

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON TUESDAY, 14 APRIL 2015**

MEMBERSHIP

- PRESENT** Shahed Ahmad (Director of Public Health), Deborah Fowler (Enfield HealthWatch), Liz Wise (Clinical Commissioning Group (CCG) Chief Officer), Vivien Giladi (Voluntary Sector), Donald McGowan, Ayfer Orhan and Doug Taylor (Leader of the Council)
- ABSENT** Ian Davis (Director of Environment), Andrew Fraser (Director of Schools & Children's Services), Ray James (Director of Health, Housing and Adult Social Care), Litsa Worrall (Voluntary Sector), Dr Henrietta Hughes (NHS England), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Kim Fleming (Director of Planning, Royal Free London, NHS Foundation Trust), Julie Lowe (Chief Executive North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)
- OFFICERS:** Bindi Nagra (Joint Chief Commissioning Officer), Sharon Burgess (Head of Service - Safeguarding Adults, Complaints and Quality Assurance), Allison Duggal (Public Health Consultant) and Richard Young (Interim Programme Manager) Penelope Williams (Secretary)
- Also Attending:** Bindi Nagra (Assistant Director Strategy and Resources, Health Housing and Adult Social Care) standing in for Ray James. Lance McCarthy (Deputy Director of North Middlesex University Hospital NHS Trust) standing in for Julie Lowe.

1

WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies for absence were received from Mo Abedi (Chair of the Enfield Clinical Commissioning Group), Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust), Kim Fleming (Royal Free London NHS Trust, Andrew Fraser (Director of Schools and Children's Services), Ray James (Director of Health, Housing and Adult Social Care), Julie Lowe (North Middlesex University Hospital NHS Trust).

Bindi Nagra (Assistant Director Strategy and Resources, Health Housing and Adult Social Care) was standing in for Ray James.

Lance McCarthy (Deputy Director of North Middlesex University Hospital NHS Trust) was standing in for Julie Lowe.

2

DECLARATION OF INTERESTS

There were no declarations of interests.

3

CLINICAL COMMISSIONING GROUP (CCG) OPERATING PLAN 2015/16 - DRAFT SUBMISSION (6:35-6:50PM)

The Board received a report on the draft submission of the Enfield Clinical Commissioning Group (CCG) Operating Plan 2015/16 from Graham MacDougall, Director of Strategy and Performance.

1. In Graham MacDougall's absence the report was presented by Liz Wise (CCG Chief Officer) and Richard Young (Interim Better Care Fund Programme Manager/Interim Strategic Planning Programme Manager). The following points were highlighted:
 - Detailed discussion on the Operating Plan had taken place at the Board's last development session.
 - An initial submission had been made on 7 April 2015: the final submission was due on 14 May 2015.
 - The final format has had to be changed to meet new guidance from NHS England including more detail and greater granularity. However the content will be substantially the same.
 - Strategic interventions and issues discussed at the development session would be taken forward by the Integration Sub Board.

2. Questions/Issues Raised by the Board

- 2.1 The key changes were in the detail, setting out the underpinning calculations and the figures around accident and emergency admissions. The principles and the discussion still stand.
- 2.2 Some concern was expressed about the proposals for patient and public involvement. It was felt that many of the GP patient groups were not fully developed and as a result too few candidates had been put forward to take part. Richard Young agreed to pick up on this issue and talk to Vivien Giladi outside of the meeting.
- 2.3 The Better Care Fund was reflected in the Operating Plan.
- 2.4 Liz Wise agreed to organise a seminar to explore the financial issues in more detail and to explain how she would be working with the other 4 North Central London CCGs to develop five year plans.

- 2.5 Working with the other CCGs will enable a more holistic and integrated approach, highlighting the gaps in social care and areas in need of transformation.
- 2.6 After the general election, it is likely that the strategic plans will need to be looked at again.

AGREED

1. To approve the 2015/16 Operating Plan in principle as in the draft attached to the report.
2. To delegate the final plan sign off, to the Chair, who will sign the final submission, on behalf of the board.

4

PHARMACEUTICAL NEEDS ASSESSMENT (6:50-7:10PM)

The Board received the report on the Pharmaceutical Needs Assessment (PNA)

Allison Duggal (Public Health Consultant) presented the report to the Board highlighting the following:

- The PNA has been designed to enable an understanding of current and future pharmaceutical needs. This is the final version.
- It is a statutory requirement that it is published in April 2015.
- The production of the assessment has been overseen by a multiagency steering group.
- A 60 day consultation period taken place and all comments received incorporated in the final document.

2. Questions/Comments

- 2.1 It was suggested that the PNA be retitled for the 3 years it covers: 2015-18.
- 2.2 If there were changes in the future, supplementary statements could be issued.
- 2.3 When the assessment has to be renewed, after three years, it should be a much smoother and less expensive process, due to the work put in this time.
- 2.4 Members appreciated the consultation process that had taken place. A summary of the responses has been included as an appendix. The full version could be available if necessary.

- 2.5 Members welcomed the resource and praised the excellent work that had been done by Alison Duggal and her team.
- 2.6 It was suggested that it would have been helpful to have included percentages in the table on page 32 of the assessment.
- 2.7 The finding that the rate of community pharmacies per population in Enfield is below average for England and that providers in Enfield currently dispense more prescriptions compared with the average community pharmacy in England was telling. Any future gaps in provision would be addressed through additional statements. The NHS will take the PNA into account when looking at extra provision.
- 2.8 Liz Wise felt that the pharmacists could potentially provide an even wider range of health services particularly in the areas such as urgent care and long term illnesses. The pharmacies were an important part of primary care.
- 2.9 Some concern was expressed about the limited range of opening hours in some areas. There were a number of pharmacies that stayed open up until midnight, but none were open 24 hours a day in Enfield.

AGREED that

1. The Board approves the publication of the new Pharmaceutical Needs Assessment attached as appendix 1 to the report.
2. Takes into consideration the statutory requirement to meet its obligation to publish the PNA by April 2015.

**5
ADJUSTMENTS TO THE BETTER CARE FUND PLAN REDUCING
EMERGENCY ADMISSIONS TARGET (7:10-7:25PM)**

The Board received a report setting out adjustments to the Better Care Fund Plan Reducing Emergency Admissions Target.

Richard Young presented the report to the Board highlighting the following:

- NHS England has issued guidance that the ambition for the level of improvement agreed by CCGs and Councils in Better Care Fund plans should be reviewed in the light of the current increased level of emergency hospital admissions.
- In order to achieve the original target of 3.5% (a reduction of 908 from a total of 25,965 admissions) the required reduction would be 18% of an outturn of 30,463 admissions.

- Two options were considered: to recalculate the activity baseline and generate a new admissions reduction target at 3.5%: to maintain the existing reduction target generating a new percentage target reduction of 1065.

2. Questions/Comments

- 2.1 There had been a step change in the numbers of accident and emergency admissions across the country which was difficult to understand. It was unclear whether this was a rectification of clinical behaviour or a new phenomenon. This was not accounted for by the increasing number of people attending accident and emergency departments.
- 2.2 The change had occurred in Autumn 2013 with a 20% rise in the conversion rate. It was noted that this was a national phenomenon and that these figures were not true of North Middlesex University NHS Hospital which has one of the lowest conversion rates in the country.
- 2.3 Enfield is suffering from the same pressures as elsewhere in London and nationwide. More people are presenting at accident and emergency departments, this however is a separate phenomenon, but which also adds to the impact of the target in Enfield.
- 2.4 The reality of the 3.5% target means a reduction of 7% to maintain the levels in the current system and finances, partly due to the growth in the local population and changing demographics.
- 2.5 As part of the CCG planning process, the Health and Wellbeing Board have been asked to agree to revising the target connected to the performance of the Better Care Fund. The choice is to maintain the existing target or deviate from it.
- 2.6 The question was asked that as we did not meet the target last year, why should we meet it this year.
- 2.7 The question had been discussed at length by the Integration Sub Board and they felt that if the target was altered it would also mean making changes to other plans which would be more difficult. Some of the initiatives that had been started as part of the Better Care Fund were having an impact.
- 2.8 The risk of not meeting the target will be managed.

AGREED to approve the recommendation from the Integration Sub Board to agree to Option 1 – a new target reduction of 1,065 admissions, based on the existing percentage 3.5% reduction target.

6

ADULT SAFEGUARDING STRATEGY (7:25-7:45PM)

The Board received a report on the draft Adult Safeguarding Strategy.

1. Presentation of the Report

Sharon Burgess, Head of the Safeguarding Adults, Quality, Improvements and Complaints presented the report to the Board highlighting the following:

- The Care Act which came in on 1 April 2015 requires all local authorities to publish annually an adult safeguarding strategy. Enfield has had a strategy since 2009.
- Key elements of the strategy were that it is free from jargon and written in Plain English.
- The aims of the strategy were to prevent abuse from occurring, to ensure adequate support where dignity is respected and to provide support which is person centred once harm occurs.
- The strategy and its action plan related to the 6 key principles set out by the Government and included in the Care Act.
- The strategy has been developed with partners and those who use the services.
- It has been developed within the “Making Safeguarding Personal in Enfield” agenda and has achieved the gold standard for the partnership work with Bournemouth University and Enfield’s quality checkers.

2. Questions/Comments

- 2.1 The service was congratulated on receiving the gold award.
- 2.2 Adults were working together in partnership with Children’s Services and were aware of the need to address the transition gap between the two safeguarding services.
- 2.3 It was felt that it would be helpful to include some higher level actions between the preamble and the tables in the strategy to make a smoother link.
- 2.4 The targets were long term. It was felt that it would be better to make sure that they were achievable and that they could be embedded along with the other measures being brought in by the Care Act.
- 2.5 Enfield was one of the first authorities to adopt a strategy and this had been developed using a successful team based approach which had been widely praised.

- 2.6 The current strategy had been a refresh of the earlier one including actions over 1,2 and 3 years and incorporating the new safe standards.

AGREED to note the content of the strategy and action plan.

7

SUB BOARD UPDATES (7:45-8:25PM)

1. Health Improvement Partnership Board Sub Board Update

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

1.1 Presentation of the Report

Allison Duggall presented the report to the Board, highlighting the following:

- Work was continuing to address health inequalities, working in partnership in the five key priority wards using a spectrum of different measures to ensure health outcomes are maximised and health inequalities not widened.
- Healthy lifestyles were being promoted, addressing long term conditions, encouraging more physical activity, healthy eating and not smoking. Key initiatives include Cycle Enfield, Active and Creative Enfield, Step Jockey and a bid to Sports England.
- Public Health officers, following training, are now inputting into licensing applications.
- A pilot project providing information and advice in pharmacies is planned, starting in May 2015.
- Work on child poverty is being carried out by Public Health with Price Waterhouse Coopers and the Enfield 2017 team. An action plan had been put in place to address the issues.
- A successful conference on Female Genital Mutilation (FGM) was held on 20 March 2015.
- An assessment of sexual health needs has been carried out which will lead to procurement of the service and a refresh of the strategy.
- Two notable achievements: Ofsted had judged safeguarding services in Enfield as good and Enfield had been awarded excellent by the Greater London Authority as a healthy workplace.

1.2 Questions/Comments

- 1.2.1 Members congratulated officers on their excellent work in this area.

- 1.2.2 Measures were in place to ensure that the child sexual exploitation work being carried out by the Children's Safeguarding Board would be taken account of in commissioning services.
- 1.2.3 The Public Health Team had four statutory duties: those that support the CCG are now based in Holbrook House, approximately 8 officers. Ten other members of staff are embedded in services across the council.
- 1.2.4 Enfield is the only authority in London which has been graded good for child protection services.
- 1.2.5 A new sexual exploitation task group has been set up to look at this area of work. They will be scrutinising all work carried out both internally and externally. This task group is the only one of its kind in London and will ensure that robust procedures are in place to prevent child sexual exploitation taking place in Enfield.
- 1.2.6 The granting of the Healthy Workplace Award to the Council is important for encouraging other employers to become healthy work places.
- 1.2.7 The outcome of the Sports England bid is not yet known.
- 1.2.8 An 8% reduction in hospital admissions has been achieved by the Care Homes Assessment Team as part of the larger Integrated Care target.

AGREED to note the content of the report.

2. Joint Commissioning Board Update

The Board received an update report from the Joint Commissioning Board Sub Board.

2.1 Bindi Nagra (Assistant Director Strategy and Resources – Health, Housing and Adult Social Care) presented the report to the Board and asked for questions.

2.2 Questions/Comments

2.2.1 Various reviews had been undertaken on both commissioning and procurement linked to the information and advice requirements of the Care Act and with work being done by Enfield 2017. The front end access point is the Council website. Key is wellbeing in its wider sense.

2.2.2 The Council was considering the best approach to the provision of the work of the Family Nurse Partnership and Health Visitors once the transfer to the Council due in October 2015 has occurred. The Family Nurse Partnership

had not taken on any new referrals due to the illness of one of the members of staff.

2.2.3 Concern about the growth of the use of Laughing Gas (Nitrous Oxide) by young people was an issue that could be considered by the Drug and Alcohol Action Team and would be referred to them.

AGREED that the Board note the content of the report.

3. Improving Primary Care Sub Board Update

The Board received an update report from the Improving Primary Care Sub Board.

3.1 Liz Wise, Enfield CCG Chief Officer, introduced the report to the Board:

- The current three year primary care strategy programme ended on the 31 March 2015. From 1 April 2015 a new way of working is being developed by the five North Central London CCGs for joint co-commissioning arrangements with NHS England, to take effect from October 2015. A shadow period will operate between April and October 2015.

3.2 Questions/Comments

3.2.1 Local Government is involved in the proposals for co-commissioning. The CCG's are currently looking at the best way to engage them and this was discussed at the last meeting of the CCG governing body. Crucial work is taking place on estates and regeneration.

3.3 The aim is that the primary care commissioning framework becomes more proactive, accessible and consistent.

3.4 The CCG is assessing where we are locally and will then look to fill the gaps. Where more services are needed, they will work with NHS England to provide them.

3.5 The benefits of working with Camden and Islington are more than the dis-benefits.

3.6 Some of the Enfield initiatives are being carried forward including the Minor Ailments Scheme, the work with University College London and the IT improvements.

3.7 It was important to take forward what was right for Enfield. The first 6 months will provide an opportunity for a local refresh.

AGREED to note the contents of the report.

4. Integration Board Update

The Board received an update from the Integration Board.

4.1 Richard Young (Interim Better Care Fund Programme Manager/Interim Strategic Planning Programme Manager) presented the report to the Board:

- Much of the information about integrated care had been discussed elsewhere on the agenda.
- The business case for integration was discussed at the first meeting and the clinical case will be discussed at the next meeting.
- The old programme board has now been disestablished and replaced by the new board structures.

4.2 Questions/Comments

4.2.1 The Older People Working Group will be reformed as part of the programme delivery group. Their work will not be lost, but will be bought in to develop the new group.

4.2.2 Concern was expressed that not all interests were represented on the Integration Board: there was little representation from the secondary care sector. The Sub Board membership had been agreed at the last board meeting with only members of the full board given voting rights. The terms of reference will be reviewed in 3 months. Named substitutes were permitted in the current terms of reference.

AGREED to note the report.

8

MINUTES OF THE MEETING HELD ON 12 FEBRUARY 2015 (8:25-8:30PM)

The minutes of the meeting held on 12 February 2015 were agreed and signed as a correct record.

9

DATES OF FUTURE MEETINGS

Members noted that dates for next year will be agreed at Annual Council on 13 May 2015.