



Suzanne Connolly
Governance Officer
Direct: 0208 1322624

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

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

**Thursday, 17th February, 2022 at 7.00 pm in the Conference Room,
Civic Centre, Silver Street, Enfield, EN1 3XA**

Membership:

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 on 18th November 2021.

4. PRESSURES IN GENERAL PRACTICE & WHO OWNS GENERAL PRACTICE (Pages 5 - 8)

To receive information related to GP Contracts.

5. MENTAL HEALTH (Pages 9 - 26)

To receive a report on mental health which will provide a description of what is known about the mental health of Enfield residents, work taking place to

enhance protective factors, and an explanation of what is being done to protect the mental wellbeing of children and young people in the borough.

6. RECOVERING ACCESS TO SERVICES POST COVID (Pages 27 - 102)

To receive the presentation from NHS North Central London CCG.

7. WORK PROGRAMME 2021/22 (Pages 103 - 104)

To note the work programme for 2021/22.

8. DATE OF NEXT MEETING

The date of the next meeting will be confirmed after the Annual Meeting.

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON THURSDAY, 18TH NOVEMBER, 2021

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

Officers: Bindi Nagra (Director of Health & Adult Social Care), Suzanne Connolly (Governance Officer)

Also Attending: Deborah McBeal (Director of Integration NCL CCG), Laura Andrews (Senior Engagement Manager NCL CCG), Peter Rhodes (Assistance Director of Operations for North West & South West London)

1. WELCOME & APOLOGIES

Cllr Derek Levy (Chair) welcomed all attendees to the meeting.

Apologies for lateness were received from Cllr Birsen Demirel.

The agenda was taken in the order of The London Ambulance Service, Reconfiguration of the NHS and the Impact on Local Services, Pressures in General Practice and Who Owns General Practice.

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 Health & Adult Social Care Scrutiny Panel held on the 16 September 2021 were agreed.

4. PRESSURES IN GENERAL PRACTICE & WHO OWNS GENERAL PRACTICE

Cllr Derek Levy introduced the item which was to discuss potential lines of enquiry for the next panel meeting in January. This would be the first item on the agenda.

1. Cllr Christine Hamilton advised that the Joint Health & Adult Social Care Scrutiny Panel had asked this panel to look at the issues with how GP contracts were awarded and managed, following the JHOSC item on AT Medics.

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2. It was noted that contracts should be scrutinised.
3. **ACTION:** The panel will discuss making a request to the CCG to provide a report on how GP contracts are managed in NCL.
4. **ACTION:** North Central London NHS CCG contracts team to be invited to the meeting to update on how GP contracts are managed.
5. Cllr Christine Hamilton shared a positive experience of a visit to a new GP Health Centre where a small group of GPs had come together to “make a difference”. Three Medicus practices: Curzon Avenue, Dean House and Green Street, have moved to the new building. The catchment area remains the same as it was for the practices’ former locations. Bringing the practices together into a new building in the Alma Road estate will also help local GPs to provide services to the additional population that will move into the area as part of the Alma Road regeneration project, which is estimated to be about 4,000 new residents.

5. RECONFIGURATION OF THE NHS & THE IMPACT ON LOCAL SERVICES

Deborah McBeal provided an update to the panel, highlighting the following key points:

1. This was the start of a journey towards building an Integrated Care Systems (ICSs) across NCL, with a borough based integrated care partnership by April 2022.
2. The benefits for residents were that all stakeholders would be brought together to work collaboratively having a collective responsibility for outcomes. An individual would be looked at holistically.

In response, members of the panel commented as follows:

1. Cllr Derek Levy raised concerns that April was not far away and would everything be ready and in place. Deborah advised it would be a transition period and the main change was that the CCG would no longer exist. Joint meetings, groups and partnerships were already in place.
2. Cllr Alessandro Georgiou asked if the changes would allow the local authority to be more involved. Deborah McBeal believed they would and hoped for a positive relationship.
3. Bindi felt the changes would bring improvement as the responsibility of the nation’s health would now be shared.
4. Cllr Christine Hamilton was not clear how the changes were going to be delivered and was concerned about Enfield in particular. Members were advised to look at the governance charts in the slide deck. **ACTION:** It was suggested that a basic chart be produced demonstrating responsibilities, decision making and future plans.
5. Deborah McBeal stated that with the new system, which includes the five boroughs, no money could be taken away, but instead new funding goes where it is needed. Public Health have an input, and all must agree how the money is deployed. All services were under intense pressure and gaps in the workforce were acknowledged.
6. Cllr Kate Anolue highlighted issues around the CCG and the pressure on staff on the “shop floor” who are also working through organisational change. She was concerned about the recruitment to top jobs with high salaries, as well as staff that

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did not have the Covid-19 vaccination and have the potential to lose their jobs in 2022.

7. Cllr Chris Dey stated that joined up working would be welcomed, alongside a personal responsibility for individuals to keep themselves healthy. He extended praise to all NHS services throughout the pandemic.

8. Deborah McBeal advised that she felt the changes could make a really positive difference if stakeholders and our communities and residents worked in partnership as intended by the changes. The main concern was the current pressure on the health and care system and the need for space to work in partnership. Bindi added that all stakeholders must engage and take responsibility.

In conclusion, the panel requested regular updates, including copies of the minutes from the ICS Group. **ACTION** for Deborah McBeal to attend regularly to update. It was noted that members requested that they should be on boards such as these.

6. THE LONDON AMBULANCE SERVICE

Cllr Derek Levy introduced the item stating that it was not necessarily to discuss the report provided within the agenda pack, but more to look at the closure of ambulance stations and the introduction of hubs. It was particularly important to think about the public's perception of this change.

Peter Rhodes, Assistance Director of Operations for North West and South West London, was in attendance to provide a detailed update.

1. Covid-19 had caused a significant impact on the start and finish locations of ambulances.
2. There were currently 3 LAS stations covering the borough. The station in Ponders End was no longer fit for purpose and was used at a standby station. LAS no longer operate from the Bounds Green station.
3. The broader vision (5-10 years) was to consolidate current stations into larger, more fit for purpose stations. A great deal of work would be carried out before any changes happen; a clear strategy was in place. It was unclear when the changes would be implemented but it was not imminent.
4. The borough is long and narrow, and the hospital is not ideally located. Ambulances are usually dispatched from hospitals, including Barnet and North Middlesex. Patients are then taken to the most appropriate hospital which is normally their closest and not based on where the ambulance has come from. This is subject to no long queues in which case they will be taken to another. More serious cases will be sent to hospitals such as the Royal Free and UCLH.

In response, panel members commented as follows:

1. Cllr Christine Hamilton asked how the LAS had been coping and what help was needed. Peter Rhodes responded stating that the Covid-19 waves had been challenging. Since lockdown eased, 999 calls were extremely high at around 350-400 per hour. LAS were meeting the Category 1 target of 7 minutes however Category 2 response times were much longer than the 20-minute target. The answer would be more ambulances however there were no vehicles or staff available.
2. Cllr Kate Anolue queried the impact on staff when patients were delayed and getting increasingly ill while on the ambulance. Peter Rhodes stated that fortunately

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this had not happened often in the area however an experienced clinician was always available. The main reason for delays was ambulances in the wrong places, for example out of area.

3. Cllr Alessandro Georgiou stated that residents had raised concerns that the 111 service caused issues for ambulances due to 111 staff not being medically trained. Peter Rhodes advised that 111 and 999 impact each other and it was often difficult to triage over the phone, however the services work together to find the right pathway. A clinician should review all ambulance dispatch requests before the ambulance is sent.

4. Cllr Alessandro Georgiou asked if staff had been affected by repeated Covid-19 infections. Peter said yes but the vaccination programme had helped. The effects of isolation rules had impacted more as staff were unavailable to work. It had been a very stressful time, particularly the first wave, with some staff being psychologically affected.

5. Cllr Derek Levy asked for Peter's opinion on the proposed LAS changes. Peter responded stating he felt it would enhance it. Deborah McBeal added that reconfigurations could be quite hard, but evidence suggests better outcomes for patients.

6. Cllr Chris Dey asked how road blockages and LTNs affected ambulances. Peter stated it does impact them causing some delays.

7. Deborah McBeal highlighted that the LAS worked hard to treat patients at scene/home to avoid conveyances to hospital.

8. The panel agreed that the perception of LAS was different to the reality.

Peter Rhodes was thanked for his attendance and input.

7. DATE OF NEXT MEETING

The future meeting dates were noted and agreed.

The meeting ended at Time Not Specified.



North Central London
Clinical Commissioning Group

Report Title	Management of Primary Care Contracts	Date of report	9 February 2022
Report Author	Vanessa Piper, Assistant Director of Primary Care Contract and Commissioning		
Report Summary	<p>The panel are interested in the issues with how GP contracts were awarded and managed, following the JHOSC item on AT Medics</p> <p>The NCL CCG APMS Procurement process is conducted in accordance with the Public Contracts Regulations 2015 (the Regulations). The procurement process is managed independently by the NEL Commissioning Support Unit (CSU), who oversee APMS procurements across the London Region.</p> <p>Procurements are published nationally through the e-procurement portal ProContract (the Portal), local NCL providers are notified directly through the CCGs communication routes and are informed when the tenders will be published on the portal.</p> <p>Prior to the procurement being published the CCG carries out a patient and stakeholder engagement over 6 - 8 weeks. The method of engagement is via a survey and forums held in the practice. Patients are notified via letters, website, text messages and in practice etc, they are also provided with the CCGs primary care team contact details to provide feedback. The survey is tailored to capture patients views on the delivery of the practice and what they would like to see in the future to improve their care and experience of services received from the new provider. The outcome of the patient survey is shared with the bidders who are required to respond via the procurement questions to demonstrate how they will address patient needs.</p> <p>To ensure strategic fit to the local area, demographics and population, bidders are invited to provide a response to a range of questions, which are separated into Generic and Lot specific (to the contract). The headings of the questions are provided below. The responses are evaluated by subject matter experts, which include Clinicians (GPs and Nurses), patient representatives, lay members of the CCG; senior commissioners, Quality, medicine management, finance, GPIT etc. Interviews are also held with the bidders and the subject matter experts are also panel members.</p> <p>To ensure the CCG is compliant with the Public Contracts Regulations (2015) and to reduce the risk of legal challenge the process of evaluation and moderation is managed and overseen by the NEL CSU procurement team.</p>		

The outcome of the evaluation, successful bidder and process carried out is referred to the NCL Primary Care Commissioning Committee (PCCC) to ratify and approve the notification of contract award. Once the letters have been issued to the successful and unsuccessful bidders, the CCG allows for the 30 day challenge period, prior to contract award.

Post the procurement and signing of the APMS contract, a 6 week mobilisation period commences and during this phase the successful bidder is encouraged to meet with the Patient Participation Group to introduce themselves and commence engaging early with the group and any other representatives. The new provider is also encouraged to meet with local stakeholders including the Primary Care Network of practices, Clinical Director, external agencies etc to ensure they understand the need of the local population and the immediate priorities.

The new provider is monitored on a quarterly and annual basis through Key Performance indicator and a broader quality reviews. There are a broad range of indicators the CCG monitors covering clinical, access, patient satisfaction and complaints, operational and clinical governance, compliance with the contract and regulation etc. Concerns regarding performance or if the provider is operating in breach of the APMS contract are referred to the NCL Primary Care Commissioning Committee.

APMS contracts are commissioned for 15 years, with a contract break at each 5 years. The CCG at each 5 year break is required to carry out a strategic and performance review to consider the options of extending for a further 5 years or allowing the natural expiry of the contract. The strategic and performance review includes, quality and performance, list size growth, patient views and complaints, value of the contract, premises considerations.

The Health and Social Care Bill published in July 2021 has proposed changes for procurements under the provider selection regime and patient choice. These changes will either allow consideration of a competitive tendering process or direct award of a contract. Decision on the method of award will have to be based on the following criteria;

- Quality and innovation
- Value integration and collaboration
- Access
- Inequalities
- Service sustainability
- Social value

The National Regulations have not been updated yet to reflect the proposed changes in the Health and Social Care Bill (July 2021), but in the interim the CCG will be commencing a review of the current procurement questions, patient and stakeholder survey to ensure there is greater emphasis on the stipulated criteria above to inform future decision making for new contract award.

Headings for NCL CCGs existing procurement questions.

Generic questions

- Primary Care Network (PCN)
- Integrated care System (ICS)
- Signposting
- Support for carers
- Preventative medicine and self-care
- Prescribing
- Mental Health
- Medical emergencies and safety management
- Incidents
- Clinical and integrated governance and quality assurance model
- Change management
- Safeguarding
- Business continuity
- Pandemic response
- Data management
- Information governance approach
- Workforce development
- Premises management approach

Lot Specific

- Access needs
- Health inequalities
- Patient experience
- CQC rating
- Clinical priorities
- Continuity of care
- Clinical capacity
- Contract mobilisation
- Social value
- Digital offer
- Premises proposal
- Financial model template (FMT)

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London Borough of Enfield**HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL****Meeting date: 17th February 2022**

Subject: Mental Health**Cabinet Member:****Executive Director:** Tony Theodoulou

1. Purpose of Report

1.1 The purpose of report is to provide a description of what we know about the mental health of our residents, how we are working to enhance protective factors, and an explanation of what we are doing to protect the mental wellbeing of children and young people in the borough.

1.2 The scope of this report will be very wide ranging as emotional health and mental wellbeing are the product of a very large number of factors and influences. Environmental, educational, financial, and social. This report will cover:

- The local context.
- Challenges, with particular reference to the COVID-19 crisis.
- Conclusions and next steps

2. Relevance to the Council's Corporate Plan

2.1 Addressing the promotion of mental health and wellbeing relates to the entirety of the Enfield Council Plan 2020-2022: a lifetime of Opportunities. All three principal priorities:

- Good Homes In Well Connected Neighbourhoods
- Safe, Healthy And Confident Communities
- An Economy That Works For Everyone

Have elements which influence the mental health and wellbeing of our residents.

3. Main Considerations for the Panel

3.1 The Local Context – Mental Health Risk Factors

The data below are from sources of routine published national statistics
Prevalence and General Statistics.

3.1.1 **1 in 5** Enfield residents aged 16+ (49,261) are estimated to have a **common mental health disorder (19.2%)**, such as depression, panic disorders, anxiety or obsessive-compulsive disorder. This is higher than the national estimate (16.9%) [PHE].

3.1.2. It is predicted that there will be 2,653 more 18-64 year olds in Enfield with a common mental health disorder by 2035 (6.6% increase) [PANSI].

3.1.3 The estimated **prevalence of common mental health disorders** in those aged **65 and over in Enfield was 11.4%** in 2017 [PHE].

3.1.4 The recorded prevalence of **depression amongst those aged 18+ was 9.5%** in Enfield 2020/21, this is higher than the 8.7% London average and lower than the 12.3% national average during the same time period [PHE].

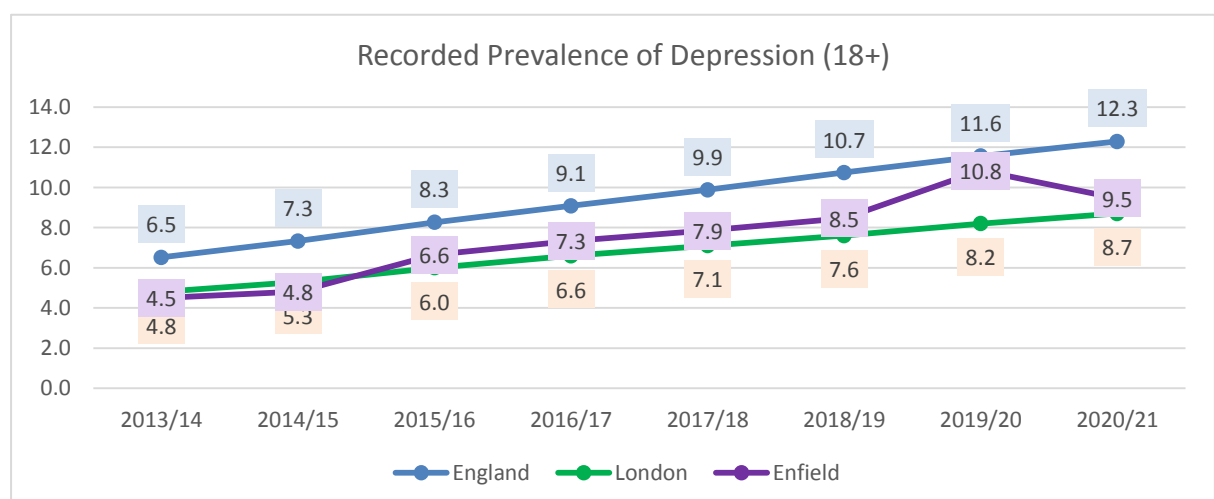
3.1.5 The recorded prevalence of depression amongst adults in Enfield decreased by 1.3% in the last year [PHE].

3.1.6 In 2018/19 was 55.8% of social care users reported to having depression and anxiety in Enfield, which is lower than the 50.5% national average [PHE].

3.1.7. The rate of **premature mortality in adults with severe mental illness** between 2018-2019 was **78.2 per 100,000** [PHE].

3.1.8. **66.5 per 100,000 people in Enfield were emergency hospital admissions for intentional self harm.** This is lower than that across the London region, 81.6 per 100,000 [PHE].

3.1.9 The **suicide rate** is 5.8 per 100,000 amongst persons, 9.0 per 100,000 amongst males in Enfield and 2.9 per 100,000 amongst females [PHE]. This is below the London average of 8.0/100k for persons. And is apparently one of the lowest figures in the Capital and indeed England as a whole. This picture is complicated by the time lag between deaths occurring and being clarified as suicide following appropriate Coroner and other enquiries. There also seems to be potential issue relating to non-resident suicides taking place within the Borough.



3.1.10 **2.75% of school** pupils in Enfield had social, emotional and mental health needs in 2020. This compares to 2.49% across the London region and 2.70% across England. [PHE].

3.1.11 In 2019/20, **65.2 per 100,000 hospital admissions amongst the under 18s** were for mental health conditions. During the same time period, across London and England this was 64.5 and 89.5 per 100,000 respectively.

3.1.12 In 2017/18, **it is estimated that 110 women in Enfield** experienced severe depressive illness in the perinatal period. Across London and England is estimated to be 2,886 and 14,766 women respectively [PHE].

3.1.13 **It is estimated that between 549 and 1099 women in Enfield** experienced adjustment disorders and distress in the perinatal period in 2017/18. Across London this was estimated to be between 14,431 and 28,863 women during the same time period [PHE].

3.1.14 Nationally, perinatal mental health problems affect between 10 to 20% of women during pregnancy and the first year after having a baby [GOV.UK].

Risk Factors

The section below presents routinely available data on risk and protective factors among Enfield residents. Some of the sources of these data reflect periods prior to the start of the pandemic, others are based on studies conducted prior to the pandemic so will not give a full picture of the impact of the pandemic on mental health and wellbeing.

Importantly we know that factors such as education, employment, debt and such like have been affected by the pandemic and are likely to impact on mental health.

Educational Attainment

3.1.15 **Fewer children in Enfield (79.5%) than across London (82.6%)** achieved at least the expected level in communication and language skills at the end of Reception in 2018/19. Across England this is 71.8% [PHE].

3.1.16 **Fewer children in Enfield (69.7%) than across London (74.1%)** achieved a good level of development at the end of Reception in 2018/19 [PHE].

3.1.17 **In 2019/20 50.1% of primary school pupils in Enfield achieved an average attainment score of 8**, this is the lowest in NCL and also lower than the London average, 53.4%. Across England this figure is 50.2% of primary school pupils [PHE].

(*Following the new 1-9 GCSE grading system, an average attainment score of 8 is equivalent to between grades A and A*.)

3.1.18 **26.3 per 1,000 children with learning disabilities** were known to schools in Enfield in 2020, this compares to 22.9 per 1,000 across London [PHE].

3.1.19 In 2020, **23.3 per 1,000 children with moderate learning difficulties** were known to schools in Enfield, this is higher than that across London, 18.2% but lower than the England average, 29.1% [PHE].

3.1.20 In 2020, **2.0 per 1,000 children with severe learning difficulties** were known to schools in Enfield, compared to 3.3% across London and 4.0% across England [PHE].

3.1.21 **15.5 per 1,000 children in Enfield with Autism** are known to schools, this is lower than that across London, 22.9 per 1,000, and England, 34.4 per 1,000 in 2020 [PHE].

Employment

3.1.22 In 2020/21, **65.5% of people aged 16-64 years** and **71.8% of people aged 50-64 years** were in employment [PHE].

3.1.23 In 2019/20 there was a **65.5% gap between the employment rate** for those in contact with secondary mental health services and the overall employment rate in Enfield. This is lower than that across London, 68.1% [PHE].

3.1.24 The **long term unemployment** rate in 2019/20 was 3.1 per 1,000 of the working age population in Enfield [PHE].

3.1.25 In 2019/20 there was an **8.1% gap** in the employment rate between those with a **long-term health condition** and the overall employment rate in Enfield [PHE].

3.1.26 In 2019/20 there was an **53.1% gap** in the employment rate between those with a **learning disability** and the overall employment rate in Enfield [PHE]. This is lower than the London average, 68.1% [PHE].

Housing

3.1.27 In Enfield 2019/20 **26.6 per 1,000** households were in **temporary accommodation**. This compares to **16.5 per 1,000** across London [PHE].

3.1.28 **70% of adults in contact with secondary mental health services were living in stable and appropriate accommodation** in Enfield 2019/20. This compares to 64% across London [PHE].

3.1.29 In 2019/20, **87% of adults with a learning disability** in Enfield were **living in stable and appropriate accommodation**. This is higher than the London average, 76.2% [PHE].

3.1.30 In 2020, **44 per 10,000 children in Enfield were in care** [PHE].

Social Connectivity

3.1.31 **46.7% of adult social care users** aged over 18 in Enfield **had as much social contact as they would like** in 2019/20. This compares to 42.9% across the London region [PHE].

3.1.32 **44.5% of adult social care users aged over 65 in Enfield** had as much social contact as they would like in 2019/20. This compares to 40.1% across the London region [PHE].

3.1.33 **25% of Enfield adult residents feel lonely** at least some of the time, which is the 11th worst ranking in London out of 32 boroughs (PHE).

3.1.34 **3.9% of Enfield households** are persons aged 65 years and older **living alone** (12,108 households) [census 2011].

3.1.35 **One in Ten Households (10.8%)** in Enfield are **single occupied households** (33,359 households). In England this is 12.8% and London 12.8% [census 2011]

3.1.36 Lonely and isolated older people are **2.5 times more likely to develop frailty** (Davies 2021).

3.1.37 Loneliness is associated with a 25% increased risk of dementia (Lara 2019).

3.1.37 **11-18% of cases of depression could be prevented** if loneliness was eliminated (Lee 2021).

Crime and VAWG

3.1.38 In Enfield 2020, **230 in 100,000 offenders were first time offenders**. This is higher than the London average of 184 per 100,000 [PHE].

3.1.39 In 2020/21 there were **25.8 violence offences per 1,000** population and **1.9 sexual offences per 1,000** population in Enfield. These figures are similar to the London averages, of 24.3 and 1.8 per 1,000 respectively [PHE].

3.1.40 In the year ending May 2020 a total of 103,290 incidences of **domestic violence** and abuse were recorded across London, with **4,486 incidences recorded in Enfield**. Of all cases of domestic abuse across England, 67% of the victims were women (1,561,000) and 33% were men (757,000). The highest proportion of female victims (57%) were between the ages of 25 and 39 [Metropolitan Police Crime Stats].

Substance Misuse

3.1.41 In the year ending March 2021, **68% of all clients in substance misuse services in Enfield were Male and 32% Female**. Most were of White British ethnicity (51%), Other White (18%) or Caribbean (6.3%) backgrounds. 57% of all clients in these services were between the ages of 30-49 [PHE].

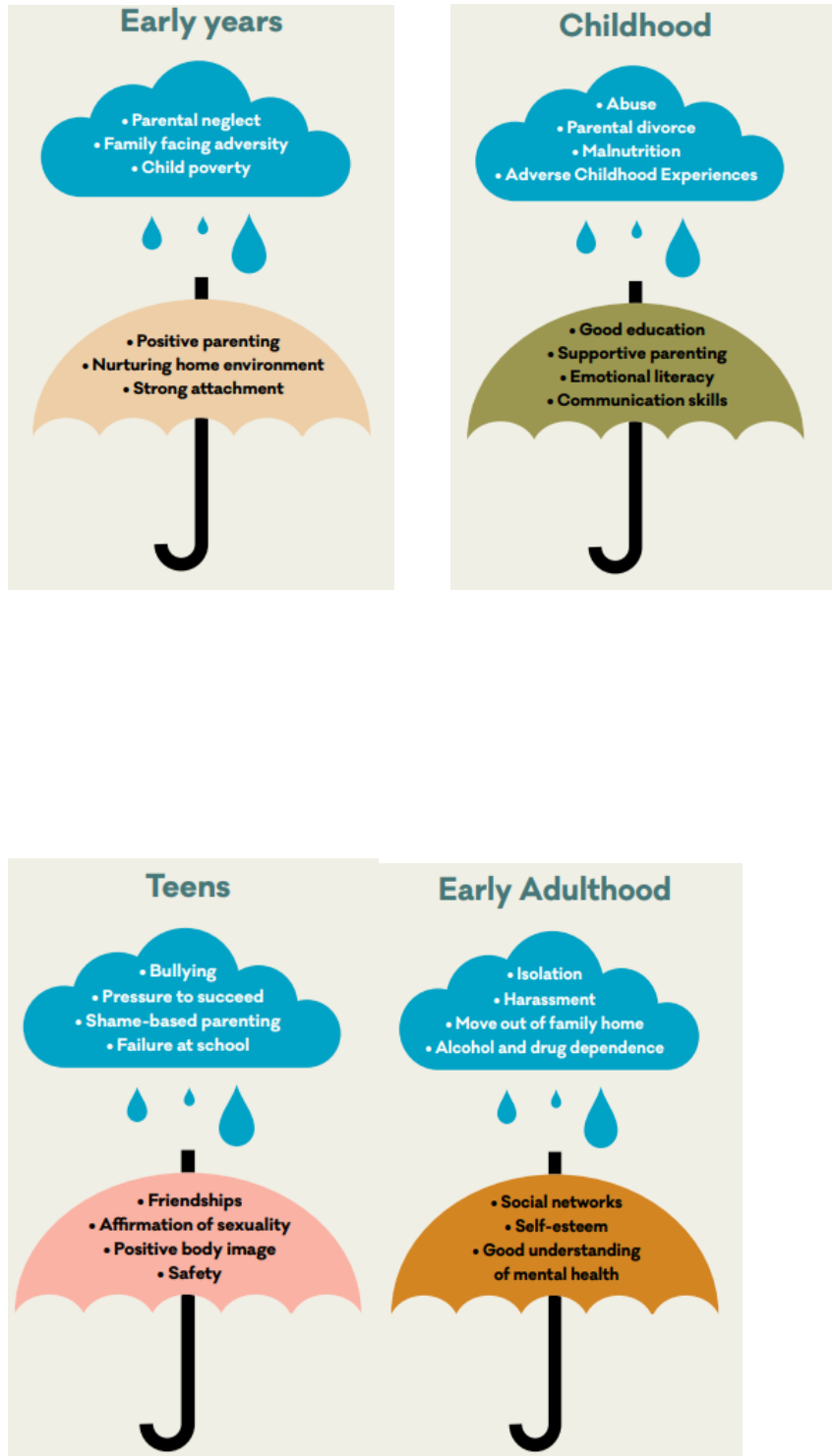
3.1.42 28% of adults with a substance misuse treatment need successfully engage in community-based structured treatment following a release from prison. This is higher than the London average, 22% [PHE].

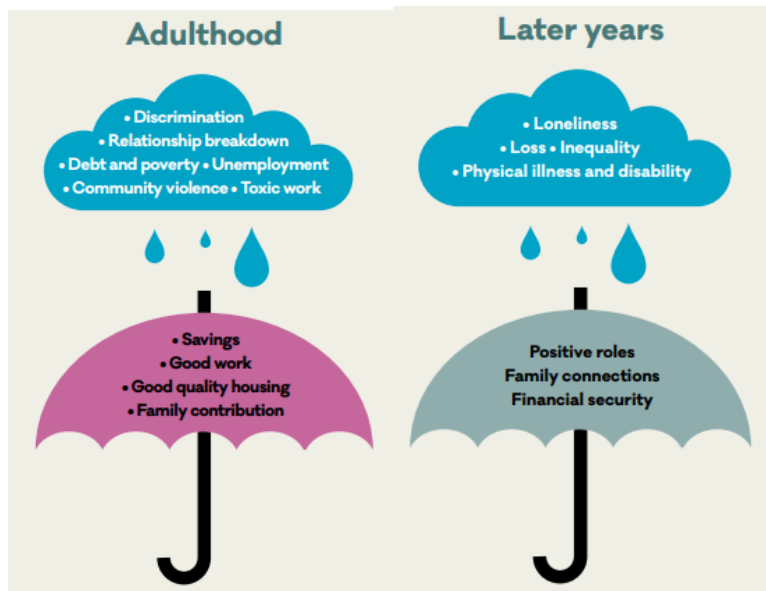
3.1.43 The majority, 34%, of new presentations to substance misuse services in the year ending March 2021 were for Alcohol only services [PHE].ⁱ

Risk/Protective Factors

3.1.44. We have set out in some detail the potential risk factors for poor mental wellbeing but what are the protective factors?

3.1.45. Infographics below highlight key risk and protective factors at various stages throughout the life course. It is important to consider that high frequency of risk factors and low frequency of protective factors during early years, childhood and teens create higher risk of poor mental health during adulthood. Therefore highlighting the benefit of effective provision focusing on these critical periods of life.





3.2 Challenges

Pandemic

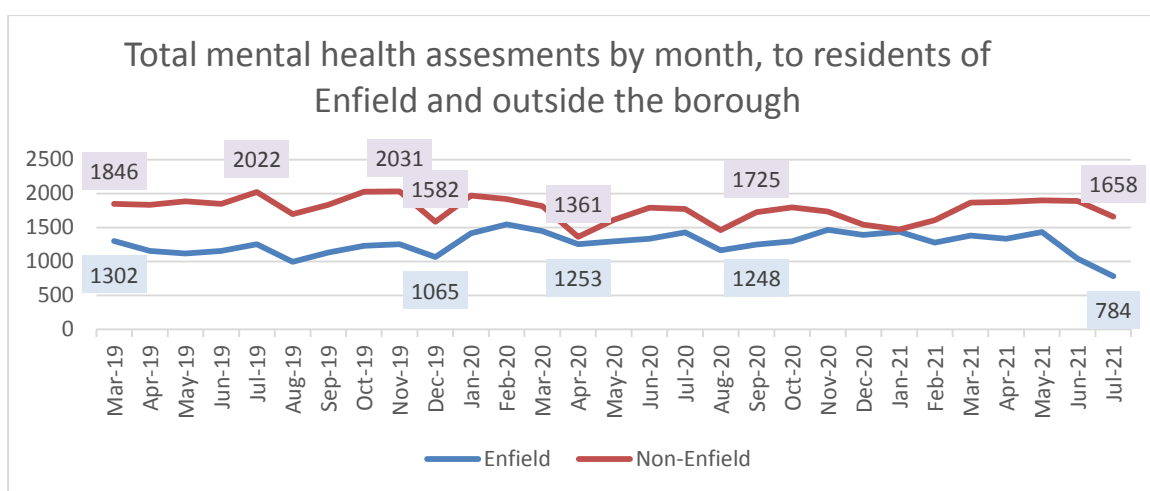
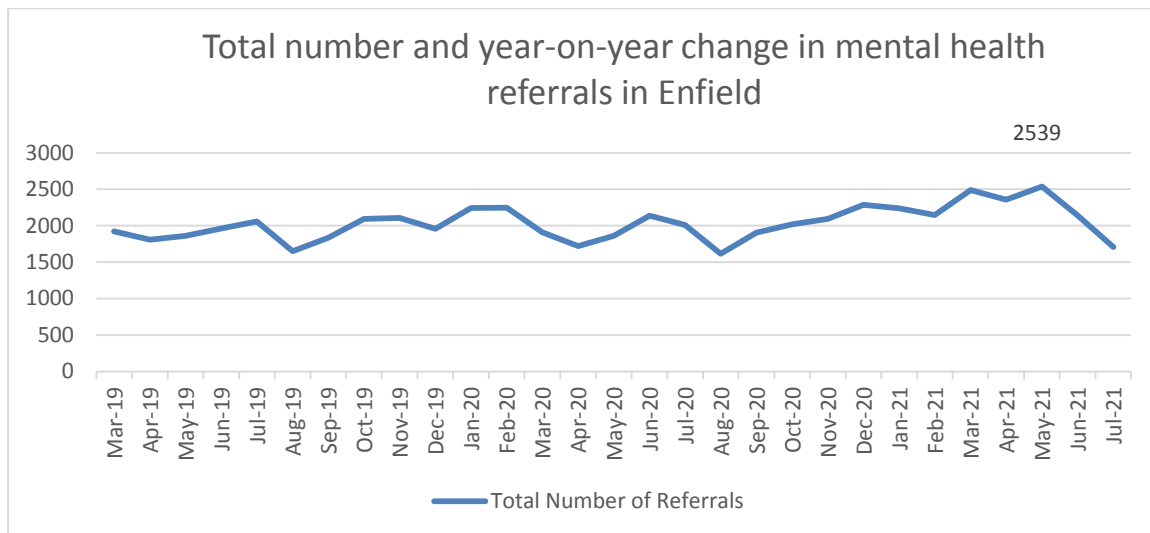
3.2.1 The physical health impact of the pandemic has been clear in Enfield – excess deaths increasing by 375% in April 2020 alone, with of course care homes proportionally hit.

3.2.2 However, the impact of the pandemic has also impacted on the mental health and wellbeing of many of our residents with significantly increased referrals to local voluntary and community sector groups focused on mental health and practical support.

3.2.3 Increased mental health inpatient admissions, particularly amongst BAME communities.

3.2.4 Increased admissions to assessment and treatment for people with learning disabilities.

3.2.5 The onset of the pandemic did clearly create an additional spike in demand for mental health inpatient services and the charts below shows referrals to Mental Health Services and inpatient admissions to mental health wards over time within Barnet Enfield and Haringey Mental Health Trust



4. Conclusions and Next Steps

4.1 Current Activities

Adults with Mental Ill Health

4.1.1. The integrated Mental Health Service works to support adults with severe and enduring mental ill health to reintegrate back into their community. Integrated services work with just under 1,100 people per year. This year has also seen the following developments.

4.1.2 A joint health and social care project to develop new stepdown services for people leaving hospital wards and residential care settings is now providing much needed additional capacity within the community to enable this. This service enables people to live more independent lives, with support as needed to prevent relapse, from a multi-disciplinary team of staff.

4.1.3. A new and expanded employment support service has been jointly commissioned by the Council and the CCG which has already supported more than 50 people to gain paid employment this year. This service works with people who have been discharged from hospital and with people referred by their GP.

4.1.4. Lower numbers of people admitted to permanent residential care year on year with over 78% of people known to mental health services living in settled accommodation.

4.1.5. Additional Council and CCG investment in enablement service capacity to work with people in the community, to support rapid and appropriate hospital discharge and to provide more people with the practical support skills they need to live independently.

4.1.6. Additional joint investment in community support services focused on reducing the number of younger black men admitted under section to inpatient units.

4.1.7. Planned Council investment in a new mental health and wellbeing hub delivering a wide variety of services for local people, including a planned community café open outside of normal working hours to provide people with practical support.

4.1.8 NCL CCG are undertaking a service review focusing on mental health services across Enfield, Haringey, Barnet, Camden, and Islington. The review brings together stakeholders from mental health services, primary care, acute care, social care, and community health services to develop the interfaces and collaborative working across pathways. A review of community health services is running in parallel, with integrated workstreams. The review comprises of four elements: understanding the current baseline, co-development of an outcomes framework, co-development of a 'core offer' for mental health services and co-development of a transition plan. Subsequently, further work will take place to deliver transformation over the short to medium term.

4.1.8 Whilst not specifically aimed at residents experiencing poor mental wellbeing, the Council have developed Hubs providing early intervention to residents for housing, employment, debt and health and wellbeing including Food Pantries. These Council Hubs focus on some of the key risk factors for mental wellbeing thus contributing to improved mental wellbeing.

4.1.9 Primary Care Networks each provide a social prescribing function to provide additional support to patients requiring increased support with non – health care related issues such as debt, housing, employment, social isolation etc. Many of these social issues managed by social prescribers are linked to poor mental wellbeing.

Older People with Mental Ill Health

4.2.1 The last 20 months have been severely challenging for services within Enfield intended to support older people with mental ill health. As the most severely at-risk group from severe COVID-19 infection, service delivery to this cohort has been severely constrained by infection control measures. But this delivery has still been taking place.

4.2.2 Service development has been equally impacted, but initiatives such as the Enfield Wellbeing Network – a partnership between Enfield Voluntary Action (EVA), Age UK Enfield, Enfield Carers Centre and Mind in Enfield and Barnet [with Alpha Care Specialists and Citizens Advice Enfield as strategic partners] are emerging.

4.2.3 However, our older person population is increasing. In 2019 it was estimated that 45,400 people were aged 65 and over. This figure is set to rise to 61,100 by 2030, when our older population is expected to represent 15.6% of Enfield's population – a percentage increase of approximately 2.6% from 2019.

4.2.4 In 2019 it was also estimated that 16,827 people over 65 years would live alone. This represented 37% of Enfield's older person population. By 2030, the number of people aged 65 and over is set to rise to 22,294.

4.2.5 In respect of mental health in older age, In 2019 1,243 people aged 65 years and older were estimated to have severe depression, and this is set to rise to 1,686 by 2030.

4.2.6 We are still estimating the potential adverse impacts upon the mental health and wellbeing of our older population due to enforced isolation and other social disruption associated with infection control measures intended to control the COVID-19 epidemic.

Younger People with Mental Ill Health

A range of activity aimed at enhancing the mental wellbeing and resilience of children and young people across Enfield are currently taking place.

4.3.1 0-5 Years

Early years settings promote the mental health and wellbeing of children attending by having appropriately trained staff able to recognise the importance of positive early experiences for mental wellbeing. Settings promote physical development, healthy eating and regular outdoor activities as well as promoting the development of family relationships.

The Councils Early Years team provide information and advice about how to recognise emotional health issues and how to support children, develop staff training and workshops on physical development, wellbeing and children's mental wellbeing.

4.3.2 School Aged

The following programmes of work are being delivered within Enfield schools to enhance the mental health and wellbeing of pupils and staff. This is in addition to the development of Trauma Informed Practice in schools. This is a partnership led by the Educational Psychology Service where a whole system change is being implemented across our schools and partnership services. E-TIPS focusses on prevention and early intervention. The aim is to ensure our whole system provides a good environment to support all CYP in our schools and settings to feel (1) psychologically safe and learn to (2) identify, understand and (3) regulate their emotions so that they are (4) capable of functioning in school and life, i.e. learn, have positive relationships, enjoy school and have good life chances.

4.3.3 Whole School Approach to Mental Health and Wellbeing

The approach is a coordinated and evidence-informed approach to mental health and wellbeing in schools and colleges leading to improved pupil and student emotional health and wellbeing which can help readiness to learn. Enfield EPS developed a local version of the Sandwell Whole School Wellbeing Chartermark (funded by Public Health), which has now been rolled out.

4.3.4 Senior Mental Health Leads Training

Department of Education training for all senior mental health leads in schools.

4.3.5 Wellbeing for Education Recovery

4.3.6 The Anna Feud Link Programme

A programme of work about to start aimed at strengthening partnership working between different parts of the children's mental health system including Council, Schools, CCG and NHS.

4.3.7 Relationships, Health and Sex Education (RHSE) Training

4.3.8 Mental Health Support Teams (MHSTs)

This has been funded to reach 37 educational settings and are part of the broader offer of support in schools and work in partnership with partner services to complement the 'team around the school' or 'team around the child/young person and family'. MHSTs are commissioned to deliver three core functions:

- Deliver evidence-based interventions for mild to moderate mental health and emotional wellbeing needs.
- Support senior mental health leads in education settings to develop and introduce their whole-school or whole college approach to mental health and emotional wellbeing.
- Providing timely advice to staff and liaising with external specialist services so that children and young people can get the right support and remain in education.

4.3.9 Psychological First Aid Training

4.3.10 Mental Health and Wellbeing Resources

Conclusion

4.3.11 This report has identified key trends in mental health and wellbeing among Enfield residents according to routinely available national statistics. Whilst routine data does not - yet provide indication of the impact of the pandemic on mental health, our local data does indicate increased levels of need. The report also identifies key initiatives aimed at improving mental wellbeing among Enfield residents. It is important to recognise that whilst statutory services have a role in prevention, early identification and support for residents with poor mental wellbeing, the local voluntary sector and communities have a critical role in maintaining resilience. Many positive factors have developed during the pandemic that indicate resilience within Enfield communities.

4.3.12 The pandemic has impacted residents in a number of ways which may influence future mental wellbeing including bereavement, education, social isolation, employment and such like.

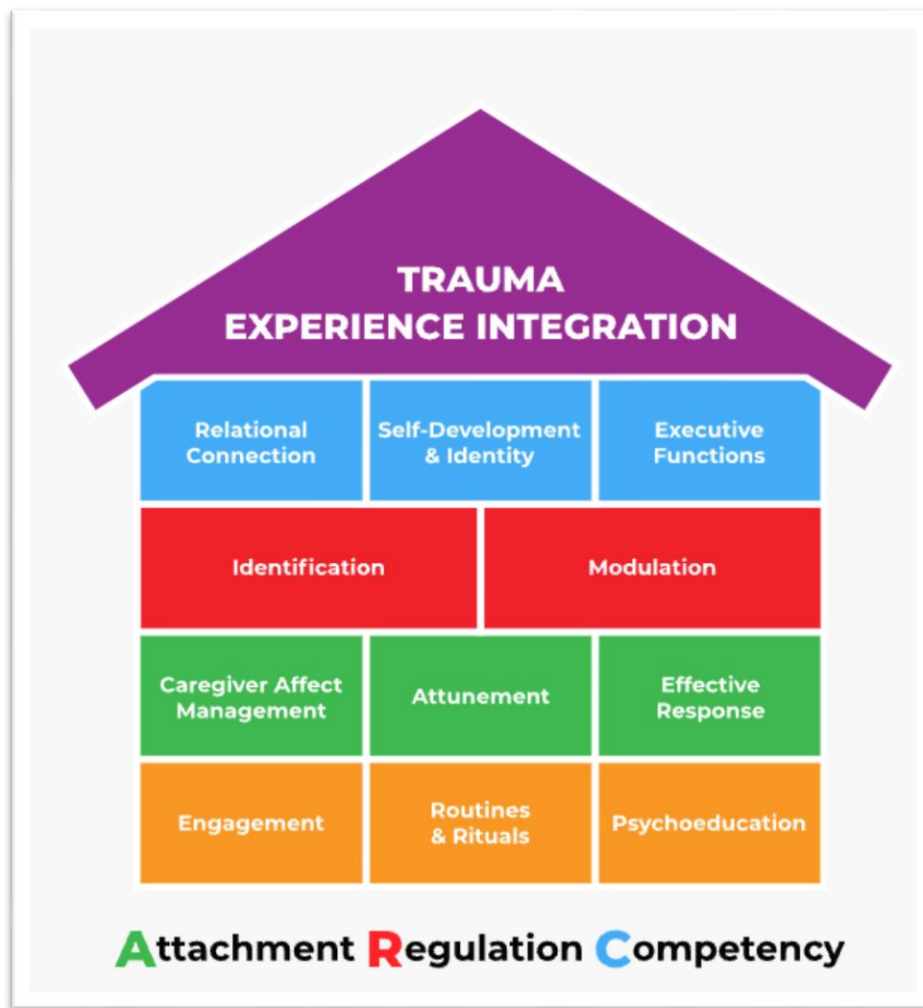
4.3.13 The Council will be continuing work with partners to inform and take forward the recommendations of the Mental Health service review. Additionally, the Council will continue work with NHS, statutory and voluntary sector partners to promote resilience among Enfield residents.

Report Author: Dudu Sher-Arami
Director of Public Health
London Borough of Enfield

Date of report: 10/01/22

Appendix A

The ARC framework provides an accessible modular framework for implementing trauma informed practice (Attachment, Regulation and Competency):



Margaret Blaustein and Kristine Kinniburgh (2019)

ⁱ Links to sources/more information:

PHE:

<https://fingertips.phe.org.uk/search/SCHOOL>

<https://fingertips.phe.org.uk/search/mental%20health>

<https://fingertips.phe.org.uk/search/disabled>

<https://fingertips.phe.org.uk/search/perinatal#page/0/gid/1/pat/6/par/E12000007/ati/102/iid/92257/age/1/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

ONS:

<https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2019-to-2020>

GOV.UK

<https://www.gov.uk/government/publications/better-mental-health-isna-toolkit/4-perinatal-mental-health#fn:1>

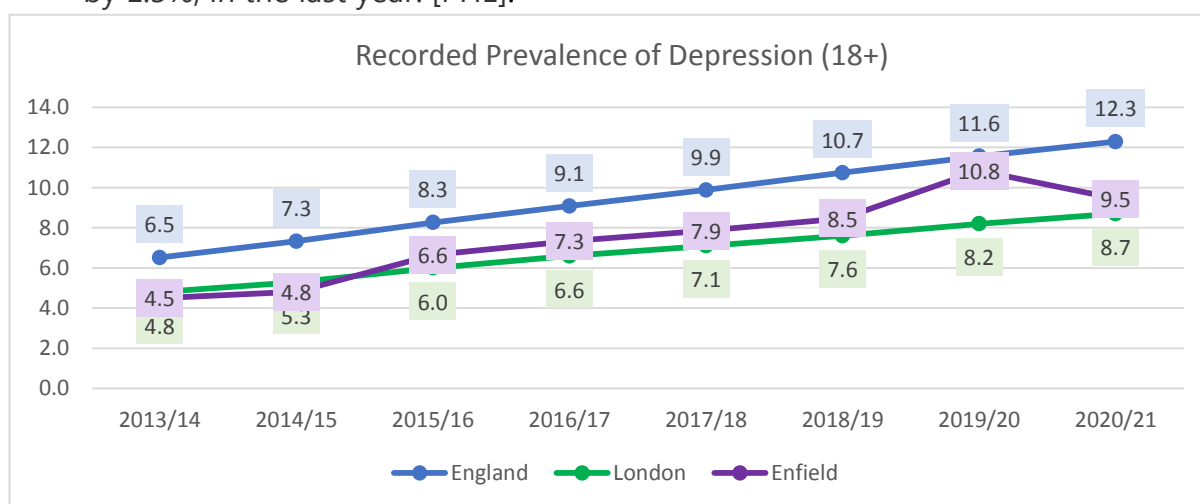
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Mental Health Data for Health & Adult Social Care Scrutiny Panel

Mental Health

Prevalence and General Statistics

- **1 in 5** Enfield residents aged 16+ (49,261) are estimated to have a **common mental health disorder (19.2%)**, such as depression, panic disorders, anxiety or obsessive-compulsive disorder. This higher than the national estimate (16.9%) [PHE].
- It is predicted that there will be 2,653 more 18-64 year olds in Enfield with a common mental health disorder by 2035 (6.6% increase) [PANSI].
- The estimated **prevalence of common mental health disorders** in those aged **65 and over in Enfield was 11.4%** in 2017 [PHE].
- The recorded prevalence **of depression amongst those aged 18+ was 9.5%** in Enfield 2020/21, this is lower than the 8.7% London average and 12.3% national average during the same time period [PHE].
- The recorded prevalence of depression amongst adults in Enfield decreased, by 1.3%, in the last year. [PHE].



- In 2018/19 was **55.8% of social care users reported to having depression and anxiety** in Enfield, which is lower than the 50.5% national average [PHE].
- The rate of **premature mortality in adults with severe mental illness** between 2018-2019 was **78.2 per 100,000** [PHE].

- **66.5 per 100,000 people in Enfield were emergency hospital admissions for intentional self harm.** This is lower than that across the London region, 81.6 per 100,000 [PHE].
- The **suicide rate** is 9.0 per 100,000 amongst males in Enfield and 2.9 per 100,000 amongst females [PHE].

Risk Factors

Early years are vital for developing skills and resilience. Negative experiences such as growing up in a low-income family can have a damaging effect on the mental health of the child that continues to adulthood.

- In 2020, **44 per 10,000 children in Enfield were in care** [PHE].
- **70% of adults in contact with secondary mental health services were living in stable and appropriate accommodation** in Enfield 2019/20. This compares to 64% across London [PHE].
- The **long term unemployment** rate in 2019/20 was 3.1 per 1,000 of the working age population in Enfield [PHE].
- In 2019/20 there was a **65.5% gap between the employment rate** for those in contact with secondary mental health services and the overall employment rate in Enfield [PHE].
- In Enfield 2019/20 26.6 per 1,000 households were in **temporary accommodation**. This compares to 16.5 per 1,000 across London [PHE].
- In Enfield 2020, 230 in 100,000 offenders were first time offenders. This is higher than the London average of 184 per 100,000 [PHE].

Loneliness and Social Isolation

- **46.7% of adult social care users** aged over 18 in Enfield **had as much social contact as they would like** in 2019/20. This compares to 42.9% across the London region [PHE].
- **44.5%** of adult social care users aged **over 65 in Enfield** had as much social contact as they would like in 2019/20. This compares to 40.1% across the London region [PHE].
- **25% of Enfield adult residents feel lonely** at least some of the time, which is the 11th worst ranking in London out of 32 boroughs (PHE).
- **3.9% of Enfield households** are persons aged 65 years and older **living alone** (12,108 households) [census 2011]
- **One in Ten Households (10.8%)** in Enfield are **single occupied households** (33,359 households). In England this is 12.8% and London 12.8% [census 2011]
- Loneliness is associated with approximately 30% increased risk of stroke and coronary heart disease (Valtorta 2016).
- Lonely and isolated older people are **2.5 times more likely to develop frailty** (Davies 2021).
- Loneliness is associated with a 25% increased risk of dementia (Lara 2019).
- **11-18% of cases of depression could be prevented** if loneliness was eliminated (Lee 2021)

Sources and Links to more information:

PANSI <https://www.poppi.org.uk/>

PHE <https://fingertips.phe.org.uk/>,
<https://fingertips.phe.org.uk/search/homeless>,
<https://fingertips.phe.org.uk/search/care>
<https://fingertips.phe.org.uk/search/loneliness>
<https://fingertips.phe.org.uk/search/offenders>
<https://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/0> ,
<https://fingertips.phe.org.uk/search/long%20term%20unemployment>

Valtorta NK, Kanaan M, Gilbody S, Ronzi S, Hanratty B. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart*. 2016;102(13):1009-16.

Davies K, Maharani A, Chandola T, Todd C, Pendleton N. The longitudinal relationship between loneliness, social isolation, and frailty in older adults in England: a prospective analysis. *The Lancet Healthy Longevity*. 2021;2(2):e70-e7.

Lara E, Martín-María N, De La Torre-Luque A, Koyanagi A, Vancampfort D, Izquierdo A, et al. Does loneliness contribute to mild cognitive impairment and dementia? A systematic review and meta-analysis of longitudinal studies. *Ageing Research Reviews*. 2019;52:7-16.

Lee SL, Pearce E, Ajnakina O, Johnson S, Lewis G, Mann F, et al. The association between loneliness and depressive symptoms among adults aged 50 years and older: a 12-year population-based cohort study. *The Lancet Psychiatry*. 2021;8(1):48-57



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Recovering Access to Services post Covid

Enfield Health & Adult Social Care Scrutiny Panel
Thursday 17th February 2022

Overview

All parts of the health and social care system continue to experience unprecedented pressure due to the Covid pandemic. The system is working collaboratively to respond to Covid and to respond to the system pressures as a result of Covid. The response includes:

- Infection Prevention and Control (IPC) measures introduced to reduce spread of Covid
- New ways of working to reduce spread of Covid and maintain and improve access; ie: telephone triage, telephone consultations, e-Consult, NHS App, text messages
- Responding to treating and reducing Covid: hot clinics/hubs, remote monitoring, Covid vaccination programme
- Recovery of Planned Care: diagnostic and elective activity that was stood down due to pressure of treating Covid patients
- Homeless Health
- Priorities and Operating Planning Guidance
- Responding to national guidance to focus on specific activity
- Winter Access Funding aimed at reducing pressure and increasing access
- Communications and Engagement activities to support keeping our residents briefed and updated
- Latest Covid infection rates data

Primary Care

- Remains open and here for patients. They are continuing to provide services as they have been doing throughout the pandemic
- Contributing to the rapid and significant increase in offering Covid booster vaccinations given to the end of December – offering a booster to all adults over the age of 18. This is alongside providing continued access to general practice for those who need care – with the number of appointments delivered considerably higher than pre-pandemic levels
- All practices remain open, as they have been throughout the pandemic, and will continue to offer appointments based on clinical need. People who need help should not delay seeking it, especially for urgent medical matters, maternity concerns, or if they have a symptom that could be a sign of a more serious illness
- Practices will continue to have a particular focus on ensuring their most vulnerable patients are supported during this period, as well as continuing their normal focus on critical screening, immunisation, investigation of cancer symptoms, mental health and antenatal and baby care
- We are speaking to all our practices which are acting as 'local vaccination sites' to understand any additional support they need to make sure they can boost their vaccination capacity, and continue to provide other priority services to their patients. We are also working across North Central London to redeploy resource to support the vaccination efforts, and ensure there is minimal impact on other primary care services.
- To date, our primary care colleagues have delivered over 1.2 million vaccinations in North central London, alongside delivering their normal services.



- Our plans for the national Winter Access Fund are continuing and our intention is for as many practices as would like, will be able to benefit from the fund. Our plan includes additional extended access capacity, funding for locum staff, increased and improved connections between GP and community pharmacies, increased reception and administrative staff, and support to improve practice telephone systems
- We are asking that people do not call their GP practice to ask about Covid vaccinations or boosters. Practices will contact patients directly. These can also be booked on the national booking system or obtained via walk-in sites. People should still contact their surgery if they need care. For the latest information on Covid-19 and to book a vaccination appointment please visit www.nhs.uk or call 119
- If you are visiting a primary care setting, it is required that you wear a face mask and follow social distancing guidelines
- Our staff need the support of their patients and the public. We would also welcome widespread support for our 'zero tolerance' campaign, recognising in NCL we will not accept abuse of practice and other frontline teams
- We will continue to review national guidance in terms on any further recommendations for primary care services.



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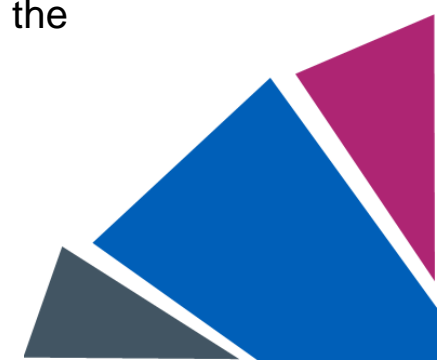
Planned Care and Elective Recovery

Planned Care

- The NHS has experienced very high levels of demand throughout the COVID-19 pandemic, and there have been times when we were only able to provide the most urgent planned treatment and care due to the large numbers of critically ill patients in hospital
- This has unfortunately led to big increases in waiting lists (the number of people waiting for care) and waiting times (the time people wait for planned appointments and treatment). We are sorry that patients may be waiting much longer for their appointment or treatment than we would like
- We are working together and using mutual aid across our hospitals to make sure people receive their care fairly, with the most urgent patients seen first
- We will also prioritise waiting for cancer treatment and those who have already been waiting a long time
- Health and care staff are working extremely hard to make sure they can see all patients as quickly as possible. Actions we are taking to see patients as quickly as possible include:
 - Carrying out surgery seven days a week and running more outpatient clinics
 - Using all available space and resources across our hospitals
 - Developing clinical networks and temporary specialist surgical hubs where staff from different hospitals work together and share facilities to carry out high volumes of particular types of surgery
 - Using independent sector beds and theatres for NHS patients
 - Investing in new equipment, such as diagnostic facilities
- In order to help us see patients as quickly as possible, some people may be asked to attend a different location for their appointment. We strongly encourage patients to accept when they are offered an appointment, so that they can get the care they need as soon as possible

Elective Recovery – Summary

- Provisional activity recovery rates for late December 2021 show NCL elective inpatient and day case activity at 99% of 2019/20 levels, with outpatient activity at 118% of 2019/20 levels.
- As a system, NCL is working to reduce the impact of Covid-19 on long waiting patients by supporting mutual aid between providers to optimise existing treatment capacity and ensure equity of access. This involves diverting demand for some services between providers to even out waiting times across the sector. NCL is also seeking to maximise the use of Independent Sector providers for high volume low complexity procedures, and the use of surgical hubs.
- All providers undertake regular validation of their waiting lists to assess the clinical urgency of patients waiting for treatment. Clinically urgent cases are being prioritised to reduce harm and improve outcomes, and clinical harm review processes are in place for long waiting patients at all providers.
- Referral numbers are closely monitored at specialty level to highlight any areas where recovery has been slow, and to inform elective recovery demand and capacity modelling. The total size of the NCL Referral to Treatment waiting list has increased since January 2021, but the latest available data for the end of 2021 shows that for the last two months, the overall waiting list size has been relatively consistent.



Elective Recovery – Risks and Mitigations

- A major risk is around system capacity, given the continued level of Covid-19 in the system. Mitigations will focus on admission avoidance, mutual aid across providers and clear escalation triggers.
- 25% of critical care beds being occupied by Covid-19 positive patients, with 75-80% of Covid-19 patients in these beds not having been vaccinated. The high occupancy of critical care beds is a risk factor for elective recovery.
- An increase in LoS in acute hospitals – towards the end of 2021, NCL hospitals had 21% of beds occupied by people with a LoS in excess of 21 days compared to a London average of 17%, so impacting adversely on bed availability. There is high general and acute bed occupancy across hospitals, with the average occupancy in NCL being 96% against a London average of 92%.
- Integrated Discharge Teams are now established at each acute hospital to help improve the flow of patients out of hospital beds and maintain bed capacity across the system. There has also been twice weekly NCL Multi-Agency Discharge Events (MADE) to escalate and unblock key discharge delay issues for both physical health and mental health pathways.
- Risks remain around staff capacity and resilience given the continued pressure from Covid-19 and the recovery of planned care services, with mitigations focusing on mutual aid across providers, on-going support for staff health and wellbeing, and enabling staff to work across organisations in NCL, including passporting and NHS Bank Partners.



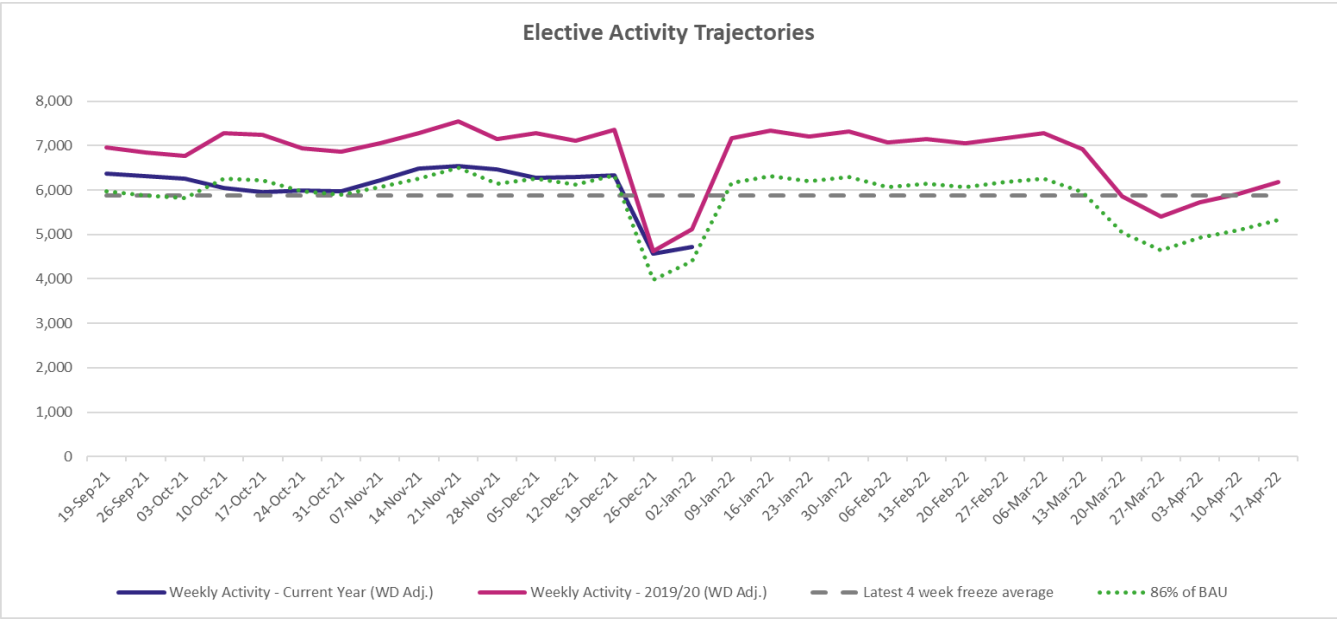
Elective Inpatients Recovery Trajectory – NCL Providers

Total Elective Inpatients

Actual

W/E	19-Sep-21	26-Sep-21	03-Oct-21	10-Oct-21	17-Oct-21	24-Oct-21	31-Oct-21	07-Nov-21	14-Nov-21	21-Nov-21	28-Nov-21	05-Dec-21	12-Dec-21	19-Dec-21	26-Dec-21	flex 02-Jan-22
Week No.	Wk_38	Wk_39	Wk_40	Wk_41	Wk_42	Wk_43	Wk_44	Wk_45	Wk_46	Wk_47	Wk_48	Wk_49	Wk_50	Wk_51	Wk_52	Wk_1
Weekly Activity - Current Year (WD Adj.)	6,378	6,305	6,250	6,039	5,946	5,991	5,976	6,222	6,484	6,549	6,466	6,271	6,297	6,337	4,573	4,712
Weekly Activity - 2019/20 (WD Adj.)	6,952	6,836	6,774	7,275	7,238	6,941	6,855	7,059	7,281	7,554	7,149	7,285	7,114	7,364	4,630	5,119
% of Baseline Year (2019/20)	92%	92%	92%	83%	82%	86%	87%	88%	89%	87%	90%	86%	89%	86%	99%	92%

Forecast



- Elective activity recovered to an average of **90%** in the latest 4 weeks excluding the current flex position.
- The latest flex position shows a recovery of **92%**.
- The latest freeze position is at **99%** of BAU. This is **22% below** the 4-week average activity levels.

*Public holidays have been adjusted for so that activity levels are more comparative for the current and baseline year 2019/20.
*RFL have re-started submissions, but assumptions are still applied to Weeks 39 to 45.

Outpatients Recovery Trajectory – NCL Providers

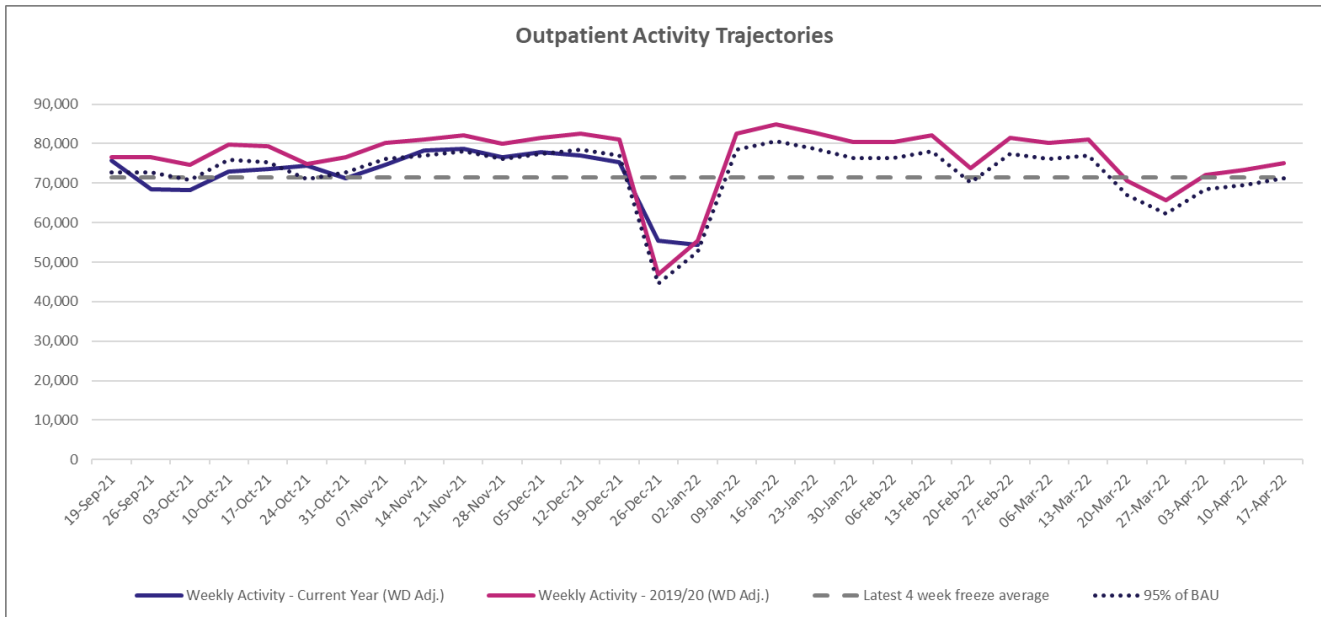
Total Elective Inpatients

Actual

W/E	19-Sep-21	26-Sep-21	03-Oct-21	10-Oct-21	17-Oct-21	24-Oct-21	31-Oct-21	07-Nov-21	14-Nov-21	21-Nov-21	28-Nov-21	05-Dec-21	12-Dec-21	19-Dec-21	26-Dec-21	02-Jan-22
Week No.	Wk_38	Wk_39	Wk_40	Wk_41	Wk_42	Wk_43	Wk_44	Wk_45	Wk_46	Wk_47	Wk_48	Wk_49	Wk_50	Wk_51	Wk_52	Wk_1
Weekly Activity - Current Year (WD Adj.)	75,693	68,430	68,242	72,957	73,687	74,406	71,172	74,563	78,324	78,705	76,604	77,907	76,945	75,329	55,382	54,370
Weekly Activity - 2019/20 (WD Adj.)	76,527	76,515	74,645	79,860	79,255	74,762	76,527	80,219	81,039	82,192	80,073	81,483	82,549	81,143	46,842	55,461
% of Baseline Year (2019/20)	99%	89%	91%	91%	93%	100%	93%	93%	97%	96%	96%	96%	93%	93%	118%	98%

flex

Forecast



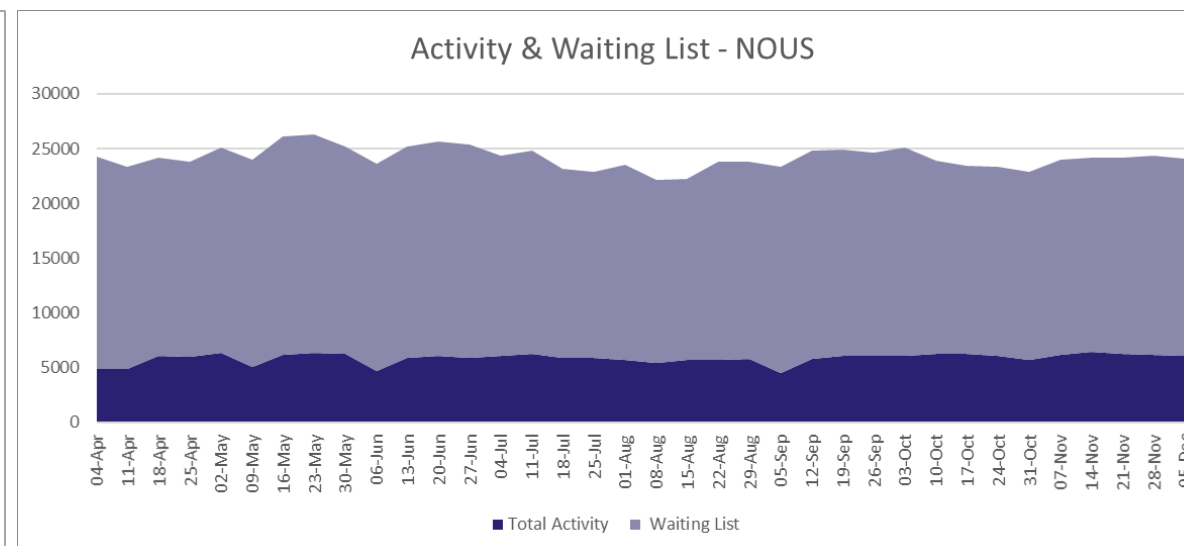
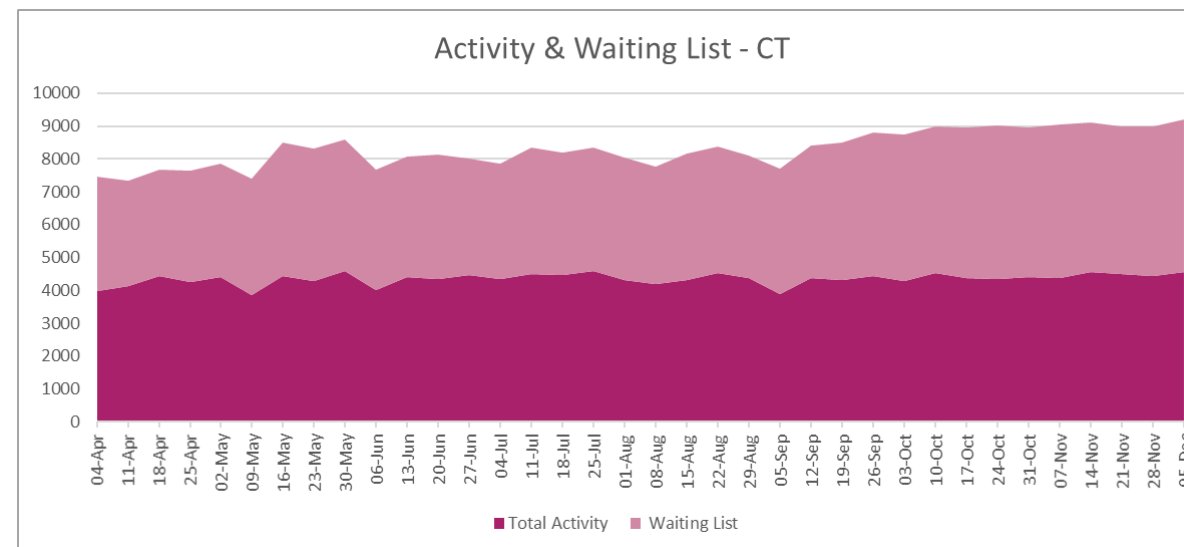
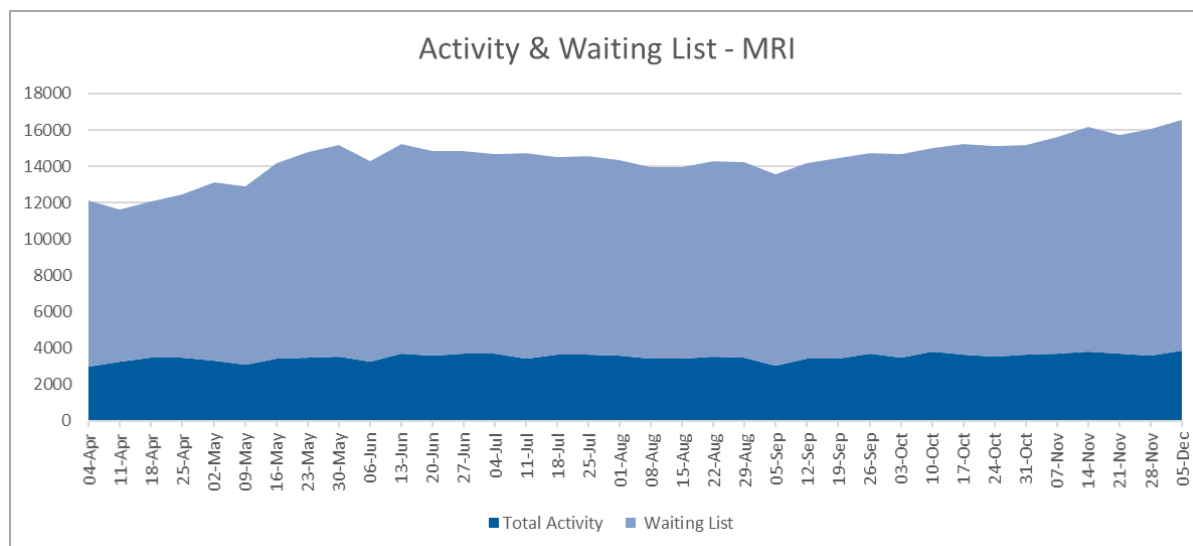
- Outpatient activity recovered to an average of **100%** in the latest 4 freeze weeks.
- The latest flex position shows a recovery of **98%**.
- The latest freeze position, which is at **118%** of BAU, is **22% below** the 4 week average activity levels.

*Public holidays have been adjusted for so that activity levels are more comparative for the current and baseline year 2019/20.



Diagnostic Recovery - NCL Providers

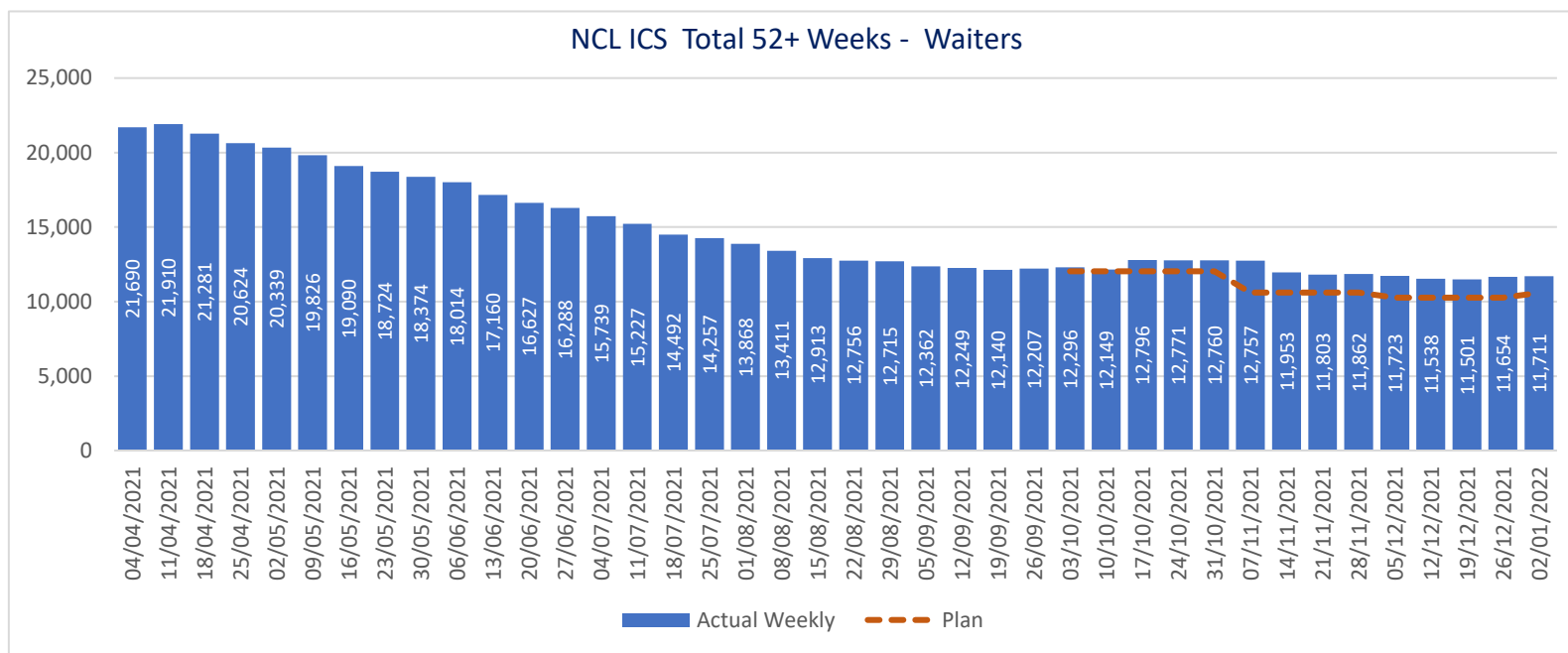
- These charts show the relationship between the DM01 waiting list and activity. The MRI and CT lists have shown growth, with NOUS somewhat levelling off. Prioritisation exercises are being undertaken, giving extra focus to the treatment of long waiting patients through validation in partnership with acute providers. Most patients wait less than 6 weeks for diagnostics, and the number of patients waiting more than 13 weeks continues to be low.
- These charts include previous and current Covid-19 related demand (that is still on the waiting list), and do not fully represent current demand only (i.e. demand that has been generated recently only)



Source: DM01 Provider Returns



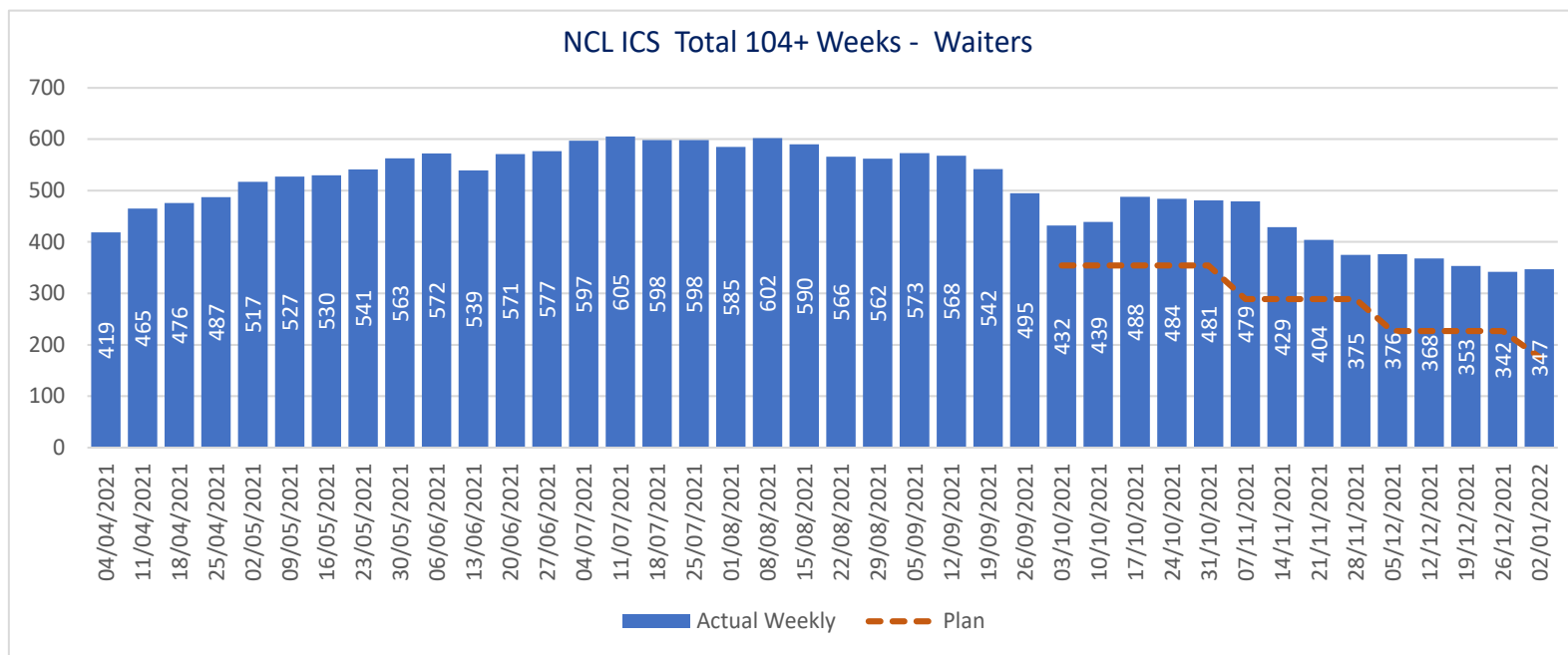
Waiting Times - NCL Providers 52ww



- NCL continues to see a reduction in 52 week waits, with all providers planning to reduce these waits further by the end of the year - Royal Free Hospital are reporting the highest numbers of 52 week waits.
- There is a strong governance structure in place in NCL around long waits, with a weekly system led RTT Delivery Group assisting progress to reduce variation across providers.
- NCL providers are prioritising the treatment of urgent patients first, but the focus beyond that is to treat patients in chronological order, concentrating resources on the longest waiting patients.
- NCL has developed a new and ambitious demand smoothing approach aimed at reducing variation between providers in the system, within which 52 week waits are a key driver for initiating measures.



Waiting Times - NCL Providers 104ww



- The number of patients waiting over 104 weeks continues to fall, with a reduction of one third from the peak level seen in July 2021.
- The Royal Free London remains the largest contributor to 104 week waits in NCL, accounting for three quarters of waits. They are however on trajectory to meet the planned level agreed with NHSE/I by the end of March 2022.
- Plastic surgery remains the most challenged area, with work being undertaken to identify additional NHS and Independent Sector capacity to reduce long waits further.

Proactive Integrated Teams (PIT)

Aims

- Two Primary Care Networks (PCNs) in Enfield (Enfield Unity and Enfield Care Network) participating in the NCL pilot, with dedicated staff
- PCN-based Multi-Disciplinary Team (MDT) will provide personalised care planning and proactively support patients on the elective waiting list to improve and optimise their health and wellbeing before the patient's procedure
- Driven by risk stratification approach using population health data aiming to tackle inequalities
- Will place PITs in areas of greatest needs and inequalities – risk stratifying and prioritising patient waiting lists by need and inequalities

Context

- Funding for the PIT pilots has been awarded from NCL's elective recovery accelerator funding in 2021/22
- Commitment to focusing on areas of greatest inequalities within the elective care waiting lists
- Elective waiting list ranges from 50 – 1,100 per GP practice with greater numbers in areas which predominantly refer patients to Royal Free London Hospital
- This work reports to the NCL interface steering group alongside other primary care / triage focused accelerator projects

Proactive Integrated Teams (PIT)

Intended Benefits

- Improve health status, coordination of care and outcomes of those patients on elective waiting list
- Confirm elective care is still appropriate, removing people where appropriate from waiting list
- Coordinate individual care between primary/community/secondary care, working with local interface between PCNs and acute providers
- Improve health literacy, digital inclusion, reducing long-term inequalities in access and waits

Short Term

- Increased use of personalised approaches to address health inequalities including health and wellbeing coaching,
- Improved care coordination and management of medical conditions including Long Term Conditions
- Reduction in numbers of patients on the waiting list
- Increased alternative interventions to reduce numbers waiting and demand (outpatients, diagnostic tests and treatment), social prescribing
- Reduction in risk of crises & clinical escalation

Medium Term

- Increased use of personalised approaches to address health inequalities
- Improved population health
- Reduction in health inequalities
- Improved equity in access to elective care
- Reduction in Length of Stay
- Reduction in crises hospital admissions



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Winter Access Funding

National & NCL approach to WAF

November - NHS England publish *Our Plan to Improve Access and Support General Practice*. Two key aims:

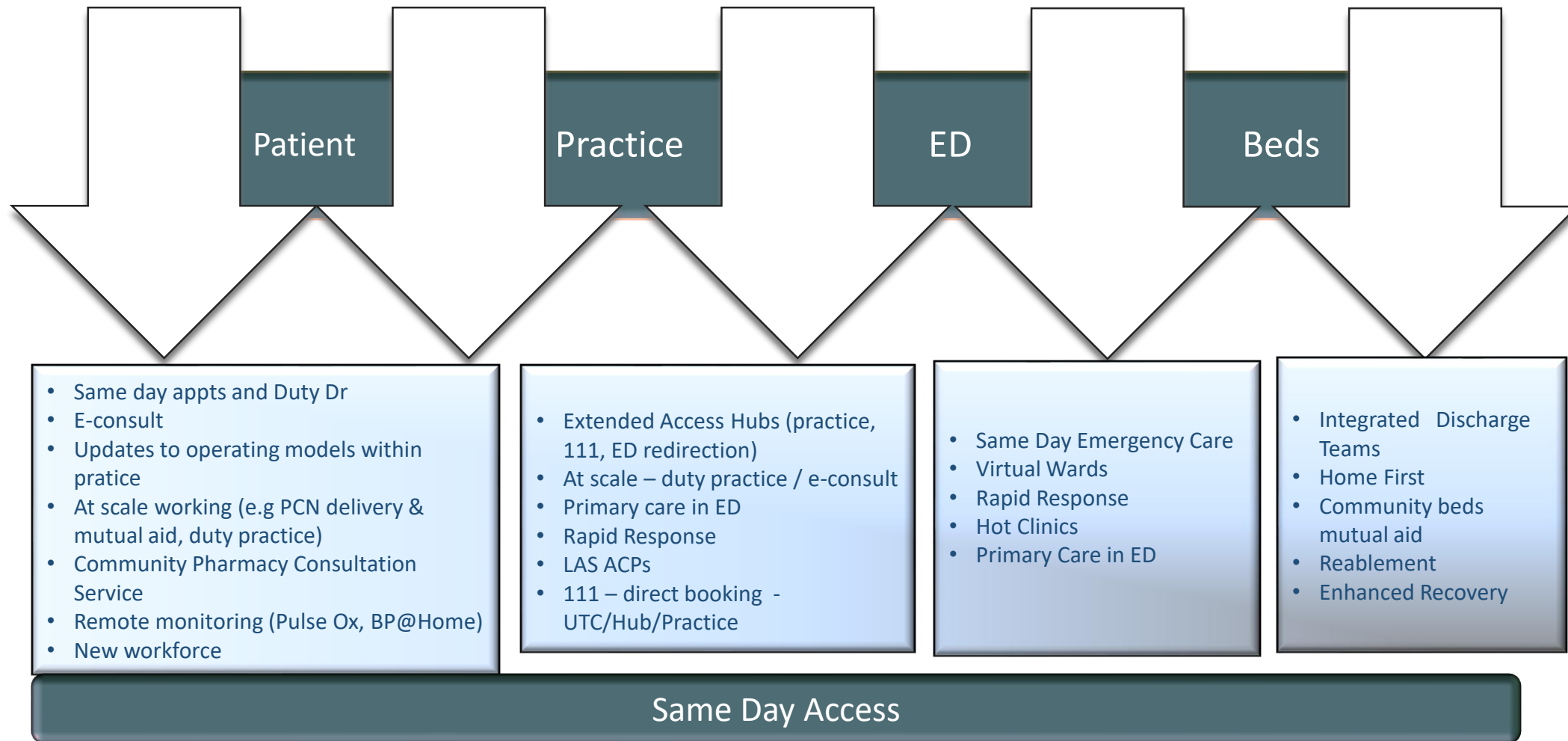
1. Drive improved access to urgent, **same day primary care** ideally from patients own general practice by increasing capacity in Practices & PCNs
2. Increase resilience of NHS urgent care system during Winter by expanding **same day urgent care capacity**

NCL allocation c£6.8m. NCL intention that all practices benefit. Majority spent on primary care support and interventions. Approx £1m on enhancements to front door models.

NCL WAF plan includes the following schemes:

- Support to individual practices and PCNs including trialling innovative demand models (e.g. Duty Dr @ scale)
- Uptake and expansion of Community Pharmacy Consultation Service (CPCS)
- Additional Extended Access Hub capacity where needed (for 111 and practices)
- Training of Administrators and HCAs and development of a Primary Care Flexible Staffing Pool with some funded locum capacity
- NCL Helpline to reduce pressure from patient enquiries re vaccine, hospital appts etc
- ED front door capacity for Winter
- Group consultations – including for parents and carers of young children
- Community outreach and targeted engagement focused on access and demand

Overview: NCL Primary Care & UEC interventions



Interventions in place to:

- Help reduce demand on practices and/or increase capacity to address demand
- Reduce primary care presentations in ED
- Avoid admissions into beds from ED
- Get people back into the community from acute beds

General Practice Winter Access Fund (WAF)

- **Immense pressures on General Practice: 15-30% increase in activity *plus*** pressures from the **COVID Vaccination**
- **Access to general practice complex and challenging** : linked to patient expectations, choices and behaviours, workforce, infrastructure, estates.
- Interdependency Primary-Acute given **high volume of low acuity presentations and growth in same day demand**. WAF seeking to address same day access in particular.
- **General Practice rapidly transforming:**
 - **New roles** including Pharmacists, Physicians Assts, Paramedics, Medical administrators, Social Prescribing Link Workers.
 - **At-scale delivery** & new offers to patients, resilience, business continuity, clinical leadership
 - **New access models** including adoption of *triage-first* pathways and remote consultation
 - **Increased patient satisfaction overall** (Mori: National Patient Survey) including with ability to make appointments & appt times offered, although variability recognised (contacting practices; appt availability; waiting times; F2F)
- Increased **abuse and violence towards staff** (being collated by LMC)
- **Negative media** highlighting reduction in face to face appointments



Over 1 million Covid-19 vaccines delivered
62% of all Covid-19 vaccines in North Central London



63,750 online consultations
received per month
(Average June – August 2021)



NCL GP annual appointments	6.7m
Annual referrals to secondary care	339,086
Annual learning disability health checks	3,000+

% of North Central London 2016-20 mortality



13,071 referrals to social prescribing
12,500 personalised care and support plans (target)

Virtual Ward

- NCL CCG has commissioned a NMUH Virtual Ward service for patients whose acute hospital care can be delivered at home with the services and support this new model delivers. The service model developed between North Middlesex University Hospital NHS Trust (NMUH), Enfield Community Services (ECS), and Whittington Health NHS Trust (WH) focuses on shortening the duration of their hospital stay for given patients who are clinically stable, but not medically fit. Prior to discharge to the care of their GP, homecare will be offered as an alternative to continued hospital stay
- Patients admitted with a range of clinical conditions will be transferred into the care of a team in the community. The patient will remain under the care of NMUH, transferring to the 'virtual ward' on NMUH's Careflow EPR system and subsequent clinical responsibility will remain with the patient's consultant while they are on the NMUH Virtual Ward service. At the end of the NMUH Virtual Ward pathway patients will be discharged back to their GP in line with NMUH's safe discharge policy
- Service was introduced week commencing 20th December 21 starting with 4 virtual beds this has now increased to 12 with the intention of expanding further in the coming weeks to 18

Primary Care/GP at NMUH A&E front door

- Front door initiative at NMUH assess patients as they arrive at ED and stream to the most appropriate setting within or outside department
 - Phase 1 – Immediate redirection into EA Hubs
 - Phase 2 – GP led on-site EA Hub
- Model developed by NMUH ED & Operations leads and Haringey & Enfield GP Federations
- Supported by GP Feds & NMUH executive team and system partners at the Haringey & Enfield A&E Delivery Board
- Learning from previous front of house model suggests this proposal is best suited to manage and address the challenge of low acuity / inappropriate attendances experienced at NMUH
- Purpose built area is already installed at the front of ED to support delivery

Homeless Health in Enfield

Specialist vaccination service commissioned through LBE Housing department to vaccinate rough sleepers and those in emergency accommodation. Service will be provided by Medicus Health Partners who will work with the rough sleeper team and partners to deliver home based vaccinations to rough sleepers housed in accommodation that is dispersed across the borough. Project aims to offer vaccine to all rough sleepers and maximise the number of those vaccinated. In addition flu vaccines will be offered, GP registration encouraged and other health interventions offered and recorded where appropriate

Find and treat service (outreach sexual health service) and housing department established pathway and protocol for vulnerable women engaged in commercial sex work for emergency accommodation.

Successful bid to the inequalities fund to establish a primary care homeless health service to be co located with drug and alcohol service at Claverings House. Service to commence after April 2022.



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NHS England 2022/23 priorities and operational planning guidance

[NHS England » NHS Operational Planning and Contracting Guidance](#)

[NHS England » Virtual wards](#)

2022/23 Priorities and Operational Planning Guidance

The 2022/23 priorities and operational planning guidance sets out our priorities for the year ahead. This guidance reconfirms the ongoing needed to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic. While the future pattern of COVID-19 transmission and the resulting demands on the NHS remain uncertain, we know we need to continue to increase our capacity and resilience to meet the full range of people's health and care needs.

Effective partnership is critical to achieving the priorities set out in this document. After several years of local development, we have established 42 integrated care systems (ICSs) across England with four strategic purposes:

- **improving outcomes in population health and healthcare**
- **tackling inequalities in outcomes, experience and access**
- **enhancing productivity and value for money**
- **supporting broader social and economic development**

Overview

The NHS published the 2022/23 priorities and operational planning guidance on 24 December 2021. The guidance listed 10 priority areas as per slide 3.

The guidance advised further information will be supplied in January 2022 with respect to financial allocation and the planning timetable. The planning timetable is extended to end of April 2022 with draft plans due mid-March. This will be kept under review.

“Given the immediate priorities and anticipated pressures, we are not expecting you or your teams to engage with specific planning asks now.”

It has also been formally confirmed to Integrated Care Board's (ICBs) are now likely to be implemented on 1 July 2022. With appointed leaders acting in designate. During Q4, where required, NHS England shall work with CCGs to ensure all CCG boundaries align to ICB's prior to April 2022.

Key points to note:

- The main priority is to ensure the continued successful roll out of the Covid-19 vaccination programme
- Secondary to the above, is to reduce waiting lists and increase elective capacity
- Mental Health support (in-light of the pandemic) investment will continue
- Sustainable investment in the NHS workforce
- Increase Urgent Care capacity
- Continued increased use of digital technologies
- System working

The ten priority areas for systems in 2022/23

- A. Invest in our workforce
- B. Respond to COVID-19 ever more effectively
- C. Deliver significantly more elective care to tackle the elective backlog
- D. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity
- E. Improve timely access to primary care
- F. Improve mental health services and services for people with a learning disability and/or autistic people
- F. Continue to develop our approach to population health management, prevent ill-health and address health inequalities
- G. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes
- H. Make the most effective use of our resources
- I. Establish ICBs and collaborative system working



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Quarter 4 2021/22 - Letter to all GP Practices in NCL

15th December 2021

Key Points (1)

- Recognising the ongoing commitment to providing care to our patients and the immense pressure general practice is under and recognising how hard practices and their staff continue to work, particularly to support the national priority in delivering covid vaccinations.
- NHS England guidance, 3rd December 2021: Joint Committee on Vaccination and Immunisation (JCVI) advice in response to the emergence of the B. 1. 1.529 (Omicron) variant: next steps for deployment. The JCVI advise an acceleration of COVID-19 vaccination to increase protection ahead of any wave of infection and to help reduce the impact of the Omicron variant of COVID-19. The JCVI recommend that:
 - Booster vaccination eligibility should be expanded to include all adults aged 18 years to 39 years.
 - Booster vaccination should now be offered in order of descending age groups, with priority given to the vaccination of older adults and those in a COVID-19 at-risk group. Booster vaccination should not be given within three months of completion of the primary course.
 - Severely immunosuppressed individuals who have completed their primary course (three doses) should be offered a booster dose with a minimum of three months between the third primary and booster dose. Those who have not yet received their third dose may be given the third dose now to avoid further delay. A further booster dose can be given in three months, in line with the clinical advice on optimal timing.
 - Both the Moderna (50 microgram) and Pfizer-BioNTech (30 microgram) vaccines should be used with equal preference in the COVID-19 booster programme.
 - Children and young people aged 12 to 15 years should be offered a second dose of the Pfizer-BioNTech COVID-19 vaccine at a minimum of 12 weeks from the first dose.

Key Points (2)

1. Q3/Q4 2021/22 income protection for GP practices

Income protection arrangements are confirmed until the end of 2021/22. NCL CCG will continue to consider how best to support practices from April 2022, given the ongoing pressures.

2. National contract

All practices are asked to prioritise the national covid vaccination campaign, which includes supporting the ask to offer boosters to all over 18s by 21 December 2021 and:

- Continue investigation of urgent cancer symptoms
- Critical screening and immunisation
- Management of those patients where you have clinical concerns
- Antenatal and baby checks

Borough Primary Care Teams continue to provide support to practices to ensure they are able to support their most vulnerable patients.

3. Locally commissioned services in North Central London Q3 and Q4 in 2021/22

- LCS income protection will continue until the end of Q4 2021/22.

4. Personal Medical Services (PMS) equalisation transition process

For practices in Barnet, Enfield, Haringey and Islington March 2022 will be the final month of the existing PMS equalisation transition process. PMS funding will be reinvested in each borough, and will be used in part to fund delivery of an NCL-wide locally commissioned service focusing on long term conditions, with the aim of a new service available from 2022, with an initial preparatory period in the first year. Primary care clinical (commissioning and provider) representatives across NCL are involved in designing a more consistent approach to long term conditions, including development of a pan-NCL Locally Commissioned Service for patients and practices.

Other Points (3)

Primary Care Winter Access Fund in North Central London

Provide reassurance of the supportive approach being taken in North Central London as part of the national Winter Access Fund, which is expected to be in the region of £6.8m until March 2022. Our intention is for as many practices as want to be able to benefit from the winter access fund. The NCL winter access fund plan is based on the suggestions already developed by primary care clinicians and commissioners across NCL and includes at scale schemes such as additional extended access capacity and work to increase the connections between GP and community pharmacies, as well as funding available for practices to increase capacity.

Practices should now ensure their front door is open to facilitate physical access for patients to your buildings. If your practice requires any specific support around any element of providing an open front door, e.g. removal of intercom systems, advice around infection, prevention and control, or support for practices' staff safety (*Zero tolerance of abuse, NHS England, October 2021*), support is provide by primary care teams in each borough.

Supporting general practice in tackling abuse

In September 2021, NCL launched our campaign to support general practice in tackling the abuse of staff. The campaign and resources are available for practices to download from the NCL GP Website. As part of our campaign's next steps we will develop our materials further with case studies, celebrating successes, milestones and more. We have also been reaching out to our health and care partners, local authorities, councillors, MPs and wider stakeholders to share our campaign and ask for their support in sharing our message.

Staff wellbeing

A reminder that the NCL Mental Health and Wellbeing Hub www.keepingwellncl.nhs.uk has a wide range of resources and is open to all NCL primary care staff.



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Communications and Engagement

Patient engagement

- We have been promoting PHE and NHS E/I key campaigns including: NHS111 First, Help Us Help You, Flu, Covid-19 and the NHS is Open for Business – all contain elements of encouraging contact with the NHS for prevention and treatment, as well as information on access changes including digital first.
- NCL engagement newsletter and NCL System Update (Covid-19 focused) newsletter sent to key stakeholders on regular basis including details of temporary changes to service and updates on NCL services. All boroughs have been supporting an NHS Recovery communications and engagement plan, which includes Digital First.
- Enfield borough reinstated the Voluntary and Community Stakeholder Reference Group and Patient Participation Group (PPG) Network meetings in summer 2020. Key topics discussed and feedback gathered on: local community experience of Covid and lockdown, barriers to accessing care from the NHS and the patient experience of the new Digital First approach to accessing appointments, particularly around eConsult, telephone access and video appointments. Groups represented have been supporting our key campaigns by cascading national campaign material and supporting patient education.
- Enfield hosts a quarterly PPG network which has an elected patient chair. PPG Chairs and members have together created a work plan that reflects key issues for patients such as improving access, reducing DNAs and promoting healthy lifestyles. Enfield is also involving the Primary Care Network (PCN) Clinical Directors in the PPG network to ensure that we help support the development of place based primary care and ensure that there is a strong patient voice in their future plans.

Patient engagement

- Enfield has complimented engagement with outreach to community groups adversely affected by Covid via community leaders and established peer mentors including: Parent Engagement Panel, Faith Forum, Over 50s Forum and Turkish community via the Consulate. Work is now in development with Somali and Eastern European communities.
- Potential schedule of NCL CCG corporate engagement events that will include key topics such as Digital First to support engagement and patient education.
- Potential planning for an Enfield project led by primary care focused on boosting uptake and understanding of the NHS App supported by Communications and Engagement team
- Enfield GPs and CCG staff have supported a number of externally organised community meetings including Older People's Partnership Board, Over 50s Forum and HealthWatch Enfield events, all focused on updating patients on the NHS response to Covid and access to care during the pandemic.
- Enfield Integrated Care Partnership has approved a plan and has set up three task and finish groups that are focused on: Reducing Inequality with a focus on childhood obesity and long term conditions, Improving uptake of Screening and Immunisations, and Improving Mental Health – all of these are focused on working with our most deprived communities and which are most adversely impacted by Covid. This work will include undertaking engagement and participatory research with our communities (including those communities that do not easily and readily engage with us) to find out what they would find most effective in helping to improve their health and wellbeing. There will also be a particular focus on how patients would like to access services, including issues associated with digital exclusion from services

Patient engagement

- Enfield Directorate of NCL CCG has commissioned HealthWatch Enfield to undertake engagement with our most deprived communities including BAME, and those most adversely affected by Covid.

Accessing your GP animation – public messaging

The way patients access their GP is changing to ensure you get the best possible care safely and quickly. We only want people to attend the practice when they need to, in order to keep you and our staff safe from Coronavirus.

To support general practice, NHS England has created [an animation to help explain to the public how they can continue to access GP services](#) which explains how patients can contact their GP practice and the different ways care will be delivered to keep you safe.

The animation includes advice to patients on:

- how to get in contact,
- the different ways care may be delivered,
- and how face-to-face appointments have changed.

It is important to ensure patients receive the care they need as safely as possible.

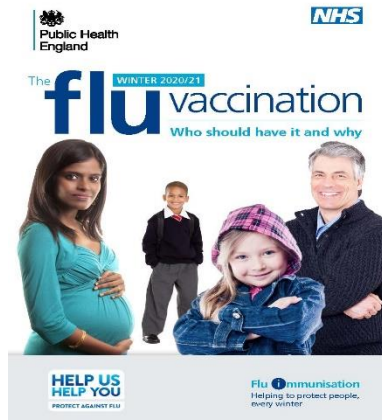
The Royal College of General Practitioners has published helpful new guidance to support clinicians when choosing between online, video, telephone and face-to-face consultations with patients during the pandemic:

Flu Communications and Engagement



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

Flu Communications and Engagement



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

Communications and engagement – winter resilience



- Together with partners, this winter we are delivering an integrated system-wide programme of communications and engagement to build confidence in NHS services and support residents, patients, and health and care workers to stay well and access care in the right place at the right time.

Our campaign objectives include:

- ✓ Raising awareness and driving use of NHS 111 online as the ‘first stop’ for non-emergency health advice
 - ✓ Contributing to the uptake of COVID-19 and flu vaccination, among relevant cohorts
 - ✓ Raising awareness and driving use of services and tools that enable residents to self-manage minor health conditions
 - ✓ Reducing inappropriate emergency department attendances
 - ✓ Reducing the number of residents in NCL not registered with a GP.
- NCL messaging is aligned with national NHS campaigns such as Boost Your Immunity, Stay Well This Winter and Help Us Help You and our local operational priorities and content are overseen by clinical colleagues.
 - Activity to support each of the campaign priorities is underway, with a particular focus in December/January on amplifying messages to drive COVID-19 vaccination uptake and use of NHS 111 online for urgent health needs.

Enfield outreach campaign

A wide range of communication channels are being utilised to reach far and wide into NCL's communities and include high profile outdoor advertising sites, targeted social media in various languages, paid search advertising, proactive media work, and targeted SMS activation.

To support the campaign, we are also delivering focused outreach and engagement with our most vulnerable communities and those who experience the greatest barriers to accessing our services. Through this work, we want to: support people to access the right care and help when needed; gather insight to help us better understand any specific barriers to accessing services; build confidence in the NHS; and help people to understand the importance of immunisation.

A trusted local organisation in each borough is leading this work, working with or subcontracting other local voluntary and community sector groups. In Enfield, the lead organisation is Enfield Carers Centre.



Winter resilience communications and engagement activity

Activity to date includes:

Right care, right time

- Paid search (Google AdWords) promoting NHS 111 online to local people searching for help with urgent health needs. From 8-24 Dec, the ads led to 7,040 visits to NHS 111 online and were seen by over 43,400 people.
- Video and editorial content with local clinicians including pharmacists and GPs highlighting services/behaviours to stay well in winter.
- Leaflet for Enfield residents with advice on winter wellness and contact information for local urgent care services in English, Easy Read and 7 additional languages.
- Proactive media with London and Punjab/ Urdu/Hindi radio stations promoting NHS 111
- Targeted social media advertising featuring local clinicians explaining how to get help with urgent health needs.
- Large scale outdoor adverts (e.g at bus stops) promoting NHS 111.



Primary care access

- Organised site visit to Alma Healthcare Centre for stakeholders including Over50s forum, Love Your Doorstep, Carers Centre
- Delivered a zero tolerance to staff abuse campaign and continue to share these messages via social media channels
- Developing content to reassure residents and build understanding of the way primary care is working, supporting access and increasing GP registrations such as a telephony case study.



Covid and flu vaccination

- Vaccination pop-up clinic organised at Palmers Green Mosque on 9 January
- Supporting Enfield council outreach workers with GP and pharmacy walk in map
- Produced series of social media messages to promote GP and pharmacy walk-ins
- Pregnancy podcast on Spotify and Soundcloud
- social media videos and quote cards
- Website refresh to make it more accessible, and reflect needs of patients and partners
- New web and email for social care staff to tackle hesitancy, and inform re mandatory vaccination
- Launch of booking gateway and FAQs for parents on 12-15s vaccination
- National media visited local vaccination sites including Carlton House
- Promotion of Carlton House 200,000th job
- Video with a local Imam having his flu vaccine to encourage flu and Covid booster vaccine uptake amongst the Muslim community.
- Updated flu animations in seven languages.

Enfield Access working group - Developing communications and engagement materials for local residents

- **Valuing the primary care workforce** – A new national campaign has been shared with member practices and PPGs – Your practice team is here to help you is part of the national Help Us Help You campaign
- **New Primary care estates** – We have developed proactive communications about new premises in Enfield including the Alma Road development and White Lodge Medical Practice. In November we organised tours for key stakeholders at Alma Road and we have produced a case study explaining the new premises and how local GPs are investing in primary care
- **Access Case GP telephone case study**– A case study about Only Connect – which is the telephony service Medicus practice is using has been completed and will be shared with stakeholders.
- **PPGs** – Enfield's PPG chair Litsa Worrall and the PPGs will be leading on a piece of work supporting member practices and patients around access. We are currently in the planning phase for this project, with potential funding from the Communities directorate (bid in progress). PPGs have also discussed winter campaigns and will be promoting messaging through their PPGs – including your practice is here to help you
- **System recovery** – We continue to promote messaging around accessing the first appointments offered to you whether that is for elective care at a different site or your flu jab. It's important that patients make their planned appointments and contact the NHS as soon as they know they cannot. We are working with community groups e.g. the Over 50s forum and PPGs to get these messages out. Interviews of Enfield GPs have taken place on the Love Your Doorstep facebook page.
- **Covid** – Covid hasn't gone away and it's important that patients do not attend appointments with symptoms, unless asked to by a clinician and wear masks on NHS premises. We will be working with community groups to promote this message as well as explaining how the NHS continues to keep patients and staff safe (e.g. cleaning between appointments and social distancing). We are also explaining how practice staff remain at risk of Covid, and how important it is to keep NHS sites clean, safe, socially distanced and for patients to wear a mask unless exempt.
- We have updated the information on our website to include advice on the vaccine and boosters, as well as walk-in sites and promoted via social media, highlighting good news such as 200,000 vaccinations being achieved at Carlton House.
- Covid vaccination clinic pop-up organised at Palmers Green Mosque on 9 January.
- **NCL winter resilience communications and engagement plan** – A winter leaflet has been produced for Enfield which directs them to the right care in the right place. 5,000 copies were delivered to Enfield libraries, foodbank and North Middlesex Hospital.
- Winter opening times promoted on social media and website:

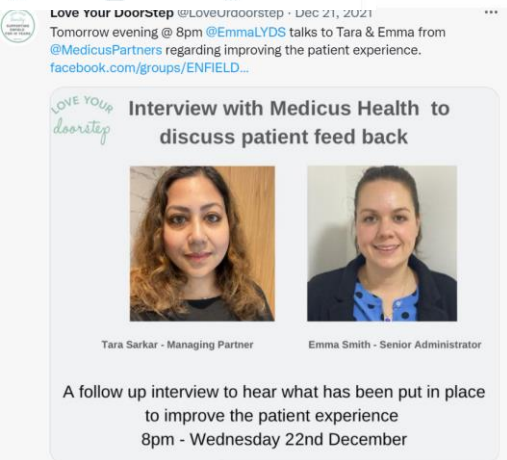
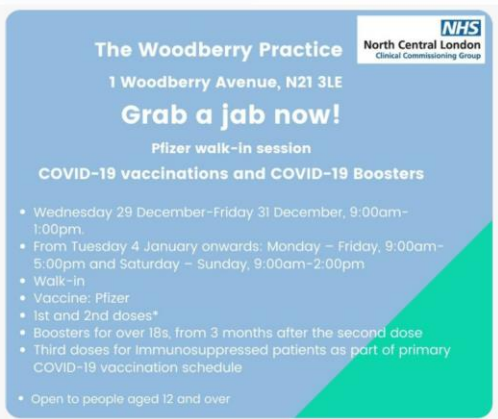
Enfield social media (December – January)



Followers: 4,850 (+9)

Tweets: 84

Impressions: 14,800 (+30%)





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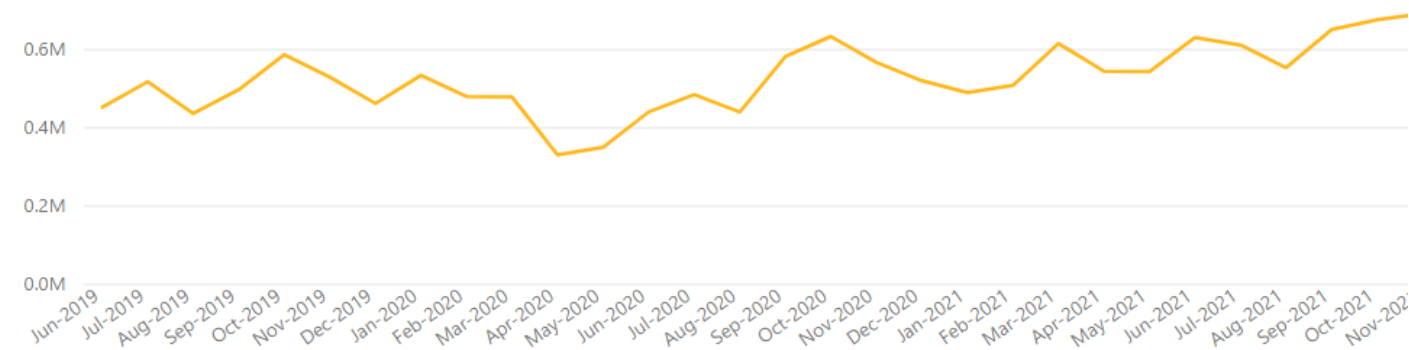


Primary Care appointment data

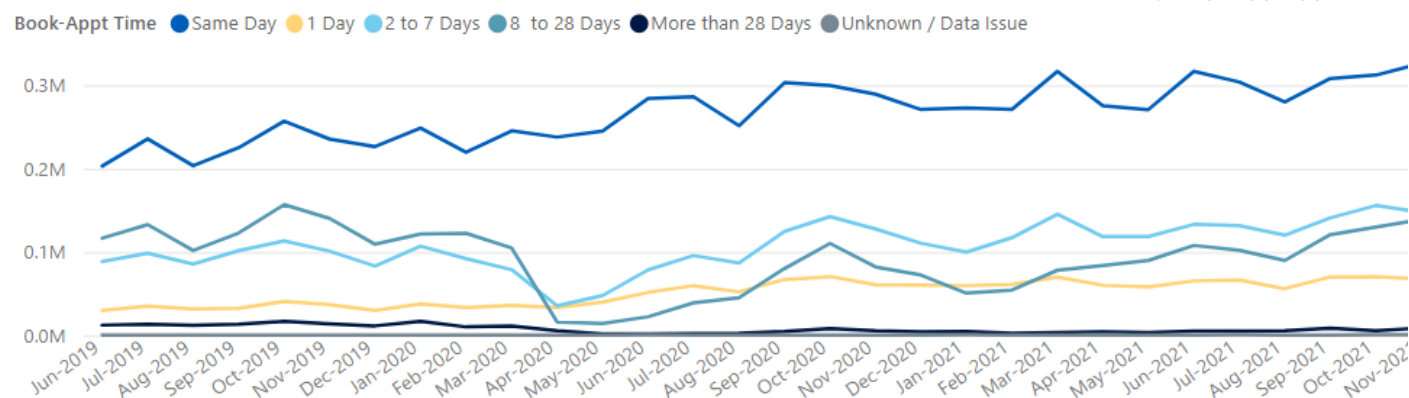
NCL Appointment Data

- During July 2019 to November 2021 – NCL has delivered **15,673,189** primary care appointments
- Same day access account for **51%** of all appointments available.
- GP monthly capacity has increased by **30%** since 2019.
- General Practice are managing to maintain the proportion of sameday access even with the significant increase in capacity supplied overall, without significant changes to estates or workforce.

Number of Appointments, by Month



Number of appointments, by Time between booking and appointment



*Data not available by borough

Enfield Extended Access Utilisation

GP & Nursing Appointments						
Row Labels	Capacity	Booked	Attended	DNAs	Utilisation	DNA %
Apr-2021	4949	4027	4017	10	81%	0.25%
May-2021	5384	4378	4367	11	81%	0.25%
Jun-2021	4650	3856	3845	11	83%	0.29%
Jul-2021	4871	3981	3962	19	81%	0.48%
Aug-2021	4749	3882	3864	18	81%	0.46%
Sep-2021	4261	3497	3471	26	81%	0.74%
Oct-2021	4915	4138	4117	21	84%	0.51%
Nov-2021	4737	3965	3937	28	83%	0.71%
Dec-2021	3592	2990	2971	19	83%	0.64%
Grand Total	42108	34714	34551	163		

111 Totals						
Row Labels	111 Capacity	111 Booked	111 Attended	111 DNA	Utilisation	DNA %
Apr 21	1800	1270	1270	0	71%	0.00%
May 21	2186	1738	1738	0	80%	0.00%
Jun 21	1653	1259	1259	0	76%	0.00%
Jul 21	1844	1431	1428	3	77%	0.21%
Aug 21	1765	1198	1198	0	68%	0.00%
Sep 21	1615	1225	1224	1	76%	0.08%
Oct 21	1936	1533	1531	2	79%	0.13%
Nov 21	1785	1453	1451	2	81%	0.14%
Dec 21	1493	1257	1257	0	84%	0.00%
Grand Total	16220	12495	12487	8		

- Utilisation is consistently high –above 80% for GP and 77% for 111
- DNA rates are less than 1% Across Enfield, both for 111 and General Practice usage.
- So far this year 58328 appointments have been made available to the population of Enfield with 47209 being booked, giving an overall utilisation rate of 81%



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Digital Services

Online Registration

- Between 1 April 2021 and 31 December 2021, 129,420 online consultation requests were made to practices in Enfield.
- Enfield had the highest uptake of Online Consultations since roll out in May 2020. The monthly average per 1,000 patients is 50% higher than other boroughs.
- Overall, patient satisfaction shows 57% were satisfied with the service, this is slight down from 2020.

Patient Feedback of Online Consultations

Key themes amongst patients who were very satisfied included:

- ✓ Quick and efficient
- ✓ Good experience
- ✓ Quick response
- ✓ Ease of use

Key themes amongst patients who were very dissatisfied included:

- ✗ Took too long to complete the form
- ✗ Lack of contact with their GP/practice
- ✗ Irrelevant questions
- ✗ No response received
- ✗ Difficult to book a routine appointment
- ✗ Complicated to use

Additional issues raised:

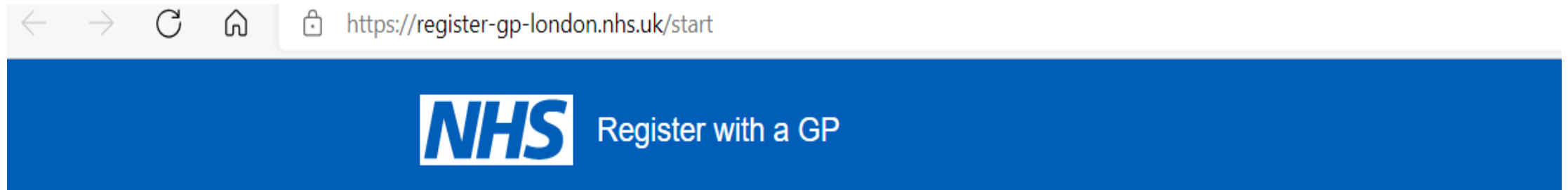
- **General:**
 - Complex language used in the form
 - Complicated to set up the NHS passport
 - Not designed to order routine repeat prescriptions
 - Cannot submit one form for 2 issues
 - Relies on digital access and digital literacy
- **Form structure:**
 - Relevant conditions not listed
 - Having to give incorrect symptoms to avoid being re-directed to 111
- **Specific conditions mentioned that were unavailable:**
 - Fertility advice
 - Pregnancy
 - Thyroid problems
 - Vasectomy

Suggestions to improve the service:

- ♀ Enable an option in the form to clearly link the issue to an existing condition on the health record
- ♀ Enable to form to save information so it doesn't need to be repeated for the next eConsult e.g. lifestyle/family history
- ♀ Include 'don't know' / 'N/A' options for all questions
- ♀ Blood pressure readings: Enable content pasting and the option for the addition of heart rate readings

Online registration

- Enfield is participating in the online registration programme to help convenient access to registering with a practice online and compliment the more traditional method of a patient self presenting to the site to complete a paper based form
- Widgets have been deployed to GP websites to support the navigation to the new service.



- Between August and November 2021, 2298 registrations have been completed via the new system.

Digital champions

Background

The rapid introduction of digital tools across primary care has dramatically changed the way that practices and patients communicate with each other. We understand that practices need support, training and advice to make the most practical use of new digital tools, and so do our patients. For some practices this has led to an increase in patient demand as avenues of communication with practices have opened up.

We want to create Digital Champions in each PCN, to work with practices to manage patient demand with digital tools; and provide support for practices in working with their patients.

Partnership project with NCL Digital First, NCL Training Hub, Redmoor Health

Delivery Objectives

Supporting wider and/or improved utilisation of digital tools such as:

- Online consultation
- Online registration and other services
- Website use
- App use (NHS App and other available healthcare apps)

Aligning systems for use across a PCN(s) and developing PCN wide approaches, leading to for example :

- PCN standards for practice websites
- Promotion of the NHS App and other healthcare apps
- Clear messaging on the PCN position for online consultation and registration

Enabling patients to access digital tools by improving their digital ability through:

- Practice Patient Group engagement
- Drop in sessions
- Targeting disadvantaged patient groups, e.g., those at higher risk of health inequality
- Upskilling social prescribers and care coordinators to educate patients on better digital tool utilisation
- Support a network of digital champions in the community

Successes In Enfield

- All PCNs have engaged in the project and appointed a digital champion
- Digital Champions engaged in completing Digital journey planner for their practices and encouraging other practices in the PCN to do so. This identifies their digital development and identifies steps and resources to improve digital maturity.
- Website audits being completed for practices
- Training delivered on website development, telephony systems, teams and social media as well as monthly network support meetings for digital champions
- Patient Liaison and engagement – Two of the four PCNS have actively engaged developing projects through PPGs (One PCN creating a PPG Digital Champion) or assessing digital exclusion and access to e consult. One PCN has upskilled admin staff to use the NHS app resulting in high patient use of the NHS app and has the highest use in NCL. The remaining PCNs will prioritise patient engagement and digital exclusion this quarter.



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Primary Care Estates

Primary Care Estates Transformation in Enfield

- The COVID-19 pandemic has forced a significant transformational change on the health system
- New clinical pathways have been enabled and accelerated, particularly the use of digital technology with virtual self-care apps, virtual clinics, and virtual triage and assessment services.
- Many changes due to COVID-19 have already been undertaken as part of emergency response measures
- New developments will be designed with the new ways of working and increase in digital consultations at the forefront creating long term sustainability
- These developments will see practice relocation and co-location into new purpose built facilities increasing capacity and resilience within the primary care system

White Lodge

Relocated into a new purpose built facility.

The development/relocation will increase their primary care and clinical capacity by over 70%.

Alma Road

3 practices relocated from their existing facilities and co-located into a new purpose built facility.

Carlton House

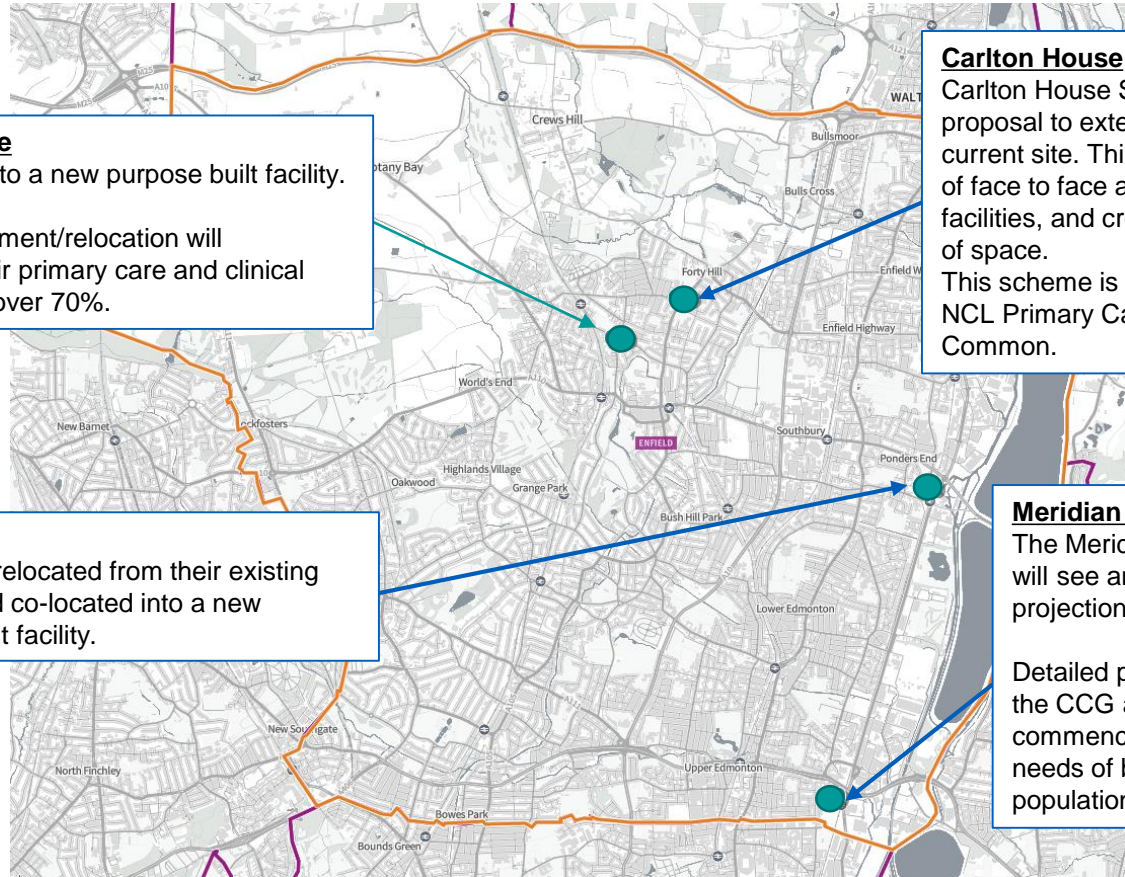
Carlton House Surgery has developed a proposal to extend the first floor of the current site. This would enable separation of face to face and remote consultation facilities, and create an additional 191sqm of space.

This scheme is subject to approval at the NCL Primary Care Committee in Common.

Meridian Water

The Meridian Water Development will see an estimate population projection of 28,000 people by 2045

Detailed planning works between the CCG and Enfield Council have commenced to ensure the health needs of both the current and new population will be met.



The map above shows new primary care schemes that are in delivery, and new schemes that are at planning stage. In addition to this new capacity, Enfield Directorate is committed to optimising and maximising the current estate

Alma Healthcare Centre – a new purpose-built healthcare centre in Enfield

- Part of a 10 year, £315m regeneration programme for the area.
- Part of Medicus Health Partners (MHP), a super practice which has 14 branch sites across Enfield enabling patients to obtain advice, support or attend appointments at any of the GP surgeries where they see the Medicus logo.
- Three GP practices - Curzon Avenue, Dean House and Green which were previously located in unsuitable premises have now relocated to the new Alma Healthcare Centre.
- As well as offering GP appointments and other primary care services such as screening, contraception, micro suction for ear wax, joint injections, anti-coagulation clinics and nurse led services, the Alma Healthcare Centre has a pharmacy, a coffee shop, a research centre and offers dermatology, phlebotomy and diagnostics. The state of the art facilities also include underfloor heating and an air extraction system that provides better ventilation.
- Patients have access to all services that were previously delivered at each separate site, with consistency across provision, for example, home visits, booking appointments, essential and additional services, opening hours, extended hours, and a single IT and phone system. The catchment area remains the same as it was for the practices' former locations. Bringing the practices together into a new building in the Alma Road estate will also help local GPs to provide services to the additional population that will move into the area as part of the regeneration project, which is estimated to be about 4,000 new residents.



“The team is proud of progress so far, but there is a lot more to do. The application to locate in Enfield was led by GPs and is an investment in primary care locally by local GPs who are totally committed to Enfield.”

Patient Record Room Conversion Programme

What is the programme?

- In April 2021 NCL CCG received over £2m of Estate and Transformation Funding (ETTF) to repurpose primary care spaces currently used to store medical notes as clinical or clinical support rooms.
- The works are 66% funded through the ETTF monies with the remainder funded by the GP's
- 28 practices are within scope of the programme, across Barnet, Camden, Enfield and Haringey.

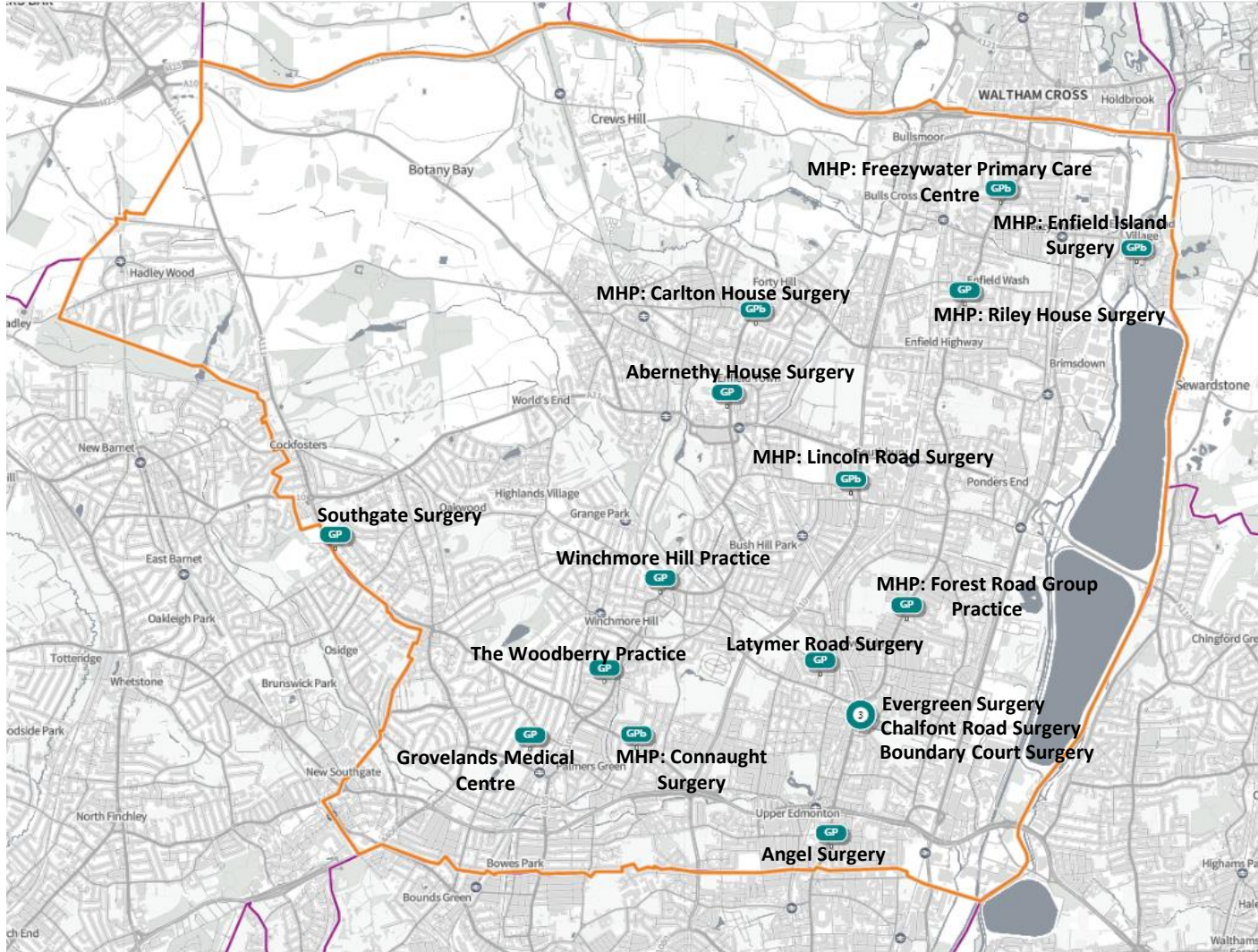
Why convert the patient records rooms?

- The funding was provided as an efficient way to increase the clinical capacity of the estate without resorting to larger, more time consuming and costly new build schemes.
- The programme will provide an additional 28 consultation rooms as well as 35 virtual consultation spaces and 14 clinical support spaces
- This equates to an estimated 250,000 extra face to face patient contacts and 315,000 virtual contacts

What are the other benefits?

- The additional capacity will improve access to services, allowing primary care see more patients in a fit for purpose settings
- The works will enhance the practices 'Green Impact' credentials through the specification of LED lighting, PIR lighting to stores/internal spaces, water-based paint and solar film to windows if applicable
- Revenue neutral for the system

Patient Record Room Conversion Programme: Benefits for Enfield



- 17 practices in scope in Enfield (60% of the total across NCL)
- The practices in the project are situated across the whole Borough meaning a wide spread of residents benefit from increased clinical capacity and therefore improved access to primary care services
- 17 additional consultation rooms
- 16 virtual consultation desks
- 11 clinical support desks

This equates to an estimated

- 153,000 additional face to face and virtual contacts a year
- Over a £500k invested in Enfield from ETTF



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Covid and Flu Vaccination Programme

ICP Covid and Flu Vaccination Group

ICP Workstream activity informed by intelligence provided by Public Health Team.

Fortnightly **Phase 3 Covid and Flu Vaccination Group** continues this work and includes PCN and community pharmacy sites and stakeholders

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)

-In light of Omicron variant and the rapid expansion of the booster vaccination programme, Phase 3 group working with LNE, BEH, NCL CCG, LVS sites, & VCSE submitted hyper local plan to NCL 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

Enfield Flu uptake to 7th January 2022

Primary care continue to offer routine face to face flu vaccination appointments to ensure patients are protected.

Enfield performance overall in 21/22 has been in line with performance from previous flu seasons. The Over 65, under 65 at risk and 2/3 year old cohort sees consistent uptake levels in 2021/22. However the pregnant women uptake remains low and the ICP is liaising with acute providers to form a recovery plan.

Over 48k patients have been vaccinated in 21/22. This is a 14% reduction in uptake from 20/21

Nearly 13k patients vaccinated in the new over 50 - not at risk cohort in 21/22, and this is a 63% increase from last year.

In total over 68k patients have been vaccinated against the flu, the most Enfield has ever achieved.

Uptake compared to neighbouring NCL boroughs shows Enfield improving to second from third overall in 21/22 compared to 20/21.

20% of patients who received the flu vaccine have also had the covid vaccine.

Enfield Flu uptake to 7th January 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	44,093	29,485	66.9%	4.5%	7,994	22.41%
Under 65s at risk	41,147	15,358	37.3%	4.8%	15,502	17.19%
50-64 year olds not otherwise at risk	47,825	13,512	28.3%	3.7%	22,356	29.38%
Pregnant Women	2,026	438	21.6%	4.1%	1,081	6.16%
Learning Disability	1,817	814	44.8%	4.7%	548	21.25%
CQC Registered Care Home Resident	1,495	1,012	67.7%	2.2%	109	53.26%
Other Care Home Resident	162	66	40.7%	0.6%	55	16.67%
School Years 1-12 (Age 4-15)	37,930	7,965	21.0%	0.4%	18,586	0.87%
Age 2-3	8,750	2,649	30.3%	3.5%	3,476	0.00%
Total Patients	178,684	68,655	38.4%	3.5%	67,014	19.40%

Covid Vaccination in Enfield

- Across NCL 350k vaccines done in Dec 2021 best month by 30k – 145k from PCN sites
- 2.6m vaccinated in total; 200,000 in NCL in the ten days before Christmas;
- Carlton House surgery No 1 NCL site with over 200,000 jabs over 2021;
- More vaccination sites providing walk ins, more visibility through social media campaign
- Covid Vaccinations delivered from Enfield sites since start of Booster campaign
(16th Sept 2021 – 6 Jan): (23% of NCL total vacs and booster doses)

Vaccination Site	Booster	First	Second	Total
PCN/GP Sites	109,790	14,609	16,328	140,727
Pharmacy Sites	41,879	2,872	3,762	48,513
Total	151,669	17,481	20,090	189,240
Vaccine % of Total(1st, 2nd or booster)	80.1%	9.2%	10.6%	100.0%

Covid 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

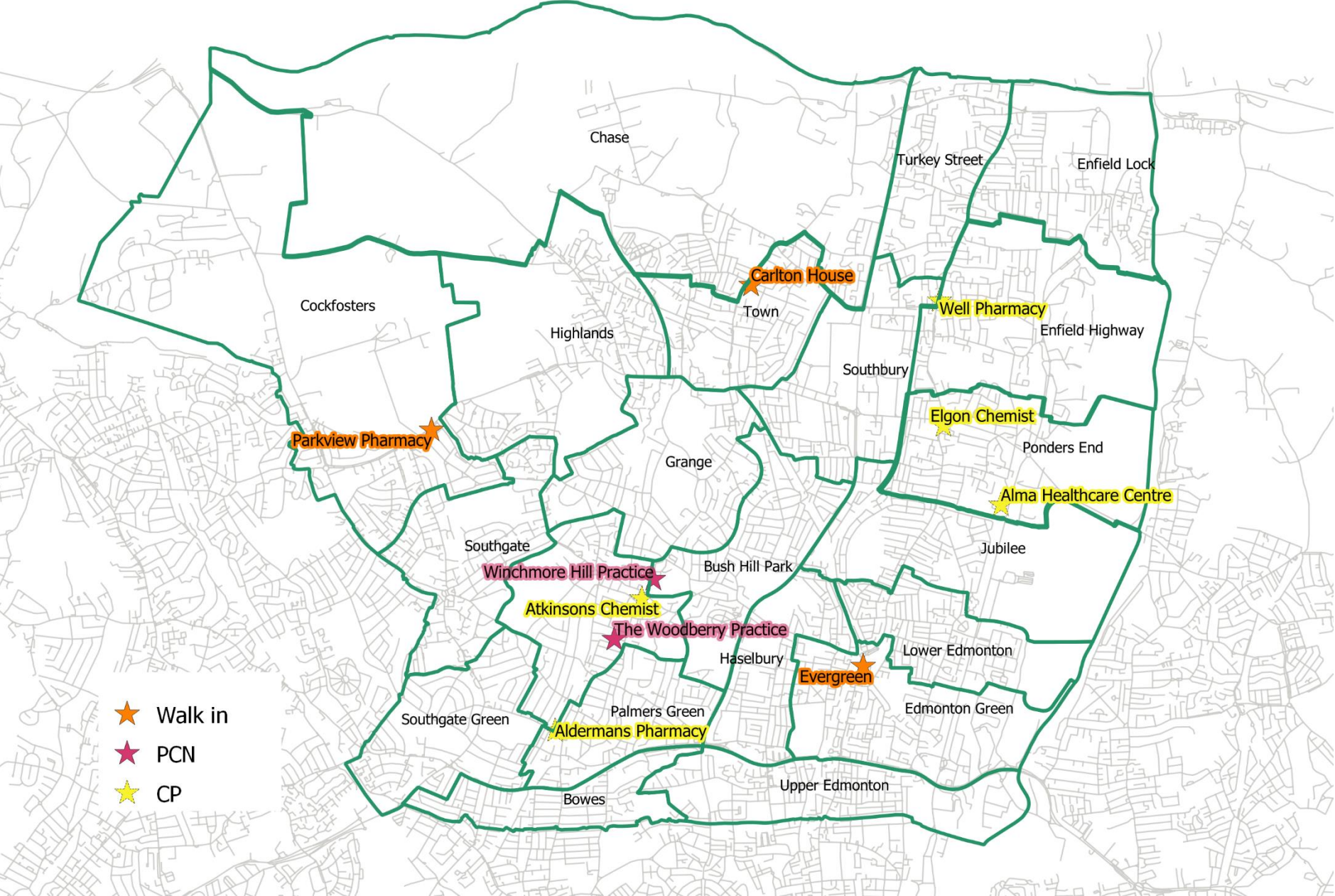
LVS Site	Pillar	Borough	Ward	Line 1	Postcode
Carlton House Surgery	LVS (PCN)	Enfield	Town	28 Tenniswood Rd	EN1 3LL
Evergreen Medical Centre	LVS (PCN)	Enfield	Edmonton Green	1 Smythe Cl	N9 0TW
The Woodberry Practice	LVS (PCN)	Enfield	Winchmore Hill	1 Woodberry Ave	N21 3LE
Winchmore Hill Practice	LVS (PCN)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

Covid Vaccination Sites in Enfield





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Primary Care Investment

Primary Care Investment – Winter Access Fund

- **boosting primary care workforce** - £790,000 allocated for practices / PCNs to pay for clinical locums to boost capacity. NCL creating a staffing pool of HCA, Admin and Locum to enable practices to access and recruit staff more swiftly.
- **primary care capacity in the wider system** – improving access to the self-care pharmacy first service. Installation of EMIS Patient Access in practices, to allow e-referral from practices to community pharmacy. Antibiotic PGDs for treatment of simple UTIs. The fund will also enable Extended Access services to commission additional appointment, to better meet out of hours demand.
- **PCN-led access innovation** - Networks are in the process of submitted proposal to invest up to £60,000 to improve access to local services.
- **improving patient experience of access** - NCL will be creating a patient helpline, group consultations for children, improved coding and further training and support for PCNs to develop their social media presence.
- Enfield will be investing a further £519,000 across our 'eastern corridor' to support Primary Care manage current health inequalities across the ward, funding will primarily be targeted towards increasing the workforce and setting up specialist children's services.

Primary Care Investment – PMS Quality Premium

Enfield is currently re-commissioning a Locally Commissioned Service focussed on access. From April 2022 a further £2,871,802 will be invested across all Enfield practices. The funding will enable practices to:

- deliver additional appointments beyond core contracts
- Provide longer appointments to manage older people's care
- Deliver more face-to-face appointments targeted towards our under 6's
- Further mature practices' social media presence to improve access to and navigation of services, for those that wish to engage their practices through digital mediums.

Primary Care Workforce Development

- Weekly clinical webinars run by the training hub
- Clerical staff have had training on conflict resolution and customer service skills
- Training programme for Deputy PMs – leadership and operational management skills
- Medical assistant programme – training reception and clerical staff to read letters, code – reducing GP workload
- Practice Nurse forum and various extensive CPD offerings
- Planning managing patient conflict training later this month
- Flu and covid vaccination updates
- Peer support and training forums for clinical pharmacists, physician associates and paramedics
- Independent prescribing forum



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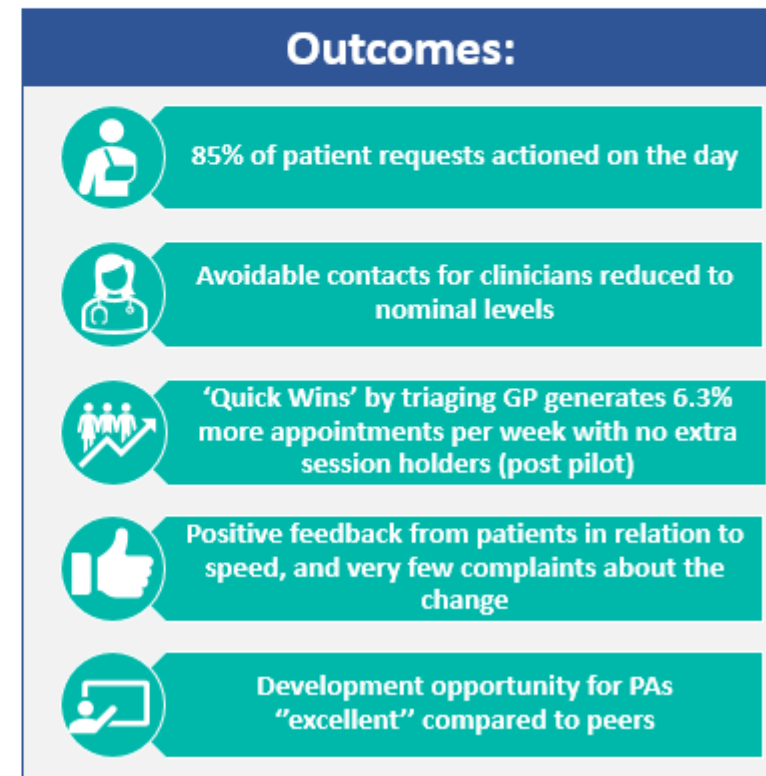
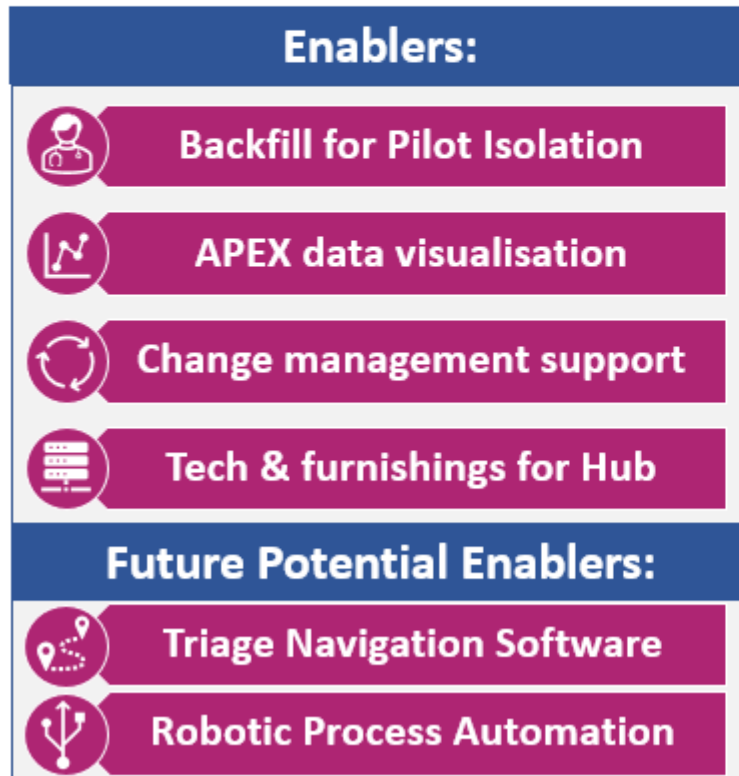


Case studies

Enfield Transformation Pilot

Case Study: The Woodberry Practice

The practice piloted a clinician led triage, supported by digital enablers and physician associates within a triage hub. Level of access for patients increased significantly, with the practice now exploring other tools and approaches to improve long term resilience, sustainability and wellbeing of practice staff.



Only connect – a telephony case study

Dr Ujjal Sarkar is a lead GP in Enfield working for Medicus Health Partners – the largest GP Partnership in Enfield, with 36 GP partners delivering services to over 92,000 patients from 14 locations.

Dr Sarkar has been leading the transformation of estates at the Partnership with particular attention being given to how patients access GP practices and he is committed to the improvement programme that has been launched to benefit patients and staff.

A huge effort has been made with training and upgrading the phone system which is now delivering a much better experience for patients and staff. A state-of-the-art VOIP telephony system allows unlimited calls and a sophisticated call queueing system. Issues around call handling have been resolved by setting up a call looping system which means that the phone is now always answered whichever practice is being called. Investment in complaints handling and IT training means staff morale is much better and patient satisfaction is improving.

The process is much clearer and intuitive now with clear messaging for people when they phone. Patients can take more control by giving them options to access other services. They can now access vaccinations, Ear, Nose and Throat services or a physiotherapist simply by choosing an option on their phone.

Feedback tells us that staff and patients are happy but we can keep a constant eye on our performance with a live dashboard that tells us the number of outgoing calls, calls waiting and a wealth of other data.



“This is work in progress. We haven’t got everything right yet but we are committed to providing the best patient experience, online, by phone and face to face.”



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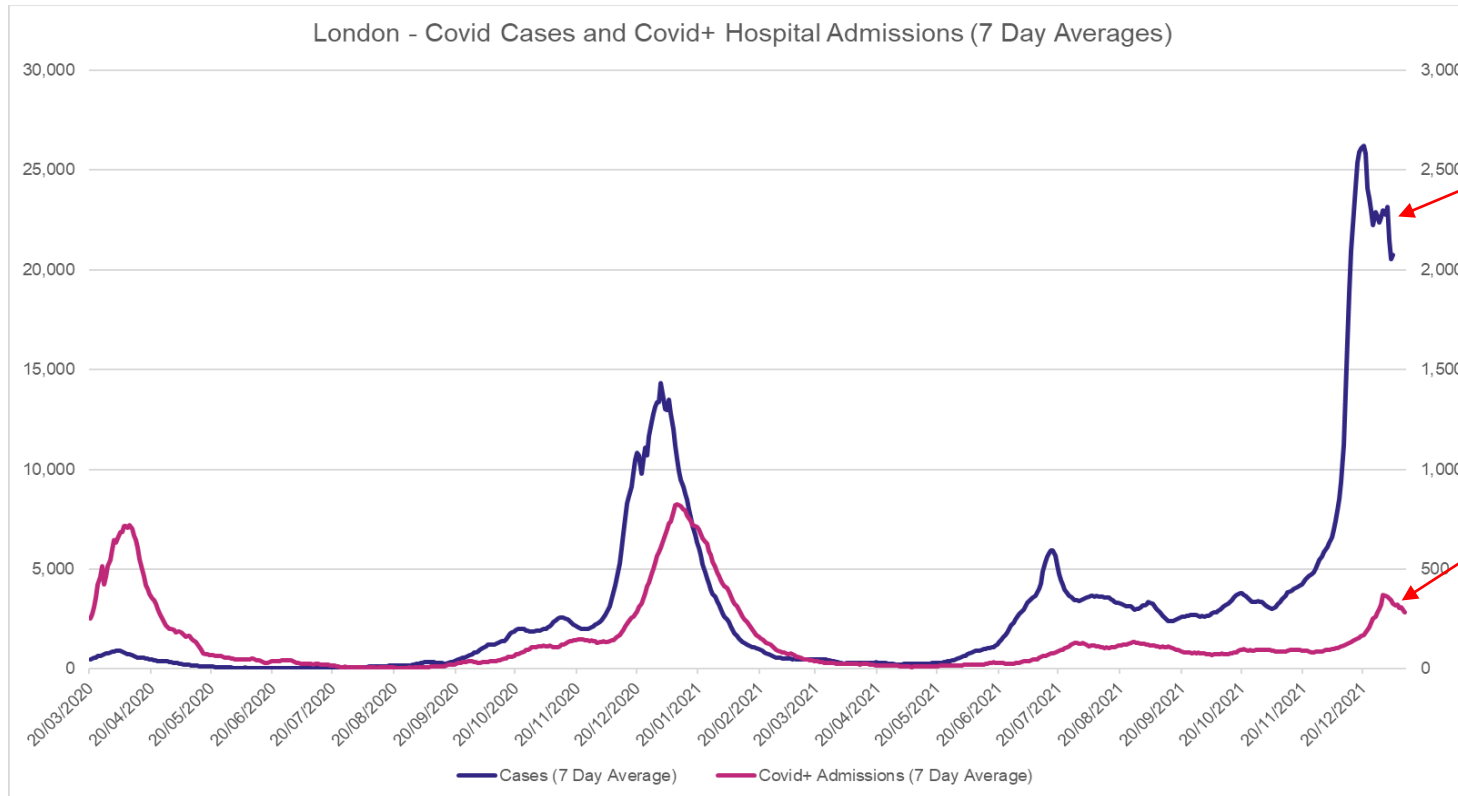


Latest Covid Infection Rates Data

Key messages – 10 January Data

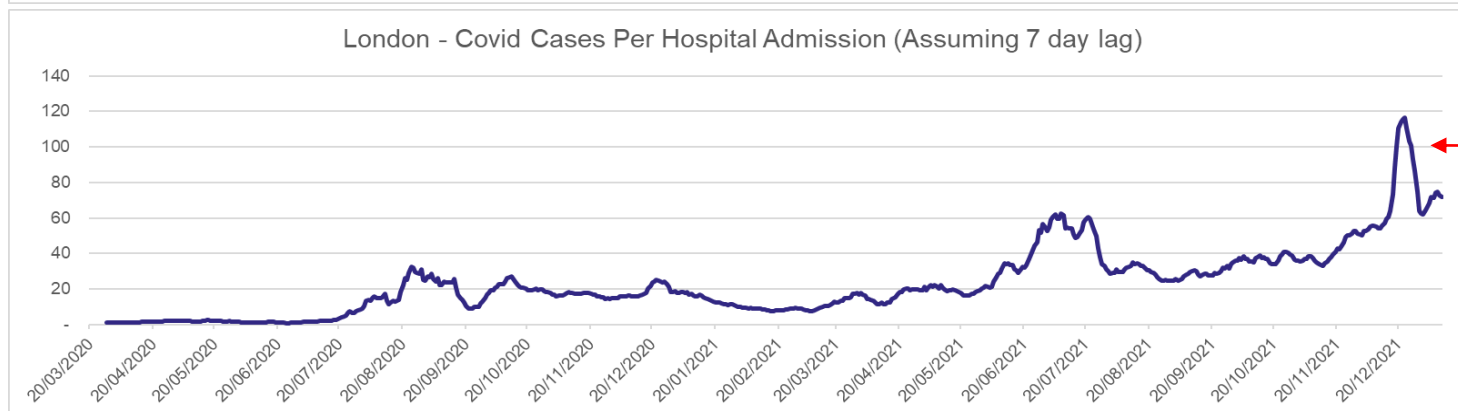
1. Covid cases in London have increased since a drop around New Year but do not look like they will exceed the peak of 33,000 seen on 29th December. Cases among under 60s are generally flat while the recent increase in cases among over 60s may have peaked.
2. Covid admissions have decreased across London: there were 237 across London on 9 January. It is too early to state that admissions have peaked, but it appears that the peak may have been on 30 December. There remains the possibility for further surges in activity related to the age of individuals newly infected over the last week.
3. Covid occupied beds in NCL have now exceeded the NHSE pessimistic scenario of 471, with 523 G&A bed occupied by Covid patients. Numbers have been stable over the past five days. Approximately 27% of G&A beds are occupied by Covid patients. There are very few “available G&A beds” across NCL with most sites reporting occupancy above 97%. Discharges were poor over the weekend. There are significant issues with accessing care home beds with 90+ homes in NCL reporting outbreaks and being closed to admissions
4. Total staffing absence remains high, with a slight decrease over the last three days. 57% of absences were related to Covid in the last day. There is high variation across organisations with absence rates varying between 2-8%.
5. ITU – no significant impact from Omicron wave visible yet (however sectors in London, esp SWL showing an increase)
6. Indications that Omicron resulting in fewer admissions vs. Delta (reduced “severity”/ increased impact from vaccination)
7. Early indications that Omicron may have shorter Length of Stay (around 4 days) compared to Delta which had been 7+days

Covid Cases and Admissions - London



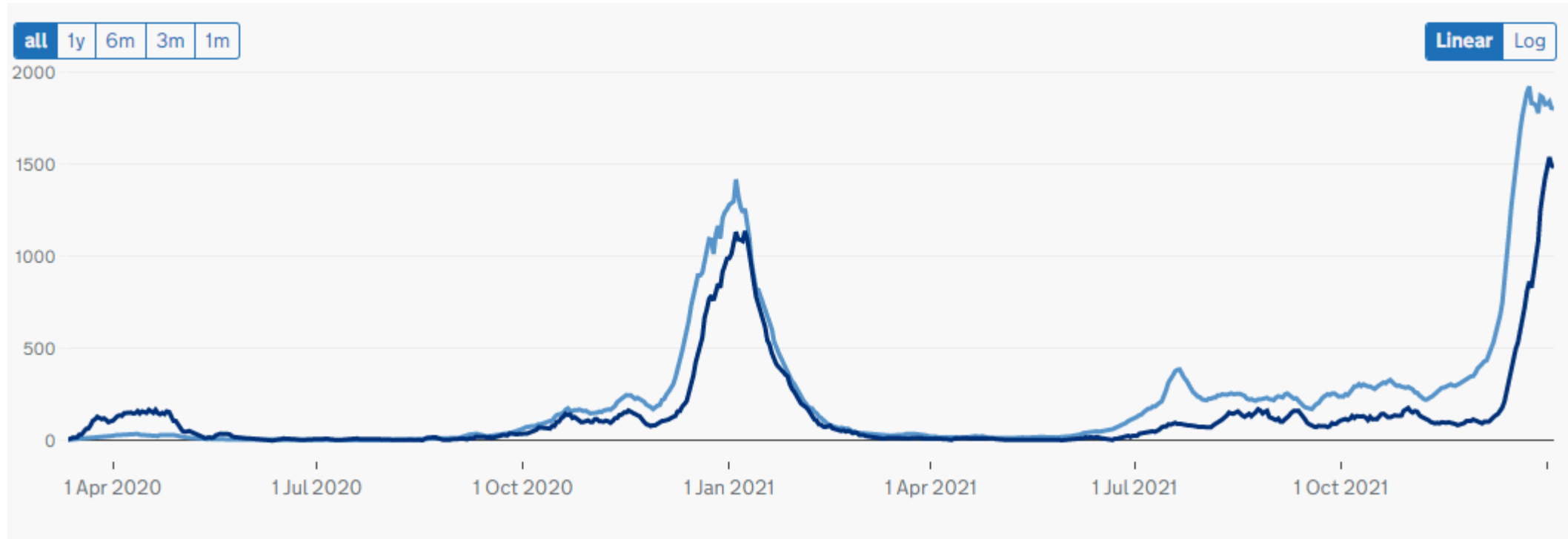
The latest peak figure for London cases was on 29th December when over 33,000 were recorded - cases then dropped but have seen an increase in recent days (see next slide).

Data reported on 10 Jan (for 7 Jan) showed 237 new cases in London hospitals, contributing to the downward trend seen. There will be variation between different parts of London which will have differential impact on providers. Recent increases in cases, particularly among older adults, may lead to an increase in admissions.



The number of cases per admission is fluctuating, primarily due to the variation in cases reported over the Christmas period. However, this remains high, at over 60 cases per admission. Previously it was around 50 cases per admission. This indication of reduced severity has been confirmed by several reports including by Imperial College

Enfield



- Early signs of decrease in over 60s rate
- Under 60s rate flattening

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HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL WORK PROGRAMME 2021-22

ITEM	Tues 8 June 2021- Planning Session	Weds 28 July 2021	Thurs 16 September 2021	Thurs 18 November 2021 Additional meeting for matters arising from July and September	Thurs 20 January 2022	Weds 23 March 2022
Annual Items						
Setting the Panel's Work Programme 2021/22	Agree work programme					
Specific items						
Local Priorities 2021-22	Verbal presentation					
Transition to Integrated Care Systems (ICS)		Report				
Safeguarding Adults Annual report including safeguarding alerts, use of DoLS		Report				
Reconfiguration of the NHS & the impact on local services				Report		
NCL mental health services and community services reviews			Report			
Mental Health					Report	
Recovering access to services post Covid					Report	

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL WORK PROGRAMME 2021-22

ITEM	Tues 8 June 2021- Planning Session	Weds 28 July 2021	Thurs 16 September 2021	Thurs 18 November 2021 Additional meeting for matters arising from July and September	Thurs 20 January 2022	Weds 23 March 2022
Rollout of the vaccination programme						Report
Introduction of Social Care Inspections- what is the council doing to become inspection ready						Report
GP Services						
London Ambulance Service						