

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON TUESDAY, 14 JULY 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), Ayfer Orhan, Alev Cazimoglu, Doug Taylor (Leader of the Council), Nneka Keazor, Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust), Tony Theodoulou (Interim Director of Children's Services) and Lance McCarthy (Deputy Chief Executive North Middlesex University Hospital NHS Trust)

ABSENT Ian Davis (Director of Environment), Ray James (Director of Health, Housing and Adult Social Care), Dr Henrietta Hughes (NHS England), Kim Fleming (Director of Planning, Royal Free London, NHS Foundation Trust) and Julie Lowe (Chief Executive North Middlesex University Hospital NHS Trust)

OFFICERS: Allison Duggal (Public Health Consultant), Richard Young (Interim Strategic Planning Programme Manager), Sharon Burgess (Head of Service - Safeguarding Adults, Complaints and Quality Assurance) and Doug Wilson (Head of Strategy, Performance and Policy) Penelope Williams (Secretary)

Also Attending: Marian Harrington (Chair of the Adult Safeguarding Board)

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WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies for absence were received from Ray James, Dr Henrietta Hughes, Councillor Alev Cazimoglu, Julie Lowe (Chief Executive North Middlesex University Hospital NHS Trust) and Kim Fleming (Royal Free London NHS Trust).

2

DECLARATION OF INTERESTS

There were no declarations of interests.

3

CHANGE TO THE HEALTH AND WELLBEING BOARD CABINET MEMBERSHIP

Members noted the changes to the membership of the Health and Wellbeing Board terms of reference, relating to the cabinet members on the Board.

4

CHANGE IN THE ORDER OF THE AGENDA

Members agreed to change the order of the agenda so that Item 6 was taken after Item 3 and followed by Item 7. The minutes reflect the order of the original agenda.

5

SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014/15

The Board received the Adult Safeguarding Annual Report 2014/15.

1. Presentation of Report

Marian Harrington (Chair of the Adult Safeguarding Board) presented the report to the Board highlighting the following:

- This was the first year that it had been a statutory requirement to produce an annual report.
- Key achievements include the work of the Quality Checkers and the Dignity in Care Panel which has looked in depth at the quality of service provided by the Council.
- Also the link with Healthwatch, encouraging good user care involvement, and the establishment of the first multi-agency safeguarding adults' hub.
- Enfield has a large number of care homes, compared to other boroughs, of which the Board has oversight.
- The Safeguarding Board co-ordinates information on safeguarding and promotes good practice.
- Marion Harrington said that she would welcome help to encourage the greater involvement of partnership members in the board's sub groups.

2. Questions/Comments

2.1 Sub groups include: learning and development, policy, procedure and practice, service users, carers and patients, quality safety and performance and the joint safeguarding adults and safeguarding children group. The membership of the sub groups had declined due to changes in personnel and shrinking numbers of staff. There had been some consideration given to consolidating the current groups, where possible, but groups numbers have already been cut down to 4.

2.2 This year the focus had been on prevention.

2.3 There has been a 780% increase in referrals under mental capacity and deprivation of liberty standards.

- 2.4 The huge increase in referrals from North Middlesex was likely to be because of increased awareness, as well as an increase in the number of incidents. The numbers in 2013/14 were low, which could be due to a lack of reporting in that year.

AGREED to note the progress being made in protecting vulnerable adults in the Borough, as set out in the annual report of the Safeguarding Adults Board.

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HEALTHWATCH REPORT - COMPLAINTS HANDLING

The Board received a report from Healthwatch concerning the adoption of a recognised approach to complaints-handling.

1. Presentation of the Report

- 1.1 Deborah Fowler, Chair of Healthwatch, presented the report to the board highlighting the following:

- A learning organisation is a listening organisation. Well run organisations welcome feedback and complaints.
- The Care Quality Commission has recognised the importance of listening to people and has adopted a new framework for complaints handling in "Complaints Matter".
- Healthwatch would like the Health and Wellbeing Board and its members to sign up to the scheme, to endorse a focus on improving the ease with which people can raise complaints, to encourage local organisations to move towards implementation of the new complaints framework and to incorporate it into service contracts.

- 1.2 Nicholas Foster, Complaints Manager, Health, Housing and Adult Social Care, reported that he had been involved with the development of the user led vision which the local authority had already adopted in part. A piece of work had been undertaken to make sure that they would be fully compliant and to establish assurance looking at the 5 parts of the complaints journey, working out what systems and processes needed to be put in place. Social Care already uses an on line complaints form, which could be expanded for use across the authority.

2. Questions/Comments

- 2.1 GPs were unaware of the new framework. It was recommended that this was a framework for all, and they as well as other health and social care organisations, should be made aware of it and encouraged to sign up.
- 2.2 The Council's Social Care Annual Report outlines the lessons learned over the year.

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- 2.3 A further report would be made to the Board later in the year to enable it to monitor progress in implementing the framework.

AGREED

- 1.1 To note the user-led complaints framework published jointly by the Local Government Ombudsman (LGO), Healthwatch England and the Parliamentary and Health Service Ombudsman (PHSO) and adopted by the Care Quality Commission (CQC) for use in its inspection regime.
- 1.2 To ask commissioners from the CCG, NHS England and local authority to consider adopting the new complaints framework, as appropriate, in their provider contract specifications relating at least to health and social care, to achieve a consistent approach across Enfield;
- 1.3 To ask that, in monitoring existing contracts, the CCG, NHS England and local authority commissioners are informed by the new complaints framework and encourage their providers to improve their existing complaints systems.
- 1.4 To note that NHS England has assured the LGO, Healthwatch England and PHSO that it will use the new user-led complaints framework as a performance management tool to be built into the NHS Outcomes Framework;
- 1.5 To resolve that, as part of its role in promoting and reviewing integrated care arrangements, the HWB will consider and review how well the user experience of complaints-handling matches the expectations set out by the CQC.
- 1.6 To note that when reviewing complaints-handling in provider organisations, Healthwatch Enfield will adopt the user-led complaints framework.

7

NHS ENGLAND: ANTE NATAL IMMUNISATION AND SCREENING IN ENFIELD

The Board received a report reviewing ante-natal, new born immunisation and screening programmes in Enfield 2015 from Joanne Murfitt, Head of Public Health, Health in the Justice System and Military Health, (London Region, NHS England).

Joanne Murfitt presented the report to the board highlighting the following:

- The report provided an overview of the universally provided immunisation and screening programmes.
- Enfield had a young population and it was felt to be particularly important to focus on antenatal and new born programmes.

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- NHS England wanted to promote early antenatal booking and screening so that any issues could be detected and addressed at an earlier stage.
- The data provided was based on Barnet and Chase Farm Hospital Trust before amalgamation with the Royal Free.
- Pertussis (whooping cough) was an area of concern as it had recently caused 3 baby deaths. NHS England was offering a service level agreement to increase take up of the pertussis vaccine.
- There had been anxieties created by the press campaign about the ineffectiveness of last year's flu virus but this had only been one strain, vaccines had been effective against two other strains. Work was needed to counteract the bad press and to make sure uptake of the vaccine was kept up.
- Increasing uptake of antenatal hearing tests was also a priority.
- Two new vaccines were being introduced: the Meningococcal ACWY to replace the Men C from September 2014 for Year 8 girls, with a catch up in years 12 and 13: and Meningitis B for babies.
- The majority of vaccines are provided through GP surgeries which is putting a strain on their services. Also the offer is now incredibly complicated. NHS England were keen to find ways to make the delivery easier, to improve uptake and increase coverage, particularly to vulnerable people whose lives are often already chaotic.
- Consideration was being given to offering the HPV vaccine given to 12-13 year old girls, to boys as well.
- There was a lot of effort being made on increasing the vaccination of 70 and 79 year olds against shingles.
- Flu vaccinations were doing reasonably well – 36 out of 60 local pharmacists were now offering them.
- A major push was also on to increase vaccine uptake amongst people with long term conditions especially liver and respiratory disease.
- Flu vaccinations were now being offered to school age children. Special Schools in Enfield had not taken up the offer. Help to encourage these schools to do so would be appreciated.
- The immunisation and screening programme for Enfield was quite generic and more work was needed to make sure that it was adapted to the borough's specific circumstances and to enable NHS England to provide help and training where it was most needed.

2. Questions/Comments

- 2.1 Mo Abedi felt that it would be useful if good practice, particularly in working with different populations, could be shared across GP's in Enfield: a tailored approach was needed.
- 2.2 More children were likely to have been immunised than official figures suggested, as not all vaccinations were documented. In Hammersmith and Fulham research had been done and found that the real figures were actually 10% higher than the documented figures.

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- 2.3 Enfield used to have a full time co-ordinator dedicated to working in the borough, now there is only one co-ordinator for 5 boroughs. Joanne Murfitt said that there were fewer resources and this was challenging, but in these circumstances it was essential to share good practice and take a more co-ordinated and targeted approach working closely with partners. There was a hope and an expectation that they would be able to promote, publicise and support initiatives, including making sure that initiatives were included in contracts. An immunisation action plan was being putting in place to ensure more could be done.
- 2.4 Persuading mothers to present at 10 weeks was even more difficult when very late presentation was already a problem in parts of the borough. Many believed that they did not need to present until 12 weeks. Currently, 84.4% of women in Enfield, presented by 12 weeks and 6 days. There was a big job to be done to change this perception and to persuade mothers of the need to present earlier. Information was being provided through NHS England and through a poster campaign but this needed more specific targeting. The possibility of providing information at the point of sale for pregnancy tests in pharmacies was being explored.
- 2.5 Work was being done through the Change and Challenge Programme and through the family nurse partnership.
- 2.6 The recent confusion over the issue of the shingles vaccination offer to 70 and 79 year olds was highlighted. It was unfortunate but a targeted message will help to address any confusion.
- 2.7 Concern was expressed about the decrease in immunisation rates among over 65's in Enfield and across London. NHS England were not concerned as the decrease was small and they were intending to focus on those with long term conditions and pregnant women.
- 2.8 The number of people accessing the flu vaccine via pharmacists, although only 5% of the total, had increased.
- 2.9 Joanne Murfitt thanked everyone for their support and helpful comments and emphasised the will to work in partnership with the Board, the CCG, as well as schools, care contractors and staff.

AGREED to note and support the work of NHS England (London) are doing to increase screening and vaccination coverage and screening and immunisation uptake in Enfield.

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CLINICAL COMMISSIONING GROUP OPERATING PLAN 2015/16

The Board received a report from Graham MacDougal, Director of Strategy and Partnerships Enfield Clinical Commissioning Group on the Enfield Clinical Commissioning Group Operating Plan 2015/16.

1. Presentation of the Report

- 1.1 Richard Young (Interim Better Care Fund Programme Manager – Enfield Council / Interim Strategic Planning Programme Manager-Enfield clinical Commissioning Group) presented the report to the Board, highlighting the following:
- The report represented the culmination of all previous board discussion on the operating plan including the work in the development sessions.
 - A quality premium will be paid to the CCG in 2016/17 based on the measures agreed by the Board at their development session in April.
 - These were reducing potential years of lives lost through causes considered amenable to healthcare, urgent and emergency care (reducing avoidable emergency admissions and reducing NHS responsible delayed transfer of care rates), further improving dementia diagnosis and reducing emergency admissions from care homes.
- 1.2 Liz Wise (Chief Officer Enfield CCG) reported that NHS England had recently assured the non-financial activity of the Enfield CCG. The financial activity was not assured.

2. Questions/Comments

- 3.1 The plans submitted had been revised to take account of increased accident and emergency hospital admissions. Two contracts with the trust providers had been signed and one agreed, but still to be signed.
- 3.2 So far the activities of the current year were aligned with the plan.

AGREED

1. To note the requirements of the process and the overview of the Clinical Commissioning Group submissions within the report.
2. To endorse the NHS Enfield Clinical Commissioning Group Operating Plan 2015/16

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SUB BOARD UPDATES

The Board received the following sub board updates:

1. Health Improvement Partnership Board

1.1 Report Presentation

Shahed Ahmad, Director of Public Health, presented the report to the Board highlighting:

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- News received after the report was written included, a Central Government announcement of a 7.4% in year reduction in Public Health Spending. If this were to be applied uniformly, to each individual local authority, Enfield would lose about £1m from this year's budget.
- Enfield has achieved excellent standard in the GLA Healthy Work Place accreditation.
- Immunisation data had been discussed earlier in the meeting.
- The HiLo project had been successful in reducing blood pressure and lowering cholesterol levels.

1.2 Questions and Comments

1.2.1 Grave concern was expressed about the government proposed reduction to the amount of money allocated to public health. Enfield was already historically underfunded in contrast to richer London boroughs such as Kensington and Chelsea. Members agreed that all organisations should respond to the formal consultation on the issue and that there should also be a co-ordinated response from the Health and Wellbeing Board. As well as lobbying local MPs. The suggestion should be put forward that richer areas that already received more funding should receive a greater reduction than areas like Enfield which received less.

1.2.2 It was felt that the water companies should be encouraged to add fluoride to the water in Enfield. In the past it had been argued that all London boroughs needed to agree to enable this, but it was felt that it must be possible to segment the supply in some way to enable Enfield to be fluoridised more quickly.

1.2.3 Detail on outcomes as well as activity was requested.

1.2.4 A strategy on childhood obesity was being put together. Opportunities for sharing experience and good practice were being explored. As well as better ways of making use of Children's Centres to help manage obesity.

AGREED to note the report.

2. Joint Commissioning Board

There were no comments.

AGREED to note the report.

3. Primary Care Update

There were no comments.

4. Enfield Integration Board

4.1 Report Presentation

Richard Young presented the report to the Board.

NOTED

1. The current better care fund plans are coming to an end, so the board had decided that it would be useful to hold some facilitated sessions to enable them to set out a plan for how to achieve the overall integration strategy, in the future. It was agreed that all board members would receive an open invitation to the sessions.

AGREED to

1. Approve the plans for a short facilitated development programme for the Integration Board.
2. Approve the quarterly Better Care Fund data return, attached as an appendix to the report.

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MINUTES OF THE MEETING HELD ON 14 APRIL 2015

The Board received and agreed the minutes of the meeting held on 14 April 2015.

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FUTURE ITEMS

The Board noted the items agreed for the October meeting.

Richard Young reported that the Clinical Commissioning Group would like to bring an item on their commissioning intentions for 2016/17 to the September meeting. A short extra meeting of the full board would be held after the development session on the 14 September 2015 to enable the board to discuss these.

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DATES OF FUTURE MEETINGS

The Board noted the dates agreed for future full board meetings:

- Thursday 15 October 2015
- Thursday 10 December 2015
- Thursday 11 February 2016
- Thursday 21 April 2016

All full board meetings will begin at 6:15pm unless otherwise indicated.

The Board noted the dates agreed for board development sessions:

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- Monday 14 September 2015
- Wednesday 4 November 2015
- Wednesday 6 January 2016
- Wednesday 2 March 2016

All development sessions will begin at 2pm unless otherwise indicated.

A short full board meeting will be held after the development session on Monday 14 September 2015 at 5pm to discuss the CCG Commissioning Intentions 2016 /17.