

Public Document Pack



HEALTH AND WELLBEING BOARD

Tuesday, 6 June 2023 at 6.30 pm
Virtual / Teams - See agenda frontsheet for link

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

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MEMBERSHIP

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

Non-Voting Members

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

AGENDA – PART 1

1. WELCOME AND APOLOGIES (6:30 - 6:40PM)

Welcome from the Chair and introductions

2. DECLARATION OF INTERESTS

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

3. NORTH MIDDLESEX UNIVERSITY HOSPITAL UPDATE (6:40 - 6:55PM) (Pages 1 - 26)

Dr Nnenna Osuji (Chief Executive, North Middlesex University Hospital NHS Trust).

Update as to current challenges and a review of community services move.

4. EARLY YEARS PARTNERSHIP BOARD / EDUCATION SETTINGS AND RELATIONSHIP TO HEALTH AND WELLBEING BOARD (6:55 - 7:05PM) (Pages 27 - 34)

Peter Nathan (LB Enfield Director of Education).

Terms of Reference of Early Years Partnership Board and slide attached.

5. BRIEFING ON THE NEW LBE 'COMBATING DRUGS AND ALCOHOL PARTNERSHIP' (CDAP) (7:05 - 7:20PM) (Pages 35 - 42)

Andrew Lawrence (Service Manager – Children and Public Health Commissioning, LB Enfield) and Dudu Sher-Arami (Director of Public Health and Chair of CDAP).

Report and slides attached.

6. NORTH CENTRAL LONDON POPULATION HEALTH AND INTEGRATED CARE STRATEGY (7:20 - 7:35PM)

Jose Acuyo (Population Health Improvement Project Officer, NHS NCL ICB) and Penny Mitchell (Director for Population Health Commissioning).

Post NCL ICP Approval and Delivery Update.

Verbal Update with full and short versions of the strategy are now published on the website (link [here](#)).

7. ANY OTHER BUSINESS

Proposal of a separate, focused Health and Wellbeing Strategy Development Session.

8. MINUTES OF THE MEETING HELD ON 2 MARCH 2023 (Pages 43 - 48)

To receive and agree the minutes of the meeting held on 2 March 2023.

9. NEXT MEETING DATES AND DEVELOPMENT SESSIONS

Proposed date of the next meetings of Enfield Health and Wellbeing Board:

Monday 2 October 2023
Monday 4 December 2023
Tuesday 5 March 2024

Formal Board meetings to commence at 6:30pm.
Unless otherwise advised.

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North Mid update

Enfield Health and Wellbeing Board

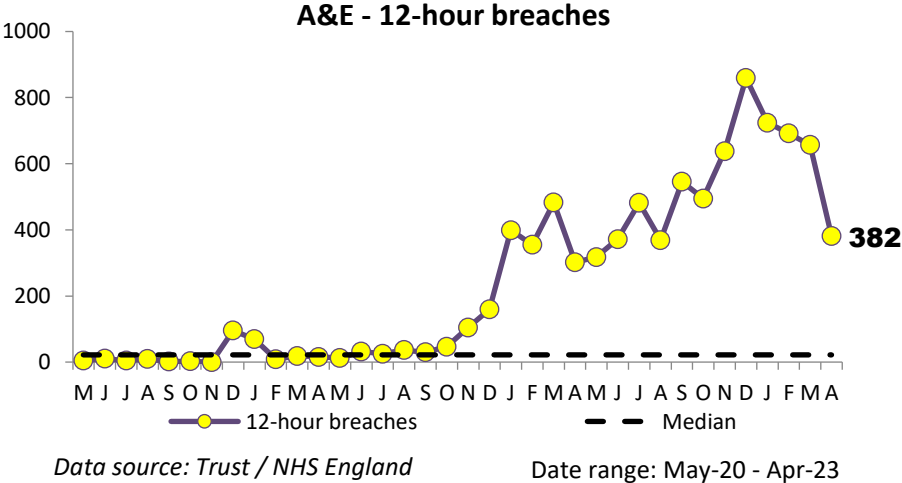
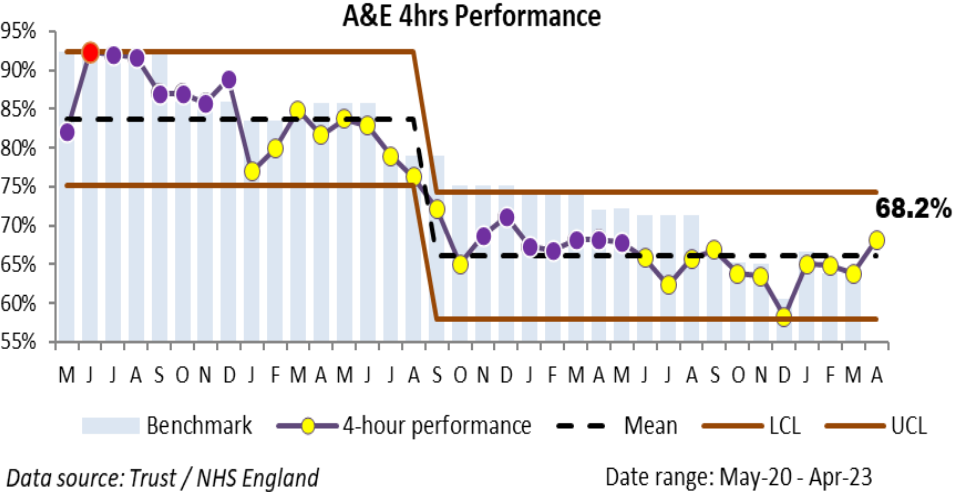
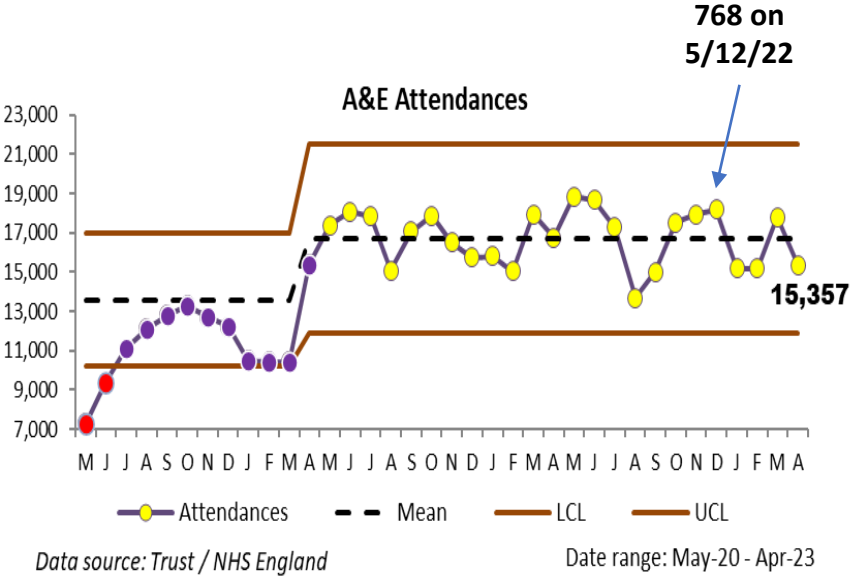
Dr Nnenna Osuji – Chief Executive

Operational update

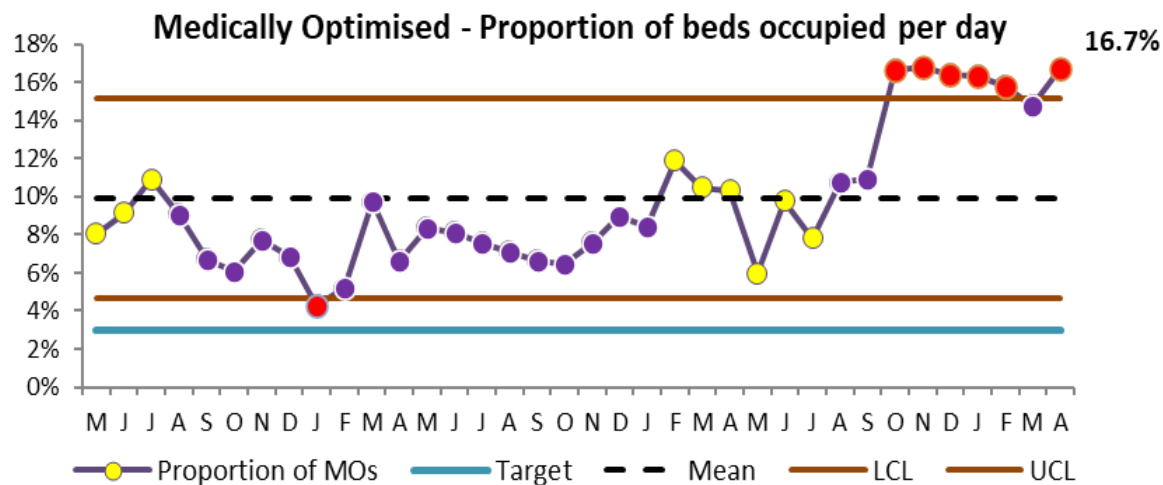
Urgent & Emergency Care



4hr Performance and ED Attendances

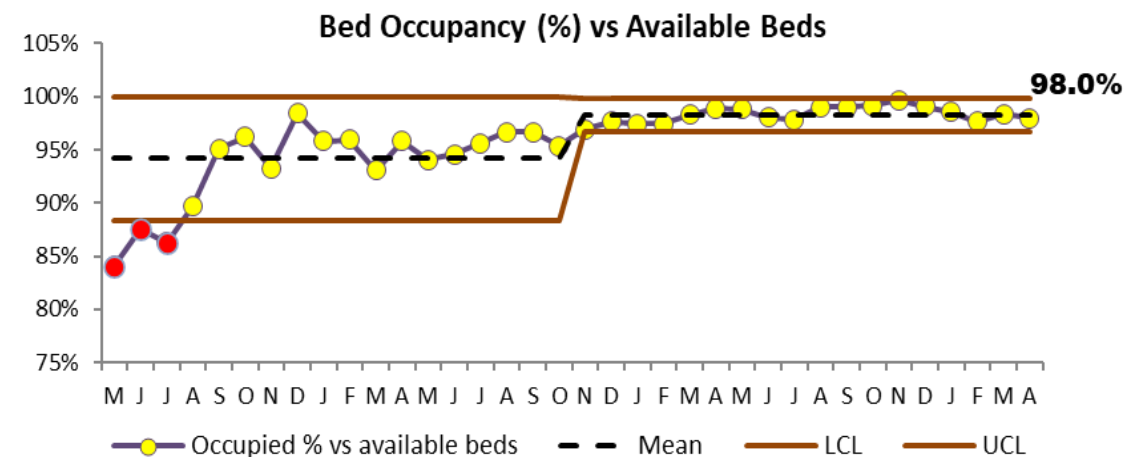


Bed occupancy and Medically Optimised patients



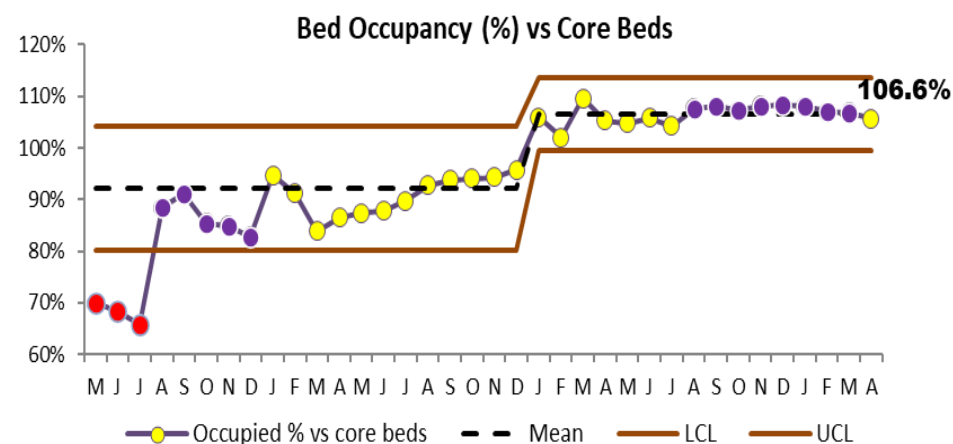
Data source: Trust / NHS England

Date range: May-20 - Apr-23



Data source: Trust / NHS England

Date range: May-20 - Apr-23



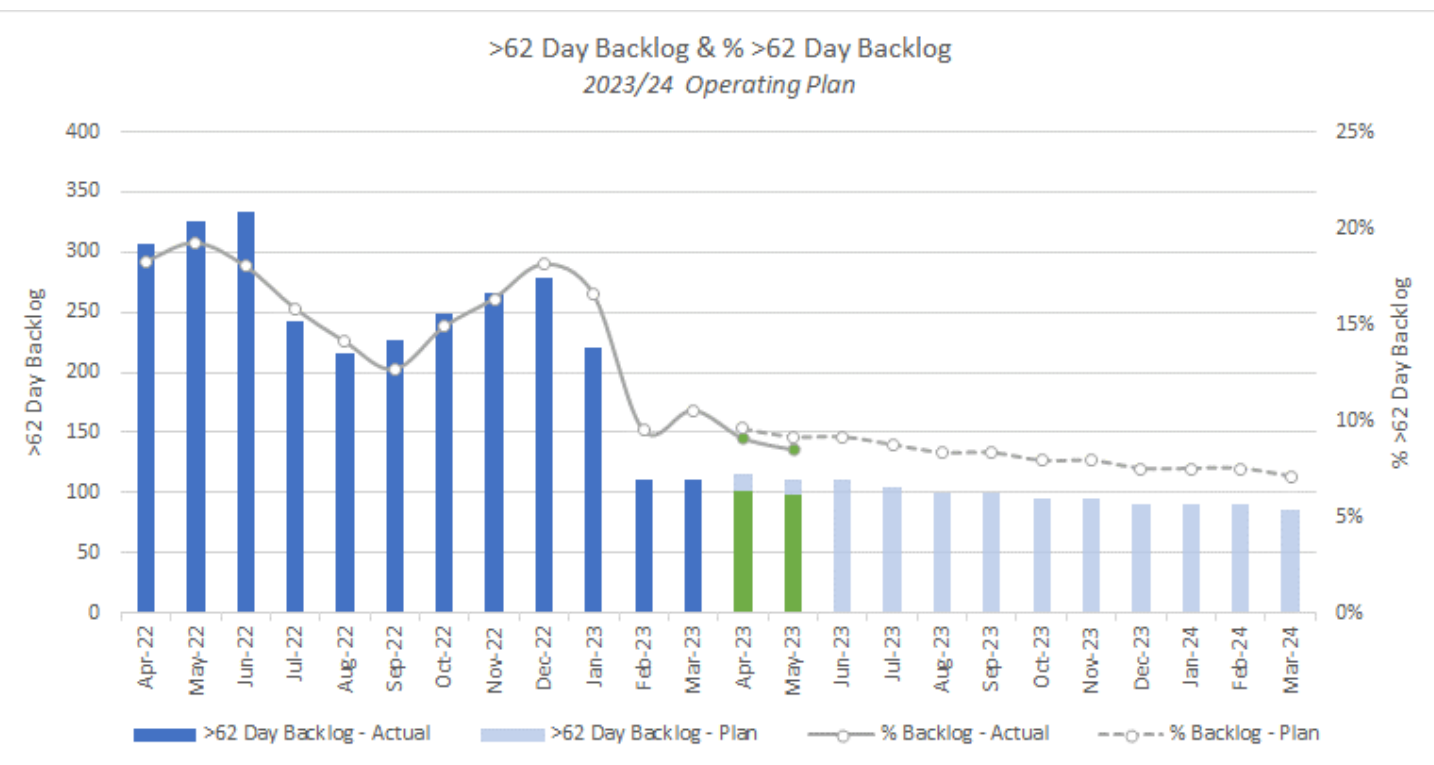
Data source: Trust / NHS England

Date range: May-20 - Apr-23

Cancer Waiting Times Standards



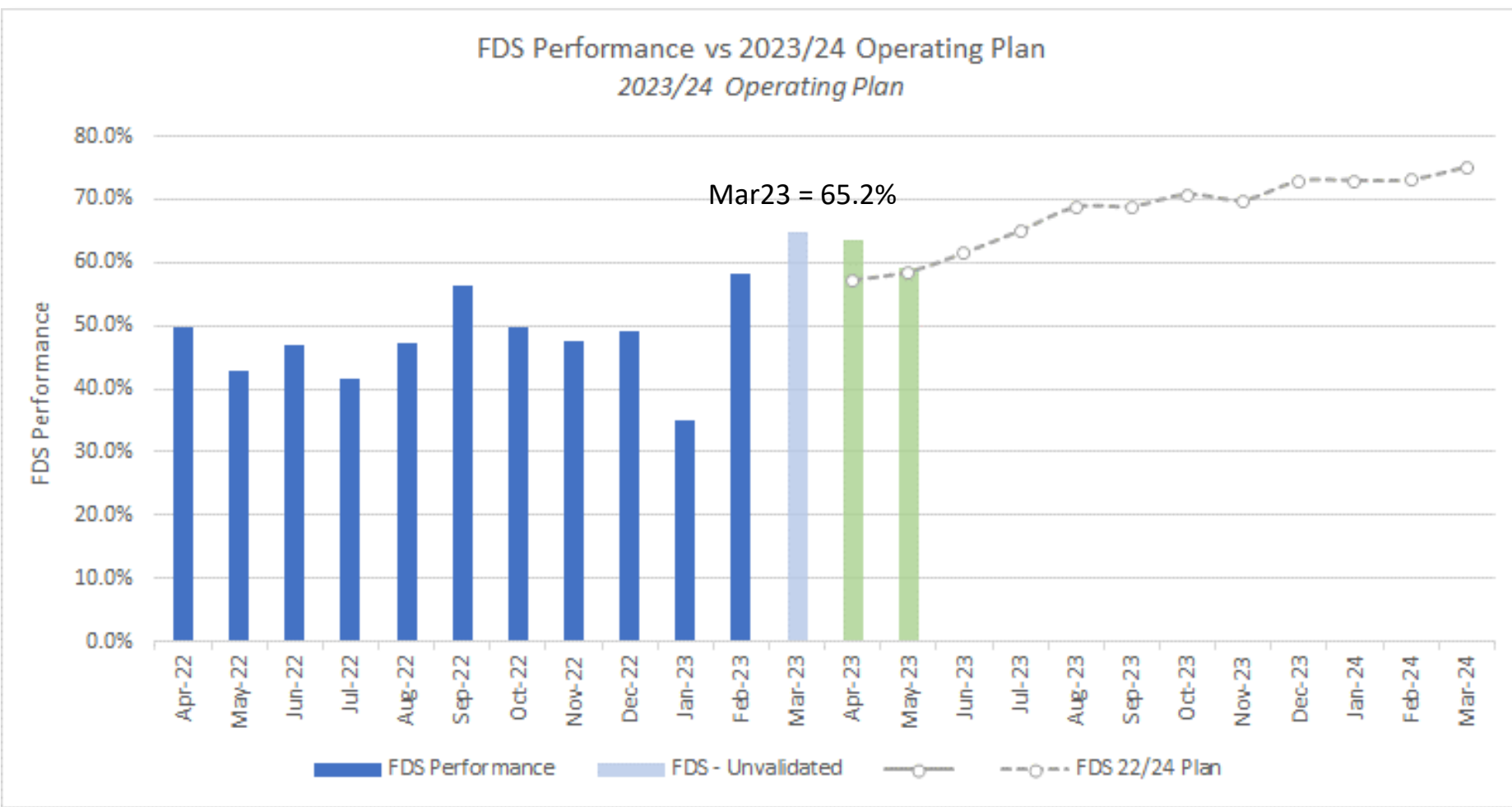
Cancer: 62 Day Backlog



07-May-23	Over 62 days	Change in last week	% of Total PTL
N Middlesex	98	-4	8.5%
Royal Free	397	+11	8.5%
Whittington	102	-1	8.5%
RNOH	14	+2	8.5%
UCLH	153	+2	9.4%

- There are currently 98 patients in the 62 Day Backlog, the lowest level reported by the Trust
- The Trust is delivering against the 2023/24 Operating Plan trajectory

Cancer: Faster diagnosis standard



- The Trust is reporting over 65% FDS performance in March, which is the highest ever level reported
- Project performance in Apr23 and May23 continues to be over 60% and above the Trust's Operating Plan trajectory
- There has been sustained improvement since Jan23
- Colorectal FDS performance has increased from 10% to over 50%

Health Inequalities

Integrated Performance Report



Health Inequalities

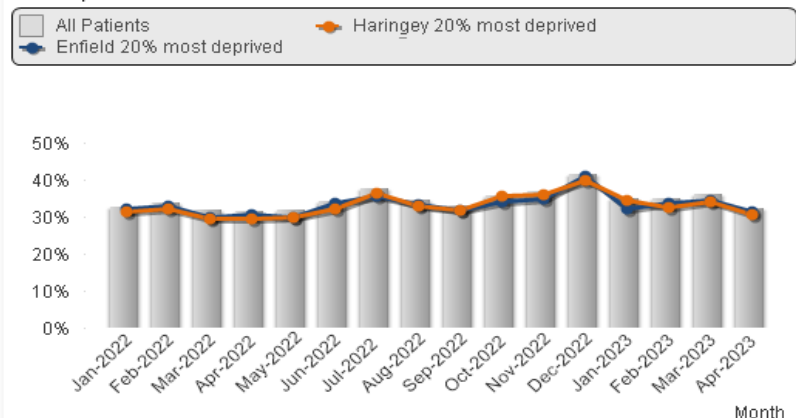
Integrated Performance Report

ED Attendances

Between Apr-21 and Oct-22, the percentage of patients waiting over 4 hours in ED from the most deprived areas of Enfield and Haringey is similar to the percentage of **all patients** waiting over 4 hours.

Deprivation does not appear to have a material impact on the length of time a patient spends in ED

A&E unplanned attendance over 4 hours

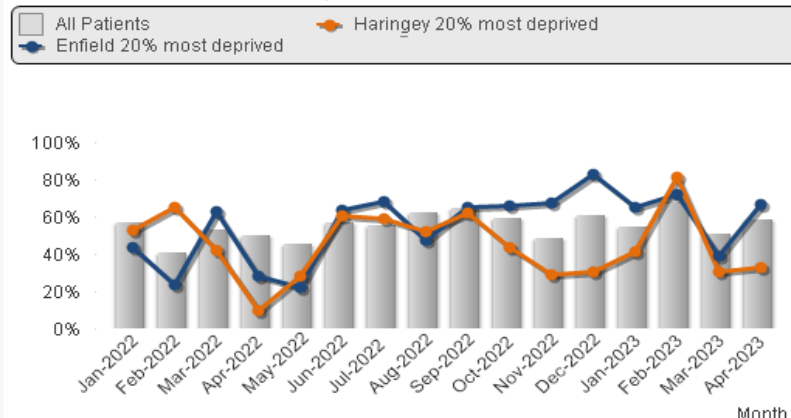


Cancer: 62 Day Performance

Whilst the numbers are small, and therefore the variation can be high, it appears patients from the most deprived areas in Enfield wait longer for cancer treatment when compared to all patients on a cancer pathway.

Deprivation appears to have an impact on cancer patients waiting times

Cancer Patients Treated After Day 62

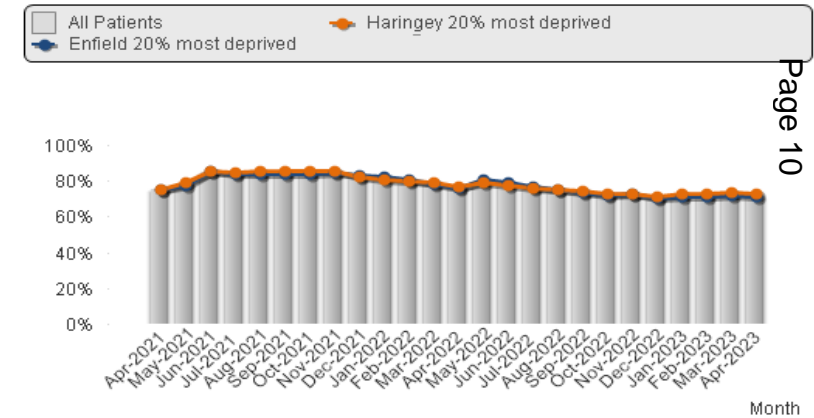


RTT: 18 Weeks Performance

Similar to ED Attendances, the percentage of patients waiting over 18 weeks from the most deprived areas of Enfield and Haringey is similar to the percentage of **all patients** waiting for treatment.

Deprivation does not appear to have a material impact on RTT waiting times

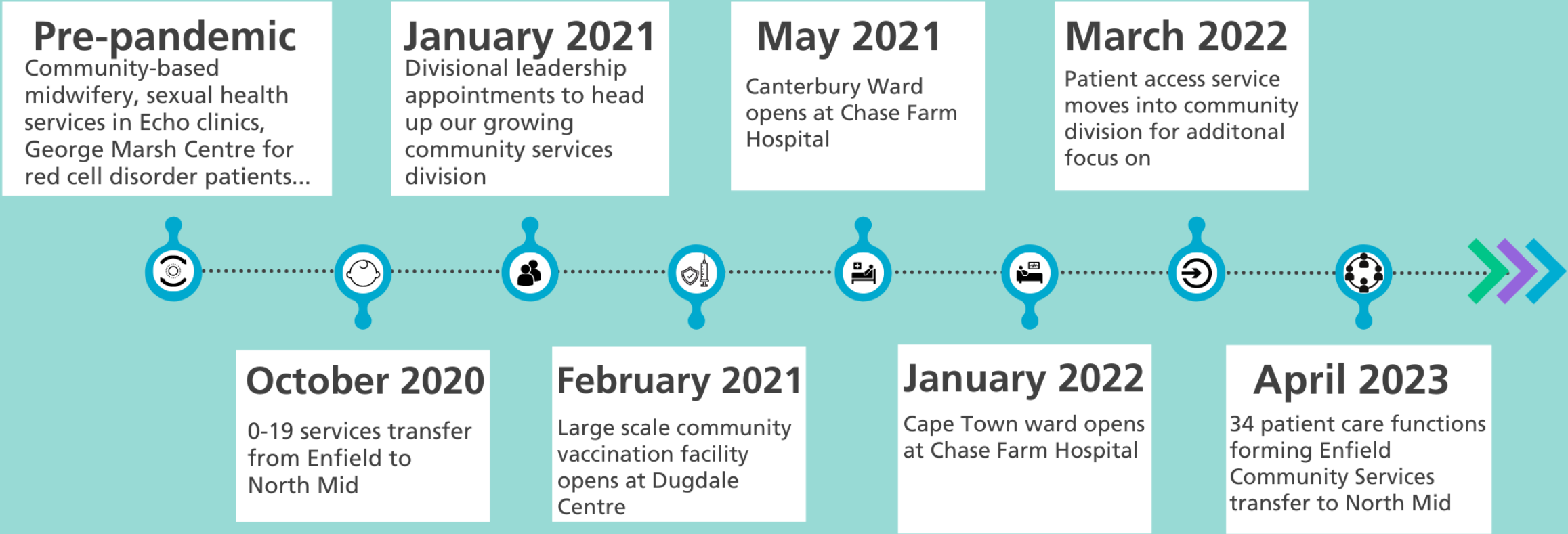
RTT Incomplete < 18 weeks



- NMUH has developed Core20 (most deprived quintile) metrics for cancer and maternity.
- NMUH will track ethnicity, gender and disability for selected areas such as patient experience using FFT. Locally the Trust has decided to also include services such as HIV and Sickle Cell.
- As the programme progresses, the aim is to understand the causes of disparity and work with partner organisations to improve access to health care

Development of Community Services

Our Journey



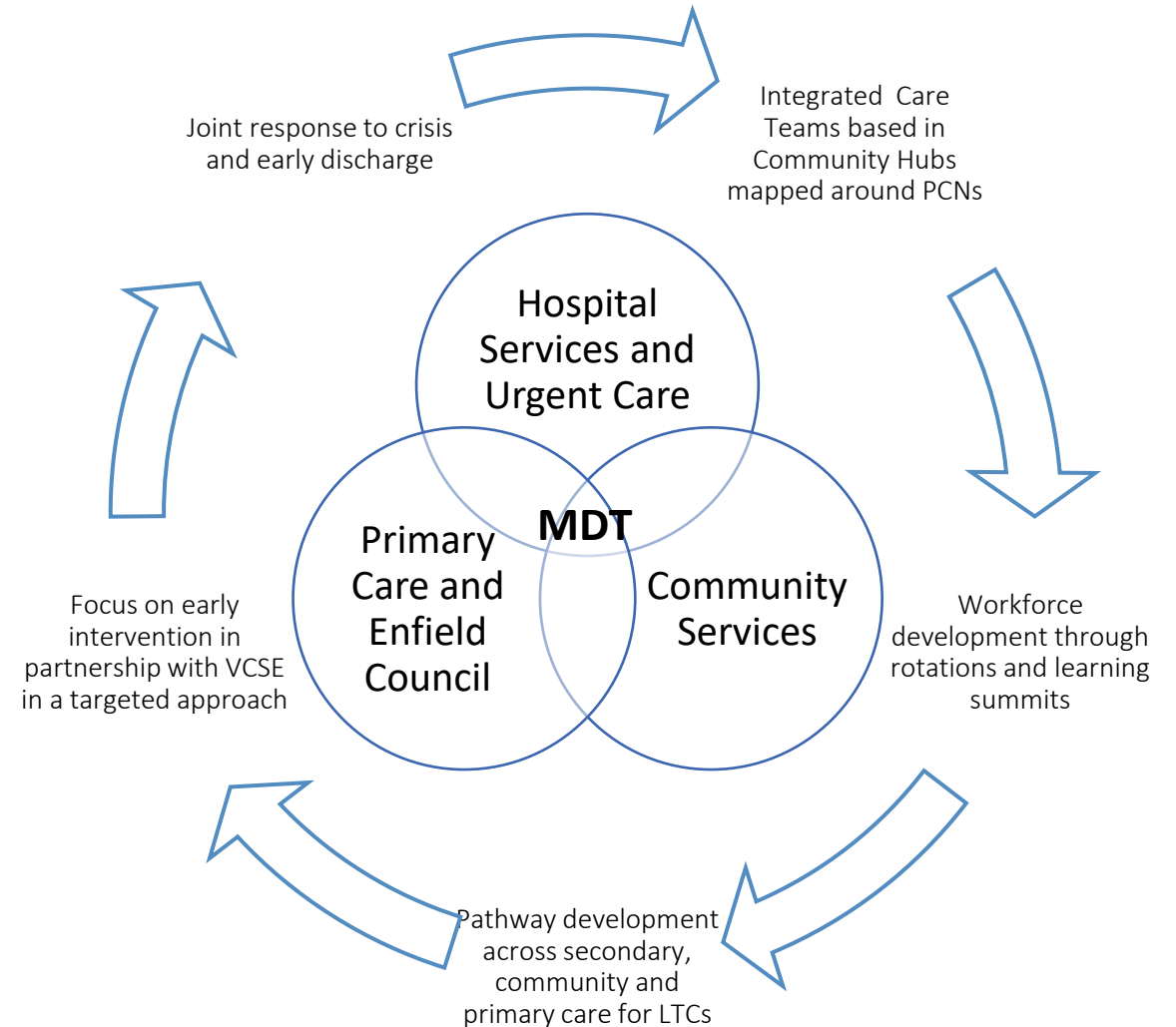
Welcome Event 3rd April 2023

- Key principles of transfer “lift and shift”
- Transitional arrangements in place
- Meeting the staff and teams
- Focus on service continuity, identifying gaps and developing recovery plans



Developing a Population-based Integrated Care Model

- Improving access for local people
- Opportunities for staff to develop and grow
- Strengthening focus on outcomes
- Working together with partners, stakeholders and the community
- Greater focus on prevention and early intervention



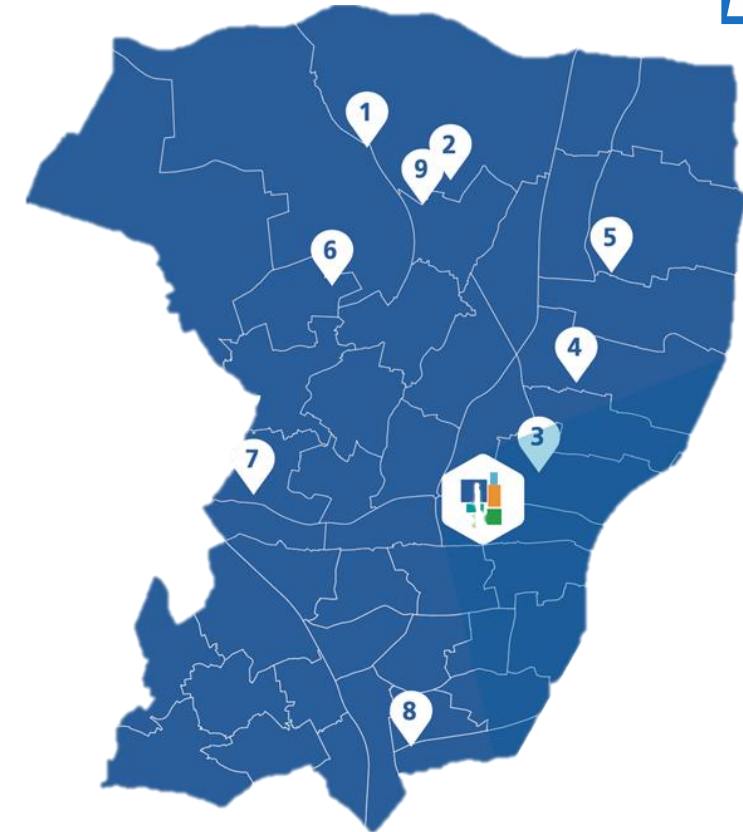
Current Services and North Mid Campus

ECS Adult Services

Magnolia Ward P2 Unit
Enfield Rapid Access (includes D2A)
CHAT
Virtual Ward
District Nursing
Community Matrons
Continence
Diabetes
Community Physio
Bone Health & Fracture Liaison
Speech and Language Therapy
Nutrition and Dietetics
MSK
Pain Management
Podiatry
Post Covid Team
Respiratory
Heart Failure
Lymphedema
Tissue Viability
Health Psychology
Integrated Discharge Team

ECS CYP Services

School Age Immunisations
Specialist School nursing
Looked After Children Health Service
Youth Justice Nursing
Community Paediatric Service
CDT Psychology Service
CYP Physio
CYP Occupational Therapy
CYP Dietetics
Pre-School SLT
School Age Speech & Language Services
CYP Safeguarding Team

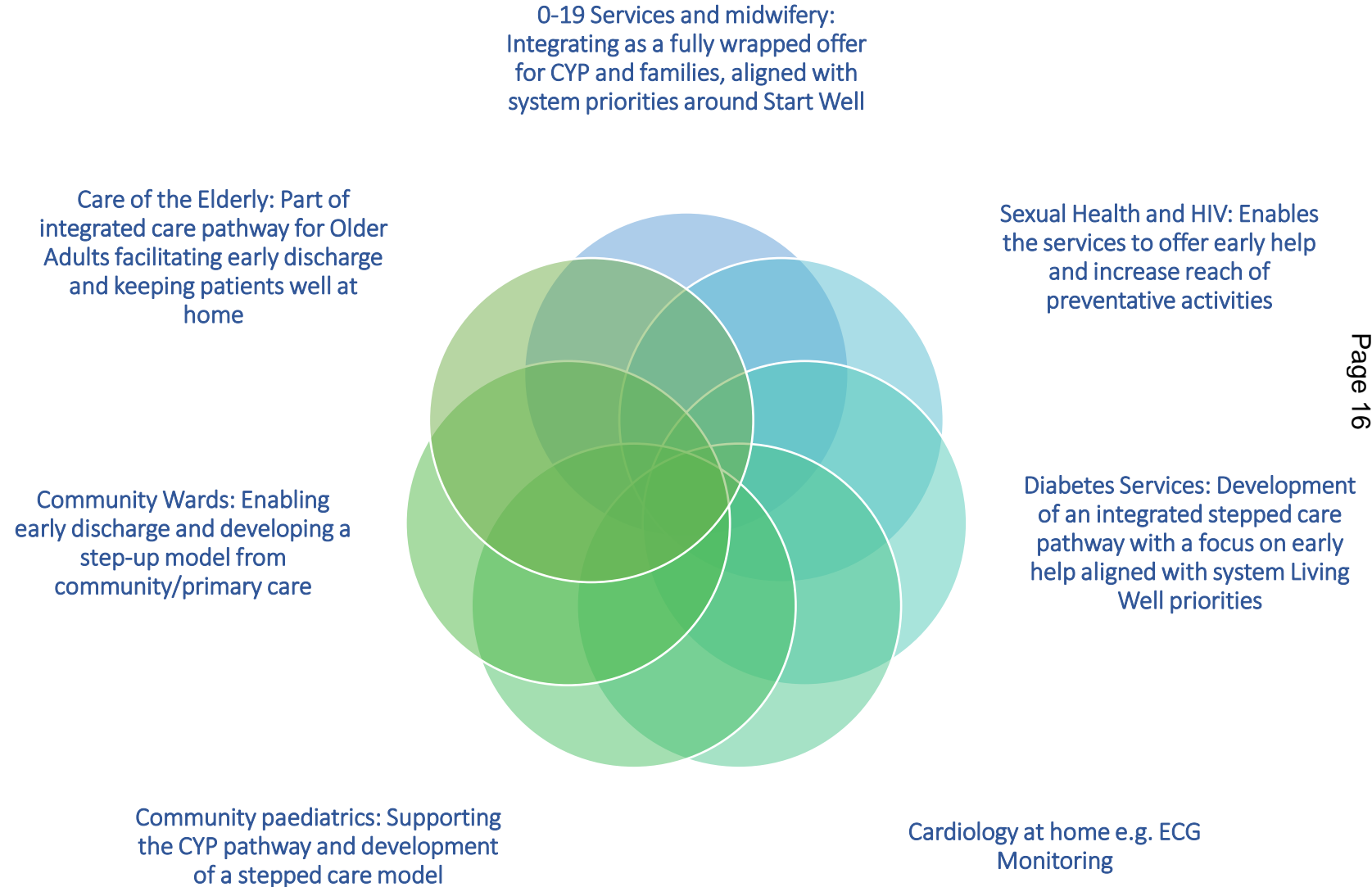


1. Chase Farm Hospital and The Skye Unit, Enfield
2. **St Michael's Hospital**
3. Lucas House
4. Forest Primary Care Centre
5. Eagle House Surgery
6. Highlands Primary Care Centre
7. **Bowes Road Medical Centre**
8. **George Marsh Centre** (on St Ann's Hospital site)
9. Bay Tree House, Enfield
10. **North Middlesex University Hospital**, Sterling Way site (Trust HQ site)

Synergies with North Mid

Anticipated outcomes

- Improved quality of care for patients and families with easy access, and boundary-less pathways with a focus on outcomes
- Increased early help and preventative activities, informed by clinical expertise across the pathway
- Ownership of whole pathways enabling increased accountability and shared agreement of priorities
- Reduction in ED attendances and LOS across Hospital and Urgent Care services
- Enhanced dialogue and closer working relationships with primary care and VCSE enabling joint management of patients with LTCs



Our priority areas

Developing a consistent, sustainable and resilient community model in Enfield

Building resilience in identified “fragile” services through integrated pathways

Preventing hospital admissions and improving managing patients in the community

Integrated services for children and young people in the community

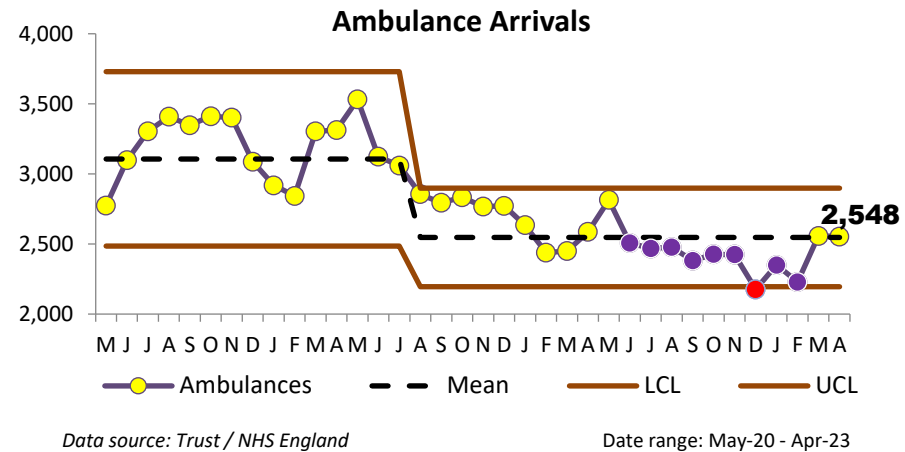
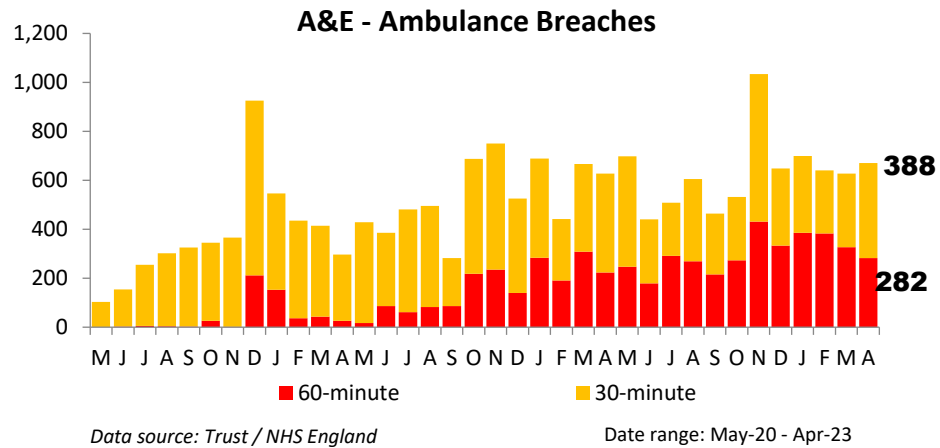
Thank you

Appendices

Urgent & Emergency Care



UEC: Ambulance Handovers & Arrivals



- The number of ambulance conveyances in April 2023 have been the second highest for over 12 months.
- Reduction in 60 minute handover from the peak during winter.

To note:

1. Patients are not left on ambulances even if there isn't space
2. London Ambulance Service and ED staff work together to manage patients before treatment space is available. Ambulances can be released through 'cohorting' where one ambulance crew stays with patients brought in by a number of ambulances
3. Clinical handover takes place for all patients with a face to face senior medical assessment even if there is no space to transfer into the assessment hub so that treatment and investigations can be started

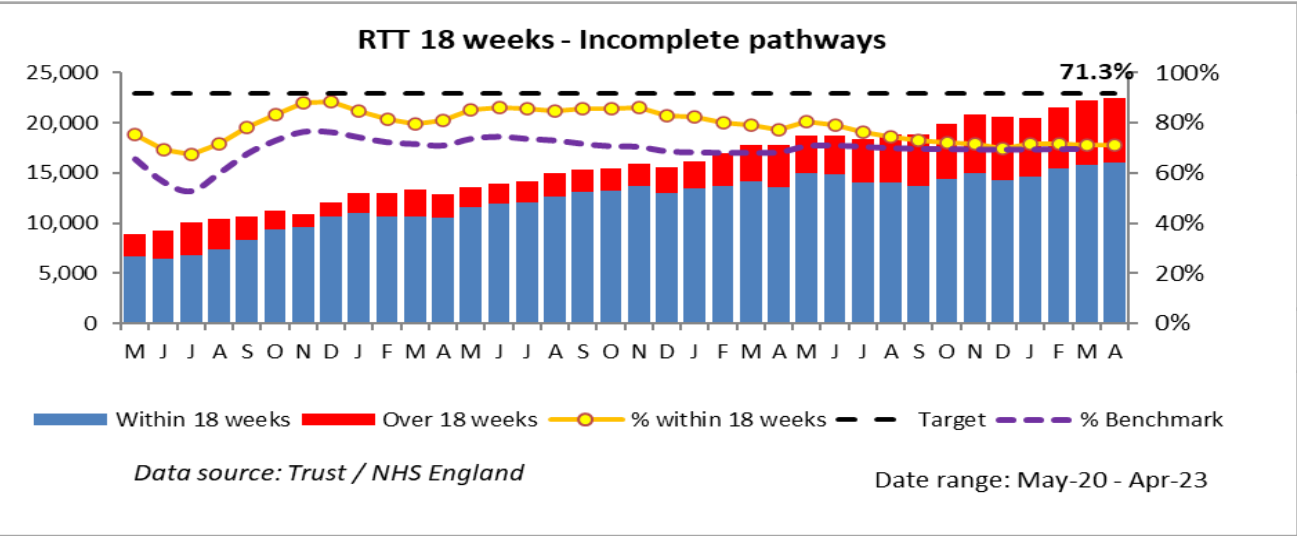
Referral to Treatment

Integrated Performance Report



Referral to Treatment: 18 Week Standard

Integrated Performance Report



RTT Performance	71.3%	>52 Week Wait	264
Data Monitoring			
The Trust was non-compliant against the 92% RTT standard with 71.3% of patients waiting less than 18 weeks at the end of April. Performance is monitored by the Trust Access Board and Weekly Access Meetings.			
Benchmarking			
Trust RTT performance is consistently above peer average. The Trust also has a lower percentage of patients waiting over 52 weeks when compared to peers.			

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Women and Children	Medicine	Surgery
<p>General Paediatrics: Paediatric performance remains static in April. Paediatric Allergy is 42% compliant due to sector wide challenges. Performance is improving due to increased consultant capacity. Patient pathways are being reviewed on a weekly basis to ensure safety and correct outcomes are being employed.</p> <p>Gynae: In April the Gynaecology service was 60% compliant against the national standards. The service is currently working through the more complex patients that have dual treatment pathways and these patients have an upcoming TCI date. The Service continues to work collaboratively with the Pre-assessment team and other specialities.</p>	<p>Haematology, Anti Coag, and Rheumatology are achieving RTT performance at >92%</p> <p>Respiratory: consultant vacancies are impacting outpatient capacity. Waiting list initiatives are ongoing. There is plan to utilise insourcing to support with clearing of patients waiting over 18 weeks</p> <p>Gastro and Hepatology pathways account for 70% of pathway closures needed for the division to achieve 92%. High DNA rates are impacting performance across a number of specialities. This is being managed through the Trust's Outpatient Transformation Group.</p> <p>Dermatology: Increased referral demand is creating a challenge with routine Minor Ops capacity. Additional WLIs are being implemented by OMNES Healthcare to clear backlog.</p>	<p>Ophthalmology and Breast Surgery delivered against RTT performance.</p> <p>Vascular: Significant challenge with vascular outpatient capacity due to consultant vacancies at RFH, resulting in increased backlog of patients waiting over 18 weeks. This has been discussed at NCL System Level. The Trust continues to outsource patients to Highgate. Despite the challenges, the number of patients waiting >78 weeks has reduced significantly since March</p> <p>Urology: pathway management challenges in Urology increased the volume of patients breaching 18 weeks. Clinical prioritisation of long waiters for admitted and non admitted are exercised and continues to be monitored at weekly PTL meeting and patient access meeting. Extra capacity is being delivered via WLIs.</p> <p>Orthopaedics: Average wait time for first appointment has reduced from over 18 weeks to 6 weeks, which is a significant improvement in performance. This has been driven by the recruitment of 9th Consultant</p>

Referral to Treatment: Long Waiting Patients

Integrated Performance Report

Trust Operating Plan 2023/24 – 65 Week Wait Trajectory

The table below highlights the Trust’s operating plan for long waiting patients in 2023/24. The Operating Plan sets the ambition that zero patients will wait over 65 weeks by the February 24.

Trajectory	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
RTT >52 Weeks	264	236	217	205	198	190	166	157	116	247	217	182
RTT >65 Weeks	86	73	68	65	46	42	35	75	52	42	34	0

There are currently 62 patients waiting over 65 weeks and 260 patients waiting over 52 weeks

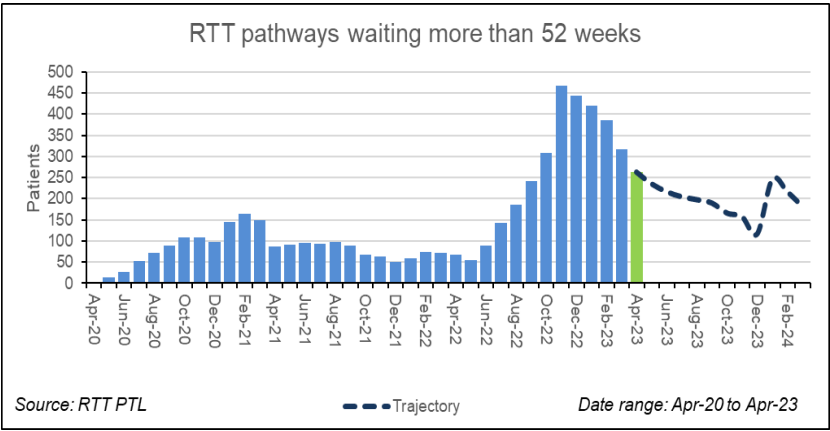
Trust Operating Plan 2023/24 – 78 Week Wait Trajectory

The majority of patients in the 78 week cohort are within the Vascular Service. Vascular services at the RF have significant clinical capacity challenges. Despite the challenges, the number of patients waiting over 78 weeks has reduced significantly.

The Trust is forecasting to have 6 patients waiting over 78 weeks at the end of May23;

- Vascular = 5 patients
- Orthopaedics = 1 patient

Trust Operating Plan 2023/24 – 52 Week Wait Trajectory



- The number of patients waiting over 52 weeks reduced to 260, which is below the Trust’s Operating Plan trajectory

Elective Recovery & Productivity

Integrated Performance Report



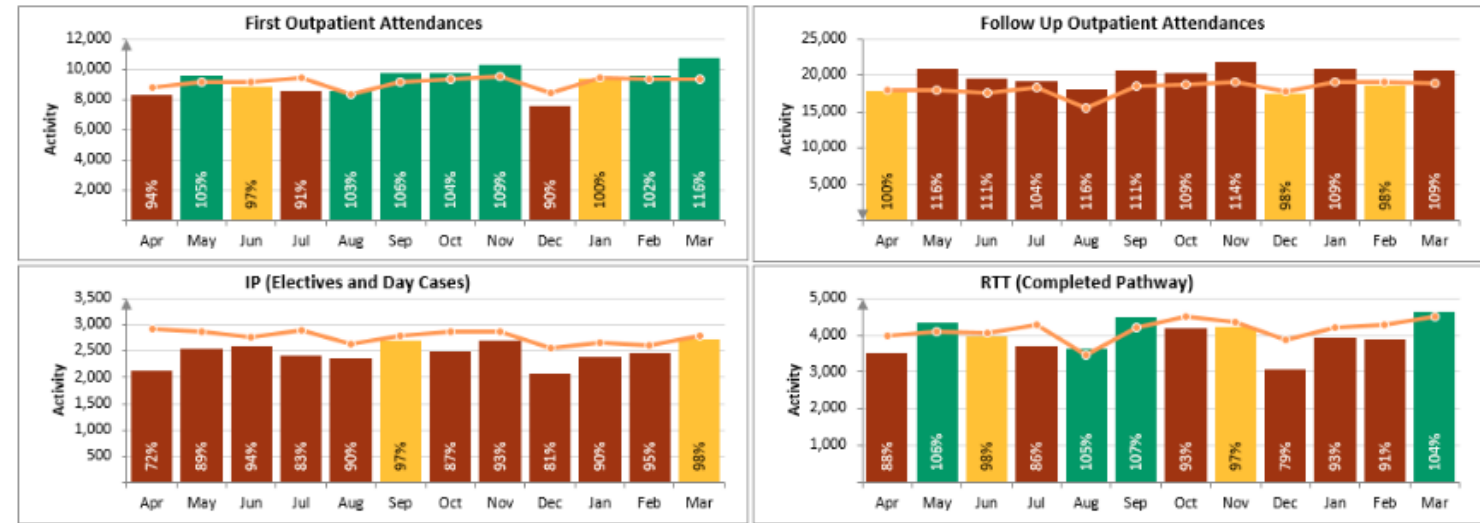
Elective Recovery: Inpatient, Day Case, and Outpatients

Integrated Performance Report

2022/23: Activity Plan

Trust Level Summary														
Specific Acute Only														
Report Date: 31/03/2023														
OP		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
First Outpatient Attendances	Plan (22/23)	8,745	9,115	9,130	9,417	8,300	9,176	9,366	9,481	8,415	9,387	9,349	9,293	109,174
	Actual (22/23)	8,254	9,551	8,835	8,541	8,544	9,718	9,739	10,292	7,573	9,388	9,530	10,782	110,747
	Actual as % of Plan	94%	105%	97%	91%	103%	106%	104%	109%	90%	100%	102%	116%	101%
Follow Up Outpatient Attendances	Plan (22/23)	17,971	18,051	17,664	18,365	15,534	18,611	18,678	19,022	17,766	19,128	19,031	18,987	218,808
	Actual (22/23)	17,890	20,855	19,608	19,159	17,997	20,739	20,390	21,775	17,486	20,938	18,641	20,712	236,190
	Actual as % of Plan	100%	116%	111%	104%	116%	111%	109%	114%	98%	109%	98%	109%	108%
IP		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
IP (Electives and Day Cases)	Plan (22/23)	2,933	2,867	2,772	2,910	2,632	2,797	2,868	2,883	2,561	2,668	2,606	2,791	33,288
	Actual (22/23)	2,117	2,546	2,610	2,415	2,368	2,710	2,485	2,695	2,086	2,395	2,466	2,731	29,624
	Actual as % of Plan	72%	89%	94%	83%	90%	97%	87%	93%	81%	90%	95%	98%	89%
RTT		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
RTT (Completed Pathway)	Plan (22/23)	4,004	4,087	4,053	4,277	3,465	4,218	4,512	4,348	3,883	4,195	4,283	4,495	49,822
	Actual (22/23)	3,529	4,329	3,988	3,694	3,632	4,494	4,187	4,221	3,064	3,922	3,894	4,655	47,609
	Actual as % of Plan	88%	106%	98%	86%	105%	107%	93%	97%	79%	93%	91%	104%	96%

■ Actual (22/23) — Plan (22/23)



Data Monitoring

The table and chart highlight the Inpatient and Day Case, and Outpatient activity levels forecast in 22/23 against 19/20 baseline.

Inpatient & Day Case

- The Trust achieved 89% of planned activity levels in 2022/23 and 88% of plan in Apr23. However, as activity is retrospectively input by the Divisional and Clinical Teams, it is expected that activity levels will increase further in Apr23. The Trust is performing similar to NCL peers.

Outpatient Activity

- First Appointments:** 101% planned activity levels in 2022/23 and 89% of plan in Apr23. The Trust is performing below NCL peers.
- Follow-Up Appointments:** 108% of planned activity levels 2022/23 and 88% of plan in Apr23. The Operating Plan states that Trusts should reduce follow-up activity by 15% compared to 19/20 baseline. The Trust is performing more Follow-up Appointments compared to NCL peers. However, increases in PIFU has reduced follow-up rates in Apr23.

Early Years Partnership Board

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Agenda Item 4

www.enfield.gov.uk

Striving for excellence



Early Years Partnership Board - focus

- Terms of Reference
- EYPB in place since 2019

- Key work of Children's Centre (post pandemic impact)
- Outcomes for EY settings and childminders
- Support services for SEND under 5
- Data dashboard including health data
- Health services for under 5s
- Improving attendance level for 2 year olds and 3/4 year olds
- Family Hubs

Enfield Early Years Partnership Board

Terms of Reference

April 2023

Purpose of the Early Years Partnership Board

The Early Years Partnership Board is a high-level strategic body focused on the planning, commissioning and delivery of services that promote the early education, health and wellbeing of children under 5 and their families in Enfield, and safeguarding the vulnerable.

The Board has been developed initially to review the findings and recommendations of the Local Government Association's Peer Review, carried out in November 2019. This Board will oversee all Early Years activity within the borough.

The Board aims to ensure that strategy, service development and commissioning activity is approached jointly in order to assure the best possible outcomes for children under 5 and their families in Enfield. The Board recognises the benefits of early intervention and prevention and prioritises the promotion of this approach across the partnership.

The effectiveness of the Board will depend on consistent representation and an integrated joint working approach from all stakeholders/members who will share the responsibility for ensuring that services are effective, offer value for money and meet local need.

Aims and Scope of the Board

In all its operations, the Board will aim to:

- Promote the needs and concerns of children under 5 and their families across all member organisations.
- Plan strategically, taking a whole system approach for the health and wellbeing of children under 5 and their families.
- Align resources, knowledge and expertise across organisational boundaries.
- Improve the evidence base and timeliness of decision making across the partnership by removing barriers to innovation and joint working.
- Collectively challenge and support Early Years services, across the partnership, via robust performance management.
- Maintain links with operational delivery across all member organisations through sub-groups and feedback mechanisms.
- Maintain the focus of improving outcomes for all children and closing the gap between the most disadvantaged children and others.
- Ensure that the local community and families have a voice and are engaged in the planning, shaping, implementation and ongoing development of services.

- Ensure there is consistent, accessible and up to date information, advice and guidance for parents.

Principles

To achieve these aims, members of the Board will:

- Support the principles of prevention and early intervention.
- Take an outcomes-based, evidence driven approach to the planning, design and commissioning of services to ensure that children's needs are met.
- Share knowledge from our collective sources of information.
- Listen to the voices of the local community and families.
- Know the commissioning landscape by understanding the needs of children under 5 and their families, and the wider early years' sector.
- Ensure that all commissioning decisions make the most effective use of our collective resources.

The Work of the Board

The Board will provide strategic leadership across the partnership by:

- Setting the strategic commissioning objectives for the partnership; identifying opportunities for the joint planning and commissioning of services.
- Devising a programme of work based on the identified strategic priorities and collective commissioning intentions of its membership.
- Delegating issues requiring detailed consideration or research to the appropriate group.
- Overseeing arrangements for effective sharing of information, resources and decision making across the partner agencies.
- Ensuring that mechanisms are established for the engagement and involvement of stakeholders.
- Receiving performance information, intelligence, policy updates and other information necessary to guide strategic commissioning across the partnership.

Membership

Position	Name	Organisation
Director of Education (chair)	Peter Nathan	LBE
Cabinet Member	Cllr Abdul Abdulahai	LBE
Service Manager – Children and Public Health Commissioning	Andrew Lawrence	LBE
Head of Schools and Early Years Improvement Service	Lucy Nutt	LBE
Early Years Manager	Christiana Kromidias	LBE
Senior Commissioning Manager – Child Health	Michelle Williams	NCL ICB

Services		
Children's Centre Manager	Zinat Ismail	Children's Centre
Head of CYP and Family Services	Helen Tanyan	NMUH
Manager – Early Years Speech and Language Service	Maureen Jarvis	NMUH
Service Manager 0-19 Service	Eunice Chigwanda	NMUH
Public Health Senior Service Development Manager CYP	Jayne Longstaff	LBE
Head of SEN and Inclusion	Barbara Thurogood	LBE
SEND Service Development Manager	Caroline Fanning	LBE
Early Years SEND Manager	Julia Hide	LBE
School and Early Years Data Manager	Francesca Falcini	LBE
Finance Manager – Schools and Education	Sailesh Patel	LBE
Early Intervention and Support Service Manager	Miriam McDonagh	LBE
Head of Early Help, Youth and Community Safety Services	Ivana Price	LBE
Director of Public Health	Dudu Sher-Arami	LBE
Senior Lead Educational Psychologist for Early Years	Liz Jones	LBE
PVI Setting Manager	Angela Palmer (Rightstart Montessori) Kirsty Greenwood (Angel Place)	PVI sector
Headteacher	TBC	Schools
Voluntary and Community Sector Representative	Jo Ikhelef	Enfield Voluntary Action
Parent Representative	TBC	

Register of members

The Local Authority will maintain a register of members of the Board and their roles.

Chair and Vice Chair

The Board will be chaired by the LBE Director of Education and a Vice Chair will be nominated and seconded by at least two members of the board. The Chair will have the casting vote if an issue arises on which the board is unable to reach a decision.

Meetings

Meetings will take place a minimum of 3 times per year with extraordinary meetings to be called if necessary. General meetings will be arranged with a minimum of two weeks' notice and an agenda and any relevant papers will be circulated prior to the meeting.

Quorum

At least five members must be present, representing a minimum of three separate agencies, in order to be quorate and for the meeting to run. If an urgent issue should arise the Chair may write to board members requesting a telephone or written response.

Declaration of interest

Where a conflict of interest is recorded, it is the responsibility of that board member to declare their interest and opt out of the recommendation process. This is relevant in cases such as:

- When the Board is discussing the commissioning of specific services, such as childcare or parenting support, any member with an interest in providing that service (whether in the public, private or voluntary sector) needs to declare their interest and withdraw from the debate.
- Providers of commissioned services may become members of the Board, but must be aware of the rules regarding conflicts of interest.

Codes of conduct

It is the Board members' responsibility to offer their apologies in advance of the meeting when unable to attend. A substitute may be nominated; however, it is an expectation that each member will arrange to be represented at every meeting.

A person cannot represent more than one agency at one time, nor have more than one role on the Board.

Reports

The Board will receive reports at least 7 working days before a meeting.

Minutes

The Local Authority will minute the meeting and provide copies of the minutes to all members within 21 days of the meeting. The minutes will be made available to all members and to interested parties on request.

Decision making

The Early Years Partnership Board does not have legal power to take decisions on its own behalf but will make recommendations to the organisations that are represented at it and monitor the work and performance of the groups that report to it.

Recommendations will be made by consensus and in the event of a vote on a recommendation being tied, the Chair will have a casting vote. Recommendations will be agreed by each agency's representative at the meeting or, if needed, taken further in the relevant agency's governance structure for ratification.

Confidentiality

Any discussions during meetings remain confidential until the minutes are agreed and published.

Accountability

Health and Wellbeing Board – minutes to be provided and updates as requested.

The Role of the Board Representatives

What the Representative is required to do:

- To share views in Board meetings.
- To keep their organisation/group up to date with what is happening at the Board.

Before Meetings

- Read the agenda for the meeting and minutes of the last one in good time to discuss with their organisation/group properly.
- Contact the people or groups they represent where appropriate.
- Find out their views on the items on the agenda when needed.

At Meetings

- Put across the views they have collected.
- Make notes for themselves and so that they can pass on relevant information to their agency/organisation.
- Make considered decisions as needed based on the interests of children and their families.

After Meetings

- Report back to those they represent.

In between Meetings

- Keep in touch with their agency/organisation and the Board.
- Build up links between their agency/organisation and the partnership.
- Be willing to take up matters that their organisation wants to see discussed by the partnership.

Terms of office

Membership of the Board will be reviewed on a three yearly basis.

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Health and Wellbeing Board Report: Combating Drugs and Alcohol Partnership

Health and Wellbeing Board: 6th June 2023

Author: Dudu Sher Arami, Director of Public Health, May 2023

Background

In April 2022 the government published a new 10-year drugs plan¹ which aims to reduce crime associated with the drugs trade and increase capacity with drug treatment services. This brief paper addresses the responsibilities relating to the increase in drug treatment services overseen by the establishment of a new Enfield Combating Drugs and Alcohol Partnership. The governance for the Partnership will be the responsibility of the HWBB.

Across the country Local Authorities have received additional funding from the Office of Health Inequalities and Disparities (OHID), primarily aimed at increasing drug treatment services. Enfield will receive the following additional funding. No funding has been agreed beyond this period.

2022/3 £456k

2023/4 £542k

2024/5 £890k

Conditions to receiving funding are;

- No disinvestment from spending on drug treatment services (benchmarked against 2021).
- Establishment of a Combating Drugs and Alcohol Partnership (CDAP)
- Identification of a senior responsible officer. In Enfield this is Tony Theodoulou. Dudu Sher Arami (LBE) is Chair of CDAP, Deputy Chair is Marco Bordeti (Police).
- Completion of a Needs Assessment
- Agreement of an Implementation Plan with OHID

Progress to date

CDAP was established late 2022 and has an active multi-agency membership including Public Health, Commissioning, Community Safety, Childrens and Adults Social Care, Housing, Enable, Job Centre Plus, Police, Humankind, ICS, Primary Care, and a resident with lived experience. Subgroups are about to be created focusing on clinical governance and treatment and care.

A needs assessment was successfully completed, which made some key recommendations around training, communications, and pathways:

- Undertake a training needs assessment across all partners
- Review functioning of multi-agency working in relation to the delivery of care and support to adults and young people, including mapping referral pathways and criteria
- Map options for residents who need urgent support outside usual service opening times
- Develop a performance management framework for CDAP to identify and review impact and changing needs

• ¹ From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

- Consider approach to safeguarding children and adults to improve joint working, communication, and service delivery

OHID have agreed the Implementation Plan, which is about to be signed off by the partnership. The plan consists of the following key elements to be delivered by the partnership:

- Borough-wide response to substance misuse – including mapping
- Commissioning of additional treatment services to meet targets – including review of the system
- Provision of accessible information on substance misuse
- Improvement in information sharing across the partnership
- Developing a joint approach to work with criminal justice networks to keep vulnerable residents safe from harm
- Developing joint working with the Family Hubs programme as part of wider review of early help options
- Oversight of workforce development
- Learning from safeguarding adult reviews, continuity of care guidance, probation performance etc.
- Reviewing barriers faced by service users on access to housing
- Continuity of Care Arrangements for individuals exiting prison who require community drug and alcohol treatment.

How will we measure impact?

In addition to local measures, which will be linked to the delivery plan, OHID have provided specific targets, to which the local authority will be held accountable. This requires Enfield to increase the number of people in treatment by 19%, which equates to 240 adults and 32 young people. The table below sets this out as a comparison to the 2021 baseline:

	Numbers in treatment 2021	Required numbers in treatment (+19%)
Adults	1262	1502
Young People	168	200

Enfield Combating Drug and Alcohol Partnership

Dudu Sher Arami
Marco Bardetti
Andrew Lawrence

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Context

- 'From Harm to Hope' (April 2022). [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/108444/From_harm_to_hope_A_10-year_drugs_plan_to_cut_crime_and_save_lives_-_GOV.UK.pdf)
- Required each Local Authority to identify footprint, Senior Responsible Officer, key partners and initial plan.
- Most London Boroughs have chose borough based CDAP

Purpose

- **Agreeing the strategic analysis, action and direction required to address drug and alcohol related health and crime improvements for the Enfield community.**
- **Setting annual strategic priorities in accordance with local need and the requirements of the National Drug Strategy, *'From Harm to Hope'*.**
- **Implement the CDAP Delivery Plan – key elements include increasing drug and alcohol treatment service as well as prevention.**
- **Chaired by DPH & Deputy Chair Police**
- **Membership: member with lived experience, Public Health, Commissioning, Community Safety, Children's Social Care, Adults Social Care, Education, Housing & Homelessness, Enable, Job Centre Plus, Police, Compass, BEH- MHT, ICS, Primary Care.**
- **Sub Groups: Clinical Governance & Treatment and Care**

CDAP

- **Setting the strategic commissioning objectives for the partnership; identifying opportunities for the joint planning and commissioning of services.**
- **Devising a programme of work based on the identified strategic priorities and collective commissioning intentions of its membership.**
- Setting up two permanent sub-groups covering clinical governance and treatment and care.
- Setting up task and finish groups, as required.
- Delegating issues requiring detailed consideration or research to the appropriate group.
- Overseeing arrangements for effective sharing of information, resources and decision making across the partner agencies.
- Ensuring that mechanisms are established for the engagement and involvement of stakeholders.
- Receiving performance information, intelligence, policy updates and other information necessary to guide strategic commissioning across the partnership.

Grant arrangements

- Three years funding agreed:
 - Yr1 - £456k
 - Yr2 - £542k
 - Yr3 - £890k
- Yr1 budget – additional posts within adult and YP substance misuse services, commissioning posts, externally commissioned needs assessment, resources
- Yr2 budget – profiling underway, to be presented to CDAP
- Regular reporting on spend to OHID

Key elements of CDAP Delivery Plan

- Borough-wide response to substance misuse – including mapping
- Oversee the commissioning of additional treatment services to meet targets – including review of the system
- Provision of accessible information on substance misuse
- Improve information sharing across the partnership
- Collate and report on key performance indicators across the partnership
- Develop joint approach to work with criminal justice networks to keep vulnerable residents safe from harm
- Develop joint working with Family Hubs programme as part of wider review of early help options
- Oversight of workforce development
- Learning from safeguarding adult reviews, continuity of care guidance, probation performance etc.
- Review barriers faced by service users on access to housing

HEALTH AND WELLBEING BOARD - 2.3.2023**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON THURSDAY, 2 MARCH 2023****MEMBERSHIP****PRESENT**

Nesil Caliskan (Leader of the Council), Alev Cazimoglu (Cabinet Member for Health & Social Care), Abdul Abdullahi (Cabinet Member for Children's Services), Andy Milne, Deborah McBeal (NCL ICB), Dudu Sher-Arami (Director of Public Health), Bindi Nagra (Director of Adult Social Care), Jo Ikhelef (CEO of Enfield Voluntary Action), Vivien Giladi (Voluntary Sector), Dr Nnenna Osuji (Chief Executive, North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

ABSENT

Dr Helene Brown (NHS England Representative), Tony Theodoulou (Executive Director of Children's Services), Pamela Burke (Voluntary Sector), Dr Alan McGlennan (Chief Executive, Chase Farm Hospital, Royal Free Group) and Siobhan Harrington (Whittington Hospital)

OFFICERS:

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

Also Attending:

Doug Wilson (Head of Strategy & Service Development, Health, Housing & Adult Social Care), Roseanna Kennedy-Smith (Public Health Intelligence Team), Debbie Gates (Community Development Officer, LBE), Anna Stewart (Start Well Programme Director, NCL NHS ICB), Riyadh Karim (Assistant Director of Primary Care, NCL NHS ICB), Ruth Donaldson (Director of Communities, NCL NHS ICB), Dr Dean Connolly (Doctors Net UK), Sophie Maule (UK Health Security Agency), Tim Hellings (Enfield Carers Centre), Dr Alpesh Patel (NHS NCL)

1**WELCOME AND APOLOGIES**

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

Apologies for absence were received from Tony Theodoulou and Dr Helene Brown.

2**DECLARATION OF INTERESTS**

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

HEALTH AND WELLBEING BOARD - 2.3.2023

3

LBE VACCINATION UPDATE

RECEIVED the slide presentation, introduced by Roseanna Kennedy-Smith, Senior Public Health Intelligence Specialist.

NOTED

1. Uptake of Covid-19 Autumn booster and flu vaccinations in Enfield was reported, across wards and cohorts. There was a decrease week on week in the numbers of Covid-19 booster vaccinations.
2. Uptake of childhood immunisations was also reported. A decreasing trend in uptake had been noted since 2017.

IN RESPONSE

3. Vivien Giladi asked about further planned Covid-19 booster vaccinations. It was advised that a booster in Spring 2023 was expected for immune-compromised populations across all ages, designed to boost their immunity. There would be a booster in Autumn 2023 for all older people. Clarification on available information would be provided to Board members.

ACTION: Dudu Sher-Arami

Post Meeting Note: The Joint Committee on Vaccination and Immunisation [JCVI] advised on 7th March that it had recommended an extra booster dose in spring of 2023 should be offered to:

- adults aged 75 years and over
- residents in a care home for older adults
- individuals aged 5 years and over who are immunosuppressed.

This additional dose should be offered around 6 months after the last previous dose.

4. In response to Members' queries, it was acknowledged there was a common perception that Covid-19 was 'over', but that the data from booster programmes did show that people who should be having booster vaccinations were taking them up.
5. In response to Members' concern and queries in relation to childhood immunisations and reasons why uptake had fallen, it was confirmed that Enfield statistics were generally in line with North Central London and London overall. A small scale survey carried out by NHS England had shown that hesitancy was, for the majority, not linked to accessibility or convenience of vaccination sites. Some people wanted greater discussion with health professionals, but there was no clear cut very strong reason for those not taking up childhood immunisations. The vaccinations had previously, and still were, delivered in primary care locations. The Borough Partnership had a Screening and Immunisation sub-group and had developed a detailed and extensive immunisation plan to use to oversee work being done to raise immunisation uptake. The trends were concerning, and a lot of actions were going on to reverse those trends.

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The action plan would be shared with Board members, and an update provided to a future Board meeting on what improvements there had been in the uptake.

ACTION: Deborah McBeal

4

NCL START WELL PROGRAMME UPDATE

RECEIVED the slide presentation, introduced by Anna Stewart, Start Well Programme Director, NHS NCL ICB.

NOTED

1. The NCL's Start Well ambition was to ensure its services for children, young people, maternity and neonates, deliver outstanding, safe and timely care for local people wherever they live. Reducing inequalities in provision and health outcomes was key.
2. The focus was on hospital and elective services for children and young people, and maternity and neonatal services at NCUH, UCLH, the Royal Free, Barnet, Chase Farm and Whittington Health.
3. A big engagement exercise was carried out, and recommendations were published before Christmas last year. The detailed care models recommended would be shared to Board members.

ACTION: Anna Stewart

4. No decisions had been made yet. The three recommendations were at the options appraisal stage. They related to (1) hospital based maternity and neonatal services and possible configuration of services; (2) the one stand-alone midwifery-led unit at Edgware and sustainability of that service; and (3) low volume specialities for children under three years old and potential co-location and reduction in numbers of transfers. Work was ongoing and there was a lot of clinical input.
5. There would be further assurance and clinical testing. It would be a further few months before recommendations were firm. A decision would then be submitted to the ICB Board for approval. If there were to be changes, there would also be public consultation.

IN RESPONSE

6. In response to Members' queries regarding patient and service user engagement, it was confirmed that there was an intensive period of engagement over the summer and there was a full report published online. A patient / public engagement group had been set up, chaired by a lay representative. This group had been asked to take a lead on some aspects of the options appraisal, including travel times. As part of the impact assessment there would be additional engagement and more detailed work. There would be a full public consultation if there were potential changes proposed.
7. In response to further queries particularly in respect of a cohort of women in the east of the borough who experienced poorer health outcomes and

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the need to consider that area, it was confirmed there was consciousness of deprived areas in this process.

8. The Chair stressed that the Board would need an understanding of positive and negative impacts of the programme on Enfield specifically. It was confirmed that the programme was being considered at a borough and sub-borough level, and there would be further attendance at the Board to discuss recommendations and impact assessment. Lead Members and Directors of Public Health were being briefed as the process went along. It was confirmed there were also presentations to North Middlesex Hospital Board. Sophisticated capacity planning tools were being used for assessment.

5**INSTITUTE OF HEALTHCARE IMPROVEMENT CORE20PLUS PROGRAMME**

RECEIVED the slide presentation in the agenda pack, and introduction by Riyad Karim, Assistant Director of Primary Care (Enfield), Development and Population Health Directorate, North Central London ICB.

NOTED

1. It was good news that North Central London ICS had been selected as one of seven accelerator sites in the country, and the only one in London.
2. Core20PLUS5 was the approach of NHS England to drive targeted action to tackle healthcare inequalities. Focus was on the most deprived 20% of the population and five clinical areas of maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, and hypertension. Smoking cessation positively impacted all five key clinical areas. This was an overarching framework.
3. The programme would be delivered in partnership with the Institute for Healthcare Improvement (IHI). The seven accelerator sites would help to develop and share good healthcare inequalities improvement practice across integrated care systems (ICSs). The seven ICSs have received funding to support their participation in this programme. The sites will be given additional support from the IHI to apply these skills to tackle local healthcare inequalities.
4. Further updates would be brought to the Board as the project went on.

IN RESPONSE

5. The Chair welcomed Enfield being recognised as having long term challenges, and the opportunity this programme might provide to drive down inequalities, though it must be a sustainable model. There should also be alignment with the Start Well Programme.
6. Dr Nnenna Osuji agreed that being selected for this project was hugely important. Core20PLUS5 plus 2 was used at NNUH, to also include red cell disorders and HIV. Smoking cessation was also key. As NNUH was the largest healthcare provider she would like to see its strategies and funding linked to the project. In response, it was advised that the bid was

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made on a clear consensus, that there was a narrow time line on the project and the proposed area of focus was smoking, pregnant women, and the household. This would permit a discernible impact, testing, scaling and spread. However, comments were noted and would be fed back.

6. In response to Cllr Abdullahi's queries, information would be circulated to Board members with data on annual health checks / early diagnosis.

ACTION: Riyadh Karim

7. Cllr Cazimoglu welcomed this programme for long term change, but highlighted pressing immediate challenges, particularly in respect of accessing primary care. It was acknowledged there was a need to tackle long and short-term issues. An in-depth discussion of primary care access to services was scheduled at the next meeting of the Health & Adult Social Care Scrutiny Panel on 8 March 2023 ([Health & Adult Social Care Scrutiny Panel, 8th March, 2023 | Enfield Council](#)). It was important to work collectively as a system. The project would be shaped meaningfully and sustainably.
8. In response to queries about the funding, it was confirmed that the project came with a discrete amount of money around £20,000. IHI was a respected institution and would deliver something transformational and sustainable.

6

NCL POPULATION HEALTH AND INTEGRATED CARE STRATEGY AND JOINT FORWARD PLAN

RECEIVED the slide presentation in the agenda pack, introduced by Ruth Donaldson, Director of Communities, NCL NHS ICB, and Dudu Sher-Arami, Director of Public Health.

NOTED

1. Since the previous presentation on development of population health and integration strategy across North Central London there had been development work and consultation.
2. Population health and the shared purpose across the North Central London Integrated Care System would link to the new joint local health and wellbeing strategy (JLHWS).
3. The five population health improvement development areas where system focus will deliver the greatest impact were highlighted. These were childhood immunisations; heart health; cancer; lung health; and mental health.
4. Resources should be targeted to the most vulnerable communities.

IN RESPONSE

5. The Chair noted that this framework will ultimately inform commissioning. The slides provided more context of the North Central London perspective in advance of considering the JLHWS in the next agenda item.

HEALTH AND WELLBEING BOARD - 2.3.2023**7****LBE JOINT HEALTH AND WELLBEING UPDATE AND DISCUSSION**

RECEIVED an introduction by Mark Tickner, LBE Public Health Department / HWB Partnership Manager, and Dudu Sher-Arami, Director of Public Health, inviting Board Members' discussion of the renewing of the JLHWS and the potential priorities. This was an initial discussion of the priorities that members would like to see in the new draft. As a joint strategy it was key that all were in agreement in respect of priorities.

IN RESPONSE

1. The Chair confirmed that the renewed strategy should build on the previous strategy. Key issues were: (1) alignment with North Central London priorities, as ultimate commissioning was important; (2) an anchor to driving down health inequalities, which were particularly stark and challenging in Enfield; (3) alignment with Enfield's Council Plan; (4) addressing immediate pressures being felt by residents, including waiting times and access to GPs; and (5) long term strategies for improving people's health in the borough, including involving adult social care.
2. Deborah McBeal highlighted drivers of inequality, including education and employment, which would lead to change in the longer term.
3. Dudu Sher-Arami confirmed that a range of high level and key strategies would need to be taken into consideration to produce a coherent JLHWS, and lead to a small number of key priorities agreed on. The format should be changed to an action plan, to be reported against at each Board meeting. The action plan would articulate what was being asked from all partners.

8**MINUTES OF THE MEETING HELD ON 15 DECEMBER 2022**

AGREED the minutes of the meeting held on 15 December 2022.

9**NEXT MEETING DATES AND DEVELOPMENT SESSIONS (PROVISIONAL)**

NOTED this was the final meeting of the 2022/23 municipal year. The 2023/24 Council calendar of meetings was subject to approval at Annual Council in May.

The proposed next Board meeting date and development session:
Tuesday 6 June 2023, 6:30PM