

# Public Document Pack



## OVERVIEW & SCRUTINY COMMITTEE

Monday, 4 March 2024 at 7.00 pm  
Conference Room, Civic Centre, Silver  
Street, Enfield, EN1 3XA

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Councillors : Margaret Greer (Chair), Mahmut Aksanoglu (Vice-Chair),  
Maria Alexandrou, Nawshad Ali, Kate Anolue, Hivran Dalkaya, James Hockney and  
Michael Rye OBE

Education Statutory Co-optees: 1 vacancy (Church of England diocese  
representative), vacancy (other faiths/denominations representative), vacancy  
(Catholic diocese representative), Alicia Meniru & 1 vacancy (Parent Governor  
Representative).

Enfield Youth Parliament Co-optees (2)  
Support Officer – Stacey Gilmour (Governance & Scrutiny Officer)

## AGENDA – PART 1

### 1. WELCOME & APOLOGIES

### 2. DECLARATIONS OF INTEREST

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

### 3. MINUTES OF PREVIOUS MEETING (Pages 1 - 6)

To agree the minutes of the Overview & Scrutiny Committee meeting held on  
15 January 2024.

### 4. ICB CLINICAL COMMISSIONING - UPDATE (Pages 7 - 46)

To receive the report of Stephen Wells, Head of Integration & Enfield  
Borough Partnership Programme.

### 5. CORPORATE COMPLAINTS ANNUAL REPORT & MEQ PERFORMANCE (Pages 47 - 60)

To receive the report of Eleanor Brown, Director of Customer &

Communications (acting) and Lee Shelsher, Head of Customer Solutions.

**6. LOCAL GOVERNMENT ASSOCIATION CORPORATE PEER CHALLENGE PROGRESS REPORT (Pages 61 - 86)**

To receive the report of Shaun Rogan, Head of Corporate Strategy.

**7. WORK PROGRAMME 2023/24 (Pages 87 - 90)**

To note the completion of the Work Programme for 2023/24 and that the Overview and Scrutiny Committee Work Programme for 2024/25 will be discussed at the first meeting of the new municipal year.

**8. DATES OF FUTURE MEETINGS**

A Provisional Call-In meeting of the Overview and Scrutiny Committee is scheduled on Monday 25 March 2024.

The date of the next business meeting will be confirmed at the Annual Council meeting on Wednesday 15 May 2024.

## OVERVIEW &amp; SCRUTINY COMMITTEE - 15.1.2024

**MINUTES OF THE MEETING OF THE OVERVIEW & SCRUTINY COMMITTEE  
HELD ON MONDAY, 15 JANUARY 2024**

**COUNCILLORS**

**PRESENT** Margaret Greer (Chair), Mahmut Aksanoglu (Vice-Chair), Maria Alexandrou, Nawshad Ali, Kate Anolue, Hivran Dalkaya, James Hockney and Michael Rye OBE.

**STATUTORY CO-OPTES:** *1 vacancy (Church of England diocese representative), vacancy (other faiths/denominations representative), vacancy (Catholic diocese representative), Alicia Meniru & 1 vacancy (Parent Governor representative) - Italics Denotes absence*

**OFFICERS:** Ian Davis (Chief Executive), Fay Hammond (Executive Director of Resources), Tony Theodoulou (Executive Director of People), Joanne Drew (Director of Housing and Regeneration), Perry Scott (Executive Director of Environment & Communities), Terry Osborne (Director of Law & Governance), Doug Wilson (Director of Health & Adult Social Care), Dudu Sheri-Arami (Director of Public Health), Kevin Bartle (Interim Director of Finance), Annette Trigg (Strategic Head of Corporate Finance), Stacey Gilmour (Governance & Scrutiny Officer)

**Also Attending:** Cllr Ergin Erbil (Deputy Leader of the Council) and Cllr Tim Leaver (Cabinet Member for Finance & Procurement Local Press Officer  
1 Member of the Public

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**WELCOME & APOLOGIES**

The Chair welcomed everyone to the meeting and introductions were made.

In view of the in-depth discussions anticipated at item 4 of the agenda: Medium Term Financial Plan 2024/25 to 2028/29 the Chair proposed to defer agenda item 5: ICB Clinical Commissioning update to the meeting of the Overview & Scrutiny Committee scheduled to take place on 4 March 2024. Members of the Committee **AGREED** to this proposal.

**2 DECLARATIONS OF INTEREST**

In respect of item 5, Cllr Nawshad Ali advised that he worked for Barnet, Enfield & Haringey NHS Trust.

It was noted however that this item had now been deferred to the March meeting of the Overview & Scrutiny Committee.

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**3 MINUTES OF THE PREVIOUS MEETINGS**

The minutes of the previous meetings held on 6 November 2023, 14 November 2023 and 11 December 2023 were **AGREED**.

**4 MEDIUM TERM FINANCIAL PLAN 2024/25 TO 2028/29**

Councillor Ergin Erbil, Deputy Leader introduced the item highlighting the pressures currently faced by the Council which were as a result of continued reduction to Local Authority Funding from Central Government, inflationary pressures, and the continuing cost of living crisis. Government settlement for Local Authorities is bleak and all Council's across the country were facing the same financial situation as Enfield Council. It was confirmed that despite this, the budget has been balanced for 2024/25, dependent on proposed savings, Council Tax increase, review of the Council Tax Support Scheme and grant to Adult Social Care.

Cllr Tim Leaver (Cabinet Member for Finance and Procurement) provided further information in relation to the Council's budget and the economic context and government funding decisions were further highlighted. He advised that the January Medium Term Financial Plan (MTFP) Update Report demonstrates how the Council has set a provisionally balanced budget. It contains details of funding changes announced at the Chancellor's Autumn Statement and subsequently content of the 2024/25 Provisional Local Government Finance Settlement on 18 December. The report also provides an update on the funding and spending assumptions set out in the 2024/25 to 2028/29 MTFP Update Report which was considered by Cabinet in November (KD5681) and it brings forward a further tranche of savings and income proposals. The report also provides further detail around the budget position in terms of Funding, Pressures, Savings and the proposed fees and charges across service departments for 2024/25.

The Council is committed to delivering a resilient and sustainable budget and has made significant progress over the past four years. A key element of the approach to deliver this commitment is the effective scrutiny of the savings and income generation proposals and also the underlying assumptions on funding and spending. The Council is operating in an increasingly challenging and uncertain financial environment and this scrutiny is more important than ever.

The Committee received further information from Fay Hammond, Executive Director of Resources which provided context and background to the financial strategy, savings, investment, budgets by departments and budget risks.

At the invitation of the Chair, Members put a series of detailed questions to the Cabinet Member for Finance and Procurement, the Deputy Leader, and Officers, who provided the following responses.

The Deputy Leader Cllr Erbil said he believed insourcing was 'good practice' and where local authorities had adequate funding more services should be

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insourced as it was felt that when you insource you prioritise staff and health and safety over profit. Cllr Leaver, the Cabinet Member for Finance & Procurement said that where certain services have been insourced this had saved money and he clarified that it wasn't the Council's intention to stop insourcing but added there may be an opportunity to review it in terms of 'best practice'.

With regards to debt levels, Cllr Erbil advised that important steps have always been taken to ensure that the Council's Capital Financing is affordable and the Capital Strategy, which was signed off in November, is a good strategy. He added that it was important to note that Enfield Council are in debt to invest in the Borough and this debt goes towards key services such as road maintenance, delivering decent homes, decarbonising council buildings, and investing in parks and green spaces. Cllr Leaver advised that the majority of this debt is locked in at low interest rates and therefore the issue is not about the council's financing or investment in the borough but is about the lack of fair funding.

In response to Members' queries, further details were confirmed regarding the provisional Local Government Finance Settlement and that Enfield was not fairly funded, and it was advised that the Government had only provided 8% of the overall budget, with Enfield being the second worst funded local authority across London and seventh worst in the country according to recent studies, and this demonstrates the unfair funding formula.

In response to a question regarding the impact of cutting the Council Tax Support Scheme (CTS) , which helps over 30,000 low income households in the borough, the Deputy Leader said it is fully recognised how hard residents have been hit by the cost of living crisis, especially in the most deprived wards, which is why £1.4m has been set aside in hardship funds to help struggling families as well as £1m in council tax hardship funds as part of the new Council Tax Support Scheme. Enfield Council had maintained for a very long time one of the most generous CTSS in London giving the discount to more households than any other London Borough. However, due to the budget pressures caused by inflation and the other financial challenges faced, such a generous scheme can no longer be sustained, and has therefore been brought in line with the London average. The new scheme will still give a discount on the council tax bill for around one-third of the borough's households and is therefore still a very strong scheme.

The Executive Director of Resources provided information on the process for the changes to Council Tax charges and advised that whilst developing these options an EQIA was undertaken to understand what the impact to residents would be, along with significant, extensive consultation on the proposals which is ongoing until the end of this months and to date 282 residents have completed this. Letters have been sent to all 29,000 residents directly affected by the changes to the Council Tax Support Scheme and offered them a one-to-one meeting, of which sixty-three residents made contact and have had this meeting. Engagement has taken place with specific client groups to offer guidance and advice on what the changes might mean for them and following

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feedback from this an easy-read version of the consultation has been added to the Council's website and residents have been made aware that this is now available. Adverts have been placed on social media, in Greek and Turkish newspapers as well as in other communities in the borough. A proactive approach has been taken by undertaking a mailshot to all residents who might be eligible for disregard but haven't yet applied for it. The £1.5m exceptional hardship scheme is being set up to ensure this is available and also a single specialised team, separate from the usual collection point team, is being set up to provide additional support and one route into the council. So as much as possible has been done to publicise the event and offer support where possible in preparation for this proposal, should it be agreed.

As part of the budget setting process for 2024/25, the Council's traded services fees and charges have been reviewed. The review assesses the Council's current fees and charges to establish whether the service delivery costs are being covered by the charges set, considers whether income generation opportunities are being maximised and benchmarks the proposals with other councils. There is a continued focus on strengthening income streams in order to support the MTFP and the strategy has been to increase charges by 9% based on the July 2023 RPI, subject to case by case conditions. The majority of services are adopting this increase where the charges are locally controlled, with some exceptions where services look to build market share or hold position within the market.

With regards to HR and Workforce Implications, any proposal that is likely to impact on posts or changes and potential closure of services, will require the Council to conduct meaningful and timely consultation with trade unions and staff. This will include consideration of alternative proposals put forward as part of the consultation process.

The Director of Housing & Regeneration explained that homelessness is the single most significant pressure and risk faced by the Council which has been predominantly caused by a lack of available temporary accommodation at affordable rates, and hence a sustained use of expensive hotel accommodation. Mitigations are in place to reduce the reliance on hotel usage, and this will reduce costs. Part of Enfield's strategy is to bring accommodation under its own ownership and direct control which will mean that we aren't so exposed to this volatility and increased market costs, and in that time the strategy is to reduce the numbers of people in temporary accommodation significantly. However, significant risk remains here and notification of Enfield's allocation from the government's increase in homelessness prevention grant of £120m nationally, is awaited. Enfield's share of the grant will be used to help off-set these costs.

The Director of Health & Adult Social Care explained that this service had been hit particularly hard by the Pandemic as what impacts on the NHS impacts on Social Care. During Covid there were a number of challenges and for a short period of time the numbers of people accessing services decreased, but it was recognised that this was only a temporary situation and the demand on health and adult social care services is now rapidly increasing.

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Unlike the NHS, adult social care is not free at the point of contact, it is means tested and there are certain things that can be done to try and manage the demand and part of these discussions is about how to meet peoples' needs in the most cost-effective way. So, it is about working with partners across the NHS to manage things differently. However, this is likely to mean that decisions will be made based on more cost effectiveness than what would normally be expected. Other significant challenges are deprivation levels, NHS pressures and age profiles within the borough as these all have a huge impact on the service.

The Executive Director of People responded to a question regarding Social Worker Apprenticeship recruitment and explained that the Adult Social Worker Apprenticeship scheme has been paused on the basis that vacant posts can be filled without the need for apprenticeships. However, the Children's Social Worker Apprenticeship scheme has been deferred so there are currently greater pressures on children's social workers. Whilst the Council's contribution to the apprenticeship scheme has been deferred it has been replaced by a government grant as the tremendous pressures on recruiting children's social workers has been recognised by the government and therefore grants in the region of £180k have been made available to Local Authorities to fund apprenticeships.

The Executive Director of Environment & Communities explained that there are a lot of high demand services that are important to residents, so work is ongoing with the teams to understand these and there is a large list of projects and initiatives within the budget paper, so it is about monitoring these and ensuring officers have the right resources to deliver on these.

The Executive Director of Resources advised that there is no generic freeze in recruitment, however, any vacant post that comes up for recruitment, the Executive Director of that service area has to demonstrate that any recruitment to the role is necessary and essential.

In regards to the Green Waste subscription the Deputy Leader explained that in line with other fees and charges going up, this is increasing to cover the inflationary increase and cost pressures in maintaining the service. Residents can also use Barrowell Green Recycling Centre and the North London Waste Authority Eco Park. Flytipping and Littering remains a Council priority, but adequate funding is essential for improving street scenes and recycling rates.

The Executive Director of Finance concluded by saying that the next step of the process is to wait for the final Local Government Finance Settlement figure for 2024/25 which should be known by 31<sup>st</sup> January 2024, but in the meantime ongoing due diligence of the cost pressures, savings and income proposals will continue.

The Chair thanked the Cabinet Member, Finance & Procurement and Officers for their hard work in producing this budget and for providing detailed responses and explanations to the questions posed.

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**AGREED** that having considered the savings and income proposals and funding and spending assumptions contained in the January Medium Term Financial Plan 2024/25 to 2028/29 to update Cabinet and report the outcome of their deliberations to Council on 22 February 2024.

**5 ICB CLINICAL COMMISSIONING - UPDATE**

**AGREED** that the ICB Clinical Commissioning Update report be deferred to the business meeting of the Overview & Scrutiny Committee, scheduled to take place on Monday 4 March 2024.

**6 WORK PROGRAMME 2023/24**

**NOTED** the Overview & Scrutiny Committee Work Programme for 2023/24.

**7 DATES OF FUTURE MEETINGS**

**NOTED** that the next business meeting of the Overview & Scrutiny Committee would be on Tuesday 6 February 2024 at 7:00pm in the Conference Room, Civic Centre.





## London Borough of Enfield

<b>Report Title</b>	Progress Update: NCL Integrated Care Board and Enfield Borough Partnership
<b>Report to</b>	Overview and Scrutiny Committee
<b>Date of Meeting</b>	15 <sup>th</sup> January 2024
<b>Cabinet Member</b>	Cllr Cazimoglu
<b>Executive Director / Director</b>	Tony Theodoulou
<b>Report Author</b>	Stephen Wells, Head of Enfield Borough Partnership Programme, Enfield Directorate, NCL ICB and Deborah McBeal, Director of Integration, Enfield Directorate, NCL ICB
<b>Ward(s) affected</b>	All
<b>Classification</b>	NA
<b>Reason for exemption</b>	NA

### Purpose of Report

1. The attached report provides an update as to the development and current responsibilities of the North Central London Integrated Care Board and System (NCL ICB/ICS).

### Main Considerations for the Panel

2. To note the attached presentation which describes the evolution of the NCL ICB/ICS, key responsibilities, partners, and current structure.

### Background to the NCL Integrated Care Board and Integrated Care System

### 3. Evolution of NHS Commissioning in North Central London

- Clinical Commissioning Groups (CCGs) were established following the Health & Social Care Act in 2012, replacing Primary Care Trusts. At this point Enfield CCG came into existence.
- North Central London CCG was established in April 2020, bringing Barnet, Camden, Enfield, Haringey and Islington to form one single CCG.
- North Central London Integrated Care Board (NCL ICB) was established from 1<sup>st</sup> July 2022, replacing NCL CCG.
- NCL ICB is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the Integrated Care System (ICS) area.
- Integrated Care Systems (ICSs) will become statutory organisations and will be responsible for strategic commissioning and planning. ICSs will merge the functions of CCGs alongside some of the existing NHS England functions and with new strategic functions.

#### Purpose of ICSs

- Improve outcomes in population health and healthcare
- Enhance productivity and value for money
- Support broader social and economic development
- Tackle inequalities in outcomes, experience and access

### 4. NCL Population Health and Integrated Care Strategy

- The strategic vision of NCL ICS is 'We want our population to live better, healthier and longer, fulfilling their full potential over the course of their entire life. We have identified five strategic aims to deliver our ambition and achieve our purpose'. The strategy identifies;
  - Start Well: By working collaboratively with schools and communities, our children and young people will have:
    - tools to manage their own health
    - access to high quality specialist care
    - safe and supported transitions to adult services.
  - Live Well: Our residents will have early support for health issues including:
    - equitable access to high quality 24/7 emergency mental and physical health
    - world-class planned and specialist care services
    - true parity of esteem between physical and mental health.
  - Age Well: Our residents will:
    - be supported to manage their long term conditions and maintain independence in their community
    - receive seamless care between organisations
    - experience high quality and safe hospital care that ensures they can get in and out of hospital as fast as they can.
  - Work Well: Our workforce will:
    - have equal access to rewarding jobs, work in a positive culture, with opportunities to develop their skills
    - have support to manage the complex and often stressful nature of delivering health and social care

- strengthen and support good, compassionate and diverse leadership at all levels.
- We will provide key enablers for success, including:
  - digital technologies to connect our health and care providers with our residents and each other
  - a fit for purpose estate in each locality
  - being a financially balanced health economy driving value for money for the taxpayer.

**5. Key local achievements by Enfield Borough Partnership**

- Has developed a governance structure which is currently under review.
- Has identified clinical leads to take forward work for start well, live well and age well.
- Has a range of Delivery/ Working Groups actively taking tackling key challenges.
- Oversees a wide range of projects through the Enfield Inequalities Fund
- Has been identified as a Core20PLUS 5 Accelerator site (one of seven nation wide) working on improving early diagnosis of lung cancer.
- Is developing the Enfield Healthy Communities Zone

**Relevance to Council Plans and Strategies**

6. There is key linkage with our Council Plan 2023-2026 especially regarding the priority for strong, healthy and safe communities.  
The new Enfield Health and Wellbeing Strategy (to be launched 2024) will be implemented through the above arrangements.

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**Report Author:** Stephen Wells  
Head of Integration & Enfield Borough Partnership programme  
stephen.wells6@nhs.net

**Appendices/ Background Papers**

NCL Integrated Care Board and Enfield Borough Partnership update (MS PowerPoint presentation dated 15<sup>th</sup> January 2024)

**Departmental reference number, if relevant:**

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# **Overview & Scrutiny Committee Business Meeting**

## **NCL Integrated Care Board and Enfield Borough Partnership Update**

**15<sup>th</sup> January 2024**

# Evolution of NHS Commissioning in North Central London

## Enfield Clinical Commissioning Group (CCG)

CCGs was established following the Health & Social Care Act in 2012, to replace Primary Care Trusts from 1<sup>st</sup> April 2013

## North Central London Clinical Commissioning Group

Established following the merger of the CCGs in North Central London: Barnet, Camden Enfield, Haringey Islington to form a single NCL CCG from 1<sup>st</sup> April 2020 in order to ensure:

- Greater strategic commissioning as an Integrated Care System working across larger populations.
- Greater coordination between Boroughs that support improved opportunities for seamless integrated care to deliver by quality and experience for patients and more cost effectiveness.
- Greater alignment of commissioning activities and sharing best practice across disciplines to enable a more consistent co-ordinated approach with our stakeholders and services on care currently provided and in development.
- A move away from transactional contracting and towards a more strategic outcomes approach.
- Improved consistency in planning and decision making in order to underpin our commitment to reducing variation and inequalities.
- Effective utilisation of limited commissioning resource by reducing duplication in effort, inconsistency and fragmentation of approach and the use of financial resources that ensures cost efficiency and value for money.

# Evolution of NHS Commissioning in North Central London

## North Central London Integrated Care Board

- Established from 1<sup>st</sup> July 2022 and replacing NCL CCG to take on the NHS planning functions previously held by the CCG, as well as some additional planning roles from NHS England.
- NCL ICB is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the Integrated Care System (ICS) area.

## **Integrated Care Systems (ICSs) will become statutory organisations and will be responsible for strategic commissioning and planning**

- ICSs will merge the functions of CCGs alongside some of the existing NHS England functions and with new strategic functions. The primary functions of a future ICS (as described in legislation) will be to arrange for the provision of services for our population for the purposes of the health service in England, supported by additional functions such as:
  - Leading strategic planning and commissioning
  - Allocating financial resources
  - Coordinating and overseeing service delivery
  - Facilitating service transformation and pathway redesign
  - Leading emergency planning and response
  - Stakeholder and public engagement – making sure patient and resident voices are heard

# Evolution of NHS Commissioning in North Central London

## North Central London Integrated Care Board

The principles informing the work of NCL ICB are:

- **Taking a population health approach:** We need to continue to develop the way we plan services to take into account the needs of people and communities, acknowledging the wider determinants of health. This will support tackling health inequalities across and within the communities we serve.
- **Evolving how we work with communities:** Embedding co-design with partners and communities in planning and designing services and developing systematic approaches to communication and community engagement.
- **Continued focus on boroughs:** Partnership working within boroughs is essential to enable the integration of health and care and to ensure provision of joined up, efficient and accessible services for residents.
- **Learning as a system:** We have learnt a lot as a system throughout both our response to COVID-19 and our efforts to recover. Capturing this learning across primary care, social care, community, mental health and hospital services will guide our next steps for both individual services and system approaches.
- **Acting as a system to deliver a sustainable health and care system:** Providing high quality services enabled by workforce, finance strategy, estates, digital and data.



# NCL ICB key responsibilities



NCL ICB is a statutory organisation responsible for specific functions that enable it to deliver against four core functions.

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

# NHS Service providers in North Central London

## NHS Providers

- Barnet, Enfield and Haringey Mental Health NHS Trust
- Camden and Islington NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- Central London Community Healthcare NHS Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- North Middlesex University Hospital (including provision of Enfield Community Services)
- Royal Free London NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- The Tavistock and Portman NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- Whittington Health NHS Trust

## Primary Care

- 209 GP practices across 32 Primary Care Networks (PCNs)
- Enfield Borough –47 GP practices in 5 PCNs

# Why do we have ICSs?

The core purposes of Integrated Care Systems are to:



- NHS organisations, local councils and other partners have increasingly been working together across North Central London in recent years to improve our population's health and reduce inequalities through greater collaboration.
- Working together, partners have developed better, more coordinated and convenient services.
- We will continue to invest more to keep people healthy and out of hospital and set shared priorities for the future.

# Our NCL ICS structure

**North Central London Integrated Care System (ICS)** is the name of the NCL system as a whole. An ICS is a way of working, not an organisation.

Partners within the NCL ICS include: Acute Trusts, Mental Health Trusts, Community Trusts, Local authorities (Barnet, Camden, Enfield, Haringey and Islington), Healthwatch and VCSE (Voluntary, Community and Social Enterprise) sector.

The **NHS North Central London Integrated Care Board (or ICB)** allocates NHS budget and commissions services. This is the organisation that NCL CCG staff will transfer to, and will be chaired by Mike Cooke, with Frances O'Callaghan named Chief Executive.

The **North Central London Health and Care Partnership**, is the Integrated Care Partnership (or ICP), a joint committee with the councils across the five boroughs. This committee is responsible for the planning to meet wider health, public health and social care needs and will lead the development and implementation of the integrated care strategy.

## System

**Provider collaboratives** involve NHS trusts and primary care working together. UCL Health Alliance incorporates all NHS trusts (including acute, specialist and mental health) and the NCL GP Provider Alliance brings together primary care in NCL.

## Place

**Place-based partnerships or borough partnerships** include ICB members, local authorities, VCSE organisations, NHS trusts, Healthwatch and primary care.

## Neighbourhoods

Building on primary care networks (PCNs), neighbourhoods support multidisciplinary working between frontline teams, population health management and relationships with communities.

# Benefits of NCL ICS

## Improved outcomes

Enable greater opportunities for working together as 'one public sector system' – ultimately delivering improved patient outcomes for our population

## New ways of working

Accelerate our work to build new ways of working across the system to deliver increased productivity and collaboration

## Working at borough level

Services will continue to be coordinated and delivered at borough level.

## Reduce inequalities

Identify where inequality exists across in outcomes, experience and access and devising strategies to tackle these together with our communities

## Efficient and effective

Help us build a more efficient and effective operating model tackling waste and unwarranted variation

## System resilience

Help us become an system with much greater resilience to face changes and challenges to meet the needs of our local population by supporting each other

## Population health

NCL residents are at the heart of these changes, making sure contracts are built around long term benefits for communities, not activity

## Collaboration

Organisations across the health and care sector will come together more often

## Reduced bureaucracy

Transactional barriers will be removed to make collaborative working simpler and allow partners to organise themselves

## Economies of scale

Help us make better use of our resources for local residents and achieve economies of scale and value for money

## Working at borough level

Support the further development of local, borough-based Care Partnerships and Primary Care Networks

# North Central London Integrated Care System

# Strategic aims

We want our population to live better, healthier and longer, fulfilling their full potential over the course of their entire life. We have identified five strategic aims to deliver our ambition and achieve our purpose.

## Start well

By working collaboratively with schools and communities, our children and young people will have:

- tools to manage their own health
- access to high quality specialist care
- safe and supported transitions to adult services.

## Live well

Our residents will have early support for health issues including:

- equitable access to high quality 24/7 emergency mental and physical health
- world-class planned and specialist care services
- true parity of esteem between physical and mental health.

## Age well

Our residents will:

- be supported to manage their long term conditions and maintain independence in their community
- receive seamless care between organisations
- experience high quality and safe hospital care that ensures they can get in and out of hospital as fast as they can.

## Work well

Our workforce will:

- have equal access to rewarding jobs, work in a positive culture, with opportunities to develop their skills
- have support to manage the complex and often stressful nature of delivering health and social care
- strengthen and support good, compassionate and diverse leadership at all levels.

## Enablers

We will provide key enablers for success, including:

- digital technologies to connect our health and care providers with our residents and each other
- a fit for purpose estate in each locality
- being a financially balanced health economy driving value for money for the taxpayer.

# NCL Population Health & Integrated Care Strategy - Delivery Planning

This strategy begins defining how we work best across the whole NCL system, at Borough Partnership and neighbourhood levels to improve population health through a collective focus on **prevention, early intervention and proactive care**. Our shared ambition is:

*‘As an integrated care partnership of health, care and voluntary sector services, our ambition is to work with residents of all ages of North Central London so they can have the best start in life, live more years in good physical and mental health in a sustainable environment, to age within a connected and supportive community and to have a dignified death. We want to achieve this ambition for everyone.’*



# Our key principles for becoming an integrated population health system

We have identified **ten principles which will guide our new ways of working**, including examples of what that looks like. We will need to make substantial changes to how we work with our residents and communities, and this will involve changing how we prioritise our resources and efforts. The strategy sets out a clear **call to action to our providers** to reflect on how their organisations will look and feel when they align to these principles.



**Trust the strengths of individuals and our communities**

*We listen to our communities and develop care models that are strengths-based and focussed on what communities need, not just what services have always delivered*



**Break down barriers and make brave decisions that demonstrate our collective accountability for population health**

*We understand each other's viewpoints and take shared responsibility for achieving our ICS outcomes and our role as anchor institutions*



**Build from insights**

*We create digital partnerships and use integrated qualitative and quantitative data to understand need*



**Strengthen our Borough Partnerships**

*We build a system approach for local decision making and accountability to support local action on physical and mental health inequalities and wider determinants*



**Mobilise our system's world class improvement and academic expertise for innovation and learning**

*We build the evidence base for population health improvement and innovative approaches to improve integrated working*



**Break new ground in system finance for population health and inequalities**

*We shift our investment toward prevention and proactive care models and create payment models based on outcomes.*



**Build 'one workforce' to deliver sustainable, integrated health and care services**

*We maximise our workforce skills, efficiencies and capabilities across the system*



**Support hyper-local delivery to tackle health inequalities and address wider determinants**

*We make care more sustainable by creating local integrated teams that coordinate care around the communities*



**Relentlessly focus on communities with the greatest needs**

*We embed Core20PLUS5 in all our programmes with a particular focus on inclusion health to make sure no-one is left behind*



**Deliver more environmentally sustainable health and care services**

*We prioritise activity which impacts our communities' health and environment, such as transport*

# Levers for change

To deliver on our ambition, there are six levers for change that will help us create the right conditions for sustainable delivery. We will need to work across the integrated partnership to make these real.

## **Making population health everyone's business**

Developing and improving system-wide access to population health insights and embedding the fundamentals of population health at all levels of our system, including our front-line teams

## **Strengthening integrated delivery**

Further developing our approach to integrated delivery in the Borough Partnerships by creating the context and conditions for success and support building our local integrated teams

## **Collaborating to tackle the root causes of poor health**

Creating a better context for good health and well-being for everyone in NCL by collaborating to address the root causes of poor health outcomes and investing locally and responsibly in our communities

## **Aligning resources to need**

Transforming how we make decisions about the use of resources by understanding where we have variation in outcomes and creating the frameworks and measures that redirect resources to close the gap

## **Becoming a learning system**

Working with NCL's world-leading research and improvement expertise to become a system that is evidence-based and evidence-generating to deliver impact, value, scale and spread

## **Creating 'one workforce'**

'One Workforce' across our health and care providers to provision a sustainable model that enables us to pivot towards a model that focuses on population health improvement




# Start Well, Live Well, Age Well

## Vision





We want our population to live better, healthier and longer, fulfilling their full potential over the course of their entire life, reducing inequalities & the gap in healthy life expectancy

### Start well


**Every child has the best start in life and no child is left behind**

-  Improved maternal health and reduced inequalities in perinatal outcomes
-  Reduced inequalities in infant mortality  
Increased immunisation and newborn screening coverage
-  All children are supported to have good speech, language and communication skills

**All children and young people are supported to have good mental and physical health**




-  Early identification and proactive support for mental health conditions
-  Reduced prevalence of children and young people who are overweight or obese
-  Improved outcomes for children with long term conditions
-  Children have improved oral health

**Young people and their families are supported in their transition to adult services**




-  All young people and their families have a good experience of their transition to adult services

### Live well



**Early identification and improved care for people with mental health conditions**

-  Improved physical health in people with serious mental health conditions
-  Reduced racial and social inequalities in mental health outcomes
-  Reduced deaths by suicide

**Reduced early deaths from cancer, cardiovascular disease and respiratory disease**




-  Reduced prevalence of key risk factors: smoking, alcohol, obesity and physical activity
-  Improved air quality
-  Early identification and improved treatment of cancer, diabetes, high blood pressure, cardiovascular disease and respiratory disease

**Reduction in the impacts of the wider social, economic and environmental conditions and places in which people live, on people's health and wellbeing**



-  Reduced unemployment and increase in people working in fulfilling employment
-  People live in stable and healthy accommodation and are safer within the communities in which they live

### Age well

**People live as healthy, independent and fulfilling lives as possible as they age**

-  People get timely, appropriate and integrated care when they need it and where they need it
-  Prevent development of frailty with active aging
-  Earlier intervention and improved care for people with dementia

**People remain connected and thriving in their local communities as they age**

-  People have meaningful and fulfilling lives as they age
-  People are informed well and can easily access support for managing financial hardship (including fuel poverty), as they age

The 20% most deprived communities in NCL.

Our child and young people (CYP) NCL communities who experience greater health inequalities and poorest outcomes.

Our five key health risk areas where we can create the biggest impact in NCL.



Our adult NCL communities who experience greater health inequalities and poorest outcomes.

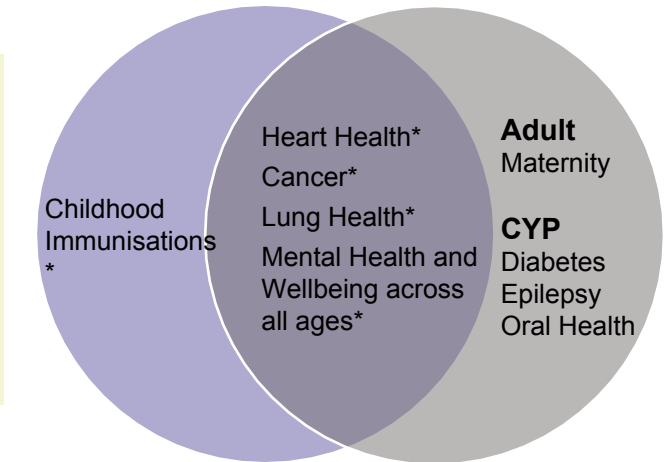
Focusing on the root causes of poor health.

**PLUS priorities**

- Inclusion Health Groups
- Select Black, Asian and Minority Ethnic (BAME) groups experiencing inequalities
- Adults with severe mental illness and adults with learning disabilities
- Family carers
- Older adults with care and support needs
- Supporting residents at risk of hospital admission
- Supporting residents to recover following hospital admissions

**PLUS priorities**

- Children with Special Educational Needs and Disabilities (SEND)
- Children Looked After (CLA) and care leavers.
- Select Black, Asian and Minority Ethnic (BAME) groups experiencing inequalities
- Continuing Care for Children and Young People
- Safeguarding arrangements for designated doctors and nurses for Children and Young People



**\*NCL 5 population health risks**

**National CORE20PLUS5 framework (not part of NCL strategy)**

What will this mean  
for residents?

# Integrated care and communities

## What will be different?

“Joan is 80 years old and lives in Camden. She has heart disease and diabetes, and recently has been forgetting to take her medication. She has found it more difficult to manage over the last six months but wants to keep living at home. Joan's GP and social worker have developed a Care Plan in discussion with Joan. This means that the GP practice, district nursing and social care know how to work together to help Joan stay well and at home safely. If Joan's GP becomes concerned about something, he uses the 'Rapid Response' service to assess her the same day at home, which helps avoid trips to A&E. When Joan did fall last year and needed to be seen in hospital, she was assessed within 2 hours and a plan was in place quickly to get her home as soon as she was ready. Joan was supported to stay at home with a care package provided by social care, her domiciliary care workers were increasingly concerned about her forgetfulness so referred her to the memory clinic for a dementia assessment.”



## How integrated care can help

- ✓ Clearer information about local services and how to use them will be available to help residents access the right support.
- ✓ Better access to mental health care, with residents given more support to find the help they need.
- ✓ Patients ready to leave hospital will be discharged, through hospitals, community services and social care working together.
- ✓ Ensuring all people have their mental health care needs met, and providing interim support for when people are on waiting lists for complex care treatment.

# Listening to our people and communities

Continuing to engage with and listen to our residents will inform the work of NCL ICS.

Patients involved in discussions and shared decisions about their care

Children and young people with epilepsy and their families being involved in the development of local epilepsy services

Use of technology both to increase access to services and to health information

Residents having access to online and video consultations and supported to feel digitally included

Better access to services

Introducing care navigators to signpost people to the right services

Empathy and understanding around cultural or disability-related needs

Trialling a new pathway for self-sampling smear tests

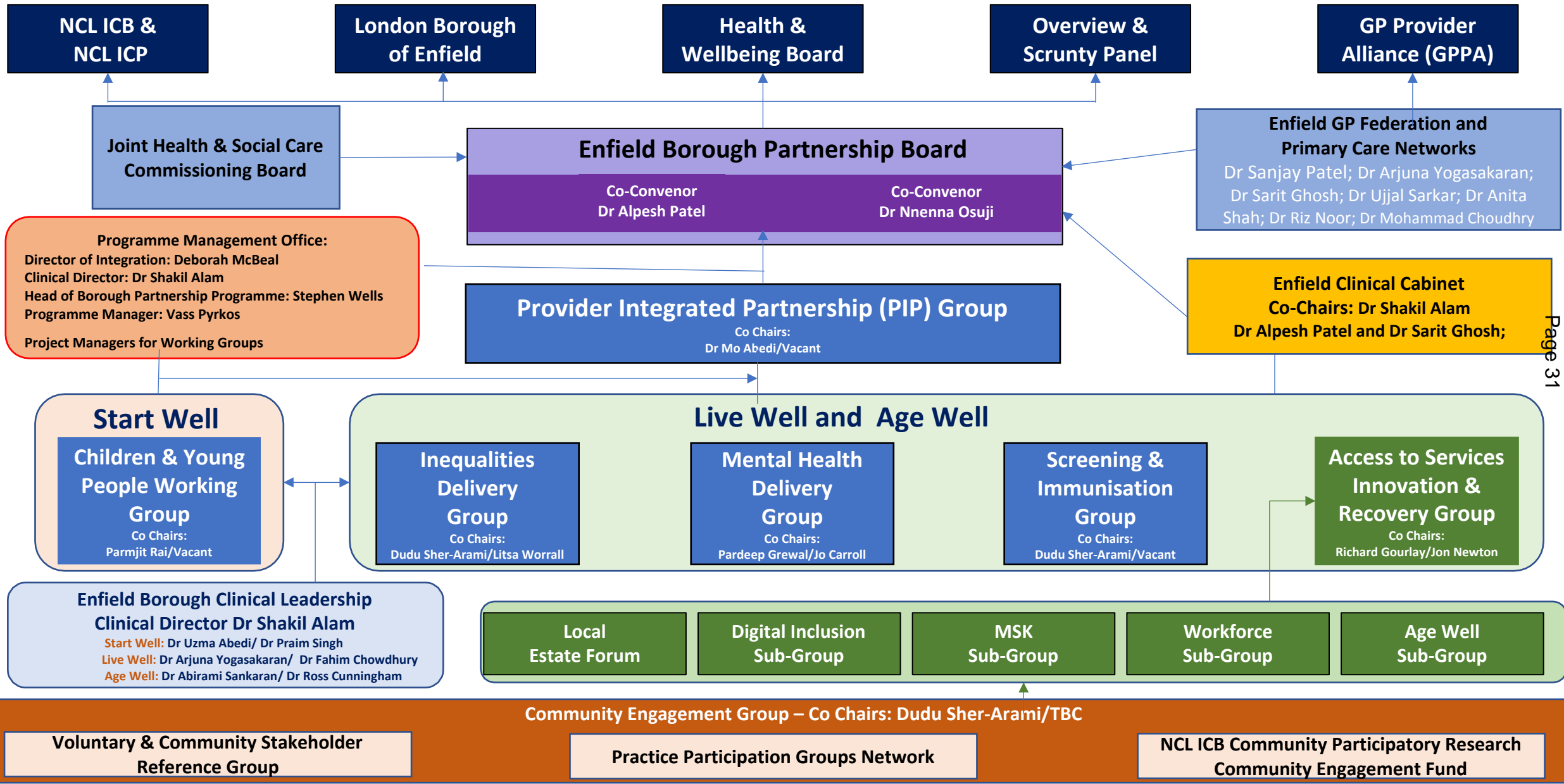
Access to clear and accessible information, including easy read versions and access to interpreters

Healthy Futures providing clear, accessible information for people with diabetes on how to look after their condition

# Enfield Borough Partnership Update



# Enfield Borough Place based Partnership - Governance structure April 2023 [Under Review]



# Enfield Borough Clinical Leads – Start Wells, Live Well, Age Well

Clinical Director	Start Well	Live Well	Age Well
Dr Shakil Alam	Dr Uzma Abedi Dr Praim Singh	Dr Fahim Chowdhury Dr Arjuna Yogasakaran	Dr Abirame Sambasivan Dr Ross Cunningham

## 23/24 focus

- Chair ICB clinical leads monthly meetings
- ICB leadership at the Enfield primary care clinical cabinet
- Rotational chair at the Pan NCL Thursday GP webinar,
- Enfield ICB clinical representative at the Primary care clinical cabinet and the HWBB
- Enfield ICB clinical representative at the NCUH Primary & Secondary Interface Steering Group Meeting.
- Attend Clinical Directors/CMO/CNO /Deputies meetings.
- Supporting 6 Enfield clinical leads across the Start Well/ Live Well and Age well portfolios with regular touch points.
- Enfield ICB clinical representative at the Enfield Borough partnerships PIP meeting.
- Enfield ICB clinical representative at the Enfield Borough partnership meetings.
- Paediatric Low Acuity NCUH Attendance
- Supporting with Clinical DOS sign off from a clinical governance perspective for NHS 111.
- Providing Clinical leadership over the mobilisation of the NCL NHS 111 contract.

- NCL Clinical leads and Commissioners Integration Improvement
- Development of Hospital @ Home pilot
- NCL Integrated Paediatric Steering Group & Asthma Network
- Enfield Primary Care Clinical Cabinet
- Mental Health Partnership Board Steering Group & Enfield Mental Health & Children's Commissioner
- Individual Placement support (IPS) for people on the SMI QOF Register
- Enfield SEND Action Plan overview
- Enfield IPS T&F group (stakeholders from LBE, Early help, Asthma nurses, Mental health etc)
- CAMHS referral / one contact discharges.
- Enfield ASTHMA / Development of LCS
- Clinical Directors and Clinical Leaders ICB Clinical and Care Leadership
- Paediatric Low Acuity NCUH Attendance
- NCL Royal Free Interface Steering Group Meeting

- Improve patient access to PC
- Work with secondary care teams to review and manage referrals
- Clinical guidance on the Enfield Single Offer
- Contribute to planning NCL primary care development workflows obo Enfield Borough
- Chair the NCL ICP Inequalities Workshop
- Work with local trust to improving access and pathway communications and integration.
- Provide clinical advice & guidance to long-term care homes planning & implementation.
- Contribute to the development of learning needs for Enfield GPs
- Attend the NCUH Primary & Secondary Interface Steering Group Meeting
- Ensure readiness for service delivery start date of Oct 2023 by providing clinical & digital advice on: Service specifications, indicators/outcomes; Training Spec/support materials: Support GP practices in prep. period; LCS mobilisation; Development of LTC LCS GP IT infrastructure Charing of regular NCL GP IT infrastructure meetings – bringing a wider number of stakeholders across NCL together and ensuring progression along agreed timelines

- Clinical leadership to the development of care pathways, improving clinical outcomes & service delivery; GP practice training; engage with Community Matrons; inform development of local Neighbourhood model
- Meet with the Borough Head of PC to provide programme and operational clinical updates/escalate any risks and mitigations
- Clinical leadership to the development of services for older people (incl. falls prevention; urgent care response)
- Attend ICB Frail Elderly Group and LBE older people partnership board; and meetings with Providers, Social Care and VCS partners i.e. Age UK, Dementia UK, Healthwatch Enfield
- Co-chair /clinical leadership to the NCL ICB CVD Prevent Network; and to pathway developments (Heart Failure, Cardiology, BP@Home; input to the GP website
- Attend NCUH A&E Delivery Board & HIU Users Group, and inform the clinical leadership to the ICB Urgent Care Review

# Access to Services, Innovation & Recovery Working Group

**Co-Chairs: Richard Gourlay, Director of Strategic Development, NMUH and Jon Newton, Director of Integration, Older People & Physical Disabilities, LBE**

- ❖ To ensure access to health care, social care, and VCSE services for the residents of Enfield, engaging with all local stakeholders to inform the delivery of agreed local priorities
- ❖ Ensure we are looking at innovation and measures that support commitment to change the way we deliver services and make a real difference the patient's experience
- ❖ Ensure resident views and patients experience is feeding into the work of the group i.e. access to services, development of MSK services, etc.
- ❖ We recognise as a group we represent a range of different providers/ settings/ capacity, and we must ensure we have an open culture that builds trust, openness and respect to enable everyone to contribute, respect their and to encourage genuine contribution to shape the way we can work effectively by collaboration
- ❖ To make best use of effort, resources etc. and ensuring that each partner plays it part to maximise the success of the Borough Partnership
- ❖ To accept that each stakeholder has different drivers, targets and frameworks, and acknowledging how these can complement each other, enabling services to go forward in a different way

## The priority areas of the group include:

- Access to services, System resilience and enhanced access (primary care)
- Development of Lifestyle Hubs (as part of joint work with LBE Public Health, RFL Public Health and the borough partnership local priorities of smoking and obesity)
- MSK on the High Street – working with RNOH, to pilot an enhanced community MSK service delivered in partnership with RFL, NMUH, BEH and RNOH to improve local access by those with MSK conditions in our most deprived communities
- Review and co-develop the implementation plans following the NCL strategic services reviews of Community Services (inc. CYP) and Mental Health services reviews
- Development of Social Prescribing working with VCSE partners
- Future development of Neighbourhoods (informed by work in NCL ICB with borough partnerships, GP Fed/ PCNs).

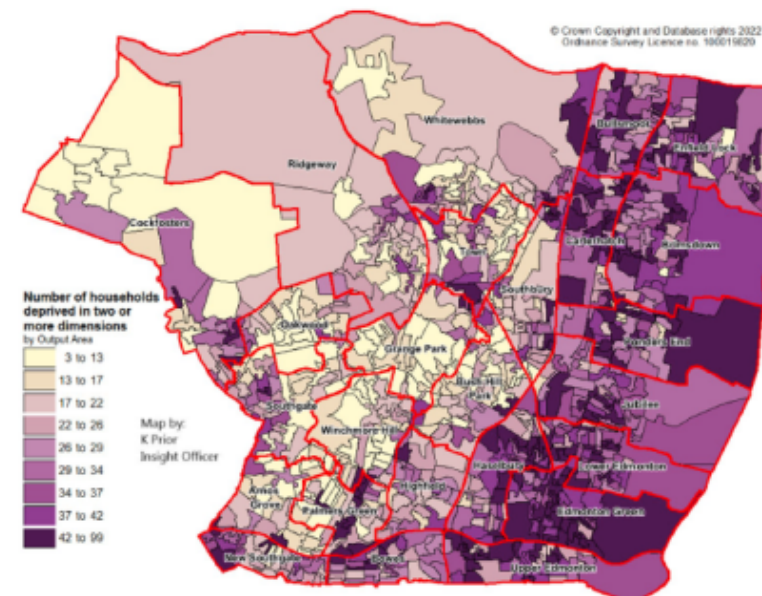
# Inequalities Delivery Group

Co-Chairs: Dudu Sher-Arami, Director of Public Health, LBE and  
Litsa Worrell, Chair, Enfield PPG Network

- Enfield is a diverse borough with over 150 languages spoken and the census data 2021 has seen large increases in Albanians and Bulgarians and is now home to the largest populations nationally.
- Barnet is the 10<sup>th</sup> least deprived borough in London. This hides pockets of deprivation in the borough where around 12,000 people lived in the 20% most deprived parts of England.
- In Enfield, 28.7% of residents were estimated to be earning below the Living Wage in 2021 This was worse than the average London Borough.

## Work In Progress

- 21 Inequalities Projects including community participatory research funded by NCL ICB in Enfield, in 2022/23 and 2023/24
- CORE 20 PLUS 5 –CORE 20 PLUS 5 Accelerator site (1 of 7 in England funded by NHS England and Institute of Healthcare Improvement) looking at improving the uptake of Targeted Lung Health Checks (working with NCL Cancer Alliance) in 20% most deprived areas of Enfield.
- Community Engagement - Empowering Community Engagement in Edmonton – to identify new approaches through co-production to engage with local communities and improve relationships with partner organisations and local community groups
- Neighbourhood Development – inform the work with local PCNs and GP Federation to develop a neighbourhood model that improves same day access to services and develop proactive care approaches to address health inequalities.



# Enfield Inequalities Fund: List of Enfield Projects

Project number	Project title
9	Black Health Improvement Programme (BHIP)
10	Enhanced Health Management of People with Long-Term Conditions (LTC) in Deprived Communities
11	Community Hubs Outreach
12	Supporting People with Severe & Multiple Disadvantage who are High Impact Users in Healthcare Services
13	ABC Parenting Programme
14	Divert and Oppose Violence in Enfield (DOVE)
15	Smoking cessation (Enfield GP Federation)
48	Social and Emotional support to recover from the COVID pandemic
49	Addressing childhood obesity through community led activity
50	Increasing access to healthier food and financial support in community settings
51	Analysis – system costs, PH analysis
52	Diversity Living Services Programme
53	Enfield 0-2 Years’ Speech and Language (SLT) Early Identification and Intervention Service
54	Interstellar Twalking Challenge
55	Enfield paediatric asthma nursing service – Healthy London Partnership asthma-friendly schools pilot
56	Community Powered Edmonton -Drop in events
57	Enfield Patient Participation Network (PPG)
59	#WhatIf Project Wellbeing Connect & Edmonton Partnership
<b>NCL projects</b>	
35	Enfield Homelessness LCS
36	(NCL scheme) Cancer community development project
37	Community Mentoring Programme

# CORE20 PLUS 5 A FOCUSED APPROACH TO TACKLING HEALTH

## NCL ICB and Enfield Borough Partnership - Core20PLUS 5 Accelerator Site (1 of 7 sites in England)

### NHS England & Institute of Healthcare Improvement Core20Plus 5 Accelerator sites in England 2023/24: Core20Plus Region Themes, Aims & Objectives

Cornwall	Early cancer diagnosis rates among the GRT community in Cornwall
Humber & North Yorkshire	Develop an assessment, planning and care co-ordinated model, for integrated neighbourhoods, supported by a practice culture that is teamwork orientated and person centred.
Mid & South Essex	Increase life expectancy for people with Severe Mental Illness (SMI) in South Essex
North Central London (Enfield)	To help improve early diagnosis of lung cancer by identifying key insights into the reasons for low uptake of the Targeted Lung Health Checks amongst deprived communities in Enfield by 2027, with a view to designing targeted activities, to help meet the programme's national target of 50%. This contributes towards the national ambition of diagnosing 75% of cancers at stage 1 or 2 by June 2028 .
Surrey Heartlands	Increase cancer screening uptake and coverage for those with learning disabilities. Test within the cervical screening programme in the Guildford and Waverley place of Surrey Heartlands
Nottingham	Proportion of people dying early due to CVD in the most deprived areas of Nottingham and Nottinghamshire will be more similar to those in the least deprived areas
Lancashire & South Cumbria	Improve access to cancer screening and earlier care with the aim of achieving 75% of cancers identified at stage 1 and stage 2 in specified cancers by 31 <sup>st</sup> October 2023.

# Enfield Healthy Communities Zone

# 1. Purpose of a Healthy Communities Zone (HCZ)

## Aims

To build on the success of the Inequalities Fund schemes in Haringey and Enfield by the creation of a Healthy Communities Zone in wards around NMUH

- Funding: £300k across Enfield and Haringey (£150k / year / borough)

To act as a demonstrator site for the regional Anti-Racism Framework (Kevin Fenton)

To bring an equity lens to wider system performance, spend and outcomes, in order to illustrate how making health inequalities everyone's business is more cost effective for the system as a whole

To demonstrate that the involvement of local communities in identifying needs and co-designing solutions improves cost effectiveness

To act as a magnet for new investment (repurpose/ refocus / prioritise activity) and to broaden the number of stakeholders involved in promoting economic and social gain – for example through working closely with Royal Free Charity to gain input from local business and third sector organisations

To act as a delivery vehicle for the Population Health Improvement Strategy / Health and Wellbeing Strategy

## Hypotheses

**Impact of Community Empowerment** That additional investment led to an improvement in the following:

- a. Reported social connectiveness to a community
- b. Being in control over your life and/or condition
- c. Being better able to manage my own and my families physical and mental wellbeing

**Impact on Crisis reduction** That additional investment led to a reduction in the number of people from the defined community reaching crisis. This may be expressed as:

- a. A&E admissions
- b. A&E attendances
- c. Self reported crisis

**Improving planning and resource allocation** A focus on the data underpinning disproportionate outcomes by deprivation and ethnicity improves system understanding and enables better planning and use of resource – e.g. system / place conversations about where resource is currently placed and how we work together to change this

**To maximise limited resources** there will be a focus on particular segments of the population, in particular young children, underserved ethnic communities, severe multiple disadvantage (including working age), and older people

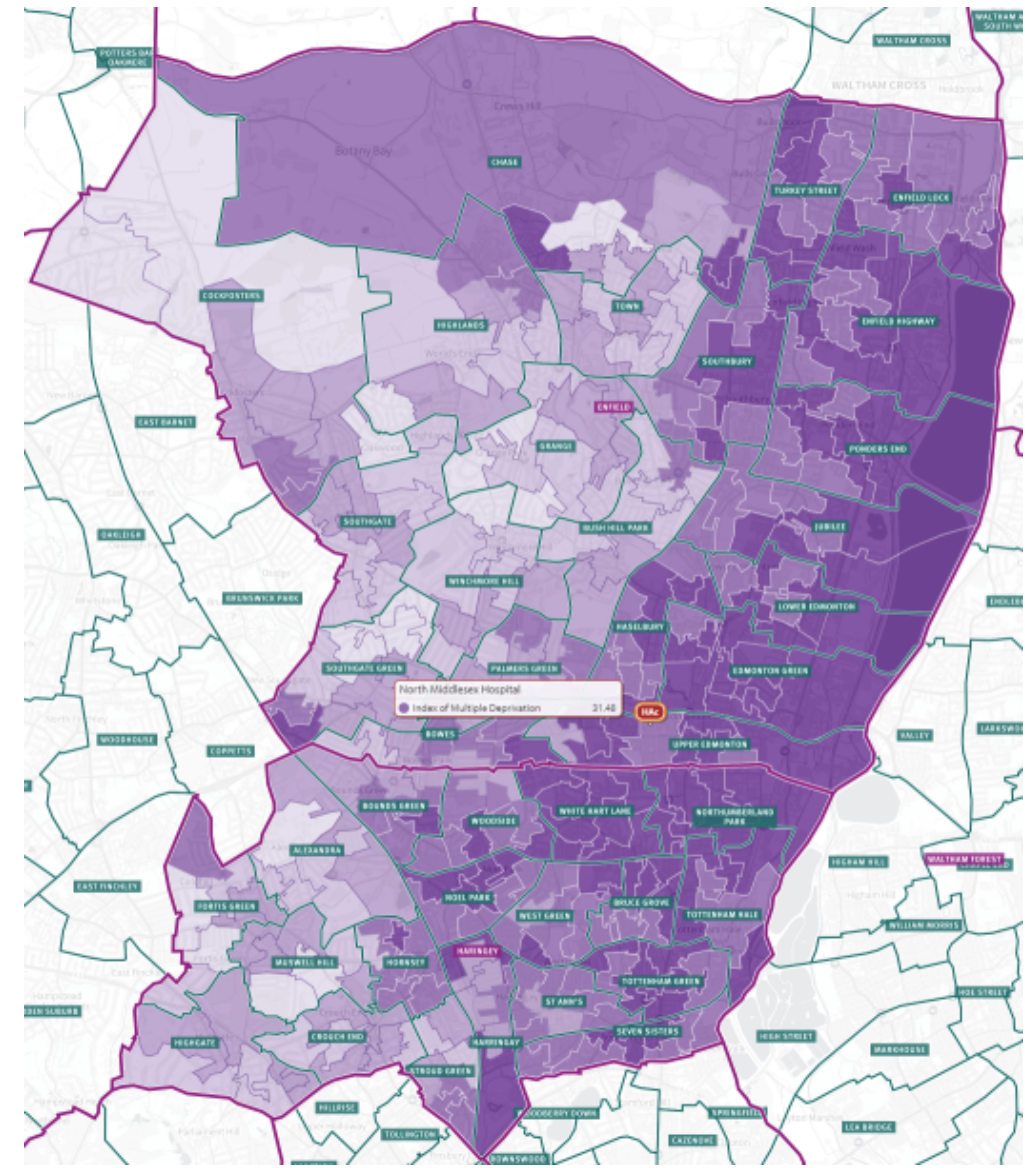


# 2. Healthy Community Zone Wards

Wards which are included within the Healthy Community Zones are those across Enfield and Haringey which are made up of the 20% most deprived LSOAs as defined by the IMD (2019)

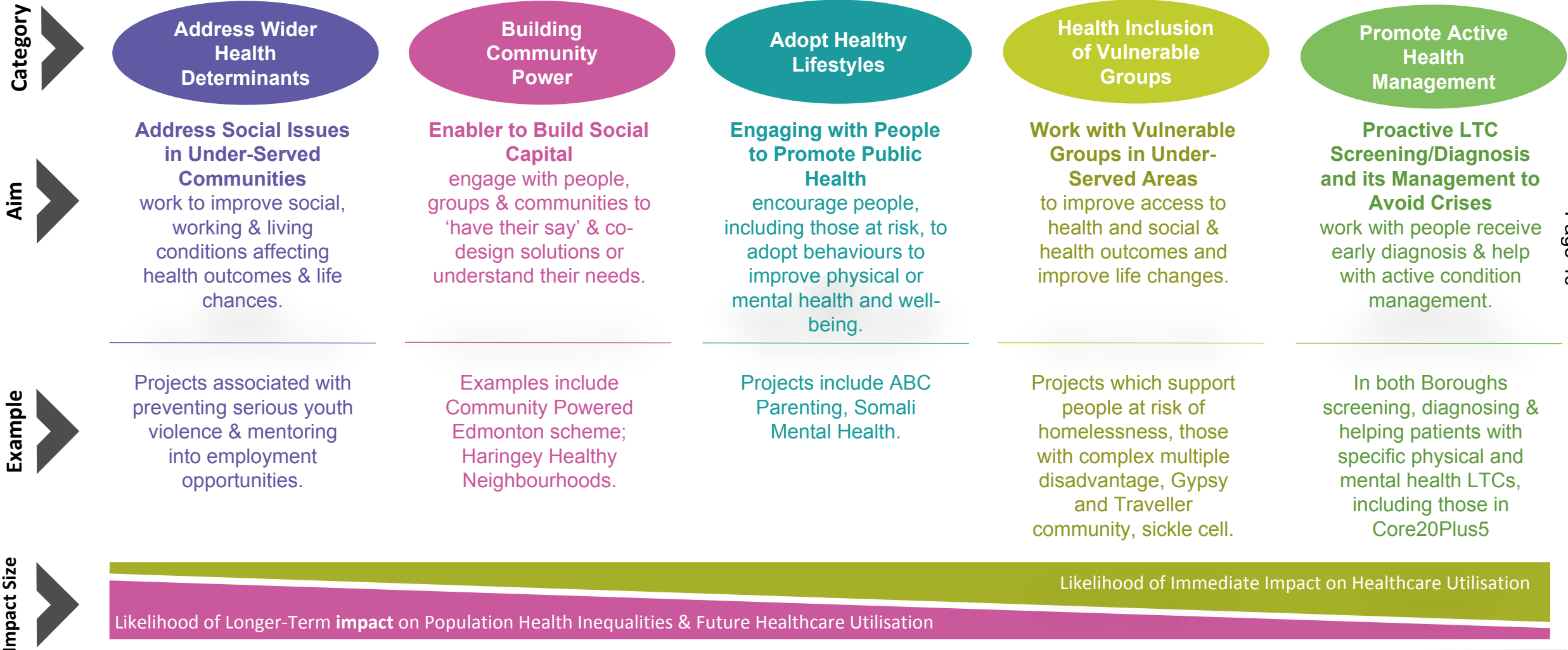
- Enfield**
- Bowes
  - Chase
  - Edmonton Green
  - Enfield Highway
  - Enfield Lock
  - Haselbury
  - Jubilee
  - Lower Edmonton
  - Ponders End
  - Southbury
  - Southgate Green
  - Turkey Street
  - Upper Edmonton

- Haringey**
- Bounds Green
  - Bruce Grove
  - Harringay
  - Hornsey
  - Noel Park
  - Northumberland Park
  - Seven Sisters
  - Tottenham Green
  - Tottenham Hale
  - West Green
  - White Hart Lane
  - Woodside



# 3. All schemes in HCZ

- The Enfield and Haringey Healthy Community Zone consists of schemes across both boroughs which covers five health inequalities programme areas



# Screening & Immunisation Working Group

**Co-Chairs:** Dudu Sher-Arami, Director of Public Health, LBE and  
Riyad Karim, NCL ICB, Assistant Director of Primary Care (Enfield)

Ensures the delivery of adult and childhood national Immunisation programmes, in Primary Care and schools is supported, planned, monitored and evaluated in collaboration with all local partners; and local screening programmes. It supports the planning of immunisation delivery in General Practices, Schools, Pharmacies, Care Homes and other community settings; coordinates comms to support immunisation uptake and informs partners of the communications needed in their respective settings; and develops specific services to increase uptake amongst vulnerable and targeted population's such At Risk Groups, Over 65s and Pregnant Women.

**Of note:** the group carefully oversaw the rollout of COVID vaccinations, is driving and monitoring Polio, MMR and Whooping Cough vaccination campaigns. The group is actively embarking on the 23/24 winter flu planning; as well as focusing on cervical, breast cancer screening and targeted lung health checks screening (as part of the NHS England Core 20 Plus5 accelerator site). work).

## Key Focus of the Group is to:

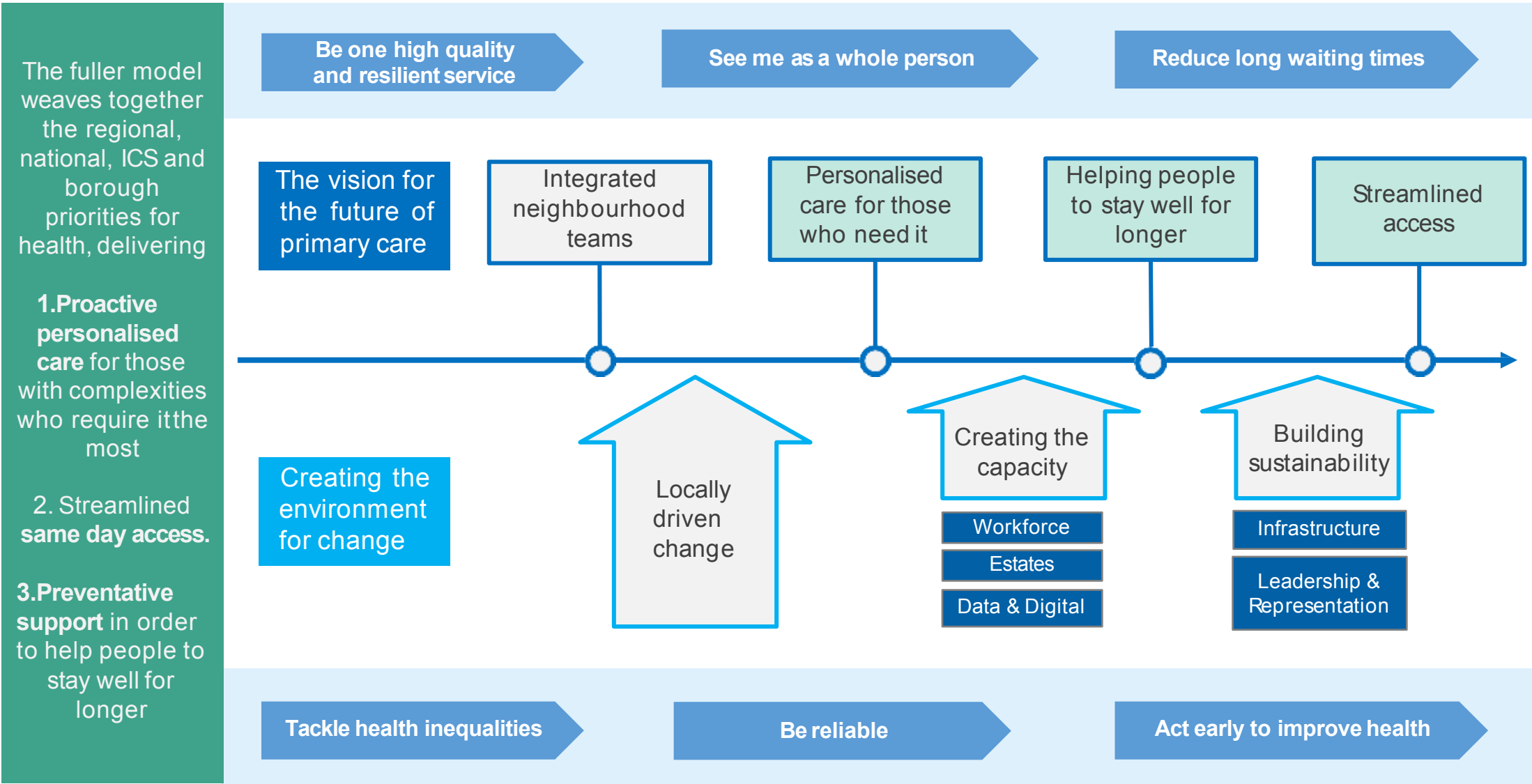
- ❖ To improve the uptake of national cancer screening programmes and Adult and Childhood immunisations by Enfield residents
- ❖ Ensure we are looking at innovation and measures that support commitment to change the way we deliver services and make a real difference the patient's experience
- ❖ Ensure resident views and patients experience is feeding into the work of the group informed by work undertaken by other working groups
- ❖ We recognise as a group we represent a range of different providers/ settings/ capacity, and we must ensure we have an open culture that builds trust, openness and respect to enable everyone to contribute, respect their and to encourage genuine contribution to shape the way we can work effectively by collaboration
- ❖ To make best use of effort, resources etc. and ensuring that each partner plays it part to maximise the success of the Borough Partnership
- ❖ To accept that each stakeholder has different drivers, targets and frameworks, and acknowledging how these can complement each other, enabling services to go forward in a different way

# Enfield Borough Partnership

## Putting Fuller into Practice Developing the Neighbourhood model



# Fuller stocktake report –a priority for systems



# Neighbourhood Development: Fuller Matrix

There are generally three types of people:

**1. Those who are generally well**, who don't have long term conditions. Need to risk stratify this cohort in terms of their risks of developing long term conditions, deprivation it, etc. The offer from public services is more preventative to keep them well with high levels of physical and mental wellbeing and keep them productive in society

**2. Those people with one or more long term conditions** who require ongoing care, not only from health service but from other organisations to help them self-manage their long-term conditions; and support them to prevent those conditions deteriorating and preventing them from getting new conditions.

**3. Those with complex needs** including frail elderly, end of life dementia, children with complex needs, and working age adults with a mixture of mental health, drug and alcohol problems, who require a primary prevention model of care.

- Primary care struggles with providing same day care for people with new concerns, exacerbations of long-term conditions, and those with complexities, however there are some groups in society who need more continuity than others so we **need to focus on where our scarce resources should be.**

The matrix informs shaping the neighbourhood model in terms of the:

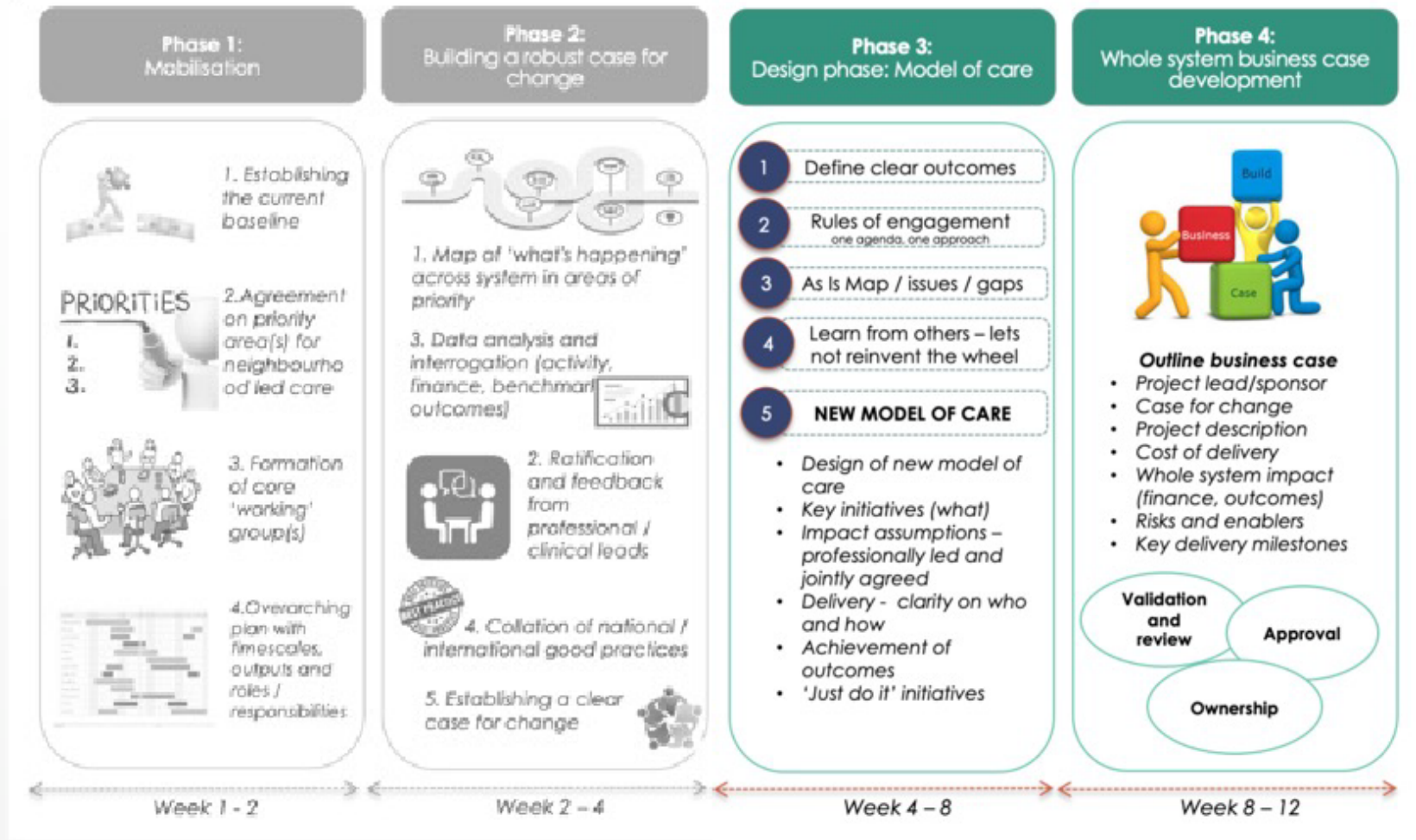
- **Who** – population health - the hierarchy of patient need in terms of health and wellbeing
- **What** we can do differently
- **How** - to include self-management, peer-to-peer support, i.e. find a different way of delivering, and therefore protect in terms of health inequalities
- **Identify our priorities including workforce requirements –develop a skilled workforce and the use of care navigators**

	Generally well (lower continuity)	Long Term Conditions (medium continuity)	Complex Needs (high continuity)
Primary Prevention	Primary prevention – vaccination, screening, health-checks, smoking cessation...		
Ongoing Care (with prevention)		Long Term Condition Management with primary and secondary prevention	Highly personalised holistic care and support, including LTC management with primary, secondary and tertiary prevention
Reactive Care	Same-Day Care for new concerns	Same-Day Care for new concerns and exacerbations	Same-Day Care for new concerns and crises
17/01/2023   Dr Steve Laitner 2022 - Free to use for NHS with source quoted			

# Roadmap to deliver the model of care

## Proactive Anticipatory Care & Same Day Access

1. Co-design the model
2. Demand and capacity model to understand movement in activity and capacity
3. Trigger a business case with clear KPIs
4. Develop an implementation plan
5. Trigger quality improvement (QI) cycles



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## London Borough of Enfield

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<b>Report Title</b>	2022/23 Corporate Complaints Annual Report & MEQ Performance
<b>Report to</b>	Overview & Scrutiny Committee
<b>Date of Meeting</b>	4 <sup>th</sup> March 2024
<b>Cabinet Member</b>	Cllr Ergin Erbil
<b>Executive Director / Director</b>	Perry Scott, Executive Director of Environment & Communities
<b>Report Author</b>	Eleanor Brown/Lee Shelsher
<b>Ward(s) affected</b>	None
<b>Classification</b>	Part 1 Public

### Purpose of Report

1. This report is in response to Overview & Scrutiny Committee's request in November 23 for the following performance data:
  - Corporate Complaints Annual Report 2022/23
  - Corporate Complaints 2023/24 in-year quarterly KPI data
  - Member Enquiries (MEQs) 2022/23
  - Member Enquiries (MEQs) 2023/24 in-year quarterly KPI data
  - MEQ KPI performance comparison prior and post new MEQ IT system implementation (May 2022)

### Main Considerations for the Panel

#### Corporate Complaints

2. During 2022/23, Enfield Council received 1,999 complaints, of which 153 progressed to final stage. Complaint volumes have marginally decreased from the previous year.
3. The average annual first stage complaint response rate was 72% within 10 working days. As the Council's complaint response time performance target is 95% within 10 working days, this Key Performance Indicator (KPI) was not achieved, part due to an in-year halving of the Council's response targets from 20 to 10 working days. This marked the return to best practice following a temporary target time which had been enacted due to Covid-19. Therefore, KPIs (Key Performance Indicators) for the previous two years is difficult to compare.

4. In terms of late responses, the highest percentage were just 1-5 days late (34%) showing that this can be tightened to achieve deadlines.
5. Due to technology improvements, the annual report also includes the number of complaints upheld, partially upheld, and not upheld for the first time. This enhances the Council's ability to focus on targeted improvement actions regarding service faults. Of the first stage complaints received: 792 (43%) were upheld, 424 (23%) were partially upheld and 627 (34%) were not upheld.
6. Moving forward, the report details planned improvement actions, including a targeted approach for high volume, low response times to improve this, alongside quality and service delivery. This includes enhanced staff training and induction programmes, complaints and MEQ service redesigns, recruitment drives and improved customer communication processes.
7. At a corporate level, changes to staff structures, processes and systems were implemented during 2022-23 to improve resilience and ownership of complaints handling. Therefore, the centralised Complaints Team have growing corporate oversight which is reflected in response performance. The structure and leadership have been reviewed again in February 2024 to make further improvements.
8. Further analysis for 2022/23 is included in 'Background & Options' and the Annual Corporate Complaints Report link is included as an appendix.
9. In terms of in-year Corporate Complaints on time response performance for 2023/24, the average is currently 73% with an average time of 9 working days. Although performance improved to 78% in Q2, this fell to 70% in Q3 where over 10% of responses were just 1 day overdue. Actions to reduce lateness are currently being implemented in the central complaints team to support responding officers and increase KPI performance. Further analysis is required around complaint versus use of a service request.

#### Member Enquiries (MEQs)

10. During 2022/23, Enfield Council received 6,962 MEQs, 79% of which were responded to on time. As the on-time response KPI target is 95% within 8 working days, the target was not achieved.
11. The three highest volume MEQ categories were: Street Cleansing (329), Council Housing Repairs (311) and Parks & Cemeteries Maintenance (307). **Please see paragraph 50** for further data on services.
12. As part of the new IT system implemented for MEQs, it is now possible for Members to accept or reject an MEQ response. From May 2022 (when the system was implemented), 1,562 responses were accepted, and 480 responses were rejected by Members.
13. In terms of in-year performance Q1-Q3 on time response average is 82%. The average response time across the year to date is 7 working days.

Compared to the two previous years (pre-IT system implementation and year of implementation), performance is more consistent and less volatile in terms of peaks & troughs. Each quarter of the current year has performance between 80 – 83%. This is also (thus far) the highest performance in all of the last five years bar one (2020-21). In terms of volume 23/24 quarterly average is 1,974 which is slightly below the quarterly average of 21/22 of 2,079 (prior to the implementation) and higher than the implementation year (22/23 – 1,538). This indicates a positive, stable trend on KPI performance post IT system implementation.

14. Future improvement actions are focused on IT enhancements and staff structural/leadership changes. As Environment and Communities Directorate includes Customer Solutions, new approaches to the complaints and MEQ service will include deliverables such as outbound contact of customers to support deadlines and further liaison with services via the contact centre/webchat. During 2024/25, the MEQ team will be recentralised (moving departmental satellite support teams back into the central Complaints & Access to Information Service). A central point of contact will be created so that Members can escalate issues, queries, concerns to a named officer within the central team, ensuring faster problem resolution.
15. Digital Services are working on enhancements. We have booked an appropriate system health check with the supplier to make recommendations for improvements to the system based on user experience.
16. Over a year Digital Services have corrected/updated over 30 service requests ranging from individual access to the system, reporting improvements, changing processes to updating MEQ categories.

## **Background and Options**

### **Corporate Complaints Annual Report 2022/23**

17. The Corporate Complaints Annual Report covers the period of 1st April 2022 to 31st March 2023. It focuses on the nature of complaints received by the Council, handling performance and learning elicited to shape future service improvements. It also provides insight into compliments received during the same period. The report is available on the Council's website. Link in appendix below.
18. The report content has changed compared to previous years to provide improved insight and learning such as additional year trend analysis, and upheld rates.
19. In addition, the Annual Local Government and Social Care Ombudsman (LGSCO) Complaints Report and the Housing Ombudsman Service letter are now incorporated into the Annual Corporate Complaints Report to provide a holistic overview of complaints and learning.
20. The Annual Statutory Complaint reports for Adults and Children Social Care are produced separately to the Corporate Complaints report as this type of

complaints are processed and monitored under a specific statutory framework. The Children's Social Care report has been produced and the Adults Social Care report is nearing completion. These will be presented to the relevant Scrutiny Panels by the end of November 2023.

21. Serving circa 330,000 residents (6th highest in London) Enfield Council's initial customer contact volumes alone are significant. During 2022/23, the organisation received nearly 530,000 calls, handled over 62,000 web chats, and supported 41,000 customers face-to-face. Over 8.5 million webpages were viewed and over 169,000 online service request and payment forms submitted by customers.
22. Additionally, the Council collected approximately 840,000 bins per month (all waste types - refuse, recycling, food & garden); managed 10,044 social housing properties; processed 84,000 Housing Benefit changes and 196,000 Council Tax Support changes; supported 7,750 households regarding benefit and debt assistance; and processed 3,470 homelessness applications.

### Complaint Themes

23. High volume service areas (100 complaints or more) were Waste Services, Council Housing Repairs and Council Tax. These service areas are mostly reflected in the high volumes from the previous year and represent high contact service areas. However, both Waste Services and Council Housing Repair complaint volumes have decreased compared to the previous year. Waste Services has reduced from 661 in 2021/22 to 132 in 2022/23; whilst Council Housing Repairs has decreased from 264 in 2021/22 to 199 in 2022/23.
24. These improvements can be apportioned to the implemented actions included in the previous annual report. This year's improvement actions will build on these successes.
25. For Council Tax 25 complaints were upheld. These related to refund delays, charging/liability errors, errors updating account information and liabilities.
26. For Waste Services, 35 complaints were upheld. These related to missed bin collections (including both repeat and one-off missed bin collections), staff conduct, timing of collections and general service quality.
27. For Council Housing Repairs, 59 complaints were upheld. These related to repair delays, compensation delays, staff conduct, major works and unsatisfactory repairs.
28. There was some correlation with Member Enquiries (MEQs) raised during 2022/23. Notably, Council Housing Repairs received the second highest volume of MEQs (311). High volume MEQs relating to Waste Services, included street cleansing which received the highest volume of MEQs (329) and fly-tipping which received the sixth highest volume (221).

### Ombudsman Complaints

29. The Local Government and Social Care Ombudsman (LGSCO) received 129 complaints relating to Enfield Council and investigated 28 of these. Both decreased in volume compared to the previous year. The Ombudsman upheld 22 complaints, a slight increase in upheld rate from the previous year. However, this is due in part to the LGSCO targeting investigation work more narrowly as highlighted in their annual letter:

*“Changes in uphold rates this year are not solely down to the nature of the cases coming to us. We are less likely to carry out investigations on ‘borderline’ issues, so we are naturally finding a higher proportion of fault overall.”*

30. The LGSCO acknowledged an improvement in Enfield Council’s response times. However, several responses required extensions of time agreed with the Ombudsman. These extensions have decreased compared to the previous year, and work is ongoing to continue to reduce these extensions over the coming year.

31. Of the 22 upheld complaints, LGSCO recommended improvement actions centred on reviewing policies and procedures as well as providing further training and guidance to staff. The LGSCO annual performance letter noted 100% satisfaction that Enfield Council had implemented these recommendations accordingly.

32. During 22/23, there was an increase in complainants escalating requests to the Housing Ombudsman Service (HOS) compared to the previous year. Of the 37 complaints received, HOS chose to investigate 11 of these regarding Council Housing Repairs, anti-social behaviour, and tenancy issues. 6 were upheld, a rate of 85%. The previous years’ rate was around 80%.

33. Additionally, Enfield Council has improved its response time performance compared to the previous year. There were fewer time extension requests made and agreed with HOS.

### Complaints Learning & Improvement Actions

34. Complaints learning from 2022/23 has informed a series of specific service level action plans to improve response times, quality, and service delivery, linked to the three areas referred to above. These include enhanced staff training and induction programmes, service redesigns, recruitment drives and improved customer communication processes to enhance service delivery and reduce the initial complaints received.

35. This year’s improvement actions again also build on actions that were implemented from the previous report, during 21/22.

36. For Council Housing Repairs, the service is implementing several actions to improve their handling of complaints, response times and ensuring a holistic approach to resolving problems and complex cases. Customer communication templates have been revised and additional staff training is

underway to improve customer experience. The service has also strengthened processes to review complaints learning and enhance targeted improvement actions.

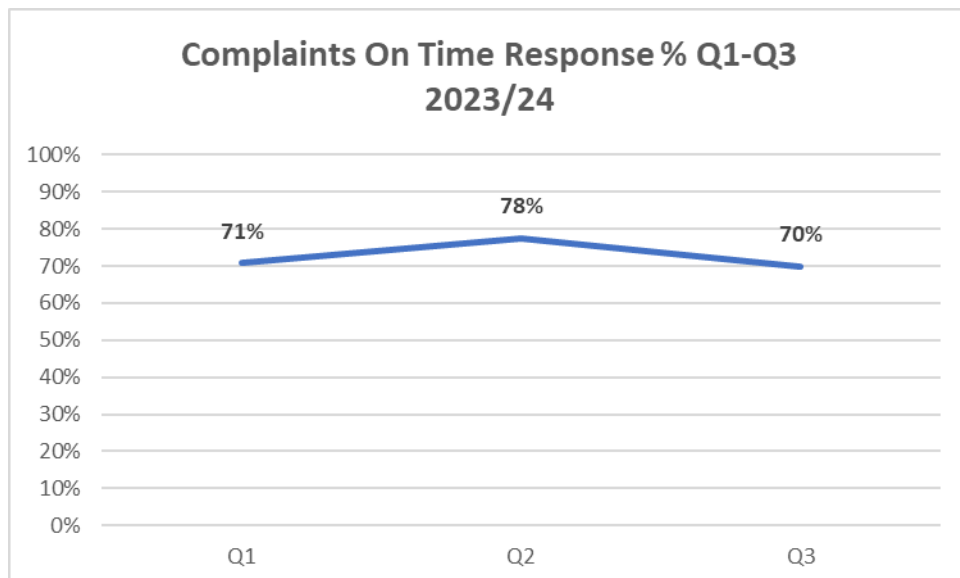
37. For Council Tax, communicating to customers how complex processes such as recovering arrears and raising awareness on new financial support schemes is a key priority. In addition to regular updates online (website and social media), the service is improving their customer correspondence to ensure clarity of messaging and processes. Comprehensive training for new officers is ongoing and refresher training is now available as required.

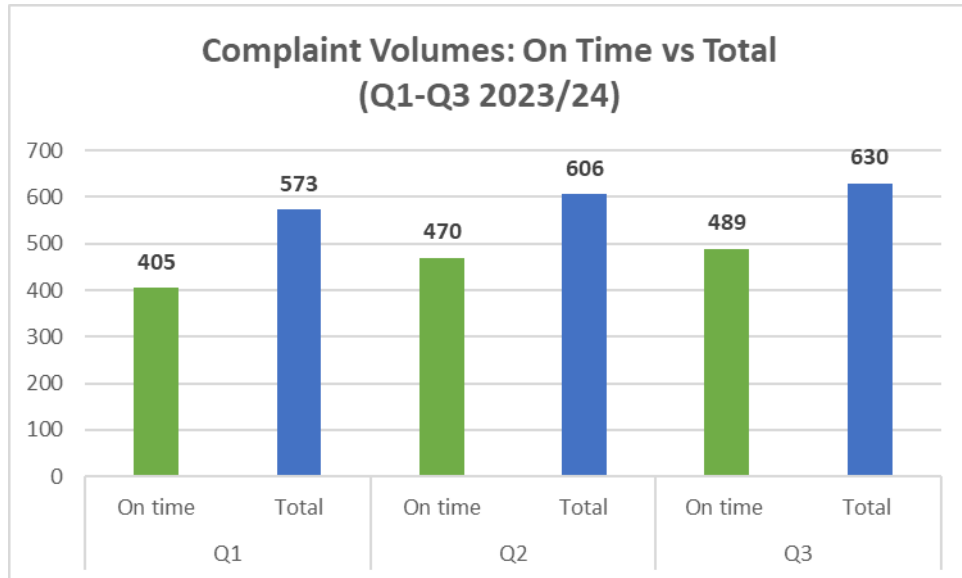
38. For Waste Services, a customer experience transformation project has delivered several improvements, particularly in relation to repeat missed bin collections. These include embedding technology to ensure real-time reporting from crews to customers and the Contact Centre regarding individual collections and reasons as to why some bins are not collected.

### **Corporate Complaints 2023/24 Quarterly KPI Response Data**

39. Between April to December 2023, Enfield Council has received 1,809 corporate complaints.

40. The average on time response rate for the same period is 73%. The following graphs show the quarterly KPI on time response volumes, percentages and total numbers received.





41. Performance improved from Q1 to Q2. However, this dropped in Q3 where just over 10% of the late responses were 1 day late.

42. To address this, the central Complaints service are implementing the following actions:

- The complaints team have begun liaising with high volume services, and those particularly missing any deadlines, to customise admin arrangement and provide the best support to help these services achieve the response times
- The service is looking at ways to further increase proactive chasing of complaints and MEQs before they are due, including synergies with other teams (e.g. contact centre)

### **MEQ Performance 2022/23**

43. This section of the report provides data regarding Member Enquiry (MEQ) performance between 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023.

#### MEQ Volumes

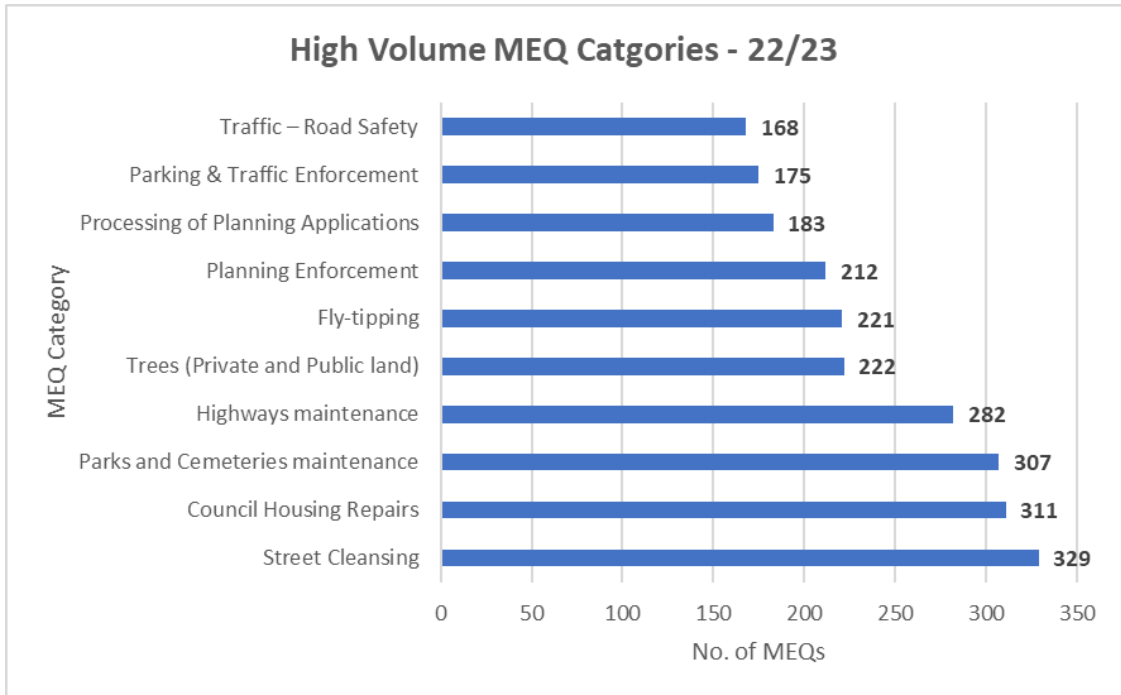
44. In 2022/23, London Borough of Enfield (LBE) received 6,962 MEQs:

- 5,440 submitted by LBE Members.
- 1,522 submitted by MPs.

This equates to a daily average of 19 MEQs.

45. Compared to 21/22, MEQ volumes have decreased by 922. MP MEQs have increased by 45, whilst LBE Member MEQs have decreased by 967.

46. In terms of individual MEQ category volume the graph overleaf shows the top 10 MEQ category volumes during 22/23:

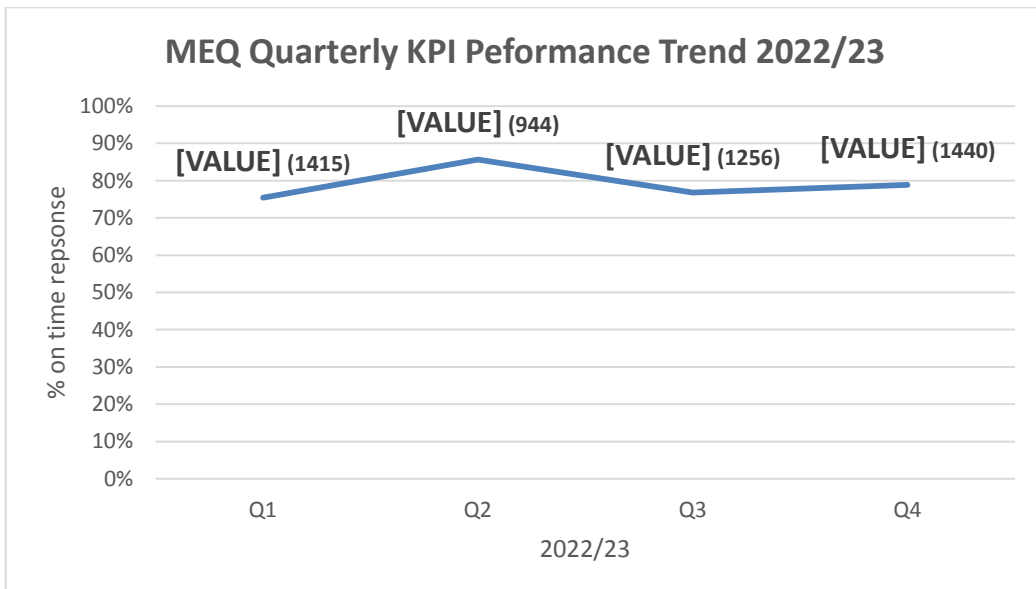


**MEQ Response Time Performance**

47. Enfield Council’s Key Performance Indicator (KPI) target response time is 95% within 8 working days.

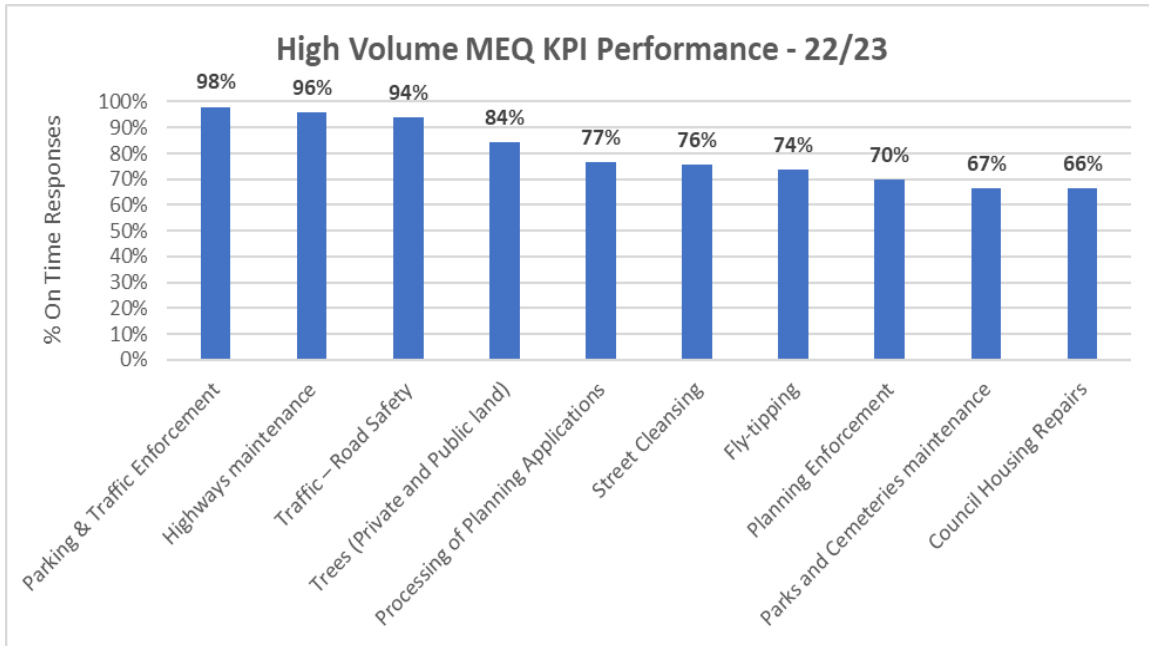
48. For 2022/23, the annual on time response performance was 79%. This is the same KPI performance for the previous year, 2021/22 (79%).

49. The graph below provides the quarterly performance trend





50. The graph below identifies the MEQ on time response rate for the top 10 high volume MEQ categories.



51. Street Cleansing received the highest MEQ volume yet is 6<sup>th</sup> place with a 76% on time achievement rate. Council Housing Repairs received the second highest volume and the lowest on time performance at 66%. Parks & Cemeteries maintenance was in a similar position with the third highest volume and second lowest on time performance at 67%. Planning Enforcement received the eighth highest MEQ volume yet was fourth in terms of low on time performance at 70%.

52. In contrast, Highways maintenance is fourth in terms of volume but second highest in performance at 96% hitting the Council's target of 95% MEQ performance. Additionally, Parking and Traffic enforcement exceeds the Council's performance target at 98%, although it received the second lowest volume of the top 10 categories (175).

### MEQ Response Quality

53. The new MEQ system now allows Members to accept or reject the initial MEQ response from officers. For the first time, the Council is now able to measure quality of response as well as response times.

54. Between 1<sup>st</sup> May 2023 (when the new system went live) and 31<sup>st</sup> March 2023:

- 1,562 responses were accepted.
- 480 responses were rejected.

55. The most common reasons for rejection were due to a lack of detail or not fully responding to the questions or the accuracy of the response being challenged by the Member or resident. However, when the system was first introduced, Members did not have the option to ask for more information and therefore some rejections were due to the Member requiring additional information or asking follow-up questions.

56. This was identified as a systems enhancement post go live and subsequently implemented in March 2023. Therefore, although the third response ('asking for additional information/follow-up question) is not available for 22/23 performance monitoring, this will be included in future MEQ annual performance reports for 2023/24 onwards.

57. In terms of high MEQ response rejections in 22/23, as expected, the high volume MEQ categories feature prominently:

- Parks & Cemeteries maintenance = 40 rejections (13%)
- Traffic – Road Safety = 27 rejections (16%)
- Council Housing Repairs = 26 rejections (8.4%)
- Street Cleansing = 22 rejections (6.3%)
- Processing of Planning Applications = 18 (9.8%)

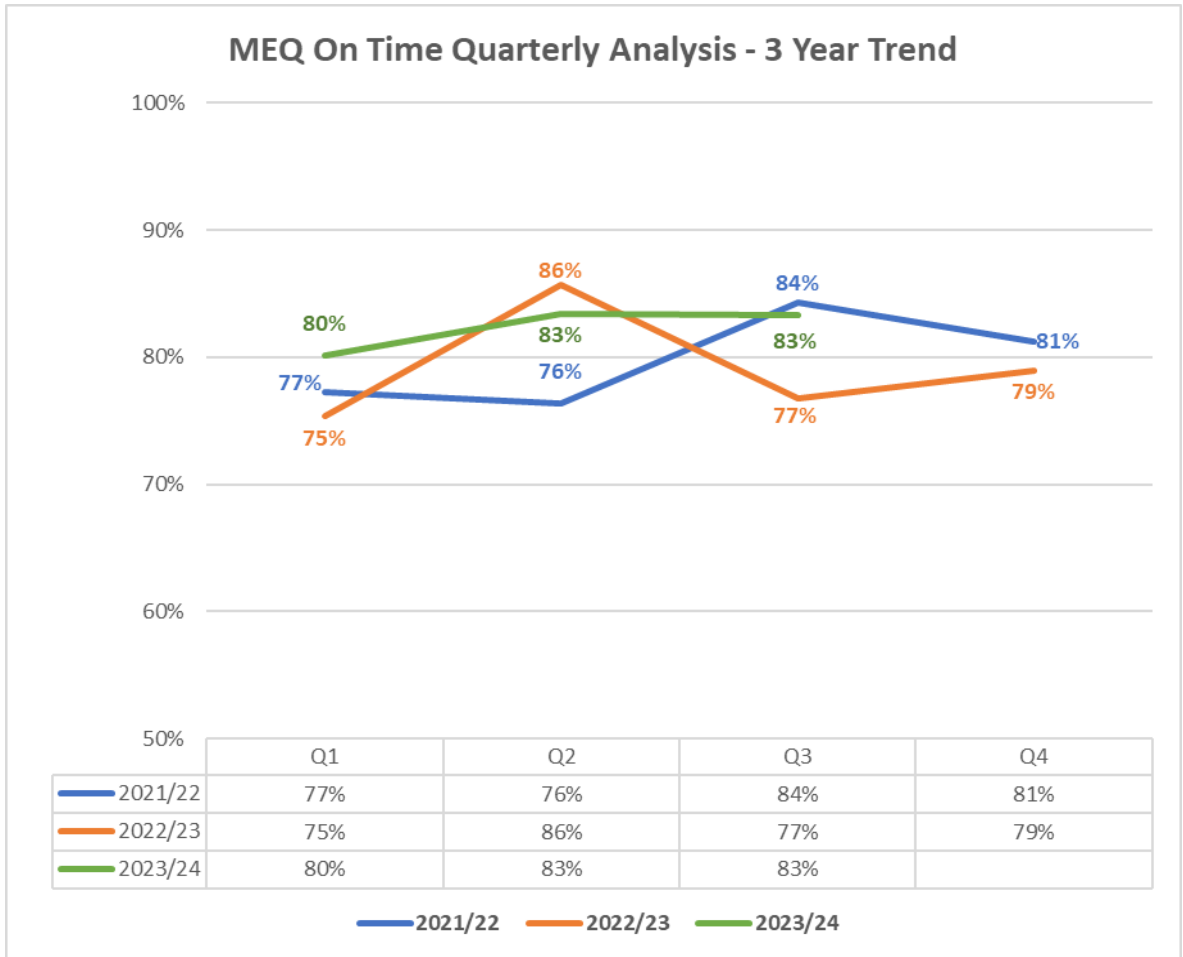
### **MEQ Annual Performance Trend 2021/22 to 2023/24**

58. In May 2022, Enfield Council changed technology, people and processes regarding the submission and handling of MEQs. A new MEQ IT system was introduced whereby Members submit their enquiry online. These enquiries are fed into a new case management system operated by officers. With the new technology, the central MEQ team was disbanded as MEQ responding officers access and manage their MEQs directly on the new case management system. Smaller MEQ support functions were created in 3 departments to support responding officers and Members.

59. This section of the report provides an MEQ KPI performance data before and after the new MEQ IT system implementation as requested by Overview & Scrutiny Committee in November 2023.

60. It should be noted that a full financial year analysis post implementation is not yet available as this period ends April 2024. However, the first 3 financial quarters of data are available and included in this report. Therefore, to support comparison analysis, data is provided quarterly across the 3 years.

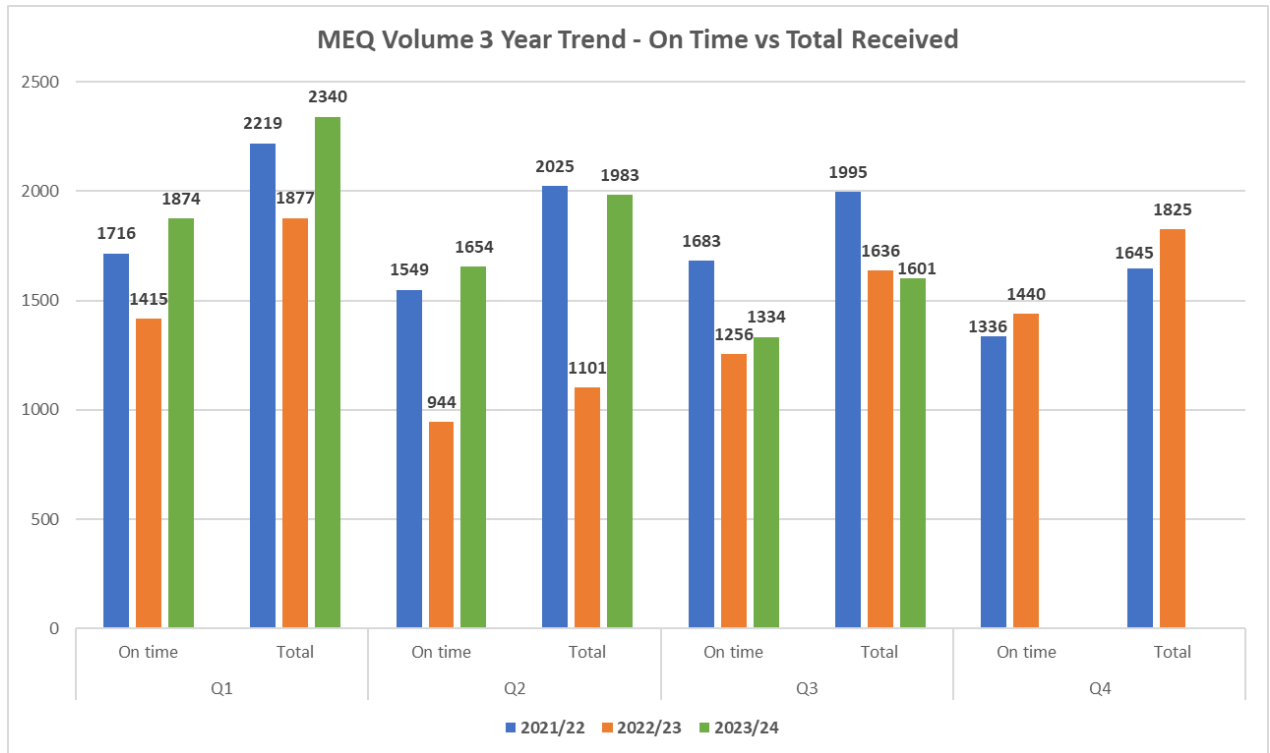
61. The graph overleaf provides the quarterly KPI performance between 2021/22 to 2023/24:



62. Prior and post MEQ IT system implementation, there are peaks and troughs in terms of on time performance. Although 2023/24 data does not include Q4, performance is much steadier compared to the two previous years. Prior to the IT system implementation, average annual performance was 80%. In the following year when the system was implemented this dropped to 79%. So far in 2023/24, the quarterly average has risen to 82%.

63. However, as the Q4 data for 23/24 is not available, Q1-Q3 KPI data only over the 3-year period enables a like-for-like comparison. Through this lens, 21/22 & 22/23 quarterly KPI performance average are both 79%. The highest is 23/24 quarterly KPI performance average of 82%.

64. However, volumes should also be considered when analysing KPI performance. Therefore, the graph overleaf provides a breakdown of MEQ volumes per quarter across the three-year period:



65. During 2021/22, a total of 7,884 MEQs were received. In 2022/23, this decreased to 6,439. 2023/24 is not yet complete, but current volume at the close of Q3 is 5,924. As the average is per quarter is 1,974 per quarter, should this continue, forecasts indicated a total volume of over 7,800 for 2023/24.

66. As per the comparison challenges outlined previously, as 2023/24 data is incomplete, comparing Q1 to Q3 across the 3 financial years improves comparison accuracy. 2021/22 remains highest at 6,239. 2023/24 is second highest at 5,924 and 2022/23 received the lowest volume of 4,614.

67. Combining time performance rates and volumes, the highest performing quarter was Q2 in 22/23. However, the volume data shows this was the lowest MEQ volume quarter over the 3-year period. The lowest performing quarter was Q1 in 22/23, during which the new MEQ system, processes and structures were introduced (May 2022).

68. For 2023/24, data shows a consistently improved and stable quarterly average KPI performance with the second highest Q1-Q3 volumes across the 3-year period. Although 2022/23 had the highest KPI performance in Q2 at 86% it also had the lowest quarterly volumes.

69. Comparing pre & post IT system implementation performance between Q1-Q3, pre-implementation quarterly volumes were higher with the same KPI performance as 22/23 during which the IT system was implemented & adopted. Although the same quarterly KPI performance average remained the same during 22/23, the volumes were the lowest quarterly average. This indicates challenges as the new IT system embedded during that year as with the lowest quarterly volumes, performance is expected to increase. However, 2023/24 quarterly data shows an improvement which although

second highest in terms of quarterly volume average had the highest (and most stable) KPI performance.

### Next Steps

70. In addition to system improvements and issue resolution detailed above, in 2024/25, restructures will take place across the MEQ satellite support teams sitting in individual departments. This will recentralise all MEQ support officers within the Complaints & Access to Information Service thereby standardising approaches to support and ensuring one point of contact to Members regarding their queries, concerns, and issues. We will also be using data and Insight from Complaints and MEQs and other tools to work with services to prevent issues where possible.

### **Relevance to Council Plans and Strategies**

71. Vital analysis from complaints and MEQ data within the annual report has enabled the Council to present action plans for improvement in areas where residents are not receiving the level of quality service the Council aspires to.

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### **Appendices**

Appendix 1 – Corporate Complaints Annual Report 2022/23

[Enfield Council Corporate Complaints Annual Report 2022 - 2023](#)

**Departmental reference number, if relevant:** EC0003

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## London Borough of Enfield

<b>Report Title</b>	Local Government Association Corporate Peer Challenge Progress Report
<b>Report to</b>	Overview and Scrutiny Committee
<b>Date of Meeting</b>	4 March 2024
<b>Cabinet Member</b>	Cllr Ergin Erbil
<b>Executive Director / Director</b>	Tinu Olowe, Director of HR & OD
<b>Report Author</b>	Shaun Rogan Shaun.rogan@enfield.gov.uk
<b>Ward(s) affected</b>	All
<b>Classification</b>	Part 1 Public
<b>Reason for exemption</b>	Not applicable

### Purpose of Report

1. This report provides a summary briefing to the Overview and Scrutiny Committee on the outcomes flowing from the Local Government Association (LGA) Corporate Peer Challenge (CPC) progress review which took place on 10 November 2023 and the content of the subsequently agreed progress review report which was agreed with the LGA in December 2023.

### Main Considerations for the Panel

2. The Panel is asked to consider the LGA CPC Progress Report and its findings relating to the ten recommendations agreed with the local authority as areas for improvement. A summary of their adjudication against each of these recommendations, with key quotes highlighting achievements and areas of ongoing challenge is set out here.
3. Overall, the progress report commented that the local authority was making good progress against all recommendations and highlighted areas

where further work could be focused to consolidate achievements so far and push forward with actions that could increase organisational resilience and secure further positive outcomes.

4. It is worth noting the summary comments of the visiting LGA CPC Team as set out in the report:

5. *“ It was clear from the documentation and the discussions the team undertook that Enfield have made good progress against the actions identified by the CPC, with the Council focused on securing positive outcomes for residents. Since the CPC, the Council have continued to deliver a programme of service improvements, organisational development, and regeneration in the borough.”*

*“The Council have taken further steps to build operational sustainability to achieve the strategic objectives of the current administration and is acutely aware of the ongoing financial challenges for them and the change in the local government context over the last year” (CPC progress report 2023, p.2).*

6. This acknowledges the sound progress made and the ongoing vigilance of Cabinet and EMT as to the challenging position the local authority and local government increasingly finds itself in.

- **LGA CPC Team assessment against each recommendation**

7. **Recommendation 1:** *The Leader and cabinet are ambitious in their vision. This needs to be clearly articulated to staff and stakeholders, drawing on organisational development practices to connect the workforce effectively and the development of consistent and positive external messaging to enable confident delivery of outcomes.*

8. There was recognition of the progress made in connecting the outlook and objectives of the administration with the operational effectiveness of the local authority as an organisation delivering services to our residents. The launch of the Council Plan, delivery of a new Workforce Strategy and ongoing refinement of the manifesto tracker with steers from both elected membership and staff were seen as indicators of organisation wellbeing and purpose in testing times for local government.

*“The peer team saw considerable progress against this recommendation, with Enfield’s new Council Plan, ‘Investing in Enfield 2023- 2026’, launched in June 2023, and the Council rolling out a series of internal and external communications to raise awareness and embed their ‘reinvigorated approach’.” (CPC Progress Report, p.5).*

9. Despite the high degree of challenge facing those working in local government presently, and the inevitable pressure being placed on the workforce, the Peer Team were encouraged with our efforts to maintain a positive dialogue between senior management and officers.



*“The peer team heard positive feedback on the regular focus groups set up with staff to discuss the Council’s position, especially the Hearts and Minds sessions led by the senior leadership team. Work to communicate the Plan and the Council’s priorities has been seen as positive overall;”*  
*(CPC Progress Report, p.5)*

10. The ongoing impacts of austerity and financial challenges facing the local authority means that these opportunities to engage, inform and receive feedback from staff will remain of the highest priority as we seek to sustainably deliver our ambitious programmes and retain the highest levels of service to residents.
11. **Recommendation 2:** *Explain the financial position to staff and stakeholders, using your financial strength and resilience as an enabler for transformational change.*
12. The preservation of financial resilience and a robust approach to managing the budgets at the local authority will always be of paramount importance to our EMT and Cabinet. All local authorities across the country are facing a perfect storm of ongoing austerity and unprecedented demand for services as the economic outlook for the country remains uncertain.
13. Our Resources Department has been working closely with the administration and across the whole operational organisation to keep spending in line with our budgetary envelope. This work has extended down through the organisation to both encourage and feed thinking to help us retain our financial health and encourage all staff to see the budgetary wellbeing of the organisation as something they have a stake in and can contribute positively to.

*“The peer team recognised that Enfield Council has a good understanding of their financial position and a clear commitment to ensuring a balanced budget.”*

*“The peer team reflected that the additional communication structures have been well-received by staff and the Council is using a range of methods and mediums to ensure the position is communicated and financial resilience discussed... It is clear a lot of work is going into having these critical conversations...”* (CPC Progress Report, p.6)

*“...there are tight financial controls in place...members say they felt like they were making the tough decisions needed for the right reasons. They explained that the current budget setting process started earlier in the year to ensure a detailed and robust process has been well-received by members and staff, with a reflection that members are more engaged overall this time and have better financial oversight of their portfolios and of the financial interdependencies between divisions and service areas.”*  
*(CPC Progress Report, p.8)*

*“Collective ownership and delivery of savings across the whole organisation is key. The peer team encourages the Council to ensure that*

*all is being done across the Council divisions to mitigate rising costs and pressures for the Council.” (CPC Progress Report, p.8)*

14. The Peer Team also recognised the huge financial pressures we are seeking to manage relating to managing local people in temporary accommodation. This remains at the very highest level of priority for the local authority and senior managers are delivering proposals to alleviate costs and lobbying strongly to Government to seek further support to assist with an issue with its long-term solutions firmly in the hands of Whitehall.

*“Temporary accommodation costs continue to cause concern nationally and given the increase in demand for service and costs in Enfield it is important that there is strong officer and political accountability in this area both in decision making and scrutiny.” (CPC Progress Report, p.8)*

15. **Recommendation 3:** *Consider your mechanisms for joined-up cross department working, including a review of the council’s officer/member board structure to clear barriers to workflows, create efficiencies and optimise performance.*

16. Much work was carried out by our Corporate Strategy Service in 2023 to comprehensively review and refresh our corporate performance reporting mechanisms and departmental service plans. This has proven to be a highly successful venture with a warm reaction from both within the organisation and from the Peer Team. The local authority is now able to examine its performance more transparently and by linking activity and outturn to our Council Plan themes as well as underpinning departmental service planning, we have created an environment where reporting is more transparent and accountable. It has also fostered a greater collegiate mindset for the organisation as thematic reporting considerations lift teams out of silo and place them in a more dynamic and helpful cross cutting environment.

*“The Cabinet Members the peer team spoke to during the progress review spoke positively about the briefing information they receive from staff and other councillors. The peer team also heard that the introduction of Service Plans and the work of the boards and focus groups had helped with fostering better joined-up cross-departmental working.” (CPC Progress Report, p.8)*

*“...members reflected that joined-up working is happening more frequently, with the current Boards seen as effective and configured in a way to meet the current priorities as set out in the Council Plan.” (CPC Progress Report, p.9)*

17. The new Oflog (DLUHC) indicator suites have also been integrated into the corporate performance framework and links back into departmental service planning. This places the organisation in a strong position to report

on areas of interest to the Whitehall Department and creates the basis for new lobbying and engagement opportunities with central Government.

18. **Recommendation 4:** *Benchmark and review member support and the offer to members. Ensure the Enfield offer reflects the Council's ambitions to be a modern, member-led council.*
19. Our Democratic Services team led by the Director for Law and Governance and with input from EMT and Cabinet has revisited the member offer and made changes and improvements in response to feedback given from our elected members. We believe that, whilst still a work in progress, member support is on a journey of improvement, and we will continue to work with our members to give the best support to them with the resources available. This can be evidenced by improvements to support on scrutiny, the work to agree an increase in member allowances and our ongoing work with them to transition to a more modern and accountable MEQ system.

*"The peer team heard a review of member support was completed in early 2023 and changes have been made to enhance member support, including adding additional staff. A review of allowances was completed, and maternity/ paternity arrangements improved to support members with families in line with commitments to equality and diversity, and to encourage participation in local democracy. A member training and development programme has been running since the summer." (CPC Progress Report, p.9)*

*"It appeared from conversations that the peer team during the review that more councillors wanted to be out in their communities and neighbourhoods- being community 'Leaders'. The Council may wish to look at how the Council structures enable and more importantly support this approach, including councillors having strong briefings that equip them to have constructive conversations with the community including around issues that are likely to impact them and the levels of service delivery as result of current financial pressures the Council faces."  
"...the MEQ system...The peer team heard that the quality of responses is not always to the standard expected." (CPC Progress Report, p.10)*

20. We note that there is an ambition from some members to be supported to be more active in their local communities and we will be seeking to work further with members to gain the best understanding of what is required and match this to the resources we have available. The local authority as an organisation remains committed to doing what it can to support members to represent their residents.
21. **Recommendation 5:** *Review how customer service, communication, resident engagement, and involvement can better improve the journey of the resident underpinned by tried and tested digital solutions from elsewhere in the sector.*

There has been some sound progress made in terms of improving the customer experience and our ability to gather quality data to help gauge

operational efficacy and drive improvement planning where we are/were falling short. The fuller impacts of these changes and those that we will continue to deliver in the future within budgetary envelopes are more likely to be felt in the longer term as we analyse changing behaviours and use increased granular data to help us make the local authority even easier to engage with for residents and other stakeholders.

*“...new technology has been introduced to the contact centres to better monitor performance and satisfaction. This includes the introduction of an automated customer satisfaction tool to collect information following every connected call to the call centre. Customer transaction/contact tracking provides valuable information, used by the Service Leads at Enfield, on the ease with which customers had their issue resolved on the first attempt, providing rich data for understanding how to optimise interactions and work to resolve bottlenecks in the customer journey.” (CPC Progress Report, p.10)*

*“Although there is evidence that resident engagement on an individual project basis is strong, the Council should look at how it engages more widely with residents and the communities about the priorities for them. There are many ways this engagement and consultation can happen, with some councils using an annual resident survey to gather information and others using a focus group model to collect data throughout the year.” (CPC Progress Report, p.11)*

22. We noted the recommendation from the Peer Team on conducting an annual resident survey and whilst we believe this has merit, the financial position of the local authority presently makes this an inopportune moment to initiate one. However, we do track our customer related service data closely from the whole range of areas of interaction and will look to revisit the use of annual resident surveys in the future. The Council does use focus groups to assist with delivery objectives in many areas such as shaping youth services and will be looking to make this activity more visible in future.

23. **Recommendation 6:** *Exploit ICT and digital opportunities for their transformational potential.*

The report commented that progress had been made in delivering the Digital Strategy for the local authority despite the highly challenging environment that was driving tough financial decision making. The local authority's ability to refine its digital offer both in terms of back office and digital platforms to support engagement with residents remains of the highest priority and continues to be driven in highly challenging financial conditions.

*“...the Council continues to deliver against their Digital Services Strategy. The Council has implemented a new telephony system, digital access for residents for benefit and council tax, and a new housing management system in the last 12 months. Work continues in the Council to harmonise applications and software.” (CPC Report, p.11)*

24. The report did flag that financial considerations were impacting on the reach and pace of change.

*“The Council acknowledges that there are ongoing challenges concerning duplication of systems, which are taking longer to resolve than initially expected. The peer team also heard and appreciates that the Council’s current budget challenges are impacting investment in digital, and the progress made in this area.” (CPC Report, p.11)*

25. The Council continues to drive key programmes within its Digital Strategy given the prevailing economic climate and remains on course to continue with its programme of taking steps to harmonise applications and software in conjunction with creating a better interface with our residents.

26. **Recommendation 7:** *Build on recent achievements to work more inclusively with Voluntary and Community Services (VCS) partners and residents to shape programme development and improve service delivery.*

27. The report reflects on the changes made within the organisation and is encouraged by how we are taking steps to harmonise and create a ‘single front door.’ Commissioning staff under the direction of EMT in the People Department have been working to prepare for a holistic grant bidding round to take place from November 2024 to help embed this new approach and present a more consistent engagement cycle with our VCS partners.

*“...the Council has taken steps to streamline its relationship management links with the VCS... moving the Council closer to having one ‘front door’ for their VCS partners, and thus mitigating some of the issues identified through the CPC of inconsistent contract management and grant application processes.”*

*“The Council advise that this move has been welcomed by partners and staff and is enabling a wide-ranging coordinated VCS commissioning round for services in November 2024. The single front-door is helping to streamline contacts and create more positive working relationships with community groups and elected members.” (CPC Progress Report, p.11)*

28. The Council is also exploring how to deepen its engagement with our residents. We have made much progress where the grounds for engagement can be most clearly linked to core operational business (for example the Customer Voice and work with our social housing tenants) but we are also seeking to use engagement opportunities through our Community Hubs and in set piece consultations such as the current Libraries Review to identify ways to increase the influence of local people on service shaping and delivery.

*“The CPC recommended that the Council look at opportunities to harness their staff group who are also Enfield residents, collecting their experiences to improve and shape service delivery and be ambassadors for the Council.” (CPC Progress Report, p.12).*

29. **Recommendation 8:** *Be proud of your regeneration projects and the infrastructure provided. Ensure there is a clear focus on all elements to bring about delivery, not just finance.*
30. The CPC Team recognised the work that had gone into making regeneration and the delivery of transformational change a Council owned and celebrated issue rather than one focused on those teams delivering projects. The use of internal communications and the creation of an internal offer to staff to feel part of transformational change has characterised a new approach and more staff are becoming more familiar with key transformational activities as a result. This should ensure more opportunities for collective thinking and reduce silo working.

*“The Council is rightly proud of the regeneration and infrastructure projects...highlighted their successes in the Staff Matters and Culture Matters magazines and via the videos they have commissioned featuring local people positively impacted by regeneration in the areas they live.”*  
*“Enfield has also worked hard to make links with local and national media to share the positive transformational programmes led by the Council.”*  
*(CPC Progress Report, p.12-13)*

31. It has also been recognised that increasing work has been delivered to message progress and success outside of the Civic Centre with a greater emphasis on using local and national media channels to share our successes (and challenges). The local authority has also enjoyed further recognition in terms of receiving awards for its innovation across the regeneration and place shaping agenda. This work will continue as the Peer Team reflected in the progress report.

*“It is important that the Council continues to share the value added to the communities through regeneration beyond bricks and mortar outcomes, showcasing the social value benefits achieved.”* (CPC Progress Report, p.13)

32. **Recommendation 9:** *Invest in the asset team to make the most of opportunities to generate income, provide a pipeline of investment and do things differently with community assets.*
33. The report recognised that necessary organisational reconfiguration and renewed clarity of purpose regarding the function and operational outlook of the Property Team had been achieved.

*“a restructuring of the Corporate Property Team was completed in May 2023, including an expansion of the corporate property service and the creation of a Director of Property Services, in post from September 2023. The Council advises that it now has a list of assets that enables it to make decisions about the life and use of its property.”* (CPC Progress Report, p.13)

*“The peer team reflected that the messaging around assets and a change in approach or plans for assets currently in use or with staff and stakeholders involved, will need to be communicated clearly and sensitively.” (CPC Progress Report, p.13)*

34. This meant that the local authority was now better placed to gain the maximum benefit from a pipeline of investment and disposal options arising from robust evaluation of assets. The programme to deliver this is at an early stage but the organisational preparations to execute a better approach and form a new home within the Resources Department provides assurance and should mean better outcomes.
35. **Recommendation 10:** *Resource the planning department to address the backlog.*
36. The CPC Team felt that the Council had evidenced great progress against the recommendation as reflected in the following comments expressed in the report.

*“...there has been great progress made since the CPC to address the planning department backlog. In November 2022, there were more than 1,900 applications awaiting determination. By July 2023, this number had shrunk to 799, marking a reduction of over 60% in three operational quarters. This reduction has led to a decrease in determination time from 24 weeks to just 8 weeks, with the Council reporting being on track to completely clear the historical backlog by the end of the current operational year. This has been achieved while the Council continues to receive an average of 380 new applications each month, making the outcomes achieved deserving of celebration.” (CPC Progress Report, p.13-14).*

37. In terms of outstanding planning applications awaiting determination this has similarly reduced to a current position of 616 which is bringing us very close to an agreed service level target of 580.
38. The backlog in planning enforcement notices has also been effectively addressed. Since the changes instigated by the Director for Planning and Growth the planning enforcement backlog has shrunk from a high of 1,694 in 2022 to a present number of 98 in hand cases (93% reduction overall).
39. Good progress has also been made in issuing of enforcement notices where strong strategic leadership combined with effective resource reconfiguration has seen figures increase by over 2000%. In 2022 only 8 notices were served and by the end of 2023 this had risen to 194. These improvements led the CPC to comment as follows.

*“The peer team recommends that the Council review the action that was taken with this service and the success factors that led to vastly improved performance, using this as a blueprint to assist in further improvement programmes within the Council.” (CPC Progress Report, p.14).*

- **Regulator for Social Housing inspection pilot**

40. Additionally during 2023 the Council Housing Service volunteered to be part of an inspection pilot with the Regulator for Social Housing. This was to help shape its new regime as part of its pro-active regulation focus from April 2024 which all local authorities will be part of.
41. The inspection involved a desktop review of our website information, Cabinet papers on housing and specific information seeking assurance on compliance with the regulatory standards. Inspectors visited the organisation and observed a number of management meetings and spoke with the Customer Voice to get feedback.
42. A written report was not provided but we received positive feedback on our approach to data assurance, on our improvement plans and our approach to understanding the diverse needs of our residents and shaping services in response.
43. It was noted that we need to continue to deliver our Decent Homes Plan, alongside our wider improvement plans including those focused on increasing the involvement of residents in scrutinising and helping to shape services.
44. The feedback has been used to develop our work plan for 2024/25 which is being presented to Cabinet for approval in March.

### **Background and Options**

45. To recap the purpose of the LGA – CPC process is to offer an independent expert peer evaluation of how a local authority operates with a view to providing recommendations that can assist in optimising the operational resilience of councils. It is not a formal inspection, but it is recommended that local authorities permit a CPC at least once every 5 years. This was the first CPC taken by Enfield Council and the original 4-day CPC took place in November 2022 where the ten recommendations were made and included in the original Corporate Peer Challenge Report that was published in April 2023.
46. The local authority agreed an action plan with the LGA which set out a high summary of actions to be taken to address the recommendations.
47. The CPC progress review process consisted of a submission of relevant materials in October 2023 by the local authority including an updated position statement as part of a literature review carried out by the LGA-CPC Peer Team.
48. The officers on the progress review team were Cllr Clyde Loakes (Deputy Leader, LB Waltham Forest), Andrew Blake-Herbert (CEO, LB Havering), Ian Williams (Director of Finance, Liverpool City Council) and Rebecca Ireland (Peer Challenge Manager, Local Government Association).



49. The team visited the local authority on 10 November 2023 to carry out face to face engagement with a range of officers and elected members to help gain further understanding of how the local authority had responded to the key recommendations made. It should be noted that whilst the Opposition Group participated in the original CPC Review carried out in November 2022, they declined to do so for the progress review in November 2023.
50. Following the conclusion of the progress review visit, the LGA-CPC Team drafted a progress review report which was agreed with the local authority in December 2023 and was published on the Council website later that month.
51. The Progress Report was based on refreshed documentation supplied by the local authority including a revised position statement and new key strategic documents and reports. Whilst on site the CPC Team engaged with almost 40 officers on 10 November 2023 including officers from several different grades. In combination and with additional independently sourced key indicator reports that examined key areas of financial resilience and operational outturn, the Peer Team was able to base its commentary.

### **Relevance to Council Plans and Strategies**

52. Whilst not a formal inspection report, the CPC Progress Review process is a key independent assessment that has enabled new thinking within our Executive Management Team as it seeks to drive improvement and efficiencies at the Council whilst retaining a dynamic sense of purpose.
53. The new Council Plan, signed off in June 2023, was at the heart of the documentation shared as were other key policy documents such as Fairer Enfield, our new Workforce Strategy, new Corporate Performance Reporting tools and the manifesto pledge tracker.
54. The ability to receive independent feedback and validation on the key documents we utilise to deliver our operational priorities and serve residents was a compelling reason to engage in the CPC process. The report will serve as a reference point for our Executive Management Team and Cabinet as we seek to continue our journey of transformation to support and provide the best services possible to all Enfield residents.

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### **Appendices**

1. Corporate Peer Challenge Progress Report OSC PowerPoint presentation

**Background Papers**

[Local Government Association Corporate Peer Challenge Feedback Report, November 2022](#)

[Corporate Peer Challenge Summary Action Plan 2023](#)

[Local Government Association Corporate Peer Challenge Progress Report, November 2023](#)

**Departmental reference number, if relevant: N/A.**

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# Corporate Peer Challenge Progress Review Report December 2023



Overview and Scrutiny Committee, 4 March 2024

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# What is a Corporate Peer Challenge?

- Independent assessment of local authority resilience by LGA peers based on five broad areas of interest:



- Validation and challenge
- Original assessment took place in November 2022 with feedback report making ten recommendations for consideration/business improvement
- Council agreed summary action plan to address recommendations in early 2023

# CPC progress review process: October - December 2023



- Council submitted new tranche of evidence including new position statement.
- LGA also received independent financial and performance assessment.



LGA peer team returned on 10 November to carry out a single day on-site visit and engaged with members/officers.



LGA peer team evaluated progress on the 10 recommendations using a range of written/verbal evidence.



Draft progress report agreed with local authority and published on Council website on 21 December 2023.

# Overview of CPC progress report

Original report and progress report contains validation and challenge with peer advice/suggestions future actions.



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**It was clear from the documentation and the discussions the team undertook that Enfield have made good progress against the actions identified by the CPC, with the Council focused on securing positive outcomes for residents. Since the CPC, the Council have continued to deliver a programme of service improvements, organisational development, and regeneration in the borough.**

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**The Council have taken further steps to build operational sustainability to achieve the strategic objectives of the current administration and is acutely aware of the ongoing financial challenges for them and the change in the local government context over the last year.**

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# Deep dive on recommendations 2, 9 and 10

## **Recommendation 2: Explain the financial position to staff and stakeholders, using financial strength and resilience as an enabler for transformational change.**



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**The peer team recognised that Enfield Council has a good understanding of their financial position and a clear commitment to ensuring a balanced budget...additional communication structures have been well-received by staff and the Council is using a range of methods and mediums to ensure the position is communicated and financial resilience discussed... It is clear a lot of work is going into having these critical conversations**

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**...There are tight financial controls in place...members say they felt like they were making the tough decisions needed for the right reasons. They explained that the current budget setting process started earlier in the year to ensure a detailed and robust process has been well-received by members and staff, with a reflection that members are more engaged overall this time and have better financial oversight of their portfolios and of the financial interdependencies between divisions and service areas.**

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**Collective ownership and delivery of savings across the whole organisation is key. The peer team encourages the Council to ensure that all is being done across the Council divisions to mitigate rising costs and pressures for the Council.**

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## **Recommendation 2: Ongoing response and next steps**

**This work continues as we seek to meet an ongoing economic climate that remains highly challenging.**

- Refresh of all key documentation and risk management.**
- Balanced budget set for 2024/25.**
- Internal communications/forums remain key activity to drive savings.**
- EMT budget meetings continue alongside regular updates to Leader/Cabinet/Groups**

# Recommendation 9: Invest in the asset team to make the most of opportunities to generate income, provide a pipeline of investment and do things differently with community assets



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**A restructuring of the Corporate Property Team was completed in May 2023, including an expansion of the corporate property service and the creation of a Director of Property Services, in post from September 2023. The Council advises that it now has a list of assets that enables it to make decisions about the life and use of its property.**

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**The peer team reflected that the messaging around assets and a change in approach or plans for assets currently in use or with staff and stakeholders involved, will need to be communicated clearly and sensitively.**

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# Recommendation 9: Ongoing response and next steps

- **Reconfiguration of Property Services completed.**
- **Strategic decision to shift Property Services into Resources to maximise operational efficacy and inform future investment/financial strategy.**
- **Finalisation of definitive property portfolio with indicative/agreed positions for each property:**
  - **Retain/redevelop**
  - **Dispose**



## **Recommendation 10: Resource the Planning Department to address the backlog.**

**The peer team heard that there has been great progress made since the CPC to address the planning department backlog. In November 2022, there were more than 1,900 applications awaiting determination. By July 2023, this number had shrunk to 799, marking a reduction of over 60% in three operational quarters. This reduction has led to a decrease in determination time from 24 weeks to just 8 weeks, with the Council reporting being on track to completely clear the historical backlog by the end of the current operational year. This has been achieved while the Council continues to receive an average of 380 new applications each month, making the outcomes achieved deserving of celebration.”**

**The peer team recommends that the Council review the action that was taken with this service and the success factors that led to vastly improved performance, using this as a blueprint to assist in further improvement programmes within the Council.**

# Recommendation 10: Ongoing response and next steps

- **Progress continues to be made. Latest key indicators show the following:**
  - **Team restructuring now completed.**
  - **Backlog now further reduced.**
  - **Planning enforcement actions escalated slightly.**



# Regulator of Social Housing inspection pilot

- In 2023 Council Housing took part in a voluntary inspection pilot with the Regulator for Social Housing
- Inspection involved desktop review of our website, Cabinet housing papers and specific information relating to regulatory standards
- Inspectors also visited the organisation, observing meetings and engaging with officers
- Received positive feedback on our approach to data assurance, improvement plan and approach to understanding the diverse needs of our residents
- Noted that we need to continue to deliver our Decent Homes Plan and our plans to increase the involvement of our residents in shaping services
- Feedback has been used to develop 2024/25 workplan that is to be presented to Cabinet in March

# **Future view of peer challenge and formal assessment of local authority performance**

**Overall picture remains highly challenging, and plans continue to evolve to meet organisational need.**

- DLUHC/Oflog – new indicator sets incorporated into quarterly performance reports.**
- Greater significance being attached to assessments.**
- Likelihood of more formal government led assessments.**
- Good relationships established with DLUHC/Oflog**

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**2023- 2024 OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME - Draft**

<b>Date of meeting</b>	<b>Topic</b>	<b>Report Author</b>	<b>Lead Members</b>	<b>Executive Director/Director</b>	<b>Reason for proposal</b>
<b>21 Jun 2023</b>	Work Planning	Claire Johnson	Cllr Margaret Greer – OSC Chair	Terry Osborne	To agree and set the OSC Work Programme 2023/24
<b>14 September 2023</b>	Scrutiny Annual Work Programmes 2023/24	Claire Johnson	Cllr Margaret Greer- OSC Chair	Terry Osborne	The Committee will note and agree the work programmes for the scrutiny panels for approval at Council
	Review of Leisure Provision in the Borough	Matthew Watts	Cllr Chinelo Anyanwu	Simon Pollock Cheryl Headon	The Panel have requested an update following this item coming to OSC on 09/05/23
<b>14 November 2023</b>	Operational/Organisational Development (particular focus on Customer Services/Digital Services, MEQs & Complaints)	Brendan McGeough Lee Shelsher Laura Martins	Cllr Ergin Erbil	Fay Hammond Paul Neville	Discussed & agreed at work planning to be examined in depth
	Clinical Commissioning- ICB	Deborah McBeal	ICB Lead- Deborah McBeal	Deborah McBeal	The panel have requested an update following the recent ICB restructure and how this will affect the LA <b>*Potential area of duplication with Health Panel*</b> <b>Deferred to January 2024 meeting</b>
<b>15 January 2024</b>	Budget consultation for members of the Committee	Fay Hammond Kevin Bartle	Cllr Tim Leaver	Fay Hammond Kevin Bartle	Item goes to OSC as part of the formal Budget process
	ICB-Clinical	Deborah	ICB-Lead	Deborah	<b>Deferred from the meeting on</b>

	Commissioning Update	McBeal	Deborah McBeal	McBeal/Dud Sher-Arami	<del>14 November 2023 as agreed by the Chair/Deborah</del> Due to the lengthy budget item at this meeting, the Cttee agreed to defer this item to the 4 March 2024 meeting
<b>06 February 2024</b>	Fairer Enfield Policy 2021-2025 (with a particular focus on Equality, Diversity & Inclusion)	Tinu Olowe/Victoria Adnan	Cllr Ergin Erbil	Tinu Olowe	Update to the Committee
	Fly Tipping (with a particular focus on enforcement)	Martin Rattigan/Esther Hughes	Cllr Rick Jewell	Doug Wilkinson	Update to the Committee on Fly tipping enforcement to include Nos of enforcement notices issued, and fines collected/or court proceedings. Hotspots/repeat offenders/nos of cctv and the impact of these. How are all these measures working to reduce fly tipping?
<b>04 March 2024</b>	Peer Review	Shaun Rogan Harriet Potemkin	Cllr Ergin Erbil	Tinu Olowe	Update to the Committee on recommendations & action plan following a Council review
	Corporate Complaints Annual Report including an update on the MEQ's system (and performance)	Perry Scott	Cllr Ergin Erbil	Perry Scott	Following the OSC meeting on 14 November Members have requested this item comes back to the Cttee for the opportunity to discuss the 22/23 Corporate Complaints Annual Report & MEQ

					performance for 22/23 (and relevant in-year data from quarterly KPI performance to be shared. Digital Services to be invited to take questions on the MEQ system
	ICB Clinical Commissioning Update	Deborah McBeal	ICB Led-Deborah McBeal	Dudu Sheri-Arami/Doug Wilson & Deborah McBeal	As agreed by the Cttee, this item was deferred from the meeting on 15 January 2024

**Note:** OSC Provisional call-in dates: 18 September 2023, 16 October 2023, 6 November 2023, 11 December 2023, 29 January 2024, 19 February 2024, 25 March 2023. Used for pre-decision scrutiny and call-ins.

\*Youth Parliament to be invited to all OSC Business meetings

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