

Public Document Pack



HEALTH AND WELLBEING BOARD

Wednesday, 5 October 2016 at 6.15 pm
Room 1, Civic Centre, Silver Street, Enfield,
EN1 3XA

Contact: Jane Creer
Board Secretary
Direct : 020-8379-4093
Tel: 020-8379-1000
Ext: 4093
E-mail: jane.creer@enfield.gov.uk
Council website: www.enfield.gov.uk

MEMBERSHIP

Leader of the Council – Councillor Doug Taylor (Chair)
Cabinet Member for Health and Social Care – Councillor Alev Cazimoglu
Cabinet Member for Community Safety & Public Health – Councillor Krystle Fonyonga
Cabinet Member for Education, Children’s Services and Protection – Councillor Ayfer Orhan
Chair of the Local Clinical Commissioning Group – Dr Mo Abedi (Vice Chair)
Healthwatch Representative – Deborah Fowler
Clinical Commissioning Group (CCG) Chief Officer – Sarah Thompson
NHS England Representative – Dr Helene Brown
Director of Public Health – Tessa Linfield
Director of Health, Housing and Adult Social Care – Ray James
Interim Director of Children’s Services – Tony Theodoulou
Voluntary Sector Representatives: Vivien Giladi, Litsa Worrall (Deputy)

Non-Voting Members

Royal Free London NHS Foundation Trust – Peter Ridley
North Middlesex University Hospital NHS Trust – Libby McManus
Barnet, Enfield and Haringey Mental Health NHS Trust – Andrew Wright
Enfield Youth Parliament – Robyn Gardner, Bobbie Webster

TO FOLLOW PAPERS AGENDA – PART 1

9. DIABETES IN ENFIELD ANNUAL PUBLIC HEALTH REPORT (7:45 - 7:50PM) (Pages 1 - 4)

To receive for information a report from Gosaye Fida (Senior Public Health Strategist) published in August 2016.

11. SUB BOARD UPDATES (7:55 - 8:00PM) (Pages 5 - 34)

To receive updates from the following sub boards:

- Health Improvement Partnership Board – Please note that the September meeting of the HIP Board was cancelled and that the HIP Board meetings will resume with the new Director of Public Health

- Joint Commissioning Board
- Primary Care Sub Board

For more guidance check Enfield Eye: http://enfieldeye/downloads/file/9380/report_writing_guidance

MUNICIPAL YEAR 2016/2017 - REPORT NO.

MEETING TITLE AND DATE Health and Wellbeing Board

Ray James, Director of HHASC

Contact officer and telephone number:
Dr Tha Han
E mail: tha.han@enfield.gov.uk

Agenda - Part: 1	Item: 9
Subject: DIABETES IN ENFIELD ANNUAL PUBLIC HEALTH REPORT	
Wards:	
Cabinet Member consulted: Cllr Krystle Fonyonga	
Approved by:	

1. EXECUTIVE SUMMARY

The topic of the 2016/17 Annual Public Health Report is diabetes. Diabetes is a condition which can cause major complications to individuals, is rapidly increasing in numbers and is a significant financial pressure for the NHS and local government. Diabetes contributes to the life expectancy gap, which was the topic of the 2014/15 report.

The report covers many aspects of diabetes, from prevention to a plethora of its consequences, the role of healthy lifestyle and medical management of diabetes, the importance of patient self-care and structured education, how diabetes disproportionately affects Enfield and its deprived communities, and how local and regional partners in Enfield are working together to prevent and manage diabetes.

2. RECOMMENDATIONS

To inform the Health and Wellbeing Board the current situation of diabetes in Enfield from its needs to the prevention and intervention taking place in Enfield. The report also celebrates the coordinated efforts of HWB partners in preventing diabetes and to improving the quality of life of patients with diabetes, working with communities and patients.

3. BACKGROUND

In Enfield, the number of people with diabetes is increasing each year. At present one in every 14 adults in the borough has the condition and a further 30,000 have a high risk of developing it. Type 2 diabetes – which is related to lifestyle –

For more guidance check Enfield Eye: http://enfieldeye/downloads/file/9380/report_writing_guidance

is mostly preventable and residents can take simple and practical steps to minimise their risk of contracting it and also improve their general levels of health.

Our national and local partners have set out effective, evidence-based measures intended to improve treatment for patients with diabetes, and improve the prevention of the condition. The Council is working with its partners such as the NHS in Enfield to make it as easy as possible for residents to live a healthy lifestyle by creating an environment that makes it easier to move more, eat healthily, drink less, and not smoke.

From a national audit, we know that 20% of all strokes, 21% of all heart attacks, and 32% of all kidney dialysis were related to diabetes, and it is clearly adding to the cardiovascular mortality which is the number one cause of the life expectancy gap seen in Enfield.

There is and has been a lot of good practice in diabetes management. However the growing number of people with diabetes means that we all need to continually aspire to excellence. The report describes some of the excellent work which has already been done in Enfield, including patient information, Conversation Map Tools (a structured patient education programme), an initiative to improve the management of complex diabetes, diabetes prevention and many others. Going forward, the Sustainability and Transformation Plan will be an important programme of work in North Central London.

4. ALTERNATIVE OPTIONS CONSIDERED

5. REASONS FOR RECOMMENDATIONS

6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

6.1 Financial Implications

The report is for information only. Rising prevalence of diabetes in Enfield means it will become difficult to sustain the health and care system with current resources.

6.2 Legal Implications

Not applicable

7. KEY RISKS

Nil.

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

8.1 Ensuring the best start in life

For more guidance check Enfield Eye: http://enfieldeye/downloads/file/9380/report_writing_guidance

- 8.2 Enabling people to be safe, independent and well and delivering high quality health and care services
- 8.3 Creating stronger, healthier communities
- 8.4 Reducing health inequalities – narrowing the gap in life expectancy
- 8.5 Promoting healthy lifestyles

The report informs the current state of diabetes in Enfield and will contribute towards fulfilling the five priorities.

9. EQUALITIES IMPACT IMPLICATIONS

Not applicable

Background Papers

<https://new.enfield.gov.uk/services/health/public-health/health-publications/annual-public-health-report/health-information-enfield-annual-ph-report-2016-diabetes-in-enfield.pdf>

This page is intentionally left blank

**HEALTH and WELLBEING
BOARD****REPORT OF:**

Bindi Nagra

Assistant Director, Strategy & Resources

Housing, Health & Adults Social Care

020 8379 5298

E mail: bindi.nagra@enfield.gov.uk

Agenda – Part:	Item:
Subject: Joint Commissioning Board Report	
Date: Wednesday 5th October 2016	

1. EXECUTIVE SUMMARY

1.1 This report provides an update on the work of joint commissioning across health and social care in Enfield

1.2 Updates for all key commissioning areas are included, as are relevant updates on commissioning activity from Partnership Boards

1.3 This report notes:

- The Better Care Fund update [p.3 and Appx A]
- Work is underway on Specialist Housing with AgeUK Enfield and the continuation of development work to remodel accommodation for people with learning difficulties [p.5]
- Update on the Smoking Cessation contract procurement process [p.5-6]
- The development of the North Central London Transforming Care Plan for people with learning disabilities [p.7]
- The collaborative contract framework between Enfield, Hackney and Waltham Forest for people with learning difficulties who require health, care and support to live independently [p.7-8]
- Development of the Positive Behaviour Model for people with a learning disability that have presented challenging behaviour [p.8]
- The current priorities within the Autism Steering Group [p.9]
- The launch of a phone app – Silent Secret - that provides safe peer-to-peer emotional support through CAMHS [p.10]
- The Drug and Alcohol tender update for the two main adult substance misuse services [p.11]
- New build of 70-bed residential care home for Dementia and Alzheimer's residents [p.14]

1. EXECUTIVE SUMMARY (CONTINUED)

- Update on the recommissioning process for Voluntary Care Sector services [p.15]:
 - Market engagement events
 - Key outcomes
- Safeguarding update data [p.16]
- Successful implementation of the new assessment pilot for standalone Carer assessments [p.17]
- The level of support now available to Carers via communications and various groups [p.17-23]

- Partnership Board updates [p.23-26]
 - Safeguarding Adults Board [p.23-25]
 - Learning Difficulties Partnership Board [p.25-26]

2. RECOMMENDATION

- 2.1** It is recommended that the Health & Wellbeing Board note the content of this report (with appendix).

3. **BETTER CARE FUND**

The Better Care Fund update is attached (Appendix A), which outlines:

- Confirmation from NHSE that the 2016/17 plan has been approved
- Q1 data (Apr – Jun 2016) has been completed, approved and submitted to NHSE.
- 2016/17 governance and reporting procedures
- Feedback from the BCF leads network group meeting on 3rd August
- Support plans and preparation for Health & Social Care Integration 2020

4. **ENFIELD CCG COMMISSIONING INTENTIONS 2017-18**

Enfield CCG will be presenting their Commissioning Intentions at this Health & Wellbeing Board, which will signal any changes to services delivery for 2017-18.

4.1 The drivers that have contributed to the development of the plan are:

- CCG Special Measures and Financial Recovery
- Local Integration of Health and Social Care
- CCG Improvement and Assessment Framework
- Right Care
- Sustainability and Transformation Plan

4.2 The key commissioning intentions report covers the following programme areas:

- Elective Care
- Cancer
- Stroke
- Neurological Conditions
- Long Term Conditions
- Acute Medicines Management
- Urgent and Emergency Care
- Primary Care
- Mental Health
- Integrated Care
- Community Services
- Contract Form, Reviews and Currency
- Procurements

5. **NORTH CENTRAL LONDON (NCL) SUSTAINABILITY AND TRANSFORMATION PLAN (STP) PROGRESS REPORT**

The September NCL STP progress report will be presented to this Health & Wellbeing Board, which will outline:

- The NCL context, outlining:
 - The health and social care landscape:**
 - 5 x CCGs – Barnet, Camden, Enfield, Haringey and Islington
 - Population of c.1.44m
 - Health budget of £2.5bn
 - Social Care budget of c.£800m

- 4 x acute trusts:
 - (i) Royal Free London NHS Foundation Trust
(incorporating Barnet, Chase Farm and Royal Free hospitals)
 - (ii) University College London Hospitals NHS Foundation Trust
 - (iii) North Middlesex University Hospital NHS Trust
 - (iv) Whittington Health NHS Trust
- 3 x single specialist hospitals:
 - (1) Moorfields eye Hospital NHS Foundation Trust
 - (2) Great Ormond Street Hospital for Children NHS Foundation Trust
 - (3) Central London Community Health NHS Trust
- Mental Health services, provided by:
 - The Tavistock and Portman NHS Foundation Trust
 - Camden and Islington NHS Foundation Trust
 - Barnet, Enfield and Haringey Mental Health Trust
- Over 200 GP practices
- Out-of-hours services, provided by London Central and West
Unscheduled Care Collaborative

Our local strengths:

- GP federations
 - Enfield – Transforming Care programme
 - Ambulatory Care Network at Whittington Health
 - New model of care for CAMHS
 - BEH MHT Enablement Programme
 - UCLH – first Multidisciplinary Diagnostic Centre for cancer in England
- Case for change; aspirations and programme scope, covering:
 - Health and wellbeing
 - Care and quality
 - Finance
 - Overarching vision for NCL

6. SECTION 75 AGREEMENT

6.1.1 s75 Agreement between LBE and BEH MHT

No update as still awaiting beh to sign

6.1.2 s75 Agreement between LBE and Enfield CCG

Enfield Council and Enfield Clinical Commissioning Group (CCG) have had a section 75 agreement for commissioned services for adults since 2011. Amendments for 16-17 have been agreed by both parties. The revised schedules include 12 continuing healthcare beds within the Re provision project (a new dual registered care home) and commissioned services for children.

7. SPECIALIST HOUSING

7.1 A pilot project between Adult Social Care Services and the **Housing Gateway** to purchase accommodation from the open market to meet the specific needs of adults with disabilities wishing to live independently in the community is progressing well. A multi-disciplinary project board has been established and the first property has now been purchased, which will enable a service user to secure accessible, affordable accommodation tailored to specific requirements. A case for rolling funding shall now be drawn together for consideration.

7.2 Following the announcement of additional funding from the Mayor's Care & Support Specialist Housing Fund, Health & Adult Social Care have worked in partnership with Housing Development Services to submit three bid applications in May 2016 for local housing development. This includes grant funding applications for:

- the development of Enfield's third Extra Care Housing Scheme for older people with care and support needs;
- the development of accessible and flexible respite accommodation for older people with dementia care needs.

An update from the GLA with regards to bid outcome is still awaited.

7.3 Work is underway in partnership with AgeUK Enfield to consider future development of the Parker Centre including opportunities to modernise the building, to better accommodate dementia day services. Funding opportunities are currently being sought, and a workshop to consider design priorities for the building have been facilitated by the Glasshouse charity. Attended by AgeUK Enfield care staff, service users, carers and the local authority, the output from this workshop will feed into the subsequent design brief for the build.

7.4 Following the decant of further shared supported accommodation for adults with learning disabilities at the Carterhatch Project, development work continues to remodel accommodation to provide modern, accessible, self-contained accommodation for people with learning disabilities. Eight newly built homes, due for completion Spring/Summer 2017, will benefit from shared lounge and kitchen facilities to facilitate social networks and peer support opportunities, whilst linking into 24 hour services at an adjacent scheme through Assistive Technology.

8. PUBLIC HEALTH

8.1 Smoking

8.1.1 A conference on smoking in the Turkish community was held on 21st May fronted and headed by the Cabinet member for Public Health and the Turkish community. This received good press coverage and is being used to develop further smoking work in this community.

8.1.2 A new smoking contract is currently being procured. The focus will follow need, high risk populations and addiction. Targeted populations will be the

Turkish community, pre and post-natal women, long-term conditions and students.

8.1.3 There has been a change in the means by which smoking prevalence is measured in the borough. Following this smoking prevalence is now estimated at 16.8%.

Smoking is a fundamental part of the NHS Strategic Transformation Plans (STP) where new ways of delivery are being developed. This will inform future work.

8.1.4 **Trading Standards**

Trading Standards are working across the sector to plan a series of coordinated raids on establishments potentially selling illegal / illicit tobacco and alcohol. This will be followed up with press releases emphasising that illegal tobacco helps children to start smoking and that even smokers believe that 'something should be done' about the sale of illicit / illegal tobacco.

8.2 **Healthchecks**

The Healthchecks steering group is operating well with input from Councillors, GPs and commissioners.

GPs have been allocated healthchecks according to the number of registered patients between the age of 40 -75 years and location e.g. a higher percentage has been allocated to those that serve the population in the identified wards of deprivation.

Q1 figures have yet to be finalised but it has been agreed that any practices not delivering will have their healthchecks allocations given to other practices.

For the first time 'quality' data is being provided which is giving an indication of which practices are delivering to the most in-need populations. Further work on this is being explored.

8.3 **Health Trainer service**

The Health Trainer service is being developed to a) deliver Making Every Contact Count (MECC) training as part of the STP and b) deliver group sessions rather than one-to-one sessions. This is based on evidence that behaviour change can be easier in groups. It will also help to reduce waiting lists.

8.4 **Healthy weight strategy**

Work on healthy weight has been delayed due to maternity leave. However, it is expected that the post holder will return in November.

8.5 **Cycle Enfield**

Implementation work on Cycle Enfield has now begun with roadworks on the A105. Several prominent figures in the NHS have endorsed the programme

including the lead GP in the borough (Chair of the CCG) and the new Chief Executive of the North Middlesex.

9. SERVICE AREA COMMISSIONING ACTIVITY

9.1 Learning Disabilities

9.1.1 Transforming Care for adults with learning disabilities (Winterbourne View)

Enfield continues to be one of the leading areas in terms of implementation of the Transforming Care programme and the Concordat.

All age health and care Commissioners from the North Central London (NCL - Barnet, Enfield, Haringey, Islington and Camden) area are working together to develop the NCL Transforming Care Plan for people with learning disabilities.

The aim of the transformation plan is to develop a sustainable system and new model of service delivery for the NCL area that is focussed on supporting people with learning disabilities to remain healthy and well in the community and reduce avoidable admissions to assessment and treatment and inpatient services. The NCL commissioners have worked together to set a baseline for assessment and treatment and inpatient activity and we have developed key objectives that outline how we intend to reduce activity by 50% in line with the new national service delivery model. The key aims of the new national service model are:

- more choice for people and their families, and more say in their care;
- providing more care in the community, with personalised support provided by multi-disciplinary health and care teams;
- more innovative services to give people a range of care options, with personal budgets, so that care meets individuals' needs;
- providing early more intensive support for those who need it, so that people can stay in the community, close to home;
- but for those that do need in-patient care, ensuring it is only for as long as they need it.

Enfield handed over SRO lead for delivery of the NCL Transformation plan at the beginning of May and we continue to share our good practice with our NCL partners.

This fits well with the Council's vision of supporting more people to live independently within their own homes across all service areas, minimising the number of people admitted to permanent residential care

9.1.2 Collaborative contract framework for people with learning disabilities

Waltham Forest, Hackney and Enfield have collaborated to establish a contract framework for people with learning disabilities who require health, care and support to live independently.

Internal processes are in place to ensure that for new people entering the service, the framework providers are the first port of call. However, we are finding that significant shortages of appropriate accommodation are making this difficult (providers whilst they can provide support cannot always provide accommodation). This is being addressed in partnership with housing colleagues to create an assessment of accommodation need.

The aim of the contract framework is to diversify the local supported living market and improve quality, safety and efficiency outcomes for people with learning disabilities who meet the eligibility criteria for specialist health and care. Enfield CCG will be able to utilise this contract framework also.

9.1.3 Positive Behaviour Support Model

Positive behaviour support represents an effective way of supporting people who may challenge the services who provide them support. Its person centred approach, proactive interventions and the teaching of alternative skills can achieve long term effects. Historically people who present challenging behaviour have been at risk from neglect and abuse, whilst also having limited opportunities in life. It gives support staff effective tools to support people who may challenge, within the current legislation. Where previously, the use of aversive methods and punishment may have caused staff to inadvertently to operate outside of legislation. It recognises that alongside proactive strategies there should be reactive strategies included to maintain the safety of all those concerned.

Positive behaviour support's goal is not only to promote behavioural change in individuals, it is also to achieve enhanced community presence, choice, respect, community participation and dignity, so is a values-led approach. It therefore represents the most ethically sound intervention option around at the present time.

There are currently around 180 people within the Integrated Learning Disability Service (ILDS) who would be described as having behaviour which challenges. Working with the ILDS commissioners are seeking to initiate a pilot programme to further establish the PBS approach, the goal being to establish appropriate, person-centred approaches for people which promote the PBS principles of support.

The new LD Service Development Manager will assume responsibility for this project in October 2016 and for delivery of a business case for implementation by December 2016.

9.2 Implementation of the Joint Strategy for People with Autism

Commissioning is working with a local voluntary and community sector provider - One-2-One - to implement the strategy for adults with autism.

- a. We have developed a set of standards and principles for practitioners to work towards when supporting someone with autism. Membership includes: ILDS, BEHMHT, Royal Free London, Social care workforce, Children's and young people clinicians and experts by experience.
- b. The Peer Support Group network that is jointly facilitated by One-to-One and the National Autistic Society (NAS) now have over 60 members. The peer support group is arranging drop in sessions across Enfield and an event that is funded by Enfield Council's Autism Innovation fund where self- advocates will be testing technology and apps that are designed to support people with autism to self- manage and prevent episodes of low level anxiety and depression.
- c. Commissioners from across Barnet, Enfield and Haringey are working together to identify existing demand, access, trends, activity and expenditure for people with autism. This information will inform pathway redesign with a commitment to commissioning more local provision for diagnosis and post-diagnostic support. The process consists of:
 - screening and self- management tools that can be used by individuals, GP's, Health and Care Navigators and support workers
 - health and care professionals for people who meet the eligibility criteria for health and / or care services
 - VCS support hub and peer support networks

9.2.1 **Current priorities within the Steering Group are:**

➤ Re-establishing Autism Strategy Group

The group has been re-established and meetings are now combined with Autism Clinical Steering Group meetings.

➤ Increase awareness and understanding of autism in Enfield

Dr Fitzgerald gave a talk to the BEH junior doctor training course. He would be interested in doing it for a wider audience at BEH if this was possible to arrange.

A group attended the Autism Show at the Excel Centre in London recently. They found that it was primarily targeted at school age children. There were some companies there with apps that might be useful but they were very expensive. These were mainly for juniors but could be adapted for adults. The Tech Team will work on whether a specific app might be useful.

Training for Enfield Front of House staff needs to be followed up via the Council's Learning Development Team with follow up to establish the impact of training on service delivery and outcomes.

Training for the Police has taken place and was well received.

- Improve access for adults with autism to the services and support they need to live independently in the community

The Tech Team will work on ways to support for people to live independently in the Community. They have a small budget to enable them to try out different methods of support. They are already trialling things and visiting conferences to explore new idea as well as sharing ideas of what is already being used.

- To enable local partners to develop relevant services for adults with autism to meet identified needs and priorities

One-to-One is currently sharing information with current providers. They will be speaking to carers to see what groups they feel are needed for people with higher support needs.

Extended funding for the Autism project will be explored as part of the VCS recommissioning programme.

- Help adults with autism into work

One-to-One are working to get a local employment group to take on working with people with autism and learning disabilities. Equals currently work with people with learning disabilities and autism to help find them employment. They could extend their remit, if they could get funding, to work with people with autism without learning disabilities.

- Help adults with autism into meaningful daytime activities

A new drop-in group has started on a Monday at Community House called "Chit Chat". The volunteers are all keen to give talks about their experiences. It is a support session for anyone who has something they would like to discuss or needs help with, who can then be signposted where to go.

The Tech Team are currently exploring ways of supporting people via technology.

The monthly meetings at Baskerville's café are continuing and people are communicating via social media groups.

9.3 Children's Services

9.3.1 Joint Enfield Council and CCG Strategy for Emotional Wellbeing and Child and Adolescent Mental Health for 0-18 year olds in Enfield

Implementation of the plan is being progressed through the CAMHS Partnership Group. There has been good progress made on: Silent Secret, a phone app that provides safe peer to peer emotional support. It is being launched from 19th of September by eight Enfield partners. Other projects include: Peer Support delivered termly, training programme, Mental Health Forum, awareness campaign and CAMHS website.

The recruitment continues to be a difficulty mainly due to proposed Council reductions in commissioned CAMHS services.

9.3.2 Transforming Care -

The Transforming Care work focuses on CYP with mental health, autism and learning disabilities conditions and at risk of mental health inpatient or other out of borough residential placements. A joint Council, BEHMHT and CCG local Enfield working group will be set up shortly. There are monthly discussions about young people is held at the Complex Issues Panel.

9.3.3 Strengthening the Team Around You (STAY) (formerly the Enhanced Behaviour Support Service)

This service will work closely with the Joint Disability Service, education services, adult and transition services. As above, BEH Mental Health Trust is re-advertising posts.

9.4 Early Help Strategy 2016-19 (Age coverage: 0 – 19/25)

In June 2016, we presented the introductory report on the Early Help Strategy to the Health and Wellbeing Board, which outlined the key recommendations set out in the strategy.

Over the summer break there has been further analysis of data and mapping to identify areas of need. A proposed detailed action plan and governance structure is currently in development.

We have delayed putting this in place due to the summer break to ensure we engage with all the relevant stakeholders, and aim to present a full update at the next Health and Wellbeing Board.

9.5 DRUG AND ALCOHOL ACTION TEAM (DAAT) –

9.5.1 DAAT Tender:

The DAAT has commenced the re-tendering of its two main adult substance misuse services, which went live on London Tenders Portal on the 19th August 2016. To date there are 17 organisations who have registered an interest and the tender is progressing well.

The closing date for the tender is the 17th October and the Tender Panel, which will include service users, is scheduled to have the scoring completed for both Pricing and Quality by the 28th October 2016.

It is planned that a recommendation will be taken to the December Cabinet Meeting for their consideration.

9.5.2 Performance for Drug Users in Treatment

The NDTMS ratified data for the 12 month rolling period July 2015 to June 2016 has confirmed that:

- The DAAT has seen 1044 Drug Users In Treatment as at Q1 (rolling 12-mth period); 30 more than the end of year target
- The Successful Treatment Completion Rate was 22.9% which is 1.5% above the target

- The re-tendering of the two main adult substance misuse services has surprisingly had an adverse effect on performance for the Number of Drug Users in Treatment and Successful Treatment Completions. However, the performance still remains above the end of year Target and the National and London averages.

The Numbers of Drug Users in Treatment and the Successful Treatment Completion rate for Enfield DAAT is summarised in Fig.1 below:-

Fig. 1: Successful Completions All Drug Users (Partnership)

Partnership	Apr 2015 To Mar 2016	May-15 to Apr-16	Jun-15 to May-16	Jul-15 to Jun-16	Jul 2015 to Jun 2016 Target
	Baseline				
Number of Successful Completions	280	291	263	239	217
Numbers in Treatment	1077	1083	1060	1044	1014
% Successful Completions	26.0%	26.9%	24.8%	22.9%	21.4%
% London Average	19.3%	19.1%	19.0%	18.7%	
% National Average	15.2%	15.2%	15.2%	15.2%	

9.5.3 Numbers of Alcohol Users in Treatment

The Alcohol performance is still substantially above the London and National averages despite witnessing a downward trend. The new commissioning model has prioritised improving access for alcohol users, especially those drinking at risk and who are not typically dependent, so it is envisaged that the numbers in treatment and quality in delivery will significantly improve next year.

The number of alcohol users In Treatment for the latest ratified NDTMS period for July 2015 to June 2016 is 313 with 45.1% for Alcohol Successful Treatment Completions. This is 4.2% above the London and 5.6% above the National averages.

The Numbers of Alcohol Users in Treatment and the Successful Treatment Completion rate for Enfield DAAT is summarised in Fig. 2 below:-

Fig. 2: Enfield Providers - Successful Completions (Alcohol)

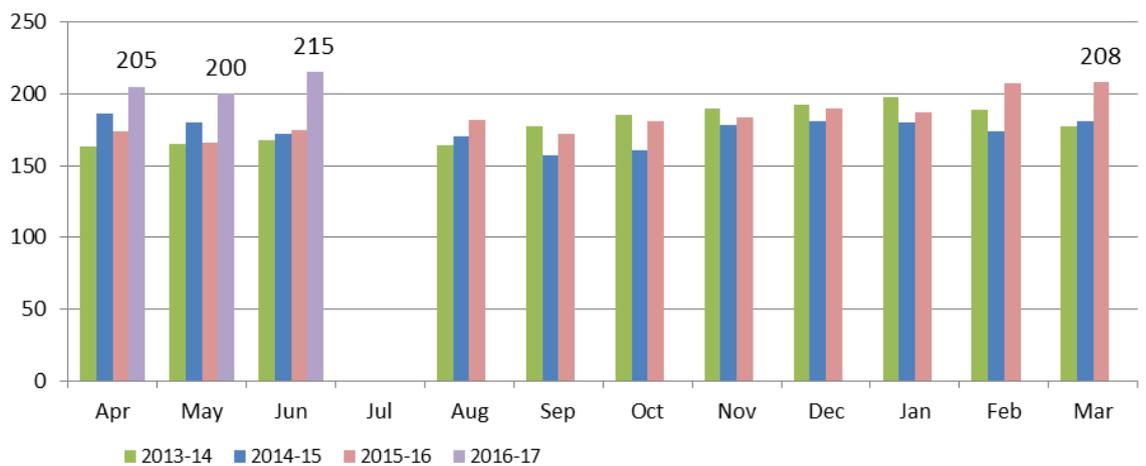
Partnership	Apr 2015 To Mar 2016	May-15 To Apr-16	Jun-15 to May-16	Jul-15 to Jun-16	Jul 2015 to Jun 2016 Target
	Baseline				
Number of Successful Completions	169	159	153	141	122
Numbers in Treatment	338	333	324	313	326
% Successful Completions	50.0%	47.8%	47.2%	45.1%	37.4%
% London Average	42.1%	41.7%	41.1%	40.9%	
% National Average	39.2%	39.2%	39.4%	39.5%	

9.5.4 Number of Young People in Substance Misuse Treatment

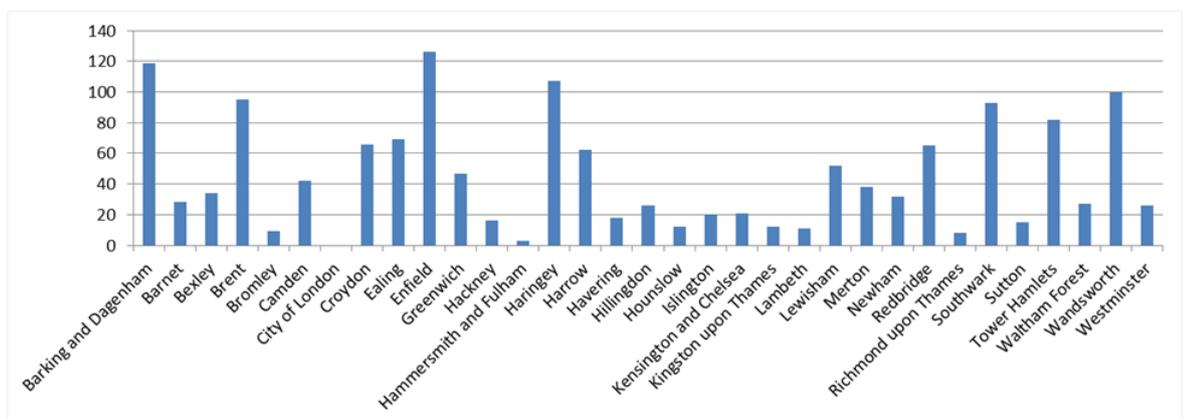
The NDTMS ratified data for the number of Young People In Drug or Alcohol Treatment for Q2 2016/17 has further increased to an all-time high of 215. This represents an almost 23% increase compared to the same period last year. It is positive to note that the Planned Treatment Exit rate has increased again to 91% which is 8% above the National average which shows acceptable progress in young people’s substance misuse provision given the overall achievement in quantitative growth.

Enfield is now the highest performing DAAT in London for the number of young people in treatment which is excellent progress.

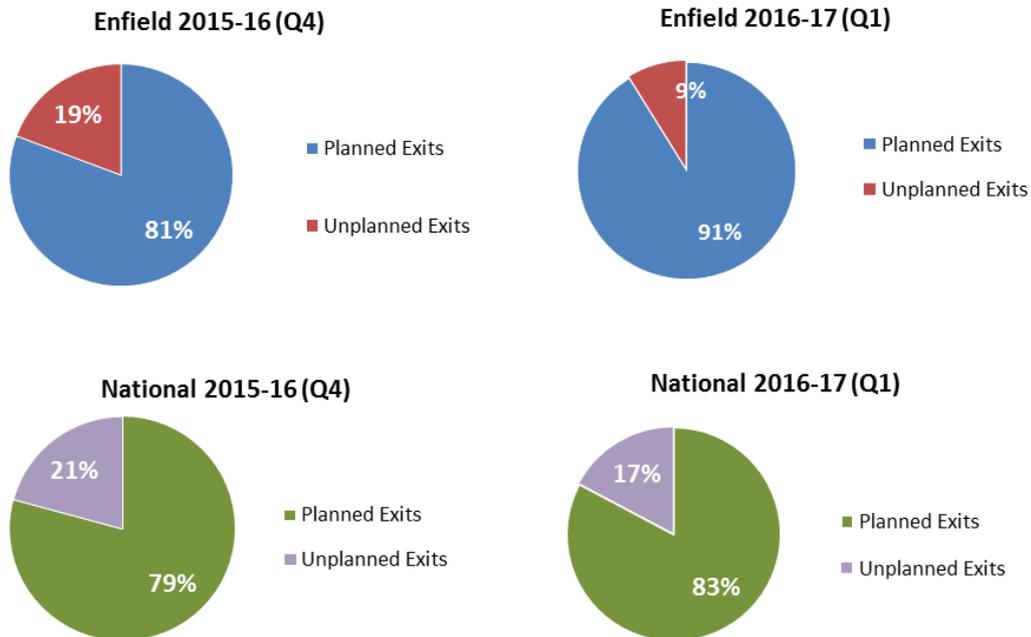
Young People in Services 2013-14, 2014-15, 2015-16 and 2016-17
Rolling 12 Months



London Ranking for Young People in Treatment (1st April to 30th June 2016)



Q1 DAAT Young People Planned Treatment Exits 2016/17



10. REPROVISION PROJECT

- 10.1 Building works continue on the build of a new 70 bed care home on the former Elizabeth House site in eastern Enfield. Practical completion is anticipated December 2016. Scaffolding is being removed from the external façades and work continues at pace internally; some of the key tasks undertaken in the period includes painting and flooring installation on the ground floor, kitchen installation and ensuite tiling across the building.
- 10.2 The Planning & Commissioning hub are currently undertaking the tender to secure a provider to deliver Residential and Nursing Care services from this home. The Council has actively engaged with the Market to better understand why previous attempts to secure a Provider have been unsuccessful. As a result, the team have worked to refine and modify requirements where practical to make this opportunity as attractive as possible to potential providers. Contract award is anticipated October/November 2016.
- 10.3. In September 2016, the Council agreed to the build of a new 70 bed care home on the Coppice Wood Lodge Site. Levitt Bernstein has been appointed as architects for this scheme and have undertaken feasibility, as well as a pre-application meeting with the Local Planning Authority. Work is now underway to design the scheme for planning application submission.

11. VOLUNTARY & COMMUNITY SECTOR STRATEGIC COMMISSIONING FRAMEWORK (VCSSCF)

Voluntary Care Sector Services

HHASC is currently in the process of recommissioning VCS activity in Enfield. There have been three well attended engagement events between November 2015 and January 2016 and a total of seven follow up events facilitated the Institute for Public Care (IPC) to support local VCS organisations to prepare for the process underpinned by the following key principles:

- Consistent with the Council's strategy & duties
- Enfield 2017 principles
- Identifying & maximising the potential of the voluntary sector
- Sustainability (funding arrangements long/short term)
- Inclusive approach
- Value for Money including sustainable income streams
- Transparency & fairness including a commitment to share data with the Council & measuring outcomes
- Demonstrating an evidenced based need
- Defining what good Prevention looks like and ability to deliver

The following areas were identified as key outcomes against which the recommissioning process would take place:

- 1) Helping people to continue caring
- 2) Supporting vulnerable adults to remain living healthily and independently in the community including avoiding crises
- 3) Supporting people to improve their health & wellbeing/improving self-management of health conditions
- 4) Helping vulnerable adults to have a voice (advocacy)
- 5) Preventing social isolation (including social prescribing)
- 6) Making sure people are helped to recover after illness, including safe and appropriate discharge from hospital for people not eligible for social care support

There has been some delay in finalising the specifications for each of the outcome areas due to internal staffing resource issues. However, the Council has provided the VCS with an assurance that irrespective of delays any plan to decommission existing services would allow for a six month notice period and to ensure delivery plans including timeframes will be regularly updated to reflect the delays with this communicated with the sector on a regular basis.

12. SAFEGUARDING

12.1 Quality Checker Project Update

The Quality Checker Project is moving to a new Community based venue to maximise the projects partnership working with other volunteer groups. This is demonstrated by the projects recent links to work collaboratively with Health Watch to develop a joint partnership Dignity in Care Panel to review and monitor social care providers. This joint work will ensure the service user and carer voice is heard at a strategic level to support service improvement in line with service user and carer feedback. The Health Watch CEO has recently shadowed the Quality Checker Volunteer Co-Ordinator to visit a range of care providers and the Volunteer Co-Ordinator of the Quality Checker project has attended the Health Watch Enter and View training to understand the ways of working of each of the projects. The benefits of this exciting joint working have been identified to raise the profile and build on the expertise of both of the projects.

12.2 Activities in Care Homes

This project continues and has offered a unique learning curve for the project as the original plan to gather feedback from service users and their carers on this topic failed to provide the information required. The project volunteers are now working with the Volunteer Co-Ordinator to coproduce a new plan to collect meaningful feedback on this important aspect of living in a residential or nursing care placement. The project welcomes the opportunity to demonstrate their ability to adapt ways of working to meet the outcomes of the project.

12.3 Hydration Visits

This project has now developed a tool for residents their carers and care home provider staff to identify the signs of dehydration and top tips to avoid dehydration. The tool consists of a small convenient card detailing useful information and guidance on identifying and dealing with dehydration. This will be distributed widely to the providers in the borough and further visits will be conducted to measure the effectiveness of this intervention.

12.4 Mystery Shopping to the Adult Abuse Line

The Quality Checker Project Volunteers are working to audit the service provided by the Adult Abuse line. This mystery shopping is testing the customer service skills of the team involved and the process in place to ensure that safeguarding concerns and alerts are dealt with effectively and in line with the safeguarding process and policy. The results of this piece of work will be fed back to the Safeguarding Adults Board in due course.

12.5 Monthly Quality Checker Drop In Service

The Quality Project is developing a Drop In Service for residents of Enfield to access information and advice from the project volunteers on a range of social care topics and support to set up Enfield Accounts. This Drop In service will aim to run monthly and target people with social care needs to provide information and support and a sign posting service.

12.6 **Safeguarding Information Panel Update**

The Safeguarding Information Panel continues to meet regularly to discuss issues and concerns relating to providers across the borough. The data collection process is being reviewed with a view to streamlining the data report presented at meetings and ensuring data is relevant and accurate. In addition the Safeguarding Information Panel is now providing reports to the Safeguarding Adults Board detailing the actions and interventions that have directly taken place as a result of the SIP to fact find and support social care providers in the borough. This information clearly demonstrates the value and effectiveness of the Safeguarding Information Panel to support service improvement in social care through a multi-agency partnership approach.

13. **CARERS**

13.1 **The Care Act and Carers Assessments**

Enfield Carers Centre has successfully implemented the new assessment pilot (for standalone carer assessments). The pilot is due for completion in December 2016. Activity shows around 20 assessments/reviews per week as per the agreed plan. Data for 2015/16 indicates that performance on Carers Assessments seems to have decreased. Early work done indicates that process and system changes have resulted in an under-reporting of performance (particularly with joint assessments and reviews). This is being addressed with the Council's Data/Management information team and within individual services to address any practice issues which may be affecting performance. It is anticipated that performance will improve this year.

13.2 **Enfield Carers Centre (ECC)**

13.2.1 Support is advertised through:

- The Carers Voice Newsletter is produced on a quarterly basis, distributed throughout the community and via email
- Website fully accessible to all computer users
- Information about ECC's services is displayed on Enfield Council's Website
- Active engagement with voluntary and statutory partners throughout the borough
- Outreach to primary and secondary healthcare settings
- Posters and leaflets providing information about ECC and the support services available to carers are displayed in the reception and waiting areas of GP practices. Carers' referral post boxes and referral cards are displayed in the majority of the 49 practices across the borough to enable carers and staff to refer to ECC.
- Outreach to statutory organisations
- Involvement in many partnership initiatives and carer networks throughout the London and the local borough
- Social Media Profiles
- The ECC benefits advice service has been promoted through outreach work with other community groups and statutory services. The Carers Benefits Advice Worker (CBAW) has continued to work within special schools and at satellite locations within Enfield to target parent carers

- Fliers for all ECC services have been displayed in community centres, GP surgeries, hospitals and at LBE Carer Forums

13.2.2 **Services Provided by ECC Quarter 1 2016/17 & Outcomes**

A total of 260 new adult carers were registered with the Centre during this quarter and these come from various sources, some of which are detailed below. The remainder of new referrals emanate from extensive outreach carried out by ECC staff, word of mouth, via family and friends, referrals from statutory and voluntary sector colleagues, the internet, ECC's website and social media platforms.

13.2.3 **Carers Support Groups**

Monthly Bereavement Group – This was attended by 24 carers in total:

9 in April,
7 in May and
8 in June.

Monthly Dementia Group - This was attended by 46 carers in total in the quarter:

April 19
May 13
June 14

In April the group had over 10 new attendees who had not accessed the group before and carers enjoyed an informal presentation by a Carers Assessment Officer who explained the benefits of having a one-to-one carers assessment and taking the time to focus on their own needs.

In May The Dementia Nurse from Chase Farm Hospital delivered a talk on services for dementia carers and patients at the hospital.

The June meeting was run as a research session for the Carers Trust / Toby Williamson from the Royal Surgical Aid Society. The purpose of this session was to give dementia carers a voice and to help identify their specific needs. The society are considering a national centre to provide training, respite for carer and cared for, and activities and require feedback concerning this.

Lunch was provided by the Trust and the session revolved around the needs of carers when looking after a family member living with dementia. Each table had six questions to answer concerning their needs, how far they would travel for facilities how much they would pay etc. The carers felt the groups were very supportive in their discussions and that they had been able to off load some of their concerns as the group progressed.

Monthly Mental Health Group - Twenty Four carers attended the monthly Carers MH group this quarter.

There were 10 in attendance in April, 6 in May and 8 in June.

In April a speaker from the Carers Trust was gathering feedback and carers' opinions on the challenges of supporting people with mental health diagnosis back into work;

May and June sessions were run as peer support groups with MH carers supporting each other and sharing shared experiences.

Bi-Monthly Autism Support Group -

One group meeting took place during the quarter covered by this report (May). Eight carers attended, ranging in age from 42 to 73.

The people they are caring for ranged from: primary school age children to mature adults and included those newly diagnosed; others who are trying to get a diagnosis; some with a mix of autism and severe learning difficulties; to others with high functioning autism.

Monthly Drug & Alcohol Support Group

Three groups were held in the quarter. This monthly support group continues with few attendees which may reflect the delicacy of the subject matter. Two carers attended in April, with three attendees in both May and June.

A key worker from the local drug and alcohol service in Enfield continues to attend each group to help advise carers who attend. He then arranges one to one meetings at the centre with carers if needed. Carers looking after someone with an addiction can feel extremely alone and this contact with an experienced worker is appreciated by most of the carers who have needed such support.

Discussions have included: the difficulty of supporting someone with an addiction problem who does not want to engage with services; issues around safeguarding and confidentiality; and tips and advice on how to help encourage and support the person they are caring for.

Day and Evening New Carers Group

These are now run twice a month, once at the beginning of month and once halfway through to ensure new carers have ready access to the centre at set times of the month.

Three evening and six daytime groups were run in the quarter for new and working carers to come along to the Centre.

Five Carers attended the evening group in April, 8 in May and 3 in June. Thirty Six carers attended the daytime group with 13 in April; 11 in May and 12 in June.

Evening Carers Group: The April group provided benefits advice. Carers were advised about making online applications for benefits and their eligibility for them.

The May group provided a Relaxation session to help carers to deal with the stress of the caring role. This evening was in conjunction with ECC's Young Adult Carers Hub (16-25yr olds) who joined the relaxation class for the first part

of the session. Six adult carers attended with three young carers for a short meditation session. After the session a discussion took place regarding the benefits, to carers of all ages, of taking time out and trying to attend ECC's free meditation sessions weekly at the centre or other relevant workshops such as Stress and Sleep.

In June an ECC Carers Assessment Officer discussed the importance and benefits of having a Carers Assessment. This presentation covered all aspects of preparing for carers assessment and understanding the possible outcomes.

Bi Monthly Care Homes Network

Two groups were held in the quarter and continue to be very well attended:

April – 17 carers

June – 19 carers

The group is run as both a support/peer group and as an information session. Carers attending are all at different stages of the care homes journey. Some have loved ones happily settled in a home, others not so happy and many just planning for the future.

The April group had a speaker from a local firm of solicitors talking about Care homes contracts which the group found very helpful.

June's speaker was a Mental Capacity Act & Safeguards Manager from Enfield Council who delivered a presentation on capacity and deprivation of liberty which sparked a lot of debate and it was decided that the topic need to be re-visited again in the future.

Monthly Turkish Carers Group

Three groups were held in this quarter attended by 13 carers in total, April – 5, May - 7 and 1 in June.

The group has been set up to reflect the demand from the growing numbers of Turkish speaking carers registering with ECC and encourages Turkish, Turkish Cypriot and Kurdish Carers to meet at our centre to discuss our services in detail.

The group provides advice and support as well as updating carers on relevant developments within health and social care settings.

Some of the group's participants were encouraged to attend the free ESOL classes at ECC to help them improve their language skills.

ECC Support workers attended the group in April and June to talk about benefits and Carers Assessments to assist carer cope with their caring role.

Benefits Project

97 benefits services including home visits, outreach appointments and telephone consultations took place over the reporting period.

Also during this quarter the following took place:

- One Information session was held at The Warwick Centre for Dementia Carers
- One Carers Allowance Workshop was delivered

Benefits information was delivered to New Carers at monthly support group meeting.

A Benefits presentation was delivered for Working Carers at an evening Drop In.

GP Liaison Project

41 new carers have been identified through the Carers GP Project in the reporting period.

Three new GP Practices agreed to have a carer's notice board in the surgery. (Gillian house, Lincoln Road Medical centre, Rainbow Practice)

Nine GP Surgeries were provided with Carer Awareness Training (North London Medical Centre, Nightingale House Surgery, Bowes Medical Centre, Forest Road Group Practice, Bounces Surgery, Freezywater Primary Care Centre, Rainbow Practice, Curzon Avenue Surgery, and Southgate Surgery.)

Three different GP surgeries have agreed to re-start the ECC information stall at the entrance of their building to bring awareness to Carers within the borough - Forest Road Primary Care Centre: Bounces Road Surgery, Boundary House, Forest Road Group Practice.

Five carers have been supported with problems at their GP practice including incorrect dosage of medication being prescribed to a disabled child.

One Carers GP forum was delivered attended by ten carers. A speaker from the discharge team at a local hospital provided information about the discharge process and the support available to carers and families.

Hospital Support Project

80 new carers have been identified through the hospital project in the reporting period.

Daily - joint working takes place by working with other staff members, as well as other internal and external organisations based at the hospitals.

The ECC Carers Hospital Support Worker (CHSW) attended 1 Mental Health NHS Induction session speaking to approximately 50 members of staff in small groups.

13.2.4 **Joint working:**

One monthly information stand from Attend (Stroke Support in the Community) was set up alongside the ECC information stand.

Macmillan cancer support charity, who is based at two of the hospitals and Helen Rollason, another cancer support charity promote ECC publicity information and services for carers on their information stands.

One dementia support, mini-stalls session took place at a memory clinic at the hospital and was attended by carers. CHSW talked about ECC alongside other organisations, such as Alzheimer's Society, Enfield and Age UK Navigation Service as well as Crossroads Care.

One visit to North London Hospice took place to view their services for palliative care and to discuss hospital support services.

One dementia training session was attended at the hospital by the CHSW. Awareness of carers' needs was also raised with professional staff and volunteers who attended the training.

Two hospital patient participation meetings were attended at by the CHSW to discuss feedback of patient experiences and how they could be improved.

Two ECC information stands are provided weekly at North Middlesex University and Chase Farm Hospitals.

The following hospital carer support groups were attended during the quarter:

- Two stroke support groups
- Three hospital mental health carer support groups

Two family meetings have been attended by the CHSW to discuss discharge.

Three outreach information stall events were attended by The Carers Hospital Support Worker:

- Information stall at Barclays Bank for Carer's Week – 1 new carer registered;
- Over-50's Forum Falls Event:
- Hospital Annual General meeting (AGM)

13.2.5 **Counselling Project**

195 sessions for 29 clients have been delivered over the period.

There are 1 male and six female counsellors of whom four are qualified and three are in training. Two are from BME communities. The centre is able to deliver counselling in English and Gujarati. The centre delivers counselling sessions during most of the week. Each of the counsellors is supervised by an external counsellor on a monthly basis. The counselling co-ordinator usually meets all counsellors after their sessions to ensure clients are engaging in the process and that no safeguarding issues have arisen.

The waiting list is currently around two months depending on the limitations of availability given by the carer. Priority is given to the most urgent clients. The

Carers' assessments process is identifying more people who would like counselling and we are seeing an increase in referrals as a result.

Clients have a wide variety of challenges to deal with in their caring role – they are often isolated and have no one with whom they feel safe to explore their feelings of frustration, anger, confusion, sadness and resentment.

13.2.6 Carers Emergency Card Scheme

During this quarter, there was difficulty in communications with Safe & Connected and for some time ECC did not receive completed client reports, which in turn, delayed the production and issuing of new registrations/cards.

Emergency Card April 2016	1
Emergency Card May 2016	3
Emergency Card June2016	2

In addition, ECC has been encouraging carers to update their paper card, to a gold card with their photo on, so that they can avail themselves of the free, enhanced library services and make use of the negotiated carer discounts at Fusion Leisure Centres.

Carers have also been asked to review and refresh their emergency contacts and double check their details and emergency arrangements. This has therefore resulted in ECC re-issuing and updating a large number of gold cards and communication with safe and connected, none of which is reflected in these quarterly statistics, because technically, the cards are not new registrations.

14. PARTNERSHIP BOARD UPDATES

14.1 Safeguarding Adults Board (SAB)

The Safeguarding Adults Board met in September 2016 and have agree the work plan in place for all partners to prevent and respond to the abuse of adults at risk. The Boards action plan is being project managed by the Strategic Safeguarding Adults Service and to date the majority of tasks are progressing well, including the completion of safeguarding training course on the new iLearn system, a revised safeguarding adults case practice audit, clarity on advocacy and services available, dehydration cards for care homes and planned awareness activities. Any areas with delays have been discussed and partners are being supported to manage specific issues that would enable completion.

The Board receives assurances from its sub-groups on a regular basis, and the Service User, Carer and Patient Group presented their report, which highlighted the work completed to date. It was noted the group have completed a review of literature and were keen to support a joined up online approach with the Safeguarding Children Board. The group also instigated work which focused on the experience of Lesbian, Gay, Bisexual and Transgendered (LGBT) individuals in care homes. This lead to work in the Quality Checkers and an important piece of research titled 'Staying out of the Closet'.

As noted by Tim Fellows, CEO, Enfield LGBT Network in the Board's Annual Report 2015-2016 "The Enfield LGBT Network is very pleased that the Safeguarding Adults: Service Users, Carers and Patient Group instigated the important piece of research 'Staying out of the Closet'. This was a forward thinking and bold undertaking and demonstrates the group is not afraid to tackle difficult issues."

The Safeguarding Adults Board have two current action plans for separate Safeguarding Adults Reviews which were completed in 2015/2016; these action plans enable the Board to assure itself that learning has been implemented. Both SAR action plans were reviewed and accepted as completed. The following can be noted in relation to the frequency of SARs being raised in Enfield:

1. Four were commissioned in 2015/2016 and of these, two have been completed and two are in progress.
2. In the first quarter of 2016/2017, one further SAR has been commissioned.
3. Some SARs do not meet the threshold and in 2015/2016 two were raised and not progressed formally as a SAR. So far this year in 2016/2017 there have been two which did not meet the threshold.

A report was received on the Safeguarding Information Panel which presented data for Q1 2016/2017 and aimed to provide assurance that concerns are being picked up and steps taken to prevent harm to those whom use services. The outcome of the SIP meetings noted that:

- three provider concerns processes were initiated
- four quality checker visits requested to collect feedback about services
- four visits by nurse assessors on clinical aspects of care
- thirteen spot checks during out of hours to provide feedback on specific areas of concerns, which are unannounced
- three immigration enforcement requests to conduct checks
- eleven contract monitoring visits have been completed.

There will be a SIP report bi-annually presented to the Board.

Assurance was received from the North Middlesex Hospital NHS Trust in relation to how they safeguarding adults during a time with significant demand on service and following recent acknowledgement that there have been concerns. The representative for the hospital set out the Trust Board assurance received on safeguarding, partnership work including attendance at Boards, training undertaken and their role in single section 42 safeguarding enquiries. It was noted that there had been a decrease in reports of abuse involving Trust staff and that there was organisational learning undertaken with respect to cases and Safeguarding Adult Reviews. The Trust set out their key priorities, which included training plan for mental capacity, best interest decisions, Deprivation of Liberty Safeguards and domestic abuse. Further there will be a focus on adequate

handover of information for discharge, end of life care plans are developed with patients and their families/ carers and progression of Prevent Wrap training.

The Safeguarding Adults Board are in the process of recruiting a new Independent Chair, and interviews are expected in October 2016 with the chair in place from December 2016 Board meeting.

14.2 Learning Difficulties Partnership Board (LDPB)

The learning disabilities partnership board last met on the 15th August. The 'Big Issue' for the meeting was leisure.

14.2.1 David Chalfen from the Lee Valley Regional Park Authority presented to the Board on inclusive sport opportunities in the park. These included –

- Accessible sessions at the white water rafting centre
- The Disability Cycling Hub at the Velodrome and Olympic Park
- Disability Athletics programme
- Learning Disability Tennis sessions

Some board members already used the facilities – and particularly enjoyed being able to watch training sessions for free. Members were also interested in some of the new opportunities that were presented, and relevant information was sent out with the minutes.

14.2.2 Paul Everitt (Head of Arts and Culture, London Borough of Enfield.) then spoke to the board about 'Move More Enfield'. Board members were interested, but were also worried about vulnerable people using some local parks. People sometimes felt insecure, and at risk from some other park users. Paul emphasised that the more people used their local parks, the safer the parks will become.

14.2.3 Donna Water and Sarah Louis then presented to the board on the opportunities offered by the Wellbeing Services.

Members were pleased to hear that the Formont Pool Staff were trained in the Halliwick method. Board members were also pleased that the pool was opened on Saturdays and until 6pm two evenings a week.

Donna explained that they were hoping to offer more session in the evening and at weekends in the future – but had no timescales for when this would be done.

Donna explained that the service was intending to produce a price list for people who wanted to attend sessions while bringing their own carer.

They were also looking at the possibly extending the opening of the cycle scheme in Bush Hill Park. Donna will also be in touch with Cycle Enfield to look at the possibility of offering cycling proficiency tests to people with learning disabilities.

Donna is also interested in building closer links with other local providers.

14.2.4 Brian Gould and Carl Rockman, members of One-to-One then went through the One-to-One website with the board, showing the different activities

on offer. The board acknowledged the excellent work done by One-to-One, and the important role they play in many people's lives.

14.2.5 The board then went into workshops to identify how the Board will take the lead. Actions included liaising with fusion leisure and Enfield Library's to facilitate Learning Disability friendly 'taster sessions', and liaising with the new Service Development Manager about creating a 'Hub' to promote information sharing and networking between providers.

14.2.6 Niel updated the board on the current financial situation. Niel will give a more detailed report to the next board.

14.2.7 Wendy Barry (Parent Carer and CAPE representative) will be meeting with Enfield CCG to go through their budget setting tool, and feedback through the focus group.

14.2.8 The work plan report.

- The Learning Disability and Autism Council is making great progress. Elizabeth Taoushanis (peer advocate) has given presentation to Community Link and Formont, and will be going to New Options and the New Opportunities Centre.
- The Autism Steering Group and Practitioners Working Group have developed a Diagnostic and Customer Pathway. This is now with commissioners for consideration. The pathway includes plans for an Autism Hub. Two Autism drop in sessions are up and running, offering peer support. These are well supported.
- Family Carer groups have participated in Enfield's Voluntary Sector Commissioning Intentions Seminars. Carers groups continue to liaise with the council on the current financial situation. Family Carers have also been supported by ILDS Positive Behaviour Support Practitioners around challenging behaviour.
- The Hate Crime sub group has held a pilot hate crime awareness training session with EDA staff and volunteers. Further training is planned.
- The Health Sub Group hosted a Diabetes Conference at the Dugdale Centre, with over 50 people attending.
- The Transport Sub Group has launched the report from their travel survey at an event attended by TFL, Safer Transport Police and local transport providers. A meeting has also been arranged to begin progressing the travel buddy scheme.

Briefing Note - Joint Commissioning Board report for HWB

The Better Care Fund – September 2016 update

1. 2016/2017 Better Care Fund plan

Confirmation was received from NHS England (NHSE) on July 21st, that following the regional assurance process, the Enfield BCF plan has been classified as 'Approved' i.e. the plan meets all the NHSE requirements and the focus should now be on delivery.

The BCF funding will now be released and it is noted that it is subject to the funding being used in accordance with the final approved plan, which has demonstrated:

- compliance with the conditions set out in the BCF policy framework for 2016-17
- compliance with the BCF planning guidance for 2016-17
- the funding will be transferred into pooled funds under a Section 75 agreement

2. BCF Quarterly data collection requirements

The Q1 data return (for the period April to June 2016) has been completed, approved and submitted to NHSE by the September 9th deadline.

It is expected that NHSE will publish the Q1 Data Collection and Performance report for all HWB areas by mid October.

Some points to note:

Non-Elective Admissions (NEAs)

- Q1 data is currently being validated
- Previous years data was sourced from the Monthly Activity Return (MAR) and from 2016/17 the Secondary Uses Service (SUS) data will be used, so comparison year to year will no longer be possible. This change is to ensure consistency in data source across all HWB areas.
- Also North Middlesex are now changing the categorisation of Ambulatory Emergency Care (AEC) activity from admission to attendance, which will likely result in a decrease in figures. As a result, a revision request to the CCG's Operating Plan is pending. These revisions would eventually feed through to the BCF quarterly monitoring templates.

Diagnosis of dementia

- Performance in June was marginally below target. However additional consultant capacity commissioned in 2016/17 shows that improvement in the diagnostic imaging pathway are having a positive impact on waiting times.

Re-ablement

- Q1 figures show a marked increase over 15/16, with April exceeding the target and YTD only slightly under the target (by 2%)

3. 2016/17 Governance and reporting

As reported in the July BCF update to the HWB, the governance arrangements supporting the plan have been strengthened to ensure there is closer monitoring in relation to performance, finance and monitoring scheme outcomes.

BCF plan implementation

The Finance and Activity sub group has now been refocused into the BCF Delivery Group and key responsibilities are:

Briefing Note - Joint Commissioning Board report for HWB

- To oversee the implementation of the BCF plan
- To provide challenge, assurance and to advise on all matters relating to the delivery of the BCF plan, including: finance, activity, performance, scheme / project implementation and issue resolution.
- To provide written reports / make recommendations to the BCF Executive, Joint Commissioning Board (JCB) and Enfield Health & Wellbeing Board (HWB) as required
- To manage the BCF Risk Register and recommend any mitigating actions / plans to minimise risk as required

Meetings are also being focused on particular themes to enable more detailed discussions to be held. To date performance metrics and methodology have been reviewed and a detailed indicator guide produced that defines the metrics and how they are measured.

2016/17 business cases

BCF business cases are in the process of being updated for existing schemes and drafted for new schemes. A new template is in use that has been informed by audit recommendations – it is more streamlined and makes it easier to assess against BCF priorities and performance indicators and it also highlights scheme outcomes.

Audit report recommendations

The action plan produced from the 3 audit reports (Ernst Young, PA Consulting and Price Waterhouse Cooper) has been reviewed during August and there are now only 2 recommendations that are not complete and both of these relate to improving the monitoring of scheme outcomes. It should be noted that this work is in progress and on track and will be reviewed and monitored by the BCF Delivery Group.

4. Feedback from August 3rd BCF leads Network group meeting

Future BCF Planning

The aim is to move to a 2 year planning cycle and the timescale for commencement has been brought forward to autumn 2016. The template is currently being developed and it is intended that only essential information will be collected.

The expectations are:

- It will be linked to the Sustainability and Transformation Plan (STP)
- A model / plan will be developed locally for integration
- National standards will be set which will need to be met locally
- A dashboard of metrics will be established

Integration

Two key documents have now been published (on behalf of the LGA, NHS Confederation and ADASS) that will inform the future development of integration:

- Stepping up to the place: the key to successful health and social care integration
This includes a shared vision, what has been learned about successful integration and issues for local and national leaders
- Stepping up to the place: Integration self-assessment tool

Briefing Note - Joint Commissioning Board report for HWB

This tool offers an opportunity to self-assess the present state of readiness across the key elements and characteristics needed for success and to identify areas for improvement.

2016/2017 BCF Network meetings

Themes for 2016/2017 BCF Network meetings to support the delivery of the plan have been agreed:

- Risk stratification and targeting BCF schemes
- Measuring success and evaluating BCF schemes
- Delayed transfer of care (DTocS) - reviewing progress, successes and barriers
- Locality working and Joint approach to care planning
- Integrating mental and physical health

5. Local Integration

As reported at the July HWB, discussions have been taking place about the future role of the Integration Board in order to support plans and preparation for Health and Social Care Integration in 2020. Based on conversations to date, there is a view that the Integration Board as it is, is not fit for purpose and is replaced by a steering group/sub-board of the HWB to support and provide a steer on the development of a local strategic plan for 2017. As discussed at the recent HWB development session, the plan will highlight the positive activity and integrated services already in place in the borough. Further information will be brought to the December for HWB consideration.

END.

This page is intentionally left blank