Public Document Pack

HEALTH AND WELLBEING BOARD

Monday, 2 October 2023 at 6.30 pm
Virtual / Teams (See frontsheet for link)

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Board Secretary
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Ext: 1211
E-mail: jane.creer@enfield.gov.uk
Council website: www.enfield.gov.uk

PLEASE NOTE: VIRTUAL MEETING
Join on your computer or mobile app

Click here to join the meeting

MEMBERSHIP

Leader of the Council – Councillor Nesil Caliskan
Cabinet Member for Health & Social Care – Councillor Alev Cazimoglu (Chair)
Cabinet Member for Children's Services – Councillor Abdul Abdullahi
Councillor Andy Milne – Conservative Member representative
Governing Body (Enfield) NCL CCG – Dr Shakil Alam (Vice Chair)
NHS North Central London ICB – Deborah McBeal
Healthwatch Representative – Albie Stadtmiller
NHS England Representative – Dr Helene Brown
Director of Public Health – Dudu Sher-Arami
Director of Adult Social Care – Doug Wilson
Executive Director People – Tony Theodoulou
CEO of Enfield Voluntary Action – Jo Ikhelef
Voluntary Sector Representatives: Vivien Giladi, Pamela Burke

Non-Voting Members

Royal Free London NHS Foundation Trust – Dr Alan McGlennan
North Middlesex University Hospital NHS Trust – Dr Nnenna Osuji
Barnet, Enfield and Haringey Mental Health NHS Trust – Andrew Wright
Whittington Hospital – Siobhan Harrington
Enfield Youth Parliament representative

AGENDA – PART 1

1. WELCOME AND APOLOGIES

Welcome from the Chair and introductions

2. DECLARATION OF INTERESTS

Members are asked to declare any pecuniary, other pecuniary or non-

pecuniary interests relating to items on the agenda.

3. LB ENFIELD WINTER VACCINATION PROGRESS / INFECTION CONTROL UPDATE (Pages 1 - 10)

Mark Tickner Infection Control Lead and Gayan Perera Public Health Intelligence Manager – Public Health Department London Borough of Enfield.
(PAPERS TO FOLLOW)

4. BETTER CARE FUND - REVIEW OF AGREEMENT

Doug Wilson, Director of Health and Adult Social Care, London Borough of Enfield and Matt Casey Head of Strategy and Service Development, People Department London Borough of Enfield.
(VERBAL UPDATE)

5. NORTH MIDDLESEX UNIVERSITY HOSPITAL UPDATE (Pages 11 - 18)

Present situation and community service development.
Richard Gourlay, Director of Strategic Projects, Helen Saunders, Chief of Staff, and Azom Mortuza, Director of Operations – Community Services, NMUH NHS Trust.

6. JOINT HEALTH AND WELLBEING STRATEGY REFRESH AND REVIEW - PROGRESS (Pages 19 - 52)

Mark Tickner Health and Wellbeing Board Partnership Manager, Dudu Sher-AramI, Director of Public Health London Borough of Enfield, Victoria Adnan, Policy and Performance Manager Chief Executive's Department, London Borough of Enfield, Dr Chad Byworth ST1 Registrar – Public Health Medicine, Public Health Department, London Borough of Enfield.
(PAPERS ATTACHED)

7. ICB CHANGE PROGRAMME UPDATE

Stephen Wells – Head of Borough Partnership Programme, Enfield Borough Directorate, NHS North Central London Integrated Care Board.

8. ANY OTHER BUSINESS

Question relating to cessation of Mental Health Services "Place of Safety" at Chase Farm and relocation of facility to Highgate [Chair Cllr Alev Cazimoglu, Cabinet Member for Health and Social Care].

9. MINUTES OF THE MEETING HELD ON 6 JUNE 2023 (Pages 53 - 58)

To receive and agree the minutes of the meeting held on 6 June 2023.

10. NEXT MEETING DATES AND DEVELOPMENT SESSIONS

Proposed date of the next meetings of Enfield Health and Wellbeing Board:

Monday 4 December 2023

Tuesday 5 March 2024

Formal Board meetings to commence at 6:30pm.
Unless otherwise advised.

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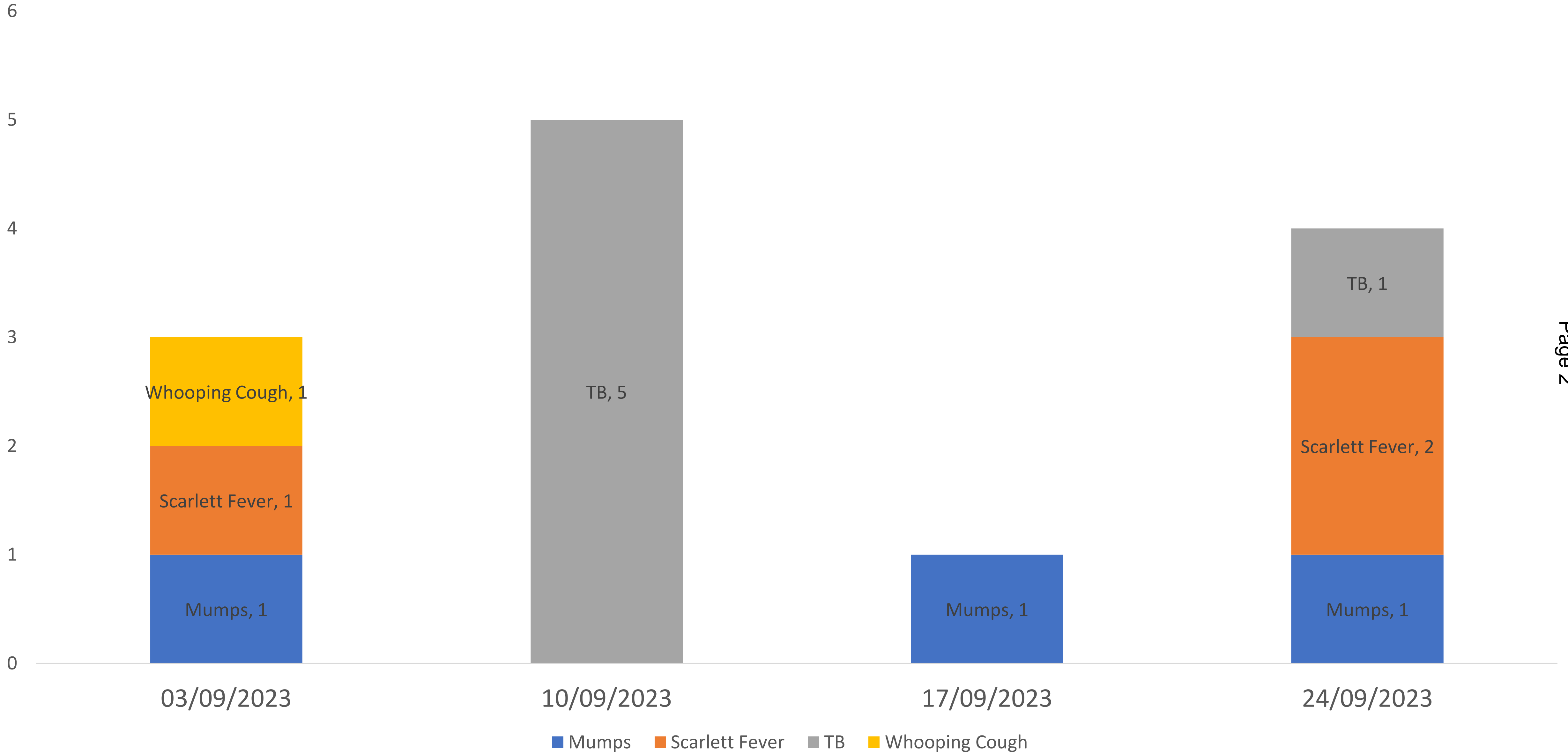
WINTER VACCINATION PROGRESS / INFECTION CONTROL UPDATE

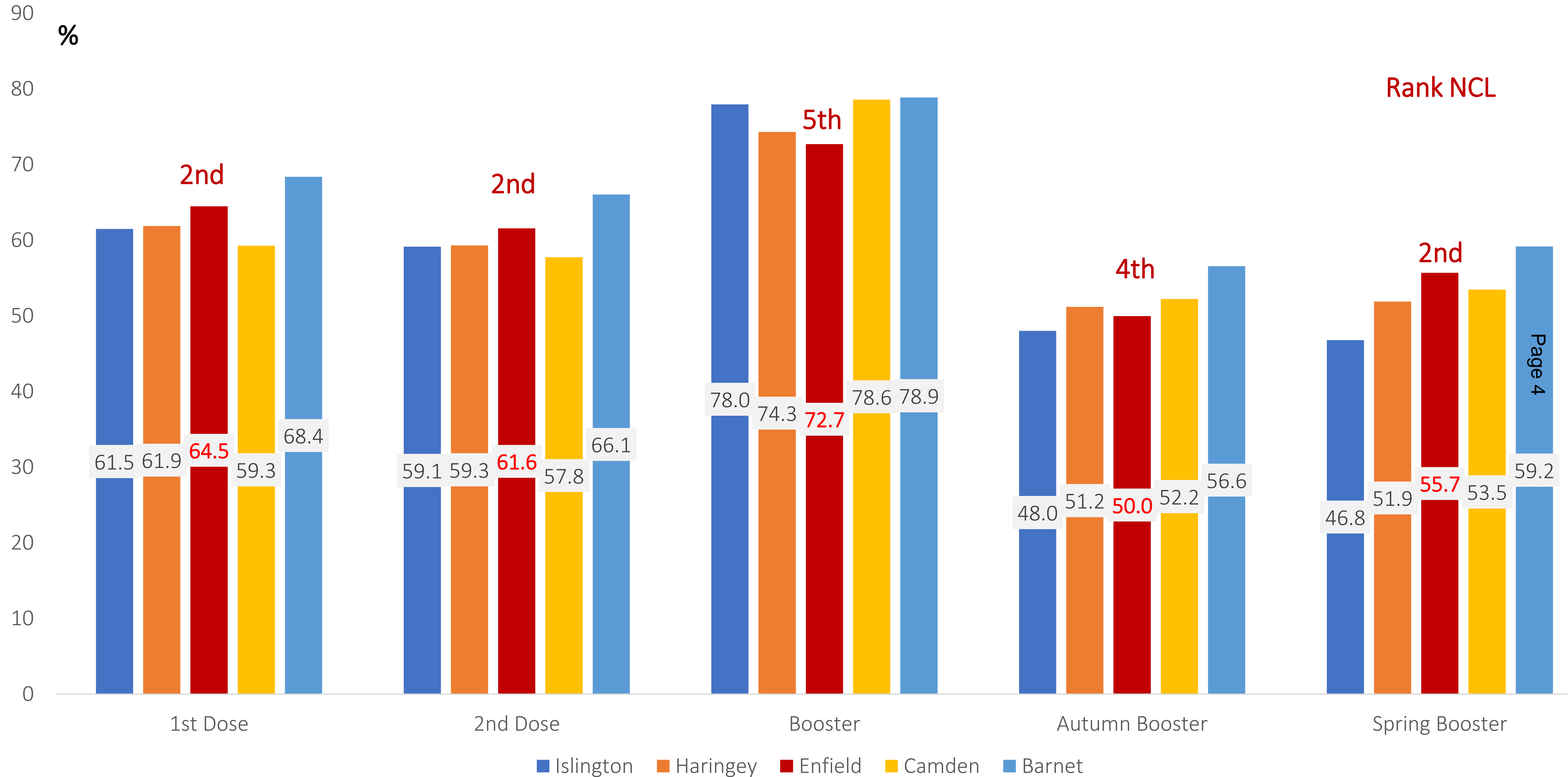
ENFIELD Council



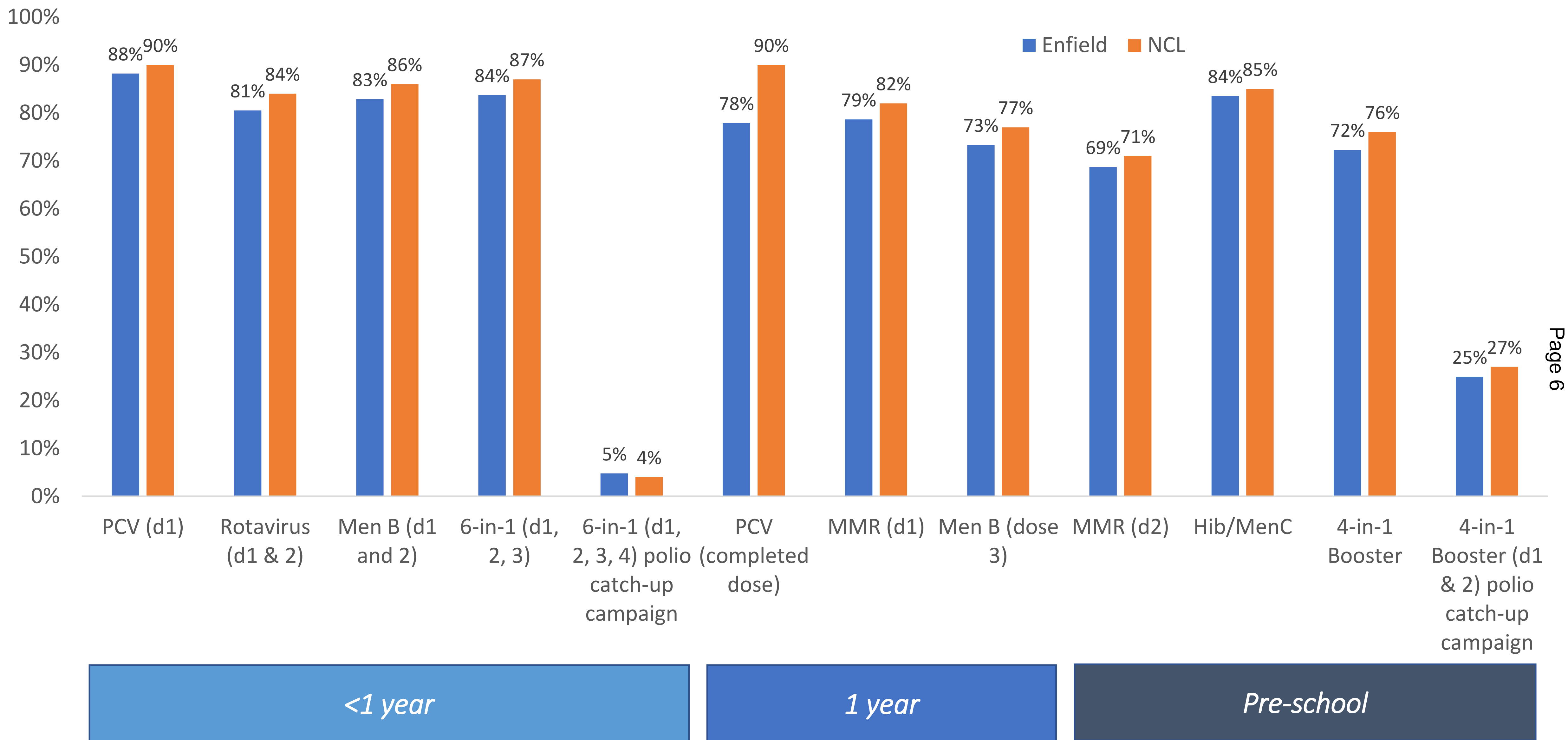
Notifications of infectious disease cases
6
5
4
3
2
1
0
Whooping Cough, 1
Scarlett Fever, 1
Mumps, 1
TB, 5
Mumps, 1
TB, 1
Scarlett Fever, 2
Mumps, 1
03/09/2023
10/09/2023
17/09/2023
24/09/2023
Mumps
Scarlett Fever
TB
Whooping Cough

COVID cases

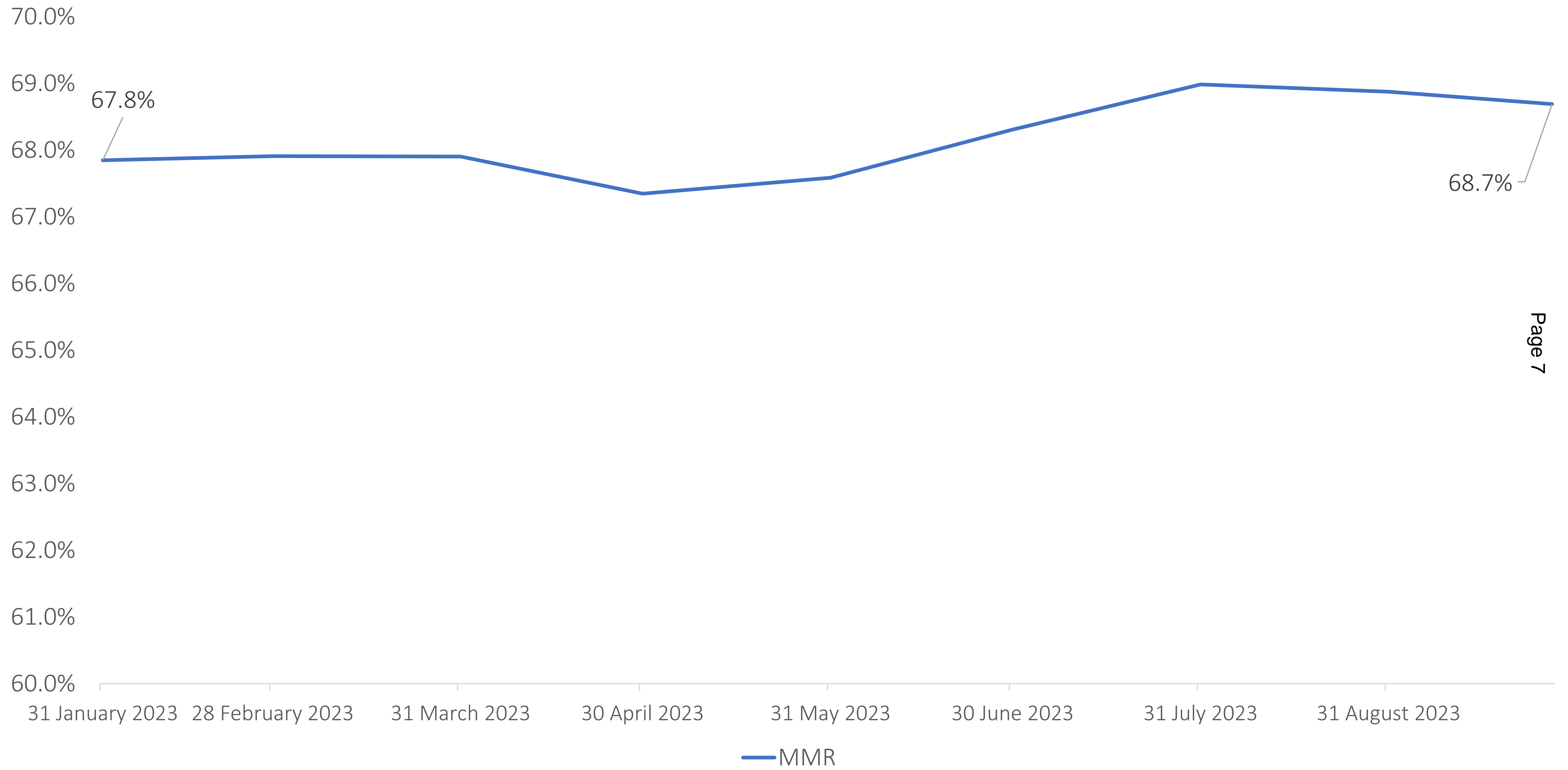
NCL Vaccine Uptake

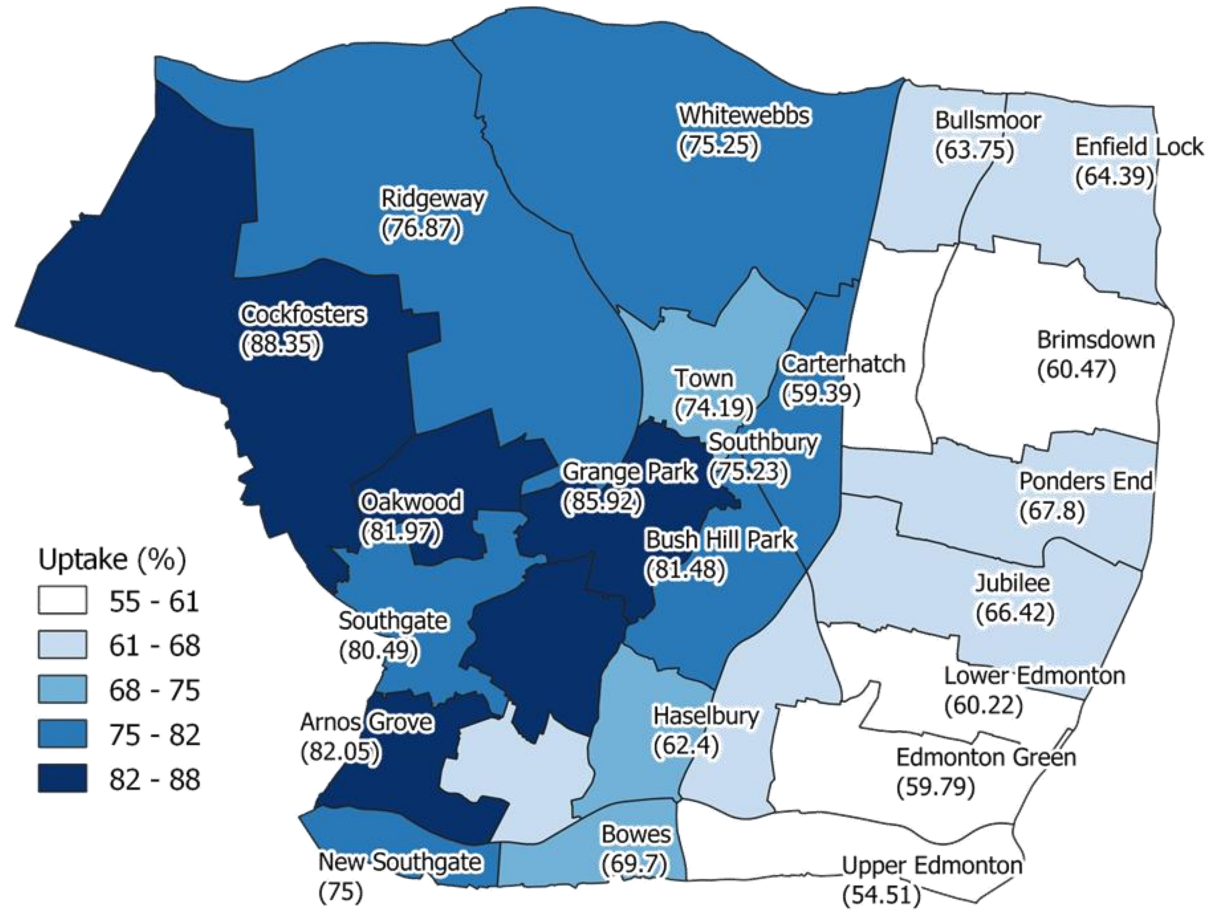


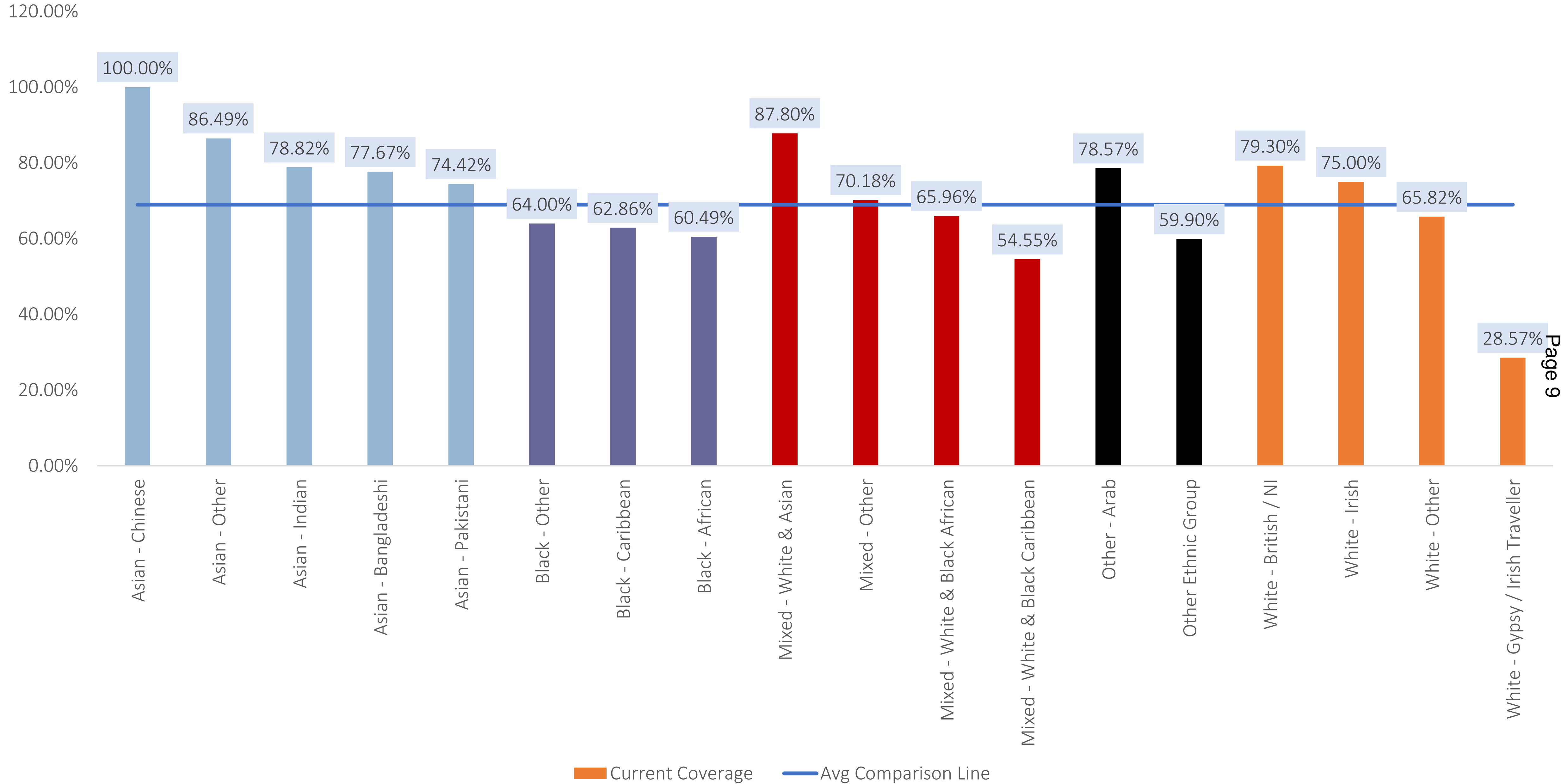
Eligible residents	COVID Autumn 2023 Booster	Flu 2023 vaccine
748	76.3% (571)	78.3% (586)

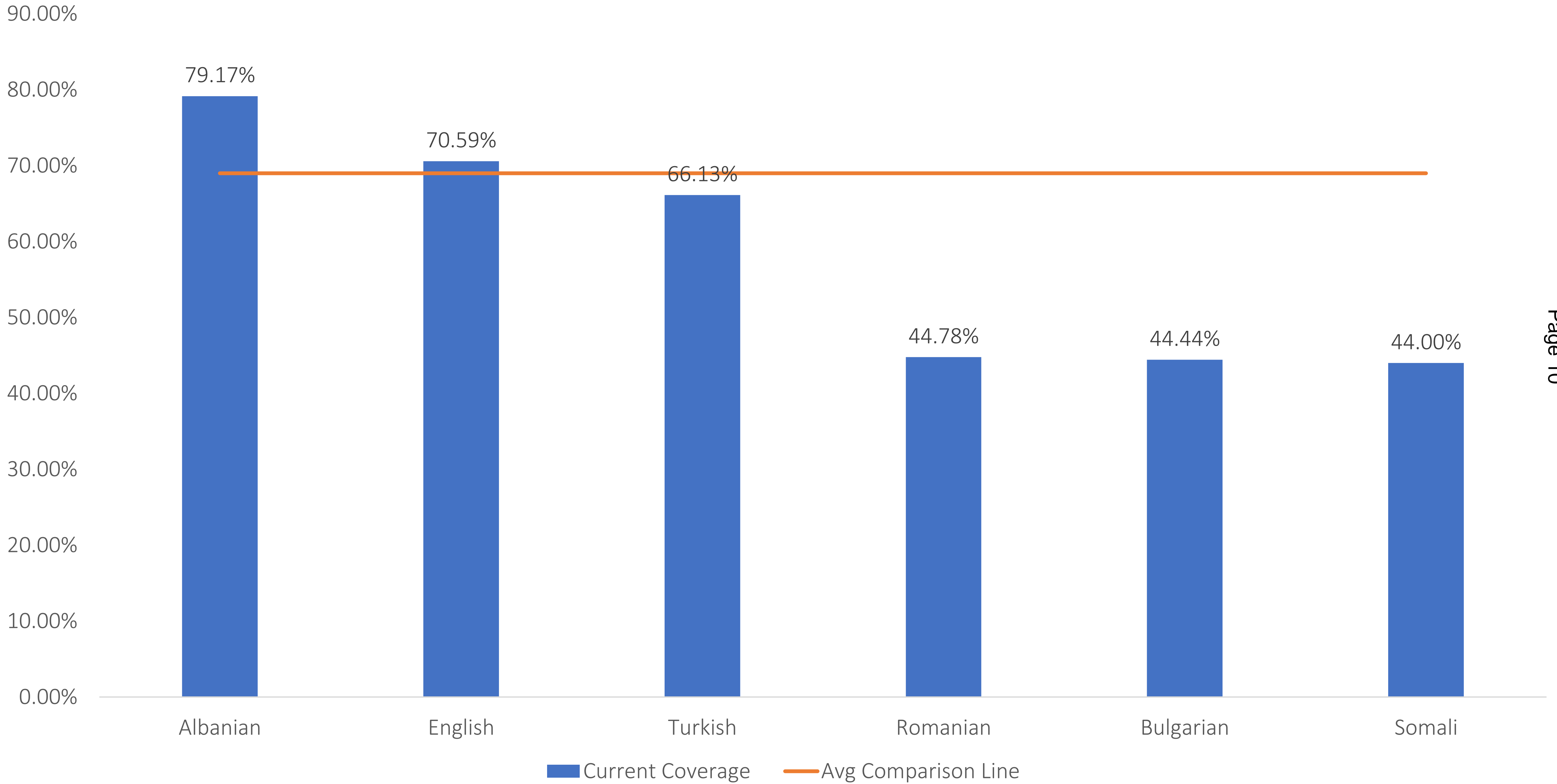


Childhood immunisations uptake
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Enfield
NCL
88%
90%
81%
84%
83%
86%
84%
87%
5%
4%
78%
90%
79%
82%
73%
77%
69%
71%
84%
85%
72%
76%
25%
27%
PCV (d1)
Rotavirus (d1 & 2)
Men B (d1 and 2)
6-in-1 (d1, 2, 3)
6-in-1 (d1, 2, 3, 4) polio catch-up campaign
PCV (completed dose)
MMR (d1)
Men B (dose 3)
MMR (d2)
Hib/MenC
4-in-1 Booster
4-in-1 Booster (d1 & 2) polio catch-up campaign
<1 year
1 year
Pre-school


MMR uptake over time
70.0%
69.0%
68.0%
67.0%
66.0%
65.0%
64.0%
63.0%
62.0%
61.0%
60.0%
67.8%
68.7%
31 January 2023
28 February 2023
31 March 2023
30 April 2023
31 May 2023
30 June 2023
31 July 2023
31 August 2023
MMR


Whitewebbs
(75.25)
Bullsmoor
(63.75)
Enfield Lock
(64.39)
Ridgeway
(76.87)
Cockfosters
(88.35)
Brimsdown
(60.47)
Carterhatch
(59.39)
Town
(74.19)
Southbury
(75.23)
Grange Park
(85.92)
Ponders End
(67.8)
Oakwood
(81.97)
Bush Hill Park
(81.48)
Uptake (%)
55 - 61
61 - 68
68 - 75
75 - 82
82 - 88
Jubilee
(66.42)
Southgate
(80.49)
Lower Edmonton
(60.22)
Arnos Grove
(82.05)
Haselbury
(62.4)
Edmonton Green
(59.79)
Bowes
(69.7)
New Southgate
(75)
Upper Edmonton
(54.51)


MMR uptake ethnicity
120.00%
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
100.00%
86.49%
78.82%
77.67%
74.42%
64.00%
62.86%
60.49%
87.80%
70.18%
65.96%
54.55%
78.57%
59.90%
79.30%
75.00%
65.82%
28.57%
Asian - Chinese
Asian - Other
Asian - Indian
Asian - Bangladeshi
Asian - Pakistani
Black - Other
Black - Caribbean
Black - African
Mixed - White & Asian
Mixed - Other
Mixed - White & Black African
Mixed - White & Black Caribbean
Other - Arab
Other Ethnic Group
White - British / NI
White - Irish
White - Other
White - Gypsy / Irish Traveller
Current Coverage
Avg Comparison Line


MMR uptake language
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
79.17%
70.59%
66.13%
44.78%
44.44%
44.00%
Albanian
English
Turkish
Romanian
Bulgarian
Somali
Current Coverage
Avg Comparison Line

NHS

North Mid update

Enfield Health and Wellbeing Board

Azom Mortuza – Divisional Director of Operations

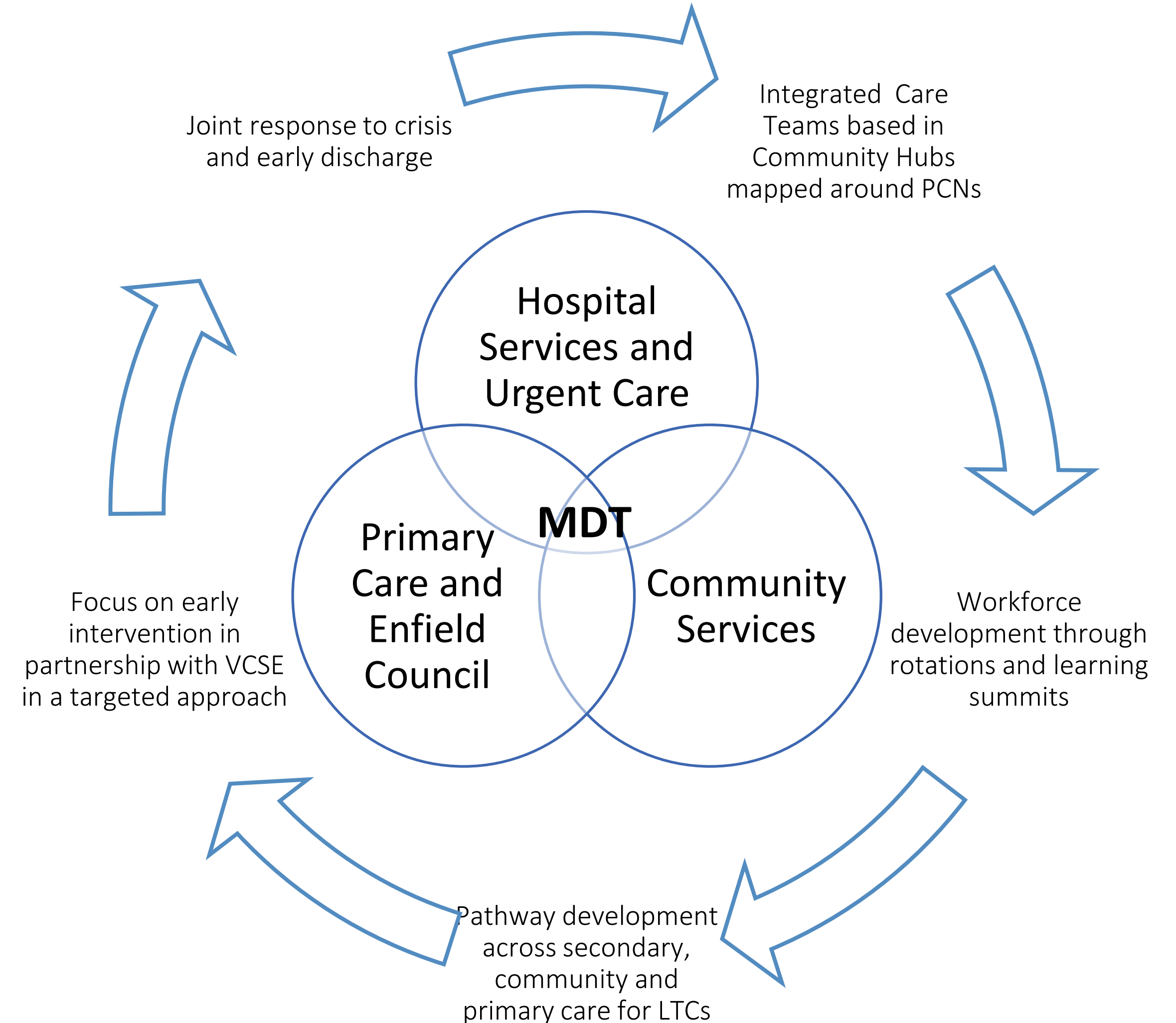
Agenda Item 5

North Mid in the community

NHS

Developing a Population-based Integrated Care Model

- Improving access for local people
- Opportunities for staff to develop and grow
- Strengthening focus on outcomes
- Working together with partners, stakeholders and the community
- Greater focus on prevention and early intervention

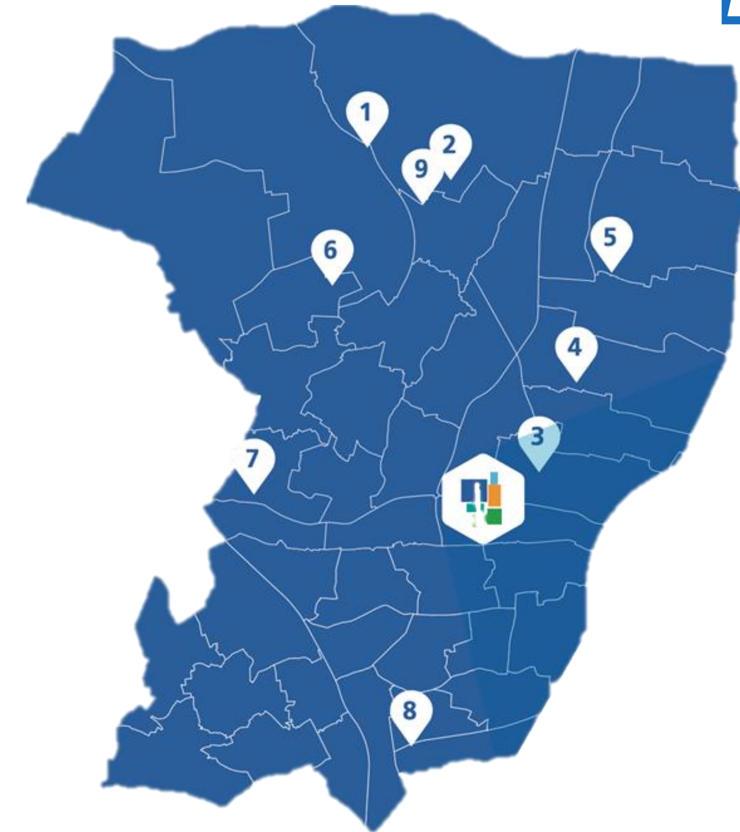


North Mid
in the community

Current Services and North Mid Campus

ECS Adult Services
Magnolia Ward P2 Unit Enfield Rapid Access (includes D2A) CHAT Virtual Ward District Nursing Community Matrons Continence Diabetes Community Physio Bone Health & Fracture Liaison Speech and Language Therapy Nutrition and Dietetics MSK Pain Management Podiatry Post Covid Team Respiratory Heart Failure Lymphedema Tissue Viability Health Psychology Integrated Discharge Team

ECS CYP Services
School Age Immunisations Specialist School nursing Looked After Children Health Service Youth Justice Nursing Community Paediatric Service CDT Psychology Service CYP Physio CYP Occupational Therapy CYP Dietetics Pre-School SLT School Age Speech & Language Services CYP Safeguarding Team



1. Chase Farm Hospital and The Skye Unit, Enfield
2. St Michael's Hospital
3. Lucas House
4. Forest Primary Care Centre
5. Eagle House Surgery
6. Highlands Primary Care Centre
7. Bowes Road Medical Centre
8. **George Marsh Centre** (on St Ann's Hospital site)
9. Bay Tree House, Enfield
10. **North Middlesex University Hospital**, Sterling Way site (Trust HQ site)

North Mid in the community

NHS

Synergies with North Mid

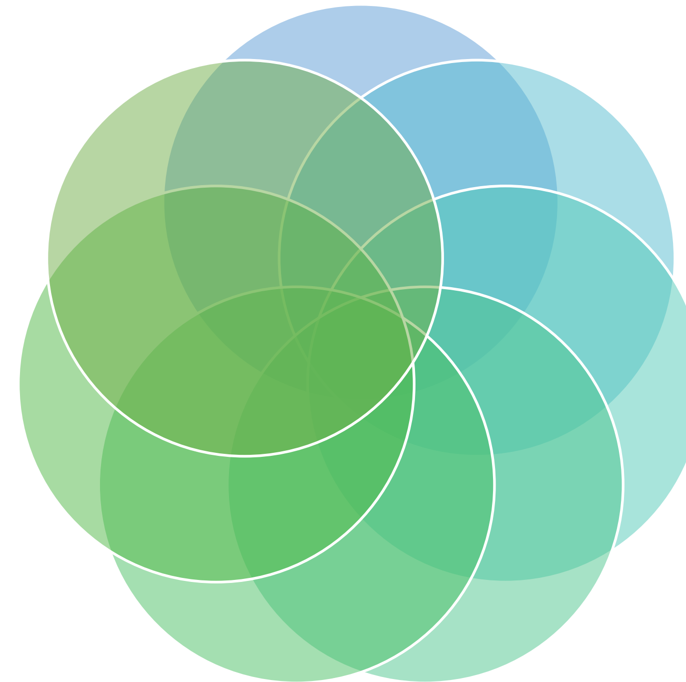
Anticipated outcomes

- Improved quality of care for patients and families with easy access, and boundary-less pathways with a focus on outcomes
- Increased early help and preventative activities, informed by clinical expertise across the pathway
- Ownership of whole pathways enabling increased accountability and shared agreement of priorities
- Reduction in ED attendances and LOS across Hospital and Urgent Care services
- Enhanced dialogue and closer working relationships with primary care and VCSE enabling joint management of patients with LTCs

0-19 Services and midwifery: Integrating as a fully wrapped offer for CYP and families, aligned with system priorities around Start Well

Care of the Elderly: Part of integrated care pathway for Older Adults facilitating early discharge and keeping patients well at home

Sexual Health and HIV: Enables the services to offer early help and increase reach of preventative activities



Community Wards: Enabling early discharge and developing a step-up model from community/primary care

Diabetes Services: Development of an integrated stepped care pathway with a focus on early help aligned with system Living Well priorities

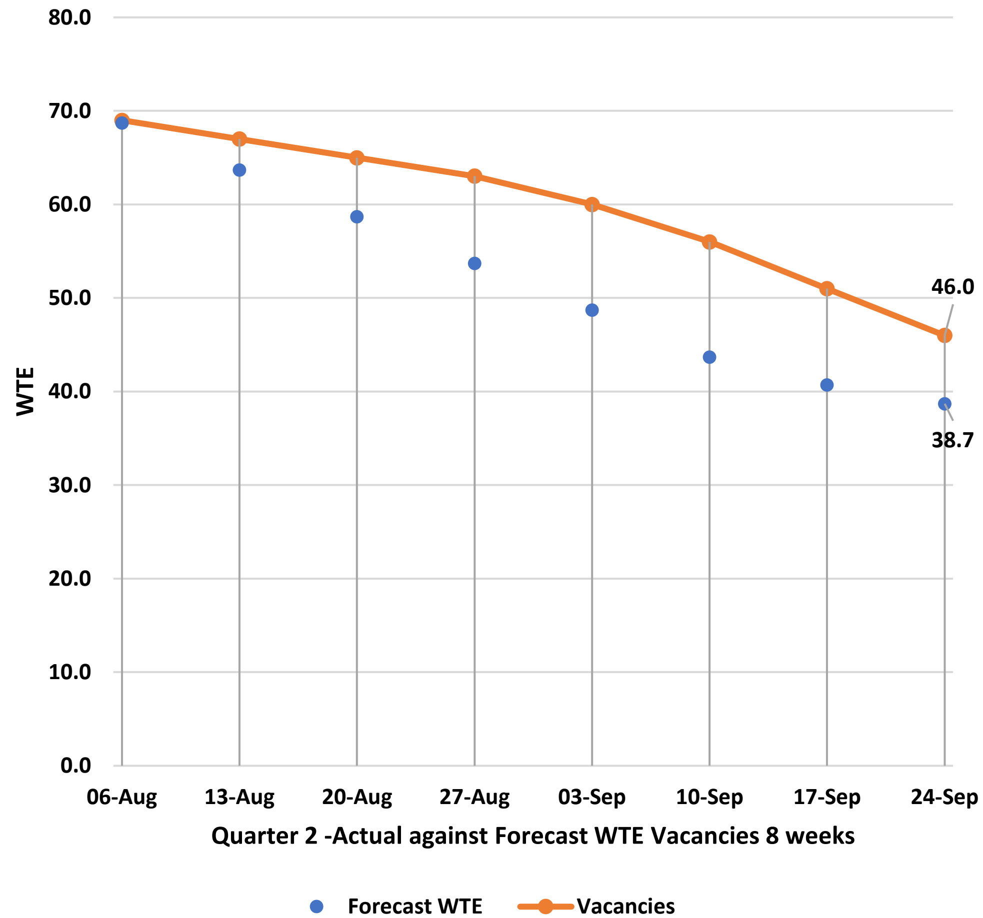
Community paediatrics: Supporting the CYP pathway and development of a stepped care model

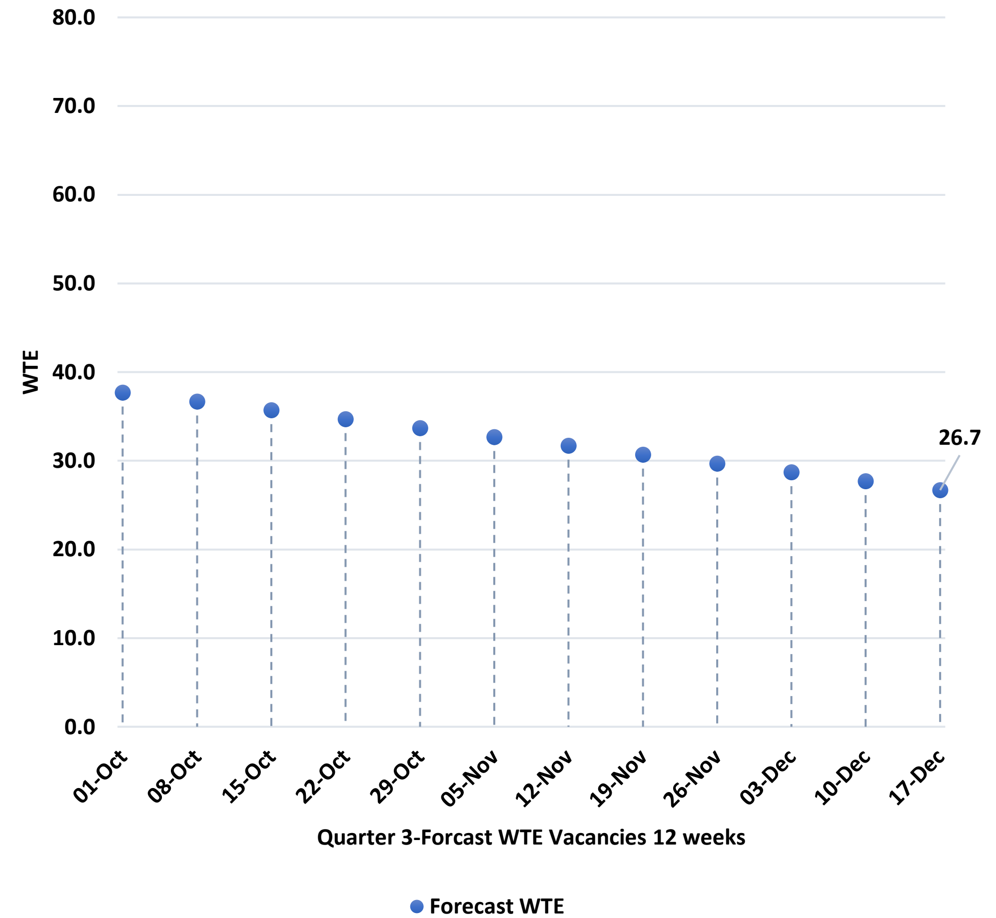
Cardiology at home e.g. ECG Monitoring

North Mid in the community

NHS

Vacancy rate as a key priority





North Mid
in the community

NHS

Our priority areas

Developing a consistent, sustainable and resilient community model in Enfield

Building resilience in identified “fragile” services through integrated pathways

Preventing hospital admissions and improving managing patients in the community

Integrated services for children and young people in the community

North Mid
in the community

NHS

Thank you

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Monday 2 October 2023

Health and Wellbeing Strategy 2024

Enfield Health and Wellbeing Board Meeting

Enfield's proposed approach

Evidence informed

- Local evidence of need
- Analysis of engagement and secondary research
- Best practice and stakeholder insights

Clear and relatable structure

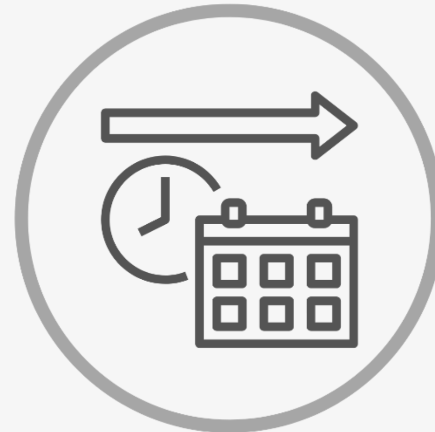
Life course model based on a population health approach

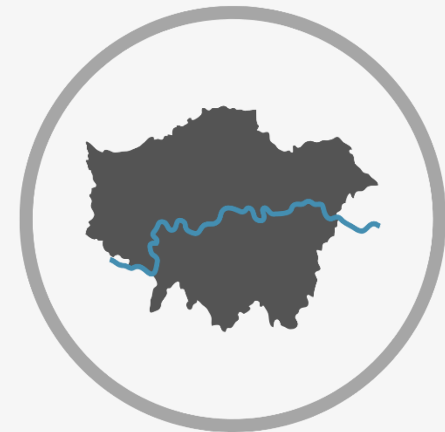
Long term ambitions

Overarching vision and strategic ambitions (6 years)

Medium-term priorities

Set out in biennial action plans that respond to local/NCL/national developments





Vision & Principles

Our Vision

Our vision is to empower every Enfield resident to live healthier for longer

Enfield's Joint Local Health and Wellbeing Strategy (HWBS)sets out a shared vision, ambition, and priorities for the next six years.

Enfield is home to over 360,000 people and our long-term ambition is for every resident to **Start Well, Live Well and Age Well**. Our strategy groups together a series of important priorities based on each of these different stages of our lives

Principles

As a board, our actions are guided by five, equally important, principles:

- Tackle inequalities and promote equitable outcomes.
- Prioritise prevention and early intervention to help residents stay healthy and treat health problems before they become serious.
- Empower our residents to maximise their health knowledge and maintain independence.
- Ensure clear communication and effective team-working with partner organisations and residents.
- Develop and provide sustainable and cost-effective services that are person-centred and fit for the future.

Start Well: Thriving children and young people

Support every child to have the best start in life from conception to the age of 19
(or 25 if a young person has Special Educational Needs and Disibilities)

Priority 1:
Support children to thrive in the early years and to be ready for their school or setting

Priority 2:
Improve nutrition, oral health and physical activity among children and young people

Priority 3:
Support children and young people to maintain good mental health and emotional wellbeing

Priority 4:
Deliver early interventions and empower young people and families to seek out preventative healthcare

Live Well: Strong, healthy and safe communities

Support our communities to live active, healthy lives and work with our partners to provide high quality and accessible health services.

Priority 1:
Empower residents to grow their “Health Literacy” to make healthy choices

Priority 2:
Supporting residents to manage their long-term conditions

Priority 3:
Build a healthy environment that protects and promotes good health and an active lifestyle

Priority 4:
Create connected communities that support our emotional wellbeing and resilience

Age Well: People living healthier, more independent, and longer lives

Help residents maintain good health and independence well into older age, ensuring that every stage of life is valued and spent in the best possible health.

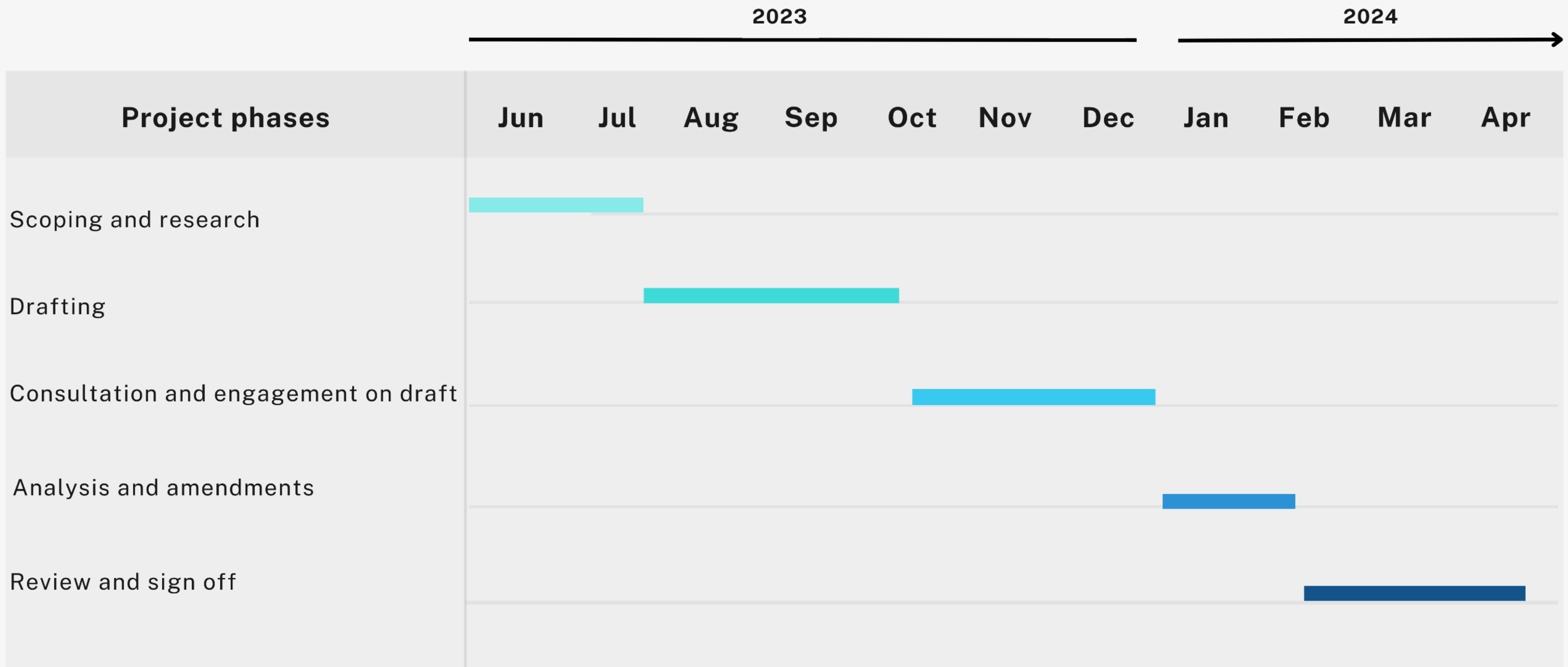
Priority 1:
Assist every Enfield resident to have the social network they need to keep them healthy

Priority 2:
Help every Enfield resident prevent the risks of age-related ill-health

Priority 3:
Enable every Enfield resident to live a resilient and independent life into older age

Priority 4:
Ensure every Enfield resident receives world class care at the end of life that makes the last stages of life as valued as every other.

Joint Health and Wellbeing Strategy Development Timeline



Enfield's Joint Local Health and Wellbeing Strategy 2024-30

WORKING DRAFT

Document Control

Title	Enfield's Joint Local Health and Wellbeing Strategy (HWBS) 2024-30
Project Sponsor	Dudu Sher-Arami, Public Health Director Mark Tickner (Deputy Project Sponsor)
Director	Dudu Sher-Arami, Public Health Director
Cabinet Member	Cllr Alev Cazimoglu, Cabinet Member for Health and Social Care
Authors	Corporate Strategy Service and Public Health **Contacts:** Victoria.adnan@enfield.gov.uk Mark.tickner@enfield.gov.uk chad.byworth@enfield.gov.uk
Approval Process	Joint Health and Wellbeing Board Integrated Care Board (ICB) Cabinet (expected spring 2024 - April)
Project Lead	Corporate Strategy Service
Document Version	**Working Draft - Version 1** (September 2023)

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Contents

Foreword ... 3
Introduction ... 4
A “Population Health” approach ... 6
Addressing health inequalities ... 11
Start Well: Thriving children and young people ... 13
Live Well: Strong, healthy and safe communities ... 17
Age Well: Healthier, more independent, and longer lives ... 21
Governance framework and measures of success ... 24

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Foreword

(To be added)

DRAFT

Introduction

Our vision is to empower every Enfield resident to live healthier for longer.

Enfield's Joint Local Health and Wellbeing Strategy (HWBS) sets out a shared vision, ambition, and priorities for the next six years.

Enfield is home to over 360,000 people and our long-term ambition is for every resident to **Start Well, Live Well and Age Well**. Our strategy groups together a series of important priorities based on each of these different stages of our lives.

Start Well: Thriving children and young people

Support every child to have the best start in life from conception to the age of 19 (or 25 if a young person has Special Educational Needs and Disabilities).

Live Well: Strong, healthy and safe communities.

Support our communities to live active, healthy lives and work with our partners to provide high quality and accessible health services.

Age Well: People living healthier, more independent, and longer lives.

Help residents maintain good health and independence well into older age, ensuring that every stage of life is valued and spent in the best possible health.

The role of our Health and Wellbeing Board

Enfield's Health and Wellbeing Board (HWB) plays a key role in improving the health and wellbeing of our local population. The HWB is a forum in which the Council Leader, Councillors and key leaders from the local health and care system, including the voluntary and community sector, provide strategic direction to improve health and wellbeing in the borough.

The HWB is responsible for assessing the needs of the population and publishing this strategy, which identifies and agrees the health and wellbeing needs of Enfield's population. This directly informs the joint commissioning arrangements for different services and support provided locally.

As a board, our actions are guided by five, equally important, principles:

- **Tackle inequalities and promote equitable outcomes.**
- **Prioritise prevention and early intervention to help residents stay**

healthy and treat health problems before they become serious.

- **Empower our residents to maximise their health knowledge and maintain independence.**

- **Ensure clear communication and effective team-working with partner organisations and residents.**

- **Develop and provide sustainable and cost-effective services that are person-centred and fit for the future.**

Over the course of the next six years, the HWB will be responsible for overseeing the development and delivery of biennial action plans. Each action plan will set out:

- What we need to do to deliver on our priorities and what success looks like.
- The organisations and lead individuals responsible for overseeing and delivering the work.
- When the actions need to be completed and any important milestones along the way.
- What progress we are making and any other considerations like funding or other potential risks that might impact when an action could be completed.

The action plan will be an up to date, dynamic document, which is regularly reviewed and updated, to make sure it responds to local, regional and national developments.

What is important to our community and what are the barriers to being healthy in Enfield?

(Section under development)

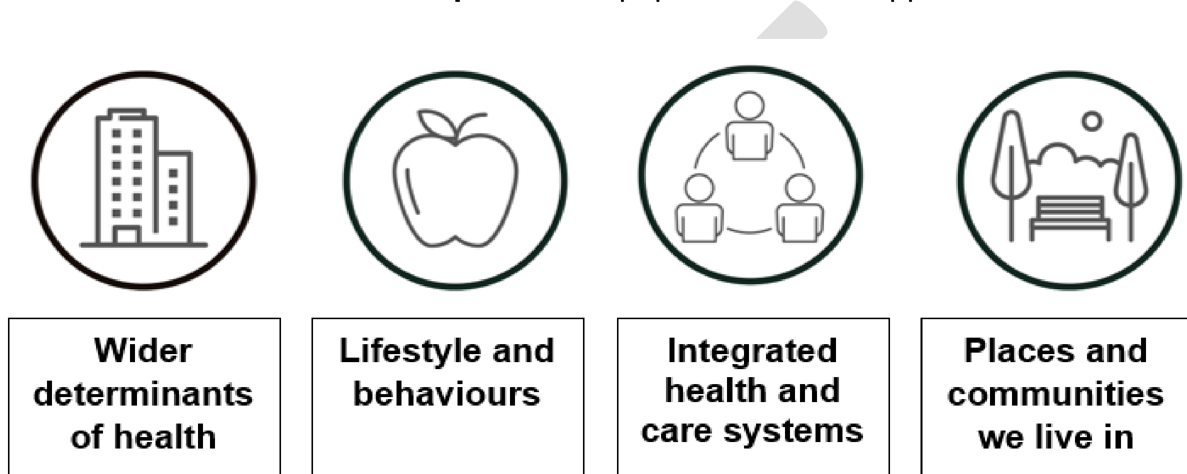
DRAFT

A "Population Health" approach

The foundations of our strategy are built on a population health approach.

Population health is an approach aimed at improving the health and wellbeing of our entire population, while reducing health inequalities. As an approach it recognises that there are lots of factors (or determinants) that effect our health and wellbeing, many of which are outside of the reach of health and care services.[1]

There are **four interconnected pillars** to a population health approach:



Pillar 1: Wider determinants of health

In 2010, the Marmot Review highlighted the relationship between social and economic inequalities and inequalities in our health outcomes.

A large proportion of these differences arise due to the wider determinants of health – these are factors such as our income, education and housing. They affect people differently, based on factors like our age, gender, ethnicity, sexuality, and disability, and people will often experience multiple social inequalities that further reinforce the differences in their health outcomes.[2]

The message today is still clear - the distribution of power and resources have a profound impact on how we start life, live and age. The wider determinants influence our access to and interaction with opportunities and resources, and ultimately, our health and wellbeing.[3]

- **The percentage of pupils eligible for Free School Meals has increased in Enfield by 4%, from 17.8% in 2019/20 to 26.9% in 2021/22.**

[1] King's Fund (2022) What is a Population Health Approach?
[2] The Health Foundation (2018) What makes us healthy
[3] Health Equity in England: The Marmot Review 10 Years On

- **Enfield has an acute shortage of social and affordable homes, with over 6,000 households on the Housing Register and over 3,000 households living in temporary accommodation.**
- **The median household income in Enfield is £41,100. This is the 10th lowest of the London boroughs.**
- **10,000 (4.5%) people in Enfield do not have any qualifications, lower than London and national averages.**

Pillar 2: Lifestyle and behaviours

Our lifestyle can have significant impact on our overall health and wellbeing. This includes behaviours that can have a negative impact, such as inactivity, smoking, consuming too much alcohol, eating an unhealthy diet, and not protecting our skin from excessive sun exposure.

The wider determinants of health can influence the opportunities we have to make healthy choices.[4] For example, income inequality is increasingly preventing many people from accessing a healthy, balanced diet – food poverty is on the rise in Enfield and more of our residents are having to use food banks. Locally, two food pantries have been set up in Edmonton Green and Enfield Town library and the Council and our partners in the Enfield Food Alliance are working together to help residents experiencing financial hardship to access low cost, sustainable and healthy food in community-run pantries across the borough.

Our lifestyle can also be influenced by behaviours that have positive impact on our health and wellbeing, such as regular exercise or activity, good sleep quality, and developing skills to manage stress.

- **62.7% of adults in Enfield are physically active, doing at least 150 minutes of moderate intensity activity each week compared with 66.8% London and 67.3% in England (2021/22).**
- **In 2023, 4% under 18s in Enfield are current smokers as well as 11% of young adults aged 19–24 compared with 5% of under 18s and 10% of young adults aged 19-24 in North Central London.**
- **59.7% of Enfield adults are overweight or obese compared with 55.9% London average (2021/22).**
- **8.3% of residents are living with diabetes, higher than London and England averages.**

[4] The Health Foundation (2018) What makes us healthy

DRAFT

Pillar 3: Integrated health and care systems

In recent years there have been significant changes to how public health and healthcare organisations work together. In 2021, the Government abolished Public Health England and established two new agencies, the UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID). Locally and regionally, there have been new organisations established to co-ordinate and plan sustainable health and social care provision to improve population health outcomes, together these form elements of the new Integrated Care Systems.

Following the introduction of the Health and Care Bill (2022) the local authorities, NHS institutions and voluntary sector organisations of the five boroughs in North Central London (NCL) partnered to form an Integrated Care System (ICS). The NCL ICS is responsible for planning health and care services across North Central London and aims to tackle inequalities; enhance productivity and value for money; and help the NHS support broader social and economic development.

The ICS works with each borough's Integrated Care Partnership (ICP) and Integrated Care Board (ICB). The Enfield ICP is a committee and alliance of local organisations including Enfield Council, North Middlesex University Hospital, local mental health services, social care services, community care, voluntary sector and primary care networks (these are groups of primary care practices). The committee works together to collaborate and co-ordinate care in the borough by responding to local borough needs. The ICB (which replaced the NCL Clinical Commissioning Group) is the local NHS organisation responsible for commissioning and spending on healthcare in the borough and is responsible for developing NHS services that align with the priorities set by the ICP.

An effective and integrated health and care system requires a joined-up and sustainable approach to working with our population, particularly as we manage the growing number of patients with multiple long-term conditions.

NCL Population Health and Integrated Care Strategy

We currently focus a high proportion of resources on urgent care and the existing healthcare system treats individual conditions but not always the underlying drivers of poor health. The NCL Population Health and Integrated Care Strategy aims to move the partnership away from being a collection of health and care organisations that are often reactive, demand-driven and focused on their part of the pathway (or services).

Instead, to become a population health system, the NCL ICS will focus on prevention and proactive care, and work together to act on the wider determinants of health. Our system needs to improve life chances, prevent illness, and promote physical and mental well-being. We want our residents to stay well and be in control of their health, feel heard, and be confident that the system is working and that their care is right for them. This will help our population to live more of their life in good health.

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- **The number of avoidable admissions to hospitals in Enfield was 153 per 100,000 in Q1 2023/24. This has decreased from 221 per 100,000 in July 2018. In Q1 of this year, we have outperformed our target of a maximum of 161.6 per 100,000.**
- **Between January and August 2023, there were 409 new referrals of older people and people with physical disabilities to adult social care from hospitals.**
- **In 2022 in Enfield, 865 referrals to NHS mental health services were from education services (3.8%), 678 from social services (3.0%) and 91 from carers (0.4%).**
- **Between April 2018 and March 2023, 14.8% of Enfield adults eligible for a health check were offered one (aged 40-74), this is the lowest % in London for this time period.**

Pillar 4: Places and communities we live in

The places and spaces we use can influence our health and how we feel. This includes public places such as town centres, libraries and leisure centres. For example, good quality, well maintained and accessible public spaces like parks and green spaces can help us to be more physically active and socially connected.[5] Locally, we are investing in the biodiversity of our borough through the introduction of new wetlands, wildlife programmes and green spaces. This is providing more people with access to nature and the associated health and wellbeing benefits this brings, while also helping to mitigate climate change and protect residents and businesses from the impacts of changing and extreme weather that we are already starting to experience.

We know that opportunities to socially connect play a vital role in influencing people's physical and mental health and wellbeing. Social connection, including community, friends and family help us to live longer, healthier, and happier lives. For example, evidence shows that loneliness and social isolation are associated with a 30% increased risk of heart disease and stroke.[6]

Locally, we are nurturing and celebrating our arts, heritage, and creative sectors to enable more people across the borough, of all ages, to experience culture and connect with one another in our town centres, museums, theatres, and libraries. Our libraries currently provide a range of services and support for local people and opportunities to socially connect. This includes books and digital access, makerspaces (where people can engage in crafts and other activities), support groups for all ages and access to skills and training, health and wellbeing support. The library service has developed partnerships with over 100 organisations to provide a range of universal services.

[5] The Health Foundation (2018) What makes us healthy
[6] The Health Foundation (2018) What makes us healthy

Enfield Council's priorities for investing in the places and communities we live in are set out below:

Council Plan 2023-26: Investing in Enfield	
Priorities	**Principles**
Clean and green places	Fairer Enfield
Strong, healthy and safe communities	Accessible and responsive services
Thriving children and young people	Financial resilience
More and better homes	Collaboration and early help
An economy that works for everyone	Climate conscious

Future outcomes		
Residents live happy, healthy and safe lives	Children and young people do well at all levels of learning	Residents live in good quality homes they can afford
Residents earn enough to support themselves and their families	Residents age well	Residents live in a carbon neutral borough

Draft

- **12,636 young people engaged in our local youth offer (including our universal youth services and Inspiring Young Enfield) in 22/23.**
- **Enfield's crime rate was 110.1 per 1,000 residents, lower than the London average of 121.5, in the past 12 months (ending August 2023). This is a decrease of 2.9% from the previous 12 months (ending August 2022).**
- **Enfield has 1,030 hectares of parks and open spaces, attracting 13 million visitors each year.**
- **During the year 2022/23 there were 1.25 million visitors to Enfield libraries.**

Addressing health inequalities

What are health inequalities?

Health inequalities are avoidable differences in health between individuals, communities, or populations.

Health inequalities contribute to shorter lives with more years spent in ill health. Evidence shows that individual factors like our genetics only contribute to a small portion of our overall health – the greatest contribution comes from the wider determinants which contribute to at least 50% of our health outcomes.[7]

What this means for most people is that our health outcomes are not predetermined. It is therefore vital we work to reduce health inequalities by acting on the wider determinants and that we take collective action across every part of our society. [8]

To inform our work, we will take insights from both our *Joint Strategic Needs Assessment* and our the *Equality Impact Assessments* we carry out to inform all decisions and that we use this insight to inform action across the pillars of population health. Our goal is to develop and provide universal services but with a focus on reducing barriers to good health for those most in need.

The effects of COVID-19

The COVID-19 pandemic had a profound impact on our lives and on our health. Lockdown helped to keep us all safe whilst the COVID-19 vaccines were developed, but we cannot ignore the harms it caused. People's lives were upended and many of us lost loved ones, jobs, vital connections with our support networks and loved ones. Children and young people faced substantial challenges and disruption.

Alongside the direct challenges that caring for people with COVID-19 presented, our communities have also had to deal with disruption across the wider healthcare system. There were significant reductions in capacity for long-term condition care and there is now a sizeable backlog of people waiting longer for care. During the pandemic people were also less likely to seek help for non-COVID-19 illnesses, and this has led to health problems being diagnosed later, when they are typically both more severe and less treatable.

Exacerbating risk factors for poor health[9]

Over the course of the pandemic, we saw an increase by nearly 10 percentage points in the number of adults drinking with "increasing" or "higher" risk. The

[7] The King's Fund (2018). 'A vision for population health: Towards a healthier future' page 16
[8] Barr B and others (2017). 'Investigating the impact of the English health inequalities strategy: time trend analysis' British Medical Journal: volume 358, issue 8116
[9] Office for Health Improvement and Disparities. 'Wider Impacts of COVID-19 on Health (WICH) monitoring tool' accessed: 31st August 2023

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consequences of heavy drinking are far reaching, and alcohol causes many diseases including liver disease, hypertension and stroke, cancers, and mental ill health.[10] The greatest increase in drinking was observed in the most deprived groups[11] and evidence shows that more deprived groups are at greater risk of harm than less deprived groups even when the amount of alcohol consumed is similar. This is in part related to an interaction with other health risk behaviours.[12] As a result, the differences in COVID-19-related alcohol use between different communities will likely worsen inequalities in the development of alcohol related diseases.

Additionally, between 2020 and 2022 the uptake of screening services (which aim to catch disease early whilst it is more treatable) also reduced. Nationally, the proportion of eligible women who undergo breast cancer screening within six months of invitation fell from nearly 70% to 55% and in 2022 only 65% of eligible women had a screening examination in the prior three years. In Enfield this figure is 60%.[13]

Our mental health was also impacted and in Enfield, referrals to NHS mental health services for anxiety increased three-fold between 2019 to 2022.[14]

Harnessing the lessons learnt

The pandemic challenged us all and has highlighted the profound health inequity in our society unjust inequalities that cut through society. It is vital that we commit to tackling these inequalities and we must also ensure that we continue to harness the power of the positive changes we made to the way we work.

We built strong partnerships with our local voluntary and community sector and strengthened our commitment to working with our partner organisations in the health system across North Central London. We also harnessed the power of technology to utilise new ways of working, with the transformation of services to digital and hybrid models. Across Enfield we are continuing to provide opportunities for people to socially connect through volunteering, mentoring, and befriending initiatives. This builds on the good practice of local organisations, and volunteer networks established during the pandemic and on the legacy of our *Enfield Stands Together* initiative. Our local partnerships will be vital to tackling the new and ongoing challenges we face.

We also saw the success of public health measures and crucially, vaccination. This will remain a key tool in protecting our health from current and future threats and we will continue our work to build trust in communities and tackle vaccine misinformation and hesitancy.

Looking ahead, it is only by combining tried and tested public health measures, with innovative new partnerships and ways of working, that we can build a strong foundation for the future

[10] Lopez AD and others (2014). 'Remembering the forgotten non-communicable diseases' BMC Medicine: volume 12, article 2008
[11] Institute of Alcohol Studies (2022). 'The COVID hangover: Addressing long-term health impacts of changes in alcohol consumption during the pandemic' page 10
[12] Bellis MA and others (2016). 'The alcohol harm paradox: using a national survey to explore how alcohol may disproportionately impact health in deprived individuals' BMC Public Health: volume 16, article 11
[13] Office for Health Improvement and Disparities. 'Public Health Outcome Framework' accessed: 8th September 2023
[14] NHS Digital. 'Mental Health Services Data Set (MHSDS)' accessed: 12th September 2022

Start Well: Thriving children and young people

Children and young people have the best start in life
Children and young people get the right support as early as possible
Children and young people are empowered and informed about their health and wellbeing

- **By the age of 5, 4% of children in Enfield have had a tooth removed due to decay. This is the highest average number in 5-year-olds in London.**
- **Enfield has the third lowest uptake of MMR (at least one dose) in England at 72.9%, and only 69% of have received their second MMR by age 5.**
- **42.2% of year 6 children in Enfield are overweight or obese, this is higher than the London average of 40.5%.**
- **In 2021/2022, 170 young people in Enfield received treatment for cannabis use disorder compared with 95 in 2009/2010.**
- **4% under 18s in Enfield are current smokers**
- **24% of children in Enfield do not meet the expected level of communication and language skills at the end of reception, compared to the London average of 20.9%.**

We want every child and young person in Enfield to thrive. The first 1,001 days of their lives (from conception up until the age of 2), can have a significant impact on their development and their life chances; including how well they build relationships, achieve at school and their future job prospects, to their overall health and wellbeing. However, their development and their life chances can also be impacted by lots of different factors, such as early relationships and the care they receive, living in poverty or becoming looked after.

Throughout the COVID-19 pandemic, children and young people faced substantial challenges and disruption, which deepened existing inequalities. The pandemic had a disproportionate impact on children from deprived backgrounds[15] and those with special educational needs and disabilities (SEND).[16] COVID-19 had impacts at every stage of our children and young people's education, including in the critical early years, when interaction with others is a key factor in the development of speech, language, and social skills. Education outcomes are one of the key drivers of health outcomes in later life with high quality education known to reduce health inequalities.[17]

Locally, we are investing in new Community and Family Hubs and Children's Centres; improving take up of funded early years education places; and helping families access the right information, advice, and support for their children as early as possible. We are also further developing the range of inclusive play, leisure,

[15] Centre for Evidence and Implementation (2022). 'Implications of COVID for Early Childhood Education and Care in England' page 14
[16] https://www.gov.uk/government/news/children-and-young-people-with-send-disproportionately-affected-by-pandemic
[17] The King's Fund. 'Healthy schools and pupils' accessed: 11th September 2023

social and informal learning opportunities available in the community. This will support children and young people to engage in positive activities which enable them to learn new skills and build healthy relationships and confidence. Importantly, it will enable them to have fun and boost their physical, mental health and emotional wellbeing.

Young people have a crucial and leading role to play in supporting their own health and wellbeing and that of their peers. We believe in empowering young people to seek out preventive healthcare and to make informed choices about their health and wellbeing. Locally, young people have been working together with the Council to campaign, raise awareness and to empower their peers around health and wellbeing. This includes "How are you?" a film about emotional wellbeing by Enfield's Young Mayor and Youth Parliament, and the launch of the "Looking after your mental health and emotional wellbeing" online guide.

Finally, we are working with our partners in Enfield to create places and spaces, where children and young people can be healthy and feel safe. This includes reducing the number of vehicles on our roads and improving air quality, and we are working together with our partners such as the Police to tackle violence and exploitation affecting children and young people under the age of 25.

Our Priorities

Priority 1: Support children to thrive in the early years and to be ready for their school or setting.

Becoming a new parent can be an exciting and hopeful time for many people. It can also be a time of heightened anxiety and worry. We want to support all parents to feel empowered, to do the best for their babies, and to establish a strong and secure relationships with their infants through our integrated Start for Life offer.

During these crucial first years, early education opportunities including communication and language, personal, social, and emotional development, and physical development, provide the crucial foundations for learning, health and wellbeing and later independence into adulthood. We are committed to improving the take-up of funded high-quality early education. We will also be working hard to support our early years workforce to develop the skills they need to implement and embed trauma-informed practice in their day-to-day work, and to identify and provide the right support to children with additional needs including speech, language and communication needs (SLCN) as early as possible.

Priority 2: Improve nutrition, oral health and physical activity among children and young people

According to the National Child Measurement Programme (NCMP) 2021/2022 data, the prevalence of childhood obesity in Enfield is consistently above the national average, and there is a notable increase in obesity between reception and Year 6.[18]

[18] North Central London Whole System Approach to Obesity Mapping

Childhood obesity is a health inequality which puts children and young people at risk of worse health outcomes as they grow up, including tooth decay, poor mental health and type 2 diabetes.[19] Childhood obesity increases the risk of long-term conditions in adulthood.[20] Obesity is driven by multiple factors including the food our children and young people consume, physical activity levels, the environment we live in and social norms.[21]

Locally, we are committed to supporting children, young people and their families to access healthy food, maintain a healthy weight, and to be more physically active. This includes by delivering the HENRY (Health, Exercise, Nutrition for the Really Young) programme; the Holiday Activities and Food Programme (HAF); and increasing the range of inclusive play and leisure activities available in the borough. We are also promoting the benefits of active travel and making it easier to choose.

Improving oral health remains an important focus and we will also be continuing to promote oral health in schools and early years settings through our local dental health advocates and providing the fluoride varnish service in early years settings to help prevent tooth decay.

Priority 3: Support children and young people to maintain good mental health and emotional wellbeing

We all need good mental health so that we can live happy and healthy lives. Physical activity and eating well is important for us to stay healthy; looking after our mental health is as important. It helps us to be ready to do the things we want to do with our friends and family and to make healthy life choices. We want 'mental health' and 'mental health help' to be talked about using a common language that everyone understands, and we want young people to be informed to make decisions about the support they need.

Locally, we are developing a new approach to emotional health and wellbeing services for children and young people in Enfield, focusing on prevention and early intervention. The THRIVE Framework[22] is a way of organising mental health support for all children and young people aged 0-25 (and their families). It involves thinking about the needs of the child or young person rather than focusing on a diagnosis.

(Section under development)

Priority 4: Deliver early interventions and empower young people and families to seek out preventative healthcare

Access and confidence in seeking out preventative healthcare and early interventions is crucial as we empower young people with the information, advice, and support they need. Locally we are focusing on 4 key areas:

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[19] North Central London Whole System Approach to Obesity Mapping
[20] Public Health England (2021) Guidance, early years high impact area 4: Supporting healthy weight and nutrition
[21] North Central London Whole System Approach to Obesity Mapping
[22] THRIVE Framework for System Change

- **Vaccinations:** we are committed to significantly increasing the take up of early years and childhood vaccinations including the MMR vaccine (which protects against measles, mumps and rubella) and the 6-in-1 vaccine.

- **Sexual and reproductive health:** we are continuing to work in partnership to deliver a comprehensive range of sexual and reproductive health services for adolescents, including access to education, advice, and support; and addressing barriers to prevention, testing and treatment.

- **Drugs and excessive alcohol:** we are continuing to deliver substance misuse support to young people and their families including the delivery of information, advice, guidance and access to treatment services.

- **Smoking and vaping:** we are working with our schools and in our community to implement the “Don’t Smoke Outside our School Gates” initiative and smoke free zones to de-normalise smoking as a behaviour and to protect children and young people from second-hand smoke.

Our partnership’s key strategies:

(To be added)

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Live Well: Strong, healthy and safe communities

People are equipped to live healthier lives
People learn to live healthier lives
People live in good health for longer

- **Between April 2022 and March 2023, there were 5,519 Enfield residents who attended A&E who didn't have an NHS number (therefore were not registered with a GP). A&Es attended include North Middlesex (55.5%), Barnet Hospital, Royal Free and the Whittington Hospital).**
- **There were 1,911 avoidable admissions in 2022/23. The rate of avoidable admissions in Enfield is 5.7 per 1,000 Enfield population compared to. 4.6 per 1,000 North Central London average.**
- **20.7% of Enfield residents stated they 'definitely" had enough support from local services to manage their long-term condition compared to 25.2% of North Central London residents.**
- **6.4% of deaths in Enfield are attributable to poor air quality compared to 6.5% in London and 5.5% in England**
- **62.7% of Enfield adults are now physically active**
- **Only 1.4% of people in Enfield cycle to work_and 5.7% travel on foot compared to the 32.5% who travel by car or van.**
- **8.5% of Enfield residents aged over 16 feel lonely *'often'* or *'always'* compared to 7.3% of London residents and 7.3% of England residents**

In Enfield we are committed to working with our residents and partners to build and maintain strong, healthy and safe communities where people lead active lifestyles, have access to healthy food, are smoke-free, feel safe in and connected to their community and live in good health for as long as possible.

Making "the healthy choice, the easiest choice" has been an aspiration in many parts of the UK for some time and was a core focus of Enfield's previous Joint Health and Wellbeing Strategy. Supporting and empowering our residents to make healthy choices and to lead an active life could lead to fewer hospitalisations and deaths each year. Reducing Obesity, Cancer and Diabetes by 5% could also result in a cost saving of £21m a year.

Physical activity is a significant factor in determining people's health, with inactivity increasing the risk of long-term conditions including heart disease, diabetes and other obesity-related illnesses. People in Enfield are less likely to be physically active and our rates of obesity are higher than London averages.

Access to healthy food is another important determinant of health. Income inequality is increasingly preventing many people from accessing a healthy, balanced diet – food poverty is on the rise in Enfield and more of our residents are having to use food banks. We are continuing to work with our partners in the Enfield Food Alliance to help residents experiencing financial hardship to access low cost, sustainable and

healthy food in community-run pantries across the borough, and we have already set up two food pantries in Edmonton Green and Enfield Town library.

As with all life stages, to live well, we need to also address the wider determinants of physical and mental health including housing, education, welfare, work and poverty – and contribute to reducing health inequalities.

(Section to be further developed)

Our Priorities

Priority 1: Empower residents to grow their "Health Literacy" to make healthy choices

It has been estimated that health literacy related problems may account for up to 5% of all NHS spending, and there is a close link between socio-economic deprivation and lower health literacy.

The NHS defines health literacy as *"…a person's ability to understand and use information to make decisions about their health."* [23] Important elements of health literacy include *"having enough knowledge, understanding, skills and confidence to use health information."* This enables us to take an active role in our own health and wellbeing, participate in our care, and to navigate our local health and social care systems.[24]

Locally, we are committed to supporting the health and care workforce to empower our residents to identify and navigate information, advice and support services. This includes promoting registration with a GP, enhancing local signposting schemes to support informed decision making and improved outcomes, and raising awareness of support in the community such as from our Community and Family Hubs, our libraries and from voluntary and community sector groups and organisations across the borough

We also want to explore opportunities to work in partnership with our communities to empower them to be providers and champions of information to help us to address the health literacy challenge, including through *Community Health Checks.*

(Section to be further developed)

Priority 2: Support residents to manage their long-term conditions

Improvements in healthy lifestyle have stalled nationally; particularly amongst more deprived communities, further exacerbating health and other inequalities.[25]

A proportion of our residents have or will develop long-term conditions. These include cardiovascular disease, chronic respiratory disorders and diabetes. We are

[23] NHS Health Literacy Definition
[24] https://www.healthliteracyplace.org.uk/why-health-literacy/
[25] https://www.england.nhs.uk/ourwork/prevention/secondary-prevention/

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committed to promoting good health literacy that empowers individuals to make the daily decisions that support the good management of their long-term conditions, such as stopping smoking, being active and maintaining a healthy weight.

We are also developing a programme of *Community Health Checks* with our voluntary and community sector partners that provide easy opportunities for routine health monitoring for things like blood pressure; and ensuring our NHS Health Checks continue to provide a one-stop-shop in middle age. This enables people to review their health with a professional, catch hidden problems early, and discuss health positive changes they can make to their lives.

These measures are known as secondary prevention. Although secondary prevention can't stop us from having long-term conditions, it can prevent us from developing complications associated with the condition, by detecting or intervening early.

Priority 3: Build a healthy environment that protects and promotes good health and an active lifestyle

Places and spaces, including public buildings, the homes we live in and parks and green spaces, are major determinants of our health and wellbeing.

Locally, we are making our roads safer and more pleasant environments for walking or cycling, to encourage active travel and improve air quality, and we are also continuing to invest in improving everyone's access to sport, including new opportunities for activity in our parks and improve what's happening inside our leisure centres.

We are working toward a vision of more and better homes for Enfield in the context of unprecedented financial challenges with rising inflation, significant interest rate increases, a cost-of-living crisis and insufficient funding to support the increasing number of households in need of affordable housing. We know that too many Enfield residents do not have access to a home they can afford, and we need to work as a partnership to minimise the negative impact of this in the short and medium term, while continuing to work toward our longer-term vision of more and better homes for Enfield.

In our role as a landlord, Enfield Council is investing in and improving our council homes in partnership with our tenants and leaseholders, so that homes are safe, secure and comfortable, both now and for the future. This means people can live with sufficient space and in thermal comfort, free from the negative impacts of damp or mould, and poor air quality. We also want people to live in mixed-income neighbourhoods where they feel a sense of belonging, can access healthy, nutritious food, green spaces, leisure facilities and community services.

As the local population grows and their health needs change, we also need to work together as a partnership to identify and secure the facilities needed for primary,

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secondary and tertiary care and the wider health and care system, so that there is sufficient healthcare provision in the places where it's needed.[26]

Priority 4: Create connected communities that support our emotional wellbeing and resilience

The communities we live in really matter for our wellbeing. Sustainable employment, good quality homes, strong social networks and a sense of belonging play a big role in ensuring we live a happy life in good health.

Isolation, whether defined in social, physical or psychological terms is well known to have adverse health impacts in both physically and emotionally.[27]

Locally, we are supporting our communities to be well-connected and digitally included.

(Section to be further developed)

Our partnership's key strategies:

(To be added)

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[26] https://www.gov.uk/guidance/health-and-wellbeing
[27] https://heart.bmj.com/content/102/13/1009

Age Well: Healthier, more independent and longer lives

People live healthier lives
People live more independent lives
People live longer lives

- **There are currently 44,500 people aged 65 and over living in Enfield – this is set to increase to 50,200 by 2025.**
- **In 2021, 36% of people aged 65 and over living in Enfield lived alone.**
- **The most common cause of injury resulting in hospital admission is falls.**
- **65% of people aged 65 and over living in Enfield are affected by a hearing impairment.**
- **The average life expectancy at birth in Enfield is 80 years.**
- **In 2021 230 Enfield residents suffered a hip fracture.**
- **Only 65% of older people living in Enfield have their flu vaccine.**
- **Only 62% of people living with dementia in Enfield have been diagnosed and seen a specialist.**
- **Research suggests that 2 in 3 people want to die at home but in Enfield currently only 38% of people die at home.**
- **Enfield has one of the largest numbers of care providers in London, including 82 care homes.**

The key to healthy ageing is to nurture positive health behaviours early in life. Eating well, keeping active, maintaining a healthy weight, and avoiding health harming behaviours like smoking and drinking too much alcohol all reduce the risk of developing long-term conditions and of having poorer health later in life.

But even if you don't start early, it's never too late to make a health improving change and for this reason it's important we target action early but continue to promote health positive behaviours throughout the life course. It is equally vital that we provide high quality care and work collaboratively with our partners across the health and care system, to create joined-up services that support those living with long-term conditions so that they can maximise their independence and live life to the fullest.

The COVID-19 pandemic made all too clear the importance of social connection and in 2021, Enfield became the first local authority in the UK to introduce AI-powered *PainChek®* technology in care homes to better identify and support residents who may be experiencing pain but are unable to express this verbally. Moreover, our *SMART Living Project* aims to reduce social isolation through introducing digital technology into care homes to connect service users with friends and family. Projects like this help to ensure that people stay happier, healthier, and independent for longer through the introduction of next generation technology in our current social

care offer. Looking ahead, we will continue to harness the power of the communities we live in to tackle social isolation and support independence.

At every step we will ensure our work provides the right help for all but prioritises support to those with the greatest need so we can reduce inequalities and give every Enfield resident the opportunity to live a healthier, longer, and more independent life well into old age.

Our Priorities

Priority 1: Assist every Enfield resident to have the social network they need to keep them healthy

Social isolation and loneliness are an all-too-common feature of older age, but they are not inevitable. Loneliness can lead to poor physical and mental health, and it is estimated that loneliness is as bad for our health as smoking 15 cigarettes a day.[28]

Locally, we will be working in partnership to identify those at greatest risk of isolation and helping them to prevent loneliness, by encouraging community engagement and signposting to support. This includes working with our voluntary and community sector organisations to provide opportunities for volunteering, hobbies and social interaction. We will also be exploring opportunities to tackling age-related stereotypes and stigma by promoting intergenerational programmes that bring together older people and younger generations.

Priority 2: Help every Enfield resident prevent the risks of age-related ill-health

There are many health problems that we are more likely to develop with age, from infections like shingles and pneumonia, through to long-term problems like osteoarthritis, loss of eyesight and hearing, and dementia. Each of these problems has an impact in different ways, but there are things we can do to prevent and mitigate the harm from all of them.

Looking ahead, we are continuing to work in partnership to support people to maintain their independence by encouraging early access to vision and hearing care; helping people to understand and access vaccinations to prevent infections; and supporting people to maintain a healthy weight to reduce the impact of osteoarthritis.

We are also working hard to ensure access to specialist dementia services, so that people get the timely diagnosis and treatments that help to keep them well for as long as possible. Additionally, we are supporting our communities to reduce the impact of dementia by encouraging people to live ‘brain stimulating lives’ with local opportunities for high quality education, employment, and community activity.

Priority 3: Enable every Enfield resident to live a resilient and independent life into older age

[28] Holt-Lunstad J and others (2010). ‘Social Relationships and Mortality Risk: A Meta-analytic Review’ PLOS Medicine: volume 7, issue 7

Frailty reduces the ability of people to maintain their physical and mental independence and increases the risk of even minor illnesses. Preventing older people from developing frailty is a key action to help residents maintain their independence and live happy and healthy lives.

Our existing services are designed to maximise opportunities for maintaining independence with a focus on early intervention and support before people lose vital abilities. We aim to empower people to act on the risk factors for developing frailty by making positive health changes earlier in life and raise awareness of the simple exercises that older people can do from home to maintain strength and balance. We will also be working with our partners at NCL ICS to train *Age Well Friends, Champions* and *Experts* equipped with the skills they need to help people to live independently in older age.

Priority 4: Ensure every Enfield resident receives world class care at the end of life that makes the last stages of life as valued as every other.

At the end of life most people want a good death: comfortable, dignified and with seamless support for them and their loved ones. But many people are scared to talk about death and dying and worry about the impact on their friends and family. Good care takes good planning and alongside providing compassionate end of life care services we also need to tackle the stigma surrounding talking about death and dying. Only this can help us achieve good wellbeing at every stage of life.

In Enfield, we will seek to break down barriers and empower people to talk about dying and the end-of-life process, so that they can plan and prepare for this important stage of life. We will also be working in partnership to develop processes that help people to take control of their care; and supporting loved ones and communities by working with our NHS, voluntary and community sector partners to provide high-quality bereavement care.

Our partnership's key strategies:

(To be added)

Governance framework and measures of success

(Under development)

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MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY, 6 JUNE 2023

MEMBERSHIP

PRESENT	Nesil Caliskan (Leader of the Council), Alev Cazimoglu (Cabinet Member for Health & Social Care), Abdul Abdullahi (Cabinet Member for Children's Services), Andy Milne, 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), Vivien Giladi (Voluntary Sector) and Dr Nnenna Osuji (Chief Executive, North Middlesex University Hospital NHS Trust)
ABSENT	Dr Helene Brown (NHS England Representative), Pamela Burke (Voluntary Sector) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)
OFFICERS:	Dr Glenn Stewart (Assistant Director, Public Health), Jane Creer (Secretary)
Also Attending:	Peter Nathan (Director of Education, LBE), Christiana Kromidias (Early Years Team Manager, LBE), Zinat Ismail (Education Outreach Team, LBE), DS Marco Bardetti (MPS), Andrew Lawrence (Head of Commissioning - CYP and Public Health, LBE), Katherine MacDonald (Public Health England), Jose Acuyo (Population Health Improvement, NHS NCL ICB), Penny Mitchell (Director for Population Health Commissioning, NHS NCL ICB), Stephen Wells (NHS NCL ICB), Victoria Adnan (Policy & Performance Manager, LBE), Debbie Gates (Community Development Officer, LBE), Riyad Karim (NHS NCL ICB), Tim Hellings (Enfield Carers Centre), Dr Alpesh Patel (NHS NCL ICB)

1
WELCOME AND APOLOGIES

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

Apologies for absence were received from Andrew Wright, Dr Helene Brown, and Mark Tickner.

2
DECLARATION OF INTERESTS

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

3

ORDER OF THE AGENDA

AGREED that the agenda order be amended. The minutes follow the order of the meeting.

4
EARLY YEARS PARTNERSHIP BOARD / EDUCATION SETTINGS AND RELATIONSHIP TO HEALTH AND WELLBEING BOARD

RECEIVED the slide presentation and the Terms of Reference of the Early Years Partnership Board, introduced by Peter Nathan, Director of Education, LB Enfield.

NOTED

1. The background and key issues covered by the Early Years Partnership Board were described. It was accountable to the Health and Wellbeing Board.
2. Details were provided on Family Hubs, and the services for invited families which were provided from five sites and specifically targeted.
3. The Early Years Partnership Board also received a range of data, including health data.

IN RESPONSE

4. It was confirmed that the Covid-19 pandemic had concerning impacts for a cohort of young children, including on peer relationships and speech and language. It was hoped that these issues would decline now that all settings were open again.
5. Services were restricted by limited resources, but additional government grant had meant new opportunities for the Family Hub. The Chair raised the potential to link with the skills agenda for the borough.
6. Dr Osuji raised that Early Years were the most important phase for intervention and that capacity should be fully utilised and services focussed. It was advised that there was reliance on linked schools' goodwill for appropriate space and that services would be delivered also from Ponders End Youth Centre which would be a good location.
7. As a subgroup, the Early Years Partnership Board would submit updates to the Health and Wellbeing Board. The frequency of updates to be confirmed by senior officers.

ACTION: Dudu Sher-Arami / Peter Nathan

5
NORTH MIDDLESEX UNIVERSITY HOSPITAL UPDATE

RECEIVED the slide presentation, introduced by Dr Nnenna Osuji, Chief Executive, North Middlesex University Hospital NHS Trust.

NOTED

1. An operational update was provided on A&E attendances and improvements in performance. Numbers of patients waiting to be discharged was still a challenge. There had been work around admission avoidance and maximising the opportunities to treat people at home.
2. Details were provided on cancer faster diagnosis standard performance.
3. The full update to the Board was set out on the slides attached to the agenda.

IN RESPONSE

4. In response to Members' queries regarding an increase in average length of stay in hospital, it was advised that more patients who were more frail and with co-morbidities were being seen, and the more extreme cases raised the averages. There was also the effect of medically optimised patients remaining in hospital. A current area of focus was to take patients with easily treated conditions into easier pathways and out of hospital.
5. Work around Enfield community services was highlighted and that transitional arrangements were in place, and would lead to development of a population-based integrated care model. Further updates would be provided to the Health and Wellbeing Board.

ACTION: Dr Nenna Osuji

6
BRIEFING ON THE NEW LBE 'COMBATING DRUGS AND ALCOHOL PARTNERSHIP' (CDAP)

RECEIVED the report and slide presentation, introduced by Dudu Sher-Arami, Director of Public Health and DS Marco Bardetti, Metropolitan Police Service, Chair and Deputy Chair of Enfield Combating Drug and Alcohol Partnership (CDAP).

NOTED

1. CDAP had recently come into existence and was also accountable to the Health and Wellbeing Board.
2. The government 10-year drugs plan to cut crime and save lives 'From Harm to Hope' was published in April 2022, and set out requirements for each Local Authority, with agreed funding.
3. This had led to the set up of CDAP multi-agency group, including members with lived experience. There would also be sub groups covering clinical governance and treatment and care. CDAP would deliver a plan to address drug and alcohol related health and crime improvements for the Enfield community, including increasing drug and alcohol treatment service as well as prevention. Updates on progress would be brought to the Board.

ACTION: Dudu Sher-Arami

IN RESPONSE

4. It was confirmed that there was quite prescriptive detail regarding how the funding was spent and monitoring of progress to targets.

5. In response to queries in respect of engagement, it was confirmed that the detailed plan would be shared with the Board in due course, and there would be work to increase the numbers accessing services and to raise awareness of how to get support. The Chair asked officers to consider work with partners on referrals. Recognition should also be given to the preparatory work by partner organisations with people who were going to be referred so they could usefully accept and access the services. DS Bardetti advised that the custody suite was one of the referral pathways, and from neighbourhood policing. The Chair also suggested links to work in respect of prostitution and drug issues in the Joyce and Snells estate area. It was also confirmed that mental health services were part of the partnership board.

7
NORTH CENTRAL LONDON POPULATION HEALTH AND INTEGRATED CARE STRATEGY

RECEIVED a verbal update from Jose Acuyo (Population Health Improvement Project Officer, NHS NCL ICB) and Penny Mitchell (Director for Population Health Commissioning).

NOTED

1. The update followed on from the presentation to the Board in March. The finalised version of the population health and integrated care strategy was now publicly available. The internet link was given on the agenda and members were invited to share this widely.
2. Alignment across priorities with partners was important.
3. The strategy ambitions were split into delivery areas to address inequalities, levers for change, and transformation programmes with early intervention and proactive care.

IN RESPONSE

4. It was confirmed that work was being progressed on mapping and scoping.
5. In respect of the new joint local health and wellbeing strategy (JLHWS), it would be ensured that Jose Acuyo was included in discussions.
6. It was confirmed that the key delivery areas and levers for change were pan-system, for all organisations. Specific ambitions for making change were being considered, such as heart health, lung health and cancer.
7. In response to queries on behalf of the VCSE enterprise sector, it was advised there had been a planning session the previous week in respect of potential collaboration for tackling root causes of poor health and interdependencies with their plans, and the voluntary sector would be kept updated.

8
ANY OTHER BUSINESS

1. The Chair accepted an issue at this point raised earlier by Vivien Giladi on behalf of a voluntary sector colleague who ran swimming for the disabled activities at one of Enfield's Fusion-run leisure centres. The Halliwick Penguins group were concerned the hoist to enable users to get into the swimming pool had been out of commission for some time. It was clarified that, having failed inspection, the hoist needed to be repaired, and officers had been chasing on this. The Chair also commented on wider failings of Fusion and that the Cabinet would be considering a report the next day.

2. The proposal by the Director of Public Health for a special focussed session for the Board on the new Joint Health and Wellbeing Strategy was agreed. A calendar invitation would be sent to members.

ACTION: Dudu Sher-Arami

9
MINUTES OF THE MEETING HELD ON 2 MARCH 2023

AGREED the minutes of the meeting held on 2 March 2023.

10
NEXT MEETING DATES AND DEVELOPMENT SESSIONS

NOTED the next Board meeting date: Monday 2 October 2023, 6:30PM.

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