

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY, 20 JUNE 2019**

**MEMBERSHIP**

**PRESENT** Alev Cazimoglu (Cabinet Member for Health & Social Care), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Rick Jewell (Cabinet Member for Children's Services), Parin Bahl (Chair of Enfield Health Watch), Stuart Lines (Director of Public Health), Bindi Nagra (Director of Adult Social Care), Tony Theodoulou (Executive Director of Children's Services), Vivien Giladi (Voluntary Sector), Pamela Burke (Voluntary Sector) and Jo Ikhelef (CEO of Enfield Voluntary Action)

**ABSENT** Nesil Caliskan (Leader of the Council), Mahtab Uddin (Cabinet Member for Public Health), John Wardell (Clinical Commissioning Group (CCG) Chief Officer), Dr Helene Brown (NHS England Representative), Natalie Forrest (Chief Executive, Chase Farm Hospital, Royal Free Group), Maria Kane (Chief Executive North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

**OFFICERS:** Dr Glenn Stewart (Assistant Director, Public Health), Niki Nicolaou (Voluntary Sector Manager), Mark Tickner (Senior Public Health Strategist), Jane Creer (Secretary)

**Also Attending:** Graham MacDougall (representing Enfield CCG), Richard Gourlay (representing North Middlesex University Hospital NHS Trust), Dr Tha Han (Public Health Consultant), Sarah Cary (LBE Executive Director Place), Joanne Drew (LBE Director of Housing and Regeneration), Doug Wilkinson (LBE Director of Environment Operational Services), Doug Wilson (LBE Head of Strategy and Service Development), Harriet Potemkin (LBE Strategy and Policy Hub Manager)

**1  
WELCOME AND APOLOGIES**

Councillor Alev Cazimoglu, Chair, welcomed everyone to the meeting. Apologies for absence were received from Councillor Nesil Caliskan, Councillor Mahtab Uddin, Rob Larkman, Natalie Forrest, Dr Helene Brown, and Maria Kane. Enfield CCG was represented by Graham MacDougall, and North Middlesex University Hospital NHS Trust by Richard Gourlay.

**2**

## DECLARATION OF INTERESTS

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

### 3

## HEALTH PROTECTION FORUM (HPF) / INFLUENZA UPDATE

RECEIVED the report of Stuart Lines (Director of Public Health).

### NOTED

This was the first report of the Health Protection Forum (HPF) to this Board. Dr Tha Han's introduction of the report highlighted:

- The HPF included all the key partners in Enfield dealing with health protection in a collaborative way. The Forum's terms of reference were set out in Appendix 2 of the report.
- Examples were given of areas discussed during the year.
- Immunisation and vaccination was an issue in Enfield across all age groups and across all vaccines. However, staff flu vaccination was improving and was one of the best levels in London.
- Healthcare acquired infection in Enfield was always below the England average.
- Antibiotic stewardship was also promoted and the use of antibiotics in Enfield was a decreasing trend.

IN RESPONSE comments and questions were received, including:

1. Staff flu vaccination rates needed to be sustained and promotion continued.
2. Stuart Lines confirmed that HPF was an important forum for bringing together partners including NHS England, the CCG, and acute care providers in joined up working and close relationship with the local authority and emergency planning.
3. The presentation of the information to Health and Wellbeing Board could be improved, such as in a dashboard for a quick overview.
4. The report was welcomed, and it was noted that there were similar forums across North Central London, and opportunities to benchmark with neighbours and share good practice.

**AGREED** that Health and Wellbeing Board provided comments and noted the functions and priorities of the HPF.

Dr Tha Han introduced the separate report which provided an influenza vaccination update, as an issue which the Chair of Health and Wellbeing Board had asked to be looked at carefully. Unfortunately apart from staff flu vaccination, Enfield vaccination rates were poor and a solution was needed to improve the current situation. A workshop was scheduled on 24 June 2019 with partners across sectors in respect of improving immunisation in Enfield.

IN RESPONSE comments and questions were received, including:

5. There had been some vaccine stock supply problems last winter which had caused inconvenience, which should not be repeated.
6. The low take-up rates for flu vaccination were disappointing and serious, and needed more force and focus on improvement. Higher uptake rates would improve unnecessary illness among vulnerable people and reduce the burden on A&E in winter.
7. Reasons for low take-up were discussed, including the influence of social media, and resistance to vaccination in some groups and communities, but it was important to accelerate action and share good practice.
8. Enfield CCG was working with GP practices which did not meet the targets, and working with patients through forums such as the Over 50's Forum to educate patients about the importance of flu vaccination and dispel misinformation.
9. Other Board partners would also promote the messages about flu vaccination.
10. Improved access to vaccination was discussed, such as promotion and provision at luncheon clubs or playgroups where there was a high level of trust, and without the need to travel to a surgery.
11. There should be a single action plan across organisations, which was monitored to make sure it was delivered.
12. It was advised that all immunisation programmes were commissioned by NHS England, and that it was important that all age groups were considered, including the under 5's.
13. The Chair requested an action plan to be presented to the Board at the next meeting.

**ACTION: Stuart Lines / HPF**

**AGREED** that Health and Wellbeing Board (HWB):

- (1) Noted the performance in influenza vaccination in Enfield in comparison to London and England.
- (2) Encouraged HWB members to actively work towards improving the influenza vaccine uptake under National immunisation programme, and to support the work to sustain the staff flu vaccine uptake.

#### **4**

### **CANCER SCREENING UPDATE**

RECEIVED the report of Stuart Lines (Director of Public Health).

NOTED

Dr Tha Han's introduction of the report highlighted:

- The supplementary agenda contained the updated version of the report.
- The national screening programmes were commissioned by NHS England for breast, bowel and uterine cervix cancers, with cervical cancer screening provided by GPs. Screening programmes and detection at an early stage

improved survival. Enfield's performance for screening was the best in North Central London, but still below England averages.

- Most cancers were treatable, and there were large numbers of people living with cancer as a long term condition in Enfield.
- Cancer survival in England was behind many comparable European countries and the situation needed to be improved.
- In Enfield, the CCG hosted the Enfield Cancer Action Group with the intention of improving the health of the population.
- This comprehensive report set out the overall picture in relation to cancer in Enfield.
- Those who lived in the most deprived areas of Enfield had disproportionately more cancer.
- Residents needed to be aware of cancer symptoms, what they could do, and the risk factors. Campaigns were run with the Council's communications team. There had also been a survey to find out the reasons that people refused screening, and where they got their health information from.

IN RESPONSE comments and questions were received, including:

1. The Chair's comments that it was important that the Board was able to put its concerns in relation to this report and the previous agenda item to NHS England and hoped that the representative would prioritise attendance at the next Board meeting.
2. It was advised that testicular cancer did not meet the criteria for a national screening programme, but was linked to risk factors, and that self-checking and early referral were promoted.
3. Early presentation with cancer symptoms to GPs was important, as was improvement to the 2 week wait referral rate.
4. It was notable that the most popular channel of health information was face-to-face communication.
5. A cancer awareness campaign would be launched in Enfield Market Square at 12:00 noon on 1 July 2019.
6. The Chair requested that an action plan be presented to the next meeting.

**ACTION: Stuart Lines / Dr Tha Han**

**AGREED** that Health and Wellbeing Board:

- (1) Noted the performance in early diagnosis of cancer, cancer screening and other cancer outcomes.
- (2) Supported the cancer awareness campaigns to improve cancer outcomes in Enfield, and to encourage the work to reduce inequalities in cancer morbidity and mortality.

## 5

### HOUSING AND HOMELESSNESS PRESENTATION

RECEIVED a presentation from Joanne Drew, Director of Housing and Regeneration (slides available on request), highlighting:

- The presentation aim was to help the Board understand the housing system, market and pathways in the borough, and the Council's responsibilities including prevention of homelessness and management of Council housing.
- She also wanted to share the developing Housing Strategy and Homelessness Strategy for consultation and would welcome feedback and comments from stakeholders.
- The context was a national housing market in crisis, which played out in Enfield due to a low level of social housing and a higher percentage of private rented accommodation. There had also been a negative impact from welfare reform and changes to Local Housing Allowance.
- Enfield had the second highest number of residents in London in temporary accommodation. 77% of households in temporary accommodation were families.
- Rough sleeping had increased significantly.
- The Housing Strategy put the emphasis on growth and connected to the corporate plan. The priorities included more affordable homes for local people, Council housing, improvement in the quality and variety in private housing, regeneration, and quality homes for everyone.
- A Housing Test would be applied to everyone who wanted to provide housing in the borough, which would include health promotion. This meant designing homes that helped people to be smoke free, eat healthily, be physically active, and be emotionally well, and neighbourhoods that reduced social isolation and promoted physical activity.
- The Homelessness Strategy aimed to end homelessness in Enfield, to ensure that everyone had a safe, stable place to live, and to make homelessness prevention a priority. Residents would be supported to plan for their lifetime housing needs.
- A Homelessness Partnership Board would be launched to implement the strategy. The service would be delivered in communities. Partnership work would be strengthened and awareness raised of the Duty to Refer.
- There would be a 12-week consultation ending in September and final approval to be sought at Cabinet in November.

IN RESPONSE comments and questions were received, including:

1. The Chair confirmed the Council's determination to deliver improvements to the quality, supply and affordability of housing in the borough. This was also a big determinant of health outcomes.
2. It was confirmed that Enfield was still a net importer of residents from other boroughs but there was now more collaborative work.
3. It was advised that 'affordability' meant that nobody should spend more than 40% of their gross income on their housing costs. Tenures needed to reflect income profile.
4. Arrivals from inner London boroughs often brought complex health and social issues and impacted on GP services.
5. Issues of inappropriate accommodation and homelessness were stressed with reference to discharge of patients from hospital, and causes of health problems in the first place.
6. Admission of mental health patients and potential for loss of tenancy had been a major problem, but was now being resolved more quickly. Also in

respect of protection of accommodation, all hospitals had been reminded of legal obligations to notify the Housing Department of anyone whose accommodation was at risk.

7. Housing for key workers should be a priority so that services could be effectively run.
8. Young people also had concerns about affordable rent, and appropriate housing models such as co-living housing should be considered by providers.
9. Getting the community involved, and sharing accommodation was highlighted. A Homeshare Scheme initiative was good for reducing social isolation and providing cheap rented accommodation. Further information would be provided to Board members via email.

**ACTION: Doug Wilson**

## **6**

### **SECTION 75 AGREEMENT**

RECEIVED the report of the Director of Health and Adult Social Care.

NOTED

The introduction by Doug Wilson (Head of Strategy and Service Development), highlighted:

- The Section 75 Agreement was a shared undertaking between NHS Enfield CCG and LB Enfield to pool money together for shared ambitious service. This included the Better Care Fund and other schemes.
- There was promotion of joint working and shared ambitions across the system. A strong commitment to work together was demonstrated, and good achievements had been made year on year.
- Focus was on sustainability and that the health and social care system as a whole should promote independent living and reduce pressure on hospitals.
- There was a strong focus on dementia, and the dementia diagnosis rate had risen.

IN RESPONSE comments and questions were received, including:

1. The Chair thanked Council officers and the CCG for their work and achievements. Enfield's Adult Social Care Department was one of the top ten in the country and delivered good care efficiently. Other Cabinet members should be thanked for enabling Enfield to look after the most vulnerable.
2. The agenda item title should be Section 75 Agreement Better Care Fund.
3. Dementia diagnosis rates had significantly improved. There was continued improvement of delayed transfer of care from hospital. The good results being achieved were down to the hard work of staff.

**AGREED** that Health and Wellbeing Board noted the following:

- (1) Arrangements for pooled funding.

- (2) The delegation of formal sign off of the Section 75 Agreement between NHS Enfield CCG and the Council to the Director of Health and Adult Social Care as the approved statutory DASS (Director of Adult Social Services).
- (3) The Director for Adult Social Care, in agreement with the Director of the CCG, to make minor amendments throughout the year to the schemes and funding arrangements to reflect any change in circumstances.
- (4) That the Section 75 Agreement must be in a form approved by the Director of Law and Governance.

**7**

**HEALTH AND WELLBEING BOARD MEMBERSHIP / TERMS OF REFERENCE AMENDMENT**

RECEIVED the current HWB terms of reference, agreed at Council in July 2018, for information.

NOTED that the terms of reference would be reconsidered to acknowledge and reflect the expanded remit of HWB and determinants of health, and shared with Board members.

**ACTION: Stuart Lines / Mark Tickner**

**8**

**ENFIELD POVERTY AND INEQUALITY COMMISSION**

RECEIVED for information an update on the Enfield Poverty and Inequality Commission (EPIC), which had been recently launched and would last for six months, to December 2019.

**9**

**MINUTES OF THE MEETING HELD ON 20 MARCH 2019**

**AGREED** the minutes of the meeting held on 20 March 2019.

NOTED that Jo Ikhelef requested the future item in respect of Loneliness and Social Isolation and utilising buildings for community use be discussed at the next meeting with an invitation to attend to Mark Bradbury and Councillor Maguire.

**ACTION: Mark Tickner**

**10**

**HEALTH AND WELLBEING BOARD FORWARD PLAN**

NOTED apologies that the wrong document had been circulated and that an updated Forward Plan would be provided to the Board for information, and the Public Health Annual Work Plan.

**ACTION: Mark Tickner / Stuart Lines**

**11**

**DATES OF FUTURE MEETINGS**

NOTED the dates of future meetings for the 2019/20 municipal year:

Thursday 26 September 2019

Thursday 5 December 2019

Thursday 19 March 2020

Development Session to commence at 4:30pm.

Formal Board meeting to commence at 6:15pm.

Unless otherwise advised.

Venues to be confirmed.