCG.
14. There will be challenges in implementing the proposals as the money allocated has to be taken from existing services.

AGREED

1. To note the work of the Sub Group and Steering Group and the four priority populations.
2. To endorse the draft Better Care Fund submission to NHS England, attached as Annex 1 to the report.
3. To note the contents of the part 2 report on the Fund.
4. To receive a further report on the final submission at the March Board meeting.

6

HOUSING AND HOMELESSNESS STRATEGY

The Board received a report from Sally McTernan, Assistant Director Community Housing Services on Enfield's Homelessness Strategy 2013-2018.

Ray James introduced the report to the Board.

NOTED

1. The strategy had been agreed by Cabinet in December 2013.
2. Enfield has adopted 5 key ambitions for homelessness as set out in paragraph 3.6 of the report.
3. The strategy has been brought to the Board for information, acknowledging the link between housing and health.
4. If they have been known to the authorities beforehand, homeless people are reconnected with support services.
5. There are low numbers of rough sleepers in Enfield, only 3-4 at any one time. North Middlesex Hospital runs an innovative project providing support as does UCH in Central London.

AGREED to note Enfield's 5 year Homelessness Strategy and Action Plan for 2013-2018.

7

CHILD AND FAMILY POVERTY STRATEGY UPDATE

The Board received an update report from Andrew Fraser, Director of Schools and Children's Services on the Drive towards Prosperity: Enfield's Child and Family Poverty Strategy.

Eve Stickler, Assistant Director Commissioning and Community Engagement, presented the report to the Board.

NOTED

1. The contents of the report had been discussed at a previous development meeting.
2. Eve Stickler welcomed the enthusiastic and constructive response from Board Members.
3. The report provided an update on recent activity against local pledges on reducing child poverty.
4. There is complexity around the range of measurements used for child poverty. The Government is currently consulting on this and no decision, on the key measure, has been made.
5. There has been progress in meeting the Child and Family Prosperity Strategy pledges made in 2102:

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- For Pledge 1 “By 2020 we will reduce poverty to 25%”, the rate has improved from a baseline of 36% to 33%.
 - For Pledge 2 “By 2020 we will narrow the gap between the most and least deprived wards, measured in terms of child poverty from 42% to 30%”, the rate has improved from the baseline of 42% to 35%.
6. Work is taking place to develop performance management, to complete an outcomes framework as part of a new measurement structure.
 7. A large proportion of the work involved raising aspirations which was hard to measure.

AGREED to note the contents of the report, the recently revised action plan and progress updates.

8

PHARMACEUTICAL NEEDS ASSESSMENT 2014/15

The Board received a report on the Pharmaceutical Needs Assessment.

Allison Duggal, Consultant on Public Health, presented the report to the Board.

NOTED

1. Since 1 April 2013 the Health and Wellbeing Board has had responsibility for the Pharmaceutical Needs Assessment.
2. This had previously been produced by NHS England.
3. A steering group would be set up put together a new assessment by April 2015.

AGREED

1. To note that from 1 April 2013 the Board assumed responsibility for the Pharmaceutical Needs Assessment (PNA), published by NHS Enfield and that it has to publish its first PNA by April 2015.
2. To note that the inherited PNA was assessed externally as fit for purpose.
3. To adopt the inherited PNA for 2014/15
4. To set up a PNA Steering Group by April 2014 to produce a project plan for the HWB detailing timescales, governance structure and membership.
5. The responsibility for setting up the steering group was formally delegated to officers.

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CHILDREN AND ADULT SAFEGUARDING ANNUAL REPORTS

1. **Enfield Safeguarding Children Board Annual Report 2013-2014**

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The Board received the Enfield Safeguarding Children Board Annual Report 2012-2013.

Andrew Fraser, Director of Schools and Children's Services, presented the report to the Board.

NOTED

1. The apologies from Geraldine Gavin, Independent Chair of the Enfield Safeguarding Children Board, who had been unable to attend the meeting.
2. The report provided an overview of activity across all agencies. The Chair had visited a wide range of front line activities.
3. It was a good example of effective partnership working.
4. The Business Plan looks forward. A streamlined management is proposed.
5. The board has several sub committees including the Serious Case Review Panel, the Child Death Overview Panel, the Quality Assurance Panel and the Child Sexual Exploitation and Trafficking Group. The Board has been very active in working to prevent female genital mutilation and violence and sexual exploitation against women and girls.
6. OFSTED is expected to carryout and inspection of the service within the next few weeks.
7. Although they are concerned with all safeguarding activities much of the focus is on council services.
8. A good job is being carried out in very challenging circumstances.
9. The Children and Adult Boards work closely together. Many of the issues including domestic violence, drug and alcohol abuse affect both adults and children.
10. A transformation programme was being put in place.
11. Recent action against protecting children from second hand smoking was also welcomed.

2. Enfield Safeguarding Adult Board Annual Report 2012-2013

The Board received the Enfield Safeguarding Adults Board Annual Report 2012-2013.

Ray James, Director of Health, Housing and Adult Social Care, presented the report to the Board.

NOTED

1. Apologies from Marian Harrington, Independent Chair of the Enfield Safeguarding Adults Board who had been unable to attend the meeting.
2. The report sets out information on the multiagency activities taking place to safeguard adults from abuse.
3. The Board is not yet a statutory instrument, but was due to become so.

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4. The report includes statements from partners setting out the progress being made in each of their areas.
5. The Board has received reasonable assurance about practice taking place. Quality Assurance is measured through independent sampling and feedback on processes.
6. There are shared processes between the Adults and Children safeguarding Boards.
7. Good work is being carried out by both the Council and the CCG.
8. There are increasing concerns about the quality of care in nursing homes, but partners are working together to improve this.
9. There is no room for complacency as there has been an increase in the number of alerts proceeding to investigation.
10. The efforts to raise awareness needed to be matched by the capacity to respond to increasing levels of referrals.

AGREED to note the progress being made in protecting vulnerable adults and children in the Borough as set out in the annual reports from the Safeguarding Children and Adults Boards.

10

SUB BOARD UPDATES

1. Health Improvement Partnership Sub Board Update

The Board received a report from Dr Shahed Ahmad, Director of Public Health updating the Board on the work of the Health Improvement Partnership Sub Board.

Allison Duggal, Public Health Consultant presented the report to the Board.

NOTED

1. The smoking quitters target has been achieved to date. Work continues in addressing the issue of smoking in cars following the national vote in favour of banning smoking in cars with children.
2. The health needs assessments are continuing and the majority should be completed by the end of the financial year. A work plan has been drawn up for next year which will include Female Genital Mutilation.
3. In terms of healthy lifestyles, many schools are receiving healthy schools awards.
4. Councillor Orhan was pleased with the decision to introduce legislation to ban smoking in cars and congratulated all involved.
5. In terms of the CCG authorisation process, the final conditions were lifted in September 2013.

6. Enfield was now top of their peer group in terms of premature mortality. Focus would now be directed on tackling inequalities such as the high rates of premature mortality among women in Upper Edmonton.

AGREED to note the contents of the report in particular:

- Enfield has the 16th highest smoking prevalence in London. The smoking quitters target has been achieved.
- The JSNA is nearing completion
- A review of maternity services is to take place in September 2014
- Public Health England has published data on premature mortality for all boroughs.

2. Joint Commissioning Sub Board Update

The Board received a report from Bindi Nagra, Assistant Director Health, Housing and Adult Social Care, Strategy and Resources, updating the Board on the work of the Joint Commissioning Sub Board.

Bindi Nagra presented the report to the Board:

NOTED

1. Before the winter period there had been concerns about the impact on the local hospitals accident and emergency services during the winter. Extra funding had been received from NHS England. As part of a range of measures to address this, 37 step down beds in care homes had been purchased – all but 4 of which were in the Borough.
2. The CCG had been asked to write up what had been done as an example of good practice.
3. There were still some issues around the transfer of care work and there had been a few issues at the Barnet and Chase Farm Hospital Trust in the past two weeks.
4. Alternatives were being sought to provide funding for the Enfield Dementia Friendly Communities, following the failure of the NESTA bid.
5. Enfield is one of 32 local areas which have been selected on to the second stage of the bidding process for the Fulfilling Lives Big Lottery Fund programme. Enfield Voluntary Action has been granted £18,000 to enable them to carry out the work required to progress the application.

AGREED to note the contents of the report.

3. Improving Primary Care Sub Group Update

The Board received a report updating them on the work to date to implement the Primary Care Strategy across Enfield.

Liz Wise, Enfield Clinical Commissioning Group Chief Officer, presented the report to the Board.

NOTED

1. We were now in the second year of a three year plan to improve services.
2. The report provided update information on key initiatives.
3. NHS England had been very complimentary about the HiLo initiative.

AGREED to note the report.

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MINUTES OF THE MEETING HELD ON 12 DECEMBER 2013

The minutes of the meeting held on 12 December 2013 were agreed as a correct record.

12

WORK PROGRAMME 2013/14

The Board received a copy of the 2013/14 work programme.

NOTED

1. The main items to be discussed at the next informal and formal board sessions included the agreement on the Better Care Fund Submission and the CCG Commissioning Plan.
2. The Care Quality Commission were due to make a presentation to the next development session but this could be postponed to a future meeting if necessary.

AGREED that there would be no meeting on 24 April 2014 but that a short formal meeting of the Board would be held after the 20 March development session.

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DATES OF FUTURE MEETINGS

The Board noted that the next meeting will take place on:

- Thursday 20 March 2013 at 8.00pm following the development session at 6.30pm.

The meeting which was to have taken place on 24 April 2014 has now been cancelled.

14

EXCLUSION OF PRESS AND PUBLIC

AGREED to pass a resolution under Section 100A (4) of the Local Government Act 1972 to exclude the press and public from the meeting for the items of business listed on part 2 of the agenda on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 1 (information relating to an individual) and Paragraph 2 (information likely to reveal the identity of an individual) of Part 1 of Schedule 12A to the Act (as amended by the Local Government (Access to Information) (Variation) Order 2006).

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BETTER CARE FUND**

The Board received the report containing exempt information on the Better Care Fund.

Bindi Nagra, Assistant Director Strategy and Resources, presented the report to the Board.

NOTED

1. The information contained in the report was defined as exempt under paragraph 3 (information relating to the financial or business affairs of any particular person) of schedule 12 A to the Local Government Act 1972 as amended.
2. The report contained a list of the proposed programmes, specific schemes and benefits.
3. Allowance had been made for the purchase of step down beds as there was no guarantee the money that had been made available this year would be available in future years.
4. It had been proposed that 25% of the money allocated to the fund will be performance related, subject to outcomes. This is to be clarified.
5. Workshops had been held with the acute hospital providers and they were aware of the implications.