

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY, 3 DECEMBER 2020**

**MEMBERSHIP**

**PRESENT** Nesil Caliskan (Leader of the Council), Alev Cazimoglu (Cabinet Member for Health & Social Care), Mahtab Uddin (Cabinet Member for Public Health), Dr Nitika Silhi (Governing Body Member, NHS NCL CCG), Parin Bahl (Chair of Enfield Health Watch), Ruth Donaldson (Co-MD of the Local Clinical Commissioning Group), Stuart Lines (Director of Public Health), Bindi Nagra (Director of Adult Social Care), Tony Theodoulou (Executive Director of Children's Services), Jo Ikhelef (CEO of Enfield Voluntary Action) and Vivien Giladi (Voluntary Sector)

**ABSENT** Rick Jewell (Cabinet Member for Children's Services), Sarah D'Souza (Co-MD of the Local Clinical Commissioning Group), Dr Helene Brown (NHS England Representative), Pamela Burke (Voluntary Sector), Natalie Forrest (Chief Executive, Chase Farm Hospital, Royal Free Group), Maria Kane (Chief Executive North Middlesex University Hospital NHS Trust), Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust) and Siobhan Harrington (Whittington Hospital)

**OFFICERS:** Mark Tickner (Health and Wellbeing Board Partnership Manager), Dr Glenn Stewart (Assistant Director, Public Health), Debbie Gates (Community Development Officer), Jane Creer (Secretary)

**Also Attending:** Alan McGlennan (Royal Free Hospital), Richard Gourlay (North Middx University Hospital), Deborah McBeal (Director of Integration, Enfield Directorate, NCL CCG), Dr Chitra Sankaran (Governing Body (Enfield) NCL CCG), Dr Hetul Shah (NCL CCG), Sue McDaid (LBE Head of Regulatory Services), Doug Wilkinson (LBE Director of Environment Operational Services), Doug Wilson (LBE Health, Housing & Adult Social Care), Peter Nathan (LBE Director of Education), Gayan Perera (LBE Public Health Intelligence), Dudu Sher-Arami (LBE Consultant in Public Health), Des O'Donoghue (LBE Service Manager – Community Services), Vee Scott (NCL CCG), Emdadur Rahman (NCL CCG), Noelle Skivington (Healthwatch Enfield)

**1  
WELCOME AND APOLOGIES**

Councillor Nesil Caliskan, Chair, welcomed everyone to the virtual meeting.

Apologies for absence were received from Councillor Rick Jewell, Natalie Forrest (being represented by Alan McGlennan), Maria Kane (being represented by Richard Gourlay), Andrew Wright, Siobhan Harrington, Dr Helene Brown, and Pamela Burke.

## **2 DECLARATION OF INTERESTS**

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

## **3 COVID-19 IN ENFIELD UPDATE**

### **i. Epidemiology and Outlook**

RECEIVED the presentation, Enfield Covid-19 Dashboard, providing an update and analysis of Covid-19 related data in Enfield from LBE Public Health Intelligence.

NOTED

1. Introduction by Gayan Perera, LBE Public Health Intelligence Team, on the latest infection rates in Enfield and rates per 100,000 people, which were on a decreasing trend but slightly higher than London and England rates. Enfield's testing rates were also high.
2. Most recent information on deaths and hospital admissions, and trends in care homes, domiciliary care, and schools.
3. Distribution of cases across the borough was shown, and changes through August to the present time.
4. The biggest risk factor was age and underlying conditions.
5. In summary, overall trends were declining however there was concern about vulnerable communities.

### **ii. Tiers and Restrictions in Enfield**

RECEIVED the update presentation on Covid-19 enforcement and contact tracing.

NOTED

6. The Chair's confirmation that for consistency of messaging and the benefits of all the boroughs being aligned, London continuing to move as one in respect of the tier system was supported.
7. Introduction by Sue McDaid, LBE Head of Regulatory Services, of work being done locally to support contact tracing and to check business compliance with Covid requirements.
8. The move back into tier 2 / Covid alert level high would involve some slightly strengthened business requirements.
9. It was confirmed that the system of fines for non-compliance was incremental and could be very high for businesses continuing to offend.

**iii. Care Home Testing and Visiting Support at Christmas**

RECEIVED a verbal update presented by Doug Wilson, LBE Health, Housing and Adult Social Care.

NOTED

10. Over 60% of care homes in Enfield had outbreaks in April and a significant number of residents had died. Thankfully, infection rates and numbers of deaths were going down.
11. It was difficult to quantify, but there were significant impacts from restriction of physical visitations and contact with family members and their loved ones in care homes. Rapid testing kits had now been received to mobilise within days to enable physical visitations to resume.
12. Assurance was provided of the accuracy of rapid lateral flow tests, particularly if a negative result was shown.
13. Visitors to care homes would still be required to wear PPE and to socially distance. Homes were receiving guidance on the processes to be followed. Each care home must risk assess arrangements for visiting.

**iv. School Status Report**

RECEIVED a briefing paper Covid and the re-opening of schools.

NOTED

14. The Chair would welcome regular testing for teachers and support staff in schools to help quicker return to work and therefore easing of pressure.
15. Introduction by Peter Nathan, LBE Director of Education, clarifying operation of schools, current infection rates, and the challenges faced.
16. It was likely there would be issues into the Spring term.
17. The regular briefings were extremely well attended. Procedures, including the risk assessment of every aspect of school life, had worked well and were kept under constant review.

**4**

**FLU AND WINTER UPDATES**

RECEIVED the Enfield Integrated Care Partnership Screening and Immunisations Task and Finish Group flu update and presentation introduced by Deborah McBeal, Dr Hetul Shah and Vee Scott, North Central London Clinical Commissioning Group.

NOTED

1. The update from the stakeholder meetings, which were held fortnightly, recognising the time lag due to reporting timelines.
2. Current data was reported verbally: figures showed improvement across all domains.

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3. Data was tracked in close to real time and gave an understanding of where further efforts were required and focus for flu campaigns.
4. Lower than hoped for vaccination rates for pregnant women were escalated to the team at North Middlesex Hospital and there was a recovery plan in place.
5. Early vaccine distribution issues, which had been nationwide, had now been resolved.
6. Vee Scott, NCL CCG provided a communications and engagement update and thanked partners for working together. A creative approach had been taken, including animations which had been translated into the top six languages, and there had been more engagement. Support had also been given to GPs, with weekly webinars and updates and scripts.

### IN RESPONSE

7. In response to queries regarding capacity and supply issues, it was confirmed that good flows of vaccine were now coming through, and surgeries were fully open and operational, though sometimes flu clinics were fully booked and patients had to wait for the next one. Criteria were in place in respect of those eligible to receive the flu vaccine from the NHS. The Chair suggested it would be helpful to receive a formal written assurance which could be forwarded to MPs and constituents.

**ACTION: Dr Hetul Shah**

8. The success of flu vaccination campaigns and high demand this year was noted as a positive situation and a good example of integration working. Vaccination rates were already ahead of where they were at the end of last year's season and targets had been exceeded. Also, vaccine orders were made by GPs a year in advance and the deliveries were received in batches. For next year it may be preferable to spread out the campaigns and therefore demand.
9. Councillor Uddin welcomed the comprehensive update and raised the importance of keeping working, particularly with the voluntary sector, to reach all communities to promote flu vaccination. Parin Bahl on behalf of HealthWatch confirmed the need to work smarter and differently to reach communities. The Chair offered use of Council software which cross referenced with the electoral register to help with targeted work.

## 5

### UPDATE ON ENFIELD HEALTH INEQUALITIES PLAN

RECEIVED the Inequalities Workstream : Progress Update.

### NOTED

1. Introduction by Ruth Donaldson, Director of Communities, NCL CCG, of the update from the task and finish group.
2. This first tranche of NCL funding was directed to Enfield post-merger in recognition that the borough had some of the largest inequalities.

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3. A research project had been commissioned and it was realised a long term plan was required and joint working between the CCG and the local authority.
4. Dudu Sher-Arami, LBE Consultant in Public Health, reported on work and progress since the last update, and the planned focus on childhood obesity, which linked to wider determinants of inequality and to the Joint Health and Wellbeing Strategy.

### IN RESPONSE

5. In response to Members' queries, it was advised there was evidence that communities had not been engaged with effectively. Research would be carried out around what would make a difference.
6. The recent Enfield Poverty and Inequality Commission report commissioned by the Council was timely and relevant, and the local authority was committed to delivering on its recommendations. Updates were co-ordinated by Harriet Potemkin and Shaun Rogan and there was potential for joint working. It was confirmed that this report formed part of the evidence base for the workstream.

## 6

### MINUTES OF THE MEETING HELD ON 1 OCTOBER 2020

**AGREED** the minutes of the meeting held on 1 October 2020.

## 7

### DATES OF FUTURE MEETINGS AND DEVELOPMENT SESSIONS

**NOTED** the potential for an additional meeting if required. The next Board meeting was scheduled for Thursday 18 March 2021.