

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY, 8 DECEMBER 2016**

**MEMBERSHIP**

**PRESENT** Doug Taylor (Leader of the Council), Alev Cazimoglu, Krystle Fonyonga, Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Deborah Fowler (Enfield HealthWatch), Tessa Lindfield (Director of Public Health), Ray James (Director of Health, Housing and Adult Social Care), Tony Theodoulou (Director of Children's Services), Vivien Giladi (Voluntary Sector), Peter Ridley (Director of Planning, Royal Free London, NHS Foundation Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

**ABSENT** Ayfer Orhan, Sarah Thompson (Chief Officer - Enfield Clinical Commissioning Group), Dr Helene Brown (NHS England Representative), Litsa Worrall (Voluntary Sector), Libby McManus (Chief Executive North Middlesex University Hospital NHS Trust), Robyn Gardner (Enfield Youth Parliament) and Bobbie Webster (Enfield Youth Parliament)

**OFFICERS:** Keezia Obi (Head of Safeguarding Adults), Sam Morris (Strategy, Partnerships, Engagement and Consultation Team) and Jill Bayley (Principal Lawyer - Safeguarding) Jane Creer (Secretary)

**Also Attending:** Graham MacDougall (Director of Commissioning, NHS Enfield CCG), Regina Shakespeare (Project Consultant, Enfield CCG), Dr Jahan Mahmoodi (Medical Director, Enfield CCG), Jayne Fitzgerald (Head of Strategic Finance), Patricia Mecinska (Chief Executive, Enfield HealthWatch), Dr Tha Han (Public Health Consultant)

**1**

**WELCOME AND APOLOGIES**

Councillor Doug Taylor (Chair) welcomed everyone to the meeting. Apologies for absence were received from Councillor Ayfer Orhan, Sarah Thompson (represented by Regina Shakespeare), Dr Helene Brown, Litsa Worrall, Libby McManus, Robyn Gardner, and Bobbie Webster. Apologies for lateness were received from Councillor Krystle Fonyonga.

**2**

**DECLARATION OF INTERESTS**

There were no declarations of interest registered in respect of any items on the agenda.

**3**

**ORDER OF THE AGENDA**

**AGREED** that the order of the agenda be amended to accommodate attendees. The minutes follow the order of the meeting.

**4**

**ADHERENCE TO EVIDENCE BASED MEDICINE**

RECEIVED the report of Regina Shakespeare, Project Consultant and Mark Eaton, Director of Recovery, Enfield CCG in respect of the programme 'Adherence to Evidence Based Medicine'.

NOTED

Regina Shakespeare introduced the report, highlighting the key points:

- Evidence reviews were being led by Clinical Leaders at the CCG.
- Procedures of Limited Clinical Effectiveness (PoLCEs) were procedures where the evidence supported the adoption of thresholds and criteria.
- Policies were in early stages and there had been some pre-engagement.
- There would be discussions with the Scrutiny Health Work Stream in respect of formal engagement and consultation.
- There would be co-ordination with colleagues supporting Sustainability and Transformation Plan (STP) planning.

Dr Jahan Mahmoodi, Medical Director CCG, was invited to make additional comments, including:

- It had been found that GPs were not adhering strictly to the evidence base.
- Packs of evidence were publically available on the seven key procedures listed in the paper.
- Robust discussions were taking place with clinicians.
- The plan in Enfield was to continue to review the evidence and to roll out the engagement programme.

IN RESPONSE to the report, the following comments were received:

1. Vivian Giladi (Voluntary Sector) asked about the pre-engagement, and noted there was some public concern regarding the key procedures listed. She asked the CCG to be more active in explaining simply to the public what this means.
2. Councillor Doug Taylor, Chair, was concerned that rationing of resources would be seen as the driver of the policies, and asked about patient choice. Dr Mahmoodi stressed that choice was paramount in the NHS within a given therapeutic remit. Important aspects which must be taken into account included recovery, surgical aspects, and the impact a condition had on a patient's life. GPs and patients came to joint decisions about treatments: this evidence base would inform their conversations in a more inclusive way. A decision could be made together with the GP to refer, or an Individual Funding Request (IFR) could be referred to a panel.

3. In response to Councillor Alev Cazimoglu's queries about potential differences in implementation of thresholds across boroughs, it was confirmed that dialogue was with all clinicians across all the North Central London (NCL) CCGs and this was about standardisation of the quality of care across the region. The aim was that any clinical decision should be evidence based.
4. Ray James (Director of Health, Housing and Adult Social Care) reinforced Councillor Cazimoglu's point, and that the Health and Wellbeing Board could not be comfortable if Enfield residents were not afforded access to treatments that others were. For the policies to progress there would need to be transparent fairness across North Central London which could be explained to the public and ensure consistency.
5. Tessa Lindfield (Director of Public Health) welcomed the proposals and highlighted that it was not just about money and that patients should not be put through unpleasant procedures that did not work. In response to her queries about views of secondary clinicians, it was confirmed that the best approach was early dialogue with consultants and GPs. Discussions so far had been very robust, with an hour long discussion for example yesterday on IVF.

**AGREED** to support the approach being taken, noting comments made and that there should be no deterioration in patient outcomes, that there should be no second class offer in Enfield compared to Islington, Camden and Barnet, and that Health and Wellbeing Board wished the consultation to be open and extensive.

## 5

### **THE BETTER CARE FUND**

RECEIVED the report of Keezia Obi (Head of Service, Enfield 2017) providing an update on the 2016-17 Better Care Fund (BCF) plan implementation and planning for the 2017-19 BCF plan.

NOTED

Keezia Obi introduced the report, highlighting:

- She and the BCF Delivery Group were working on improvements to the management and delivery of the BCF.
- In respect of performance, there were no surprise emergency admissions but delays continued to present challenges. The report also included positive news on a number of areas and outcomes.
- Information was provided about regional BCF activity and performance, spending, and planning for 2017-19.
- In the context of the STP and awaiting BCF guidance, Health and Wellbeing Board may wish to consider discussion at a future development session.

IN RESPONSE comments and questions to Keezia Obi and Graham MacDougall (Director of Commissioning, Enfield CCG) were invited:

1. Deborah Fowler (Healthwatch) noted the helpfulness of a document setting out information in one place, and asked about next actions, and over-arching governance and accountability. In response, the association with the STP and the challenges to acute providers was acknowledged, and that work was ongoing eg this week's workshop on managing growing delayed transfer of care issues.
2. Vivien Giladi (Voluntary Sector) was happy to accept the report recommendations, but would like more information regarding dementia (para 3.2.2); expansion of paediatric A&E (para 3.2.3); and the additional nursing home capacity referred to (para 3.2.4). In response it was advised that there was confidence that performance in respect of dementia diagnosis would continue at this rate in 2017/18. Nursing home capacity was acknowledged as a challenge, but that there were some step down beds / short stay capacity, and a new home was due to come on stream in February. Reference to paediatrics was related to a statutory responsibility for looked after children to receive a health assessment.
3. Ray James (LBE Director of Health, Housing and Adult Social Care) also provided information about changes to come including new national standards and expectations, and new models of care. He also drew attention to national performance figures published today which were the highest on record around delayed transfer of care, with the biggest factor being availability of home care.

**AGREED** that Health and Wellbeing Board

- Noted the current BCF performance and performance dashboard including outcomes;
- Noted the Quarter 2 financial position;
- Noted the information about regional BCF activity and performance;
- Noted that the NHSE policy framework and planning guidance was due to be published for the production of a 2 year plan – 2017/19. It was expected that the first submission was expected to be before Christmas and the final one at the end of March 2017;
- Noted the information regarding integration and future planning.

**6**

**LONDON BOROUGH OF ENFIELD BUDGET CONSULTATION INCLUDING THE AUTUMN STATEMENT 2016**

The Board received a presentation on LB Enfield's 2017/18 budget consultation from Jayne Fitzgerald, Head of Strategic Finance.

**Budget Presentation**

Jayne Fitzgerald highlighted the following:

- The public consultation had just been launched to inform the 2017/18 budget. Copies of the consultation document were tabled.

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- Declining government funding was projected to 2019/20 and this was the period of certainty over the funding to be received by the Council.
- A number of assumptions were built into the medium term financial plan, including savings, inflation, and pay award levels; and an assumed 1.99% increase in Council Tax. In 2019/20 councils would also be able to raise an additional 2% as long as this was earmarked for adult social care, and it was assumed that Enfield would do this.
- Pressures and opportunities included new legislation eg the national living wage, the large regeneration scheme at Meridian Water, and starting to plan for what the increase in business rates might be.
- The recent Autumn Statement had not included new funding for adult social care, and overall did not bode well for any additional funds for local government.
- Last year, over 3,300 people took part in the budget consultation on paper and online and at focus groups and briefings, and the results were reported to the Overview and Scrutiny budget meeting. The majority of respondents preferred an increase in Council Tax rather than service cuts. Respondents traditionally chose street scene areas as the priority, followed by adult social care.
- The consultation this year asked people “if you have any comments on how the Council should prioritise spending or make savings to help find the £58.5 million in savings by 2020/21, let us know”. The results would be fed into the Overview and Scrutiny Committee budget meeting in the New Year.

### Questions / Comments

1. Ray James questioned the quoted Council spending figure for Services to older people and vulnerable adults. It was confirmed that the figures were gross and before any fees and charges.
2. Councillor Taylor acknowledged the difficulty in providing the appropriate level of information in the consultation exercise, and hoped that people would take the opportunity to express their views in the consultation document.

## 7

### DEVELOPING THE NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (STP) - UPDATE

RECEIVED the report from Enfield Clinical Commissioning Group (CCG), providing an update on developing the North Central London (NCL) Sustainability and Transformation Plan (STP).

### NOTED

Dr Mo Abedi (Chair, Enfield CCG) introduced the report, highlighting the following:

- The report provided a web link to the NCL STP strategy paper.
- The draft STP was submitted to NHS England on 21 October 2016.
- Development of the STP would be undertaken in accordance with the NHS England (London) assurance process.

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- A further update would be submitted to NHS England by the end of January rather than on 23 December as detailed in the report.
- There would be ongoing engagement through the workstreams, and formal engagement would go online by January.

IN RESPONSE to the report, the following comments were received:

1. Ray James advised that there was likely to be a suggestion that the Chair of Health and Wellbeing Board would be asked for views on involvement in governance and oversight going forward. Plans to recruit an accountable officer across the five CCGs would be happening soon.
2. In response to Deborah Fowler's queries regarding engagement and consultation, it was advised that a separate workstream in relation to communications and engagement was likely by January, and more information would be provided when available. It was recognised that engagement could have been done better thus far, and there was a commitment to improve
3. Vivien Giladi expressed concerns regarding how the development of the STP was being presented, the absence of detail, and that governance was weak. As the representative of the voluntary sector she had serious reservations that the STP was being presented as a 'done deal', and about whether the STP was deliverable.
4. Councillor Krystle Fonyonga arrived at the meeting at this point.
5. Councillor Alev Cazimoglu considered it difficult to comment on the STP due to lack of detail, or to be supportive at this stage.
6. Ray James responded to concerns raised, and that this was still 'a plan for a plan' and consultation was a statutory requirement.
7. Dr Mo Abedi confirmed that there was a clinical case for change, and that transformation of relationships throughout the system was key.
8. Councillor Taylor in summary emphasised the importance of transparency and of early engagement before decisions were made, and noted that Overview and Scrutiny were the principal interrogator for LB Enfield.

**AGREED** that the Health and Wellbeing Board noted the North Central London Sustainability and Transformation Plan update and noted the next steps to inform further development of the NCL STP.

Councillor Taylor apologised that he had to leave the meeting at this point, and Dr Mo Abedi acted as Chair for the remainder of the meeting.

## 8

### **ENFIELD HEALTH AND WELLBEING BOARD AND DEVELOPMENT SESSION WORK PROGRAMMES**

RECEIVED the report of Sam Morris (Strategic Partnerships Manager) in respect of Enfield Health and Wellbeing Board work programme for 2017.

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NOTED the introduction by Sam Morris that agenda items had been agreed via email and during the November development session, and draft work programmes were attached to the report, which were a guide to what the Board would cover during the year but were also open to further amendment.

IN RESPONSE to the report the following comments were received:

1. There was approval for the draft work programmes.
2. Thought should be given to the consideration of the STP in the future, and how the Board wished to engage with the process. The Board should be involved in driving the process rather than just responding.
3. Councillor Cazimoglu expressed that primary care work should be explored by the Board in more detail as the STP progressed.
4. Using a development session to cover a single issue in depth was also recommended.

**AGREED** that the Enfield Health and Wellbeing Board (EH&WB)

- (i) agreed the work programme for 2017 EH&WB; and
- (ii) agreed the work programme for the 2017 development sessions.

## 9

### **PROGRESS UPDATE ON TRANSFORMING CARE**

RECEIVED an update report from Ineta Miskinyte, Service Development Manager – Learning Disabilities.

NOTED

Graham MacDougall (Director of Commissioning, NHS Enfield) introduced the report, highlighting the following:

- The programme had been widened to include children's cohorts as well as adults with learning disabilities.
- Transforming Care was a national programme delivered over the STP footprint. Haringey led the NCL area.
- Aims included reductions in use of long term hospital beds and elimination of out of area placements by 2019 as well as transformation of care and use of positive behaviour support.
- Positive results were reported locally.
- Two patients had been discharged since publication of this report and focus continued on trying to prevent admissions.

IN RESPONSE to the report, Ray James praised the good work and thanks were recorded to the frontline staff.

**AGREED** to note the Transforming Care Update.

## 10

### **LISTENING TO LOCAL VOICES ON MENTAL HEALTH - HEALTHWATCH ENFIELD**

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RECEIVED the report of Healthwatch Enfield 'Listening to Local Voices on Mental Health': a recent thematic report on adult mental health services in Enfield.

NOTED

1. This report had been discussed by Board members at the development session on 24 November.
2. An update report to the Board was scheduled for July 2017.

**AGREED** to

- (1) endorse the recommendations within Healthwatch Enfield's report entitled 'Listening to local voices on mental health';
- (2) endorse Healthwatch Enfield's proposal that the HWB commence co-production of an Action and Project Plan to implement the recommendations to improve mental health services in Enfield;
- (3) actively consider what staff time and other support they can give to co-production of the Plan and its subsequent delivery.

**11**

### **IMMUNISATION ANNUAL REPORT**

RECEIVED the report of the Director of Health, Housing and Adult Social Care, providing an overview of immunisation programmes delivered in Enfield.

NOTED that the Health and Wellbeing Board noted and supported the work NHS England (London) were doing to increase vaccination coverage and immunisation uptake in Enfield.

**12**

### **LETTER FROM DAVID MOWAT MP ON THE INTEGRATION OF HEALTH AND WELLBEING BOARDS AND PRIMARY CARE**

RECEIVED and NOTED the letter from David Mowat MP (Parliamentary Under Secretary of State for Community Health and Care) highlighting the General Practice Forward View, published in July 2016, which all Health and Wellbeing Boards are requested to review the General Practice Forward View document and what more Boards could do to build effective relationships between primary care and wider local services.

**13**

### **POLICE AND CRIME COMMISSIONERS AND HEALTH AND WELLBEING BOARDS**

RECEIVED and NOTED the joint letter from the Home Secretary and the Secretary of State for Health for Police and Crime Commissioners and Health and Wellbeing Boards.

**14**

### **MINUTES OF THE MEETING HELD ON 5 OCTOBER 2016**

**AGREED** the minutes of the meeting held on 5 October 2016.

**15**

**DATES OF FUTURE MEETINGS**

NOTED the dates of future meetings of the Health and Wellbeing Board and dates of future development sessions.