

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON THURSDAY, 16 JULY 2020**

MEMBERSHIP

PRESENT Nesil Caliskan (Leader of the Council), Alev Cazimoglu (Cabinet Member for Health & Social Care), Rick Jewell (Cabinet Member for Children's Services), Mahtab Uddin (Cabinet Member for Public Health), Stuart Lines (Director of Public Health), Tony Theodoulou (Executive Director People), Vivien Giladi (Voluntary Sector), Pamela Burke (Voluntary Sector), Jo Ikhelef (CEO of Enfield Voluntary Action), Natalie Forrest (Chief Executive, Chase Farm Hospital, Royal Free Group), Maria Kane (Chief Executive North Middlesex University Hospital NHS Trust), Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust), Sarah D'Souza (Co-MD of the Local Clinical Commissioning Group) and Ruth Donaldson (Co-MD of the Local Clinical Commissioning Group)

ABSENT Dr Helene Brown (NHS England Representative), Bindi Nagra (Director of Adult Social Care) and Siobhan Harrington (Whittington Hospital)

OFFICERS: Ian Davis (Chief Executive), Niki Nicolaou (Voluntary Sector Manager), Mark Tickner (Health and Wellbeing Board Partnership Manager), Jane Creer (Secretary)

Also Attending: Frances O'Callaghan (Accountable Officer NHS NCL CCG), Deborah McBeal (Director of Integration, Enfield Directorate, NCL CCG), Dr Nitika Silhi and Dr Chitra Sankaran (Governing Body (Enfield) NCL CCG), Clare Duignan (LBE Acting Director of Adult Social Care), Sarah Cary (LBE Executive Director Place), Doug Wilkinson (LBE Director of Environment Operational Services), Mark Bradbury (LBE Director of Property and Economy), Doug Wilson (LBE Head of Strategy and Service Development), Harriet Potemkin (LBE Policy Partnerships Engagement Consultant), Joanne Drew (LBE Director of Housing and Regeneration), Darya Bordbar and Roseanna Kennedy-Smith (Enfield Public Health Intelligence), Dudu Sher-Arami (Consultant in Public Health)

1

WELCOME AND APOLOGIES

Councillor Nesil Caliskan, Chair, welcomed everyone to the virtual meeting, noting that it had been made accessible to the public and was being recorded.

On behalf of the Board, thanks were recorded to the organisations and individuals who had been working so hard on the front line in the borough during the Covid-19 pandemic, and tribute paid to the hundreds of Enfield residents who had tragically lost their lives, and those continuing to grieve their loved ones.

Apologies for absence were received from Dr Helene Brown, Siobhan Harrington and Glenn Stewart. Adult Social Care was represented by Clare Duignan.

**2
CONFIRMATION OF VICE CHAIR**

NOTED that further to the local clinical commissioning group (CCG) re-organisation, new representatives to the Board had been needed, and Dr Nitika Silhi was nominated, proposed and seconded for the position of Vice Chair, supported unanimously by the Board.

AGREED that Dr Nitika Silhi was elected as Vice Chair of Enfield Health and Wellbeing Board.

**3
DECLARATION OF INTERESTS**

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

**4
IMPACT OF COVID-19 IN ENFIELD**

RECEIVED the summary of recent Public Health England (PHE) reports and an analysis of Covid-19 related data in Enfield from LBE Public Health Intelligence.

NOTED

1. Introduction by Stuart Lines, Director of Public Health, that so far it was known that there had been a disproportionate effect on different communities, and this was an exposure of inequalities that had been there for a long time.
2. PHE had produced two reports; on the disparities in the risk and outcomes of Covid-19, and on understanding the impact of Covid-19 on BAME groups. The largest disparity was that older people were more affected, especially older men. The risk was higher in BAME groups than in white ethnic groups. Long term health conditions made people more vulnerable and were associated with worse outcomes. Housing conditions and types of work also affected vulnerability.
3. The second report made a number of recommendations. An approach was being developed at the local level to ensure vulnerable communities were being adequately protected. The Joint Health and Wellbeing Strategy

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related to this, and the recommendations were part of the restart of the Integrated Care Programme.

4. An overview of Covid-19 related data in Enfield was provided by Roseanna Kennedy-Smith and Darya Bordbar, Public Health Intelligence Specialists, including slides to illustrate:
 - current trends;
 - a longitudinal analysis, showing the peak number of cases (38) was on 16/4/20;
 - cumulative cases by ward;
 - shielding residents' numbers by ward;
 - excess mortality, against the 2014 – 2018 average;
 - characteristics of those who died, sourced from death certificate data and ethnicity detected via Origins software;
 - Covid-19 deaths by ward excluding care homes, showing close correspondence with the most deprived wards.

IN RESPONSE

5. Officers were thanked for the detailed data which went further than national data and was very helpful to understand the situation in Enfield and to plan for the winter.
6. The significance of the large number of care homes (not just for the elderly but also for people with learning disabilities and with mental illness) in Enfield was highlighted, noting that there was still not regular mass testing, or a national PPE distribution scheme for adult social care.

AGREED that Health and Wellbeing Board noted the information on impact of Covid-19 in Enfield.

5

ENFIELD COVID-19 OUTBREAK CONTROL PLAN

RECEIVED the report of the Director of Public Health, and a copy of the Enfield Local Outbreak Control Plan (LOCP).

NOTED

1. Introduction by Stuart Lines, Director of Public Health, that the plan provided a framework for response to local Covid-19 outbreaks.
2. High risk areas and premises across the borough were identified, including care homes, schools, workplaces and homes of multiple occupation.
3. Contacts identified and required to self isolate may need support from the local authority. In more complex outbreaks the Council would work closely with PHE and officers would be involved in contact tracing.
4. A series of exercises had started, which included schools and other boroughs, and there was peer review of plans to ensure they were robust.

IN RESPONSE

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5. The Chair confirmed that the local authority had committed to keep the supply centre of food running, and other support services. Also, real time individual data and mass testing in risk areas were important.
6. Communications were being agreed with the Community Resilience Board and would be shared and developed, including targeted messaging to communities. Voluntary sector representatives highlighted that they could help get messages out in their newsletters and forums. The borough-wide leaflet circulated by the resilience board would be sent to all Board members.

ACTION: Stuart Lines

AGREED that the Health and Wellbeing Board endorsed the Enfield Local Outbreak Control Plan and noted the LBE had already successfully dealt with two potential outbreaks.

6

ENFIELD INFLUENZA IMMUNISATION PLAN

RECEIVED the presentation and slide by Dudu Sher-Arami, Consultant in Public Health.

NOTED

1. Enfield had historically low immunisation uptake: lower than the average for London and England.
2. They did not want vaccination preventable diseases to occur because people were staying at home and keeping away from healthcare settings.
3. Concerns were being discussed with PHE and NHSE, commissioners of immunisation services, with subsequent work to update Enfield Immunisation Plan post Covid and focussing on timely action and improvement in uptake, coverage and access.
4. There was about to be a pan-London communications campaign, and innovative models for delivery. Information regarding expansion to 2020's immunisation programme was awaited.
5. Flu was an important topic as a second wave of Covid-19 could coincide with the flu season. It was important to ensure as high an uptake of immunisation as possible and that the campaign started early and was as well co-ordinated as possible.

IN RESPONSE

6. Vivien Giladi expressed concerns and asked for reassurance around early delivery of communications regarding flu vaccination. There was a need for new strategies to encourage people to get flu vaccinations in a way they were convinced was safe. Board members agreed flu immunisation was a key priority and there was a need to move with urgency.
7. The Chair considered a target for the borough to get to would be helpful, and mechanisms to increase numbers taking up the vaccination. It was confirmed by Vivien Giladi that the Over 50s Forum would support any target and take part in a working group.

AGREED to develop a mechanism for delivering an increased immunisation take up, and its monitoring.

ACTION: Dudu Sher-Arami / Enfield Health and Wellbeing Board

7

UPDATE ON ENFIELD'S JOINT HEALTH & WELLBEING STRATEGY (JHWBS) AND HEALTH INEQUALITIES

RECEIVED the presentation on joint health inequalities work.

NOTED

1. Introduction by Mark Tickner, Health and Wellbeing Board Partnership Manager, that the Joint Health and Wellbeing Strategy (JHWBS) had been approved last year and that additional actions would be put into the plan in respect of recovery post Covid. There would be significant inequalities components and an additional action plan. This would be brought to the next Board meeting.
2. Stuart Lines and Dudu Sher-Arami introduced the slide presentation resulting from the collaborative approach taken with the CCG and North Middlesex Hospital on tackling health inequalities, and addressing the recommendations in the PHE reports previously referred to. It was wished to link this work with the JHWBS.
3. Wider determinants of health had a more significant impact than access to healthcare.
4. There was partnership working, and a consensus would be built for addressing inequalities, with practical actions and activities identified.

AGREED that Health and Wellbeing Board noted the update on Enfield's Joint Health and Wellbeing Strategy (JHWBS) and health inequalities.

8

ENFIELD INTEGRATED CARE PARTNERSHIP UPDATE

RECEIVED the progress update on Enfield Borough Integrated Care Partnership (ICP).

NOTED the introduction by Ruth Donaldson, Co-Managing Director of North Central London CCG – Enfield Directorate, noting the progress made and the workshops with all local stakeholders. Measuring success against the priorities would be important.

AGREED that Health and Wellbeing Board noted the progress update.

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OTHER BUSINESS : PROPOSAL TO REVISE TERMS OF REFERENCE

NOTED

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1. The comments of Dr Nitika Silhi that she was pleased to be invited to the Board, and it was great to see the drive and commitment from everybody, cross-party, to improvements for patients. As a GP in Ponders End she was aware of the effect inequalities had on her patients and wanted to see an accurate reflection of those issues at CCG level and ICPs, in order that a difference could be made for our communities.
2. Frances O'Callaghan, Accountable Officer for North Central London CCG, commented that the meeting had been enjoyable and interesting and that she had spent time with the local Co-Managing Directors understanding Enfield concerns and inequalities and funding challenges. From the NCL CCG perspective the borough of Enfield was important to them and there was a huge opportunity for collaboration, and she would be happy to discuss further.
3. The Chair confirmed that the recently commissioned health inequality report gave clear recommendations, some of the most powerful of which depended on partnership. Whatever the proposals, in respect of endorsement of future plans, her questions would be (1) how any potential changes may provide more equitable health care across the region; and (2) how any potential proposals would directly help reduce health inequalities in this borough.
4. Councillor Cazimoglu thanked NCL CCG for reaching out, and carrying on engaging with communities, and that it was important that conversations carried on at an individual level with officers.
5. Parin Bahl, Healthwatch, re-iterated the importance that when changes came there was proper consultation and involvement, and an overview summary for the Board would be useful of what was happening at NCL CCG level.

10

MINUTES OF THE MEETING HELD ON 26 SEPTEMBER 2019

AGREED the minutes of the meeting held on 26 September 2019.

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DATES OF FUTURE MEETINGS AND DEVELOPMENT SESSIONS

NOTED the dates scheduled for future meetings for the 2020/21 municipal year, and potential for an additional meeting in September 2020.