

**Voluntary and Community Stakeholder Reference Group
Draft Minutes of 4 April 2017**

Date and time:	Time: 10:00am-11:30am	
Venue:	Committee Room, Holbrook House	
Organiser:	Zoe Hodgson, Communications and Engagement Assistant	
Attendees:	Gail Hawksworth, Head of Communications and Engagement, Enfield CCG (Chair) Ben Jabuni, Chief Executive, Mind in Enfield Tim Fellows, Enfield Lesbian Gay Bisexual and Transgender Network	Patricia Mecinska, Chief Executive, Healthwatch Enfield Vivien Giladi, Enfield Over 50s Forum Ginnie Landon, Chief Executive Officer, Enfield Women's Centre Litsa Worrall, Elected Patient Participation Group Representative
Apologies:	Alan Weinstock, Chief Executive, Age UK Enfield Paula Jeffery, Chief Executive Officer, Enfield Voluntary Action	Ilhan Basharan, Enfield Faith Forum Representative, CREST manager, Enfield Council
Attendees:	Graham MacDougall, Director of Commissioning, Enfield CCG	Claire Wright, Head of Strategy and Commissioning

1.0	<p>Apologies and Declarations of Interest: Apologies received were noted.</p> <p>Declaration of interests:</p> <ul style="list-style-type: none"> Litsa Worrall, agenda item 4.0 Section 75 Agreement between Enfield CCG and London Borough of Enfield – as member of Greek & Greek Cypriot Community of Enfield 	Action
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	<ul style="list-style-type: none"> • Vivien Giladi, agenda item 4.0 Section 75 Agreement between Enfield CCG and London Borough of Enfield – as Enfield Over 50s Forum Member. • Gail Hawksworth, agenda item 4.0 Section 75 Agreement between Enfield CCG and London Borough of Enfield – As Trustee of Enfield Saheli 	
2.0	<p>Minutes of last meeting, action log and matters arising: The minutes of the last meeting were approved subject to the following amendments:</p> <ul style="list-style-type: none"> • Christine Whetstone no longer attends as Over 50s Forum representative as the representative is Vivien Giladi; records to be amended. • Item 4.0 Adherence to evidence based medicine: ‘Enfield Voluntary Action and Healthwatch Enfield offered to hold information events about this consultation’ should be amended to ‘it was suggested by members that Healthwatch could hold an information event.’ 	<p>ZH</p> <p>ZH</p>
2.1	<p>Matters arising:</p> <p>Item 5.0: Members expressed concern regarding the lack of a GP hub in the north east locality; particularly as it has been promised and this was a deprived area. Members felt that the CCG needed to resolve this as soon as possible. Definitely before the next winter crisis.</p> <p>Action: GH to send members concerns to the Deputy Chief Officer /Director of Primary Care and Head of Primary Care and ask for an update at the July meeting.</p> <p>Action: LW to write to Director of Primary Care on behalf of the PPGs.</p> <p>Item 5.0: A query was raised as to whether individuals who opted out of Care.data and did not want their information shared, would still be able to use the hubs.</p> <p>Action: GH to check with the Primary Care Team to confirm whether this is correct.</p>	<p>GH</p> <p>LW</p> <p>GH</p>

<p>3.0</p>	<p>Terms of Reference Review Members reviewed the group terms of reference. The following questions and comments were made:</p> <p>Section 3.1-3.6 Purpose – noted that the CCG commissions the majority of services, certain specialist services were commissioned by NHS England.</p> <p>Question: Does Enfield CCG have an influence over the NHS England (NHSE) commissioning services?</p> <p>Action: Find out the CCG’s position on the services NHS England commission and how they take feedback from the public.</p> <p>Section 4 Membership and Quoracy: The group felt that the current number of people required to be quorate (8) was too high and proposed a reduction to 5.</p> <p>Chairing arrangements; the group proposed a co-chair arrangement for future meetings. It was suggested that Graham MacDougall may like to be the Chair/Vice-chair.</p> <p>Action: Invite Graham to be the Chair/Vice-chair the group at meetings the chair cannot attend.</p> <p>Section 8.3: The group proposed:</p> <ul style="list-style-type: none"> • a reduction in admin, with meeting documents sent out two weeks before the next meeting. • Action log to be sent as soon as possible after the meeting. • Papers to be printed on request for future meetings. <p>Action: Email to all members regarding proposed changes to terms of reference.</p> <p>Action: Email to all members to ask how the group can help bring forward concerns and exchange information in future.</p>	<p>GH</p> <p>GH</p> <p>ZH</p> <p>ZH</p>
<p>4.0</p>	<p>Section 75 Agreement between Enfield CCG and London Borough of Enfield Graham MacDougall (GMD), Director of Commissioning, presented details of the Section 75 Agreement between Enfield CCG and London Borough of Enfield.</p>	

The Better Care Fund (BCF) is the bulk of Section 75 funding, approximately £21.5m. The following was not covered by the Better Care Fund: integrated equipment, learning disability service.

The £2billion announced for adult social care, of which £5.4m for being allocated to London Borough of Enfield; the guidance said that this should be included in the Better Care Fund (BCF).

Question: Is that an uplift?

Answer: Yes, but this has to be used for a number of things. BCF: £13m for services, £7.5m was for the integrated care system for older people. Enfield has also commissioned services for post dementia diagnosis and falls. Other areas include: the care home assessment team, supporting staff and integration of health and social care teams. There are four integrated care teams, one in each of the four localities.

Question: There are integrated care teams in the four localities, does this include the north east?

Answer: Yes there was a team in the north east. Some parts of it are virtual; no premises were available for all staff to co-locate.

Comment: Concern over neglect of the north east locality and lack of GP hub, virtual was not always good.

Answer: There was a need to look at how the hubs can become a more vocal point and explore what they can deliver.

The 5 year forward view and new guidance on BCF would provide how the services would be delivered. Enfield CCG needed to look at what integrated health and social care should look like. This was being done operationally, but now need to develop the strategic vision. Health and Wellbeing Board (HWB) will drive forward and lead this piece of work.

Comment (VG): Most people welcome integrated health and social care. As a member of the HWB, we all have a strategic vision but what was missing was a lack of money. The HWB had a strategic vision; there were a lot of people on the board to deliver that vision but a lack of resources to deliver it.

Response: Some of this was about lack of money but also about working together.

	<p>Comment (TF): Monitoring of the uplift was felt to be very haphazard; there was no renegotiation.</p> <p>Response: Enfield CCG was not as robust in our commissioning of the voluntary sector. We will need to improve on this in 16/17.</p> <p>Comment (LW): Delayed discharge in mental health is a big issue. The voluntary sector could support a lot more in integrated services.</p> <p>Response: Mental health discharge has been monitored for the last 18 months with Barnet, Enfield and Haringey Mental Health Trust. A weekly conference call has been set up with the mental health trust. The housing team was also on this call. When everyone was available, this meeting worked well. Detox was monitored on a monthly basis. We are doing a focused piece of work and will escalate as necessary.</p> <p>Comment (VG): Integrated care for older people, classifies older people as 50+. Why – 50 was not old?</p> <p>Answer: The types of patients highlighted as potential admissions were below 65. We are working to ensure people receive the services they need.</p> <p>Question: Who would fall in to this category?</p> <p>Answer: Examples would include 55-56 year olds with COPD.</p> <p>Action: The review of the integrated care system will be shared with the group once completed.</p> <p>Action: GMD to attend 11 July meeting.</p>	<p>GMD</p> <p>GMD</p>
<p>5.0</p>	<p>Paediatric Assessment Unit (PAU) Update</p> <p>Claire Wright (CW) provided a summary of the Governing Body paper on PAU. Referrals to the unit have been consistently low. A clinically lead review was carried out in the summer of 2015. An alternative model was created which will benefit more children; this included the introduction of Paediatric urgent outpatient appointments. There will continue to be a paediatric footprint on the Chase Farm site. The consultation statistics was summarised in the Governing Body report.</p>	

