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## **HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL**

**Thursday, 21st January, 2021 at 7.00 pm  
This will be a virtual meeting**

### **Membership:**

Councillors : Huseyin Akpinar, Kate Anolue, Dinah Barry, Chris Dey (Vice Chair), Christine Hamilton (Deputy Mayor), Saray Karakus, Edward Smith (Chair) and Doug Taylor

### **AGENDA – PART 1**

- 1. WELCOME AND APOLOGIES**
- 2. DECLARATIONS OF INTEREST**

Members of the Council are invited to identify any disclosable pecuniary, other pecuniary or non-pecuniary interests relevant to the items on the agenda.

- 3. MINUTES OF THE MEETING HELD ON 3 NOVEMBER 2020 (Pages 1 - 8)**

To receive and agree the minutes of the meeting held on 3 November 2020.

**4. COVID-19 AND THE PROVISION OF MENTAL HEALTH SERVICES**  
(Pages 9 - 18)

To receive a presentation from Andrew Wright (Director of Planning and Partnerships) and Dr Pardeep Grewal (Clinical Director of Mental Health Services-Enfield) from the Barnet, Enfield and Haringey Mental Health Trust

**5. IMMUNISATION TAKE-UP** (Pages 19 - 34)

To receive a presentation from representatives of the North Central London Clinical Commissioning Group and the Enfield Council Public Health Team (The Integrated Care Partnership)

**6. PRE-DECISION SCRUTINY - EXTRA CARE SERVICES AT ALCAZAR COURT AND SKINNERS COURT (TO FOLLOW)**

This is a pre-decision scrutiny item asking for comments on service provision at Alcazar Court and Skinners Court.

**7. WORK PROGRAMME 2020/21** (Pages 35 - 36)

To note the work programme for 2020/21

**8. DATES OF FUTURE MEETINGS**

To note the date of future meetings as follows –

Wednesday 24 March 2021

## **MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON TUESDAY, 3RD NOVEMBER, 2020**

**MEMBERS:** Councillors Kate Anolue, Dinah Barry, Chris Dey (Vice-Chair), Christine Hamilton (Deputy Mayor), Saray Karakus, Edward Smith (Chair) and Doug Taylor

**Officers:** Tony Theodoulou, Executive Director People, Bindi Nagra, Director of Health and Adult Social Care, Joanne Drew, Director of Housing and Regeneration, Doug Wilson, Head of Strategy and Service Development, Lia Marwick, Service Development Manager, Clare Bryant, Senior Governance Officer, Andy Ellis, Governance and Scrutiny Officer.

**Also Attending:** Alan McGlennan, Medical Director, Chase Farm Hospital, Sally Dootson, Director of Operations, Barnet Hospital, Katrina Davies and Sarah D'Souza, North Central London Clinical Commissioning Group (NCL CCG)

**Cabinet Member:** Cllr Alev Cazimoglu, Cabinet Member for Health and Social Care

### **9. WELCOME AND APOLOGIES**

The Chair, Cllr Edward Smith welcomed everyone to the meeting. Apologies were received from Cllr Huseyin Akpinar. Cllr Kate Anolue and Cllr Doug Taylor were required to attend the Planning Committee and left this meeting at 7.30pm.

### **10. DECLARATIONS OF INTEREST**

No declarations of interest were received.

### **11. MINUTES OF THE MEETING HELD ON 9 SEPTEMBER 2020**

The minutes of the meeting held on 9 September 2020 were agreed.

### **12. OLDER PEOPLE'S ASSESSMENT UNIT**

Alan McGlennan highlighted the following from the report:

- 1) The Older People's Assessment Unit (OPAU) is a GP referral service which cares for patients aged 65 and over. The OPAU was part of the service provision at Chase Farm Hospital but as a result of the Covid-19 pandemic, the unit was temporarily re-located to Barnet Hospital in June 2020.
- 2) The change was made in line with NHS England pan-London infection prevention and control guidance.

**HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 3.11.2020**

- 3) During the initial stages of the pandemic, the OPAU remained operational but all elective surgery at Chase Farm was cancelled. As elective surgery was re-introduced on the site, a decision was taken that it was not possible to continue with the OPAU provision at Chase Farm, with elderly patients being required to move across various departments. Unlike the majority of other patients who attended for planned care, it was not possible to screen them for Covid-19 in advance, due to the nature of their need to be seen quickly.
- 4) Service provision for the OPAU has remained the same following the re-location to Barnet. Referrals are accepted from North Central London and Hertfordshire.
- 5) Before the temporary move was undertaken, staff, GPs and commissioners were notified but The Royal Free Trust were not required to consult local overview and scrutiny committees prior to taking the decision.
- 6) The current arrangements for the OPAU location are being reviewed in line with recent changes in infection and prevention guidance. The Scrutiny Panel will be updated with any further developments.

The Chair opened the discussion for comments and questions;

- 7) In response to a question as to why Barnet Hospital was considered a safer location than Chase Farm Hospital, it was noted that it was a service related decision to minimise the possibility of transmission of the virus in healthcare. Chase Farm Hospital carries out elective surgery and outpatient clinics and can remain a 'clean' or covid protected site. At Barnet, admissions are via the A&E Department, directly on to wards and has the necessary infection control measures in place. With OPAU patients potentially having Covid-19 symptoms, Barnet is the site best suited to accept them.
- 8) Following a comment relating to the difficulties for residents from eastern Enfield travelling to Barnet, it was confirmed that the temporary re-location of the OPAU would be reviewed by the North Central London Clinical Commissioning Group.
- 9) Barnet Hospital has a full service for admission avoidance, including for the elderly.
- 10) It was re-iterated that even for patients in the west of Enfield, access to Barnet Hospital via public transport is problematic and time consuming.
- 11) In noting the times of service provision, it was confirmed that the OPAU was not a 24 hour service. However, elderly patients would be admitted for care, irrespective of opening hours, just like any other out-patient service.
- 12) With more testing becoming available, tests would be prioritised for patients with a priority need, including the elderly.

In summary, The Chair confirmed that The OPAU should be repatriated to the Chase Farm site as soon as the pandemic allows. Members of the Scrutiny Panel would be concerned if the unit was to remain in Barnet, following the end of the pandemic.

## HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 3.11.2020

Alan McGlennan and Sally Dootson were thanked for their presentation.

### 13. COVID-19 AND CARE HOMES

- 1) Cllr Alev Cazimoglu, Cabinet Member for Health and Social Care introduced this item and noted the progress made, especially relating to systematic testing and the provision of PPE. The rate of new cases of covid-19 has reduced with no covid-19 related deaths in care homes within the last 2 months.
- 2) It was noted that the Council must support family members, where appropriate, to maintain safe and regular contact with their loved ones. Care home staff should receive their pay when required to self-isolate during these challenging times. Cllr Cazimoglu thanked all front-line staff for continuing to care for our family and friends.
- 3) Enfield has 82 care homes, providing 1800 beds. As the pandemic developed, Enfield Council mobilised quickly in partnership with health service colleagues and service providers. Enfield acquired good levels of PPE and continued to push for mass testing for residents and staff in the care homes.
- 4) Care home staff were praised for the way they have adapted and carried out their work in very trying circumstances.
- 5) The physical impact of the pandemic is clear but the mental toll upon residents and family members can't be underestimated. Care homes must be kept safe by keeping infection out, balanced with allowing appropriate access visits. This has been achieved in a number of ways, via skype calls or garden visits. With end of life care, the appropriate precautions are taken to allow family members to be with their loved ones.
- 6) Although the Council will not be complacent, in April there were infections in over 50 care homes, that figure is now less than 10.
- 7) The Council provide care homes with the latest Government guidance as we work to ensure that staff, residents and residents families are safe.

The Chair thanked Cllr Cazimoglu and Doug Wilson for their input and asked members for any questions and comments.

- 8) In response to a question relating to visits, it was noted that guidance is provided to care homes by the Director of Public Health, advising of benefits and the risks of enabling personal visits to care homes. However, a capacity issue can arise when staff in care homes are in self-isolation as a number of staff members may be required to facilitate a personal visit from a family member.
- 9) The current guidance requires all care home staff to be tested in the past 7 days and residents to be tested in the past 28 days. It was confirmed that this has been achieved in 79 care homes in the borough, with the remaining 3 to receive support in reaching this target.

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- 10) Mass testing is being developed to provide results within 30 minutes. Enfield Council, via Public Health England have applied to be a test site for this trial.
- 11) It was noted that the issue of visits is very difficult for residents, families and staff. Current Government guidance is not to allow visits to care homes, however, the council are being humane in interpreting the guidance and working with service providers to ensure all concerned are kept safe, with appropriate risk assessments being undertaken.
- 12) Issues relating to statistics available from Public Health England were highlighted. Previously, information on numbers of tests in homes was provided to the Council but since this has stopped, Officers are required to contact each home individually to ask for the information. Representations have been made with Public Health England as to why this information is no longer provided but a response has yet to be received. This will be followed up and the scrutiny panel advised accordingly.

**ACTION** : Bindi Nagra/Stuart Lines

- 13) The number of vacant beds in care homes had increased from 62 in March to 270 in October. It was confirmed that this was mainly as a result of the number of deaths and the reduction in new placements.
- 14) The issue of low pay for care workers was commented upon. The additional monies received from Government was to be used to fight the infection levels and was not intended for front-line staff. To address this issue of low pay, there needs to be a reform of Social Care. It was recognised that the workers the community relies upon the most receive the lowest salary.
- 15) The importance of containing any infection and not working in more than one site was noted. It was confirmed that part of additional government funding was provided to care homes to pay staff, in full, if they needed to self-isolate or they were required to give up part of their employment at another site.
- 16) The Council are instructing care homes not to allow staff to work in other care settings as this is recognised as one of the main ways that infection is spread.
- 17) A comment was received in relation to the National Living Wage and the Chair reminded all members to remain non-partisan during scrutiny meetings.
- 18) It was highlighted that in preparation for the 2<sup>nd</sup> wave of the pandemic, 85 step-down, additional capacity beds will be available in North Central London. These beds will be used by patients leaving hospital care, who test positive for covid-19, rather than returning to a care home. The beds in Enfield are located at the St.Micheal's site and Chase Farm Hospital. Currently, only a very small number of these beds are occupied across the North Central London area. If the NHS were to become over-whelmed, the use of these beds would need to be reconsidered. Enfield Council will resist, for as long as possible, hospital discharges in to care homes as it was apparent that this resulted in the great number of deaths witnessed during the first wave of the pandemic.

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19) In response to a question, it was confirmed that NHS workers are taken from other parts of the service to staff these step-down beds.

20) A question was asked as to whether local hospitals were able to provide covid-free areas within their premises, to safeguard covid-negative patients. In response, it was noted that hospitals could be classed as 'hot or 'cold' sites. Hot sites would take covid-positive patients, however, cold sites would not. Within Enfield, Chase Farm is a cold site, with much elective surgery taking place here, but North Middlesex hospital is a hot site, with covid positive patients being admitted via GP referral or A&E.

In closing this item, The Chair commented that Members would feel assured by the work being undertaken and thanked Cllr Cazimoglu and Officers for their contributions.

### 14. REARDON COURT EXTRA CARE HOUSING ( TO FOLLOW)

The Chair introduced this item and summarized the grant funding received to date. The GLA grant allocation requires a start on site by March 2021.

- 1) The Cabinet Member gave an overview of the extra care housing service which will enable independence, choice and control. This will, in turn, reduce demand on adult social care services and provide good quality housing in the borough.
- 2) The presentation given highlighted that Enfield has a growing population, people are living longer but not always in the best of health.
- 3) Prior to the pandemic, the numbers of people going into residential care had risen considerably in the past year. It is projected that 1780 older people will be living in residential care by 2025.
- 4) Extra care housing is an enhanced form of sheltered housing which offers accessible, flexibly designed self-contained accommodation with tenancy rights and 24-hour care.
- 5) This form of housing provision can prevent support and care needs escalating. It maximises the emotional, physical and mental wellbeing of residents, who are able to maintain social and support networks.
- 6) Good design is very important to enable the benefits of the service to be maximised. Reardon Court will be a development of 91 accessible homes (81 x 1 bed flats, 10 x 2 bed flats) with the design being considerate of the support and care requirements of individuals.
- 7) The emphasis of the scheme will be to promote social interaction, involvement and healthy, active aging.
- 8) The facilities will include a communal lounge, allotment space, hairdressing salon, laundry room, a library and IT suite acting as a cinema and a roof garden.
- 9) Demolition will commence at the end of 2020, construction will begin in March 2021, with completion targeted for 2023/24, however this will be dependent on any future lockdown periods.

Following the presentation, the Chair asked members for any questions or comments.

## HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 3.11.2020

- 10) In response to a question, it was confirmed that Adult Social Care officers are consulted when new housing schemes are being developed to ensure need is addressed.
- 11) When a large house is under-occupied, the most appropriate alternative accommodation must be available to offer, to allow the best use of properties, especially for family use.
- 12) A comment was made relating to the development of the Skinners Court in Palmers Green. Although this was funded externally, the scheme has been a great success and an excellent example of extra care housing.
- 13) The Chair noted that It will be important for the Scrutiny Panel to monitor the delivery of the Reardon Court scheme and reiterated that the GLA funding would be withdrawn if work doesn't commence on site in March next year.
- 14) Following a question relating to increased costs of the scheme of approximately 16%, it was confirmed that this was reported to Full Council. As a result of fly-tipping and arson on site, security costs have increased.
- 15) A comment was noted that management costs within extra care housing can be problematic as they are highly expensive schemes. Queries were raised in relation to operational and revenue costs and it was agreed that the Chair would write to the Director of Health and Adult Social Care for further clarification.

**ACTION:** Cllr Smith/Bindi Nagra

### 15. HEALTHWATCH TENDERING PROCESS

The Chair introduced this item and confirmed that although not originally on the Work Programme for the Scrutiny Panel, the Director of Health and Adult Social Care had requested that Scrutiny consider the tendering process for a local Healthwatch function.

- 1) The Cabinet Member and Officers outlined the report and highlighted that the reason for bringing the report to Scrutiny was not because the Council were unhappy with the current service provision, however, the market has matured and far more organisations now exist.
- 2) This is an opportunity to test the market and the tendering process is underway.
- 3) The Chair commented that the report was very clear and useful. In response to a question relating to retaining valued expertise, should the existing contractor not be successful in a bid, it was confirmed that TUPE would apply and staff would have the option to join the in-coming company.
- 4) With the approval of the Chair, future contracts will come before the Scrutiny Panel, at the commencement of the tendering process.
- 5) The Chair and the Cabinet Member agreed that this would be critically important and the new scrutiny structure would support this.

### 16. WORK PROGRAMME 2020/21

**HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 3.11.2020**

The Work Programme for 2020/21 was agreed.

**17. DATES OF FUTURE MEETINGS**

The dates of future meetings were noted as:

Thursday 21 January 2021

Wednesday 24 March 2021

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21 January 2021



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Agenda Item 4

# Mental Health Trust update to Enfield Health and Adult Social Care Scrutiny Panel

# Introduction

- Thank you for the opportunity to update you
- This evening we will cover:
  - Current position on COVID-19 response
  - Transformation of services through the pandemic
  - Plans for further transformation of mental health services
  - Moving to system based working in planning and delivering services
- Time for questions and discussion at the end

# Current position

- Trust was well prepared for Wave 3 and has all the necessary arrangements in place
- Priority is keeping patients and staff safe and supported
- Differences in Wave 3 are:
  - New variant that is more transmissible – Enfield currently has particularly high COVID prevalence
  - BEH providing physical health ‘step down’ beds at CFH
  - Major patient and staff COVID-19 vaccination programme
- All efforts currently focused on COVID-19 response and managing increased demand for mental health services

# Current Challenges

- Workforce absence 6 -15%
- No drop in demand, incl. for substance misuse services
- Surge in demand for acute mental health support/crisis
- Reduced mental health bed capacity (due to infection control measures)
- Staff resilience is being tested

# Transformation of services through the pandemic

## Excellence for service users



- Rapid implementation of latest national guidance
- Minimising spread of virus through tight infection control measures and cohorting inpatients
- Vulnerable patients being supported in the community
- Community Mental Health Teams supported by 24/7 telephone Crisis Line providing a Single Point of Access for referrals, including children and young people

## Empowerment for staff



- All Trust staff receiving COVID vaccination ASAP
- Supporting staff through regular communications and webinars with CEO, support helplines, hot food, relaxation spaces, psychological support etc
- Access to on-line resources for staff
- Supporting BAME staff and others at higher risk through formal risk assessments, plus Better Together Network and launch of new Inclusion Programme

# Transformation of services through the pandemic

## Innovation in services



- Increased virtual consultations for patients, where clinically appropriate and possible – but face to face still important
- Using digital technology to support more flexible working for staff
- New ways of working to support social distancing

## Partnerships with others



- Support to NMUH and Barnet Hospital A&Es
- Physical and mental health support to NMUH and care homes in Barnet, Enfield and Haringey
- BEH providing increased local physical health bed capacity on Chase Farm site to support discharge of patients from acute hospitals

# Future plans

- Trust has learnt a lot from the pandemic and is embedding positive changes to improve services in the future, including:
  - Greater use of virtual consultations where appropriate
  - Better support for staff
  - More flexible workforce roles e.g. Peer Support Workers
  - More flexible working and use of our estate
  - Working more closely with local NHS, Council and voluntary sector partners



0800 0696 222 'frontline' to 85258 people.nhs.uk

Supporting healthy lives

# Future plans

- National NHS Long Term Plan commits additional investment to develop mental health services
- BEH is leading work across North Central London to secure additional resources and 'level-up' historic differences
- Additional investment will increase the capacity of community mental health teams and help reduce admissions
- It will also support integration with primary care, community health, local authority and voluntary sector services at Primary Care Network level, providing local, integrated care
- Resources are also being invested in strengthening Crisis Houses in each borough, also helping to reduce admissions

# Collaboration and system based working

- Nationally, NHS is increasingly working in Integrated Care Systems (ICSs) with local Integrated Care Partnerships (ICPs) at borough level
- NHS providers across NCL are working much more collaboratively, informed by the COVID-19 response and need to deliver integrated care
- For mental health, this means the plans for future developments of services are being managed at NCL level
- This will benefit Enfield through helping to level up resources and ensure more consistent, high quality, services for local people

# Summary

- Trust is responding well to Wave 3, but faces significant challenges
- The pandemic has led to major beneficial changes in how services are provided, which will be maintained going forward
- Future plans are well developed for strengthening local mental health services further, through additional investment over next 2 – 3 years
- Our services and those of other partners are increasingly working together to provide better and more integrated care at local level

# Enfield Integrated Care Partnership

Report for Health and Scrutiny Panel

21 January 2021



# Who is eligible for Flu vaccinations?

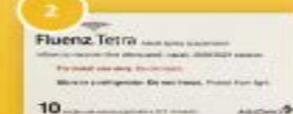
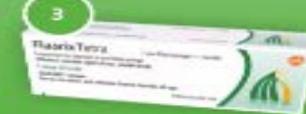
Public Health England



6 months to under 2 years	2 years to 11 years	2 years to less than 9 years	11 years to 17 years	9 years to 64 years	50 years to 64 years <sup>(1)</sup>	65 years and over
<b>In a clinical risk group</b>	<b>All children with no contraindications to LAIV</b>	<b>In a clinical risk group and LAIV medically contraindicated</b>	<b>In a clinical risk group and no contraindications to LAIV</b>	<b>9 years to 17 years in a clinical risk group and LAIV contraindicated</b> <b>18 years to 64 years in a clinical risk group</b> <b>pregnant women</b> <b>frontline health and social care workers</b>	<b>All 50 to 64 years of age (extended programme)<sup>(1)</sup></b>	<b>All 65 years and over (and those who will turn 65 years before 31/03/2021)<sup>(1)(2)</sup></b>
<b>QIVe</b> (Quadrivalent influenza vaccine, egg-grown)	<b>Quadrivalent LAIV</b> (Live attenuated influenza vaccine, nasal spray suspension) <sup>(3)</sup>	<b>QIVe</b> (Quadrivalent influenza vaccine, egg-grown) – for 2 to 3 year olds check 'licensed from' age for appropriate vaccine	<b>Quadrivalent LAIV</b> (Live attenuated influenza vaccine, nasal spray suspension) <sup>(3)</sup>	<b>QIVc</b> (Quadrivalent influenza vaccine, cell-grown), recombinant) – suitable from 18 years of age <sup>(4)</sup> <b>or QIVe</b> (Quadrivalent influenza vaccine, egg grown) if QIVc or QIVr not available at point of vaccine delivery	<b>QIVc</b> (Quadrivalent influenza vaccine, cell-grown) <b>QIVr</b> (Quadrivalent influenza vaccine, recombinant) – suitable from 18 years of age <sup>(4)</sup> <b>or QIVe</b> (Quadrivalent influenza vaccine, egg grown) if QIVc or QIVr not available at point of vaccine delivery	<b>aTIV</b> (Adjuvanted trivalent influenza vaccine) <sup>(5)</sup> <b>or QIVc</b> (Quadrivalent influenza vaccine, cell-grown) if aTIV not available
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## Flu vaccines 2020 to 2021 season

(v2)

<b>Quadrivalent Influenza Vaccine</b> Sanofi Pasteur <b>QIVe</b>  Licensed from 6 months of age	<b>Fluenz<sup>®</sup> Tetra</b> AstraZeneca <b>LAIV</b>  Licensed from 2 years to less than 18 years of age	<b>Fluarix Tetra</b> GSK <b>QIVe<sup>(1)</sup></b> (Available to order from 1 December 2020 for children 6 months to 2 years)  Licensed from 6 months of age	<b>Influvac<sup>®</sup> sub-unit Tetra</b> Mylan <b>QIVe</b>  Licensed from 3 years of age	<b>Flucelvax<sup>®</sup> Tetra</b> Seqirus <b>QIVc</b>  Licensed from 9 years of age <sup>(1)</sup>	<b>Adjuvanted Trivalent Influenza Vaccine</b> Seqirus <b>aTIV</b>  Licensed from 65 years of age	<b>Flublok Quadrivalent</b> Sanofi Pasteur <b>QIVr</b>  Authorised for use from 18 years of age
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(1) Available to order from 1 December 2020 for children 6 months to 2 years  
 (2) Some people may not accept the use of porcine gelatine in medical products such as LAIV. For details on alternative vaccine offers available mid-November 2020 see PHE information for health care professionals 'The National Childhood Immunisation Programme 2020 to 2021'. Fluarix Tetra are able to order from 1 December 2020 to mid-November 2020.  
 (3) The vaccination programme will be extended from 1 December 2020 to include the 5-65 year old age group subject to vaccine supply. This extension will allow prioritisation of clinical risk groups.  
 (4) Although aTIV is not licensed for those less than 65 years of age it is recommended that those who will become 65 years of age before 31 March 2021 can be offered the vaccine from 1 October 2020. Trivalent influenza vaccine (Sanofi Pasteur) suitable for 65 years of age and over is not eligible for self-administration under NHS flu vaccine programme.  
 (5) The adjuvanted trivalent influenza vaccine is for temporary supply for the UK's frontline of health and social care workers. The licence for use of Health and Social Care workers' vaccination age not from this year's seasonal flu programme to meet public health need.  
 (6) From October 2020 Flublok Tetra licensed from 2 years of age.

### Resources

**Annual flu programme**  
[www.gov.uk/government/collections/annual-flu-programme](http://www.gov.uk/government/collections/annual-flu-programme)  
**Green Book chapter 19**  
[www.gov.uk/government/publications/influenza-the-green-book-chapter-19](http://www.gov.uk/government/publications/influenza-the-green-book-chapter-19)

**Flu i mmunisation**  
 Helping to protect people, every winter

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 Public Health England, number 2020/958  
 www.nhs.uk



# Enfield Flu uptake to date 06 January 2021

Enfield has surpassed the final 19/20 achievement (except pregnant women) before the end of December this year compared to the whole of the flu season last year.

Over 48k patients have been vaccinated in 20/21 compared to 53k for the whole of 19/20

Nearly 7k patients vaccinated in the new over 50 - not at risk cohort - additional Over 50 'not at risk' group added 3 December 2020.

NHS ambition for flu uptake is 75% for all cohorts with 100% ambition for front line workers.

Brick Lane Surgery only practice in North Central London to achieve uptake ambition for Over 65s, under 65s and 2/3 year old children.

<b>Flu Vaccination Eligible Cohorts</b>				
This table shows the flu vaccination uptake by eligible cohort. The Children 4-11 year old age group is not included in the Flu Vaccination Uptake %.				
Eligible Cohort	Number Vaccinated	% Uptake	Number Remaining to Target	Number Declined
6 months to 64 years in a clinical risk group	15,844	39.3%	14,360	3,527
65 years or older	28,385	60.9%	6,566	3,565
Additional 50-64 year olds not otherwise at risk	6,902	15.2%	27,265	1,932
Children 2-3	3,701	40.4%	3,166	1,097
CQC Registered Care Home or Nursing Home Resident	895	62.6%	177	111
Learning Disability	683	44.0%	482	118
Other Care Home Type Resident	75	47.8%	42	10
Pregnant women	626	28.2%	1,036	171
<b>Total for all eligible groups</b>	<b>54,877</b>	<b>38.7%</b>	<b>51,464</b>	<b>10,127</b>
Children 4-11	3,425	8.8%	25,915	345



# Steps taken to increase Flu uptake

- Engaged with the ten lowest performing practices and focusing on inviting clinically 'at risk groups,' especially those with COPD, Asthma, Diabetes and SMI patients.
- Additional parent webinars held to keep flu vaccine awareness high during lockdown.
- South West London CSU offered to call patients from NCL to encourage them to take up the flu jab, following improved uptake there - they are able to make 1,800-3,600 calls a day (3 times a week) and they are focusing on those PCNs with areas of highest deprivation and that have a low uptake.
- Working with Acute Trusts to improve uptake amongst pregnant women.
- Further Vaccine hesitancy training delivered to frontline healthcare workers to challenge flu misconceptions.
- Sharing best practice from across NCL with Enfield practices.
- Sharing best coding practice with all practices.
- Implementation of NCL Flu LCS to incentivise GPs to focus on the flu programme, and in particular hard to reach groups and to reduce inequalities in uptake.
- Engaged four main mosques in Enfield to support uptake in the Muslim community.



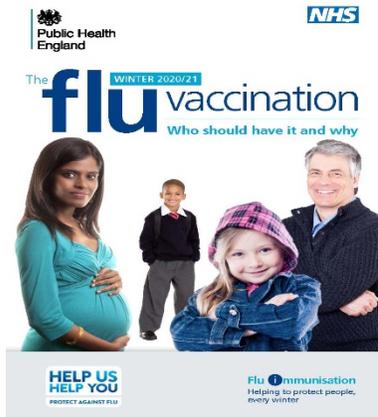
# Flu Communications and Engagement



- Comprehensive communications and engagement plan working with local authority partners and providers to deliver through shared channels
- Developed two animations, one for at risk groups and one aimed at parents – translated into top six languages spoken in NCL and shared through numerous channels – developed a microsite to be a centre of information. Partners were able to utilise this and it received 23,726 unique visits <https://conversation.northlondonpartners.org.uk/flu-season-2020/>
- Inserts in housing statements, library bags and food bank parcels, partner newsletter articles, including to schools and nurseries, and outdoor space advertising
- Commissioned VCS organisations to deliver workshops and targeted engagement with communities disproportionately affected by COVID-19 to understand barriers and promote uptake
- Promoted uptake with staff across all partner organisations



# Flu Communications and Engagement



- Virtual community events with VCS organisations
- Council magazine articles and resident letters from council leaders
- Working with faith forums and local mosques to get messages out to their communities. Also now developing a community TV and radio vaccination campaign specifically targeting the Somali community
- Gained support from the Turkish Consul to disseminate translated materials through their website, social media channels and NGOs
- GP pack provided to every practice - weekly webinar with activity updates
- Social media campaign – sharing digital assets across London STPs
- Advertising programme across digital platforms Facebook, Instagram, InYourArea, Nextdoor, Mumsnet and Gransnet – geographically and demographically targeted informed by HealthIntent uptake data. Stats show 295,128 views on Facebook, as at 17 December, and a good conversion rate of 28,165 clicks
- Training, myth busting tools and Q&As, and a script developed for GP practices to use to address vaccine hesitancy



# Flu uptake challenges and successes

- Early set up of Flu T&F Fortnightly group when national letter released. This allowed to identify challenges early and work in partnership to resolve issues.
- Late publication of National flu communications therefore started local communications earlier.
- Commissioning local Social media campaign using Use Facebook, mumsnet, etc
- Use of car park drive through as social distance compliant mass vaccination method.
- Understanding of stock availability in PCNs and pharmacies to ensure coverage across the system.
- Practices using Free Sanofi automated telephone reminder service.
- Providing vaccine hesitancy training to Doctors and nurses and helping challenge vaccine misconceptions.
- Engaging with Turkish consulate to improve uptake in Turkish community. As 18<sup>th</sup> November when meeting with Turkish consulate only 1,157 eligible Turkish speakers were vaccinated. Following support from the consulate in reaching out to NGOs and the wider Turkish community a further 876 patients were vaccinated , resulting in an 11.1% increase in uptake from 24.3% to 35.4%.
- HealthIntent data – availability of up to date data and data quality information to check coding.
- Education sessions with parents and children – Videos/ webinars
- Attending nursery forums, parent forums to raise awareness of the benefits of flu vaccination.



# Flu uptake challenges and successes continued

- Social distance rules affected school take up as whole year groups were absent from schools, therefore affecting ability of school age flu provider to vaccinate en masse.
- This posed a further challenge in encouraging students and parents to attend local clinics.
- Delay in national stock availability to vaccinate increase in eligible criteria and increase of national ambition to 75% for all cohorts, when previously 55%.
- Issue with lockdown and patient reluctance to come to surgeries.
- Challenging social media and anti vaxxer message therefore continued online engagement and messaging required, not just for flu season or the flu vaccine but all vaccines.
- Targeting hard to reach groups has been a challenge - i.e. homeless, deprived community, Muslim community and Central and Eastern European communities.



## Flu uptake additional recommendations for next Flu season

- Employ pharmacies to set up mass vaccination sites as they can jab patients irrespective where patients are registered.
- Practices to vaccinate their own Housebound patients as opposed to the community to speed up uptake.
- Engage in community spaces or virtual forums – local community radios i.e. Somali radio.
- Practices to order early for next year whilst current season in place with caveat that order can be changed pending JCVI guidance.
- Hospital engagement early to improve uptake with Pregnant women cohort.
- School age providers to order injectables for non-nasal flu cohort.



# COVID vaccine uptake

Designated GP sites have been mobilised to deliver a COVID 19 vaccination service between 8am and 8pm, seven days per week including bank holidays, where needed. (15 GP sites across NCL CCG)

- Carlton House Surgery, Medicus Health Partners, Enfield started vaccinations on 16/12/20
- Evergreen Surgery, Enfield started vaccinations on 18/12/20
- Winchmore Hill Practice, Enfield started vaccinations on 19/12/20
- Collaborative effort - Enfield GP practices, Primary Care Networks, GP Federation and commissioner support

Sites stood up to initially administer the Pfizer / BioNTech vaccine (first vaccine to be approved)

Pfizer / BioNTech vaccine has to be used quickly in the days following delivery  
(3.5 days of vaccination following delivery, storing at 2-8°C)

A 15 minute observation period in a socially distanced space has been reinstated for all patients by the MHRA (MHRA [guidance](#) about the use of the Pfizer/BioNTech vaccine in those with a history of anaphylaxis)

Super Sunday 20/12/20 - 1263 vaccinated in x3 Enfield sites

Figures provided close of play 10/01/21 - **11426 vaccinated** in x3 Enfield sites

Carlton House has the highest number vaccinated to-date in CCG (5459) Evergreen 3700 Winchmore Hill 2267



# COVID vaccine uptake

Sites have now additionally received deliveries of the Oxford/AstraZeneca vaccine

There is not a requirement for 15 minutes observation after administering the Oxford/AstraZeneca (AZ) vaccine

Unlike the Pfizer vaccine which has to be kept at an extremely cold temperature (-70C) - the Oxford AZ vaccine can be stored in a normal fridge. This makes it much easier to distribute (100 million doses of the AZ vaccine)

All vaccines should be used for cohort 1 and 2 recipients according to advice from the JCVI. This includes:

- Care home residents and staff (as the first priority)
- 80+ patients (including the truly housebound once Oxford/AstraZeneca vaccine is received)
- All health care workers (excluding care home workers), including those in your local community
- The exception to the above being any staff employed by GP practices and/or PCN grouping who can be offered an appointment to receive the vaccine directly
- Where necessary and to minimise vaccine wastage, those between 75-79 years old can be offered vaccination
- **Two doses** of COVID-19 vaccinations will need to be administered to each patient, the second dose will be administered towards the end of the recommended vaccine dosing schedule of 12 weeks with most booked in the **last week of the 12 week period**
- The [revised guidance](#) recommends that **as many people on JCVI priority list possible should sequentially be offered a first vaccine dose** as the initial priority. This will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact in reducing mortality, severe disease and hospitalisation



# COVID vaccine uptake

## #SuperSunday #TeamEnfield #TeamGP

**Riyadul Karim SRPharmS, MAPCPharm, MA, BA** @... · Dec 20, 2020

Over 1000 patients vaccinated in Enfield borough alone today! Many thanks to the three sites Carlton House @MedicusPartners Evergreen Surgery & Winchmore Hill Practice 🍷🍷🍷

#SuperSunday #TeamEnfield #TeamGP #CovidVaccine #CovidVaccinations @PrimaryCareNHS @NikkiKF #PrimaryCare

**Medicus Health Partners** @MedicusPartners · Dec 17, 20

Successful 1st day yesterday with 325 Enfield residents vaccinated again today making sure we keep everyone safe & Leading th clinicians and eligible family having the covid vaccine. National director for cardiovascular disease prevention @Shahed\_Ahn

**Riyadul Karim SRPharmS, MAPCPharm, MA, BA** @... · Dec 20, 2020

Winchmore Hill Practice, Enfield have Christmas songs on in the tent and everyone is in good spirits 🎄🎄🎄

@PrimaryCareNHS #PrimaryCare @NikkiKF #TeamEnfield #TeamGP #CovidVaccine #CovidVaccination



Ursula\_M and 8 others

5 28 85



**Riyadul Karim SRPharmS, MAPCPharm, MA, BA** @... · Dec 20, 2020

Dr Hetul Shah, GP Partner at Winchmore Hill Practice proud to be able to administer the #CovidVaccine for Monty Meth, Enfield's Over 50s Forum president.

Monty kindly consented to his pic being used to help promote #CovidVaccination across @NHS\_NCLCCG

@PrimaryCareNHS @NikkiKF



**1263 vaccines across x3 Enfield sites on one day!  
THANK YOU GENERAL PRACTICE!!!!**



# COVID Vaccines – Enfield Care Homes

## **COVID-19 Care Home Vaccination program:**

Barnet, Enfield and Haringey Mental Health are working together with the Enfield PCNs and NCL to ensure the COVID-19 Vaccination is delivered at pace to Care Homes and Care Home Staff across all of Enfield as part of the first four cohorts identified for vaccination by the JCVI.

Our initial planning centred on a roving model suited to support the vaccinations across 79 identified Nursing and Residential Care Homes in Enfield. Working with council colleagues and the constraints of moving and handling the Pfizer vaccine our focus has been to work with the larger homes in the first instance while grouping together smaller homes geographically close to ensure maximum opportunity and capacity for vaccination.

As the AZ vaccine supply has come on line BEH and the PCN are also planning roll out to Housebound patients.

## **Roll out timescale:**

Currently we have utilised a Pfizer pilot model to vaccinate across 5 Care Homes. This includes both patients and care home staff.

To maximise opportunity care home staff have also been and will continue to be offered access to vaccinations across NCL hospital Hubs and Mass Vaccination sites.

BEH will provide the workforce resources to vaccinate up to 100 care home residents and staff a day Monday to Friday. We continue to work with the PCN and across NCL to increase this capacity as more AZ vaccines become available.

Current figures provided by our council colleagues predicts that this model allows for all Care Home residents to be vaccinated within 4 weeks dependant on rate uptake.

Additional planning to capture any new admissions and those that may have changed their mind post visit from the team is ongoing.



# COVID Vaccines – Enfield Care Homes

## **Current Uptake**

We have successfully vaccinated 300 Care Home and Care Home Staff to date.

To ensure our current trajectory is met weekly meeting and an internal reporting system has been implemented between BEH, PCNs and Council Leads to ensure we can maximise opportunities and review any areas or low uptake

## **Local Actions: What's Working**

- Vaccine Planning and Implementation
- Ability to respond quickly to challenges and changes
- Communication
- Shared Learning

## **Local Actions: Key Challenges**

- Vaccine supply – being mitigated in our planning process and a joint decision to pool resources as required
- Reporting systems – being mitigated through manual reporting system to BEH central team for collation
- Workforce – current Major Incident in London has added increased pressure on workforce with teams being redeployed. To ensure vaccinations continue at pace teams trained and allocated for Care Home vaccinations have been ring-fenced and will not be redeployed and an additional workforce of volunteers being trained to support the program.



# COVID vaccines – Enfield Care Homes



**Emily Burch** @elmorose84 · Dec 30, 2020

I am blown away by the hard work & collaborative working between @MedicusPartners & @BEHMHTNHS Today they delivered vital #CovidVaccine to care homes in Enfield. Partnership working at its best to deliver gold standard care @Riyad\_SRPharmS @drmandaluke @DrVeisi @PrimaryCareNHS



1    10    35    ↑

You Retweeted

**NHS North Central London CCG – Enfield** @NCLCC... · Dec 30, 2020

Great news for #Enfield patients! A big thank you to everyone involved 🙌 @MedicusPartners @BEHMHTNHS



**Carrol Adal** @AdalCarrol · Dec 30, 2020

Care home vaccination programme commenced. A smooth operation and safely delivered to residents. Big thank you to the care home staff, pharmacist, administrator, the two lovely nurses and Matron. @MedicusPartners @NCLCCG\_Enfield @BEHMHTNHS



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# HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL WORK PROGRAMME 2020-21

WORK	Lead Officer	9 September 2020- Planning Session	3 November 2020	21 January 2021	24 March 2021
<b>Date papers to be with Governance and Scrutiny Team</b>		<b>n/a</b>	<b>23 October 2020</b>	<b>12 January 2021</b>	<b>15 March 2021</b>
<b>Specific Topics</b>					
Local Priorities 2020-21	Tony Theodoulou/Bindi Nagra/Stuart Lines/CCG Reps	Verbal update			
Older People's Assessment Unit at Chase Farm Hospital	Royal Free/ Chase Farm/ Lead Commisioners		Report		
Reconfiguration of the NHS					Report -*see note below
North Middlesex Hospital Trust	Maria Cane, CEO - NMUH Trust			Follow up on CQC Inspection (to be re-scheduled)	
Immunisation Take-up	Stuart Lines			Presentation	
Healthwatch Tendering process	Doug Wilson		Report		
Pre-decision Scrutiny – Extra Care Provision at Alcazar Court and Skinners Court				Report	
<b>Standing Items</b>					
<b>Covid-19</b>			Report - Care Homes (to include finances during and post pandemic)	Report – Mental Health	Report - TBC
<b>Monitoring/ update</b>					
Adult Safeguarding Report					Annual Report
Reardon Court			Progress Report		

## HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL WORK PROGRAMME 2020-21

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<b>Work Programme</b>					
Setting the Health and Adult Social Care Scrutiny Work Programme	Andy Ellis	<b>Agree Work Programme</b>			

\*Reconfiguration of the NHS Report to include the introduction of Integrated Care Partnerships, Accountable Care Organisations, Primary and Acute Care Systems and replacement of the Public Health England. These changes are being led by the NHS but with much greater involvement of local authorities and the care sector going forward. The Scrutiny Panel need to establish how the Council is gearing up for all these changes.