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HEALTH AND WELLBEING BOARD - 8.10.2024

MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY, 8 OCTOBER 2024

MEMBERSHIP

PRESENT

Cllrs Alev Cazimoglu, Abdul Abdullahi, Emma Supple, Clare Henderson (NHS North Central London ICB), 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), Dr Nnenna Osuji (Chief Executive, North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

ABSENT

Dr Shakil Alam (NHS North Central London Integrated Care Board), Albie Stadtmiller (Healthwatch Central West London / Listen to Act), Pamela Burke (Voluntary Sector) and Siobhan Harrington (Whittington Hospital)

OFFICERS:

Glenn Stewart (Consultant in Public Health), Jane Creer (Secretary)

Also Attending:

Farheen Ambia (Healthwatch), Tim Hellings (Voluntary Sector), Peppa Aubyn (NHS NCL ICB – Assistant Director (Enfield)), Paul Allen (Asst Director, Strategy, Communities & Inequalities, ICB), Dr Fahim Chowdhury (Clinical Lead GP, NHS NCL), Mark Pritchard (Senior Service Lead, Community Mental Health Services), Matthew Cagnetta (Public Health Team, LBE), Suzy Francis (Principal Educational Psychologist & Strategic Lead for CYP Mental Health, LBE), Dr Leylla Mulisa (Senior Educational Psychologist, LBE), Mark Maidens (Head of SWERRL / Enfield Primary Behaviour Support Service, LBE), Rachel Stephen (NCL iTHRIVE Manager, Tavistock & Portman NHS Foundation Trust), Gayan Perera (Public Health Intelligence Manager, LBE), Victoria Adnan (Policy & Performance Manager, LBE)

1

WELCOME AND APOLOGIES

Cllr Alev Cazimoglu, Chair, welcomed everyone to the virtual meeting and invited attendees to introduce themselves.

Apologies for absence were received from Mark Tickner, Health and Wellbeing Board Partnership Manager.

2

DECLARATION OF INTERESTS

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

3

UPDATE ON IMPENDING CQC INSPECTION OF LB ENFIELD ADULT SOCIAL CARE

RECEIVED a verbal update from Doug Wilson, Director of Adult Social Care.

1. The update further to the last Board meeting was a reminder that Care Quality Commission (CQC) inspections were returning after a long absence and would be a different process.
2. The Adult Social Care Service in Enfield had submitted its self-assessment.
3. The CQC's second letter was expected shortly, and it was anticipated the inspectors would be on site around late November / early December.
4. The Adult Social Care Service had made good progress in its preparations and welcomed the inspection. Acknowledgement was noted to VCS and NHS partners and confirmation that there would be pre-engagement with key partners and sharing of key messages.

IN RESPONSE

5. The Chair expressed thanks for officers' work in preparation for the inspection, and looked forward showing the good services provided in Enfield.
6. In respect of learning from boroughs already inspected, it was known that inspectors tended to be physically on site between three to five days depending on the key lines of enquiry.
7. The self-assessment had set out the service's successes and challenges. The CQC would be interested in how challenges were being dealt with, evidence of a plan, and progress against the plan.
8. The CQC would want to speak to various groups on a structured basis, and in less formal drop-in sessions.

4

DELIVERING POPULATION HEALTH AND INTEGRATED CARE AMBITIONS IN ENFIELD AND JOINT LOCAL HEALTH AND WELLBEING STRATEGY / ACTION PLAN PROGRESS UPDATE

RECEIVED a presentation introduced by Clare Henderson, Director of Place, East and Paul Allen, Assistant Director – Strategy, Communities & Inequalities, NHS North Central London ICB.

1. The NCL Population Health & Integrated Care (PH&IC) Strategy was endorsed in April 2023 following significant work with partners and residents, and outlined the ambition to tackle health inequalities by a shared emphasis on early intervention, prevention and proactive care, via the NCL Delivery Plan.
2. The Strategy aligned to the life course approach of Start Well, Live Well and Age Well. Delivery would be monitored using the NCL Outcomes Framework.

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3. There had been some progress made, but there was a lot of work ahead, with particular focus on the five population health risks identified in the PH&IC and the background behind them, as summarised on the presentation slides.
4. The roles and responsibilities of all partners' contributions would be clarified. Tangible improvements in population health over the next 18 months would be demonstrated.
5. Peppa Aubyn, Assistant Director of Place, Integration, Transformation & Delivery, NHS NCL ICB, highlighted successful integrated working in Enfield, and the taking forward of projects as a system. There was consideration of how to work together most effectively to assure delivery of joint population aims and ambitions.
6. Dudu Sher-Arami, Director of Public Health, noted the integrated process in completing the Joint Local Health and Wellbeing Strategy (JHWS) and sought Board approval of the main Strategy. There would be work to further develop the action plans, with the development workshop confirmed for 23/10/24 at Enfield Civic Centre. The three priorities to be taken forward (one for each life course stage) had been agreed, based on local evidence of need.

IN RESPONSE

7. The Chair thanked everyone for their contributions to completing the JHWS, noting that the ICS structure allowed better working together with alignment of policies, aims and strategies. Tracking of outcomes would allow achievements to be demonstrated to Enfield's residents.
8. Dr Nnenna Osuji, Chief Executive, NNUH NHS Trust, highlighted points ahead of the workshop in respect of demonstrable benefits to residents of Enfield, effects of non-health elements, and importance of prevention and proactivity.
9. In response to Cllr Supple's queries, it was confirmed that the action plans would be based on local health intelligence and would have an inequalities focus throughout their core, for example prioritising work with communities where conditions were known to be at a higher rate.

AGREED that Health and Wellbeing Board approved the Joint Local Health and Wellbeing Strategy to be recommended to full Council for approval.

5

STATUS OF INTERNAL REVIEW ON STATUTORY AND OTHER BOARD INTEGRATION IN LONDON BOROUGH OF ENFIELD

RECEIVED a presentation introduced by Matthew Cagnetta, National Management Trainee, People Department, Public Health LB Enfield.

1. The review and mapping of all the Health and Wellbeing Board and the Borough Partnership sub-groups would identify opportunities to improve collaboration and joint working.
2. The four key objectives of the project and the three expected outputs were confirmed, with the project findings proposed to be presented to the Board in March 2025.

IN RESPONSE

3. The Chair welcomed the project as another way to focus on improved outcomes for Enfield residents.
4. Board members were requested to advise Matthew Cagnetta of other sub-groups not yet identified on the Appendix 1 : Governance Map.
5. It was confirmed that Matthew Cagnetta would also be liaising with chairs of sub-groups to gather further detailed information, including on memberships and terms of reference.

6

ITEM FROM SEND AND INCLUSION SERVICE

RECEIVED a presentation (slides appended to the minutes) from:
Suzy Francis, Principal Educational Psychologist, Strategic Lead for Children and Young People's Emotional Wellbeing & Mental Health
Dr Leylla Mulisa, Senior Lead Educational Psychologist for Emotional Wellbeing & Mental Health
Mark Maidens, Head of SWERRL / Enfield Primary Behaviour Support Service.

1. An explanation was given of Trauma Informed Practice in Schools (TIPS): a training and implementation programme to help schools and wider educational settings to integrate this approach into their policies and practices.
2. In Enfield, 70 schools out of 97 were engaged with the E-TIPSS programme.
3. The Attachment Regulation and Competency (ARC) Framework was described as the vehicle to embed this approach in practice.
4. The SWERRL Team worked with schools to become trauma informed.
5. Further information could be found at <https://www.enfield.gov.uk/educationalpsychologyservice/enfield-trauma-informed-practice-in-schools-and-settings> or by emailing e-tipss@enfield.gov.uk

IN RESPONSE

6. The Chair thanked the officers for their attendance and the information, and requested the slides be circulated to the Board members.

7

I-THRIVE RISK SUPPORT MODULE DELIVERY FOR ENFIELD

RECEIVED a presentation introduced by Rachel Stephen, NCL iTHRIVE Manager, Tavistock and Portman NHS Foundation Trust.

1. The iTHRIVE process was a framework for whole system change, designed to transform mental health and wellbeing support for children and young people and their families that are shaped by their needs and the ways in which they would like to receive help and support.

2. The NCL ICB had commissioned the national iTHRIVE programme under the Tavistock and Portman NHS Foundation Trust.
3. The NCL ICB was using the framework to simplify the language and improve timely, accessible and local advice and assistance.

IN RESPONSE

4. The Chair expressed thanks for the information. Any questions from Board members should be sent to Dudu Sher-Arami to forward to Rachel Stephen.

8

LBE / NCL AUTUMN VACCINATION PROGRAMME / INFECTION CONTROL UPDATE

RECEIVED the slide presentation regarding vaccine uptake and coverage, introduced by Gayan Perera, Public Health Intelligence Manager and Dudu Sher-Arami, Director of Public Health.

1. Flu vaccination uptake was highlighted, with comparisons from 2023. There were some large variations among cohorts, and some concern in respect of rates for older care home residents. It was confirmed that work continued via the Immunisation and Screening Working Group, and that there may not be complete recording of vaccinations administered.
2. In respect of vaccine coverage among 1-year olds and among 5-year olds in Enfield, rates were slightly below the NCL average, and were noted to be lower in particular areas and in some ethnic groups.

IN RESPONSE

3. In response to the Chair's queries, it was advised there had been a significant rise in measles cases, mainly amongst children of primary school age and mainly in those unvaccinated, or having had only one of the two MMR doses. Measles was being closely monitored, and work continued with our school vaccination provider.
4. It was confirmed that the immunisation project at North Mid Hospital maternity services was continuing.

9

FUTURE SUBJECT ITEMS FOR SPOTLIGHT AND DISCUSSION

1. Board members should please send on email any suggested items for future meetings.
2. Board members were reminded about the Health and Wellbeing Strategy Action Plan Development Event at 4.00pm, Wednesday 23 October 2024.

10

ANY OTHER BUSINESS - BETTER CARE FUND / S75 AGREEMENT

Any queries in respect of the report sent out with papers for the Board's information should be sent to Doug Wilson, Director of Adult Social Care.

11

MINUTES OF THE MEETING HELD ON 11 JUNE 2024

AGREED the minutes of the meeting held on 11 June 2024.

In response to Cllr Supple's queries in respect of voluntary sector organisations' concerns for their future, it was reiterated that discussions would take place between the Council and the organisations involved, outside of the Board's remit.

12

NEXT MEETING DATES

NOTED the next Board meeting date: Tuesday 3 December 2024, 6:30pm on Teams.



Enfield Trauma Informed Practice In Schools and Settings (E-TIPSS)

Suzy Francis

Principal Educational Psychologist

Strategic Lead for Children and Young People's Emotional Wellbeing & Mental Health

Dr Leylla Mulisa

Senior Lead Educational Psychologist for Emotional Wellbeing & Mental Health

Mark Maidens

Head of SWERRL / Enfield Primary Behaviour Support Service

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Minute Item 6



Virtual School for LAC

ENFIELD ADVISORY SERVICE FOR AUTISM



BETTER COMMUNICATION FOR ALL



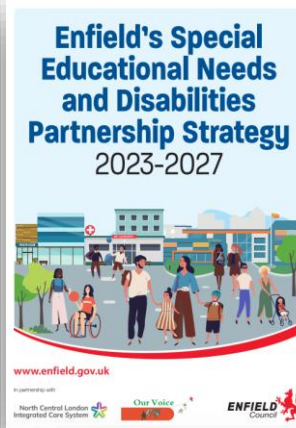
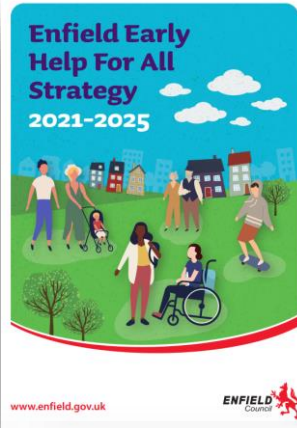
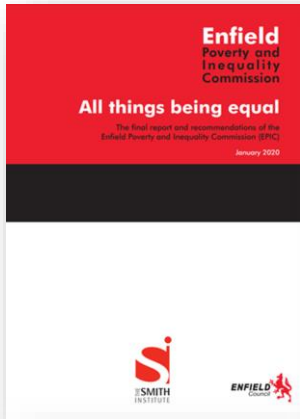
Aims of the session



- Provide an overview of E-TIPSS: Enfield's approach to trauma informed practice and the implementation framework
- Discuss the process of becoming trauma informed...
- Successes, challenges and next steps



Drivers & Influence



- Enfield Poverty & Inequality Commission Report (2020)
- Early Help for all Strategy (2021-2025)
- SEND Partnership Strategy (2023-2027)
- Fairer Enfield Equality, Diversity & Inclusion Policy (2021-2025)
- Enfield Inclusion Charter
- Ordinarily Available Provision (2022- 2025)
- Tackling Neglect Strategy (2022-2025)
- Draft Autism Strategy (2024-2027)
- Draft Health & Wellbeing Strategy (2024-2030)
- Draft Online Safety Guidance (2024)

Trauma Informed Practice in Schools (TIPS)

Trauma Informed Practice in Schools is a whole system approach aimed at promoting the emotional wellbeing of every child and young person. The approach helps us recognise the signs and symptoms of trauma in children, young people, families, staff and others working across the system and address mental health problems.

It is essentially a training and implementation programme designed based on evidence-based knowledge and practice. It will help schools and the wider education settings to integrate this approach into their policies and everyday practices. It will help empower and enable key staff in schools to be able to respond effectively to mild to moderate mental health problems and actively prevent re-traumatisation.

Once implemented, this programme will help inform every interaction, action and decision relating to every child/young person in all schools in Enfield.

Why schools?



A child spends

15,000 hours

In compulsory education

Schools are a primary care-giving system

and play a vital role in children's development.

For those affected by trauma, a supportive school can provide the right support and improve outcomes.

The E-TIPSS Vision



Enfield is a **trauma-informed place** to grow up, where every child:

- Is understood in the context of their **environment and experiences** (*what's happened to you – not what's wrong with you*)
- Has a **safe caregiving environment** at school, at home and in the wider community.
- Has the support they need to **regulate and integrate** their experiences.
- Has the opportunities to **develop the skills** they need for a good life.

What is E-TIPSS?

Builds on years of **existing & good practice** that has developed across Enfield services and partnerships including:

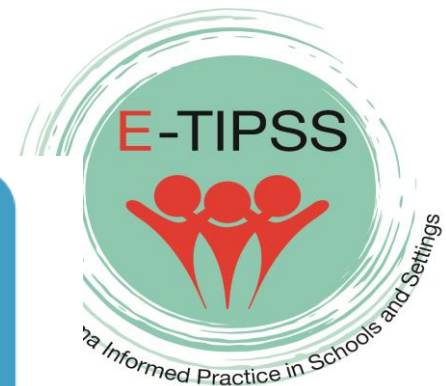
- Educational Psychology Service – *provides leadership & co-ordination*
- SWERRL
- EASA
- MYME
- ECASS
- SALT service
- Youth Justice Service
- School & Early Years Improvement Service
- Cheviots Children's Disability Service
- Early Years Partners and providers
- Virtual School for Looked After Children/CiN & CP
- Our Voice Parent/Carer Forum
- Early Help



Kati Taunt
(ARC TIPS Consultant)



E-TIPSS Offer



UNIVERSAL



- Central E-TIPSS Briefing (1/2 day)
- Central E-TIPSS / ARC Framework Training (two days)

2-day Central E-TIPSS Training:
6th of March 2025
and 20th of March 2025

[Available free of charge to all schools/settings in Enfield]



ENHANCED



- 'Train the trainer' workshop for the school's own E-TIPSS lead to deliver a brief E-TIPSS / ARC introduction session with their school community
- 'Next Steps' self-reflection & planning survey for schools to complete
- E-TIPSS PODS - community practice discussions (Half termly)
- E-TIPSS Workshops - further training on ARC Framework (4 sessions running annually)
- Access to E-TIPSS Audit Framework to carry out a whole school audit

[Available to schools/settings once a member of SLT has attended the two day Central ARC Framework Training]



IMPLEMENTATION



Whole school community training on complex trauma and the ARC Framework with an 'planning meeting' prior to the training and a follow up 'audit and action planning meeting'. There is an expectation that data will be collected throughout

Half termly consultation sessions (3 hours). To be used flexibly:

- Support with E-TIPSS Audit Framework
- Support with the development of TIP implementation plan and identify initial outcomes for the school
- Further training and support for school staff or parents/carers
- Review/Evaluation

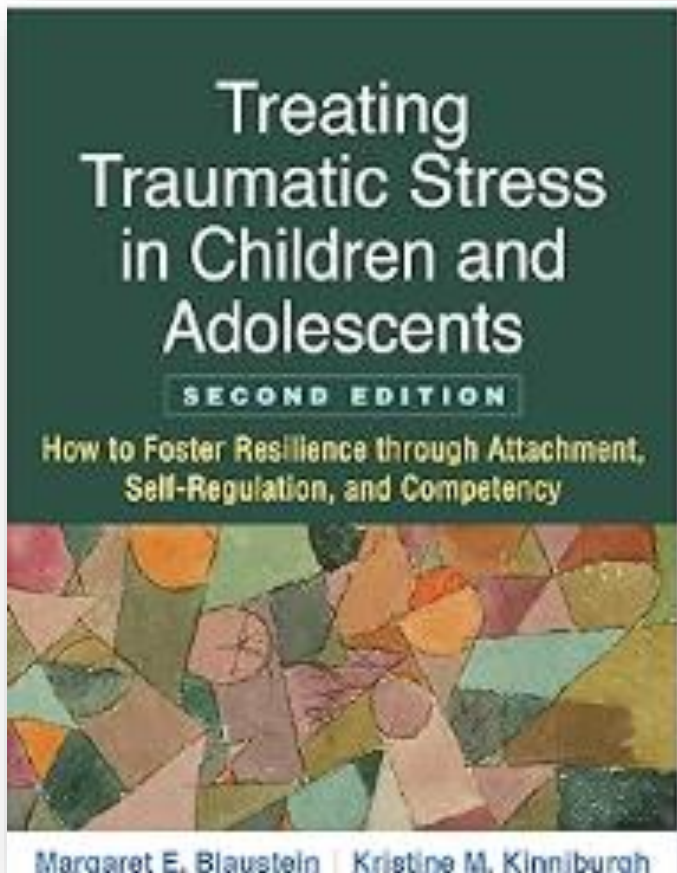
Summer term

Autumn term

Autumn term

https://www.enfield.gov.uk/_data/assets/pdf_file/0024/45339/E-TIPSS-Schools-Guidance-Final-2023.pdf

The ARC Framework



<https://arcframework.org/what-is-arc/>

Building Resilience: The ARC Framework

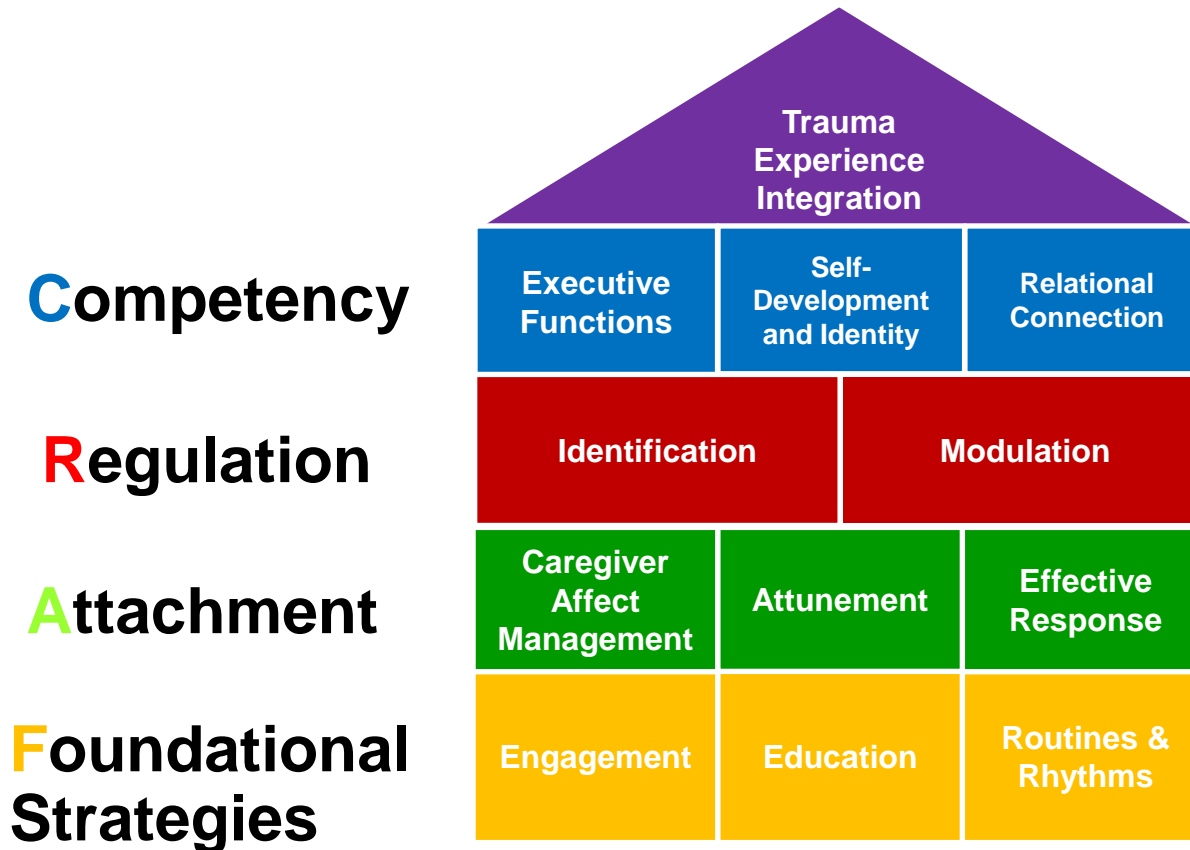


Treating youth and caregiving systems that have been exposed to varying levels of complex trauma requires an intervention model that:

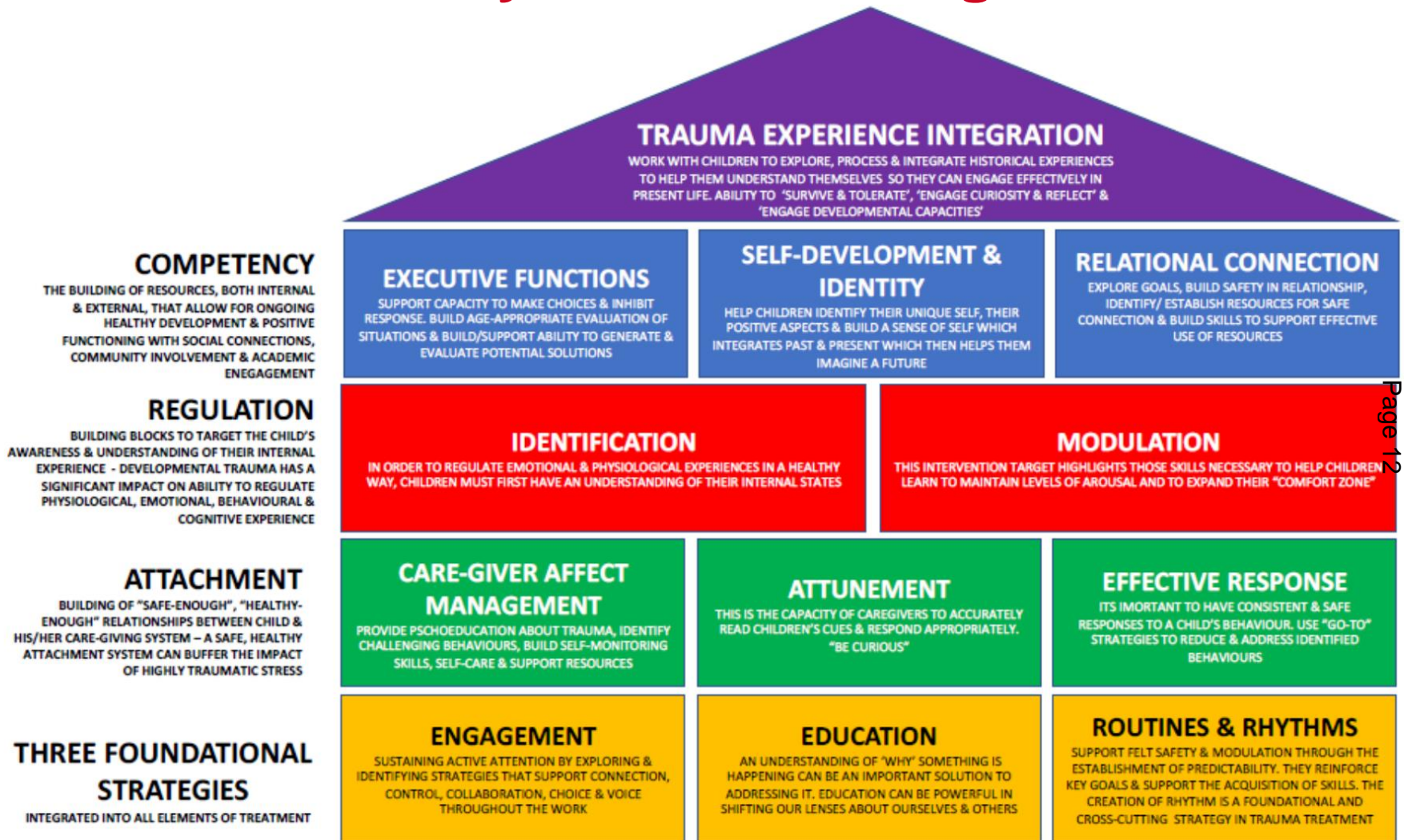
- Can address the **continuum of trauma** exposures (layers of chronic and acute), including ongoing exposures
- Is embedded in a **social/contextual** framework
- Is sensitive to **individual developmental competencies and vulnerabilities**, and is flexible in its approach
- Can address **individual, familial and systematic** needs and strengths.

Three Primary Domains

8 Primary Skills: Building Blocks



8 Primary Skills: Building Blocks



THE ARC FRAMEWORK – A COMPONENTS BASED MODEL

Using ARC to Effectively Support Transition in the Early Years

Trauma Experience Integration

Executive Functions

- Identify ways to support the child to develop their executive functioning skills (e.g. flexibility of thinking, problem solving, impulse control, organisation, understanding of memory) when they are showing signs of being emotionally regulated and developmentally ready through activities, such as imaginary play, storytelling, movement games, matching and sorting activities.

Self-Development & Identity

- In partnership with caregivers, support the child to identify their unique self (e.g. strengths, interests, experiences, challenges) and record to share with staff working with the child (e.g. one page profile, All About Me).

Relational Connection

- Plan ways of building a safe relationship and connection between settings throughout the transition process. Additional family meetings, transition visits and settling in sessions may be needed.
- Identify strategies to support the child to develop the skills to build, maintain and repair relational connections with others.

Identification

- Encourage caregivers to name feelings and emotional states as they see them in their children and themselves.
- Support the child with understanding endings and beginnings at a developmentally appropriate level (e.g. through stories, role play, small world, discussions) and talk about the emotions that we can feel during transitions (e.g. excitement, fear, anxiety).
- Identify strategies for helping the child to read body clues (e.g. rate of breathing, heart rate, muscle tone, body temperature) and to identify and label emotions.

Modulation

- During the transition process, support caregivers with understanding the importance of co-regulation to help the child to feel safe, secure and regulated emotionally. Promote that a young child who is experiencing overwhelming emotions can be calmed down by being close to an adult who is in a calm state themselves.
- Identify strategies to support the child with learning developmentally appropriate regulation techniques that are external to the body (e.g. writing or drawing, noticing what they see, hear and feel).
- Consider how the child processes and responds to sensory information (e.g. assess using the AET Sensory Preference Profile) and identify individual strategies and adaptations to the environment to support the child with learning to tolerate and manage sensory input.

Caregiver Affect Management

- Promote the importance of self-care and support resources for caregivers (parents and staff) throughout the transition process to enable them to have the emotional capacity to take care of the child and to provide a sense of safety, calm, connection, control and hope.
- Provide space for caregivers to reflect on how they can understand and manage their emotional responses to the transition. Their responses can be linked to current challenges that they are experiencing or beliefs and assumptions about school based on their own experiences.

Attunement

- Be curious about reading the child's emotional cues and what their behaviour might be communicating during the transition process (e.g. are they feeling excited, nervous, anxious) to help you to identify ways of responding appropriately and compassionately.
- Consider that the child may have had very different experiences of relationships and have made sense of what to do and how to respond in a different way.
- Identify one or two key people in the new school that the child can build a trusted and safe relationship with. When the key person is not available, provide a familiar person to give a sense of comfort and safety.

Effective Response

- Caregivers interpret what needs are being communicated through the child's behaviour and respond effectively to create a sense of safety in a developmentally appropriate way that the child understands e.g. they do not put in rewards/sanctions to try to teach children who are too young to understand.
- Identify consistent, predictable and safe responses to the child's emotions and behaviour across home and both settings throughout the transition process to help the child to feel safe understood by trusted adults.

Engagement

- Be curious about previous experiences and current factors that might be affecting the child and family's emotional responses to transition and their engagement in the process. Think together about factors that might get in the way.
- Plan ways to support the child and family with engaging with the new school to help them to feel welcomed, connected, safe and supported. Find out what is needed to help them to feel that their child is in safe hands.
- Collaboratively explore the best ways to engage their child with the transition process e.g. what are their motivations and interests and how can they be given a voice and sense of choice and control.

Education

- Staff understand that children show us if they are feeling safe or scared through their behaviour and they work together with parents to explore what they are struggling with and what is getting in the way. Parents are viewed compassionately and seen as trying their best in challenging circumstances.
- Identify training needs of school staff to enable them to best meet the needs of the child as they transition e.g. ETIPSS, AET, ECASS.

Routines and Rhythms

- All staff understand that routines promote a sense of safety.
- Staff ensure that they are routine in their engagement with families e.g. clear about when visits are and their purpose. Provide photographs of where the meetings and visits will be held.
- Support families and staff with understanding the importance of keeping rhythms and routines consistent and predictable at home and at nursery/school throughout the transition process to help the child to feel safe and secure.
- Identify resources to help the child to make sense of changes, new routines and expectations e.g. objects of reference, photographs, visual timetables, social story, transition booklet, etc.

Becoming trauma informed is a process

Trauma aware:

- Staff understand trauma, its effects and that behaviour is the adaptation that children needed to make to survive.

Trauma sensitive:

- The workplace can operationalise some concepts of a trauma-informed approach.

Trauma responsive:

- Individuals and the organisation recognise and respond to trauma enabling changes in behaviour and strengthening resilience and protective factors.

Trauma-informed:

- The culture of the whole system, including all work practices and settings reflects a trauma-informed approach.

(Miesler and Myers, 2013)



Implementation

Case Study – Enfield School



Trauma awareness

- Whole staff training
- Bespoke training to lunch time supervisors
- Targeted training for identified year group

Trauma sensitive

- Walk through by governors identified positive introductions of a trauma- informed approach

Trauma responsive

- Aspects of trauma-informed practice implemented in school through supportive modelling interventions

Trauma informed

- Changes to policies involving input from pupil and parent voice

IMPLEMENTATION

Whole school community training on complex trauma and the ARC Framework with an 'planning meeting' prior to the training and a follow up 'audit and action planning meeting'. There is an expectation that data will be collected throughout

Half termly consultation sessions (3 hours). To be used flexibly:

- Support with E-TIPSS Audit Framework
- Support with the development of TIP implementation plan and identify initial outcomes for the school
- Further training and support for school staff or parents/carers
- Review/Evaluation

Successes

Engagement and education:

- Increase in strategic partnership work
- Greater awareness of child's development in early years

Routines and rhythms:

- Understanding where the routine causes problems
- Policies and operating procedures being ARC-aligned

Caregiver affect management:

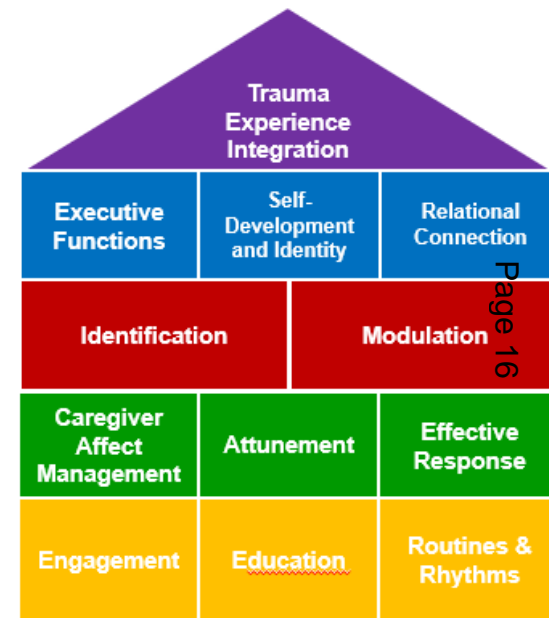
- Containment for the container – all interventions have a commitment for strategic consultation
- Staff wellbeing
- Impact of secondary trauma

Attunement:

- Referrals now referring to “What has happened to you?” not what is wrong with you

Effective response:

- Increase in confidence to respond to challenges in a trauma-informed way



Challenges

Dominant societal narratives:

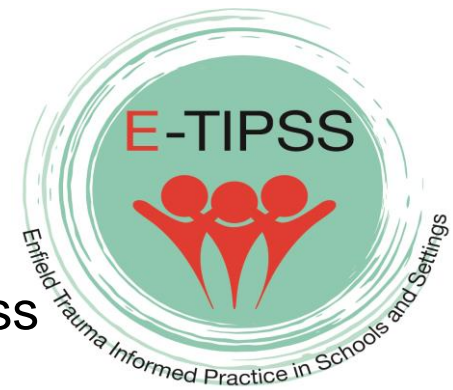
- Labelling and pathologizing behaviours at times of stress
- Behaviourist values of society,
- Child needs to change not the system

Systems in survival states:

- Financial pressures for schools and services
- Socio-economic factors impacting on families and pupils

Misunderstanding the process of change:

- Trying to change too much at once in different areas
- Thinking you have achieved it
- Trauma informed care takes time not a one stop destination (isomorphy with recovery journeys of young person)



Next Steps

- **The partnership is developing our Early Years E-TIPSS offer targeting settings with LAC and where there are poorer outcomes for PSED (EPS / Virtual School / SEYIS)**
(in line with Enfield's Joint Health and Wellbeing Strategy)
- **Supporting schools and services to build continuity of trauma-informed systems**
- **Further development of transitions and cross-phase working**
- **Increased confidence of leaders in driving Trauma-informed practice**



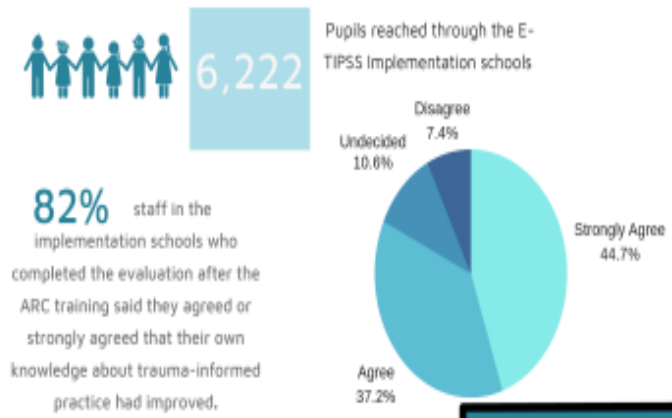
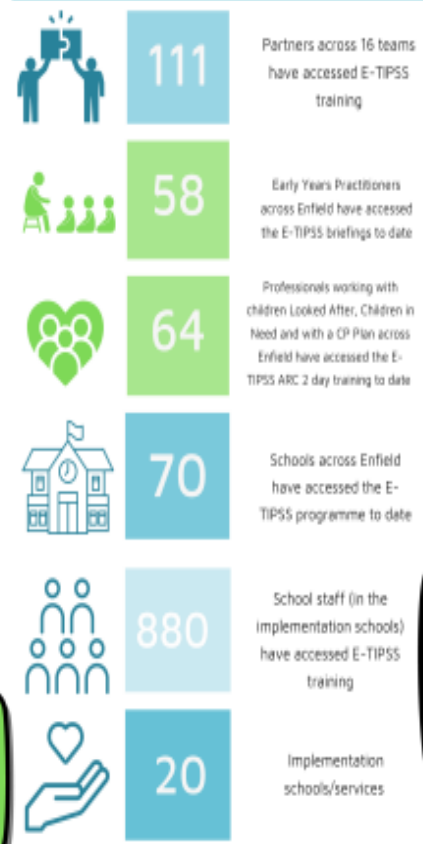
E-TIPSS DASHBOARD



Priority 1: E-TIPSS is a sustainable Enfield wide partnership programme. This will be well-publicised and sustained by E-TIPSS Champions who will deliver the programme across schools & settings and through their own teams or services.

Priority 2: E-TIPSS has an appropriate and sustainable training offer which is inclusive of: core training, a full implementation programme, bite-sized and/or bespoke training offers and ongoing opportunities for reflective practice.

Priority 3: E-TIPSS has an impact on education outcomes and inclusion for children and young people in Enfield



"I learnt that children need routine, engagement and feel safe or secure, then then they'll be able to learn self regulation and skills to cope." (March 2023)

"I'm surprised how much I can do to take a more trauma informed approach when working with children, young people and parents." (March 2023)

"I learned that small changes can make a big difference in bringing a trauma informed approach into school." (June 2022)

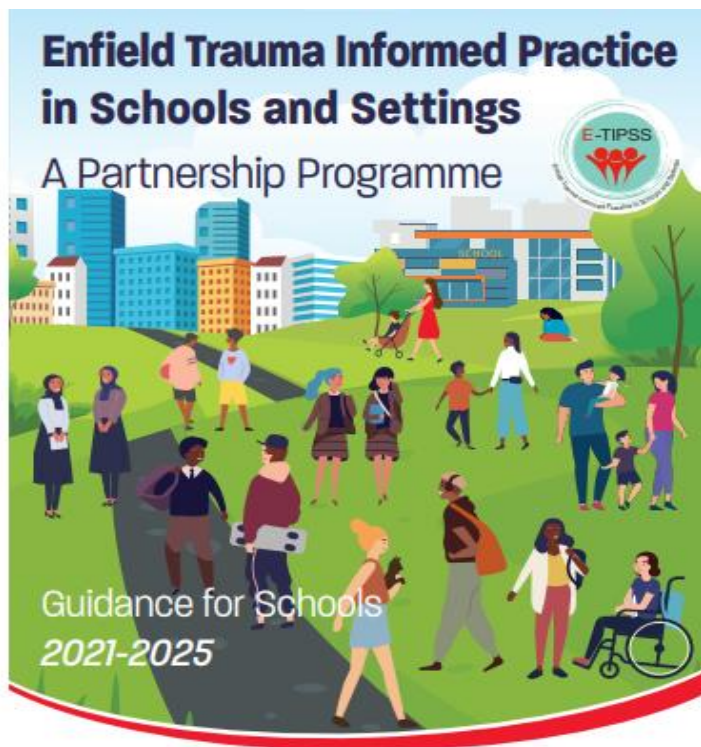
"The ARC framework fits into all services." (June 2023)

"How simple ARC is. The three principles are easy to understand and the building blocks are all something we can use." (March 2023)

"I learned lots of about the brain and the difference between survival brain and thinking brain and how those who experience trauma are often in survival brain." (June 2022)

"How positive relationships are the key to pretty much everything in life." (March 2023)

For More Information



E-TIPSS@Enfield.gov.uk

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<https://www.enfield.gov.uk/educationalpsychologyservice/enfield-trauma-informed-practice-in-schools-and-settings>