

# Public Document Pack



## HEALTH AND WELLBEING BOARD

Thursday, 15 December 2022 at 6.00 pm  
Virtual / Teams (See agenda frontsheet for link)

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

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## MEMBERSHIP

Leader of the Council – Councillor Nesil Caliskan (Chair)  
Cabinet Member for Health & Social Care – Councillor Alev Cazimoglu  
Cabinet Member for Children’s Services – Councillor Abdul Abdullahi  
Councillor Andy Milne – Conservative Member representative  
Governing Body (Enfield) NCL CCG – Dr Nitika Silhi (Vice Chair)  
NHS North Central London ICB – Deborah McBeal  
Healthwatch Representative – Rikki Garcia  
NHS England Representative – Dr Helene Brown  
Director of Public Health – Dudu Sher-Arami  
Director of Adult Social Care – Bindi Nagra  
Executive Director People – Tony Theodoulou  
CEO of Enfield Voluntary Action – Jo Ikhelef  
Voluntary Sector Representatives: Vivien Giladi, Pamela Burke

## Non-Voting Members

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

## AGENDA – PART 1

### 1. WELCOME AND APOLOGIES (6:00 - 6:10PM)

Welcome from the Chair and introductions

## **2. DECLARATION OF INTERESTS**

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

## **3. LBE INFECTIOUS EPIDEMIOLOGY AND VACCINATION UPDATE (6:10 - 6:30PM) (Pages 1 - 12)**

Gayan Perera, Public Health Intelligence Team Manager.

Including updates on Covid-19, Influenza, Polio, MPX Vaccination Programmes.

PAPER SENT TO FOLLOW

## **4. DRAFT COUNCIL PLAN 2023-26 (6:30 - 6:50PM) (Pages 13 - 50)**

Sarah Gilroy, Strategy and Policy Manager, Corporate Strategy Service, LB Enfield.

PAPER ATTACHED

## **5. JOINT HEALTH AND SOCIAL CARE COMMISSIONING BOARD REPORT ON BETTER CARE FUND (6:50 - 7:10PM) (Pages 51 - 84)**

Doug Wilson, Head of Strategy, Service Development and Resources / Matt Casey, Service Manager of Strategy & Service Development, People Department, LB Enfield.

PAPER SENT TO FOLLOW

## **6. BOARD DEVELOPMENT AND DEVELOPMENT OF A NEW HWB STRATEGY (7:10 - 7:40PM)**

Mark Tickner (Health and Wellbeing Board Partnership Manager) / Dudu Sher-Arami (Director of Public Health), LB Enfield.

## **7. ANY OTHER BUSINESS**

## **8. MINUTES OF THE MEETING HELD ON 6 OCTOBER 2022 (Pages 85 - 90)**

To receive and agree the minutes of the meeting held on 6 October 2022.

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

Next meeting date and development session of Enfield Health and Wellbeing Board:

Enfield Health and Wellbeing Board:

Thursday 2 March 2023, 6:30PM

Development Session:

Thursday 2 March 2023, 5:00PM



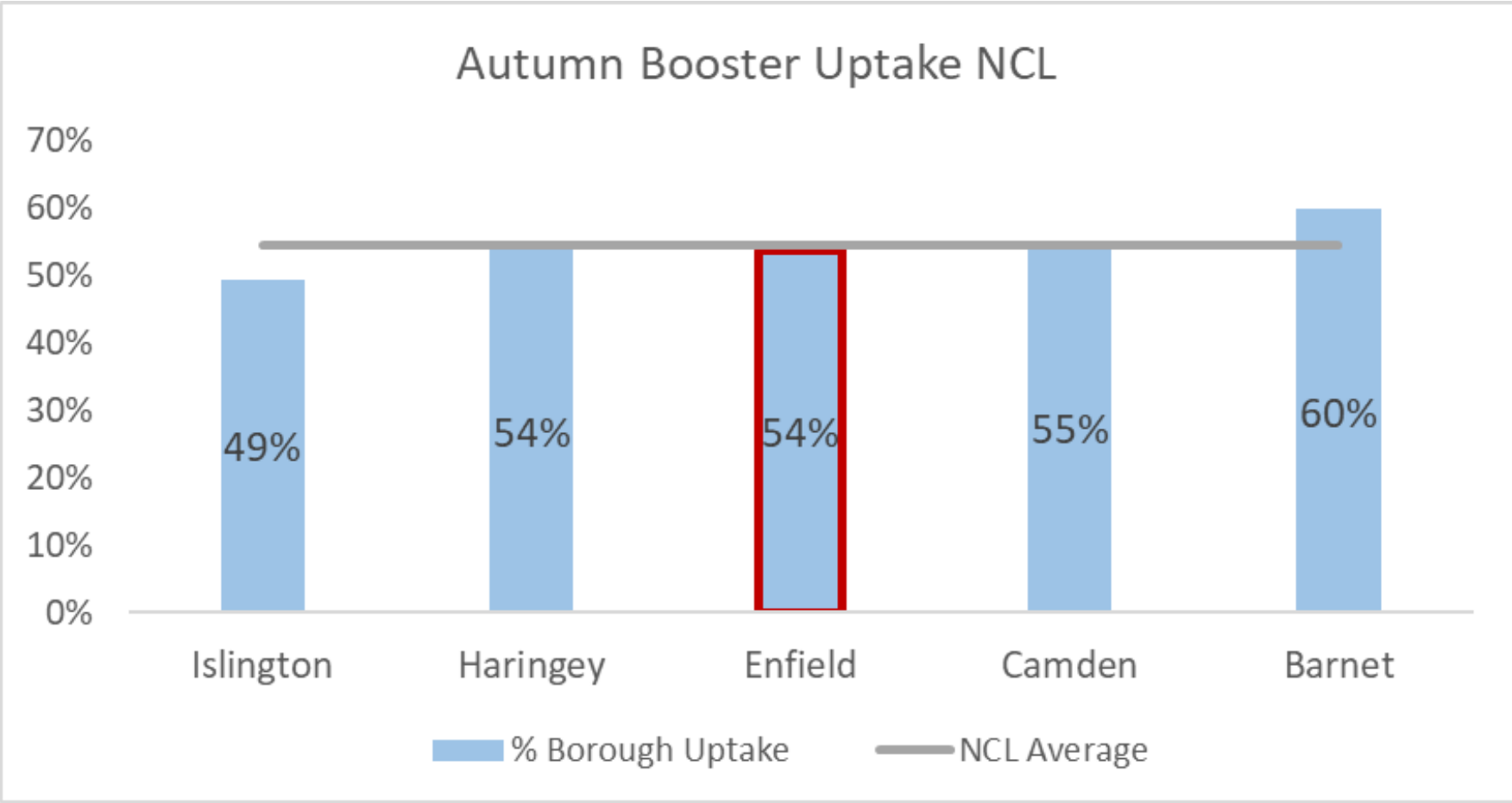
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# *COVID-19, Polio and flu vaccine uptake in Enfield*

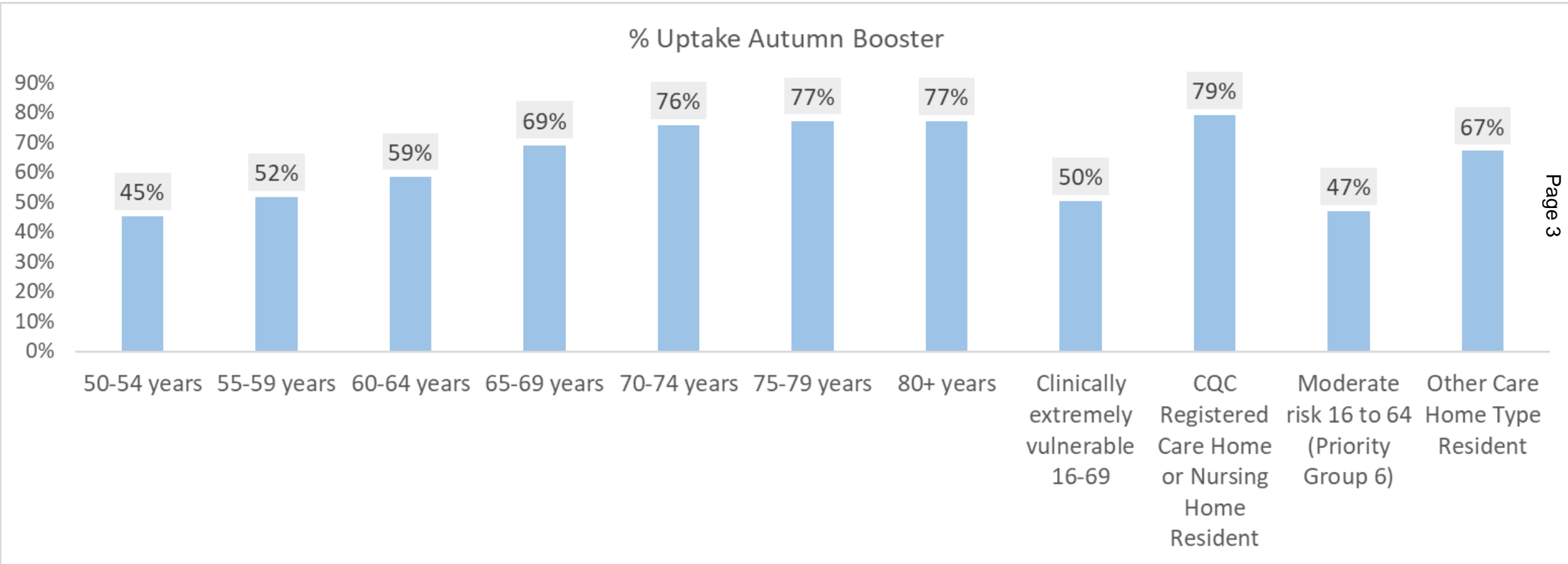
*15<sup>th</sup> December 2022*



# Autumn COVID-19 vaccine Booster, NCL Comparison



# Autumn COVID-19 vaccine, Booster Uptake, Enfield



# Flu vaccination uptake

15<sup>th</sup> September – 6<sup>th</sup> December 2022

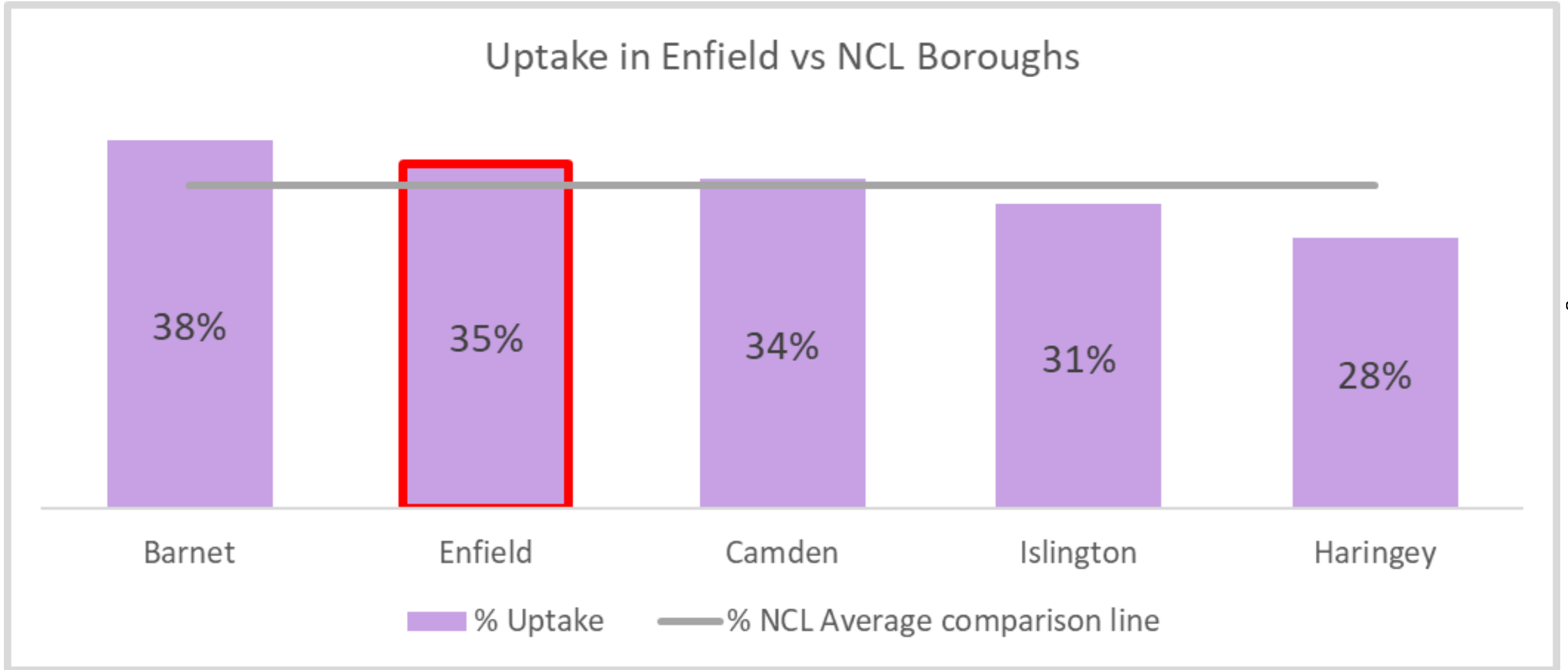
[www.enfield.gov.uk](http://www.enfield.gov.uk)

Striving for excellence

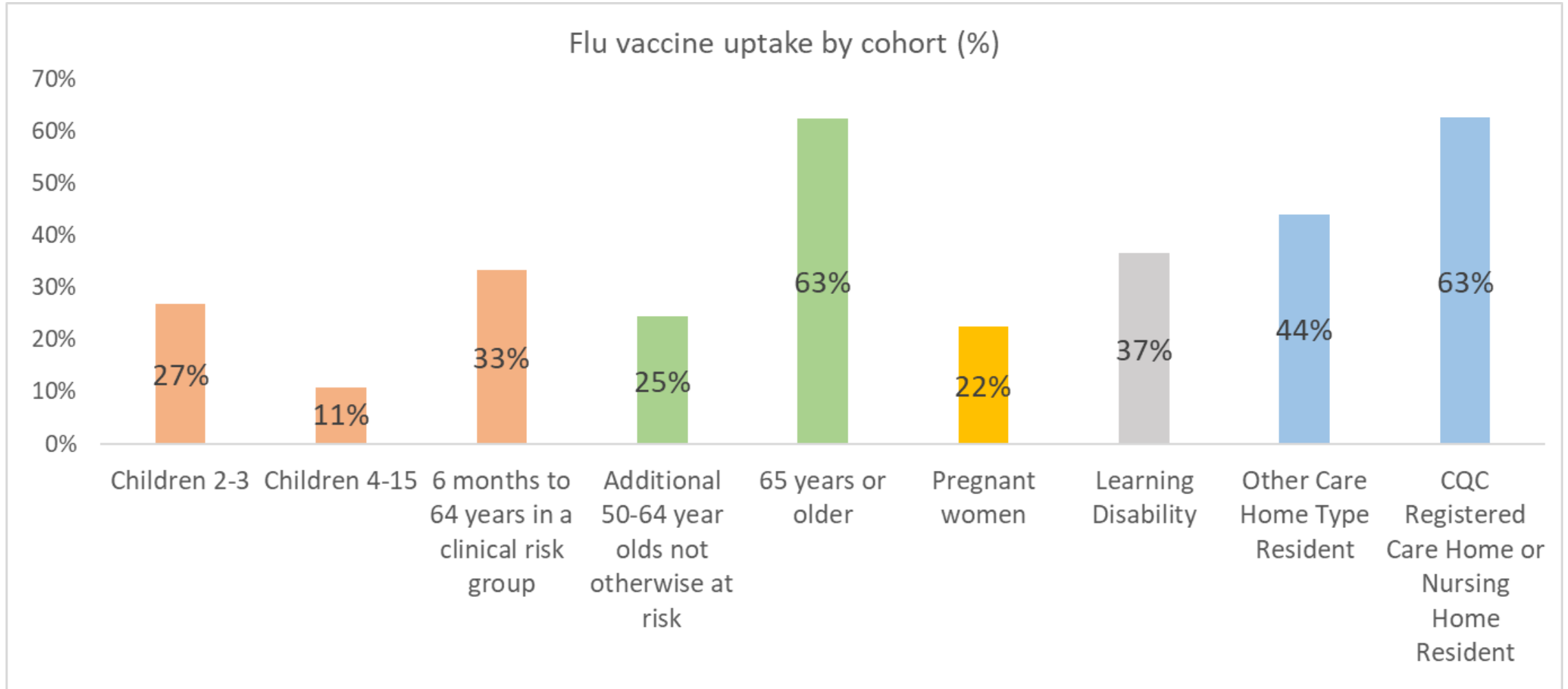




# Flu vaccination uptake rankings

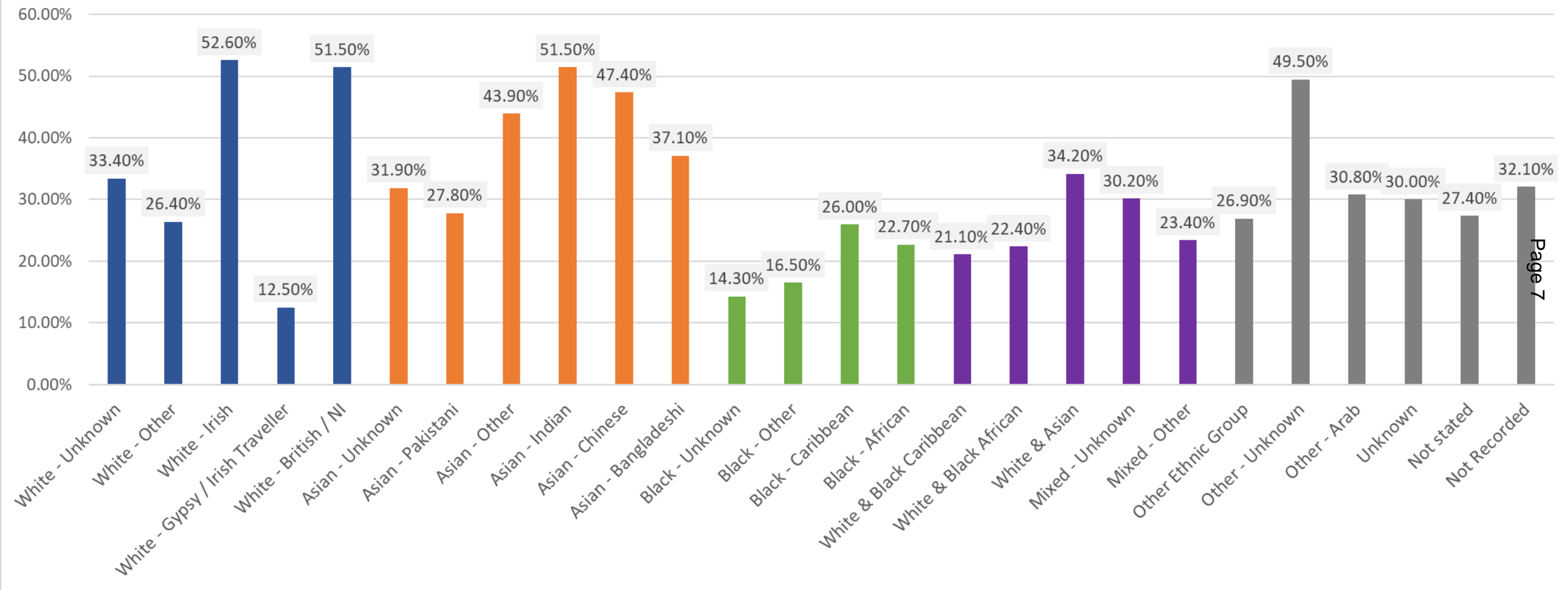


# Uptake by cohort (%)

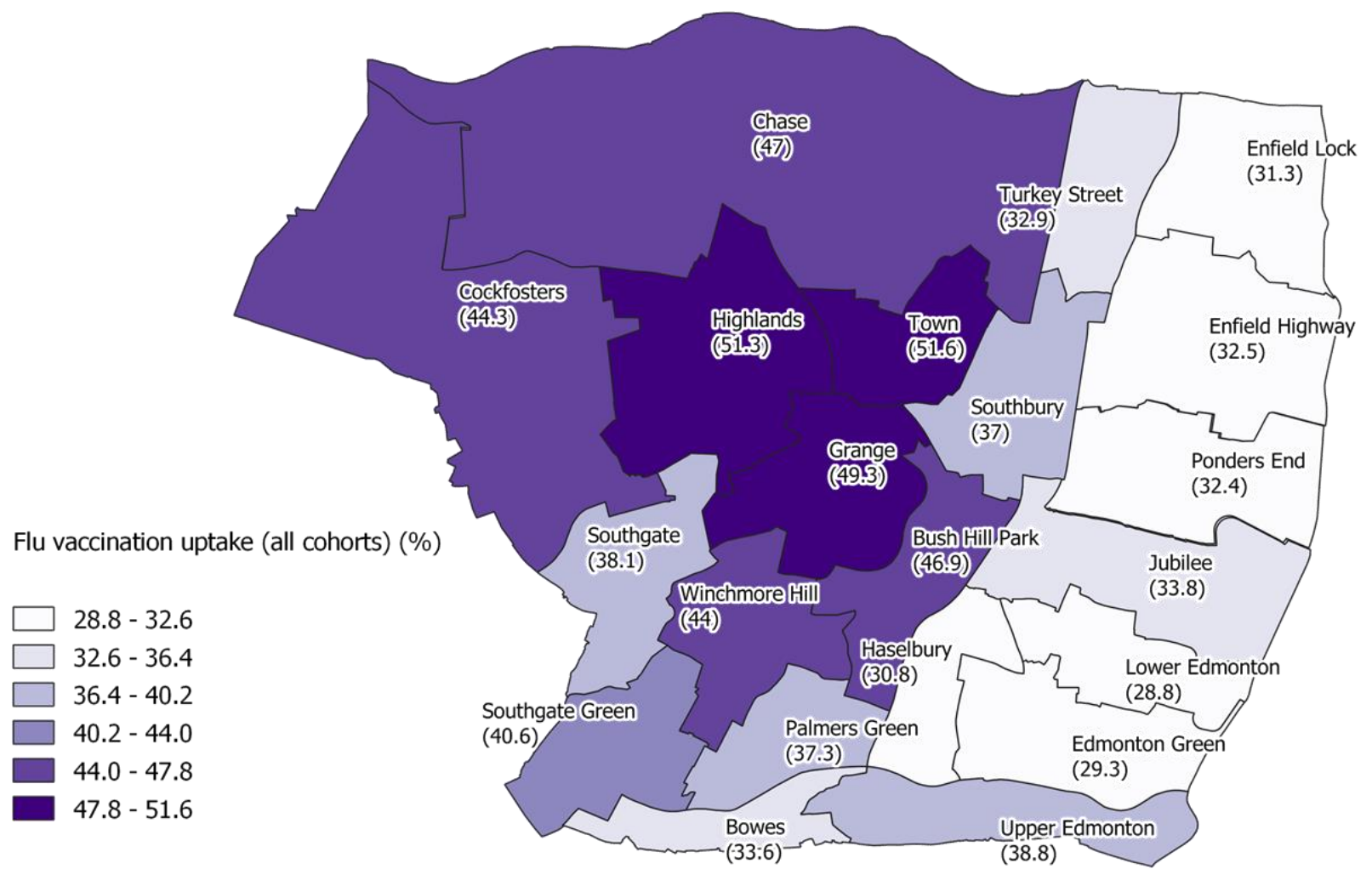


# Ethnicity

Flu vaccine uptake (all cohorts) by ethnicity



# Uptake across the borough



# Polio vaccination uptake

6<sup>th</sup> Dec 2022

[www.enfield.gov.uk](http://www.enfield.gov.uk)

Striving for excellence



# Childhood and Catch-up Polio Vaccinations

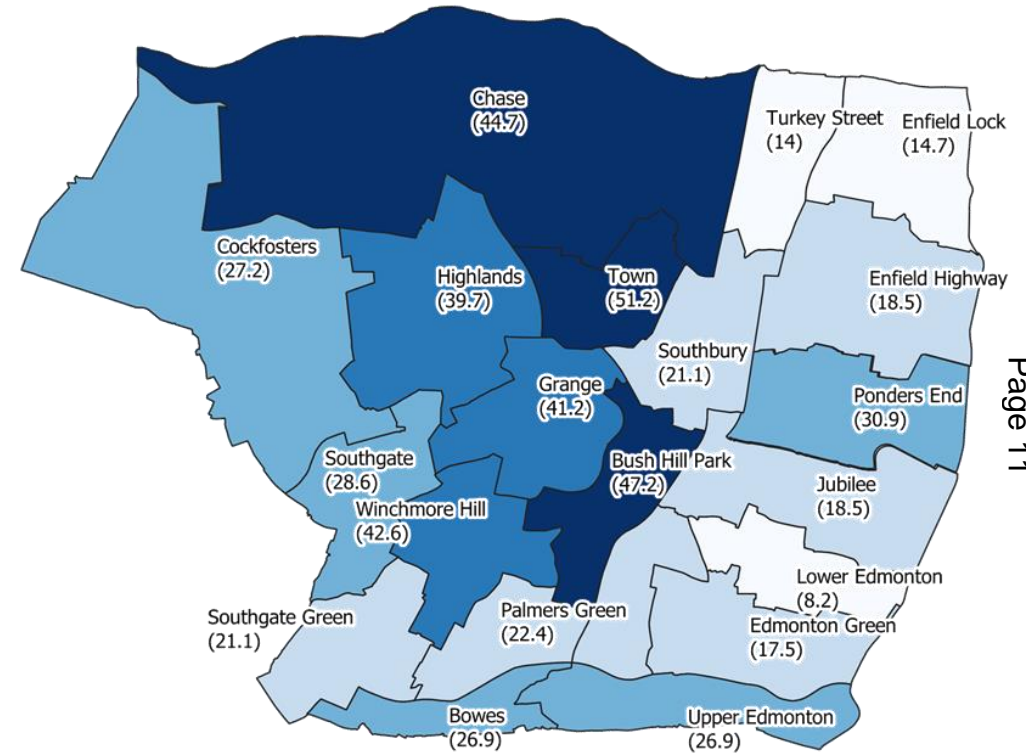
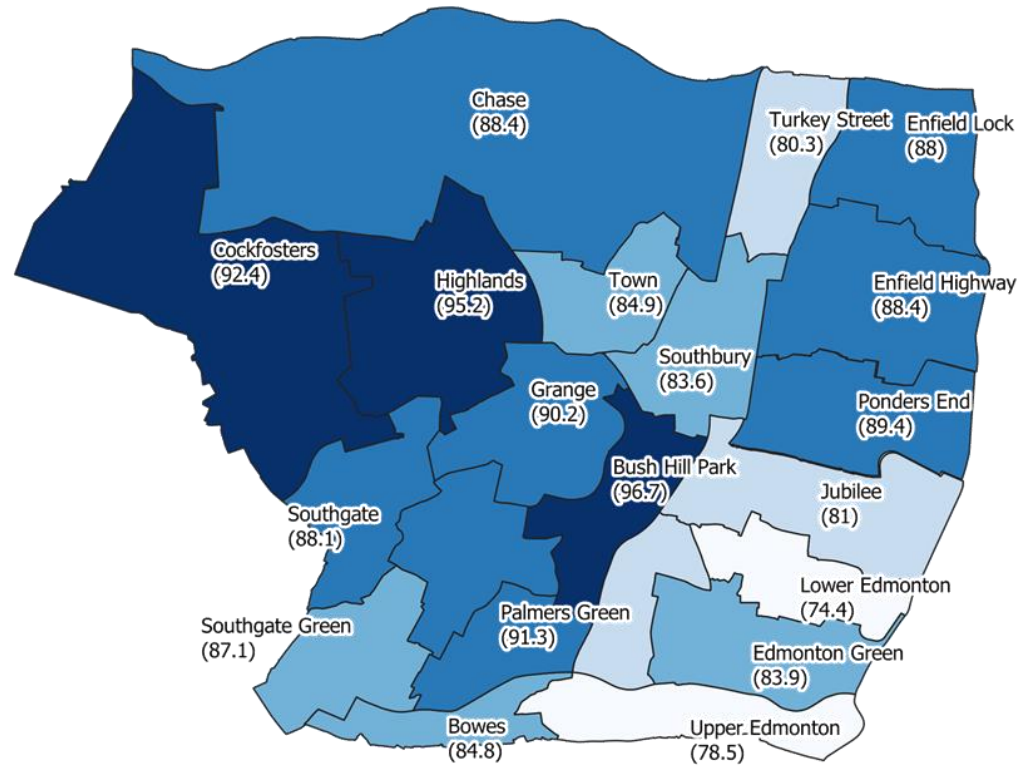
Latest data: 6<sup>th</sup> Dec

Childhood Vaccinations	Uptake (%)	ICS Average (%)
6-in-1 at 1 years	85.8%	88%
6-in-1 dose at 2 years	86.1%	88%
6-in-1 at 5 years	87.1%	88%
4-in-1 Booster 5 Years	72.3%	75%

Catch-up Vaccinations	Uptake (%)	ICS Average (%)
6-in-1 polio catch-up campaign 1 Year	27.4%	30.1%
6-in-1 polio catch-up campaign 2 Years	28.9%	31.1%
6-in-1 polio catch-up campaign 3 Years	5.5%	7.3%

% Uptake of 6-in-1 vaccine at 1 year

% Uptake of 6-in-1 vaccine: 1 year catch-up



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**MUNICIPAL YEAR 2022/2023**

**Health and Wellbeing Board**  
**15 December 2022**

Report of Chief Executive

Contact officer and telephone number:  
 Sarah Gilroy, Strategy and Policy  
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<b>Agenda - Part:</b>	<b>Item:</b>
<b>Subject:</b>	
<b>Draft Council Plan 2023-26</b>	
<b>Wards: ALL</b>	
<b>Cabinet Member consulted: Leader</b>	
<b>Approved by: Chief Executive</b>	

**EXECUTIVE SUMMARY**

1. The new draft Council Plan 2023-26: *Investing in Enfield* replaces our previous Council Plan 2020-22: *A Lifetime of Opportunities*. It sets out the Council's strategic direction and priorities for the next three years. The Plan will be used to inform and guide staff across the organisation on the Council vision and priorities and will be available online for all our stakeholders and partners to learn more about the Council and our goals.
2. The draft Plan is being shared with stakeholders for feedback and discussion, prior to approval of the final Plan by Council which is scheduled for February 2023.

**RECOMMENDATIONS**

3. The Health and Wellbeing Board is asked to:
  - Note and provide feedback on the draft Council Plan 2023-26

**BACKGROUND**

4. The new Council Plan 2023-26 replaces our previous Council Plan: *A Lifetime of Opportunities* which was approved by Council in 2020 and expired in 2022.
5. The previous Council Plan 2020-22 set out three overarching priorities and four cross-cutting themes.
6. The three priorities were:
  - Good homes in well-connected neighbourhoods
  - Safe, healthy and confident communities
  - An economy that works for everyone
7. The four cross-cutting themes were:

- A modern council
  - Fairer Enfield
  - Early Help
  - Climate Action
8. A full review of the previous Council Plan 2020-22 was carried out between January and April 2022 to evaluate progress against these priorities and cross-cutting themes and outcomes achieved. The review has informed the new Council Plan 2023-26 alongside the Ruling Group manifesto from the May 2022 elections; analysis of local socio-economic data; benchmarking with other local authorities; and analysis of wider engagement and research carried out across the local authority on specific projects.

## REPORT

9. The new draft Council Plan 2023-26: *Investing in Enfield* sets out the Council's strategic direction and priorities for the next three years. The plan sets out five overarching priorities; five principles; and five future outcomes we're working towards. The Plan will be used to inform and guide staff across the organisation on the Council vision and priorities and will be available online for all our stakeholders and partners to learn more about the Council and our goals.

10. The five priorities are:

- **Clean and green places**
- **Strong, healthy and safe communities**
- **Thriving children and young people**
- **More and better homes**
- **An economy that works for everyone**

Each priority is underpinned by a set of strategic high-level actions.

11. The way the Council engages and work with residents, businesses and partners and the way it makes decisions and allocates resources are fundamental to the success. The Council Plan principles explain how the Council will work to deliver its vision for Enfield and are:

- **Fairer Enfield**
- **Accessible and responsive services**
- **Financial resilience**
- **Collaboration and early help**
- **Climate conscious**

12. We have identified long term outcomes that we are seeking to positively impact over the four years of our Council Plan and beyond. We have identified measurable indicators to help us understand progress on achieving these outcomes for all our residents. Most of these indicators will show us how we're doing on tackling long-standing challenges, such as poverty and health inequality, which are impacted by many complex factors, including

those outside of our control. While these challenges can only be addressed by many institutions and individuals working together over the longer term, we are investing in Enfield and delivering our services in order to contribute towards improvement across all these indicators for the future. The five future outcomes are:

- **Residents live happy, healthy and safe lives**
- **Residents have enough income to support themselves and their families**
- **Children and young people do well at all levels of learning**
- **Residents live in good quality homes they can afford**
- **Residents live in a carbon neutral borough**

13. The new Council Plan 2023-has been developed through workshops, analysis reflection and debate by elected members, the Executive Management Team (EMT), senior managers and staff.

14. The draft plan has also been informed by a review of progress made against the previous Council Plan 2020-22 priorities; the Ruling Group manifesto from the May 2022 elections; data showing local evidence of need; benchmarking of other local authorities; and analysis of wider engagement and research carried out across the local authority on specific projects.

#### **ALTERNATIVE OPTIONS CONSIDERED**

15. In developing the new Plan, other options regarding priorities, principles and future outcomes have been considered. The proposed Council Plan 2023-26 has been informed by robust consultation with officers and elected members; a review of the previous Council Plan 2020-22; the Ruling Group manifesto from the May 2022 election; an analysis of socio-economic data; an Equality Impact Assessment; and benchmarking of best practice and is the recommended approach.

#### **REASONS FOR RECOMMENDATIONS**

16. The new Council Plan 2023-26 replaces our previous Council Plan 2020-22: *A Lifetime of Opportunities*. We have reflected on progress made on delivering this 2020 Plan; and on the challenges and opportunities for the borough and its residents for the next three years to create a new refreshed vision and priorities for 2023 – 2026.

17. The new Council Plan provides a renewed strategic direction for the Council as it continues to invest in the borough to deliver positive outcomes for residents.

#### **KEY RISKS**

18. The Council is experiencing significant financial pressures due to rising demand for services from a growing population combined with decreasing Government funding, rising inflation and interest rates. There is a risk that

these financial pressures will negatively impact on the Council's ability to deliver on the Council Plan priorities. The annual Budget and Medium Term Financial Plan outline how the Council will direct resources to deliver the objectives set out in the Council Plan.

19. The Council Plan 2023-26 also recognises the need for the Council to work in collaboration with partners and stakeholders to deliver on our vision for the borough.
20. We will create new corporate performance scorecards for 2023/24 onwards in line with the priorities set out in the Plan, to track our performance and progress in delivering our five new priorities. These will be reported to Directorate Management Teams, Executive Management Team and Cabinet quarterly. This performance management framework will enable senior leadership and Cabinet to monitor the progress being made towards delivering the Plan; consider the current and future strategic risks associated with the information provided and use this to inform decision-making; and challenge progress with responsible officers as necessary.
21. Each Department Management Team will also produce annual service plans that detail the work they are undertaking to deliver on the Council Plan priorities and review progress against their service plans on a quarterly basis.

## **ENVIRONMENTAL AND CLIMATE CHANGE CONSIDERATIONS**

22. The new Council Plan 2023-26 will support the Council to deliver on its commitments to become a carbon neutral organisation by 2030 and a carbon neutral borough by 2040 as set out in the Enfield Climate Action Plan.
23. The draft Council Plan 2023-26 includes a principle for us to be climate conscious. This means that the Council will continue to consider the impact of all decisions on the environment and climate change, ensuring that the decisions it makes across operations will help us on our path towards carbon neutrality. This includes considering energy consumption, carbon emissions, and environmental risks associated with our decisions, and how we will adapt to the impacts of climate change.
24. The draft Council Plan 2023-26 sets out the Council's vision to deliver clean and green places that will help to tackle climate change and protect residents and businesses from the impacts of changing weather that we are already starting to experience. This includes enhancing biodiversity by planting more trees and introducing new wetlands and wildlife programmes; continuing to deliver programmes that make low carbon transport easier and safer for people; and supporting and enabling our residents and businesses to make better use of resources. The Council Plan also reaffirms our commitment to reduce emissions from our buildings and the emissions created from the goods and services we use.

## **IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY**

25. The draft Council Plan 2023-26 sets out our vision to build and maintain strong, healthy and safe communities where people lead active lifestyles, have access to healthy food, feel safe in and connected to their community and live in good health for as long as possible.
26. The conditions in which people grow, live, work and age can make it harder for them to live healthier lives. There is a stark difference in life expectancy and in the number of years lived in good health, between people who live in poverty and those who do not. The Health and Wellbeing Strategy outlines the need to take a system-wide approach and work as an effective partnership to improve the wider determinants of health – housing, education, welfare, work and poverty. Across all the Council Plan priorities, the Council is seeking to address these wider determinants of health and contribute to reducing health inequalities and improving physical and mental wellbeing for everyone. This is also reflected in the future outcomes we're seeking to impact.

## **EQUALITIES IMPACT IMPLICATIONS**

27. The draft new Council Plan 2023-26 is closely aligned to and supports the delivery of the Fairer Enfield: Equality, Diversity and Inclusion Policy. Fairer Enfield has been included as one of the five underlying principles to outline how the Council will consider equality, diversity and inclusion in the decisions it makes on how to deliver the best possible outcomes for its communities.
28. To analyse how the new Council Plan 2023-26 could impact differently on people who share a protected characteristic compared with those who do not, we have completed an Equalities Impact Assessment (EqIA). Based on this assessment, we do not expect delivery of the Council Plan 2023-26 to have any adverse impacts on any group who share a protected characteristic. The EqIA indicates that delivery of this new Plan is expected to positively impact on all our residents and contribute toward addressing existing inequalities, helping us to meet our Public Sector Equalities Duty to advance equality of opportunity between groups.

## **Background Papers**

Draft Council Plan 2023-26

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## **Investing in Enfield**

### **Draft Enfield Council Plan 2023-26**

**December 2022**

**Foreword from Leader of the Council to be included for final draft**

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# **Draft Council Plan framework**

## **Investing in Enfield**

<b>Priorities</b>				
Clean and green places	Strong, healthy and safe communities	Thriving children and young people	More and better homes	An economy that works for everyone

<b>Principles</b>				
Fairer Enfield	Accessible and responsive services	Financial resilience	Collaboration and Early help	Climate conscious

<b>Future outcomes</b>		
Residents live happy, healthy and safe lives	Children and young people do well at all levels of learning	Residents live in a carbon neutral borough
Residents have enough income to support themselves and their families	Residents live in good quality homes they can afford	





## Priorities and actions

### Clean and green places

- Enhance biodiversity and protect our parks, open spaces, woodlands, watercourses, wetlands, trees and shrubs
- Keep our streets and public spaces clean and welcoming
- Enable active and low carbon travel
- Facilitate reuse of materials, reduce waste and increase recycling rates
- Reduce carbon emissions from our buildings, street lighting, fleet and the goods and services we procure

### Strong, healthy and safe communities

- Improve feelings of safety and tackle crime and antisocial behaviour
- Protect vulnerable adults from harm and deliver robust early help and social care services
- Work with our partners to provide high quality and accessible health services
- Support communities to access healthy and sustainable food
- Improve our leisure and sports opportunities to enable more active lifestyles
- Nurture our arts, heritage and creative sectors to connect people through culture

### Thriving children and young people

- Help all children to have the best start in life
- Safeguard children and increase support in-borough for looked after children with complex needs
- Improve educational outcomes for all children and young people
- Increase local education, play and leisure opportunities for children and young people with special educational needs and disabilities
- Engage children and young people in positive activities
- Involve young people in decisions that affect their lives

### More and better homes

- Build and facilitate more good quality homes that local people can afford
- Invest in and improve council homes
- Drive up standards in the private rented sector
- Deliver low carbon, and climate-resilient new-build homes and facilitate retrofitting of existing homes
- Create well-connected, digitally enabled and well-managed neighbourhoods
- Provide a range of specialist housing for those who need it

### An economy that works for everyone

- Enable local people to develop skills to access good quality work
- Support local businesses and encourage inward investment in growing sectors which offer sustainable employment to local people
- Provide support and advice for residents on low incomes
- Develop town centres that are vibrant, healthy and inclusive
- Transform our industrial land to create modern and low carbon spaces for business

## **DRAFT**

### **Our Principles**

We are investing in Enfield to deliver positive outcomes for our communities. The way we engage and work with our residents, businesses and partners and the way we make decisions and allocate resources are fundamental to our success. Our five principles explain how we work.

The right values and behaviours are key to the delivery of our vision for Enfield. We expect everyone, regardless of who they are and what they do for the Council, to demonstrate these values and behaviours.

Our values are to be bold; make a difference; and show you care.

Our behaviours are to take responsibility; be open, honest and respectful; listen and learn; and work together to find solutions.

#### **Fairer Enfield**

Investing in a fairer Enfield is central to everything we do. We are developing our understanding of how our services and projects impact different members of our community in different ways and using every opportunity to tackle longstanding inequalities and improve outcomes for people experiencing disadvantage.

In [Fairer Enfield 2021-25](#) we outline our principles as a community leader, service provider and commissioner, and employer. We define an equal and inclusive borough as one where all residents, service users, council staff and elected members are supported to fulfil their potential, are treated equally with respect and are actively involved in shaping the decisions that will affect their workplace and wider community.

As a community leader, equality, diversity and inclusion are central to the decisions we make on how to deliver the best possible outcomes for our communities at a time of considerable financial challenge, both for local people and for the local authority.

#### **Accessible and responsive services**

We want everyone who comes into contact with the council to have a positive experience of our staff, our buildings and the service we provide. Whether this is a resident contacting us to make a planning application, a business contacting us about paying their business rates, or a prospective candidate contacting us about a job application, we want everyone to be treated with respect, given the information they need and helped to resolve their query or request promptly and effectively.

Since 2020, we have enhanced our digital offer with the launch of a new user-friendly website so that those who are able to can self-serve, giving our staff more time to spend on complex queries and with residents who need extra support. We're continuing to invest in the digital systems we need to keep providing our services as effectively as possible.

Where our services are provided from a Council venue, we'll manage and look after those buildings so that they are safe, accessible, supported with the right technology and in the right locations. We have developed community hubs at our flagship libraries, giving residents easy access to the support and services they need in one place. We will seek to continuously drive improvement in our services, ensuring they are accessible for and responsive to our diverse communities and partners.

### **Financial resilience**

We are having to manage our financial position in exceptionally challenging and uncertain times. Since 2010, our funding from central government has been cut by just under 50%, whilst our population has grown by 13%. This has resulted in significant increases in demand for services which will be further compounded by the cost of living crisis. Rising inflation and interest rates, the cost of living crisis as well as the ongoing cost of recovering from the Covid-19 pandemic present additional financial challenges.

We need to deliver excellent value for money in all that we do and target our resources smartly to enable us to meet the needs of our residents, now and in the future. To do this, we will plan ahead carefully, making decisions based on evidence of what works, to deliver on the priorities set out in this plan. We will invest in our organisation to become more efficient and effective in what we do, in order to prevent higher costs for the future. This includes ensuring we have the right digital infrastructure in place. We will deliver our long-term regeneration programme for the borough to drive transformational change for Enfield and achieve better outcomes for local people. This will also support our financial resilience by growing the local economy and the Council Tax base.

We will look for new and innovative ways to generate income, so that we have additional funding to invest in services over the long-term. In line with our new [Sustainable and Ethical Procurement Policy](#), we will use our significant purchasing power to help us achieve our strategic objectives, ensuring our suppliers show a wider commitment to the borough, our residents and local businesses through the delivery of social value.

### **Collaboration and early help**

We work together with our partners to provide support as early as possible to children, young people, families and adults to prevent problems from escalating and reduce the demand for specialist and costly services. When problems are identified early on, residents have better outcomes and the cost to public services is less. Our [Early Help Strategy](#) sets out our vision to work with our communities and partners to help everyone in Enfield be resilient, overcome challenges and lead happy and fulfilling lives. We will continue to embed early help across the Council and ensure we provide clear information and advice to residents, so they know where to go to access support. We will work closely with our residents and voluntary and community groups to empower them to take positive action in their neighbourhoods, building on social capital and networks which help make the borough better for everyone.

## **Climate conscious**

We are committed to becoming a carbon neutral organisation by 2030 and a carbon neutral borough by 2040. To meet these targets, we must consider the impact of all our decisions on the environment and climate change, ensuring that the decisions we make across the Council's operations will help us on our path toward carbon neutrality. This includes considering energy consumption, carbon emissions, and environmental risks associated with our decisions, and how we will adapt to the effects of climate change. More information can be found in our [Climate Action Plan](#).

DRAFT

## Priority One: Clean and green places

<b>40%</b> of the borough lies within designated <b>Green Belt and Metropolitan Open Land</b>	<b>10,000 hectares</b> of <b>open water</b> , the <b>highest</b> among any London borough	<b>1030 hectares of parks and open spaces</b> , attracting <b>13 million visitors</b> each year
<b>14 School Streets</b> across the borough	<b>30.9%</b> of household waste was sent for <b>reuse, recycling and composting</b> in 2021/22	In 2021/22, the <b>council's total direct emissions</b> were <b>17,662 tCO<sub>2</sub>e</b> , a <b>reduction of 19%</b> from 2018/19
<p>The latest data on <b>borough-wide emissions</b> from 2018 shows a total of <b>1,114,769 tCO<sub>2</sub>e</b>, a <b>2% reduction</b> from 2017, broken down into the following contributors:</p> <ul style="list-style-type: none"> <li>• Domestic buildings – 39%</li> <li>• Transport – 34%</li> <li>• Commercial, institutional and industrial buildings – 24%</li> <li>• Waste – 3%</li> </ul>		

We will:

- Enhance biodiversity and protect our parks, open spaces, woodlands, watercourses, wetlands, trees and shrubs
- Keep our streets and public spaces clean and welcoming
- Enable active and low carbon travel
- Facilitate reuse of materials, reduce waste and increase recycling rates
- Reduce carbon emissions from our buildings, street lighting, fleet and the goods and services we procure

Enfield is rich in parks, open spaces, woodlands and watercourses. We are investing in the biodiversity of our borough through the introduction of new wetlands, wildlife programmes and green spaces. This is providing more people with access to nature and the associated health and wellbeing benefits this brings, while also helping to tackle climate change and protect residents and businesses from the impacts of changing weather that we are already starting to experience.

We want to protect and enhance our natural environments and encourage more people to use and enjoy these spaces. We will work with residents, community groups and other stakeholders to further enhance our attractive network of parks. We aim to become the greenest borough in London by planting more trees and other greenery in our urban areas, creating new woodlands and introducing new wetlands and wildlife programmes. By creating high quality and accessible open spaces where residents can experience nature and biodiversity, we will help boost physical and mental health and wellbeing.

We are also bringing more greenery and biodiversity onto our streets and into our neighbourhoods through creating new rain gardens and planting more street trees. We are improving how we keep all public spaces, from parks to high streets, free

from litter and fly-tipping. As part of our efforts to keep Enfield clean, we will continue to take enforcement action against those who fly tip in our borough and place CCTV cameras at fly-tipping hotspots to catch those who dump rubbish.

The climate emergency presents a serious risk to our communities. Extreme weather events like the flooding and heatwaves we have witnessed recently are a consequence of climate change. As temperatures rise, so too will the frequency of such events. Our programmes to improve and enhance the natural environments of our borough are also helping to protect us from heat, through the cooling impact of green spaces and from flooding, through the natural flood defences created by wetlands and tree planting.

Air pollution, largely caused by road traffic, poses a serious risk to the health of our residents and visitors, particularly more vulnerable groups such as children, older people and those with heart and respiratory conditions. We need to reduce the numbers of vehicles on our roads, and we continue to deliver programmes to make low carbon transport – walking, cycling, and public transport – easier and safer for more people. We're taking a more strategic approach to managing parking and the kerbside, to help us make better use of street space. We're reducing the emissions from the Council's transport by changing our own fleet to electric vehicles.

We are also working to reduce emissions from our buildings and the emissions created from the goods and services we use. We are improving energy efficiency and developing robust plans for decarbonising our heating across all council buildings, from our Civic Centre, to our libraries, community centres and schools. We are supporting residents and businesses to make better use of resources, reduce waste and improve recycling rates.

As a community leader, we are well placed to encourage and enable our residents, businesses and local partners to also reduce emissions from their buildings; adopt low or zero carbon behaviours and work with us to achieve a carbon neutral borough by 2040 – so that we can protect our borough and the planet for future generations.

## **Our strategies**

To find out more about how we're delivering on this priority, take a look at some of our key strategies:

[Climate Action Plan](#)

[Blue and Green Strategy 2021 - 2031](#)

## Clean and green places: Our achievements so far

We have dedicated resources to clearing our borough of unsightly and illegal dumping and continue to take enforcement action against people who fly-tip.

Between 2019 and 2022, we delivered on our ambitious programme to plant 100,000 trees at Enfield Chase in partnership with charity Thames21. The new woodland will improve biodiversity, reduce flood risk and provide residents with access to nature.

Our award-winning Watercourses team created a new wetland at Albany Park which opened in October 2021, creating wildlife-rich spaces for local communities to enjoy, providing opportunities for education and volunteering and reducing flood risks to homes.

Since 2019, we have made 12 School Streets across the borough permanent, improving air quality and making it safer for primary school pupils to walk, cycle and scoot to school.

In July 2022, we launched an innovative digital platform to allow materials coming out of demolition projects to be reused, supporting our commitments to reduce carbon emissions and promote the circular economy.

We were awarded an A rating for our sustainability and climate action work by internationally recognised environmental data charity CDP.

Our council buildings and communal council housing areas are now supplied by 100% renewable electricity.

We have delivered £3.1 million of low-carbon retrofit works to council buildings and schools, funded through the Public Sector Decarbonisation Scheme. We installed 589 solar panels to five council buildings and 10 air source heat pumps to reduce reliance on natural gas.

**Clean and green places: Case study (in development)**

Four Hills greening – case study on one of the residents and the impact the new gardens have had on them.

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## Priority Two: Strong, healthy and safe communities

The proportion of <b>over 65s</b> in Enfield <b>grew by 16%</b> between 2011 and 2021.	Enfield has one of the <b>largest number of care providers in London</b> , including <b>82 care homes</b> .	<b>Men</b> in Enfield can expect to live an average of <b>64.3 years in good health</b> and <b>women</b> can expect to live <b>62.1 years</b> .	The difference in <b>female life expectancy</b> between the <b>most</b> and <b>least deprived</b> areas in Enfield is <b>7.4 years</b> .
<b>61.4%</b> of adults in the borough are <b>physically active</b> , doing at least 150 minutes of moderate intensity activity each week.	<b>8.3%</b> of residents are living with <b>diabetes</b> , higher than London and England averages.	In 2021/22, Enfield's <b>crime rate</b> was <b>88.97</b> per 1,000 residents, <b>lower</b> than the <b>London</b> average of 92.75.	The difference in <b>male life expectancy</b> between the <b>most</b> and <b>least deprived</b> areas in Enfield is <b>7.2 years</b> .

We will:

- Improve feelings of safety and tackle crime and antisocial behaviour
- Protect vulnerable adults from harm and deliver robust early help and social care services
- Work with our partners to provide high quality and accessible health services
- Support communities to access healthy and sustainable food
- Improve our leisure and sports opportunities to enable more active lifestyles
- Nurture our arts, heritage and creative sectors to connect people through culture

We will work with residents and partners to build and maintain strong, healthy and safe communities where people lead active lifestyles, have access to healthy food, feel safe in and connected to their community and live in good health for as long as possible.

The conditions in which people grow, live, work and age can make it harder for them to live healthier lives. There is a stark difference in life expectancy and in the number of years lived in good health, between people who live in poverty and those who do not. Across all our priorities, we are seeking to address the wider determinants of health – housing, education, welfare, work and poverty - and contribute to reducing health inequalities.

Physical activity is a significant factor in determining people's health, with inactivity increasing the risk of chronic conditions including heart disease, diabetes and other obesity-related illnesses. People in Enfield are less likely to be physically active (61.4% of Enfield adults compared to 65.9% of adults nationally) and our rates of obesity are higher than London averages (60.9% of Enfield adults are overweight or obese compared to 56% across London).

We are making our roads safer and more pleasant environments for walking or cycling, to encourage active travel and improve air quality, and we are also continuing to invest in improving everyone's access to sport. Over the summer 2022 we provided free swimming for children and young people; and we're planning to provide new opportunities for activity in our parks and improve what's happening inside our leisure centres too.

As well as physical activity, we know that opportunities to socially connect play a vital role in influencing people's physical and mental health and wellbeing. We are nurturing and celebrating our arts, heritage and creative sectors to enable more people across the borough, of all ages, to experience culture and connect with one another in our town centres, museums, theatres and libraries. We know that some residents do not have the digital skills needed to access essential services, support and information online and our libraries are providing support to connect people digitally - . We help people who would otherwise be digitally excluded, teaching basic computer skills and providing access to equipment and ongoing learning resources.

Access to healthy food is another important determinant of health. Income inequality is increasingly preventing many people from accessing a healthy, balanced diet - food poverty is on the rise in Enfield and more of our residents are having to use food banks. We have already set up two food pantries in Edmonton Green and Enfield Town library and are working with our partners in the Enfield Food Alliance to help residents experiencing financial hardship to access low cost, sustainable and healthy food in community-run pantries across the borough.

We will also continue to work with our partners in the NHS and voluntary and community sector organisations as part of the new integrated care system to provide high quality and accessible health services, including a new mental health and wellbeing centre to reduce the prevalence of mental ill health in the borough and improve wellbeing among our residents.

Our residents are living longer, often with one or more long term health conditions, which is increasing demand for our social care services. We will support people to live independently for as long as possible within their local communities and are helping people living with disabilities to be in control of their own lives. We are investing in innovative smart technology to enable adult social care users to stay happier, safer and more independent, and to help reduce social isolation. At the same time, we also continue to support those who need it in good quality care homes across the borough. Across all our services, we are safeguarding vulnerable adults and protecting people from harm. We work collaboratively to prevent incidents of abuse and neglect, and to respond effectively when these have occurred.

Healthy communities also need to be safe communities. We are working with our partners to improve feelings of safety, and to prevent and address serious youth violence and domestic abuse. We are creating a new community law enforcement team to help further improve feelings of safety in the borough, alongside increases in CCTV systems which are helping to prevent and detect crime.

## **Our strategies**

To find out more about how we're delivering on this priority, take a look at some of our key strategies:

[Community Safety Plan 2020 - 2022](#)

[Culture Strategy 2020 - 2025](#)

[Early Help for All Strategy 2021 – 2025](#)

[Hate Crime Strategy 2018 – 2021](#)

[Health and Wellbeing Strategy 2020 - 2023](#)

[Modern Slavery Strategy 2020 – 2023](#)

[Safeguarding Adults Strategy 2018 – 2023](#)

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## Strong, healthy and safe communities: Our achievements so far

In 2021/22, we invested £327,000 in CCTV to help keep communities safe and prevent crime and antisocial behaviour. The locations of new cameras are selected based on reported crime levels.

We protected vulnerable residents during the pandemic, providing free Personal Protective Equipment (PPE), advice and guidance and financial support to the borough's care homes.

Our Modern Slavery team continue to work with partners in the NHS and Police to tackle modern slavery and support victims. In 2021/22, the team delivered training sessions to 455 people, raising awareness about the signs of modern slavery and how to report concerns.

Our SMART Living project is utilising technology to enable Adult Social Care users to achieve happiness, safety and independence and reduce isolation. We are the first local authority to introduce artificial intelligence PainChek technology in care homes to better identify and support residents who may be experiencing pain but unable to express this verbally.

We have opened community food pantries at Edmonton Green and Enfield Town libraries. The pantries offer nutritious food at discounted prices and form part of a network of food support provided by the Enfield Food Alliance, a partnership between the Council and voluntary and community organisations.

We have helped local people get active through the development of new and improved sports facilities, including renovated netball and tennis courts in Broomfield Park which opened in December 2021 and four cricket pitches in the east of Enfield which opened in July 2022.

In 2021 and 2022, our Month of Sundays free street festivals celebrated the rich culture, heritage and diversity of Enfield. We welcomed over 47,000 attendees in summer 2021 who enjoyed food and drink from local businesses and an exciting programme of performances from local people.

We are working in partnership with community organisation Fore Street for All to deliver a rich cultural programme of events for Angel Edmonton, hosted at the recently transformed Fore Street 'Living Room' library, which opened in July 2022.

**Strong, healthy and safe communities: Case study (in development)**

Enfield Food Alliance

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## Priority Three: Thriving children and young people

<p><b>27%</b> of our population are <b>under 20</b>, higher than London and national averages. This includes:</p> <table border="1" data-bbox="193 488 523 640"> <tr> <td><b>0-4</b></td> <td>21,300</td> </tr> <tr> <td><b>5-9</b></td> <td>22,800</td> </tr> <tr> <td><b>10-14</b></td> <td>24,100</td> </tr> <tr> <td><b>15-19</b></td> <td>21,300</td> </tr> </table>	<b>0-4</b>	21,300	<b>5-9</b>	22,800	<b>10-14</b>	24,100	<b>15-19</b>	21,300	<p>The percentage of <b>pupils eligible for Free School Meals</b> has <b>increased</b> in Enfield by <b>4%</b>, from <b>17.8% in 2019/20</b> to <b>26.9% in 2021/22</b>.</p>	<p>Enfield currently maintains Education, Health and Care Plans (<b>EHCPs</b>) for <b>3.5% of 0–25-year-olds</b>. <b>10.6% of pupils</b> attending Enfield schools and settings receive Special Educational Needs (<b>SEN</b>) Support.</p>
<b>0-4</b>	21,300									
<b>5-9</b>	22,800									
<b>10-14</b>	24,100									
<b>15-19</b>	21,300									
<p><b>100%</b> of <b>Enfield maintained primary schools</b> are <b>Outstanding or Good</b>.</p>	<p>Our pupils speak over <b>189 languages or dialects</b>, with <b>48%</b> of pupils speaking <b>English as an additional language</b>.</p>	<p>There are <b>6 Youth Centres</b> in Enfield welcoming all <b>young people aged 11-19</b> years old.</p>								

We will:

- Help all children to have the best start in life
- Safeguard children and increase support in-borough for looked after children with complex needs
- Improve educational outcomes for all children and young people
- Increase local education, play and leisure opportunities for children and young people with special educational needs and disabilities
- Engage children and young people in positive activities
- Involve young people in decisions that affect their lives

We want every child and young person to be safe, healthy and happy. We are working together to empower them with the skills, knowledge and opportunities they need to thrive.

Over the last two years, our children and young people have experienced the unprecedented impact of the COVID-19 pandemic on their education and everyday lives and our families face the increasing pressure of the cost of living crisis. This has impacted children and young people at all stages, deepening existing inequalities and increasing pressure on child and adolescent mental health services.

We know that the first 1,001 days of a child's life (from conception up until the age of 2) can have a significant impact on their early development and their life chances as they grow up. This includes how well they build relationships, achieve at school, their future job prospects and their overall health and wellbeing. We are investing in new Community and Family Hubs and Children's Centres and improving take up of funded early years education places, helping families access the right information, advice and support for their children.

Some of our families need specialist and additional support, and we are seeing rising demand for our Children's Social Care team, at a time of national shortages of qualified social workers. We are committed to developing a long term and sustainable local solution to ensure we continue to protect our vulnerable children, by investing in dedicated Social Work apprenticeships.

We are committed to ensuring that every child and young person in Enfield receives an excellent education by continuing to work closely with the borough's schools. We are increasing our in-borough Special Educational Needs and Disabilities (SEND) provision so that we can care for our children and young people locally in a setting or environment that is right for them. This includes building a new SEND school as well as increasing specialist provision within mainstream schools.

Children and young people with complex needs may require a lot of additional support in their day to day lives. This provision might be for complex SEN, medical and/or mental health needs. Our local social care placements with therapeutic intervention are helping to improve outcomes. We are looking to improve experiences further by commissioning children's homes within Enfield to meet the needs of our looked after children and young people with complex health needs and behaviours of concern.

Inclusion is at the heart of decision making about our services and support for children and young people. We will further develop the range of inclusive play, leisure, social and informal learning opportunities available in the community. This will support children and young people to engage in positive activities and make healthy and informed choices about their physical and mental health and wellbeing.

As we look ahead and invest in Enfield and our community, we will continue to empower children and young people in Enfield to shape their borough and the decisions that impact their lives. This means that wherever possible, we will include children and young people in shaping the services they use and the places they go to in Enfield, in a way that is meaningful to them and has a positive impact on their experiences of living or studying in the borough.

## **Our strategies**

To find out more about how we're delivering on this priority, take a look at some of our key strategies:

[Early Help for All Strategy 2021 – 2025](#)

[Empowering Young Enfield 2021 - 2025](#)

[Looked after Children Strategy](#) (new strategy in development)

[Safeguarding Adolescents from Exploitation Strategy 2019 – 2023](#) (new strategy in development)

[SEND Partnership Strategy](#)

[Tackling Child Neglect Strategy 2022 - 2025](#)

## Thriving children and young people: Our achievements so far

In 2021, we invested £1 million in early intervention services to support children and young people with speech, language and communication needs; autism and neurodiversity; and Social Emotional and Mental Health needs.

We launched Operation Engage in October 2020 in partnership with the Metropolitan Police. Outreach youth workers in Wood Green custody suite provide support, signposting and mentoring to young people that come into custody, supporting 310 young people in 2021/22.

In 2021, we launched our New Beginnings project. We support women who have previously had their child or children removed from their care to identify and address their personal needs and future goals, develop resilience and improve their health and wellbeing. The team is currently working with twelve women.

We have increased in-borough provision for children and young people with special educational needs and disabilities by opening [Designated Units](#) in three of our special schools during 2021 and 2022.

We launched an [Inclusion Charter](#) which sets out principles and guidance for early years settings, schools and colleges to provide an inclusive education for children and young people with special educational needs and disabilities.

We opened a brand-new youth centre in Ponders End in July 2021. The centre provides young people with a safe place to meet friends and enjoy a range of educational and recreational activities.

We funded free swimming lessons to under-16s over the summer holidays in 2022, giving young people the opportunity to meet their friends and stay active.

In 2020/21, the Enfield Safeguarding Children Partnership led on the creation of 11 safeguarding ambassadors – a group of young people who act as critical friends and work with the partnership on a range of activities including co-producing a training programme.



**Thriving children and young people: Case study (in development)**

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## Priority Four: More and better homes

<p>There are <b>120,900 households</b> in Enfield.</p> <p><b>8%</b> of homes in Enfield are <b>local authority owned</b>.</p> <p><b>7%</b> are <b>registered provider owned</b>.</p> <p><b>51%</b> are <b>owner occupied</b>.</p> <p><b>34%</b> are in the <b>private rented sector</b>.<sup>1</sup></p>		<p>The average salary in Enfield is £35,586. The <b>house price to earnings ratio</b> as of December 2021 was <b>12.1 to 1</b> for <b>houses</b> and <b>8.3 to 1</b> for <b>flats</b>.</p>
<p>As of October 2022, there were <b>3,094 households</b> in Enfield living in <b>temporary accommodation</b>.</p>	<p>We own <b>10,500 council homes</b> and have <b>repairs obligations</b> for a further <b>500</b>.</p>	<p><b>Emissions from homes</b> in Enfield account for an estimated <b>35%</b> of the <b>borough's total emissions</b>.</p>

We will:

- Build and facilitate more good quality homes that local people can afford
- Invest in and improve our council homes
- Drive up standards in the private rented sector
- Deliver low carbon, and climate-resilient new-build homes and facilitate retrofitting of existing homes
- Create well-connected, digitally enabled and well-managed neighbourhoods
- Provide a range of specialist housing for those who need it

Our ambitious regeneration programme will deliver a range of high-quality homes for local people on different incomes to live in at different stages of their lives, and transform our borough for the future. We are also working to improve the conditions of homes which are already built. We are aiming for homes and neighbourhoods that are mixed income; health-promoting; environmentally sustainable; child, age and disability friendly; and digitally connected.

There is a nationally acknowledged housing crisis and locally this challenge is significant. We have many residents on low or medium incomes and an acute shortage of social and affordable rented homes. As a result of this, we have over 4,500 households on the Housing Register and over 3,000 households living in temporary accommodation. The rising cost of living is expected to further compound this housing crisis, while conditions in the housing market are shifting, particularly regarding landlords in the private rented sector.

We are also operating in a very challenging and volatile climate for increasing housing supply, with rising interest rates and inflationary pressures on material and labour costs in the construction industry. Over the next few years, we will be identifying new and innovative ways to deliver our affordable housing programme in the challenging economic climate so that we can continue to increase the supply of homes in the borough that local people can afford and meet the ambitious targets set for us in the London Plan as well as our own emerging new Local Plan. As well as social and affordable rented housing, this will include more intermediate rent and low

<sup>1</sup> This will be updated following the next Census release in October 2022.

cost home ownership homes for people who are not eligible for social or affordable rented housing but who are also struggling to access good quality private rented accommodation or cannot afford to buy, including key workers.

Through our role as a place-maker, we will create neighbourhoods that are well-managed and connected to safe and attractive walking, cycling and public transport networks; leisure, culture, employment and education opportunities; and high-speed broadband.

Our housing programme will also seek to provide housing for people with additional and specialist needs, including care leavers, people with physical and learning disabilities, older people, people with mental health needs and rough sleepers. This will include creating more Council-run care homes for the growing elderly population in our borough, including a new state of the art building at Reardon Court.

Whilst we are building and facilitating more affordable housing in the borough, it is also crucial that our existing council homes provide safe, secure and comfortable homes, now and for the future. We will invest in our homes so that they are compliant with consumer standards, meet safety requirements, have improved energy efficiency and promote the health and wellbeing of the people living in them. We are committed to engaging and working in partnership with our council housing tenants to ensure the continuous improvement of our services.

We recognise the valuable role of the private rented sector in providing homes for Enfield residents. However, a growing number of low-income households are spending a significant proportion of their total earnings on private rented properties where they can face poor housing conditions and insecure tenancies. We will continue to drive up standards in the growing private rented sector through our additional and selective licensing schemes, supporting landlords to meet the requirements and taking enforcement action where necessary. Our Council-owned company Housing Gateway will continue to provide good quality private rented homes, helping us to reduce the number of residents living in temporary accommodation.

Homes in Enfield are a significant contributor to the borough's carbon emissions. Fuel poverty is also a major and growing concern with 12.4% of Enfield's households in fuel poverty in 2020 – now increasing further as a result of the significant rise in energy costs. Investment in the energy efficiency of our homes is more important than ever before, helping us in our work to respond to the climate emergency and tackle fuel poverty. We'll be seeking to build on existing retrofit projects to roll out improvements across our council housing stock; as well as developing how we can work with landlords in the private rented sector to improve the energy ratings of their properties.

Alongside this, our council-owned heat network Energetik is providing better value, reliable and low carbon heat and hot water to over 743 homes in Enfield; and is one important aspect of how we are delivering lower carbon homes in the new homes we build. Our emerging new Local Plan will help us to ensure the minimisation of carbon emissions from new build homes across all developments.

## **Our strategies**

To find out more about how we're delivering on this priority, take a look at some of our key strategies:

[Housing and Growth Strategy 2020 – 2030](#)

[Local Plan](#)

[Preventing Homelessness and Rough Sleeping Strategy 2020 – 2025](#)

[Tenancy Strategy 2022 – 2025](#)

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## More and better homes: Our achievements so far

Between 2020 and 2022, we delivered 250 net additional homes through council-led projects.

In December 2021, residents living on the Joyce and Snell's Park estates voted in favour of our regeneration proposals which will provide around 2,000 sustainable and energy efficient homes, a safer estate and improved green spaces and play facilities.

Construction has commenced on our ambitious Meridian Water regeneration project and the first homes will be completed in early 2023 and offered at London Affordable Rents.

We launched our in-house repairs company, Enfield Repairs Direct, in May 2020 to ensure repairs are responded to more efficiently and to a high standard.

Our £12m programme of improvement works has commenced on Walbrook House, a 22-storey residential block in Edmonton, which includes new cladding, environmental improvements and lower carbon heat sources.

We launched a borough-wide additional licensing scheme for Houses in Multiple Occupation (HMOs) in September 2020 and a selective licensing scheme covering private rented homes in 14 wards in September 2021. The schemes are helping to drive up standards in the growing private rented sector.

Our Council-owned company Housing Gateway has continued to acquire new units and held a portfolio of 614 high-quality private rented homes at the end of 2021/22.

We launched an ethical lettings agency Enfield Let in October 2020. The scheme assists those who would otherwise struggle to access private rented housing and ensures residents are not discriminated against because of their financial status. As of August 2022, Enfield Let held a portfolio of 244 properties.

**More and better homes: Case study (in development)**

Family household who have moved into one of our newest developments.

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## Priority Five: An economy that works for everyone

<p>In 2020/21, <b>33.7%</b> of children were living in <b>poverty after housing costs</b>.</p>	<p><b>5.7%</b> of Enfield's working age population were officially <b>unemployed</b> in October 2022, <b>higher than London (4.7%)</b> and <b>UK (3.6%)</b> averages.</p>	<p>An estimated <b>38.2%</b> of <b>adults with a disability</b> in Enfield were <b>in employment</b> in 2021, <b>lower</b> than the <b>national average</b> of 52.5%.</p>	<p>There were <b>3,684 business start-ups</b> in Enfield in 2021/22.</p> <p>The <b>five-year business survival rate</b> for businesses started in 2015 in Enfield was <b>38.5%</b>, <b>higher</b> than the <b>London average</b> of 36.7%.</p>
<p><b>44,429</b> households in Enfield were <b>receiving state support with their rental costs</b> via Housing Benefit or Universal Credit as of May 2022 the <b>fourth highest</b> proportion in <b>London</b>.</p>	<p>The <b>median household income</b> in Enfield is <b>£41,100</b>. This is the <b>10<sup>th</sup> lowest</b> of the London boroughs.</p>	<p><b>10,000</b> (4.5%) people in Enfield <b>do not have any qualifications, lower</b> than <b>London and national averages</b>. However, <b>fewer</b> of our residents have <b>Level 2, 3 or 4 qualifications</b> than London averages.</p>	<p>The <b>five-year business survival rate</b> for businesses started in 2015 in Enfield was <b>38.5%</b>, <b>higher</b> than the <b>London average</b> of 36.7%.</p>

We will:

- Enable local people to develop skills to access good quality work
- Support local businesses and encourage inward investment in growing sectors which offer sustainable employment to local people
- Provide support and advice for residents on low incomes
- Develop town centres that are vibrant, healthy and inclusive
- Transform our industrial land to create modern and low carbon spaces for business

As a community leader and place-maker, we have a vital role in driving forward economic development by bringing partners together, bridging skills gaps, helping businesses to thrive and delivering inclusive regeneration schemes. We want to create a dynamic economy which all our residents can benefit from and participate in.

The present cost of living crisis is escalating the costs of fuel, food and other essentials, which is combining with existing disadvantage and vulnerability within our communities to put many households in Enfield at greater risk of both immediate hardship and reduced opportunity and wellbeing. We are providing holistic welfare, debt, housing and employment advice for people in hardship. While helping people in hardship to access healthy and sustainable food in the immediate term, longer term our aim is to improve financial resilience of communities so they will not need to rely on food banks and pantries in the future.

We will bring partners together to lead and support collaborative working that enables more people to get into good work and stay in work. Enfield residents face higher levels of unemployment than the London average and younger residents are more likely to be unemployed than other age groups. We must ensure that local people are able to access new employment opportunities, as we seek to increase higher-wage employment in the borough and regionally.

In Enfield there are proportionately more jobs in health and social care, than London and national averages. We will build on our strengths in this sector and work with NHS colleagues to ensure we are providing the skills and training required for local people to access these opportunities.

Helping local people develop the skills they need for green jobs will also be crucial in meeting the rapidly rising demand for workers in this sector and ensuring Enfield residents do not miss out on new opportunities in the years ahead. This will require us to work with providers to connect further education provision with emerging new jobs, including in sustainable construction and retrofitting; low-carbon electricity; low-carbon heat; biodiversity; organic peri-urban farming and market gardening; green infrastructure and flood management.

We also have an important role to play in creating the right conditions in Enfield for new green industries to choose to locate, maximizing the potential of the unique assets Enfield has to offer. We will explore how we can transform our council-owned rural land so that it has a greater positive impact on the environment, the health and wellbeing of our residents and on the economy. As well as creating new woodlands and wetlands to attract more people into Enfield for leisure and sport activities, we will explore how we can support and enable organic market gardening to flourish in Enfield, helping us further transform our rural land, provide high quality employment and increase access locally to sustainable food.

Working with small and medium businesses and cooperatives is an essential strand of how we develop Enfield's local economy. Our dynamic business community is a key asset to the borough, offering more and better jobs for our residents, bringing life to our town centres and high streets and contributing to our borough's unique and diverse character. We will continue to support our local businesses to recover and thrive post-pandemic. In particular, we will support small and medium-sized businesses through our approach to procurement; facilitate and nurture business start-ups through our libraries and community hubs; support our local creative sector to thrive through our cultural programme; and strengthen digital infrastructure in the borough.

Our support to Enfield's town centres also plays a vital role in nurturing businesses operating on our high streets. We want our town centres to be vibrant, inclusive and health-promoting to benefit communities and provide the environment for a strong and inclusive local economy. We continue to prioritise this in the context of the significant ongoing challenges for the high street resulting from changing shopping habits, the Covid-19 pandemic, inflation and the energy crisis. We have introduced an empty shop grant to entice new businesses, are making public realm improvements, are championing our local culture, creative and heritage sectors and



are working closely with local community groups, together aiming to bring life and energy to our town centres.

We will also continue to transform and intensify our industrial land to create modern and sustainable spaces with high-speed broadband coverage which attract new businesses to the borough and offer high quality jobs for our residents. The land is of strategic importance to London's economy and an important source of employment for local residents. As well as the many small and medium sized businesses in our neighbourhoods, Enfield has a history of making and creating through its long-established manufacturing and logistics sector. This gives us a strong opportunity to re-establish our heritage as a 'making' place and grow our reputation as a destination for creative industries across the diverse land and assets the borough has to offer.

### **Our strategies**

To find out more about how we're delivering on this priority, take a look at some of our key strategies:

[A Progressive Approach to Managing Debt and Income in Enfield](#)

[Economic Development Strategy](#)

[Local Plan](#)

## An economy that works for everyone: Our achievements so far

We launched our Youth Hub at Edmonton Green Library to provide tailored employment and skills support for young people aged 16 to 24 who are not in education or training, or are currently unemployed.

We held the first Create Enfield Careers Fair in June 2022 for 16 to 19-year olds in Enfield. Young people attending the fair found out about the full range of creative careers and opportunities available in the borough and across London.

Our Equals Employment Service provides support to adults with learning disabilities into sustained paid employment. In 2021, we recorded the highest proportion of working age people (16.8%) who receive support for their learning disability in paid employment in London and the fourth highest proportion nationally.

Our Skills Academy at Meridian Water is set to open in early 2023, providing opportunities for local people to gain the skills and qualifications needed to pursue a career in construction, as well as learning about sustainable construction methods.

We have supported the growth of the film industry in Enfield, securing the new Troubadour Meridian Water Studios in spring 2021, which will deliver high quality training and employment opportunities for local people.

We launched our Housing Advisory Service in March 2020. The service aims to prevent people from becoming homeless at the earliest possible stage and equip people with the skills to manage a tenancy in the private rented sector through training and support.

Our Welfare Advice and Support Team supported over 2,400 residents referred to the service in 2020/21 and 2,500 residents in 2021/22 to improve their financial situation by supporting them to access the income and benefits they are entitled to and manage their debts.

We secured £1.1 million in funding from the Mayor of London's Good Growth Fund in March 2020 which we match funded to regenerate Angel Edmonton. The £2.2m in funding has so far been used to make public realm improvements and refurbish the existing library to create the versatile and innovative 'Living Room Library'.

**An economy that works for everyone: Case study (in development)**

Bloqs, Meridian Water

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## Future outcomes

We have identified five long term outcomes that we are seeking to positively impact over the four years of our Council Plan and beyond.

We have identified measurable indicators to help us understand progress on achieving these outcomes for all our residents. Most of these indicators will show us how we're doing on tackling long-standing challenges, such as poverty and health inequality, which are impacted by many complex factors, including those outside of our control.

While these challenges can only be addressed by many institutions and individuals working together over the longer term, we are investing in Enfield and delivering our services in order to contribute towards improvement across all these indicators for the future.

- **Residents live happy, healthy and safe lives**
  - Percentage of children aged 4-5 classified as overweight or obese
  - Percentage of children aged 10-11 classified as overweight or obese
  - Percentage of adults who are overweight or obese
  - Percentage of physically active children and young people
  - Percentage of adults who are physically active
  - Percentage of adults who smoke
  - Prevalence of diabetes
  - Prevalence of hypertension
  - Under 75 mortality rate from all cardiovascular diseases
  - Under 75 mortality rate from cancer
  - Under 75 mortality rate from respiratory disease
  - Percentage of adults receiving secondary mental health services living independently, with or without support
  - Percentage of adults with learning disabilities in settled accommodation
  - Percentage of older people (65 and over) who were still at homes 91 days after discharge from hospital into reablement/rehabilitation services
  - Percentage of people who report feeling lonely (often, always and some of the time)
  - Average life satisfaction of residents
  - Average anxiety levels of residents
  - Average happiness levels of residents
  - Healthy life expectancy at birth (male)
  - Healthy life expectancy at birth (female)
  - Inequality in healthy life expectancy at birth (male)
  - Inequality in health life expectancy at birth (female)
  - Crime rate
- **Residents have enough income to support themselves and their families**
  - Proportion of children living in relative low-income families
  - Proportion of children living in absolute low-income families
  - Percentage of children living in poverty after housing costs

- Employment rate of working age population in Enfield
- Percentage of adults with a disability in employment
- Percentage of adults with learning disabilities who receive long-term support in employment
- Percentage of adults receiving secondary mental health services in employment
- Percentage of Enfield households with a household income less than £30,000 per annum
- Percentage of Enfield households with a household income less than £15,000 per annum
- **Children and young people do well at all levels of learning**
  - Proportion of pupils achieving Good Level of Development at end of Early Years Foundation Stage
  - Proportion of pupils reaching expected standards in Reading, Writing and Maths at KS1
  - Proportion of pupils reaching expected standards in Reading, Writing and Maths at KS2
  - Average Progress 8 score per pupil at KS4
  - Average Attainment 8 score per pupil at KS4
- **Residents live in good quality homes they can afford**
  - Number of households living in temporary accommodation
  - Number of households on Housing Needs Register
  - Median energy efficiency score of social rented dwellings
  - Median energy efficiency score of private rental sector properties
  - Percentage of council homes that do not meet the Decent Homes Standard
  - Percentage of homes in the private rented sector that have at least one Category 1 hazard
  - Percentage of households in Enfield that are overcrowded
- **Residents live in a carbon neutral borough**
  - Percentage reduction in the Council's carbon emissions (tCO<sub>2</sub>e)
  - Carbon emissions per Council employee (tCO<sub>2</sub>e per FTE)
  - Borough wide carbon emissions (tCO<sub>2</sub>e)

We have also identified additional indicators to help us track our progress and the performance of our services in more detail over the short and medium term, connected to our priority actions. This full set of indicators is available here.<sup>2</sup>

We will assess and keep track of these indicators by using the Council's Corporate Scorecard. The Corporate Scorecard is the tool we use to measure delivery against our key priorities. We will report this information on a quarterly basis to our Executive Management Team and Cabinet and then once a year we will publish a report on the Council website.

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<sup>2</sup> We are proposing to upload the table of indicators onto the website as a separate document, for anyone who would like to see more about what we measure.

Alongside our review of these indicators, all Council departments will track departmental scorecards and will produce annual service plans that detail the work they are undertaking to deliver on our Council Plan priorities. Services will review progress against their service plans on a quarterly basis and report on this to their Departmental Management Team.

DRAFT

**Health & Wellbeing Board Update Report**  
**from the Joint Health & Social Care Commissioning Board – Better Care Fund**

Date of Health and Wellbeing Board: **15<sup>th</sup> December 2022**

Prepared by: Doug Wilson, Head of Strategy, Service Development & Resources, People Dept.

## Introduction & Background

- The Joint Health & Social Care Commissioning Board is a partnership across Council People services and Health (ICB/ICS) commissioners. For the purposes of this update, it oversees the Better Care Fund Delivery Group and has oversight of the delivery of the Better Care Fund joint priorities across Social Care and Health, in line with the key priorities.

These priorities are:

- a. Reducing avoidable admissions to hospital
  - b. Reducing the proportion of people whose length of stay in an acute hospital bed exceeds both 14 and 21 days
  - c. Increasing the proportion of people who are discharged from hospital back to their usual place of residence
  - d. Minimising the number of people aged 65 and over who are permanently admitted to residential or nursing care
  - e. Maximising the proportion of people who enter the enablement service following discharge from hospital and who are living independently three months following discharge.
- These have continued to be delivered within the context of the pandemic over the last two and a half years and a significant consequential impact on our local communities and services.

**Health & Wellbeing Board Update Report**  
**from the Joint Health & Social Care Commissioning Board – Better Care Fund**

**A&E Attendances**

- Enfield’s two acute trusts, Royal Free and North Middlesex, have remained in a permanent state of escalation.
- Occupancy rates for both Acute Trusts have also been extremely high with both NMDDX and RF Trusts exceeding an average of 98-100% bed occupancy as at Nov 2022.
- The Accident and Emergency department at NMDDX hospital remains under significant pressure with just under 200,000 A&E attendances in financial year 2021/22. Chart 1 shows the patterns of attendances in FY 21/22.time
- Activity is starting to rise following a seasonal fall over the summer months. This is particularly visible in some of the more complex categories.
- Nearly 28% of patients attending NMUH A&E were categorised as having no investigation with no significant treatment.

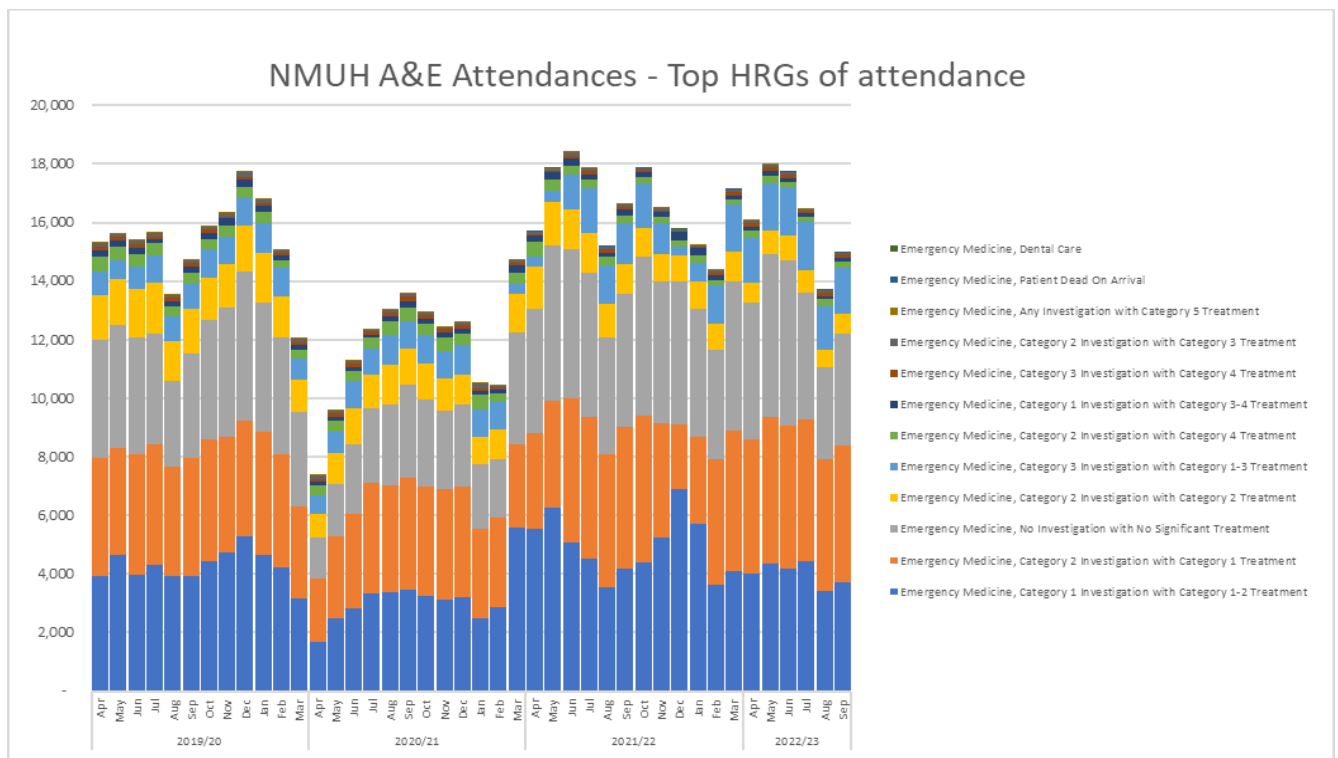


Chart 1

- Enfield residents went to A&E in 2021/22 approximately 183,000 times which is a 4% increase on pre-pandemic levels.
- Activity is starting to rise following a seasonal fall over the summer months. This is particularly seen in some of the more complex categories.



**Health & Wellbeing Board Update Report**  
**from the Joint Health & Social Care Commissioning Board – Better Care Fund**

- Nearly 24% of Enfield patients attending A&E were categorised as having no investigation with no significant treatment. Further exploration of the reasons behind this is underway.

Chart 2

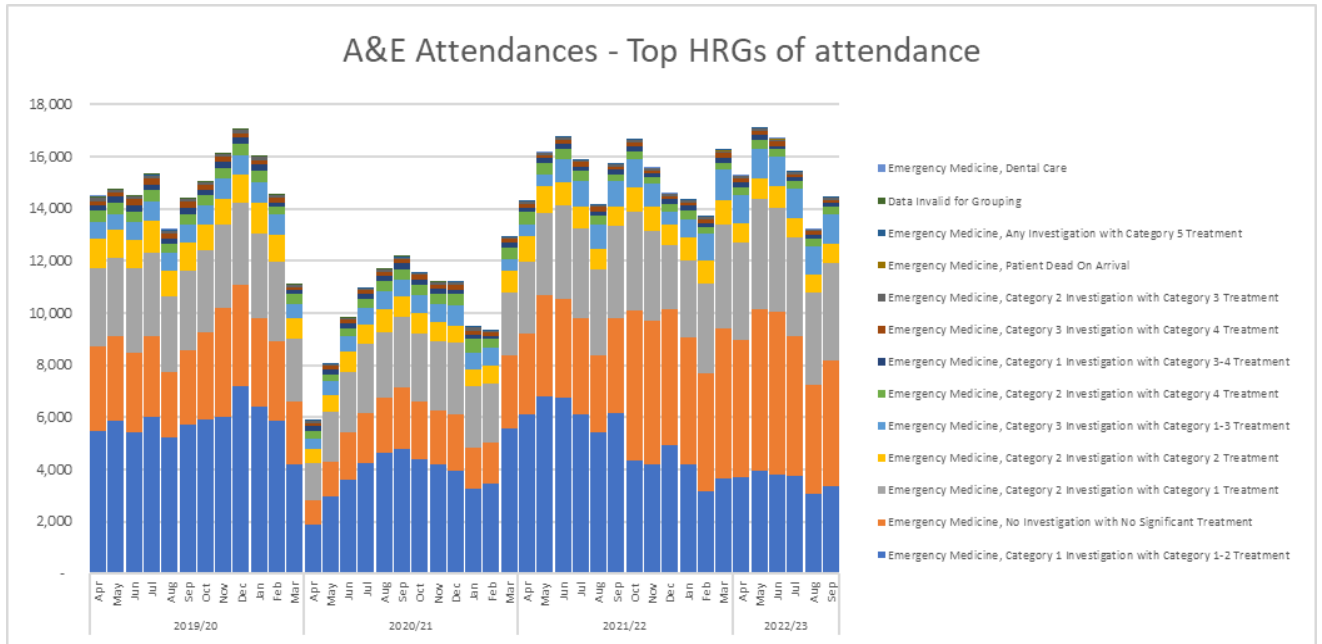
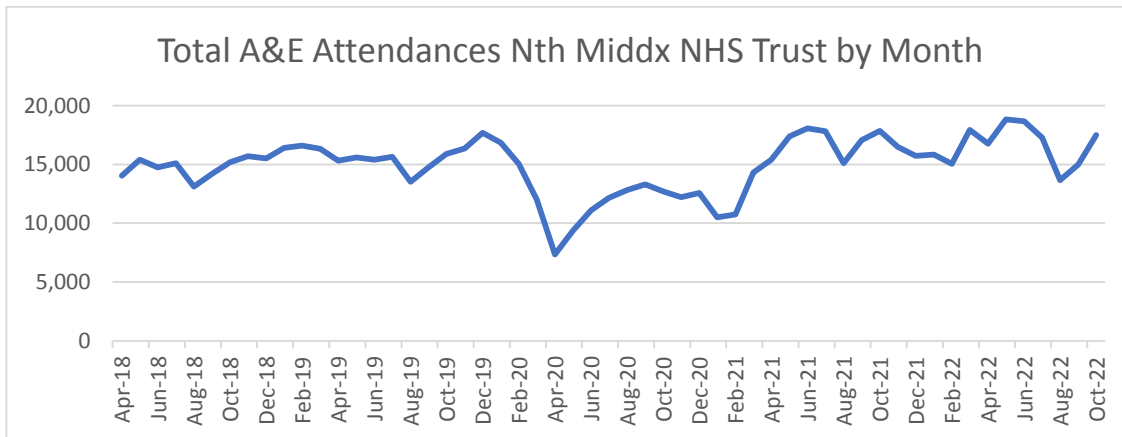


Chart 3



Data source:

<https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2022-23/>

- The Accident and Emergency department at NMDDX hospital is currently (as at October 2022) dealing with between 500 to 600 attendances a day.
- However, work undertaken in the last few years has been successful in reducing the number of A&E attendances that result in an emergency admission to hospital, as shown in Chart 4 below, with emergency admissions reducing by just under 10,000 per year from 2018/19 to October 2022

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**from the Joint Health & Social Care Commissioning Board – Better Care Fund**

Chart 4

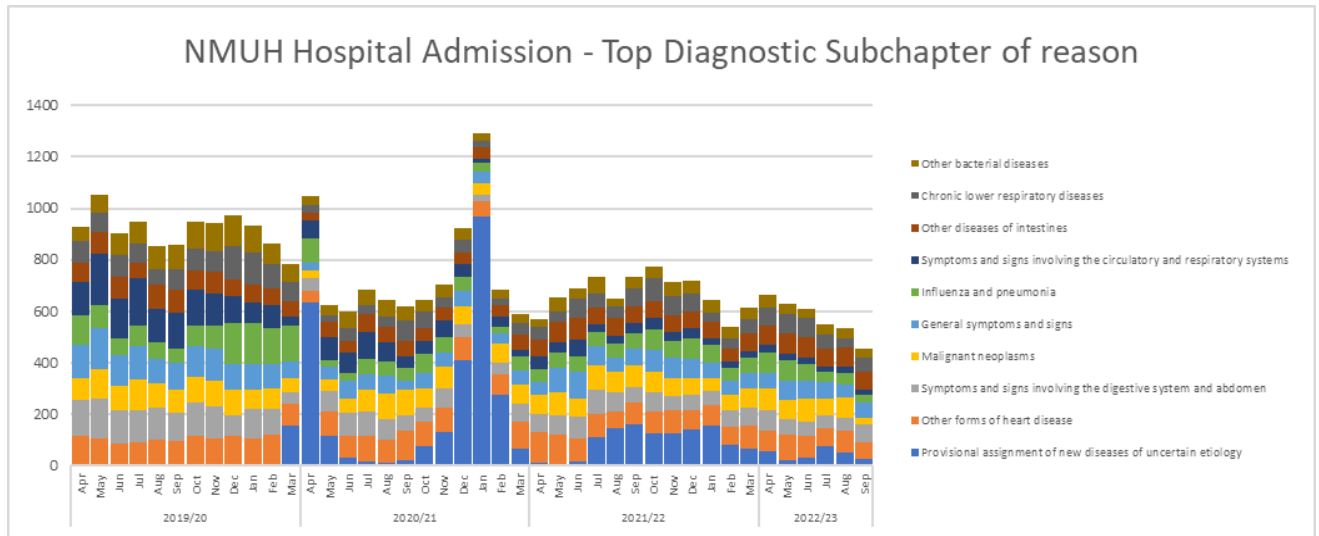
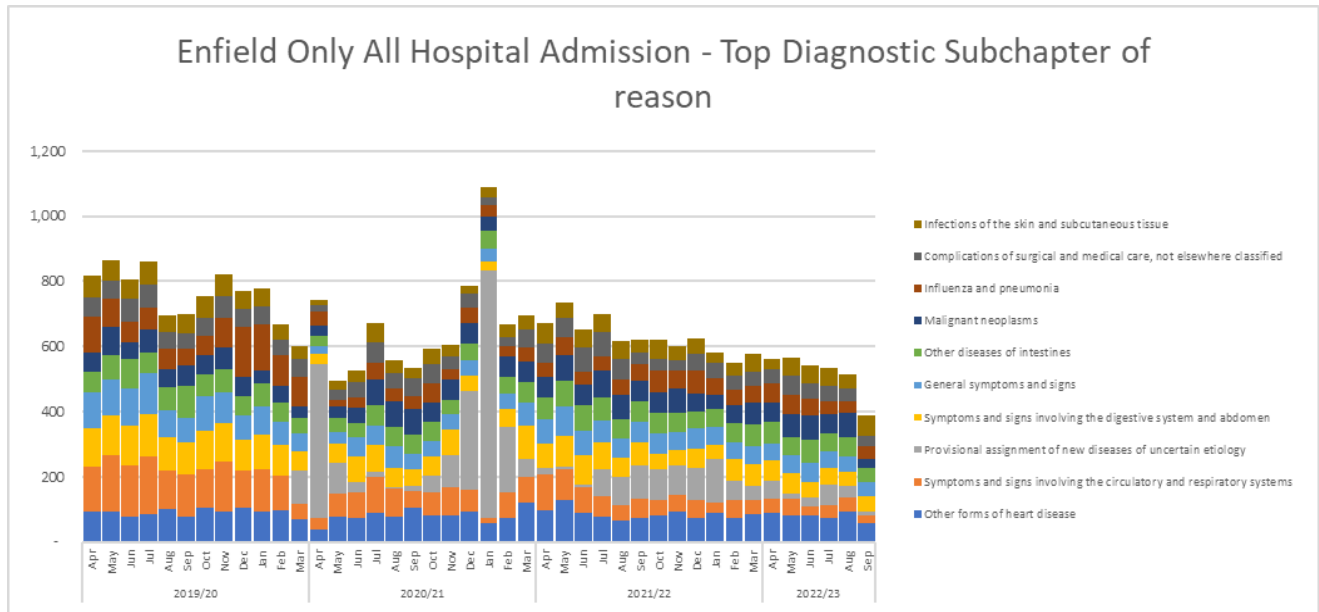


Chart 5 shows the top 10 admissions by HRG sub-chapter for all Enfield patients across all NCL providers. The chart shows a decrease in admissions across the top 10. There has been a particular drop in September due to seasonal effects with activity expected to rise over the coming months.

Chart 5



- Despite the lower number of emergency admissions our hospitals continue to be busier than ever within A&E.

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**Avoidable Admissions**

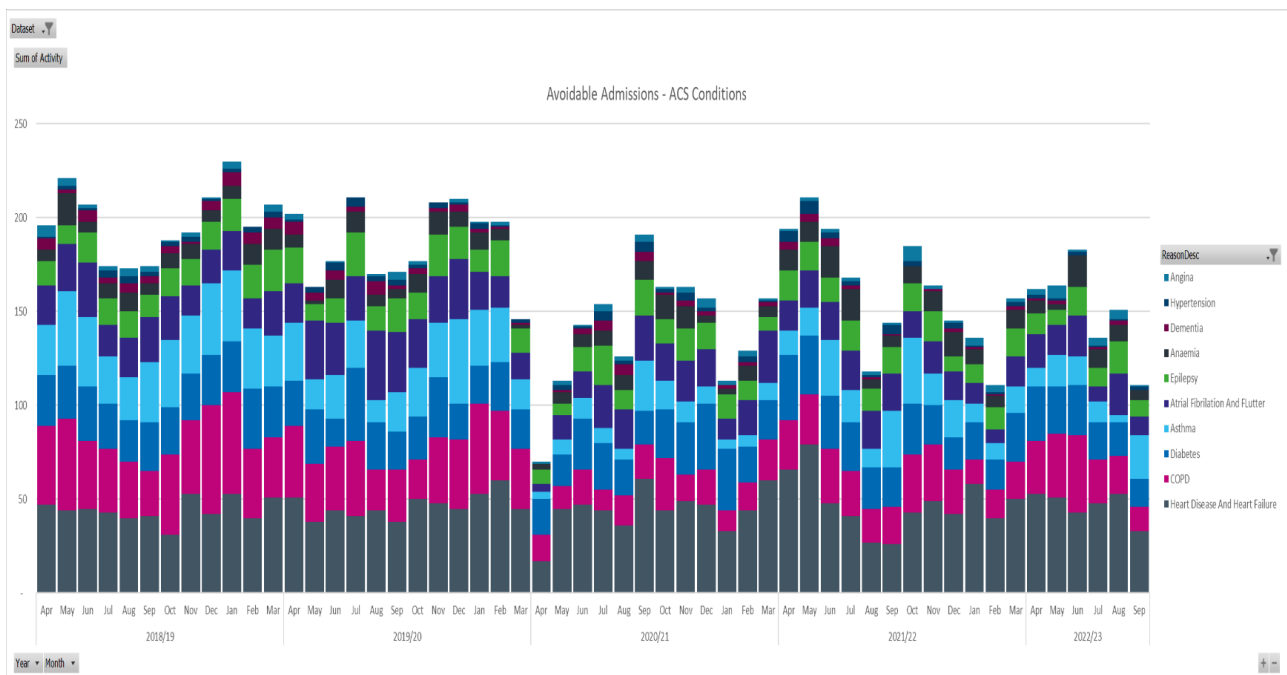
- One of the key targets within Enfield’s Better Care Fund Plan is the reduction of avoidable admissions. This is measured as a proportion of all emergency admissions. This focuses on chronic conditions, where treatment in the community should be available to prevent the need for emergency treatment within a hospital setting. Table 1 and Chart 6 below show the trend over the last four years for conditions known as Ambulatory Care Sensitive (or avoidable):
- Despite an overall downward trend across ACS (Acute Coronary Syndrome) conditions, heart disease and heart failure remain consistently high with no improvement.

Table 1

Avoidable Admissions over time	2018/19	2019/20	2020/21	2021/22	to Sept 22
<b>Heart Disease and Heart Failure</b>	<b>530</b>	<b>557</b>	<b>527</b>	<b>569</b>	<b>281</b>
<b>Diabetes</b>	<b>319</b>	<b>293</b>	<b>287</b>	<b>290</b>	<b>134</b>
<b>COPD</b>	<b>478</b>	<b>403</b>	<b>199</b>	<b>277</b>	<b>159</b>
<b>Asthma</b>	<b>386</b>	<b>303</b>	<b>119</b>	<b>220</b>	<b>80</b>
<b>Atrial Fibrillation and Flutter</b>	<b>255</b>	<b>307</b>	<b>219</b>	<b>197</b>	<b>96</b>
<b>Epilepsy</b>	<b>180</b>	<b>192</b>	<b>151</b>	<b>162</b>	<b>70</b>
<b>Anaemia</b>	<b>104</b>	<b>88</b>	<b>88</b>	<b>124</b>	<b>51</b>
<b>Hypertension</b>	<b>28</b>	<b>31</b>	<b>28</b>	<b>34</b>	<b>9</b>
<b>Angina</b>	<b>33</b>	<b>16</b>	<b>29</b>	<b>31</b>	<b>21</b>
<b>Dementia</b>	<b>55</b>	<b>41</b>	<b>32</b>	<b>23</b>	<b>6</b>
<b>total in year</b>	<b>2368</b>	<b>2231</b>	<b>1679</b>	<b>1,927</b>	<b>907</b>

- Whilst Enfield is above NCL average for avoidable admission it is tracking the NCL downward trend seen in ACS avoidable admissions.

Chart 6

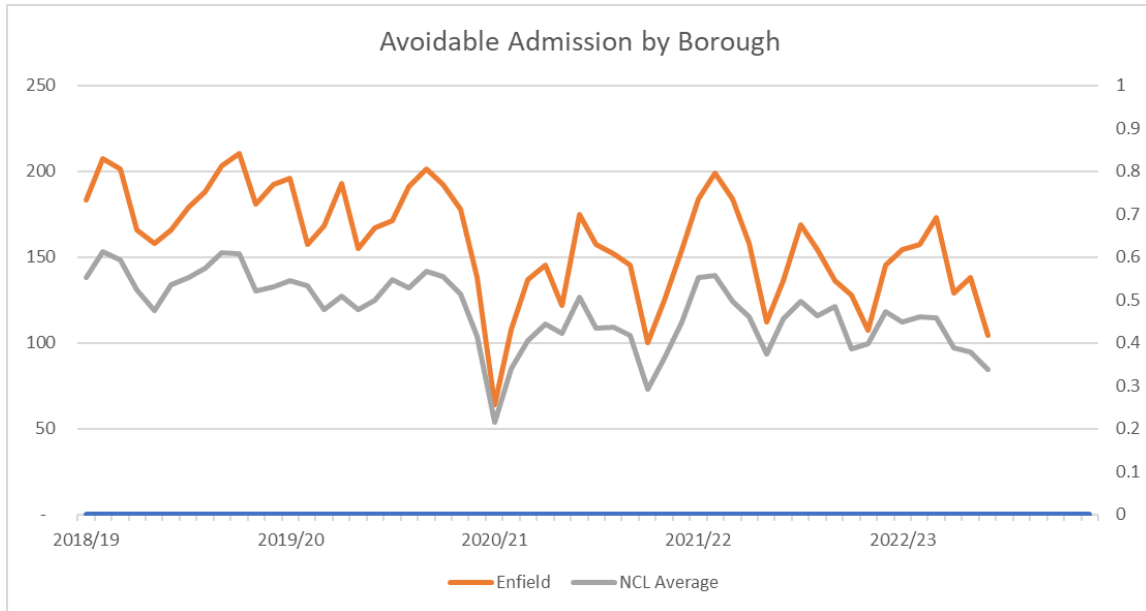


Data source: 20210810-DischargeModelling\_v64.xlsm

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- Between April 2018 and March 2021 avoidable admissions reduced by 689 but in 2021/22 increased on the 2020/21 number by 248. Whilst admissions for some conditions remained fairly constant during the four-year period, there are some which reduced significantly, including COPD (emphysema) and Asthma. A corresponding increase in emergency admissions due to Covid19 was seen in the same period and this has added to the acuity ,or complexity factor, being attributed to an increasing number of hospital cases where people are having to remain in hospital for treatment for an extended period.

chart 7



Data source: 20210810-DischargeModelling\_v64.xlsm

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**Length of Stay in Acute Hospital Beds**

Table 2

Row Labels	Sum of Activity				Sum of BedDays				Avg LOS			
	2019/20	2020/21	2021/22	2022/23	2019/20	2020/21	2021/22	2022/23	2019/20	2020/21	2021/22	2022/23
Other forms of heart disease	415	406	391	183	3,129	2,820	3,151	1,702	7.54	6.95	8.06	9.30
Malignant neoplasms	343	297	339	155	4,186	3,683	4,097	2,143	12.20	12.40	12.09	13.83
Provisional assignment of new diseases of uncertain etiology	31	736	218	81	161	8,060	3,233	864	5.19	10.95	14.83	10.67
Influenza and pneumonia	397	184	229	102	3,684	1,826	2,527	970	9.28	9.92	11.03	9.51
Other bacterial diseases	305	190	197	78	4,353	2,472	2,448	1,146	14.27	13.01	12.43	14.69
Ischaemic heart diseases	153	179	225	83	786	841	1,333	599	5.14	4.70	5.92	7.22
Chronic lower respiratory diseases	251	103	185	99	1,502	597	1,396	718	5.98	5.80	7.55	7.25
Cerebrovascular diseases	157	177	197	88	1,429	1,986	2,297	955	9.10	11.22	11.66	10.85
Other diseases of intestines	191	152	197	72	1,813	1,095	2,037	707	9.49	7.20	10.34	9.82
Other diseases of urinary system	174	118	170	75	1,467	1,034	1,545	817	8.43	8.76	9.09	10.89
<b>Grand Total</b>	<b>2,417</b>	<b>2,542</b>	<b>2,348</b>	<b>1,016</b>	<b>22,510</b>	<b>24,414</b>	<b>24,064</b>	<b>10,621</b>	<b>9.31</b>	<b>9.60</b>	<b>10.25</b>	<b>10.45</b>

- Table 2 above shows the top 10 main presenting reasons by year for admission to an acute hospital bed that have the longest length of stay. The table shows the number of patients admitted, the total number of bed days for those patients and the average length of stay.
- Overall whilst admissions have decreased slightly over the last few years, the overall number of bed-days has increased, this has resulted in an increase in the average LoS (length of stay).
- They key areas where the average LoS has increased are;
  - a. Other forms of heart disease
  - b. Ischaemic heart disease
  - c. Chronic lower respiratory diseases
  - d. Other disease of the urinary system

Charts 8 & 9 – Number and % discharges within 7 and 21 days

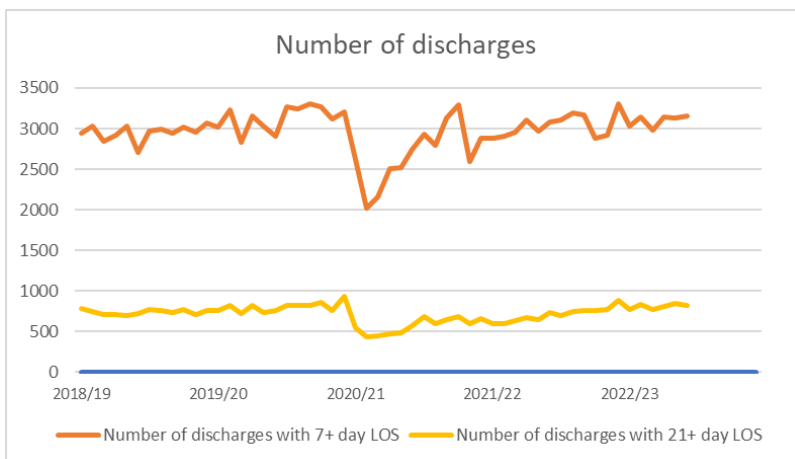


Chart 8

- The number of patients being discharged after 21 days has increased to pre pandemic levels despite an improvement in 2021/22.

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- There has been an improvement in the number of patients being discharged at 7+ days.

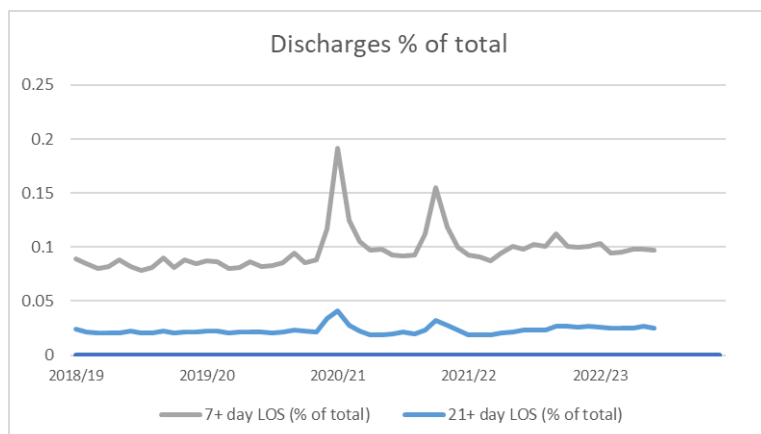


Chart 9

### Bed occupancy

Bed occupancy is high across NCL with both Barnet Hospital and NMUH consistently at 98% - 100%.

The number of escalation beds has increased by 94 in NCL of which 32 are at NMUH and 24 at RFH.

Table 3

21 <sup>st</sup> – 27 <sup>th</sup> November 2022	NMUH	RFL	UCLH	WH	NCL	London Average
Adult G&A Occupancy	100%	98%	97%	98%	98%	95%
Bed Occupancy where Patient LOS is 7 Days +	64%	57%	51%	43%	53%	52%
Bed Occupancy where Patient LOS is 14 Days +	38%	33%	31%	26%	32%	31%
Bed Occupancy where Patient LOS is 21 Days +	26%	22%	21%	20%	22%	22%
% of attendances over 12 hours from arrival	7.2% (358)	2.2% (162)	3.4% (119)	6.1% (157)	4.3% (796)	6.2% (6292)

- MO (*medically optimised*) numbers remain high although Enfield continues to exceed target.
- Delays to discharge key issues:
- P1 (*Pathway 1 = the patient has additional care needs that can safely be met at home*) complexity of care required for some patients
- P2 (*Pathway 2 = The patient is unable to return home for a short period of time as they require further rehabilitation*) effective flow and utilisation of capacity. Additional P2 capacity has opened on the Chase Farm site and will provide 17 extra beds.
- P3 (*Pathway 3 = The patient has complex needs and is unable to return home*) ongoing pressure for P3 discharges due to complexity of patients and constraints in the care home market.

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Discharge System	Total MO	MO P1	MO P2	MO P3	System MO Target	Distance from target	P1 Discharges (last week)	P2 Discharges (last week)	P3 Discharges (last week)	Total Discharges (P1-P3)	MO as % of total weekly discharges	Hospital OPEL	Discharge OPEL (proposed)
Barnet	37	7	15	15	31	6	73	20	6	99	37%	3.0	3
Camden	14	3	4	7	14	0	38	8	7	53	26%	2.0	2
Enfield	20	7	4	9	28	-8	47	22	3	72	28%	4.0	1
Haringey	31	11	12	8	22	9	31	7	3	41	76%	3.5	3
Islington	25	11	9	5	15	10	25	4	6	35	71%	2.5	3
Non NCL	49	18	16	15	23	26	42	10	2	54	91%	2.8	4
<b>Total</b>	<b>176</b>	<b>57</b>	<b>60</b>	<b>59</b>	<b>133</b>	<b>43</b>	<b>256</b>	<b>71</b>	<b>27</b>	<b>354</b>	<b>-</b>	<b>2.8</b>	<b>3</b>

*Note this excludes P0 delays as they are not counted through IDT's. Delays are system responsibilities, across all providers and local authorities.*

OPEL scores are snapshots. MO as of 27-Nov and includes all current referrals (including day-0 referrals).  
Hospital OPEL as of 27-Nov (averages of relevant acutes). Weekly discharges as of w/c 18-Nov.

37

Table 4

- Overall, the MO position is stable and Acute remains high. We are now at +43 against the NCL target (+43)
- Acute OPEL pressure remains high but has reduced, NCUH are at OPEL 4, Barnet and WH are OPEL 3 and RFL are OPEL 2
- Enfield continues to report below target and Camden is on target. Barnet, Haringey and Islington are all over target and we propose OPEL 3 for these discharge systems. Non NCL MO remains very high, with +26 (+24)
- We have escalated the work to draw this data from acute patient systems to the COO group, to secure their support in enabling this data flow, and have received the first submission from the Whittington acute
- Supported discharge volumes have decreased slightly at 354 supported P1-P3 discharges in the last week (381) (as at 02-12-2022)
- Both 14+ and 21+ LOS remain stable with the NCL position now nearer to the London averages. The trusts LLOS reviews and subsequent actions continue to deliver on LLOS pressures.
- Average of 45% of patients without criteria to reside not discharged each day - this is an improving trend and lower than the London average of 52%.

Table 5

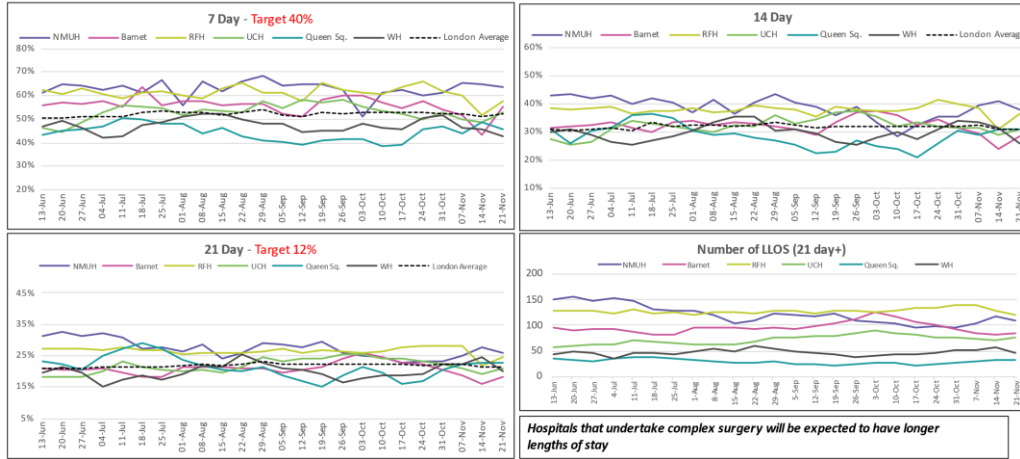
21 <sup>st</sup> – 27 <sup>th</sup> November 2022	NMUH	RFL	UCLH	WH	NCL	London Average
Total discharges	34	116	103	23	275	1,099
No longer meeting Criteria to Reside (CTR)	69	214	143	56	483	2,269
No longer meeting CTR and not discharged	36	98	40	33	207	1,170
No longer meeting CTR and not discharged (%)	51%	46%	28%	59%	43%	52%

- Just over 50% of discharges across NCL take place before 5.00 pm. There is a continued system focus on pre 12.00 and 5.00pm discharges to help improve flow.

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**Occupancy by Length of Stay – Percentage of Total Beds Occupied**



DATA SOURCE: ECISTUEC London Dashboard

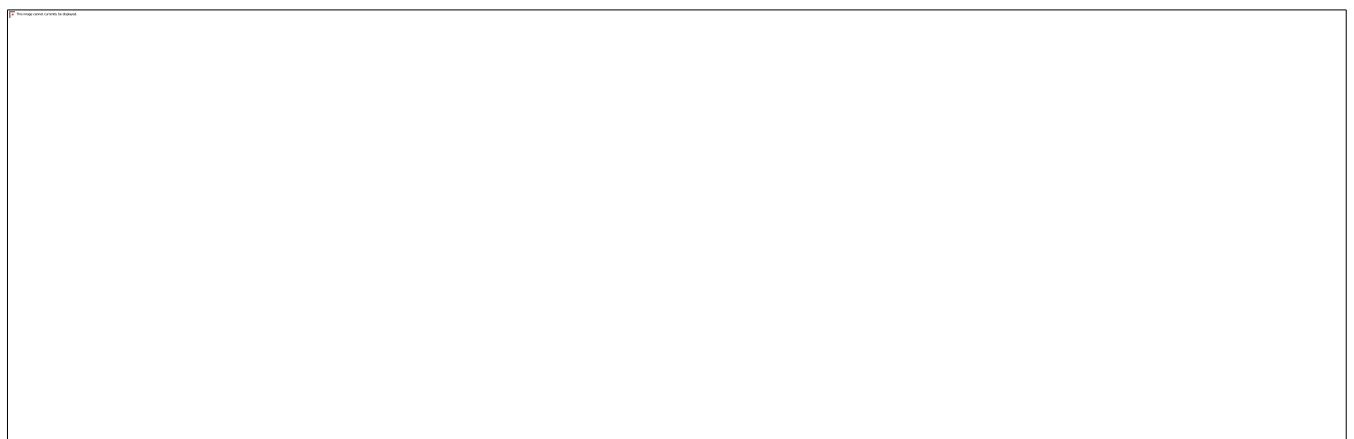
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Chart 10

**Excess Deaths**

- The impact of the pandemic with regards to resident deaths has been clear in Enfield with:
- An average number of deaths (over a five-year period to 2019) of 2061 exceeded by 493 (excess deaths) in 2020 and 280 excess deaths in 2021. April 20 and January 21 saw the most significant spikes in excess deaths.

Chart 11



- excess deaths 2020                      493
- excess deaths 2021                      280
- excess deaths 2022                      70



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**Discharge to Usual Place of Residence**

Chart 12

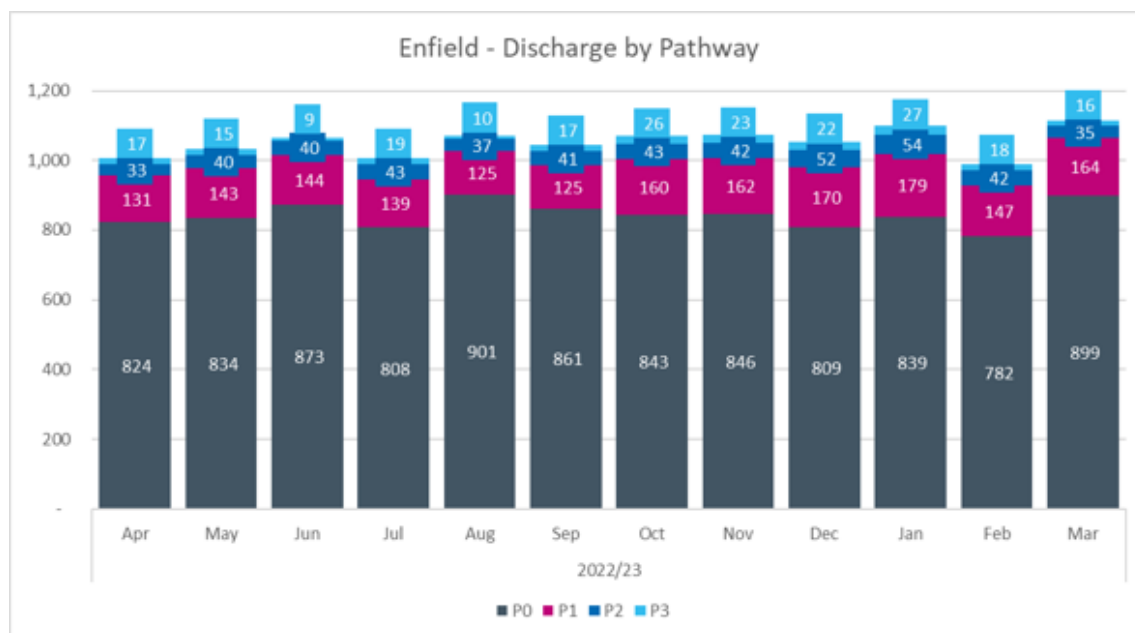


Table 6

2022/23														
ProviderGroup	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Oct-Mar
Barnet Hospital	309	309	305	320	349	351	365	378	365	362	314	344	4,071	2,128
North Middlesex	1,137	1,276	1,243	1,123	1,160	1,195	1,182	1,088	1,088	1,029	1,036	1,089	13,646	6,513
Royal Free London	136	148	143	157	155	161	169	167	159	159	145	156	1,855	954
UCLH	174	175	209	180	180	193	172	165	178	185	185	184	2,180	1,068
Whittington Health	14	16	18	16	19	16	17	20	26	33	30	26	251	151
<b>Total</b>	<b>1,770</b>	<b>1,925</b>	<b>1,918</b>	<b>1,797</b>	<b>1,864</b>	<b>1,915</b>	<b>1,905</b>	<b>1,817</b>	<b>1,816</b>	<b>1,768</b>	<b>1,710</b>	<b>1,799</b>	<b>22,002</b>	<b>10,814</b>

2022/23															
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	Oct-Mar	%
P0	1,534	1,611	1,620	1,476	1,626	1,649	1,614	1,553	1,530	1,492	1,426	1,558	18,688	9,173	84.8%
P1	138	189	184	194	143	160	179	166	188	173	187	148	2,049	1,041	9.6%
P2	82	105	103	116	79	85	95	79	82	84	74	80	1,064	494	4.6%
P3	15	20	11	11	16	21	17	19	16	18	22	13	201	107	1.0%
<b>Total</b>	<b>1,770</b>	<b>1,925</b>	<b>1,918</b>	<b>1,797</b>	<b>1,864</b>	<b>1,915</b>	<b>1,905</b>	<b>1,817</b>	<b>1,816</b>	<b>1,768</b>	<b>1,710</b>	<b>1,799</b>	<b>22,002</b>	<b>10,814</b>	

- The priority for people once their treatment and stay in hospital is completed, is to discharge them to their usual place of residence. The target set within the Better Care Fund for 2021/22 was to achieve this for 93% of Enfield residents who had a stay in hospital. The table and chart below show that although progress was made between 2020/21 and 2021/22, the target was narrowly missed.
- Given the increased acuity or complexity of many of the cases coming through hospital, many residents are being discharged to further specialist services for ongoing treatment or support, which includes placements into residential or nursing care. Homefirst continues to be a priority for the partnership, underpinned by the principles of Discharge to Assess - where people are discharged

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initially to wherever is appropriate and safe, with assessment of ongoing needs for care and support carried out in a more appropriate environment (preferably a person's own home).

Table 7

Discharge to usual place of residence	total	Usual place	%
2018/19	25976	23719	91.3%
2019/20	25922	23979	92.5%
2020/21	20835	18848	90.5%
2121/22	20549	18949	92.2%

### Adult Social Care Discharge Fund

The ICB and LBE have received additional funding to support with the discharge of residents within the borough through this winter. This funding has only just been announced and we are working with ICB colleagues on plans on how this should be best spent. The following areas are what we will be focussing on

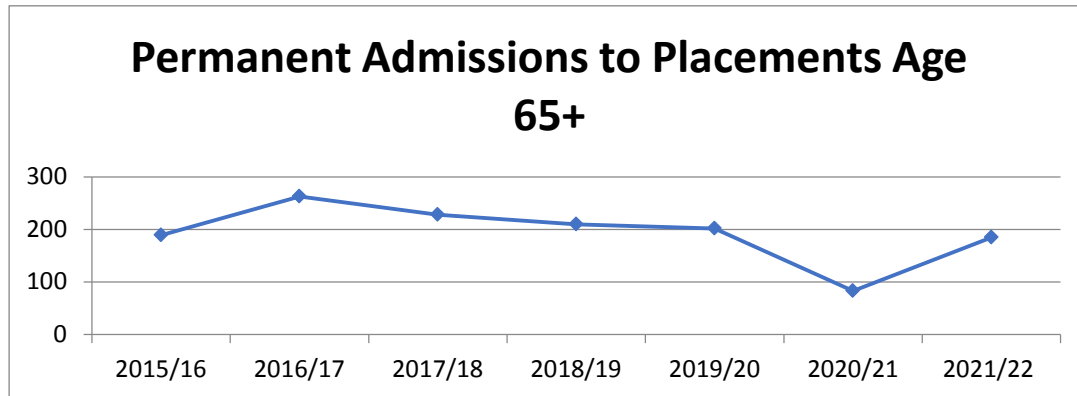
- Assistive Technologies and Equipment,
- Home Care or Domiciliary Care
- Bed Based Intermediate Care Services
- Reablement in a Person's Own Home
- Residential Placements

### Permanent Admissions to Residential or Nursing Care for Older People

- The Council's priority, working in partnership across the health and VCS sector, is to reduce the number of people admitted permanently to residential or nursing care. Whilst there will always be a need for 24-hour care and support in settings such as these, improved support in the community which promotes independent living, is a priority for the partnership. This would include more supported living options (such as extra care support for older people), increased use of telecare as part of a wider support offer and early interventions which support family carers, ensuring accommodation is safe and fit for purpose to reduce social isolation and the risk of falls. The Better Care Fund Plan target for permanent admissions in 2021/22 was 230, a significant increase on the previous year in anticipation of a Covid bounce-back. The successful work undertaken has seen more people temporarily admitted to residential stepdown care for rehabilitative support and a return home to the community. At year end the actual number of permanent admissions was 185 significantly exceeding the target set. Chart 13 below shows the trajectory over time with a significant dip in 2020/21 with an increase in 2021/22.

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Chart 13



### Supporting People to regain their Independence after Hospital

- Where admission to hospital is unavoidable, it is essential that, once appropriate care and clinical interventions have taken place, people are discharged in a timely appropriate way back to their usual place of residence.
- The Council and their partners have been working hard to continue to develop Discharge to Assess services to minimise the amount of time people spend in a hospital bed once they are fit for discharge. In most cases (over 92%), people will be discharged home first where they will be assessed and provided with the appropriate support to help them regain independent living skills including through LBE Enablement Services.
- Around 78% of new people who enter the Enablement Service are discharged from the service requiring no ongoing support or care. This service is available for up to six weeks (it may be longer dependent on individual cases). Of the people who are discharged from hospital and supported by the Enablement service, over 81% of them continue to live independently three months later. Our target for this year is to increase this to 88%.
- Enablement have worked with 953 residents between April-November 2022. Of those 953 people 759 have gone through pathway 1 D2A hospital discharge process. D2A and Enablement work closely together to support hospital discharge and enable people to return to their own home. Safe and Connected is offered to all people going through D2A and Enablement following hospital discharge to enhance their support at home. (From Anna)
- Hospitals cancelling a significant number of discharges, continues to be challenging, over this period there have been 219 cancellations. Strategies have been put in place to try and address this with the hospital teams.

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- For those people who do have an ongoing need for care and support, this will be provided by the Enablement service until a suitable long-term provider is found. Where long terms support is needed, this can be arranged in a variety of different ways. Enfield leads the way nationally in the roll out of direct payments (number one in England) with over 54% of people who receive community services doing so through a direct payment. This offers people who use services and their families more flexibility, choice, and control in getting the right services for them.

Table 8

OP/PD ASC Service Profile	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
People in Year (excluding Enablement)	3427	3595	3553	3558	3483	3546	3741
People in Year (across services including enablement)	4494	4344	4198	4246	4121	4182	4346
People in year under 65	825	880	864	904	899	840	970
People in year 65 and over	3669	3464	3334	3342	3222	3342	3376

- Within our Older People and Younger People pathway we have seen an increase of 9% in the last 6 years. This has been a gradual increase over this period and is also in line with Enfield's growing older population.
- We understand that people want to continue to live in their home for as long as they possibly can. Where this is no longer possible there are alternatives to residential care. The Council has planned to invest over £30m in a new purpose-built extra care facility on the site previously occupied by the Reardon Court Care Home and Extra Care scheme. Extra care provides people, usually aged 55 and over, with their own accessible flats (either 1 or 2 bed) where care and support is available 24-hours a day, 7 days a week. Demolition of the existing site has already taken place and construction is planned to begin this financial year with completion in 2023/24. The scheme, once built, will provide 69 self-contained flats, all fully accessible within a state-of-the-art facility providing much needed services for local people with a variety of different support needs. An array of thoughtfully designed communal facilities, including a hairdressing and treatment room, library/IT suite, lounges and activity rooms shall sit at the heart of the scheme to facilitate social inclusion and community engagement. Healthy, active and sustainable living shall also be supported through the provision of accessible sensory gardens and an allotment space.
- Table 9 below shows the balance of care over the last four years in Adult Social Care in Enfield. The number of people living permanently in residential or nursing care has returned to pre-pandemic levels. This is despite the increasing complexity of hospital discharge cases and due to an increasing number of people receiving more stepdown/rehab support which enables them to return home to more independent living.
- The ongoing development of Integrated Discharge Teams (IDTs), consultant-led virtual wards as well as scaled up enablement/community equipment service provision and invaluable support via our Voluntary and Community Sector, has contributed to a strengthened health and social care system which actively promotes and delivers independent living options for our older vulnerable people in Enfield.

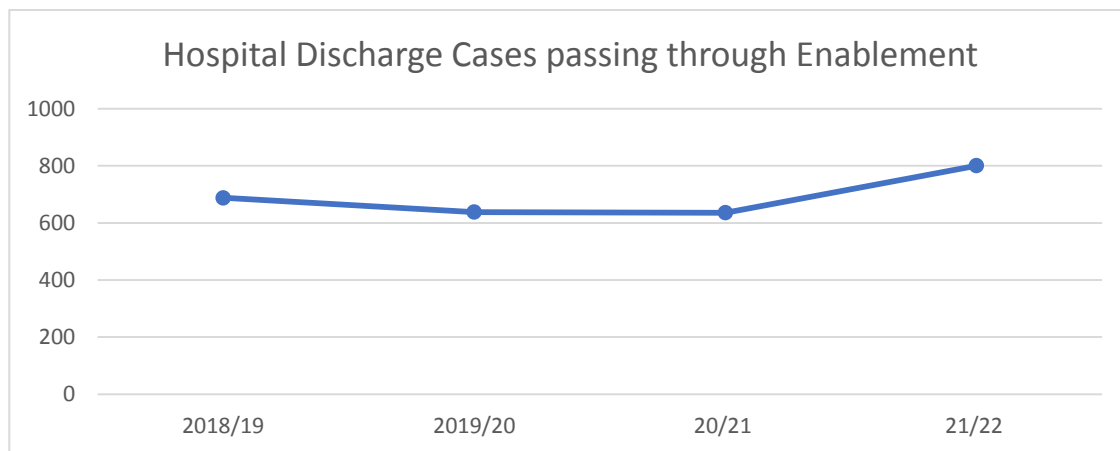
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Table 9

<b>Older People services over time (year-end snapshot)</b>	<b>Mar-19</b>	<b>Mar-20</b>	<b>Mar-21</b>	<b>Mar-22</b>	<b>Sep-22</b>
Residential/Nursing	722	725	591	720	763
Community	4918	4844	4649	4851	4508
<b>Total</b>	<b>5640</b>	<b>5569</b>	<b>5240</b>	<b>5571</b>	<b>5271</b>
<b>OP services over time</b>					
	<b>Mar-19</b>	<b>Mar-20</b>	<b>Mar-21</b>	<b>Mar-22</b>	<b>Sept-22</b>
Residential/Nursing	13%	13%	11%	13%	14%
Community	87%	87%	89%	87%	86%

- Chart 14 below shows how the Council's Enablement Service has developed over time, with the capacity to support hospital discharges having increased in 2021/22 by 26% to meet increased demand over the last year.

Chart 14



- The Better Care Fund Plan for supporting people to continue to live independently three months following discharge from hospital, set a target of 87.9% for 2021/22. The outturn for this service was 81%. Given the volatility of many cases following discharge from hospital and the significant increase in cases seen, this is good performance.

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**Enfield Integrated Learning Disabilities Service’s Community Intervention Service (CIS)**

Table 10

LD service ASC profile over time	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
LD People in Year (across services)	738	799	820	826	830	860	872
LD people in year under 65	663	721	739	743	751	776	795
LD people in year 65 and over	75	78	81	83	79	84	77

- As you will see in table 10 above, ILDS have seen an increase of 18% over the last 6 years in residents receiving direct support from ASC. Looking at our transition cases this is directly related to children already receiving services entering adulthood. We believe this will significantly increase over the next three years putting pressure on the budget
- CIS (Community Intervention Service) have implemented a Dynamic Support Register (DSR) where those adults with high needs, including adults in receipt of s.117 aftercare and those known to the CIS, are risk rated under a Red, Amber, Green (RAG) rating system. This formalised process enables professionals to understand needs and recognise early signs, such as changes in behaviours or presentation that may lead to a crisis and therefore enables additional support to be considered. This proactive monitoring is an effective way of avoiding an escalation or risk which could result in an unnecessary admission.
- Adults with complex needs continue to be placed in services within the borough without ILDS knowledge. Such placements are often made without any prior notification or referral for specialist health input from the ILDS. As a result, the opportunity for effective community-based interventions is missed. We often find out about such circumstances at a very late stage, for example, once the adult has presented at A&E.
- An exercise is underway to understand how many adults are placed within Enfield supported living providers from out of area and whether referrals have been made to Enfield ILDS. This exercise will enable us to quantify the issue, identify placing authorities and develop a strategy to ensure that appropriate referrals are made with the aim of reducing risks.
- The ILDS Psychiatry Team have reported an increase in referrals due to people's mental health deteriorating and an increase in people's anxieties, most likely because of the effects of the Covid-19 pandemic. In response to this, the service has contacted supported living and residential care providers in the borough to offer support as a multi-disciplinary service for any adults for whom providers have concerns, or where it has been identified that there is a change in behaviours. This is aimed at ensuring adults with changing needs are supported to receive intervention from the different parts of the integrated service, to prevent an escalation in needs and risks which may result in a hospital presentation.

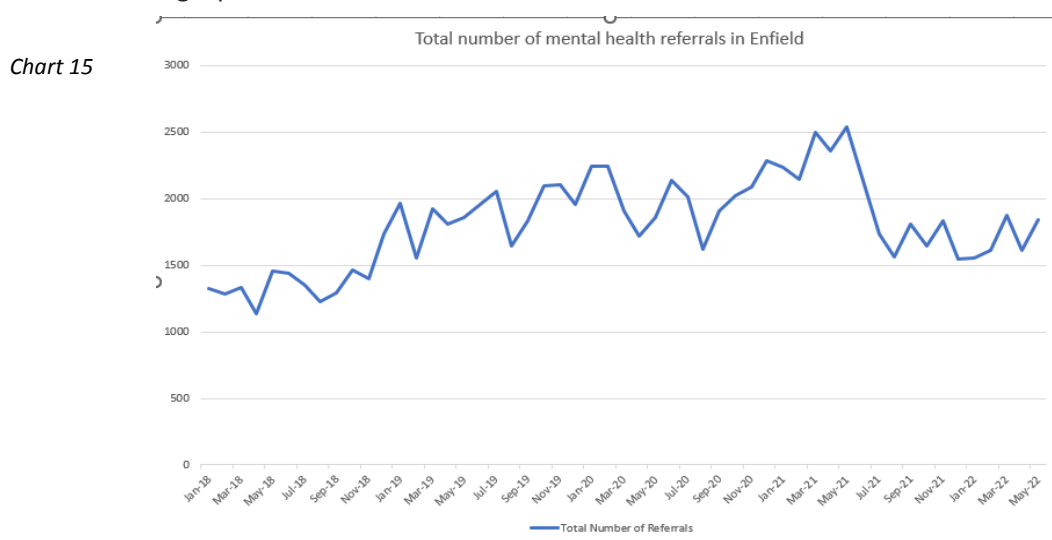
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**Mental Health Services – Barnet/Enfield/Haringey Mental Health Team (BEH MHT)**

Table 11

MH Service profile over time	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
People in Year	376	353	343	366	383	403	372
People in year under 65	323	300	286	308	318	344	308
People in year 65 and over	53	53	57	58	65	59	64

- ASC Mental Health service have remained quite static over the last 6 years. We believe a contributor in this is our successful enablement team reaching residents before going into crisis or supporting them following a period of crisis



- The total number of referrals to mental health services at the BEH trust is on a general upward trend
- April 2020 recorded 1719 mental health referrals, increasing by 37% to 2356 referrals by the same time in 2021.
- EH MHT has continued to see a high demand for services. The NCL Mental health Trusts have reviewed the best practice of High Intensity Users model, provided by the South London and Maudsley (SLAM) and adopted its approach within community teams. The aim of the High Intensity Users project is to identify frequent users of the MH system via an algorithm and provide proactive support in order to reduce crisis episodes. The model includes pharmacy support in Core Teams and engaging with the community teams to support residents.
- Since April the LBE Mental Health Enablement service has received a large increase in new referrals, 210 to date, in addition to the 144 existing service users currently being supported from the previous year. Enablement workers are present on the ward twice weekly, Monday and Friday, attending the ward rounds and the Delay Transfer of care weekly meetings on Thursdays. They are working closely with Crisis resolution & Home Treatment Team and Suffolk House to promote good mental health, prevent admissions to hospital and reduce delayed discharge from hospital, as well as reducing the need for further mental health services. They are also picking up referrals at the earliest point and fast tracking to prevent delayed discharge.

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- Penrose is a community based Mental Health Service 24/7 rehab service, jointly funded between the Council and the ICB. It provides 9 high support beds and 12 further step-down beds. There is an MDT that supports the service. The provider has a management team that contains a nurse to undertake and review medication audits and issues. This service works closely with the hospital teams to support discharge and prevent delayed admissions.

### Community Café

- BEH MHT jointly with the Council, has commissioned Mind in Enfield to develop a community café out of hours that offers short-term mental health and wellbeing support service. Their trained mental health support workers specialise in crisis de-escalation and prevention. The café opened in July 2022 and practitioners are using it to support residents who may be at risk of crisis, as a place to go in an attempt to decrease the risk of hospitalisation.

## Carers

### Carers in receipt of direct payments

18/19	19/20	20/21	21/22	22/23 as at Nov
162	150	178	263	286

Table 12

- In Enfield we commission Enfield Carers Centre (ECC) to improve the lives of carers in Enfield by championing their right to have choice about how their needs are met and to have a voice in shaping how services are developed for those they care for.
- ECC provide support to Carers by providing training, information, a variety of support groups, counselling, complementary therapy, and respite activities.
- As you can see from table 12 above, there has been an increase in carers receiving a direct payment by 56% over the last five years. This is in line with our joint vision in identifying and reaching out to more carers in the borough.



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## Providers

### Fair Cost of Care

- In September 2021, the government announced plans to reform how people pay for adult social care in England. This was to be funded through a new Health and Social Care Levy and due to be introduced by October 2023.
- To plan for preparations towards this timeline, we have engaged with providers to understand how much it costs them to deliver a service; we then submitted our Fair Cost of Care exercises, provisional Market Sustainability Plans and spend reports to DHSC in October for an analytical review. We expect to be informed from Government on how much funding will be made available for us, approx. Nov/Dec 2022.
- We are continuing to work on engaging Providers to complete returns for the Final Submission in February 2023. The Market Sustainability plan showed we have good relationships with providers and the Market within Enfield is robust. We will continue to support the Providers to maintain this status.
- The Fair Cost of Care (FCC) exercise is currently limited to care homes / Dom Care 18+ .

### Market Facilitation Framework

- Our Market Facilitation Framework is a fundamental part of the Strategic Commissioning Plan and considers how we will develop our services to be fit for the future and to improve the planning and delivery of health and social care services through better engagement with providers, service users and carers. This will help us improve and get better at analysis and use of information on needs, costs, quality of services and their impact on people's lives.
- The Market Facilitation Framework represents the start of a dialogue between Enfield Adult Social Care, our stakeholders and Partnerships, including service providers, service users, carers, and other stakeholders about the future shape of our local social care market and how, together, we can ensure this is responsive to the changing needs and aspirations of our residents and carers
- Under the Care Act 2014, local authorities in England have a responsibility to ensure that there is a wide variety of good quality care services available for people who need them. Older people with illness or frailty, people with disabilities, people using mental health services and people with caring responsibilities should have access to information about what services are available, including good information and advice services. Those services should be good quality, accessible, person-centred and strength based.
- To deliver on our commitment we need to make sure people can choose from a variety of providers and a range of support options. They must also understand what support is available and be able to make informed choices, by having easy access to information about the quality, flexibility, safety and cost of services. Our framework sets out to complement and add value to the business planning and development activities of current and potential providers.
- The purpose of this framework is to set out our approach to facilitating the market to support the delivery of our overarching Health & Adult Social Care priorities to support adults and older people with support and care needs in Enfield over the next 3 years (2022-2025).

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### Quality Assurance Team

- The role of the Quality Assurance Team is to ensure that the Council purchases services that are appropriate to need and quality and which represent value for money to the Council. This supports the Council's and People Department's strategic objectives of procuring best value quality services and meeting residents' identified needs appropriately and safely. The role of the team is to complement, rather than duplicate, the role of regulatory Organisation like the Care Quality Commission.
- The Quality Assurance Team make scheduled visits to providers to monitor the services being delivered using a range of monitoring tools to gather evidence to determine the risk level of the service. The visits are pre-arranged, and providers conduct a self-assessment tool which is then used to make meaningful comparisons when the visit takes place. All key aspects of the service are reviewed, including a degree of health and safety checks, review of policies and procedures and internal auditing and management oversight processes. At the time of the visit, people that use the service and their supporters are engaged to give feedback which is used to support the evaluation of the service. The Quality Assurance Team work with new social care providers and make initial visits to check for compliance for the borough's Direct Purchasing System to support safe placements to be made to meet the support needs of people in the borough requiring care and support. Unannounced visits to providers can be made, if requested by higher management and on occasion, to support the boroughs Provider Concerns process.

### Quality Checkers

The Quality Checkers are volunteers who have experience of receiving a social care service and therefore have a lived experience from a service user's perspective. Volunteers are involved in projects to review social care services and make realistic recommendations to improve services for residents, working closely with CQC. The volunteers have developed 'a mum test' and a 'small changes make big differences' motto which they apply when working on their chosen projects and will record meaningful service user and carer experiences about services.

Visits will focus on the collection of direct customer experience feedback, together with an overview of the volunteer's perception of the care environment and the care provided, evidenced by examples of observations and quotes from service users and carers.

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Feedback is formulated in a report that is submitted as supporting evidence of a care provider's overall performance. This type of information is recognised as a type of 'soft intelligence'.

Chart 16 below outlines the CQC ratings for registered providers currently in Enfield (this does not include unregulated services).

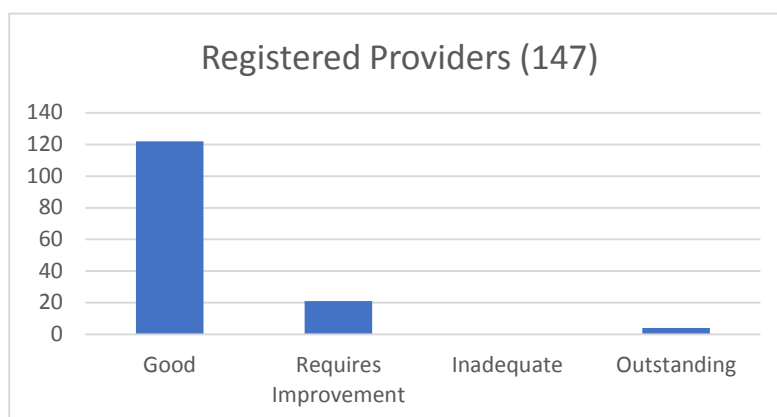


Chart 16

## Our Vision and Better Care Fund Planning Cycle for 2022/23

- Our shared vision is: “We want to enable our residents to Start Well, Live Well and Age Well.” We asked our residents what Integrated Care means for them; and this is what they told us...
- I will be supported by local services working together
- I will get more of the help I need outside of hospital
- I will have access to specialist care when I need it
- I will feel listened to and involved in decisions about my care
- I will be supported by the health and care system to stay well so I can live my life to the full
- Enabling people to be safe, independent and well is an integral part of the Health and Social Care vision for Enfield residents. Delivering this requires the right support to be available at the right time, in the right place for people when they need it. It is also really important that people have the right information and advice to be able to access what they need. This links to support in the community, whether it is health, social care or universal service provision which helps to ensure that:
  - We work with people to help safeguard them from abuse
  - Emergency admissions to hospital are minimized through the provision of good levels of support in the community including primary care, social care and access to VCS and universal service provision;
  - Permanent admissions to residential/nursing care are only made where it is no longer safe or practical to support a person to continue living in the community;
  - Where a hospital admission is necessary, people are able to leave when they are medically fit with the right support in place to enable a return home

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- People are able to receive enabling services which support them to gain, or regain, independent living skills
- People are in appropriate and settled accommodation with access to the right support at the right time to help them sustain their accommodation
- Meaningful training and employment opportunities are available
- Where longer-term support is needed, people have as much choice and control over those arrangements as possible
- People have access to information/advice and support at the right place and time and are able to have their voice heard to contribute to and drive changes where these are needed across the Health and Social Care Sector.
- Our wider health and social care workforce are well supported and equipped to deliver support and services which put families and people who use these services at their very heart.
- The ongoing development of Integrated Care Boards and Integrated Care Partnerships will bring together stakeholders from across the health and social care system. Most importantly, they must have at their heart, the voice of local people and what matters most to them.
- Our system challenges are big, too big to assume more of the same will deliver the change we need. To achieve our ambition and address our most urgent challenges, we need to change the way we work with our communities and design our services with them.
- The draft NCL Population Health Improvement Strategy has therefore identified the following priorities.



chart 17

- Additionally, the (draft) NCL PHIS focuses on shifting from a reactive system to one which prioritises prevention and proactive care and support. Takes action on the wider determinants of health and integrates care around the person and communities.
- There is also strong collaboration at a place level with a shared understanding of the most pressing challenges across health and social care. Examples in 2021/22 of joint planning and delivery of commissioned services include:
- Development and delivery of an ageing well programme of work, completed in partnership across Enfield and Haringey Councils and the ICB. Joint planning for future delivery of a new Mental Health and Wellbeing Hub which will include a community/twilight café.
- Jointly planned and delivered stepdown service for people with complex mental ill health to reduce hospital admissions and support timely discharge.

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- Jointly planned and delivered Voluntary and Community Sector contracts to support improved access to mental health and wellbeing support and improved self-management of long-term conditions.
- Increased joint investment in mental health support for employment and mental health enablement services.
- Joint investment in Voluntary and Community Sector capacity located in the heart of our local Acute Hospital to support community resilience through active support and signposting to GPs, including GP registration for non-registered patients.
- Joint planning and investment in bespoke support for people with learning disabilities to improve uptake of health checks, immunisations.
- Joint co-ordination of the NCL ICB inequalities fund, targeted on the most deprived wards in the five NCL boroughs with a focus on tackling health inequalities.
- Joint increased investment in development of the virtual ward approach, in integrated discharge team capacity as well as winter planning capacity.
- Increased joint investment in digital technology, integrated community equipment services, including telehealth and assistive technology.
- A joint programme of strength-based training and development rolled out across the Council, health and VCS partners.
- The operational planning guidance for the Better Care Fund 2022/23 was published on 19<sup>th</sup> July 2022 and the Better Care Fund planning requirements 2022-23 document was published on the same date. There were some practical changes in terms of the headline metrics used to measure success which are now:
  - a. <sup>1</sup>Metric 1: That the long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes per 100,000 population. Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions.
  - b. <sup>2</sup>Metric 2: The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services. There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement seeks to support people and maximise their level of independence, to minimise their need for ongoing support and dependence on public services.
  - c. <sup>3</sup>Metric 3: Unplanned hospitalisations for chronic ambulatory care sensitive conditions. This indicator measures the number of times people with specific long-term conditions which should not normally require hospitalisation, are admitted to hospital in an emergency.
  - d. <sup>4</sup>Metric 4: Discharge rates to usual place of residence. Improving the proportion of people discharged from hospital to their own home is vital and using data on discharge to their usual place of residence is

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<sup>1</sup> Data source: This data is taken from SALT collected by NHS Digital / Adult Social Care Outcomes Framework. The collection of the denominator will be between 1 October and 31 December

<sup>2</sup> Data source: NHS Outcomes Framework. Data will be extracted monthly by the BCF team Quarterly and annual data from 2003-04 Q1 for all breakdowns

<sup>4</sup> Data source: NHS Secondary Uses Service (SUS).

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an important marker of the effective joint working of local partners. This is also a measure of the effectiveness of the interface between health and social care services. Maximising the proportion of people who return to their usual place of residence at the point of discharge, enables more people to live independently at home. This indicator measures the percentage of discharges that are to a person's usual place of residence.

A BCF plan which reviewed the metrics and joint deliverables, agreed joint investment plans, and produced a new Section 75 agreement, was signed off at Cabinet and the ICB Governing Body in October 2022. This is being presented to HWB on 15<sup>th</sup> December 2022 for final approval.

A further update to the Health and Wellbeing Board to be produced in June 2023.

## Better Care Fund 2022-23 Template

2. Cover



HM Government



Version 1.0.0

## Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	Enfield	
Completed by:	Doug Wilson	
E-mail:	doug.wilson@enfield.gov.uk	
Contact number:	2081320499	
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	No	
If no please indicate when the HWB is expected to sign off the plan:	Wed 05/10/2022	<< Please enter using the format, DD/MM/YYYY
If using a delegated authority, please state who is signing off the BCF plan:	Bindi Nagra Director of HASc, Deborah McBeal Director of Integra	

## Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Director, Health & Adult Social Care
Name:	Bindi Nagra

*Area Assurance Contact Details:	Role:	Professional Title (e.g. Dr, Cllr, Prof)				E-mail:
		First-name:	Surname:			
	Health and Wellbeing Board Chair	Cllr	Nesil	Caliskan	cllr.nesil.caliskan@enfield.gov.uk	
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Ms	Deborah	McBeal	d.mcbeal@nhs.net	
	Additional ICB(s) contacts if relevant	Mr	Stephen	Wells	stephen.wells6.@nhs.net	
	Local Authority Chief Executive	Mr	Ian	Davis	ian.davis@enfield.gov.uk	
	Local Authority Director of Adult Social Services (or equivalent)	Mr	Bindi	Nagra	bindi.nagra@enfield.gov.uk	
	Better Care Fund Lead Official	Mr	Doug	Wilson	doug.wilson@enfield.gov.uk	
	LA Section 151 Officer	Ms	Faye	Hammond	faye.hammond@enfield.gov.uk	
	NCL ICB Finance	Mr	Stephen	Carruthers	stephen.carruthers@nhs.net	
	LBE Finance Manager	Mr	Mark	Astbury	mark.astbury@enfield.gov.uk	

Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process ->

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team [enland.bettercarefundteam@nhs.net](mailto:enland.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

^^ Link back to top

## Better Care Fund 2022-23 Template

### 3. Summary

Selected Health and Wellbeing Board:

Enfield
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### Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£3,735,926	£3,735,926	£0
Minimum NHS Contribution	£24,907,998	£24,907,998	£0
iBCF	£11,726,014	£11,726,014	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	£40,369,938	£40,369,938	£0

[Expenditure >>](#)

#### NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£7,078,147
Planned spend	£12,523,896

#### Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£10,810,742
Planned spend	£11,060,283

#### Scheme Types

Assistive Technologies and Equipment	£918,709	(2.3%)
Care Act Implementation Related Duties	£861,810	(2.1%)
Carers Services	£574,149	(1.4%)
Community Based Schemes	£0	(0.0%)
DFG Related Schemes	£3,735,926	(9.3%)
Enablers for Integration	£117,413	(0.3%)
High Impact Change Model for Managing Transfer of C	£0	(0.0%)
Home Care or Domiciliary Care	£0	(0.0%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£21,598,915	(53.5%)
Bed based intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£0	(0.0%)
Personalised Budgeting and Commissioning	£11,726,014	(29.0%)
Personalised Care at Home	£837,002	(2.1%)
Prevention / Early Intervention	£0	(0.0%)
Residential Placements	£0	(0.0%)
Other	£0	(0.0%)
Total	£40,369,938	

[Metrics >>](#)

### Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)			



### Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence  (SUS data - available on the Better Care Exchange)	91.1%	92.6%	92.1%

### Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	256	425

### Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	88.0%

### [Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

**Better Care Fund 2022-23 Template**

**4. Income**

Selected Health and Wellbeing Board:

Enfield

<b>Local Authority Contribution</b>	
Disabled Facilities Grant (DFG)	Gross Contribution
Enfield	£3,735,926
<b>DFG breakdown for two-tier areas only (where applicable)</b>	
<b>Total Minimum LA Contribution (exc iBCF)</b>	<b>£3,735,926</b>

iBCF Contribution	Contribution
Enfield	£11,726,014
<b>Total iBCF Contribution</b>	<b>£11,726,014</b>

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	No
--	----

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
<b>Total Additional Local Authority Contribution</b>	<b>£0</b>	

NHS Minimum Contribution	Contribution
NHS North Central London ICB	£24,907,998
<b>Total NHS Minimum Contribution</b>	<b>£24,907,998</b>

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	No
---	----

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
<b>Total Additional NHS Contribution</b>	<b>£0</b>	
<b>Total NHS Contribution</b>	<b>£24,907,998</b>	

	2021-22
<b>Total BCF Pooled Budget</b>	<b>£40,369,938</b>

**Funding Contributions Comments**  
 Optional for any useful detail e.g. Carry over

**Better Care Fund 2022-23 Template**

**5. Expenditure**

Selected Health and Wellbeing Board:

Enfield

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£3,735,926	£3,735,926	£0
Minimum NHS Contribution	£24,907,998	£24,907,998	£0
IBCF	£11,726,014	£11,726,014	£0
Additional LA Contribution	£0	£0	£0
Additional NHS Contribution	£0	£0	£0
<b>Total</b>	<b>£40,369,938</b>	<b>£40,369,938</b>	<b>£0</b>

**Required Spend**

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£7,078,147	£12,523,896	£0
Adult Social Care services spend from the minimum ICB allocations	£10,810,742	£11,060,283	£0

>> Link to further guidance

**Checklist**

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Sheet complete

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Source of Funding	Expenditure (£)	New/ Existing Scheme
5	DFG	DFG	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	£2,200,000	Existing
14	Personalised Care at Home	Promoting Independence to continue to live at home	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	£1,172,555	Existing
14	Personalised Care at Home	Promoting Independence to continue to live at home	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	£7,095,799	Existing
14	Personalised Care at Home	Promoting Independence to continue to live at home	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	£3,517,666	Existing
4	Community Based Schemes	Collaborative services within the community	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		Joint	86.00%	14.0%	Local Authority	£11,943,130	Existing
4	Community Based Schemes	Collaborative services within the community	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		Joint	97.00%	3.0%	Local Authority	£1,475,827	Existing
2	Care Act Implementation Related Duties	Care Act	Personalised Care at Home	Other	Quality Checker	Social Care		Joint	15.00%	85.0%	Local Authority	£522,951	Existing

**Better Care Fund 2022-23 Template**

**6. Metrics**

Selected Health and Wellbeing Board:

Enfield

**8.1 Avoidable admissions**

Indicator value Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance) <a href="#">&gt;&gt; link to NHS Digital webpage for more detailed guidance</a>	2021-22 Q1		2021-22 Q2		2021-22 Q3		2021-22 Q4		Rationale for how ambition was set Analysis of Enfield's avoidable admissions over time using baselines from 2018/19, 2019/20 and 2021/22 which have seen year on year reductions of 4.6% between 2018/19 & 2019/20 and 17% between 2019/20 and 2021/22	Local plan to meet ambition Population health and inequalities plan agreed which will tackle the top three major reasons for avoidable admissions to hospital which are heart disease, diabetes and COPD through tackling smoking and
	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan		
	195.7	139.2	163.0	117.0						
	146	112	130	93						

**8.3 Discharge to usual place of residence**

Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	2021-22 Q1		2021-22 Q2		2021-22 Q3		2021-22 Q4		Rationale for how ambition was set Planning to maintain current levels. Delivery in Q1 slightly below last year's performance but with improvements back to 21/22 baseline anticipated in Q2-Q4. Increased step down to rehab/bedded care before final move home has contributed to slightly lower performance this year	Local plan to meet ambition Integrated discharge planning meetings include operational and commissioning colleagues combining operational service response with commissioning requirements. Increased provision of extra care intermediate flats with long term tenancy now an option to avoid need for residential placements.
	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan		
Quarter (%) Numerator	91.7%	92.6%	92.0%	91.8%						
Denominator	5,544	5,532	5,226	4,848						
Quarter (%) Numerator	6,045	5,971	5,682	5,281						
Denominator	91.1%	92.6%	92.1%	92.0%						
	5,120	5,139	4,867	4,860						
	5,618	5,550	5,284	5,281						

**8.4 Residential Admissions**

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	2021-22		2022-23		Rationale for how ambition was set 185 permanent admissions in 2021-22 was lower than planned and we still expect to see an increase in permanent admissions as a result of services such as D2A, which have led to a large increase in short stay placements. As a result we have set a	Local plan to meet ambition Increased use of short stay residential and nursing with temp placements doubling in 2020/21 and 90% increase between 20/21 and 21/22 with average los of 12 weeks. Increased extra care step down capacity available to improve options to return
	Actual	Plan	estimated	Plan		
Annual Rate Numerator	256.5	498.2	400.7	425.3		
Denominator	115	230	185	200		
	44,837	46,167	46,167	47,030		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England: <https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforenglandand2018based>

### 8.5 Reablement

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2020-21		2021-22		2021-22		2022-23		Rationale for how ambition was set	Local plan to meet ambition
	Actual	Plan	estimated	Plan	Plan	Plan				
Annual (%)	73.9%	87.9%	87.7%	88.0%					In 2021-22 we have seen a noticeable increase in the proportion of older people who were still at home 91 days after discharge, although the numbers included are lower, partly due to changes in our recording system. In 2022-23, we intend	Plans to increase capacity by 30% for 2022/23 over the entire year (these numbers reflect Q3 only) representing additional capacity of 184 over the year whilst maintaining current performance.
Numerator	136	211	135	176						
Denominator	184	240	154	200						

Please note that due to the demerging of Northamptonshire, information from previous years will not reflect the present geographies.

As such, the following adjustments have been made for the pre-populated figures above:

- 2020-21 actuals (for **Residential Admissions** and **Reablement**) for North Northamptonshire and West Northamptonshire are using the Northamptonshire combined figure;
- 2021-22 and 2022-23 population projections (i.e. the denominator for **Residential Admissions**) have been calculated from a ratio based on the 2020-21 estimates.



<p>Agreed expenditure plan for all elements of the BCF</p>	<p>PR7</p> <p>Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?</p>	<ul style="list-style-type: none"> <li>Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</li> <li>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraph 3.1 – 6 of Planning Requirements) (tick-box)</li> <li>Has the area included a description of how BCF funding is being used to support unpaid carers?             <ul style="list-style-type: none"> <li>Has funding for the following from the NHS contribution been identified for the area:                 <ul style="list-style-type: none"> <li>Implementation of Care Act duties?</li> <li>Funding allocated to carer-specific support?</li> <li>Respite care?</li> </ul> </li> <li>Have stretching ambitions been agreed locally for all BCF metrics?                 <ul style="list-style-type: none"> <li>Is there a clear narrative for each metric setting out:                     <ul style="list-style-type: none"> <li>How achievable for the ambition set, and</li> <li>the local plan to meet this ambition?</li> </ul> </li> </ul> </li> </ul> </li> </ul>	<p>Expenditure tab</p> <p>Expenditure plans and confirmation sheet</p> <p>Narrative plan</p> <p>Narrative plans, expenditure tab and confirmation sheet</p> <p>Yes</p>			
<p>Metrics</p>	<p>PR8</p> <p>Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?</p>		<p>Metrics tab</p> <p>Yes</p>			



## HEALTH AND WELLBEING BOARD - 6.10.2022

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY, 6 OCTOBER 2022**

**MEMBERSHIP**

**PRESENT** Cllr Abdul Abdullahi (Cabinet Member for Children's Services), Dr Nitika Silhi (Governing Body Member, NHS NCL CCG), Deborah McBeal (NCL ICB), Rikki Garcia (CEO Listen to Act / Healthwatch Enfield), Bindi Nagra (Director of Adult Social Care), Jo Ikhelef (CEO of Enfield Voluntary Action), Vivien Giladi (Voluntary Sector), Dr Alan McGlennan (Chief Executive, Chase Farm Hospital, Royal Free Group) and Dr Nnenna Osuji (Chief Executive, North Middlesex University Hospital NHS Trust)

**ABSENT** Cllr Nesil Caliskan (Leader of the Council), Cllr Alev Cazimoglu (Cabinet Member for Health & Social Care), Cllr Andy Milne, Dr Helene Brown (NHS England Representative), Dudu Sher-Arami (Director of Public Health), Tony Theodoulou (Executive Director of Children's Services), Pamela Burke (Voluntary Sector), Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust) and Siobhan Harrington (Whittington Hospital)

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

**Also Attending:** Josephine Carroll (Managing Director, Enfield Mental Health Division, BEH NHS Trust), Doug Wilson (LBE Health, Housing & Adult Social Care), Debbie Gates (Community Development Officer, LBE), Gayan Perera (Public Health Intelligence Team), Dr Hetul Shah (GP), Peter Nathan (LBE Director of Education), Sarah D'Souza (Director of Communities, NHS NCL ICB), Tamzin Jamieson (Immunisation Improvement Project Manager, NHS NCL ICB), Priyal Shah (Programme Manager, Communities, NHS NCL ICB), Riyad Karim (NCL Assistant Director of Primary Care), Louisa Bourlet (Community Health Development Officer)

**1****WELCOME AND APOLOGIES**

Dr Nitika Silhi, Vice Chair, welcomed everyone to the virtual meeting.

Apologies for absence were received from Cllr Nesil Caliskan (Chair), Cllr Alev Cazimoglu, Dudu Sher-Arami, Tony Theodoulou, Dr Helene Brown, Pamela Burke, and Andrew Wright.

HEALTH AND WELLBEING BOARD - 6.10.2022

**2**

**DECLARATION OF INTERESTS**

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

**3**

**LBE INFECTIOUS EPIDEMIOLOGY AND VACCINATION UPDATE**

RECEIVED the presentation, on behalf of the ICP Immunisation and Screening Group, presented by Gayan Perera, Public Health Intelligence Team Manager, and Dr Hetul Shah.

NOTED

1. Uptake of Covid-19 and flu vaccinations in Enfield was reported, across wards and cohorts.
2. There was a current campaign to boost children's polio immunisation.
3. North Central London ICB were taking action in respect of Monkey Pox to support diagnostics/testing and the delivery of vaccinations.
4. Communication of public health messaging and local schemes and initiatives in Enfield were set out.

IN RESPONSE

5. In response to Members' queries, it was confirmed that to improve vaccination uptake within communities where there had been more hesitancy there had been engagement with faith leaders: this was powerful as they were trusted voices. They had been able to promote webinars, pop up clinics at mosques etc, and given an opportunity for discussion of wider health issues.
6. It was requested that measles immunisation information was included within future update reports. Rates of MMR vaccination followed the same patterns as other immunisation take-up across Enfield. It would also be useful to receive comparison of rates in Enfield against the other North Central London boroughs. Every opportunity should be taken to lift up children's immunisation.
7. In response to enquiries regarding polio risk, it was confirmed that the current campaign was centred on children following national guidance, but the immunisation offer was open to all who had not received a complete dose.
8. Board members were encouraged to promote flu vaccinations this autumn, due to concerns further to a bad flu season in Australia and already high UK flu incidence.

**4**

**SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) PARTNERSHIP STRATEGY REPORT**

RECEIVED the presentation in respect of SEND Partnership Board, presented by Peter Nathan, Director of Education.

**HEALTH AND WELLBEING BOARD - 6.10.2022**

NOTED

1. The SEND Partnership Board purpose and responsibilities were set out.
2. SEND needs were very high in Enfield, and were rising each year.
3. The SEND Partnership Strategy 2023-2027 was submitted for approval by Full Council on 12 October.

IN RESPONSE

4. In response to queries regarding number of children with SEND / ECHPs increasing beyond levels seen in other London boroughs, it was advised this was no longer the case, following changes to the assessment process, alternative provisions, and preventative initiatives.
5. It was confirmed that there was an aim was to create more local places for Enfield children.

**5**

**COMMUNITY POWERED EDMONTON REPORT**

RECEIVED the report, presented by Rikki Garcia, CEO of Listen to Act / Healthwatch Enfield contract holder.

NOTED

1. The Community Powered Edmonton partnership worked across three organisations – New Local, Edmonton Community Partnership, and Healthwatch Enfield – to reach out to communities in Edmonton about their issues affecting health and wellbeing.
2. The key issues found were safety, poverty, social isolation, mental health, language barriers and lack of knowledge and confidence, and digital exclusion.
3. A summary of findings and recommendations had been drawn up, and were set out on page 22 and 23 of the report. The five recommendations had clear consensus and were considered the most urgent and most readily actionable. They were being shared with key strategic bodies.

IN RESPONSE

4. Board members welcomed the valuable and helpful report.
5. The importance of availability of information at the first point of contact and easy accessibility was highlighted.
6. Board members would discuss taking the recommendations forward and potential liaison with Enfield Borough Partnership and its working groups with Rikki outside this meeting.

**6**

**INCLUSION HEALTH NEEDS ASSESSMENT**

**HEALTH AND WELLBEING BOARD - 6.10.2022**

RECEIVED the report, presented by Sarah D'Souza, Director of Communities, NHS NCL ICB.

NOTED

1. There had been a need for NCL wide assessment of health inequalities across targeted populations, to inform future commissioning and investment.
2. There had been focus on those experiencing homelessness, those with a history of imprisonment, sex workers, Gypsy, Roma and Traveller communities, and vulnerable migrants.
3. Phase 1, the rapid evidence review, had now been completed. The next step was to complete engagement for phase 2 and then to co-produce a set of recommendations.
4. Input from Board members would be welcomed.
5. The ICP plan for health improvement for Inclusion Health Groups would be presented and discussed at Enfield Health and Wellbeing Board in the new year.

**7**

**ENFIELD CANCER SCREENING UPDATE**

RECEIVED the presentation in respect of cancer screening awareness campaign, presented by Dr Nitika Silhi.

NOTED

1. The Enfield campaign had evolved from pre-pandemic work.
2. A snapshot of what was happening across Enfield was shown. The hyperlocal campaign was built on national messaging. Information had been distributed via websites, newsletters, posters, social media, etc and been shared by partners.
3. Future planned initiatives included translation of national materials for distribution at community venues, and recruitment of local champions.
4. Input from partners was welcomed.

IN RESPONSE

5. In response to Members' queries it was advised that Enfield was meeting targets for certain cohorts but there was a need to encourage screening take-up, to explain the importance of taking part in screening when invited, and of normalising these processes. Some groups had been found to require more targeting. If people had other problems such as mental health issues, they may present later.

**8**

**PHARMACEUTICAL NEEDS ASSESSMENT**

RECEIVED the update, presented by Gayan Perera, LBE Public Health Intelligence Team.

**HEALTH AND WELLBEING BOARD - 6.10.2022**

NOTED

1. The Pharmaceutical Needs Assessment (PNA) was nearly completed. All responses to the public consultation had been included and the final version of the PNA was about to be published once approved by the Health and Wellbeing Board Chair. The final PNA report would be published on the JSNA website before 20th October 2022.
2. The needs analysis in respect of community pharmacies was set out.
3. The health needs of the local population included Enfield's high prevalence of hypertension, CHD, diabetes and dementia.
4. Up to 100% of people in Enfield could reach a pharmacy within 30 minutes.
5. The conclusions and recommendations were that funding is at least maintained at current levels and that there is no evidence to suggest there is a gap in service.

IN RESPONSE

6. It was confirmed that comments submitted during the public consultation would be passed on to NHS England.
7. Noted that community pharmacies were a valuable and sometimes under-utilised resource.

**9**

**MINUTES OF THE MEETING HELD ON 7 JULY 2022**

**AGREED** the minutes of the meeting held on 7 July 2022.

**10**

**NEXT MEETING DATES AND DEVELOPMENT SESSIONS**

NOTED the next Board meeting dates and development sessions:

Thursday 15 December 2022, 6:30PM

Thursday 2 March 2023, 6:30PM

Development Sessions (potential dates):

Thursday 15 December 2022, 5:00PM

Thursday 2 March 2023, 5:00PM

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