

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON THURSDAY, 12 FEBRUARY 2015**

MEMBERSHIP

PRESENT Shahed Ahmad (Director of Public Health), Ian Davis (Director of Environment), Deborah Fowler (Enfield HealthWatch), Liz Wise (Clinical Commissioning Group (CCG) Chief Officer), Donald McGowan, Rohini Simbodyal, Doug Taylor (Leader of the Council), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Kim Fleming (Director of Planning, Royal Free London, NHS Foundation Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust), Lance McCarthy (Deputy Chief Executive North Middlesex University Hospital NHS Trust)

ABSENT Andrew Fraser (Director of Schools & Children's Services), Ray James (Director of Health, Housing and Adult Social Care), Litsa Worrall (Voluntary Sector), Vivien Giladi (Voluntary Sector), Dr Henrietta Hughes (NHS England), Ayfer Orhan and Julie Lowe (Chief Executive North Middlesex University Hospital NHS Trust)

OFFICERS: Bindi Nagra (Joint Chief Commissioning Officer), Glenn Stewart (Assistant Director, Public Health), Jemma Gumble (Strategic Partnerships Development Officer), Graham MacDougal (Director of Strategy and Performance - Enfield Clinical Commissioning Group), Pragati Somaia (Public Health Programme Manager), Richard Young (Better Care Fund - Interim Programme Manager) and Jill Bayley (Principal Lawyer - Safeguarding) Penelope Williams (Secretary)

Also Attending: Councillors Vicki Pite, Alev Cazimoglu, Ozzie Uzoanya, Daniel Anderson, Christiana During, Jane Johnson (Borough Commander - Metropolitan Police), and Les Bowman (Borough Commander – Fire Brigade), and 3 members of the public.

**1
WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. He gave a special welcome to the Borough Commanders for Fire and the Police who were attending the meeting, as observers, for the first time.

Apologies for absence were received from Councillor Ayfer Orhan, Henrietta Hughes, Ray James, Andrew Fraser, Vivien Giladi and Litsa Worrall.

2

DECLARATION OF INTERESTS

There were no declarations of interest.

3

PROPOSALS FOR CHASE FARM HOSPITAL

The Board received a presentation on the new proposals for the Chase Farm Hospital site from Maggie Robinson, Head of Property and Angela Bartley, Assistant Director of Public Health at the Royal Free London, NHS Foundation Trust.

Copies of the presentation slides are attached to the agenda.

1. Key Points of the Presentation

1.1 Maggie Robinson, Head of Property highlighted:

- The current buildings on the site were in a poor state of repair and would not be suitable for future health care needs. Therefore it had been decided that the best solution was a wholesale site redevelopment.
- An outline planning application had been submitted and was due to be considered by the Council's Planning Committee on 12 March 2015.
- If the application was approved, a reserved matters application will be submitted in summer 2015.
- The masterplan includes, for the 39 acres of the site, a new hospital campus (17 acres), residential units (18 acres) and a new school (4 acres).
- Clinical services proposed were set out on the slide. Further detail would be provided on request.
- Consultation had been taking place and feedback on a number of areas received. All feedback would be considered, responses to queries made and adjustments incorporated.
- The consultation period had been extended to allow more time for the Royal Free to respond, to allow for greater clarity and further detail. Two weeks of consultation remain.

1.2 Angela Bartley, Assistant Director of Public Health, highlighted:

- The Royal Free was unusual in having a public health section. Its role is to support and complement local community initiatives and it had been involved in the early development of plans for the Chase Side site.

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- Deprivation and health were linked and it was the role of the service to do what it could to improve health, to reduce the life expectancy gap and address health inequalities.
- Research had been carried out into outpatients to identify reasons behind the life expectancy gap and to work out how to shift resources to the most deprived areas.
- They were plans to create a health promoting clinical and community environment on the site which would include support for work around cycling, enforcing no smoking regulations and providing and promoting healthy food options.
- Every contact would be used to try and prevent ill health, starting with maternal and child health. In Enfield 54% of under 16's are growing up in areas that are amongst the most deprived communities in England.
- The Royal Free had had success at increasing referrals as part of a domestic violence initiative. They would look to introduce a similar initiative at Chase Farm
- Providing opportunistic immunisations on the spot to those who had missed them was an example of successful practice.

2. Questions/Comments

- 2.1 Enfield was the tenth most physically inactive borough in the UK. It was suggested that the Royal Free could link into Council initiatives such as the provision of free exercise in parks which had been recently launched. A similar project in Birmingham had revealed that for every £1 invested £26 cost savings were made.
- 2.2 Local hospitals would also need to be involved in the council's key priority, reducing child poverty.
- 2.3 More detail on the clinical services could be provided on another occasion. At this meeting they had focussed on public health. The Royal Free wanted to know what else they could do to support local initiatives.
- 2.4 Concerns were expressed about the lack of availability of borough level and site specific data. It was felt that this data would provide greater clarity on the quality of clinical services provided.
- 2.5 Conversations had started to see how contractors could be encouraged to employ local residents and to offer mentoring and work experience placements. Local people would also be employed to deliver services as part of the Social Value Act.

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- 2.6 There had been a large amount of public involvement and engagement at the start of the process but concern was expressed that but this had tailed off recently. In response there had been a large amount of local stakeholder and resident engagement around at the start of the process and around the planning application which was continuing. Two more consultation/engagement events were planned towards the end of March. In addition, a temporary building had been placed in front of the Clock Tower which would house a facility containing information about the proposals and there would be people will be on hand to answer queries. Comments were always welcome. Details of ne initiatives would be sent to Deborah Fowler to add to the Healthwatch website.
- 2.7 The majority of the proposed public health initiatives would be provided as part of the trust's normal services, from the trust's own resources, but others would depend on alternative sources of funding.
- 2.8 This twenty first century facility was welcomed by local GPs but questions were asked about how the local population would be segmented to help address some of the wider determinants of health. The Royal Free would work with Public Health officers to work out what was needed.
- 2.9 A fine balance would be made, when setting parking charges, between what was fair and reasonable, as well as being aware that this could be a means of encouraging people to cycle or use public transport. The plans included a reduction in car parking spaces from about 1,200 to 900.
- 2.10 Encouraging the payment of the London living wage would be something which would be kept in mind.
- 2.11 The suggestion was made that interventions would need to be targeted at specific communities. Smoking levels amongst the general Enfield population was about 15.8%, but this was 50% in the young Turkish population.
- 2.12 Local Authority land had been set aside within the proposals for a reasonable sized NHS GP practice.
- 2.13 Measuring blood pressure was seen as a very important preventative measure.
- 2.14 The question was asked as to how many more patients had presented at North Middlesex following the changes to Chase Farm.

4

SECTION 75 AGREEMENT INCLUDING GOVERNANCE OVER BETTER CARE FUND FOR 2015/16

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The Board received a report from Bindi Nagra, Assistant Director Strategy and Resources, on the revisions to Enfield Council and the Enfield Clinical Commissioning Group's Section 75 Agreement (Adults) 15-16.

Bindi Nagra introduced the report highlighting the following:

- The agreement worked well in 2014/15 and it was proposed to continue the agreement with some amendments, including incorporating the Better Care Fund provisions.
- The revised agreement will be made up of six schedules: Better Care Fund, Mental Capacity Act and Deprivation of Liberty, Safeguards, Joint Commissioning Team, Integrated Community Equipment Service, Integrated Learning Disability Service and Public Health.
- The voluntary and community sector wheelchair service and personal budgets for health schedules have been incorporated within the Better Care Fund Schedule.
- The Better Care Fund is made up of £20m worth of existing money.
- Any changes to the Better Care Fund will need to be authorised by the Health and Wellbeing Board.
- The agreement complies with the best practice in managing pooled budgets.

Questions/Comments

1. The chart showing the links to the partnership bodies on page 27 of the report is the current arrangement. The dotted link to HealthWatch indicates co-operation. There are no immediate plans to make any changes. Some of the bodies work better than others. Deborah Fowler agreed to feed her concerns direct to Bindi Nagra.

AGREED

1. To note the proposed changes to the financial contributions to the Section 75 Agreement Adults for 2015/16.
2. To recommend that the Section 75 Agreement go forward to be signed and sealed by Enfield Council and the NHS Enfield Clinical Commissioning Group.

5

CCG OPERATING AND FINANCIAL PLAN

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

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Graham MacDougal introduced the report to members highlighting the following:

- Reviewing the operating plan was part of the annual cycle of review.
- NHS England had asked each Clinical Commissioning Group to refresh the plan for 2015/16, agreed as part of last year's 2 year plan (2014/16). The refresh had turned out more substantial than originally envisaged.
- The report updates the Board on the progress being made. Substantial work has been done on reviewing trajectories and current performance.
- Submission dates include 13 January (for initial headline plan) 27 February (full draft plan), 10 April 2015 (final submission).
- The plan is made up of three elements: finance and activity which includes the financial recovery plan for financially challenged CCGs such as Enfield's: targets both local and national with trajectories over the year: and a full narrative on how to approach delivery on both local and national levels.
- In 2015/16 it is hoped to obtain a quality premium for one off uses in 2015/16.
- More guidance is awaited for medication errors.
- Primary Care access and access to psychological therapies were key focusses.
- The 2014/15 plan had been based on Nicholson's 7 ambitions.
- Work was continuing with Public Health to make sure trajectories are aligned and match those of the Health and Wellbeing Strategy.
- New areas of work will include mental health targets and reducing the wait for psychological therapies to 18 weeks.
- There will be a new emphasis on how the CCG works with the Borough.
- Prevention and reducing health inequalities were also key.

AGREED

1. To note the requirements and progress set out in the report.
2. That the plan would be discussed in more detail at the next board development session in March 2015.

6
SUB BOARD UPDATES

1. Health Improvement Partnership Board

The Board received the sub board update from the Health Improvement Partnership Board.

1.1 Glenn Stewart, Deputy Director of Public Health, presented the report to the board, highlighting the following:

- Public Health continued to work closely with the Enfield Clinical Commissioning Group (CCG).
- Locality practice profiles had been completed.
- The procurement specification is being finalised for the School Nursing and Health Visitor Contracts 2015/16.
- The procurement process for the Reproductive and Sexual Health (RASH) service is underway.
- A successful child poverty conference had been held in November, following which an action plan was produced and a project manager employed to implement it.
- Breastfeeding support has been successful.
- The Pharmaceutical Needs Assessment is out for consultation.
- Work on Female Genital Mutilation (FGM) continues and Public Health has now taken over the chair of the Safeguarding Board's FGM task and finish group.
- Public health officers have been trained to enable them to screen licensing applications.
- The Child Death Overview Panel is holding a learning event for stakeholders.
- Media campaigns are running for World Aids Day to encourage people to get tested, as well as on sexual health, antibiotics and hypertension.
- Quitting smoking targets are being exceeded. An event is being held on 16 February, focussing on the Turkish community, who have high numbers of smokers. Preparations for No Smoking day on the 11 March 2015 are in hand.
- Health checks are on target.

- Individual Funding Requests are up to date.
- Public Health has launched the stepjockey scheme at the Civic Centre to encourage people to use the stairs rather than the lifts. A Healthy Weight website has also been launched.

1.2 Questions/Comments

- a. Providing information including placing posters in GP practices would help raise public awareness of public health issues. GP's would be happy to help.
- b. Dementia memory clinics waiting times had increased, but these had now gone down.
- c. Late presenting of people with AIDs was a problem in Enfield, but it is worth noting that Inner London boroughs where the figures are higher have put in much more resources and spent significantly more money on raising awareness of the issue.

AGREED to note the content of the report.

2. Joint Commissioning Sub Group Update

The Board received a report from Bindi Nagra, Assistant Director of Strategy and Resources (Health, Housing and Adult Social Care).

Bindi Nagra presented the report to the Board highlighting the following:

- A large amount of time has been spent preparing for the implementation of the Care Act 2014, which takes effect from the 1 April 2015. As a Council he felt that we are well placed to deal with the changes.
- The Better Care Fund has now been fully approved in terms of submission. The Council continues to receive guidance on implementation. NHS has asked the council to review certain targets to check whether they are consistent with original benchmarks and whether they are sustainable.
- Work is continuing on providing support to integrated care for older people.
- Consideration of how to commission the Reproductive and Sexual Health services is underway. Market testing is planned for February 2015
- The Mental Health Strategy has now been approved by all partners and an implementation group set up.

- The Council is putting together a self-assessment framework for learning disabilities. A joint action plan has been developed in response to the Winterbourne View Concordat.
- Planning permission has now been granted for a new 70 bed care home on the old Elizabeth House site. Pictures and plans were attached to the report.

2.2 Questions/Comments

- a. The review of the Better Care Fund targets will take account of the current trends and expectations, particularly in the light of current winter pressures. Revision and review will be taking place in the week following the meeting. Formal submission of the revised targets would form part of the CCG operating plan. It would be approved by the Integration Sub Board and reported back to the full Health and Wellbeing Board. Further discussion would be possible when the operating plan is considered at the development session.
- b. Bindi Nagra confirmed that there would be no changes to the grant funding arrangements to the voluntary and community sector without 6 months notice having been given.
- c. Concern was expressed about the current system for allocating Council housing through the online portal. This route was acknowledged to be unsatisfactory for some niche groups and alternatives were being considered in specific cases.

AGREED to note the content of the report.

3. Improving Primary Care Board

No update was provided for this meeting as the board had been updated at the recent development session.

7

MINUTES OF MEETING HELD ON 11 DECEMBER 2014

The minutes of the meeting held on 11 December 2014 were received and agreed as a correct record.

8

DATES OF FUTURE MEETINGS

The Board noted the date agreed for future meetings:

- Tuesday 14 April 2015

The Board noted the date agreed for future development sessions:

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- Thursday 12 March 2015

Next municipal year's provisional dates will be circulated when available.