

Enfield Integrated Care Partnership

Progress Update to Enfield Health &
Wellbeing Board

7th October 2021





North Central London
Clinical Commissioning Group

Inequalities fund phase 1



Current Project Status (Key: J = Joint with Enfield, Dark green = good progress, green = satisfactory, amber = slower than expected, red = concerns on progress)

Project	Lead	Assessment of Mobilisation		Partnership / MOU Readiness	Overall Position and Next Steps
ABC Parenting (Family Mentoring: ParentCraft)	NMUH, Azom Mortuza		Mobilisation progress reported to have slowed in August due to unavailability of key staff. Recognised need and plans for acceleration in preparation/partnerships	J Identification of VCS partners not progressed -interim arrangements being considered to progress MOU sign-off. Identifying appropriate partners part of plan for acceleration in Sep	Project needs to accelerate in Sep-21. Plan needs to be finalised, e.g. finance section – but recognised building on existing initiative. Outcomes reasonably well articulated. Go live still planned for Oct-21, even in reduced format.
Smoking cessation	Enfield PH/Enfield GP Federation/Royal Free/Sarah D’Souza & Ruth Donaldson		Mobilisation is progressing to plan and Establishing Emis codes for programme. Plans to develop advertising for Smoking Cessation advisors and comms and engagement	VCS partnership/funding arrangements being finalised , and partners identified – but interim arrangements will allow progress of MOU sign-off	Good progress being made against plan with steering group setup. Next steps :to recruiting smoking cessation advisors. Identify high risk patient cohorts (1 LTC or more) from GP practices/ including RFs such as high cholesterol. Next steps are to finalise MOU
Black Health Improvement	CAHN/Riyad Karim		Mobilisation is progressing , A focus on mobilisation with a series of engagement with different governance structures in Enfield including the PCNs and Fed.	VCS partnership/funding arrangements being finalised , and partners identified – part of previous model. but interim arrangements will allow progress of MOU sign-off	Satisfactory progress being made against plan with next steps clear. Soft launch of Local Health Network during the Enfield Black History Month (BHM) main event . Next steps are to finalise MOU
HIU Support People with Multiple Disadvantage	NMUH, Jennifer Walker		Mobilisation progressing to plan – model now agreed and being ‘fitted’ into wider community offer in Borough. Partners being identified to progress	J Identification of VCS partners progressed but not finalised – but interim arrangements will allow progress of MOU sign-off – submitted.	Good progress being made against plan with next steps clear. Most of plan has been finalised, including clear outcomes. Next steps are to finalise MOU and partnership and to finalise recruitment (1 staff member already in post in Sep-21).
LTC Project	WHT Anthony Rafferty / BEH MHT (ECS)		Mobilisation is progressing satisfactorily in Haringey, slower start in Enfield, model being finalised. Recruitment started in statutory sector. VCS partners being identified to progress	J Identification of VCS partners progressed but not finalised – but interim arrangements will allow progress of MOU sign-off – submitted.	Satisfactory progress being made against plan with next steps clear , but some acceleration and join up with Enfield needed. Plan needs to be finalised, but outcomes identified. Next steps are to finalise MOU and partnerships; and to progress recruitment
Community outreach	LBE, Ade Aderemi		Mobilisation progressing to plan – recruitment of volunteers complete and implementation meetings organised	Enfield Council is lead for the project. Awaiting financial breakdown confirmation, delayed due to annual leave.	Satisfactory progress against plans. Ongoing stakeholder engagement in place to ensure support implemented according to customer needs. Next steps, to recruit to the two roles.

Current Project Status

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Project	Lead	Assessment of Mobilisation		Partnership / MOU Readiness	Overall Position and Next Steps
Cancer Development Workers	NCL Cancer Alliance, Fanta Bojang		Mobilisation progressing to plan – model and partnership agreed, recruitment under way and confirmed next steps	J VCS partners identified & recruiting for posts to progress project to plan. Information to construct MOU submitted.	Good progress being made against plan with next steps clear. Plan finalised and agreed as part of next steps to ‘fit’ workers’ role into wider voluntary sector support offer in Haringey
Serious Youth Violence (Dove)	Ivana Price, Zoe Garbett		Mobilisation is progressing to plan – Job profile for the VR Early Help social prescribing youth worker drafted. Evaluated and recruitment via Matrix agency has been launched and is in progress	Enfield Council lead project. VCS partner not required. Information to construct MOU submitted.	Good progress being made against plan - Operating framework for the project agreed – referral pathways, intervention framework



North Central London
Clinical Commissioning Group

Inequalities fund phase 2



Inequalities Fund – second phase

Work to date

- VCS Reference Group discussion about priorities
- Priorities shared with ICP for input
- Discussion at ICP Inequalities Delivery Group (with invite extended to more LA and VCS colleagues)
 - Scale and principles for bids discussed
 - Ideas explored including a preventive approach to improve CYP outcomes, looking at wider determinants e.g. housing

Next steps and sign off

- Leads to continue to develop bid(s) with partners
- Share all ideas & intention to bid with Communities Team by 14 October
- Sign off at ICP Inequalities Delivery Group 21 October
- Sign off by ICP Chairs w/c 25 October
- Submit bids – 02 November (deadline)

An abstract geometric graphic on the left side of the slide. It features a large, irregular shape composed of several overlapping triangles in various shades of blue, teal, and green. The shape is set against a background that transitions from a solid orange at the top to a dark blue gradient at the bottom.

Anchor approach – community wealth building

Community wealth building approach

Recognising that the decisions the NHS takes can have an impact in areas of deprivation and contribute to our Long Term Plan and local ambitions to address inequalities.

Anchor institutions are big and locally rooted organisations like councils, FE colleges, universities, hospitals and big businesses with local HQs. Anchors get their name because they are unlikely to relocate given their connection to the local population.

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



Purchasing more locally and for social benefit
In England alone, the NHS spends £27bn every year on goods and services.



Using buildings and spaces to support communities
The NHS occupies 8,253 sites across England on 6,500 hectares of land.



Working more closely with local partners
The NHS can learn from others, spread good ideas and model civic responsibility.



Widening access to quality work
The NHS is the UK's biggest employer, with 1.6 million staff.



Reducing its environmental impact
The NHS is responsible for 40% of the public sector's carbon footprint.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

Enfield health and care challenges

Population growth and need

- Increasing population - 330,000 – 4th largest London Borough (30% increase 2001-2025)
- Increasing deprivation/need – 12th to 9th most deprived borough

Increasing need impacting wider determinants

- 1 in 5 workers low paid
- Debt, fuel and food poverty
- Housing - impact of benefit cap, 250% increase in homelessness associated with private rental market evictions
- Youth violence +27%
- 4 behaviours/5 diseases/50% deaths

Disadvantage generally accumulates through life – Marmot Review

East/West Inequality

- % households in poverty & child poverty
- life expectancy and living in poor health
- adult and child obesity,
- school readiness and achievement

Differential service use

- Edmonton Green
- NEL 12% higher national average
- Elective 20% higher national average
- 600+ attendances NMH A&E with significant unregistered population

Differential investment

- Historic lack of investment in community and primary care services
- Significantly lower spend on community services per head of population (£82 ECCG cf £167 ICCG)
- Fewer GPs and practice nurses than national average.
- Austerity - Enfield Council cuts £178m since 2010 - £13m more in 20/21. Average reduction of £800 per household for core funded services.

What outcomes do we want to improve
through this approach?

What can we focus on as a partnership to
have the most impact?

Enfield Integrated Care Partnership:

Provider Integration Partnership Meeting

Highlight Reports:

Mental Health
Inequalities
Seasonal Vaccination
COVID Vaccination

August 2021





The Enfield ICP Mental Health Steering Group: July 2021

ICP MH Steering Group Agreed Priorities

Strengthened Governance

ICP Sub group meeting continue to maintain a firm engagement as a forum to address key priorities and focus. Co-production, collaboration development on key population segments across primary and secondary care alongside, caseloads and hub structure. Medicus umbrella workaround reached with outstanding issues expected resolution in August.

SOP (Standard Operating Policy)

Development of SOP for the community teams which will incorporate the VCS pathways and is iterative process as we progress the Co-production with partners. First draft expected to be presented at 1 September 2021 at ICP sub group meeting for review. Work continues on clinical pathways working with partners. This includes development of Persona's.

Clinical Pathway Development

Co-production groups setup (EIS, Recovery College and front door/ Personality Disorder Therapy / CRT PH/ SM Substances / Mental Health Service for Older People). Work progressing scoping clinical pathway models. Model review will include a wide range of stakeholders. Co-production groups expected to develop first set of draft clinical pathway by September. Pathway presentation to wider audience with Service Users, Carers, VCS and PCN Clinical Directors expected in September.

Early intervention in psychosis

Ongoing reviews of EIP services to support actions and development trajectory to achieve level 3.

ICP MH Steering Group Agreed Priorities (Cont.)

Staffing/ Recruitment

The Trust is continuing to recruit for the new core teams. Enfield recruiting additional 34 posts to support core functions through transformation programme. 15 posts currently in recruitment stage with other posts awaiting take up. VCS posts mobilisation timeline being reviewed with partner.

ARRs roles

The ICP sub-group forum reviewed function of posts. JD finalised in July, and roles advertised. Primary care involvement will be at interview and appointment stage. Roles have attracted 12 applications.

VCS Tender

Appointment of MIND as lead partner alongside EVA, Enfield Saheli and Alphacare has been confirmed. Commencement of Mobilisation plan and review underway during August with expected VCS resources within Core Community teams beginning in September/October.

KPI and Outcome

Work is ongoing on developing and implementing KPIs which would be signed off by BEH and NHSI. Progress update will be shared with the ICP steering group shortly.

Community Asset Mapping

Asset mapping compiled by clinical project lead, outlining Enfield borough wide Mental Health service to strength patient onward support. The Council's directory forms the basis and we are mapping the local contracted offer together.

Issues for Escalation to PIP AND/OR ICP BOARD

1

None at present

Risk/Issues	RAG*	Mitigating Actions
1. Engagement with clinicians, staff, public	At Risk	Enfield continued excellent comms support with an interactive approach to support staff involvement and programme roll out. Additional support provided to the borough by OD lead.
2. Ongoing pressures/challenges re resourcing and operational pressures	At Risk	Continued prioritisation of programme plus additional support. 1 x PMO support and 1 x Divisional Clinical PM 8a in post. Borough sub-structures focussed. 12
3. Incurring significant recruitment challenges	At Risk	Recruitment strategy ongoing



Mental Health Steering Group: July 2021

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NEXT KEY MILESTONES

MH Steering Group	Milestone / product	Due date	RAG Status
PCN led proposal to improve SMI health checks	PCN/ Federation led proposal to improve SMI health checks that provides outreach and targets hard to reach group commenced on 26 th of April. KPIs have been agreed and we will develop an evaluation to test outcomes achieved. [PEPPA to update next time please]	Mid April	
	Agree commissioning arrangement, workforce, KPIs and reporting criteria . [PEPPA to update next time please]	July	
Procurement for Enablement under MDT model	Evaluation of tenders completed and successful VCS lead provider appointed. Mobilisation underway with new VCS provider.	August/September	Amber
Continue to develop new model of care for the Enfield Community Framework	Via Steering Group and sub groups with continuous input from the NCL Community Framework Steering Group . Focus is on whole person care which means moving beyond secondary caseloads to review SMI population needs. Steering group and sub-groups are co-producing access to services, referrals and interfaces.	September	
Dialog /+ Development	Enfield identified and engaged with eight Dialog + leaders. Two training sessions undertaken. Following slippage of installation on system of device, activation of account and training plans being pursued. Anticipated revised pilot rollout mid September.	August	
Milestone Plan	Enfield is continuing to drive progress on all key focus areas including staffing, caseloads/Rio, estates, operational policy following soft launch on 1 July. Core Community Team caseloads review progressing at pace with key named worker/HCP identified and assigned to each. Continued development through co-production with involvement of expertise across teams. with partners. The mobilisation of the VCS service offer continues.	August / September	
Enablers: Areas for Consideration	The NCL Mental Health Service Review		
	NCL Community Framework Steering Group and Core Offer development		



The Enfield ICP Inequalities T&FG: August 2021

ICP Agreed Priorities	Impact of COVID
<p>Governance The Task and Finish Group has been revised into a delivery group and strategic reference group. The Delivery Group met in July. VCS Reference Group established as Strategic Reference Group to improve engagement and coproduction of inequalities work. Working with ICP Programme leads to develop governance for the inequalities group to hold other ICP work streams to account around inequalities. Also working on a series of events with the VCS around wider determinants that will feed into the ICP programme.</p> <p>Inequalities Fund phase 1 Enfield indicative budget to work within based on its share of the 20% most deprived wards; seven proposals with a total of £652,156 were approved. Schemes are now being mobilised.</p> <p>Inequalities Fund phase 2 Further funds are available for schemes to the end of March 2023, VCS engagement planned to develop bids. Bids due mid-October. Working with ICP programme lead to organise ICP engagement and sign off of bids.</p> <p>Inequalities Programme CCG EMT agreed to commit £150K of NCL Transformation monies to go together with Enfield Council Public Health investment to focus on inequalities; childhood obesity. Successfully commissioned EVA to deliver community health champions and a community chest. Enfield Council finalising commission of community participatory research.</p>	<p>Inequalities exposed and experienced through covid has informed the programme of work of this work stream.</p> <p>The inequalities fund phase 2 will further consider the impact of covid for example opportunities for local employment.</p>

Issues for Escalation to PIP AND/OR ICP BOARD		
1	None at present	
Risk/Issues	RAG*	Mitigating Actions
1. Delays in confirmation of funding for inequalities schemes will delay delivery	At Risk	CCG in communication and reassurance to all leads. Formal confirmation due mid-September.
2. Ongoing pressures/challenges re resourcing and operational pressures	At Risk	Continued prioritisation of programme plus additional support from communities team.



Highlight Report: August 2021

NEXT KEY MILESTONES

Workstream	Milestone / product	Due date	RAG Status
Clinical Governance	Dr Fahim Choudhury will provide clinical input and leadership of the programme (co-chair)	Complete	G
	Inequalities Delivery Group to be set up	Complete	G
Inequities fund phase 1	Mobilisation plans completed	Complete	G
	Begin implementation of schemes	Ongoing	Amber
Inequalities fund phase 2	Arrangements for the launch of phase 2 in progress	Ongoing	Amber
Childhood obesity and Community Participatory Research	Continue implementation of Health Champions programme	Complete	G
	Begin implementation of Community Participatory Research	Ongoing	Amber

Priorities for next month

1	Engagement with VCS on inequalities fund bids for phase 2 (scheduled for early September).
2	Mobilisation of community health champions and community participatory research.
3	Meeting of the Inequalities Delivery Group to review mobilisation of inequalities schemes and programme and to develop bids for the inequalities fund phase 2.

Enablers: Areas for Consideration



Seasonal Vaccination Programme: August 2021

ICP Agreed Priorities (PRE-Covid)		Impact of COVID
Achieve National Flu Target: Over 65s – 75% Under 65s at risk – 55% Pregnant Women – 55% 2/3 year olds – 50% Actual Performance 2020/21 : Over 65s – 73.0%, Under 65s at risk - 45.1%, Pregnant Women – 26.8%, 2/3 years olds – 48.7%		Increased target to 75% across all cohorts Additional 50-64 cohort Services delivered in covid compliant facilities/ increased time to deliver vaccine.
Risk/Issues	RAG*	Mitigating Actions
1. Pregnant women flu uptake in Maternity units below target	R	NCL below target. Engaging with Maternity Departments on recovery plans
2. Availability of flu vaccine supplies NHS England changed target ambition: Over 65s - 85%; Under 65s – 75%; 50-64 year olds – 75% 2/3 year olds - 70%; School aged children – 70%	R	Ongoing engagement with NHSE/I - currently no plans to underwrite orders. Suppliers no longer taking on additional orders as deliveries to practices are due to commence in September.
3. NHSE/I change eligibility cohort mid season	A	Communication and Engagement strategy to be developed as and when required. *RAG status based on Likelihood & Impact

Issues for Escalation to PIP AND/OR ICP BOARD

1	Engage Acute Maternity providers to improve flu uptake amongst pregnant women.
2	Patient vaccinations outside of practice registered lists.



Highlight Report: August 2021

NEXT KEY MILESTONES

Workstream	Milestone / product	Due date	RAG Status
Clinical Governance	Dr Hetul Shah, Dr Fahim Choudhury will provide clinical input and leadership during the seasonal programme.	Ongoing	G
NCL Committee Sign off	Not Applicable as National Programme determines service delivery.		
Implementation in primary care		Quarter 3 2021	G
Implementation in secondary care		Quarter 3 2021	G
Go live		Quarter 3 2021	G

Priorities for next month

1	Reintegrate local Flu Task and Finish Group with Covid inequalities group.
2	Maternity plans update
3	Review variation in flu performance and plan for improvement.

Enablers: Areas for Consideration

Support from Health Inequality group to support hard to access cohorts
Support from ICP to access maternity cohort.



Highlight Report: August 2021

Develop Immunisation & Screening programme	Set up of Flu Task and Finish Group following release of National Flu Letter. Review lessons learned with PCNs by May 2021 and preparation for 2021/22 seasonal flu vaccination.	Date June 2021 Completed
	<ul style="list-style-type: none">• Agree approach to improving flu uptake by patient cohort groups informed by 2020/21 position and work towards national target of 75%.• Continued commissioning of 2/3 year children Flu LCS via the Enfield Single Offer.• Working with Maternity services to improve flu uptake amongst pregnant women.• Reporting monthly commences from September onwards through to March• Continued use of Healthentent to support work targeting hard to reach groups and identify additional cohorts with low uptake.	Date June - September 2021
PCN engagement	Work with national programmes, to align resources and support flu uptake, in addition to enhanced services in GP Contract.	Date : Ongoing
100 Day Plan	<p>To develop a 100-day plan to:</p> <ul style="list-style-type: none">a) Implement a pre-seasonal task and finish group to plan for the flu season; Updates to be included with Covid inequalities groupb) Review acute maternity mums to be recovery plan with NMUH;c) Address vaccine ordering processes with NHSE to underwrite future orders and develop plans to vaccinate additional cohorts including 50-64 cohort;d) Clarify changes in vaccines eligible for reimbursement by the NHS, in particular aTIV changing to aQIV vaccine; confirm whether children are eligible for QIVc/e on non clinical grounds (i.e. porcine);- Confirmed QIVc eligible for those opposing nasal spray but providers are requested to order supplies from Immform for this batch: Flu poster 2021382 Flu vaccines for the 2021 to 2022 season poster - Health Publicationse) Complete a NCL communication and engagement project request form to enlist NCL communications resources for the flu programme.	<p>Date June - August 2021</p> <p>a) Completed b) In progress</p> <p>c) Not applicable</p> <p>d)Completed e)In progress</p>

Enfield Integrated Care Partnership

Access to Services, Recovery & Innovation
Working Group Meeting

Meeting 8th September 2021



Enfield ICP: Access to Services, Recovery & Innovation: AGENDA

Item No	Agenda Item
1.	Welcome, Introductions, Apologies (Jon Newton/Richard Gourlay – Joint Chairs) 5mins
	Setting the context/Terms of Reference – DRAFT (Stephen Wells) 20mins [slide 3]
	System Resilience/Challenge (Stephen Wells) 15mins [slide 10]
2.	Reports: <ul style="list-style-type: none">i. Access - Healthwatch Enfield Review – Report (Olivia Clymer) 15mins [See Appendix A]ii. Recovery - Elective Recovery (Data) (Richard Cartwright) 15mins [slide 18]iii. Innovation - Royal National Orthopaedic Hospital, Proof of Concept (John Doyle) 15mins [slide 28]
7.	AOB
8.	Date of next meeting: tbc

Royal National Orthopaedic Hospital

Proof of Concept

John Doyle

Bringing Expert MSK Care to the High Street

The 'High Street' Community MSK Health Hub will be an innovative pilot that provides a novel approach to attacking the current issues in MSK. The pilot will learn from Ophthalmology which has built pathways around High Street provision as an entry point to services



Therapist led holistic MSK care
including 'First Contact
Practitioner'

Focus on solving system issues in
collaboration with partners

Underpinned by digital
technology, and high quality
research