

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON THURSDAY, 9 FEBRUARY 2017**

MEMBERSHIP

PRESENT Doug Taylor (Leader of the Council), Alev Cazimoglu, Ayfer Orhan, Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Deborah Fowler (Enfield HealthWatch), Tony Theodoulou (Interim Director of Children's Services), Vivien Giladi (Voluntary Sector), Libby McManus (Chief Executive North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

ABSENT Krystle Fonyonga, Sarah Thompson (Chief Officer - Enfield Clinical Commissioning Group), Dr Helene Brown (NHS England Representative), Tessa Lindfield (Interim Director of Public Health), Ray James (Director of Health, Housing and Adult Social Care), Litsa Worrall (Voluntary Sector), Peter Ridley (Director of Planning, Royal Free London, NHS Foundation Trust), Robyn Gardner (Enfield Youth Parliament) and Bobbie Webster (Enfield Youth Parliament)

OFFICERS: Bindi Nagra (Joint Chief Commissioning Officer), Glenn Stewart (Assistant Director, Public Health), Andrew Lawrence (Service Development Manager - Early Years & Early Help, LBE), Sam Morris (Strategy, Partnerships, Engagement and Consultation Team) and Jill Bayley (Principal Lawyer - Safeguarding) Jane Creer (Secretary)

Also Attending: Richard Gourlay (Director of Strategic Development, North Middlesex University Hospital NHS Trust), Deborah McBeal (Director of Primary Care Commissioning & Deputy Chief Officer, NHS Enfield CCG), and 4 observers

1

WELCOME AND APOLOGIES

Councillor Doug Taylor (Chair) welcomed everyone to the meeting. Apologies for absence were received from Councillor Krystle Fonyonga, Sarah Thompson (represented by Deborah McBeal), Dr Helene Brown, Tessa Lindfield (represented by Glenn Stewart), Ray James (represented by Bindi Nagra), Litsa Worrall, Peter Ridley, Robyn Gardner, and Bobbie Webster.

2

DECLARATION OF INTERESTS

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

3

NORTH MIDDLESEX UNIVERSITY HOSPITAL CARE QUALITY COMMISSION REPORT

RECEIVED the printed presentation 'North Middlesex University Hospital NHS Trust : Response to CQC Report'.

NOTED

Libby McManus (Chief Executive North Middlesex University Hospital NHS Trust) highlighted:

- The printed presentation had been discussed at last month's Health and Wellbeing Board Development Session and was now slightly dated as an action plan had been put together based on what had been identified by the CQC, and a lot of actions had been taken already.
- Further to an internal process, the plan would be ready to share more widely this month, with opportunities for input.
- A Quality Summit in January had been very useful in respect of working on solutions.

IN RESPONSE comments and questions were received, including:

1. The Chair asked about the current situation in A&E, in the context of the national situation. Libby McManus clarified relevant issues, including increased demand and management of that demand; greater ambulance conveyances resulting from the hospital's location; and internal flow of patients through the hospital and patient discharge.
2. In response to Members' further queries regarding discharge of patients, it was advised that there had been an increase of length of stay in the acutely ill aged 75 and under, and some delayed discharges linked to provision outside the hospital and packages of care. Winter pressures had been expected and planned for, and extra unplanned pressures had also arisen.
3. Councillor Cazimoglu asked about the action plan in respect of maternity services. Libby McManus clarified that it was not meant that individual leaders were at fault and that there had been issues around various governance elements, but there had been changes in senior management though not just in response to the CQC report. Advice had been sought from a senior head of midwifery from another organisation, and there were enhanced monitoring arrangements. It should also be noted that 93% of respondents would recommend the service, which was equal to the London average.
4. Vivien Giladi emphasized the good work being done at the hospital and that extra effort should be put in to make the public aware of the improvements.
5. Dr Mo Abedi also raised continued offering of support, and opportunities for hospital trainees to work with GPs in primary care.
6. Bindi Nagra clarified the recent change in definition of delayed discharge, and the impact on social care of quicker discharge of

HEALTH AND WELLBEING BOARD - 9.2.2017

patients from hospital, which meant the Council had also been dealing with greater pressures.

7. In response to further queries in respect of data around swifter discharge of patients and hospital re-admissions, Libby McManus clarified how statistics were collected on re-admission and failed discharge, and she could provide the information collected.
8. In response to queries from Councillor Orhan, Libby McManus confirmed the work being carried out in relation to diversity and culture, and advised that more paediatric consultants had been recruited and that delayed discharge issues were less likely to occur for children.
9. Vivien Giladi raised that there was considerable anxiety among the population about the discharge of frail and elderly people from hospital.
10. Libby McManus gave reassurance about patient care.
11. The Chair suggested that Health and Wellbeing Board should reflect on the Better Care Fund at a future meeting. Sam Morris confirmed that this was a scheduled agenda item for the next meeting of the Board.

AGREED that Health and Wellbeing Board noted the update in respect of North Middlesex University Hospital NHS Trust : response to Care Quality Commission report.

4

ORDER OF THE AGENDA

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

5

NORTH MIDDLESEX UNIVERSITY HOSPITAL JOINING ROYAL FREE LONDON VANGUARD

RECEIVED the presentation of Richard Gourlay (Director of Strategic Development – North Middlesex University Hospital NHS Trust).

NOTED

Richard Gourlay introduced the presentation, confirming that there was nothing more to report at this stage further to the update in January, but he was happy to answer any questions.

IN RESPONSE

1. Deborah Fowler asked about progress in respect of involving and informing the public. Richard Gourlay confirmed that a colleague had begun work this week to focus on patient engagement and communications. He confirmed that there would be Accident & Emergency in North Middlesex hospital in future, and that work was being done with Healthwatch in Enfield and Haringey.
2. The Chair asked about relationships between the Royal Free and the group, and the governance structure inside the North Middlesex

HEALTH AND WELLBEING BOARD - 9.2.2017

hospital. Richard Gourlay advised that the aim was for North Middlesex to become part of Royal Free London. Other details were yet to be finalised, but there would be an overarching group and each individual site would still have a chief executive and an executive team.

3. Members also noted the importance of site-specific performance data.
4. Richard Gourlay confirmed that he would be happy to provide an update to the next meeting.

AGREED that Health and Wellbeing Board noted the information in respect of North Middlesex University Hospital joining Royal Free London vanguard.

Libby McManus and Richard Gourlay left the meeting at this point.

6

JOINT HEALTH AND WELLBEING STRATEGY

RECEIVED the report of Tessa Lindfield (Director of Public Health).

NOTED

Glenn Stewart (Assistant Director of Public Health) introduced the report, clarifying that the paper followed on from the development session of 11 January and sought permission for the Executive Board to make a decision about priorities going forward.

IN RESPONSE

1. In response to Deborah Fowler's query, it was confirmed that decisions regarding priorities would be based on evidence.
2. The Chair suggested that the priorities decided on be presented to the next Health and Wellbeing Board meeting for agreement, together with the methodology for the decision.

AGREED that:

- the Board delegated the selection of the priorities to the Health and Wellbeing Board executive group, taking members' views into account;
- a new web based performance report is developed for monitoring overall progress on the Enfield Joint Health and Wellbeing Strategy.

7

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

RECEIVED the report of Stephen Wells (Programme Manager, Strategy and Planning, Enfield CCG).

NOTED

Deborah McBeal (Director of Primary Care Commissioning & Deputy Chief Officer, NHS Enfield CCG) introduced the report, highlighting the development

of the executive leadership arrangements and the next steps. She confirmed that each CCG would retain their sovereignty. The final submission was planned for 31 March. Eleven work streams were developing delivery plans which were to be assured by NHS England and NHS Improvement. In respect of Care closer to Home networks (CHINs) it was recognised that in Enfield there was already some work which supports integrated care, and discussions focussed on how that was built on to deliver what was appropriate to the population of Enfield. There was an expectation of release of transformation funding for the STP to move forward, with some of the plans in progress.

IN RESPONSE

1. The Chair drew attention to the good work of the JSOH and their recommendations for the STP.
2. Councillor Alev Cazimoglu asked about public engagement.
3. Vivien Giladi expressed concerns about the finance required to deliver the STP programme, and echoed the disappointment at the lack of public engagement.
4. Deborah Fowler also stressed the importance of patient and public engagement and of the public being on board with the process. Engagement for the work streams was essential but should not prevent overall engagement as well.
5. Deborah McBeal confirmed that public engagement was a key element in the STP, but there needed to be proposals they could engage on. Each work stream would have engagement embedded, and she would take back comments in relation to the overall piece.
6. Dr Mo Abedi acknowledged the slow process on this radical work, but that a single commissioning and financial strategy was being worked towards which would be good for Enfield.
7. Deborah McBeal confirmed that once the plans were assured, at that point there would be access to transformation funding, and she considered that Enfield would be in a better position across the larger footprint.
8. Dr Mo Abedi confirmed there were clear and credible plans in respect of service transformation and they were based on equal outcomes across the five boroughs. The clear and credible plan would provide the assurance that the STP would be delivered. Additional work streams had also come on line to address the finance gap.
9. Vivien Giladi also wished to highlight the basic underfunding of the system by central government, and that concerns also existed among the public in respect of any potential for privatisation. In essence the NHS was underfunded for its needs.
10. The Chair reiterated points in respect of early consultation and the stage of submission of the STP. Deborah McBeal clarified that plans would then be worked up which could be discussed, and that this was the position across the country. The STP was being built from a clinical base.
11. The Chair requested that it be fed back that the sequencing of the STP submission and the engagement remained an issue of concern and was inconsistent with early promises of consultation before decisions.

AGREED that Health and Wellbeing Board noted:

- the contents of the report, including the accompanying attachments, and the associated steps to inform the STP 31st March 2017 submission;
- the continued collaborative working within the NCL STP to commission and deliver the requirements of delivering the Five Year Forward View: NHS planning guidance 2016/17 – 2020/21.

8

THE FAMILY RESILIENCE STRATEGY

RECEIVED the report of Andrew Lawrence (Service Development Manager – Early Years & Early Help, Schools and Children’s Services, LBE).

NOTED

1. The report was provided as an information item for Health and Wellbeing Board to raise awareness of the Family Resilience Strategy, and to seek feedback on the strategy.
2. In response to the Chair’s query, it was confirmed that the Troubled Families Programme had worked well in Enfield and families had been turned around.
3. In response to Councillor Cazimoglu’s concern it was confirmed that the impact of the forthcoming universal credit had been fully considered.
4. Bindi Nagra highlighted the importance of covering the transition into adult services. It was confirmed that whole family working was promoted.
5. It was expected that a further update could be provided in June.

AGREED that Health and Wellbeing Board noted the report, and would wish to receive an update in due course.

9

MINUTES OF THE MEETING HELD ON 8 DECEMBER 2016

AGREED the minutes of the meeting held on 8 December 2016.

10

DATES OF FUTURE MEETINGS

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