HEALTH AND WELLBEING BOARD

Tuesday, 10 October 2017 at 6.15 pm
Conference Room, Civic Centre, Silver Street, Enfield, EN1 3XA

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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 – Parin Bahl
Clinical Commissioning Group (CCG) Chief Officer – Acting – Deborah McBeal
NHS England Representative – Dr Helene Brown
Director of Public Health – Tessa Lindfield
Executive Director of Health, Housing and Adult Social Care – Ray James
Executive Director of Children's Services – Tony Theodoulou
Voluntary Sector Representatives: Vivien Giladi, Litsa Worrall (Deputy)

Non-Voting Members

Royal Free London NHS Foundation Trust – Natalie Forrest
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

AGENDA – PART 1

1. WELCOME AND APOLOGIES

2. DECLARATION OF INTERESTS

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

3. DOMESTIC VIOLENCE - LINKS WITH THE SAFER STRONGER COMMUNITIES BOARD (6:15 - 6:25PM) (Pages 1 - 20)

To receive a report from Tessa Lindfield, Director of Public Health, further to the Health & Wellbeing Board development session on 5 September 2017.

4. PROGRESS UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) (6:25 - 6:35PM) (Pages 21 - 22)

To receive the report of Tessa Lindfield, Director of Public Health providing progress to date.

5. SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016-17 (6:35 - 6:55PM) (Pages 23 - 72)

To receive the Safeguarding Adults Board Annual Report 2016-17 from Christabel Shawcross (Independent Chair of Enfield Safeguarding Adults Board).

6. ENFIELD PHARMACEUTICAL NEEDS ASSESSMENT (PNA) - DRAFT PNA (6:55 - 7:05PM) (Pages 73 - 78)

To receive the report of Tessa Lindfield, Director of Public Health, further to Health & Wellbeing Board's endorsement of the proposed process for the Enfield PNA at 19 April 2017 meeting.

REPORTS FOR INFORMATION

The following reports are for information only.

7. NORTH CENTRAL LONDON (NCL) SUSTAINABILITY AND TRANSFORMATION PLAN (STP) - PROGRESS REPORT (7:05 - 7:15PM) (Pages 79 - 92)

To receive a presentation providing an update on the STP.

8. PROGRESS UPDATE ON JOINT HEALTH AND WELLBEING STRATEGY (JHWS) (7:15 - 7:25PM) (Pages 93 - 116)

To receive the report of Tessa Lindfield, Director of Public Health.

9. PROGRESS UPDATE ON HEALTHY ENFIELD WEBSITE (7:25 - 7:35PM)

To receive an update from Tessa Lindfield, Director of Public Health.

10. THE INTEGRATION AND BETTER CARE FUND (7:35 - 7:40PM) (Pages 117 - 126)

To receive a report for noting from Bindi Nagra (Assistant Director Strategy & Resources, Health, Housing & Adult Social Care, LB Enfield) and Vince McCabe (Interim Director of Commissioning, Enfield CCG).

11. UNIVERSAL CREDIT (7:40 - 7:55PM) (Pages 127 - 142)

To receive a presentation by Sally McTernan (Assistant Director Community Housing, Health, Housing & Adult Social Care, LBE) on Universal Credit which rolls out across some Enfield postcodes from November.

12. HEALTH & WELLBEING AND OVERVIEW & SCRUTINY (7:55 - 8:00PM) (Pages 143 - 154)

To receive for information a report from Overview and Scrutiny Committee setting out the Scrutiny Annual Work Programme and Workstreams identified for 2017/18 (Report No. 49), adopted by Council on 19 September 2017.

13. MINUTES OF THE MEETING HELD ON 12 JULY 2017 (8:00 - 8:05PM) (Pages 155 - 162)

To receive and agree the minutes of the meeting held on 12 July 2017.

14. INFORMATION BULLETIN (8:05 - 8:10PM) (Pages 163 - 170)

The Information Bulletin is a series of brief information items – attached.

15. HEALTH AND WELLBEING BOARD FORWARD PLAN (8:10 - 8:15PM) (Pages 171 - 172)

The current version of the Forward Plan is attached.

16. DATES OF FUTURE MEETINGS

Members are asked to note the dates of meetings of the Health and Wellbeing Board:

- Tuesday 5 December 2017
- Thursday 8 February 2018
- Tuesday 17 April 2018

All meetings take place at 6:15pm unless otherwise indicated.

Members are asked to note the dates of meetings of the Health and Wellbeing Board Development Sessions:

- Tuesday 21 November 2017
- Tuesday 16 January 2018
- Tuesday 20 March 2018

The development sessions take place at 2:00pm unless otherwise indicated

17. EXCLUSION OF PRESS AND PUBLIC

If necessary, to consider passing a resolution under Section 100A(4) of the Local Government Act 1972 excluding the press and public from the meeting for any items of business moved to part 2 of the agenda on the grounds that they involve the likely disclosure of exempt information as defined in those paragraphs of Part 1 of Schedule 12A to the Act (as amended by the Local Government (Access to Information) (Variation) Order 2006).

There is no part 2 agenda.

Agenda Item 3

MUNICIPAL YEAR 2017/18

Meeting Title: **HEALTH AND WELLBEING BOARD** Date: 10th October 2017	**Agenda Item:** **Subject: Domestic Violence – Links with the Safer Stronger Communities Board**
Contact officer: Andrea Clemons Telephone number: 0208 379 4085 Email address: **Andrea.Clemons@enfield.gov.uk**	**Report approved by:** **Tessa Lindfield** **Director of Public Health**

1. EXECUTIVE SUMMARY

The Health and Wellbeing Board (HWB) has previously selected key areas for focus including collaborating with the **Safer Stronger Communities Board** (SSCB) on work to tackle Domestic Violence. A workshop session was held September 2017 which produced a set of actions whereby the HWB could support the delivery of the SSCB's work to tackle domestic abuse in Enfield.

2. RECOMMENDATIONS

That the Health & Wellbeing Board support:

- The SSCB to audit Enfield's progress towards implementing the NICE guidelines on domestic abuse.
- Dissemination of information on services for victims of domestic abuse in Enfield and prevention campaigns
- The wider use of routine enquiry in health and care services
- The use of DV specialist workers in A&E
- A joint commissioning approach where it makes sense to do
- Work towards more data sharing and analysis
- A proposal to the JSNA steering group to include further work on this topic

3. BACKGROUND

3.1 At Health and Wellbeing Board meeting held on the 19th April 2017, HWB agreed on the priority areas it wishes to focus on the final two years of the Joint Health and Wellbeing Strategy 2014-2019. This included a collaboration priority around working with the Safer Stronger Communities Board on tackling domestic abuse in Enfield.

4. REPORT

4.1 In September 2017 a workshop for HWB members received a presentation from SSCB members on domestic abuse in Enfield. The slide deck is included as Appendix A.

4.2 Board Members discussed where the opportunities lay to add value to the work of the SSCB and identified the opportunities listed at 5.1.

5. RECOMMENDATIONS

5.1 The HWB is now formally requested to support the following actions:

- An audit of Enfield's progress towards implementing the NICE guidelines on Domestic violence and abuse: multi-agency working[1].
- To use their systems and networks to disseminate information on; services for victims of domestic abuse in Enfield; and prevention campaign materials
- The wider use of routine enquiry as a tool across health and care services to identify victims to enable them to receive help and support.
- The use of specialist workers including IDVAs in A&E departments
- A joint commissioning approach where it makes sense to do
- To work towards improving data sharing and analysis across the Enfield system of public services.
- A proposal to the JSNA steering group to include further work on this topic.

end

[1] https://www.nice.org.uk/Guidance/PH50

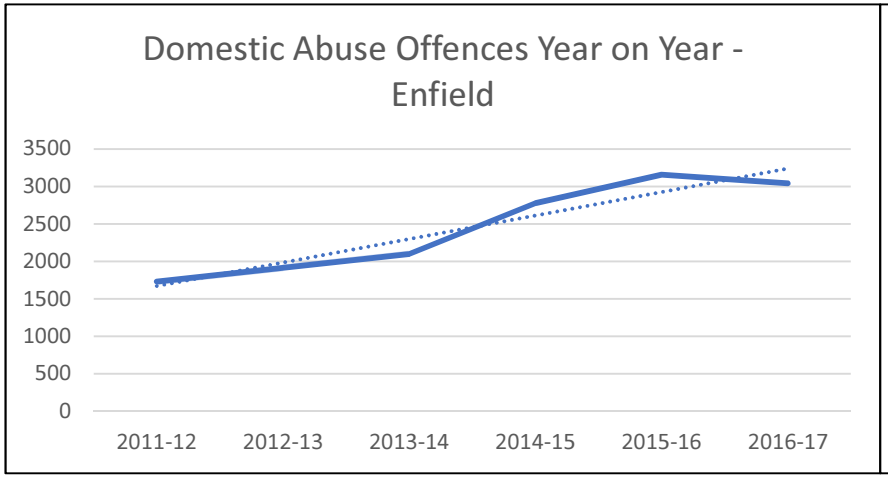
Domestic Abuse

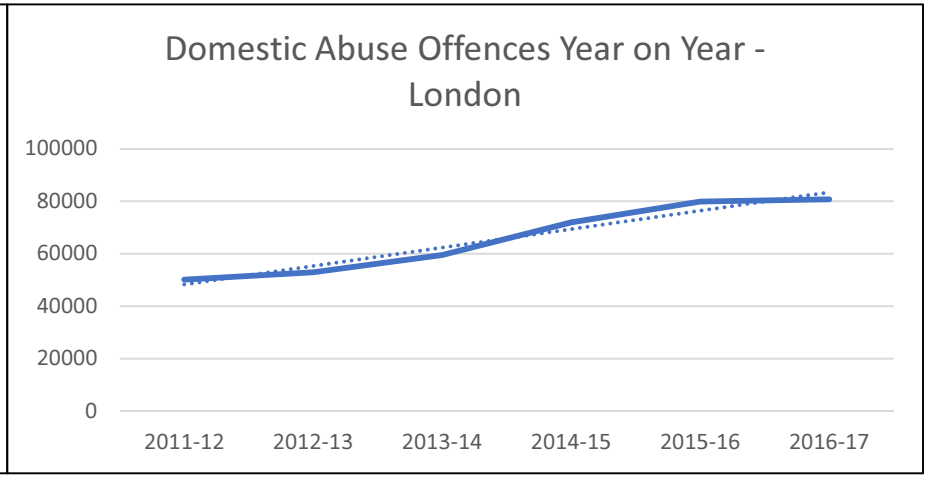
H&WB Development Session

- An overview of domestic abuse
- Challenges and opportunities
- Characteristics of victims
- Benefit of perpetrator programmes
- Health and domestic abuse
- Costs of domestic abuse and return on investment
- How can we change / improve outcomes?

The local and regional picture

Enfield has seen a rise in domestic abuse offences year on year since the establishment of a 2011/12 baseline. However, in the 12 months (to 31st July 2017) there have been 2813 reported domestic abuse offences. This constitutes a 4.4% decline in Domestic Abuse offences in the previous 12 months but a 62.6% rise from the MOPAC 2011/12 baseline (1730).





The local and regional picture

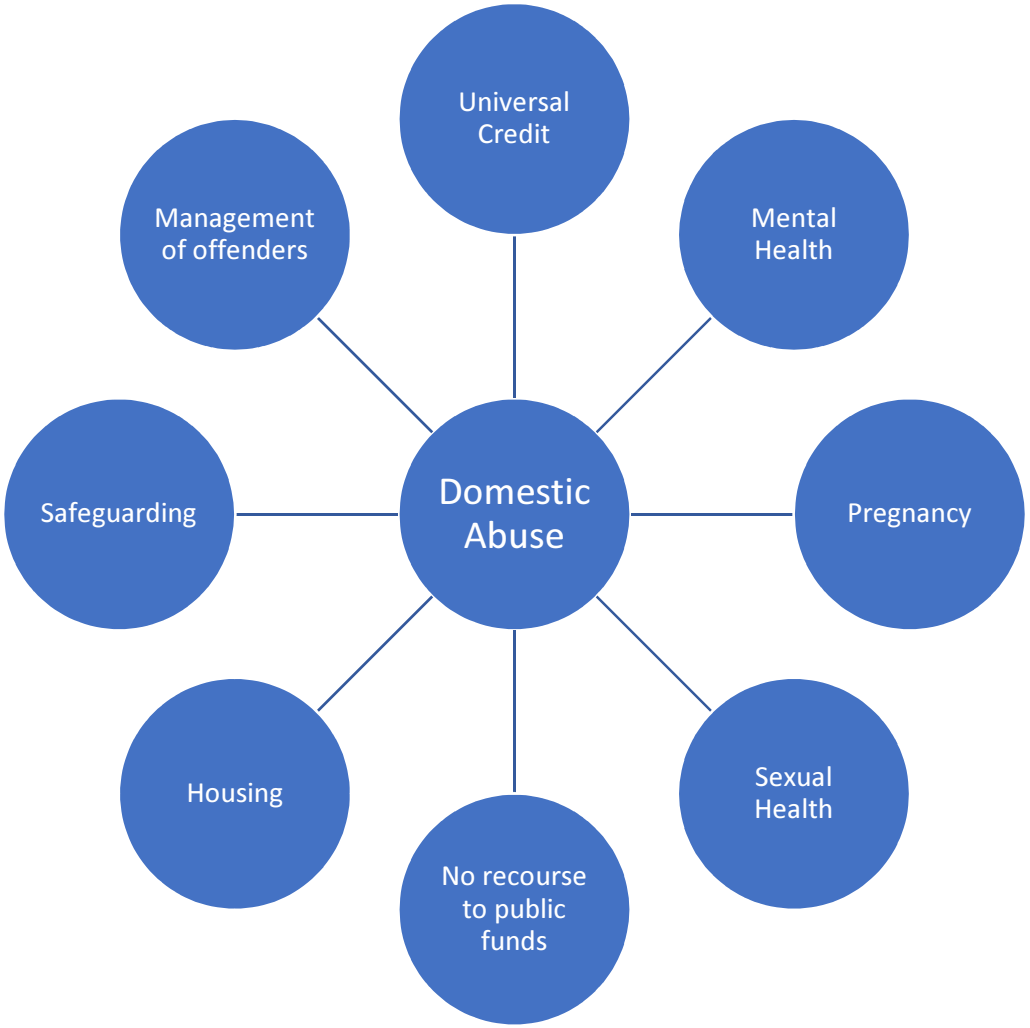
	Enfield			London		
Offence type	August 2015 to July 2016	August 2016 to July 2017	% change	August 2015 to July 2016	August 2016 to July 2017	% change
Domestic Abuse Incidents	5893	5969	1.3%	150186	146094	-2.7%
Domestic Abuse Offences	1730	2813	62.6%	75160	76066	1.2%
Domestic Abuse Violence with Injury	549	553	0.7%	14854	14350	-3.4%

- Domestic Abuse Incidents have increased in Enfield by 1.3% compared with a 2.7% reduction across London
- Domestic Violence with Injury has increased slightly in Enfield by 4 offences (0.7%) compared with a 3.4% reduction in London
- A domestic incident is a report of a domestic incident which occurs in either a public or private place where the circumstances do not amount to a crime. A Domestic Offence is where a crime is determined to have taken place.

Some common health consequences of violence against women

Physical	Sexual and reproductive
• acute or immediate physical injuries, such as bruises, lacerations, burns, bites, fractures, broken bones or teeth • more serious injuries, which can lead to disabilities, including injuries to the head, eyes, ears, chest and abdomen • gastrointestinal conditions, poor health status, including chronic illness • death	• unintended/unwanted pregnancy • abortion/unsafe abortion • sexually transmitted infections, incl HIV • pregnancy complications/miscarriage • vaginal bleeding or infections • chronic pelvic infection • urinary tract infections • painful sexual intercourse
Mental	**Behavioural**
• depression , stress, anxiety, PTSD • sleeping and eating disorders • self-harm and suicide attempts • poor self-esteem	• harmful alcohol and substance use • multiple sexual partners • lower rates of contraceptive and condom use

Challenges and Opportunities



Characteristics of victims

- Being female
- Having a long-term illness or disability (this almost doubles the risk) (Smith K (Ed) Osborne S, Lau I et al, 2012)
- Age (women in younger age groups, in particular in those aged 16–24 and men aged 16-19 are at greatest risk (Smith K,Coleman K, Eder S et al,2011)
- Pregnancy - the greatest risk is for teenage mothers and during the period just after a woman has given birth (Harrykissoon SD, Vaugn IR, Wisemann CM, 2002)
- Having a mental health problem (Trevillion K, Oram S, Feder G et al, 2012)
- Alcohol consumption (alcohol use is associated with a fourfold risk of violence from a partner and is commonly present where sexual violence has occurred) (Gill-Gonzales, D et al, 2006)
- Poverty, economic stress and unemployment and/or no financial control

Perpetrator programmes

NHS Hull commissioned Perfect Moment to support an economic assessment of the perpetrator project which was implemented by Strength to Change in 2010.

Analysable data available from its first 16 months of operation demonstrated that even though the project was still in its relative infancy, it had already brought about measurable change in the 75 men and the families involved (88 women and 151 children and young people) with significant savings attached to that impact

Comparison of police callouts since engagement with StC with the annual average calculated from the two years preceding engagement shows:

- Men involved with the scheme have been in involved in 66% fewer incidents
- Men still on the scheme have been involved in 75% fewer incidents
- Men who have left the scheme have been involved in 54% fewer incidents

Good news / good practice / investment

- Funding: over the last two years we have secured funding in joint borough bids from the Home Office and DCLG
- New Information Sharing Protocol agreed
- Continuation of the Identification and Referral to Improve Safety (IRIS) scheme
- The Community Safety Unit continues to provide DV training to multi-agency professionals
- Increased reporting and communications
- Reduction in repeat victimisation
- New Violence Against Women and Girls (VAWG) Strategy
- Awareness Raising Campaign and digital marketing
- Contribution to the Joint Strategic Needs Assessment (JSNA)
- Increase in Independent Domestic Violence Advocates (IDVAs)

Awareness raising campaigns

TACKLING DOMESTIC ABUSE

Boyfriend Material?

HAPPY TO CHECK YOUR PHONE AND EMAIL MESSAGES

MORE THAN WILLING TO DRIVE YOU TO A&E

KNOWS 5 WAYS TO HIT YOU WITHOUT LEAVING A MARK

WON'T HAVE A PROBLEM ISOLATING YOU FROM FAMILY AND FRIENDS

IF THESE SOUND FAMILIAR, HE'S DEFINITELY NOT BOYFRIEND MATERIAL

For more information and support go to:

www.enfield.gov.uk/dv

SAFE ENFIELD

METROPOLITAN POLICE

SSCB

ENFIELD Council

Local and Central Government VAWG Strategies

The new local strategy sets out how we will address and prevent violence against women and girls in Enfield and mirrors the Mayor's Office for Policing and Crime (MOPAC) Crime and Policing Plan and central government VAWG strategy.

After the Home Office, the highest number of actions in the Govt strategy sit with health. This is positive as research shows when victims do not report to police health settings can provide a key route into accessing specialist services (Safelives, 2016)

Health and domestic abuse are inextricably linked

- Women who experience domestic violence present more frequently to health services. They are admitted to hospital more often than their non-abused counterparts and are issued with more prescriptions. (Povey D. et al, 2009, cited in Smith et al, 2011).
- A high proportion of women attending A&E, primary care, family planning, reproductive and sexual health settings are likely to have experienced domestic violence and abuse at some point (Alhabib, S. et al, 2010).
- In relationships where there is domestic violence, approximately half of the children witnessing the incidents have themselves been badly hit or beaten (Royal College of Psychiatrists, 2012).
- These children have an increased risk of developing acute and long term physical and emotional health problems (Felitti VJ, Andrea RF, Nordenberg et al, 2002). Many will be traumatised by what they witness, whether it is the violence itself or the emotional and physical effects the behaviour has on someone in the household.

Domestic abuse – an issue for employers

25% of women are affected by domestic violence during their adult lifetimes

16% of men are affected by domestic violence during their adult lifetimes

75% of people who endure domestic violence are targeted at work

58% of abused women miss at least 3 days of work a month

68% of people who endure abuse are diagnosed with clinical depression

Example of good practice: IDVA's based at A&E

Domestic abuse already puts enormous strain on our NHS. With a small investment, we can unlock the potential in our health service and make victims safer, faster and reduce repeat victimisation.

Domestic abuse costs £1.73 billion to the NHS already. Our doctors and nurses already do an incredibly tough job.

It's difficult to ask a routine question without specialist services to refer onto. Clear referral pathways could reassure and support victims in their journey to safety and provide support and guidance to clinical staff and other hospital based professionals.

How can we change / improve outcomes?

"Victims of violence identify health care workers as the professionals that they would be most likely to speak to about their experiences" (HM Government, 2016a)

Ideas could include:

- Commitment to audit how far Enfield is meeting the NICE guidelines on DV and audit how far Enfield is meeting these
- A commitment to rolling out routine enquiry in wider health settings
- Placement of IDVA's in A&E / co-locating DV specialist workers (similar to IRIS model)
- Take a joint commissioning approach
- Increased data sharing / analysis
- Identify a HWB DSVA Champion as part of wider partnerships
- Expanded DV report on JSNA to include wider health determinants and links
- Any others?

Please discuss whether these suggestions are achievable and what else we can do?

For reference: NICE guidelines

- Create an environment for disclosing domestic violence and abuse
- Plan services based on an assessment of need and service mapping
- Develop an integrated commissioning strategy
- Commission integrated care pathways
- Tailor support to meet people's needs
- Help people who find it difficult to access services Identify and where necessary refer children and young people affected by domestic violence and abuse
- Provide specialist domestic violence and abuse services for children and young people
- Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
- Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition
- Provide specific training for health and social care professionals in how to respond to domestic violence and abuse
- GP practices and other agencies should include training on and a referral pathway for domestic violence and abuse
- Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse
- Participate in local strategic multi-agency partnership to prevent domestic violence and abuse
- Adopt clear protocols and methods for information sharing
- Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse

Further information: the role of health services in responding to violence against women

The 2016 NHS Mandate recognised the vital role that the NHS can play in tackling domestic violence, setting out expectations to ensure it helps identify abuse early and provides or identifies the relevant support. The Public Health Outcomes Framework (PHOF) 2013-2016 contributed to developing practices to integrate domestic violence with healthcare and has been supported by NICE through the development of a specific domestic violence and abuse Quality Standard.

What is now vital is the ability of the frontline to deliver the vision of the PHOF as expressed through the four quality statements within the Standard:

- People presenting to frontline staff with indicators of possible domestic abuse are asked about their experiences in private discussion.
- People experiencing domestic abuse receive a response from trained staff.
- People experiencing domestic abuse are offered referral to specialist support services.
- People who disclose that they are perpetrating domestic abuse are offered referral to specialist support services.

Agenda Item 4

MUNICIPAL YEAR 2017/18

Meeting Title: **HEALTH AND WELLBEING BOARD** Date: 10th October 2017 Contact officer: Miho Yoshizaki Telephone number: 0208 379 5351 Email address: **miho.yoshizaki@enfield.gov.uk**	**Agenda Item:** **Subject: Progress Update JSNA** **Report approved by:** **Tessa Lindfield** **Director of Public Health**

1. EXECUTIVE SUMMARY

The Health and Wellbeing Board (HWB) is responsible for preparing the Joint Strategic Needs Assessment (JSNA). The JSNA should provide information and intelligence to inform strategic decision and commissioning.

To ensure the JSNA continues to be useful, a new model is being developed. This report provides progress to date.

2. RECOMMENDATIONS

- The Board is asked to champion and promote the new Enfield JSNA

3. BACKGROUND

3.1 The local authority and the clinical commissioning group are jointly responsible for preparing a JSNA, through the health and wellbeing board (HWB).

3.2 The JSNA is a process that identifies the current and future health and wellbeing needs of the local community. It is not just a report or data portal.

3.3 The aim of the JSNA is to;

- Provide intelligence to show the current and future health and wellbeing needs of the Enfield communities.
- Identifies areas that would benefit from further deep-dive analyses
- Use evidence of what works to inform strategic decisions and commissioning
- Underpin the Joint Health and Wellbeing Strategy and outcomes

3.4 The new model was developed for Enfield JSNA to ensure it remains useful.

4. REPORT

4.1 As part of the new ongoing JSNA process, various profiles are developed as a web-based interactive source of intelligence using Power BI, providing flexible and easy access to knowledge and information. These are available at: https://new.enfield.gov.uk/healthandwellbeing/jsna/

4.2 Profiles completed are:

- Demography
- Children 0-14 year olds
- Young people 15+
- Children and Adolescent Mental Health Services
- Adult Mental Health
- Healthy Weight

4.3 Profiles near completion are:

- Vulnerable children (looked after children, Safeguarding Children, Special Education Needs and Disabilities)
- Life expectancy, healthy life expectancy and mortality
- Locality Profiles

4.4 Next Steps
Further profiles to be developed with the aim to inform the review of Joint Health and Wellbeing Strategy next year. The JSNA steering group will continue to provide strategic direction during the development.

5.0 Recommendation

5.1 The Board is asked to champion and promote the new Enfield JSNA

MUNICIPAL YEAR 2017/2018 REPORT NO.

MEETING TITLE AND DATE: **Health and Wellbeing Board – 10th October 2017**	**Agenda – Part:** **Item:** **Subject: Safeguarding Board Annual Report 2016-17** **Wards: All** **Key Decision No:**
REPORT OF: Ray James Executive Director of Health, Housing and Adult Social Care	**Cabinet Member consulted:** **Cllr Alev Cazimoglu**

Contact officer and telephone number:
Sharon Burgess 0208 379 5629
Email Sharon.burgess@enfield.gov.uk

1. EXECUTIVE SUMMARY

The Safeguarding Adults Board Annual Report 2016-2017 presents the work completed during the second year of statutory responsibility for safeguarding as defined by the Care Act 2014. This was a year in which a new Chair of the board was appointed and in which the board showed a strong commitment to continued partnership working, ensuring that safeguarding is integral to issues such as suicide prevention and modern slavery. The board focussed on how we can collectively prevent abuse from happening, while assuring when harm does occur we support recovery and resilience through the 'Making Safeguarding Personal' agenda.

The Safeguarding Adults Board is a partnership of statutory and non-statutory organisations which seeks to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area. The Safeguarding Adults Strategy 2015-2018 sets out the priorities of partners across Enfield, what we intend to achieve and the actions we will take to get there. This document was developed through consultation with local people, service users, carers and organisations.

The Annual Reports presents the key accomplishments of the Safeguarding Adults Board, both in their strategic and assurance role for safeguarding in Enfield, but also the actions across the partnership which prevent abuse and ensure a robust response when harm does occur. The annual report aims to set out a summary of Board activities and its effectiveness in assessing and driving forward safeguarding practice which keeps adults at risk safe.

2. RECOMMENDATIONS

To note the progress being made in protecting vulnerable adults in the Borough as set out in the annual report of the Safeguarding Adults Board.

3. BACKGROUND

The Safeguarding Adults Board meets quarterly and has a number of responsibilities as set out by the Care Act 2014 and statutory guidance. Our annual report sets out how we have met these aims and the significant accomplishments over 2016-2017.

Across the partnership many organisations completed specific pieces of work which will improve the effectiveness of the safeguarding response. We hosted the North Central London Challenge and learning event for five neighbouring safeguarding adult boards. We worked to improve the response to Domestic Violence by including coercive control in training, as well as our partners in health having Domestic Violence Advocates on some hospital sites. Raising awareness is a continued theme and the board commissioned a film on signs of abuse and making safeguarding personal, targeted awareness in response to data and created a factsheet on how technology can be used to help keep people safe. The Board also held a campaign in which we raised awareness through information boards across the borough, in newsletter and posts in public and council buildings.

The Safeguarding Adults Board has a strong assurance role and in holding partners to account. We took part in a North Central London Challenge and Learning event following partner self-assessments. Every year adult social care has external assurance of case practice and we are establishing more diverse ways of how to include service user feedback in this process. Our Quality Checkers are a pivotal part of this, and have completed a number of projects including completion of a piece of work on the experience of Lesbian, Gay, Bisexual and Transgendered individuals in care homes. This work was done in conjunction with the Service Users, Carers and Patient Group and resulted in the completion of a toolkit for care providers.

The Board now has a statutory duty to report on all Safeguarding Adult Reviews (previously known as Serious Case Reviews). During this year four reviews were progressed and it is expected that they will be completed in 2018. Three additional reviews were referred to the Safeguarding Adults Board, who made the decision not to commission, one was related to a single agency and not about how agencies worked together. One did not meet the criteria for a review and the third had already been investigated by an independent investigator.

One safeguarding adults review was concluded and key learning points identified were detailed in a report which can be found under the safeguarding adults board section on the Enfield Council website.

Looking forward we have set ourselves some clear tasks to accomplish, which have been set out by requirements in the Care Act 2014, and our three year action plan:

- Focus on prevention and reaching residents in Enfield so everyone can recognise and report abuse
- Identify more effective ways to work together to achieve the best outcomes for adults at risk
- Assure the safety of the provider market with targeted activities that focus on quality and safety

- Write a joint strategy for modern slavery in Enfield with the Safeguarding Children's Board
- Strengthened work between the Multi-Agency Safeguarding Hub and the Hate Crime Forum
- Continue to raise awareness and support for organisations to understand when to report as a concern and when to call the police in emergencies

Every partner on the Board has a strong commitment to safeguarding adults and activities take place within each organisation to contribute towards enabling people to keep themselves safe and respond when harm does occur. Our statement from partners, which includes their planned actions over the coming year, can be found in the final section of the annual report.

4. ALTERNATIVE OPTIONS CONSIDERED

The Care Act places a duty on Safeguarding Adults Boards to publish an annual report. Further guidance goes on to state that the SAB must publish a report on:

- what it has done during that year to achieve its objective,
- what it has done during that year to implement its strategy,
- what each member has done during that year to implement the strategy,
- the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),
- the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),
- what it has done during that year to implement the findings of reviews arranged by it under that section, and
- where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.

The statutory requirement for an annual report negates any alternative options.

5. REASONS FOR RECOMMENDATIONS

The report is being presented to Executive Management Board to bring to attention the progress which has been made to support and enable adults at risk to be safe from harm, abuse and neglect.

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

6.1 Financial Implications

The Care and Support Statutory Guidance sets out guidance for members on the assistance they may provide to support the Board in its work. As a result of this for 2016-2017 the Board established an allocated budget for the administration and implementation of the Boards work plan. The budget allocated for the Board was

£58,500 and was made up of all partner contributions. The contribution from the Local Authority was made up of £43,000 from the Better Care Fund.

The Boards budget was managed by the London Borough of Enfield Strategic Safeguarding Adults Service.

6.2 Legal Implications

Section 43 of the Care Act 2014 imposes a duty on each local authority to establish a Safeguarding Adults Board (SAB) for its area. Schedule 2 of the Care Act 2014 sets out various requirements for SABs, including at paragraph 4 the duty to publish an annual report. Paragraph 4 prescribes the subjects which must be covered in an annual report and the people and bodies to whom the SAB must send copies.

The parts of the Care Act 2014 concerning SABs have been in force since 1 April 2015.

The proposals set out in this report comply with the above legislation.

6.3 Property Implications

None identified.

7. KEY RISKS

Mitigation of risks in relation to vulnerable adults is demonstrated in the Board's annual report. The Board is required to work effectively within partner resources while ensuring it can meet the changing needs and trends emerging in relation to the harm and abuse of adults in its area. Taking into account changes by the Care Act, the Board seeks assurances from partners through quality assurance mechanisms that they are able to keep people safe and manage risks. This is evidenced, by one example, via partner self-assessments and the North Central London Challenge and Learning event.

The Board is continually looking at options to enhance efficiency and joint working that minimises duplication while provide quality and safe services to adults at risk. Needing to deliver in times of austerity, the Board will work in partnership with its statutory partners, namely the Police and Clinical Commissioning Group, alongside existing partnership Boards, to maximise its impact. The Board will continue to work closely with the Safeguarding Children Board and other partnerships to effectively keep people safe.

The community and those whom use services have inputted strongly into the development of the Board strategy action plan, which sets out the work program on an annual basis. The Boards action plan is reviewed at each quarterly meeting and highlights progress against each action.

Co-production and challenge on safeguarding adults is crucial and a clear requirement in the Care Act. This risk has been mitigated by the Service User, Carer and Patient sub group of the Safeguarding Adults Board. In addition, London Borough of Enfield are working on alternative digital and face to face options for adults or their representatives to provide feedback.

8. IMPACT ON COUNCIL PRIORITIES

8.1 Fairness for All

The Board is strongly committed to tackling inequalities, with an emphasis in improving the wellbeing of those at risk of abuse or whom have experienced harm. The Board undertakes this through a range of activities with communities on improving the identification and reporting of abuse, as well as preventative activities as set out in the Boards Prevention Framework 2015-2018.

Accessibility is a key part of ensuring service users, carers and local people understand what abuse is and how to report concerns. The Board has undertaken significant work on addressing these alongside the Service User, Carer and Patient sub-group of the Board, with robust plans during the coming year on diversifying communication methods. This has been set out in the Boards Communication Plan for 2015-2016.

8.2 Growth and Sustainability

The Board's work has not directly impacted on the Council's priority of growth and sustainability.

8.3 Strong Communities

The Safeguarding Adults Board has strong leadership through an independent chair. In addition, partners on the Board are of appropriate seniority and commitment to promote the vision that 'safeguarding is everyone's business.' The work of the Boards is responsive to the needs of local people and those who use services; this is achieved through a range of activities, including consultations, events, sub-groups of the Board and quality assurance activities.

Above all, the Boards work in partnership to improve safety of people in Enfield, linking to issues such as hate crime, domestic abuse, and female genital mutilation in partnership with other Boards, such as Safeguarding Children's Board and Safer and Stronger Communities Board.

9. EQUALITIES IMPACT IMPLICATIONS

Corporate advice has been sought in regard to equalities and an agreement has been reached that an equalities impact assessment is neither relevant nor proportionate for the approval of the Safeguarding Adults Board Annual Report. Safeguarding forms part of the Councils programme of retrospective equalities impact assessments (EQIA) and this was completed in June 2016. The retrospective EQIA collates equalities monitoring of service users, and consider how the service impacts on disadvantaged, vulnerable and protected characteristic groups in the community.

Equalities in relation to the performance data for safeguarding are considered at each Safeguarding Adults Board meeting and as part of the Quality, Safety and Performance sub-group. The themes and trends emerging from data help direct the actions of the Board. Equalities Impact assessments will be completed for each of the project streams as appropriate.

10. PERFORMANCE MANAGEMENT IMPLICATIONS

The Safeguarding Adults Board Strategy Action Plan 2015-2018 was developed through strong consultation, including with those whom use services, carers and via Enfield Healthwatch. The performance of the Board is assessed against this action plan and the annual report reflects the achievements and areas which require further work.

11. PUBLIC HEALTH IMPLICATIONS

Safeguarding of adults at risk is recognised as a significant public health issue; preventing abuse and promoting choice will increase wellbeing within these populations. Safeguarding interventions are focused on recovery and resilience from abuse, which has the potential to further improve wellbeing of adults at risk.

Prevention of abuse has focused not solely on individuals, but also on working with services and organisations to provide assurances that care is safe and of significant quality.

The Board is also reviewing the data we collect so that outcomes for service users from safeguarding link to the wellbeing principles, allowing the Board to address the areas of wellbeing most important to adults whom may be at risk of abuse.

ENFIELD SAFEGUARDING ADULTS BOARD

ANNUAL REPORT 2016/17

www.enfield.gov.uk/safeguardingadults

ENFIELD Council

ENFIELD Council

WORKING IN PARTNERSHIP WITH LOCAL PEOPLE AND

NHS Enfield Clinical Commissioning Group

Barnet, Enfield and Haringey NHS Mental Health NHS Trust

Royal Free London NHS NHS Foundation Trust

North Middlesex University Hospital NHS NHS Trust

London Ambulance Service NHS NHS Trust

METROPOLITAN POLICE TOTAL POLICING

LFB LONDON FIRE BRIGADE

CareQuality Commission

healthwatch Enfield

over 50s forum

age UK

People with Learning Difficulties One to One Making Life Better

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1. INTRODUCTION FROM THE CHAIR

I am very pleased to be able to introduce the Enfield Safeguarding Adults Board's (SAB) Annual Report for 2016-2017. I was delighted to have been appointed in December 2016 to take on the role of Independent Chair. I bring professional experience and personal commitment to safeguarding adults, having worked as director of adult social care and remain a registered social worker. I believe passionately in the power of partnerships and took the opportunity to meet with all SAB partners. It is evident that there is a strong commitment and drive to cohesively make Enfield a safer place for adults at risk of abuse and neglect. I would particularly like to recognise the work that Marian Harrington has done in the last three years to place the Board in its excellent position to meet the challenges ahead.

This year 2016/17 has been a productive and successful year for adult safeguarding in Enfield, with a continued drive by the partnership to assure that the experience of adults once in contact with services is one of quality and that helps them to be safe. Embedding the new Care Act requirements especially to Make Safeguarding Personal for everyone has been a key target and success.

The positive feedback from quality assurance activities on practice, joined a successful conference on Making Safeguarding Personal and the development of a safeguarding film, exemplifies a partnership committed to keep adults central to all actions taken.

The Board has been keen to influence and work together with a wide range of partners, such as Public Health and the Community Safety Unit, ensuring safeguarding is integral to issues such as suicide prevention and modern slavery. Our aims are not only to provide a robust response when abuse does occur, but ensure that where we can we prevent abuse from happening in the first place. We also want to build on our links with the Safeguarding Children Board to develop a more integrated Think Family Approach and reach out to frontline workers. We want all those who live and work in Enfield to be able to recognise what abuse is and where they can report it, feeling confident that they will be listened to and their concerns taken seriously.

The number of safeguarding concerns raised in Enfield continues to be significant and I am determined that we continue to work with adults and their carers, so their views and wishes influence the work we undertake.

As a Board we recognise that there is a changing landscape with statutory partners, such as health and the police who will be experiencing transformation in their organisational structure, but will continue to provide support and leadership so that safeguarding remains a local priority and with sufficient resources. Facilitating a more joined up approach across North Central London will be a focus, in recognition of the challenges for partners working across boundaries.

Finally another thank you as the SAB Board manager Georgina Diba is after 8 years moving to an important transformation post in Enfield. The Board has been very appreciative of her drive and passion to ensure a high performance by all partners and the challenge and support to all working strategically to protect adults from abuse. We wish her well.

Christabel Shawcross
Independent Chair
Enfield Safeguarding Adults Board

2. ABOUT SAFEGUARDING IN ENFIELD

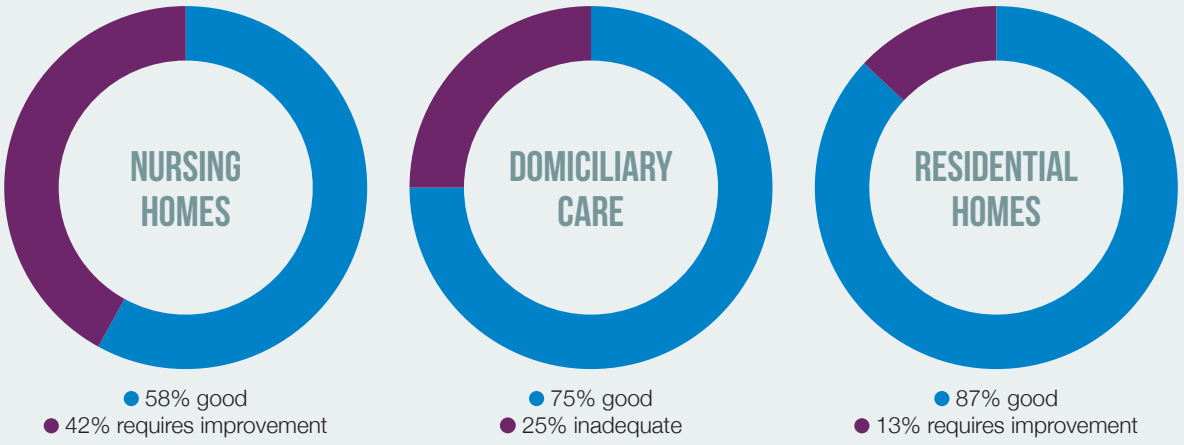
Enfield is one of the northern London boroughs and has some unique demographics which influence how we safeguard adults at risk. The health of local people, as set out in the Joint Strategic Needs Assessments, illustrates an area with contrasting levels of deprivation and affluence.

With the introduction of a Multi-Agency Safeguarding Hub (MASH) in April 2015, our single point of contact to report abuse, we are seeing a significant number of contacts with referrals for adults who have care and support needs. Of these, there were 1,144 number of safeguarding concerns raised to the local authority; more allegations of abuse and neglect are progressing under safeguarding than in previous years.

- **1,147 Applications for Deprivation of Liberty Safeguard**
- **1,144 Safeguarding Concerns Raised**

Enfield has a relatively high proportion of older people living in the Borough, where 12.8% of residents. Around 40,900 people, are aged 65 or over. This figure is the 11th highest in London. Concerns reported to us about adults over the age of 65 years accounted for 49% of all safeguarding raised to the Local Authority. Enfield is also distinguished in having 160 social care providers catering to our residents. This includes nursing, residential and domiciliary care organisations. The Care Quality Commission *State of Care Report*, *2015-2016*, notes concern that adult social care sustainability is approaching a tipping point. As such the Board is challenged with the task of collaborating as a partnership to keep adults at risk using services safe from abuse and neglect

Care Quality Commission (CQC) Adult Social Care Ratings for Enfield



Care Quality Commission, March 2017

There are 27,624 residents in Enfield providing at least one hour of unpaid care a week. In addition, 6,194 people of Enfield's population is providing 50 hours or more of unpaid care per week. Concerns where carers are harming or at risk of harming the person they care for continues to be an area the Board wants to make a difference. In the last year, we joined up with the Enfield Carers Centre to raise awareness. We also included an example of a caring role where abuse has occurred in a new safeguarding film. More on this film in section 5.

Importantly safeguarding is about the recovery and resilience of adults at risk of abuse and neglect, enabling their concept of wellbeing to be realised. Through safeguarding practice, we supported 549 adults at risk to have their outcome met or partially met. Outcomes met or partially met: 97%.

Further data relating to safeguarding activity can be found in section 13.

3. YEAR IN SUMMARY

The Safeguarding Adults Board are presenting their Annual Report for 2016-2017. This report sets out what the Board has set out to accomplish over the last year, what it has achieved, and looking forward how we will continue to work together and in partnership with those who use services to enable recovery, resilience and restoration from abuse and neglect.

One year after becoming statutory under the Care Act 2014, the Enfield Safeguarding Adults Board is continuing to demonstrate a desire to improve the wellbeing and safety of those in the borough to be free from abuse and neglect. The Board can evidence it has a strategy and at each Board meeting a review of actions undertaken as part of its business plan. **Making Safeguarding Personal** has been a driver in Enfield for many years, and this year we saw a conference that looked deeper into how methods, such as family group conferencing, can be adapted for use in safeguarding to keep adults experiencing abuse central to all actions taken.

We had several accomplishments this year as a Board. These included assuring that our publicity and communication is fit for purpose, with a **Keep Safe Week** held jointly with safeguarding children and a modern slavery conference. We targeted information, such as on financial abuse and hate crime, to improve reporting in these areas. The Board undertook to assure itself of how individual organisations safeguard, hosting a **North Central London Challenge and Learning** event. Moving forward, the Board will strive for excellence through an audit of its governance and function, using service user and carer oversight for external scrutiny. More information about what we have accomplished can be found in section 5.

The Board aims to influence and contribute to local and national conversations on safeguarding. Locally, the Board welcomes dialogue on issues such as suicide prevention, domestic abuse and learning from our statutory **safeguarding adult reviews**. We are held to account at Board meetings and must demonstrate that any learning has been put in place. Nationally, we took learning from safeguarding adults reviews presented by NHS England and this year we will audit the sustainability of changes we make in response to individual cases. We know that there is more we can do to learn from other areas and await the outcome of a report commissioned by the Association of Directors of Adult Social Services, which draws together reviews nationally. In Enfield, we contribute to national initiatives such as peer reviews, drawing together a revised self-assessment tool for Boards, and sharing our work with other authorities and networks.

Looking forward we have set ourselves some clear priorities for 2017-2018. These priorities have been identified through organisations in Enfield, reviewing themes and trends from data we collect, and from those who use services, carers and patients.

- Focus on prevention and reaching residents in Enfield so everyone can recognise and report abuse
- Identifying more effective ways to work together to achieve the best outcomes for adults at risk
- Assuring the safety of the provider market with targeted activities that focus on quality and safety

The well-established nature of the Enfield Board enables us to reach out and work beyond our boundaries in collaboration with other Boards; learning and sharing ideas which can deliver opportunities for adults at risk in Enfield to live a life free from abuse and where their dignity is respected.

4. ROLE OF THE BOARD

WHO WE ARE

The Safeguarding Adults Board is the partnership of organisations who are responsible for helping adults at risk in Enfield to be supported to live lives from free abuse and neglect. It is about more than being safe and is about a person's wellbeing and their wishes in deciding on any action.

We want to ensure that when abuse occurs an individual is supported to achieve the best outcome for themselves, and importantly we want to work together to prevent abuse from happening in the first place. This report explains how we have done this in the last year and our plans for the future.

OUR AIMS

We set out our aims over a three-year period, from 2015 to 2018, in the Enfield Safeguarding Adults Strategy. We are clear that during this time we intend to work together to ensure that adults who may be at risk are:

- Safe and able to protect themselves from abuse and neglect;
- Treated fairly and with dignity and respect;
- Protected when they need to be;
- And able to easily get the support, protection and services that they need.

We have an action plan that we review annually and in consultation, ensuring those who use services, carers and local people's views directly influence the work we do.

WHAT WE DO

Partners who form the Safeguarding Adults Board meet quarterly and help to co-ordinate activities and give assurance that systems are working together and in the best way to prevent and respond to the abuse of adults.

The Care Act 2014 and the statutory guidance alongside this, sets out what the Board needs to do. The three core duties are to have a plan each year and sets out how this will be achieved; to publish its annual report; and to conduct reviews in certain cases to identify lessons to be learnt.

RESOURCES AND FUNDING FOR THE BOARD

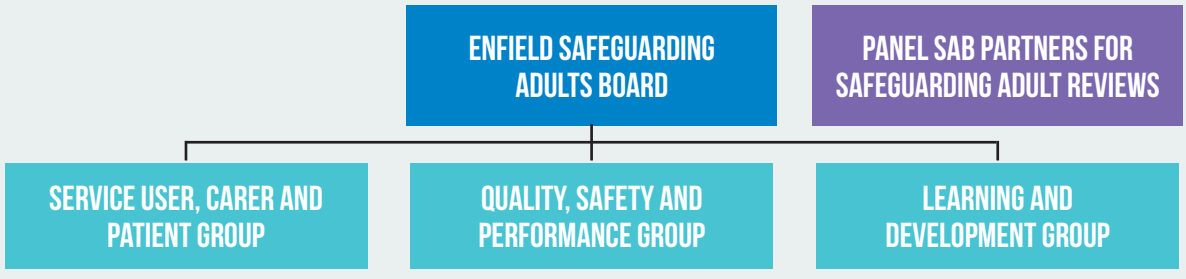
The Board needs both resources and funding to carry out its work. All partners have been able to contribute to the activities which take place, such as giving up staff time to take part in actions, identify leads to attend Board meeting, co-chair groups, and support Safeguarding Adult Reviews. Many partners also take part in events, such as Keep Safe Week where North Middlesex University Hospital held awareness raising stalls with information over three days.

During 2016/2017 the Board had a total budget of £58,500 which some partners contributed to. We overspent on this budget due to many Safeguarding Adult Reviews, which required an independent author. The funds were managed by Enfield Council on behalf of the Board to an agreed plan.

We are looking for ways to manage the budget next year and particularly around the spending we have on the Safeguarding Adult Reviews.

GROUPS WHICH SUPPORT BOARD WORK

The Board has several groups which help to complete activities and give the Board additional assurance around how partners work together to keep adults safe. In this section, we set out these groups and what they have done in the last year.



SERVICE USER, CARER AND PATIENT GROUP

There are those in the community, alongside organisations who support adults with care and support needs, who are particularly passionate and dedicated to making Enfield a safe place to live. The Service User, Carer and Patient sub-group of the Board is just that. The group has been running since 2010 and currently meets every two months to provide oversight and challenge to the work undertaken by partners in Enfield to keep people safe. Importantly they have also demonstrated their ability to drive forward and complete projects which are improving outcomes for adults.

In the last year the group has contributed to two significant developments:

- The design and creation of two safeguarding films, which will make understanding the types of abuse and what happens when abuse does occur, more accessible to all communities in Enfield.
- Supported the completion of a piece of work on the experience of Lesbian, Gay, Bisexual and Transgendered individuals in care homes. This work was done in conjunction with the Quality Checkers and resulted in the completion of a toolkit for care providers.

In addition to these key areas, the group continued to give their feedback on how we communicate across Enfield to raise awareness, contributed to discussions on domestic violence and the links with housing, and supported one another to raise issues of safety and wellbeing that have the potential to affect us all.

"the group can help to get different parts of the borough to work together to keep people safe"

"it has been helpful to run cases through the group when there have been safeguarding issues"

"deaf people can be frightened to say when they are worried. This group has been helpful to share information with deaf people"

QUALITY, SAFETY AND PERFORMANCE GROUP

The Board wants to know that services are enhancing the quality of life and wellbeing for adults with care and support needs in its area, alongside keeping people safe. Activities related to this are done by a group that focuses on quality, safety and how we measure this in organisation's performance.

Over the last year, the group has challenged and shared learning from safeguarding practice through audits and reviewing data we collect. We also helped drive forward a Challenge and Learning event for North Central London Safeguarding Adults Boards. Each organisation on the Board was asked to complete a self-assessment and there is now an action plan being monitored. Importantly, the event helped identify areas where we can share practice and develop projects in partnership with other local Boards.

The group has a very clear focus in the coming year which includes:

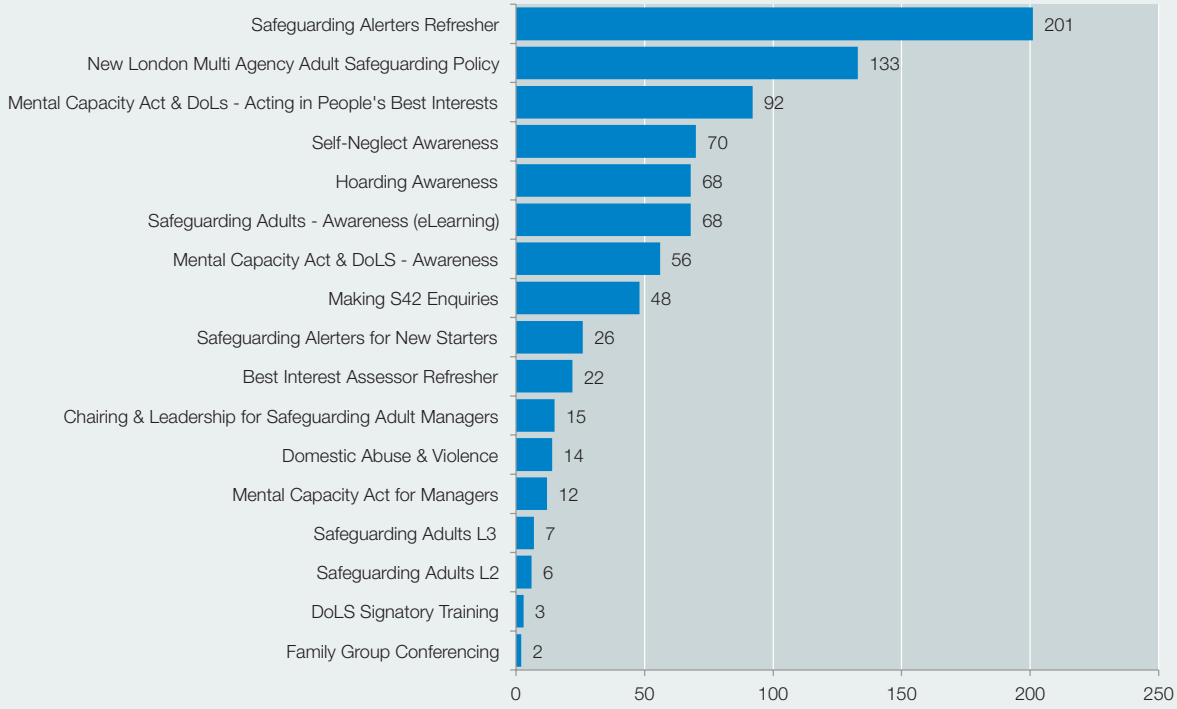
- Developing a way to audit the Board so we can make sure it is effective and efficient
- Review from a system approach how we work together to prevent and detect concerns in our care homes and domiciliary care providers
- Consider how safety for adults can be improved by focusing on holding to account those at risk of abusing

LEARNING AND DEVELOPMENT GROUP

We believe that individuals working with adults should have the right knowledge, skills and confidence to recognise and respond effectively to adult abuse. To help achieve this a joint group with the Safeguarding Children Board is in place to collectively oversee and create the right learning opportunities for safeguarding in Enfield.

For adults, learning and training opportunities are delivered by the Safeguarding Adults Board through Enfield Council's Corporate Learning and Development Service. In the last year, the following courses were available and a total of **843** people from across the partnership attended. All training was face-to-face apart from an e-learning awareness course.

Total numbers completed on Safeguarding Training 2016-17



In addition, there were several events linked to the Safeguarding Adults Board. This included a conference on **Modern Slavery** during our Keep Safe Week. In partnership with the Safeguarding Children Board we brought together experts in the field to help seventy-two practitioners, managers and councillors from across Enfield to recognise what modern slavery is, the links to internal trafficking and gangs, as well as the support available and how this links to adult and children safeguarding. As an outcome of this we will:

- Identify single point of contacts in the local authority to champion responses to modern slavery
- Write a joint strategy for modern slavery in Enfield with the Safeguarding Children Board
- Provide more learning opportunities in the future for the partnership

Comment from a participant noted it was useful

"being informed about what makes a person more vulnerable to exploitation, and learning how to highlight this and take action".

A second event we held as part of Keep Safe Week was on **Making Safeguarding Personal**. Building on the recognition of Enfield working to gold standard in March 2015, we held a conference to further embed innovative and person centred ways of working. Workshops focused on types of enquiries which can be used, mental capacity and domestic violence, and working with perpetrators. Participants were positive about the conference and it is helping focus our direction in the future. Ongoing training will be offered on self-neglect and working from a person-centred perspective to safeguard in these cases.

Comment from participant moving forward that we will

"concentrate more on enquiries rather than investigation and change the language. What does the service user want – not whether it happened or not".

Partners on the Board also promote learning and development in several ways. These include:

- Targeted presentations to community and voluntary sector groups, and some of their service users, to ensure all communities have access to safeguarding. We have found this year that those being referred under safeguarding are more representative of the Enfield population
- Safeguarding awareness sessions to Parent Champions

Based on the training we deliver and feedback from those who attended, we have considered what we need to offer in the coming year. Additional training will be provided on:

- Working with those who have caused harm (perpetrators)
- Building resilience and recovery for adults
- Family Group Conferencing

5. WHAT WE HAVE ACCOMPLISHED

The Safeguarding Adults Board has an action plan that it reviews at each quarterly meeting. Together the Board monitors its progress and decides what is needed to move activities along. During 2016/17 our accomplishments included:

- **Hosting North Central London Challenge and Learning event for five neighbouring Safeguarding Adults Boards.** This has led to a more joined up approach with several areas where there will be collaboration across North Central London.
- **Targeted awareness sessions taking place because we felt not everyone was represented in the safeguarding adults data; this has included presentations to Enfield Saheli Women's group and Enfield Racial Equality Council.** Our data this year now shows a closer representation to the communities and it means more adults from Black and Minority Ethnic communities are getting access to safeguarding.
- **We targeted information on financial abuse** and this has helped us to start writing procedures for preventing financial abuse.
- **Our training on domestic abuse is inclusive of coercive control and some courses are now in collaboration with safeguarding children.** We are doing this so that more staff have suite of options to offer to victims to enable their safety.
- **Partners in Hospitals, such as Royal Free London which covers the Chase Farm site, have evidenced extensive work on domestic abuse, female genital mutilation, honour based violence and trafficking.** Not only are Independent Domestic Violence Advocates on hospital sites, but there is focused training, awareness activities and conferences on these areas.
- **Developed dehydration cards to assist staff and family members visiting care homes to understand what dehydration is, how to recognise this and what to do.** These cards are going out and our quality checkers will go back into care homes to assess the difference they have made.
- **We created a factsheet on how technology can be used to help people keep safe.** We did this because several service users, carers and local people asked us to do this as part of our annual consultation: "more use of community alarm" as well as information on "alarms and small hidden camera that people can place".

PREVENTION AND QUALITY ASSURANCE

We promised to report on actions from our Strategy action plan, Prevention Strategy 2015-2018 and Quality Assurance Framework 2015-2018. In addition to the points above, we have set out some more activities below and what we are still working on:

We have:

- Scoped locally how we work with perpetrators and are now developing a plan and seeking funding to implement a local perpetrator programme. We want to hold perpetrators to account and break the cycle of abuse.
- Reviewed information presented at each Board related to safeguarding concerns raised and provided challenge and support to ensure this is accurate and gives us a full picture. Thus, we have performance set out in Section 9 of this report.
- Action plans from Safeguarding Adult Reviews which are monitored at the Board so we can evidence that we listened, took the learning, and made changes to help prevent abuse and improve our work together.
- Expanded our focus to include issues such as suicide prevention and how the Board can support this work.
- Held partners on the Board to account at meetings by having each organisation present how they meet the dignity in care standards and effectively safeguard.

We still need to:

- Receive a review by the Police on safeguarding cases referred to them to understand how adults at risk have access to the justice system.
- Work with young carers so that they can recognise adult abuse and have the support to come forward.
- Improve our coordination with community safety officers on the street and their engagement with supported living accommodation.

COMMUNICATION AND AWARENESS

We believe everyone can recognise abuse and raise a concern. Our role is to support awareness and communication so all communities can help to make the Borough a safer place to live, work and visit.

You asked us to:

- "do more publicity about adult abuse"
- "widespread advertising of contact details of the telephone numbers to report suspicion of adult abuse"
- "a confidential helpline"

The Board has met all actions set out in its Communication Plan:

- Targeted work with adult social care on hate crime and we can now demonstrate there have been 13 reports identified relating to hate crime in this year compared to zero reports in the previous year.
- Held a Keep Safe Week during February 2017 joint with safeguarding children, which targeted information at service users, carers, patients, public and staff.
- Held a safeguarding campaign in which we raised awareness through information boards across the Borough, in newsletters, and posters in public and Council buildings.
- In conjunction with the Service User, Carer and Patient sub-group of the Board the Council developed a film on the types of abuse and what happens when you do report abuse or neglect.

Films can be accessed here: **http://www.enfield.gov.uk/safeguardingadults**

We want to make sure reporting abuse is accessible. In 2010 we set up the Enfield Adult Abuse Line, a single point of contact available 24/7 to report abuse ☎ 020 8379 5212.

We are seeing not only professionals using this number, but self-referrals, and reports by family, friends and neighbours.

6. THE DIFFERENCE TO ADULTS AT RISK OF ABUSE

CASE STUDY A

A woman with learning disabilities living in a care home had an altercation with her mother during a visit. Staff at the care home raised this as safeguarding to the Multi-Agency Safeguarding Hub, who contacted the local authority who placed her in Enfield. A mental capacity assessment was undertaken by her social worker who found she was unable to contribute to the safeguarding process. As a result, a best interest decision was made working together with the local authority who placed her in the Enfield area, and a safeguarding enquiry took place which balanced risk with choice; specifically, this considered how to enable this woman to continue her relationship with her mother but in a way that did not result in physical or emotional harm.

Following the enquiry, the Court of Protection has been approached to ensure safe contact between mother and daughter, respecting their right to family life while minimising the risk of abuse.

CASE STUDY B

An elderly man was referred to the Multi-Agency Safeguarding Hub as there were concerns about self-neglect and the disrepair and clutter in his home environment. Although there were risks involved in living in the home environment, the Adult was very clear he wished to remain living at home and had capacity to make this decision. The MASH Team had to work with partners to minimise these risks and importantly took the time to build a rapport with him. The allocated Social Worker spent time with the Adult, identified small steps towards managing the cleaning and repairs of his home, and sought his views and consent in deciding actions.

Because of the work done in the MASH the Adult agreed to have a blitz clean and his heating and hot water is being repaired. Importantly, there was strong link with the London Fire Brigade and appropriate equipment is in place to minimise the risk of fire. The Adult has agreed to ongoing support from Adult Social Care to focus on his continued wellbeing.

Following the abuse of patients with learning disabilities at Winterbourne View, there has been a national priority to reduce the use of in patient Assessment and Treatment Units, to reduce length of stays for in patients and to develop the right support locally so that people can receive high quality health and social care services in their local communities. This is a key priority for Enfield and at mid-February 2017, there were 5 people receiving inpatient assessment and treatment with a further 4 people receiving a secure forensic service, commissioned by NHS England. These are the lowest numbers in the North Central London Sector. The service is committed to supporting people to live in community living options through robust integrated health and social care support. As a result, 79% of people with learning disabilities in Enfield live in ‘settled accommodation’ (in their own property or with family). Again, this figure is amongst the highest in London.

7. WORKING WITH CARE AND SUPPORT PROVIDERS

The Board is aware of the number of safeguarding concerns being raised in relation to care and support providers, particularly residential homes, nursing homes and domiciliary care providers. There are several ways the Board works to improve this area and have oversight over the quality of local care and support services.

SAFEGUARDING INFORMATION PANEL

The Safeguarding Information Panel (SIP) is a partnership of organisations (including Care Quality Commission, Police, Clinical Commissioning Group, Immigration Enforcement Agency and Adult Social Care) who share information and early warning signs. This is done so that we can together to identify concerns relating to poor care and safety and work to prevent this through targeted actions. The Panel focuses resources so that we can reduce duplication and importantly keep people who use services safer from abuse and neglect.

Examples of the work we did over the last year:

- Initiated the provider concerns process ten times where safety and quality were in such a poor state that we needed to help keep service users safe
- Had our quality checkers visit ten providers to collect feedback from those who use services
- Our nurse assessor went out on targeted visits to eleven providers to look at areas such as medication and pressure care. We use this as indication of the provider's ability to create a safe environment
- Completed out of hour spot checks unannounced to twenty locations, to see care during nights and weekends
- Asked colleagues in immigration enforcement to conduct checks with four providers, helping to assure those working have the correct documents and clearances
- Three occupational therapy visits focused on safe moving and handling and equipment
- Detailed visits by contract monitoring to eighteen providers.

> "The Care Quality Commission (CQC) meets with Enfield Safeguarding Information Panel (SIP) every six weeks. The main purpose of these meetings is to share information about services we have concerns about. Information from these meetings proves very useful to inspectors on an on-going basis. It has helped inform our approach to planning inspections and enabled us to take action when significant concerns are present."
>
> **CQC Representative on the Safeguarding Information Panel**

Going forward the SIP is looking at additional approaches to integrated quality monitoring which will help triangulate the work being done by partners.

PROVIDER CONCERNS PROCESS

The Provider Concerns Process is led by Enfield Councils Strategic Safeguarding Adults Service but is only possible with the strong support of organisations such as the Care Quality Commission, Enfield Clinical Commissioning Group and many others. A provider concern is triggered when there is an indication that a service has an area or number of areas working below the standard expected and there is a risk to the health and well-being of residents. The provider concerns process can be instigated to both prevent abuse from occurring and improve standards of care, or where abuse has occurred and actions must be taken to protect residents.

The aims of the provider concerns process are to:

- Ensure the safety, dignity and care to those who use the service of the provider;
- Ensure that the customer is at the heart of the process;
- Share information appropriately to enable effective partnership working;
- Facilitate interventions where appropriate to gain assurances that the quality of care is improved;
- Take robust action in instances where a crime has been committed or to protect the wellbeing of those who use services.

> "the work undertaken is strong evidence of agencies co-operating and collaborating to improve outcomes for those who use services"
>
> **Provider Concerns Chair**

Working together means recognising that no single agency can alone respond or improve the quality of care within a provider. Each organisation has its own remit, focus and skills, which together, has the potential to contribute to creating the best possible outcomes within a care provision.

During 2016/17 we worked with 17 providers under our provider concerns process. We found that nursing homes disproportionately came under this process as compared to domiciliary care or residential care homes. Engagement with those who user their services, their families and representatives, is essential and runs through the work we do.

CASE EXAMPLE

Through an internal audit of their services a manager identified concerns about how medication was being provided to individuals, as well as how senior staff check on the quality of care. The manager reported this to Enfield Council and the provider concerns process started. By working together and looking at all parts of the service and how it functions, an improvement plan was developed by the Provider to make the service better. Managers and staff were given the space and time to make these changes. An external auditor was brought in to check that medication was improved and suggested what needs to be in place in the future. The Strategic Safeguarding Adults Service in the Council wrote to all those who used the service for feedback and received positive comments. This identified that the support staff were caring, but the systems and processes needed to be improved. Through the work of the Provider and its staff, these improved significantly and following a Care Quality Commission inspection were rated 'good.'

> "I found the process extremely helpful and supportive. The process worked with the team to identify high risk areas, and develop a robust risk assessment to improve standards. Our service was able to obtain commissioned training within short timescale, and high level management support and understanding as a result of the provider concerns process."
>
> **Manager of the Care Provider**

8. QUALITY ASSURANCE

The Strategic Safeguarding Adults Service in the Council complete practice audits every three months. There are several areas we focus on but how we keep the adult at risk central to decision making and how we support them to achieve their outcomes is always a key area. We also have an external audit every year to give an independent view of our practice.

Our internal audits so far have found:

- Most cases have demonstrated excellent practice, where over 90% of adults in the cases viewed had their outcomes identified at the beginning of the process
- In over three quarters of cases we support the adult to have their outcomes fully met
- We also found that at the end of the safeguarding process people felt safer
- Range of partners now undertaking enquiries, including Health, Providers and the Police.

What we want to focus on going forward:

- That cases do not drift and reasons for delays are recorded
- That for cases which did not progress under safeguarding we still consider how to promote well-being and provide the right information and advice
- That outcomes are reviewed in the middle of the process where possible, as what a person may want can change over time
- About two thirds of people have mental capacity assessments recorded as separate documents and we want to see this number increase.

Our audits make a difference to practice by identifying what areas we need to focus on improving; We share this information with managers and front line staff so together we can find ways to change practice, recording or templates to support the actions we take.

We undertook an additional review of our single point of contact to report abuse, the **Multi-Agency Safeguarding Hub**, in July 2016 this was undertaken by an independent person. The review found in summary:

- The MASH would benefit from renewed and refocused senior strategic interventions, with overview from the Safeguarding Adults Board
- No recommendations about practice; the MASH offered an expert and Care Act compliant triage, information gathering and initial enquiry service to adults at risk
- Recording was of a high standard
- There was significant workload pressure on staff and supervisors trying to maintain excellence with an increasing number of referrals
- Improvements in data collection and management
- Improvements in partnership overall but some work with acute hospitals and mental health partners still needed.

Following several recommendations, the following has been put in place for the service:

- Skill base of staff identified for mental health referrals, with training available and process in place for when we refer on cases
- Identified the support the service needed to manage the concerns coming in
- Training was given to teams which support the MASH
- A clear pathway in place for when we need to escalate concerns within the Police
- Started a review of the resources needed for the service to effectively deliver
- Helped all members of the service access partner system where required
- Have in progress a way to manage issues coming into the MASH which do not indicate abuse or neglect but are about adults who may need additional support or interventions.

Finally during October 2016, the Local Authority commissioned an external audit of 25 cases which progressed under safeguarding, as this independent challenge is welcomed. The auditor will be presenting these findings to adult social care, who will report to the Board on this in the coming year.

QUALITY CHECKER PROJECT

The Quality Checker project recruits, trains and supports a team of service user and carer volunteers to engage with social care clients, to gather meaningful feedback on the quality of the services they receive support from.

Many projects were completed over the year and include:

A. REVIEW OF THE ADULT ABUSE LINE

The Quality Checker volunteers made mystery shopping calls to the dedicated LBE Adult Abuse line. This was done to test the call handler's knowledge and skill in managing allegations of abuse received from members of the public. The calls made covered a wide and varied range of types of abuse and key elements of the call handler's responses were recorded. The findings of all calls were used to develop a comprehensive report highlighting good practices noted and recommendations for improvements as appropriate. The report was shared and welcomed by the Managers of the service. All recommendations for improvement were accepted and implemented. This has directly improved the following;

- Safeguarding information appropriately being escalated to the Multi-Agency Safeguarding Hub
- Improved customer experience for people raising concerns
- Adult Abuse line handlers have refreshed skills to manage incoming calls
- Independent audit of Adult Abuse Line recorded and improvements monitored.

B. IMPROVING HYDRATION IN CARE HOMES PROJECT

The Quality Checker project worked in partnership with a multi-disciplinary working group to support good practices that will improve hydration in care homes. The Quality Checker project volunteers conducted visits to twenty care homes and gathered feedback from residents and staff; this included how they support residents to remain hydrated and offer residents choice and control about their preferred foods and drinks. A report was developed to demonstrate the findings of the visits and from this a 'Hydration Toolkit' was designed to be distributed to all care homes in the borough. A hydration card is wallet sized and offers key information to identify and prevent dehydration. The project has made the following improvements:

- Report developed to highlight practices used to support hydration in care homes and good practices shared
- Hydration toolkit developed to ensure providers have accessible information for all staff to prevent dehydration
- Monitoring in place to measure the impact made by distributing the Hydration Toolkit information.

C. THE QUALITY CHECKER PROJECT AND HEALTHWATCH WORKING IN PARTNERSHIP

The Quality Checker Project and Healthwatch are working cohesively to ensure they can maximise the benefits of each projects resources. Co-produced training, awareness raising and volunteer recruitment events are arranged jointly and appropriate information is shared to support the work of both projects. This helps to ensure the service user and carer voice is heard at strategic forums. In addition, the CEO of Healthwatch is the Independent Chair for the Quality Checkers specialist Dignity in Care Panel, helping to make sure the panel operates effectively and reviews of the Council's services are independently scrutinised. Healthwatch and the Quality Checker project will be conducting peer reviews/audits of each other's organisations processes and ways of working. This will further support service development improvement in line with the dignity standards they work to uphold.

9. SAFEGUARDING ADULT REVIEWS

Section 44 of the Care Act 2014 states that a Safeguarding Adults Review (SAR) must be arranged by the Safeguarding Adults Board when an adult in its area dies because of abuse or neglect whether known or suspected, and when there is concern that partner agencies could have worked more effectively to protect the adult. A SAR must also be arranged if an adult has not died but it is known or suspected that the adult has experienced serious abuse or neglect. It may be useful to note that Safeguarding Adult Reviews were previously known as Serious Case Reviews.

The Safeguarding Adults Board had one SAR which concluded during the financial year. This case is set out in more detail below and the learning identified.

In addition to the concluded review, there has also been the following:

- One review was agreed in January 2016 and is a thematic review of domestic abuse and safeguarding. The thematic review started in March 2016 and is being presented in November 2017 to the Safeguarding Adults Board.
- One review was agreed in January 2016 in response to a serious sexual assault. The review is still in progress but actions have already been taken with the provider and several Local Authorities, Clinical Commissioning Groups and other partners to embed changes from immediate lessons learnt.
- One review was agreed in September 2016 in response to how partners provided care and treatment to a man with learning disabilities. This review is in progress and is expected to be reported on in 2017/2018.
- One review was agreed in January 2017 following a fatal fire. This review is in progress and is expected to be reported on in 2017/2018.

There were three additional cases brought to the Safeguarding Adults Board to see if a review should be started. In one case an independent person had already undertaken an enquiry and found lessons to be learnt, so the Panel asked for the recommendations and how they have been put in place to be shared for their overview. In a second case a referral was received which only had identified failings by a single agency and was not about how agencies worked together; this case would continue under a single safeguarding enquiry to assist in coming to a resolution. A third case, regarding a provider, did not meet the criteria for a review but the Board recognised that further investigation would be helpful and requested the Clinical Commissioning Group undertake this.

CONCLUDED SAFEGUARDING ADULT REVIEW

FOLLOWING DEATH OF 'MS K' AN ADULT AT RISK

A multi-agency partnership review was agreed to consider the organisational learning for the agencies involved with Ms K following her death and to undertake this learning on a collaborative basis. Ms K was unknown to any services prior to her death and the reason for this review was to reflect on how as a partnership we could work together to hold person alleged to have caused harm to account once an adult at risk dies.

Five organisations came together and wrote out a chronology on their involvement with Ms K from the day she died and the actions they took together when there were concerns about neglect having contributed to her death. A roundtable event was held and collectively partners agreed what alternative outcomes they wished to achieve and what as single agencies or as a partnership we can do to accomplish these outcomes.

The key learning points are set out below:

- All partners can be empowered to report to the Police where a crime is believed to have been committed.
- Where concerns about abuse or neglect exist the death certificate should be thoughtfully considered before completion. This learning was shared with the General Medical Council as it has national relevance.
- Any partner can escalate concerns to senior managers where they feel an organisation has not taken all actions necessary once a concern is reported.
- Timely sharing of information in safeguarding is key to assessing risk and can assist partners, such as Police or Coroner, to take action against persons alleged to have caused harm.
- Importance of equipping staff with the knowledge to undertake safeguarding in complex cases which may involve a crime. Whether as the referrer, co-ordinator of safeguarding or for Police Officers whom undertake investigations.
- Everyone, including members of the public, need to know how to report concerns about adults at risk.

The Safeguarding Adults Review report is a published document which can be found on the safeguarding adult board pages on www.enfield.gov.uk. The action plan is monitored via the Safeguarding Adults Board.

10. LEARNING DISABILITIES MORTALITY REVIEWS

The Integrated Learning Disabilities Service (ILDS) has traditionally reviewed all deaths of adults with learning disabilities in Enfield. This work has been led by our End of Life Steering Group with oversight from the ILDS Governance Meeting. The Steering Group has developed some excellent end of life planning workbooks for both people with learning disabilities and their carers. The Steering Group has also undertaken some innovative work with care providers on supporting staff with loss and bereavement.

In 206/17 there were 8 deaths of people with learning disabilities. Of this number 4 had end of life plans and died at home as set out in their plan. The remaining 4 people died in hospital without end of life plans in place. The Steering Group produces an end of life report, with the report for 2016/17 being available shortly.

In June 2015, NHS England, the Healthcare Quality Improvement Partnership (HQIP) and the University of Bristol announced the world's first national programme to review and ultimately reduce, premature deaths of people with learning disabilities. This project will be the first comprehensive, national review set up to understand why people with learning disabilities typically die much earlier than average, and to inform a strategy to reduce this inequality.

As from the 1st April 2017, all NHS and Local authority bodies are required to notify and review all deaths of children (4-17) and adults (18+) in their area. A local process in Enfield has been established which builds on our previous best practice in mortality reviews. Learning from the reviews will be collated nationally and locally, with local learning being reported to the SAB, the Local Authority and Clinical Commissioning Group in the Annual End of Life Report. Review training is being provided by NHS England and the ILDS will have 10 trained review staff from across the service. Information on the programme is available at **www.bristol.ac.uk/sps/leder/easy-read-information**

11. WHAT WE WILL DO NEXT YEAR

The Safeguarding Adults Board have a business plan for each year, which sets out what actions we will take. This can be found in section 11.

While we have a three-year strategy from 2015-2018, we review the specific actions on an annual basis to ensure they remain relevant to any national changes, local themes emerging and importantly from feedback from those who use services, carers and local people. During the review this year the feedback and suggestions provided were:

- To seek assurance that local colleges / universities are supporting adults with care and support needs to report if they have been abused.
- With an increase in reports being recorded as hate crime, for strengthened work between the Multi-Agency Safeguarding Hub and Hate Crime Forum.
- Use the new safeguarding film in training.
- Continue to drive forward publicity and communication for safeguarding, so that everyone in Enfield knows how to recognise and report adult abuse.
- Additional action to be taken to address high reports of concern within care providers.
- Continued focus on raising awareness and for organisations to understand when to report as a concern and when to call Police in emergencies.

In addition to these suggestions we look at the performance information to help identify where we should focus our work. We found this year that there continues to be a high proportion of abuse in care providers and considered this against Care Quality Commission information. As a result, our Quality, Performance and Safety sub group of the Board will do a focused piece of work on what as a partnership we can do to assure ourselves of the safety in the provider market.

We found that some types of abuse are now being recognised more readily than before. This includes hate crime for example, so we will look at individual cases raised to reflect on our response in these cases and identify any organisational learning. Our data presented was also inconsistent and much effort was taken to ensure it presented an accurate reflection of the practice; as a result there will be specific assurance taken in the coming year on consistency of practice and recording across the Local Authority and Mental Health Trust.

Through joint work with the Safeguarding Children Board, Safer Strong Communities Board and partners such as Public Health, the Board is considering a wider scope of issues. This includes modern slavery, preventing suicides and domestic abuse work with perpetrators. We will continue in the coming year to strengthen this joint work and develop a memorandum of understanding, so that we work together in the most efficient way.

12. ACTION PLAN 2017-2018

Objectives set out by the Safeguarding Adults Board are set out below. The actions to achieve these and responsible individuals can be found on the full documents reported at each quarterly Board meeting. These can be accessed on the Safeguarding Adults Board pages at www.enfield.gov.uk

KEY PRIORITY 1: EMPOWERMENT

OUTCOMES	INDICATORS	LEAD/SUB-GROUP
Guidance available to support staff to deal with specific safeguarding issues.	The SAB is assured that guidance is available for staff which reflects the wide spectrum of types of abuse which can be experienced.	Quality, Safety and Performance
Continued improvement in data which identified that adults at risk have appropriate access to advocacy.	Board has assurance that individuals experiencing safeguarding have access to the appropriate advocacy service. Project within London Borough of Enfield Health, Housing and Adult Social Care on advocacy development.	LBE HHASC Service Development
Supporting young carers to understand safeguarding and how to report.	Known young carers are engaged and gaps in services to enable them to report abuse are identified.	LBE HHASC Service Development
Partners working to the ethos of Making Safeguarding Personal.	The SAB is assured partners have active plans to embed Making Safeguarding Personal which take into account regional 'temperature checks' and best practice.	SAB Partners

KEY PRIORITY 2: PROTECTION

OUTCOMES	INDICATORS	LEAD/SUB-GROUP
Adults at risk are supported by the partnership to report abuse and neglect to the extent that they want.	Feedback from adults at risk through face to face interviews or online mechanisms used to give assurance to the SAB.	LBE HHASC Strategic Safeguarding
People at risk of abusing have access to support to prevent abuse or reduce risk of repeat abuse.	The SAB will aim to enable protection of adults at risk through addressing perpetrators of abuse in a clearer and more consistent approach.	LBE HHASC Strategic Safeguarding Adults

KEY PRIORITY 3: PREVENTION

OUTCOMES	INDICATORS	LEAD/SUB-GROUP
Quality and safety in care providers addressed through multi-agency efforts to reduce safeguarding provider concerns.	The SAB is assured that partnership response with providers provides early identification and reduces need for safeguarding interventions.	Quality, Performance and Safety sub-group
Board meeting have partnership data which helps to find themes and trends to enable the Board to take action.	All partners contribute validated data to the Board for quarterly meetings.	SAB Partners Quality, Safety and Performance sub-group
Communities as a whole play their part in identifying abuse and we can evidence calls being made to report it by local people and service users.	The SAB reviews the effectiveness of the communication through performance and data trends and considers new ways to communicate to raise awareness.	Service User, Carer and Patient sub-group

KEY PRIORITY 4: PARTNERSHIP

OUTCOMES	INDICATORS	LEAD/SUB-GROUP
Evidence of service user, carer and patient engagement in Board and partner organisations development.	SAB is assured that adults at risk have a voice in how services are developed and both the Board and partners can evidence this in self-assessments.	Quality, Safety and Performance sub-group Service User, Carer and Patient sub-group
Colleges are confident in raising concerns and we can see this being done through data.	Colleges are able to access appropriate safeguarding training so that they can support adults to raise concerns appropriately.	Learning and Development sub-group
Continued progress with number of hate crimes being recorded under safeguarding.	The Multi-Agency Safeguarding Hub and Hate Crime Forum to strengthen links so that cases referred under safeguarding can be supported by the forum.	(HASC) MASH and Community Safety Unit

KEY PRIORITY 5: ACCOUNTABILITY

OUTCOMES	INDICATORS	LEAD/SUB-GROUP
Board has evidence of how it has been audited against statutory requirements and action plans in place to address gaps.	The SAB will be assured that there are adequate quality assurance processes in place for organisations.	Quality, Safety and Performance sub-group
Learning outcomes from Safeguarding Adults Reviews are sustained within organisations.	The SAB is assured that learning identified in statutory Safeguarding Adults Reviews are followed through, that actions are complete with evidence provided, and that these are sustained.	SAB Officer
We can evidence he number of cases which went to prosecution and access to the justice system for adults at risk.	Board will assure itself via Police colleagues that the decision to proceed under safeguarding and leading to prosecution is transparent.	Enfield Police
Language of professionals to be simplified so that there is an improved access to services (as recommended by Making Safeguarding Personal).	Partners on Board to identify service users to be able to 'mystery shop' their services to audit language.	All SAB Partners

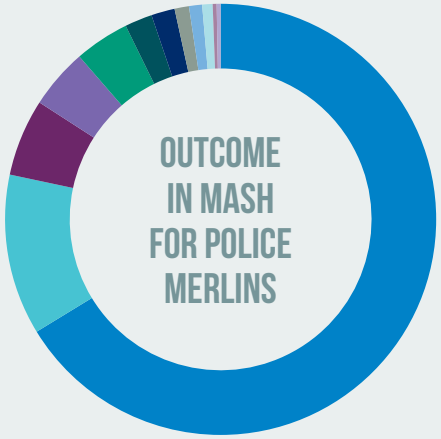
KEY PRIORITY 6: PROPORTIONALITY

OUTCOMES	INDICATORS	LEAD/SUB-GROUP
People at risk of abusing others access support to prevent abuse or reduce repeat victimisation.	Board will facilitate a pathway programme in place for people at risk of harming others.	LBE HHASC Strategic Safeguarding
Feedback from adults at risk confirm that they feel safe and have a positive experience of care and support.	The SAB will seek assurances that safeguarding interventions are appropriate and we embed learning direct from those who have been harmed.	LBE HASC Safeguarding with support BEH MHT for mental health cases under safeguarding

13. PERFORMANCE REPORT 2016-2017

POLICE MERLINS

There were 1,020 Police Merlins recorded with MASH during 2016-17 (1,602 in 2015-16). Of these, approximately two thirds (66.3%) are passed to mental health, which is a rise on last year (56.3%).

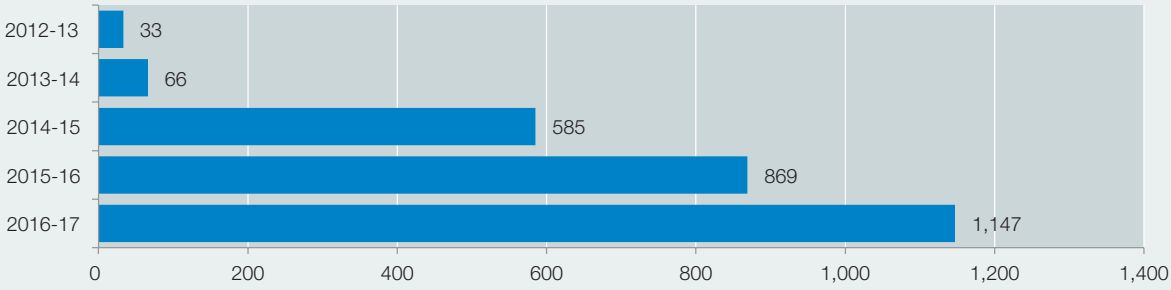


Passed to MH	676	66.3%
Other	123	12.1%
Blank	59	5.8%
Passed to LD	46	4.5%
Advice / Information provided (signposted)	42	4.1%
Passed to CMS team	21	2.1%
Passed to OPCMHT	18	1.8%
Passed to allocated worker in CMS	11	1.1%
Passed to NMH	10	1.0%
Passed to Access for Screening for Social Care AX	8	0.8%
Passed to CFH	3	0.3%
Passed to Enablement	3	0.3%

A Merlin is not always safeguarding; The Merlin Database is the recording system the Metropolitan Police utilise to record missing people, and children and adults coming to police notice. This system is used to record contact and what, if any action has taken place. Officers and police staff are trained to identify vulnerability through the use of the MPS Vulnerability Assessment Framework.

DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

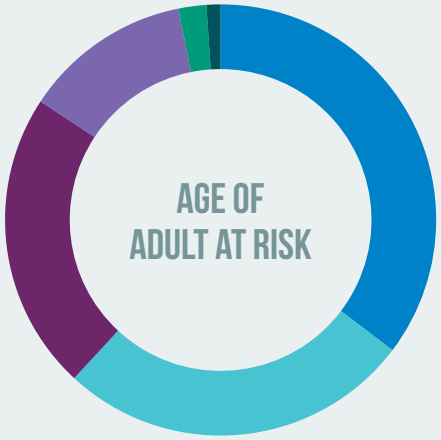
According to our Covalent system, there were 1,147 DoLS cases in 2016-17, of which 1,061 (92.5%) have been completed. This reflects a growing trend in DoLS cases as can be seen below.



SAFEGUARDING CASES

There were 1,144 total safeguarding concerns raised to Council: a slight fall on 2015-16 (1,244). Of these:

- **652** were female
- **12** were under 18 years of age, although 304 were aged 85+
- **281** safeguarding cases did not meet Section 42 criteria
- **78** cases required further information gathering
- **2** cases were passed to mental health colleagues
- **771** cases met the section 42 criteria



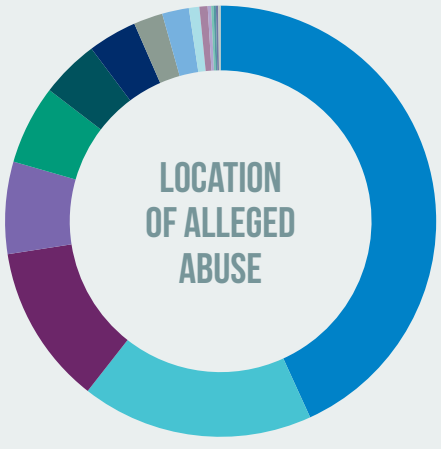
18-64	404	35.3%
85 +	304	26.6%
75-84	256	22.4%
65-74	144	12.6%
Not recorded/not disclosed	24	2.1%
Under 18	12	1.0%

There are a significant number of groups and persons who have raised concerns, with the three organisations or persons who raised the most safeguarding concerns being:

- Hospitals: **259**
- Residential care homes: **116**
- Social care staff: **100**

LOCATION OF ALLEGED ABUSE

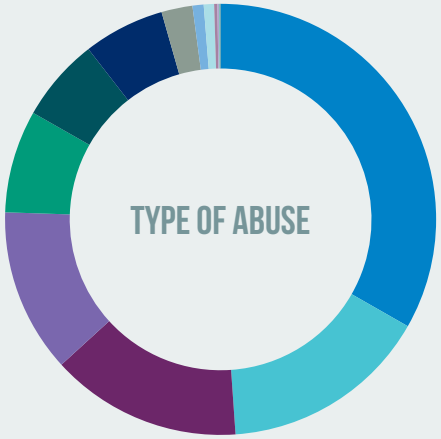
The most common location for the alleged abuse to occur is in the home (494). This is more than the next three highest categories combined – care homes (267), acute hospital (137) and mental health inpatient setting (79) and also represents an increased proportion of cases when compared to last year (43% this year against 37% in 2015-16).



Own home	494	43.2%
Care home	199	17.4%
Acute hospital	137	12.0%
Mental health inpatient setting	79	6.9%
Care home with nursing	68	5.9%
Supported accommodation	50	4.4%
Other	42	3.7%
Public place	25	2.2%
Not known	23	2.0%
Alleged perpetrators home	9	0.8%
Other health setting	7	0.6%
Awaiting data	3	0.3%
Community hospital	2	0.2%
Day centre/service	2	0.2%
Education/training/workplace establishment	2	0.2%
Learning disability inpatient setting	2	0.2%

TYPE OF ABUSE

Neglect and acts of omission is by far the most common form of alleged abuse (557 allegations), more than double the next category (Physical abuse – 262). In fact, over 75% of all allegations relate to just four categories (Neglect and acts of omission; Physical; Emotion/psychological and Financial/material).



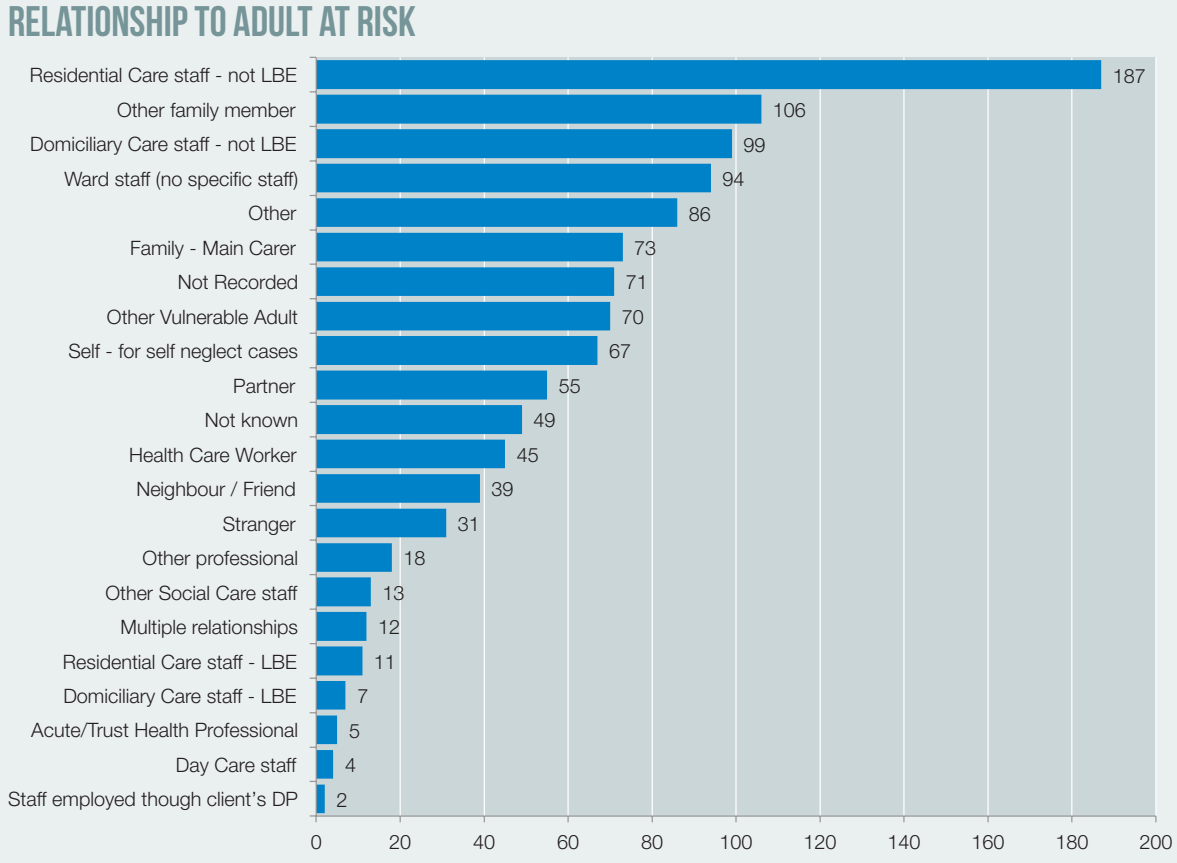
Neglect and acts of omission	557	33.3%
Physical	262	15.6%
Emotion/psychological	240	14.3%
Financial/material	206	12.3%
Organisational	129	7.7%
Self-neglect or hoarding	105	6.3%
Domestic abuse	102	6.1%
Sexual abuse or exploitation	39	2.3%
Discriminatory	14	0.8%
Hate crime or disability hate crime	13	0.8%
Forced marriage	4	0.2%
Female genital mutilation	2	0.1%
Honour-based violence	1	0.1%
Modern slavery of human trafficking	1	0.1%

**There can be more than one form of abuse so numbers do not add up to all 1,144 cases.*

RELATIONSHIP TO ADULT AT RISK

When looking at the alleged perpetrator and their relationship to the vulnerable adult, there are a wide number of possible relationships. The three most common, which together represent over one in three of all alleged perpetrators, are:

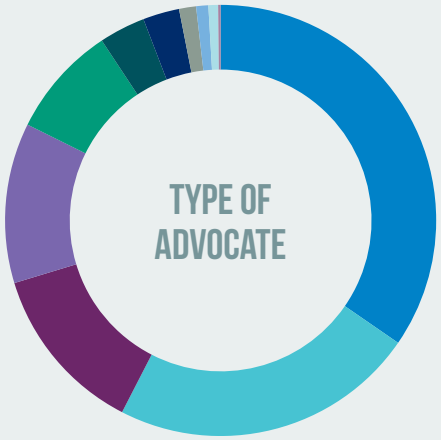
- Residential Care staff – not LBE: **187 cases**
- Domiciliary Care staff – not LBE: **106 cases**
- Other family member (not main carer): **106 cases**



OUTCOMES FOR S42 CRITERIA MET AND COMPLETE CASES: 549 RECORDS

Of the 1,144 safeguarding concerns raised, 549 have both met the S42 criteria and been completed. These cases are analysed below.

Of these 549 cases, 190 (34.6%) had an unpaid advocate and a further 123 (23%), Family/Friend was the advocate. Together with those cases where the type of advocate was not recorded (12.8%) or not applicable (12%), these represent over 80% of all the types of advocate.



Unpaid Advocate	190	34.6%
Family / Friend	126	23.0%
Not recorded	70	12.8%
Advocate not applicable	66	12.0%
Advocate offered / to be offered	46	8.4%
Paid Advocate	19	3.5%
IMCA	15	2.7%
Informal – other	7	1.3%
No Safeguarding form	5	0.9%
IDVA	4	0.7%
IMHA	1	0.2%

OUTCOME FOR PATCH

The three most common outcomes for the PATCH (Person Alleged To have Caused Harm) are:

- Continued monitoring: **161 cases**
- No further action: **127 cases**
- Not known: **82 cases**

Together these represent over two thirds (67.3%) of all outcomes for the alleged perpetrator.

Continued monitoring	161	29.3%
No further action	127	23.1%
Not known	82	14.9%
Counselling/training/treatment	34	6.2%
Police action/prosecution	29	5.3%
Disciplinary action	25	4.6%
Exoneration	21	3.8%
Community care assessment	20	3.6%
Not applicable – self neglect or harm	14	2.6%
Removal from property or service	12	2.2%
Action under Mental Health Act	8	1.5%
Action by Care Quality Commission	5	0.9%
Management of access to the vulnerable adult	5	0.9%
No Safeguarding form	5	0.9%
Referred to DBS	1	0.2%

RISK OUTCOMES

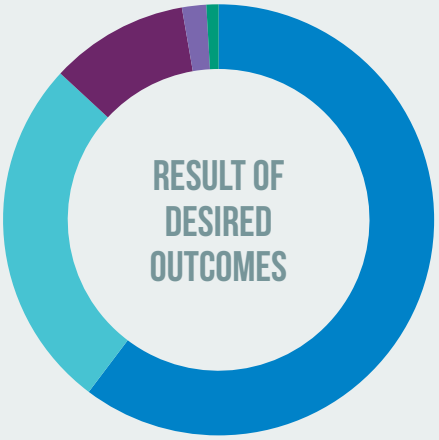
When looking at where a risk was identified, what was the outcome when the case concluded; it is clear that we are successfully reducing risk.

Where applicable, and where a risk existed, over 9 in 10 cases (90.4%) saw the risk reduced (68.4%) or removed (22%).

Risk reduced	320	58.3%
Risk removed	103	18.8%
Not applicable	46	8.4%
Risk remains	40	7.3%
Risk did not exist	35	6.4%
No Safeguarding form	5	0.9%

EVALUATION BY ADULT AT RISK – WERE THE DESIRED OUTCOMES MET?

Where applicable, 97% of adults at risk said their desired outcomes had been met (67.3%) or partially met (29.7%), which is an extremely positive result.



Met	331	60.3%
Partially met	146	26.6%
Not applicable	57	10.4%
Not met	10	1.8%
No Safeguarding form	5	0.9%

14. PARTNER STATEMENTS

BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST

OVERVIEW 2016-17

Barnet, Enfield and Haringey Mental Health NHS Trust remains committed to safeguarding all our service users, their families and carers. Our Safeguarding Strategy and associated three year work plan reflects our commitment and drive to ensure effective safeguarding is a shared responsibility both at a local level and with partner agencies. We strive to continually improve systems and processes; and to develop a clear strategic approach to safeguarding across all our services. Our commitment to safeguarding is reflected at Executive Board Level and the Executive Director of Nursing, Quality and Governance is Chair of our Integrated Safeguarding Committee.

The London Multi-Agency Safeguarding Adults Policy and Procedure has been substantially revised and was launched in February 2016. It has been adopted across London and our Trust Safeguarding Adults at Risk Policy has been updated in line with the procedures, ensuring the Care Act 2014 principles and Making Safeguarding Personal (MSP) approach is reflected. We have worked hard to raise awareness of safeguarding, particularly in regard to new categories of abuse such as self-neglect, hoarding and modern slavery.

SAFEGUARDING ADULTS WORK UNDERTAKEN AND KEY ACHIEVEMENTS IN 2016-17

- We have been successful in securing funding from NHS England to pilot a domestic abuse project which aims to demonstrate the need for Independent Domestic Violence Advisors in mental health settings.
- Domestic Violence and abuse training is provided for all staff at Corporate Induction and this is reflected in our referrals to domestic abuse agencies which continue to rise.
- We have improved oversight of data relating to safeguarding activity across the Trust enabling greater oversight and shared learning.
- We have updated and refreshed our safeguarding patient information leaflet using an easy read format.
- We have developed a supportive safeguarding information packs for staff.
- We have worked closely with the patient safety team and patient experience to ensure a triangulated approach to safeguarding.
- We have raised the profile of PREVENT across the organisation and Healthwrap3 training is included for all staff at their Corporate Induction.
- We have worked closely with the local Channel Panels to ensure information regarding concerns relating to potential radicalisation are shared effectively.
- We have mapped our level 3 safeguarding adult training requirement against the Intercollegiate Document for Safeguarding Adults 2016 and offered to all mental health teams.
- Level 1 and 2 safeguarding adult training of 85% or above consistently achieved.
- Effective partnership working across the three boroughs of Barnet, Enfield and Haringey has continued.

KEY CHALLENGES

The difficulties of collecting accurate meaningful data are recognised and we continue to work with partner agencies to overcome these challenges.

STATEMENT WRITTEN BY:

Ruth Vines, Head of Safeguarding on behalf of Mary Sexton, Executive Director of Nursing, Quality and Governance

ENFIELD CARERS CENTRE

ECC supports all carers, wherever they are on their caring journey. We provide a safe, confidential space for carers to help them deal with whatever they're going through. We also offer a holistic range of services such as: peer support groups, counselling, training and information workshops, carers social and leisure breaks.

Family and unpaid carers provide a vital role that is often unrecognised and unappreciated. It was recently estimated that carers save the UK economy over £132billion (Carers UK Valuing Carers Report 2016). Enfield Carers Centre (ECC) believes that carers have a right to enjoy a life outside caring and be well supported while they care for their loved one(s). We also understand that carers don't necessarily choose their caring role and sometimes caring responsibilities bring with them unwanted emotions and unexpected stress that can negatively impact on a carer's life. We recognise that carers can sometimes be victims of difficult and challenging behaviour from their loved one and conversely, sadly pushed to the end of their tether when insufficient support is available to them or their cared for person.

ACHIEVEMENTS DURING 2016-17

- Active member of Enfield Safeguarding Board
- Reviewed and updated ECC Safeguarding Policy
- Circulation of Carers Keep Safe Guide
- Carer-specific event during Keep Safe Week in February 2017
- Completion of self-assessment of safeguarding
- Attendance at North Central London Challenge and Learning Event
- All Staff attended a safeguarding training session
- Raised safeguarding concerns as appropriate/brought to our attention by or on behalf of carers

ACTIVITIES PLANNED DURING 2017-18

- Embedding of carer related safeguarding training videos onto ECC website
- Refresher safeguarding training for all ECC staff
- Ongoing commitment to continue raising awareness of safeguarding issues among carers
- Carers' Safeguarding Event during Keep Safe Week 2018

STATEMENT WRITTEN BY:

Pamela Burke, Chief Executive, Enfield Carers Centre

ENFIELD BOROUGH POLICE

Enfield Borough Police is committed to making Enfield a safer place to live, work and visit. As a statutory partner on the Enfield Safeguarding Adults Board we continue to work together with partners, communities and local people to prevent harm, abuse and neglect to those at risk. We continue to work in partnership with organisations to prevent offences that target the most vulnerable such as artifice burglary and financial crime.

Senior Police continue to attend the Safeguarding Adult Board on a regular basis and co-chair the Quality, Safety and Performance sub-group. We look forward to continuing this partnership and contributing effectively to ensure that organisations are safeguarding effectively.

ACHIEVEMENTS OVER 2016/17

Enfield Borough Police remain proud to be a partner on the Multi-Agency Safeguarding Hub where we continue to develop our processes to gain greater focus and research into reported adult safeguarding matters. Ethical and proportionate information sharing ensures a partnership led approach to problem-solving, maximising adult safety and the prevention of crime and abuse.

- Focus continues for our front line staff to identify and record safeguarding matters on the MPS Merlin system which is the primary notification channel to strategic partners of risk identified.
- Enhanced ties between police safeguarding units and other crime units such as the Gangs and the Major Crime Unit has been developed.
- Safeguarding training continues to be mandatory for all officers to assist with the identification of safeguarding matters and recording procedures.
- Where cases have been referred for consideration as Safeguarding Adults Reviews, Enfield Police have supported and contributed openly and transparently with all such enquiries in the objective of ensuring best practise identified and areas of development recognised and improved.

ACTIVITIES PLANNED FOR 2017/18

Enfield Borough Police will continue to have safeguarding as a priority across all of the policing activities that we undertake. This be led by Detective Superintendent Tony Kelly who has recently joined Enfield Police and comes with an extensive background of Safeguarding and Public Protection.

- Police will participate at DI and DS level in awareness training on the Mental Capacity Act and Safeguarding with the Local Authority.
- We will continue to develop and contribute to the Multi Agency Safeguarding Hub, with the aim being to capture as many safeguarding adult concerns and referring to appropriate services as possible.
- We will strive to engage with all communities across the Borough to build trust and confidence in the services provided, whilst highlighting the importance of victim care and crime prevention.

STATEMENT WRITTEN BY:

Alison Cole, Detective Chief Inspector, Enfield Police

HEALTH, HOUSING AND ADULT SOCIAL CARE, ENFIELD COUNCIL

Every community has a part to play in recognising and reporting adult abuse. Enfield Council as lead for adult safeguarding is working in partnership to help secure freedom from abuse and neglect for those in the Borough. In collaboration with service users, carer, residents and our partner organisations, we want to stop abuse from happening in the first place.

Enfield Council has lead under the Care Act 2014 for making enquiries or causing others to do so when it believes an adult is experiencing, or at risk of, abuse of neglect. This means that when we are aware of a concern we make contact with the person being abused to establish together what action should be take and by who. Our audits have confirmed that we have sound safeguarding practice, with points of learning to ensure we never remain complacent. “Despite pressure in adult social care with an increasing number of concerns progressing under safeguarding, I can see front line staff and managers continuing to strive for excellence. They are a testament to a profession who want to enable people to achieve the best possible outcomes and wellbeing.” Head of Safeguarding Adults and Quality.

In addition to managing single concerns about individuals, we take the lead on Provider Concerns. This is a process to manage serious safety and care issues in organisations through an enabling approach, while holding providers to account to improve. During the year we worked with seventeen providers and with the support from partners feel confident we are helping those who use services to be safe from abuse and neglect.

First and foremost we aim to work in co-production with those who use services and carers. We demonstrated this through our commitments and ongoing support to the Quality Checker project. Through the dedicated service user and carer volunteers we facilitated checks on services and helped to monitor the changes were put in place.

Some of our accomplishments this year included:

- Joint work with the Clinical Commissioning Group to launch the Deprivation of Liberty Safeguards and Mental Capacity Act Policy with care providers
- Leading the Making Safeguarding Personal conference so that we can continue to provide a person centred approach with innovative approaches to enquiries
- A commitment to Safeguarding Adult Reviews and embedding the learning, which we evidence to the Board
- Improved data collection which focuses on wellbeing, meeting outcomes and whether the person feels safer as a result.

We believe strongly in integration, not only as it can create a more efficient partnership, but above all it is about improving the care and support services an adult at risk experiences. Our focus going forward is on the recovery and resilience of adults at risk of or experiencing abuse and the partnership approach to enable this.

STATEMENT WRITTEN BY:

Bindi Nagra, Assistant Director, Health, Housing and Adult Social Care

HEALTHWATCH ENFIELD

Healthwatch Enfield was established in 2013 to act as the statutory, independent consumer champion for health and social care services in the borough to:

- provide information and signposting to help the local population to navigate the complex systems of health and social care
- develop a local evidence base of public opinion on health and social care
- seek opportunities for local voices of seldom heard communities to be heard at strategic fora and seek improvements to service delivery.

Our role is to amplify the voice of local people on issues that affect those who use health and care services. We actively seek views from all sections of local communities and try to ensure that our priorities take account of the issues raised with us. We believe that patients and local residents:

- should be a key aspect of any approach to quality
- should be listened to and heard
- need information and increased awareness of safeguarding issues.

We are pleased to see that Safeguarding Adults Board have been placed on a statutory footing and that Healthwatch is a member of the Board; this allows us to provide challenge and inject the issues raised by local people into how safeguarding is developed.

Healthwatch Enfield directly contributed to the development of the Safeguarding Adult Board's three-year strategy 2015-2018 as well as the 2017/18 SAB Action Plan. We welcomed the focus on advocacy and asked for additional clarity on performance indicators.

OUR CONTRIBUTION TO SAFEGUARDING 2016/2017

In terms of safeguarding, Healthwatch has:

- supported the work of the Safeguarding Adults Board, to ensure that the patient's/ local people's voice is central to service planning and any case reviews
- had representation on the SAB's Quality Performance and Safety (QPS) group
- ensured that our Board, staff and volunteers are trained to understand and follow up any safeguarding concerns identified by us or raised with us in our work locally
- supported awareness-raising about safeguarding issues amongst our community partners and communities as part of other engagement activities.

A Healthwatch representative also attended the North Central London Challenge and Learning event for Safeguarding Adults Boards. This enabled us to provide positive support for the voice of patients and local peoples to be raised amongst senior members across partner organisations.

Going forward, Healthwatch Enfield intends to continue to support the Board and contribute towards this important area of protecting some of the most vulnerable people from abuse and harm.

STATEMENT WRITTEN BY:
Parin Bahl, Volunteer

LONDON FIRE BRIGADE – ENFIELD BOROUGH

We believe that all residents have the right to be treated fairly, with dignity and respect, and to feel safe from abuse. Through our strong commitment to safeguarding and a keen desire to work in partnership, the London Fire Brigade is acting to ensure abuse and neglect are identified and reported, while preventing harm and minimising the risk.

Our primary aim is to reduce the risk of harm from fire to those most vulnerable within the community. We do this not only be home fire safety visits, but working with partners on the Safeguarding Adults Board to identify those at highest risk and provide the advice and support to improve safety.

Our safeguarding responsibilities include regular attendance at the Safeguarding Adults Board, to provide support and challenge to the partnership so that we can be assured we are effectively responding to the abuse and neglect of adults at risk. The Borough Commander for the Enfield Borough LFB currently sits on the Board, as well as having lead officers contribute to the sub-groups which enable the Board to carry out its duties. We have maintained an active participation in the Safeguarding Adults Board and are proud to be part of a strong partnership that collaborates to improve outcomes for those most vulnerable.

KEY ACHIEVEMENTS 2016-2017

- Attending safeguarding meetings to contribute to the safety planning with partners and adults at risk
- Completing home fire safety visits for those undergoing a section 42 enquiry, so that we can work together to find ways to minimise the risk of fire
- Exceeding our home fire safety assessment target, so that we know that more people in the community have fire safety advice and working fire alarms
- Presenting at the Quality, Safety and Performance sub group of the Board, to help highlight and develop the partnership approach

THE DIFFERENCE WE HAVE MADE TO AN ADULT AT RISK

The London Fire Brigade worked with an gentleman who was bed bound but smoked, placing him at risk of fire. Fire retardant bedding was provided and when this was not being appropriately used and safeguarding partners were in touch, the LFB did another home visit. Additional guidance was provided to the client and new fire retardant bedding, alongside several recommendations to the partnership to help safeguard this client. This included for example a fire suppression system and balancing the rights of the individual with this need to prevent harm.

PRIORITIES 2017-2018

We will continue to prioritise the fire prevention and safety across all areas of Enfield. This includes awareness to local partners and organisations on the risk of fire due to hoarding and the partnership response needed to work with adults in this area. We have a strong commitment to Making Safeguarding Personal, and will continue to provide an individualised response in safeguarding cases to enable adults to achieve their outcomes.

STATEMENT WRITTEN BY:
Steve West, Borough Commander for Enfield

NHS ENFIELD CLINICAL COMMISSIONING GROUP

INTRODUCTION: WHAT TYPE OF BODY IS NHS ENFIELD CCG?

NHS Enfield CCG is a clinically-led statutory NHS body which is responsible for planning and commissioning health care services for the Enfield area.

NHS Enfield CCG is supported by NHSE England London region which has three roles in relation to the CCG. The first is assurance: NHS England has a responsibility to assure themselves that the CCG is fit for purpose, and is improving health outcomes. Secondly, NHS England supports the development of the CCG. Finally, NHS England is a direct and supporting commissioner, responsible for specialised services and primary care.

NHS Enfield CCG has key responsibilities towards safeguarding which are set out in the NHS Safeguarding Assurance and Accountability Framework (2015) to ensure that the services they commission have safeguarding systems and processes in place to safeguard and promote the welfare of adults and to protect those at risk from abuse.

HOW HAS NHS ENFIELD FULFILLED ITS SAFEGUARDING RESPONSIBILITIES THIS YEAR?

Safeguarding adults has remained a very high priority for both commissioners and providers of NHS services during 2016/17. NHS Enfield (the CCG) operates within the NHS Standard Contract. The wording in the Contract regarding safeguarding arrangements was strengthened in 2015/16. Specific requirements were included to comply with relevant law and updated guidance, along with clearer provisions on staff training and audit. The CCG has worked to develop and review Provider contracts with the CCG so that they include all necessary safeguarding elements as per the NHS Standard Contract section 32. Work has also been completed to update the policies for safe recruitment and on managing allegations against people who work with the adult public following the Myles Bradbury case in Cambridge University Hospitals.

The CCG's safeguarding leads are up to date with their safeguarding training and have access to appropriate supervision. They provide supervision for named safeguarding staff in provider organisations. Safeguarding adults' training forms part of the mandatory training programme for all staff employed by the CCG. Additionally, the CCG has established a GP Forum on safeguarding which has helped to implement recommendations from Domestic Homicide reviews and safeguarding adults' reviews.

A Primary Care Safeguarding Conference was held in 2016 in order to engage GPs and Primary Care Staff to enable them to embed their knowledge in safeguarding matters. We are delighted to say we have a Named GP for safeguarding Adults who is working in the MASH and providing advice and clinical guidance in order to facilitate adult safeguarding referrals. We have a Nurse assessor in our Nursing Homes who is able to investigate provider concerns quickly and ensure that the Nursing Homes are safe for us to commission.

The CCG has developed a Mental Capacity Act and Deprivations of Liberty Policy jointly with Enfield Local Authority for all Nursing homes in Enfield.

The safeguarding team at the CCG has endeavoured to ensure that the CCG and the health economy learns from Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews . The CCG has engaged in a SAR and 5 Domestic Homicide Reviews over the past year; The Named GP for Adults at risk completed an Independent Management Report for primary care services provided in Enfield. The CCG Adult Safeguarding Lead has acted as Safeguarding Adult Review and Domestic Homicide Review panel members. This representation has enabled the CCG to support the Board in its statutory duties and help the CCG to address the challenge of enabling SAR learning to be embedded across the health economy.

The CCG has received regular monitoring reports from providers on adult safeguarding within their services including evidence of training compliance.

WHAT PLANS DOES ENFIELD CCG HAVE TO IMPROVE SAFEGUARDING PRACTICE FURTHER?

- The CCG has engaged a clinical expert from Buckinghamshire New University to work with the Safeguarding team both in the CCG and with the Local Authority in developing a pressure ulcer protocol. This will be rolled out in collaboration with the Nursing Homes in Enfield.
- A conference to enhance safeguarding knowledge amongst stakeholders is planned for July 2017.
- We will continue to use the GP Forum to discuss safeguarding updates and to prioritise the dissemination of learning from SARs and DHRs.
- We will establish the use of the Pressure Ulcer Policy in Nursing Homes.
- We are developing the learning from disability deaths review protocols in the CCG and staff will access appropriate training in order to be able to comment authoritatively on reviews in line with the new LeDer Statutory Responsibilities.

STATEMENT WRITTEN BY:

Julie Dalphinis, Adult Safeguarding Lead, NHS Enfield Clinical Commissioning Group

ONE-TO-ONE (ENFIELD)

One-to-One (Enfield) is very committed to protecting our members' physical and psychological well-being and safeguarding them from all forms of abuse. We recognise that safeguarding is a responsibility for everyone, and therefore seek to ensure that safeguarding is a priority throughout the organisation.

We have a project to raise awareness and understanding of Hate Crime, and hold regular workshops for staff, carers and people with learning difficulties. We have launched a DVD and booklets to raise awareness on Hate Crime so people can recognise and report it.

To ensure our members are safeguarded against any abuse, we work with the Integrated Learning Disabilities Team.

One-to-One (Enfield) has a positive relationship between members, staff, volunteers and other partner organisations that encourages people to be open about concerns and helps people to learn from each other. There are continuous training and development opportunities for staff and volunteers.

STATEMENT WRITTEN BY:

Nusrath Jaku, Volunteer Co-ordinator

THE ROYAL FREE NHS FOUNDATION TRUST

The Royal Free NHS Foundation Trust (RFL) has continued to build on the strong foundations of safeguarding that were already in place. Our safeguarding strategy sets out how we plan to drive forward our safeguarding activities and our reputation over the next 3 years. It acknowledges the requirements to ensure there is board level focus on the needs of patient safety and that safeguarding is an integral part of the governance framework.

In August 2016, NHS Improvement accredited the RFL to lead groups or chains of NHS providers, to be a Vanguard Trust, one of four acute trusts chosen in the UK. Discussions are currently in progress between the RFL and North Middlesex University Hospital NHS Trust (NMUH) to identify how the two organisations can work together for the benefit of their patients and the local communities.

SAFEGUARDING ADULTS WORK UNDERTAKEN AND KEY ACHIEVEMENTS IN 2015/16

We have consolidated our team with the appointment of two Adult Safeguarding Advisors and the successful applicants have now started their roles, one in Barnet and Chase Farm and one in the Royal Free Hampstead.

We developed an electronic flagging system for the nursing handover sheet at each site to increase awareness. These symbols will remain on the system if patients are re-admitted again. The symbols for someone coming into the organisation with a Learning Disability, DoLS or a Safeguarding Concern will look like this.

Referral rates have increased from April 2016 and March 2017 by another 9% for 2016 – 2017:

- **470** Safeguarding alerts raised at the Royal Free Hospital
- **483** Alerts for Barnet Hospital and Chase Farm Hospital (increase of 25 %)

We believe the increase in referrals can be attributed to the permanent appointment of the Barnet and Chase Farm Adult Safeguarding Advisor.

We have also increased the number of DoLS applications across all sites in the past year.

There were **168** applications across the trust in 2015/ 2016, this has increased by 58% to 265 for 2016/2017.

In terms of training, our figures are consistently in the 80% range for delivering MCA/DoLS and Safeguarding adults. We have developed a level 3 training schedule to comply with the "Safeguarding Adults: Roles and Competence for health care staff – Intercollegiate Document" which is expected in 2017.

We held a very successful conference called 'Tackling Domestic Abuse' which was attended by 153 candidates many from our local partners organisations.

The Royal Free London NHS Foundation Trust initially signed up to be a pilot site for The Learning Disability Mortality review programme.

Our two liaison nurses are reviewers for the programme and are members of the Pan London Steering Group.

We have published a newsletter from the integrated safeguarding team, this will be available every six months and we use it to introduce the team, educate and promote on any key themes and to update on local and national developments in safeguarding.

We have supported Enfield with a Domestic Homicide Review and continue to be active partners in the Board and Sub Groups.

KEY CHALLENGES AND PRIORITY FOR 2017/18

- Deliver the PREVENT agenda across the Trust
- Develop and deliver safeguarding adult supervision
- Develop a supervision policy
- Develop a Restraint policy
- Develop and deliver level 3 safeguarding adult training

STATEMENT WRITTEN BY:

Dee Blaikie, Adult Safeguarding Lead

HHASC442

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Strategic Safeguarding Adults Service
Health, Housing and Adult Social Care

July 2017

ENFIELD Council

Agenda Item 6

MUNICIPAL YEAR 2017/18

Meeting Title: **HEALTH AND WELLBEING BOARD** Date: 10th October 2017	**Agenda Item:** **Subject: Enfield Pharmaceutical Needs Assessment – Draft PNA**
Contact officer: Miho Yoshizaki Telephone number: 0208 379 5351 Email address: **miho.yoshizaki@enfield.gov.uk**	**Report approved by:** **Tessa Lindfield** **Director of Public Health**

1. EXECUTIVE SUMMARY

The Health and Wellbeing Board (HWB) is responsible for preparing the Pharmaceutical Needs Assessment (PNA) for the borough, which will inform market entry and commissioning of pharmaceutical services. The next Enfield PNA is due April 2018.

The draft report is now complete for consultation.

2. RECOMMENDATIONS

- The Board is asked to approve the draft PNA report for consultation

- The Board is asked to agree a sign off process for the final PNA report to ensure publication on time. The proposed options include:
  - The final report to be circulated to all HWB members for virtual sign off.
  - A subset of HWB members eg The Director of Public Health; CCG and HealthWatch, are delegated to sign off the final report on behalf of HWB.

3. BACKGROUND

3.1 The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) set out the system for market entry to provide community pharmacy services.

3.2 Under the Regulations, Health and Wellbeing Boards are responsible for publishing a statement of the current and future needs for the pharmaceutical services for the population in its area, referred to as Pharmaceutical Needs Assessment (PNA), every three years; and NHS

England is responsible for considering applications and maintaining the pharmaceutical list.

3.3 The first PNA since the responsibility was transferred to the HWB was published in March 2015 and is available at the Council website.

3.4 The next Enfield PNA is due by April 2018.

3.5 The full draft report will be circulated by the end of 6th October 2017.

4. REPORT

4.1 PHAST was appointed to deliver the Enfield PNA report.

4.2 The PNA was set up to oversee the development of PNA. It includes Local Pharmaceutical Committee, CCG, Healthwatch, voluntary sector, planning, legal and Public Health representatives.

4.3 The draft report is now complete and executive summary can be found at Appendix A.

4.4 The following conclusions were made through this PNA regarding pharmaceutical service provision (full descriptions of these services are set out in Section 4 of the report).

4.4.1 No gaps have been identified in **essential services** that if provided either now or in the future would secure improvements, or better access, to essential services across the whole HWB area.

- There is no gap in the provision of **essential services during normal working hours** across the whole HWB area.
- There are no gaps in the provision of **essential services outside of normal working hours** across the whole HWB area.

4.4.2 There are no gaps in the provision of **advanced services** at present or in the future that would secure improvement or better access to advanced services across the whole HWB area.

4.4.3 There are no gaps in the provision of **advanced services** across the whole HWB area.

4.4.4 No gaps have been identified that if provided either now or in the future would secure improvements, or better access to **enhanced services** across the whole HWB area.

4.4.5 There are no gaps in the provision of **enhanced services** across the whole HWB area.

4.4.6 There are no gaps in the provision of **locally commissioned services** at present or in the future that would secure improvement or better access to **locally commissioned services** across the whole HWB area.

4.4.7 There are no gaps in the provision of **locally commissioned services** across the whole HWB area.

4.5 The regulations require a minimum 60 days consultation with the key stakeholders.

4.6 The consultation is scheduled between 23rd October and 31st December.

4.7 Following the consultation, the PNA report will be finalised for publication.

5.0 Recommendation

5.1 The Board is asked to sign off the draft PNA report for consultation

5.2 The Board is asked to discuss and agree on the sign off process for the final PNA report to ensure smooth publication on time. The proposed options include:

- The final report will be circulated to all HWB members for virtual sign off.
- A subset of HWB members eg The Director of Public Health; CCG and HealthWatch are delegated to sign off the final report on behalf of HWB.

Appendix A: Enfield PNA 2018-2021 Executive Summary

It is a statutory requirement for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

This PNA has been undertaken during a time of uncertainty around how pharmacy services will develop over the next three years. The 2016 Murray report recommends major changes to the way in which pharmaceutical services should be delivered. Key changes include: simplifying the NHS pharmacy remuneration system, helping pharmacies to become more efficient and innovative and encouraging longer prescription durations where clinically appropriate. However, at the time of writing, these recommendations have not yet been implemented given they are currently under judicial review. It is complex to predict the impact on residents of such changes before it is understood which services may be reduced, changed or closed.

Since the last Enfield PNA was published in 2015, no major changes to pharmaceutical provision have been observed and provision is generally good. There are 59 community pharmacies in the Enfield HWB area for a population of 328,433, an average of 18 pharmacies per 100,000 population. The England and London averages are 21.3 and 21.4 respectively. All localities have at least one community pharmacy, however the rate varies across the borough with the south having a greater number of pharmacies per population than the north. In the North there are fewer services because there is a lower population density in this area. Pharmacies over the boundary in Southgate are available to residents in this area.

Overall access is good. Over 98% of residents are within walking distance of a pharmacy, and for over 95% of residents, the closest pharmacy is within the borough. Only one locality does not have a pharmacy providing services on Sunday – this may need to be considered in the future if other pharmacies were to close.

Demand for community pharmacies may eventually increase due to national policy and population growth. Current national policies highlight the potential of community pharmacy to deliver enhanced community-based healthcare access thereby reducing demand on urgent and primary care services.

Since the 2015 PNA was published, both the resident population and GP registered population of Enfield has increased. However, analysis of housing data has not indicated that there will be localised population increases of a sufficient size to impact on need for new pharmaceutical providers over the next three years. The largest housing scheme identified is being developed in Meridian Water, but it has yet to enter the construction phase.

A review of the Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment (JSNA) identified that there may be scope for pharmacies to support local health needs. The borough continues to experience deprivation with high rates of unemployment with the demography comprised of a young, fast growing, mobile population.

Enfield is currently developing better integrated care via localities (care closer to home).
Addressing many of Enfield's 'areas of opportunity', as identified in the JSNA and JHWS, could include an expanded role for pharmacists. Priority areas identified by the Health and Wellbeing Board (HWB) are as follows in which there are potential roles for pharmacists;

- Best start in life
- Healthy Weight
- Mental health resilience

Other priorities that pharmacists could play a role in include collaborating with initiatives aimed at reducing domestic violence, and supporting enhanced promotion of the following: cancer detection and care; Flu vaccination amongst Health Care Workers; improved housing with a focus on vulnerable adults; monitoring of hospital admissions caused by injuries in children; diabetes prevention; living well with people with multiple chronic illness; improved end of life care and monitoring the tipping point into need for health and care services
Decisions concerning the promotion of pharmacist led services for these programmes will need to be based on more focused health needs assessments and commissioning strategies.
The pharmacy user and public stakeholder engagement identified that many of them found pharmacy opening times to be good and pharmacy staff friendly. However, there was concern in some quarters about the ability to have confidential discussions.

Conclusions

The Enfield Health and Wellbeing Board (HWB) has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the HWB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in Enfield and those pharmacies in neighbouring boroughs adjoining Enfield borough.

Based on the latest information on the projected changes in population of the Enfield HWB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density. Based on the assumptions in this PNA report, the HWB has identified no gaps in the need for pharmaceutical services up to 2021. The detailed conclusions are as follows (key types of pharmacy services are specifically detailed below).

5 No gaps have been identified in **essential services** that if provided either now or in the future would secure improvements, or better access, to essential services across the whole HWB area.

5.4 There is no gap in the provision of **essential services during normal working hours** across the whole HWB area.

5.5 There are no gaps in the provision of **essential services outside of normal working hours** across the whole HWB area.

6 There are no gaps in the provision of **advanced services** at present or in the future that would secure improvement or better access to advanced services across the whole HWB area.

6.4 There are no gaps in the provision of **advanced services** across the whole HWB area.

7 No gaps have been identified that if provided either now or in the future would secure improvements, or better access to **enhanced services** across the whole HWB area.

7.4 There are no gaps in the provision of **enhanced services** across the whole HWB area.

8 There are no gaps in the provision of **locally commissioned services** at present or in the future that would secure improvement or better access to **locally commissioned services** across the whole HWB area.

8.4 There are no gaps in the provision of **locally commissioned services** across the whole HWB area.

If any of the assumptions in this report, particularly on building plans, are significantly revised, there will be a need to revisit these conclusions Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access across the whole HWB area.

Key to Services

- **Essential Services** are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance- selling pharmacy contractors cannot provide essential services face to face at their premises.
- **Advanced Services** are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), Flu Vaccination, New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Services (NUMSAS).
- **Enhanced Services** commissioned by NHS England are pharmaceutical services, such as services to Care Homes, language access and patient group directions.
- **Locally commissioned Services** are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population.

NORTH LONDON PARTNERS in health and care

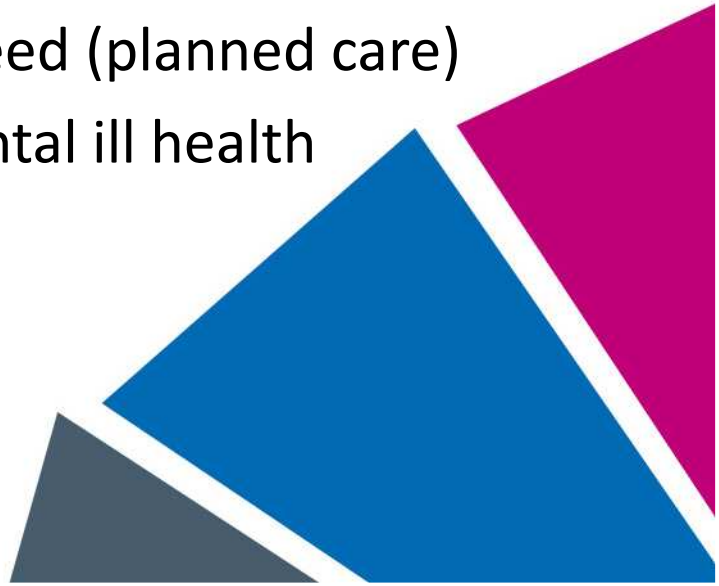
STP Update

October 2017

NORTH LONDON PARTNERS in health and care

2017/18 priorities

- Helping people stay healthy and well (prevention)
- Building health and care services near to where you live (care closer to home)
- Services you can rely on in an emergency (urgent & emergency)
- Planning and delivering the care you need (planned care)
- Supporting people to recover from mental ill health (mental health)



NORTH LONDON PARTNERS in health and care

2018/19

- Helping people and families survive the impact of cancer (cancer)
- Giving mothers-to-be more choice and better support (maternity)
- Giving Children and Young People the best start in life (children & young people)
- Creating a caring and compassionate health and care workforce (workforce)
- Making the best of the buildings we own (estates)
- Harnessing the power of technology (digital)

NORTH LONDON PARTNERS in health and care

Workstream update

SECTION 1: SUMMARY OF KEY ACCOMPLISHMENTS	
Health and Care Closer to Home (HCCH)	• Stock take and 'deep dive' of position for the implementation of the model providing an accurate position statement with which to move forward; • Report drafted to share with NCL CCGs' SMT on 12 September • Plan on a page being developed to support delivery • Review of governance and infrastructures being undertaken • Centralising of areas where possible
Planned Care (PC)	• Alignment of CCG and CSU resource • GIRFT appraisal of current NCL wide work and report completed • Progression of NCL PoLCE work including completion of Enfield consultation
Urgent and Emergency Care (UEC)	• NCL Discharge to Assess pathway model signed off which will enable consistent implementation • National UTC Principles & Standards published in July – gap analysis undertaken to stocktake current provision against standards, action plans being formulated to address risks • All 5 Admission Avoidance workshops taken place and priority pathways agreed for implementation of increased ambulation
Children and Young People (CYP)	• No update provided

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Workstream update

Digital (DIG)	• New workstream SRO appointed – Sir David Sloman • Clinical workstream analysis exercise completed. • Integration and Data architecture draft report complete. • Collation of organisation's Digital investment plans has commenced
Estates (EST)	• Established much stronger connection between Workforce and Estates • Four Trusts now collaborating on office consolidation • Continuing asset database work • Site visits to Finchley Memorial Hospital, Edgware Hospital and Marie Foster. Plans now being progressed to better use/dispose of these sites.
Mental Health (MH)	• Recruitment completed for specialist community perinatal MH service • Recruitment completed for Integrated IAPT service
Workforce (WKF)	• Further progress has been made in creating links with key stakeholders across the STP including other enabling workstreams (Digital, Finance and Estates), local Authority HR Reps, Social Care reps and trade union officials; • Stakeholder event for L&D workstream arranged for 28 September 2017 with HR Directors, Directors of Nursing and Regional Trade Union officials invited; • The Mandatory and Statutory training survey has been compiled finalised and sent out to stakeholders across health and social care. The survey will run from 8 Aug – 7 Sep 2017. • Engaged a number of clinical workstreams to discuss workforce implications. Some key dependencies identified – other implications/requirements will be identified as clinical workstreams' work-plans develop further. The dependencies will be fed into the STP wide interdependencies workshop on 18th September.

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Workstream update

Cancer (CAN)	• RCA Tool: the new Root Cause Analysis (RCA) tool has been implemented at UCLH with positive feedback. The Performance Leadership group met on 9 August to discuss wider approach to analyse RCAs at sector level. • Radiotherapy collaboration: there have been positive discussions between three clinical/operational radiotherapy teams in NCL, with an agreement to draft an options paper to go to Executives at the 3 Trusts to seek approval and commitment to explore details, including preferred option for a single provider model
Maternity (MAT)	• Recruitment of Clinical Leads and Programme Support Officers • Proposed model of care for community pilots agreed
Prevention (PRE)	• Working group arranged for workplace wellbeing as a follow up to the workshop from previous month; • PID drafts submitted for review by prevention board against four priority workstreams (Falls, Smoking, Workforce, Workplace Wellbeing); • Meetings held with Care Closer to Home and Urgent and Emergency Care leads to discuss dependencies.

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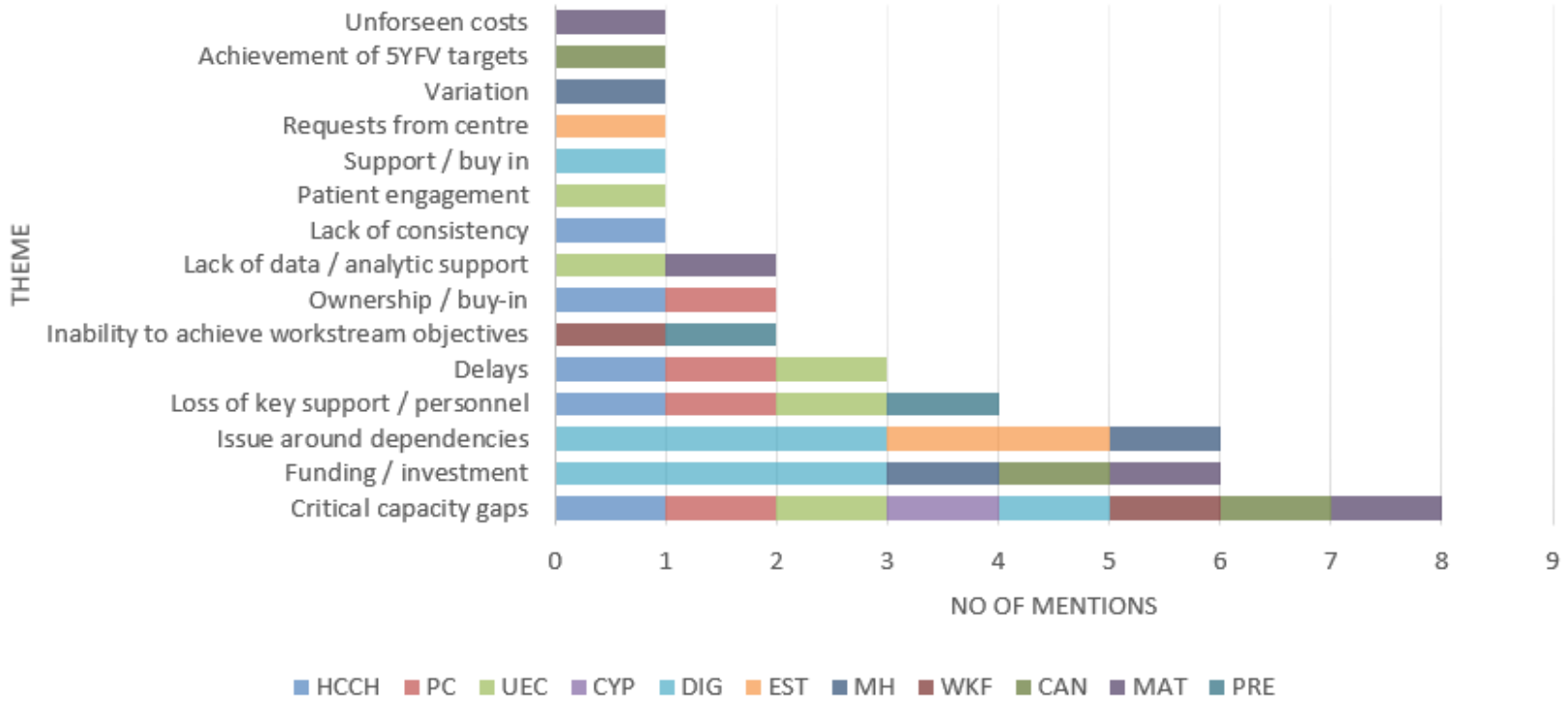
Risks/issues

SECTION 2: DOMINANT ISSUE / RISK THEMES



KEY: HCC = Health and Care Closer to Home; PC = Planned Care; UEC = Urgent and Emergency Care; CYP = Children & Young People; DIG = Digital; EST= Estates; MH = Mental Health, WKF = Workforce; CAN = Cancer; MAT = Maternity; PRE = Prevention,

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SUMMARY OF TOP THREE RISK / ISSUE THEMES

CAPACITY

Capacity remains the predominant issue raised by workstreams with eight out of twelve workstreams reporting gaps, but there are significant mitigations in place.

Current mitigation:

- Interviews have been scheduled to recruit new Programme Managers for Digital and Planned Care
- A substantive appointment has been made to the post of Programme Director for Health and Care Closer to Home
- The CSU is to identify capacity to support the CYP workstream; Director of Strategy to meet interim SRO to discuss support required.
- Establishment of single NCL-wide CCG lead for workstream initiatives in Planned Care, UEC and Health and Care Closer to Home
- Agreed to establish dedicated PMO capacity for the digital workstream
- Reprioritisation of current plans to reflect available capacity, and focus on initiatives that will deliver most benefits

NORTH LONDON PARTNERS in health and care

Financial update

- Our plan in July 2017 left us £**61m** short of our 2017/18 'control total' target for all CCGs and NHS providers on the patch

- As a result of an agreed amendment to the control total for Royal Free London NHS Foundation Trust, our planned position has improved to leave us with a deficit of **£36m**

- However there remain significant risks to delivery of our plan

Comms & engagement update

- Website and social media (twitter and Instagram) is now live
- Responding to FOIs and other requests for information
- Responding to local and national media following on from articles in the Guardian on the capped expenditure programme
- Responding to letters from Royal College of Nursing, Healthwatch, on the status of the STP and the capped expenditure process
- Increasing levels of engagement with voluntary sector but still requires more
- £75k to develop an engagement plan (funded through NHSE)
- 1 x youth event (to be co hosted with East London health and care partnership) funded by NHSE as part of a broader youth engagement programme
- 1 x full time band 7 engagement manager for 12 months (funded through NHSE)
- 1 x day per week digital support
- Access to NHSE London regional engagement team and resources
- Access to an e-communications platform to develop e-newsletters and surveys (funded through NHSE)

Leadership update

Workstream	Role	Name	Job Title	Organisation
1. Health & Care Closer to Home	SRO	Tony Hoolaghan	Chief Operating Officer	NHS Haringey and Islington CCG
	Management Support	Daniel Morgan	NCL H&C Closer to Home Programme Lead	NHS Islington CCG
2. Urgent & Emergency Care	SRO (from 1st July)	Sarah Mansuralli	Executive Director	Camden CCG
	Management Support	Jenni Frost	Programme Director	NHS Islington CCG
	Management Support	Rebecca Jowett	Project Manager	NHS Enfield CCG/ HLP
	Management Support	Samit Shah	Clinical Lead	NHS England (NHSE)
3. Mental Health	SRO	Paul Jenkins	Chief Executive Officer	Travistock & Portman NHS Foundation Trust
	Management Support	Hector Bayayi	NCL Mental Health Programme Manager	NHS Camden CCG
4. Cancer	SRO	Kathy Pritchard-Jones	CMO UCLH Cancer Collaborative	London Cancer & UCLH Cancer Collaborative
	Co-SRO	Dr Clare Stephens	Clinical Lead and Board Member, Barnet CCG NCL clinical advisor to Transforming Cancer Services team (NHSE London region) Chair, NCL Cancer Board (GP partner at the Speedwell practice, Barnet)	Barnet CCG /NCL Cancer Board
	Management Support	Nick Kirby	Divisional Manager for Cancer services	University College London Hospitals NHS Foundation Trust (UCLH)

NORTH LONDON PARTNERS in health and care

Leadership update

Workstream	Role	Name	Job Title	Organisation
5. Elective Care	SRO	Richard Jennings	Medical Director	NHS Whittington Hospital
	CO-SRO		Chief Finance Officer	NHS Royal Free Hospital (RFH)
	Management Support	James Porter	Programme Director	NHS Royal Free Hospital (RFH)
6. Productivity	SRO	Tim Jaggard	Finance Director	University College London Hospitals NHS Foundation Trust (UCLH)
	Management Support	Stephen Davis	Chief Finance Officer	NHS Moorfields Eye Hospital
7. Prevention	SRO	Julie Billett	Director	Camden & Islington Public Health
	Management Support	Mark Watson	Programme Manager	Camden & Islington Public Health
8. Digital	SRO	Sir David Sloman	Acting Chief Executive Officer	NHS University College London Hospital (UCLH)
	Management Support	Cathy Kelly	Chief Clinical Information Officer	University College London Hospitals NHS Foundation Trust (UCLH)
	Management Support	Martyn Smith	Digital Consultant	Ehs Consultant
9. Estates	SRO	Dawn Wakeling	Director of Adult Social Services	Barnet Council
	Management Support	Neil Webster	NCL Estates Workstream Programme Manager	Cyclo Consulting

Leadership update

Workstream	Role	Name	Job Title	Organisation
10. Workforce	SRO	Maria Kane	Chief Executive Officer	Barnet, Enfield & Haringey (BEH), Mental Health Trust (MHT)
	Management Support	Barry Letham	NCL Workforce Programme Manager	NCEL Health Education England (HEE)
	Management Support	Rachel Roberts	NCL Workforce Programme Manager (Primary Care)	NCEL Health Education England (HEE)
	Management Support	Sarah Davies	Programme Manager	NCEL Health Education England (HEE)
11. Children and Young Person	SRO			
	Management Support	Kathryn Collin	Children - Commissioning Lead	Haringey CCG
12. Maternity	SRO	Rachel Lissauer	Acting Director of Commissioning	Haringey CCG
	Management Support	Julie Juliff	Head of Maternity Commissioning	Haringey CCG
	Management Support	Francesca MacVean	Maternity lead	PA Consulting
	Management Support	Dr Caroline Wright	Maternity lead	PA Consulting

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Agenda Item 8

MUNICIPAL YEAR 2017/18

Meeting Title: **HEALTH AND WELLBEING BOARD** Date: 10th October 2017	**Agenda Item:** **Subject: Progress Update on Joint Health & Wellbeing Strategy**
Contact officer: Miho Yoshizaki Telephone number: 0208 379 5351 Email address: **miho.yoshizaki@enfield.gov.uk**	**Report approved by:** **Tessa Lindfield** **Director of Public Health**

1. EXECUTIVE SUMMARY

The Health and Wellbeing Board (HWB) has previously selected 12 areas to monitor including 3 priority areas where it wishes to focus for the remaining term of the strategy (until 2019). Progress on these areas including the three priority areas are highlighted. Challenges within the 3 priority areas are outlined below for discussion and potential action by the HWB.

2. RECOMMENDATIONS

- The Board is asked to note the progress on HWB monitoring areas.
- The Board is asked to

  <Best Start in Life>

  - Maintain a focus on this area and ensure that all partners are delivering appropriately.
  - Support the BSIL task & finish group providing members and oversight of the group's work
  - Attend a focussed session on Best Start in Life 6th January 2018

  <Mental Health Resilience>

  - Partners are encouraged to prioritise the World Mental Health day event and Thrive LDN workshop.

  <Healthy Weight>

  - Support the Local Government Declaration on the reduction of sugar and healthier food

3. BACKGROUND

3.1 At Health and Wellbeing Board meeting held on the 19th April 2017,the HWB agreed on the priority areas it wishes to focus on the final two years of the Joint Health and Wellbeing Strategy 2014-2019.

3.2 The HWB Priority areas were:

<Top 3 priorities>

- Best start in life
- Obesity
- Mental health resilience

<Collaboration>

- Domestic Violence

<Enhanced Monitoring>

- Cancer
- Flu vaccination amongst Health Care Workers
- Housing with a focus on vulnerable adults
- Hospital admissions caused by injuries in children
- Diabetes prevention
- Living well with people with multiple chronic illness
- End of life care
- Tipping point into need for health and care services

4. REPORT

4.1 There are a number of actions the HWB could take in order to improve health and wellbeing in Enfield. These include:

- Strategic oversight
- Deep dive
- Partnership working
- Joint commissioning
- Unblocking system working
- Support across the system
- Constructive challenge
- Referral to scrutiny

4.3 The report below highlights the key successes and challenges in the last three months in the HWB priority areas.

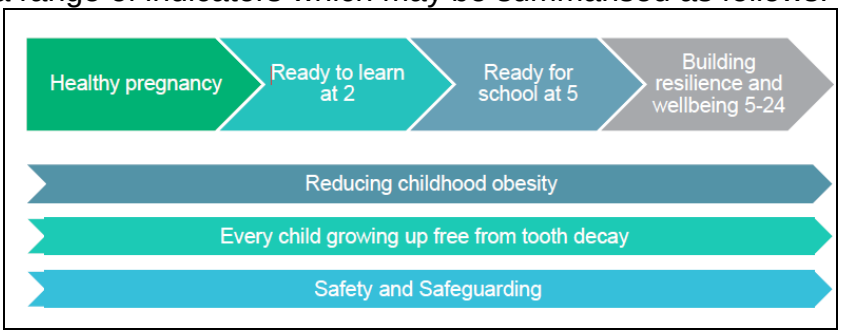
4.4 For the latest statistics of the full set of selected indicators, please see https://new.enfield.gov.uk/healthandwellbeing/jhws/measuring-our-progress/

Priority Focus Areas

Focus area	**Best Start in Life**
Partners	Public Health, Children's Services, Enfield CCG

What's our current performance?

The assessment of whether children in Enfield are getting the *Best Start in Life* is made up of a range of indicators which may be summarised as follows.



Listed below are some of the headline indicators which help measure this. Others will include immunisation uptake rates, smoking in pregnancy and perinatal mental health.

- **Breastfeeding**

Breastfeeding initiation in Enfield is good (91.6% of mothers breastfeed their baby within 48 hours of delivery) [2016/17 Q3 data]. This is better than England (72.9%) but there is currently no data for the how many mothers still breastfeed at 6-8 weeks.

- **Children's oral health (dental decay)**

Around a third of children in Enfield have one or more decayed, missing or filled teeth (DMFT) (33.9%) [2014/15 data]. This is significantly worse than London (27.3%) and England (24.8%).

- **Childhood obesity**

The Enfield trends remain stubbornly above the London and national averages for Reception and Year 6. In Reception Year a quarter (24.3%) of 4/5 year olds; and in Year 6 two fifths (41.5%) of 10/11 year olds are overweight or obese.

- **Under-18 conceptions**

With a rate of 22.7/1000 in 2015, and despite local reductions over recent years, Enfield rates remain higher than NCL (18.0/1000), London (19.2/1000) and England (20.8/1000).

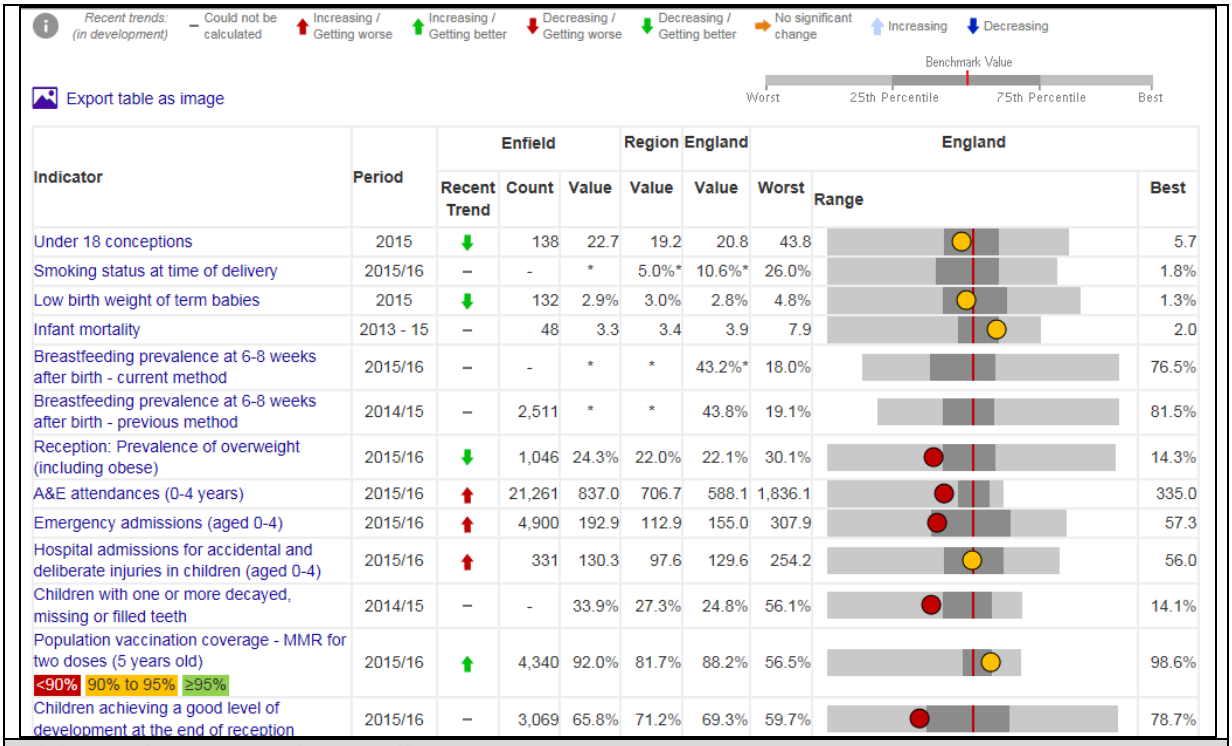
- **School readiness**

This is a global measure of readiness for school and is measured as the percentage of children achieving a good level of development at the end of Reception year. In Enfield (2015/16) this was 65.8%, which was worse than London (71.2%) and England (69.3%).

- **Hospital admissions due to unintentional and deliberate injuries in children (aged 0-4 years)**

The rate of hospital admissions (per 10,000 resident population) is 130.3 [2015/16 data]. This is significantly higher than London (97.6) and comparable to England (129.6). This is a slight reduction from 143.3 in 2014/15.

These indicators may be summarised in the following table:



Indicator	Period	Enfield			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Under 18 conceptions	2015	↓	138	22.7	19.2	20.8	43.8		5.7
Smoking status at time of delivery	2015/16	–	-	*	5.0%*	10.6%*	26.0%		1.8%
Low birth weight of term babies	2015	↓	132	2.9%	3.0%	2.8%	4.8%		1.3%
Infant mortality	2013 - 15	–	48	3.3	3.4	3.9	7.9		2.0
Breastfeeding prevalence at 6-8 weeks after birth - current method	2015/16	–	-	*	*	43.2%*	18.0%		76.5%
Breastfeeding prevalence at 6-8 weeks after birth - previous method	2014/15	–	2,511	*	*	43.8%	19.1%		81.5%
Reception: Prevalence of overweight (including obese)	2015/16	↓	1,046	24.3%	22.0%	22.1%	30.1%		14.3%
A&E attendances (0-4 years)	2015/16	↑	21,261	837.0	706.7	588.1	1,836.1		335.0
Emergency admissions (aged 0-4)	2015/16	↑	4,900	192.9	112.9	155.0	307.9		57.3
Hospital admissions for accidental and deliberate injuries in children (aged 0-4)	2015/16	↑	331	130.3	97.6	129.6	254.2		56.0
Children with one or more decayed, missing or filled teeth	2014/15	–	-	33.9%	27.3%	24.8%	56.1%		14.1%
Population vaccination coverage - MMR for two doses (5 years old) <90% 90% to 95% ≥95%	2015/16	↑	4,340	92.0%	81.7%	88.2%	56.5%		98.6%
Children achieving a good level of development at the end of reception	2015/16	–	3,069	65.8%	71.2%	69.3%	59.7%		78.7%

Things that are going well

- The Teenage Pregnancy Prevention Officer post has successfully been transferred from Children's Services to Public Health and maternity cover recruited to.
- A range of school-based initiatives to improve physical activity are being developed.
- Public health is funding a post that works with schools in Enfield to improve PSHE (personal, social, health and economic education) and RSE (relationships & sex education).

What's next?

- To continue to develop strong working relations between Public Health, Children's Services and Enfield CCG to focus on improvements in these indicators.
- The new Best Start in Life (BSIL) task & finish group will consider these trends as part of developing a system-wide response to ensuring a healthy start for children in Enfield.
- The task & finish group will report to the HWBB development session on 16th January 2018.
- To review the metrics for these indicators to understand the trends when updated data becomes available.

Challenges that HWB may be able to assist resolving / unblocking

- The HWBB maintains a focus on this area and ensure that all partners are delivering appropriately.
- Supporting the BSIL task & finish group through ensuring attendance and participation in the programme, oversight, corporate and partnership support.
- Attend a focussed session on Best Start in Life at the 16th January 2018 HWBB development session for key partners that contribute to improving outcomes.

Focus area	Mental Health Resilience
Partners	Public Health, Enfield CCG, BEHMHT, NCL PH Departments. London Health Board.

What's our current performance?

- We continue to work closely with Thrive LDN as the vehicle for mental health resilience work in Enfield.
- Thrive LDN has launched "Are we ok London" campaign to support the Thrive LDN document previously presented to this board. The aim of the campaign was to support Londoners to engage in the conversation what is important for them in terms of mental health resilience.

Things that are going well

- Thrive LDN team has performed a rough-cut analyses of the reach established and interaction generated in the first 6 weeks of the campaign. They have analysed circulation and readership of print and digital media, the TfL poster campaign, twitter, TALK London and engagement event. They estimate over 41,000 interactions potentially reaching over 13 million people. It should be noted that this is an informal analyse and have not been confirmed.

- Various campaigns and events are scheduled to promote the World Mental Health Day (10th October).

- One of the key aims of the Thrive LDN is preventing suicide. Enfield continues to regularly audit suicide information to gather learning, and is working closely with NCL colleagues to align process across NCL footprint.

- Enfield has been working together with Camden, Islington and Barnet to explore funding from the Big Lottery Fund by way of a Social Impact Bond.

- Enfield has been awarded match funding by the Big Lottery Fund to develop an Individual Placement and Support (IPS) Service. The IPS employment model is internationally recognised as the most effective way to support people with mental health problems and/or additions to gain and keep paid employment.
- The assessment of submitted tender applications to supply this IPS service took place on the 19th September, and following selection the service is planned to commence in January 2018.

- The Council continues to work in partnership with NCL Public Health partners and Healthy London Programme team to facilitate the award of the GLA Healthy Workplace Charter to local employers. This scheme will include a significant emphasis on mental health and wellbeing in the workplace. PH staff resource is inhibiting development of this initiative.

- CQC CAMHS Thematic Review took place in September. We are awaiting the final report.

- Formal CQC inspection took place in BEH the week of 25th September.

What's next?

- We are continuing to work with "Thrive LDN" who will be undertaking an engagement event in Enfield on the 8th November 2017.

- We will be taking part in activities related to World Mental Health Day on the 10th October 2017

Challenges that HWB may be able to assist resolving / unblocking

Partners are encouraged to prioritise the World Mental Health day event and Thrive LDN workshop.

Focus area	Healthy Weight
Partners	Edmonton Community Partnership, Enfield Voluntary Action, Local businesses LBE- Planning, Sustainable Transport, Road Safety, Enfield Catering Services, School Sports, Healthy Schools, Corporate Communications, Environmental Health

What's our current performance?

- **1,008** Reception Year children were overweight or obese. This equates to almost **one in four** Reception Year pupils in Enfield (23.9%). Enfield rate was statistically significantly higher than both London (21.9%) and England (22.1%) averages. Enfield's rate was the 9th highest in London and the second highest in NCL.
- For Year 6 (10-11 years) rate of excess weight is around **two in five** (41.0%) pupils in Enfield, the 6th highest in London and the highest in NCL.
- Around **two thirds of adults** in Enfield **(63.5%)** are **overweight or obese.** This is **the 8th highest** in London and the highest in NCL**.**

Things that are going well

1. **Local Government Declaration on the reduction of sugar and healthier food**

- An action plan is in development and will be shared with the HWB in November.
- The aim of the Local Government Declaration on Sugar Reduction and Healthier Food is to achieve a public commitment to improve the availability of healthier food and to reduce the availability and promotion of unhealthier alternatives.
- As part of the action plan, we will be launching the Sugar Smart Enfield campaign, supported by Sugar Smart UK. Ahead of the launch in November, we are engaging 14 organisations to make pledges to become Sugar Smart.

2. **School Health & Wellbeing Event**

- A School Health & Wellbeing Event will take place on the 5th October 2017, and aims to highlight initiatives available to schools to improve the health and wellbeing of students and staff, including The Daily Mile. The Daily Mile founder, Elaine Wyllie, will present the growing Daily Mile movement, its impact and how local schools can establish the initiative.

3. **Healthier Catering Commitment (HCC)**

- 35 local businesses (including Bridgewood Care Home) have signed up to HCC.
- HCC recognises those businesses that demonstrate a commitment to reducing the level of saturated fat and salt content in their foods, offering some healthy options (for example, lower sugar drinks and snacks) and making smaller portions available on request.

4. Healthy Start Vouchers

- Healthy Start vouchers help low income families on certain benefits who are either pregnant or have children under four, to buy milk, fresh or frozen fruit and vegetables. Approximately £6 million worth of Healthy Start Vouchers go unclaimed every year in London.
- In conjunction with Health Visiting and Children's Centres, we are developing an action plan to ensure that vulnerable families who are entitled to these vouchers are receiving them.

5. Kitchen Social

- The Mayor's Fund for London has expressed an intention to fund 10 'Kitchen Social hubs' in Enfield. 'Kitchen Social works with local grass root community organisations to create an environment where children, young people, their families and carers can feel comfortable to play, explore new ideas, make new friends, learn and get a good balanced free meal during the holidays.'
- A meeting with key stakeholders took place in September and we are currently identifying potential hubs.

What's next?

- Get sign off for the Local Government Declaration on the reduction of sugar and healthier food
- Increase the number of schools who are participating in The Daily Mile or the equivalent
- Increase the number of businesses that are awarded the HCC
- Identify Hubs for the Kitchen Social project

Challenges that HWB may be able to assist resolving / unblocking

- Support the Local Government Declaration on the reduction of sugar and healthier food

Healthy Enfield
move more eat well drink less stop smoking

ENFIELD Council

Collaboration

Focus area	Domestic Violence
Partners involved	Community Safety

What's our current performance?

Enfield has seen a rise in domestic abuse offences year on year since the establishment of a 2011/12 baseline. However, in the 12 months (to 31st July 2017) there have been 2813 reported domestic abuse offences. This constitutes a 4.4% decline in Domestic Abuse offences in the previous 12 months but a 62.6% rise from the MOPAC 2011/12 baseline.

Things that are going well

- A new Violence Against Women and Girls (VAWG) Strategy has been produced and agreed by the Safer and Stronger Communities Board (SSCB)
- Delivery of a VAWG presentation at the HWB development session in which the following recommendations were agreed:
  - Commitment to audit how far Enfield is meeting the NICE guidelines on DV and audit how far Enfield is meeting these
  - A commitment to rolling out routine enquiry in wider health settings
  - Placement of IDVA's in A&E / co-locating DV specialist workers (similar to IRIS model) – NB have noted we need to explore funding options for this
  - Take a joint commissioning approach
  - Increased data sharing / analysis
  - Identify a HWB DSVA Champion as part of wider partnerships
  - Expanded DV report on JSNA to include wider health determinants and links
- Increase in funding (through applications to government departments and within the local authority)
- New Information Sharing Protocol agreed
- Continuation of the Identification and Referral to Improve Safety (IRIS) scheme
- The Community Safety Unit continues to provide DV training to multi-agency professionals
- Increased reporting and communications
- Reduction in repeat victimisation
- Awareness Raising Campaign and targeted digital marketing

What's next?

1. Progressing and monitoring the VAWG Strategy Action plan and outcomes of single and multi-agency partnership work

2. Progressing the recommendations noted above from the HWB development session

3. Work with partners and commissioners to ensure continued provision of (a) DV resource (IDVA or advocate educator) at North Middlesex Hospital (b) Perpetrator programme

4. Further to the HWB development session there has been a recently published multi-

inspectorate report: 'The multi-agency response to children living with domestic abuse; Prevent, protect and repair.'[1] Some of these areas are already included in the VAWG Strategy and action plan however there may be areas that partners / agencies will want to plan into future work
Challenges that HWB may be able to assist resolving / unblocking
Continue to support embedding work to tackle domestic abuse across the partnership.

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645642/JTAI_domestic_abuse_18_Sept_2017.pdf

Enhanced Monitoring

Focus area	Cancer
Partners	Public Health, Enfield CCG, NHS England

What's our current performance?

- One-year survival in Enfield was 70.1, similar to the England average of 69.6. One-year survival is indicative of early detection and treatment (2013).
- 48.5 % of cancer diagnosed in Enfield was early stages (stages 1 or 2). This was below London (51.6%) and England (52.4%) averages (2015)
- In 2016, Bowel screening coverage in Enfield is 57.2%, this is below the London (59.0%) and England (57.9%) averages. Breast screening in Enfield (76.9%) is above England average (75.5%) and Enfield's cervical screening coverage (73.9%) is also above the England average (72.7%).

Patient survey results

The National Cancer Patient Experience Survey 2016 is the sixth iteration of the survey first undertaken in 2010. It has been designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients. Patients were asked to rate their care they received on a scale of zero (very poor) to 10 (very good), respondents gave an
average rating of 8.5 for Enfield which is very good.
The respondents said that:

- they were involved as much as they wanted to be in decisions about their care and treatment
- they thought that the GPs and nurses at their general practice would support them through their treatment
- it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist
- overall, they were always treated with dignity and respect while they were in hospital
- hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital definitely did everything they could to support them while they were having cancer treatment.

Things that are going well

- A cancer action group was set up in Enfield to develop set of action plans that will help improve patient journey through screening, referral, treatment and care post-discharge from hospital.
- Working across NCL on cancer screening assurance group to improve screening across the sector.
- Screening coverage for breast cancer and cervical cancer in Enfield is above the national average.

What's next?
• Enfield Cancer working groups is preparing resources for cancer awareness campaign in the borough in line with the national cancer awareness programme. • The cancer awareness resources will also have information to help to know where in the borough they can access cervical cancer screening clinics. • GPs will display cancer screening promotion materials.
Challenges that HWB may be able to assist resolving / unblocking
• Support the local cancer awareness campaign at GPs • Enfield-wide cancer awareness campaign is usually held in January or February.

Focus area	Flu vaccination amongst Health Care Workers (HCWs)
Partners	Royal Free NHS Trust, North Middlesex University Hospital, BEH – community service, Enfield CCG/General Practices, LBE

What's our current performance?

Flu vaccination campaign for the winter 2017/18 has commenced in September.

Things that are going well

NHS Trusts
Flu vaccination campaign for the winter 2017/18 has commenced in the NHS Trusts in Enfield.

LBE – social care workers, staff and care and residential homes
NHS England London team has commissioned community pharmacies to provide free flu vaccination for all residential and care home staffs as well as residents of these homes. Council is working with these homes as well as community pharmacies to maximise the uptake of flu vaccination amongst this group.

What's next?

Ongoing scrutiny of uptake rates.

Challenges that HWB may be able to assist resolving / unblocking

HWB members to actively promote flu campaign amongst health and care workers and vulnerable people.

Focus area	Hospital admissions caused by unintentional and deliberate injuries in children (0-4 years)
Partners	Public Health, Children's Services, Enfield CCG
What's our current performance?	
Please refer to the "Best Start in Life" report.	
Things that are going well	
Best start in life working group has been established to develop system-wide response to ensuring a healthy start. This indicator will be monitored and discussed as part of this development.	
What's next?	
Please refer to the Best Start in Life report.	
Challenges that HWB may be able to assist resolving / unblocking	
Please refer to the Best Start in Life report.	

Focus area	Housing for vulnerable adults
Partners involved	HASC, Housing

What's our current performance?

General Needs Housing Offer

Information on the current housing requirements of adults with learning disabilities and mental health support needs who are eligible for ASC services, shows us that the demand for accessible, affordable general needs housing exceeds supply available through our current allocation systems. The requirements of adults with mental health support needs (who are able to live independently within general needs accommodation) is an area of particular pressure at present.

Specialist Housing Offer

ASC work with the market and housing services to directly commission specialist housing services, including supported housing services for adults with disabilities retirement and extra care housing. Analysis of current supply shows that we need to develop key areas including:

- extra care housing across tenure
- supported housing for adults with physical disabilities
- retirement housing

Further detail in respect of Adult Social Care Strategic Commissioning Priorities for Housing across service areas can be identified in our recent Market Potion Statement.

Things that are going well

Innovative projects to meet the housing needs of service users with very specific accommodation requirements and for whom other housing acquisition routes have been exhausted. This includes:

- Housing Gateway/ASC Pilot Project
- Home ownership initiatives for adults with long term disabilities

Supply capacity building in respect of Learning Disability Services and wheelchair access family accommodation.

What's next?

- Consideration of current housing pathways, including panels and quotas in respect of adults with support and care needs
- The further development of move on accommodation for adults with mental health support needs who are eligible for ASC services
- Further work to develop wheelchair accessible supported housing accommodation and respite services for adults with learning disabilities.
- The development of the borough's Housing with Care offer, to include the further development of extra care housing options across tenures types

- The consideration of a local 'Care Village, to provide a mixed Housing with Care offer to older residents, that integrates health and wellbeing services
- Incorporation of strategically relevant housing services for adults with support and care needs within key borough development programmes (including Meridian Water)
- Working with estate agents and property developers to seek appropriate step down accommodation that is cost neutral to the Council.

Challenges that HWB may be able to assist resolving / unblocking

- Limited site availability for the development of affordable specialist housing services – this is a particular challenge when seeking to secure site on the open market.
- The decommissioning of some Housing Related Support services has led to supply loss in some areas, though where possible, sustaining housing supply has been negotiated.
- Limitations to knowledge and influence in respect to new providers of specialist housing services establishing within the borough at high cost with the view to provide for high need out of borough placements, placing increasing pressure on local services.
- Often competing resources for accommodation; including other authorities looking to place service users within Enfield.

Focus area	Diabetes Prevention
Partners	Enfield CCG, Public Health

What's our current performance?

Enfield and Barnet were jointly awarded the second wave site for NHS Diabetes Prevention Programme for 2017/18 and 2018/19. Nationally funded places for evidence-based intensive lifestyle intervention will be offered to over 2,000 residents in Enfield with pre-diabetes. With high level of obesity and pre-diabetes in Enfield, if the places are used effectively, the programme will not only benefit the clients of this scheme, but also help reducing future demand related to diabetes and the complications of diabetes.

Service started to accept referrals from May 2017. Service sites confirmed at the following in Enfield:

- Carlton House Surgery (Live from 21st September)
- Evergreen Primary Care Centre (Live from W/C 4th September)
- Ordnance Unity Centre for Health (Live from 8th November 2017)

The number of referrals are satisfactory and we need to keep this momentum to maximise the benefit for Enfield population.

	Total YTD	May-17	Jun-17	Jul-17	Aug-17
NHS Barnet CCG	789	17	152	295	270
NHS Enfield CCG	439	8	88	168	147
CCG Total	1228	25	240	463	417

Things that are going well

- GPs are engaged at local GP meetings. Confirmed sites communicated to GPs through various GP and Practice manager forums.
- Referral rates continue to be high.

What's next?

- The service launch will be publicised in Enfield with LBE support.
- Referral rates will continue to be reviewed as the service become more mature and established.

Challenges that HWB may be able to assist resolving / unblocking

Not at this stage.

Focus area	Living well with multiple conditions and chronic illness
Partners	HHASC, Enfield CCG, PH, BEHMHT – community health service

What's our current performance?

- The gap between Life Expectancy and Healthy Life expectancy in Enfield is 11.7 years for males and 18.2 years for females [2013-2015 data]. These years are likely to be lived with multiple conditions and chronic illness.
- The data is currently not available to determine how many people are living with multiple long-term conditions in Enfield, but it is likely that many of them need social care support.
- Social care-related quality of life in Enfield was 18.7% (quality of life score based on Adult Social Care Survey), similar to London average (18.6%) but was statistically below the England average (19.1%). Enfield's score was the joint 9th highest in London, along with Lewisham, Islington and Haringey [2015/16].
- Number of people with diabetes, cancer, dementia and mental health conditions are increasing, and is expected to continue to rise.

Things that are going well

- BEH has initiated planning for implementation of "Personalised Care and support planning" as part of national framework.
- Enfield CCG hosts a long-term condition steering group which PH is a core member.
- Proactive management of long-term conditions in primary care has improved in Enfield. (QOF aggregate rank in London.)
- PH Smoking cessation service is re-commissioned to target people in most need, including those with long term conditions.
- NHS is commissioning a new service to prevent stroke and diabetes by effective management of atrial fibrillation and primary care intervention of pre-diabetes.
- As in most part of London, Enfield diabetes care review shows that there are unwarranted variation in the 3 Treatment Targets (3TTs) for diabetes patients: Blood Pressure, Cholesterol and HbA1c (long term blood sugar level). Reducing these unwarranted variations in the provision of care will improve patients' wellbeing, reduce morbidity of complications and mortality, and NHS and social care costs.
- The 3 TT diabetes improvement project is part of the North Central London – Sustainable Transformation Plan and Diabetes's Transformation Programme to deliver improved care and reduce unwarranted variation across the sector.
- Practices identified within 4 localities as part of the framework of Care Close to Home Initiative(CHINs) to improve integrated care across the borough.

What's next?

- Using evidence based medicine to promote effective management of LTCs and reduce waste.
- Primary care programme to improve the care of prostate cancer survivors
- Quality Improvement Support Teams (QISTs) and Care Closer to Home Integrated Care
- Care Closer to Home Board will be formed with local partners to oversee the integrated care for patients with long-term conditions and other complex needs in Enfield.
- Dashboard for performance management of delivering the 3(TT)care across all GP's in Enfield developed
- Integrated IT that enables identification of Targets and Outcomes work in progress

Challenges that HWB may be able to assist resolving / unblocking

- Support public engagement in taking up the 3TT in areas of high diabetes prevalence and deprivation in the borough.
- HWB is encouraged to champion smoking cessation in their respective organisations as part of the care and services they provide to their patients / clients, in particular for those patients / clients with long term conditions.

Focus area	End of Life Care
Partners	London Borough of Enfield, Marie Curie, CMC, North London Hospice, Barndoc, Primary Care, Enfield Community Services, North Middlesex Hospital, Royal Free Hospital

What's our current performance?

- Death at hospital has been dropping over the past few years (see table below- death for all ages 2010-14))
- The trend in death at home has been on the increase however small and approaching the London and England average figure.

Place of death	CCG	2010		2011		2012		2013		2014	
		Value(%)	Count	Value(%)	Count	Value(%)	Count	Value(%)	Count	Value(%)	Count
Hospital Deaths	**Enfield**	**63.9%**	**1244**	**59.9%**	**1095**	**59.8%**	**1157**	**54.6%**	**1097**	**57.2%**	**1142**
	London	58.7%	28099	56.4%	26125	55.2%	26264	54.6%	25775	53.9%	25520
	England	53.1%	243802	50.8%	229044	48.9%	227308	48.3%	227748	47.4%	221277
Home Deaths	**Enfield**	**17.1%**	**333**	**18.1%**	**332**	**18.2%**	**352**	**21.4%**	**430**	**20.9%**	**417**
	London	19.9%	9542	21.2%	9821	21.0%	9991	22.2%	10494	22.1%	10457
	England	20.9%	95805	21.9%	98618	22.2%	102978	22.4%	105773	23.0%	107383
Care Home Deaths	**Enfield**	**11.8%**	**229**	**13.1%**	**240**	**14.3%**	**277**	**15.1%**	**304**	**15.4%**	**307**
	London	13.0%	6225	13.5%	6270	14.6%	6934	14.8%	6993	14.9%	7033
	England	18.5%	84723	19.5%	87751	21.1%	98202	21.6%	101991	21.7%	101383
Hospice Deaths	**Enfield**	**5.4%**	**106**	**7.0%**	**128**	**5.8%**	**113**	**6.1%**	**123**	**4.9%**	**97**
	London	6.2%	2959	6.5%	3018	6.9%	3258	6.1%	2870	6.8%	3207
	England	5.4%	24854	5.7%	25657	5.7%	26669	5.5%	26090	5.7%	26795
Deaths in Other Places	**Enfield**	**1.8%**	**35**	**2.2%**	**41**	**1.8%**	**35**	**2.7%**	**54**	**1.7%**	**34**
	London	2.2%	1047	2.3%	1071	2.3%	1097	2.4%	1109	2.3%	1097
	England	2.1%	9795	2.2%	9700	2.1%	9637	2.2%	10151	2.2%	10437

Things that are going well

The Joint Enfield End of Life Care Strategy aimed to ensure that we deliver better quality of care and greater choice in End of Life Care. The primary focus for Enfield CCG is on increasing the number of people who are able to exercise a positive choice about their place of death.

The strategy will help to enhance the quality of end of life care across health care (primary and secondary), social care and the voluntary sector, enabling people to live and die well across Enfield. It will facilitate choice and boost confidence to enable people to die where they wish with the support they need. This should avoid unnecessary hospital admissions by reducing emergency admissions and extended hospital stays.

Good progress has been made in the last 12 months:

1. The Care Home Assessment Team have proactively supported residents in care homes to have comfortable and dignified deaths in their preferred place and the service has seen a significant success, achieving its aim to support residents to die at their preferred place of death. In 2016/17 CHAT achieved 99% of deaths in preferred places.

2. As part of its delivery of workforce development to care staff, CHAT in collaboration with the North London Hospice and the Macmillan EoL GP have a structured formal training programme in place for all groups of professionals dependent on role and grade. CHAT run these sessions all through the year to support the skills and

knowledge of developing advanced care plans for residents but also provide practical support to care staff on how to deal with end of life challenges

3. Increased EOL profile and education across CCG has reflected a significant increase in the use of Coordinate My Care (CMC) across Enfield. There have been a consistent number of records created since Nov 2016 till April 2017 following a targeted approach to the use of CMC from hospital visits, GP education sessions and CMC intra-operability with North London Hospice IT system. There are 185 patients in Enfield with a CMC record.

4. Delivery of an EOL practice nurse session in April 2016 with over 25 nurses in attendance across Enfield. Feedback from the session was all positive with a significant change in practice for practice nurses following the session from anecdotal discussion at subsequent meetings.

5. Positive engagement with GP practice across Enfield which has led to identification of EOL Clinical Champions for Enfield comprising of 3 GPs and 1 practice nurse with an interest in EOL who will act as informal EOL champions across the 2 localities. They will be actively involved in working with the EOL Macmillan GP in ensuring EOL matters continue to be at the forefront of discussions particularly in older people with dementia, care homes residents, patient's with long term conditions and integrated conditions work-streams.

6. The Palliative Care Support Service is accessible for all patients with a district nurse, enabling the district nurse to have more autonomy and freedom when planning crisis management and end of life care at home. In 2016/17 93% of patients under the care of the Palliative Care Support Service died in their preferred place of death

What's next?

1. Supporting the emerging Care Closer to Home Integrated Networks (CHINs) which aims to reduce avoidable unplanned admissions which includes last phase of life including for people receiving end of life care
2. Contributing to the Enfield Primary Care Single Offer of enhanced services which includes effective coordination of the end of life care needed by people in nursing or their own homes
3. Increasing the CMC interoperability steps with EMIS, Hospice and Hospital IT systems.
4. Work with CMC to co-ordinate roll out of patient accessible CMC app **MyCMC** for carers and patients. This app will give patients the opportunity to record their decisions and to express wishes about their care so that this information is available to all professionals who are looking after them, helping to ensure that any care the patient receives is in line with what they've decided.
5. Work with the NCL Last Phase of Life Work Stream as part of the CHINs to implement the e-SHIFT telehealth model to expand existing capability of the specialist clinicians, via tablet/smartphone with a technician remotely guided by a specialist.

Challenges that HWB may be able to assist resolving / unblocking

- Supporting the emerging Care Closer to Home Integrated Networks (CHINs) programme

Focus area	Tipping point into need for health and care services
Partners	Voluntary and Community Sector, Enfield Council

What's our current performance?

- There are estimated 13,600 older people who are Low Risk "Pre-Frail" and in addition there are around 7200 older people at high risk of frailty in Enfield
- In 2015/16, 72.9% of elderly people were discharged from acute or community hospitals to their usual place of residence in Enfield. This compared to 85.4% in London and 82.7% in England.
- Emergency readmissions within 30 days of discharge from hospital in Enfield was 10.3%, similar to London (12.1%) and England (12.0%) averages.
- Multiple entry points into existing falls and musculoskeletal services leading to duplication and omission of care. The target across NCL is to reduce falls-related admissions by 10% (390 fewer falls-related admissions per year) among adults aged >65 years through multi-disciplinary interventions, including strength and balance and home modifications. Plans are in place to increase the number of Safe and Well visits and referrals made by London Fire Brigade.

Things that are going well

The contract for Preventatives Services focused at the VCS community have been tendered out and evaluated. Contract awards are expected in October and mobilisation of new services will happen from the end of October 2017 to contract commencement date 1st December 2017
The first monitoring report on performance and outcomes for service users is expected at the end of Q1 2018.

Enfield has contributed to NCL-wide falls stocktake and the mapping exercise where Public Health worked in partnership with providers and commissioners. In May, 2017, a workshop was held between the three boroughs (Haringey, Islington and Camden where Enfield and Barnet where also in attendance) and identified key areas of priorities to improve falls in these boroughs as well as shared across NCL. NCL identified six areas of priority to be collaborated across NCL. These are :

- Develop falls care pathway
- Ensure falls provisions in the borough is aligned to NICE guideline
- Ensure the appropriate voluntary sector, housing, and emergency services' contribution to falls prevention
- Ensure standardised multifactorial falls risk assessment tool
- Explore how the e-Frailty Index can contribute to multi-factorial falls risk assessment
- Ensure all older people in contact with services are asked about falling or fear of falling

Enfield has a well-developed falls care pathway and currently working to develop a single point of access into the pathway. Enfield has multiple services that contribute to falls prevention and support those who have fallen to reduce their risk of further falls. These services are fully capable of identifying and referring to most appropriate support including improving bone health and increase stability.

What's next?
• Preventatives Services focused at the VCS community mobilisation from the end of October. • Review current falls provisions in the borough and consider how they are aligned with Public Health England and NICE recommendations.
Challenges that HWB may be able to assist resolving / unblocking
<Preventative Services focused at the VCS community> This is a new way of partnership working with the voluntary organisation to enhance the work HHASC do and to ensure that those we commission are following the same pathways as the department. Outcomes will be closely monitored using the council's Care first system and we should be able to quantify the number of people being supported as well as measured improvement to their health and well-being and a reduction in demand for social and health care. Challenges will be for VCS coming together to work effectively as a consortium to meet the outcomes within the specification and measuring outcomes. This will have to be undertaken using a variety of mechanism and tools. It is also thought that the mobilisation period may also be a challenge especially if we are managing the existence of an incumbent provider. <NCL Falls programme> Finding sufficient transformation resources to implement single point of access to falls care pathway in Enfield.

5.0 Recommendations

5.1 The Board is asked to note the progress on HWB monitoring areas.

- The Board is asked to discuss how it wishes to support the HWB priority areas, as highlighted below;

  <Best Start in Life>

  - The HWBB could maintain a focus on this area and ensure that all partners are delivering appropriately.
  - Supporting the BSIL task & finish group through providing oversight and helping ensure corporate and partnership support.
  - Devote focused session on Best Start in Life at the 16th January 2018 HWBB development session that brings together key partners that contribute to improving outcomes.

  <Mental Health Resilience>

  - Partners are encouraged to prioritise the World Mental Health day event and Thrive LDN workshop.

  <Healthy Weight>

  - Support the Local Government Declaration on the reduction of sugar and healthier food

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MUNICIPAL YEAR 2017/18		
MEETING TITLE AND DATE **Health and Wellbeing Board** **10th October 2017**	**Agenda – Part: 1**	**Item:**
	Subject: The Integration and Better Care Fund	
	Wards: All	
REPORT OF: Bindi Nagra, Asst. Director, Health, Housing and Adult Social Care, LB Enfield, and Vince McCabe, Interim Director of Commissioning, Enfield CCG	**Cabinet Member consulted:** Cllr. Doug Taylor, Leader of the Council	
Contact officer: Keezia Obi, Head of Transformation (People) **Email:** Keezia.Obi@enfield.gov.uk **Tel:** 020 8379 5010		

1. EXECUTIVE SUMMARY

This report provides:

- A summary of the governance process undertaken for the Integration and Better Care Fund prior to NHS England submission on September 11th
- A summary of the assurance process in progress for the Integration and Better Care Fund 2017-2019
- A summary of the BCF plan Q1 2017/2018 including performance, indicators and outcomes
- Finance update
- Information in relation to BCF audit, including the schedule, timescale and summary of scope

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- **Note** the submission made to NHS England on 11th of September, following circulation to HWB members for comments
- **Note** the assurance process and submission timescale set out in the final guidance
- **Note** performance against metrics and the significant work being undertaken around mental health delayed transfer of care
- **Note** progress in relation to existing schemes
- **Note** the BCF audit being held in Nov/Dec 2017

3. BCF Plan Submission and Assurance

3.1 BCF Plan Submission

3.1.1 On 9th August 2017 a report on the Integration and Better Care Fund Plan (BCF) for 2017-2019 was circulated to Health & Wellbeing Board members for review and comment, in advance of formal sign-off of the plan to meet the September submission deadline. Comments were received from Cllr Doug Taylor, with a response supplied; these have been attached as Appendix A.

3.1.2 In addition to the feedback from Health and Wellbeing Board members, we strengthened our position prior to submission through close liaison with the regional BCF Team and met with representatives on August 23rd. They found the Enfield BCF Plan was in a good state and we

were given the opportunity to consider this against key lines of enquiry set out in planning requirements and areas we could elaborate further in our narrative.

3.1.3 The Enfield submission of the Better Care Fund plan, which includes both the narrative, planning template and appendices, was signed off on behalf of the Health & Wellbeing Board with representatives from both the Local Authority and Clinical Commissioning Group. The submission deadline of September 11th was met.

3.2 Assurance

3.2.1 Assurance of the BCF Plans for 2017-2019 are taking place over one round for 2017-2019, with an assessment of whether a plan should be approved, not approved, or approved with conditions. All plans will be subject to regional assurance and moderation. The spending of the iBCF is not contingent on this assurance process, and this funding was available as soon as there was agreement between the Local Authority and Clinical Commissioning Group.

3.2.2 Following the BCF regional team visit and the good feedback, we are positive about the assurance process. This assurance process is following the timescale below:

Milestone	Date
Publication of Government Policy Framework	31 March 2017
BCP Planning Requirements; Planning Return template, BCF Allocations published	4 July 2017
First Quarterly monitoring returns on use of iBCF funding from Local Authorities	21 July 2017
Areas to confirm draft DToC metrics with Better Care Support Team	21 July 2017
BCF planning submissions from local Health and Wellbeing Board areas (agreed by CCGs and local authorities)	11 September 2017
Scrutiny of BCF plans by regional assurers	12-25 September 2017
Regional moderation	w/c 25 September 2017
Cross regional calibration	2 October 2017
Approval letters issued giving formal permission to spend	From 6 October 2017
Escalation panels for plans rated as not approved	w/c 10 October 2017
All section 75 agreements to be signed and in place	30 November 2017

4. Quarter 1 2017-2018 BCF Metrics

4.1 The following section is a summary of the BCF metrics for Q1 2017/2018, in line with national planning requirements

4.2 **Non-Elective Admissions (NEA)-** this metric relates to the outcome sought of reducing the number of unplanned acute admissions to hospital. For 2017/2018 the target as submitted to NHS England in the recent CCG operating plan is 28,771. Performance in April 2017 was within target, while admissions were above target in May and June 2017.

4.3 **Delayed Transfer of Care (DToC) –** NHS England has set the HWB trajectory for areas, in which the Enfield Health and Wellbeing Area (which is larger than the Enfield CCG area as it includes a small portion relating North Middlesex Hospital) has set a target of no more than 20.6 DToC per day. At the end of Q1 we have been able to stay within our target for each month, but our awareness of seasonality pressures means we are keeping vigilant to this trajectory and

driving forward additional activities to continue moving individuals swiftly and safely from hospital.

Significant actions are being taken to address DToC, including implementation of the High Impact Change Model, which is national condition four of the BCF policy. This model sets out eight broad changes that will help local systems to improve patient flow and processes for discharge and so help to reduce delayed transfers. There is also work in partnership around the capacity of nursing placements, so that service provision will be flexible and able to meet the future needs of Enfield residents.

Activities are taking place to reduce **mental health delayed transfer of care** which remain a significant portion of the overall delays in Enfield and comparatively high against those from the Acute Trusts. There is currently a priority review by the Council and the CCG of the mental health delayed transfer of care and in response, partners have collectively agreed:

- A working group approach that aims to identify from data the root causes of delays and implementation of targeted actions to mitigate these. For example, issues relating to public funding, which can include no recourse to public funds, can be addressed through local agreements with the Home Office. There is evidence of this model in other London boroughs we can learn from and replicate.
- Additional investment through the Improved Better Care Fund (iBCF) into a scheme which aim to help navigate mental health service users out of hospital safely and with the appropriate support in place
- Delayed transfers of care need to also be seen in the context of preventing individuals in the first place from going into hospital. New funding for enhanced support of mental health services users by placing link workers with primary care will contribute to this objective.
- Current MH DToC action plan for BEH MHT exists as submitted to NHSE by Enfield CCG as lead commissioner on behalf of Barnet, Enfield and Haringey CCGs. This identifies several recovery actions across the Trust, CCG and Local Authority to contribute towards a reduction in delays.

4.4 **Admission to residential care -** an annual target of 514 new admissions to residential and nursing care per 100,000 population over 65 was set. At the end of Q1 we were amber, with a higher number of placements in May 2017. The latest figures for August show that this metric is back within target.

4.5 **Reablement –** an annual target of 85% has been set for achieving independence for older people through Reablement. At the end of Q1 we are currently within target and have achieved 90.72% as the number of clients living independently 3 months after service provision.

5. Indicators and outcomes achieved

5.1 The following section is in relation to schemes which continued from 2016/2017. Due to the delay in national policy, planning guidance and the submission/ assurance process timeframe, new schemes did not commence in April 2017 but awaited Health and Wellbeing Board approval in August 2017. We are in the process of updating all the business cases for the existing schemes and as part of this are collating Q1 and Q2 outcomes concurrently. Emerging highlights from this work and the information we have on schemes for quarter 1 2017/2018 are set out below.

5.2 **Older People Assessment Unit (OPAU)** provides unplanned care to patients who need rapid response for assessment and treatment, often to prevent hospital admission. The service in the first three quarters saw a total of 417 patients with capacity to 540, which if utilised would further assist in care outside of an acute in-patient setting. The service is well received by those experiencing care, with 100% of individuals surveyed reporting they felt dignity was always respected, and 93% would be extremely likely to use the service again or recommend to family and friends.

5.3 The **Care Home Assessment Team** has several indicators measured, with the following impact noted to date in this first quarter:

- Enabled the majority to choose to die in their preferred place
- Consistently seen above 90% of new residents within two weeks
- Work with care homes to reduce A&E attendance for falls continued; CHAT are measured on percentage of people who having falls go into A&E, which stood at 13%, 8% and 12% for the three months consecutively in Quarter 1

Indicators which are not measurable but impact on the overall system of health and social care integration is the relationship between CHAT and Care Providers in Enfield; the enabling and supportive partnership approach means that there is increased communication and flexibility in a care system where providers feel more confident to support service users when they know they have the additional support in the community from this service. This latter point is part of what is facilitating the Trusted Assessor model, part of the High Impact Change Model for delayed transfer of care, to be implemented locally.

5.4 To prevent avoidable admission and provide a response to individuals in the community in crisis, the **Community Crisis Response Team (CCRT)** is funded by the BCF to deliver several core functions. During quarter 1 the service had a target of seeing patients within 2 hours of receipt of referral, and achieved this in 98% of cases in April, 100% of cases in May and 99% of cases in June. Overall, 129 individuals in the community received this service.

5.5 A number of schemes funded through the BCF are with the Voluntary and Community Services (VCS) with a focus on preventing and delays the onset of needs and access to statutory services. **Community Navigation** delivered through Age UK is a service which helps to connect individual to their community, for example through linking to services, activities or connecting with people to reduce isolation. So far, 126 individuals have been supported. Alongside this within the VCS is falls prevention, with 95% of individuals surveyed reporting they were satisfied with this service.

5.6 The VCS, through several providers, are also leading on supporting the community to access:

- Advice and support around issues such as caring roles, benefit maximisation and managing health and wellbeing
- Supporting their families and friends with mental health needs while maintaining their own health and wellbeing
- Culturally specific services, for example with Asian women
- Home from hospital service to enable people to be safely managed at home and prevent re-admission to hospital
- Counselling, including intercultural psychotherapy

5.7 The outcome from some of the VCS schemes include:

- The **Carers Centre** registered 258 new carers and their respite programme allowed 420 carers to have a break from their caring role

- The young carers project is working well, with a successful bid for sustainability and an additional 19 young carers identified; identification of young carers is important to provide the opportunity to support these individuals to remain healthy and well.
- 101 carers attended training, with a further 40 receiving one to one counselling
- As a Trusted Assessor, the Carers Centre completed 83 stand-alone carers assessments and 211 carers reviews
- **Crossroads Lea Valley** provided 2441.50 respite care hours' flexibility to meet the needs of individual families, with an additional 495 hours of overnight service and 295.5 hours of sitting service.

The indicators for these services are primarily based on individuals supported and feedback on experience; these are being further developed in this year to provide a narrative on their role within integrated health and social care system.

5.8 **Safeguarding Schemes** integrate the work of health and social care professionals to manage quality issues within provider services and single safeguarding concerns related to risk of or experience of abuse and neglect. The **Nurse Assessor Project** provides quality assurance of the care provided for residents of care homes and services in the community to protect people from abuse and neglect. The Nurse Assessor in Q1 undertook several activities, most notably risk assessment in nursing homes to support providers in meeting acceptable standards of care where concerns exist. Last year the Nurse Assessor Project developed a Dehydration Policy, which is being implemented currently and the impact of this will be reported on later in the year

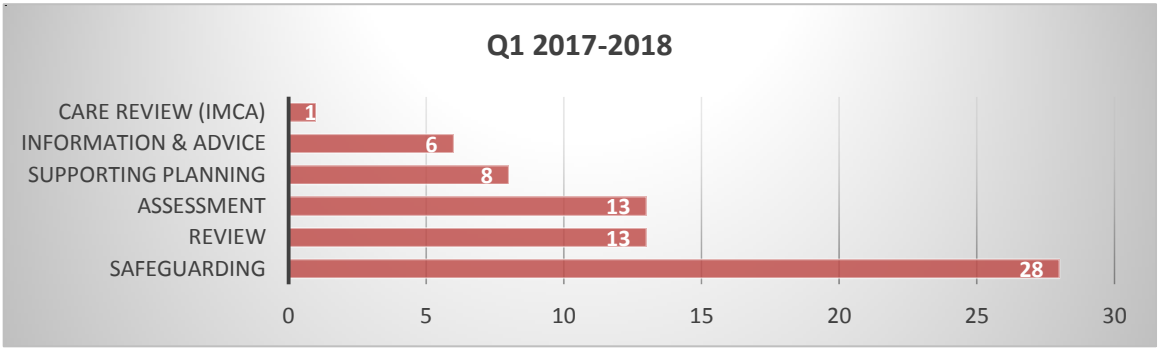
5.9 The **Quality Checker Project** assures the quality of care provided to people in residential settings and of services in the community. Some of the activities undertaken in Q1 by the Quality Checkers include:

- 32 care home visited with subsequent reports produced for service improvements based on feedback from residents, family and friends. These have been shared with service providers. The manager of the quality assurance service reports that 'Quality Checkers pride themselves on recognizing that small changes made big difference, and that these things enhance the quality of life and feelings of wellbeing.' Changes were as simple as residents having drinks served in a cup and saucer rather than a mug.
- 36 mystery shopping calls were made to the Local Authority Access Team, with suggested improvements that would improve the experience for service users in accessing the right service at the right time.

5.10 **Disabled Facilities Grant** are paid to people without sufficient income or capital to fund adaptations and in Q1 a total of 59 enquiries were made to the service, with 33 grant approvals and 35 completed adaptations in the period. An audit was undertaken by the service of 19 adaptations during Q1 2016-2017, to assess one year on whether these adaptations contributed to the person being able to remain living in the community. The audit found one person had passed away, while of the remaining 18 all continued to live in their home. Of this number, 11 were able to remain living at home without a package of care, some of which had not required any additional contact with the Local Authority. There was evidence that informal carers were involved with many individuals, further highlighting the important of supporting carers to continue within their role while maintaining their own health and wellbeing.

5.11 Similarly, **Enfield Wheelchair Service** supports personal mobility, helping people to manage their long-term conditions, remain independent, achieve personal goals and participate more fully in society. In Q1 the service provided wheelchairs and associated equipment to 179 adults with mobility needs, all of whom were seen within the target time of 13 weeks.

5.12 Being in control of day-to-day life (including over care and support provided and the way it is provided) helps people remain independent and retain their personal dignity. The voluntary sector **Advocacy Scheme** provides an advocacy service to people in the statutory care assessment and review process. This helps people to understand the health and social care process and make decisions in relation to their care planning and related issues. In Q1 69 received advocacy support in the following areas:



6. A summary of the BCF financial position as at end of Quarter 1

6.1 The Annual CCG BCF commissioning budget is £9.758m (exclusive of Section 75 pooled funds). As at the end of Q1 2017/2018 the CCG has spent £2.373m, in line with the YTD plan less the required savings.

6.2 Of the fund, the Annual LBE BCF commissioning budget is £13.095m (£2.796m capital and £10.299m revenue and exclusive of the iBCF and additional Section 75 pooled funds). As at the end of Q1 2017/2018 the Council has spent £3.273m. Work is on-going throughout 2017/2018 to achieve the required savings of £0.528m in partnership with the CCG for this financial year through existing governance arrangements.

7. Audit of the BCF Performance and Financial Monitoring

7.1 As part of the Council's internal audit programme for 2017/2018, which has been approved by the Council's Audit Committee, a review will be undertaken of the Better Care Fund. The review will consist of high level consideration of scheme performance management and mechanisms to seek assurance around how funds are spent.

7.2 The audit is expected during November 2017, with a draft report in December 2017 outlining the findings, recommendations and an action plan. It is the responsibility of the named officers to ensure that the recommendations are implemented in accordance with the agreed action plan. The audit owner is Bindi Nagra, Assistant Director Health, Housing and Adult Social Care.

7.3 The HWB will be updated on the outcome of this audit once complete, alongside progress with any actions arising.

Appendix A: BCF HWB report August 2017 – Briefing note for questions raised

Q1. Point 4.3 – Can you explain a little bit how this cost control will work.

This question relates to the potential scheme overspend of £528k which will be split between the Council and the CCG and it has been agreed that the savings will be found from proposed new schemes that will be not be operating for the full year and existing schemes savings.

This will be managed via the existing BCF governance routes:

- At the monthly BCF Delivery Group meetings – 3 key responsibilities of the group relate to the monitoring of schemes and spending:
  - Ensuring that business cases are in place for all schemes and that there is evidence to support the expenditure and the outcomes. (Scheme leads are required to produce a business case each year and to provide a written quarterly review of the expenditure and outcomes achieved).
  - Receiving financial reports on the BCF spending plan and assess expenditure against the agreed plan and scheme allocations. This is facilitated by the Finance leads at LBE and CCG who are responsible for the preparation of monthly finance reports.
  - Review, agree and document any changes to business cases, spending plan allocations and outcomes.
- BCF Executive Group meetings - finance is monitored quarterly and this group is the escalation point for any issues / risks that the BCF Delivery Group require a decision on or further discussion. Ad-hoc meetings of this group are also scheduled as required.
- Quarterly BCF data returns that are submitted to NHS England – the finance section includes a report of scheme spend and projected budget outturn for the year. These returns are reviewed by the BCF Executive Group and approved by Bindi Nagra and Graham MacDougall (Director of Commissioning Enfield CCG)

Q2. Point 5.2.4 – What is the impact of the 12 week disregard?

Where a service user owns their own property and is entering residential care, there is a legal entitlement to request the 12 week disregard, where the value of their property is not taken into account as part of the financial assessment for the first 12 weeks of their placement. The number of people requesting this has doubled over the last three years. Following the 12 week period the person can then opt to either make their own private arrangement with the care home (where they pay the full cost of the residential bed to the home directly if they have sufficient weekly income or savings to do this) or they can opt for a deferred payment where the Council continues to pay and places a legal charge on the person's property. The impact of increased 12 week disregard cases is not of significance in financial terms but does increase the number of admissions attributable to the Council. The Council does encourage people thinking about entering care of this type to do so through the Council route as it does ensure appropriate assessments and reviews are done to ensure quality of care. It also enables the Council to negotiate a better price for the bed and to reduce instances of people who self-fund entering very expensive placements, having their savings deplete very quickly and subsequently approaching the Council to request funding at rates in excess of what the Council would normally expect to pay.

It is noted that take up of the Deferred Payment option has increased since the Care Act came into force. Pre 2014 - there were10 clients and post 2014 - 36 clients (15 setup and 21 in progress). See separate spreadsheet attached for further details

Q3. Point 5.3.1 – What is the evidence that the BCF is improving health and wellbeing? The evidence given is that people stay longer at home but no evidence of improved outcomes other than that.

During the 1st quarter of 2017 all the BCF schemes leads were asked to complete a review in line with the approved business cases and to report on the following:

- What the allocated funding had been spent on
- What difference this scheme has made to service users, carers or patients in terms of:
    - The activity that has been undertaken taken
    - What outcomes have been achieved

Detailed below are some of the key outcomes from the review that have supported peoples' health and wellbeing and enabled them to stay at home or in their preferred residence for longer and avoid hospital admission:

The Integrated Care Programme

- A 6% reduction in A&E attendances by people over 65 years. For those people aged 50-64, there was a 4% reduction. This means that for those people who remained outside of hospital their health and wellbeing can be managed in the community and within their existing environment.
- A 17% reduction in hospital related activity for all fractures compared to 2015/16. The programme has several activities around falls prevention, which benefits individuals to remain independent in the location of their choice
- 99% of Care Home residents with an Advance Care Plan (ACP) in place who died, did so in their preferred place of death (PPD) - this supports the choice and control individuals can have over their care.
- A 7% reduction in London Ambulance Services call outs to Care Homes, with additionally a 4% reduction in the number of patients conveyed. More care home residents have been treated in their residence, resulting in a reduction in unnecessary disruption the person's routine and environment.

The Integrated Locality Teams (ILT) - bringing together health and social care services into a virtual team to case manage and support GP Practices.

- 18% reduction in the number of individuals attending A&E and 13% reduction in hospital admissions, which is helping people to remain in the community and have their health and wellbeing addressed through an integrated team.
- Of 100 patients reviewed, 58% had reduced (or no) A&E attendance and 62% saw reduced stays post ILT intervention.

The Care Home Assessment Team (CHAT) Team helped those living in care homes to achieve a better quality of life within the home.

- Reduced medication for 42% of residents
- Enabling 147 residents to have a specialist mental health review, so that this aspect of their wellbeing receives the same emphasis as their physical needs
- A 15% reduction in A&E attendance and a 7% reduction in emergency admissions, so residents can have care which is planned and coordinated to address their health needs and in community based services where possible.

The Enfield Wheelchair Service helped more people to remain independent and manage their long-term condition. There were 1,002 new and re-referrals received, of which 602 new wheelchairs issued. The service has a 93% satisfaction rate.

Carers support runs through several schemes:

- Supporting carers whose cared for having mental health needs, with 325 carers supported each quarter to not only support the person they care for, but to make sure they keep themselves well
- Enabling carers to have a break through respite, to maintain their own wellbeing
- Ensuing carers also have an assessment within their own right, so that the right information and advice is provided which enables them to provide the level of care they would like to
- Providing advocacy support and benefits advice, so carers can manage to continue in their role within financial difficulty

Q4. Point 5.3.9 – What is the average time taken from first contact to completed adaption?

It should be noted that the Disabled Facilities Grant (DFG) can only be accessed for major adaptations i.e. those that are in excess of £1,000. All adaptations below £1,000 (termed minor) are provided by social care at no cost for example: commodes, stair hand rails, bathing aids and walking frames. In terms of activity levels, a total of 204 grant applications were approved last year (2016/17) and 194 adaptations were completed.

It takes on average 9 months from a referral received from an Occupational Therapist to completion of a major adaptation, although the timeframe varies depending of the requirements and the examples below give more detail:

- Straight Stair-lifts – 2 to 4 months
- Curved Stair-lifts – 3 to 6 months
- Step lifts – 3 to 6 months
- Ceiling hoists – 2 to 4 months
- Ramps – 3-6 months
- Level access showers – 3 to 6 months
- Extensive work for ground floor living – 9 – 18 months
- Off sets schemes 9 – 24 months. This is where the service user wishes to pursue their own scheme. We pay what the cost would be for the Council recommended scheme and the service user / their family fund the difference. Their scheme is approved by an Occupational Therapist and payment is made after works are completed and signed off.

These are average calculations as there are a number of external dependencies for example: the service user providing information, manufacture led time, planning department processes, Housing Association providing information, service user/family health issues and contractor availability/work load.

Q5. Point 6.1.6 – What were the alternatives to this that could have been used?

This refers to the use of the £1.5m risk share / contingency fund to support NHS commissioned out of hospital services for 2017/18.

During 2115/16, in line with the BCF policy and planning guidance, a risk sharing approach was agreed and the proportion of the fund allocated was £1.5m. This was calculated per cost of non-elective admission (NEAs) at £2039 per admissions and a target reduction in NEAs of 736 was set. This reduction is in addition to the CCG Operating plan metrics. However this target was not achieved and the year outturn was an over-performance of 8.2% (target was 26,112

admissions against an actual of 28,266) so no monies were released from the contingency fund and were used at the year end to fund the additional demand.

The 2017/19 BCF policy and guidance states that areas are expected to consider holding funds in a contingency if they agree additional targets for NEAs above those in the CCG operational plan. Given the performance at year end, Enfield chose not to take this option but to recommend using the funds in activities where district nursing services are provided which will support the reduction in demand in acute services

Health & Wellbeing Board

Universal Credit - awareness, impact & risks.

Sept 2017

Striving for excellence

www.enfield.gov.uk

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What is Universal Credit and what do we know so far?

Part of the G'ments commitment

to reform the welfare system

Introduced in 2013 to bring `fairness and simplicity'.

It replaces six 'means tested' Benefits and tax credits:

- Housing Benefit
- Income based Job Seekers Allowance (JSA (IB))
- Income based Employment Support Allowance (ESA (IB))
- Income Support
- Working Tax Credit
- Child Tax Credit

- **July 15**
  - A 'Live Service' introduced for single working age claimants
  - Best estimate is 300 known awards (from those claiming CTS)
  - 150 of which are Council Tenants
- **November 17**
  - Introducing full digital roll out for working age families commences ***across certain postcodes***.
    - EN1, EN2 N9 8… - Nov 2017
    - EN3 - January 2018
    - N13 & Edmonton - Feb 2018
  - Exemptions include those with more than two children, housing costs for those in supported accommodation, temporary accommodation - clarification at end of November ?

  Estimate 240 new claims per month
- **April 2019 to March 2022**

  transitioning of existing Housing Benefit claims for those of working age, leaving **only pensioner claims receiving Housing Benefit**

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How to claim & what we know so far …..

Claimed on line and administered by the DWP -28 days to complete the claim

- **Everything** to do with the claim is administered by the applicant via the DWP portal
  - Tasks completed – ID verified, proof of rent, work commitment updates
  - Partner info to be completed within 7 days by the partner and linked to main applicant
  - Award notifications are loaded onto the portal (not sent out)

One payment (for all equivalent benefits), paid monthly direct to the claimant

Bank or Post Office account needed

Sanctions …… if tasks not completed / non compliance with rules claim closed & a reclaim required or financial penalties.

No backdating facility of the claimant fails to apply properly!

- **<u>Claims take at least 6 weeks for first payment to be made and the housing costs elements can take up to 12 weeks</u>**
  - **7 day waiting period**
  - **Advanced payments –** *50% of what you would have received paid back over 6 months*
  - **Alternative payment arrangements**
  - **Hardship claimed to be repaid**

- Difficult for LA to challenge awards
- DWP expect Discretionary Housing Payments to be claimed
- Live service claimants will have to reclaim as full roll out after Nov 17
- Landlord ‘portal’ ?

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What we know so far - who will be affected from November 17 by a 'trigger'

23,814 working age HB claimants have less than 3 children.

We have estimated 240 households per month will be affected from November 17 (based on triggers hit during 16/17). **NB The rollout by postcode makes assumptions more difficult**

Exemptions:

- Pensioners
- Supported accommodation
- Families with 3 or more children

Still don't know about Temporary accommodation!!!!

Households with less than 3 children and ……

- *An out of work benefit is claimed:*
  - *Going from ESA to what would have been JSA (as no longer classed unable to work)*
  - *Going from IS to what would have been JSA (as youngest child becomes 5)*
  - *Following a sanction (when reclaiming)*
  - *Would have claimed JSA, ESA or IS for the first time*
- *Tax credits are renewed (WTC and CTC)*
- *Moving within the borough*

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Housing Benefit – advantages of local administration

- A single claim for housing benefit and council tax support administered by LB Enfield
- Housing benefit is credited to rent accounts weekly for temporary accommodation and council tenants
- Ability to work with landlords to secure tenancies as housing benefit is paid directly to :
  - All housing associations (4 weekly)
  - Homefinders (monthly)
  - Housing Gateway (monthly)
  - Private sector tenants where:
    - the tenancy could be at risk
    - tenant is 'vulnerable'
    - the tenant requests it
    - Arrears > 8 weeks

In all other circumstances housing benefit is paid directly to the tenant

- New claims usually paid within 23 days
- Changes in circumstances usually processed within 7 days

Homeless prevention activities

- help with Landlord negotiations and reducing rent arrears
- discretionary housing payments are awarded alongside housing benefit

HB Overpayments are currently recovered by deductions from ongoing benefit payments

Does UC equal a loss of control & discretion?

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Issues for discussion ….

This is not a Council administered benefit & rollout is not within our control – therefore what kind of support can we provide within our resources ?

Should / will our relationship with the community change in a universal credit world?

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The following slides are context and further information to aid discussion

Croydon are live with UC & a good comparator

Croydon said …….

- Takes on average 10 weeks for cases to be assessed
- Claimants are not informed when deductions are made, how the repayment period has been calculated, or for what reason (deductions can / are being routinely reclaimed at up to 40% of benefit entitlement).
- APA process has been insufficiently tested/thought through.
- There are potential significant savings to be made by DWP through reducing the number of enquiries and associated administrative costs

Landlord issues

- Service centres refuse to speak to landlords stating they cannot use ‘implicit consent’.
- The escalation route for landlords being the same as for claimants, even when there is a real risk of eviction.
- Some of the positive elements of the Live Service are not mirrored for the Full Service, such as the provision of a dedicated landlord line.
- Local jobcentres can only act as an intermediary for landlords. The jobcentre can’t resolve most of the issues and are merely escalating these with the service centre.

Croydon’s advice

Early intervention is the key, if we do nothing arrears will rise and homelessness will increase

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How many Enfield residents (households) currently receive benefit

34,170 'live' housing benefit claims, of which;

- 5451 are pensioners
- 28,719 are working age
- 2,850 live in temporary accommodation
- 6,816 are council tenants
- 5,763 are housing association tenants
- 18,741 are private tenants

- **23,814 claimants are of working age with less than 3 children of which;**
  - 1,927 live in temporary accommodation
  - 3,826 are council tenants
  - 3,874 are housing association tenants
  - 14,187 are private tenants

33,237 'live' claims for Council Tax Support;

- 8,983 are pensioners
- 24,254 are working age

41,009 households receive both Housing Benefit & Council Tax Support;

- 7,772 receive housing benefit only
- 6,839 receive council tax support only
- 26,398 qualify for housing benefit and council tax support together

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Ending the administration of Housing Benefit !

Housing Benefit sections have to:

- Deal with UC notifications so that Housing Benefit is cancelled and Council Tax Support is awarded
- Deal with Discretionary Housing Payments claims for tenants getting UC
- Notify the DWP of Housing Benefit overpayments resulting from transfer on to UC
- Deal with DWP accommodation queries
- Provide Assisted Digital Support & Personal Budgeting Support but collect significant monitoring information to support funding

Landlords (including Council TA, Gateway, Homefinders) have to:

- Verify Rent charged
- Request APA's (Direct payments to Landlords)
- Chase rent arrears and start eviction proceedings if rent not paid (find out if any benefit issues causing the delays)

Provide support & assistance with Universal Credit queries but to what extent ?

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Triggers – who will move to UC from November 17?

UC TRIGGER	Council Tax Support	Housing Ass\RSL	Council Tenants	Temporary Accommodation	Private Tenant	HB Total
CHANGE FROM ONE PASSPORTED BENEFIT TO ANY OTHER	564	148	177	67	284	676
NON PASSPORTED CHANGES	1420	342	317	201	940	1800
START TO RECEIVE CHILD TAX CREDIT - EITHER ONE OR TWO DEPENDANTS JOIN THE HOUSEHOLD	77	15	19	17	42	93
WORKING TAX CREDIT INCOME STARTS AS CLAIMANT/PARTNER START WORK	70	9	13	5	97	124
WORKING TAX CREDIT ENDS	617	135	85	109	618	947
COUPLE SEPARATES	111	15	22	14	99	150
PARTNER JOINS HOUSEHOLD	34	2	6	7	26	41
TOTALS	2893	666	639	420	2106	3831

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What we know so far – winners and losers

Winners	Losers
Part time workers who currently do not qualify for tax credit	**Lone parents** – especially those working longer hours – it has been found that this group will lose in the long term (source: Institute for Fiscal Studies)
Couples on ESA – one receiving the support group – means tested addition is due to increase	Previously receiving tax credits and have **savings over £6k**
Carers – will keep carer premium even when earnings exceed the earnings limit	**Most families with disabled children** (disabled child addition cut by over 50%)
	Parents of disabled children with 'looked after' status/ or in long stay hospital – (UC allowances stop in these instances, unlike Child tax credit). This rule also affects size criteria for Housing Costs
	Parents who care jointly for a disabled child – (one will be expected to look for work under UC)
	People currently entitled to the Severe Disability Premium – this is being abolished – costs around £58 per week
	Working Disabled people – previously getting the disabled element of Working Tax Credit – this will be abolished. **This group are likely to lose the most**

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Rent collection issues ……..

Council Tenant estimate	
Triggers per year	639
Triggers per month	53
Total new Nov17 to Mar 18	266
Current UC claimants	140
Total@ 31/3/18	406
Rent decrease	£875,000
HB loss	£6,400,000
Cash increase	£1,600,000
Performance drop	93.85%
Arrears to increase	£1,000,000

Lessons from Croydon:

- *Croydon have over 14,000 council tenants - Enfield has 11,000*
- *1,250 are now in receipt of UC.*
- *Prior to roll out of UC collection levels stood at 98%.*
- *Post implementation of full service levels have dropped to 72% for UC customers, which in total now contributes to 38% of overall arrears for only 9% of tenants on UC.*

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UC cost implications – give with one hand take away with another (larger) hand !

2017/18		2016/17		Difference
HB admin subsidy	**£1,683,868**	HB admin subsidy	**£1,890,603**	**-£206,735**
UC admin	**£198,555**	UC admin (includes PBS and ADS)	**£21,627**	**£176,928**
UC ADS and PBS	***£89,732**			**£89,732**
Total	**£1,972,155**		**£1,912,230**	**£59,925**

** UC Assisted Digital Support and Personal Budgeting Support funding reliant on meeting support targets set by DWP*

Money to pay for Assisted Digital Support & Personal Budgeting Support

2017/18	Unit Cost	Q1			Q2			Q3			Q4		
		April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March
Take-up ADS LS	£25.66 60mins	11	20	20	21	22	25	16	0	0	0	0	0
Funding		£294	£502	£521	£530	£559	£644	£407	£ 0	£ 0	£ 0	£ 0	£ 0
Take-up ADS FS	£43.62 102mins	0	0	0	0	0	0	0	209	158	186	161	155
Funding		£ 0	£ 0	£ 0	£ 0	£ 0	£ 0	£ 0	£9,133	£6,879	£8,116	£7,039	£6,740
Take-up PBS LS	£51.32 120mins	7	11	13	11	11	14	9	0	0	0	0	0
Funding		£344	£573	£688	£540	£573	£704	£475	£ 0	£ 0	£ 0	£ 0	£ 0
Take-up PBS FS	£51.32 120mins	0	0	0	0	0	0	0	217	164	185	156	145
Funding		£ 0	£ 0	£ 0	£ 0	£ 0	£ 0	£ 0	£11,124	£8,423	£9,479	£8,005	£7,441
Total Funding		£89,732											
		+ 20% top up for additional take-up			+ 20% top up for additional take-up			+/- 20% based on MI from Q1			+/- 20% based on MI from Q2		
Please note that take - up and pounds have been rounded to the nearest whole number													

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What are others saying…

London Councils challenges -

- Universal Credit & information sharing with LA's poor
- Landlord portal not available yet
- Universal Credit housing costs conflict with TA
- PBS and ADS a barrier
- Universal Credit policies conflict with other g'ment policies
- Inconsistent advice – backdating issue
- Significant impact on the vulnerable
- Alternative payment agreement process needs to be simpler
- Discretionary Housing Payment issues with cap under UC

Trussell Trust - Food Banks have found -

- Referrals have gone up 16-20% in full roll out areas
- Waiting 6 weeks for first payment is a challenge
- Insecure or seasonal workers particularly affected
- Clients have problems navigating the on line system

ENFIELD Council

MUNICIPAL YEAR 2017/2018 REPORT NO. 49

Agenda - Part: 1	**Item:**
Subject: SCRUTINY WORK PROGRAMME 2017/18 WARDS: None Specific	
Cabinet Members consulted: Cllr Georgiou	

MEETING TITLE AND DATE:
OSC – 6th September 2017
EMT -15 August 2017
Cabinet -13 September 2017
Council -19 September 2017

REPORT OF:
Overview & Scrutiny Committee
Contact officer and telephone number:
Claire Johnson Governance & Scrutiny Manager Tel: 020 8379 4239
e-mail: Claire.johnson@enfield.gov.uk

1. EXECUTIVE SUMMARY

1.1 This report and Appendix 1 sets out the Scrutiny work programme and workstreams for 2017/18 for the Council's Overview & Scrutiny Committee (OSC), Health Standing Panel and Crime Standing Panel.

1.2 The Council's Constitution requires that the work programme proposed by OSC is adopted by Council on the recommendation of the Overview & Scrutiny Committee, following consultation with the Cabinet and the Executive Management Team (EMT).

2. RECOMMENDATIONS

2.1 Council is asked to approve the scrutiny work programme and workstreams for 2017/18.

3. BACKGROUND

3.1 The Overview and Scrutiny Committee sets its own work programme for the year, taking into consideration wider consultation with Cabinet, EMT, and stakeholders.

3.2 OSC consists of one overarching Overview & Scrutiny Committee, 2 Standing Panels on Health and Crime, with an OSC Chair and 5 members, 4 majority

and 2 opposition. Each member of the committee will lead on a workstream or Standing Panel, therefore there will be up to 4 workstreams operating at any one time, with the option of an additional workstreams if the Chair decides to lead on an area.

3.3 Workstreams, being task and finish groups, vary in their duration with some being more condensed that others. Therefore, to enable a wider span of effective coverage in each municipal year, subject to support resource capacity, OSC has an ongoing 'waiting list' of pre-agreed additional topics or themes ready to replace workstreams once they have been fully concluded. This provides continuity and ensures that a forward plan is in place from the start of and for the whole of the forthcoming year.

4.0 OVERVIEW & SCRUTINY COMMITTEE

4.1 OSC met on the 25 May 2017 and agreed the workstreams for 2017/18. The OSC work programme and the Crime and Health Standing panel workstreams are shown at Appendix 1; the agreed workstreams are shown as Appendix 2.

4.2 Membership of the workstreams will be agreed with the OSC leads and party whips, allocating non-executive councillors to the workstreams who have expressed an interest in undertaking scrutiny in those areas. Membership of the workstreams is cross party and will reflect political proportionality. However membership numbers can be flexible on the workstreams, and once the workstream has finished, the membership is disbanded.

5.0 ENGAGEMENT PROTOCOL

5.1 An agreed engagement protocol is in place, and Directors, Chairs of Boards, statutory bodies and other key stakeholders are consulted on the work programme. Therefore, EMT is consulted, and the Scrutiny work programme is an item for information on the agenda for the Health & Wellbeing board and the Safer and Stronger Communities Board. In addition, the work programmes are sent to key stakeholders such as Health, the Police, CCG, and EVA.

5.2 Cabinet is asked to note that before beginning its work, each workstream will agree a scope for the review including:

- Terms of reference
- Desired outcomes
- Key stakeholders
- Training/information required for members to prepare for the review
- Timescale for the review
- Resources required (member and officer)
- Co-optees

7. COMMENTS FROM CABINET

TBC

7 COMMENTS FROM EMT

EMT noted the Scrutiny work programme and agreed that in addition to the items that were listed, there should be an item on fire safety following the Grenfell Tower fire. It was agreed that major reports should be discussed by Scrutiny and a process for this would be considered.

9. REASONS FOR RECOMMENDATIONS

To comply with the requirements of the Council's Constitution, as the work programme has to be formally adopted by Council. In addition, scrutiny is essential to good governance. It enables the voice and concerns of residents and communities to be heard, and provides positive challenge and accountability.

10. ALTERNATIVE OPTIONS CONSIDERED

No other options have been considered as the Overview & Scrutiny Committee is required, under the Council's Constitution, to present an annual scrutiny work programme to Council for adoption.

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

11.1 Financial Implications

There are no financial implications associated with the recommendations in this report however, should any costs be incurred in undertaking the Scrutiny work programme this is expected to be contained within existing budgeted resources.

11.2 Legal Implications

The recommendations within this report for adoption of the annual Scrutiny Workstream Programme are lawful and will help support the Council in meeting its statutory obligations for effective overview and scrutiny.

The Council has statutory duties within an existing legal framework to make arrangements for scrutiny of its decisions and service delivery and the areas of crime and health, which are covered within these recommendations.

The setting of the annual Scrutiny Workstream Programme is a matter for the Council, following consultation with directors, members and key stakeholders within an agreed protocol. These requirements are set out in the Council's Constitution.

The Council should consider its ongoing duties under the Equality Act to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation; and advance equality of opportunity between people who share a protected characteristic and those who do not and consider how its decisions will contribute towards meeting these duties.

11.3 Key Risks

There are no key risks associated with this report. Any risks relating to individual scrutiny workstreams will be identified and assessed through the scoping process.

12. IMPACT ON COUNCIL PRIORITIES

12.1 Fairness for All

OSC will monitor the scrutiny work programme to ensure that it addresses issues affecting a wide range of Enfield residents and that services provided are fair and equitable.

12.2 Growth & Sustainability

As part of the approach towards scrutiny, reviews will consider issues relating to sustainability.

12.3 Strong Communities

OSC will ensure that the work programme continues to include active participation from residents and that reviews contribute to building strong communities.

13. EQUALITIES IMPACT IMPLICATIONS

Equalities impact assessments relating to individual scrutiny workstreams and their recommendations will be assessed through the scrutiny process.

14. PERFORMANCE MANAGEMENT IMPLICATIONS

OSC will monitor the work programme and ensure that review recommendations are acted on and implemented by departments.

15 PUBLIC HEALTH IMPLICATIONS

There are no direct public health implications of this report, but rather what happens as a result of scrutiny.

:

Appendix 1

OVERVIEW AND SCRUTINY COMMITTEE: WORK PROGRAMME 2017/18

WORK	Lead Officer	25 May - planning session	11 July- joint with Crime	25 July	6 Sept	*12th Oct	8 Nov- joint with Health	18 Jan	22 Feb	*13 March	11 April
Date papers to be with Scrutiny Team		-	**30th June**	**14th July**	**28th August**	**2nd Oct**	**30th Oct**	**8th Jan**	**12th Feb**		**30th March**
Specific Topics											
Meridian Water	Peter George					**Report**					
Knife Crime (Joint meeting with Crime Scrutiny)	Andrea Clemons/ Paul Sutton		**Report**							**Update from Crime Panel**	
Delayed Transfer of Care (Joint meeting with Health Panel)							**Report**				
Retail in Town Centres						**Report**					
Planning Enforcement									**Report**		
Chief Executive and Leader – LBE Strategic Overview										**Report**	
Air Quality							**Report**				
Contract Compliance										**Report**	
Pre-decision Scrutiny					**Housing Allocations Policy**						
Standing Items											

WORK	Lead Officer	25 May - planning session	11 July- joint with Crime	25 July	6 Sept	*12th Oct	8 Nov- joint with Health	18 Jan	22 Feb	*13 March	11 April
Date papers to be with Scrutiny Team		-	**30th June**	**14th July**	**28th August**	**2nd Oct**	**30th Oct**	**8th Jan**	**12th Feb**		**30th March**
Children's and Young People's Issues	Tony Theodoulou			**Adoption Regionalisation**	**Monitoring items: Fostering/Adoption/IRO/LADO reports Annual LSCB Report**			**Adoption Reg. Business Case**	**School Places Education Attainment SEND**	**Troubled Families**	**Homeless 16/17 yr olds**
Monitoring/update											
Budget Meeting	James Rolfe							**Budget meeting**			
Equalities & Diversity	Ilhan Basharan								**Report**		
Annual Corporate Complaints									**Report**		
CE Task Group	Grant Landon			**Update**							
Quarterly Performance	Joanne Stacey										
Safe Guarding Annual report-Adult Services	Marion Harrington & Sharon Burgess										**Report**
Work Programme											
Setting the	Claire			**Agree Work**							

WORK	Lead Officer	25 May - planning session	11 July- joint with Crime	25 July	6 Sept	*12th Oct	8 Nov- joint with Health	18 Jan	22 Feb	*13 March	11 April
Date papers to be with Scrutiny Team		-	**30th June**	**14th July**	**28th August**	**2nd Oct**	**30th Oct**	**8th Jan**	**12th Feb**		**30th March**
Overview & Scrutiny Annual Work Programme 2017/18	Johnson			**Programme**							
Selection of New Workstreams for 2017/18 and 2018/19	Claire Johnson	**Review and Approve Workstreams 17/18**									**Consider New workstreams 18/19**
Scrutiny Workstream Updates & Reports	Chair										
Agenda Planning	Andy Ellis										

Note: Provisional call-in dates:- 20th June, 10th August, 14th September, 9th November, 7th December, 21st December, 8th February, 13th and 29th March, 5th and 19th April.*12th October, and 13th March were originally provisional call-in dates but will now be used for business meetings. Any call-ins received will take precedence at these meetings.

HEALTH STANDING SCRUTINY WORKSTREAM: WORK PROGRAMME 2017/2018

Work Programme	Lead Officer	Wednesday 18th October 2017	Thursday 16th January 2018	Wednesday 15th March 2018
Deadline for sending papers to Scrutiny Team		**6th October**	**5th January**	**5th March**
Annual Items				
Agree Annual Work Programme 2017/18	Andy Ellis	To agree		
NHS Trust Quality Accounts B&CF(RF), NMUH, BEHMHT, (in liaison with NCL JHOSC)	Trust Reps			
Monitoring Items				
Adherence to Evidence Based Medicine – results of consultation	Graham McDougall CCG			
Paediatric assessment Unit – performance update	Graham McDougall CCG			
Commissioning Intentions 18/19 - CCG and Public Health	Graham McDougall -CCG/ Tessa Lindfield – Director of Public Health			
Integrated Models of Care	Graham McDougall CCG			
Public Health Prevention Strategies/ Inequalities	Tessa Lindfield – Director of Public Health			
Chase Farm Redevelopment –progress report	Andrew Panniker- Royal Free			

Work Programme	Lead Officer	Wednesday 18th October 2017	Thursday 16th January 2018	Wednesday 15th March 2018
Deadline for sending papers to Scrutiny Team		**6th October**	**5th January**	**5th March**
Acute Adult Mental Health Pathway – The Crisis Cafe	Graham McDougall CCG			
Substance Misuse and DAAT Performance	Tessa Lindfield – Director of Public Health			
GP Access in Enfield	NHS England			

CRIME STANDING WORKSTREAM: WORK PROGRAMME 2017/2018

WORK	Lead Officer	Tuesday 4 July (Work Planning)	Oct- TBC	Thursday, 11 Jan	Thursday, 22 Mar
Deadline for sending papers to Scrutiny Team		**N/A**	**19th October**	**2nd January**	**13 March**
Panel Work Programme 2017/18 – To consider the Panel work programme	Sue O'Connell	Agree work programme			
Standing Items					
SSCB Partnership Plan & Strategic Priorities – To review the development of the Plan and strategic priorities for 2018 – 19.	Andrea Clemons/ Sue O'Connell		**Verbal update**		**Progress Update –**
SSCB Performance Management – provide a monitoring overview on performance of SSCB	Andrea Clemons/ Sue O'Connell		**Monitoring Update**	**Monitoring Update**	**Monitoring Update**
Update on Police numbers	Supt Tony Kelly / Sue O'Connell		**Update**	**Update**	**Update**
Briefings, Monitoring & Updates:					
Changes to the policing model for London	Supt Tony Kelly/ Sue O'Connell		**Report**		
Knife Crime	Andrea Clemons/ sue O'Connell				**Report**
Prevent- looking at radicalisation	Andrea Clemons/ Sue O'Connell			**Report**	
ASB- kerb crawling	Andrea Clemons/ Sue O'Connell			**Report**	
Cannabis- open smoking on streets	Andrea Clemons/ Sue O'Connell				**Report**
CAPE's- looking at operation across the borough	Supt Tony Kelly/ Sue O'Connell		**Report**		

Appendix 2

<u>Workstreams agreed for 2017/18</u>

- **Human Trafficking/ Modern Slavery**
  - Lead Member: Mike Rye. Membership: Chris Bond, Pat Ekechi, Elaine Hayward, Jansev Jemal and Mary Maguire. Support Officer: Andy Ellis
- **Transport Connectivity**
  - Lead Member: Nneka Keazor. Membership: Chris Bond, Nesil Cazimoglu, Erin Celebi, Peter Fallart and one more member -tbc. Support Officer: Susan O'Connell
- **Primary School Exclusions**
  - Lead Member: Guney Dogan. Membership: Dinah Barry, Sarah Doyle, Mary Maguire, Jim Steven and Glynis Vince. Support Officer: Susan O'Connell

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MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY, 12 JULY 2017

MEMBERSHIP

PRESENT Doug Taylor (Leader of the Council), Krystle Fonyonga (Cabinet Member for Community Safety & Public Health), Ayfer Orhan (Cabinet Member for Education, Children's Services & Protection), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Tessa Lindfield (Director of Public Health), Ray James (Executive Director of Health, Housing and Adult Social Care), Tony Theodoulou (Executive Director of Children's Services), Noreen Dowd (CCG Chief Officer), Natalie Forrest (Chief Executive, Chase Farm Hospital, Royal Free Group), Patricia Mecinska (Chief Executive, Healthwatch Enfield), Vivien Giladi (Voluntary Sector), Litsa Worrall (Voluntary Sector), Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust) and Richard Gourlay (Director of Strategic Development NMUH)

ABSENT Alev Cazimoglu, Dr Helene Brown (NHS England Representative), Libby McManus (Chief Executive North Middlesex University Hospital NHS Trust), Robyn Gardner (Enfield Youth Parliament) and Bobbie Webster (Enfield Youth Parliament)

OFFICERS: Laura Martins (Strategy and Policy Hub Manager), Mark Tickner (Senior Public Health Strategist), Miho Yoshizaki (Health Intelligence Manager), Jill Bayley (Principal Lawyer - Safeguarding), Niki Nicolaou (Voluntary Sector Manager) and Ian Davis (Chief Executive) Jane Creer (Secretary)

Also Attending:

1
WELCOME AND APOLOGIES

Dr Mo Abedi (Vice Chair) welcomed everyone to the meeting. Apologies for absence were received from Councillor Alev Cazimoglu, Dr Helene Brown, Deborah Fowler, Libby McManus, Peter Ridley, Graham MacDougall, Robyn Gardner, and Bobbie Webster. Apologies for lateness were received from Councillors Doug Taylor, Krystle Fonyonga and Ayfer Orhan, who were slightly delayed.

2
DECLARATION OF INTERESTS

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

3
THRIVE LONDON

RECEIVED the report of Tessa Lindfield (Director of Public Health).

NOTED

Tessa Lindfield's introduction of the report highlighted:
● Thrive LDN was launched on 4 July 2017 with the aim to improve the mental wellbeing of all Londoners and this was an opportunity to raise awareness of the programme and the potential opportunities for Enfield.
● The launch document had not been available in time for inclusion into the agenda pack for this meeting, but had been circulated to members by email.
Mark Tickner (Senior Public Health Strategist) provided a briefing:
● The first part of the consultation period would take place over the summer.
● Thrive LDN had five thematic areas including
    - Improving people's understanding of mental health. This would include mental health first aid training and school based intervention.
    - Thriving communities. This would include resilience and social prescribing.
    - Children and young people. This would include critical thinking against the negative aspects of social media.
    - Employment.
    - Suicide prevention.
● The consideration for Health and Wellbeing Board was the potential opportunity to get involved and groups to engage with their clients and networks.

Councillors Taylor, Fonyonga and Orhan arrived at the meeting at this point.

IN RESPONSE there were positive comments regarding opportunities to tackle stigma in schools, to link to STP work, for employers to gain from the London-wide scale; and support in terms of CCG and primary care.

AGREED that the Board supported Enfield engagement in the Thrive LDN conversation over the summer and members would incorporate Thrive LDN in their organisations' approach to improving mental health resilience locally.

4
MENTAL HEALTH CO-PRODUCTION

RECEIVED the report of Healthwatch Enfield.

NOTED

The introduction by Patricia Mecinska, Chief Executive, Healthwatch Enfield, including:

- This was an opportunity to report back on progress made on the recommendations of the thematic report 'Listening to Local Voices on Mental Health'.
- 62% of the recommendations were being implemented, and it was recognised that there was a lot of work to be done, and some would take a few years.
- The support of Health and Wellbeing Board was sought in respect of intervention on implementing the recommendations, and accelerating the development of a local Experts by Experience forum. A group did not exist at the moment in Enfield, but there was an appetite for it locally.

IN RESPONSE, comments and questions were received, including:

1. Noreen Dowd confirmed the willingness to explore work with participation groups in primary care.
2. Tessa Lindfield highlighted the potential to link into London-wide digital resources on mental health wellbeing.
3. Members confirmed support in principle for the second recommendation. There were relevant groups, and the potential to re-purpose existing funding to support it.

AGREED that Health and Wellbeing Board agreed to

(1) consider any offer of support for areas where implementing the recommendations has not progressed as it requires additional input;
(2) help to accelerate the development of a local Experts by Experience forum eg. through commissioning this as a service.

5
INTEGRATION AND BETTER CARE FUND PLAN 2017-2019 (BCF)

NOTED the statement by Ray James, Executive Director of Health, Housing and Adult Social Care, that following the publication of the national guidance on the BCF/iBCF last week, in that context, more time was required for discussions between NHS Enfield CCG and the Council to ensure the plan was jointly agreed and reflected the national conditions and guidance. A report to this meeting was therefore deferred, but it was suggested that a draft plan be shared with all Board Members and comments invited, ahead of asking the Chair and Vice Chair to sign off the submission to meet the September deadline.

6
PROGRESS UPDATE ON JOINT HEALTH AND WELLBEING STRATEGY

RECEIVED the report of Tessa Lindfield (Director of Public Health).

NOTED

Tessa Lindfield's introduction of the report highlighted:
● The three Health and Wellbeing Board top priority areas were confirmed, and proposals put forward for their support. A workshop was proposed on each: Best Start in Life, Mental Health Resilience; and Healthy Weight.
● There would also be collaboration on Domestic Violence, and enhanced monitoring of several areas.
● This was the first regular report to Health and Wellbeing Board on performance against the priorities.
● Attention was drawn to challenges that Health and Wellbeing Board may be able to assist with resolving.
● Members were encouraged to champion Healthy Weight by promoting one healthy behaviour each within their own and partner organisations.

IN RESPONSE comments and questions were received, including:

1. In respect of measuring success, the full data sets were available on the website and were updated quarterly. There was also benchmarking against neighbours. A further report would be made to the Board meeting in September.
2. Councillor Fonyonga was keen for Health and Wellbeing Board to drive the priorities forward and that members make commitments and report back to the next meeting to indicate progress. Members could work together to add value. Suggestions may be brought to the Health and Wellbeing Board development session.

AGREED that Health and Wellbeing Board:
(1) noted the progress on HWB monitoring areas;
(2) considered how it wished to support the HWB priority areas within their own and partner organisations;
(3) supported conducting an annual 'Staff Health & Wellbeing' survey, as part of the re-accreditation in respect of London Healthy Workplace Excellence Award.

7
REVIEW OF FORWARD PLAN

RECEIVED the report of Tessa Lindfield (Director of Public Health).

NOTED

Tessa Lindfield's introduction of the report highlighted:
● As there was now a set of priorities to work towards, there was a need to review the forward plan, and to review this live document at each meeting.
● There was a forward plan for Board meetings and development sessions.

● It was also proposed to introduce an information bulletin, to collate information on topics of interest with links and contacts.

IN RESPONSE comments and questions were received, including:

1. The optimum number of items to be considered in a development session was discussed; and the potential for setting up working groups on key themes.
2. Noreen Dowd highlighted the context of the North Central London Sustainability and Transformation Plan, and that commissioning intentions had to be issued in October.
3. The suggestion that the development session scheduled for 5 September be used to consider CCG commissioning intentions as well as domestic violence.

AGREED that Health and Wellbeing Board agreed:

(1) the proposed forward plan as set out in the report as a starting point, and amendments agreed at the meeting;
(2) the forward plan is regularly updated and considered at each Board and Executive meeting;
(3) that the Board trials an information bulletin for the next meeting.

8
HOUSING ALLOCATIONS SCHEME

RECEIVED the report of the Executive Director of Housing, Health and Adult Social Care.

NOTED

The introduction by Laura Martins (Strategy and Policy Hub Manager) including:

● The scheme was important because of the severe shortage of affordable homes across London and the severe shortage of social rented homes in Enfield.
● The rationale of the scheme was described: how the allocation of social housing was prioritised and how households would be supported to find settled accommodation in the private rented sector.
● The proposed changes were highlighted.
● The public consultation was taking place for 12 weeks between 14 June and 8 September. All were invited to participate in the consultation. There had already been 382 responses. All applicants on the housing register were being consulted directly.

IN RESPONSE comments and questions were received, including:

1. In response to Councillor Orhan's queries regarding the care leavers' offer and protection, attention was drawn to para 6.3 of the draft scheme detailing applicants in particular circumstances given a higher score, including single people under 25 leaving Enfield Council's care.

It was confirmed that Strategic Housing Board included a representative from Children's Services and Ray James would consider closer work with Children's Services and input into any Council new-build housing.

2. Tessa Lindfield noted opportunities as these households were often those targeted for working closely with in respect of health improvement
3. The Chair noted that the draft scheme was prepared before the Grenfell Tower fire, and this may raise issues regarding allocations.
4. Councillor Orhan advised of the high amount of ward councillor casework around overcrowding and the effects of housing on individuals' health and wellbeing. Ray James confirmed the importance of the policies to guide officers' work and that they should be transparent, and the wish to build a consensus around the criteria. Therefore all comments were welcomed and Health and Wellbeing Board members were encouraged to feed into the consultation.

AGREED that Health and Wellbeing Board noted:
(1) the draft Housing Allocation Scheme and invitation to provide feedback;
(2) the request to promote the public consultation amongst staff and service users to encourage all stakeholders to provide their feedback.

9
LBE RESPONSE TO DEPT FOR ENVIRONMENT, FOOD & RURAL AFFAIRS (DEFRA) AIR QUALITY CONSULTATION

RECEIVED for information a copy of the LB Enfield response to the consultation on the Government's air quality action plan.

NOTED

1. Tessa Lindfield highlighted the deferral to local authorities of proposed actions and the need for appropriate financial support; and the importance of air quality in respect of health.
2. Vivien Giladi welcomed the response, and that air quality was an appropriate issue for Health and Wellbeing Board consideration.

10
MINUTES OF THE MEETING HELD ON 19 APRIL 2017

AGREED the minutes of the meeting held on 19 April 2017.

11
DATES OF FUTURE MEETINGS

NOTED the dates of future meetings of the Health and Wellbeing Board and dates of future development sessions.

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Enfield Health and Wellbeing Board
Information Bulletin October 2017

Healthy Eating

The Local Government Declaration on Sugar Reduction and Healthier Food offers a framework to incorporate promoting healthy food within local policies and practices. By signing the declaration, organisations agree to a series of pledges which avoid promoting unhealthy food and drink. Local Government Declaration on Sugar Reduction and Healthier Food

Sugar Smart is a campaign run by the Jamie Oliver Foundation and Sustain, which encourages a range of settings to make a pledge to become Sugar Smart i.e reduce sugar consumption. Enfield public health team are currently engaging 14 settings, including schools, nurseries, leisure centres and community groups to become Sugar Smart, ahead of a launch in November 2017. From November 2017 – 18, we aim to encourage 100 settings to become Sugar Smart.

Healthier Catering Commitment Over the past year 36 businesses have signed up to the scheme, mainly premises located close to schools and in more deprived parts of the borough. Work is underway with local care homes to achieve the HCC.

Further information available from: Ailbhe.Breathnach@Enfield.gov.uk

Active Enfield

For a fixed period in 2017, the following activities were offered for free to children with weight issues identified through the National Child Measurement Project:

- Reception Year- free swim and use of the soft play facilities
- Year 6- a wide variety of activities including using the gym, swimming and

taking part in classes.

The Active with Ease programme is a heavily subsidised physical activity programme for adults with health problems. The programme is targeted in areas of higher deprivation and currently engages 200 people per term.

Further information available from: Ailbhe.Breathnach@Enfield.gov.uk

Healthy Workplaces

Enfield Council was awarded Excellence level for the London Healthy Workplace charter. We are now supporting local organisations and NCL Boroughs to apply for the charter.
In conjunction with HR we're developing a Workplace Health & Wellbeing strategy for Enfield Council.

Further information available from: Ailbhe.Breathnach@Enfield.gov.uk

Making Every Contact Count in Enfield

MECC is an approach where health care workers are trained to give evidence based advice on Healthy lifestyles as part of their day to day interactions with their patients. MECC training is about encouraging and helping people to make healthier choices in order to achieve positive long-term behaviour change. A total of 17 half-day courses were undertaken to the end of March 2017, at which 146 staff were trained from a range of primary care [GP staff, dentists, optometrists, pharmacists etc.] and LBE teams. We now want to look at expanding the MECC approach to all those either residing or working in the borough.

Further information available from: Ailbhe.Breathnach@Enfield.gov.uk

Kitchen Social

The Mayor's Fund for London has expressed an intention to fund 5 'Kitchen Social hubs' in Enfield. 'Kitchen Social works with local grass root community organisations to create an environment where children, young people, their families and carers can feel comfortable to play, explore new ideas, make new friends, learn and get a good balanced free meal during the holidays.' A meeting with key stakeholders is scheduled for 13th September to progress this project.

Further information available from: Ailbhe.Breathnach@Enfield.gov.uk

Mayor of London Health Inequalities Strategy

Health inequalities are defined as unfair differences in mental or physical health. They are mostly the result of differences in people's homes, education and their childhood experiences, local environment, their jobs, access to public services and their habits. There is a clear relationship between wealth and health, which means that everyone but the most financially well off are likely to suffer from an avoidable illness or condition.

The Mayor of London has launched a consultation, running until 30 November 2017 on a Health Inequalities Strategy for London, which will look to address these inequalities and, in turn, improve the health of all Londoners. The strategy contains five strands.

- **Healthy Children** – helping to ensure all of London's children have healthy places in which to learn, play and develop, and giving all young people the best start in life
- **Healthy Minds** – supporting Londoners to feel comfortable talking about mental health, reducing stigma and encouraging people across the city to work together to reduce suicide.

- **Healthy Places** – working towards London having the best air quality of any major global city, making the capital's streets healthier, ensuring all Londoners have access to good-quality green space, tackling income e among all Londoners, especially among young people inequality and fuel poverty, creating healthy workplaces, improving housing quality and affordability, and addressing homelessness and rough sleeping.
- **Healthy Communities** – encouraging all Londoners to participate in community life, equipping people with the necessary skills, knowledge and confidence to improve their health, supporting the prevention of HIV and TB, reducing hate crime and enabling more Londoners to benefit from social prescribing (a way of linking patients with sources of support within the community to treat social, rather than medical problems)

- **Healthy Habits** – working with partners towards a reduction in childhood obesity rates and a reduction in the gap between the boroughs with the highest and lowest rates of child obesity, and encouraging all Londoners to reduce smoking, alcohol and drug us.

Further information available from: https://www.london.gov.uk/what-we-do/health/have-your-say-better-health-all-londoners?source=vanityurl

Thrive LDN – Save the date

"Thrive LDN" [The Mayor's mental health, wellbeing and resilience initiative] are intending to carry out an engagement event in Enfield in early November.

This has now been confirmed as November 8th at the Dugdale Centre in the afternoon and will be an opportunity for Enfield to shape Thrive London's work on its priority areas.

Contact – Mark.Tickner@Enfield.gov.uk

Healthy Enfield
move more eat well drink less stop smoking

National Child Measurement Programme (NCMP): trends in child BMI

On 25th September 2017, Public Health England (PHE) released an NCMP report[1], which shows trends in children's weight nationally over the first ten years of the NCMP. Nationally there has been a downward trend in overweight and obesity for Reception Year boys and a negligible change for girls. For Year 6 boys and girls there has been a clear upward trend, with the rate of increase speeding up compared with last year. It therefore appears that, nationally, although there has been some progress in younger ages, by the time children reach the age of 10/11 there is still a lot to do to halt the rise.

The Enfield trends remain stubbornly above the national averages.

The PHE report also reveals a widening inequality gap in the overweight, obese and excess weight categories for all groups nationally. Where obesity and excess weight prevalence is declining overall it is either increasing in the most deprived areas compared to the least or is generally declining at a slower rate; and where prevalence is increasing overall it is increasing at a faster rate in the most deprived quintiles. There are also upward trends in obesity in White British Year 6 boys and Black African Year 6 girls, and in excess weight in Black Caribbean Year 6 girls and in overweight in Pakistani Year 6 girls.

This health inequality will have implications for Enfield, particularly in the east of the borough where there are higher levels of deprivation and greater ethnic mix.

A full report is planned for the next Health & Wellbeing Board.

[1] https://www.gov.uk/government/publications/national-child-measurement-programme-ncmp-trends-in-child-bmi

Stop Smoking Service

Smoking is the greatest cause of preventable mortality and morbidity in the borough. Smoking prevalence is coming down falling from 16.8% in 2015 to 13.1% in 2016 (equivalent to a fall in the number of smokers of approximately 8,000). However, smoking is still the greatest cause of inequalities in the borough.

The provider for LBE Stop Smoking Services is Quit 51. Smokers may either self-refer or be referred by health professionals:

Telephone: 0800 622 6968 (Mon-Fri 9am – 7pm, Sat 10am – 2pm)
Text: "Smokefree" to 66777
Internet: www.quit51.co.uk
Contact: quit51@nhs.net

Last month London launched the London Stop Smoking Portal, a internet / telephone support line for smokers across London. Enfield details are soon to be added. The effect of this initiative has yet to be seen but it will be advertised widely in Enfield and its effect monitored.

Influenza (flu)

Flu is a common infectious viral illness spread by coughs and sneezes. It can be very unpleasant, but you'll usually begin to feel better within about a week. For some including the elderly and people with some medical conditions flu can be much more serious and life-threatening.

Each year the Government runs a flu vaccination programme. It is important for people to get vaccinated not only for themselves but so that they do not spread the virus to those who may be more vulnerable than themselves. This particularly important for those who may come into contact with vulnerable persons such as carers and front-line staff.

LBE is offering free flu vaccinations to all its staff from October 1st to the end of January. This will be advertised on the internal TV screens, every week on all-staff emails and Heads of Services have been asked to cascade the message to their staff.

Contact – for further information: Stuart.lines@Enfield.gov.uk
Further information from: https://www.gov.uk/government/publications/national-child-measurement-programme-ncmp-trends-in-child-bmi

New plan

Enfield Health & Wellbeing Board – Forward Plan	
Date time and Venue	**Key Themes to be Considered**
12 July 2017 6.15pm – 8.15pm Room 1 Civic Centre Silver St Enfield EN1 3XL	JHWS progress Forward Plan Housing Allocations Scheme consultation STP Thrive London Mental Health Co-Production
10 October 2017 6.15pm – 8.15pm Conference Room Civic Centre Silver St Enfield EN1 3XL	Report of Joint SSCB HWB session on Domestic Violence Commissioning Intentions and Plans Health Improvement in Enfield Safeguarding Annual Reports New models of care STP progress HWB & OSC JHWS Progress JSNA progress Healthy Enfield Website progress
5th December 2017 6.15pm – 8.15pm Room 1 Civic Centre Silver St Enfield EN1 3XL	JHWS Progress Integration LBE Budget consultation Healthy Hospitals – the experience of the RFH and CFH HWB Governance
8th February 2017 6.15pm – 8.15pm Room 1 Civic Centre Silver St Enfield EN1 3XL	JHWS Progress
17th April 2017 6.15pm – 8.15pm Conference Room Civic Centre Silver St Enfield EN1 3XL	JHWS Progress

Enfield Health & Wellbeing Board ***Development Sessions Forward Plan***	
Date time and Venue	***Key Themes to be Considered***
5th September 2017 *2.00pm – 5.00pm* *Room 1* *Civic Centre* *Silver St* *Enfield EN1 3XL*	*Joint work on domestic Violence with SSCB – How can HWB add value?*
21st November 2017 *2.00pm – 5.00pm* *Room 3* *Civic Centre* *Silver St* *Enfield EN1 3XL*	*Improving Mental Health Resilience in Enfield*
16th January 2017 *2.00pm – 5,00pm* *Room 1* *Civic Centre* *Silver St* *Enfield EN1 3XL*	*Our Approach to Healthy Weight*
20th March 2017 *2.00pm – 5.00pm* *Room 1* *Civic Centre* *Silver St* *Enfield EN1 3XL*	*The Best Start in Life in Enfield*