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HEALTH AND WELLBEING BOARD

Thursday, 12 February 2015 at 6.30 pm
Conference Room, Civic Centre, Silver Street, Enfield, EN1 3XA

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MEMBERSHIP

Leader of the Council – Councillor Doug Taylor
Cabinet Member for Health and Adult Social Care – Councillor Donald McGowan (Chair)
Cabinet Member for Culture, Sport Youth and Localism – Councillor Rohini Simbodyal
Cabinet Member for Education, Children's Services and Protection – Councillor Ayfer Orhan
Chair of the Local Clinical Commissioning Group – Dr Mo Abedi
Healthwatch Representative – Deborah Fowler
Clinical Commissioning Group (CCG) Chief Officer - Liz Wise
NHS England Representative – Dr Henrietta Hughes
Director of Public Health – Dr Shahed Ahmad
Director of Health, Housing and Adult Social Care – Ray James
Director of Schools and Children's Services – Andrew Fraser
Director of Environment – Ian Davis
Voluntary Sector Representatives: Vivien Giladi, Litsa Worrall (Deputy)

Non-Voting Members

Royal Free London NHS Trust – Kim Fleming
North Middlesex University Hospital NHS Trust – Julie Lowe
Barnet, Enfield and Haringey Mental Health NHS Trust – Andrew Wright

AGENDA – PART 1

1. WELCOME AND APOLOGIES (6:30-6:35PM)

2. DECLARATION OF INTERESTS (6:35-6:40PM)

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

3. PROPOSALS FOR CHASE FARM HOSPITAL (6:40-7:10PM)

To receive a presentation on the new proposals for the Chase Farm Hospital

site.

4. SECTION 75 AGREEMENT INCLUDING GOVERNANCE OVER BETTER CARE FUND FOR 2015/16 (7:10-7:30PM) (To Follow)

To receive a report from Bindi Nagra, Assistant Director Strategy and Resources (Health Housing and Adult Social Care).

5. CCG OPERATING AND FINANCIAL PLAN (7:30-7:50PM) (To Follow)

To receive an update on the CCG Operating and Financial Plan.

6. SUB BOARD UPDATES (7:50-8:20PM) (Pages 1 - 40)

To receive the following updates from the sub boards:

a. Health Improvement Partnership Board
b. Joint Commissioning Board
c. Improving Primary Care Board – update covered at development session on 22 January 2015

7. MINUTES OF MEETING HELD ON 11 DECEMBER 2014 (8:20-8:25PM) (Pages 41 - 50)

To receive and agree the minutes of the meeting held on 11 December 2014.

8. DATES OF FUTURE MEETINGS (8:25-8:30PM)

To note the dates agreed for future meetings of the Board:

- Tuesday 14 April 2015

To note the dates agreed for Board development sessions:

- Thursday 12 March 2015

9. 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 6

Health and Wellbeing Board
12 February 2015

REPORT OF:

Shahed Ahmad
Director of Public Health
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Agenda – Part: 1	**Item: 6a**
Subject: Public Health Update Report – February 2015	
Date: February 2015	

1. EXECUTIVE SUMMARY

This report updates the Health and Wellbeing Board of work in Public Health (PH) Department following the previous Health and Wellbeing Board meeting in Nov 2014.

2. RECOMMENDATIONS

It is recommended that the Health and Wellbeing Board note the content of this report.

3. Work with the CCG

Public Health, as mandated, continues to support the NHS Enfield CCG with health intelligence, clinical evidence and strategic advice to ensure improvement in population health, and safe and effective healthcare. The Annual Public Health Report, together with practice profiles, also adds value to this support and allow GPs to reflect on their performance against their local, London and national peers. In addition the information provided evidence to the CCGs strategy especially prioritisation of investment. Public health also contributes towards prevention elements in cardiology and diabetes pathway that will in medium term reduce health inequalities and burden on health and social care.

Currently there is low achievement in primary care management of long-term conditions (informed by Quality and Outcomes Framework indicators) so that public health team is supporting the CCG closely to monitor and tackle the situation. Public health will continue to support CCG transformation programmes and QIPP (Quality, Innovation, Productivity and Prevention) using evidence-based models.

4. School Nursing Contract and Health Visitor Migration

The school nursing contract specification is being finalised for procurement in 2015/16. Public Health and School Nursing are in discussions with NHS England regarding the provision of school-aged immunisations in Enfield.

Work is ongoing to prepare for the transition of health visiting to the local authority. Enfield's allocation for this contract has now increased to provide monies for the required increase in health visitor numbers.

5. Commissioning

The procurement process for the Reproductive & Sexual Health [RASH] service, which includes GUM – is underway, jointly with Enfield CCG. Public engagements are being arranged, in line with the 90 day consultation requirement.

6. Child Poverty Conference

The Child Poverty Conference held in November 2014 was particularly successful with over 100 delegates. The workshops resulted in many ideas for collaborative working across partners and stakeholders and these ideas have been captured and form the basis of an enhanced action plan to tackle child poverty in 2015/6. An interim project manager is being employed under the auspices of Enfield 2017 and an action plan is currently being developed.

7. Breastfeeding Support

The Breastfeeding peer support training has been very successful and as one new cohort begins training, another is about to graduate.

Work continues on the identification of breast-feeding friendly premises in the borough and an app is in the final stages of development that will allow mothers to find information on breastfeeding and find the closest place where breast feeding is welcome.

8. Pharmaceutical Needs Assessment

The pharmaceutical needs assessment is currently out for consultation. The project is on track to deliver the needs assessment on time and to budget.

9. Harmful Cultural Practices and FGM

Work on the FGM continues. There are many strands of work across the council and community to address the issue of FGM and PH has now taken over the chair of the safeguarding board's task and finish group on FGM. An interim protocol for professionals dealing with women at risk of, or victims of, FGM has been agreed and there are business cases being developed for local clinics for women affected by FGM in the borough.

There are two meetings being planned on FGM and harmful cultural practices; the borough will be hosting Project Azure, the Metropolitan Police Child protection unit, to talk to professionals about harmful cultural practices including FGM and forced marriage.

10. Alcohol Licensing

Under the Police Reform and Social Responsibility Act (2011), the Government amended licensing legislation to give Directors of Public Health (DsPH) a statutory role in the licensing process. As a responsible authority, public health can make evidence-based representations in response to either a full licence application or an application for a variation in the conditions of an existing licence.

A substantial number of the public health team have just had training from the Head of Licensing & Engagement at the Safe Sociable London Partnership so that they can start to screen licensing applications. This will enable them to use information relating to existing licensing objectives to oppose licensing applications in order to minimise alcohol related health harm, anti-social behaviour and offending.

11. Child Death Overview Panel (CDOP)

The Child Death Overview Panel is hosting a learning event for stakeholders in April. This will cover areas such as accident prevention and safe sleeping messages.

12. Media Campaigns

World Aids Day: A campaign was launched for World AIDS Day to encourage people to get tested. Enfield has a high level of 'late-presenters' with HIV and this population does not have as good a prognosis once diagnosed.

February will see the sexual health campaign running. This includes posters in the Town, at Rail Stations and on buses. This campaign will encourage people to think about sexual health and promote safe sex.

Antibiotics campaign: Since the antibiotic campaign was well received by GPs and pharmacists, a workshop with patient groups is planned to take place in February.

Hypertension: Following the hypertension awareness campaign in Autumn, GPs were sent a letter on current situation of hypertension in Enfield and best practice. National Blood Pressure Leadership Board published an action plan for the prevention, early detection and management of high blood pressure. It shows the roles that different partners can play to tackle this important issue. This was also communicated.

13. Community Events

Hypertension awareness conference was organised by Stroke Action in Edmonton Green and was attended by Councillor Yasemin Brett, residents and the voluntary sector.

14. Smoking and Tobacco Control

Q1 achievement was 279 quitters against a target of 270. The cumulative total at the end of Q2 was 710 quitters. Q3 data will not be available until mid-March. This follows the same trajectory as last year (most smoking quitters are achieved in Q4 due to New Year quitters and National No-smoking day, see below).

Extrapolation from the above and previous reports indicates that a significant proportion of Enfield smokers are in the Turkish community. PH is therefore holding a smoking workshop on 16th February for the Turkish community with the intention of making smoking less acceptable in their community as well as encouraging quitters – e.g. stop people starting as well as quitting.

18 Turkish community organisations have been invited as well as all Councillors. The Turkish media has also said that it will attend.

PH ran events and a stall in Edmonton to capture people making New Year stop smoking resolutions. 35 people signed up to the service and stop smoking materials were handed out throughout the day.

We are also currently preparing for National No-Smoking day (11th March, always the second Wednesday in March). We are negotiating with the CCG to text every registered smoker through IPlato.

15. Healthchecks

Enfield delivered 1, 885 healthchecks in Q1, 2,100 healthchecks in Q2 (half-year total of 3985) and 1,989 in Q3 (cumulative total of 5,974).

16. Individual Funding Requests (IFRs)

IFRs are requests for medical interventions that fall outside provider contracts. Four IFRs have been received since September. We currently have one outstanding IFR, due to go to panel on 19th February.

17. Obesity

PH has implemented ‘Stepjockey’ on the Civic Centre stairwells to encourage people to use the stairs rather than the lifts. This works by using a phone app to record the number of calories people use on the stairs. A full launch will take place in February when the app can be downloaded onto to both android and Apple phones. PH is working with IT so that the app can also be downloaded onto work phones.

The Healthy Weight website page has been launched, www.enfield.gov.uk/meds. It has a wealth of information on physical activity, food and nutrition, recommendations and guidelines together with videos from academics.

Health and Wellbeing Board
Thursday 12 February 2015

REPORT OF: Bindi Nagra
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Agenda – Part: 1	**Item: 6b**
Subject: Joint Commissioning Board Report	
Date: Thursday 12th February 2015	

1. EXECUTIVE SUMMARY

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

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

1.3 This report notes:

- The implementation of the Care Act 2014 in the Council's ways of working in preparation for April
- The BCF plan has now been fully approved by NHS England
- The targeted beneficiaries of Enfield's Integrated Care for Older People programme, being those identified as the frail and high-risk pre-frail section of the borough's population
- The Council's contractual arrangements for Sexual Health Community services and School Nursing Services.
- Enfield's ranked 64th most deprived out of 326 local authorities with a large percentage of children and over 60s living in income-deprived households
- The Enfield Joint Mental Health Strategy has been approved and implementation groups established
- The progress of the Learning Disabilities Self-Assessment Framework (SAF) that the Council is committed to submit
- The Council and CCG have developed a joint action plan in response to the Winterbourne View concordat.

1. EXECUTIVE SUMMARY (CONTINUED)

- The success of the newly established Transition project for young carers and young adult carers
- The success of the campaign to recruit additional Health Visitors which enables the introduction of a second universal check at 8-10 weeks, which is a critical point for identifying post-natal depression and other issues
- The major changes that the Children & Families Act introduces to the Special Educational Needs and disability (SEND) system, which are the biggest in 30 years for children, young people and their families, local authorities, health and schools. The new system was implemented in September 2014
- The Joint Children and Adolescent Mental Health Service (CAMHS) Strategy that will establish the commissioning pathway for a "…comprehensive and integrated emotional Wellbeing and Child and Adolescent Mental Health Service and improve outcomes for children and young people in Enfield…"
- DAAT's Successful Treatment Completion rate remains significantly higher than the London and National averages
- The impressive achievements and interactions of HealthWatch Enfield
- HHASC intention to continue investing in the Voluntary & Community Sector (VCS)
- Enfield's involvement in the Local Government Association Making Safeguarding Personal Programme at Gold level which concentrates on interaction, processes and outcomes
- Joint working with the Integrated Learning Disabilities Service to re-accommodate 18 service users
- The development of the site previously known as Elizabeth House
- Board updates

3. RECOMMENDATIONS

3.1 It is recommended that the Health & Wellbeing Board note the content of this report (with appendices).

3. THE CARE ACT 2014

The first major reforms under the Care Act will be implemented in April. We are making considerable progress in a number of areas and confidence in meeting the key requirements is good, consistent with the operating principles for Enfield 2017

3.1 Market and Community Customer – this includes the new duties for local authorities for the provision of Information and Advice. Further to the report for the December 2014 Health and Wellbeing Board (HWB), the information and advice offer is due at February Care Act Board for agreement. Current work includes ensuring we capture what is provided by Public Health and other council services to meet our duties under the provision of universal services. This is an important element of the information and advice provision, to ensure the 'offer' to local people includes information and services about maintaining good health and wellbeing and in preventing and delaying need.

The Care and Support Guidance is clear that the local authority develops and implements a plan regarding information and advice and to keep this plan under review. It should build on Joint Health and Wellbeing Board strategies and JSNA's which must have specific regard to '*what health and social care information the community needs, including how they access it and what support they may need to understand it'.* The JSNA has a key function in helping to identify the specific needs of the community, which will help to shape the information and advice service provision.

3.2 Finance and Risk Management – the costs relating to implementing the Care Act in 2015/16 have been finalised and have been reduced significantly due to research undertaken by the council to identify the number of self-funders assessments. Consultation on the 'Dilnot' reforms is due in February 2015, in preparation for the funding reforms in April 2016. We continue to undertake financial modelling to understand the financial risk to the council thereafter.

3.3 Workforce Capacity and Development – a wide range of briefings have been delivered and training on the legal framework is in progress. The Care Act e-learning module will be available in January.

3.4 Communications and Engagement – Further to previous information reported to the (HWB) a A public information campaign is underway to help ensure those who are affected by the reforms (existing care and support service users, people approaching the point of need and carers) are aware of the changes, and know where to go for further information. The Department of Health and Public Health England are working to help raise public awareness of the Care and Support reforms being introduced in April 2015 and into 2016. http://campaigns.dh.gov.uk/2014/12/30/care-support-public-information-campaign-materials/

3.5 Operational Change Management – the new duties contained in the Act will result in a change to how adult social care is delivered with a particular focus

on key principles of wellbeing, preventing and reducing need and outcomes for local people. The required changes to business practices, for example a new eligibility framework and new carer assessments duties are in progress.

3.6 **IT and Business Intelligence** – the new duties require a number of changes to systems including the HHASC e-Marketplace and customer contact and assessment. This is work with progress and includes early solutions to support new business practices in April, together with longer term IT solutions and changes to current systems e.g. Quickheart.

3.7 **Safeguarding Adults** – this work stream and associated tasks is making good progress in order to meet key duties April.

4. BETTER CARE FUND

In December 2014, all outstanding actions required by NHS England to approve the Enfield Better Care Fund plan were completed.

In early January, NHSE formally wrote to the Clinical Commissioning Group and the Local Authority to confirm that the Plans had now been fully approved and that the funds would be released to the Partnership.

Work has now begun on establishing the governance structure (as agreed by the Health and Wellbeing Board at its previous meeting) with the initial meeting of the new Integration Board set for later in February.at the time of writing this report, detailed Terms of Reference are being finalised.

Work will now focus on finalising the Business cases for each of the four programme areas within the over-arching BCF programme. These will be considered and approved by the Integration Board during February and March. (NB: many areas already have 'live' projects – either from existing commissioned work or projects which have been developed and initiated in year.)

5. ENFIELD INTEGRATED CARE FOR OLDER PEOPLE PROGRAMME

5.1 To support integrated care's principle that older people should be able to say: "*I can plan my care with people working together to understand me and my carer(s) and bring together services to achieve the outcomes, such as improved health, well-being & independence, important to me*", the integrated care model should provide and result in:

- More pro-active identification of patients who could benefit from a community-based approach to care and support across relevant agencies;

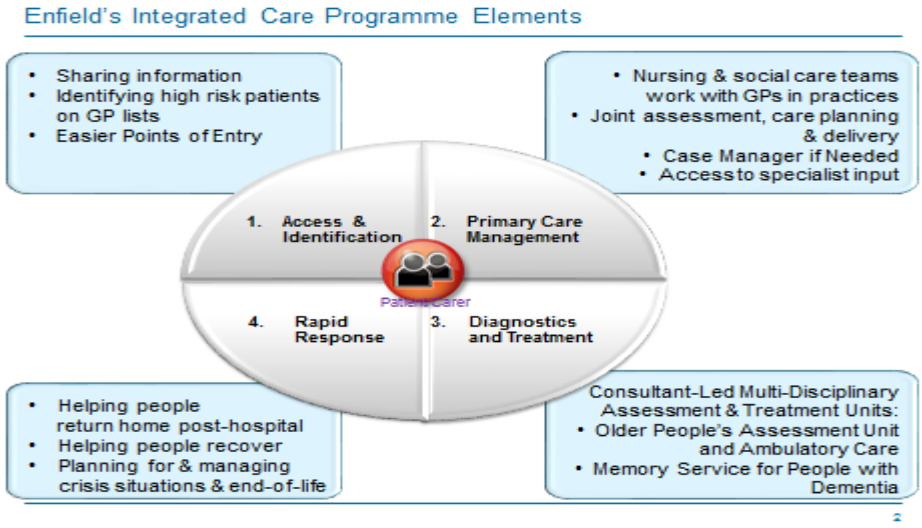
- Better coordinated and joined up assessment, care planning, treatment & case management of older people, appropriately tailored to their needs & preferences, in a preventative, planned & enabling way to ensure patients are at the heart of care planning & delivery and all elements of the care &

support system act as single system to provide care to individuals, with care delivered in the most appropriate setting for patients;

- Reduced crisis-driven episodes of care and support, including reduced hospitalisation and less intensive social or health care solutions;

The model's beneficiaries in 2015/16 will be the 50% of older residents (20,800 aged 65+) who are "frail" and "pre-frail", in particular the 7,200 "frail" or "high-risk pre-frail" people. This builds on the support available in 2014/15 for the smaller group of 4,000 in the "top 2%" of patients most at risk of emergency hospital admissions as part of NHS England's GP Enhanced Service for Unplanned Emergency Admissions.

The Better Care Fund Plan will be an important delivery mechanism to expand the model in 2015/16. The figure below shows the structure of, and functions within, the integrated care network for older people in 2014/15 and 2015/16.



5.2 Identification and Primary Care Management

Working in partnership between NHS Enfield CCG, London Borough of Enfield and their community care providers, the model developed a risk stratification tool to identify those most at risk and Integrated Locality Teams, teams composed of social workers, community matrons and therapists, a multi-disciplinary, multi-agency approach to supporting GPs as Lead Accountable Professional in their practices in each of Enfield's 4 CCG localities (see table). Future plans include working with the voluntary sector to develop pan-sector support for healthy ageing for older people with frailty.

Update	Achievements	Next Steps
E-Risk Stratification Tool allows GPs to view health & social data and identify those most at risk	GPs identified 4,000 older patients in top 2% of cases	Algorithm being refined to improve identification process and prepare for 2015/16 changes
Initial **GP Care Plans** were developed for "top 2%" of cases	4,000+ plans developed during Jul-Nov-14	30 GP practices signed up to CCG Locally Commissioned Service to incentivise GPs to work with ILTs
Integrated Locality Teams: Additional resources in health & social care for case management	282 cases in "top 2%" subject to multi-disciplinary approach by Dec-14 – target 600 for year	**Locality Teams**: 2015/16 model agreed & expectations set out in specification
Falls Service currently supporting patients at falls risk, and facilitating professionals' access to support	Positive feedback from patients about service, but GP access needs to improve	**Falls Service** evaluated with view to incorporate it into integrated care network in line with BCF Plan
Tele-Health pilot involving 41 patients with COPD/CHF to help manage their condition	Positive feedback from patients & GPs. Evaluation shows >50% with reduced hospital visits (A&E, Outpatients etc.)	**Evaluation** recommends gradual expansion to wider group of patients (up to 80) in line with BCF Plan

The Care Homes Assessment Team (CHAT) is a nurse-led team with geriatrician input to manage the individual cases of older patients in homes with the highest level of emergency hospital admissions, help develop lasting nursing staff skills in these care homes and engage with GPs with patients living in these homes; it is estimated 25% of the "top 2%" on GP lists live in care homes, with all residents in these homes are older people with frailty.

There was 8% reduction in the number of emergency admissions from those homes with which CHAT worked between 2012/13 and 2013/14, and this level continued in 2014/15. The CCG has increased its coverage from 17 to 31 homes in 2014/15, whilst also reducing CHAT service costs at the same time.

5.3 Diagnostics & Treatment

The *Older People's Assessment Units* (OPAUs) – one at Chase Farm, one at North Middlesex University Hospital (NMUH) – are consultant-led, multi-disciplinary non-inpatient units to facilitate GPs same or next day access to assessment, diagnostics, treatment and intervention to support primary care case management. Just over 2,000 older people with frailty to Enfield's OPAU between Dec-13–Nov-14; whilst feedback from GPs and patients has been overwhelmingly positive about the service and its outcomes, with an overall reduction in emergency hospital admission rates amongst those referred. Partners are working with NMUH to re-develop its ambulatory care "offer" for older people as an alternative mechanism to deliver the same clinical function as its current OPAU (together with other unscheduled care functions such as admission avoidance in A&E) in a more effective and efficient way for patients.

5.4 Rapid Response

This function includes both crisis management arrangements to help people avoid hospital admission often as a result of a crisis and to facilitate hospital discharge. The next phase of development is to align these functions with the Integrated Locality Teams to promote care closer to home for patients, and a proposed model is being developed for the end of Jan-15.

5.5. Value-Based Commissioning for Older People with Frailty

Enfield CCG and Haringey CCG are jointly working on a value based commissioning approach to older people with frailty. This aims to deliver outcomes across the system through providers working together and with older people with frailty. VBC's underpinning principles are to:

- Identify the cohort of patients (older people with frailty);
- Identify how to improve outcomes for these patients – a mix of clinical outcomes (e.g. frailty fractures, diagnostic rates for dementia), patient experience and patient-defined outcomes (e.g. experience of well-coordinated care) *across the whole-system* as no one provider can deliver these outcomes;
- Define the finances associated with delivering services to the cohort;
- Define an "Integrated Practice Unit", a mechanism for delivering the multi-agency pathway older people with frailty need. To assure alignment and continuity, the IPU "blue-print" incorporates Enfield's Integrated Care Programme and future BCF Plans relating to the health support for older people in the first years of its operation.

Current plans are progressing for a 5-year VBC NHS health contract for older people with frailty, which will be formed from a proportion (10% in the first year) of existing acute and community health service contracts for this group of patients. This proportion will increase over the lifetime of the contract, with payment on the basis of the extent to which providers work together (and with other providers "outside" the scope of the NHS contract, e.g. adult social care) and deliver clinically and patient-defined outcomes.

North Central London CCGs are currently undertaking a Provider Assessment process to understand which health providers has the potential and interest in becoming a VBC provider. In particular, local health providers will be encouraged to take part in the Provider process to ensure sustainability of the current care system, with a market event planned for Feb-15.

6. PUBLIC HEALTH

6.1 BEH MHT Community Services Contract

6.1.1. The Council intends to procure **Reproductive and Sexual Health Community services** which is currently being provided under the CCG's block contract arrangements with BEH MHT. The annual value of these services is £2.6m and covers:

Family Planning
GUM and CaSH (Contraception and Sexual Health)
Reproductive and Sexual Health nurse (Teenage SH services)

Subject to agreement Market Testing will take place in February ensuring that prospective providers are made aware of the Council's plans to develop a

quality service for longer hours from a Hub near the Town centre and two spokes in the East and West of the borough, increasing accessibility. The proposal is for the start of the new contract to commence 01 October 2015 when the current contract ends.

6.1.2. **School Nursing Services** will remain within the CCG's block contractual arrangement for now to ensure that all children's community services commissioned by the Council and CCG are integrated and delivered by the same provider.

6.1.3. Discussions are still taking place with NHS England regarding the transferring of **Health Visiting and Family Nurse Partnership (FNP) services** in October 2015. The Council is disputing the amount proposed for the services – specifically with regards to the amount identified by the current providers for indirect costs.

7. SERVICE AREA COMMISSIONING ACTIVITY

7.1 Older People

7.1.1 Enfield Warm Households Programme Keep Safe, Keep Warm Scheme

The Department of Health indicated there will be no national WHHP funding available for 2014/15 or any subsequent years. However, Enfield Council has continued to fund the Warm Households Programme, from a one-off NHS Funding small grant for social care, targeted at the most vulnerable people, to prevent deaths amongst older people with specific long-term conditions known to be worsened by cold weather.

We also targeted vulnerable people with disabilities and children to help them keep warm in the winter.

Criteria for applications were developed, limiting applications to one per organisation with an upper limit of no more than £20k per scheme. Sixteen organisations applied to the scheme and fifteen organisations were successful, with two assessors evaluating the applications.

The total allocation of the fund including funds awarded by Public Health is just over 190k. The successful organisations are committed to spending the grant before 31st March 2015, with any un-spent funds to be returned to the Council. An evaluation of successful bidders of the scheme will be undertaken in April, to evaluate how the funds were spent.

This is a public health and social care intervention and as such fits squarely in the Health and Social Care Outcomes Framework. HHASC adopted a joined up approach joined forces with Public Realm to support their smart homes programme. This is a scheme by the Government offering grants up to 6000k toward energy improvements for the home, such as providing insulation of

solid walls and new efficient boilers in the home, this scheme is a one-off scheme and open to all, it is not mean tested.

7.1.2 **Fuel Poverty in Enfield**

Fuel poverty is a serious concern in Enfield. In 2012 nearly 9% of households were classed as fuel poor in Enfield with the 17th highest rate of the 33 London authorities. While fuel poverty is considered a distinct problem, statistics paint a picture of wider poverty in the borough, of which energy affordability is likely to be a contributing factor.

Enfield is ranked 64th most deprived out of 326 English local authorities, with 40% of children and almost 24% of over 60s living in income-deprived households. Building on fuel poverty work in Enfield could make a huge difference to those who are struggling to live in warm, dry homes but the benefits could extend beyond individual welfare – more jobs, an improved economy, and a reduced impact on the health service. We are keen to engage with any organisation or individual that feels they have a role to play in tackling fuel poverty in the borough. To this end, the Council has organised a workshop on Thursday 29th January 2015. Registration will be at 1.00pm and the workshop will end at 4:15pm

7.1.3 **Dementia**

The End-to-End review of the Dementia Pathway has been completed and the final report is near completion. The findings of the review will be incorporated into commissioning intentions and delivered via the Better Care Fund.

Waiting times for the Memory Service had increased to more than 13 weeks; NHS Enfield CCG invested additional funding to manage this and reduce waiting times; the current waiting time is 4 weeks.

NHS Enfield CCG has been working with GPs to identify those patients with a formal diagnosis of dementia who need to be added to individual GP's Dementia Registers, as well as those individuals who may need to be assessed for a formal diagnosis from the Memory Service. NHS England has offered some additional resources to CCGs to improve GP identification and post-diagnostic support in the remainder of 2014/15, and Enfield CCG is working with GPs and the voluntary sector to put these plans into place quickly. As a result of all these initiatives, the proportion of older people likely to have dementia in Enfield (estimated to be around 3,000) who were known to be on GPs' Dementia Registers increased from 43% (around the national average) to 52% between the ends of Mar-14 & Dec-14. Enfield CCG's target is 59% for the end of Mar-15.

7.2 Mental Health

7.2.1 **Joint Mental Health Strategy**

The strategy has now been approved by all partners, implementation groups have been established. Monitoring and implementation of the strategy is now underway. An implementation group has been established which is joint chaired by the Council and Enfield CCG.

7.2.2 **Enfield Joint Autism Framework**

The Enfield Joint Autism framework has been finalised. It will be published on the Council and CCG web-sites. The programme aims to:

a. Improve the co-ordination of services for people with autism
b. Improve the provision of information and advice to adults with autism
c. Improve the signposting of adults with autism to appropriate information, advice and services
d. Map and collate information about the information, advice and services available in Enfield and have this included in the Council online directory and CCG web-site as appropriate.
e. Develop care pathways and gain an understanding of met and unmet need

The funding available for implementation of the Autism Framework will be allocated to the independent sector through a small grants procurement process. This small grant procurement process started at the beginning of November with market engagement activity to ascertain if the local independent sector market in Enfield has an interest and the necessary skills and expertise to implement the Autism Framework and reenergise the Autism Steering Group to oversee our improvement plans for people with autism and their parent / carers. The service specification and selection process will be issued to the market in January 2015 with a successful organisation in place by March 2015.

7.3 Learning Disabilities

7.3.1 **Learning Disabilities Self-Assessment Framework (SAF)**

Public Health England is working in partnership with the Improving Health and Lives (IHaL) website to facilitate the development and delivery of the national SAF for 2013/14. This is a non-statutory return that Enfield is committed to completing. The SAF for this year focusses on the following themes:-

- joint working
- integration
- accessing universal services
- improving access to primary care services
- addressing health inequalities
- empowering people with learning disabilities by involving them and their carers in decision making processes.

The SAF was launched at the end of September 2014 and the deadline for submission has been brought forward to the end of January 2015 instead of March.

Enfield has already started its information and evidence gathering to support this year's SAF submission. The Integrated Learning Disabilities Service will work closely with commissioners and the Learning Disabilities Partnership Board to develop and submit the SAF for 2013/14. Parent / carers, advocates and service users have been requested to directly contribute their views on how health and care services in Enfield respond to the needs of people with learning disabilities and their parent / carers. Commissioners and the Integrate Learning Disabilities service are working with parent / carers, advocates and service users to gather their views and ensure that they are represented in this year's SAF.

NHSE Integrated Personal Commissioning (IPC) Programme Pilot

In the most recent update to the HWBB, we reported that the CCG and the Council in partnership with MySupport Broker had expressed an interest to take part in the Integrated Personal Commissioning Programme pilot. The purpose of the pilot is to provide a network of support opportunities and best practice guidance to implement and embed integrated personal budgets. Unfortunately, we were not successful on this occasion. NHSE received 34 applications to take part in the pilot and were selecting 10 areas to take forward to the interview stage of the process. NHSE provided feedback and indicated areas that had put forward a larger population size in term of their ambitions for implementing integrated personal budgets had been more successful with their application. The IPC programme team welcomed the opportunity to work with Enfield should we decide to take this project forward under our own esteem.

7.3.2 Transforming Care for People with learning disabilities Programme (Winterbourne View)

NHS Enfield Clinical Commissioning Group (CCG) and the Council have developed a joint action plan in response to the Winterbourne View concordat. Key messages from the concordat are that each locality should commit to jointly reviewing all people with learning disabilities and / or autism in low-high in-patient facilities to ensure that people are appropriately placed and to have an aspirational discharge plan in place with a view to transitioning back to the community.

Where people are considered as inappropriately placed there is emphasis on considering community based services that are closer to home. Enfield completed reviews by the June 2013 deadline and are currently on track in terms of meeting the conditions of the concordat action plan. Patient choice and parent / carer involvement continues to be the focal point of implementation of the concordat action plan. Since the last update to the HWBB we have:-

- Reduced the number of people with learning disabilities in our assessment & treatment services

- Reduced the number of people with learning disabilities in long stay hospitals or moved people to services that are closer to home.

- Diverted funding from assessment & treatment services into community intervention models of healthcare through section 75 partnership arrangements

- Provided learning disabilities specific mental health awareness training to service providers of people with complex needs and behaviour that can prove challenging at times

- Our clinicians have provided training to other areas on minimising the use of medication by offering holistic interventions for people with complex needs

- Worked with the local market to develop and commission bespoke specialist housing with care and support options for people with complex needs and those with behaviour that proves challenging at times

- Agreed a funding framework for individuals moving out of hospital back to the community that affords greater flexibility when considering transition arrangements and joined up and person centred services to be delivered based upon need.

- Planned and have dates set for CTR's with NHSE quality assurance teams

- Have created information packs for patients and their parent / carers who are currently in long stay secure hospitals and those at risk of being admitted to assessment & treatment services. We are promoting the information booklet from NHSE "getting it right for people with learning disabilities" which is a guidance tool that was co-produced by Experts by Experience for people with learning disabilities who may be admitted to hospital and their parent / carers. It covers a multitude of scenarios and items of interest such as rights & responsibilities, advocacy, the Mental Health Act and returning to the community after a stay in hospital.

- Working with London Council's to update the pan-London advocacy strategy and directory of services

7.3.3 **Community Intervention Service for people with complex needs**

Our Community Intervention Service is fully operational and is part of the Multi-Disciplinary Team Integrated Learning Disabilities Service under Section 75 partnership arrangements. This service was developed in response to the Concordat Action Plan and has directly attributed to reducing the numbers of admissions to our in-borough assessment & treatment service. Lengths of stays have also been shortened due to the community intervention service offering intense resettlement support back to the community.

The CCG agreed reoccurring funding for the Community Intervention Service at the beginning of November. NHS England recognised the Community Intervention Service as a Good Practice healthcare model by requesting case studies for publication in national reports. Our service has supported 22 people with learning disabilities who were at risk of being admitted to assessment & treatment services and by working with them in a therapeutic and holistic way have prevented an admission to hospital.

Due to the success of the Community Intervention Service, our in borough assessment and treatment provider has indicated that they will be conducting a review of the medium to longer term viability of the service. The provider has indicated that due to underutilisation the service may no longer be sustainable in its current model. The service provider is aiming to complete its review by the end of February 2015. The CCG and Enfield Council will need to create a contingency plan in the event that the provider elects to decommission the service.

7.4 Carers

7.4.1 Enfield Carers Centre

The Centre now has 3527 carers on the Carers Register. In addition, 828 carers hold a Carers Emergency Card. In the October-December 2014 quarter the Centre registered 348 new carers.

The Carers Centre respite programme has allowed 400 carers to receive a break between October-December – a large increase due to the large scale Christmas and end of year celebrations planned by the Centre - and the new befriending programme has resulted in a further 5 carers receiving a regular weekly planned break. The Centre has also begun a new activity - a weekly chair dance session which is very well attended by approximately 10 carers each week.

Enfield Carers Centre has now recruited a full time Benefits Advisor who took up their post in April 2014. In the Oct-Dec quarter, 109 carers received benefits advice. This has highlighted the real need for benefit advice specifically for carers and is an excellent addition to the range of support the Centre provides.

The Hospital Liaison Worker continues to work on the wards at North Middlesex, Chase Farm and Barnet Hospital. Leaflets and posters are distributed and supplies kept topped up throughout all hospitals. Barnet Hospital has also a permanent pop up banner advertising Enfield Carers Centre near the lifts next to the outpatients department. In the quarter of Oct-Dec 2014 the Hospital Worker identified 51 new carers.

The Advocacy Worker has been taking up cases and has continued to promote the services within the VCS and with practitioners. In the June-Sept 2014 quarter they provided support to 70 carers.

The newly established Transition project for young carers and young adult carers is running well, although funding is currently being sought to continue this work. In the second quarter of operation the Young Adult Carer Project has identified 29 young adult carers.

The Centre's training programme has seen 125 carers attend a training sessions over this quarter. A further 22 carers have received one to one counselling during this period.

7.4.2 **Carers Direct Payment Scheme**

We now have 145 carers receiving a Direct Payment through Enfield Carers Centre.

7.4.3 **Identification of Carers**

In the Care Act 2014 there is a clear vision to proactively identify carers. This will be a priority area of work for 2015 – in February/March there will be a pharmacy bag campaign, where the 'I am a Carer' design with contact details for the Council and the Carers Centre will be branded onto prescription bags. Each pharmacy will receive 1000 bags to distribute. This is to hopefully reach carers that otherwise do not access services.

Prior to Carers Week in June, there will be a two week billboard campaign, again using the 'I am a Carer' brand, to advertise Carers Week and to, again, try and reach those hidden carers

7.4.4 **Carers Rights Day**

Carers Rights Day was a great success with over 70 carers attending the day in December. There was an introduction and message of thanks to carers from Cllr McGowan, presentation on the Care Act, a lively Question and Answer session and workshops on benefits and advocacy. Feedback showed that the event was very highly rated by the carers that attended.

7.4.5 **The Employee Carers' Support Scheme**

Development of pages for the staff 'Enfield Eye' intranet and content is currently being developed. Development of a staff e-learning package in carer awareness has been agreed as a priority.

7.4.6 **Primary Care**

<u>Referrals and Practice Engagement</u>

The GP project has now seen 269 new carers registered through either the GP or the self-referral method from the surgery information. 15 surgeries have a permanent carers noticeboard. 15 surgeries are now hosting regular carers information stands and

26 practices now have carers post boxes on reception. All surgeries have now been visited and all of these have been given an information pack and provided with referral forms with their own surgery code alongside the self – referral cards which also hold a unique surgery code. 47 practices are now actively engaging in the project. All pharmacies have been written to in the reporting period and three are now actively engaging in the project. . A bimonthly E- bulletin is sent to all the practices that have been visited with a project update and a request for further engagement.

Recording Carers on GPs Systems

The GP Liaison Manager (GPLM) met with the NEL Commissioning Support Unit to discuss how to proceed with inserting Carer prompts on Emis and Vision to allow GPs to be able to identify Carers when they attend an appointment and to allow surgeries to begin compiling more accurate Carers' registers. A discussion took place regarding how the project will need to be communicated to the practices via a joint working plan with both the CCG and ECC. A working plan has been raised and is awaiting approval by CCG.

Enfield Carers Centre GP Health Forum

15 Carers attended the Carers GP and Health Forum in December. The first half of the session was an information session presented by the GPLM about general healthcare services in the borough.

The second half of the session was a presentation by Gail Hawksworth, Head of Communication and Engagement at Enfield CCG. The presentation sparked many questions from Carers about services and was very informative and useful as the feedback forms indicated. Feedback included:

- 100% said they found the meeting to be very worthwhile
- 90% said they had found it useful to their caring role
- 66% said it had helped them to understand more about healthcare services in Enfield, with 44% saying it was somewhat useful but that they would like more information.

Comments included:

' Information was very clear to understand'
'Hearing about the Minor Ailment passport was very useful'
'The discussion about GP partners and salaried GP's was very useful'

Practice Carers Champions

Seven practices in the borough now have a Carers Champion and three more are in contact with the GPLM regarding dates for training.
The Carers Champions are engaging with the role on a variety of levels, one practice (Keats) had a nominated drive to identify Carers over a two week period and identified 14 new Carers. This was achieved by keeping the receptionists aware of Carers, placing the referral box at the front of the

reception desk and asking Carers to complete the referral cards as they came into the surgery.

Awareness Raising

Information stands were attended at three flu clinics in the period and discussions took place at the Carers Communication Group about printing Enfield Carers Centre details on prescription bags for pharmacies, this is planned to be rolled out to all pharmacies in Enfield in the next quarter.

Individual Support

12individual Carers were supported with primary care related problems through the project in this quarter. These included: liaising with a GP about healthcare reports for a freedom pass; arranging a telephone appointment for the cared for at a practice where the Carer cannot get through by telephone; chasing up an answer to a complaint sent by a Carer to a practice some months ago; writing letters on Carer's behalf about problems with repeat prescriptions, referrals to hospital and podiatry home visits.

Project Challenges and Shortfalls

Communication with some of the practices is still a big challenge. Many of them have to be chased many times before a reply is given and many of the practice managers are rarely available by telephone. This is mainly due to work load and the time constraints they face but it can be very frustrating and time consuming for the GPLM. Some of the smaller practices do not really engage with the project, other than displaying posters and leaflets, despite this, we are seeing a gradual increase in referrals coming directly from the GP's themselves which is encouraging. (*All statistics are to the end of Dec 2014)

7.5 Children's Services

7.5.1 **Family Nurse Partnership (FNP)**

Enfield Family Nurse Partnership continues to progress well. The FNP Team received 94 eligible referrals in the first ten months. One hundred referrals were expected. By April, 2015, the FNP will be full and unable to accept further referrals.

Fifty-five young women enrolled for the programme. Four clients are subject to Child Protection Plans and one infant is currently subject to a Child in Need Plan. Some young people were not eligible for the FNP because they lived out of area, were too old or too advanced in their pregnancy. The latter group were referred onto the HV Teams for additional support.

7.5.2 Health Visitors

The campaign to recruit additional Health Visitors continues to be successful and the service is continuing to introduce a second universal check at 8-10

weeks. This is a critical point for identifying post-natal depression and other issues and will strengthen the overall early years offer to children and families in Enfield. As more Health Visitors are recruited the programme will be further extended. Responsibility for commissioning Health Visiting is due to transfer from NHS England to Public Health at the Council in October 2015, and work to ensure an effective transition is underway.

7.5.3 Maternity

The Enfield CCG continues to monitor important quality issues in monthly meetings and through the North Central London Maternity Board. Early booking with a midwife (by 12 weeks and 6 days of being pregnant) achievement has improved at the North Middlesex but is still below national targets. The caesarean section rate at Barnet General Hospital has reduced although the caesarean rate across NCL has increased. There has been steady progress in improving mental health services for pregnant women and up until their baby's second birthday (known as the perinatal period). Training will begin in January 2015. The Tavistock & Portman Clinic is providing perinatal mental health training on behalf of Enfield and other CCGs within the North East London. This work has proved so successful that the Health Education England is using Enfield and the NCL model for perinatal mental health nationally.

7.5.4 SEND/Children and Families Act Implementation

The Children & Families Act introduces the biggest changes to the Special Educational Needs and Disability (SEND) system for 30 years for children/young people and their families, Local Authorities, Health and Schools. The new system will be implemented from September 2014 when the reforms will be statutory.

The main changes to affect families are:

- Replacing Statements of SEN with the new statutory Education, Health & Care Plan from September 2014;
- A new SEN Code of Practice;
- Personal Budgets
- The Local Offer
- Mediation for Disputes
- Expressing a Preference (including Free Schools, Academies and FE)

Eight work streams have been set up to look at how different aspects of the reforms will be implemented in Enfield.

Enfield, in partnership with Bexley and Bromley, has been awarded Champion status. The role of Champions is to share and disseminate good practice. In addition to the prestige of being a Champion there is a small amount of additional funding. The Local Offer was published as required at the beginning of September. Good progress is being made with other work streams as detailed in the recent report to the Health and Wellbeing Board.

7.5.5 Paediatric Integrated Care

A paediatric integrated care work stream was initially established to support implementation of the Barnet, Enfield and Haringey Clinical Strategy, and is now supporting the development of the Child Health and Wellbeing Networks included in the Better Care Fund submission. The new networks will enable care to be designed around the needs of children and families taking account of both their physical, social, and emotional, circumstances and providing access to expertise from across the professional spectrum, but most importantly from children and families themselves. A workshop successful looking at how the model can be further developed was held in December.

7.5.6 Joint Enfield Council and CCG Children and Adolescent Mental Health Service (CAMHS) Strategy

The joint strategy will set out the way in which Enfield will commission a comprehensive and integrated Emotional Wellbeing and Child and Adolescent Mental Health Service and improve outcomes for children and young people in Enfield. The intention is to take a whole systems approach, with the aim of ensuring that the mental health and emotional well-being of children and young people become everyone's concern. The Strategy is awaiting a needs assessment from the Public Health Team before the Strategy is finalised.

7.6 Drug and Alcohol Action Team (DAAT)

7.6.1 Successful Completions (Drugs)

Public Health England's database, NDTMS, has not been operational for the last two months but is forecast to come back on line in February 2015. In the interim the DAAT has been monitoring most of its performance through locally generated data. While the following performance is relatively reliable, it nevertheless has a margin of error of up to 1.2%.

The Successful Treatment Completion rate for the latest 12 month rolling period, Feb 2014 to January 2015, is 21.6%. This is still significantly above the London (19.7%) and National Averages (16.5%). The successful treatment completion rate has changed due to the number of drug users in treatment which has increased to 957. Providing this growth rate continues over the coming months it will ensure the DAAT remains on target to reach the Numbers in Effective Treatment trajectory as noted in 8.6.2.

7.6.2 Numbers in Effective Treatment (Drugs)

The Numbers Retained in Effective Treatment Indicator is not the same measure as the Numbers in Treatment as the former relates to those drug users who are retained in treatment for 12 weeks or longer, or who are discharged drug free within the first 12 weeks. Accordingly there is always a substantial time lag in performance reporting due to the 12 week criteria being applied to this measure. The DAAT performance to June 2014 is showing 855

drug users Retained in Effective Treatment against a trajectory target of 1068. The Business Intelligence and Support Team, HHASC, is not able to locally generate performance against this measure so it is not possible to gage whether the increase in the numbers of drug users entering treatment has had a positive impact on the Numbers Retained in Effective Treatment, although it is reasonable to assume that it would have a beneficial effect.

7.6.3 Numbers in Treatment and Successful Completions (Alcohol)

The performance for the number of alcohol users in treatment remains relatively consistent at 40.3%. Enfield's successful treatment rate is in keeping with the London (39.1%) and National averages (39.5%) for the latest 12 month rolling PHE ratified performance.

7.6.4 Young People's Substance Misuse Performance

The performance for young people in treatment remains acceptable at 158 for the latest 12 month rolling period. It is also pleasing to report that the number of young people who have exited treatment in a planned way has increased to 91%; this is well above the national average where 82% of young people left treatment in a planned way.

8. HEALTHWATCH ENFIELD

HealthWatch Enfield has statutory responsibilities for encouraging health and social care organisations to listen to and involve their local users, and for encouraging local people to exercise their rights as 'consumers' of health and social care services.

We have five staff, five Board members and around eight volunteers.

All of our work has a positive impact on patients and service users – whether it is provision of information, promoting patient/service user rights, ensuring the patient/service user voice is heard or securing improvements in service – some of which are highlighted in the 'You said, We did' section of our website.

8.1 Some recent achievements:

Patient Transport Charter: working with neighbouring HealthWatch organisations we persuaded all three local Trusts (North Middlesex University Hospital (NMUH), Royal Free London NHS Trust (RF) and Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT)) to sign up to the Charter.

Car parking at hospitals: together with our neighbouring HealthWatch organisations we wrote to NMUH and RF following new Government Guidance on car parking and we submitted evidence to the Joint Health Scrutiny Committee in November.

NMUH responded to say that the Trust did comply with the guidance and that management of all their car parks was out to tender in the autumn and new

signage and more prominent information was included in the specification. The Trust would also be publishing a car parking strategy on their website and producing patient information leaflets.

The RF responded to say that they had a new parking policy which was based on the DoH Guidance. The details of the new arrangements were set out in their letter together with information about concessions.

We carried out a site visit to Chase Farm to observe the operation of the scheme. They also **agreed to take up a suggestion** we had made about improving the information provided to blue badge holders.

Women mental health patients: we were concerned to receive a report from a women patient that she had experienced intrusion and harassment from male patients during a recent spell in a mental health ward. The patient wished to remain anonymous but we raised our concerns with the MH Trust and suggested they have a women-only patients meeting to provide space for concerns about male patients to be raised. **They immediately agreed to take up our suggestion**.

Screening Letters: local residents drew our attention to a standard letter about breast cancer screening that was illegibly small. We tracked the letter back to source at the Royal Free and worked with them to reduce the length of the letter, make its contents clearer and ensure that it was printed in a larger font to make it more legible. They said that they would also check any other screening letters. Anyone receiving a screening letter should now receive an easily-legible letter, making them **more likely to attend a screening appointment**.

8.2 Our Priorities

Over the past year we focused on 4 key areas of work, identified as a result of input from our Reference Group, the wider voluntary and Community Sector, and members of the public:

- **Mental Health services** – working jointly with Haringey and Barnet HWs, we are carrying out Enter and View visits and meeting service users and patients to hear from them about whether they have any issues with local services.

- **GP access** – GP Information Audit report published, evidencing which GPs are not providing expected information on answerphones or online, or do not even have a website. Feedback from Annual Conference on GP services published. Audit of premises planned. Our CE is speaking to a Practice Managers forum in January.

- Access to services for people with **sensory impairment** - we are producing a **joint report with Enfield Disability Action** on Access to services for Deaf residents and are an active member of the Enfield Vision Strategy Group.

- Monitoring the **impact of the BEH Clinical Strategy**, specifically changes to A&E provision and more recently the impact of the Royal Free acquisition of Chase Farm/Barnet hospitals.

8.3 At the same time we have undertaken a range of other ongoing work:

Signposting: We have ensured that our website has a full range of information about local health and social care services as well as details about complaints processes. This forms the basis of our signposting work and we get between 350-400 new website visitors a month. We also actively tweet information to our 500 plus followers. In addition we have dealt with 142 individual telephone/letter enquiries since April.

Community Engagement: We continue to engage with service user groups and members of the public from different communities across the borough. Recent engagement activities have included meetings with:

- Carers Centre GP forum
- Bountagu Community Hub
- NMUH Patient Representative forum
- Limasol Turkish women's group
- Adult safeguarding patients and carers group
- Women's service user group at Mental Health Resource Centre Park Avenue
- NMUH Sickle Cell group
- Parents group at Woodpecker Primary School

We also hold **"pop-up" stalls** at venues across the borough (libraries, festivals, shopping centres, hospital reception areas). Since April we have had **47 engagement events**.

We continue to recruit a diverse mix of **volunteers** to add to our team. All receive a full package of training, with particular training for those who assist with our Enter and View visits (see below) and our community engagement work.

Enter and View: We have used our statutory Enter and View powers to carry out visits to **nursing/care homes**, and a **hospital ward**. The reports of our first two visits were circulated to relevant Enfield, CQC and CCG officers, are on our website and can be found at: http://www.healthwatchenfield.co.uk/enter-view. We recently carried out a visit to a local nursing home, Stamford Nursing Centre, and in partnership with Healthwatch Barnet we visited The Oaks ward at Chase Farm hospital. Reports of these visits will be published shortly. Our next visit is on Feb 2nd and we have a schedule of further visits planned.

8.4 Representation and Involvement:

We are members of the **Enfield Race Equality Council BAME Health and Wellbeing Focus Group,** preparing for a **Seminar on March 3rd** focusing on addressing health inequalities.

In addition we continued to attend a range of **partnership boards** and other meetings, to ensure that the interests of patients and service users were raised, with **189 meetings** attended since April 2014. We are told that our contributions are valued.

We have **responded to 20 formal consultations** from statutory agencies. In addition we **promoted 60 consultations**, encouraging patients and service users and their organisations to respond directly to ensure their voice was heard. We targeted particular groups, where appropriate, to ensure that they were aware of a consultation that may be particularly relevant to them.

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

9.1 Strategic Commissioning Intentions

Strategic commissioning needs to take into account the entirety of all grant-funded provision by the Council, which currently stands at £6.8 million and allocated by the different departments within the Council. There is a need to ensure a standardised process across the Council and minimise duplication by the different departments within the Council in the allocation of grants as well as ensuring joined-up working and sharing of information between departments.

9.2 HHASC has recently been through a review and its commissioning intentions for funding voluntary sector provision was scrutinised as all are due to the imminent expiry of grant funded provision and an assessment of the implications of the Care Act grants expires in March 2015.

Currently, voluntary sector organisations are funded through grants. It has been identified that whilst under the grant-fund process, a certain amount of inequity, duplication, a limited range in existing provision and an approach that is not consistent with achieving best value or utilising the council's limited resources to deliver its key priorities has taken place.

HHASC will need to continue to invest in the Voluntary & Community Sector (VCS) despite the challenging financial context in order to meetings its requirements under the Care Act. The direction of travel will be to commission services from the VCS, which will be based on the Council's Health & Social Care Service priorities; offering a seven-day service, focussing on outcomes and ensuring that the needs of the population are met.

The Commissioning Strategy will also be underpinned by the new requirements of The Care Act, which becomes effective from April 2015. Its purpose is to promote individual's wellbeing (i.e. physical, mental, emotional well-being) and give users and carers greater control over their daily life. A

key aspect of this policy change places new responsibilities and functions on how the Council discharges its duties in undertaking assessments of care needs. This will include providing information, financial advice and advocacy whilst ensuring a range of preventative provision and avoidance of delay of services or need before an individual reaches a point of crisis; safeguarding any level of neglect and abuse of the market development to ensure a quality range of in-service provision.

The Better Care Fund is an opportunity to accelerate our work in this area and, in particular, our aim to develop voluntary and community services that supports our existing work to prevent admissions to hospital and residential care admissions. Incorporating the VSC organisations more deeply into our service priorities will increase the capacity, capability and flexibility in our service approach.

Newly commissioned provision will be underpinned by robust agreements and contract and performance monitoring to support value for money. A proportionate, competitive procurement process is being configured and will be shared in future reports.

A Health and Social Care VCS consortia will be developed and through the appointment of a VCS co-ordinator within HHASC, the VCS sector will receive support to improve better partnership working between the sector and HHASC as well as increase capacity and ensure that services are delivered in a business way, underpinned by agreed standards and procedures in the delivery of care.

The proposed intentions, subject to Cabinet approval, represents an opportunity for the Council to re-examine its funding principles, to ensure a fair and consistent approach and a full a range of health and social provision that meets strategic priorities and delivers value for money. Once Cabinet approval is received, further updates on the implementation of the new Commissioning framework, service priorities and approaches to procurement will be shared in future reports.

10. SAFEGUARDING

10.1 Safeguarding Adults Board (SAB)

The Safeguarding Adults Board will be notified of Quarter three performance data at the March Board meeting.

10.1.1 In relation to key headline data for Q2 a request was made at the December Board meeting for the Mental Health team to investigate the below data:

The MH team reported a 75% decrease in the number of referrals reported for 18-64's (82 to 20).

An update will be received by the Board in March.

10.1.2 There have been a considerable number of applications submitted for Deprivation of Liberty safeguards.

In 2013 – 2014 there were 66 applications. From April 2014 there have been 476 applications FYTD. A strategic plan is in place to manage this increase.

10.1.3 Enfield has signed up to the Local Government Association (LGA) Making Safeguarding Personal (MSP) programme at Gold level. The object of MSP is to bring about more person-centred responses, which are beneficial to people in safeguarding circumstances. It is about having conversations with people supported by a process. This includes asking them what they want by way of outcomes at the beginning and throughout safeguarding interventions.

Bournemouth University has been commissioned to undertake an evaluation of the MSP Programme and has recently visited Enfield. During the visit they met with four focus groups. The Central Safeguarding Adults Service and colleagues have compiled evidence supporting changes that have been implemented or planned in order to be Care Act compliant and operate in a person-centred and outcomes focused way.

An impact assessment is being drafted which will also evidence how Enfield is performing and include any additional considerations.

10.1.4 There are five sub-groups which support the work of the Safeguarding Adults Board:

(i) Service User, Carer and Patient Group;
(ii) Performance, Quality and Safety Group;
(i) Learning and Development Group;
(ii) Policy, Procedure and Practice Group; and
(iii) A Joint Safeguarding Adults and Children's Sub Group.

A further two sub-groups will be added to the above. These will be a Care Act Implementation sub group and the Safeguarding Information Panel.

All sub-groups report to the Board bi-annually on the work it has achieved, which is included in the Board's Annual Report.

10.1.5 The Enfield Safeguarding Adults Board has produced a draft Enfield Safeguarding Adults Board Strategy 2015 – 2018 which will be consulted on in the near future.

10.1.6 Enfield Clinical Commissioning Group (CCG) has been working with a range of partners to produce a Pressure Ulcer Pathway protocol. This will be presented at the March Board meeting.

10.2 Community Help Point Scheme on Tap-IT

10.2.1 The mobile safety app that helps residents keep connected continues to be downloaded from the iTunes store and Google Play. The app also

provides information on the nearest police station and 'safe sites' that have been approved through the local council CHPS scheme.

10.2.2 The CHPS scheme has provided a list of locations for the Community Help Points on the Children's Safeguarding Board website: http://www.enfield.gov.uk/enfieldlscb/info/2/children_and_young_people/186/community_help_point_scheme

10.2.3 There have been approximately 3,000 downloads of the app and a recent survey showed that 70% of people having downloaded this felt safer.

10.2.4 Tap-IT could allow users to subscribe to different types of messages and information. The initial project was focused on domestic violence however there are a wide range of uses with digital solutions. These can include safety messages e.g. public safety alerts, information on help and support for CSE, ASB as well as more specific campaigns such as links to public health agenda's e.g. smoking cessation. Options are being explored for wider use of the app and suggestions are welcome. Please email: shan.kilby.sa@enfield.gov.uk

10.3 Safeguarding Information Panel (SIP)

The Safeguarding Information Panel is made up of Enfield Council Safeguarding Adults, Contracting, Environmental Health, Enfield Clinical Commissioning Group (CCG) Safeguarding, Care Quality Commissioning (CQC) and the Police.

The SIP continues to meet every 6 weeks; safeguarding information about care homes and care providers is shared and appropriate interventions or necessary support is identified and implemented. The information shared at this meeting includes:

- number of deaths in care homes,
- whether a registered manager is in post,
- number and nature of safeguarding adult alerts for the provider,
- CQC compliance and enforcement actions, and
- feedback from safeguarding provider concerns and contract monitoring activities.

The panel data collection process is being developed so that the data collected for the SIP purposes can demonstrate the following:

- Month on month number of alerts received over a 6 month period
- Summary information presented in a 'Dashboard' style display
- Level of alerts received as a percentage depending on the number of beds at the establishment

These developments will support the SIP to accurately monitor and measure the performance of providers delivering services in the borough and implement appropriate interventions when required.

10.4 Quality Checker Programme

The Quality Checkers are service user and carer volunteers who visit services and give us feedback. The focus of the visits remains care homes and people receiving services in their own homes. Since 1st April 2014, over 150 visits have been completed. The Quality Checker project Volunteer Co-Ordinator sends out a monthly newsletter to give updates on the project and send key information to the Quality Checkers. To ensure the Quality Checkers are well supported in their role monthly networking forums are held at the Park Avenue Centre base. The future work plan for the Quality Checkers includes further 'Mystery Shopping' visits to gather feedback on the health and social care customer experience when accessing leisure and recreational services provided across the borough. In addition to this the program of visits to care homes and to people receiving services in their own homes is continuing to support service improvements and developments.

A targeted recruitment drive will be undertaken in March to ensure the Quality Checker project volunteers are representative of the community that they serve.

10.5 Quality Improvement Board (QIB)

At the December QIB, updates were received from the four key project areas: the Quality Checking visits (see 11.4 above), the Improving Resident's Lives group (care home managers' group), Care Home Carers Network, and Dignity in Care panel reviews:

10.5.1 Improving Residents' Lives group (care home managers sub-group)

The Improving Residents' Lives sub-group (which is the legacy group from MyHomeLife). The group has continued to meet despite experiencing difficulties in securing attendance to the meetings from the named care home managers. The care home managers have volunteered to lead on key areas identified for action and updates on these are expected at the meeting scheduled in February.

10.5.2 Care Home Carers Network

The QIB was advised that Care Home Carers' Network, an improvement project group led by Rosie Lowman, with support from the Over 50s Forum, the Alzheimer's Society, Age UK, the Carers Centre and representatives from the Quality Checker project has developed support groups facilitated at the Carers Centre. This project is awaiting the outcome of a funding bid application which will offer resources to enable the project to develop further.

10.5.3 Dignity in Care Panel

The Dignity in Care Panel is on course with their pilot project to review services delivered by the Wellbeing and Independence Team. The

methodology and results are being written up and supported by the Project Manager and the Independent Chair to record the results and learning of the panel. The panel is now working towards a launch event at the end of February to showcase the work and outcomes achieved from the pilot project and to raise awareness of the panels future work plan to review other H&HASC teams.

10.6 Multi-Agency Safeguarding Hub (MASH)

10.6.1 As part of its ongoing work to transform services in Enfield Adult Social care is seeking to create a multi-agency safeguarding hub (MASH) for vulnerable adults. With a significant increase in the number of safeguarding referrals year on year and a need to respond quickly, often across multiple areas of responsibility, developing a MASH which will see the co-location of staff from adults' services, police and health makes sense. This will fit with the MASH currently in place for children.

It had previously been agreed that, as an interim solution, a joint MASH will be located within space currently in use by the children' s SPOE with additional space to be provided as part of the Enfield 2017 transformation programme. This was to be effective from 1st April 2015. Once renovation works are completed on the 9th floor of the civic centre, the service will be relocated there. It is anticipated that the move to the 9th floor civic centre will take place in September 2015. Due to the Enfield 2017 transformation programme and delays in assessing the impact and delivery of staffing reductions on available accommodation, however, the current space currently in use by the Children's SPOE may not be available for the Adult MASH. Other options are currently being investigated for interim accommodation

10.6.2 The group has previously received an update on the background to and need for an Adult Multi-Agency Safeguarding Hub. This update relates specifically to actions either planned or delivered to date.

The MASH steering group is chaired by the AD for Adult Social Care services and includes stakeholders from across the Council and other statutory bodies. The steering group is supported by two sub-groups, the MASH practice group and the MASH IT/infrastructure group. Progress made to date includes:

- An operating procedure for how the Adult MASH will work is under review. This will also determine how the Adult MASH will fit with the Children's MASH already in place.

- Agreement reached on what resource will be allocated from which services to sit within the Adult MASH and what resource will be shared across both Children's and Adults MASHs

- Due to the Enfield 2017 Transformation programme the Interim accommodation agreed for the new combined MASH on the the 5th and 6th floor civic cellular areas is not yet confirmed. This interim solution, once identified, will be used until September 15

- Long term accommodation solution agreed as the 9th floor civic centre. Planned available move in date is currently September 15 once renovation works have been completed.

- Site visit completed and funding agreed for IT/re-cabling provider for the Police.

- IT System specifications to support both Children's and Adult's MASHs are complete and a system provider has been selected. System delivery for the adult requirements is February 2015. This will give time to test the new system and train staff on its use. First meeting with the provider is scheduled to take place at the end of January 15.

- Capital funding in place to deliver the IT solution

- Contact to be made with other councils who have already implemented joint Adult and Children MASHs across the country to learn good practice

- Information sharing protocol has been reviewed and agreed.

11. SPECIALIST ACCOMMODATION

11.1 Work continues on the redevelopment of outdated specialist accommodation located off Carterhatch Lane and the development of wheelchair accessible homes for people with disabilities on Jasper Close (for social rent) and Parsonage Lane (for home ownership).

Commissioners are also working in partnership with the Integrated Learning Disabilities Service to re-accommodate 18 service users with learning disabilities, who are required to move having received notice to vacate premises from the property owner. Options currently being considered include purchasing homes on the market through the Housing Gateway.

11.2 Department of Health Capital Funding Bid

In October 2014, the Department of Health announced the release of £7million capital funding to support additional or improved housing and accommodation projects for people with learning disabilities, autism and/or challenging behaviour. In November 2014 a bid for £1.45 million was submitted, for the purchase and adaptation of 5 homes from the open market via the Council owned Housing Gateway. Unfortunately the bid was not successful in this instance, but work continues to look at alternative options for housing development in this area.

12. PRIMARY CARE PREMISES STRATEGY

12.1 The meeting scheduled for 20th January will now take place on 11th February 2015. Update from this meeting will be reported at the next H&WB JC Report.

12.2 Reprovision - Enfield's Planning Committee Meeting on 16th December gave planning approval, subject to implementation of a range of conditions.

12.2.1 Key areas for conditions include:

- Reducing the height of the building to two storeys next to the Alms Houses to reduce over-shadowing of the listed building. Our architects have redrafted the design to relocate two bed spaces.
- Tree related concerns
- Relocation of the car parking area
- Ensuring the external appearance of the building complements the Alms Houses

12.2.2 It is envisaged that implementation of a number of the conditions may have a positive impact on the likely cost of the building e.g. reducing amount bricks used/ increasing amount of render etc . However, it is likely to have a negative effect on the timeline which we are currently seeking to quantify and reduce.

12.2.3 In addition unexpected challenges are being faced related to the site:

- Sewer pipe has been identified which is located close to the edge of building and will need to be rerouted and a further sewer pipe is being examined in terms of connections and manholes – this may involve road closure
- BT cables will need to be moved due to proximity to proposed building and scaffolding

Resolving these issues pre-construction is likely to have a negative on the construction timeline.

12.2.4 Current timeline estimates show:

- Advance works beginning on site e.g. sewer rerouting on site March 2015
- Main site establishment April 2015
- Major works underway May 2015
- Build complete May/June 2016

We are working with the contractor to seek to shorten lead in times and also firm up the time line further.

12.2.5 Construction package procurement is moving ahead positively and we should be in a position mid-February to have a good indicative cost of construction and end February to have a detailed estimate of price. However

there is clear that the build cost will significantly impacted by high inflation currently being experienced in the building industry.

13. PARTNERSHIP BOARD UPDATES (COMMISSIONING ACTIVITY)

13.1 Learning Difficulties Partnership Board (LDPB)

There has not been a Learning Disability Partnership Board meeting since the last report. Next board meeting is the 23rd of February, and the 'Big Issue' will be looking in more detail at some implications of the Care Act, specifically Information Advice & Advocacy and Safeguarding.

13.2 Carers Partnership Board

The Carers Partnership Board is now chaired by Rosie Lowman, the Commissioning Manager for Carers Services. Christie Michael is currently taking a break in her role as the Carer Co-Chair due to caring and health reasons. However it is expected she will return in mid-2015.

The Board has adopted a new structure for 2015 with longer, quarterly meeting instead of 6 shorter meetings a year. One of these meetings will be the annual away day where strategic direction for carers services will be discussed.

It has also been agreed to review the structure of the sub-groups that sit underneath the Carers Partnership Board for effectiveness. One priority for 2015 is to strength the voice of the Carers Hub – the forum for VCS organisations who work with carers.

13.3 Mental Health Partnership Board

13.3.1 The Mental Health Partnership Board continues to meet every two months. It has membership from CCG, BEH-MHT, Local Authority, voluntary organisations, DWP, Council elected members and more recently Police Liaison.

13.3.2 It continues to act as a reference and consultative group for the mental health statutory organisations in the borough, though has not had mandatory sign off authority for any mental health strategic or governance policy across the borough. Its influence is its membership and potential for collective co-ordination of shared outcomes.

13.3.3 Over the last year presentations have been made on Enfield's transformed Urgent and Crisis Care service from BEH-MHT, Saheli's Mental Health project(voluntary organization), Improving Access to Psychological Therapies, Rapid assessment intervention and treatment services (RAID), Crisis Concordat planning. This year the board developed three work streams that co-ordinate the shared agendas of the membership under the themes of Health Living, Keeping Safe and Economic Wellbeing.

13.3.4 The Economic Wellbeing work-stream, under the leadership of the Mental Health Enablement Manager have developed new structured volunteering opportunities within mental health services for current service users. It very quickly enabled two service users to move onto paid employment and has serviced to increase the profile of working opportunities and expectations across the board's membership.

13.3.5 The Health Living work-stream under the leadership of Public Health is to be the focus of renewed partnership opportunities focusing on smoking prevention in the mental health community.

13.3.6 The Keeping Safe work-stream has explored opportunities to increase awareness across the partnership of digital tools such as 'tap it' that can aide communication and alerts to trusted people when individuals are feeling unsafe. The work-stream has also worked with British Transport Police to understand and, where possible, to address the prevalence of incidents on Enfield's railways.

13.4 Older People Partnership Board

13.4.1 Members of the OPPB aired some concerns regarding VCS organisations and their capacity to deal with the number of older people requiring support with on-line housing applications. A discussion ensured regarding website accessibility for older people to this. Vicky Main will meet with Housing colleagues with OPPB co-chair to discuss and update OPPB at next meeting.

13.4.2 The Board requested an update on Sheltered Housing Strategy, Dementia Action Alliance, Flu jab promotion

13.4.3 **Health Integration update:** an update was provided on the communications & engagement plan that the CCG and LBE will be delivering over the next few months regarding integrated care, which includes two public consultation events. It was agreed to ensure that publicity focuses on those hard to reach groups that benefit from integrated care services as well as those who are more familiar with services. This exercise will provide information on the services and explain:

1. Why did the old system need to change?
2. What will the new system look like?
3. What stage is the development at now?

13.4.4 **Dementia Pathways update:** currently 42% of patients are receiving early formal diagnosis out of the 3000 people with dementia in Enfield. The current target is set at 50%.

The Board requested detail re: engaging with BME communities. the Board was informed that an organisation called Connect Communities has been commissioned to improve diagnosis rate amongst BME communities together with two local VCS organisations.

BC gave an update on Value Based Commissioning, stating that this brings money together that is spent in key areas for providers to work together starting in June for 5 years with one lead provider. The Board will input into objectives once identified in draft.

13.4.5 **Care Act Key Messages:** A newsletter for partnership boards on the Care Act was tabled. Further details on key changes were discussed with Board Members, including the care cap, deferred payments, I&A and Carers Assessments.

The Board was informed of the Care Act Reference Group. This new group has had 2 meetings to date with the next one scheduled for early February. It was discussed that this group is still in need of members and for Board members to discuss with anyone who may be interested. Details of the reference group will be forwarded to Board Members

13.4.6 **Digital Customer Update:** The Board was provided with an update on the Digital Customer Programme, and more specifically on the citizen portal which will enable Enfield residents to access records concerning their LBE services. A new privacy statement will be sent along with the Council Tax mail out in the spring which will include information about how residents' data will be used for the citizen portal.

It was explained to Board Members that the way residents access services and receive information and advice from LBE will change over the coming months. A new website is under development and testing will soon be needed with this Board being a key group to provide feedback. Also that the current library consultation (which ends 5th February) points to plans about some of the ways LBE is proposing to provide information and advice. Board members were encouraged to view and comment on this.

A draft version of the new web has been developed and the Board was informed that VCS groups can have a preview if they are interested.

Previous action regarding LBE providing support to VCS organisations in drafting Privacy Statements: it has been agreed that the HHASC Commissioning Team will produce a general privacy statement for council-funded VCS organisations to use.

13.5 Physical Disabilities Partnership Board

The PDPB met on the 15th Dec and hosted a Festive Gathering, as previous minutes. The aim of this function was to attract a wider range of people onto the Board. A number of young service users, their carers, health colleagues, and others, were invited to this event where the purpose of the Board was explained. This was reasonably well attended, and we have secured a number of new and keen potential Board Members, a range of disabilities and circumstances. Following this event, the April Board will focus on updated ToR, structure of the Board and priorities for the year.

Millimetres 0 10 100

DO NOT SCALE

SAFETY, HEALTH AND ENVIRONMENTAL INFORMATION

In addition to the hazards/risks normally associated with the types of work detailed on this drawing, note the following:

CONSTRUCTION

C1.1 Refer to Risk Register for list of present risks.
C1.2 Asbestos survey required and services isolated prior to garage demolition.
C1.3 Roofplant installation / replacement routes.
C1.4 Existing overhead telephone cables at SE corner of site clash with proposed building.
C1.5 Concealed services below ground level.
C1.6 Existing asbestos potentially present in ground.
C1.7 Existing storage / fuel tanks potentially present in ground.

MAINTENANCE/CLEANING

M1.1 Refer to Risk Register for list of present risks.
M1.3 Roofplant installation / replacement routes.

DECOMMISSIONING/DEMOLITION

D1.5 Concealed services below ground level.

It is assumed that all works will be carried out by a competent contractor working, where appropriate, to an approved method statement

Key:

Site boundary line

N

Gross Internal Floor Areas:

Ground Floor :	1,127.55 m²
First Floor :	1,140.63 m²
Second Floor :	1,140.63 m²
Total GIFA :	**3,408.81 m²**

Rev.	Date	Description	By	Chk'd	Appr'd
PL4	13.01.2014	DROP OFF LOCATION AMENDED	LS	JH	JH
PL3	15.12.2014	LANDSCAPE AMENDED	LS	JH	JH
PL2	21.10.2014	PLANNING / STAGE E ISSUE	LS	JH	JH
PL1	29.09.2014	PLANNING ISSUE	LS	JH	JH

Drawing Status: FOR INFORMATION
Suitability: S0

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Client: ENFIELD Council

Project Title: Proposed 70 Bedroom Care Home

Drawing Title: Overall Site Plan

Scale	Designed	Drawn	Checked	Authorised
1:200	JH	JH/LS	JH	JH
Original Size	Date	Date	Date	Date
A1	17/04/2014	17/04/2014	14/04/2014	14/04/2014

Drawing Number: 5130303-ATK-Z1-ZZ-PL-A-4011
Revision: PL4

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0 10 100 Millimetres

DO NOT SCALE

A A4400 The Proposed North & East Facades, Looking East Along Palmers Lane
NTS

B A4400 The Proposed South & West Facades, Looking From the Rear Gardens
NTS

C A4400 The Proposed North Facades, Looking North Along Palmers Lane
NTS

D A4400 The Proposed South & West Facades, Looking From the Rear Car park
NTS

E A4400 The Proposed East Facade, Looking North Along Hertford Road
NTS

F A4400 The Proposed East Facade, Looking North Along Hertford Road
NTS

SAFETY, HEALTH AND ENVIRONMENTAL INFORMATION

In addition to the hazards/risks normally associated with the types of work detailed on this drawing, note the following:

CONSTRUCTION

MAINTENANCE/CLEANING

DECOMMISSIONING/DEMOLITION

It is assumed that all works will be carried out by a competent contractor working, where appropriate, to an approved method statement

Rev.	Date	Description	By	Chk'd	App'd
PL3	13.01.2015	3D ALTERED TO ADDRESS ISSUES RAISED BY PLANNERS	LS	JH	JH
PL2	21.10.2014	PLANNING/STAGE E ISSUE	LS	JH	JH
PL1	29.09.2014	PLANNING ISSUE	LS	JH	JH

Drawing Status: FOR INFORMATION

Suitability: S0

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Client: ENFIELD Council

Project Title: Proposed 70 Bedroom Care Home

Drawing Title: 3D Views

Scale	Designed	Drawn	Checked	Authorised
NTS	LS/JH/DV	LS/JH/DV	JH	JH
Original Size	Date	Date	Date	Date
A1	17/04/2014	17/04/2014	14/04/2014	14/04/2014

Drawing Number: 5130303-ATK-Z1-ZZ-VF-A-4400

Revision: PL3

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MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 11 DECEMBER 2014

MEMBERSHIP

PRESENT Shahed Ahmad (Director of Public Health), Ray James (Director of Health, Housing and Adult Social Care), Deborah Fowler (Enfield HealthWatch), Liz Wise (Clinical Commissioning Group (CCG) Chief Officer), Vivien Giladi (Voluntary Sector), Donald McGowan (Cabinet Member for Health and Adult Social Care), Rohini Simbodyal (Cabinet Member for Culture, Sport, Youth and Public Health), Ayfer Orhan (Cabinet Member for Education, Children's Services and Protection), Doug Taylor (Leader of the Council), Mo Abedi (Chair of the Enfield Clinical Commissioning Group), Kim Fleming (Director of Planning, Royal Free London, NHS Foundation Trust), Julie Lowe (Chief Executive North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

ABSENT Ian Davis (Director of Environment), Andrew Fraser (Director of Schools & Children's Services), Litsa Worrall (Voluntary Sector) and Dr Henrietta Hughes (NHS England)

OFFICERS: Andrea Clemons (Head of Community Safety), Bindi Nagra (Assistant Director Health, Housing and Adult Social Care Strategy and Resources), Estella Makumbi (Public Health Strategist), Tha Han (Public Health Consultant) and Graham MacDougall (CCG Director of Strategy and Partnerships) Penelope Williams (Secretary)

1
WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies for absence were received from Dr Henrietta Hughes, Andrew Fraser (Director of Schools and Children's Services) and Ian Davis (Director of Environment).

Andrea Clemons, Head of Community Safety, attended to represent Ian Davis.

2
DECLARATION OF INTERESTS

There were no declarations of interest.

3
ANNUAL PUBLIC HEALTH REPORT 2014 - MIND THE GAP

The Board received a report from Dr Shahed Ahmad, the Director Public Health, on the Annual Public Health Report (APHR) 2014 – Mind the Gap: reducing the gap in life expectancy.

1. Presentation of the Report

Dr Tha Han presented the report to the Board highlighting the following:

- This year the public health focus has been on reducing the life expectancy gap in Enfield.

- There are two versions of the report: a full version and a much shorter summary.

- Chapter 6 celebrates the successful joint working that has taken place between the Council, local voluntary organisations and health authorities as well as national organisations such as University College London, the British Heart Foundation and Cancer Research UK.

- The focus for this year's APHR was what will work in the short term. Next year it will be on child poverty issues and thereafter other wider determinants of health.

- Since 2008, life expectancy at birth for males and females has improved by 1.3 and 1.1 years respectively. This is a universal measure based on a complex mathematical formula. Wider determinants will also have an impact.

- The report identifies the need to broaden the focus to Enfield Lock, Chase, Jubilee and Ponders End wards.

2. Questions/Comments

2.1 Discussions about the measure of life expectancy at birth will be continued outside of the meeting.

2.2 The issues which the more deprived wards have in common are high levels of cardiovascular, cancer and lung disease.

2.3 Wider determinants such as environment also need to be tackled but these are longer term issues.

2.4 This year Public Health has been working closely with NHS colleagues on measures to reduce hypertension. In over 80% of cases, blood pressure can be controlled, dramatically improving outcomes for patients.

2.5 Work in other areas including reducing cholesterol levels is also continuing.

2.6 Good action planning will be essential to ensure improvements. In those wards, such as Chase, it was essential that interventions were closely targeted on those with the greatest need.

2.7 Public Health acts as an initiator and co-ordinator of other activities.

2.8 Dr Shahed Ahmad, Director of Public Health, thanked his colleagues for their collaborative efforts.

AGREED to note the publication and the findings of the Annual Public Health Report.

4
BETTER CARE FUND GOVERNANCE ARRANGEMENTS

The Board received a joint report on the Better Care Fund Governance Arrangements from Ray James, Director of Health, Housing and Adult Social Care and Liz Wise, Enfield CCG Chief Officer.

1. Presentation of the Report

Bindi Nagra, Assistant Director Strategy and Resources introduced the report. Richard Young, Interim Better Care Fund Programme Manager, presented it to the board using a powerpoint presentation. Copies of the slides are attached to the agenda.

The following points were highlighted:

- The Better Care Fund submission had been accepted with support. One of the outstanding requirements was to agree the fund's governance arrangements: the committee is asked to agree these tonight. The other concerned the management of the money, which it was proposed would be handled through the section 75 agreement. This will be looked at, at a future meeting.

- Two options have been put forward to replace the current arrangements. The original structure of working group and sub board, which had been created to develop the proposals and submit the application, was no longer fit for purpose.

- The first option involved creating a new Integration Board which would include management of the Better Care Fund as well as wider integration matters. It would have some measure of delegation.

- The second option would merge the Better Care Fund, into the existing Joint Commissioning Sub Board. This would be purely advisory. All decisions would be fed back to the full board.

- The preference of the current working group was for Option 1 focussing on integration. Joint Commissioning was felt to be a wider issue which required its own sub board.

- Further details on the terms of reference would be discussed at a future meeting.

2. Questions/Comments

2.1 The view was expressed that the voluntary sector had better representation in Option 2. Ray James responded that in principle there wouldn't be any difference in voluntary sector representation between the two options. Both were intended to be appropriately inclusive and he felt that this should not be a determinant in a choice between the options.

2.2 It was envisaged that in Option 1 it would be possible to consider and focus on the whole shape of integration across health and social care. Also incorporating the existing older people's integration board. In Option 2 the issue of integration could get lost within the whole range of commissioning activities which fall under the scope of the Joint Commissioning Board. Whichever option was chosen there would be overlap.

2.3 The Better Care Fund was an enabler which would help to bring about better service integration, bringing together system leaders and providers.

2.4 The suggestion was made that someone with specialist knowledge of safeguarding issues should be included.

2.5 Many more interested parties would be specifically represented in the sub structures of the main sub board.

2.6 There was no political representation in either option but this was up to the board to address, if it was felt that it was needed.

2.7 In Option 1 there was differentiation between voting and non-voting members as it was envisaged that this group would have delegated decision making powers and that some members could have conflicts of interest. In the second option all decisions would be referred back to the full board.

2.8 Voting would be unusual, as it was hoped that most decisions could be taken on a consensual basis. Voting had not taken place at the Health and Wellbeing Board so far. In the event of a disagreement, then matters could be referred back to the full board.

2.9 It was suggested that the proposed membership of the Stakeholder reference group should be wider. Under either option a series of sub

groups/work streams would be set up to look at specific areas: key people with the appropriate expertise would be invited to take part and provide advice.

2.10 These groups will not replace formal consultation and engagement activities.

2.11 Andrea Clemons asked why there was no representative from the Regeneration and Environment department. Bindi Nagra agreed discuss this with Ian Davis, Director of Regeneration and Environment.

2.12 There was nothing to bar the voluntary sector representative having a vote on the sub board. He or she would need to declare their interests in the same way as any other representative.

2.14 It was suggested that any voting members should have the power to refer an issue back to the full board, if they felt it was necessary.

2.15 Any decision taken this evening would be subject to review. It was suggested a review could take place after 3 months.

AGREED that

1. The Board would adopt Option 1 and the associated remit and membership, with the addition of the voluntary sector representative who would also have a voting place on the sub board, for the governance of the Better Care Fund as set out in the report.

2. Any individual voting member will be able to refer matters back to the board for decision, if they think it necessary.

3. The London Borough of Enfield and the Enfield Clinical Commissioning Group will explore wider opportunities for pooling their respective budgets under the integration agenda (as set out in section 3.4 of the report).

4. The terms of reference (when agreed) and governance structure, will be reviewed after three months of operation.

5
PHARMACEUTICAL NEEDS ASSESSMENT

The Board received a report on the development of a Pharmaceutical Needs Assessment (PNA) from Dr Shahed Ahmad, Director of Public Health.

1. Dr Tha Han, Public Health Consultant, presented the report on behalf of Allison Duggal.

He highlighted the following:

- The Health and Wellbeing Board has a statutory duty to produce a PNA by 1 April 2015.

- Responsibility for its production has been delegated to a steering group.

- A consultation has begun, ending on 31 January 2015. Responses can be completed on line. It has been sent out to community organisations, local pharmacies and GPs.

- When complete, the PNA will be used by NHS England, to determine applications from providers to provide pharmaceutical services. The CCG and the local authority will also be able to use it to consider what services are needed, from pharmaceutical providers, to improve the health and wellbeing of the community.

- Enfield has a lower than average number of pharmacies at 18.9 per 100,000 of the population, although these pharmacies do issue more prescriptions per pharmacy than average. The majority of pharmacies open during the evenings and on Saturdays, with 20% opening on Sunday, mainly in shopping areas.

- A survey of pharmacy users was carried out. It was found that 96% of respondents rated pharmacies as excellent or good; 95% rated confidence in the pharmacists' knowledge and advice as excellent or good, 71% rated it as important that the pharmacy was close to their home and 45% that it was close to their doctor's surgery. 55% walk to their community surgery, 22% go by car and 79% had no trouble travelling to their pharmacy.

- The greatest number of correspondents had no most convenient day or time for visiting their pharmacy. 65% of correspondents have a journey time of no more than 10 minutes and 91% no more than 20 minutes. 96% indicated that the ease of obtaining prescription medication from their pharmacy was very easy or fairly easy.

- The survey had not identified any gaps in provision.

- The Health and Wellbeing Board will be asked to approve the final version of the PNA in Spring 2015.

2. Questions/Comments

2.1 A firm based in Leeds, Pharmacy Direct, had been targeting older Enfield residents, using information about patients including their doctor's surgery, offering to organise the dispatch of prescriptions by post. The information must have been provided by the NHS. The firm could provide a threat to the existence of the smaller independent chemist in Enfield who depended on NHS prescriptions for 75% of their

business. Andrea Clemons agreed to look into whether the practice was acceptable in trading standards terms.

2.2 The list of data collected for this survey seemed very wide. The suggestion was made that it would be more helpful to have had a shorter list of more relevant data, as well as a glossary.

2.3 The scope of the report was limited and was not designed to include future forecasts, or take account of any predicted changes to the population. It would be reviewed annually and changes picked up as they occur. The purpose of the research was to help understand the way that services are used, and this would inform changes to provision.

2.4 In the final report a map showing where all the pharmacies are situated, in the borough would be included.

2.5 Allison Duggal would be happy to pick up these queries answer any other queries, if necessary.

AGREED to note the report.

6
SUB BOARD UPDATES

1. Health Improvement Partnership Update

The Board received a report from Dr Shahed Ahmad, Director of Public Health, updating them on the work of the Health Improvement Partnership Board.

1.1 Dr Tha Han introduced the report and invited questions.

1.2 Questions/Comments

1.2.1 Work supporting other boroughs is carried out as part of a group of health sub groups looking at various issues across London.

1.2.2 A DVD had been developed as part of a joint venture with Haringey about early access to maternity, talking to communities, that book in late, about their fears and what would change as a result of earlier booking.

1.2.3 A scheme to work on extending the benefits of the HiLo project is being considered by the CCG.

1.2.4 Recently there had been a successful conference on Female Genital Mutilation (FGM) with a good turnout of over 100 men and women. An imam from a local mosque had attended and given a clear message that the practice was not a religious requirement.

1.2.5 A report about the adequacy and quality of FGM services should be ready in February 2015.

1.2.6 Individual Funding Requests involve very rare conditions that fall outside provider contracts. There is no policy or guidance governing them and they can be hard to justify.

1.2.7 A fuller report on the initiatives coming out of the Child Death Overview Panel will be provided for the next meeting.

1.2.8 Further information on the effectiveness of the media campaigns would be helpful, including how long the campaigns were running for, how many people have come forward and other outcomes.

1.2.9 The smoking cessation targets were being met.

1.2.10 Enfield is currently working at just above the targets for carrying out health checks.

1.2.11 Everyone involved, including local GPs, were thanked for their work with the partnership.

AGREED to note the report.

2. Joint Commissioning Sub Board Update Report

The Board received a report from Bindi Nagra, Assistant Director Strategy and Resources, Health, Housing and Adult Social Care, updating them on the work of the Joint Commissioning Sub Board.

2.1 Presentation of Report

Bindi Nagra presented the report to the Board highlighting the following:

- The Better Care Fund had been approved with support, which was a good outcome considering the challenging health and social care financial situation. Thirty amendments were required, including the approval of the governance arrangements and issues around consultation responses. This would not affect the programme or the finances.

- Once the changes had been agreed, the plan will need to re-signed by the Chair of the Health and Wellbeing Board, Chair of the Enfield CCG and the Leader of the Council before being sent back to NHS England.

- The procurement for the Sexual Health and School Nursing Services has currently been postponed, but it may be necessary to go out to tender early next year.

- Clinical Commissioning Groups are being given the option to choose a different co-commissioning model. There are three possible models: greater involvement in commissioning decisions, joint commissioning arrangements and delegated commissioning arrangements.

- Once agreed, the approvals process will be straightforward with the aim of implementing the co-commissioning arrangements by April 2015. This may cause governance issues, particularly around conflicts of interests which will need to be addressed. Co- commissioning will take place at the Strategic Planning Group level, not the individual borough level.

- In line with the Winterbourne View concordat, most of the people with learning difficulties have now been repatriated to the borough. Only one or two people are now being catered for outside of the borough.

- The Community Intervention Service has been very successful in providing alternative options to avoid using bed nights in assessment and treatment units. The Learning Disabilities Team were thanked for their excellent work which had been developed over several years: they have been hailed as a model of good practice on a national level.

- The Multi-Agency Safeguarding Hub is being set up for vulnerable adults, bringing together all the agencies involved. It will be in operation from April 2014. Reports on progress will be made to the board.

- A half yearly update on the Section 75 arrangements was also provided. The partnership arrangements were generally working well. Although there were problems with a new system which had caused delays in invoices being raised to Enfield CCG. The wheelchair service would now be transferring in April 2015.

2.2 Questions/Comments

2.2.1 Concern that a strong local group will be needed to preserve local interests when dealing with co-commissioning was expressed. Co-commissioning will be discussed in more detail at the development session in January 2014.

2.2.2 The figures from the Family Nurse Partnership were encouraging. It had always been expected that the local authority would take on the funding: possibilities for funding and expansion would be fed into the wider integration discussions.

2.2.3 On the Warm Household Programme, a range of voluntary organisations have made submissions for providing the service, which are being considered by the Cabinet Member. The government grant which used to support this service had been cut.

2.2.4 Formal announcements on the government funding settlement for local government 2015/16 were due in mid December 2014.

2.2.5 The Care Homes Assessment Team has worked very well, reducing emergency admissions for older people by intervening at an earlier stage. There had been an 8% reduction in emergency admissions between 2012/13 and 2013/14.

AGREED to note the report.

3. Primary Care Update Report

The Board received the report of the Primary Care Sub Board updating them on the work to date to implement the Primary Care Strategy.

Dr Mo Abedi presented the report to the board and invited questions.

There were none.

AGREED to note the report.

7
MINUTES OF MEETING HELD ON THURSDAY 16 OCTOBER 2014

The minutes of the meeting held on 16 October 2014 were agreed as a correct record.

Noted that Andrew Wright and Kim Fleming had attended the meeting and should have been included in the minutes.

8
DATES OF FUTURE MEETINGS

Noted the dates agreed for future meetings of the board:

- Thursday 12 February 2015
- Tuesday 14 April 2015

Noted the dates agreed for future board development sessions:

- Friday 16 January 2015
- Thursday 22 January 2015
- Thursday 12 March 2015

9
EXCLUSION OF PRESS AND PUBLIC