

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY, 26 SEPTEMBER 2019**

**MEMBERSHIP**

**PRESENT** Nesil Caliskan (Leader of the Council), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Parin Bahl (Chair of Enfield Health Watch), Stuart Lines (Director of Public Health), 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** Alev Cazimoglu (Cabinet Member for Health & Social Care), Rick Jewell (Cabinet Member for Children's Services), Mahtab Uddin (Cabinet Member for Public Health), Dr Helene Brown (NHS England Representative), Bindi Nagra (Director of Adult Social Care), 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), Doug Wilkinson (LBE Director of Environment Operational Services), Doug Wilson (LBE Head of Strategy and Service Development), Dudu Sher-Arami (Consultant in Public Health), Margherita Sweetlove (Health in All Policies Strategist), Gayan Perera (Health Intelligence Manager), Evie Lodge (Public Health Intelligence Specialist), Desmond Wright (Consultant in Dental Public Health)

**1  
WELCOME AND APOLOGIES**

Councillor Nesil Caliskan, Chair, welcomed everyone to the meeting and noted that chairing of the Board by the Council Leader reflected the corporate commitment to the Health and Wellbeing agenda.

Apologies for absence were received from Councillors Alev Cazimoglu, Mahtab Uddin, and Rick Jewell, and from Rob Larkman, Bindi Nagra, Ian Davis, Natalie Forrest, Jinjer Kandola and Siobhan Harrington. 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**

**BETTER CARE FUND - SECTION 75 AGREEMENT AND BETTER CARE FUND UPDATE**

RECEIVED the report of the Director of Health and Adult Social Care 'Section 75 Agreement: Approval of Revisions for 2019/2020' (sent to follow) and the Update Report from the Joint Health and Social Care Commissioning Board, for information.

**NOTED**

Introduction by Doug Wilson, including:

- The Section 75 Agreement involved a pooled fund with Enfield Council and Enfield CCG, who were committed to working together on services to benefit the local community and improving the lives of local people.
- Presentation to Health and Wellbeing Board was part of the formal sign off process.
- The Section 75 Agreement was also subject to CCG governance bodies' approval, reinforcing the joint commitment.

IN RESPONSE comments and questions were received, including confirmation that there would be engagement with organisations affected by reallocation of funding as part of a larger voluntary and community sector (VCS) contract. Doug Wilson would be happy to discuss individual cases outside the meeting.

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

- (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.

**4**

**JOINT PRIORITIES FOR HEALTH AND SOCIAL CARE UPDATE**

RECEIVED the report on the development of Joint Health and Adult Social Care Service Priorities for information.

NOTED

Doug Wilson's introduction of the report highlighted:

- There had been work over the last 12 months across health and social care to develop commissioning priorities.
- The focus was supporting local people's access to good information and offering support to regain independence.
- There had been significant engagement, particularly with partnership boards and patient participation groups.

IN RESPONSE comments and questions were received, including:

1. Proposed changes to walk in services were discussed, and that patients liked the ability to walk in and see a GP without booking an appointment. There should also be a facility to cancel appointments once booked.
2. It was confirmed that feedback was being sought in advance of the final version of the joint priorities document to be submitted to the Joint Commissioning Board. Any more views should be provided within the next two weeks. There would be regular updates to the Health and Wellbeing Board on progress.
3. Communications were important and that users were aware of facilities available.

**AGREED** that Health and Wellbeing Board noted the update report and any further feedback to be sent to Doug Wilson directly.

**5**

## **CHILDREN'S AND YOUNG PEOPLE MENTAL HEALTH LOCAL TRANSFORMATION PLAN - REVIEW**

RECEIVED the briefing note from Enfield CCG (sent to follow).

NOTED

The introduction by Graham MacDougall, including:

- The 2019 Enfield Children & Young People Local Transformation Plan was in the process of being drafted and would be published by 31 October 2019, and the due governance processes were being gone through.
- This was a system plan, involving the local authority and CCG and VCS, but funding came through the CCG.
- Child and Adolescent Mental Health Services (CAMHS) was a significant priority for the NHS. Enfield was a Wave 2 trailblazer area and funding was to be allocated to be focussed into schools and based around the clinical model, and overseen by a steering group.

IN RESPONSE comments and questions were received, including:

1. It was confirmed that the main provider would be Barnet, Enfield and Haringey Mental Health NHS Trust. There would be a process around which schools were prioritised. Headteachers would make referrals. The money was purely for clinical posts.

2. Members questioned the small amount of the funding, and the need for preventative work. It was advised that the CCG invested into CAMHS and this money was in addition.

**AGREED** that Health and Wellbeing Board noted the briefing note.

## 6

### **ORAL HEALTH NEEDS ASSESSMENT**

RECEIVED the briefing paper on oral health and dental services in Enfield.

NOTED the presentation by Desmond Wright, Consultant in Dental Public Health, including:

- Dental health of children in Enfield was improving, but in relation to other London boroughs there was still work to be done.
- Dental decay showed inequality across wards, with areas of least deprivation having the lowest levels of tooth decay.
- The Public Health Team had commissioned a prevention programme, with an action plan being delivered by Whittington Health. Oral health promotion activities were provided at schools, children's centres, community groups, and care homes. Additionally, a national programme was being rolled out.

IN RESPONSE, comments and questions were received, including:

1. Members welcomed the report and were pleased to note improvements over recent years; and noted the links with obesity and other risk factors.
2. In response to queries, it was advised that older people were retaining teeth longer, and demand for crowns, bridges and implants was growing.
3. With loss of stay and play groups in the community, networks for sharing information with parents were lost, including appropriate advice about child dental health. Social media could sometimes contain misinformation. A child's first dentist visit should be when the first teeth erupt. Health Visitors were being asked to distribute toothbrushing packs.
4. It was advised that increasing fluoride levels in water in London was difficult technically and politically, but alternative measures were available including toothpaste and varnish.

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

- Importance of oral health improvement programmes for children including the school fluoride varnish programme in addressing trends in dental decay.
- Continued public health investment in oral health programmes.
- Embedding oral health within the Health in All Policies agenda.
- Oral health embedded within the 0-19 health visiting and school nursing contract. This includes health visitors disseminating toothbrushing packs and oral health messages.
- Encouraging settings to sign up to Sugar Smart.
- Embedding oral health policies within settings through healthy early years and healthy schools.
- Oral health to be included within the Making Every Contact Count programme.

**7**

**INFLUENZA UPDATE**

RECEIVED a verbal update from Dr Glenn Stewart, and NOTED

- The flu season was approaching and some GP practices were now starting vaccinations. Over 65's vaccinations were expected to commence the week beginning 7 October or 14 October. There would also be focus on 2 – 3 year olds and pregnant women.
- Information on vaccination of staff was being presented to departmental management teams.
- Vaccine availability was not expected to be an issue: confirmed at a recent planning meeting.
- High levels of coverage were needed. There were targets for take-up.

**8**

**JOINT HEALTH AND WELLBEING STRATEGY - UPDATE AND FORMAL SIGN OFF**

RECEIVED the finalised Enfield Joint Health and Wellbeing Strategy 2020 – 2023.

NOTED that Health and Wellbeing Board had been involved throughout the development of the strategy and approval was now sought to progress to the next stages for adoption.

IN RESPONSE comments and questions were received, including:

- The strategy fitted with the Council's priorities and other strategic documents. It would underpin decisions by the Council and the CCG.
- Action plans would be updated as the strategy progressed, and updates provided to the Board.

**AGREED** that Health and Wellbeing Board approved the finalised Joint Health and Wellbeing Strategy.

**9**

**JOINT HEALTH AND WELLBEING STRATEGY METRICS UNDERSTANDING PUBLIC HEALTH OUTCOMES FRAMEWORK AND LIFE EXPECTANCY (AND RELATION TO POVERTY)**

RECEIVED the presentation by Gayan Perera and Evie Lodge, Public Health Intelligence, highlighting:

- Over the next five years, the overall population in Enfield was projected to grow by around 5%. Different wards had varying projected percentage changes.
- Key demographics showed the more affluent areas had higher life expectancy, but also higher levels of dementia and loneliness.
- The main three causes of deaths in Enfield were circulatory disease, cancer and respiratory disease.

## HEALTH AND WELLBEING BOARD - 26.9.2019

- The ways that success would be measured were explained, with focus on three key behaviours: healthy diet; being active; being smoke free; and a fourth priority: being socially connected.
- There were also targets against long term conditions indicators.

IN RESPONSE comments and questions were received, including:

1. It was confirmed that targets were chosen to be relevant and meaningful, and ambition was tempered with realism.
2. The importance of healthy lifespan as opposed to just life expectancy was raised, and the concerning differences between areas of the borough.
3. It was confirmed that the Health Improvement Partnership would be the group monitoring the action plans. The Health and Wellbeing Board would be kept updated.

**AGREED** that Health and Wellbeing Board noted and endorsed the presentation Health in Enfield: Measuring Success, and the actions.

### 10

#### **COUNCIL'S HEALTH IN ALL POLICIES IMPLEMENTATION PLAN**

RECEIVED the presentation by Dudu Sher-Arami and Margherita Sweetlove, highlighting:

- Health in All Policies related to Enfield Council's decision-making and the way the organisation was working toward achieving the goals of the Joint Health and Wellbeing Strategy, to improve residents' health and wellbeing.
- The Year 1 action plan worked along with the three behaviours identified in the Joint Health and Wellbeing Strategy.
- The next steps focussed on Making Every Contact Count training for Council staff and partner organisations, and thematic years for the priorities.

IN RESPONSE comments and questions were received, including:

1. The concerted efforts were welcomed to accelerate measures. There would be opportunities to work collectively. Consistent communications were important.
2. Extension of smoke-free areas in Council properties and amendments to tenancy agreements had been suggested and had Board support.
3. It was requested that social isolation be added as a priority area for Year 4.

**AGREED** that Health and Wellbeing Board noted the presentation.

### 11

#### **HEALTH AND WELLBEING LOGO CONFIRMATION**

**AGREED** that Health and Wellbeing Board welcomed the adoption of a logo to improve the Board's visibility and identity, and agreed the logo option which had received the most votes.

### 12

#### **UPDATE FROM NHS ENFIELD CCG ON EU EXIT PREPARATIONS**

RECEIVED a to follow report from Enfield CCG.

NOTED

- Graham MacDougall confirmed the current position and that the NHS remained on-track with preparations.
- The Council's Brexit Panel had also ramped up activity, with focus on the most vulnerable, and a detailed risk register had been published.

**AGREED** that Health and Wellbeing Board noted the update.

**13**

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

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

NOTED that Jo Ikhelef would still like to meet with Mark Bradbury in respect of Loneliness and Social Isolation and utilising buildings for community use.

**ACTION: Mark Tickner**

**14**

**DATES OF FUTURE MEETINGS**

NOTED the dates scheduled for future meetings for the 2019/20 municipal year, advised by the Chair as subject to potential amendment.