

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON MONDAY, 14 SEPTEMBER 2015**

**MEMBERSHIP**

**PRESENT** Shahed Ahmad (Director of Public Health), Ian Davis (Director of Environment), Vivien Giladi (Voluntary Sector), Ayfer Orhan (Cabinet Member for Education, Children's Services and Protection), Alev Cazimoglu (Cabinet Member for Health and Social Care), Doug Taylor (Leader of the Council), Nneka Keazor (Cabinet Member for Public Health and Sport), Kim Fleming (Director of Planning, Royal Free London, NHS Foundation Trust), Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust), Tony Theodoulou (Interim Director of Children's Services) and Paul Jenkins (Chief Officer - Enfield Clinical Commissioning Group)

**ABSENT** Ray James (Director of Health, Housing and Adult Social Care), Deborah Fowler (Enfield HealthWatch), Dr Henrietta Hughes (NHS England), Mo Abedi (Enfield Clinical Commissioning Group Medical Director) and Julie Lowe (Chief Executive North Middlesex University Hospital NHS Trust)

**OFFICERS:** Bindi Nagra (Assistant Director Strategy and Resources (Health, Housing and Adult Social Care)) and Jill Bayley (Principal Lawyer - Safeguarding) Penelope Williams (Secretary)

**Also Attending:** Graham MacDougall (Director of Strategy and Partnerships- Enfield Clinical Commissioning Group), Clare Kapoor (North Central London NHS Urgent Care Programme Manager), Lorna Leith (Healthwatch - standing in for Deborah Fowler).

**1  
WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting.

**2  
DECLARATION OF INTERESTS**

There were no declarations of interest.

**3  
ENFIELD CLINICAL COMMISSIONING GROUP COMMISSIONING  
INTENTIONS**

The Board received a report and presentation slides from Graham MacDougall, Director of Strategy and Partnerships, Enfield Clinical

Commissioning Group (ECCG), on the NHS Enfield Clinical Commissioning Group draft commissioning intentions 2016/17.

## **1. Presentation of the Report**

Graham MacDougall presented the report to the Board, highlighting the following:

- Commissioning intentions are produced every year, setting out the new services and changes to existing services, which the CCG would like to see.
- The intentions are influenced by local imperatives and national directives.
- They are the opportunity to set the commissioning framework.
- This year there will be a focus on mental health, both in adults and children. Focusing on how services respond to crisis, the quality of treatment offered and how to prevent people falling into crisis.
- Action plans are being developed and will be brought to the board at a later date.
- Local challenges include Enfield CCG's financial position: finding £13m in savings will be challenging.
- Urgent and Urgency Care are under the spotlight - particularly the 4 hour accident and emergency target. The systems are fragile, a strategic approach to create greater resilience in the system required.
- Transformation plans are being worked on in 6 areas and there will be an opportunity for the Health and Wellbeing Board to look at them in greater detail later in the year.
- Other areas of priority include eating disorders, psychological therapies and perinatal health.
- A strategic alliance with the other North Central London CCGs is being developed.
- The CCG is beginning to explore new models of care, working out new ways to contract it and will be commissioning for outcomes.
- The corporate objectives are set out on page 8 of the agenda pack.

## **2. Questions/Comments**

- 2.1 Paul Jenkins advised the board that the CCG was under a category of "directions" where its priorities were laid down for it. They had a statutory obligation to balance the books. Recovery would take several years as they currently had an overdraft of £33.4m out of a budget of £360m. Further details could be provided if requested.
- 2.2 The provision of integrated diabetes, respiratory and heart failure services by the emerging GP Provider Network, to practice registered pan-Enfield population, was welcomed but it was felt that this should be extended to public health as well.

- 2.3 Concern was expressed about how those that were not registered with a GP would be able to access these services. There were various opportunities to address this through urgent care, and using public health methods. It was very difficult to determine the level of those not registered. Various initiatives were under consideration. The problem was specific to certain wards which could receive targeted interventions. Guidance to practice managers on proof of address would be helpful. Co-commissioning should enable the CCG to have more influence in this area.
- 2.4 A patient engagement event had been held on the previous day.
- 2.5 By the end of September the ECCG Executive Committee would have agreed and published the commissioning intentions. Contracts with providers would be signed off by the end of March 2016.
- 2.6 Lorna Leith (Healthwatch) suggested that incorporating patient experience measures would help when judging whether the services were successful.
- 2.7 Proposals for Mental Health were due to be discussed at the next Board meeting on 15 October 2015. This will include transformation plans for the Child and Adolescent Mental Health Service (CAMHS) and how to respond to the "Future in Mind" report.

**AGREED** that to note the draft CCG Commissioning Intentions as set out in the report.

#### **4**

#### **RE-PROCUREMENT OF THE 111 OUT OF HOURS SERVICE**

The Board received a report from Clare Kapoor, North Central London Urgent Care Programme Manager, on the proposed procurement of an integrated NHS 111/Out of Hours Service across the five North Central London boroughs.

#### **1. Presentation of the Report**

Clare Kapoor presented the report to the Board highlighting the following:

- The report provides an update on the procurement of one integrated service for both the 111 and Out of Hours services across the whole of North Central London.
- Barndoc had provided the Out of Hour's service in Enfield for many years and were familiar to local residents.
- The contracts for both Out of Hours and 111 services were coming to an end providing an opportunity to improve all services.
- 40% of 111 calls ended up requiring the Out of Hours services.

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- The benefit of integration would result in fewer hand overs, provide access to a greater range of clinicians and to a direct booking service, avoiding the need for call backs.
- This will also be an opportunity to improve services for deaf users.
- An extensive engagement programme has been carried out with both large and small groups and more events were planned. A patient reference group including four members from Enfield had also been established.
- Although there had been a low response to the July engagement exercise, many people had accessed the engagement documents on line and 161 had responded to the on line survey.
- In July NCL had received a letter from NHS England requesting a pause in the procurement process due to the development of new commissioning standards but this was in line with NCL's original procurement plans.
- Procurement will begin in October 2015 and outcomes will be reviewed by each of the 5 CCGs. The issues will also be considered by the Joint Health Overview and Scrutiny Committee.

### **2. Questions/Comments**

- 2.1 The contract would last for 5 years. The NHS was moving to longer term contracts which would enable contractors to commit more resources to improving services.
- 2.2 Camden and Islington have carried out focussed engagement with learning and disability services but not Enfield. Clare would also be attending some parents and deaf user group meetings.
- 2.3 It was reported that there was concern about the high numbers of people referred by the 111 service to Out of Hours services and that the 111 service was not staffed by clinicians. It was felt that people needed reassurance if the contract were to be taken away from the current providers. There was also concern that smaller local providers would have difficulty bidding for such a large contract and that it would therefore inevitably be let to a big pharma-company. Local GPs would not be able to compete. Many local people would prefer locally based services provided by local GPs.
- 2.4 There was the potential for larger companies to sub contract the work out at the local level. A key consideration was the way that the specification would be put together and decisions on the balance between price, quality and social value.
- 2.5 Paul Jenkins advised that the service would be clinically led and driven and that patients should receive the similar level of service to that currently provided: that it would still be a local service, just co-ordinated across a wider area.

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- 2.6 As part of the procurement, finance, quality and governance would be weighted: one fifth on finance and four fifths quality and governance.
- 2.7 Since 2005 it had been a struggle to recruit local GPs. This will remain a challenge, regardless of the model, but will be a consideration in the specification.
- 2.8 Two market events had been held and 22-24 providers had attended, including GP consortia.
- 2.8 Monitoring will take place at the local sub borough level.
- 2.9 The call centre will be based in London and will be required to be Care Quality Commission registered. It was felt to be more important to ensure that the out of hours services were locally based.
- 2.10 Concern was expressed about the weak consultation and the lack of information about minors and family networks.
- 2.11 The directory of services was an important tool to ensure that the local knowledge was available and linked in to the triage system. A manager would be responsible for making sure that it was kept up to date. A copy would be made available to Healthwatch.
- 2.12 The London Living Wage would be matched.
- 2.13 Under 5's would be referred direct to a clinician.
- 2.14 The new service would be able to make appointments directly with the out of hours service.
- 2.15 The new extended primary care access will start in October 2015. An extra £612,000 has been received to facilitate this. Initially appointments will be available 6 days a week.

**AGREED** to note the proposal to procure an integrated NHS 111/Out of Hours Service across Barnet, Camden, Enfield, Haringey and Islington.

## 5

### MINUTES OF THE MEETING HELD ON 14 JULY 2015

The minutes of the meeting held on 14 July 2015 were received and agreed as a correct record.

## 6

### DATES OF FUTURE MEETINGS

The dates agreed for future meetings were noted as follows:

- Thursday 15 October 2015, 6.15pm

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- Thursday 10 December 2015, 6.15pm
- Thursday 11 February 2016, 6.15pm
- Thursday 21 April 2016, 6.15pm

The dates agreed for board development sessions were noted as follows:

- Wednesday 4 November 2015, 2pm
- Wednesday 6 January 2016, 2pm
- Wednesday 2 March 2016, 2pm