

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON THURSDAY, 16 OCTOBER 2014**

MEMBERSHIP

PRESENT Shahed Ahmad (Director of Public Health), Andrew Fraser (Director of Schools & Children's Services), Ray James (Director of Health, Housing and Adult Social Care), Deborah Fowler (Enfield HealthWatch), Liz Wise (Clinical Commissioning Group (CCG) Chief Officer), Litsa Worrall (Voluntary Sector), Vivien Giladi (Voluntary Sector), Donald McGowan, Rohini Simbodyal, Ayfer Orhan and Mo Abedi (Chair of the Enfield Clinical Commissioning Group)

ABSENT Ian Davis (Director of Environment), Dr Henrietta Hughes (NHS England) and Doug Taylor (Leader of the Council)

OFFICERS: Bindi Nagra (Joint Chief Commissioning Officer), Allison Duggal (Public Health Consultant), Tha Han (Public Health Consultant) and Alan Winstanley (Better Care Fund Programme Manager) Penelope Williams (Secretary)

Also Attending: Stanley Okolo (Medical Director & Consultant Gynaecologist at North Middlesex University Hospital)

1

WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

Apologies for absence were received from Dr Henrietta Hughes, Councillor Doug Taylor and for lateness from Vivien Giladi and Councillor Rohini Simbodyal.

2

DECLARATION OF INTERESTS

There were no declarations of interests.

3

CHANGE IN THE ORDER OF THE AGENDA

Members agreed to change the order of items on the agenda so that item 7 could be brought forward to be taken at this point. The minutes reflect the order of the agenda.

4

BOARD MEMBERSHIP

The Board received the report proposing an increase in the Board Membership, the appointment of a Vice Chair and an amendment to take account of the change cabinet member titles and remits.

NOTED

1. The title of the Director of Public Health also needs to be changed as it is included in the Board terms of reference as the Joint Director of Public Health.
2. It was felt that the roles of the cabinet members that are appropriate to the board would always be those that are similar to the current members. Therefore it was proposed that the membership should be changed to reflect the change in the cabinet member titles, which had occurred since the terms of reference were originally agreed. These would need to be altered again if further changes occurred.
3. The recommendation to appoint non-voting members at a senior level from the 3 NHS providers was welcomed.
4. The length of the voluntary sector representatives' term of office was thought to be three years but would be confirmed after the meeting. This information would be included in the terms of reference.

AGREED

1. To agree and recommend that Council approve the following changes to the board membership and terms of reference:
 - 1.1 To authorise the creation of a vice chair to be filled by the Chair of the Enfield Clinical Commissioning Group.
 - 1.2 To grant board membership, without voting rights, to each of the three local NHS trusts as providers of health services in Enfield: the Royal Free London NHS Trust; North Middlesex University Hospital NHS Trust; Barnet, Enfield and Haringey Mental Health NHS Trust.
 - 1.3 To alter the membership of the Board from the four Cabinet members listed in the terms of reference, to the following:
 - Leader of the Council
 - Cabinet Member for Health, Housing and Adult Social Care
 - Cabinet Member for Education, Children's Services and Protection
 - Cabinet Member for Culture, Sport, Youth and Public Health

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- 1.4 To alter the title for the Director of Public Health, as listed in the board membership, from the Joint Director of Public Health to the Director of Public Health.
- 1.5 To include the length of the third sector representatives' terms of office.

Post Meeting Note: The third sector representatives had been elected to serve for a three year term from April 2013.

5

BETTER CARE FUND

The Board received an update on the Better Care Fund Plan Submission and Governance Arrangements.

NOTED

1. Ray James's apologies for the late dispatch of the report which had been delayed as officers had hoped to be able to finalise the proposals on the governance arrangements, but this had not been possible.
2. The suggestion that consideration of recommendation 2, 3 and 4 be postponed to give more time to enable the board to discuss at a development session.
3. The target 3.5% yearly reduction in hospital admissions should be highlighted as a risk as part of the financial implications to the report. This will be difficult to achieve particularly as the borough population is rising so fast.
4. It was felt that the aims were excellent but that they would be difficult to deliver.
5. It was suggested that the council and the CCG should consider integrating other health and social care budgets. This would be subject to further discussion at a development session. The Better Care Fund represents only 3% of the total health budget, but is part of a much greater ambition for service integration.

AGREED

1. To note that the Better Care Fund Plan was submitted by the 19 September 2014 as detailed in Annex 1 to the report, having been approved on behalf of the Board by the Chair under delegated authority. The contents of the plan are included in Annex 1 of the report.
2. Recommendations 2, 3 and 4 of the report would be subject to further discussion at a board development session.

3. The board would continue to receive regular progress updates.

6

CCG OPERATING PLAN, CCG COMMISSIONING INTENTIONS FOR 2015/16 AND NORTH CENTRAL LONDON STRATEGIC PLAN

The Board received a report on the CCG Commissioning Intentions, CCG Operating Plan and North Central London Strategic Plan.

1. Presentation of the Report

Graham MacDougal (Director of Strategy and Performance) presented the report to the Board highlighting the following:

- He apologised for the late paper. There would be two versions a full version and an abridged version for key stakeholders.
- The CCG is also developing an Enfield specific public facing prospectus including the themes from the 5 year North Central London (NCL) Strategic Plan and the CCG Commissioning Intentions.
- Patient scenarios and patient stories will be included in the prospectus.
- The commissioning relationship with the local authority will be open to wider development in the future.
- It was the aim of the CCG to engage with all local GP practices when commissioning to reflect the different needs and populations in the different areas.
- Following the initial submission, the 5 NCL CCGs had been asked to strengthen the 5 year financial plan and the plans for the delivery of a range of initiatives.
- Governance arrangements across the five CCGs are still subject to discussion. Consideration is being given towards the creation of joint boards.

2. Questions/Comments on the report

- 2.1 The new contract starts in October 2015. There will be challenges with the delivery and discussions have already begun with the local authorities involved. If the mental health trust is not part of the new provision there will be a 90 day consultation period with the staff.
- 2.2 It was felt that the patient experience was key to driving change. Each programme and initiative should include patient engagement. All engagement was being bought together to ensure that there is focus on the patient experience in improving the quality of services.

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- 2.3 Outcomes based quality was a fundamental part of the improvement programme.
- 2.4 There will be a focus on improving the mental health and wellbeing of the patients in Enfield. Recovery enablement was being considered. It was felt that an extra bullet point should be added to the report to specify improving the mental health of young people.
- 2.5 Outcomes will need to be defined, measured and agreed.
- 2.6 How to work with mental health issues was being considered.
- 2.7 It was also suggested that the need for ensuring resilience in service quality during times of major change should be included.

AGREED

1. To note the progress to date on the development of the North Central London Strategic Planning Group five year plan.
2. To note the update on the NHS Enfield CCG Operating Plan.
3. To note the revisions to the NHS Enfield commissioning intentions for 15/16.

7

ADULT AND CHILD SAFEGUARDING ANNUAL REPORTS

The Board received the annual reports of Children's and Adults Safeguarding Boards.

1. Presentation of the Safeguarding Reports

1.1 Marian Harrington (Independent Chair of the Adult Safeguarding Board) and Geraldine Gavin (Independent Chair of the Children's Safeguarding Board) attended the meeting to present the reports to the Board.

Marian Harrington presented the Adult Safeguarding Annual Report and highlighted the following:

- There had been an increase in the number of abuses reported to the board: last year nearly 1000 alerts were received. These are increasing year by year.
- New statutory guidance is about to be released, coming out of the Care Act 2014, which will make the Adult Safeguarding Board statutory. Changes will be made, but the details would not be clear until the guidance was received.
- The Board works closely with the police and other agencies.

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- Enfield has a significant number of nursing homes, more than any other London borough, apart from Croydon, which means we have larger numbers of vulnerable people.
- Early warning indicators are being developed, specifically for Enfield, in conjunction with the Care Quality Commission (CQC) and Enfield Clinical Commissioning Group (CCG).
- The Board has been talking to victims and alleged victims to get some feedback on what can be done to improve services, making sure people are at the centre of what is being done.
- The number of requests for Deprivation of Liberty Safeguards for people lacking mental capacity is much greater than was previously understood.
- Workloads are increasing in all areas and it is more and more important to ensure that people are seen appropriately.

1.2 Geraldine Gavin presented the Children's Safeguarding Report highlighting the following:

- Children's safeguarding issues are receiving lots of attention, subject to daily comment in the national press.
- This has been a tricky year trying to balance the effect of the national headlines as well as the reputational risk of safeguarding issues.
- Female Genital Mutilation has received a great deal of publicity thanks partly to the campaign in the London Evening Standard which has bought the issue to the fore.
- The major child sexual exploitation case in Rotherham had also raised many concerns and the lessons and outcomes are being considered.
- In Enfield we have 30-35 young people who have been identified as potentially at risk. They were being monitored.
- Multi-disciplinary work was taking place and work to improve communications across the partnership.
- Communication, learning from serious case reviews and from other health colleagues was key.
- A major concern was the lack of access to counselling for young people with mental health issues.
- It had been a very busy year and would continue to be so next year with the issues being so much in the political arena.

2. Questions/comments arising from the presentation and the reports

2.1 The point at which the increase in the number of cases becomes more than reassuring, as an indicator that that more people are alert to the risks, is difficult to ascertain but can be judged based on existing thresholds. Ofsted is key to ensure consistency. Enfield is likely to be inspected soon and outcomes from the inspection will inform the board about any measures that need to be taken.

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- 2.2 The Board were aware of the need to find alternative sources of funding to address the continuing pressures across the system.
- 2.3 Things were improving but more needed to be done in the adult safeguarding area. Financial abuse was a problem and work with banks was taking place so that they were able to identify situations where people may be being exploited.
- 2.4 Crossovers between the two services included issues of domestic violence and adult abuse. More and more children were living with elderly parents, creating more opportunities for abuse.
- 2.5 Serious incidents were referred to multidisciplinary services.
- 2.6 The work programmes of the two boards were similar, giving opportunities for cross fertilisation, looking at possibilities of joint commissioning. A proposal to set up joint board to deal with issues in some areas was being investigated to find out what could best be joined up.
- 2.7 The current transition between the adult and children's areas was felt to be insufficiently robust. The Chair of the Adult Safeguarding Board was the lead for transition.
- 2.8 The enormous increase in the amount of activity highlights the importance of early activity, intervention and prevention. It was important to maintain effective integrated early intervention. The SPOE (Single Point of Entry) dealt with referrals and now only around 10% went onto children's social work.
- 2.9 The vast majority of abuse takes place in people's own homes. Mechanisms need to be in place to enable people to spot abuse to ensure constant vigilance. People need to be able to raise issues if they feel uncomfortable. An increase in referrals is fine if we are able to respond and get people to provide support.
- 2.10 National trends are on the increase but Enfield is already ahead, as it began to work on the issues over 4 years ago.
- 2.11 The quality of the services provided in nursing/care homes is also important. The sector struggles to attract and retain high quality staff.
- 2.12 The work that we do in Enfield is a model of best practice in London, but we need to maintain our vigilance.
- 2.13 The Adult Safeguarding Board is looking to review their membership, once the new government guidance is in place and they are looking to invite Healthwatch to provide a representative on the board.

2.14 Enfield also provides a team of quality checkers and a dignity panel to oversee these issues.

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 Board and the Safeguarding Adults Board.

8

SUB BOARD UPDATES

1. Health Improvement Partnership Board

The Board received a report updating them on the work of the Health Improvement Partnership Board:

1.1 Presentation of the Report

Allison Duggal, Consultant in Public Health, presented the report to the Board, highlighting the following:

- Two versions of the Annual Public Health Report had just been published: an abridged summary as well as a more detailed report. The reports detail the work being carried out to tackle health inequalities across the borough.
- Enfield's report has synergies with the Better Health for London Report.
- Public Health has recently produced some GP and locality based profiles to help inform commissioning decisions. Ward profiles are also being put together.
- On the 17 November 2014 a Child Poverty Conference will be held, showcasing the work being done to tackle child poverty. From this an action plan will be put together to mitigate the effects of poverty as well as to minimise the intergenerational effects.
- A poster campaign is being run to raise awareness of the need for adults to cut down on salt intake to reduce hypertension and heart disease.
- Public Health have had a successful engagement with four local mosques to raise awareness of health issues such as diabetes.
- They have worked closely with CCG colleagues providing advice and intelligence to feed into health care strategies.
- Pathway redesign has been prioritised for long term conditions including musculoskeletal, diabetes, cardiology and respiratory.
- 12 independent funding requests had been received since April 2014.

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- The Pharmaceutical Needs Assessment Steering Group is making process on producing the pharmaceutical needs assessment. A report will be brought to the Board later in the year.
- A report on tobacco use in the Turkish Community has highlighted the fact that 50% of 11-25 year olds use tobacco and 37% of respondents use shisha. Many are unaware of the risks. Public Health will be running focus groups to enable targeted interventions.
- Quarter 1 figures for health checks will be available at the end of the month and will be included in the next report.
- A universal BCG vaccination programme is being introduced across London. Flu planning and immunisations are in place and the Ebola outbreak is being kept under review.

1.2 Questions/Comments

- 1.2.1 Members praised the quality and user friendliness of the Annual Public Health Report.
- 1.2.2 The GP profiles were welcomed and it was hoped that they would provide a qualitative step forward in planning for the future needs.
- 1.2.3 Concern was expressed about the situation where NHS England has the control over GP budgets. It was felt that it would be more appropriate for the local CCG to control this area.
- 1.2.4 The CCG was pleased to work in partnership with public health. At one time a Turkish speaking officer had been employed to work with the Turkish community to help people give up smoking. This has had excellent results.
- 1.2.5 It was suggested that it would be helpful to have the papers in advance for the Child Poverty Conference.
- 1.2.6 The suggestion was made that there should be more collaborative work included in the full report. More emphasis needed to be placed on what can make the difference in tackling health inequalities and also the wider socio economic determinants of health. Getting people into work was most important, but this was something that would take time and could not happen in the short term. Focussing on how commissioners and health workers can make a difference in these areas would be helpful.
- 1.2.7 More information was also required on how the work being done linked into the Health and Wellbeing Strategy and whether this was working.

AGREED to note the contents of the report.

2. Joint Commissioning Sub Board Update

The Board received an update report on the work of the Joint Commissioning Board.

2.1 Presentation of the Report

Bindi Nagra (Assistant Director - Health, Housing and Adult Social Care - Strategy and Resources) presented the report to the Board, highlighting the following:

- The submission on the Better Care Fund took place on 19 September 2014.
- A response to the Care Act 2014 was submitted and we are now waiting for the regulations to be published. We have already fed in to the commissioning approaches including market engagement and market management.

2.2 Questions/Comments

2.2.1 The Older People's Assessment Units at Chase Farm and North Middlesex Hospital were both set up at the same time on the same basis but have developed differently. Both have strengths: at Chase Farm more social support has been given and at North Middlesex there has been more emphasis on geriatrician issues. Following discussion at the Integrated Care Board, it is being proposed that both units are kept but that they should be managed jointly as one service. There are plans to re-provide the centre as part of the redevelopment of Chase Farm. Liz Wise advised that they would be re-commissioned.

2.2.2 It was felt to be important to keep both units running as both different approaches were needed. More work was required to work out how the services could be integrated, based on the needs of the older people who access them.

2.2.3 Concern was expressed about the shortage of funding for the Enfield Warm Households Programme. Discussions on this were continuing and it was possible that a one off grant could be found to keep the project going for another year, but there was no dedicated funding stream. The Over 50's Forum had recently held a very successful keeping warm event.

2.2.4 Members were encouraged to support the Best Breakfast Campaign for Carers, taking place on the following day, which aimed to stress the value of eating breakfast.

AGREED

1. To note the contents of the report and its appendix.

2. To note that the Chair of the Health and Wellbeing Board, the Leader of the Council and the Chair of the Clinical Commissioning Group signed off the Better Care Fund paper on 19 September 2014.

3. Primary Care Improvement Sub Group Update

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

3.1 Presentation of the Report

Dr Mo Abedi, Chair of the Enfield CCG, presented the report to the Board highlighting the following:

- The underlying aims of the Primary Care Strategy are integration, enhancing and improving health outcomes, access, patient experience and quality.
- Work is continuing on developing the GP networks. Two pan Enfield provider organisations have been established.
- As part of the locality commissioning agenda the 4 GP networks are meeting together targeting special measures: in accident and emergency, prescribing, administration of over 65's and referrals. The plan is to make good use of data and to target innovative measures.
- The 5 North Central London Boroughs have made a joint expression of interest to carry out joint commissioning arrangements from November 2014. This has been judged as being "ready soon". NCL will have a shared risk pool of £2m. The five boroughs will continue working with NHS England to progress the co-commissioning of services. It was hoped to achieve full delegated responsibility for primary care from April 2016.
- Work is continuing on developing primary care premises. The new Ordnance Road practice will be discussed further in the development session.

3.2 Questions/Comments

- 3.2.1 Ray James welcomed the co-commissioning initiative which he saw as crucial to the wellbeing of the community. It was suggested that the Board write to NHS England in support of the proposals.
- 3.2.2 Shahed Ahmad reported on the Ebola Outbreak. He said that so far the majority of cases were in West Africa and it was most important to support health care in that region. Britain, France and the USA had sent support and there had been a good response to the call for volunteers.

3.2.3 At the national level emergency preparations were in place. Public Health in local government has an assurance role and to make sure that staff are adequately prepared.

3.2.4 There was some concern that the dissemination of information to GPs was patchy in some areas. This would be passed on to NHS England. A local planning exercise would be taking place next week and any gaps discovered would be followed up. The equipment needed, apart from face visors, was that which would be normally held by a GP practice.

AGREED

1. To note the contents of the report.
2. To write a letter on behalf of the board, to NHS England in support of the co-commissioning proposals.

9

MINUTES OF THE MEETING HELD ON 17 JULY 2014

The minutes of the meeting held on 17 July 2014 were received and agreed as a correct record.

10

DATES OF FUTURE MEETINGS

The Board noted the dates agreed for future meetings:

- Thursday 11 December 2014
- Thursday 12 February 2015
- Tuesday 14 April 2015

The Board noted the dates agreed for development sessions:

- Thursday 13 November 2014
- Thursday 22 January 2015
- Thursday 12 March 2015