

# Public Document Pack



## HEALTH AND WELLBEING BOARD

Thursday, 10 March 2022 at 6.30 pm  
Virtual / MS Teams

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## PLEASE NOTE: VIRTUAL MEETING Join on your computer or mobile app

[Click here to join the meeting](#)

## 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  
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 – Dr 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. PHARMACEUTICAL NEEDS ASSESSMENT (6:40 - 6:50PM) (Pages 1 - 8)**

Gayan Perera, PH Intelligence Team Manager

## **4. COVID-19 ENFIELD UPDATE (6:50 - 7:10PM) (Pages 9 - 28)**

- i. Epidemiology and outlook – PH Intelligence Team.** Gayan Perera, PH Intelligence Team Manager
- ii. Care home status, visiting support, and vaccination status –** Des O'Donoghue, Brokerage and Market Development Manager, LB Enfield
- iii. Vaccination update (COVID and Influenza) –** Dudu Sher-Arami, Director of Public Health, and Riyadh Karim

## **5. UPDATE FROM NORTH MIDDLESEX UNIVERSITY HOSPITAL (7:10 - 7:25PM)**

Richard Gourlay, North Middlesex University Hospital Director of Strategic Development

## **6. NCL START WELL PROGRAMME (7:25 - 7:35PM)**

Chloe Moralesoyarce, Head of Communications and Engagement, North London Partners in Health and Care

## **7. ICP PARTNERSHIP UPDATE (7:35 - 7:50PM) (Pages 29 - 56)**

Stephen Wells, Head of Enfield Borough Partnership Programme, Enfield Borough Directorate, NHS North Central London CCG

## **8. ANY OTHER BUSINESS**

## **9. MINUTES OF THE MEETING HELD ON 2 DECEMBER 2021 (Pages 57 - 62)**

To receive and agree the minutes of the meeting held on 2 December 2021.

## **10. NEXT MEETING DATES AND DEVELOPMENT SESSIONS**

To be confirmed following Annual Council Meeting.

# Pharmaceutical Needs Assessment

**Update**

**10<sup>th</sup> March 2022**

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Agenda Item 3



# What are pharmaceutical services?

- Pharmaceutical services include some services provided from local **community pharmacies** or **specialist appliance contractors**.
- They also provide healthcare **help and advice** and are often the **first point of contact** when people are concerned about their health, their medication or appliance.

# Why do we need to produce a revised Pharmaceutical Needs Assessment?

- Enfield Health and Wellbeing Board have a **statutory duty to publish a Pharmaceutical Needs Assessment (PNA)** at least **every three years**, under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.
- The **current PNA was published early in 2018** and was due for revision and publication early 2021. However, due to the impact of COVID-19 it lead to the postponement, with a revised publication date of October 2022. During this period a supplementary statement process remained in place to cover changes in provision.
- It is anticipated that the process to produce the revised **Pharmaceutical Needs Assessment will take 11 months.**

# How the findings of PNA will be used?

- If a pharmacy contractor or a dispensing appliance contractor and may operate as a sole trader, partnership or body corporate, wants to provide pharmaceutical services, they are **required to apply to the NHS to be included in a pharmaceutical list.**
- Pharmaceutical lists are compiled and as at October 2021 are held by NHS England and NHS Improvement. This is commonly known as the **NHS “market entry” system.**
- Under the 2013 regulations, pharmacy contractor who wishes to provide pharmaceutical services **must apply to NHS England and NHS Improvement** to be included in the relevant pharmaceutical list by **proving they are able to meet** a need for, or improvements or better access to, pharmaceutical services as set out in the relevant pharmaceutical needs assessment.
- The pharmaceutical needs assessment **sets out needs** for, **or improvements** or **better access** to, a range of pharmaceutical services or one specific service. This then triggers applications to meet those needs or secure those improvements or better access.

# Who will project manage and produce the PNA?

- Public Health Commissioning team, led the procurement of the PNA production on behalf of all 5 North Central London boroughs.

- Cost of PNA production for 5 boroughs:**

Income/ expenditure	21/22	22/23	Total
Total Expenditure	£102,960	£53,040	£156,000
Total income	£96,536	£48,264	£144,800
Cost to LBE	£6,424	£4,776	£11,200

- Following a competitive tendering process, Enfield Council have invited **Soar Beyond to project manage** and produce the revised Enfield PNA.
- Soar Beyond have previously produced **22 PNAs throughout England**. Their project team includes pharmacists with regulatory and commissioning expertise.

# Why do we need a PNA Steering Group?

- Enfield Council, on behalf of Enfield Health and Wellbeing Board, are responsible for the publication of the revised PNA.
- The production of a PNA is a complex process, requiring knowledge and skills from numerous stakeholders.
- To ensure the revised PNA is robust, Enfield Council wish to draw upon stakeholders with local knowledge and expertise relevant to services and health needs of the London Borough of Enfield.



# What happens next?

- Enfield PHI team are collecting data for the **health needs assessment**.
- Soar Beyond undertaking a survey of all commissioners who are responsible for commissioning services from community pharmacies in Enfield (even if they do not commission services currently).
- The health and wellbeing board must consult with certain organisations about the contents of the pharmaceutical needs assessment at least once, and that consultation must run for a minimum period of 60 days.

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# Enfield COVID19 Dashboard

[View in Power BI](#) ↗

**Last data refresh:**  
24/03/2021 13:20:09 GMT Standard  
Time  
**Downloaded at:**  
24/03/2021 13:22:28 GMT Standard  
Time

# ENFIELD COVID-19 DASHBOARD



## TOTALS

Cases = 30 Jan 20 – 9 March 22

Deaths = 01 Jan 20 – 25 Feb 22

(3<sup>rd</sup> March – 9<sup>th</sup> March 2022)

3 March – 9 March 22

9 March

24 Feb – 2 March 22

2 March – 8 March 22

### TOTAL

**CASES = 88,838**  
**DEATHS = 915**  
(685 excess since 2020\*)

Recent deaths  
(19<sup>th</sup> to 25<sup>th</sup> Feb)  
**2**

### NEW CASES

 **805**

Variants of concern  
Delta= <5  
Omicron=1,279  
(For 30 days till 09/03/2022)

### HOSPITALISATIONS

#### Patients in hospital

 **Royal Free= 95**  
**NMUH= 34**

#### Patients in mechanical ventilators

**Royal Free= 18**  
**NMUH= 1**

### INFECTION RATE PER 100,000

 **241.3**

#### AGE GROUP

**0-29   30-59   60+**

**10**

**29**

**61**

### Tests

Number tested  
PCR = 5,130  
LFT = 11,130

PCR positivity rate: **8.5%**



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9 March 2022

9 March 2022

23 Feb 2022

9 Feb update

15 Feb 2022

### VACCINATIONS

**Resident population  
(12+)**

**1<sup>st</sup> dose= 217,415**  
**(68.9%)**

**2<sup>nd</sup> dose= 201,824**  
**(64.0%)**

**3<sup>rd</sup> dose= 139,894**  
**(44.3%)**

### VACCINATIONS

12- 15 year olds (UK  
Corona virus website)

6,689 (34.2%) 1<sup>st</sup> doses

3,227 (16.5%) 2nd doses

### CARE SETTINGS

**Residents= 6**

**Staff= 10**

**Deaths= 0**

### SCHOOLS/ EARLY YEARS AFFECTED

Schools with one or more  
open cases

**29**



Staff = 57 cases  
Students = 147 cases

### WARDS WITH HIGHEST INFECTION RATES

1. **Southgate Green**
2. **Town**
3. **Southgate**

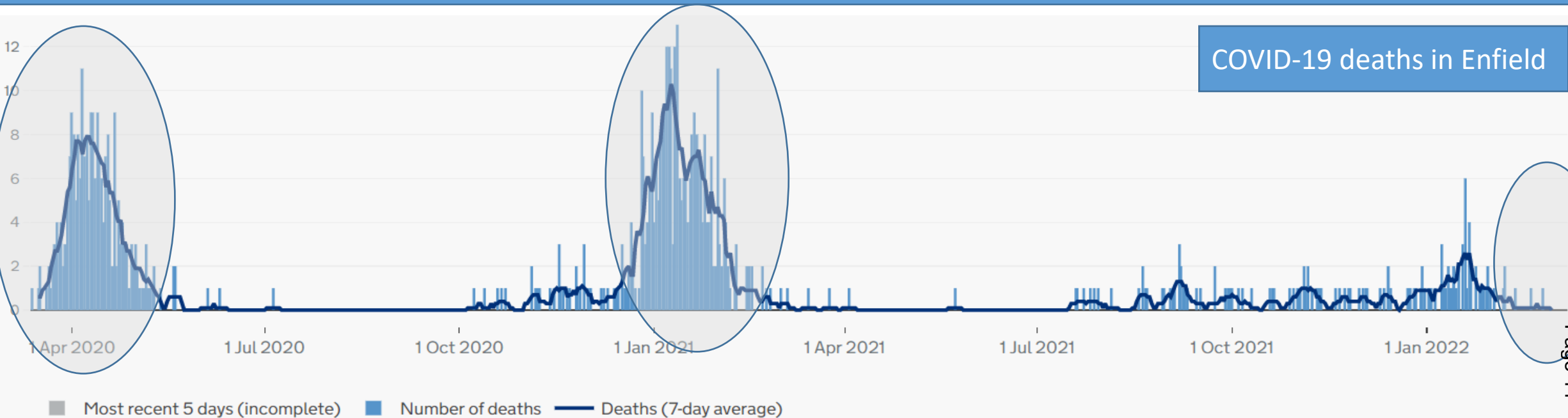
\*ONS weekly mortality records compared with 2015- 19 deaths.



Change since last week of data

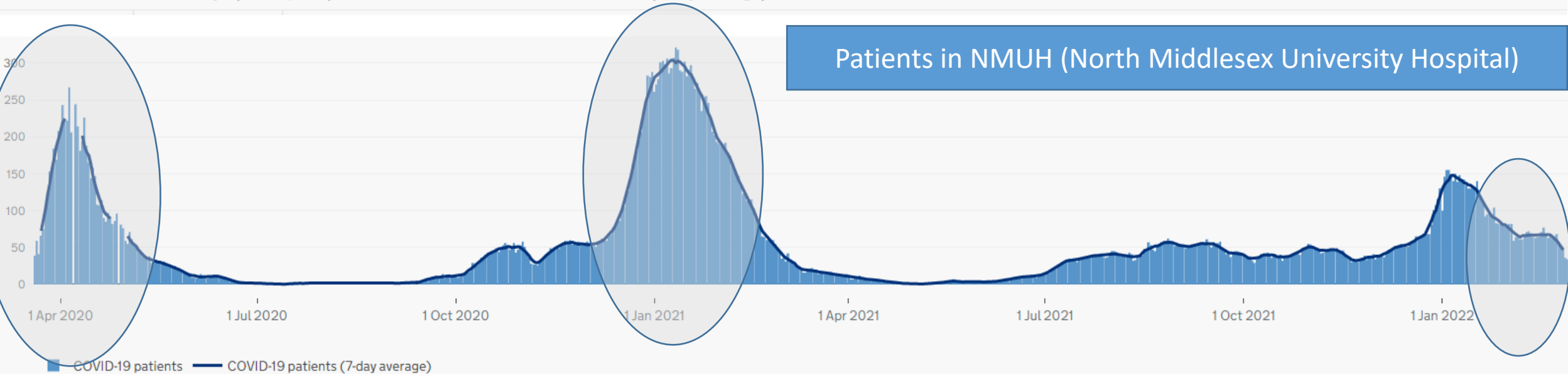
# Trends in COVID-19 related health outcomes

COVID-19 deaths in Enfield



Page 11

Patients in NMUH (North Middlesex University Hospital)



# Vaccination Rate Rankings by Age

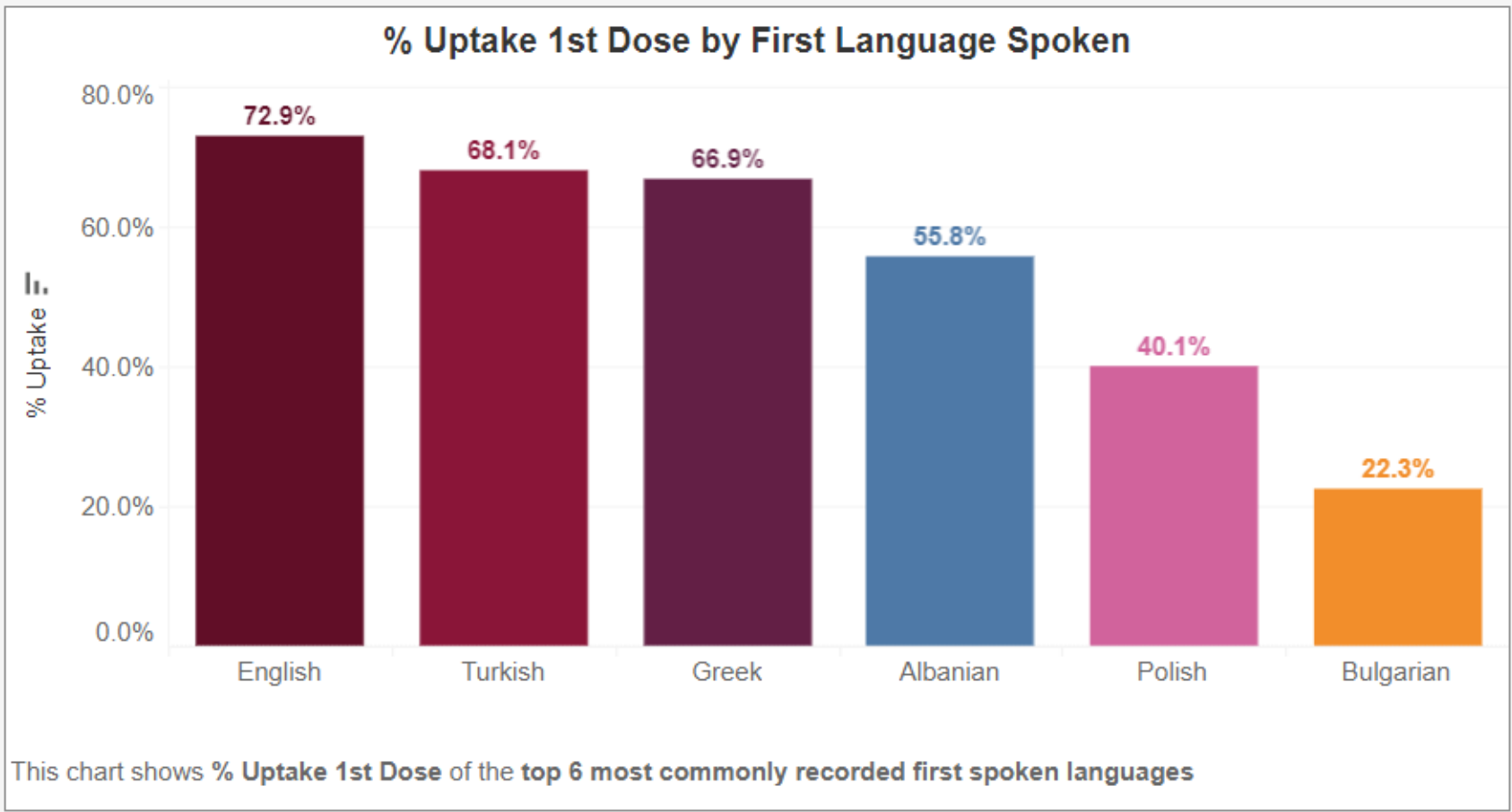
Latest data: week ending 8<sup>th</sup> March 2022

Age	NCL (/5)	London (/32)
All population (12+)	2	17
50+	2	14
45- 49	2	14
40- 44	2	13
35- 39	2	16
30- 34	3	24
25- 29	5	31
18- 24	4	30
under 18	5	29

Source: LG Inform

[https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-covid-19-vaccinations-la-view?mod-area=E09000010&mod-group=AllBoroughInRegion\\_London&mod-type=namedComparisonGroup#chart-12 as one slide?](https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-covid-19-vaccinations-la-view?mod-area=E09000010&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup#chart-12 as one slide?)

# COVID Vaccine uptake: 1<sup>st</sup> dose by first language spoken



# Emerging observations

- 10% of the current infections are **re-infections** (previously diagnosed with COVID-19 infection)
- As per national published study, REACT survey, community prevalence of COVID-19 is **3.2% in London**.
- This means only **1 in 13 people** are reported with COVID-19.
- Increase in number of cases with COVID-19 **Omicron subvariant (BA.2)**
- High proportion of hospital admissions among older people may suggest that **vaccine protection decline over time**.



An abstract graphic on the left side of the slide, composed of several overlapping triangles in various shades of blue, teal, and lime green, creating a dynamic, geometric pattern.

# HWBB

March 2022

Emdadur Rahman  
Primary Care Development  
Manager  
[erahman@nhs.net](mailto:erahman@nhs.net)

# Flu season 2021/2022

- Target will remain at 75% for all cohorts except Over 65s and 2/3 year olds
- **2/3 year olds – 70%, Over 65s – 85%**
- Inclusion of 50-64 cohort continues
- 100% target for frontline healthcare workers

**Vaccines reimbursed as part of the NHS Seasonal Influenza Immunisation Programme 2021/22<sup>2</sup>**

The following JCVI-advised vaccines will be reimbursed as part of the NHS Annual Influenza Vaccination Programme for adults in 2021/22.

Those aged 65 years and over	Those aged 50 to 64 years	At-risk adults, including pregnant women, aged 18 to less than 65 years
<ul style="list-style-type: none"><li>• aQIV</li><li>• QIVc/QIVr (where aQIV is not available)</li></ul>	<ul style="list-style-type: none"><li>• QIVc/QIVr</li><li>• QIVe (where QIVc or QIVr is not available)</li></ul>	<ul style="list-style-type: none"><li>• QIVc/QIVr</li><li>• QIVe (where QIVc or QIVr is not available)</li></ul>

- Previously aQIV was called was called aTIV from Seqirus
- QIVr & QIVe from Sanofi
- QICc and aQIV from Seqirus
- QIVe from Mylan
- Further information will be provided on the policy decisions on offering an alternative to LAIV for children whose parent/guardian does not consent to the vaccine on grounds of objection to the porcine gelatine content, and on extending the complementary offer of a free NHS vaccination to adult social care workers in 2021/22.

Source : NHS England - <https://www.england.nhs.uk/wp-content/uploads/2021/04/BW485-achievements-and-developments-during-202021-flu-season.pdf>  
Source : Gov.uk - Annual National Flu programme 2020 to 2021 (publishing.service.gov.uk)



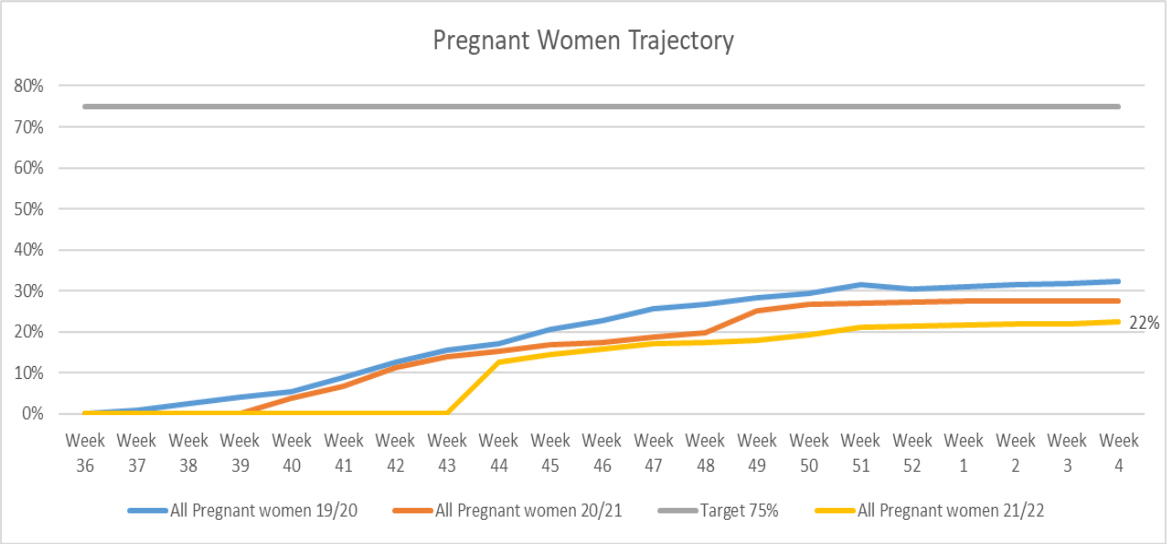
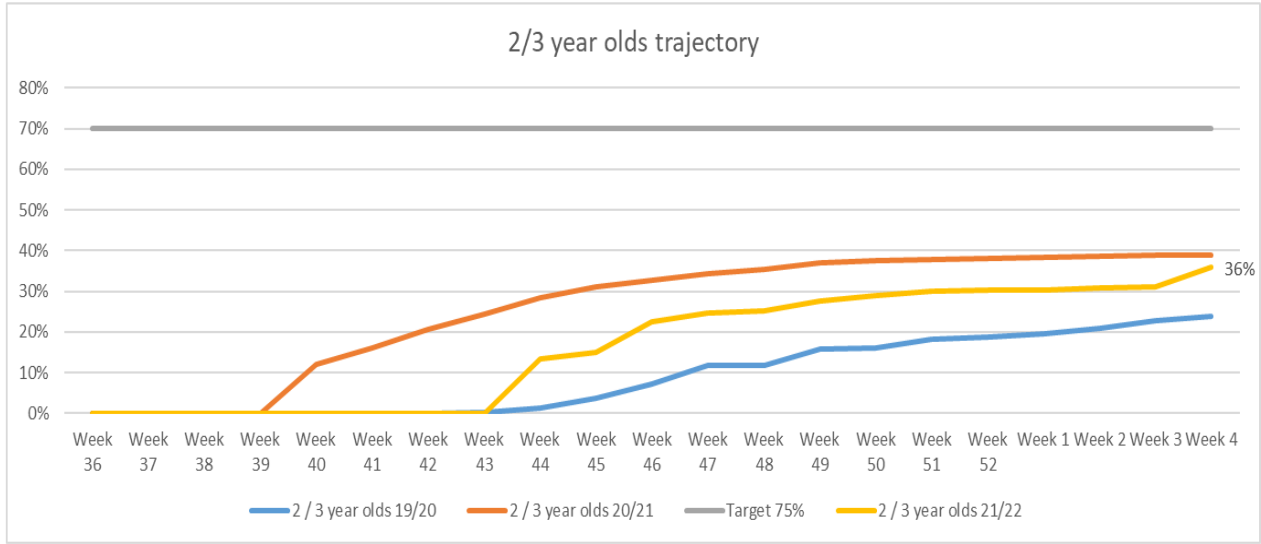
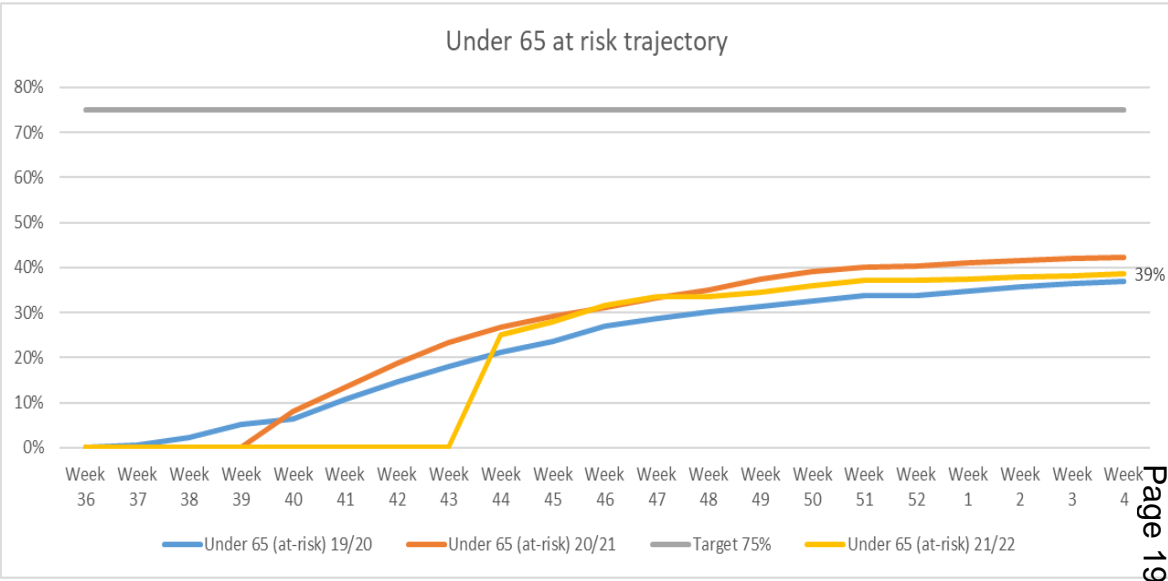
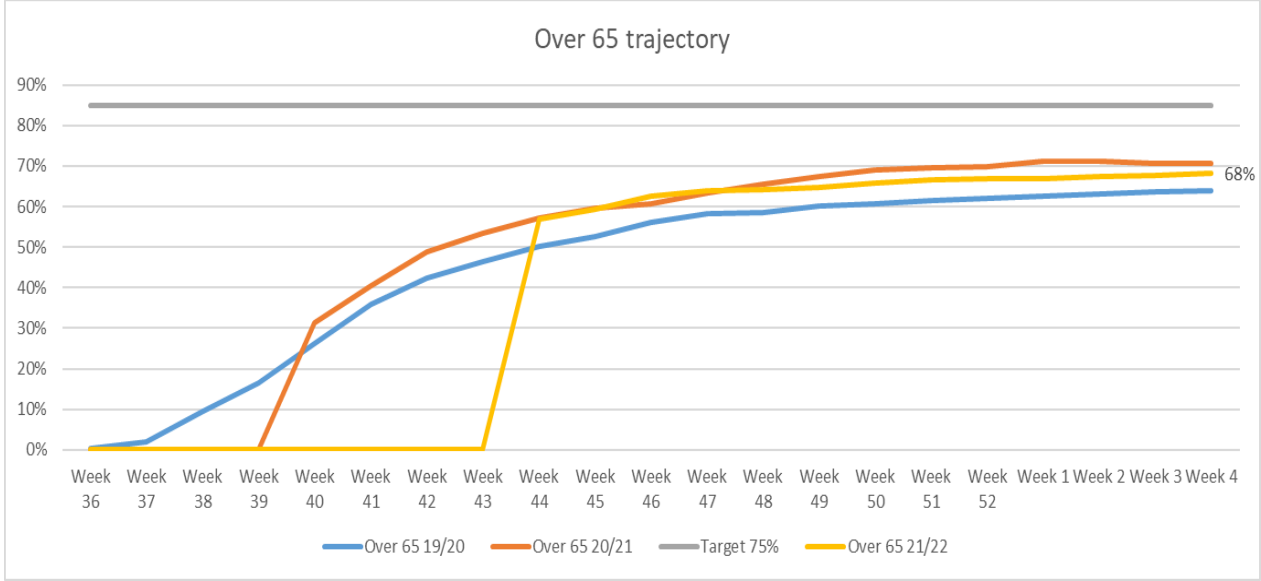
# Steps taken to increase Flu uptake

- 2/3 year old LCS continues to be commissioned as part of the Enfield universal offer.
- NCL Flu Infrastructure funding re-commissioned.
- Additional text messages procured to support call and recall.
- LVS sites equipped with web booking platforms to enable patients to book directly into flu clinics from receiving flu text messages.
- Engagement call/recall activity targeting parents and young children, those with learning disabilities and pregnant women
- Webinars held by NHSE/I for staff to increase uptake amongst Healthcare workers –
- Relaunch of Healtheintent Demographic tool for providers to help target low uptake areas - <https://nlhcr.analytics.eu.healtheintent.com/>
- National stock procured:
- Guidance - DHSC guidance for primary care in England on accessing DHSC centrally supplied flu vaccines
- <https://www.gov.uk/government/publications/accessing-government-secured-flu-vaccines-guidance-for-primary-care-in-England-for-2021-to-2022>

# Enfield Flu uptake to 9th March 2022

Flu Vaccination Indicator Table						
Flu Eligible Cohort	No. Eligible Flu	No. Vaccinated Flu	% Uptake Flu	% Declined	No. Remaining to Target Flu	% Co-Administered Flu & Covid
65 years or older	43,551	30,090	69.1%	5.9%	6,928	22.42%
Under 65s at risk	40,766	15,981	39.2%	6.7%	14,593	16.86%
50-64 year olds not otherwise at risk	48,330	14,257	29.5%	5.1%	21,990	28.29%
Pregnant Women	2,072	462	22.3%	4.7%	1,092	6.71%
Learning Disability	1,835	868	47.3%	9.4%	508	20.74%
CQC Registered Care Home Resident	1,580	1,064	67.3%	3.4%	121	51.79%
Other Care Home Resident	156	69	44.2%	3.2%	48	15.94%
Age 2-3	8,392	3,043	36.3%	6.4%	2,831	0.00%
Children 4-15	52,036	11,245	21.6%	0.6%		1.77%
Total Patients	191,642	74,133	38.7%	4.5%	73,238	18.48%

# Year on Year performance 2019 - 2022



# Flu season 2022/2023

- Target will remain at 75% for all cohorts except Over 65s and 2/3 year olds
- 2/3 year olds – 70%, Over 65s – 85%
- **Exclusion of 50-64 cohort and 11-15 year olds this season.**
- 100% target for frontline healthcare workers

Eligible Vaccines

Those aged 65 years and over	At-risk adults, including pregnant women, aged 18 to less than 65 years
<i>Reimbursed vaccines</i>	
<ul style="list-style-type: none"><li>• aQIV / QIVr</li><li>• QIVc (only where aQIV or QIVr is not available)</li></ul>	<ul style="list-style-type: none"><li>• QIVc / QIVr</li><li>• QIVe (only where QIVc or QIVr is not available)</li></ul>
<i>Rationale / further information</i>	
There are three vaccines that JCVI advised are equally suitable for use in 2022/23.  Adjuvanted quadrivalent inactivated influenza vaccine (aQIV), High-dose quadrivalent inactivated influenza vaccine	Evidence from recent flu seasons indicate a clear additional benefit in the use of quadrivalent influenza vaccines in those less than 65 years of age in an at-risk group, compared with trivalent influenza vaccines. JCVI advises the use of Quadrivalent influenza cell-culture vaccine

- Further information will be provided on the policy decisions on offering an alternative to LAIV for children whose parent/guardian does not consent to the vaccine on grounds of objection to the porcine gelatine content, and on extending the complementary offer of a free NHS vaccination to adult social care workers in 2022/23.

# Flu season 2022/2023

## Links to other key documents:

### **Green Book Influenza Chapter**

- [www.gov.uk/government/publications/influenza-the-green-book-chapter-19](http://www.gov.uk/government/publications/influenza-the-green-book-chapter-19)

### **Joint Committee on Vaccination and Immunisation Influenza advice**

- <https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>

### **Flu vaccine uptake figures**

- [www.gov.uk/government/collections/vaccine-uptake](http://www.gov.uk/government/collections/vaccine-uptake)

### **ImmForm website for ordering child flu vaccines**

- <https://portal.immform.phe.gov.uk/Logon.aspx?returnurl=%2f>

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HWBB Enfield

COVID Vaccination

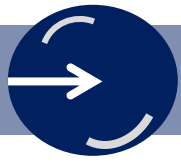
**Phase 3 COVID and Flu  
ICP Vaccination Group**

March 2022

Riyadul Karim

Assistant Director of Primary Care

[riyad.karim@nhs.net](mailto:riyad.karim@nhs.net)



# Steps taken to increase Covid Vaccination Uptake

- **Phase 3 COVID and Flu Vaccination Group** continues the coordination of Covid vaccination activities in Enfield and includes PCN and community pharmacy sites and stakeholders and meets fortnightly
- ICP Vaccine Workstream activity informed by intelligence provided by LBE Public Health Team.
- Focus on limiting inequality in vaccine uptake between areas of high and low deprivation, different ethnic groups, Under 40s and other groups experiencing deprivation (e.g. Black African and Black Caribbean, East European communities, GRT and homeless)
- School Vaccinations 12-15 year olds (BEH)
- Additional SMS text messages are being sent to all unvaccinated residents across Enfield

## Summary of Next steps for the NHS COVID-19 Vaccination Programme

- A vaccination offer to all children aged 5 – 11 years. This offer to commence from early April.
- A vaccination offer of a spring dose at around 6 months after the last vaccine dose for adults aged 75 years and over, residents in a care home for older adults, and individuals aged 12 years and over who are immunosuppressed, as defined in the Green Book.
- This offer is expected to begin from early April and systems will need to consider how to deliver without impacting on core NHS services.
- A continued vaccination offer to those who have recently become eligible, including: at risk 5-11s, 12-15s, and newly at risk groups such as those who are pregnant, eligible severely immunosuppressed and their families or households.
- Continuous community engagement to improve confidence and promote uptake

# NHS Expression of Interest Funding

Phase 3 group working with LBE, BEH, NCL CCG, LVS sites, has developed funded hyper local plan to NCL CCG that aims to:

- Improve vaccine uptake (first, second, third and booster) in those areas with lowest uptake
- Improve vaccine uptake first, second, third and booster) within those communities/populations with the lowest uptake
- Increase vaccination (first, second, third and booster) capacity locally though enhanced outreach

Schemes developed include plans for:

- **Increasing consent for school aged vaccines (BEH)**
- **Vaccine communications (LBE)**
- **PCN capacity (Evergreen surgery)**
- **East European Community Outreach (LBE)**
- **COVID-19 marshals (LBE)**
- **Gypsy, Roma, and Traveller (GRT)**
- **Pan Enfield Pregnant Women and 5-11 year olds (PCNs and North Mid)**

# Enfield social media (December – January)



Followers: 4,850 (+9)

Tweets: 84

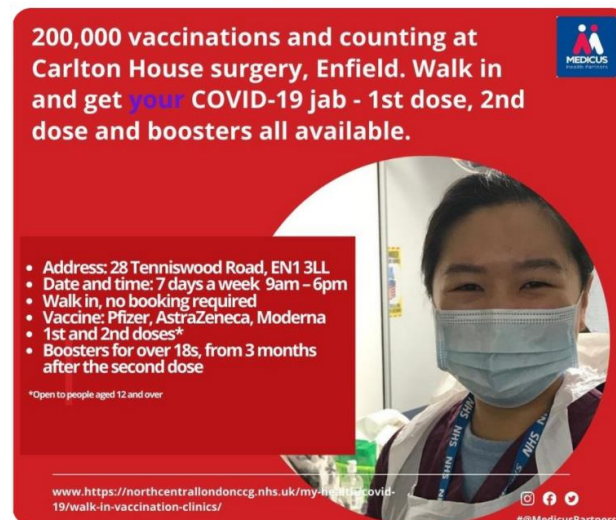
Impressions: 14,800 (+30%)

NHS North Central London CCG – Enfield @NCLC... · Dec 30, 2021 ...  
Big congratulations for the 200,000 vaccinations milestone reached by Carlton House GP surgery, Enfield. #GetBoostedNow #PrimaryCareHeroes



1 2

vaccinations milestone. A huge well done to everyone involved. The team are keen to jab more of the community & keep them safe. Get your booster now! #Carltonhouse @NCLCCG\_Enfield #vaccination #enfield #NHS

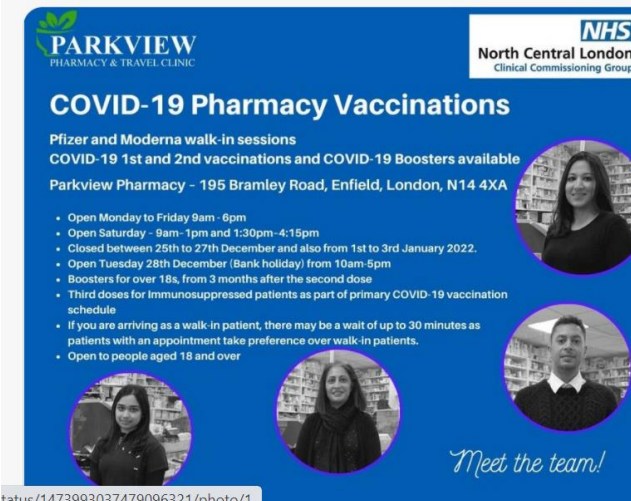


2 5 21

Love your Doorstep @Loveyourdoorstep · Dec 21, 2021 ...  
Tomorrow evening @ 8pm @EmmaLYDS talks to Tara & Emma from @MedicusPartners regarding improving the patient experience. facebook.com/groups/ENFIELD...



NHS North Central London CCG – Enfield @NCLC... · Dec 23, 2021 ...  
Due your COVID-19 booster? Need a 1st or 2nd vaccination? Don't delay. Visit your local pharmacy and grab a jab. #KeepEnfieldSafe



tatus/1473993037479096321/photo/1



2 1

NHS North Central London CCG – Enfield @NCLCCG\_Enfield · 19h ...  
Aged 12 or over? Come along to the pop-up clinic taking place at Palmers Green Mosque on Sunday 9 January and get your Covid Vaccine #PalmersGreen #N13 #COVID19 #COVID19VaccineBooster #COVID19Vaccine



Enfield/status/1479078899178999810/photo/1

# Covid-19 Vaccination in Enfield

Designated GP/**PCN sites** mobilised to deliver vaccination service:

- Carlton House Surgery, Medicus Health Partners
- Evergreen Surgery
- Winchmore Hill Practice
- Woodberry Practice (started Phase 3)
- Collaborative effort - Enfield GP practices, Primary Care Networks, GP Federation and commissioner support

LVS Site	Pillar	Borough	Ward	Line 1	Postcode
Carlton House Surgery	LVS (PCN)	Enfield	Town	28 Tenniswood Rd	EN1 3LL
Evergreen Medical Centre	LVS (PCN)	Enfield	Edmonton Green	1 Smythe Cl	N9 0TW
The Woodberry Practice	LVS (PCN)	Enfield	Winchmore Hill	1 Woodberry Ave	N21 3LE
Winchmore Hill Practice	LVS (PCN)	Enfield	Bush Hill Park	808 Green Lanes	N21 2SA

## Designated **Community Pharmacy Sites**

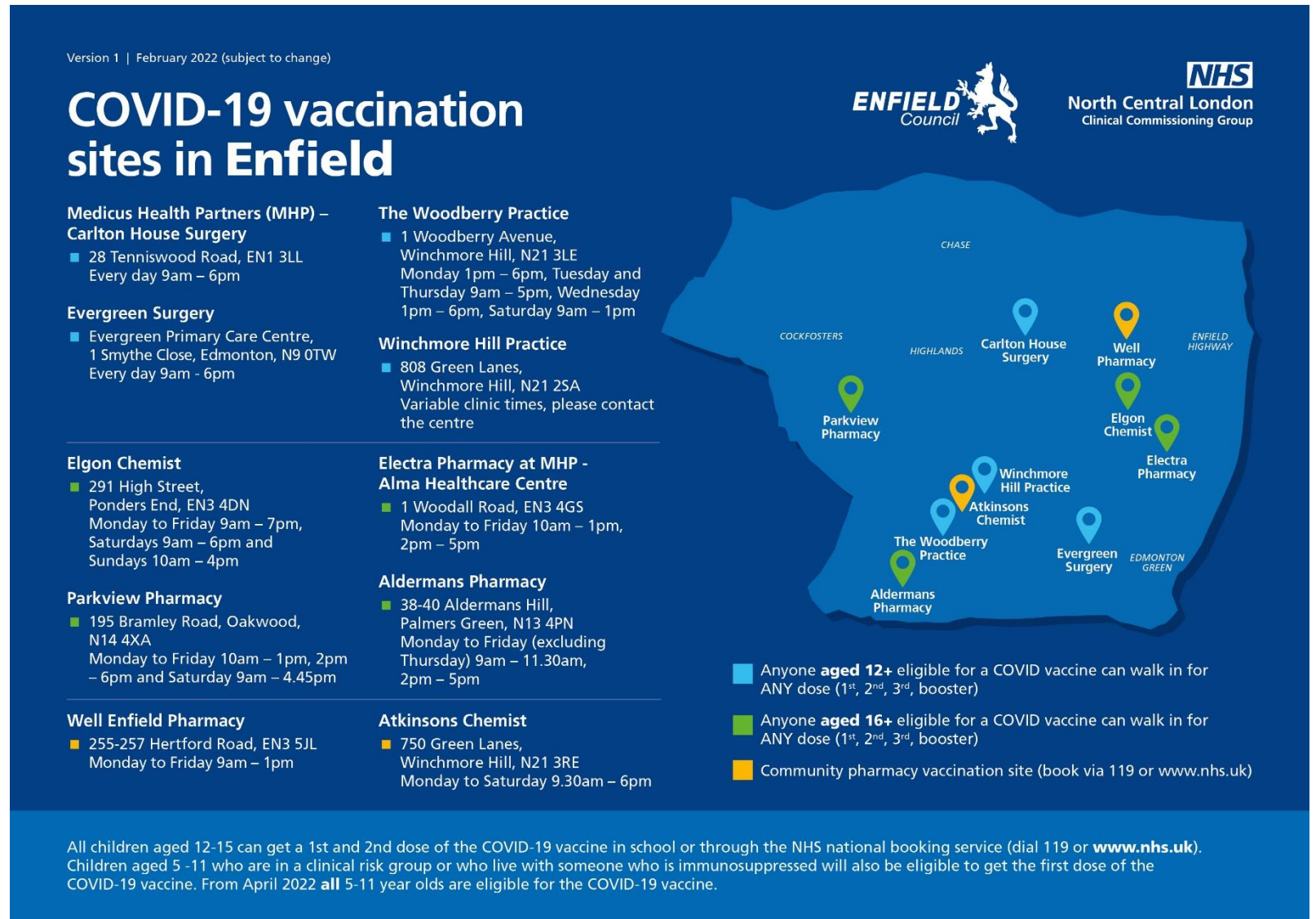
- Aldermans Pharmacy, Electra Pharmacy (Alma Healthcare Centre), Atkinsons Chemist, Elgon Chemist – Ponders End, Parkview Pharmacy and Well Pharmacy

LVS Site	Pillar	Borough	Ward	Line 1	Postcode
Aldermans Pharmacy	LVS (CP)	Enfield	Palmers Green	38-40 Aldermans Hill	N13 4PN
Alma Healthcare Centre (Electra Pharmacy)	LVS (CP)	Enfield	Ponder End	1 Woodall Rd	EN3 4GS
Atkinsons Chemist	LVS (CP)	Enfield	Winchmore Hill	750 GREEN LANES	N21 3RE
Elgon Chemist - Pondersend	LVS (CP)	Enfield	Ponder End	291 High Street	EN3 4DN
Parkview Pharmacy	LVS (CP)	Enfield	Cockfosters	195 BRAMLEY ROAD	N14 4XA
Well Pharmacy - Enfield	LVS (CP)	Enfield	Enfield Highway	255-257 HERTFORD ROAD	EN3 5JL



# Enfield vaccination sites map

Developed by Virginia Robins, NCL CCG Comms and Engagement, working with Riyadh Karim AD Primary Care, Laura Andrews Senior Enfield Comms and Engagement NCL CCG, Co Chairs of Phase 3 ICP group, and PCN and Community Pharmacy LVS (local vaccination sites)



<b>MUNICIPAL YEAR 2021/22 - REPORT NO.</b>	
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<b>MEETING TITLE AND DATE</b>  <b>Health and Wellbeing Board</b> <b>10<sup>th</sup> March 2022</b>	<b>Agenda - Part:</b>	<b>Item:</b>
	<b>Subject:</b>  <b>Progress Update: Development of North Central London Integrated Care System and Enfield Place Based Partnership</b>	
	<b>Wards: All</b>	
<b>Deborah McBeal, Director of Integration, Enfield Borough Directorate, NCL CCG and Stephen Wells, Head of Enfield Borough Partnership Programme Enfield Borough Directorate, NCL CCG</b>	<b>Cabinet Member consulted:</b>	
<b>Contact officer -</b>	Stephen Wells	
<b>Telephone number:</b>	0203 688 2874	
<b>Email:</b>	stephen.wells6@nhs.net	

## 1. EXECUTIVE SUMMARY

This report provides the Health and Wellbeing Board with an update relating to:

### 1.1 Update on developing the North Central London Integrated Care System (ICS)

The attached slide deck summarises:

- The core purpose of an Integrated Care System and what the Integrated Care System means for our residents in the future delivery of person-centred care
- Building on the strong NCL partnership foundations to form the future ICS
- Governance and structures of the NCL Integrated Care System including the pace based partnerships in each borough
- Building resident and community voices at the heart of our ICS and Community involvement and representation at both an Integrated Care System and Borough Partnership level

### 1.2 Progress Update - Enfield Borough Partnership

The attached slide deck summarises:

- Initiative Working Groups - Mental Health, Inequalities, Screening & Immunisation and Access to Services, Recovery & Innovation.

- Leadership Centre workshops held in January and February 2022, to inform the development of the borough partnership and the transition to the NCL Integrated Care System, from 1<sup>st</sup> July 2022.

## **2. RECOMMENDATIONS**

The Health and Wellbeing Board is asked to:

- Note the progress update for the development of the North Central London Integrated Care System informed by the presentation slides attached.
- Note the progress update for the Enfield Borough Partnership in 2021/ 22 and a summary of the recent workshops to inform the transition to the NCL Integrated care System and development of the place based partnership, facilitated by The Leadership Centre.





**NORTH LONDON PARTNERS**  
in health and care

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# Update on the NCL Integrated Care System (ICS) Transition

Presentation to Enfield Health and Wellbeing Board  
10<sup>th</sup> March 2022

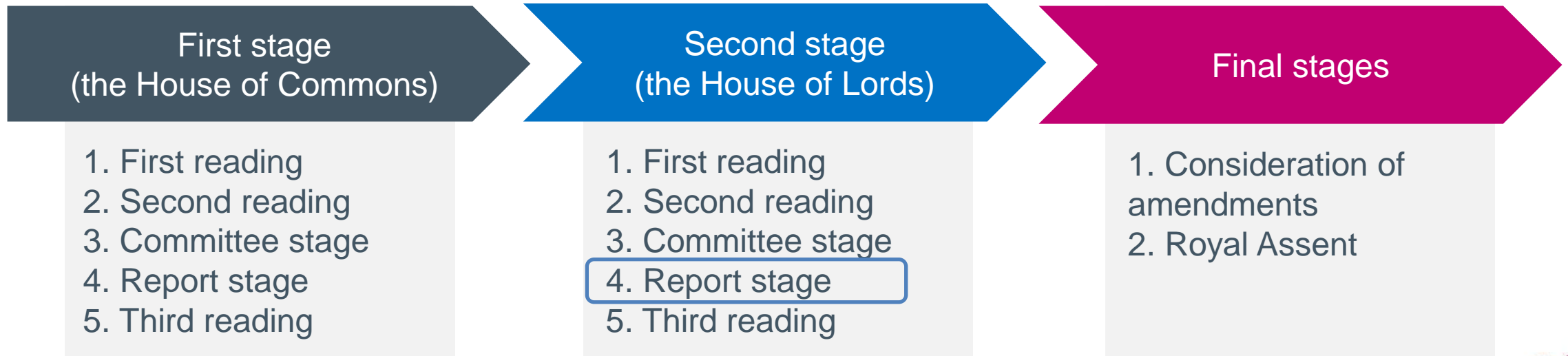


# Overview

- ✓ NCL is continuing to work towards transitioning to an ICS, building on the learning from the pandemic.
- ✓ The target date for ICS establishment has been moved from 1 April to 1 July 2022, subject to passage of the Health and Care Bill. As a result, NCL CCG will continue as statutory body until 30 June.
- ✓ The progress of the Bill is outlined on slide 3 – with the recent publication of the Government White Paper ‘Joining up care for people, places and population’ in February 2022 (summarised on slide 4-5)
- ✓ Work on key areas of ICS development is progressing well. With the appointment of our ICB Chair designate Mike Cooke and ICB CEO designate Frances O’Callaghan, we are building on existing relationships to develop emerging governance fora (summarised on slides 6-7)
- ✓ Slides 10-13 provide an overview of the forming NCL Integrated Care Board – a timeline for transition, emerging principles and draft constitution (including governance structures).
- ✓ Key next steps are set out on slide 16
- ✓ Development of borough partnerships continues at pace, and an update on the Enfield Borough Partnership is included from slide 18

# Progress of the Health and Care Bill

The establishment of the ICS is subject to [passage of the Health and Care Bill](#). The Health and Care Bill is currently passing through parliament and is currently at the Report stage in the House of Lords. We are currently expecting the bill to gain Royal Assent in March or early April. NCL CCG will continue as statutory body until 30 June.



# Integration White Paper

The Integration White Paper (IWP) sets out the Government's thinking on the next stage for how NHS and local government partnerships can go 'further and faster' across the country, building on existing legislation and reform, including the creation of systems, the Health and Care Bill and Thriving Places.

**1 A framework for local outcome prioritisation** focused on individual health and wellbeing and on improving population health in addition to nationally set priorities (e.g. the mandate). There will be a further consultation on the detail in due course, with implementation from April 2023.

**2 Health and care services in local communities ('Places')** to be strengthened. By Spring 2023 **all 'Places' should adopt a leadership and governance model with a single point of accountability (SPOA) across health and social care**, accountable for developing a shared plan and demonstrating delivery against agreed outcomes. The plan will be underpinned by pooled or aligned resources, including an extensive proportion of services and spend held by the Place-based arrangement by 2026.

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**3 Further progress on the key enablers of integration** (financial alignment; workforce, digital and data) • Review of legislation underpinning pooled budgets to simplify and update to better facilitate aligned financial arrangements.

- Every health and care provider within an ICS to reach a minimum level of digital maturity by March 2025
- Review of regulations that prevent the flexible deployment of health and social care staff across sectors
- Local leaders to consider what workforce integration looks like in their area and the conditions and practical steps required
- Guidance for ICPs to produce integrated workforce plans across the whole of systems, including more collective promotion of careers across health and social care and making it simpler for people to move between sectors.

**4 Robust regulatory mechanisms**, including CQC to assess outcomes and delivery of integrated care at Place level. The detailed methodology for inspections will be subject to future consultation. This work will be supportive of and complementary to existing oversight and support processes (including those used by NHS England to support integrated

# Integration White Paper

- Building on Thriving Places, the expectation is that all areas will have plans for their Places agreed by April 2023, with the delegation of services and finances to Places by 2026. This will include a single point of accountability across HSC for each Place.
- While the White Paper will set out an illustrative example of Place-based governance, the precise governance model is **to be agreed locally**. Where strong partnerships already exist, DHSC does **not** want to unwind these.
- Where systems and places are effectively the same geography, there will be no need for both place-based and ICS arrangements.
- ICSs should **not** pause the process of setting up Place based partnerships and/or recruitment to wait for the White Paper.
- There are no national plans for further changes to ICS boundaries.
- The Accountable Officer role of the ICB and Chief Executive will **not** change. Any local arrangements will still need to be mutually agreed, including any aligning and/or pooling of budgets.
- There will be a subsequent consultation on a new local outcomes framework that will allow for variation in priorities between Places (for example to reflect different demographics) that will sit **alongside national priorities**. These national priorities will continue to be set, for example, in the mandate and planning guidance.

## Key Milestones

### 2022

- Expansion of digitally enabled care pathways at home
- Final 'Data Saves Lives' Strategy and final Digital Investment Plans
- Consolidation of existing terminology standards [Dec 22]

### By April 23:

- Plans for the scope of services and spend to be overseen by 'place-based' arrangements (full implementation from 2026)
- Place-level governance model adopted
- Single person with accountability at place for shared outcomes
- Implementation of shared outcomes
- New policy framework for the BCF

### 2024

- Single health and ASC record for each person and shared care records for all citizens
- 80% adoption of digital social care records among CQC-registered social care providers by March 2024

### 2025

- Population health platform in place/use

# ICS emerging fora

	NCL ICS Quarterly Partnership Council (Health and Care Partnership) Established June 2021	NCL ICS Steering Committee Established June 2021	Community Partnership Forum Established October 2021	Borough Based/ Place Based Integrated Care Partnerships Established April 2020
PURPOSE	Drive improvements in population health and tackle health inequalities by reaching across the NHS, local authorities and other partners to address social and economic determinants of health	Responsible for NHS strategic planning and allocation decisions. Securing the provision of health services to meet the needs of the population. Overseeing and co-ordinating the NHSE revenue budget for the system	Strategic patient and resident forum, overseeing and ensuring resident involvement at a system wide level	Partnerships build on existing relationships to enhance borough-based work. Boroughs are the point of integration of service planning and coordination. Focal area for primary care, PCNs, local providers, voluntary sector and Council colleagues
MEMBERS	Provider chairs, primary care leadership, all five council leaders and executive leadership	NHS executive directors, primary care leadership, social care leadership, clinical leadership	Healthwatch representatives, Council of Voluntary Services, Patient representatives	Varies by Partnership but includes, Council leaders, local Governing Body members, Local Trust CEOs (Acute and/or Community), CCG Borough Director



# ICS emerging fora – 2 of 2

	UCL Health Alliance Established June 2021	Borough Based/ Place Based Integrated Care Partnerships Established April 2020
PURPOSE	A shared duty to promote the triple aim of <i>better health, better care and lower cost</i> . This will be achieved through a new duty to collaborate with local partners	Partnerships build on existing relationships to enhance borough-based work. Boroughs are the point of integration of service planning and coordination. Focal area for primary care, PCNs, local providers, voluntary sector and Council colleagues
MEMBERS	A multi sector alliance of 14 members including the NCL GP alliance and Trusts	Varies by Partnership but includes, Council leaders, local Governing Body members, Local Trust CEOs (Acute and/or Community), CCG Borough Director

# NCL ICS Quarterly Partnership Council Membership (Health and Care Partnership)

Name	Organisation / role
Mike Cooke	NCL ICS Chair Designate
Frances O'Callaghan	NCL ICS CEO Designate
Dr Jo Sauvage	NCL CCG Chair
Ian Porter	NCL CCG Executive Director of Corporate Services
Richard Dale	NCL CCG Executive Director of Transition
Alpesh Patel	Primary Care Lead
Jackie Smith	Barnet, Enfield & Haringey Mental Health Trust Chair & Camden & Islington NHS FT Chair
Angela Greatly	Central London Community Healthcare NHS Trust Chair
Sir Michael Rake	Great Ormond Street NHS FT Chair
Tessa Green	Moorfield Eye Hospital NHS FT Chair
Mark Lam	North Middlesex University Hospital Trust Chair & Royal Free London NHS FT Chair
Paul Burstow	Tavistock and Portman NHS FT Chair
Baroness Julia Neuberger	University College London Hospital NHS FT Chair & Whittington Health NHS FT Chair
Dominic Dodd	Royal National Orthopaedic Hospital NHS Trust Chair
Dorothy Griffiths	Central & North West London NHS FT Chair
Nick Kirby	UCL Health Alliance Managing Director
Cllr Dan Thomas	Council Leader London Borough of Barnet
Cllr Georgia Gould	Council Leader London Borough of Camden
Cllr Nesil Caliskan	Council Leader London Borough of Enfield
Cllr Peray Ahmet	Council Leader London Borough of Haringey
Cllr Kaya Comer-Schwartz	Council Leader London Borough of Islington
Zina Etheridge	Chief Executive London Borough of Haringey

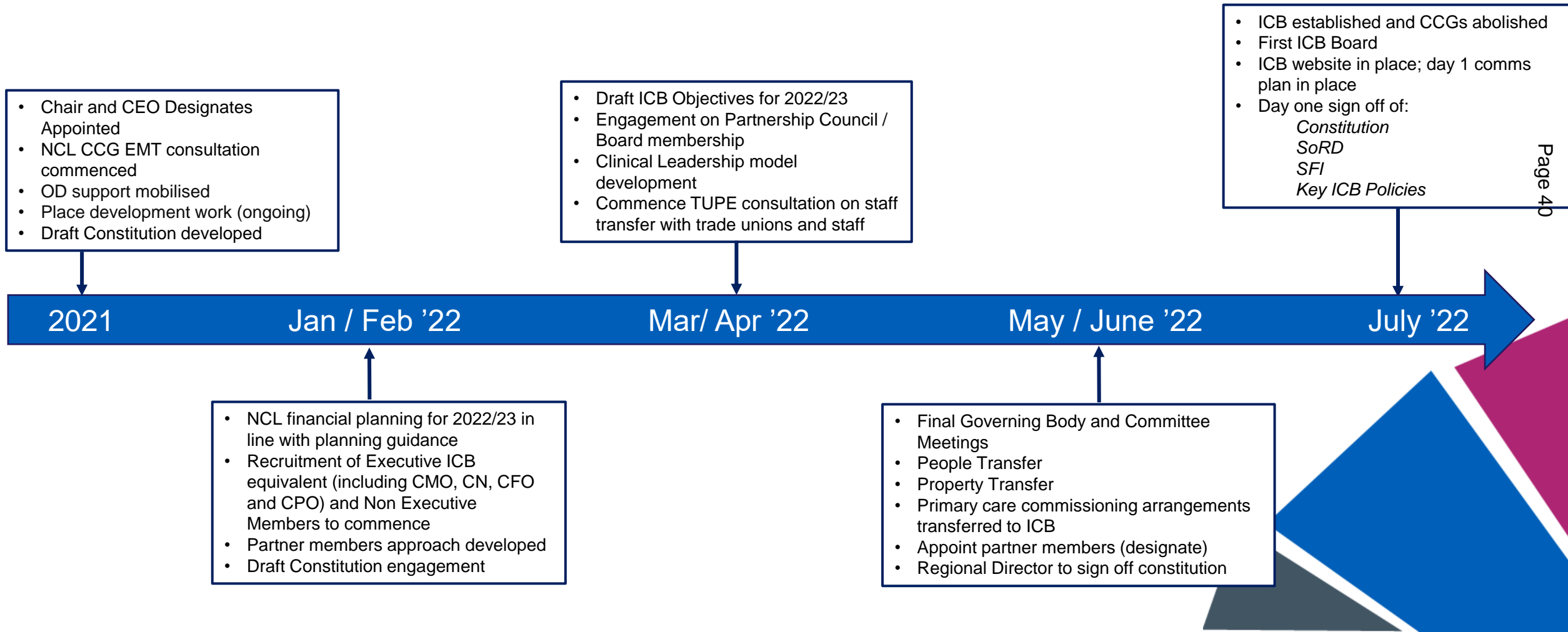


# NCL ICS Steering Committee Membership

Name	Organisation / role
Mike Cooke	NCL ICS Chair Designate
Frances O'Callaghan	NCL ICS CEO Designate
Dominic Dodd	UCL Health Alliance Chair
Dr Jo Sauvage	NCL CCG Chair
Dr Charlotte Benjamin	NCL CCG Vice Chair
Baroness Julia Neuberger	University College London Hospital NHS FT & Whittington Health NHS FT Chair
Angela Greatly	Central London Community Healthcare NHS Trust Chair
Jackie Smith	Barnet, Enfield & Haringey Mental Health Trust & Camden & Islington NHS FT Chair
Jinjer Kandola	Barnet, Enfield & Haringey Mental Health Trust & Camden & Islington NHS FT CEO
Cllr Nesil Caliskan	Council Leader London Borough of Enfield
Caroline Clarke	Royal Free London NHS FT CEO
Nick Kirby	UCL Health Alliance Managing Director
Chris Streather	NCL ICS Lead, Medical Officer
Chris Caldwell	NCL ICS Lead, Chief Nurse
Tim Jaggard	NCL ICS Lead, Finance
John Hooton	Local Authority Chief Executive
Ian Porter	NCL CCG Executive Director of Corporate Services
Richard Dale	NCL CCG Executive Director of Transition

# Timeline of Transition to the NCL ICB

Following the delay to the target date, the timeline for our transition has been adapted to reflect further information made available and in line with legislative changes.



# Draft principles informing the work of the Integrated Care Board (ICB)

It is vital that our ICB builds on existing commitments/programmes and ambitions. Some of the emerging principles informing the work of the ICB are below:

- **Taking a population health approach:** We need to continue to develop the way we plan services to take into account the needs of people and communities, acknowledging the wider determinants of health. This will support tackling health inequalities across and within the communities we serve.
- **Evolving how we work with communities:** Embedding co-design with partners and communities in planning and designing services, and developing systematic approaches to communications and community engagement.
- **Continued focus on boroughs:** Partnership working within boroughs is essential to enable the integration of health and care and to ensure provision of joined up, efficient and accessible services for residents.
- **Learning as a system:** We have learnt a lot as a system over the past 18 months, both with our response to the pandemic and our efforts to recover. Capturing this learning across primary care, social care, community, mental health and hospital services will guide our next steps for both individual services and system approaches.
- **Acting as a system to deliver a sustainable health and care system:** Providing high quality services enabled by workforce, finance strategy, estates, digital and data.

## Outline responsibilities of the ICB

The new ICB will be a statutory organisation responsible for specific functions that enable it to deliver against the following four core functions:

Developing a Plan	Allocating Resources	Establishing joint working arrangements	Establishing Governance arrangements
To meet the health needs of the population within their area, having regard to the Partnership's Strategy. This will include ensuring NHS services and performance are restored following the pandemic, in line with national operational planning requirements, and Long-Term Plan commitments are met.	To deliver the plan across the system, including determining what resources should be available to meet the needs of the population in each place and setting principles for how they should be allocated across services and providers (both revenue and capital). This will require striking the right balance between enabling local decision-making to meet specific needs and securing the benefits of standardisation and scale across larger footprints, especially for more specialist or acute services.	With partners that embed collaboration as the basis for delivery of joint priorities within the plan. The ICS NHS body may choose to commission jointly with local authorities, including the use of powers to make partnership arrangements under section 75 of the 2006 Act and supported through the integrated care strategy, across the whole system; this may happen at place where that is the relevant local authority footprint.	To support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations, to ensure the plan is implemented effectively within a system financial envelope set by NHS England and NHS Improvement.

# Draft Integrated Care Board (ICB) constitution

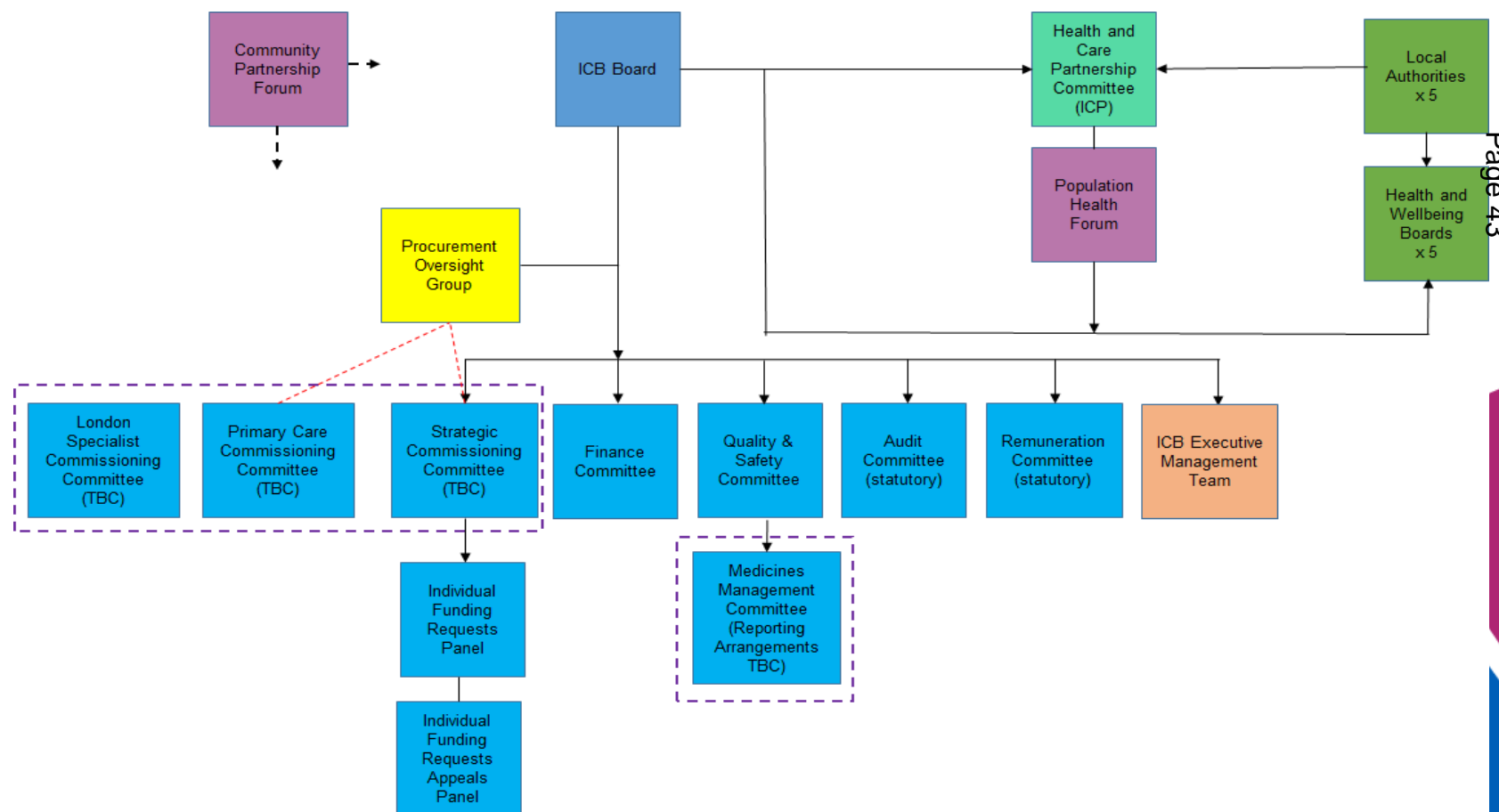
As part of forming the NCL ICB as a statutory body, we are drafting a Constitution that will set out governance and leadership arrangements.

The Constitution will not set out plans for the governance of borough partnerships. This work is being developed with system partners and will be a locally owned process.

We are currently seeking feedback on our draft constitution. Detailed information can be found on our website.

It will be formally approved by NHS England and NHS Improvement.

*NCL ICB proposed governance structure:*





# Community involvement and representation

## Health and Wellbeing Boards

### **Health and Wellbeing Boards are linked to all borough partnerships**

- Most boroughs have updated their Health and Wellbeing Board ToR to include a link to the Borough Partnerships.
- Councillors are engaged through the HWBB although there is increasing interest in direct involvement.
- Local scrutiny committees also regularly request reports on the development of integrated care locally.

## Patient & resident involvement & engagement

### **Patient and resident engagement is being undertaken in different forms across borough partnerships**

- All partnerships have their local Healthwatch as members on their partnership groups.
- Some Healthwatch members lead on specific areas of focus/priorities within the partnership.
- Borough partnerships have engagement groups (e.g. Haringey Citizen Health & Care Advisory Board, Camden Citizens Assembly, Islington conducts regular community engagement events).
- Some CCG borough teams also support a patient engagement forum, with resident and VCS representation.

## Engaging the VCS

### **Voluntary & community sector organisations play a role in all partnerships**

- NCL VCSE Alliance & NCL Community Partnership Forum established as part of the ICS
- VCS is represented on all partnership groups across all boroughs. In some, VCS leads on priorities areas (for example MIND in Camden alongside CIFT).
- In all others they are “plugged into” the work and have played an increasingly significant role in delivery of partnership plans (social prescribing, mental health and wellbeing support, delivery of equipment, support to access services, support to comms campaigns such as flu).

# Community involvement and representation

Strong resident, patient and VCS involvement (at system, borough and neighbourhood level) is critical. Over the next six months we will continue to 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 at System-Level:

- Significant progress on developing two strategies – Working with People and Communities, and Working with the VCSE Sector – setting shared vision, principles and methods for involving people, communities and the VCSE in the ICS & supporting a resilient third sector
- Ensure transparent governance – public board meetings; resident, service user and carer representatives in governance etc.
- Capturing insights to build a picture of resident priorities and needs, and acting on this as a system.

## Ongoing work at borough level

- Borough partnerships developing 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



# Key next steps

- ✓ Co-producing a population health outcomes framework and strategy – with input from across the system.
- ✓ Construction of the leadership team following the appointment of the new NCL ICS Chief Executive Designate.
- ✓ Engagement meetings between the NCL ICS Chair, NCL ICS Chief Executive and partners to consult on next steps in evolving NCL health and care partnerships and borough partnerships.
- ✓ By the end of June 2022, the Partnership will agree ambitions for the next few years, short term priorities and core principles for working together.
- ✓ Establish a board membership for the ICB including non-executive and partner members (council, NHS Provider and Primary Care).
- ✓ Develop the ICB Constitution and engage with system stakeholders (February 2022).
- ✓ Begin working with Local Authorities and other system partners to think through the implications of the recently published Integration White Paper ‘Joining up care for people, places and populations’.





**NORTH LONDON PARTNERS**  
in health and care

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If you have a question about our transition to an Integrated Care System in North Central London, please contact us at [northcentrallondonics@nhs.net](mailto:northcentrallondonics@nhs.net) in the first instance.



# **Enfield Integrated Care Partnership**

## **Progress Update to Enfield Health & Wellbeing Board**

10<sup>th</sup> March 2022



## Enfield Borough Partnership – our priorities in 2021/ 22

### Partnership Priority outcomes

1. Achieving screening and immunisations uptake
2. Identifying and reducing inequalities where they exist
3. Improved mental health outcomes
4. Improving access to services, recovery from COVID and innovation

### Wider Partnership Working

- Access to Services, Recovery & innovation inc. Collaboration with RNOH to develop MSK services on the High Street proof of concept pilot
- Long Term Conditions Programme with the GP Federation/ PCNs including engagement with CVS organisations i.e. Enfield Voluntary Action to develop Health Champions,
- Enfield Joint Health & Social Care Commissioning Board – focus on Adults & CYP, Mental Health, LD, SEND, Better Care Fund and Section 75 priorities
- Flu and Covid Vaccination Programme – multi-organisational approach involving All Borough Partnership stakeholders
- Key enablers: Estates, workforce and IT/ Digital

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### Core Projects

- Mental Health - developing community integrated mental health pilot in SE Enfield
- Inequalities - childhood obesity and community participatory research
- Access to Services, Recovery & Innovation – identifying where the Borough Partnership can support improvement in local access to services i.e. primary care
- Screening & Immunisation Uptake - including national cancer screening programmes, Childhood immunisations, flu and Covid

# Place based design work in NCL

- Leadership Centre and Traverse have been commissioned to support each borough with place-based design and ongoing development of partnership working locally.
- The programme of work aims to support place-based partnerships to:
  - Articulate the role of Borough Partnerships within the NCL ICS
  - Confirm local models and approaches
  - Capture individual and collective responsibilities to residents/patients, staff, each other and the system/ICS
  - Link the above to local accountabilities and governance, with a view on how this might work in practice from July 22 and beyond, with due regard to the interface with Integrated Care Board structures
  - Manage the different identities members of partnership might have within place and system
- Key questions for place-based partnerships will include:
  - What do place-based partnerships become post COVID & as we journey into the ICS?
  - What accountabilities do we expect to hold at place and what decisions do we expect to take together? Is this the same/different for all partners?
  - What does a high functioning borough partnership look like?
  - What is the role of place in population health?



# Support the transition towards a Borough Partnership

## Developing the Borough Partnership

- NCL CCG and the five Councils have jointly supported external facilitation to develop borough partnerships
- In Enfield we are engaging with all partners and undertook “some 40 conversations with members of the borough partnership” including the local resident groups, Enfield Practice Participation Group Network, CVS organisations to prepare for the transition workshops which are being facilitated by The Leadership Centre and Traverse
- We have held two workshops so far with further ones planned including cross borough workshops pan NCL. This work will inform the development of our key ambitions, forward plan, governance and financial arrangements, leadership and developing the roles and relationships with partners; building on our successes, the excellent collaboration that is in place and our priorities already in place
- We want to develop our approach in engaging our residents and to build on our existing relationships to engage our communities to be actively collaborating, involved in co-design and co-production

# Enfield Inequalities Funding 2021/22 - 2022/23

The NCL CCG Inequalities Fund is a dedicated resource of £8.75m across two years, which aims to address the underlying causes of health inequalities

- Phase 2 bids (October 2021) were invited against the remaining £3.1m available – over 60 bids received from both Borough Partnerships and pan-NCL schemes for local priorities
- 70% of the fund allocated to the most deprived 20% at borough level – all borough partnerships submitted bids to the value of their envelopes. This is in line with Core20PLUS5 approach to focusing on deprivation as key driver behind health inequalities.

Enfield Borough Partnership secured the total funds available for Enfield £740k in Phase 2 (£740k)

(see slide 23-24 slide for detail)

- 20% of the Inequalities Fund is allocated across NCL – this equates to £625K in Phase 2.
- Enfield's Phase 1 schemes are also detailed in slides 25-26

# List of approved Phase 2- Enfield borough schemes

Scheme	2021/22 Funding	2022/23 Funding	Total
Family Support model - early intervention therapeutic support – Wellbeing Connect & Edmonton Partnership	£30,000	£60,000	£90,000
MH impact & income maximisation (delivery, research) – Citizen’s Advice	£17,500	£50,000	£67,500
Food Poverty – Public Health & Food Alliance	£46,000	£25,000	£71,000
NHS mentoring and support for young people – NMUH	£10,000	£25,000	£35,000
Community Chest (for distribution to VCS)	-	£50,000	£50,000
Under 5s speech and language early intervention service – BEH	-	£50,000	£50,000
Asthma Friendly Schools – RFL / LBE	£15,000	£60,000	£75,000
Twalking - INTERESTELAR	£33,750	-	£33,750
Accessing vulnerable communities – Diversity Living Services	£69,490	£59,490	£128,980
System cost (analysis) – LBE	£15,000	£12,500	£27,500
Increasing reach and representation in PPG – Enfield PPG	£25,000	£20,000	£45,000
Understanding access – Healthwatch	£66,500	-	£66,500
<b>TOTAL</b>	<b>£328,240</b>	<b>£411,990</b>	<b>£740,230</b>

# List of approved Phase 2 funded NCL-wide schemes

Scheme	2021/22 Funding Request	2022/23 Funding Request	Total
Lifestyle hub model – extension to NMUH	£0	£30,000	£30,000
Enfield Enhanced Homeless Primary Care Health Service	£20,000	£75,000	£95,000
Cancer Link Workers	£110,477	£60,000	£170,477
NHS mentoring and support for young people	£20,395	£20,000	£40,395
NCL Somali Mental Health Support		£135,000	£135,000
Islington Trauma Informed Practices (iTIPS): supporting relational practice	£0	£0	£0
Islington Homelessness Health Inclusion Programme – Physical Health Needs	£20,000	£75,000	£95,000
Peer Support for Cardiovascular Disease Prevention in Barnet	£10,044	£60,266	£70,310
<b>TOTAL</b>	<b>£180,916</b>	<b>£455,266</b>	<b>£636,182</b>
<b>Enfield proportion (approximately 1/5)</b>			<b>£127,236.40</b>



# List of approved Phase 1 Enfield borough schemes

Scheme	2021/22 Funding	2022/23 Funding	Total
Black Health Improvement Programme (BHIP) for Enfield Primary Care, NHS North Central London CCG and development of Enfield Caribbean and African Community Health Network	£70,000	£0	£70,000
DOVE project (Divert and Oppose Violence in Enfield) Public Health approach to reducing Serious Youth Violence	£55,186	£99,000	£154,186
Community hubs outreach	£72,000	£107,377	£179,377
Enhanced Health Management of People with Long-Term Conditions in Deprived Communities in Enfield	£159,000	£274,000	£433,000
ABC Parenting Parentcraft Programme	£87,970	£163,500	£251,470
Supporting People with Severe & Multiple Disadvantage who are High Impact Users in Healthcare Services	£41,000	£70,000	£111,000
VCS & Primary Care based smoking cessation	£200,000	£300,000	£500,000
<b>TOTAL</b>	<b>£685,156</b>	<b>£1,013,877</b>	<b>£1,699,033</b>

# List of approved Phase 1 NCL-wide funded schemes

Scheme	Boroughs	2021/22 Funding Request	2022/23 Funding Request	Total
Supporting earlier cancer presentation through community development	Haringey and Enfield	£36,384	£89,152	
Lifestyle Hubs	Barnet and Enfield	£83,500		
<b>TOTAL</b>		<b>£119,884</b>	<b>£89,152</b>	<b>£0</b>
<b>Proportion for Enfield</b>		<b>£59,942</b>	<b>£44,576</b>	<b>£104,518</b>

## HEALTH AND WELLBEING BOARD - 2.12.2021

# MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 2 DECEMBER 2021

## MEMBERSHIP

**PRESENT** Nesil Caliskan (Leader of the Council), Alev Cazimoglu (Cabinet Member for Health & Social Care), Dr Nitika Silhi (Governing Body Member, NHS NCL CCG), Deborah McBeal (NCL CCG), 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), Dr Nnenna Osuji (Chief Executive, North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

**ABSENT** Mahtab Uddin (Cabinet Member for Children's Services), Olivia Clymer (Healthwatch Central West London), Dr Helene Brown (NHS England Representative), Pamela Burke (Voluntary Sector), Dr Alan McGlennan (Chief Executive, Chase Farm Hospital, Royal Free Group) and Siobhan Harrington (Whittington Hospital)

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

**Also Attending:** 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), Riyad Karim (NCL CCG Assistant Director of Primary Care), Des O'Donoghue (LBE Service Manager – Community Services), Stephen Wells (Senior Programme Manager, NCL CCG), Ruth Donaldson (NCL CCG), Frances O'Callaghan (Accountable Officer, NCL CCG), Natalie Fox (Deputy Chief Executive, BEH MHT), Parmjit Rai (Managing Director, Enfield Community Services), Debbie Gates (Community Development Officer, LBE), Megan Roberts (Cabinet Support Officer, People Dept, LBE), Laura Andrews (NCL CCG)

## 1

### WELCOME AND APOLOGIES

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

Apologies for absence were received from Dr Helene Brown and Dr Alan McGlennan, and from Belinda Danso-Langley (Enfield Community Services).

HEALTH AND WELLBEING BOARD - 2.12.2021

**2**

**DECLARATION OF INTERESTS**

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

**3**

**COVID-19 AND OTHER WINTER THREATS 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.
2. Currently the main concern was the new Omicron variant. At the moment Enfield had no reported cases of the variant.
3. Covid-19 cases were slightly increasing in number, but hospitalisations were low.
4. Most recent information on deaths, hospitalisations, testing, cases in schools, and vaccination numbers.

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

RECEIVED an update presentation on care home vaccination status.

NOTED

5. Introduction by Des O'Donoghue, LBE Service Manager – Community Services, of numbers of care home residents and staff vaccinated, and numbers who had received the booster.
6. There had been a targeted approach to encourage vaccination uptake.

**iii. Vaccination Update**

RECEIVED the vaccination update presented by Dudu Sher-Arami, Director of Public Health, LBE and Dr Hetul Shah, GP.

NOTED

7. There was a focus on groups experiencing the lowest vaccination uptake.
8. Rules and guidance were being amended in response to the Omicron variant. The vaccination programme was being expanded and accelerated. The delivery plan in Enfield would be worked on at the Enfield Phase 3 Covid and Flu ICP meeting next week.

IN RESPONSE

**HEALTH AND WELLBEING BOARD - 2.12.2021**

9. In response to the Chair's queries, it was confirmed that the number of tests happening, both PCR and LFT, were going up and this was anticipated to continue. The Government was also recommending people use an LFT test before attending activities involving others. There was capacity in laboratories to process the tests in a timely manner.
10. It was confirmed that many hospitalisations were in the clinically vulnerable, and the un- and under-vaccinated. The Chair asked for further information on hospitalisation in younger cohorts.

**4**

**UPDATE FROM BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST (BEH MHT)**

RECEIVED the BEH MHT update presentation, introduced by Andrew Wright, Director of Planning and Partnerships, BEH MHT, Natalie Fox, Deputy Chief Executive, and Parmjit Rai, Managing Director of Enfield Community Services.

**NOTED**

1. The response to Covid-19 over the last 20 months was set out, and the key current challenges, including a significant increase in demand for services.
2. Work around addressing local health inequalities and improving facilities was highlighted.
3. The programme of transformation of services was set out, which would deliver care in ways services users wanted.
4. A partnership had been entered into with Camden and Islington Foundation Trust.

**IN RESPONSE**

5. In response to Councillor Cazimoglu's queries, it was recognised that the current service offer differed across boroughs but work was being done in respect of a core offer across NCL, and what a good core offer should look like had been developed. Levelling up was emphasised, and forthcoming investment, bringing all to the same high level and reducing variation.
6. In response to Vivien Giladi's queries about the Long Covid clinic, it was advised this was now becoming more established; the referral routes were being expanded and it would be promoted more.
7. In response to Vivien Giladi's queries in respect of Camden and Islington, the work with them would maximise resources and capacity across the five boroughs, and as more information became available an update could be brought to the Health and Wellbeing Board.
8. The Chair's positive comments on this opportunity for levelling up across the NCL area, and keenness to link up work with the Local Authority's skills agenda in workforce and recruitment. Additionally, that the Local Authority would be proactive around venues and places for any proposed facilities in Enfield.

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**5**

**UPDATE ON THE BETTER CARE FUND**

RECEIVED the report: Update Report from the Joint Health & Social Care Commissioning Board – Health & Adult Social Care, introduced by Doug Wilson, Head of Strategy and Service Development, Health, Housing & Adult Social Care, LB Enfield.

**NOTED**

1. The Integrated Care Partnership's priorities were set out, and were addressed in the Better Care Fund Plan.
2. An ambition was to reduce permanent residential admissions, and encourage safe care in the community.
3. The team won in the Local Government Chronicle's (LGC) 2021 annual awards in the 'Health & Social Care' category, recognising the high-quality care in response to the challenges created by Covid-19.

**IN RESPONSE**

4. Board members welcomed the award and the report.
5. In response to Dr Nnenna Osuji's queries, it was confirmed that the capacity to deliver had never stepped down during the pandemic, regular communication with providers continued, and additional capacity had been booked in preparedness for winter. Work continued on understanding and reducing daily attendance numbers at North Middlesex Hospital A&E.

**6**

**ICS WORKSTREAMS UPDATE**

RECEIVED the progress update presentation, introduced by Deborah McBeal, Director of Integration, NCL CCG, and Stephen Wells, Head of Integrated Care Partnership Programme.

**NOTED**

1. The overview focussed on the work to facilitate the partnerships as progress was made with the transition to new formal arrangements and the collaboration across all stakeholders.
2. Highlight reports of the four priority workstreams were included in the papers.
3. Frances O'Callaghan, Accountable Officer and ICS Designate CEO, confirmed that the ICS was due to become a legal entity on 1 April 2022. The ICS gave the opportunity to formally bring all work together with a common purpose, and to focus on population health and wellbeing and tackling inequality. The pandemic had shown that there could be a successful response as a system. The need to bring communities and residents with us was stressed. There would also be a community board to recognise those wider relationships.

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4. Ruth Donaldson, Director of Communities, NCL CCG, provided an update to confirm that the Inequalities Fund phase 1 schemes had been signed off. Solutions were co-produced with local residents. Phase 2 included schemes relating to food poverty; an asthma nurse for those from areas of deprivation and air pollution; and supporting young people into employment. Evaluation of the impacts was being worked on with Middlesex University.

### IN RESPONSE

5. The Chair highlighted the links between the Inequalities Workstream and the recommendations and outcomes of the Enfield Poverty and Inequality Commission Report. It was confirmed that officers from different Council services, and from the CCG and voluntary sector were working together to deliver the bids for the Inequalities Fund, and that Sue Nelson (Director of Customer Experience, LBE) was part of the Inequalities Workstream.
6. In response to Ruth Donaldson's point in relation to air pollution, Vivien Giladi raised the proposal for the expansion of the North London Waste Authority (NLWA) Eco Park. The Chair advised that the NLWA as an entity were the decision maker on the incinerator expansion, and that she had recently written to the NLWA Chair to raise points of concern about the proposal. The Chair also informed the Health and Wellbeing Board that a motion was passed at the 17 November full Council meeting – a copy of this motion can be found on the Enfield Council website (<http://governance.enfield.gov.uk/documents/s90424/PUBLICATIONOFDECISIONLISTNO3519Nov2021.doc.pdf>). On the wider issue of air quality, the Chair confirmed that this continues to be a priority for the council and that future agenda items for the Board could be updates on various initiatives that are being rolled out across the borough in relation to sustainable transport.

### 7

#### MINUTES OF THE MEETING HELD ON 7 OCTOBER 2021

**AGREED** the minutes of the meeting held on 7 October 2021.

### 8

#### NEXT MEETING DATES AND DEVELOPMENT SESSIONS

#### NOTED

1. The next Board meeting was scheduled for Thursday 17 March 2022.
2. The Pharmaceutical Needs Assessment (3 yearly assessment) had to be completed by October 2022 and an update on progress would be submitted to the next Board meeting.
3. The Chair thanked all attendees for their participation and wished everyone a good Christmas.

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