Public Document Pack

HEALTH AND WELLBEING BOARD

Thursday, 7 October 2021 at 6.30 pm
Virtual

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PLEASE NOTE: VIRTUAL MEETING

Join on your computer or mobile app
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MEMBERSHIP

Leader of the Council – Councillor Nesil Caliskan (Chair)
Cabinet Member for Health & Social Care – Councillor Alev Cazimoglu
Cabinet Member for Children's Services – Councillor Mahtab Uddin
Governing Body (Enfield) NCL CCG – Dr Nitika Silhi (Vice Chair)
NHS North Central London Clinical Commissioning Group – Deborah McBeal
Healthwatch Representative – Olivia Clymer
NHS England Representative – Dr Helene Brown
Interim Director of Public Health – Dudu Sher-Arami
Director of Adult Social Care – Bindi Nagra
Executive Director People – Tony Theodoulou
CEO of Enfield Voluntary Action – Jo Ikhelef
Voluntary Sector Representatives: Vivien Giladi, Pamela Burke

Non-Voting Members

Royal Free London NHS Foundation Trust – Dr Alan McGlennan
North Middlesex University Hospital NHS Trust – Nnenna Osuji
Barnet, Enfield and Haringey Mental Health NHS Trust – Andrew Wright
Whittington Hospital – Siobhan Harrington
Enfield Youth Parliament representative

AGENDA – PART 1

1. WELCOME AND APOLOGIES (6.30 - 6.40PM)

Welcome from the Chair and introductions

2. DECLARATION OF INTERESTS

Members are asked to declare any pecuniary, other pecuniary or non-pecuniary interests relating to items on the agenda.

3. COVID-19 AND OTHER WINTER THREATS IN ENFIELD UPDATE (6.40 - 7.00PM) (Pages 1 - 12)

i. **Epidemiology and outlook – PH Intelligence Team**. Gayan Perera, Darya Bordbar and Roseanna Kennedy-Smith

ii. **Care home status, visiting support, and vaccination status** – Des O'Donoghue, Brokerage and Market Development Manager, LBE

iii. **Vaccination update** – Dudu Sher Arami, Riyad Karim, Hetul Shah

4. PUBLIC HEALTH ENGLAND (PHE) SUCCESSOR ORGANISATIONS UPDATE - IMPLICATIONS FOR ENFIELD (7.00 - 7.20PM) (Pages 13 - 18)

Dudu Sher-Arami, Interim Director of Public Health, LBE.

5. UPDATE ON THE JOINT HEALTH AND SOCIAL CARE COMMISSIONING BOARD (7.20 - 7.35PM)

Doug Wilson, Head of Strategy and Service Development, Health, Housing & Adult Social Care Directorate, LBE.

Verbal update.

6. ICS WORKSTREAMS UPDATE (7.35 - 7.55PM) (Pages 19 - 62)

Stephen Wells, Head of Integrated Care Partnership Programme, NHS NCL CCG.

Paper to follow.

7. UPDATE FROM ROYAL FREE HOSPITAL AND NORTH MIDDLESEX UNIVERSITY HOSPITAL (7.55 - 8.15PM)

Verbal updates from
- Richard Gourlay, Director of Strategic Development, North Middlesex University Hospital
- Nnenna Osuji, Chief Executive, North Middlesex University Hospital.

8. ANY OTHER BUSINESS

9. MINUTES OF THE MEETING HELD ON 24 JUNE 2021 (Pages 63 - 68)

To receive and agree the minutes of the meeting held on 24 June 2021.

10. NEXT MEETING DATES AND DEVELOPMENT SESSIONS

Proposed dates of the next meetings:

Thurs 2 December 2021
Thurs 17 March 2022

Development Sessions to commence at 4:30pm.
Formal Board meetings to commence at 6:30pm.
Unless otherwise advised.
Venues to be confirmed.

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NHS
North Central London
Clinical Commissioning Group

Enfield COVID 19 Vaccination Update

Dr Hetul Shah GP, ICP Clinical Lead, Enfield Borough, NCL CCG

Riyad Karim Assistant Director of Primary Care, Enfield Borough, NCL CCG

Enfield COVID Vaccination Summary

North Central London
Clinical Commissioning Group

(National target) **At least 75% coverage for all JCVI cohorts – including health, social care and care home staff**

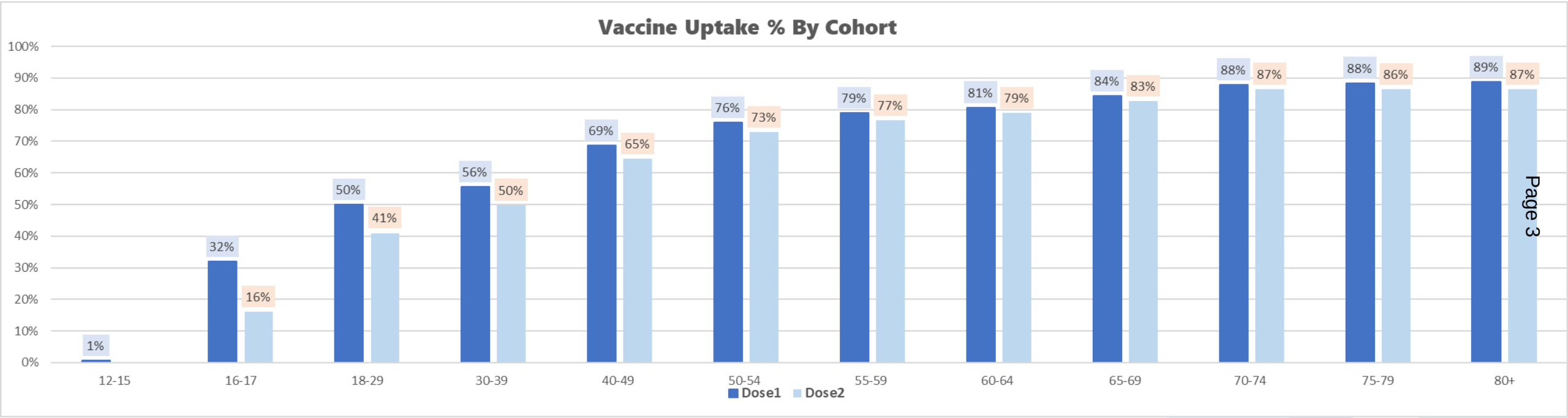
- Overall uptake in over 12s = 65% - second in North Central London after Barnet at 66%
- 92% of care home staff are now vaccinated with one dose and 86% second dose – all need to be fully vaccinated by 11 Nov
- Higher than 75% uptake in all cohorts above 50s
- Higher than 75% uptake in all over 12s in Highlands, Grange and Town

Below 75% vaccine coverage (or <95%) in some geographic communities, ethnic groups and other communities experiencing inequality (e.g. homeless, GRT)

- Age group: Uptake not yet at target in younger populations: 1% in 12-15s, 32% in 16-17s, 50% in 18-29s, 56% in 30-39, 69% in 40-49
- Wards: Uptake (over 12) particularly low in Lower Edmonton (53%), Upper Edmonton (53%) and Edmonton Green (55%)
- Ethnicity: Low uptake in White Gypsy Traveller residents (30%), Black African (51%) and Black Caribbean (49%) in over 12s
- Language spoken – low uptake Bulgarian (20%), Romanian (27%) and Polish (38%)

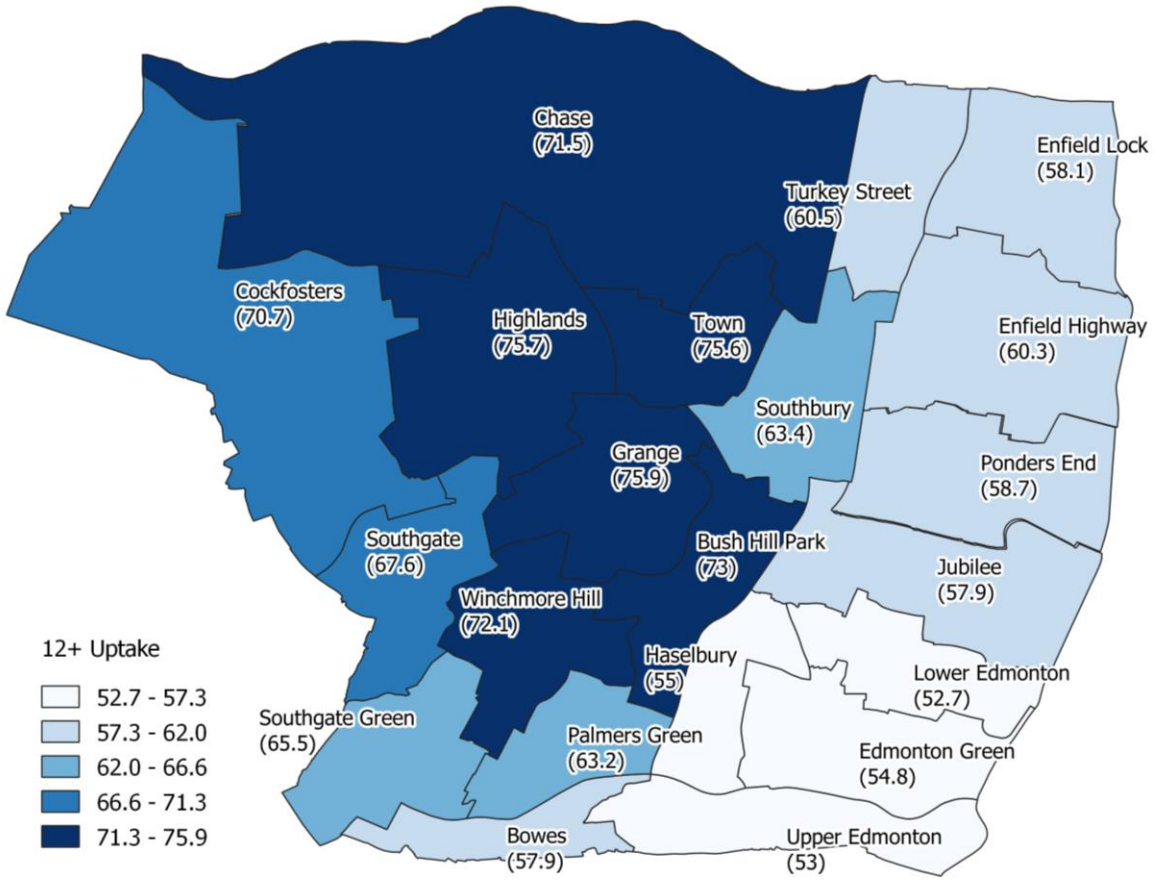
Enfield Vaccine Uptake % by Cohort

North Central London
Clinical Commissioning Group



% Uptake first dose in all cohorts 12+

North Central London
Clinical Commissioning Group



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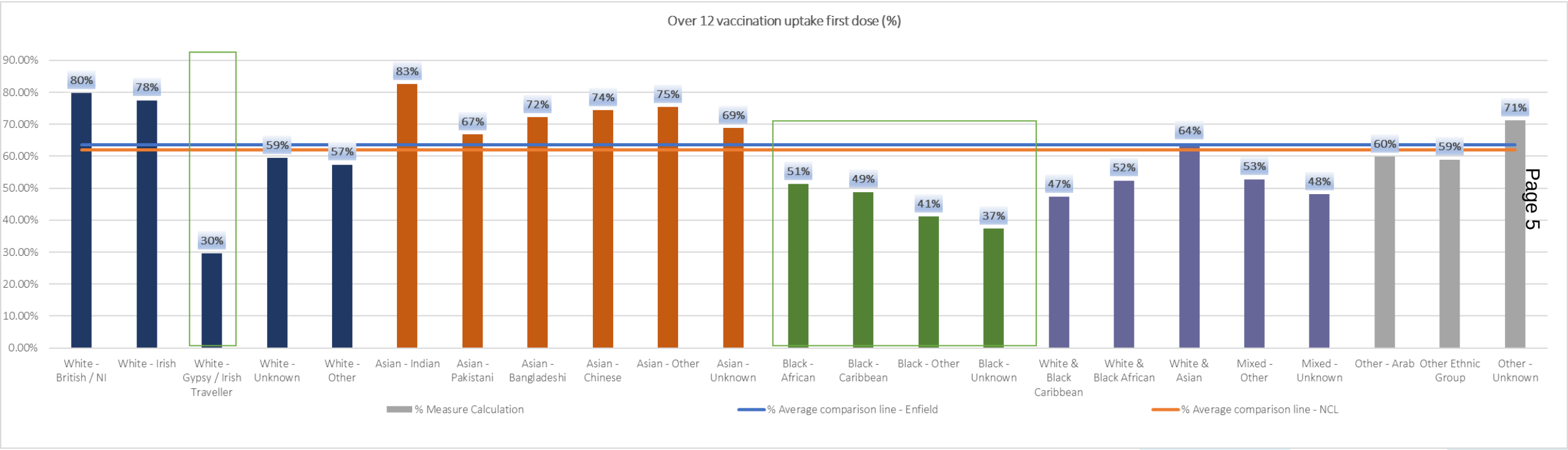
Vaccine Uptake % by Ethnicity first dose 12+



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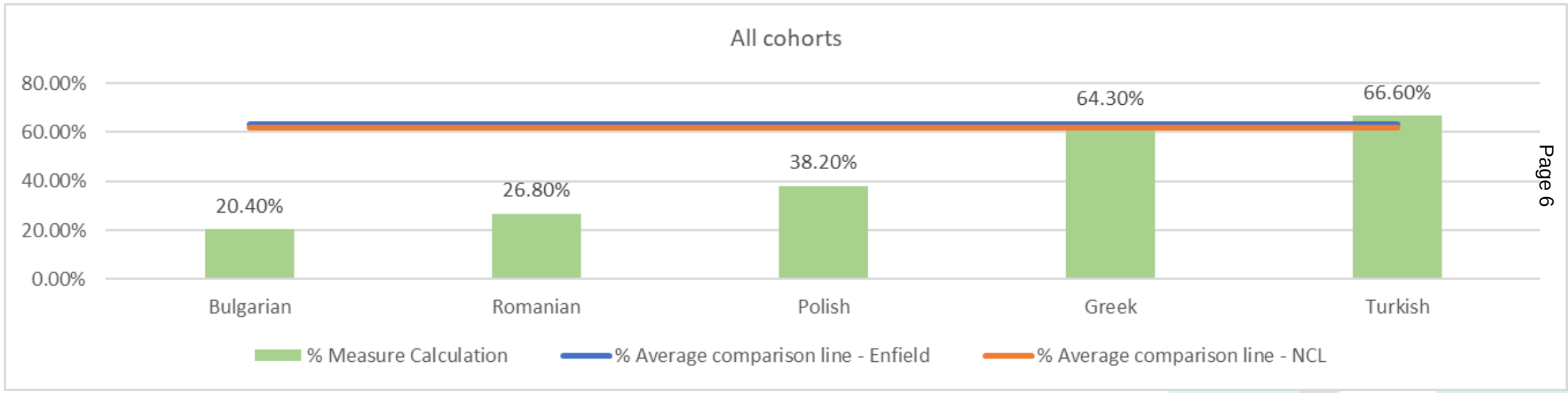
Vaccine Uptake % first dose 12+



NCL CCG and Enfield Phase 3 Offer

North Central London
Clinical Commissioning Group

- Covid-19 booster vaccinations for all over 50s and clinically vulnerable
- “Evergreen” offer to all unvaccinated over 16s
- First Covid-19 vaccinations for all 12-15 year olds (to be administered in schools)
- Multiple vaccinations sites to be available (GP practices, pharmacies, etc)
- Flu vaccinations for children, over 50s and the clinically vulnerable
- Winter wellbeing campaign including addressing health inequalities

Enfield Phase 3 Covid and Flu Group

North Central London Clinical Commissioning Group

- Formed to bring together the work of the COVID Vaccine Board, the COVID-19 Vaccination MDT and the Flu & Imms ICP meetings.

- This group is Co Chaired by Dr Hetul Shah (ICP Clinical Lead and COVID and Flu Clinical Lead) Enfield, NCL CCG and Dudu Sher-Arami Acting DPH LBE

- Supported by Caroline X Moore Special Projects Officer, Health and Adult Social Care, LBE, Riyad Karim AD, Emdad Rahman, Development Manager, Primary Care

- The group is strategic lead to focus on limiting inequalities in vaccine uptake between areas of high and low deprivation, different ethnic groups and other groups experiencing deprivation as well as managing systems and marketing/campaigns within a focused environment where decisions can be made relating to ongoing vaccine inequalities, the booster campaign and the flu vaccination campaign.

Enfield Phase 3 Covid and Flu Group

North Central London Clinical Commissioning Group

Key areas of focus for the Enfield Phase 3 Covid and Flu Vaccination meeting are:

- Covid vaccine uptake data
- Increasing vaccine uptake in Under 40's/School Vaccination Programme
- Adult Social Care vaccination programme (Care Homes)
- Covid-19 vaccine booster programme
- Targeted engagement with communities including GRT, Black African, Black Caribbean, Homeless, Eastern European
- Ongoing engaging community and faith leaders to boost COVID 19 vaccination confidence and take up in communities

The NHS England Winter Vax campaign

NHS
North Central London
Clinical Commissioning Group

Microsoft | Power BI

Enfield COVID19 Dashboard

View in Power BI

Last data refresh:
10/6/2021 3:19:08 PM UTC

Downloaded at:
10/6/2021 3:27:49 PM UTC

Enfield COVID-19 Dashboard (28- 04 Oct 21)

CASES =06 Mar 20 - 5 Oct 21
DEATHS = 30 Mar 20 - 24 Sep 21

23 September - 30 September

TOTAL

CASES = 40,614
DEATHS = 826
(EXCESS# = 696)

NEW CASES

744

Variants of Concern
Alpha = 0
Delta = 513
(For 30 Days till 29/09)

RECENT COVID DEATHS*

4

(2 excess deaths*)

HOSPITALISATIONS

On Oxygen =28
Not on Oxygen =33

INFECTION RATE PER 100,000*

222.9

AGE GROUP

0-29	30-59	60+
223	181	92

INFECTION RATE RANK*

NCL# = 2
LON=10; Eng= 119

TESTING RATE RANK

NCL# = 5
LON=30; Eng= 146

20 - 27 September update

TESTS*

6,633

per 100,000

PCR =**6,942** tests;

Lateral Flow = **15,200**

2 October update

VACCINATIONS

Healtheintent GP registered 12+ Population (now inc. care homes)

187,730 (64%) 1st DOSES
173,770 *(63%)* 2nd DOSES

PHE resident 12+ Population (inc care homes)

202,165 (64%) 1st DOSES
184,775 *(63%)* 2nd DOSES

10 September update

CARE SETTINGS

CARE HOMES = 4
Deaths=0;
Staff=3
Residents=5

4 October update

SCHOOLS/ EARLY YEARS AFFECTED

23

Staff = 22 cases
Students = 149 cases

WARDS WITH HIGHEST INFECTION RATES*

1. **Cockfosters (307)**
2. **Bush Hill Park (302)**
3. **Winchmore Hill (293)**

*ONS weekly mortality records compared with 2015-19 deaths.

#North Central London include Camden, Barnet, Enfield, Haringey & Islington

Change since last week of data

Public Health System Reforms – Relocation of Public Health Functions

Update to HWB 07/10/2021

1. Background

- On 1st October 2021 Public Health England transferred all its health protection and health improvement functions into two new entities.
- The UK Health Security Agency.
- The Office for Health Improvement and Disparities

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The UK Health Security Agency

- Responsible for planning for, responding to and preventing *external* health threats.
- Immediate priority COVID-19.
- Integral part of our health system and *national security infrastructure.*
- Tackling “stark inequalities” is a “key part” of UKHSA’s mission.
- Essentially all of PHE’s health protection functions are now located here

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The Office for Health Improvements and Disparities

- Intended to tackle health disparities across the UK.
- Focused on preventing “debilitating” health conditions.
- Developing strategies appear be looking almost exclusively at “wider determinants of health”.
- Essentially all of PHE health promotion and prevention functions are now located here.

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DoHASC summary of immediate changes

Realignment of core public health functions and teams in London

Public Health England's Regional workforce will be redistributed to a range of receiver organisations.

The core PH functions to be delivered are highlighted here.

UKHSA	DHSC (OHID)	NHS England
• Regional Health Protection team • Emergency Preparedness and Resilience Recovery • Regional Communications • FES • JBC & contain	• Regional Directors' Team • Statutory health advisor to GLA • Regional Operations • Alcohol, Drugs, Tobacco and inclusion health • Health Equity and Strategy • Health Improvement including Healthcare, Wellbeing and Workforce • Regional Business Support • LKIS	• Screening & Immunisations • Specialised Commissioning • Health & Justice • Dental Health

Joined up response to COVID and recovery

Department of Health & Social Care

ENFIELD Council

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Enfield Integrated Care Partnership

Progress Update to Enfield Health & Wellbeing Board

7th October 2021

NHS
North Central London
Clinical Commissioning Group

Inequalities fund phase 1

Current Project Status

(Key: J = Joint with Enfield, Dark green = good progress, green = satisfactory, amber = slower than expected, red = concerns on progress)

Project	Lead	Assessment of Mobilisation	Partnership / MOU Readiness	Overall Position and Next Steps
ABC Parenting (Family Mentoring: ParentCraft)	NMUH, Azom Mortuza	**Mobilisation progress reported to have slowed** in August due to unavailability of key staff. Recognised need and plans for acceleration in preparation/partnerships	J **Identification of VCS partners not progressed** -interim arrangements being considered to progress MOU sign-off. Identifying appropriate partners part of plan for acceleration in Sep	**Project needs to accelerate in Sep-21.** Plan needs to be finalised, e.g. finance section – but recognised building on existing initiative. Outcomes reasonably well articulated. Go live still planned for Oct-21, even in reduced format.
Smoking cessation	Enfield PH/Enfield GP Federation/Royal Free/Sarah D'Souza & Ruth Donaldson	**Mobilisation is progressing to plan** and Establishing Emis codes for programme. Plans to develop advertising for Smoking Cessation advisors and comms and engagement	**VCS partnership/funding arrangements being finalised**, and partners identified – **but interim arrangements will allow progress of MOU sign-off**	**Good progress being made against plan** with steering group setup. Next steps :to recruiting smoking cessation advisors. Identify high risk patient cohorts (1 LTC or more) from GP practices/ including RFs such as high cholesterol. Next steps are to finalise MOU
Black Health Improvement	CAHN/Riyad Karim	**Mobilisation is progressing,** A focus on mobilisation with a series of engagement with different governance structures in Enfield including the PCNs and Fed.	**VCS partnership/funding arrangements being finalised**, and partners identified – part of previous model. **but interim arrangements will allow progress of MOU sign-off**	**Satisfactory progress being made against plan with next steps clear.** Soft launch of Local Health Network during the Enfield Black History Month (BHM) main event . Next steps are to finalise MOU
HIU Support People with Multiple Disadvantage	NMUH, Jennifer Walker	**Mobilisation progressing to plan** – model now agreed and being 'fitted' into wider community offer in Borough. Partners being identified to progress	J **Identification of VCS partners progressed but not finalised** – but interim arrangements will allow progress of MOU sign-off – submitted.	**Good progress being made against plan** with next steps clear. Most of plan has been finalised, including clear outcomes. Next steps are to finalise MOU and partnership and to finalise recruitment (1 staff member already in post in Sep-21).
LTC Project	WHT Anthony Rafferty / BEH MHT (ECS)	**Mobilisation is progressing satisfactorily** in Haringey, slower start in Enfield, model being finalised. Recruitment started in statutory sector. VCS partners being identified to progress	J **Identification of VCS partners progressed but not finalised** – but interim arrangements will allow progress of MOU sign-off – submitted.	**Satisfactory progress being made against plan with next steps clear**, but some acceleration and join up with Enfield needed. Plan needs to be finalised, but outcomes identified. Next steps are to finalise MOU and partnerships; and to progress recruitment
Community outreach	LBE, Ade Aderemi	**Mobilisation progressing to plan** – recruitment of volunteers complete and implementation meetings organised	**Enfield Council is lead for the project**. Awaiting financial breakdown confirmation, delayed due to annual leave.	**Satisfactory progress against plans.** Ongoing stakeholder engagement in place to ensure support implemented according to customer needs. Next steps, to recruit to the two roles.

Current Project Status

(Key: J = Joint with Enfield, Dark green = good progress, green = satisfactory, amber = slower than expected, red = concerns on progress)

Project	Lead	Assessment of Mobilisation		Partnership / MOU Readiness		Overall Position and Next Steps
Cancer Develop-ment Workers	NCL Cancer Alliance, Fanta Bojang		**Mobilisation progressing to plan** – model and partnership agreed, recruitment under way and confirmed next steps	J	**VCS partners identified** & recruiting for posts to progress project to plan. Information to construct MOU submitted.	**Good progress being made against plan** with next steps clear. Plan finalised and agreed as part of next steps to 'fit' workers' role into wider voluntary sector support offer in Haringey
Serious Youth Violence (Dove)	Ivana Price, Zoe Garbett		**Mobilisation is progressing to plan – J**ob profile for the VR Early Help social prescribing youth worker drafted. Evaluated and recruitment via Matrix agency has been launched and is in progress		**Enfield Council lead project.** VCS partner not required. Information to construct MOU submitted.	**Good progress being made against plan -** Operating framework for the project agreed – referral pathways, intervention framework

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Inequalities fund phase 2

Inequalities Fund – second phase

Work to date

- VCS Reference Group discussion about priorities
- Priorities shared with ICP for input
- Discussion at ICP Inequalities Delivery Group (with invite extended to more LA and VCS colleagues)
  - Scale and principles for bids discussed
  - Ideas explored including a preventive approach to improve CYP outcomes, looking at wider determinants e.g. housing

Next steps and sign off

- Leads to continue to develop bid(s) with partners
- Share all ideas & intention to bid with Communities Team by 14 October
- Sign off at ICP Inequalities Delivery Group 21 October
- Sign off by ICP Chairs w/c 25 October
- Submit bids – 02 November (deadline)

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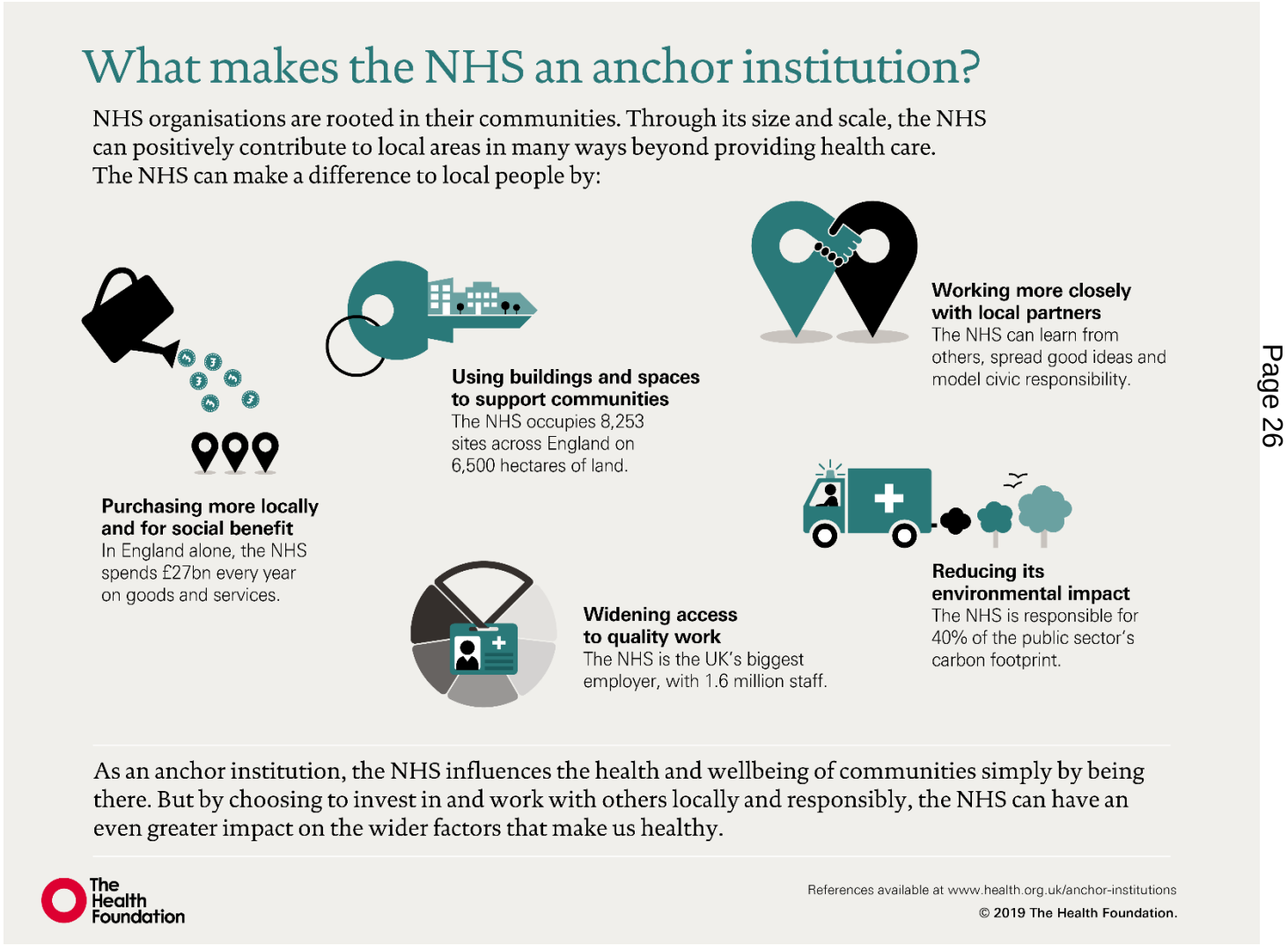
Clinical Commissioning Group

Anchor approach – community wealth building

Community wealth building approach

Recognising that the decisions the NHS takes can have an impact in areas of deprivation and contribute to our Long Term Plan and local ambitions to address inequalities.

Anchor institutions are big and locally rooted organisations like councils, FE colleges, universities, hospitals and big businesses with local HQs. Anchors get their name because they are unlikely to relocate given their connection to the local population.



Enfield health and care challenges

Population growth and need

- Increasing population - 330,000 – 4th largest London Borough (30% increase 2001-2025)
- Increasing deprivation/need –12th to 9th most deprived borough

Increasing need impacting wider determinants

- 1 in 5 workers low paid
- Debt, fuel and food poverty
- Housing - impact of benefit cap, 250% increase in homelessness associated with private rental market evictions
- Youth violence +27%
- 4 behaviours/5 diseases/50% deaths

Disadvantage generally accumulates through life – Marmot Review

East/West Inequality

- % households in poverty & child poverty
- life expectancy and living in poor health
- adult and child obesity,
- school readiness and achievement

Differential service use

- Edmonton Green
- NEL 12% higher national average
- Elective 20% higher national average
- 600+ attendances NMH A&E with significant unregistered population

Differential investment

- Historic lack of investment in community and primary care services
- Significantly lower spend on community services per head of population (£82 ECCG cf £167 ICCG)
- Fewer GPs and practice nurses than national average.
- Austerity - Enfield Council cuts £178m since 2010 - £13m more in 20/21. Average reduction of £800 per household for core funded services.

What outcomes do we want to improve through this approach?

What can we focus on as a partnership to have the most impact?

Enfield Integrated Care Partnership:

Provider Integration Partnership Meeting

Highlight Reports:

Mental Health
Inequalities
Seasonal Vaccination
COVID Vaccination

August 2021

The Enfield ICP Mental Health Steering Group: July 2021

ICP MH Steering Group Agreed Priorities	ICP MH Steering Group Agreed Priorities (Cont.)
Strengthened Governance ICP Sub group meeting continue to maintain a firm engagement as a forum to address key priorities and focus. Co-production, collaboration development on key population segments across primary and secondary care alongside, caseloads and hub structure. Medicus umbrella workaround reached with outstanding issues expected resolution in August. **SOP (Standard Operating Policy)** Development of SOP for the community teams which will incorporate the VCS pathways and is iterative process as we progress the Co-production with partners. First draft expected to be presented at 1 September 2021 at ICP sub group meeting for review. Work continues on clinical pathways working with partners. This includes development of Persona's. **Clinical Pathway Development** Co-production groups setup (EIS, Recovery College and front door/ Personality Disorder Therapy / CRT PH/ SM Substances / Mental Health Service for Older People). Work progressing scoping clinical pathway models. Model review will include a wide range of stakeholders. Co-production groups expected to develop first set of draft clinical pathway by September. Pathway presentation to wider audience with Service Users, Carers, VCS and PCN Clinical Directors expected in September. **Early intervention in psychosis** Ongoing reviews of EIP services to support actions and development trajectory to achieve level 3.	**Staffing/ Recruitment** The Trust is continuing to recruit for the new core teams. Enfield recruiting additional 34 posts to support core functions through transformation programme. 15 posts currently ii recruitment stage with other posts awaiting take up. VCS posts mobilisation timeline being reviewed with partner. **ARRs roles** The ICP sub-group forum reviewed function of posts. JD finalised in July, and roles advertised. Primary care involvement will be at interview and appointment stage. Roles have attracted 12 applications. **VCS Tender** Appointment of MIND as lead partner alongside EVA, Enfield Saheli and Alphacare has been confirmed. Commencement of Mobilisation plan and review underway during August with expected VCS resources within Core Community teams beginning in September/October. **KPI and Outcome** Work is ongoing on developing and implementing KPIs which would be signed off by BEH and NHSI. Progress update will be shared with the ICP steering group shortly. **Community Asset Mapping** Asset mapping complied by clinical project lead, outlining Enfield borough wide Mental Health service to strength patient onward support. The Council's directory forms the basis and we are mapping the local contracted offer together.

Issues for Escalation to PIP AND/OR ICP BOARD	
1	None at present

Risk/Issues	RAG*	Mitigating Actions
1. Engagement with clinicians, staff, public	At Risk	Enfield continued excellent comms support with an interactive approach to support staff involvement and programme roll out. Additional support provided to the borough by OD lead.
2. Ongoing pressures/challenges re resourcing and operational pressures	At Risk	Continued prioritisation of programme plus additional support. 1 x PMO support and 1 x Divisional Clinical PM 8a in post. Borough sub-structures focussed.
3. Incurring significant recruitment challenges	At Risk	Recruitment strategy ongoing

Mental Health Steering Group: July 2021

NEXT KEY MILESTONES			
MH Steering Group	**Milestone / product**	**Due date**	**RAG Status**
PCN led proposal to improve SMI health checks	PCN/ Federation led proposal to improve SMI health checks that provides outreach and targets hard to reach group commenced on 26th of April. KPIs have been agreed and we will develop an evaluation to test outcomes achieved. [PEPPA to update next time please]	Mid April	
	Agree commissioning arrangement, workforce, KPIs and reporting criteria . [PEPPA to update next time please]	July	
Procurement for Enablement under MDT model			
	Evaluation of tenders completed and successful VCS lead provider appointed. Mobilisation underway with new VCS provider.	August/September	Amber
Continue to develop new model of care for the Enfield Community Framework	Via Steering Group and sub groups with continuous input from the NCL Community Framework Steering Group . Focus is on whole person care which means moving beyond secondary caseloads to review SMI population needs. Steering group and sub-groups are co-producing access to services, referrals and interfaces.	September	
Dialog /+ Development	Enfield identified and engaged with eight Dialog + leaders. Two training sessions undertaken. Following slippage of installation on system of device, activation of account and training plans being pursued. Anticipated revised pilot rollout mid September.	August	
Milestone Plan	Enfield is continuing to drive progress on all key focus areas including staffing, caseloads/Rio, estates, operational policy following soft launch on 1 July. Core Community Team caseloads review progressing at pace with key named worker/HCP identified and assigned to each. Continued development through co-production with involvement of expertise across teams. with partners. The mobilisation of the VCS service offer continues.	August / September	
Enablers: Areas for Consideration	The NCL Mental Health Service Review		
	NCL Community Framework Steering Group and Core Offer development		

The Enfield ICP Inequalities T&FG: August 2021

ICP Agreed Priorities	Impact of COVID
Governance The Task and Finish Group has been revised into a delivery group and strategic reference group. The Delivery Group met in July. VCS Reference Group established as Strategic Reference Group to improve engagement and coproduction of inequalities work. Working with ICP Programme leads to develop governance for the inequalities group to hold other ICP work streams to account around inequalities. Also working on a series of events with the VCS around wider determinants that will feed into the ICP programme. **Inequalities Fund phase 1** Enfield indicative budget to work within based on its share of the 20% most deprived wards; seven proposals with a total of £652,156 were approved. Schemes are now being mobilised. **Inequalities Fund phase 2** Further funds are available for schemes to the end of March 2023, VCS engagement planned to develop bids. Bids due mid-October. Working with ICP programme lead to organise ICP engagement and sign off of bids. **Inequalities Programme** CCG EMT agreed to commit £150K of NCL Transformation monies to go together with Enfield Council Public Health investment to focus on inequalities; childhood obesity. Successfully commissioned EVA to deliver community health champions and a community chest. Enfield Council finalising commission of community participatory research.	Inequalities exposed and experienced through covid has informed the programme of work of this work stream. The inequalities fund phase 2 will further consider the impact of covid for example opportunities for local employment.

Issues for Escalation to PIP AND/OR ICP BOARD	
1	None at present

Risk/Issues	RAG*	Mitigating Actions
1. Delays in confirmation of funding for inequalities schemes will delay delivery	At Risk	CCG in communication and reassurance to all leads. Formal confirmation due mid-September.
2. Ongoing pressures/challenges re resourcing and operational pressures	At Risk	Continued prioritisation of programme plus additional support from communities team.

Highlight Report: August 2021

NEXT KEY MILESTONES Workstream	Milestone / product	Due date	RAG Status
Clinical Governance	Dr Fahim Choudhury will provide clinical input and leadership of the programme (co-chair)	Complete	G
	Inequalities Delivery Group to be set up	Complete	G
Inequities fund phase 1	Mobilisation plans completed	Complete	G
	Begin implementation of schemes	Ongoing	Amber
Inequalities fund phase 2	Arrangements for the launch of phase 2 in progress	Ongoing	Amber
Childhood obesity and Community Participatory Research	Continue implementation of Health Champions programme	Complete	G
	Begin implementation of Community Participatory Research	Ongoing	Amber

Priorities for next month	
1	Engagement with VCS on inequalities fund bids for phase 2 (scheduled for early September).
2	Mobilisation of community health champions and community participatory research.
3	Meeting of the Inequalities Delivery Group to review mobilisation of inequalities schemes and programme and to develop bids for the inequalities fund phase 2.

Enablers: Areas for Consideration	

Seasonal Vaccination Programme: August 2021

ICP Agreed Priorities (PRE-Covid)	Impact of COVID
Achieve National Flu Target: Over 65s – 75% Under 65s at risk – 55% Pregnant Women – 55% 2/3 year olds – 50% Actual Performance 2020/21 : Over 65s – 73.0%, Under 65s at risk - 45.1%, Pregnant Women – 26.8%, 2/3 years olds – 48.7%	Increased target to 75% across all cohorts Additional 50-64 cohort Services delivered in covid compliant facilities/ increased time to deliver vaccine.

Risk/Issues	RAG*	Mitigating Actions
1. Pregnant women flu uptake in Maternity units below target	R	NCL below target. Engaging with Maternity Departments on recovery plans
2. Availability of flu vaccine supplies **NHS England changed target ambition:** **Over 65s - 85%; Under 65s – 75%; 50-64 year olds – 75%** **2/3 year olds - 70%; School aged children – 70%**	R	**Ongoing engagement with NHSE/I - currently no plans to underwrite orders.** **Suppliers no longer taking on additional orders as deliveries to practices are due to commence in September.**
3. NHSE/I change eligibility cohort mid season	A	Communication and Engagement strategy to be developed as and when required.

*RAG status based on Likelihood & Impact

Issues for Escalation to PIP AND/OR ICP BOARD	
1	Engage Acute Maternity providers to improve flu uptake amongst pregnant women.
2	Patient vaccinations outside of practice registered lists.

Highlight Report: August 2021

NEXT KEY MILESTONES Workstream	Milestone / product	Due date	RAG Status
Clinical Governance	Dr Hetul Shah, Dr Fahim Choudhury will provide clinical input and leadership during the seasonal programme.	Ongoing	G
NCL Committee Sign off	Not Applicable as National Programme determines service delivery.		
Implementation in primary care		Quarter 3 2021	G
Implementation in secondary care		Quarter 3 2021	G
Go live		**Quarter 3 2021**	**G**

Priorities for next month	
1	Reintegrate local Flu Task and Finish Group with Covid inequalities group.
2	Maternity plans update
3	Review variation in flu performance and plan for improvement.

Enablers: **Areas for Consideration**	Support from Health Inequality group to support hard to access cohorts Support from ICP to access maternity cohort.

Highlight Report: August 2021

Develop Immunisation & Screening programme	Set up of Flu Task and Finish Group following release of National Flu Letter. Review lessons learned with PCNs by May 2021 and preparation for 2021/22 seasonal flu vaccination.	Date June 2021 Completed
	• Agree approach to improving flu uptake by patient cohort groups informed by 2020/21 position and work towards national target of 75%. • Continued commissioning of 2/3 year children Flu LCS via the Enfield Single Offer. • Working with Maternity services to improve flu uptake amongst pregnant women. • Reporting monthly commences from September onwards through to March • Continued use of Healthentent to support work targeting hard to reach groups and identify additional cohorts with low uptake.	Date June - September 2021
PCN engagement	Work with national programmes, to align resources and support flu uptake, in addition to enhanced services in GP Contract.	Date : Ongoing
100 Day Plan	To develop a 100-day plan to: a) Implement a pre-seasonal task and finish group to plan for the flu season; Updates to be included with Covid inequalities group b) Review acute maternity mums to be recovery plan with NMUH; c) Address vaccine ordering processes with NHSE to underwrite future orders and develop plans to vaccinate additional cohorts including 50-64 cohort; d) Clarify changes in vaccines eligible for reimbursement by the NHS, in particular aTIV changing to aQIV vaccine; confirm whether children are eligible for QIVc/e on non clinical grounds (i.e. porcine); - **Confirmed QIVc eligible for those opposing nasal spray but providers are requested to order supplies from Immform for this batch: Flu poster** 2021382 Flu vaccines for the 2021 to 2022 season poster - Health Publications e) Complete a NCL communication and engagement project request form to enlist NCL communications resources for the flu programme.	Date June - August 2021 a) Completed b) In progress c) Not applicable d)Completed e)In progress

Enfield Integrated Care Partnership

Access to Services, Recovery & Innovation Working Group Meeting

Meeting 8th September 2021

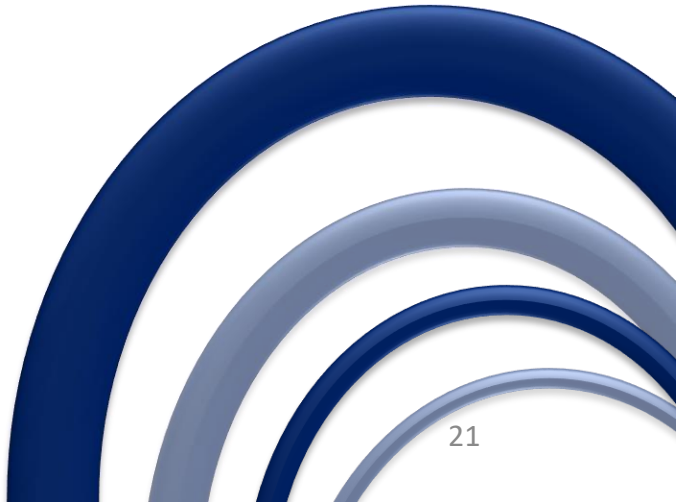
Enfield ICP: Access to Services, Recovery & Innovation: AGENDA

Item No	Agenda Item
1.	**Welcome, Introductions, Apologies (Jon Newton/Richard Gourlay – Joint Chairs)** 5mins
	Setting the context/Terms of Reference – DRAFT (Stephen Wells) 20mins [slide 3]
	System Resilience/Challenge (Stephen Wells) 15mins [slide 10]
2.	**Reports:** i. Access - **Healthwatch Enfield Review – Report (Olivia Clymer)** 15mins [See Appendix A] ii. Recovery - **Elective Recovery (Data) (Richard Cartwright)** 15mins [slide 18] iii. Innovation - **Royal National Orthopaedic Hospital, Proof of Concept (John Doyle)** 15mins [slide 28]
7.	**AOB**
8.	**Date of next meeting:** tbc

Royal National Orthopaedic Hospital

Proof of Concept

John Doyle



Bringing Expert MSK Care to the High Street

Royal National Orthopaedic Hospital NHS Trust

The 'High Street' Community MSK Health Hub will be an innovative pilot that provides a novel approach to attacking the current issues in MSK. The pilot will learn from Ophthalmology which has built pathways around High Street provision as an entry point to services

Therapist led holistic MSK care including 'First Contact Practitioner'

Focus on solving system issues in collaboration with partners

Underpinned by digital technology, and high quality research

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Developing the North Central London Integrated Care System

Enfield Health and Wellbeing Board
07 October 2021

A recap of our previous conversation

In July, the Board received an update on the development of the North Central London (NCL) integrated care system (ICS), covering:

- ✓ The background, aims and ambitions of ICS, as set out in the Government White Paper and recently-published draft Health and Care bill
- ✓ Emerging considerations and implications in terms of governance and operational factors at both system (i.e. NCL) and place (i.e. borough) level
- ✓ A summary of progress in recent months, including the deepening of collaboration and joint working arrangements between health and care partners in light of the response to Covid19
- ✓ How this work builds upon and amplifies local priorities reflected in the HWBB strategy, s75 / Better Care Fund, and the portfolio of projects overseen by the Local Care Partnership Board
- ✓ Priorities and indicated next steps for continued development at system and borough level, and ensuring strong links and exchange of expectations between these tiers.

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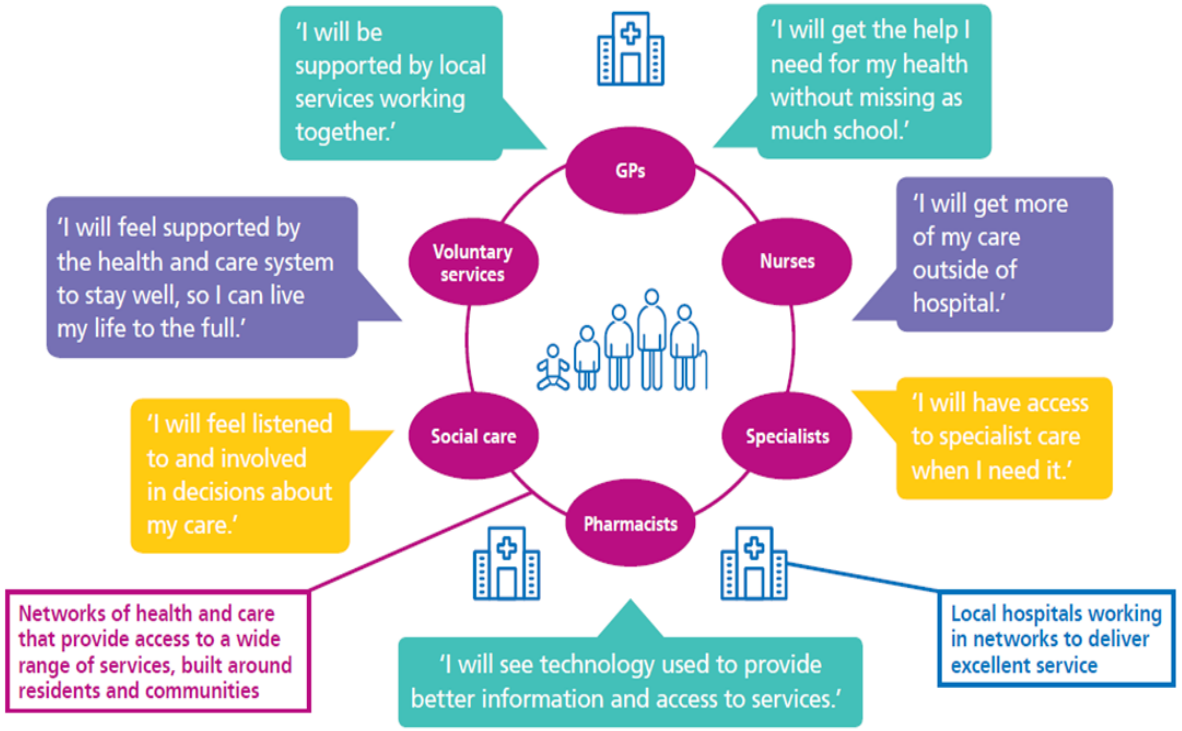
What will this mean for residents?

Faster progress towards what residents have told us they want from local services:



And an increased system-focus on the wider determinants of health and wellbeing:

- Fulfilling work
- Education and skills
- Our surroundings
- The food we eat
- Money and resources
- Transport
- Housing
- The support of family, friends and communities

NCL ICS Transition timeline – to April 2022

AUG 2021

Designated Chair Appointed

All NCL Providers are part of local Provider Collaborative

SEPT

Define and create options for ICS HQ

Continued work with partners on key areas including:
- Role of ICS
- Role of place
- Clinical Leadership
- Population Health Strategy
- People plan

OCT

First meeting of the Community Partnership Forum (1st Oct)

Place OD launched

NOV

CEO Appointed

ICS HQ Support in place

Define Exec Structure for ICB

Sign-off CCG HR Transition Plan

DEC

Non Exec Directors appointed x2

CFO,CMO,CNO, Chief People Officer/ equivalent appointed

Partner members approach agreed

Clinical Leadership model agreed

JAN

Draft ICS Objectives for '22-'23

New exec arrangements in place

FEB

Partnership Council / Board arrangements agreed

Financial planning for 2022/23 complete

TUPE consultation prepared

MAR

Final Governing Body and Committee Meetings

People Transfer

Property Transfer

GP Commissioning arrangements transferred to ICB

APR 2022

First ICB Board (Steering Committee)

Day one sign off
- *Constitution*
- *SoRD*
- *SFI*
- *Key ICB Policies*

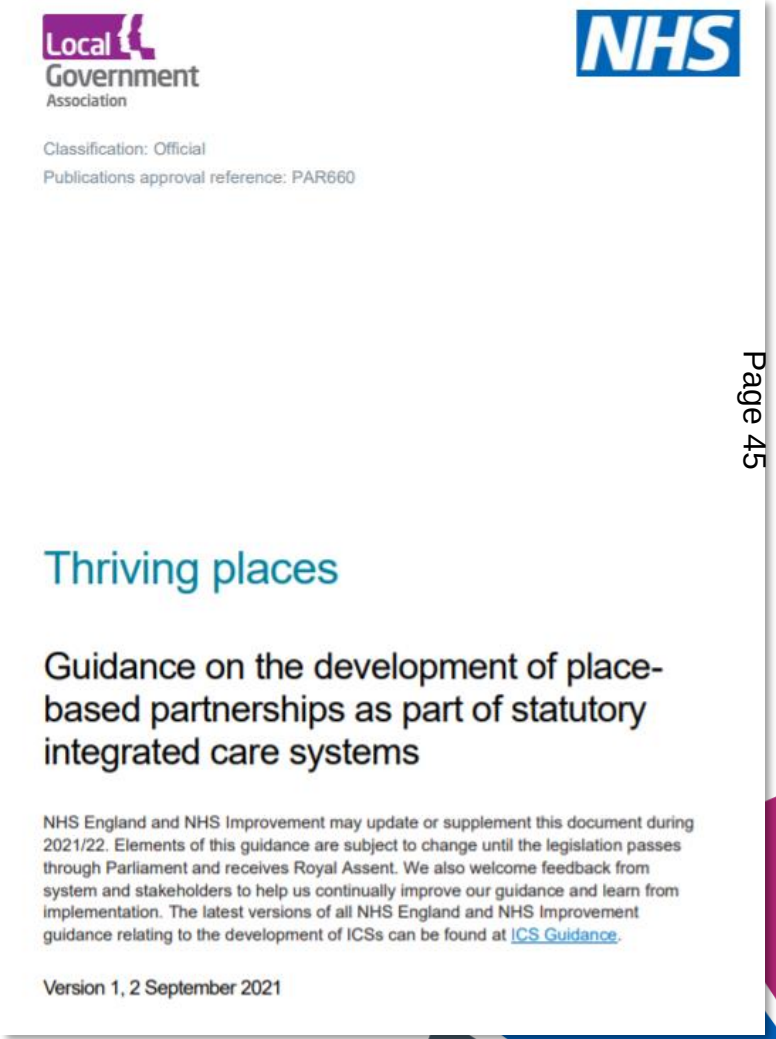
National Guidance

A range of documents has been published and summaries have been produced by NCL CCG. Key docs include ***Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems***, jointly developed by LGA and NHSE/I.

Key points:

- ✓ Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.
- ✓ Place-based partnerships will remain as the foundations of integrated care systems as they are put on a statutory footing (subject to legislation), building on existing local arrangements and relationships.
- ✓ **Permissiveness.** It will be for system partners to determine the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.
- ✓ This document describes the activities placed partnerships may lead, capabilities required and potential governance arrangements.

Recently an **Integrated Care Partnership (ICP) engagement document** was published capturing the statutory role of this NCL-wide partnership in the development of integrated care locally - found here


Local Government Association

NHS

Classification: Official

Publications approval reference: PAR660

Thriving places

Guidance on the development of place-based partnerships as part of statutory integrated care systems

NHS England and NHS Improvement may update or supplement this document during 2021/22. Elements of this guidance are subject to change until the legislation passes through Parliament and receives Royal Assent. We also welcome feedback from system and stakeholders to help us continually improve our guidance and learn from implementation. The latest versions of all NHS England and NHS Improvement guidance relating to the development of ICSs can be found at ICS Guidance.

Version 1, 2 September 2021

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Priority system actions to April 2022

- ✓ **Progressing the key requirements of the new statutory model** including:.
  - Confirming key appointments – Chair, CEO, roles required for the ICB e.g. chief medical officer, chief nurse
  - Establishing key committees and forums
  - Technical transition from CCG model to ICS – legal, financial, staff TUPE
  - Recruitment of other senior NCL ICS Development of system discussion papers on specific aspects of the transition – covering e.g. Place, Clinical & Care Professional Leadership, Population Health
- ✓ **Continuing to 'build by doing'** through our joint work including e.g. winter planning and delivery, Inequalities Fund, Covid vaccination and Flu programmes, population health development, asylum and refugee response, elective recovery programme, care home support.
- ✓ **Developing our Borough Partnerships –** ensuring we have a clear position for April & forward plan around scope, role, capacity, boundaries, leadership, membership, governance & oversight
- ✓ **Developing provider alliances** – as vehicles to support provider collaboration, resilience, mutual aid and delivery
- ✓ **Developing and convening with Councils the ICS Partnership Council**, to sit alongside the NHS Statutory Board and ensure progress against key outcomes and objectives
- ✓ **Developing our Clinical & Care Professional leadership model –** ensuring we have a clear position for April & forward plan
- ✓ **Design and organisational development** with support and facilitation for local partners. Focusing in particular on Borough Partnerships and PCNs as the foundations of the system and level at which outcomes are improved for patients and residents

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Community involvement and representation

Strong resident, patient and VCS involvement (at system, place and neighbourhood level) is critical. Over the next six months we will seek views, including the below areas of focus - from the ICS Community Partnership Forum, CCG Patient Public Engagement and Equalities Committee, Council Leaders, elected members, our Healthwatches and VCS, and wider audiences.

Ongoing Work to do at System-Level:

- Ensure transparent governance – public board meetings; resident, service user and carer representatives in governance etc.
- Developing shared principles and methods for involving people and communities, and co-production
- Capturing insights to build a picture of resident priorities and needs, and acting on this as a system
- Develop a shared approach to involvement / decision making with VCSE, supporting a resilient third sector

Ongoing Work to do at Place-Level

- Develop place-based partnership approaches on engagement and involvement, linked to ICS framework
- Ensure partnership links with HOSCs, HWBB, Healthwatch and VCSE sector are strong and effective
- Support Primary Care Networks and neighbourhood team links into communities
- Make every contact count to signpost residents to services and support

ICS Community Partnership Forum

- Established to oversee ICS resident engagement and involvement – to be aligned strategically with the ICS Quarterly Partnership Council and ICS Steering Committee.
- An expert reference group on community engagement as well as a forum for discussion and debate on emerging proposals and strategies.
- The Forum is meeting for the first time in October 2021, and current membership includes:

    - North Central London ICS Chair
    - North Central London Provider Alliance Chair
    - North Central London Executive Director of Strategic Commissioning
    - North Central London Executive Director of ICS Transition
    - Healthwatch representatives from the five boroughs
    - Council of Voluntary Services representatives from the five boroughs
    - Patient representatives from the five boroughs
    - Communication and Engagement reps from NCL Clinical Commissioning Group

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Summary

- This is about delivering the vision for more integrated health and care and addressing wider determinants and builds on our work together over the last 5-10 years.
- Over Autumn we expect to confirm key appointments.
- There are technical tasks for the CCG to complete before April 22, but much of the work to create and cement our ICS is transformational and will continue beyond this point
- The development of the ICS is a collaborative process – our partnership in NCL is rich and diverse and with permissive and flexible framework from National, there is an opportunity to accelerate key outcomes locally
- Built by doing – the more we collectively shape and share priorities and deliver a joined up frontline response for patients and residents, the stronger and more successful our ICS will be
- Patients and residents will continue to be engaged via current forums and new ones will form to support the ICS.
- Borough Partnerships have a key role to play in the shift to population health and the joining up of health, local government and others delivering locally. Also in strategy and planning at place, delivery and transformation, community relationships, promotion of health and wellbeing, relationship development, public accountability and transparency.

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NCL CCG Inequalities Fund: Rationale and Principles

NCL CCG have created an Inequalities Fund of **£8.75m** over two years to address the growing disparity between our most deprived and least deprived communities. In line with 2021/22 Planning Guidance, 80% of the overall pot will focus on the most deprived 20%, with an aim to improve their **access, experience and outcomes.**

The objectives of this fund are as follows:

- To develop innovative and collaborative approaches to delivering high impact, measurable changes in inequalities across NCL
- To break down barriers between organisations and develop both new and extend existing relationships
- To target the most deprived communities and to reach out proactively to our resident black and minority ethnic populations
- To help form Borough, Multi-Borough and NCL wide partnerships to deliver high impact solutions
- To engage our population, the VCS and our partners across health and care in making a difference to the lives of our people
- To understand and explore the link between deprivation and access and outcomes in health

Whilst 70-80% of these funds will be apportioned based on deprivation, the remaining funds should be utilised for other forms of inequality – i.e. outcomes for those with learning disabilities.

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Emergency Admissions by Deprivation

19/20 Emergency Admissions (All Ages) per 1000 Population by IMD2019 Deprivation Decile

Deprivation Decile	Under 18	18-64	65-79	80+	Total
1	72	81	289	564	107
2	60	60	203	487	81
3	55	51	185	496	73
4	52	46	173	464	68
5	50	43	156	458	68
6	43	41	143	463	66
7	43	40	123	440	65
8	44	43	124	410	71
9	37	35	101	394	63
10	31	31	81	296	51

NEL Deprivation Gradient
Between Most & Least Deprived (with Parity in Middle)

Sources: Admissions data from SUS; Population data from ONS Mid-2019 Population Estimates

- For all age groups, there is a higher rate of admissions for those living in the most deprived areas of NCL.
- Difference between NEL admissions between the most & least deprived areas gradually increases with age to c. 3.5: 1 for 65-79 year olds. (80+ lower due to higher mortality in deprived areas)

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Inequality Fund: Headlines

- Over 30 schemes approved to date, with a further tranche of funding to be released in September
- **Examples of schemes are as follows**:
  - Parenting Network based around the North Middlesex, with a joint approach between secondary care, VCS and Health Visitors to address feelings of anxiety and helplessness in new parents
  - Serious Youth Violence – linking Council Services to PCNs to focus on prevention
  - Race and Autism study
  - Preventing physical health issues in those with SMIs
  - Talking in Tottenham – mental health interventions for young black males
  - QI approach to LD checks
- **Learning from initial phase**:
  - There is a value in itself to asking stakeholders to come together to develop plans
  - VCS are involved in majority of schemes, but recognise we need to have greater focus on co-production with local communities from the start for future schemes
  - We are still working out the best methodology for measuring success

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How can we focus on access, experience and outcomes?

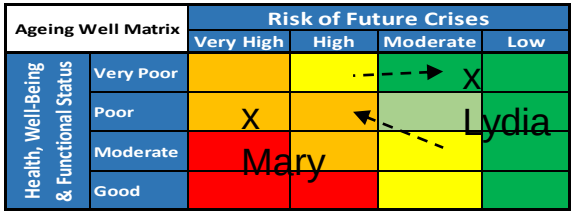
Access	Experience	Outcomes
e.g. ‘Black outreach worker improved my knowledge of when and where to access services’	e.g. ‘Connected communities increased level of control over my life’	e.g. ‘my condition was maintained and was not at risk of reaching crisis’

Resident empowerment

- Level of control and agency over care / life
- Level of engagement with local services
- Level of engagement with local community / social networks

Community Asset Building and Social Value
e.g. increase in volunteering, community participation or use of local sustainable supply chains, creation of employment or investment in local community assets, impact on carbon footprint

How Framework Can Be Used to Evaluate Inequalities Fund Impact?



'x' show direction over time, dashed arrows direction of travel over time

You could construct Matrix for:

- Affluent/Well-Served Communities;
- Under-served Communities

It's likely there will be a greater proportion of people in 'redder' than 'greener' cells in the Matrix in latter

Expressed simply:

- **Equity of access & experience means that, amongst peers, individuals more likely to follow 'Mary's journey' in under-served communities than Lydia's v. peers in better served communities**

IF Programme is trying to achieve the outcomes through engaging with those living in under-served communities in a way that's accessible and useful for them and is impactful

Although outcomes for the population are the same, **inequalities in access and experience lead to different outcomes for different individuals and communities.**

A Tale of Two Women Living in NCL – Mary and Lydia

- **Lydia** is 82 year woman with a range of multi-morbidities, including CHD and diabetes, and is blind and partially deaf. She has, however, been active socially and physically throughout her life and has a family living nearby and friends that visit her routinely. She had a relatively recent fall due to dizziness due to medication which led to hospitalisation. She was followed up in the community through an MDT approach which included helping her self-manage her condition and be as independent as possible, and continue with social connections important to her.
- **Mary** is an 82 year (from the same ethnic background as Lydia) with diabetes, MSK and has struggled with anxiety and depression as she's got older. She has little in the way of support from family and she find it more difficult to get around and about to visit friends. She has started to have cognitive issues which has heightened her anxiety and started to not look after herself. She has recently had a fall resulting in hospitalisation from which she's not really recovered and is not managing her medications. Follow-up in the community was a problem for her and she doesn't wat to be a burden to anyone.

AW Matrix framework can also be used to explore narratives for resident experience:

- To understand people's current position
- To understand their journey to that point
- And what made/would make a difference and what they and others could do/done

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Appendix

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Evaluation Criteria for bids

Planning Guidance Priorities Programmes	Weighting
Evidence that there will be a direct impact on one or more of the **20% Most Deprived Wards** as required by the Planning Guidance. This should also include a clear link to the 5 Inequalities Priorities stated in the Planning Guidance.	30%
Clear definition using the **Public Health Evidence Base and recommendations from the Fenton Report** showing why this cohort has been chosen.	30%
Clear (and measurable) impact on the chosen population including the medium term impact on reducing the demand in secondary care.	30%
A clear exit plan in the event of no further funding being available showing that there is no residual liability to the CCG beyond 21/22.	10%

Note 1: Programmes can be Ward, Borough, Multi-Borough or NCL Wide but at least 75% of the benefit (and funding) should be focused on the 20% most deprived wards.
Note 2: Additional weight will be given to schemes that demonstrate matched funding to leverage the available NHS funds.

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Planning Guidance Schemes

Camden	Barriers to Accessing Post-Covid Syndrome Services in NCL
Camden	Camden Childhood Immunisation Programme
Camden	Complete Care Communities – Facilitating Mental Health Empowerment in Camden's Bengali and Somali Communities
Camden	LD Annual Health Check Quality Audit
Camden	Primrose A
Camden	Self-Care Community Champions
Camden	Kilburn Ward outreach
Camden	Health Equalities Programme

Haringey	Parentcraft Programme
Haringey	Engaging our most vulnerable Haringey young people with mental health support through creative arts, activities and sports
Haringey	Tottenham Talking
Haringey	Enhanced Health Management of People with Long-Term Conditions in east Haringey
Haringey	Supporting People with Severe & Multiple Disadvantage (SMD)1 who are High Impact Users (HIUs)2 in Healthcare Services

Enfield	Black Health Improvement Programme (BHIP) for Enfield Primary Care, NHS North Central London CCG and development of Enfield Caribbean and African Community Health Network
Enfield	Enhanced Health Management of People with Long-Term Conditions in Deprived Communities in Enfield
Enfield	Enfield Connections at North Mid
Enfield	Supporting People with Severe & Multiple Disadvantage who are High Impact Users in Healthcare Services
Enfield	Parentcraft Program
Enfield	DOVE project (Divert and Oppose Violence in Enfield) reducing Serious Youth Violence
Enfield	VCS & Primary Care based smoking cessation

Islington	The Islington Respiratory Wellness Programme
Islington	Early Prevention Programme – Black Males & Mental Health
Islington	Community Research & Support Programme: Raising the voices of, & addressing barriers to health & wellbeing services & support, for those who experience the highest health inequalities
Islington	Primrose A
Islington	Reducing inequalities through systematically embedding a population health management approach in Islington's four most deprived wards

Local Priorities Schemes

Cancer Alliance	Supporting earlier cancer presentation through community development
Barnet	Early Years Oral Health
Camden	Focused autism and race equality project
Haringey	Haringey Complex Autism pathway
Islington	Ambulatory outreach interventions on marginalised and hard-to-reach groups for health screening, disease prevention, case-finding and improving medicines use.

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Anticipated Impact on Inequalities

Mental health

Borough	Focus	Expected Impact on Inequalities
Haringey	Engaging **Mental Health (MH)** service users at risk of an admission or following an admission to develop resilience.	Through supporting this community to develop effective crisis management strategies and engage them in activities aimed at reducing social isolation and aid recovery we will reduce the long term health outcomes experienced by MH service users compared to the wider population.
Islington	Holistic Support for people with **Serious Mental Illness (SMI)** noting the extremely poor long term outcomes for this community.	This will ensure that health outcomes for people with an SMI are improved by addressing both their MH and physical health needs as well as tackling issues around social isolation and improving employment opportunities. This will reduce the long term health outcome inequality that exists between people with SMI and the wider community.

High users of emergency services

Borough	Focus	Expected Impact on Inequalities
Enfield & Haringey	Reducing the incidence of **children <1 attending A&E** with preventable illnesses and diseases.	This will help educate new and young parents to better understand child health and will also address family wellbeing with the aim of improving confidence. The workshops will work out from the child to address lifestyle issues affecting long term health in the wider family.
Enfield & Haringey	Working with >100 **High Intensity Users** per year to engage them with the wider health and care system.	Reduction in the frequency of urgent care needs arising, provision of more holistic support to people and an improvement in their overall quality of life.

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Anticipated Impact on Inequalities

Targeting specific communities

Borough	Focus	Expected Impact on Inequalities
Islington	Working with those **communities where language, cultural, deprivation or other barriers** preventing them taking control of their health and accessing services.	Reduction in barriers to accessing services and improved health outcomes as a result. This will address the holistic needs of these communities to ensure they are able to receive the correct mix of service support. This will ensure equality of access to services and support.
Enfield	Improving engagement between **black services users** and professionals and highlighting the challenges black people face within the health system	Improve health outcomes for black people through better engagement, communication and raising awareness of biases.

Long term conditions

Borough	Focus	Expected Impact on Inequalities
Enfield & Haringey	Targeted interventions for people at risk of developing an **Long Term Conditions (LTC)** in deprived communities.	Through supporting people to address the social determinants of health as well as improving health education we will reduce the prevalence of LTCs in deprived communities with the aim of levelling the prevalence rates to those of more affluent communities.
Barnet	Reducing the incidence of **preventable oral disease** in <5s in deprived communities.	Through tackling the strong correlation between deprivation and poor oral health this programme will the incidence of oral disease and therefore bring outcomes to a level similar to more affluent communities.

Anticipated Impact on Inequalities

Learning Disability and intersectionality

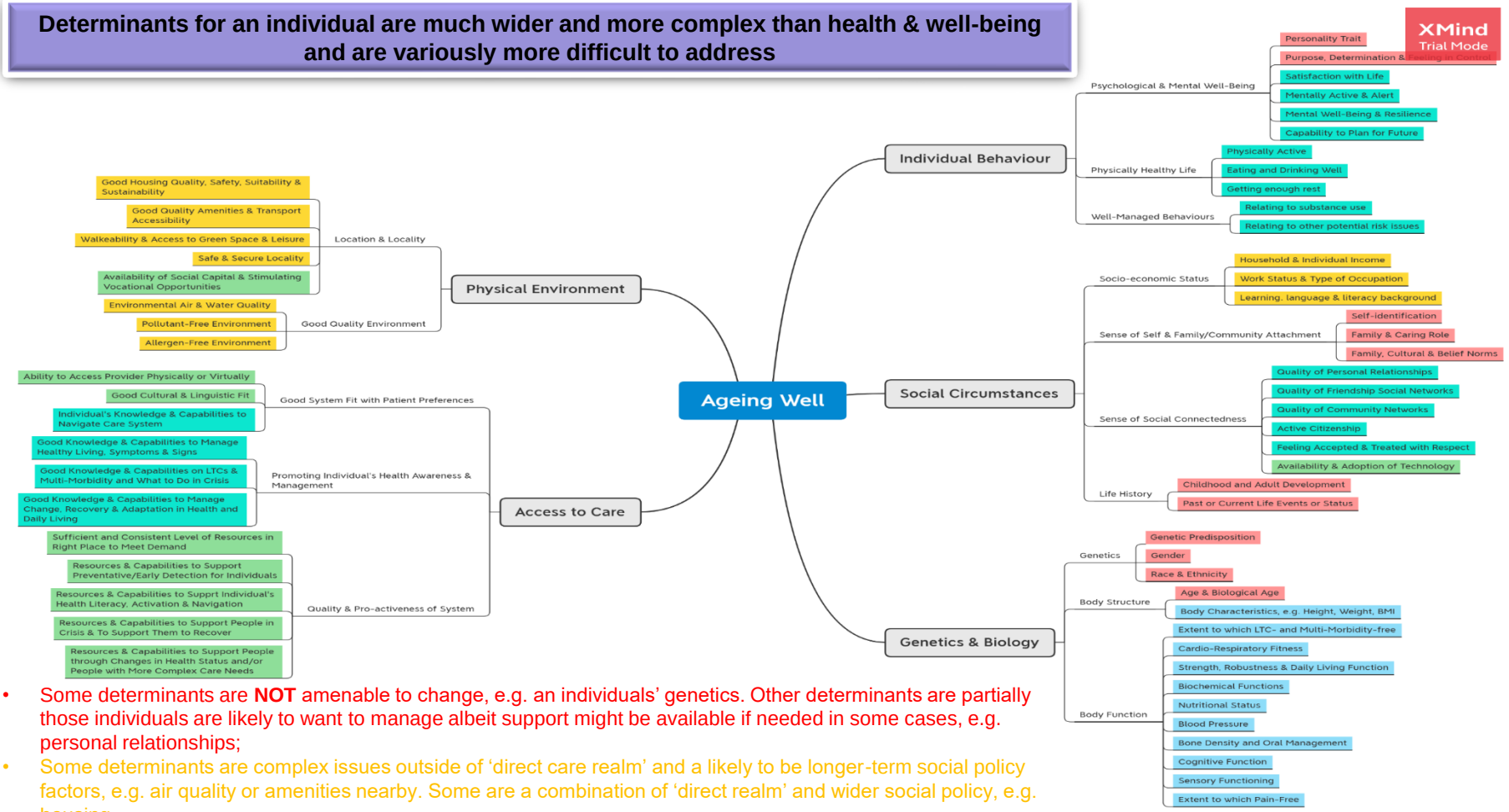
Borough	Focus	Expected Impact on Inequalities
Camden	Improving the quality **of Annual Health Checks** and Health Action Plans for people with **Learning Disability (LD).**	This will provide assurance and consistency around both AHCs and HAPs as well as ensuring the actions identified are followed through. The aim is to reduce the health inequalities experienced by people with LD compared to the wider population and through this improve outcomes.
Camden	The introduction of **race equality and lived experienced** into working with people with Autism.	The aim is to reduce the inequalities experienced by people with Autism, which is especially poor in deprived families and some ethnic communities. This will reduce the frequency of people falling into MH Crisis and reduce social isolation with the long term aim of reduce the early mortality experienced by many autistic people.

Prevention and early diagnosis

Borough	Focus	Expected Impact on Inequalities
Barnet	Reducing the incidence of **preventable oral disease** in <5s in deprived communities.	Through tackling the strong correlation between deprivation and poor oral health this programme will the incidence of oral disease and therefore bring outcomes to a level similar to more affluent communities.

Appendix 1: Map of Determinants on Individuals' Health & Well-Being

Determinants for an individual are much wider and more complex than health & well-being and are variously more difficult to address



- Some determinants are **NOT** amenable to change, e.g. an individuals' genetics. Other determinants are partially those individuals are likely to want to manage albeit support might be available if needed in some cases, e.g. personal relationships;
- Some determinants are complex issues outside of 'direct care realm' and a likely to be longer-term social policy factors, e.g. air quality or amenities nearby. Some are a combination of 'direct realm' and wider social policy, e.g. housing
- Some determinants can be influenced or supported through 'care system' partners working with, or influencing, the individual
- Some factors can be influenced through ensuring a 'good fit of the system' to the population

MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 24 JUNE 2021

MEMBERSHIP

PRESENT Nesil Caliskan (Leader of the Council), Alev Cazimoglu (Cabinet Member for Health & Social Care), Mahtab Uddin (Cabinet Member for Children's Services), Dr Nitika Silhi (Governing Body Member, NHS NCL CCG), Olivia Clymer (Healthwatch Central West London), Dudu Sher-Arami (Interim Director of Public Health), Bindi Nagra (Director of Adult Social Care), Tony Theodoulou (Executive Director of Children's Services), Jo Ikhelef (CEO of Enfield Voluntary Action), Vivien Giladi (Voluntary Sector), Pamela Burke (Voluntary Sector), Dr Alan McGlennan (Chief Executive, Chase Farm Hospital, Royal Free Group) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

ABSENT Dr Helene Brown (NHS England Representative)

OFFICERS: Mark Tickner (Health and Wellbeing Board Partnership Manager) and Dr Glenn Stewart (Assistant Director, Public Health), Debbie Gates (Community Development Officer), Jane Creer (Secretary)

Also Attending: Councillor Derek Levy (Chair, Health & Adult Social Care Scrutiny Panel), Richard Gourlay (North Middx University Hospital), Dr Chitra Sankaran (Governing Body (Enfield) NCL CCG), Dr Hetul Shah (NCL CCG), Gayan Perera (LBE Public Health Intelligence), Doug Wilson (LBE Health, Housing & Adult Social Care), Roseanna Kennedy-Smith (Public Health Intelligence Team), Riyad Karim (NCL CCG Interim Head of Primary Care Commissioning), Doug Wilkinson (LBE Director of Environment & Operational Services), Harriet Potemkin (LBE Head of Strategy and Policy), Alison Asamoah (Community Food Coordinator), Kerry Coe (North Enfield Foodbank Manager), Dionne John (Grassroots Project Manager), Stephen Wells (Senior Programme Manager, NCL CCG), Alexander Smith (NCL CCG Director of Transformation), Joanne Murfitt (NCL CCG Programme Director), Sonia Amos (NCL CCG Communications Manager)

1 WELCOME AND APOLOGIES

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

There were no apologies for absence.

2
DECLARATION OF INTERESTS

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

3
COVID-19 IN ENFIELD UPDATE

i. Epidemiology and Outlook

RECEIVED the presentation, Enfield Covid-19 Dashboard, providing an update and analysis of Covid-19 related data in Enfield from LBE Public Health Intelligence.

NOTED

1. Introduction by Gayan Perera, LBE Public Health Intelligence Team, on the latest infection rates in Enfield. In the last week or so there had been a slight rise with an increase in the Delta variant in particular.
2. Most recent information on deaths, hospitalisations, cases in schools, and vaccination numbers. Even though there had been good vaccination uptake there were challenges in some localities and age groups.

ii. Care home status, visiting support, and vaccination status

RECEIVED the update presentation on care home vaccination status.

NOTED

3. Introduction by Doug Wilson, LBE Health, Housing & Adult Social Care, of numbers of care home residents and staff vaccinated.
4. Work was being done to encourage care home staff to take up the offer of vaccinations.
5. There had been no Covid related deaths in care homes since January this year.

iii. Vaccination Update

RECEIVED a Covid vaccination verbal update presented by Dudu Sher-Arami, Consultant in Public Health, Dr Hetul Shah, GP and Riyad Karim, NCL CCG.

NOTED

6. The majority of work in communications and engagement was with specific communities in the East of the borough to bring up vaccination rates.
7. There had been sustained collaboration working between a wide group of stakeholders and there were targeted plans in place leading up to 19 July, with a community centred approach.

IN RESPONSE

8. The remarks of Bindi Nagra, LBE Director of Adult Social Care, responded to by Dr Hetul Shah. It was advised there was not a major issue around hospital discharge and unvaccinated patients. All vaccination sites had a robust patient recall system, and the gap between first and second vaccinations was shorter, and people called back sooner. Planning had also started for Winter in respect of the flu vaccination campaign and Covid vaccination boosters.
9. In response to Councillor Cazimoglu's queries, it was advised that there was plenty of vaccine and there had never been an issue with supply shortages or capacity in Enfield. For older age groups there had been the offer of vaccination for longer and it was getting more difficult to persuade remaining individuals. Communications work aimed to drive up demand. Vaccination sites were now more walk-in based than appointment based. Pop-up sites worked well. There was also now a greater choice of vaccine available to patients. There was availability of GPs on site to speak with people and allay their concerns. The Chair noted the importance of engaging with communities who were disproportionately affected by Covid.
10. It was confirmed that vaccination rates in care home staff were edging up. Dr Chitra Sankaran advised she was in touch with Council colleagues and had volunteered for one to one chats with care home staff.
11. Board members welcomed the partnership efforts in Enfield.

4
ENFIELD FOOD ACTION PLAN

RECEIVED the draft Enfield Food Action Plan and presentation introduced by Alison Asamoah, Community Food Coordinator, Kerry Coe, North Enfield Foodbank Manager, and Dionne John, Grassroots Project Manager.

NOTED

1. The Chair noted the context: recognition that health inequality was rooted in unequal access to sustainable food, and in the light of the 2020 Enfield Poverty and Inequality Commission Report.
2. The Survey of Londoners (2019) found that 20% of adults in Enfield had low or very low food security, and the number was likely to be higher now.
3. Data and trends were provided from North Enfield Foodbank, which had joined with the Food Alliance to work with others for provision.
4. The main reason people gave for accessing emergency food support was low income. There were referrals from every ward, but higher numbers from Edmonton and the East of the borough.
5. The Food Action Plan was a recommendation from the Enfield Poverty and Inequality Commission Report, and had been developed through interviews, focus groups, surveys and workshops. The Plan centred on three tiers of action: Prevention, Early Help, and Crisis and Emergency Food Provision. The main goal and priorities were set out.
6. Financial support advice was also important, and there was a Cash First Approach, with a specially designed advice leaflet.

7. Initiatives to break the cycle of dependence on foodbanks were set out, including food pantries.
8. The Chair asked that the Board be kept updated on progress, and that she would like to visit one of the food pantries.

5
ENFIELD INTEGRATED CARE PARTNERSHIP STATUS UPDATE

RECEIVED the presentation, Enfield Integrated Care Partnership Progress Update.

NOTED

1. Introduction by Stephen Wells, Senior Programme Manager, NCL CCG.
2. The slides provided full information. The update to the meeting focused on the work this year and the progress of the last six months, highlighting the reports at year end 2020/21 from the three work streams: Inequalities, Mental Health, and Screening and Immunisation.
3. There had been some excellent collaborative and team working with all partners, which would be taken forward for the future.
4. Attention was drawn to the NCL CCG Inequalities Fund, created to address disparities between the most deprived and least deprived communities. There were opportunities to bid for a proportion of the initial £2.5m and there would be more money for the next financial year as well.
5. Integrated care systems development and the roadmap to transition was set out.

IN RESPONSE

6. Bindi Nagra confirmed the excellent partnership working, and noted the fourth work stream about to be set up in respect of access to services and Covid recovery. He also looked forward to future devolution of budgets and decision making.
7. Councillor Cazimoglu welcomed review of the impact on accessibility to GP services in particular, and noted current A&E pressures.
8. Stephen Wells confirmed that the Access to Services and Recovery Group would be receiving a presentation from Healthwatch, and hoped to have its first meeting in July. It was understood where challenges lay, and the importance of communication to residents around bringing services back to normal.
9. The Chair would welcome an update on progress to the next Board meeting.

The Health and Wellbeing Board:
• Noted progress made by Enfield Integrated Care Partnership in 2020/21 including the Initiative Working Groups (Mental Health, Inequalities, and Screening & Immunisation)
• Noted the planning for transition to the NCL Integrated Care System, including the background material provided by DAC Beachcroft LLP.

6
CCG REVIEW OF REVIEW OF COMMUNITY AND MENTAL HEALTH SERVICES

RECEIVED the Overview of the NCL Community Services and Mental Health Strategic Review presentation, introduced by Alexander Smith, Director of Transformation, Joanne Murfitt, Programme Director, and Sonia Amos, Communications Manager.

NOTED

1. The aim was to have a consistent and equitable core offer across North Central London.
2. Work was at the design stage, with the baseline review being finalised. Half of the responses to the survey had come from Enfield residents.
3. The core offer should be agreed around September 2021.

IN RESPONSE

4. The Chair welcomed the review, noting that residents experienced challenges getting mental health support, and she would like to see more focus on prevention. There was a need for consistency of pathways across the North Central London area. The review must also be supported by adequate funding, capacity, and resources.
5. Tony Theodoulou highlighted services to children, and that support in schools and the voluntary sector should also be considered.
6. Bindi Nagra also raised the review focus on acutely ill people, and not enough on the community.
7. Confirmation that a wide range of views were being sought, from service user groups, carers, parents, and patients to make sure the patient voice was heard, and an invitation was extended to anyone who would like to be involved in the engagement.

7
UPDATE FROM ROYAL FREE HOSPITAL AND NORTH MIDDLESEX UNIVERSITY HOSPITAL

RECEIVED a verbal update from Richard Gourlay, Director of Strategic Development, North Middlesex University Hospital, that work was continuing on the governance arrangements, and that Dr Nnenna Osuji had been appointed Chief Executive at North Middlesex University Hospital NHS Trust and would be joining on 12 July 2021.

IN RESPONSE the Chair extended a welcome to the new Chief Executive into her role.

8
ENFIELD ANNUAL PUBLIC HEALTH REPORT 2021

RECEIVED the introduction of the Enfield Annual Public Health Report by Dudu Sher-Arami, Interim Director of Public Health, and Roseanna Kennedy-Smith, Senior Public Health Intelligence Analyst, LB Enfield.

NOTED

1. This year's report was now live and available online. Everyone was encouraged to take a look, and feedback was welcomed. The format was user friendly, interactive, and easily shareable.
2. The report was first drafted before the pandemic, and was amended to reflect issues in respect of Covid and long term conditions, with a focus on obesity in the light of Covid.

IN RESPONSE the Chair thanked officers for all the work which had been done on the report and its updating. The report was welcomed, and links to the Council's commitment to outdoor spaces and other strategies were noted.

9
MINUTES OF THE MEETING HELD ON 18 MARCH 2021

AGREED the minutes of the meeting held on 18 March 2021.

10
NEXT MEETING DATES AND DEVELOPMENT SESSIONS

NOTED the next Board meeting was scheduled for Thursday 7 October 2021.