



Suzanne Connolly
Governance Officer
Direct : 020 8132 2624

e-mail: suzanne.connolly@enfield.gov.uk

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

**Wednesday, 16th March, 2022 at 7.00 pm in the Council Chamber,
Civic Centre, Silver Street, Enfield, EN1 3XA**

Membership:

co : Huseyin Akpinar, Kate Anolue, Tolga Aramaz, Birsen Demirel, Chris Dey, Alessandro Georgiou, Christine Hamilton (Deputy Mayor) and Derek Levy

AGENDA – PART 1

1. WELCOME & APOLOGIES

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF THE PREVIOUS MEETING (Pages 1 - 4)

To agree the minutes of the previous meeting held on 17th February 2022.

4. ROLLOUT OF THE VACCINATION PROGRAMME (Pages 5 - 22)

To receive an update on the rollout of the vaccination programme in Enfield.

5. INTRODUCTION OF SOCIAL CARE INSPECTIONS (Pages 23 - 26)

To receive a report detailing what the council is doing to become inspection ready.

6. DATE OF NEXT MEETING

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL - 17.2.2022**MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON THURSDAY, 17TH FEBRUARY, 2022**

MEMBERS: Councillors Kate Anolue, Chris Dey, Alessandro Georgiou, Christine Hamilton (Deputy Mayor), Derek Levy and Hass Yusuf

Officers:

Governance Officer and Director of Health & Adult Social Care), Mark Tickner (Senior Public Health Strategist), Doug Wilson (Head of Strategy & Service Development), Suzanne Connolly (Governance Officer)

Also Attending: Deborah McBeal (Director of Integration NCL CCG), Laura Andrews (Senior Engagement Manager NCL CCG), Vanessa Piper (Assistant Director of Primary Care NCL CCG), Dr Chitra Sankaran (GP)

1. WELCOME & APOLOGIES

Cllr Derek Levy welcomed all attendees to the meeting.

Apologies for absence were received from Cllr Birsen Demirel (substituted by Cllr Hass Yusuf).

Cllr Levy expressed concerns regarding the serial absence by Councillors Akpinar and Aramaz (with no substitutes on the 5 missed meetings). It was felt this was disrespectful of the scrutiny process, by disrespecting other members who do attend and participate; also to the officers who expend time and effort to prepare the reports and attend meetings. And both disrespectful and insulting to those visitors and participants from external organisations who deserve the attention of a full complement of 8 members.

Cllr Levy sought permission from the Panel Members to put these concerns in writing to the Director of Law and Governance, from himself and on behalf of and bearing the endorsement of the Panel. Permission was given, and seconded by Cllr Dey.

2. DECLARATIONS OF INTEREST

There were no declarations of interest registered in relation to any items on the agenda.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 18th November 2021 were agreed.

4. PRESSURES IN GENERAL PRACTICE & WHO OWNS GENERAL PRACTICE

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Cllr Hamilton led on this item and advised that the concerns were initially raised by the JHOSC.

1. Vanessa Piper, Assistant Director of Primary Care Contract & Commissioning, had provided a report however apologised that it did not specifically address the panel's concerns. The judicial review had begun in February but there was no outcome yet.
2. The communication plan was being pulled together and consultation would take place with councillors and stakeholders before any contract decision is taken.
3. Cllr Hamilton had concerns about rules and regulations when dealing with American companies.
4. Minutes from the Primary Care Commissioning meetings could be shared with this group. Vanessa confirmed they look carefully at the contracting body and performance.
5. Cllr Georgiou asked who commissioned the review – Vanessa responded that they were unable to share this information. Vanessa confirmed that contracts were monitored throughout the 15 years.
6. Deborah McBeal, Head of Commissioning NCL CCG, confirmed that all procurement regulations are followed and the focus is on quality of the service.
7. Bindi Nagra, Director of Health & Adult Social Care, added that correct processes were followed, and the focus was on quality and value for money over the type of provider.
8. Dr Chitra Sankaran, GP, added that the concerns raised by Cllr Hamilton were understood, however regulations had been followed and there was confidence in the quality of the service.
9. Cllr Hamilton clarified that her main concern was the American company who had been prosecuted in America and would welcome any additional information around this outside of this meeting.
10. Cllr Levy thanked everyone for their input and stated that if any concerns arise to bring them back to this meeting via the Governance Team.

5. MENTAL HEALTH

Doug Wilson, Head of Strategy & Service, introduced the item stating that the overall tone of the report was encouraging and the system response during the last two years had been brilliant.

1. There had not been a huge surge in people becoming very unwell which was positive and Enfield's performance had been one of the best in London.
2. The system encouraged intervention at the early stage, for example keeping people in accommodation and jobs. There was also a lot of work being done with schools to help avoid issues developing.
3. Collaborative working with other boroughs had been very useful and it was felt the council and NHS response to the pandemic had been

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fantastic. The focus now was to improve access, reduce inequalities and promote sustainability.

In response the following comments were received:

1. Cllr Yusuf raised concerns about suicide and potential demands on services due to the increased cost of living. Officers said they could only speculate and must not become complacent. It was questioned if there were any links between poorer/deprived areas and suicide. This was very complicated but there wasn't necessarily any clear links.
2. Cllr Anolue raised concerns about domestic abuse as Enfield was the fourth highest in the London Boroughs. Officers stated that this report did not cover domestic abuse, but it could be explored at a future meeting.
3. Cllr Anolue highlighted the stigmas around mental health, particularly in African communities. Officers were aware of this and were linking with community groups which had been well received.
4. It was questioned why young black men were being specifically targeted. Officers advised that evidence suggested that the behaviour of this group could potentially impact their mental health and it was a national issue, not just in Enfield.
Cllr Anolue felt the way the group were treated by police contributed to the issue.
5. Cllr Levy was concerned that wider awareness may open doors not needed. Bindi Nagra stated that statistics show 1 in 4 people have a mental health issue of some description and society need to have a better understand to identify, recognise and self-help.

Cllr Levy thanked everyone for their contributions to this item and was sure the subject would return at a future meeting.

6. RECOVERING ACCESS TO SERVICES POST COVID

It was noted that Covid continued to take up resources and other services were managing around this. There were far more appointments available than ever before, however this still may not be enough.

1. Cllr Dey extended thanks to the NHS for all their work. The main issue was trying to get a GP appointment unless it's an emergency. Deborah McBeal advised that additional appointments were being offered including the extended access service which runs outside normal working hours and at weekends. It was questioned if residents were aware of this service; communication was essential.
2. Dr Sankaran felt that some of the issues may come from residents not being happy with "change", for example telephone appointments. There may be issues with meeting the "wants" rather than the "needs". Resources have to be prioritised and residents need to be educated on this. She confirmed that all Enfield practices offer face to face appointments when necessary.

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3. Organisations and community groups were working together to communicate messages more effectively.
4. Cllr Georgiou highlighted the fantastic service he experienced at Chase Farm Urgent Care.
5. Cllr Hamilton emphasised there were pressures before Covid, as well as low pay particularly for nurses. CCG colleagues advised that there were things in place and other roles were being considered, not just GP and nurses. A Workforce Group was looking at opportunities and innovative ways to plug gaps in unemployment. It was suggested for the People and Place departments to work together on this.
6. Cllr Anolue stated that residents whose first language is not English struggle with online and telephone appointments. This was a recognised issue and video lines with an interpreter were available.
7. Cllr Yusuf had received some concerns from residents about changes to GP appointments however stated his own personal experience with the GP Service had been excellent.

NHS and CCG colleagues were thanked for their attendance and hard work in this area.

7. WORK PROGRAMME 2021/22

The work programme was noted and agreed.

8. DATE OF NEXT MEETING

The date of the next meeting will be confirmed due to Purdah.

The meeting ended at 8.57 pm.

London Borough of Enfield**[16TH March]**

Subject: COVID Vaccination Rollout**Cabinet Member: Cllr Alev Cazimoglu****Executive Director: Tony Theodoulou**

Purpose of Report

1. To provide the panel with an overview of the COVID vaccination programme in Enfield.

Relevance to the Council Plan

2. The provision of a COVID vaccination programme contributes to the Council Plan priority 'safe, healthy and confident communities' as well as 'an economy that works for everyone'.

Background

3. The COVID vaccine programme has been the largest vaccination programme in history, requiring rapid establishment. This has been led by the NCL CCG and NHS partners with the Council playing a strong supportive role. Residents have access to vaccination from a range of sites across the borough with significant levels of communication and engagement work conducted to increase vaccine confidence. Increasing vaccination uptake continues to be a priority for all partners including Enfield Council.

Main Considerations for the Panel

4. To note the report.

Report Author: [Duduzile Sher Arami]
[Director of Public Health]
[dudu.sher-arami@enfield.gov.uk]

Date of report 13th March 2022

Appendix 1 COVID Vaccine rollout time line**Appendix 2 JCVI cohort definitions**

Background Papers

The following documents have been relied on in the preparation of this report:

Report on the roll out of the COVID Vaccine Programme for Enfield.

1. Introduction

On January 29th 2020 the first person in the UK tested positive for COVID 19. On 8th December 2020 Margaret Keenan was the first person in the UK to receive a first dose of fully licensed COVID vaccination.

Decisions about vaccinations in the UK are made by an independent panel of experts called the Joint Committee for Vaccine and Immunisation (JCVI). The national and local vaccination programmes followed JCVI guidance closely. The key aim of the COVID vaccination programme nationally continues to be to reduce mortality, morbidity and hospital admissions from COVID infection. This has been very effective and has contributed towards fewer hospitalisations and deaths.

The first COVID Vaccinations among Enfield residents began shortly after the 8th December 2020. The NHS has led the provision of vaccination nationally and locally. Enfield Council has played a strong collaborative role supporting vaccination roll out with the aim of maximising uptake amongst residents.

The purpose of this report is to provide panel members with an overview of the COVID Vaccine Rollout within Enfield. It should be noted this should very much be viewed as a work in progress with many residents remaining unvaccinated and with new booster doses announced by government recently.

For a time line of the national COVID vaccination programme see Appendix 1.

2. Oversight of vaccine delivery

The NHS nationally and locally has led the delivery of the vaccination programme. In Enfield the Council has coordinated strong supportive activities. Oversight for vaccination across North Central London has been conducted by the NCL Vaccination Board. Locally, the Borough Partnership Screening and Immunisation workstream group took on oversight of local provision, activities to promote and to reduce inequality in vaccine uptake in Enfield. This is co - chaired by a CCG Clinical Lead and Director of Public Health and includes membership of Public Health, LBE and NHS Communications, Adult Social Care, CCG, Primary Care Networks, Pharmacies and Acute Trusts and Barnet Haringey and Enfield NHS Trust and voluntary sector organisations. In January 2021 LBE Vaccine Board was also established to coordinate the initial support for the programme including Council functions and Police. One of the rolls of this group was to advise on usage of surplus vaccination which was channelled at the end of the day to social care staff and Police staff ensuring that there was limited vaccine wastage and supported vaccination of front line staff. Following initial activity to support the establishment of the vaccination programme this group was amalgamated into the Screening and Immunisation Workstream group.

3. COVID Vaccination Infrastructure in Enfield

Nationally there have been a number of routes to vaccination;

- Invitation through primary care
- Booking using the National Booking System
- Attending a local pop up or walk in clinic

The aim of the COVID vaccination infrastructure is to ensure that residents have easy access to vaccination across Enfield.

Prior to the start of the vaccination programme the Council worked with the local NHS to establish possible venues for mass vaccination sites. The Dugdale Centre was assessed as being the most viable. The Dugdale was established as Enfield's mass vaccination site. This was utilised between 1st February and 28th of August and provided by North Middlesex University Hospital (UMUH) with capacity for 1500 vaccinations daily. 39 312 vaccine doses were administered (21 230 1st doses and 18 082 2nd doses).

Initially NMUH also provided a vaccination centre for NHS and social care staff at the hospital site.

An initial three, with an additional one primary care site added later, were established in at Carlton House, Evergreen Surgery, Woodbury Practice and Winchmore Hill Practice.

Pharmacy sites were added in two phases with a total of 6 sites across the borough mainly within the east.

This infrastructure continues to enable residents to have good access to vaccination, both booked and walk in across the borough.

(See Appendix 3 for COVID Vaccination sites in Enfield)

4. Uptake of COVID Vaccination among Enfield residents

Over time

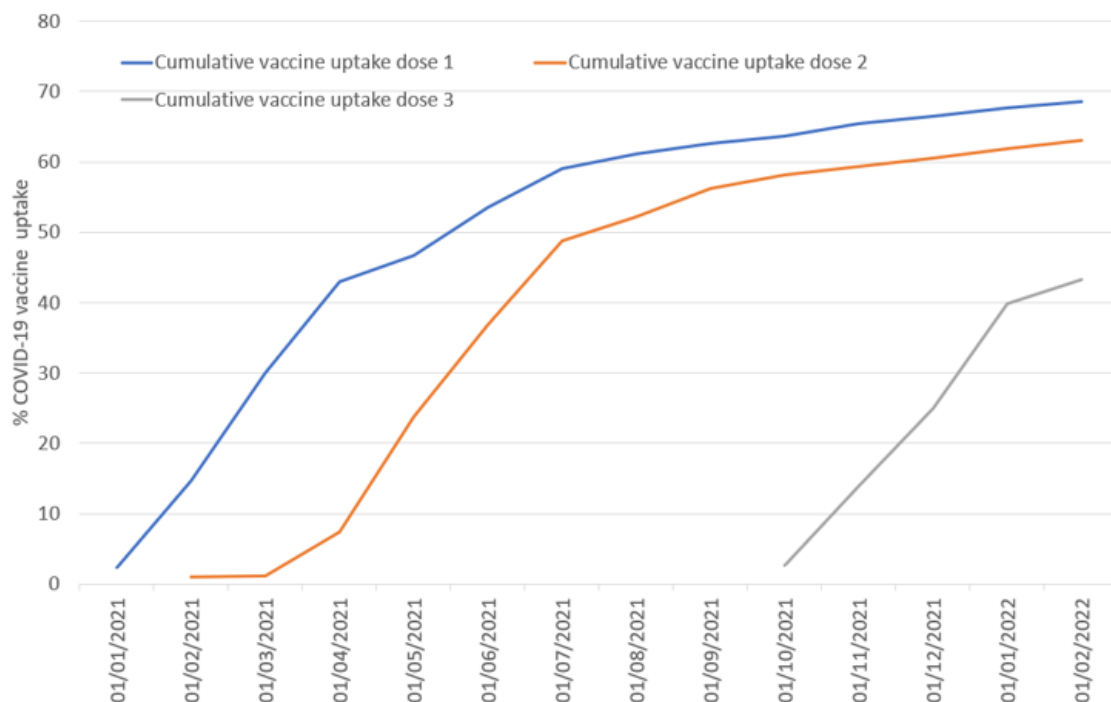
Key trend: Uptake increased rapidly at the outset of the vaccination programme and as vaccination was made available to each new cohort. Uptake is now increasing slowly as illustrated in figure 2.

The Enfield COVID vaccination programme fully established at the start of January 2021. The initial target set by government was to vaccinate (1st dose) at least 75% of residents in JCVI cohorts 1 to 9 by the 15th April (see figure 1 for performance in Enfield).

Figure 1: COVID Vaccination of JCVI cohorts 1 to 9 (15th April)

PHE Vaccination Data as of 14 April 21					
Eligible Cohort	2019 ONS Population Estimates	Dose 1	Dose 2	% Uptake 1st Dose	% Uptake 2nd Dose
Latest*		0	0		
16-49	154260	53459	6989	35	5
50-54	23032	17967	2523	78	11
55-59	20350	17685	3061	87	15
60-64	15451	14808	3911	96	25
65-69	12344	11463	4032	93	33
70-74	10921	10218	6107	94	56
75-79	8490	7501	5539	88	65
80+ years	12809	11741	9479	92	74
Care Home 65+ years	1186	1052	770	89	65

*16 to 49s presented above are those with long term conditions identified in cohort 4.

Figure 2: Cumulative vaccine uptake by Enfield residents

The next government set target was to *offer* all adults over 18 a first dose and to provide 2nd dose vaccination to 75% of over 40s by 19th July.

Figure 3: COVID Vaccination of JCVI cohorts 1 to 12 (July 2021)

PHE Vaccination Data as of (15 Jul 21)					
Eligible Cohort	2019 ONS Population Estimates	Dose 1	Dose 2	% Uptake 1st Dose	% Uptake 2nd Dose
16-29	58107	28514	14631	49	25
30-39	50740	31376	23452	62	46
40-49	45413	37526	32311	83	71
50-54	23032	19461	17875	84	78
55-59	20350	18599	17475	91	86
60-64	15451	15312	14628	99	95
65-69	12344	11720	11327	95	92
70-74	10921	10297	10031	94	92
75-79	8490	7525	7290	89	86
80+ years	12809	11470	11032	90	86

Since the great demand for COVID vaccination at the start of the programme, demand and uptake has slowed despite significant levels of communication and engagement work. Currently Enfield residents have uptake similar to that average to London and comparable to other NCL boroughs.

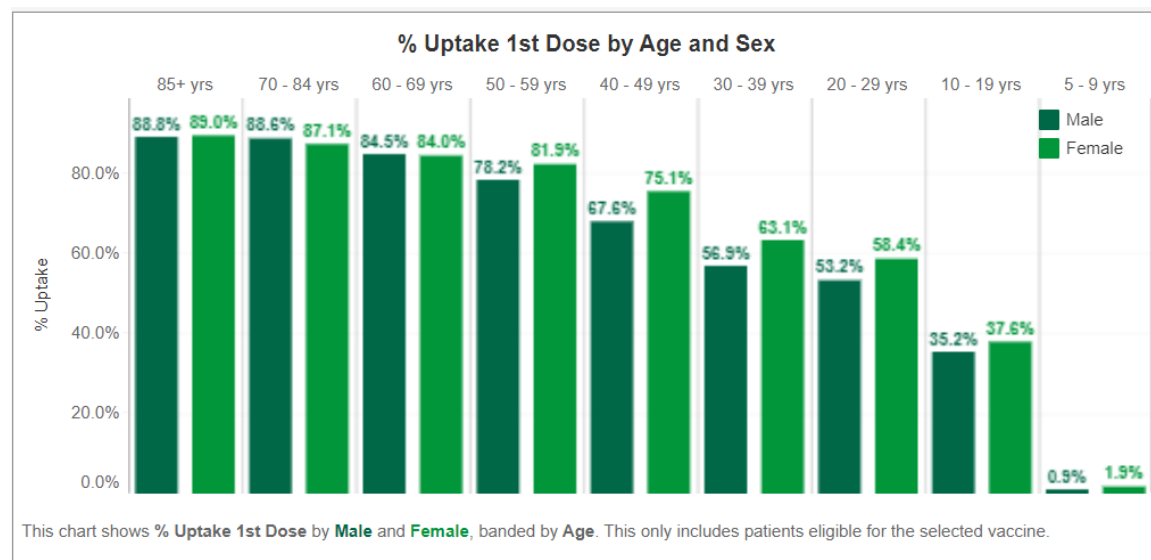
Figure 4: COVID 19 vaccine uptake summary (22nd February 2022)

Area	1st dose: Number received	1st dose uptake (%) (12+)	2nd dose: Number received	2nd dose uptake (%) (12+)	Booster/ 3rd dose: Number received	Booster/ 3rd dose uptake (%) (12+)
England	44,210,734	91.4	41,045,977	84.8	31,721,508	65.6
London	6,414,281	69.7	5,897,368	64.1	4,148,541	45.1
Enfield	217,026	68.8	200,752	63.6	138,559	43.9
Barnet	279,854	72.5	260,347	67.5	190,397	49.3
Haringey	186,173	65.1	171,592	60	116,898	40.8
Camden	177,558	65.5	158,669	58.5	113,717	41.9
Islington	167,586	65.7	152,300	59.7	108,657	42.6

Age/ sex

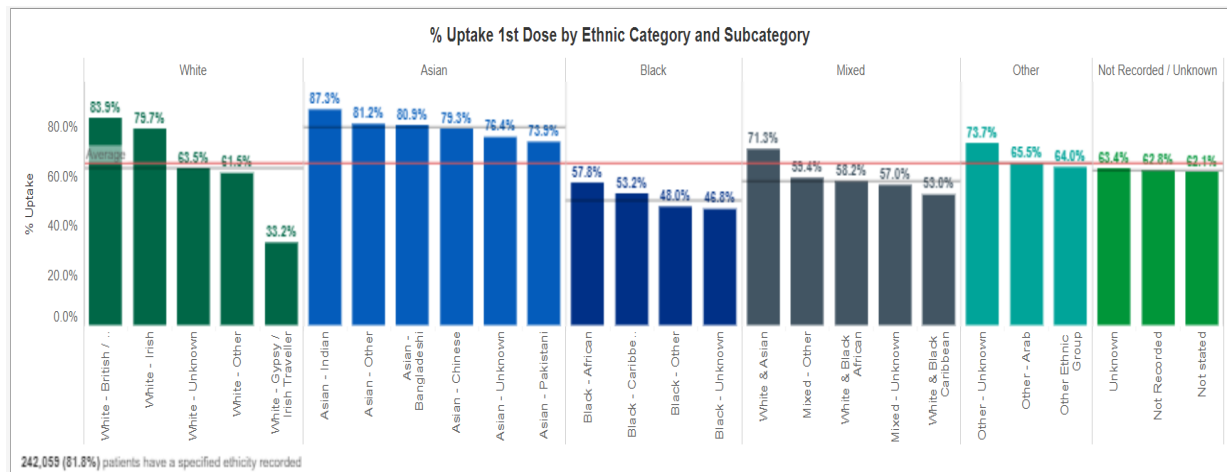
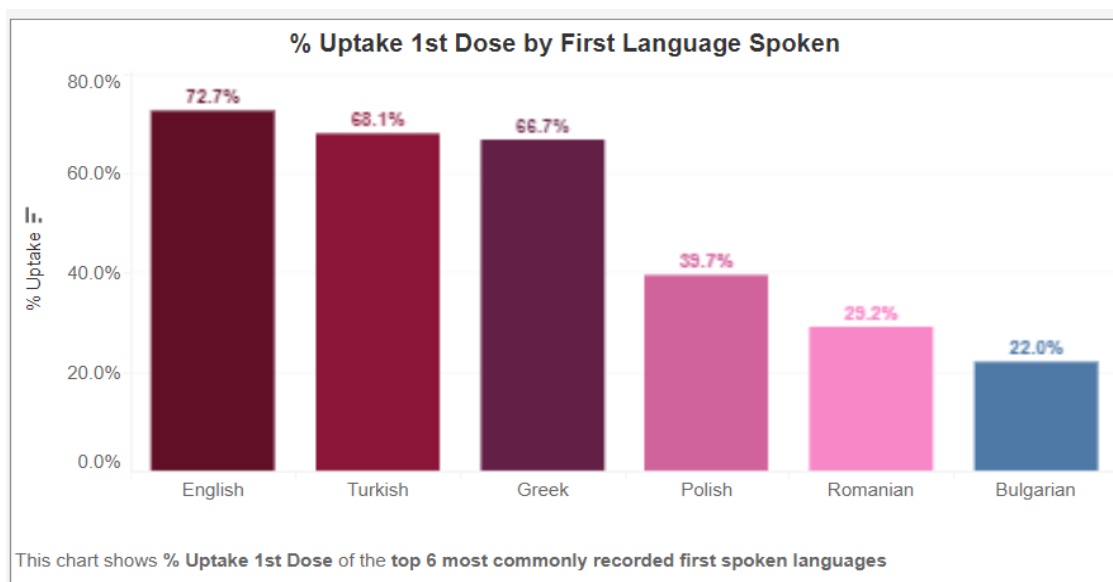
Key trend: Higher uptake in older age groups with uptake declining by age. This trend is observed across ethnicities, geographies and by deprivation.

Figure 5: Vaccine uptake 1st dose by age and gender



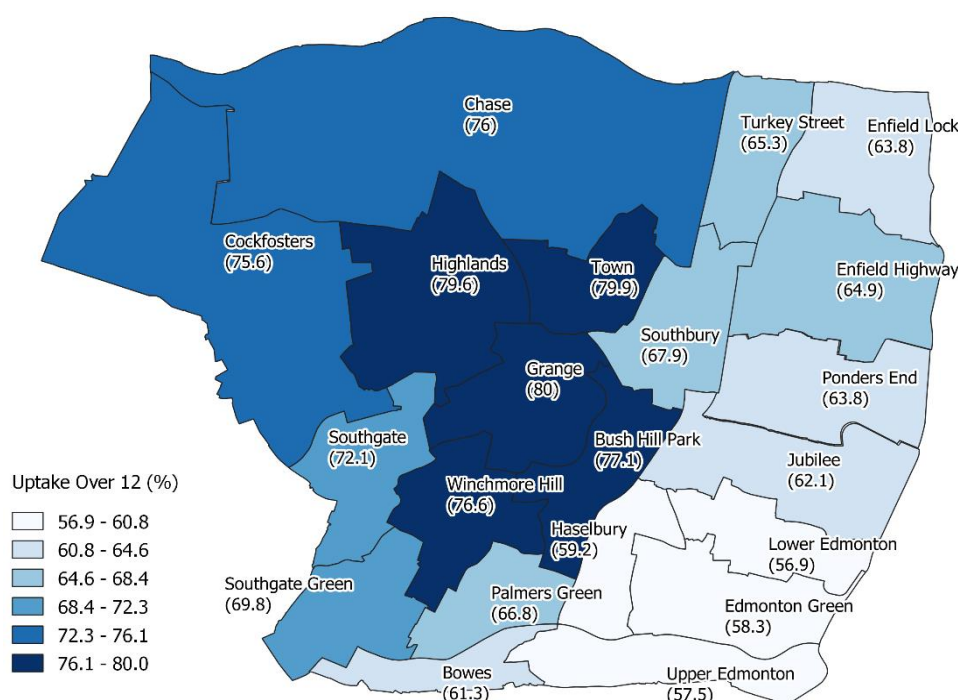
Ethnicity/ Language

Key trend: Uptake among Black, Eastern European and Gypsy Roma Traveller communities is lower than average for Enfield.

Figure 6: Vaccine uptake 1st dose by ethnicity**Figure 7: Vaccine uptake 1st dose by first language spoken****Geography/ deprivation**

Key trend: Uptake is highest in areas of lower deprivation.

Figure 8: Uptake of 1st dose in residents > 12 years



5. Groups of special interest

Care home residents

Barnet Haringey and Enfield NHS Trust (BEH) established a 'roving' team enabling residents and staff to be vaccinated. Additionally, nursing staff attached to the Single Point of Access team were re-deployed to support vaccination.

Support was also provided to care home managers regarding vaccination information to enable them to support residents and staff. In addition, there was regular engagement with the Provider Forum to ensure accurate information, advice and guidance regarding vaccination.

Visits to care homes were also conducted by the Adult Social Care Quality Team and Public Health Team focusing on Infection, Prevention and Control in addition to vaccination uptake of staff and residents.

There has also been input from Adult Safeguarding Team to inform management of cases in which relatives of adults in care homes have not provided consent for their relative to receive vaccination.

Younger residents of residential care homes were also supported to access vaccination centres.

Figure 9: COVID Vaccination among care home residents

Residents	1558	
Residents Vaccination rate	1460	93.71%
Resident Booster rate	1355	86.97%

Care home staff

Enfield Council have provided a range of support and resources to care home staff and our aim was to ensure that every staff member was supported to make an informed choice about having the vaccine. The Council's Quality Assurance team made regular calls and provided support to develop an action plan to promote vaccine uptake, which included arranging 1-1 talks with GP's/Public Health colleagues.

Dedicated information for care staff was advertised on the Council's My Life's website. In conjunction with other NCL boroughs we ran regular webinars, where GPs, Public Health colleagues and representatives from various cultural groups addressed concerns/issues about fertility, race and religious beliefs. We developed a Toolkit for managers to share practical tips and examples of how they can promote greater uptake.

Care home staff were also given a financial incentive to receive the vaccine, which incorporate travel costs and the appointment time.

Figure 10: COVID Vaccination uptake among care home staff

Total Care Home Staff	2135	
Staff Vaccination rate	2101	98.41%
Staff Booster rate	885	41.45%

Housebound residents

Barnet, Enfield and Haringey NHS Trust provided the vaccination of housebound residents. This involved provision of vaccination in the homes of housebound residents. Carers were also offered vaccination at the same time.

BEH vaccinated 86% (1218 individuals who received both doses and booster), 8% (107 individuals who received double doses), 1% declined (21 individuals) out of their total cohort of 1417 housebound residents (the data reflects only patients who were directly referred to the BEH/ ECS Housebound vaccination programme).

Residents who have a learning disability and or serious mental health needs

In February 2021, a specialist vaccination clinic at Chase Farm Hospital was set up by Enfield Council, the Barnet, Enfield and Haringey Mental Health NHS Trust (BEH), the North Central London (NCL) Clinical Commissioning Group (CCG) for residents with learning difficulties and serious mental illness. This provided longer appointments, more space, quiet areas, sensory equipment, easy to read and pictorial consent and patient information forms, plus a dedicated telephone booking service for those who struggle to book online we.

Staff working within the specialist vaccination hub were a mixture of mental health and learning disability nurses who are specially trained to support patients

with complex needs – using their skills to assess and support verbal and non-verbal cues, needle phobia, distraction and de-escalation techniques.

Front of house there has been support from London Borough of Enfield staff who work in the Integrated Learning Disability Service to book patients in, talk and interact with patients and their carers to keep them calm and support them with any adjustments that are needed

This collaborative work across ensured provision to address the health inequalities often experienced by our most vulnerable patients by providing a service that was accessible and catered specifically to needs to ensure equal access to COVID-19 vaccinations.

124 residents received their 1st dose and 112 received their 2nd dose of vaccination through the hub. Since standing down local Primary Care Networks have been responsible for the vaccination of residents with learning difficulties and serious mental illness. The hub stood down in September 2021.

Homeless residents

Homeless residents were a particular focus due high levels of poor health within this cohort. The Council worked closely with NCL CCG and UCLH to facilitate vaccination of homeless residents accommodated in hotel accommodation and other accommodation (as part of the 'Everyone In' programme). Residents of the Somewhere Safe to Stay Hub have also received bespoke information and opportunity to receive vaccine on site. Additionally, staff have received one to one input from staff in the Public Health team to answer vaccine related questions.

More recently the Council has received resources from the Department for Levelling Up, Housing and Communities for accommodation of homeless residents and vaccination (£23k will be used for vaccination). This resource has been used to commission Medicus (a local Primary Care Network) to work in partnership the Councils Public Health and Rough Sleepers Teams to conduct vaccination previously homeless residents now in accommodation.

Vaccination of 12 to 15 year olds

In September 2021 JCVI announced that healthy 12 to 15 year olds should be vaccinated. This followed an announcement in December that a second dose was recommended for this age group. The NHS were instructed to deliver this through the School Aged Vaccination Providers who ordinarily provide flu, human papilloma virus vaccination, school leaver boosters and such like to children in school. Barnet, Enfield and Haringey NHS Trust are commissioned by NHS England to provide this service to Enfield schools. BEH team will have completed two visits to all secondary schools to offer two doses of COVID vaccination to all pupils in this age group by mid March.

Through engagement with parents it was established that some parents wanted to be present for their child's vaccination and therefore BEH established community catch up clinics during a number of weekends and holidays. Nationally, many children have had to delay their COVID vaccination due to recent COVID infections as infections have been especially high among younger

people over this period. Children of this age are also able to use the national booking system and some walk- in provision.

BEH have vaccinated 3,891 young people (combination of 1st and 2nd doses), others booked into the national booking service.

Uptake among 12 to 15 year olds has been low locally and nationally (figure 5) despite regular communication with parents through schools, BEH provision of a phone line for answering queries, webinars for parents, communication with schools and social media work.

Pregnant women

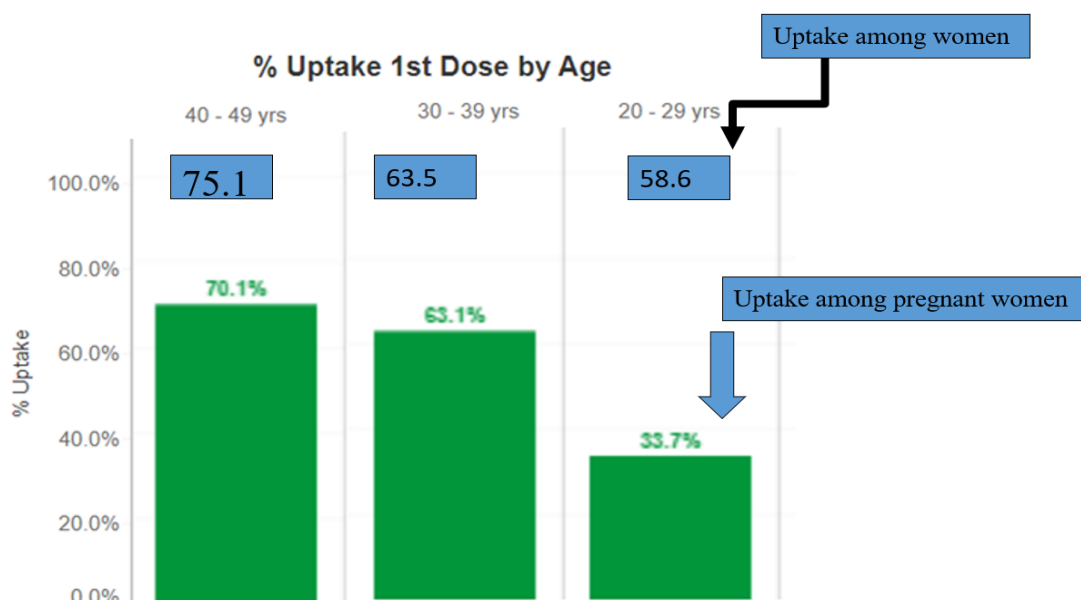
As the course of the pandemic has progressed evidence has indicated that women who are pregnant and their babies are at increased risk of poor outcomes due to COVID infection.

Initially, JCVI guidance stated that pregnant women should wait before vaccination, this was later changed to advise that pregnant and breastfeeding women should be vaccinated.

Recent UKHSA publications indicate that 98% of pregnant women who were admitted due to COVID between February and September 2021 were unvaccinated. COVID infection during pregnancy can have serious implications such as still birth and preterm delivery.

Nationally as well as locally COVID Vaccination is lower among pregnant women. The Enfield Screening and Immunisation Workstream Group will be initiating work with NNUH to tackle this.

Figure 11: COVID Vaccination uptake among pregnant women by age (1st dose).



6. How have we maximised vaccination uptake in Enfield?

Access to vaccination appointments

Throughout the vaccination programme the NCL CCG in Enfield and local Primary Care Networks have sort to ensure that residents have good and easy access to vaccinations (in line with JCVI guidance on eligibility).

During most of the programme there has been greater availability of vaccination and vaccination appointments/ walk in capacity than demand (see section 3).

Intelligence to inform action

NCL CCG commissioned a system called HealthIntent which has provided a useful source of up to date intelligence on vaccination. The Enfield Public Health Intelligence Team have been able provide regular analysis on vaccine uptake by age, sex, ethnicity, geography and language spoken for GP registered individuals. This has informed location of pop ups, community engagement, media work and other activities to inform vaccine uptake.

Communication and engagement

A comprehensive programme of communication and engagement activity aimed to provide accurate information from trusted sources to residents has been and continues to be undertaken by the Council Communications Team as well as NCL CCG Communications. Activities included;

- Information about vaccination on the Council and CCG websites.
- Vaccination information regularly disseminated through faith forum, VCS networks, schools, council newsletters.
- Heavy promotion of local and national campaigns such as the national 'grab a jab' and local 'V for vaccine campaign'.
- Webinars targeting language groups, ethnicities, parents, specific staff groups.
- Webinars were held for staff across the Council with specialist webinars held every few days for staff in health, social care and schools.
- Engagement with communities and faith groups to enable them to provide accurate information.
- Creation of short films in English as well as community languages designed to share on social media.
- Engagement with EVA Community Champions.
- Door knocking targeting residents to the east of the borough prior to and during a number of pop up clinics/ vaccine bus activities.
- Leaflet drops targeting residents to the east of the borough prior to and during a number of walk in clinics.
- Letters to all residents from the Leader of Enfield Council.
- Direct engagement with young people in further education colleges across the borough.
- Street engagement with staff trained in vaccine promotion conversation.
- Funded communication and engagement activity
 - Caribbean and African Health Network who undertook vaccine promotion work with the Council during summer 2021 focusing on Black communities in Enfield and provided targeted media activity, community radio, media resources, phone line, engagement with churches and businesses.

- Edmonton Community Partnership who undertook vaccine engagement work focusing on Bulgarian and Eastern European communities.
- Doctors of the World have recently been commissioned to provide health outreach to GRT community as well as homeless residents including vaccine promotion.

Vaccine pop ups and Vaccine bus

In addition to the 'fixed' vaccine infrastructure, 54 pop ups across a range of community venues have been provided to date by Medicus Health Partners. The majority of pop ups have been located in the east of the borough.

Between 16th August and 1st October 2021 a vaccination bus was commissioned which travelled to sites across the east of the borough.

The aim of these activities has been to enable residents who may otherwise not have come forward to be vaccinated to access this. In total 800 people received vaccination through the bus (this included 552 1st doses). 77% of attendees were under 40 years. The vaccine bus was funded through Contain Outbreak Management Fund resources and cost £160k in total.

7. The key challenges

The report will focus here on challenges relating to increasing vaccine uptake rather than challenges experienced by NHS partners in providing such a large vaccination programme at speed.

Misinformation

Significant levels of misinformation have been made available across the world. There is no doubt that this has disrupted access to vaccination and made it more difficult for residents to make informed decisions. During webinars, street conversations and engagement, Enfield residents identified similar concerns that were reported nationally.

Community trust

During engagement we heard time and again that communities wanted to have vaccine information from trusted people from within their communities. We therefore involved faith and community leaders.

Vaccination of young people

As demonstrated above, across the country as well as in Enfield vaccination coverage has declined by age. This is a key area of concern for Enfield as we have a higher than average (in comparison to England) proportion of young people under the age of 18 years living in the borough additionally, as with many London boroughs our resident population tends to be younger than average in comparison to England.

A special meeting was held with all universities and further education colleges in North Central London to support them to maximise vaccination in 16 to 17s and young adults.

Pop ups were offered to all colleges in Enfield.

Residents who are unregistered with GPs

Throughout the vaccination programme local communications have indicated that residents are eligible for vaccination irrespective of whether they are registered with a GP or have legal immigration status.

However, those residents who are registered with GPs will have received

Inequality in vaccination uptake

Arguably misinformation and lack of community trust in vaccine messages have significantly contributed towards vaccine inequality. Inequality in vaccine uptake reflects the trends of other important health inequalities as well as communities most significantly impacted by both the direct morbidity and mortality and economic impact of the pandemic and restrictions.

8. What have we learned?

Coordination across partners has been essential. The prior establishment of the Borough Partnership structure supported collaboration across organisations.

Using intelligence to inform action has been essential by providing evidence for targeting certain geographical areas or communities.

Working across organisations with a **shared high priority** has enabled the programme to happen at speed. All organisations from NHS, the Council, Police and voluntary sector prioritised the vaccination programme.

Adapting to what communities want has been a key learning. Among some communities there is significant mistrust of vaccination messages, rather than continuing to speak to communities about vaccination we adapted activities to help people register with local GPs.

9. What are the next steps for COVID vaccination of Enfield residents?

There are a number of key operational next steps:

- Continue to promote the Evergreen Offer (anyone can receive their 1st dose vaccination at any time).
- Planning the roll out of vaccination of healthy 5 to 11s in primary care
- Planning the roll out of the 4th dose for vulnerable adults in the spring
- Planning for winter 2022/3

Strategic next steps include:

Vaccine hesitancy/ confidence

Approximately a third of residents remain unvaccinated. The Borough Partnership Immunisation and Screening Workstream Group will continue focusing on vaccine inequality in relation to COVID and other vaccines. The Council was recently awarded £480 from the Department of Levelling Up, Housing and Communities to boost tackle vaccine hesitancy this will be done mainly through working with the local voluntary sector.

Learning relevant to other vaccinations

We need to take the learning from the COVID vaccination programme and apply this to how we work with communities to promote other vaccinations such as flu and childhood vaccinations.

Continued close collaboration

The close collaboration that organisations across Enfield under the Borough Partnership has been invaluable in establishing and supporting the vaccination programme.

Innovation

Many London Boroughs have been challenged by low uptake in similar communities. It will be important to enable continued innovation to provide vaccination uptake to those who have

10. Conclusion

Enfield's vaccination programme has been successful achieving a very significant reduction in deaths and hospitalisations due to COVID among residents.

There has been strong collaboration and partnership working across all organisations including local voluntary sector, police, various organisations within the NHS and the Council. The Council has played a strong and active supporting role to the NHS led COVID vaccination programme.

Overall, COVID vaccination uptake among Enfield residents is similar to average across London. However, vaccine uptake among older adults is high with a reduction in uptake among younger adults, children and young people.

There is clear inequality in vaccine uptake. Areas of higher deprivation, some Black and Minority Ethnic Communities and younger age groups have lower vaccine uptake.

Tackling vaccine inequality remains the largest challenge for the Screening and Immunisation Workstream Group. Vaccine hesitancy/ confidence work funded through the Department of Levelling Up, Housing and Communities will be a key part of this. As will taking learning from COVID vaccination work forward to improve uptake of other vaccinations among Enfield residents.

Appendix 1

National COVID Vaccination Timeline

December 2020

8th December First person in the UK vaccinated.

January 2021 – February 2021

Phase 1 aimed to prevent mortality and maintain the health and social care system. Phase 1 of the vaccination programme aimed to have offered a vaccination to all individuals in JCVI priority groups 1 to 9 (see Appendix 2), by 15th April 2021 in descending age order. This included health and social care workers, residents with underlying health conditions and adults over the age of 50.

April 2021 – July 2021

Phase 2 began on 13th April and initially aimed to offered a vaccination to all individuals in JCVI groups 10 to 12 (see appendix) by the end of July 2021. However, a new target of offering all adults a first dose, and two thirds of adults their second dose, by 19th July 2021 was set in June. In addition, second doses for anyone aged over 40 were accelerated by reducing the interval between doses from 12 weeks to 8 weeks, so that all over 40s who received a first dose by mid-May were offered their second dose by 19th July. By 18th June 2021 all those aged 18 and over were able to book a vaccination.

August 2021

From August 2021 all individuals aged 16-17, individuals aged 12 and over with specific underlying health conditions that put them at serious risk of COVID-19, and individuals aged 12 and over who are household contacts of an immunosuppressed individual, were also eligible to receive a vaccination. Prior to August 2021 individuals aged under 18 were receiving vaccination because they fell into one of the JCVI priority cohorts (i.e. they are 16+ and have either been identified as at risk or a carer, are clinically extremely vulnerable, or are a health or social care worker), or based on JCVI advice that children under 16 at very high risk of exposure and serious outcomes, such as those with severe neurodisabilities that require residential care, should be offered vaccination.

In August 2021 JCVI recommended a third primary dose of vaccination for individuals aged 12 and over who were severely immunosuppressed when, or shortly after, they received their first or second dose.

September 2021

Vaccinations started to be rolled out to all 12-15 year olds following the government accepting the UK Chief Medical Officers' recommendation to extend the vaccine offer to everyone in this age group.

JCVI recommended a booster dose for adults over 18 years who received a primary course of COVID-19 in Phase 1 of the vaccination programme (those in priority groups 1 to 9) and received their 2nd dose at least 6 months ago.

November 2021

From 22nd November 2021, individuals aged 40-49 who received their 2nd dose at least 6 months were also eligible for a booster dose.

December 2021

The minimum gap between individuals having a 2nd dose and having a booster dose changed from 6 months to 3 months on 8th December 2021. The booster rollout was extended to 30- 39 year olds on 13th December 2021 and to 18-29 year olds on 15th December 2021, for individuals who had a 2nd dose at least 3 months ago

January 2022

From 31st January 2022 1st dose vaccinations were rolled out to individuals aged 5 to 11 years who are clinically at risk or who live with someone who is immunosuppressed.

From 17th January 2022, 16 and 17 years who had a 2nd dose at least 3 months ago also became eligible for a booster dose.

JCVI advise that 5 to 11 year olds with underlying health conditions should receive vaccination

February 2022

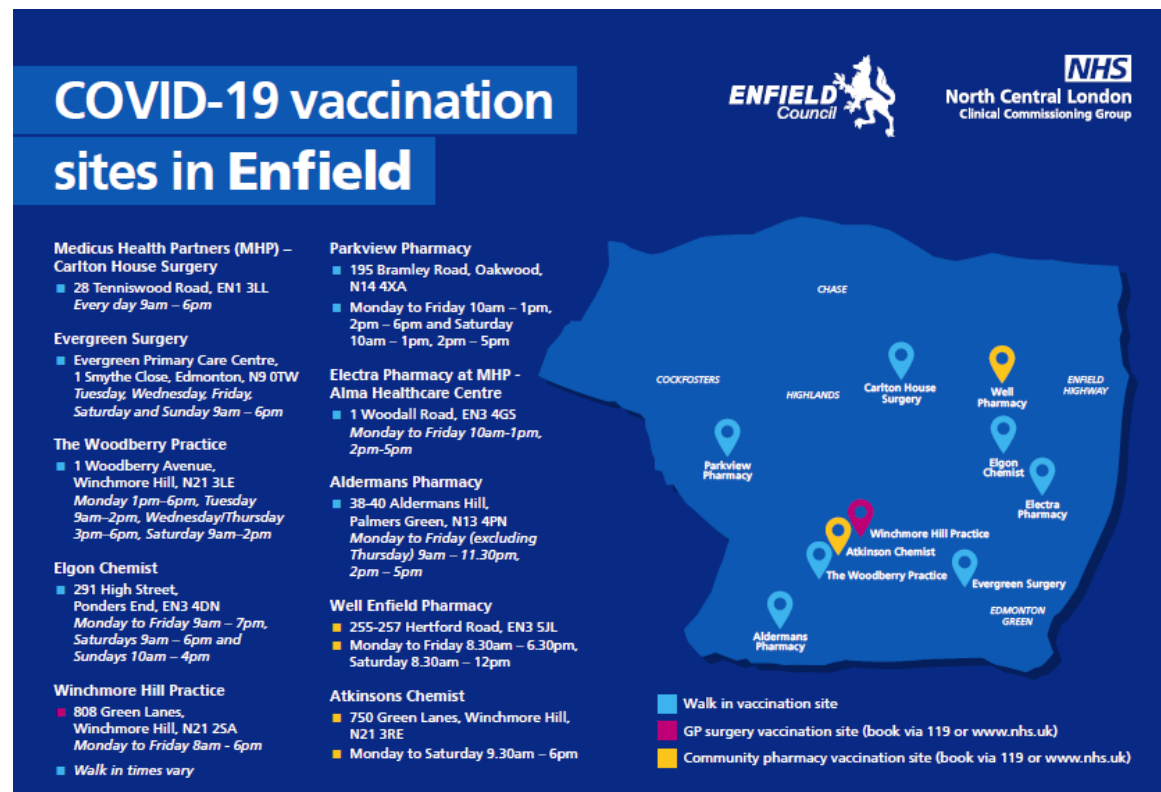
JCVI advises that 5 to 11 year olds will be eligible to be vaccinated from April 2022.

Appendix 2 JCVI Cohorts

1. Residents in a care home for older adults and their carers
2. All those 80 years of age and over and frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and clinically extremely vulnerable individuals
5. All those 65 years of age and over
6. All individuals aged 16 to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality, unpaid carers and residents in a care home for younger adults
7. All those 60 years of age and over
8. All those 55 years of age and over
9. All those 50 years of age and over
10. All those aged 40 to 49 years
11. All those aged 30 to 39 years
12. All those aged 18 to 29 years

Appendix 3 Map of Enfield COVID Vaccine sites

*accurate at time of report writing



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London Borough of Enfield**Health and Adult Social Care Scrutiny Panel
16TH of March 2022**

Subject: Introduction of Care Quality Commission Inspections of Local Authorities.

Cabinet Member: Cllr Alev Cazimoglu
Executive Director: Tony Theodoulou

Purpose of Report

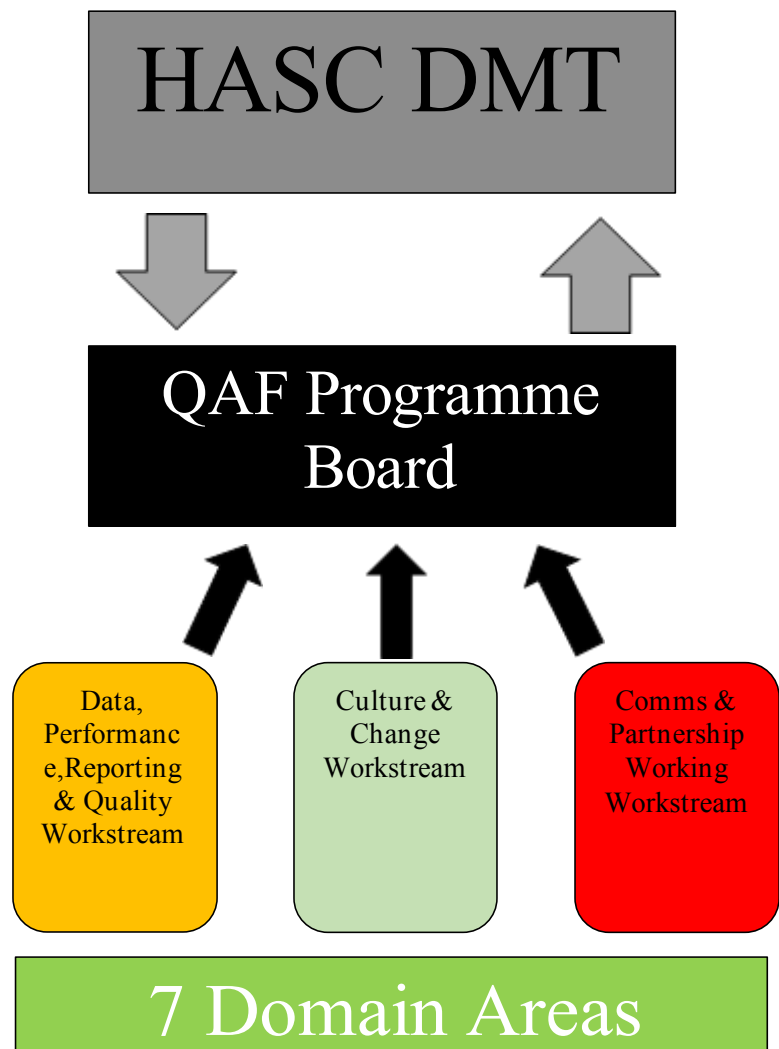
To report on the introduction of the new duty for the Care Quality Commission to assess how Local Authorities are meeting their Adult Social Care duties and how Enfield Adult Social Care are preparing for these inspections.

Background

1. On 11 February 2021, the Department of Health and Social Care (DHSC) published the White Paper, **Integration and innovation: working together to improve health and social care for all**, which sets out legislative proposals for a health and care Bill. The White Paper brings together proposals that build on the recommendations made by NHS England and NHS Improvement in **Integrating Care: next steps to building strong and effective integrated care systems across England** with additional recommendations relating to the Secretary of State's powers over the system and targeted changes to public health, social care, and quality and safety matters. In recognition of the increasing numbers of people who need adult social care and the consequent need for greater oversight of the provision and commissioning of services, the White Paper proposes introducing a new duty for the Care Quality Commission (CQC) to assess how local authorities are meeting their adult social care duties, and a new power for the Secretary of State to intervene where CQC considers a local authority to be failing to meet these duties.
2. CQC's new responsibilities under the Health and Care Bill are twofold. Firstly, there will be a role in reviewing Integrated care Systems and secondly a new duty is placed on CQC to assess how local authorities are meeting their social care duties under part 1 of the Care Act.
3. Under the Care Act, local authorities have duties to make sure that people who live in their areas:
 - Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs

- Can get the information and advice they need to make good decisions about care and support
 - Have a range of high quality, appropriate services to choose from
4. Emerging CQC scope for reviews of Adult Social Care has started to be shared. It is apparent that the initial focus on Local Authorities Adult Social Care functions will be across the following four key themes.
- **Working with People**
 - Assessing Needs
 - Supporting People to live healthier lives
 - **Providing support**
 - Care Provision, Integration and continuity
 - Partnerships and communities
 - **Ensuring Safety**
 - Safe systems, pathways and transitions
 - Safeguarding
 - **Leadership and Workforces**
 - Capable, compassionate and inclusive leaders
 - Learning, improvement and innovation
 - Workforce equality, diversity and inclusion
5. CQC will use a variety of methods to evidence a Council's Adult Social Care functions as follows:
- People Experience
 - Feedback from Partners
 - Feedback from staff and leaders
 - Observations
 - Process
 - Outcomes and performance data
6. Adult Social Care (excluding regulated service provision) has not been subject to regulation of this kind for over ten years. The timetable for reviews to begin is April 2023. Enfield, as in other Councils, have had a period of austerity and resultant cuts in funding have forced Councils to prioritise front line service delivery, often to the detriment of other vital types of services seen as nice to have. Engagement with our local population, strategy and communications are included in these to name but a few.
7. The final legislation (the Health and Care Bill 2021) has not yet completed its passage through parliament so no new regulations are expected for some time yet. However, we have anticipated as best we can what the new regulatory framework will look like and a programme board has been established in order to identify areas where we feel further work and development is needed.

8. To date the board have met a number of times during our scoping exercises and twice as an official Programme Board. The Quality Assurance Programme Board meets every 6 weeks. There are 3 workstreams, each with their own action plan and risk register. These workstreams are chaired by 2 x Adult Social Care (ASC) service managers and staffed by various members of Adult Social Care.
9. The 3 workstreams are, 'Culture and Change', 'Communication & Partnership Working' and 'Data, Performance, Reporting and Quality'. These workstreams meet every 2 – 3 weeks in order to track the progress of tangible outcomes. They submit a highlight report in time for the Programme Board and report directly to the board on progress, risks and issues and any mitigating actions, as well as planned progress next reporting period. The workstream leads also take turns in submitting monthly reports to the ASC Directors management team.



Here is an example of key achievements to date on each of the programme workstreams:

Culture & Change:

- Revised Supervision Policy drafted and working group put together to finalise
- Strengths-based practice framework and toolkit drafted and awaiting finalisation by the strengths-based working group
- Integration between Mental Health Trust and ASC systems being further explored
- The sharing of best practice is being explored with Digital Services
- Collaboration with Employee Experience Programme

Data, Performance, Reporting and Quality:

- Existing reporting identified and under review
- Operational managers have been interviewed regarding their 'ideal' reporting requirements
- Reports being developed / amended to spec, both for operational staff, senior management and residents (Local Account)
- Power BI reporting tool linked to Eclipse to produce reporting dashboards

Comms and Partnership Working:

- Working groups set up with Healthwatch and other partnership agencies to improve partnership working
- Independent Living Strategy signed off at DMT and market engagement in process
- Market Position Statement finalised and going out for engagement
- Market Facilitation Strategy shared with DMT and going out for market engagement
- ASC intranet page – updated and refreshed to include links to useful resources. My Life updated, Service/Team areas updated

Report Author
Sharon Burgess
Head of Safeguarding Adults
Sharon.burgess@enfield.gov.uk

Date of report 28/02/202