

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON MONDAY, 2 OCTOBER 2023**

MEMBERSHIP

PRESENT Alev Cazimoglu (Cabinet Member for Health & Social Care), Andy Milne, Dr Shakil Alam (NHS North Central London Integrated Care Board), Albie Stadtmiller (Healthwatch Central West London / Listen to Act), Deborah McBeal (NCL CCG), Dudu Sher-Arami (Director of Public Health), Doug Wilson (Director of Adult Social Care), Tony Theodoulou (Executive Director of Children's Services), Jo Ikhelef (CEO of Enfield Voluntary Action) and Dr Nnenna Osuji (Chief Executive, North Middlesex University Hospital NHS Trust)

ABSENT Nesil Caliskan (Leader of the Council), Abdul Abdullahi (Cabinet Member for Children's Services), Dr Helene Brown (NHS England Representative) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

OFFICERS: Mark Tickner (Health and Wellbeing Board Partnership Manager), Dr Glenn Stewart (Assistant Director, Public Health) and Victoria Adnan (Strategy and Policy Manager), Jane Creer (Secretary)

Also Attending: Roseanna Kennedy-Smith (Senior Public Health Intelligence Specialist, LBE), Doug Wilson (Director of Health and Adult Social Care, LBE), Richard Gourlay (Director of Strategic Projects, North Middlesex University Hospital), Dr Chad Byworth (Public Health Team, LBE), Victoria Adnan (Policy & Performance Manager, LBE), Debbie Gates (Community Development Officer, LBE), Tim Hellings (Enfield Carers Centre), Dr Alpesh Patel (NHS NCL ICB)

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WELCOME AND APOLOGIES

Cllr Alev Cazimoglu, Chair, welcomed everyone to the virtual meeting.

Apologies for absence were received from Cllr Nesil Caliskan, Andrew Wright, Dr Helene Brown, and Stephen Wells.

It was noted that Vivien Giladi had stepped down from the Board. She had been a Voluntary Sector representative and the Chair wished to record thanks for all her work over the years.

The Chair raised that she understood there had been a removal of the Mental Health Services 'Place of Safety' at Chase Farm Hospital site and relocation of the facility to Highgate which had led to challenges for officers, Police, and

patients. For the next meeting, the Chair requested an item on the agenda in relation to seeking reinstating of that service.

2

DECLARATION OF INTERESTS

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

3

LB ENFIELD WINTER VACCINATION PROGRESS / INFECTION CONTROL UPDATE

RECEIVED the slide presentation, introduced by Mark Tickner, Health and Wellbeing Board Partnership Manager, and Roseanna Kennedy-Smith, Senior Public Health Intelligence Specialist.

NOTED

1. There were concerns regarding emergence of a new variant (BA.2.86) of Covid-19 in the UK. It had been detected in low numbers so far, but there had been one care home outbreak.
2. Measles was also currently causing concern. Across Enfield the uptake of MMR vaccination was lower than it should be, considerably so in some areas of the borough. Measles was more dangerous than some people thought, and the only way to control it was by vaccination. UK Health Security Agency predicted a measles outbreak in London this year. In preparation, our ability to vaccinate at short notice was being increased.
3. Notifications of infectious disease cases recently in Enfield were shown, which were mostly in line with the expected number of cases for this period.
4. Covid-19 cases to September were shown. There had been a slight increase recently, in the context of testing being much less now, and zero Covid-19 deaths in the latest data.
5. Latest Covid Autumn booster and flu vaccination numbers were shown.
6. Childhood immunisation uptake was reported. The lowest uptake within the programme was in MMR, at 69% for both doses in Enfield. Despite a lot of work, it was proving quite difficult to get an increase in uptake.
7. Disparity in MMR uptake was shown by ward, by ethnicity, and by language spoken.

IN RESPONSE

8. The Chair confirmed that Council on 27 September agreed a motion calling on all councillors to write to the Secretary of State for Health expressing their concern at the low uptake of childhood immunisations and calling for actions to be taken.
9. The Health and Adult Social Care Scrutiny Panel on 20 September received a detailed report on 'Vaccination and immunisation: childhood immunisations focus'. Dudu Sher-Arami would share this report with Board members as it would give a good understanding of the work going on in the local authority and primary care.

ACTION: Dudu Sher-Arami

10. Glenn Stewart advised that an emergency planning exercise was to be held in respect of measles.

4

BETTER CARE FUND - REVIEW OF AGREEMENT

Doug Wilson, Director of Health and Adult Social Care, provided a verbal update that there had been delays with the initiative, but a report providing a fully formed picture would be provided to the Board at its December meeting.

5

NORTH MIDDLESEX UNIVERSITY HOSPITAL UPDATE

RECEIVED the slide presentation, introduced by Richard Gourlay, Director of Strategic Projects, North Middlesex University Hospital (NMUH).

NOTED

1. The development of a population-based integrated care model was set out. There was a desire for a joined up partnership approach with voluntary and community services as well.
2. Focus on outcomes was strengthened. There would be increased early intervention and preventative activities.
3. Utilisation of their sites would be optimised.
4. Reducing vacancy rate had been made a priority.
5. Main priority areas were highlighted and included developing a consistent community model in Enfield, and preventing hospital admissions.

IN RESPONSE

6. Development of local neighbourhood teams and transitions to benefit patients' experience were welcomed. It was advised that the next update would include patient stories, and the action plan / vision for developments over the next six to 12 months.
7. In response to the Chair's queries regarding recent strike action, it was advised that the situation had been safe. There had been robust planning, and regular briefings through the day. The most urgent treatments had been prioritised and continued. The hospital had been able to recover as quickly as hoped in respect of its elective programme. There was a financial impact around income and payments to cover shifts. No adverse harm in relation to delays had been picked up, but there had been disruption for patients and their understanding was appreciated for rescheduling at short notice. Waiting lists were being managed, and priority given to more clinically urgent cases.
8. It was confirmed there was still pressure in A&E, which was still seeing 550 to 600 patients a day, compounded by challenges in patient flow and high bed occupancy. The executive team had met earlier today to discuss winter planning.

6

JOINT HEALTH AND WELLBEING STRATEGY REFRESH AND REVIEW - PROGRESS

RECEIVED the slide presentation, introduced by Dudu Sher-Arami, Director of Public Health, Victoria Adnan, Policy and Performance Manager, and Dr Chad Byworth, Public Health Team.

NOTED

1. Officers had been engaging with stakeholders and updating the proposed strategy on the basis of the recent development session.
2. There was time for partners to invite officers to forums and meetings to have conversations about the proposed strategy. They wanted to speak to as many in Voluntary Services and communities as possible.
3. As advised, the approach would be evidence informed and have a relatable structure using a population health approach with a life course model. The five principles guiding the actions were re-iterated.
4. Within each of the life course themes were four specific priorities.
5. Further feedback was sought from the Board at this stage on those priorities. Members were welcome to provide written feedback after this meeting.

IN RESPONSE

6. In response to the Chair's queries, it was anticipated that under each priority area there would be an action plan that this Board would oversee. Progress made on each of the priorities would be demonstrated over the course of the strategy. Short term realistic goals should be worked to.
7. It was suggested that, with limited resources, focus on a small number of deliverable actions was preferable. The Chair considered the immediate urgent challenges to be around 'Age Well' and older people.
8. It was confirmed that consultation and engagement would run from 6 November 2023 to 15 January 2024 and would include a public questionnaire. The Chair raised the importance of consultation with under-represented and diverse groups to ensure their views were reflected.
9. It was confirmed that the strategy was aligned with ICB work and priorities, and also Council strategies and NMUH plans. The action plan should also act as part of the delivery plan for some of the priorities in the population health and integration strategy.

7

ICB CHANGE PROGRAMME UPDATE

RECEIVED a verbal update from Deborah McBeal on behalf of NHS North Central London Integrated Care Board.

NOTED

1. There had been a formal consultation with staff in July and August, and the outcome was published on 28 September. All staff had now received a letter

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in respect of their status. A timeline had been put in place and all staff would be affected. Partners were requested to bear with them during this period.
2. There would be borough integration units so boroughs would be consistent.

IN RESPONSE

3. In response to the Chair's queries on what this would mean for Enfield, assurance was given that arrangements for the change programme were fair, equitable and well thought through. Decisions would be made on utilising resources across the system.

4. An update on the programme was requested to the next Board meeting.

ACTION: Deborah McBeal / Stephen Wells

8

MINUTES OF THE MEETING HELD ON 6 JUNE 2023

AGREED the minutes of the meeting held on 6 June 2023.

9

NEXT MEETING DATES AND DEVELOPMENT SESSIONS

NOTED the next Board meeting date: Monday 4 December 2023 on Teams.

For future meetings, the Chair proposed an earlier start time in the afternoon, potentially 4.30pm. If any Board member had an objection they should please send a message.