

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY, 7 JULY 2022**

**MEMBERSHIP**

**PRESENT** Cllr Nesil Caliskan (Leader of the Council), Cllr Abdul Abdullahi (Cabinet Member for Children's Services), Cllr Andy Milne, Dr Nitika Silhi (Governing Body Member, NHS NCL CCG), Dudu Sher-Arami (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** Cllr Alev Cazimoglu (Cabinet Member for Health & Social Care), Deborah McBeal (NCL CCG), Olivia Clymer (Healthwatch Central West London), Dr Helene Brown (NHS England Representative), Pamela Burke (Voluntary Sector), Dr Alan McGlennan (Chief Executive, Chase Farm Hospital, Royal Free Group), Dr Nnenna Osuji (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) and Dr Glenn Stewart (Assistant Director, Public Health), Jane Creer (Secretary)

**Also Attending:** Dr Jo Sauvage (Chief Medical Officer NHS NCL ICB), Jo Carroll (Managing Director, Enfield Mental Health Division, BEH NHS Trust), Alex Smith (Director of Transformation, NHS NCL ICB), Dan Morgan (Interim Director of Aligned Commissioning, NHS NCL ICB), Sonia Amos (Senior Communications Manager, NHS NCL ICB), Laura Andrews (NHS NCL CCG), Doug Wilson (LBE Health, Housing & Adult Social Care), Chloe Morales Oyarce (North London Partners in Health and Care), Anna Stewart (Start Well Programme Director), Emma Whicher (Start Well Programme Senior Responsible Officer), Penny Mitchell (Director of Population Health Commissioning, NHS NCL ICB), Stephen Wells (Head of Enfield Borough Partnership Programme, NHS NCL CCG), Dr Fahim Chowdhury GP (Primary Care Lead), Rikki Garcia (Healthwatch), Debbie Gates (Community Development Officer, LBE), Helen Baeckstroem (Strategy & Policy Team Manager, LBE), Jon Newton (Head of Service Integrated Care, LBE)

**1  
WELCOME AND APOLOGIES**

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

Apologies for absence were received from Councillor Alev Cazimoglu, Deborah McBeal (substituted by Stephen Wells), Dr Helene Brown, Pamela Burke, Dr Alan McGlennan, Dr Nnenna Osuji, Andrew Wright, Siobhan Harrington, and Dr Chitra Sankaran.

**2**

**DECLARATION OF INTERESTS**

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

**3**

**NORTH CENTRAL LONDON (NCL) MENTAL HEALTH AND COMMUNITY SERVICES REVIEW UPDATE**

RECEIVED the slide presentation and introduction by Alex Smith (Director of Transformation, NCL Integrated Care Board (ICB)).

NOTED

1. Further to the report to the previous meeting, an overview was provided of progress. Following definition of the core offer, and baseline reviews, the priorities had been identified.
2. The intention was to continue supporting boroughs which had experienced less investment per head of population in previous years.
3. The challenges were appreciable, particularly around national skills shortages.
4. More detailed information was provided by Jo Carroll (Managing Director, Enfield Mental Health Division, BEH MH NHS Trust) and Dan Morgan, (Interim Director of Aligned Commissioning (MH, Learning Disabilities, Autism & Children Young People), NCL ICB). Most investment had been in crisis services, and there was a need to put more emphasis on prevention and to target long waiting times and to prioritise gap areas.
5. A further update would be brought to the next Board meeting.

IN RESPONSE

6. In response to queries regarding timelines, it was confirmed that transformation work would carry on through the next two years and a longer term plan would be coming on stream. Recovery work started in the last financial year. The Autism hub would start in September.
7. In response to queries regarding attracting workforce to the area and assistance that partners could offer, it was advised there was ongoing work with the voluntary sector, and interest-raising and showcasing in universities and schools, and development of training hubs. There were opportunities to signpost people into meaningful employment. The Chair also highlighted the Council's long term regeneration plans and place-making role, and that the borough already had a large workforce of care workers which could be utilised and built on.

4

## "START WELL" INITIATIVE

RECEIVED a verbal update from Anna Stewart (Start Well Programme Director) with Chloe Morales Oyarce (Head of Communications and Engagement, North London Partners in Health and Care) and Emma Whicher (Joint Senior Responsible Officer for the Start Well Programme).

### NOTED

1. The Start Well programme will link into the work already done in the Mental Health and Community Services Reviews. It is a long term review of services for pregnant women and people, babies, children, young people and their families.
2. Further to the update to the previous meeting, insights had been sought, engagement planned, and the case for change built.
3. The key themes were described, around the delivery of safe care and opportunities to improve care.
4. The 10 week period of engagement had begun this week, and would include engagement with staff, stakeholders, patients, and local residents to ask about what was considered most important in respect of care and check that other findings reflected people's experiences. A summary version of the Case for Change and a patient leaflet had been produced. The engagement link was shared: <https://nclhealthandcare.org.uk/get-involved/start-well/>  
There would also be an online residents' panel, gathering of children and young people's opinions, reverse mentoring and a youth summit.
5. Feedback from Board members would be welcomed, along with promotion of the engagement, and an opportunity to return and update the Board on the next steps for the programme.

### IN RESPONSE

6. In response to the Director of Public Health's queries, it was confirmed that population health data across North London was being examined, and that variations were apparent. Offers of assistance from the Council and from the voluntary sector were appreciated, and the team would be happy to come and talk to community groups, mother and baby groups, etc.
7. Vivien Giladi, representing the voluntary sector, welcomed the programme and wished to assist. She raised that the country had lost its Measles-free status, and that Enfield had seriously sub-optimal levels of vaccination of children across the borough: she appealed that inequalities funding for uplift should be directed to reversing this situation. The Director of Public Health commented that immunisation uptake was a priority and that there was an ICB delivery group working on the whole schedule, and more information could be brought to a future Board meeting. The Council could also offer sharper communications to raise vaccination awareness.
8. The Director of Adult Social Care raised the importance of health visitor services, and recent concerns in respect of midwife-led units not attached

to acute hospitals. The Chair also raised the concerns of residents around lack of access to health clinics and their wish for more face-to-face opportunities. There were also long-standing inequalities in that national data highlighted that women of colour had higher rates of complications and deaths in pregnancy and childbirth.

9. The points were noted, and that it had become apparent that a lot of the care that happened in hospital could be done in the community, and that large numbers of children were presenting at hospital emergency departments. It was confirmed that the Ockenden maternity review principles underpinned the improvements being made. The requirements from the first part of the Ockenden review were already being met, and the Trust would continue to meet the next steps and take them forward as best practice. In NCL, there was only one stand-alone midwifery led birth unit at Edgware Birth Centre, which had a low number of births. In respect of data relating to experiences of Black women in pregnancy and childbirth, there were clear inequalities at the national level. Where possible this had also been reviewed at an NCL level, however for some areas with low numbers of cases it is not possible to make a robust statement for individual boroughs and the case for change has drawn on the national evidence base.
10. The next steps were to hear from a representative range of voices and to publish the reflections towards the end of September. The ICB would be asked to decide on actions regarding the next steps, working with system partners.

## **5**

### **JOINT HEALTH AND SOCIAL CARE COMMISSIONING BOARD UPDATE AND BETTER CARE FUND UPDATE**

RECEIVED the written update, introduced by Doug Wilson (LBE Head of Strategy, Service Development & Resources, People Department).

#### **NOTED**

1. The plans were detailed, but the Better Care Fund purpose was clear: to help people avoid admission to hospital, to reduce long hospital stays and minimise numbers who were permanently admitted to residential or nursing care, to increase the proportion of people returning to their normal place of residence, and to enable people to regain their independence where possible.
2. Performance updates in the report were largely positive. The baseline of 2019/20 was used. Avoidable admissions had gone down, but hospitals and adult social services remained busy. However, more people were staying in an acute hospital bed for longer and the target for 21+ days was missed. When people were going into hospital they were more ill and staying longer, and Covid-19 had played a significant role in this. In testament to Adult Social Care in Enfield, the number of people living permanently in residential or nursing care had returned to pre-pandemic levels. The Council had invested in the Enablement service, which helped people to continue to live independently.

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3. The Better Care Fund plans for this year were yet to be finalised, but it was expected that the priorities of the last year would continue. An update would be provided to the Board in the Autumn once the plans were agreed for this year.

### IN RESPONSE

4. The Chair noted that pressures were high at all times, and differentiation could no longer be made between seasons. Ambulance service pressures were frequent. It was confirmed that the next report would provide an update on ambitions, and be clear in respect of the challenges and the collaborative work going on to alleviate those.

## 6

### NORTH CENTRAL LONDON POPULATION HEALTH STRATEGY

RECEIVED the NCL Population Health Improvement Strategy Draft Aim and Plan, and slide presentation, introduced by Penny Mitchell, Director of Population Health Commissioning, NCL Integrated Care Board (ICB).

### NOTED

1. The first draft of the NCL Population Health Improvement Strategy had been included in the agenda pack, and Penny was happy to receive feedback and questions outside of this meeting also.
2. Action was needed to improve the outcomes and wellbeing of residents, and to reduce inequalities.
3. The NCL Population Health Committee provided a strategic senior steer in respect of achieving the aims.
4. The strategy provided the core narrative for the system, and would need to be delivered fully across and through the system, affecting the whole way or working.
5. The outcomes framework set out the ambitions that were aimed to be achieved.
6. The core themes for delivery were set out. There would be evidence-based interventions and deployment of resources.

### IN RESPONSE

7. The Director of Public Health noted that the core priorities fitted with the strategic direction of work already ongoing in the borough, and that this strategy would also inform the update of the Health and Wellbeing Strategy. It was confirmed that conversations would continue in respect of continuation of work, priorities, and data.
8. The Chair would like there to be more pilot projects to demonstrate what the Local Authority and other partners could do to make an impact, for example pop-up cancer screening opportunities on estates. Jo Ikhelef also confirmed that Enfield Voluntary Action funded projects could be fed in and upscaled. Dr Fahim Chowdhury, GP and Primary Care Lead for the borough, confirmed he would like to see closer links with the Council and

would support sessions for health checks in areas of inequalities to identify patients and bring them into the health care system to be managed appropriately. The Chair suggested Joyce and Snells Estate as a recommended location.

**ACTION: LBE / Dr Chowdhury**

**7**

**ENFIELD BOROUGH PARTNERSHIP UPDATE**

RECEIVED a covering report and slides, providing an update on developing the NCL Integrated Care System (ICS) and progress update on the Enfield Borough Partnership, presented by Stephen Wells (Head of Enfield Borough Partnership Programme, NCL CCG).

NOTED

1. The CCG's current system of accountability, functions and responsibilities transferred to the new NCL Integrated Care Board (ICB) on 1 July 2022.
2. The ICS was a new system of provider collaboratives. It would take a place-based approach, and drive new ways of delivering primary care to neighbourhoods.
3. The Executive Management Team was in place. The ICB Board had a constitution and met for the first time this week.
4. The responsibilities of the ICB were set out, as were the new ways of planning and delivering across organisations. There would be integration of care at neighbourhood and place level.
5. Working together as a system would enable the delivery of the Population Health Strategy.
6. The Borough Partnership's most recent work was around the National Programme Modules, and the Population Health Management approach. The National Programme offer supported the development of local priorities and a plan to inform operational delivery in 2022/23.

**8**

**PHARMACEUTICAL NEEDS ASSESSMENT**

RECEIVED a verbal update by Dudu Sher-Arami, Director of Public Health.

NOTED

1. Further to the presentation to the previous Board meeting, it was reminded that there was a statutory responsibility of the Health and Wellbeing Board to publish a Pharmaceutical Needs Assessment (PNA) at least every three years, and that 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 the 5 NCL boroughs. Soar Beyond were managing the project on our behalf.
3. A draft of the PNA was out to public consultation. The link was [Consultation on Enfield Council's Pharmaceutical Needs Assessment](#)

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[2022 – Enfield Health and Wellbeing](#) . Board Members' support was requested in distributing this online survey and encouraging their networks to contribute.

4. The PNA would be completed on time in October. The post-consultation document would be brought to Health and Wellbeing Board to ratify.

### 9

#### **MINUTES OF THE MEETING HELD ON 10 MARCH 2022**

**AGREED** the minutes of the meeting held on 10 March 2022.

### 10

#### **NEXT MEETING DATES AND DEVELOPMENT SESSIONS**

**NOTED** the next Board meeting date was scheduled for Thursday 6 October 2022.