

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON THURSDAY, 10 MARCH 2022**

MEMBERSHIP

PRESENT Nesil Caliskan (Leader of the Council), Alev Cazimoglu (Cabinet Member for Health & Social Care), Mahtab Uddin (Cabinet Member for Children's Services), Dr Nitika Silhi (Governing Body Member, NHS NCL CCG), Deborah McBeal (NCL CCG), Olivia Clymer (Healthwatch Central West London), Jo Ikhelef (CEO of Enfield Voluntary Action), Vivien Giladi (Voluntary Sector), Pamela Burke (Voluntary Sector) and Siobhan Harrington (Whittington Hospital)

ABSENT Dr Helene Brown (NHS England Representative), Bindi Nagra (Director of Adult Social Care), Tony Theodoulou (Executive Director of Children's Services), Dr Alan McGlennan (Chief Executive, Chase Farm Hospital, Royal Free Group) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

OFFICERS: Dudu Sher-Arami (Director of Public Health), Mark Tickner (Health and Wellbeing Board Partnership Manager) and Dr Glenn Stewart (Assistant Director, Public Health), Jane Creer (Secretary)

Also Attending: Dr Chitra Sankaran (Governing Body (Enfield) NCL CCG), Dr Hetul Shah (NCL CCG), Gayan Perera (LBE Public Health Intelligence), Doug Wilson (LBE Health, Housing & Adult Social Care), Riyad Karim (NCL CCG Assistant Director of Primary Care), Des O'Donoghue (LBE Service Manager – Community Services), Dr Emdadur Rahman (GP), Richard Gourlay (NLUH Director of Strategic Development), Chloe Moralesoyarce (North London Partners in Health and Care), Anna Stewart (Start Well Programme Director), Emma Whicher (Start Well Programme Senior Responsible Officer), Deborah McBeal (Director of Integration, NCL CCG), Richard Dale (Executive Director of Transition, NCL CCG), Debbie Gates (Community Development Officer, LBE), Megan Roberts (Cabinet Support Officer, People Dept, LBE), Harriet Potemkin (Head of Policy and Strategy LBE)

**1
WELCOME AND APOLOGIES**

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

Apologies for absence were received from Tony Theodoulou, Bindi Nagra, Doug Wilkinson, Dr Helene Brown, Dr Alan McGlennan, and Andrew Wright.

2

DECLARATION OF INTERESTS

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

3

PHARMACEUTICAL NEEDS ASSESSMENT

RECEIVED the slide presentation and introduction by Gayan Perera, Public Health Intelligence Team Manager.

NOTED

1. There was a statutory duty to publish a Pharmaceutical Needs Assessment (PNA) at least every three years. Due to the pandemic related postponement, the revised publication date for the PNA was October 2022.
2. Enfield's Public Health Commissioning team led the procurement of the PNA production on behalf of all 5 North Central London boroughs.
3. Soar Beyond would manage the project. They have previously produced 22 PNAs throughout England and their project team includes pharmacists with regulatory and commissioning expertise.
4. Views of stakeholders were sought. As of yesterday, 110 responses had been received. Consultation would run for 60 days.
5. An update would be provided to each meeting of Health and Wellbeing Board.

IN RESPONSE

6. The benefits to communities from local pharmacies during the pandemic were highlighted.
7. When the recommendations from the assessment were known, the Health and Wellbeing Board may wish to coordinate an action plan to take them forward with relevant organisations.

4

COVID-19 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.

2. Concern remained focussed around new variants. The most common variant at the moment Enfield was Omicron, but the numbers in respect of subvariant BA.2 were up recently.
3. Hospitalisation numbers had gone down significantly.
4. Most recent information set out on deaths, hospitalisations, testing, cases in schools, and vaccination numbers. Emerging themes included re-infections.

ii. Care home status, visiting support, and vaccination status

RECEIVED an update on care home vaccination status.

NOTED

5. The update by Des O'Donoghue, LBE Service Manager – Community Services, of numbers of care home residents and staff vaccinated, and numbers who had received the booster.

iii. Vaccination Update

RECEIVED the vaccination updates (flu and Covid) presented by Dudu Sher-Arami, Director of Public Health, LBE and Dr Emdadur Rahman, GP.

NOTED

6. Targets were focussed on lower vaccination uptake groups and on young people. Offer of Covid vaccination continued for first, second and third doses, with good availability and accessibility in Enfield. Social media and communications activity continued, and funding had been sought for innovative projects and interventions to increase uptake.
7. The next step in the Covid vaccination programme was vaccination of 5 – 11 year olds, from primary care sites, and offering the Spring booster to those eligible.
8. GPs and pharmacies continued to offer flu jabs, and these could be administered at the same time as Covid vaccination.
9. 2021/22 performance for over-65s' flu vaccine uptake was close to the best ever. There had also been an improvement in uptake by pregnant women.
10. Next season, the 50 – 64 year-old cohort and primary school children would not be included in flu vaccine plans.

IN RESPONSE

11. In response to the Chair's queries, it was confirmed that the planned exclusion of the 50 – 64 year-old cohort for flu vaccination 2022/23 was a national directive and a return to the pre-pandemic offer. It was not expected to have a significant impact.
12. It was confirmed that comparable groups showed low uptake of all vaccines, and other healthcare testing and cancer screening. Work with those groups would be taken forward.

13. It was advised that the date for the Spring boosters would be directed by national protocol. Also, planning had begun for Autumn / Winter and preparation for vaccinations.
14. The Council was producing a review report on the impact of Covid-19 on Enfield, to include facts around care homes, testing, communications, logistical support etc, and lessons learned. The report would be submitted to a Scrutiny Panel and would be circulated to Board Members.

ACTION: Governance & Scrutiny

Post Meeting Note: The report 'Managing the Covid-19 Pandemic: Interim Summary Report' was submitted to Overview and Scrutiny Committee 21/03/22 (Item 4) and the link is [Overview & Scrutiny Committee | Enfield Council](#)

5

UPDATE FROM NORTH MIDDLESEX UNIVERSITY HOSPITAL (NMUH)

RECEIVED the verbal update, introduced by Richard Gourlay, NMUH Director of Strategic Development.

NOTED

1. The numbers of Covid-19 in-patients had risen slightly, but were much lower than in January and February. The numbers in critical care with Covid-19 were low, and tended to be unvaccinated people. There had been messaging to staff on the importance of vaccination. Messaging continued in respect of social distancing and mask wearing when visiting the hospital.
2. Winter pressures had seen an increase in attendance to Emergency Department. Ambulance attendances were also up. Assessment was rapid, but there had been problematic times. A pilot had been run to provide primary care at the hospital door.
3. BEH Mental Health Trust had test run virtual wards which had been a help.
4. The elective programme had been accelerated, and a ring-fenced ward re-established, to begin clearing the backlog.
5. Improvements had started to be seen where there had been some dips in performance.

IN RESPONSE

6. In response to the Chair's queries regarding the virtual ward, it was confirmed that patients could be appropriately managed outside hospital but continue to have an overview from a hospital consultant. At an appropriate time, discharge would be agreed to their GP or from the health system, and the patient was not in an acute hospital bed. The virtual ward could expand to 15 to 20 patients at any one time. A lot had been learned about what could be successfully managed in the community, and the ways in which primary and secondary colleagues could wrap care around the patient.

6

NCL START WELL PROGRAMME

RECEIVED the verbal update introduced by Chloe Moralesoyarce (Head of Communications and Engagement, North London Partners in Health and Care), Anna Stewart (Start Well Programme Director) and Emma Whicher (Senior Responsible Officer for the Start Well Programme).

NOTED

1. The programme was about ways of working together to provide the best care to pregnant women, babies, young people and families.
2. It was recognised that health inequalities started at the beginning of life. Inequalities in provision were reflected in health outcomes.
3. The programme was responding and learning from national best standards and guidelines.
4. Three workstreams covered acute, emergency, and pregnant and neonatal.
5. Engagement with the public was central. They were keen to hear from those who used the services, including from children and young people.
6. Plans for the engagement and collation of existing data were being worked on now. An online panel was being developed of around 100 people for targeted discussions.
7. Insights would be sought from staff and clinicians and areas identified where there was potential to do things differently / improve. These would be tested through deeper engagement over the summer, and a final report produced by September.

IN RESPONSE

8. Councillor Cazimoglu asked about engagement with harder to reach communities. Olivia Clymer also asked about openness of engagement. It was confirmed that those seldom heard would be reached through partnership with voluntary and community organisations, and suggestions of groups to engage with were welcomed. The local maternity and neonatal system did work with harder to reach groups and those relationships would be used. There would also be ongoing dialogue and further presentations to Health and Wellbeing Board.
9. Dudu Sher-Arami offered the opportunity to engage with Directors of Public Health via the regional meeting and it was confirmed the offer would be taken up.
10. The Chair advised that as a local authority leader she would like to see targeted programmes to demonstrate improvement in maternity experience for mothers and babies; early years services and advice; and Child and Adolescent Mental Health Service. It was confirmed that the programme board included CAMHS and Director of Public Health representation, as well as local authority Chief Executive and Director of Children's Services representation.

7

ICP PARTNERSHIP UPDATE

RECEIVED the report and presentation from the Director of Integration, Enfield Borough Directorate, NCL CCG.

NOTED

1. Introduction by Deborah McBeal (Director of Integration) and Richard Dale (Executive Director of Transition), NCL CCG and Dr Chitra Sankaran (co-chair of Board for Enfield Borough Partnership).
2. An overview was provided of progress towards transitioning to an Integrated Care System (ICS), and an update on the Enfield Borough Partnership.
3. The establishment of the ICS was subject to passage of the Health and Care Bill.
4. The community involvement and representation was set out. There was also engagement with all CCG staff.
5. Tackling inequalities and wider determinants of health were highlighted.

IN RESPONSE

6. The Chair asked about the next big steps in the process. It was advised that from 1 July 2022 there would be an Integrated Care Board (IBC). Focus would be on what could be done to improve health and wellbeing of residents. Health and social care support would be person-centred and holistic. There would be some changes to the technical ways of commissioning, and a move to a more collaborative model, and a more nimble way of working with providers.
7. The Chair welcomed the changes and raised that expectations would be high and there was a need to be honest with residents and patients.

8

MINUTES OF THE MEETING HELD ON 2 DECEMBER 2021

AGREED the minutes of the meeting held on 2 December 2021.

MATTERS ARISING

The expansion of the North London Waste Authority Eco Park had been raised by Board Members at the last meeting. The Chair confirmed the decision making process by NLWA and the Secretary of State, and that there was publicly available information on discussion and questions at Enfield Council. The issue of air quality in the borough was important and the administration had ambitions to seek improvements to air quality and reduction in carbon emissions.

9

NEXT MEETING DATES AND DEVELOPMENT SESSIONS

NOTED the next Board meeting dates would be confirmed following Annual Council Meeting.

