

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON TUESDAY, 11 JUNE 2024**

**MEMBERSHIP**

**PRESENT** (Chair) Cllr Alev Cazimoglu (Cabinet Member for Health & Social Care), Cllr Abdul Abdullahi (Cabinet Member for Children's Services), Cllr Emma Supple (Conservative Member representative), Dr Shakil Alam (NHS North Central London Integrated Care Board), Albie Stadtmiller (Healthwatch), Dudu Sher-Arami (Director of Public Health), Doug Wilson (Director of Adult Social Care), Tony Theodoulou (Executive Director of Children's Services), Jo Ikhelef (CEO of Enfield Voluntary Action) and Pamela Burke (Voluntary Sector)

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

**Also Attending:** Peppa Aubyn (NHS NCL ICB – Assistant Director (Enfield)), Jose Acuyo (Head of Policy & Research, ICB), Dr Alpesh Patel (NHS NCL), Gayan Perera (Public Health Intelligence Manager, LBE), Dr Chad Byworth (Public Health Team, 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 Clare Henderson, Andrew Wright, Debbie Gates, and Mark Tickner.

**2**

**DECLARATION OF INTERESTS**

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

**3**

**STATEMENT ON JHWBB PURPOSE, POWERS AND RELATIONSHIP IN ICB/ICS ERA**

RECEIVED the slide presentation, introduced by Dudu Sher-Arami, Director of Public Health, providing a useful update on key responsibilities of the Health and Wellbeing Board and how it relates to the ICS and population health and integrated care strategy.

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1. Legislation in 2012 brought in health and wellbeing boards and identified their key responsibilities: to produce a joint strategic needs assessment, to produce a pharmaceutical needs assessment, and to produce a joint local health and wellbeing strategy.
2. The joint local health and wellbeing strategy (JLHWS) was a local borough strategy identifying priorities for the health and wellbeing of Enfield residents.
3. ICSs must produce integrated care strategies: ours covered North Central London (NCL). These complemented each of the health and wellbeing strategies.
4. The purpose of population health and integrated care strategies was to identify the needs that could be addressed better at ICS level.
5. New government guidance was published in February 2024 relating to the preparation of integrated care strategies.
6. The integrated care strategy should reflect and complement, not supersede, any other place-based (borough) plans and strategies.
7. The 5-year joint forward plan was under the governance of the ICB but was co-produced with local authorities, partner Trusts and stakeholders.

### IN RESPONSE

8. In response to the Chair's queries on the complexity of the structure, and accessibility of strategies to the public, it was advised that the Joint Strategic Needs Assessment (JSNA) was a public document and the JLHWS would be published once approved. The JLHWS was written to be easy to use and to enable accessibility to the public. The JSNA website contained a lot of information and was accessible to the public. Feedback was sought on the JSNA and partners were encouraged to collect feedback and for this to be brought into the document. There was synergy between these strategies and population health and they were purposely aligned across the life course approach. The core offer for NCL set out the five year programme of change to bring all five boroughs up to the core offer.

The Chair highlighted the importance of reviewing governance structures and reducing duplication and making the structure simpler, and that this should be an action for Health and Wellbeing Board.

#### **ACTION: Dudu Sher Arami / Peppa Aubyn**

9. Pamela Burke raised that the Carers Partnership Board did not appear on the slides. The Director of Public Health confirmed that groups needed to be added in. It was raised also that on the Borough Partnership Board there was no-one yet appointed with responsibility of Carers Lead and this appointment was crucial. In response, the NCL community engagement alliance was highlighted, and the current scoping of how members were elected onto the Borough Partnership Board.

### 4

#### **LBE / NCL VACCINATION / INFECTION CONTROL UPDATE WITH SPECIFIC MEASLES / CHILDHOOD INFECTIOUS DISEASE STATUS REPORT**

RECEIVED the slide presentations Statutory Notifications of Infectious Diseases and Childhood Vaccine Update, and the Immunisation Plan,

introduced by Gayan Perera, Public Health Intelligence Manager and Dudu Sher-Arami, Director of Public Health.

1. The latest weekly figures across NCL boroughs showed numbers of measles and whooping cough cases increasing, particularly in Enfield. This was part of a national increase in cases since the start of the year. The majority of cases had been among unvaccinated young people. Illness suffered by break through cases to those immunised was noted to be much less severe.
2. The MMR dose 2 vaccine uptake was around 72% in Enfield. Generally Enfield's uptake figures were lower than NCL averages. Differences in uptake rates by deprivation quintile, by ethnicity, and by language spoken were highlighted.
3. With reference to whooping cough, uptake of the 6-in-1 and the 4-in-1 vaccine in Enfield was lower than the NCL average.
4. The Immunisation Plan had involved a sustained programme of work over recent years, but remained challenging.
5. Enfield had an immunisation action plan starting from pregnancy to older adulthood with activities to improve vaccine uptake, and a huge amount of capacity had been built into primary care for delivery of immunisation.

#### IN RESPONSE

6. In response to the Chair's queries, it was confirmed that changes in uptake over time were monitored, but were difficult to quantify. However, it was still important to continue this work and to disseminate accurate information. General reduction in immunisation take-up was a national trend and multi-factorial problem, and continued to be an issue.
7. The Chair asked about targeting specific communities with low uptake, such as traveller communities. It was advised that some of the most important work done was in training officers working in family hubs how to have positive vaccination conversations with families. Catch-up clinics and school visits and community health events were run, and there was a significant amount of community focussing. An opportunistic immunisation pilot project at North Mid Hospital was also highlighted.
8. It was confirmed that children's immunisation data was captured as long as they received vaccination at a school, pharmacy, or GP practice.

#### **5 CURRENT ICB RESTRUCTURING STATUS**

NOTED that this item was deferred to the next meeting of the Board, as the process was still ongoing. It was confirmed this was not affecting operational services.

The Chair requested an update from the ICB in respect of the restructure before October. Peppa Aubyn would circulate an action and a timeline.

**ACTION: NCL ICB**

#### **6**

## **JOINT HEALTH AND WELLBEING STRATEGY RENEWAL PROGRESS UPDATE**

NOTED that all Board members had received the draft Enfield Joint Local Health and Wellbeing Strategy 2024-2030.

Victoria Adnan, Policy and Performance Manager and Chad Byworth, Registrar, provided a verbal update on progress.

1. The JLHWS was in its final stages of development.
2. Following the joint development event between the Health and Wellbeing Board and the Borough Partnership in February, focus areas for the first biennial action plan were selected. These are:
  - Start Well – Priority 3: Support children and young people to maintain good emotional wellbeing and mental health.
  - Live Well – Priority 2: Support residents to manage their major conditions.
  - Age Well – Priority 2: Help every Enfield resident prevent the risks of age-related ill health.
3. Within each priority, a set of indicators drawn from the NCL Population Health Outcomes Framework would enable progress to be tracked. At six-month intervals, partners would be asked to identify and update internal progress measures.
4. The proposed action plan template had been circulated to all partners.
5. LBE officers will host several action planning clinics over the summer with members of the Board, to support joint development of the action plan.
6. The JLHWS would be presented to the Council in September, with final approval of the action plan by the Board in October.

### **IN RESPONSE**

7. Pamela Burke raised that there should be specific inclusion of young carers in the strategy, as discussed at the previous Board meeting. Also, unpaid carers should be meaningfully mentioned in the action plan. The Carers Partnership Board would like to work with the authorities in a joint action plan for carers. Dudu Sher-Arami would take this feedback forward.
8. The Chair welcomed the progress made and the proposed action planning.

### **7**

## **UPDATE ON IMPENDING CQC INSPECTION OF LB ENFIELD ADULT SOCIAL CARE**

RECEIVED a verbal update with presentation slides by Doug Wilson, Director of Adult Social Care.

1. The Adult Social Care Service in Enfield was last inspected in 2009/10, but the forthcoming Care Quality Commission (CQC) inspection would be a different process.
2. The inspection would focus on four areas:

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How we are working with People; Providing Support; Ensuring Safety; Leadership and Workforce.

3. The CQC would look at a variety of evidence.
4. The letter of notification was received three weeks ago, and the written submission was due on 12 June 2024. Over 90 pieces of supporting evidence would be submitted.
5. The inspection could take place within six months.
6. The ratings were Inadequate; Requires Improvement; Good; Outstanding.
7. The department would engage with stakeholders and partners, especially with those people likely to be seen by CQC.
8. The Adult Social Care Service was well prepared and welcomed the inspection.

### IN RESPONSE

9. The Chair expressed thanks to all the officers working hard to prepare for the inspection, and she knew that Enfield had a good story to tell.
10. Cllr Supple also welcomed the good evidence which would be submitted by the service.

## 8

### **FUTURE SUBJECT ITEMS FOR SPOTLIGHT AND DISCUSSION**

1. The next Board meeting in October would receive the JLHWS and action plans.
2. Cllr Abdullahi confirmed he had requested an agenda item from SEND and Inclusion Service, and a discussion regarding the challenges around autism diagnoses.
3. In response to queries on behalf of Enfield Voluntary Action in respect of voluntary sector organisations' concerns for their future, Doug Wilson confirmed that proper discussions would take place between the Council and the organisations involved, outside of the Board's remit.

## 9

### **ANY OTHER BUSINESS - DR CHAD BYWORTH**

1. An update on progress on the Suicide Prevention Plan would be brought to the Board in October.
2. The Chair recorded thanks on behalf of Health and Wellbeing Board to Dr Chad Byworth, ST1 Registrar, for the contributions he made to the Suicide Prevention Plan. The Director of Public Health echoed the thanks to Dr Chad Byworth as he would shortly be moving from Enfield to his next placement and he had also done a lot of work on the JLHWS and action plans.

## 10

### **MINUTES OF THE MEETING HELD ON 4 DECEMBER 2023**

**AGREED** the minutes of the meeting held on 4 December 2023.

## 11

**NEXT MEETING DATES**

NOTED the next Board meeting date: Tuesday 8 October 2024, 6:30pm on Teams.