

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON THURSDAY, 18 MARCH 2021**

MEMBERSHIP

- PRESENT** Nesil Caliskan (Leader of the Council), Alev Cazimoglu (Cabinet Member for Health & Social Care), Rick Jewell (Cabinet Member for Children's Services), 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), Bindi Nagra (Director of Adult Social Care), Jo Ikhelef (CEO of Enfield Voluntary Action), Vivien Giladi (Voluntary Sector), Dr Alan McGlennan (Chief Executive, Chase Farm Hospital, Royal Free Group) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)
- ABSENT** Dr Helene Brown (NHS England Representative) and Tony Theodoulou (Executive Director of Children's Services)
- OFFICERS:** Dr Glenn Stewart (Assistant Director, Public Health), Debbie Gates (Community Development Officer), Jane Creer (Secretary)
- Also Attending:** Dr Andy Heeps (North Middx University Hospital), Dr Chitra Sankaran (Governing Body (Enfield) NCL CCG), Dr Hetul Shah (NCL CCG), Gayan Perera (LBE Public Health Intelligence), Dudu Sher-Arami (LBE Consultant in Public Health), Des O'Donoghue (LBE Service Manager – Community Services), Roseanna Kennedy-Smith (Public Health Intelligence Team), Riyad Karim (NCL CCG Interim Head of Primary Care Commissioning), Shaun Rogan (LBE Head of Corporate Strategy), Harriet Potemkin (LBE Head of Strategy and Policy), Joanne Drew (LBE Director of Housing and Regeneration), Katie MacDonald (Public Health Registrar), Emily Burch (Head of Health BEH), Deborah McBeal (NCL CCG Director of Integration)

1

WELCOME AND APOLOGIES

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

Apologies for absence were received from Tony Theodoulou and Mark Tickner.

Members agreed to amend the order of the agenda to accommodate availability of officers. The minutes follow the agenda order.

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 which were now quite low compared with other parts of London. Trends since last summer were shown.
2. Most recent information on deaths and vaccinations.
3. Distribution of cases across the borough was shown.
4. The high levels of lateral flow testing in school children had not caused a surge in positive cases.

ii. Care Home Vaccinations Update

RECEIVED the update presentation on care home vaccination status.

NOTED

5. Introduction by Des O'Donoghue, LBE Service Manager, Community Services, of numbers of care home residents and staff vaccinated, and reasons given for non-vaccination.
6. Work was being done to increase the take up of vaccinations.
7. There had been no Covid related deaths in care homes since early January; the rate of infections had considerably lessened; and there had been excellent feedback in respect of visiting.

iii. Vaccination Update

RECEIVED a Covid vaccination update presented by Dudu Sher-Arami, Consultant in Public Health, Roseanna Kennedy-Smith, Public Health Intelligence Team, Dr Hetul Shah, GP and Riyad Karim.

NOTED

8. Timescales and current provision in Enfield were set out. Accurate data was available as of 12 March.
9. There had been excellent collaboration working.

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10. The target remained to vaccinate all over-50s by April and all over-18s by the end of July.
11. The average uptake in the borough was ahead of NCL counterparts.
12. A breakdown was provided of areas of low uptake and by ethnicity; and of decliners.

IN RESPONSE

13. The Chair raised the outreach work and events to encourage groups to accept the vaccination, including councillors coming together cross-party. It was confirmed this was having an impact, and that pop-up options such as Ponders End Mosque were proving popular.
14. In response to Councillor Cazimoglu's queries, it was advised that adverse publicity had led to some refusals of the Astra Zeneca vaccine, but more recent announcements in respect of potential restrictions had then led to a surge of people seeking vaccinations. The priorities remained the groups set out by the Joint Committee on Vaccination and Immunisation (JCVI) and non-wastage of vaccines.
15. It was confirmed there was a large project in place in respect of delivering vaccination to housebound patients, and associated outreach work, and vaccination of paid and unpaid carers at the same time. Additionally, there was a mental health specialized vaccination hub.

4

INTRODUCTION OF ANDY HEEPS

The Chair welcomed Dr Andy Heeps, attending the Health & Wellbeing Board for the first time as Interim Chief Executive of North Middlesex University Hospital (NMUH). The Chair took the opportunity to formally thank outgoing Chief Executive Maria Kane for everything she had done for NMUH, her leadership at the hospital and her valued contributions. Councillor Alev Cazimoglu, Cabinet Member for Health & Social Care, also wished to put on record on behalf of the Health & Wellbeing Board and on behalf of Enfield residents thanks to Maria Kane for all that she had done for this deprived section of London. Maria was wished well in her new role.

RECEIVED a presentation of introduction from Dr Andy Heeps, including an update on changes in the wider NHS and at NMUH. The slide deck was available in the agenda pack.

NOTED

1. He had been Deputy Chief Executive since 2020 and Chief Operating Officer at NMUH since 2018.
2. Interviews for a replacement NMUH CEO were scheduled for 16 April.
3. Caroline Clarke of Royal Free London had also been asked to be the Accountable Officer for NMUH. The new CEO would be responsible to the NMUH Trust Board and Chair, and accountable to the Accountable Officer.

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4. A recap was provided of the NMUH response to the Covid pandemic, and tribute paid to the staff working during this unprecedented moment in their careers.
5. The impact of Covid on waiting lists for care was set out. The vast majority of people were seen within the 18 week standard. Certain services were affected by longer waiting times.
6. The formal partnership of the two trusts of NMUH and Royal Free London was not a merger. It built on years of working together, and the learning from Covid-19.
7. The context of NHS hospital provision in the borough of Enfield and the wider area was set out. Working in partnership would create a single focus to meet Enfield's health and wellbeing needs.
8. Improvements and new NHS services for Enfield residents now and soon were set out, and investment in people and quality.
9. The partnership was designed for Enfield and to give a stronger voice for Enfield in North London and across London health and care.

IN RESPONSE

10. The Chair's remarks that the priorities were the right ones, but questions remained for the NHS, NMUH and Royal Free London, particularly around assets and the protection of those assets. There must be a governance structure that allowed for Enfield's local voice to be heard and with the local authority having 'a seat at the table'. In terms of funding, it should not be just about equity across the system but for our borough too. The three key questions were: (1) would all existing services at NMUH be maintained; (2) what would bed capacity look like in 12 months; and (3) if there were any staffing losses how many would be from NMUH?
11. Andy Heeps confirmed that bed capacity would be identical in 12 months' time. Every winter there was a need to stop elective work at NMUH to cope with emergency admissions. Chase Farm Hospital was not affected by winter pressures. There would not be services lost at NMUH, but there would be specialties at Chase Farm. In respect of staffing, there was no plan to take posts out. There would be openness and transparency about staff redeployment.
12. In response to queries regarding resolution of issues at A&E and reducing the demand for emergency care at MNUH, it was confirmed that small numbers of patients admitted against large numbers of ambulance arrivals per day reflected that many people in the area were not registered with GPs, the locality was deprived, and there had been under-investment in primary care in the borough. The update on the poverty reduction strategy had been encouraging, and the care hub would be important.
13. In response to Councillor Jewell's queries in respect of Chase Farm urgent care centre it was confirmed this centre was not at risk. Even at the height of the pandemic when user numbers were lower it had still proved to be needed.
14. Parin Bahl recorded thanks to the NMUH staff during the pandemic. She wished to reiterate the importance there was a partnership and not a merger. There was a need for assurance around assets, and assurance around redistribution of funds or services, and accountability to local

communities. It was important there was a local Chief Executive. NMUH should not be downgraded: it was a teaching hospital and needed high level university presence. It's commitment to equality was also valued. NMUH was a fantastic community hospital because of the involvement of patients. In respect of urgent care, there was concern regarding reduction in hours and emphasis that Chase Farm was a good asset. A collaborative relationship with an integrated approach was welcomed.

15. Councillor Cazimoglu additionally highlighted concerns regarding the Secretary of State having final decision making powers on hospital reconfigurations, and apprehension among the local community given previous experiences in Enfield.
16. The Chair echoed the importance of the status of NMUH, it's importance for local employment and as an anchor institution for health provision in London. Health services in the borough were highly valued. It had been reassuring to hear that Chase Farm would play a more prominent role in the provision of services.
17. Andy Heeps acknowledged the emotions voiced and the points raised. The key emphasis would always be on benefits to patients. This Board would be kept informed.

5

UPDATE ON ENFIELD HEALTH INEQUALITIES ACTIVITY INCLUDING DISCUSSION OF POVERTY REDUCTION PLANS

i. Update on Enfield Poverty and Inequality Commission

RECEIVED the update on progress. The slide deck was available in the meeting agenda pack.

NOTED

1. Presentation by Shaun Rogan, Head of Corporate Strategy, and Harriet Potemkin, Head of Strategy and Policy, LB Enfield.
2. The independent commission had reported in January 2020, with 27 recommendations.
3. There had been good progress in the first year and a plan of action for 2021/22.
4. Those recommendations most relevant to the Board were highlighted.
5. Recommendation 5 related to an NHS funded new integrated health and wellbeing centre. It was confirmed that the Masterplan for the redevelopment of North Middlesex University Hospital included potential for a new primary care centre on the site.
6. Social prescribing programmes were being delivered in response to Recommendation 6.
7. Recommendation 7 related to food poverty. Work with partners continued to provide isolated people and vulnerable families with food and essential items.
8. There had been progress in addressing Recommendation 8 to prioritise the East of the borough for play streets and school streets.

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9. In the 'Learning' section, Recommendation 12 was highlighted, as it needed partnership working to ensure all Enfield's children were 'school-ready'. Similarly, in the 'Earning' section, Recommendation 24 related to extending access to benefits advice and support around debt and good credit.
10. In the budget, two sets of funding would launch in 2021/22 to help deliver the recommendations.

IN RESPONSE

11. The Chair welcomed the assurances around the work being done, and noted that the Board would be kept updated. This was an opportunity to narrow the inequalities in the borough, and partnership working was crucial.
12. Bindi Nagra advised that his team would be leading on the Enfield Neighbourhood Community Infrastructure Levy Fund, and this would be very helpful for voluntary sector projects. The primary care hub was also important and should be progressed in a timely fashion.

ii. **Update on Enfield Health Inequalities Plan**

RECEIVED the ICP Inequalities Workstream : Progress Update.

NOTED

13. The update by Dudu Sher-Arami, LBE Consultant in Public Health and Ruth Donaldson, Director of Communities, NCL CCG.
14. Since the last Board meeting, there had been agreement for a jointly funded programme of work including community participatory research, community champions and community chest. The procurement process would be complete by the end of the financial year.
15. An update on progress would be provided to the next Board meeting.

iii. **Review of Joint Health and Wellbeing Strategy**

NOTED

16. The verbal update from Dudu Sher-Arami, LBE Consultant in Public Health.
17. The strategy's themes were still relevant in the current climate and the post-Covid situation. Nevertheless it was felt there was a need to review the JHWS and to ensure a greater focus on inequality. Review proposals would be presented to the next Board meeting.

iv. **Homeless Health in North London / Rough Sleeping in Enfield**

RECEIVED the update presented by Joanne Drew, Director of Housing and Regeneration, LB Enfield, Ruth Donaldson, and Katie MacDonald, Registrar in Public Health. Slides were included in the agenda pack.

NOTED

18. Housing was a key driver of public health. Ill health could be part of leading to homelessness, and homelessness was associated with very poor health outcomes.
19. Before the pandemic Enfield had a rising problem with rough sleeping and homelessness and during the pandemic numbers had gone up. Numbers in temporary accommodation had risen significantly in Enfield for several reasons.
20. During the pandemic the local authority housed or supported large numbers at short notice, and the costs involved continued to put pressure on the Council.
21. Covid emergency funding was ending, but demand for housing and support services to non-statutory priority groups continued.
22. Work continued in partnership and co-operation with the CCG. The multi-agency approach was successful.
23. There was Covid vaccination for the homeless across North Central London.
24. There would be a focus on dealing with encampments and its organisers over the coming months.

IN RESPONSE

25. In response to queries, it was confirmed that the current eviction ban would end in May and plans were in place to manage an expected surge in service demand.

6

MINUTES OF THE MEETING HELD ON 3 DECEMBER 2020

AGREED the minutes of the meeting held on 3 December 2020.

7

NEXT MEETING DATE AND DEVELOPMENT SESSION

NOTED the next Board meeting was scheduled for Thursday 24 June 2021.