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Update to
Enfield Health & Wellbeing Board
2nd December 2021

Developing the North Central London Integrated Care System

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The North Central London population

- Around 1.6 million residents, with a relatively young population in some boroughs compared to London average
- Diverse population with historic high migration – from within UK and abroad; around 25% of people do not have English as their main language
- Higher rates of deprivation than some London areas, with pockets of deprivation across all boroughs
- Significant variation in life expectancy between most affluent and most deprived areas
- Approx. 200,000 people in NCL are living with a disability

[1] Index of Multiple Deprivation, 2019

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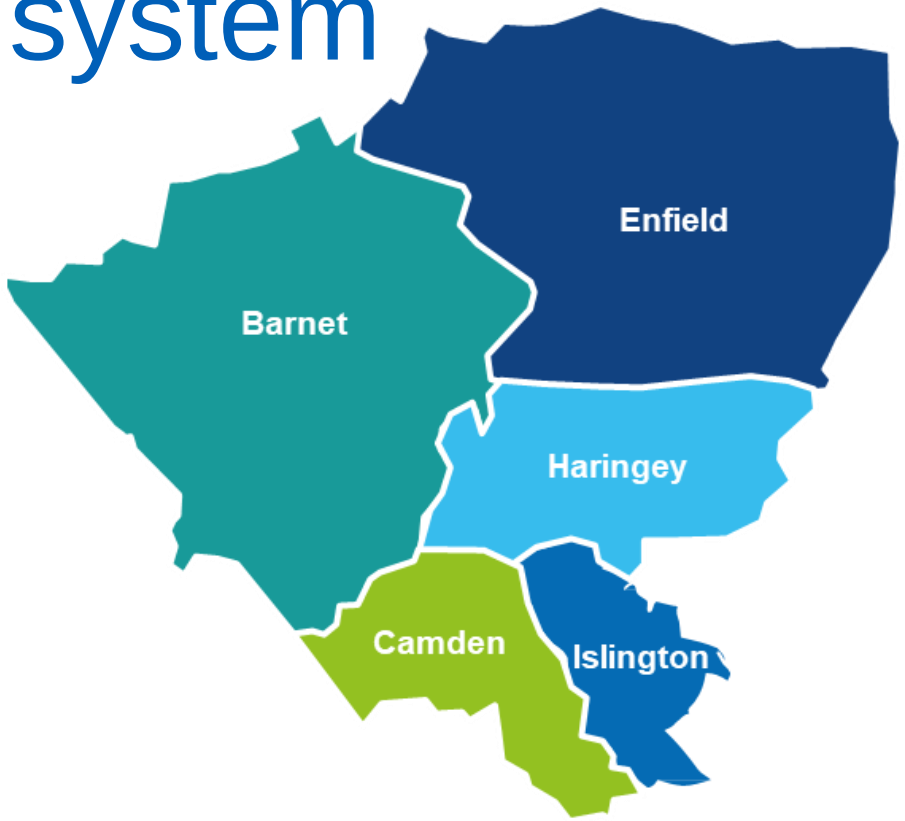
The North Central London health and care system



- 12 hospital trusts
- 5 local authorities
- One clinical commissioning group
- 200+ general practices
- 300+ pharmacies
- 200+ care homes
- Countless voluntary sector organisations and community groups providing essential care

[1] Index of Multiple Deprivation, 2019

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Building on strong NCL partnership foundations to form our ICS

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The formation of Integrated Care Systems (ICS)

- The NHS Long Term Plan committed to delivering Integrated Care Systems (ICSs) across England by April 2021, to build on the lessons learnt and good work carried out by Sustainability and Transformation Partnerships (STPs).

- Integrated Care Systems (ICS) are a new form of partnership between organisations that support the health and wellbeing of local communities. Partners include the NHS and local councils alongside voluntary, community and social enterprise sector organisations

- In April, the Department of Health and Social Care published a White Paper (February 2021): *'Integration and Innovation: working together to improve health and social care for all'*.

- Government and Parliament will establish ICSs in law and remove legal barriers to integrated care for patients and communities. Decisions on legislation will be for Government and Parliament to make.

- From 1 April 2022, Integrated Care Systems (ICSs) will become fully operational as statutory organisations responsible for strategic commissioning, with a financial allocation set by NHS England. In North Central London, our ICS will operate in shadow form this financial year.

The core purpose of an Integrated Care System

- The core purpose of an Integrated Care System is to:
  - improve outcomes in population health and healthcare
  - tackle inequalities in outcomes, experience and access
  - enhance productivity and value for money
  - help the NHS to support broader social and economic development.
- Each ICS will have a responsibility to coordinate services and plan health and care in a way that improves population health and reduces inequalities between different groups.
- This way of working closely reflects how the NHS and Councils in North Central London have already been working together in recent years, to improve our population's health and reduce inequalities through greater collaboration.

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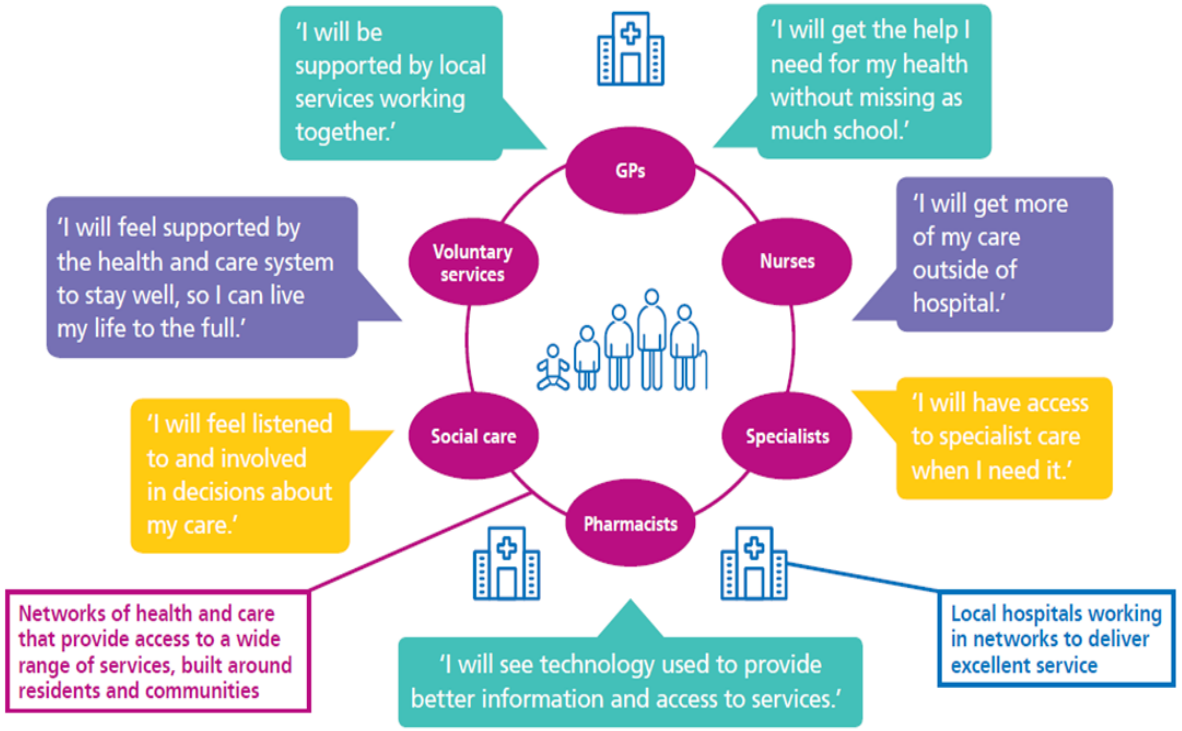
What will this mean for residents?

Faster progress towards what residents have told us they want from local services:



And an increased system-focus on the wider determinants of health and wellbeing:

- Fulfilling work
- Education and skills
- Our surroundings
- The food we eat
- Money and resources
- Transport
- Housing
- The support of family, friends and communities

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Building on strong foundations in NCL

- Whilst ICSs are new statutory organisations, we have a track record of close working between partners, NHS and LA, through the STP and other collaborative programmes of work.
- In April 2020 the five Clinical Commissioning Groups in North Central London (NCL CCGs) – Barnet, Camden, Enfield, Haringey and Islington – merged to form one CCG.
- We have strong partnerships already formed in each borough to support working at a ‘place’ level
- Alongside this, we have 33 thriving primary care networks across the area.
- Over the last year system partners have worked closely together, with the CCG, Councils, NHS providers, general practices, voluntary and community organisations, working to respond to the pandemic.
- There has been continued progress towards a more strategic approach to health commissioning at NCL-level, and within our borough partnerships.

Building on strong foundations in NCL

- The new legislation will mean the NHS moves away from the current way of planning and paying for healthcare.
- In the current system NHS hospitals were encouraged to compete with each other to provide the best care possible.
- This improved quality, but has meant it is harder to move money to prioritise prevention.
- The new way of working will support more collaboration and joint planning between NHS organisations with the aim of both improving quality and investing in preventative and proactive care.

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Building on strong foundations in NCL

Responding to the Covid-19 pandemic has accelerated, and consolidated, ways the system worked together to deliver for residents. Acting like an ICS already in many ways:

- **Innovative approaches to patient care -** pulse oximetry led by primary care and virtual wards led by secondary care to avoid Covid patients' admission to hospital and early discharge where appropriate
- **Accelerated collaboration -** single point of access for speedier and safe discharge from hospital to home or care homes; development of post-Covid Syndrome multi-disciplinary teams to support patients
- **Mutual planning and support -** system able to respond quickly to a significant increase in demand for intensive care beds
- **Smoothing the transition between primary and secondary care -** increased capacity for community step-down beds to ease pressure on hospitals
- **Sharing of good practice -** clinical networks to share best practice and provide learning opportunities
- **Clinical and operational collaboration -** Ensuring consistent prioritisation across NCL so most urgent patients are treated first

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Benefits of forming an ICS in North Central London

Improved Outcomes

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

Working at Place

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

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.

New Ways of Working

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

Economies of Scale

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

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.

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NCL Integrated Care System: our vision and principles

Our ICS purpose: To improve outcomes and wellbeing, through delivering equality in health and care services for local people. **Supporting them to Start Well, Live Well and Age Well.** We also want to support the many local people who are employed by health and social care to **Work Well.**

Our Principles:

- We will work as one system to benefit the whole population of NCL and work together to drive health equality.
- We will retain the local patient, resident and clinical voice in the commissioning and delivery of health and care, by working effectively together at the three levels of our system.
- We will value our staff, our partners and their expertise to deliver the best health and care possible for the patients and residents of North Central London.
- We will work on a population health basis, planning for population needs as a system, and through local partnerships and neighbourhoods/networks.
- We will work to deliver joined-up care for our population planning around residents not organisations
- We will emphasise the value of subsidiarity, working as locally as is feasible whilst retaining strategic, effective commissioning for North Central London

We will be guided by a shared set of objectives (an 'Outcomes Framework'), setting out the difference we will make for the population in NCL and how we will be monitoring that we are achieving our strategic aims.

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NCL focus on tackling health inequalities

Restore NHS services inclusively	• Ensuring that all analysis undertaken in relation to the restoration of NHS services specifically considers equalities dimensions, including ethnicity and deprivation E.g. in our elective recovery and waiting lists, and community diagnostics hubs • Continuing to build up our population health management platform, HealtheIntent. In six months' time, we plan to have all acute and mental health trusts on HealtheIntent, alongside GPs and Royal Free that are there now. We will have also started onboarding community trust and adult social care data.
Mitigate against digital exclusion	• Commissioning an Equalities Impact Assessment report into the causes and contributing factors to digital exclusion, views from local stakeholders, the impact of Covid, and recommendations for action to address digital exclusion. • Establishing a pilot in Haringey, as a joint initiative with North Middlesex and the local Haringey ICP, that focuses on practical steps that can reduce digital exclusion for those already in the system, i.e. purchasing of hardware. • Prioritising digital exclusion in our most deprived wards through the utilisation of NHS Charities funding.
Ensure datasets are complete and timely	• Use of our population health management platform, HealtheIntent, to understand where care teams can make improvements in recording of equalities data. • System-wide audit on the use of "other" category in ethnicity data
Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes	• Ongoing work with NHSE/PHE to encourage commissioning and delivery of a more culturally and socially competent flu vaccination programme, with appropriate equity monitoring during the coming winter. • Using HealtheIntent for : Deploying a registry for physical health checks among people with serious mental illness, Developing a similar registry for learning disabilities, Deploying our registries for COPD, diabetes, childhood asthma and atrial fibrillation, and dashboards on population health needs, childhood immunisations, frailty and quality improvement for long term conditions. • Working closely with PHE as part of our ICPS, to identify key priorities and implement changes in line with national guidance and the recommendations of publications including Beyond the Data. For example, Enfield is focusing on their most deprived communities, and is jointly funding (with the local authority) community participatory research and community engagement to look childhood obesity.
Strengthen leadership and accountability	• A Population Health Management and Health Inequalities Committee has been established, led by our ICS Chair and with broad stakeholder engagement across local authorities, primary, community and acute services. The aim of this Committee is to embed a population health approach across the system, including a focus on reducing health inequalities.

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Priority NCL ICS Programmes for 2021/22

We have defined 9 clinical and care priorities plus four enabler programme priorities:

Elective Recovery	Mental Health	Community/ Local Care
Urgent & Emergency Care	Children, Young People & Maternity	Primary Care Recovery
Cancer Alliance	Diagnostics	Social Care

+

- Estates
- Workforce
- Digital
- Corporate

Our **Clinical and Care priorities** focus on **tackling health inequalities** and improving the **overall quality of care for our residents through service improvement and transformation -** an integral component being **recovery of services to pre-pandemic levels** in an equitable manner .

Our **enabler programmes** help establish the foundation of a truly integrated care system, and contribute to **releasing system efficiencies** that strengthen our health and care system.

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Governance and structures of the NCL ICS

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Working towards an NCL ICS

Together, system partners are designing what our Integrated Care System (ICS) will look like at neighbourhood, place and system-level

Neighbourhoods build on the core of the primary care networks and **enable greater provision of proactive, personalised, coordinated and more integrated health and social care** through multidisciplinary teams taking a proactive population based approach to care at a community level.

Boroughs are the **critical point of integration and coordination of services**. All boroughs have a **strong sense of defined population being coterminous with local authorities**. The work at borough partnerships is focussed on bringing together partners **develop and coordinate services based on agreed outcomes.**

The NCL ICS will focus on activities that are better undertaken at an NCL level **where a larger planning footprint increase the impact or effectiveness** of these functions. It will also be responsible for **system planning,** towards our goals of reducing inequalities and improving health outcomes.

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Core components of NCL ICS Governance

- There are some elements of system wide governance we will need to set up and implement to support the formation of an ICS. This is subject to legislation and further work locally on how these will work. These are set out below.
- Integrated Care will not just be at system-level but also within our boroughs, or at 'Place'.
- System partners will work together to confirm the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.

Integrated Care Partnership

Guidance to be issued by DHSC in September.

Responsible for developing integrated care strategy for whole population across partners in NCL

Forerunner of this in NCL: **Quarterly Partnership Council**

Integrated Care Boards (ICB)

Unitary (single) Boards to lead integration within the NHS.

Board membership to be outlined in legislation.

Forerunner of this in NCL: **Steering Committee**

Community Partnership Forum

Will bring together NHS, Healthwatch, local authority, VCSE and community representatives for strategic discussions.

Builds on work of the Engagement Advisory Board, established for the North Central London STP

Place-based partnerships

Functions to be exercised and decisions to be made, by or with place-based partnerships at a borough level.

ICB will remain accountable for NHS resources deployed at place-level.

All boroughs have partnerships in place

Provider Collaborative

Will agree specific objectives with one or more ICB, to contribute to the delivery of that system's strategic priorities.

NCL Provider Alliance forming with all providers and Primary Care as members

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North Central London's sustainability and transformation partnership

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Clinicians at the heart of our NCL ICS

Future clinical leadership

- Clinical leadership will remain at the centre of the NCL ICS - at system, place and neighbourhood level
- Must reflect the multidisciplinary nature of an ICS, and the diversity of our population
- Continued need for primary care clinical leadership
- Setting objectives for effective partnership working between clinical and professional leaders, officers and system partners to provide high quality health and care for NCL patients and residents

Our clinical workforce

- COVID has made us think and act in a more integrated way, aiming to deliver the best care for our population
- Development of the North Central London ICS will build on the good work done to support staff throughout the pandemic
- We are looking at the possibility of having some NHS staff based across multiple sites, to manage the demand on the system
- Working together offers the opportunity to reduce duplication, learn best practice and learn from / teach each other

Our 5 Borough Partnerships: key features

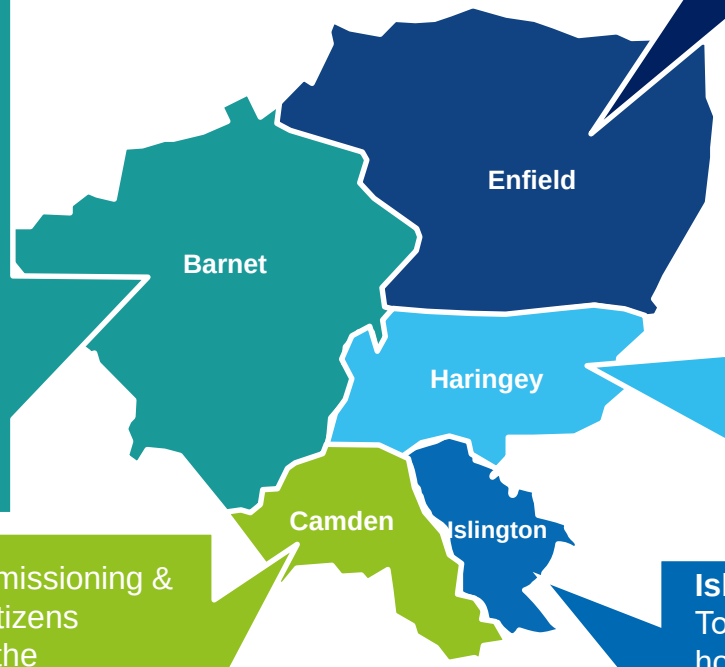
- Partnerships continue to mature locally. COVID and the acceleration of the ICS has enabled us to build on the foundations for partnership working in NCL.
- Place-based leaders are working together to shape the Borough Partnership role, priorities, local structures, core & wider teams and ways of working.
- There are common features but local nuances within each partnership.

Enfield – Borough Partnership Plan established in 2019/20 and the integrated working has accelerated during 2021/22. Four priority work-streams are well established and expanding with excellent collaboration including CVS organisations and Community & Resident engagement. A Provider Integration Partnership Group (chaired by Mo Abedi and Alpesh Patel) oversees delivery of all work-streams.

- 338,201 registered population
- 16+ 'organisations' represented (25+ members on Borough Partnership Board board)
- 4 PCNs (geographical and with neighbourhoods)
- Chair's Exec: Binda Nagra, (Council), Dr Chitra Sankaran (CCG)

Barnet - Significant NHS engagement plus strong community engagement & local govt. leadership. Older population gives rise to focus on proactive care, same day urgent care and support to remain independent. Cross cutting priorities include addressing health inequalities and enablers include co-production and engagement, neighbourhood model working and new governance workstream.

- 425,395 registered population
- 10 + 'organisations' represented (25+ members of delivery board)
- 7 PCNs
- Chair of Exec: John Hooton (Council);



Haringey – Established and ambitious partnership with strong relationships. Work is structured through partnership boards, start well, live well, age well and place – each addressing poverty, inequality, early health, prevention and responsive and accessible care.

- 298,418 registered population
- 15+ 'organisations' represented (25+ members of delivery board)
- 8 PCNs
- Chair Exec: Zina Etheridge (Council), Siobhan Harrington (Whittington Health)

Camden – Long partnership history with integrated commissioning & integrated delivery models. Strong focus on CYP, MH, citizens assemblies & dialogue with families & communities and the Neighbourhood model. Focus is accelerating provider joint working at PCN and borough level and connecting communities.

- 303,267 registered population
- 15 + 'organisations' represented (30+ members of delivery board)
- 7 PCNs
- Chair Exec: Martin Pratt

Islington – Active multiagency partnership under banner of 'Fairer Together' with input from all statutory agencies (incl. police, fire, housing). Senior leadership from Islington Council & CCG. Emphasises joint commissioning, operational joint working & expansion of locality level delivery.

- 257,135 registered population
- 15+ 'organisations' represented (25+ members of delivery board)
- 5 PCNs
- Chair Exec: Dr Jo Sauvage (CCG) Kaya Comer-Schwartz, Cllr (Council)

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Place-Based Partnership priorities

- Covid-19 and flu vaccine programme
- Tackling Inequalities: in outcome, in access, in experience, for deprived communities, for BAME communities
- Mental health and mental wellbeing – for all but especially population groups historically less engaged
- Community joint working and the voluntary and community sector (VCS)
- Health inclusion groups – homeless, asylum and refugee
- Children, Young People and families – support to deliver key outcomes and address the impact of the pandemic 20/21
- Access – inclusive, appropriate, timely – focus on specific groups e.g. people with learning disabilities, serious mental illness, refugees
- Digital inclusion/exclusion
- Wider determinants including employment and housing
- Priority outcomes and populations, including those groups at risk of disadvantage/worse outcomes during the pandemic
- Proactive and Personalised care in the community – including use of technology, expansion of social prescribing models
- Urgent community response – in particular joint working across primary, community and social care supported by VCS

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Building resident and community voices at the heart of our ICS

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Community involvement and representation

Health and Wellbeing Boards

Health and Wellbeing Boards are linked to all borough partnerships:

- Most boroughs have updated their Health and Wellbeing Board ToR to include a link to the Borough Partnerships.
- Cllrs are largely engaged through the HWBB although there is increasing interest in direct involvement.
- HASCs also regularly request reports on the development of integrated care locally.

Patient & resident involvement & engagement

Patient and resident engagement is being undertaken in different forms across borough partnerships:

- All partnerships have their local Healthwatch as members on their partnership groups.
- Some Healthwatch members leads on specific areas of focus/priorities within the partnership.
- Most ICPs have engagement groups (e.g. Haringey Citizen Health & Care Advisory Board, Camden Citizens Assembly, Islington conducts regular community engagement events).
- Some CCG borough teams also support a patient engagement forum, with resident and VCS representation.
- CCG Community Members sit on many of our committees and support wider engagement work.

Engaging the VCS

Voluntary & community sector organisations play a role in all partnerships:

- VCS is represented on all partnership groups across all boroughs. In some, VCS leads on priorities areas (for example MIND in Camden alongside CIFT).
- In all others they are “plugged into” the work and have played an increasingly significant role in delivery of partnership plans (social prescribing, mental health and wellbeing support, delivery of equipment, support to access services, support to comms campaigns such as flu).

Principles for communication and engagement

Effective communication and engagement across partnerships will be key to the ICS development and implementation. The key principles we will work to are included below.

Shape a programme of collaborative work between CCG, Council and Provider comms and engagement team – to build shared processes and ways of working for the future ICS, focused on:

- Building shared approaches to engagement, co-production etc.
- Models to bring together resource (staff and budgets) from across partner organisations
- Regular opportunities to share practice and make connections on engagement work across organisations
- Processes to centrally collect and report on insights to inform plans and decisions
- Shared evaluation models to demonstrate impact of engagement / community involvement
- Workforce training – develop skills to work with communities and VCSE, and build understanding that this is part of everyone's role in tackling health inequalities.

ICS Community Partnership Forum

- Established to oversee ICS resident engagement and involvement – to be aligned strategically with the ICS Quarterly Partnership Council and ICS Steering Committee.
- An expert reference group on community engagement as well as a forum for discussion and debate on emerging proposals and strategies.
- The Forum met for the first time in October 2021, and will meet quarterly.
- Current membership includes:
  - North Central London ICS Chair
  - North Central London Provider Alliance Chair
  - North Central London Executive Director of Strategic Commissioning
  - North Central London Executive Director of ICS Transition
  - Healthwatch representatives from the five boroughs
  - Council of Voluntary Services representatives from the five boroughs
  - Patient representatives from the five boroughs
  - Communication and Engagement reps from NCL Clinical Commissioning Group

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Community involvement and representation

Strong resident, patient and VCS involvement (at system, place and neighbourhood level) is critical. Over the next six months we will seek views, including the below areas of focus - from the ICS Community Partnership Forum, CCG Patient Public Engagement and Equalities Committee, Council Leaders, elected members, our Healthwatches and VCS, and wider audiences.

Ongoing Work to do at System-Level:

- Ensure transparent governance – public board meetings; resident, service user and carer representatives in governance etc.
- Developing shared principles and methods for involving people and communities, and co-production
- Capturing insights to build a picture of resident priorities and needs, and acting on this as a system
- Develop a shared approach to involvement / decision making with VCSE, supporting a resilient third sector

Ongoing Work to do at Place-Level

- Develop place-based partnership approaches on engagement and involvement, linked to ICS framework
- Ensure partnership links with HOSCs, HWBB, Healthwatch and VCSE sector are strong and effective
- Support Primary Care Networks and neighbourhood team links into communities
- Make every contact count to signpost residents to services and support

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Key stakeholders

Organisation	Stakeholder group
North Central London CCG	Governing Body, Executive Management team, Extended Executive Management team, Clinical Leads, union reps, all staff
Local authority (Barnet, Camden, Enfield, Haringey and Islington)	Council leaders, Chief executives, health and social care leads, Directors of adult social care / services, directors of public health, directors of children's social care / services, comms leads, council staff
NHS providers (incl mental health trusts, acute trusts and community trusts)	Chairs, Chief executives, Chief operating officers, Medical directors, nursing leads, comms leads, Trust staff
Primary care	LMC, Federation leads (chairs / chief execs / chief operating officers), PCN clinical directors, GPs, practice managers, practice staff
Cross-cutting groups	Health and Wellbeing Board representatives, Joint Health Overview and Scrutiny Committee members, borough Health Overview Scrutiny committees (HASC / HOSC)
Elected members	MPs (x 12); Councillors
VCSE	Healthwatch (x5) – Chief executives, Chairs, comms leads; NHS charities; VCSE organisations aligned to priorities (including but not limited to): mental health, children and young people, aged care and ageing, long term conditions; cancer; maternity and women's health
Patient / resident groups	Resident health panel, CCG patient groups (organised by borough), strategic review reference groups, Trust patient reference groups, Council patient reference groups, VCSE groups

Barnet, Camden, Enfield, Haringey and Islington residents and communities

If you have a question about our transition to an Integrated Care System in North Central London, please contact us at northcentrallondonics@nhs.net in the first instance.

Enfield Integrated Care Partnership

Progress Update to Enfield Health & Wellbeing Board

2nd December 2021

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North Central London's sustainability and transformation partnership

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What next for Borough Partnerships?

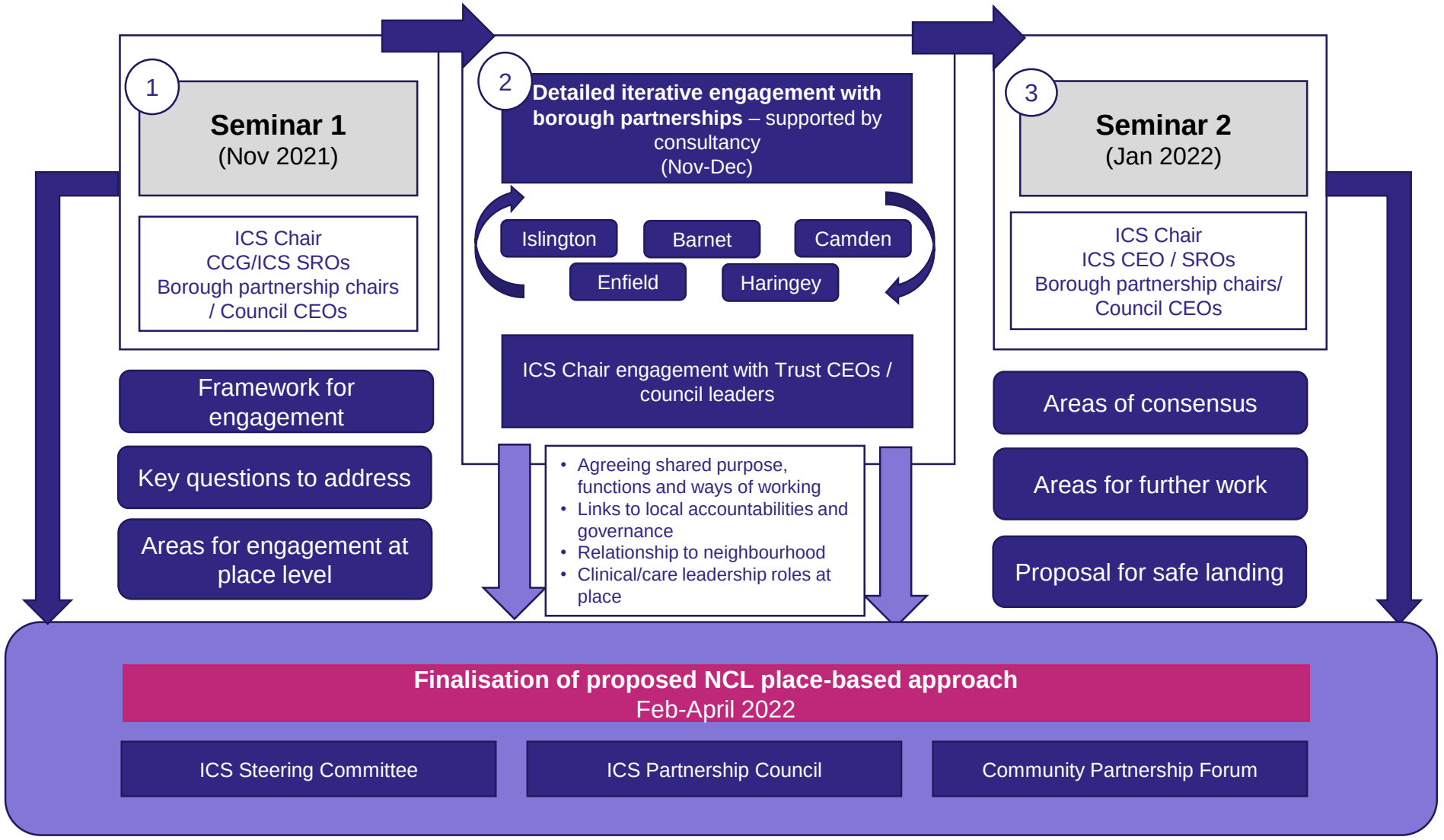
Place based design work

- Leadership Centre and Traverse have been commissioned to support each borough with place-based design and ongoing development of partnership working locally.

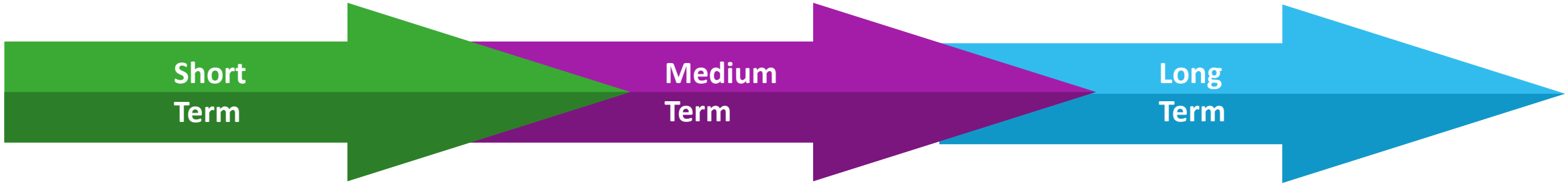
- The programme of work aims to support place-based partnerships to:
  - Articulate the role of Borough Partnerships within the NCL ICS
  - Confirm local models and approaches
  - Capture individual and collective responsibilities to residents/patients, staff, each other and the system/ICS
  - Link the above to local accountabilities and governance, with a view on how this might work in practice from April 22 and beyond, with due regard to the interface with ICS structures
  - Manage the different identities members of partnership might have within place and system

- Key questions for place-based partnerships will include:
  - What do place-based partnerships become post COVID & as we journey into the ICS?
  - What accountabilities do we expect to hold at place and what decisions do we expect to take together? Is this the same/different for all partners?
  - What does a high functioning borough partnership look like?
  - What is the role of place in population health?

The role of place in NCL: Setting out the roadmap to consensus (Oct 2021-April 2022)



Opportunities 21/22 and beyond



Short Term

- Partnership development
- Streamline strategies and plans and set scope for borough partnerships
- Communication & engagement

Medium Term

- Cross-borough partnership working
- Refine and develop Population Health approaches & OD

Long Term

- Estates & Infrastructure
- Integrated workforce plans and models

ENABLERS

Refine and develop approaches to oversight and accountability locally at Place and Neighbourhood

- Oversight of delivery
- Monitoring of impact and outcomes
- Operational oversight and clinical governance for integrated delivery
- Defining place and neighbourhood

Enfield Borough Partnership Board Meeting

Proposal to Support the Transition Towards a Borough Partnership

Bernie Brooks
(The Leadership Centre & Traverse)

Purpose of the Proposal

- Agree a process to progress the ambitions of Enfield Borough Partnership
- Build on the successes and development work to date
- Identify and address emerging challenges as a Borough Partnership
- Respond to patient and citizen needs
- Consolidate partnership working founded on trust and respect
- Deliver on the Enfield priorities
- Engage stakeholders collaboratively using co-design etc.
- Support the covid recovery process and innovation
- Influence cross Borough and broader NCL development

Building on Existing Developments

- Extensive stakeholder engagement process in Summer 2020
- Production of agreed Enfield BP Plan September 2020 - built on clear principles and purpose
- Identified four priority Enfield initiatives, workstreams and sub-groups
- Emerging governance and delivery structure within an overall BP architecture
- Foundation of community and stakeholder engagement, collaboration, and co-design

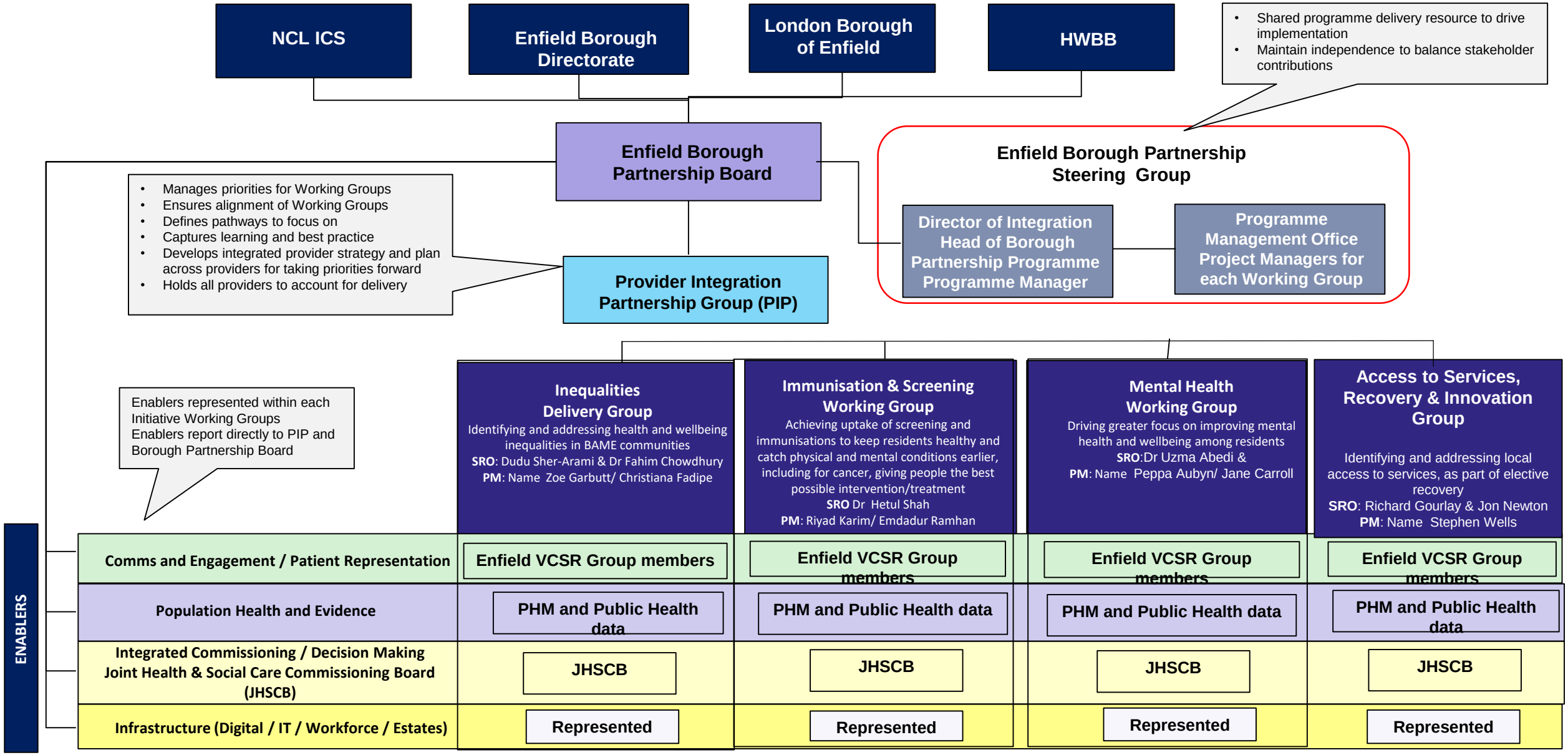
Proposed Development Work

- Robust diagnostic process over next four weeks using existing fora and individual and group conversations with wide cross section of stakeholders
- Use outcomes from diagnostic process to plan and convene a series of workshops in early 2022
- Focus of these likely to include; ambition of the BP, delivery process of priorities, governance, funding, leadership, roles and relationships of partners
- Themes will also feed into other work taking place on cross-Borough development and the relationship between Boroughs and the ICS
- Process will be collaborative, iterative and engaging

Questions

1. What, from your perspective, are the key issues that need to be focused on to progress the integration agenda in Enfield?
2. What are the main barriers to doing this both within the Borough and in the wider ICS?
3. How can we ensure maximum engagement from stakeholders in the process?
4. Are there methods other than workshops that we should consider using?
5. Are there common issues across the Boroughs that we can collaborate on or influence?

Enfield Borough Partnership Programme Structure 2021/22



Enfield Borough Partnership Priorities 2021/ 22

Partnership Priority outcomes

1. Achieving screening and imms uptake
2. Identifying and reducing inequalities where they exist
3. Improved mental health outcomes
4. Improving access to services, recovery from COVID and innovation

Wider Partnership Working

- Access to Services, Recovery & innovation inc. Collaboration with RNOH to develop MSK services on the High Street proof of concept pilot
- Long Term Conditions Programme inc. GP Federation/ PCNs with CVS organisations i.e. Enfield Voluntary Action and Health Champions,
- Enfield Joint Health & Social Care Commissioning Board – focus on Adults & CYP, Mental Health, LD, SEND, Better care Fund and Section 75 priorities
- Flu and Covid Vaccination Programme – multi-organisational approach involving All Borough Partnership stakeholders
- Key enablers: Estates, workforce and IT/ Digital

Core Projects

- Mental Health - developing community integrated mental health pilot in SE Enfield
- Inequalities - childhood obesity and community participatory research
- Access to Services, Recovery & Innovation – identifying where the Borough Partnership can support improvement in local access to services i.e. primary care
- Screening & Immunisation Uptake - including national cancer screening programmes, Childhood immunisations, flu and Covid

Enfield Integrated Care Partnership

Access to Services, Recovery & Innovation

Developing Communication material for local residents

Primary Care Access - Developing communications and engagement materials for local residents: Key Themes – Update November 2021

1. **Valuing the primary care workforce** – abuse of staff is increasing across health and social care. NCL CCG has adopted Leeds CCG campaign on abuse. Resources have now been sent out to member practices. There is a further primary care access campaign under development looking at promoting new workforce roles, explaining new methods of access, how to give feedback to your practice etc. We will be involving patient representatives in the development of campaign materials.

2. **New Primary care estates –** We are developing proactive communications about new premises in Enfield including the Alma Road development and White Lodge Medical Practice. During the pandemic, primary care has not only been working very hard but also developing and planning for the future. By showcasing these new buildings, we will be able to demonstrate the investment and commitment of GP practices to the health of our local population.

3. **Access Case study –** The Communications and Engagement team is working with Enfield practices to develop a case study explaining how member practices are listening to feedback and improving access for patients – particularly around telephone access**.**

4. **PPGs –** Enfield's PPG chair Litsa Worrall and the PPGs will be leading on a piece of work supporting member practices and patients around access. We are currently in the planning phase for this project, with potential funding from the Communities directorate (bid in progress).

5. **System recovery** – We continue to promote messaging around accessing the first appointments offered to you whether that is for elective care at a different site or your flu jab. It's important that patients make their planned appointments and contact the NHS as soon as they know they cannot. We are working with community groups e.g. the Over 50s forum to get these messages out.

6. **Covid** – Covid hasn't gone away and it's important that patients do not attend appointments with symptoms, unless asked to by a clinician and wear masks on NHS premises. We will be working with community groups to promote this message as well as explaining how the NHS continues to keep patients and staff safe (e.g. cleaning between appointments and social distancing).

7. **NCL winter resilience communications and engagement plan –** The plan has been circulated. We will be promoting all national NHS campaigns and are at the early stage of developing local campaigns. Each borough is also currently considering local engagement activities to support winter messaging targeted at key populations across all the NHS campaigns e.g. flu, Covid-19 vaccine, appropriate point of access. This group will receive a report of planned activity at the next meeting.

NORTH LONDON PARTNERS
in health and care

NHS

Winter resilience

Communication and Engagement plan
Autumn/Winter 2021/22

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Campaign overview

Our ICS strategic vision is to provide high quality health and care services to support local people to ‘Start well, live well, age well and work well’. As we prepare for what is likely to be another challenging winter, there remains significant pressure on NCL services, alongside a need to maintain elective care, continue to vaccinate local people against Covid and flu and provide routine and emergency care.

We will deliver an integrated communications and engagement programme to support residents, patients and health and care workers stay well and to access care in the right place at the right time.

National campaigns (Winter, vaccine) will be tailored for North Central London. Building on the success of the Covid-19 vaccine work to date, a partnership delivery model is envisaged - with the CCG, NHS provider and Council communications and engagement teams working collaboratively.

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Campaign focus

Focus on building **confidence** in all NHS services ('NHS is Open') and NHS staff (including 'Respect' messaging)

Reduce **health anxiety** overall with positive health and wellbeing messaging

Promote **immunisation as best way to protect** against flu and Covid (build confidence, drive uptake)

Promote **self management and self-care** where possible to stay well and prepare for winter

Promote appropriate **point of access** - encourage everyone to seek the right care

- Clear offer for alternatives to A&E/UTC –111, Extended Access Hubs, SDEC, WICs
- Prioritise frequent attenders – parents, respiratory, mental health service users.
- Manage expectations/timing when A&E particularly busy – plan for escalation/incidents
- Encourage people to seek care when needed – e.g. cancer, paediatric conditions.

Provide reassurance around **recovery narrative** - remind of work to maintain elective care, reduce waits and increase capacity

Encourage **longer term behaviour change** through using digital, where appropriate, (NHS 111, 111 online, telephone and video appointments).

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Developing local comms assets

- We will ensure our messaging is aligned to and complements national campaigns such as ‘Help Us Help You’, ‘Catch it, Bin it, kill it’, ‘Stay well this winter’, ‘Boost your immunity this winter’, ‘NHS 111 First’

- We will develop local assets that align with national materials
- We will reuse local assets from last year, such as the flu animations: https://conversation.northlondonpartners.org.uk/flu-season-2020/
- We will use local insight to tailor messages and are currently running an attitudinal survey
- We will analyse local data to ensure we are reaching out to the communities where uptake of vaccines is low [or where there may be hesitancy
- We will seek clinical and operational input to guide messaging
- We will undertake evaluation and monitoring throughout the campaign. This will allow us to be flexible during campaign delivery to ensure opportunities are created and exploited.

Appendix A

Enfield Borough Partnership

Health and Wellbeing Board

FOR INFORMATION ONLY

Highlight Reports for October 2021:

Mental Health

Inequalities

Seasonal Vaccination

COVID Vaccination Inequalities

The Enfield ICP Mental Health Steering Group: October21

ICP MH Steering Group Agreed Priorities	ICP MH Steering Group Agreed Priorities (Cont.)
Strengthened Governance ICP Sub group meetings continue to maintain a firm engagement as a forum to address key priorities and focus. Additional workshops planned to support: Co-production, collaboration development on key population segments across primary and secondary care alongside, caseloads and hub structure. Review of meeting agenda and attendees completed 15th Oct. **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 complete and share with partners for review. Involvement of partners with clinical pathways development ongoing. Planned Persona's workshops expected to take place in end of October. **Clinical Pathway Development** First draft of Co-production clinical pathway (EIS, Recovery College and front door/ Personality Disorder Therapy / CRT PH/ SM Substances / Mental Health Service for Older People) is completed, with next steps to invite further stakeholder feedback. Pathway presentation to wider audience with Service Users, Carers, VCS and PCN Clinical Directors expected in November. **Early intervention in psychosis** Ongoing reviews of EIP services to support actions and development trajectory to achieve level 3.	**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. Currently 9 posts have been recruited, 7 under offer and 20 posts currently in the recruitment stage. VCS posts in recruitment stage. **ARRs roles** ARRS attracted 12 application, with offers to 3 candidates made. Start date pending. **VCS Tender** Ongoing regular Mobilisation meeting with lead VCS partner MIND (supported by EVA, Enfield Saheli and Alphacare). New VCS JDs agreed with partners. Communication Plan under review. Discussion and agreement on staff location and induction process to be firmed up in November. **KPI and Outcome** Ongoing review of 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 (Enfield Borough wide Mental Health service) complied by clinical project lead and shared with ICP partners. Asset mapping to compliment the Council's directory of mapped the local contracted offers.

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.
3. Incurring significant recruitment challenges	At Risk	Recruitment strategy ongoing

Mental Health Steering Group: October 2021

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 26th of April. KPIs have been agreed and we will develop an evaluation to test outcomes achieved. The pilot is currently being evaluated. High level outcomes are that there has been a 29% improvement in uptake of health checks and 93% satisfaction rate during the pilot reporting period. The Pilot has been extended for the remainder of 21/22.	Mid April	
	NCL MH ICS Board has agreed commissioning arrangement for 21/22 and funding placed under the CCG Single Offer Framework. KPIs and outcomes are being agreed as part of the evaluation process; agreed that as a minimum the LTP target will be achieved and we will strive to increase uptake of hard to reach groups; those that have not engaged within the last 12-24 months, EIP and Wellbeing Clinic cohort.	July	
Procurement for Enablement under MDT model	VCS provider onboard, with MIND as lead partner in collaboration with EVA, Enfield Saheli and Alphacare. Mobilisation meeting ongoing on regular basis.	October	
	Next steps are to devise workforce model at PCN level and agree co-location of Multi-Agency Teams. Including IPS employment support services for SMI cohort	November	
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 co-production of access to services, referrals and interfaces first draft completed. Service Users and partners review expected in November.	November	
Dialog /+ Development	Enfield has trained four Dialog + leaders in the pioneering Core Community team. Two training session undertaken. Following slippage of installation on system of device, activation of account, piloting of system with three staff and five service user each is underway with feedback expected in November.	November	
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: September 2021

ICP Agreed Priorities	Impact of COVID
Governance The Delivery Group met in October. Regular attendance at VCS Reference Group which has improve engagement by extending meeting invitation to smaller organisations and coproduction of inequalities work. Governance was established for the inequalities group to hold other ICP work streams to account around inequalities. Also, continue to working on a series of events with the VCS around wider determinants that will feed into the ICP programme. **Inequalities Fund phase 1** Overall good progress are being made on the seven bids with a total of £652,156 were approved. Schemes are now being mobilised. Development of MOU and STW are underway. Will develop Inequalities evaluation methodology with an academic partner **Inequalities Fund phase 2** Further funds are available for schemes to the end of March 2023, VCS engagement workshop to develop bids. Membership of VCS meeting in September was expanded to ensure full representation by all stakeholders. Bids to be reviewed at Delivery Group in October finalised early November. Worked with ICP programme lead and organised ICP engagement to sign off of bids. **Inequalities Programme** Enfield Council have commissioned community participatory research to provide insights for the community health champions and community chest. Steering groups for the programmes took place in October. Successfully awarded funding for NHS Charities Together Grant £700k that will be spent across the boroughs of Enfield and Haringey in view of the higher deprivation and health inequalities in those areas.	Inequalities exposed and experienced through covid has informed the programme of work of this work stream. The inequalities fund phase 2 will further consider the impact of covid for example opportunities for local employment.

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-November .
2. Ongoing pressures/challenges re resourcing and operational pressures	At Risk	Continued prioritisation of programme plus additional support from communities team.

Highlight Report: September 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 (delayed procurement has led to delayed start)	Ongoing	Amber

Priorities for next month	
1	Communication and reassurance to all leads. Formal confirmation regarding phase 2 due mid- November .
2	Mobilisation of Community Participatory Research
3	Meeting of the Inequalities Delivery Group to review mobilisation of inequalities schemes and programme for the inequalities fund phase 2.

Enablers: Areas for Consideration	

Seasonal Vaccination Programme: October 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. Failed EMIS data extractions (no metrics supplied by Immform till further notice)	R	Managed by NHS England
3. Supplier Vaccine delivery delays	R	National Stock coming online for under 65s cohort

*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	

Highlight Report: October 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	Roll out of national stock ordering process, liaising with providers for mutual aid.
2	Maternity plans update
3	Review of co-administration.

Enablers: **Areas for Consideration**	Support from Health Inequality group to support hard to access cohorts Support from ICP to access maternity cohort.

Highlight Report: October 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
	• 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 - delayed • Continued use of Healthentent to support work targeting hard to reach groups and identify additional cohorts with low uptake - delayed	Date June - September 2021 Ongoing
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	To develop a 100-day plan to: a) Implement a pre-seasonal task and finish group to plan for the flu season; Updates to be included with Covid inequalities group b) Review acute maternity mums to be recovery plan with NMUH; c) National Stock being made available ordering from 18/10/2021; 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 Publications e) Complete a NCL communication and engagement project request form to enlist NCL communications resources for the flu programme.	Date June - August 2021 a) Completed b) In progress c) Ongoing d)Completed e)Completed

COVID Vaccine Inequalities: Oct 2021 [See also, Appendix A for further info] Page 1

ICP Agreed Priorities (PRE-Covid)	Impact of COVID
(National target) At least 75% coverage for all JCVI cohorts – including health, social care and care home staff • Overall uptake in over 12s = 64% - second in North Central London after Barnet at 68% • 96% of care home staff are now vaccinated with at least one dose, 93 of 2,160 care staff not vaccinated – all need to be fully vaccinated by 11 Nov • Higher than 75% uptake in all cohorts above 50s • Higher than 75% uptake in all over 12s in Highlands, Grange and Town	NA
(Aligned to NHSE Local Borough Plan submitted and agreed March 2021) Aspiration of 95% vaccine coverage for all JCVI cohorts	NA
Limit inequality in vaccine uptake between areas of high and low deprivation, different ethnic groups, Under 40s and other groups experiencing deprivation (e.g. GRT, Black African and Caribbean, homeless)	NA

Risk/Issues	RAG*	Mitigating Actions
1.Below 75% vaccine coverage (or <95%) in some geographic communities, ethnic groups and other communities experiencing inequality (e.g. homeless, GRT) • Age group: Uptake not yet at target in younger populations: 12% in 12-15s, 34% in 16-17s, 51% in 18-29s, 56% in 30-39, 69% in 40-49 • Wards: Uptake (over 12) particularly low in Lower Edmonton (53%), Upper Edmonton (53%) and Edmonton Green (55%) • Ethnicity: Low uptake in White Gypsy Traveller residents (30%), Black African (52%) and Black Caribbean (49%) in over 12s • Language spoken – low uptake Bulgarian (21%), Romanian (27%) and Polish (39%)	amber	• Culturally competent conversations in hesitant areas • Tailored social media engagement campaigns • Partnership working with local authorities and the voluntary sector • ICP Vaccine Workstream activity informed by intelligence provided by Public Health Team. (Fortnightly **Phase 3 COVID and Flu Vaccination Group** continues this work and includes PCN and community pharmacy sites and stakeholders) • Ongoing communication and engagement for communities with sub optimal uptake and Under 40s cohort • Continued targeted comms in low uptake areas • Black African & Caribbean targeted work; Eastern European communities

Issues for Escalation to PIP AND/OR ICP BOARD	
1	Continued integrated focus on sub optimal vaccine uptake in Black African and Caribbean, Eastern European and GRT communities and under 40s cohort incl schools

COVID Vaccine Inequalities: Oct 2021

NEXT KEY MILESTONES Workstream	Milestone / product	Due date	RAG Status
Clinical Governance	Dr Hetul Shah ICP Clinical Lead will provide clinical input and leadership (Public Health Co Chair of Phase 3 Group is Dudu Sher-Arami).		
NCL Committee Sign off			
Implementation in primary care	N/A as not operational (strategic group looking at vaccine inequalities)		
Implementation in secondary care			
Go live			

Priorities for next month	
1	Continuation of engagement activities and coordination informed by local intelligence via multistakeholder Phase 3 Covid and Flu vaccination group
2	• Build on what we have learned in Phases one and two • Seek additional insights • Address new challenges relating to the school-age cohort

Enablers: **Areas for Consideration**	Support from Health Inequality workstream to support hard to access cohorts