

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY, 2 MARCH 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 ICB), Dudu Sher-Arami (Director of Public Health), Bindi Nagra (Director of Adult Social Care), Jo Ikhelef (CEO of Enfield Voluntary Action), Vivien Giladi (Voluntary Sector), Dr Nnenna Osuji (Chief Executive, North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

**ABSENT** Dr Helene Brown (NHS England Representative), Tony Theodoulou (Executive Director of Children's Services), Pamela Burke (Voluntary Sector), Dr Alan McGlennan (Chief Executive, Chase Farm Hospital, Royal Free Group) and Siobhan Harrington (Whittington Hospital)

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

**Also Attending:** Doug Wilson (Head of Strategy & Service Development, Health, Housing & Adult Social Care), Roseanna Kennedy-Smith (Public Health Intelligence Team), Debbie Gates (Community Development Officer, LBE), Anna Stewart (Start Well Programme Director, NCL NHS ICB), Riyadh Karim (Assistant Director of Primary Care, NCL NHS ICB), Ruth Donaldson (Director of Communities, NCL NHS ICB), Dr Dean Connolly (Doctors Net UK), Sophie Maule (UK Health Security Agency), Tim Hellings (Enfield Carers Centre), Dr Alpesh Patel (NHS NCL)

**1  
WELCOME AND APOLOGIES**

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

Apologies for absence were received from Tony Theodoulou and Dr Helene Brown.

**2  
DECLARATION OF INTERESTS**

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

3

**LBE VACCINATION UPDATE**

RECEIVED the slide presentation, introduced by Roseanna Kennedy-Smith, Senior Public Health Intelligence Specialist.

NOTED

1. Uptake of Covid-19 Autumn booster and flu vaccinations in Enfield was reported, across wards and cohorts. There was a decrease week on week in the numbers of Covid-19 booster vaccinations.
2. Uptake of childhood immunisations was also reported. A decreasing trend in uptake had been noted since 2017.

IN RESPONSE

3. Vivien Giladi asked about further planned Covid-19 booster vaccinations. It was advised that a booster in Spring 2023 was expected for immune-compromised populations across all ages, designed to boost their immunity. There would be a booster in Autumn 2023 for all older people. Clarification on available information would be provided to Board members.

**ACTION:** Dudu Sher-Arami

**Post Meeting Note:** The Joint Committee on Vaccination and Immunisation [JCVI] advised on 7<sup>th</sup> March that it had recommended an extra booster dose in spring of 2023 should be offered to:

- adults aged 75 years and over
- residents in a care home for older adults
- individuals aged 5 years and over who are immunosuppressed.

This additional dose should be offered around 6 months after the last previous dose.

4. In response to Members' queries, it was acknowledged there was a common perception that Covid-19 was 'over', but that the data from booster programmes did show that people who should be having booster vaccinations were taking them up.
5. In response to Members' concern and queries in relation to childhood immunisations and reasons why uptake had fallen, it was confirmed that Enfield statistics were generally in line with North Central London and London overall. A small scale survey carried out by NHS England had shown that hesitancy was, for the majority, not linked to accessibility or convenience of vaccination sites. Some people wanted greater discussion with health professionals, but there was no clear cut very strong reason for those not taking up childhood immunisations. The vaccinations had previously, and still were, delivered in primary care locations. The Borough Partnership had a Screening and Immunisation sub-group and had developed a detailed and extensive immunisation plan to use to oversee work being done to raise immunisation uptake. The trends were concerning, and a lot of actions were going on to reverse those trends.

The action plan would be shared with Board members, and an update provided to a future Board meeting on what improvements there had been in the uptake.

**ACTION:** Deborah McBeal

**4**

**NCL START WELL PROGRAMME UPDATE**

RECEIVED the slide presentation, introduced by Anna Stewart, Start Well Programme Director, NHS NCL ICB.

**NOTED**

1. The NCL's Start Well ambition was to ensure its services for children, young people, maternity and neonates, deliver outstanding, safe and timely care for local people wherever they live. Reducing inequalities in provision and health outcomes was key.
2. The focus was on hospital and elective services for children and young people, and maternity and neonatal services at NCUH, UCLH, the Royal Free, Barnet, Chase Farm and Whittington Health.
3. A big engagement exercise was carried out, and recommendations were published before Christmas last year. The detailed care models recommended would be shared to Board members.

**ACTION:** Anna Stewart

4. No decisions had been made yet. The three recommendations were at the options appraisal stage. They related to (1) hospital based maternity and neonatal services and possible configuration of services; (2) the one stand-alone midwifery-led unit at Edgware and sustainability of that service; and (3) low volume specialities for children under three years old and potential co-location and reduction in numbers of transfers. Work was ongoing and there was a lot of clinical input.
5. There would be further assurance and clinical testing. It would be a further few months before recommendations were firm. A decision would then be submitted to the ICB Board for approval. If there were to be changes, there would also be public consultation.

**IN RESPONSE**

6. In response to Members' queries regarding patient and service user engagement, it was confirmed that there was an intensive period of engagement over the summer and there was a full report published online. A patient / public engagement group had been set up, chaired by a lay representative. This group had been asked to take a lead on some aspects of the options appraisal, including travel times. As part of the impact assessment there would be additional engagement and more detailed work. There would be a full public consultation if there were potential changes proposed.
7. In response to further queries particularly in respect of a cohort of women in the east of the borough who experienced poorer health outcomes and

the need to consider that area, it was confirmed there was consciousness of deprived areas in this process.

8. The Chair stressed that the Board would need an understanding of positive and negative impacts of the programme on Enfield specifically. It was confirmed that the programme was being considered at a borough and sub-borough level, and there would be further attendance at the Board to discuss recommendations and impact assessment. Lead Members and Directors of Public Health were being briefed as the process went along. It was confirmed there were also presentations to North Middlesex Hospital Board. Sophisticated capacity planning tools were being used for assessment.

## 5

### **INSTITUTE OF HEALTHCARE IMPROVEMENT CORE20PLUS PROGRAMME**

RECEIVED the slide presentation in the agenda pack, and introduction by Riyadh Karim, Assistant Director of Primary Care (Enfield), Development and Population Health Directorate, North Central London ICB.

#### NOTED

1. It was good news that North Central London ICS had been selected as one of seven accelerator sites in the country, and the only one in London.
2. Core20PLUS5 was the approach of NHS England to drive targeted action to tackle healthcare inequalities. Focus was on the most deprived 20% of the population and five clinical areas of maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, and hypertension. Smoking cessation positively impacted all five key clinical areas. This was an overarching framework.
3. The programme would be delivered in partnership with the Institute for Healthcare Improvement (IHI). The seven accelerator sites would help to develop and share good healthcare inequalities improvement practice across integrated care systems (ICSs). The seven ICSs have received funding to support their participation in this programme. The sites will be given additional support from the IHI to apply these skills to tackle local healthcare inequalities.
4. Further updates would be brought to the Board as the project went on.

#### IN RESPONSE

5. The Chair welcomed Enfield being recognised as having long term challenges, and the opportunity this programme might provide to drive down inequalities, though it must be a sustainable model. There should also be alignment with the Start Well Programme.
6. Dr Nnenna Osuji agreed that being selected for this project was hugely important. Core20PLUS5 plus 2 was used at NNUH, to also include red cell disorders and HIV. Smoking cessation was also key. As NNUH was the largest healthcare provider she would like to see its strategies and funding linked to the project. In response, it was advised that the bid was

made on a clear consensus, that there was a narrow time line on the project and the proposed area of focus was smoking, pregnant women, and the household. This would permit a discernible impact, testing, scaling and spread. However, comments were noted and would be fed back.

6. In response to Cllr Abdullahi's queries, information would be circulated to Board members with data on annual health checks / early diagnosis.

**ACTION: Riyadh Karim**

7. Cllr Cazimoglu welcomed this programme for long term change, but highlighted pressing immediate challenges, particularly in respect of accessing primary care. It was acknowledged there was a need to tackle long and short-term issues. An in-depth discussion of primary care access to services was scheduled at the next meeting of the Health & Adult Social Care Scrutiny Panel on 8 March 2023 ( [Health & Adult Social Care Scrutiny Panel, 8th March, 2023 | Enfield Council](#) ). It was important to work collectively as a system. The project would be shaped meaningfully and sustainably.
8. In response to queries about the funding, it was confirmed that the project came with a discrete amount of money around £20,000. IHI was a respected institution and would deliver something transformational and sustainable.

## 6

### **NCL POPULATION HEALTH AND INTEGRATED CARE STRATEGY AND JOINT FORWARD PLAN**

RECEIVED the slide presentation in the agenda pack, introduced by Ruth Donaldson, Director of Communities, NCL NHS ICB, and Dudu Sher-Arami, Director of Public Health.

#### NOTED

1. Since the previous presentation on development of population health and integration strategy across North Central London there had been development work and consultation.
2. Population health and the shared purpose across the North Central London Integrated Care System would link to the new joint local health and wellbeing strategy (JLHWS).
3. The five population health improvement development areas where system focus will deliver the greatest impact were highlighted. These were childhood immunisations; heart health; cancer; lung health; and mental health.
4. Resources should be targeted to the most vulnerable communities.

#### IN RESPONSE

5. The Chair noted that this framework will ultimately inform commissioning. The slides provided more context of the North Central London perspective in advance of considering the JLHWS in the next agenda item.

**7**

**LBE JOINT HEALTH AND WELLBEING UPDATE AND DISCUSSION**

RECEIVED an introduction by Mark Tickner, LBE Public Health Department / HWB Partnership Manager, and Dudu Sher-Arami, Director of Public Health, inviting Board Members' discussion of the renewing of the JLHWS and the potential priorities. This was an initial discussion of the priorities that members would like to see in the new draft. As a joint strategy it was key that all were in agreement in respect of priorities.

**IN RESPONSE**

1. The Chair confirmed that the renewed strategy should build on the previous strategy. Key issues were: (1) alignment with North Central London priorities, as ultimate commissioning was important; (2) an anchor to driving down health inequalities, which were particularly stark and challenging in Enfield; (3) alignment with Enfield's Council Plan; (4) addressing immediate pressures being felt by residents, including waiting times and access to GPs; and (5) long term strategies for improving people's health in the borough, including involving adult social care.
2. Deborah McBeal highlighted drivers of inequality, including education and employment, which would lead to change in the longer term.
3. Dudu Sher-Arami confirmed that a range of high level and key strategies would need to be taken into consideration to produce a coherent JLHWS, and lead to a small number of key priorities agreed on. The format should be changed to an action plan, to be reported against at each Board meeting. The action plan would articulate what was being asked from all partners.

**8**

**MINUTES OF THE MEETING HELD ON 15 DECEMBER 2022**

**AGREED** the minutes of the meeting held on 15 December 2022.

**9**

**NEXT MEETING DATES AND DEVELOPMENT SESSIONS (PROVISIONAL)**

NOTED this was the final meeting of the 2022/23 municipal year. The 2023/24 Council calendar of meetings was subject to approval at Annual Council in May.

The proposed next Board meeting date and development session:  
Tuesday 6 June 2023, 6:30PM