

Public Document Pack



HEALTH AND WELLBEING BOARD

Thursday, 15 October 2015 at 6.15 pm
Conference Room, Civic Centre, Silver
Street, Enfield, EN1 3XA

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MEMBERSHIP

Leader of the Council – Councillor Doug Taylor (Chair)
Cabinet Member for Health and Social Care – Councillor Alev Cazimoglu
Cabinet Member for Public Health and Sport – Councillor Nneka Keazor
Cabinet Member for Education, Children’s Services and Protection – Councillor Ayfer Orhan
Chair of the Local Clinical Commissioning Group – Dr Mo Abedi (Vice Chair)
Healthwatch Representative – Deborah Fowler
Clinical Commissioning Group (CCG) Chief Officer – Paul Jenkins
NHS England Representative – Dr Henrietta Hughes
Director of Public Health – Dr Shahed Ahmad
Director of Health, Housing and Adult Social Care – Ray James
Interim Director of Children’s Services – Tony Theodoulou
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

2. DECLARATION OF INTERESTS (6:15-6:20PM)

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

3. BARNET ENFIELD AND HARINGEY MENTAL HEALTH TRUST SUSTAINABILITY REVIEW (6:20-6:50PM) (Pages 1 - 4)

To receive a report from Enfield Clinical Commissioning Group, on the outcomes from the recently completed Barnet, Enfield and Haringey Sustainability Review.

4. NORTH CENTRAL LONDON COLLABORATION OF CLINICAL COMMISSIONING GROUPS (CCGS) (6:50-7:20PM)

To receive a report on the proposals for collaboration between the North Central London Clinical Commissioning Groups (CCGs).

5. OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME (7:20-7:30PM) (Pages 5 - 20)

To receive a report for information on the Overview and Scrutiny Committee work programme 2015/16.

6. REPORT BACK FROM DEVELOPMENT SESSION (7:30-7.35PM) (Pages 21 - 22)

To receive a report back on the work carried out in the development session held on 14 September 2015.

7. DEVOLUTION (7:35-7:40PM) (Pages 23 - 24)

To receive a briefing paper updating the board on the devolution proposals for London Boroughs.

8. SUB BOARD UPDATES (7:40-8:00PM) (Pages 25 - 62)

To receive updates from the sub boards as follows:

- Health Improvement Partnership Board
- Joint Commissioning Board
- Primary Care Improvement Board
- Integration Board

9. MINUTES OF THE MEETING HELD ON 14 SEPTEMBER 2015 (8:00-8:05PM) (Pages 63 - 68)

To receive and agree the minutes of the meeting held on 14 September 2015.

10. FUTURE ITEMS LIST 2015/16 (8:05-8:10PM)

To note the items put forward to be considered at the next board meeting:

Thursday 10 December 2015

- Devolution
- Better Care Fund
- LBE Budget Consultation
- System Leadership Proposal

To note items put forward to be considered at the next development session:

Wednesday 4 November 2015

- Housing and Health

- Primary Care

11. COMMUNICATIONS (8:10-8:15)

To discuss matters to be publicised.

12. DATES OF FUTURE MEETINGS

To note the dates agreed for future meetings of the Health and Wellbeing Board:

- Thursday 10 December 2015, 6.15pm
- Thursday 11 February 2016, 6.15pm
- Thursday 21 April 2016, 6.15pm

To note the dates agreed for board development sessions

- Wednesday 4 November 2015, 2pm
- Wednesday 6 January 2016, 2pm
- Wednesday 2 March 2016, 2pm

13. 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).

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MUNICIPAL YEAR 2015/2016

MEETING TITLE AND DATE
Health and Wellbeing Board
15 October 2015

Report of: CCG Chief Officer Paul Jenkins
 Contact officer and telephone number:
 E mail:
paul.jenkins@enfieldccg.nhs.uk

Agenda - Part: 1	Item: 3
Subject: REVIEW OF SUSTAINABILITY OF MENTAL HEALTH SERVICES ACROSS BARNET, ENFIELD AND HARINGEY	
Wards: All	
Cabinet Member consulted:	
Approved by:	

1. EXECUTIVE SUMMARY

REVIEW OF SUSTAINABILITY OF MENTAL HEALTH SERVICES ACROSS BARNET, ENFIELD AND HARINGEY KEY MESSAGES

1. Background

Clinical Commissioning Groups (CCGs) in Barnet, Enfield and Haringey have been working with the NHS England, the Trust Development Authority, Local Authorities and Barnet, Enfield and Haringey NHS Mental Health Trust (BEHMHT) to develop a shared assessment of the challenges in providing sustainable mental health services, and to examine the future sustainability of BEH-MHT. In parallel the five CCGs of NCL including Camden and Islington are working on a joint endeavour to plan a collaborative programme of work to address the strategic challenges facing commissioners and service providers over the next five years. Mental health has been prioritised as a key area of alliance because of the high prevalence, the resources used in response and support, and the concerns more broadly regarding the standardisation of outcomes of care for adults and children's services. This briefing summarises the key findings of local mental health services from this CCG commissioned review across Barnet, Enfield and Haringey and outlines the next steps.

2. Key findings

There is work required to secure sustainable, high-quality mental health services for the local population, with the Trust's own viability a product of that work as a key provider. The independent review commissioned with Carnall Farrar found no compelling evidence for BEH-MHT to be involved in a merger or acquisition with another organisation. The review determined that there was a strong case for the Trust's sustainability as a going concern, subject to a number of immediate and medium term actions. The range of proposed actions fall to commissioners to take forward, some to the Trust to take forward and some for the local system partners to take forward.

Achieving sustainable service delivery over the longer term will require a new model of care for a number of mental health services. The review noted that the Trust was a relatively efficient provider (with low lengths of stay, lean and productive staff teams etc). In terms of quality, it did not identify any areas of poor performance or

outliers when benchmarked against other London Trusts, although there is a recognised need for all NHS mental health providers to improve quality and adhere to NICE guidelines. The review identified a clear case for commissioners to consider the funding structure of services provided and invest in further improvements of the Trust's services, but also acknowledged that local commissioners are significantly financially challenged, therefore supporting a collaborative approach to transforming local mental health services.

3. Recommended actions

The review concluded that notwithstanding the deteriorating financial position in 2014/15, that the Trust is an efficient provider across a range of measures and that it could be viable on a standalone basis through the delivery of the following actions:

- Radical changes in models of care could cut length of stay, reduce beds and make further efficiencies over the longer term (3-5 years), supported by changes in local authorities and underpinned by the development of new payment mechanisms that support improvement of quality and productivity.
- Receiving an appropriate level of funding from local health economy commissioners for local mental health services; this is linked to addressing the balance of the wider transformation programme across north central London to rebase the funding requirement needed to deliver mental health.
- Delivering deeper and sustainable Trust efficiencies, particularly focusing on reducing the Trust's current agency spend and use of estate.
- Improving the quality of the Trust's finance, data and information in order to implement revised value based payment mechanisms and support robust planning for the future.
- A deeper review of transforming community services provided to Enfield residents, and assessing the scale of the impact which currently operate at a financial loss.

4. Next steps

The review recommends that the above actions are taken forward through a multi-partner transformation programme linked to the wider sustainability work programme across North Central London.

The review makes it clear that progress will require effective collaboration between commissioners and the provider to establish a coherent and shared vision for the future provision of mental health services. It also emphasises the need for proactive sponsorship of the transformation programme at the most senior levels in all organisations, for strong clinical leadership and for appropriate programme structures and resources to be put in place in order to drive the actions required.

The Chief Officers of the Clinical Commissioning Groups and the Chief Executive of BEH-MHT have all agreed to support the direction of travel and recommendations of the Carnall Farrar review and to work together to ensure they are implemented.

Over the next six months, each of the recommended actions will be scoped and a more detailed Programme Plan developed, with the programme structure and resources put in place. A full stakeholder engagement and communications plan will be developed to ensure that staff, external stakeholders and patients are engaged and kept informed as this important work progresses.

2. RECOMMENDATIONS

Over the next six months, each of the recommended actions will be scoped and a more detailed Programme Plan developed, with the programme structure and resources put in place. A full stakeholder engagement and communications plan will be developed to ensure that staff, external stakeholders and patients are engaged and kept informed as this important work progresses.

3. BACKGROUND

This report completes the Carnall-Farrar review of mental health services within BEHMHT. This work was sponsored by the Trust Development Agency as part of developing sustainable mental health services and the future of BEHMHT.

4. ALTERNATIVE OPTIONS CONSIDERED

Not applicable

5. REASONS FOR RECOMMENDATIONS

The recommendations arise from the Carnall-Farrar review and have been agreed by the Trust and commissioners.

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

6.1 Financial Implications

6.2 Legal Implications

7. KEY RISKS

Non-delivery of clinical and financially sustainable secondary care mental health services

8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

8.1 Enabling people to be safe, independent and well and delivering high quality health and care services

8.2 Reducing health inequalities – narrowing the gap in life expectancy

8.3 Promoting healthy lifestyles

9. EQUALITIES IMPACT IMPLICATIONS

These will be completed as part of the transformation programme.

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MUNICIPAL YEAR 2015/2016 REPORT NO.**MEETING TITLE AND DATE:**Health & Wellbeing Board 15th Oct.**Agenda - Part: 1****Item:****Subject:**

SCRUTINY WORK PROGRAMME 2015/16

WARDS: None Specific

Cabinet Members consulted: Cllrs Georgiou and Stafford

Other Members consulted – Overview &

REPORT OF:

Overview & Scrutiny Committee

Contact officer and telephone number:

Claire Johnson Scrutiny Manager Tel: 020 8379 4239

e-mail: Claire.johnson@enfield.gov.uk**1. EXECUTIVE SUMMARY**

- 1.1 This report and Appendix 1 sets out the Scrutiny work programme and workstreams for 2015/16 for the Council's Overview & Scrutiny Committee (OSC), Health Standing Panel and Crime Standing Panel.
- 1.2 The Council's Constitution requires that the work programme proposed by OSC is adopted by Council on the recommendation of the Overview & Scrutiny Committee, following consultation with the Corporate Management Board (CMB) and the Cabinet.

2. RECOMMENDATIONS

- 2.1 For the Health and Wellbeing Board to note the report.

3. BACKGROUND

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

3.2 The structure of Scrutiny remains the same following the re-structure last year, with one overarching Overview & Scrutiny Committee, 2 Standing Panels on Health and Crime and 5 task and finish workstreams agreed by OSC.

3.2 OSC consists of the Chair and 5 members. Each member of the committee will lead on a workstream, therefore there will be 5 workstreams operating at any one time, with the option of 6 workstreams if the Chair decides to lead on an area.

4.0 Overview & Scrutiny Committee

4.1 OSC met on the 2nd June 2015 and agreed the workstreams for 2015/16. The list of potential workstreams identified by Scrutiny Members is extensive, and will not be achieved within the year, however new workstreams will be prioritised and scheduled to start as others are completed, so that in total there are 5 workstreams being undertaken at any one time or 6 if the Chair decides to take on a workstream. The OSC workprogramme Health, and crime standing Panel workprogrammes are shown at appendix 1, The agreed workstreams are shown as appendix 2, and the list of potential workstreams are at appendix 3.

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

4.3 The workstreams on Health and Crime will particularly draw their members from an agreed pool of councillors who have expressed a pro-active interest to be involved in those areas. This will remain constant for the whole year and will be on a politically proportionate basis. This consistency in membership will allow these workstreams to develop a watching brief in these issues and build up a level of knowledge and expertise amongst members.

5.0 Engagement Protocol

5.1 The Protocol to engage and involve Directors, Chairs of Boards, statutory bodies and other key stakeholders was agreed by CMB in July 2013. Therefore CMB is consulted, and the Scrutiny work programme will be an item for information on the agenda for the Health & Wellbeing board and the Safer and Stronger Communities Board. In addition, the workprogrammes will be sent to key stakeholders such as Health, the Police, CCG, EVA etc.

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

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

6. COMMENTS FROM CMB

CMB noted the workprogrammes. They asked for the workstreams and workprogrammes to be shared with the Performance Management Hub in order to avoid any areas of duplication.

7. REASONS FOR RECOMMENDATION

To comply with the requirements of the Council's Constitution.

8. ALTERNATIVE OPTIONS CONSIDERED

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

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

9.1 Financial Implications

Any cost implications of undertaking the Scrutiny workstreams will be found from within the existing budget,

9.2 Legal Implications

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

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

The setting of the annual Scrutiny Workstream Programme is a matter for the Council, following consultation with directors, members and key stakeholders

within an agreed protocol. These requirements are set out in the Council's Constitution.

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

9.3 Key Risks

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

10. IMPACT ON COUNCIL PRIORITIES

10.1 Fairness for All

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

10.2 Growth & Sustainability

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

10.3 Strong Communities

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

11. EQUALITIES IMPACT IMPLICATIONS

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

12. PERFORMANCE MANAGEMENT IMPLICATIONS

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

13 PUBLIC HEALTH IMPLICATIONS

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

OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

WORK	Lead Officer	2 June Mtg (Planning)	30 July Mtg	2 Sept Mtg	12 Nov Mtg	14 Dec Mtg	28 Jan Mtg	17 Feb Mtg	7 April Mtg
Work Programme									
Setting the Overview & Scrutiny Annual Work Programme 2015/16	Claire Johnson	Agree Work Programme							
Selection of New Workstreams for 2015/16	Claire Johnson	Review and Approve Workstreams	Receive Scoping						Consider/ Propose New Workstreams
Workstreams Update (standing and time-limited)	Claire Johnson	Update		Update	Update		Update	Update	Update
Scrutiny Workstream Reports			Reports for 14/15						Reports for 15/16
Standing Items									
Children's and Young People's Issues	Tony Theodoulou / Julian Edwards			Looked After Children Tony Theodoulou, Linda Hughes	Children in need & Child protection activity overview Julian Edwards		SEND reforms progress report, incl short breaks, Parent Self assessments and use of grants Julian Edwards /Janet leach	Innovation Fund progress (Adolescents on the edge of care), CSE Team, Homeless young people	Ofsted Improvement Plan, IRO and LADO reports and CSE profiles Tony Theodoulou, Anne Stoker
Monitoring/Updates									
Child Sexual Exploitation Task Group	Anne Stoker				Update				Update
Scrutiny Involvement in Budget Consultation 16/17	Claire Johnson						Budget Meeting		
Safeguarding - Adults Services	Marion Harrington (Independent Chair)				Report – to also include				

OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

WORK	Lead Officer	2 June Mtg (Planning)	30 July Mtg	2 Sept Mtg	12 Nov Mtg	14 Dec Mtg	28 Jan Mtg	17 Feb Mtg	7 April Mtg
	Sharon Burgess (Head of Safeguarding Adults)				update on rise in safeguarding enquiries				
Safeguarding - Children's Services	Geraldine Gavin (Independent Chair) Head of Safeguarding Children				Report/Action Plan				
Equality and Diversity Annual Report					[Report] TBC				
Annual Corporate Complaints Report	John Austin				[Report] TBC				
HR Issues – [Apprenticeships and Work Placements/Use of Consultants, Interims and Agency Staff]	[Joyceline Hogan/Julie Mimmagh]								Report
Scrutiny Monitoring									
Scrutiny Annual Report	Claire Johnson								Report
Other Items/Specific Topics:									
Care Act	Bindi Nagra				6 month update on Care Act 2014 –Bindi Nagra *				
Better Care Fund	Richard Young				6 mth update Richard Young				
ERPF – Evaluation/Update	Alison Trew				Report				
Parks Locking	Nicky Fiedler	Report							
Enfield Homes Reintegration/Housing Repairs	Paul Davey								Report

OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

WORK	Lead Officer	2 June Mtg (Planning)	30 July Mtg	2 Sept Mtg	12 Nov Mtg	14 Dec Mtg	28 Jan Mtg	17 Feb Mtg	7 April Mtg
Enfield 2017	James Rolfe					Report			

HEALTH STANDING PANEL WORKPROGRAMME 2015/16

Health Standing Panel Work Programme	Lead Officer	Tuesday 13 th October 2015	Tuesday 26 th January 2016	Wednesday 9 th March
Deadline for sending papers to Scrutiny Team		29th September	12th January	24th February
Annual Items				
Agree Annual Work Programme 2015/16	Andy Ellis	To agree		
Scrutiny Annual Report 2015/16	Andy Ellis			To agree
NHS Trust Quality Accounts B&CF(RF), NMUH, BEHMHT, NL Hospice	Trust Reps			If papers available
Monitoring Items				
GP Access	CCG/LBE/ GP Networks	Report		
North Mid Hospital – A&E, ambulatory care, CQC follow-up	Julie Lowe	Report		
Adult Social Care Performance	Bindi Nagra		Report	
Public Health – Annual Report/JSNA	Dr.Shahed Ahmad			Report
Public Health – Cancer Screening/ Impact on GPs Antenatal Project	Dr Shahed Ahmad		Report	
Chase Farm Hospital – Urgent Care Centre Performance Site Development update	Director of Nursing Andrew Panniker	Report		
End of life Care – Update on strategy Bereavement Support Services	Bindi Nagra			Report
Drug Support Services	Bindi Nagra Andrew Thompson		Report	

Scrutiny Workstream Reviews				
Sensory Impairment - Access to Services		Update	Update	Update

CRIME STANDING PANEL: WORK PROGRAMME 2015/2016

WORK	Lead Officer	Thursday 11 June (Work Planning)	Thursday, 1 Oct	Thursday, 21 Jan	Tuesday, 22 Mar
Work Programme					
Panel Work Programme 2015/16 – To consider the Panel work programme	Sue Payne	Agree work programme			
Standing Items					
SSCB Partnership Plan & Strategic Priorities – To review and participate in the consultation process on development of the Plan and strategic priorities for 2015 – 16.	Andrea Clemons/ Sue Payne			6 month update- on current plan and progress update – engagement in consultation process	Progress Update – Feedback on public consultation & outline priorities
SSCB Performance Management – provide a monitoring overview on performance of SSCB	Andrea Clemons/ Sue Payne		Monitoring Update	Monitoring Update	Monitoring Update
Update on Police numbers	Supt Carl Robinson/ Sue Payne		Update	Update	Update
Scrutiny Annual Report 2015/16	Sue Payne				To agree
Briefings, Monitoring & Updates:					
Tackling Gangs & Serious Youth Violence Strategy & Action Plan	Andrea Clemons				Report
Domestic Abuse	Andrea Clemons		Report		
Transforming Rehabilitation	tbc			Report	

Knife carrying by young people inside and outside of schools- invite Safer Schools lead	Steve Hicks		Report		
Safer Neighbourhood Board	Tim Fellows				Report
Burglary	Andrea Clemons			Report	
Update on PCSO contract	Andrea Clemons		Report		

Crime Standing Panel - Joanne Laban (Chair), Mary Maguire (Vice Chair), Sarah Doyle, Ahmet Hussain, Elaine Hayward, Nesil Cazimoglu

Health Standing Panel - Abdul Abdullahi (Chair), Anne-Marie Pearce (Vice Chair), Terry Neville, Claire Stewart, Christine Hamilton, Dino Lemonides

APPENDIX 2

Agreed Scrutiny Workstreams 2015/16

Subject	Scope	Workstream Lead and membership	Scrutiny contact
Adoption	Key issues for the review to look at: - Understanding of Enfield’s performance in accordance with the government targets - Marketing and recruitment of prospective adopters - The adoption processes - Training and support offered to adopters	Krystle Fonyonga Andy Milne (VC) Alex Georgiou Suna Hurman Dinah Barry Toby Simon	Sue Payne
	Scope		
School Places	The objectives would be to answer specific questions as follows: How are we planning ahead to meet pressure on school places? What are the challenges we face in forward planning? Are there challenges specific to Enfield? Are we meeting these challenges in the best way possible? How do other Boroughs deal with particular challenges and are their approaches useful to us? Given economic pressures, are we managing resources effectively as possible in this area? Are there factors outside our direct control that impact upon this issue? If so, how can we manage these to ensure the best outcomes for Enfield parents and children seeking school places?	Katherine Chibah Nick Dines (VC) Alex Georgiou Jansev Jemal Christiana During Turgut Esendagli	Sue Payne

	Scope		
Sensory Impairment	To undertake a review of access to services, and the difficulties faced by people with sensory impairment when they use services or communicate with healthcare providers, the council and Police.	Abdul Abullahi Anne-Marie Pearce (VC) Eric Jukes Claire Stewart Christine Hamilton Dino Lemonides	Andy Ellis
	Scope		
Enforcement/Keep Enfield Clean	To look at how the Council can maximise the powers available in relation to all aspects of environmental enforcement. To look at managing public expectations in relation to what is and isn't possible within current national legislation. This review will cover both the public highway and private land.	Joanne Laban Ozzie Uzoanya (VC) Robert Hayward Bernadette Lappage Doris Jiagge Ali Bakir	Andy Ellis
	Scope		
Meridian Water - Land Planning	Using the Master Plan as a starting point, the Work Stream will: <ul style="list-style-type: none"> a. examine the proposed tenure mix of housing on the site with a view to commenting on how it meets future housing demand and need and its economic viability; b. review the planned interface between the development and the proposed Lee Valley Heat Network and sustainability requirements generally; c. review proposed housing densities, building heights, design standards, methods of construction and visual appearance; 	Edward Smith Don MCGowan (VC) Lee Chamberlain Chris Bond Adeline Kepez Guney Dogan	Andy Ellis

	<ul style="list-style-type: none">d. review the proposed provision and location of communal facilities such as primary health Care and schools and open space;e. review the nature and viability of the existing industrial uses and employment on the site and make recommendations as to their future location and growth.		
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APPENDIX 3

LIST OF POTENTIAL WORKSTREAMS SENT IN BY MEMBERS

- **The council's relationship with the voluntary sector**, and the interaction/expectations of some voluntary sector bodies of, to, with, and from the Council
- **Digital Inclusion** "digital by default"
- **Quality of communication** - ... extends in some ways to the style and tone and personality of written correspondence from various Council departments, JARGON needs to be captured in some way in reviewing outward communication with residents
- **Housing / enfield homes** If we want to review the impact of the Enfield Homes transition, any such work stream could not sensibly do anything much before Q4 – Jan/Apr 2016
- **Standards within schools** - how are we encouraging improvement where needed or recognising and making use of best practice?
- How are we performing in terms of **SEN / CAHMS** provision as compared to other authorities?
- **Youth services** what are we aiming to provide given harsh financial climate and what are the criteria used for determining that?
- **Housing repairs** - how are we ensuring that Enfield homes respond well in terms of residents needs for repairs?

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MUNICIPAL YEAR 2015/2016

MEETING TITLE AND DATE
Health and Wellbeing Board
 15th October 2015

Report of Shahed Ahmad
 Director of Public Health

Contact officer and telephone number:
 E mail: Shahed Ahmad 020 8379-3737

Agenda - Part: 1	Item: 6
Subject: Update on Areas of Influence from Development Session held on 14th September 2015	
Wards: All	
Cabinet Member consulted: Councillor Taylor	
Approved by: Shahed Ahmad	

1. EXECUTIVE SUMMARY

At the Health & Wellbeing Board Development Session held on 14th September 2015, attended by members of the Health & Wellbeing Board; the topic of discussion was "Influence". The objectives for this session were to explore:

"What do we want to influence?"

"How do we influence?"

"How do we know that we have succeeded?"

The purpose of this report is to provide the Health & Wellbeing Board with an update on the areas where the Board should focus on to demonstrate systems leadership.

2. RECOMMENDATIONS

To note the update on work undertaken at the Health & Wellbeing Board Development Session held on 14th September 2015.

3. BACKGROUND

A Development Session was held on 14th September 2015, the purpose of this meeting was to consider how the Board influences. The objectives for this session were to explore:

"What do we want to influence?"

"How do we influence?"

"How do we know that we have succeeded?"

Initially the Board discussed areas where influence had already been successful. The example of improvements to blood pressure management in Enfield (and the positive impact this has made to life expectancy) was cited. The role of the Health and Wellbeing Board on influencing the Better Care Fund was also cited.

In terms of who to influence a broad range of colleagues were identified including the community, Greater London Authority, NHS England, Public Health England, CCG, NHS Trusts and schools.

In terms of what we want to influence we agreed that this fell into 2 categories, the first was “Behaviours” and the second was “Systems Leadership”.

In terms of systems leadership, sugar was explored as a possible area where Enfield could show national systems leadership. It was agreed that a paper would be brought to the December Health and Wellbeing Board exploring the possible areas where the HWB should focus on to demonstrate systems leadership.

It was agreed that the Health and Wellbeing Board Chair and Vice Chair should send out after the board meeting any key communications from the Board, potentially in the form of a tweet.



Performance Management Hub

DATE 7th October 2015

BRIEFING NOTE

TITLE Local Government Devolution

Introduction

The Government has set out a long-term agenda for economic and social reform that recognises that devolution is the most effective way to create jobs, build homes, strengthen healthy communities and protect the vulnerable across the country.

Following the agreement of the Greater Manchester Combined Authority plans, local authorities across England have developed or are developing proposals for devolution of powers to groups of local authorities that comprise a 'functional economic area'.

Devolution in London

London is not included in the Cities and Local Government Devolution Bill that is currently going through Parliament, but there is general agreement that although London has an elected Mayor with some devolved powers, there is scope for further devolution both to London as a whole and also to sub-regional groupings of boroughs within London.

The London Proposition

London Councils and the Mayor of London have been working together on the development of a devolution and public sector reform agreement. The London Proposition which was submitted to Government by the Chancellor's deadline of 4th September aims to provide the basis for further discussion and negotiation with Government and to provide a platform upon which authorities and groups of authorities can build in practice. It presents propositions across six themes each of them interrelated: Employment and Complex Dependency; Skills, Enterprise Support; Crime and Justice; Health; Housing.

Local London

Enfield is a member of the Local London Partnership made up of eight members from the Growth Boroughs and the North East London Strategic Alliance. The only borough in these groupings not involved in the partnership at this stage is Hackney.

The Local London Partnership shares a belief by Whitehall devolving further power through groupings of London boroughs services and resources can be joined up more effectively;

Author	Alison Trew	Classification	Official All Staff	Date of First Issue	061015
Owner	PMH	Issue Status	DRAFT	Date of next review	
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local insight and a strategic overview of the area can be exploited to produce the conditions for greater economic growth, reducing deprivation and increasing prosperity.

The eight boroughs working together across East and North East London make up one of the four sub-regions in the Capital along with the West London Alliance, Central London Forward and the South London Partnership. In order to realise efficiencies and avoid duplicating functions, Government is keen to ensure all boroughs belong to a partnership before agreeing to devolve functions to sub-regions. There are four boroughs in London which have not yet aligned themselves to a grouping seeking devolution: Bexley, Hackney, Haringey, and Lewisham (see below).



The Local London group, in common with other sub-regional partnerships in London, feels that the London Proposition document is not sufficiently ambitious and is developing its own proposals around a number of themes: Business, Education and Skills; Employment; Housing; Health and Social Care; Crime and Justice. Enfield is leading on the housing workstream and is represented on the other working groups. Work is ongoing to ensure that proposals are realistic, costed and will produce better outcomes for residents and businesses.

What next?

Government is currently considering all the devolution submissions in parallel with the Spending Review timetable. Their initial reactions to the propositions are likely to be included in the Spending Review announcement in late November. However discussions and engagements on a London agreement in different areas are likely to continue beyond these initial announcements. Treasury and DCLG seem willing to hold a roundtable with Local London representatives after the Spending Review announcement.

Further Information

If you would like more information on devolution, please contact Alison Trew, Head of Performance Management, email: alison.trew@enfield.gov.uk

MUNICIPAL YEAR 2015/2016

MEETING TITLE AND DATE
Health and Wellbeing Board
15 October 2015

Agenda - Part: 1	Item: 8
Subject: Health Improvement Partnership Board Update	

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Approved by: Dr Shahed Ahmad

1. EXECUTIVE SUMMARY

This report summarises the work of the Health Improvement Partnership Board.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to note the contents of this report.

The Health Improvement Partnership met on Tuesday, 22nd September 2015 and was attended by representatives from:

Health, Housing Adult Social Care
 Schools and Children's Services
 Regeneration and Environment
 Finance, Resources and Customer
 Services

London Borough of Enfield
 London Borough of Enfield
 London Borough of Enfield
 London Borough of Enfield

Over 50s Forum
 Greek and Greek Cypriot Community
 of Enfield

Voluntary Sector
 Voluntary Sector

Enfield Clinical Commissioning Group
 Healthwatch

The Royal Free Hospital NHS Trust
 North Middlesex University Hospital Trust

1.0 STROKE, HEART DISEASE AND HIGH BLOOD PRESSURE

Our local Know your numbers campaign took place in September 2015 where information was given out via GPs and two local newspapers. Phone booth advertisements were installed in the five priority wards. This

is to support local GPs in helping their patients recognising the presence of high blood pressure and its management by improving lifestyle and medical treatment. As well as increasing the risk of stroke and heart attack, hypertension also increases the risk of developing dementia.

A newsletter on cardiovascular risk reduction in Enfield was sent to GPs just before World Health Day on September 29 to celebrate the progress in the cardiovascular disease management and outcomes in Enfield and to facilitate further progress.

We are actively supporting the PHE Blood Pressure System Leadership Board at a national level and regionally we are helping PHE to organise a London workshop on 16th December for 250 people chaired by Professor Huon Gray, the National Clinical Director for Heart Disease.

We have been contacted by the Health Inequalities Team at the Department of Health to share with them the story of how we have been tackling health inequalities over the past half-decade.

2.0 DIABETES

Public Health England published a report on 26th August about the prevalence of individuals who are at risk of diabetes, also known as pre-diabetes or impaired glucose tolerance. Enfield is one of the top 5 boroughs with highest prevalence of people with high risk from diabetes; 30,010 persons (11.7%). "Prediabetes" is where the blood sugar level is abnormally high, but lower than the threshold for diagnosing diabetes. It is estimated that around 5-10% of people with prediabetes will go on to progress to "full-blown" type 2 diabetes in any given year.

<https://www.gov.uk/government/publications/nhs-diabetes-prevention-programme-non-diabetic-hyperglycaemia>

NHS England called for expressions of interest to CCG and Local Authority partnerships to be first wave implementers of the national diabetes prevention programme. Randomised control trials have shown 30-60 per cent reductions in incidence of Type 2 diabetes, over three years, in adults at high risk who received intensive behavioural interventions (compared to control groups). The NHS Diabetes Prevention Programme will deliver at scale provision of evidence based lifestyle change programmes, based on proven UK and international models focused on lowering weight, increasing physical activity and improving diet in those individuals who are identified at high risk of developing Type 2 diabetes. Therefore the programme will improve the health outcomes of Enfield because the Enfield population has a bigger burden from obesity and prediabetes than many London boroughs. The Public Health team worked closely with the CCG and Strategic Clinical Network for Cardiovascular Disease in London in drafting the bid.

The Public Health team worked with the CCG to arrange a Ramadan Diabetes education campaign. The mosques include : Mevlana Rumi Mosque (Edmonton Green), Al Masjid (Edmonton), and Jalalia Masjeed (Ponders End).

3.0 HEALTH INEQUALITIES IN THE FIVE PRIORITY WARDS

The 2014 Annual Public Health Report showed improvements in Life Expectancy, but there remained significant challenges to life expectancy across the borough. It was determined that 5 wards should now be prioritized in order to tackle this. The needs of the 5 wards have been assessed.

We have worked with GPs and produced 2 newsletters in the Spring and Summer on the topic of health inequalities (the first was on hypertension and the second was on smoking) and support NHS colleagues to deliver excellent clinical care. The newsletters are popular and well received by GPs.

In addition to the General Practitioner engagement undertaken across the borough as part of Public Health activity, the team is undertaking direct contact with the practices in the 5 wards as a separate measure. This is intended to address a number of issues in primary care. A draft standard operating procedure was produced by the Public Health team for practice visits. The Public Health Consultant visited Carlton House Surgery in July.

Information reviewed / discussed at the meeting:

- Highlighted health issues of the Chase residents and discussed how Public Health and Carlton House Surgery can work together to help improve Chase residents' health status.
- Public Health services currently delivered in Enfield were promoted. These include NHS Smoking Cessation, NHS Healthcheck, and lifestyle services.
- The importance of reducing the variation in primary care performance including screening and immunisation was highlighted.
- Exchanged information and ideas on how to improve health of the population and reduce inequality.

The visit was well received. The CCG Board member who is a partner at Carlton House has written in the latest newsletter of his positive experience of the visit.

Public Health team will be visiting Dean House Surgery in October. We are also arranging to engage with GP Practice Managers on a regular basis.

4.0 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

The Enfield JSNA is available on the Enfield Health and Wellbeing website at <http://www.enfield.gov.uk/healthandwellbeing/jsna>. Its contents are reviewed and updated to ensure it remains relevant and a useful tool and resource for commissioners, policy makers, local people and other key stakeholders.

The maintenance of the Enfield JSNA is led by the Public Health team, and the maintenance process is overseen by the JSNA steering group whose membership includes Local Authority departments , CCG, Healthwatch and Community and Voluntary sector colleagues and is chaired by the DPH. The JSNA steering group meets quarterly.

The data and content update is progressing well with support from various stakeholders at LBE and the Enfield CCG. Since April 2015 the following sections have been updated on the JSNA website:

- Coronary Heart Disease (CHD) (Health and Wellbeing of Adults Chapter)
- Vulnerable Children (Health and Wellbeing of Children, Young People and their Families)
- Obesity (Health and Wellbeing of Adults Chapter)
- Excess Winter Deaths (Health and Wellbeing of Older People Chapter)
- Stroke (Health and Wellbeing of Adults Chapter)
- Demographics (Health and Wellbeing of Children, Young People and their Families)
- Chronic Obstructive Pulmonary Disease (COPD) (Health and Wellbeing of Adults Chapter)
- Falls and Fractures (Health and Wellbeing of Older People Chapter)

There are several chapters which are either being reviewed by leads or at the final stage of being uploaded to the JSNA website. These include:

- Child Poverty (Health and Wellbeing of Children, Young People and their Families Chapter)
- HIV and Sexual Health (Health and Wellbeing of Adults Chapter)
- Infant Mortality (Health and Wellbeing of Children, Young People and their Families Chapter)
- Oral health of Children (Health and Wellbeing of Children, Young People and their Families Chapter)
- Circulatory Disease (Health and Wellbeing of Adults Chapter)
- Cancer (Health and Wellbeing of Adults Chapter)
- Learning Disability and Autism (Health and Wellbeing of Adults Chapter)

5.0 INFANT MORTALITY

The Infant Mortality Action Plan has been revised and updated. Various work is now taking place in an effort to reduce infant mortality in Enfield as described below.

5.1 Breastfeeding

A mobile application, BreastStart, is now fully operating in Enfield. The App allows the users to find the nearest premises which is breastfeeding friendly and promotes breastfeeding by highlighting the benefits of doing so.

Eleven breastfeeding peer supporters who graduated training (commissioned by Enfield Public Health) in February 2015 are now placed in children's centres where they support mothers with breastfeeding and weaning issues. Volunteers recruited as part of PEP Antenatal Project have now received the full training. Three volunteers have been placed in North Middlesex University Hospital maternity department and a further two have been placed in the Hazelwood Children's Centre. They support breastfeeding and signpost users to other services where necessary.

5.2 Edmonton Roadshow

A one week road show was held in Edmonton Shopping Centre in July where a commissioned commercial on early access to maternity and breastfeeding was shown to the public. The commercial was received well and its DVD will be sent to GP surgeries, Children's Centres and community groups for training and health promotion purposes.

5.3 Parenting Programmes

The Consultant in Public Health (CPH) is working with colleagues in SCS and the BEH Mental Health Trust to co-design parenting programmes to be delivered in the borough, including in the borough's children's centres.

Considerable work has been done, including an agreement to allow the identification of new parents, to facilitate their invitation to a 12-week Parenting Programme.

6.0 HEALTH VISITOR TRANSITION/SCHOOL NURSING

As of 1st October 2015, the commissioning responsibility for Health Visitors and Family Nurse Partnership has been transferred to the Local Authority from NHS England.

A traded service for school nursing is being developed for the Academies, Free Schools and Independent Schools in the borough.

7.0 FEMALE GENITAL MUTILATION

An Action Plan to tackle FGM is being drafted. A Public Health Consultant and a CCG named safeguarding nurse are visiting local private providers to discuss FGM and safeguarding.

School nurses and health visitors have developed a protocol for dealing with FGM which will be discussed at the next Enfield FGM meeting.

8.0 CHILDREN'S CENTRES

Children's centres in Enfield now operate from five hubs and their sites. These include:-

- De Bohn

- Eldon
- Hazelbury North
- Hazelbury South
- Raynham

A new parenting programme is being developed in partnership with the Consultant in Public Health and the BEH-Mental Health Trust, to be delivered throughout the borough.

9.0 ORAL HEALTH UPDATE

Twenty schools in the area have been identified to carry out the Fluoride Varnish Programme, which is an increase of ten schools from last year's Programme. A letter is being translated to send to Parents/Carers regarding the programme in English, Turkish, Somalian, Polish and Bengali.

A training programme for the year has been designed of which two sessions have been carried out for care agency staff and health visitors. The four remaining sessions will be carried out in the last quarter.

The Programme provided differing support for different groups, including:

- For under 5s, training is provided to children's centre staff, and health and social care professionals; oral health initiatives the are integrated into existing children and young people's programmes (for example health visitors and other family learning programmes); families are signposted to general dental practitioners and community dental services; work is undertaken within childhood settings to review food and drink policies (for example healthy eating policies) and 'Brushing for Life' packs are distributed.
- The well-evidenced Fluoride Varnish Programme targets selected schools
- For special needs children, support is provided to staff, parents/carers and pupils; 'Brushing for Life' packs are distributed; pupils are signposted to dental services and open evenings are provided to discuss oral health messages including tooth brushing
- For adults with disabilities, behavioural and mental health difficulties, training and support is provided to staff, parents/carers and service users; planned contact/visits to all homes and day care centres in Enfield are arranged and work is undertaken with care homes to review food and drink policies, including healthy eating policies.
- For vulnerable elderly residents, training and support is provided to health and social care professionals in residential settings and day care centres and visits/contact are arranged with all residential/nursing care homes in Enfield.

10.0 CHANGE AND CHALLENGE – TROUBLED FAMILY INITIATIVES PHASE 2

The Change and Challenge Programme Phase 2 aims to support and turn around the lives of troubled families. The programme provides holistic support based on respective families' needs.

A Specialist Nurse also offers a health needs assessment with the families to identify their health needs and to develop an action plan based on the interventions agreed with them.

11.0 HEALTH PROTECTION

11.1 Immunisation

The Consultant in Public Health is liaising with NHS England and Enfield CCG colleagues to improve the data flows for immunisation performance data. IT issues have resulted in the appearance of poor immunisation performance, but there is confidence that this is inaccurate. Work to promote immunisation in the borough is being developed in partnership with the Enfield CCG and the Council's Communications team. The new parenting programme developed for children's centres will also assist promoting childhood immunisation.

11.2 Tuberculosis (TB)

Community development work has been commissioned from a voluntary sector organisation to improve TB awareness and reduce the stigma associated with TB. A recent review of the performance assured that the community development work is progressing well.

11.3 Communicable Disease

The pandemic flu plan has been circulated to the Enfield Borough Resilience Forum. The planning for an emergency planning exercise around pandemic flu, which is likely to take place next year, is in its early stages.

11.4 Health Protection Forum

The Enfield Health Protection Forum meets quarterly to improve partnership working between the NHS, Public Health England, Council teams and other partners on matters of health protection. At the most recent meeting the commissioning of an Enfield Immunisation team (for school-aged immunisations) for the coming school year was discussed.

12.0 SEXUAL HEALTH

Enfield's Integrated Sexual Health Community services currently provide Level 1- 3 contraception and sexual infection testing and management services to meet the diverse needs of the population of Enfield. The service is currently being delivered from two locations – St Michael's, Gator Drive (Hub) and Evergreen Surgery, Edmonton (Spoke). The Hub is not easily accessible without transport and the hours are not compatible with those that are in employment.

The new contract commencing 1st November 2015 will change the way of working by providing a service with extended opening hours and accessible locations.

The current location of the main site - St Michael's - is not easily accessible for the public using public transport and the Council is addressing this under new contractual arrangements by relocating the services to more appropriate areas. This includes the Town, Enfield Highway and the Bowes area.

13.0 DRUG AND ALCOHOL ACTION TEAM (DAAT)

DAAT services for Enfield include:

- Young People's drug and alcohol recovery service (targeted early intervention for prevention, education and treatment services);
- Adult substance misuse recovery services (specialist treatment that includes comprehensive assessments, care planning, prescribing, BBV screening and vaccinations, detoxification, referral for in-patient treatment, counselling and reintegration services to maximise employment opportunities);
- Crime reduction recovery services (assessments for drug or alcohol offenders released on a bail agreement in partnership with the Metropolitan Police Service, treatment for Offenders in receipt of an Alcohol Treatment Requirement or Drug Treatment Requirement Order in collaboration with the National Probation Service, and drug and alcohol offender reduction programmes);
- Aftercare and reintegration services (support to remain drug and alcohol free, access education and help with employment);
- Dual diagnosis service (specialist treatment for drug or alcohol users who have complex and enduring mental health needs);
- Alcohol liaison provision (Barnet Hospital and includes screening, assessments, brief interventions and referral to the relevant treatment service commissioned by the DAAT).

These services work seamlessly together to ensure that local need are met to best effect. The outcomes of Drug and Alcohol treatment in Enfield are well above the National and London averages however the demand pressures in Enfield are considerable.

14.0 HEALTH TRAINERS

The Royal Society Of Public Health held a national conference called Health Trainers , Changing Lives on 22 September. Speakers included Shirley Cramer CBE Chief Executive of RSPH, Graham Rushbrook and Shahed Ahmad. The event was attended by over 100 people and hosted by Enfield's health trainers in Edmonton. Formal evaluation is awaited, but initial feedback is highly positive.

15.0 AIR QUALITY

Preparation of a bid for the Mayor's Air Quality Fund has been prepared with the ambition of making Enfield idle-free by 2020. There are several strands to this project which include engagement with schools, the community and local businesses. Specific campaign/target areas include level crossings, outside schools, air quality hot spots, taxi ranks, stations and at key junctions where people are likely to be waiting for over a minute for the lights to change.

A recent report by King's College for Transport for London and the GLA estimated that 4,943 years of life are lost annually in Enfield to either Nitrous Oxide or PM2.5 particles; approximately 18% of deaths.

16.0 CYCLE ENFIELD

The funding received from the Mayors Fund will enable us to start making the cycling environment much more attractive, enabling more people to choose cycling for local journeys. This will take cars off our congested roads, help keep people in Enfield healthy through reduced air pollution and increased physical activity and open up easier journeys for the whole of the community. A dedicated website <http://cycleenfield.co.uk/> contains information on the four main schemes planned for Enfield.

The consultation on the first scheme of the Cycle Enfield programme, the A105 from Palmers Green to Enfield Town is currently open at: <http://cycleenfield.co.uk/have-your-say/>

17.0 HEALTHY WEIGHT STRATEGY

The Healthy Weight Strategy and Action Plan is being developed. Currently proposed work for coming year includes:

- Delivering the Change 4 Life programme in children's centres;
- Supporting the Healthy Schools London Programme;
- Ensuring all school playgrounds are designed to encourage varied and active play;
- Addressing parental concern around the perceived safety of walking and cycling.

An in-house healthy eating and nutrition package is being put together with the community dietitian in the borough.

18.0 SOCIAL SUPERMARKET

The Council's Regeneration and Environment Department is bidding for money from the GLA for capital monies to open a Social Supermarket in the Edmonton area.

The GLA will announce which boroughs have been successful at the beginning of November.

19.0 NHS HEALTHCHECKS

1,510 healthchecks were delivered in Enfield in Q1 (April – June) 2015, of which 1,289 were carried out in a GP setting and 213 were community healthchecks.

20.0 SMOKING AND TOBACCO CONTROL

We have been actively promoting Stoptober and have been promoting the ban on smoking in cars with children.

The 'What about YOUth?' survey just published by the Health and Social Care Information Centre showed that just 3% of 15 year olds in Enfield currently smoke compared to the national average of 8%. This is indicative of the work of the Tobacco Control Alliance in that:

- We have consistently achieved our four-week smoking quitter target for the past 8 years
- We have raised awareness through a number of events highlighting issues of smoking and developing a good relationship with the public.
- Introduction of Smoke-free children's play areas
- Continued work on enforcement to deal with illegal and illicit tobacco.
- Introduction of no smoking outside school gates.

21.0 ENFIELD JOBSNET

JOBSnet works in partnership with Public Health to provide a health promotion service to clients alongside their core employability work. Staff will assist with the completion of health questionnaires with clients and can make referrals and provide resources. All the advisers are trained as Health Champions (Royal Society of Public Health level 2). Leaflets on health and wellbeing including smoking, diabetes and exercise are made available in the office for clients. Additionally, a monthly 'Health Check' clinic is hosted at the JOBSnet offices, where clients and members of the public can book an NHS health check.

22.0 COMMUNITY DEVELOPMENT

To further strengthen the development of healthy communities in Enfield we have created a new post of Public Health & Community Resilience Outreach Officer and a Community Wellbeing Fund within the Chief Executive's department but funded by Public Health.

23.0 LEISURE AND SPORT UPDATE

The Enfield Leisure and Sport service delivers a range of sport and physical activity opportunities for Enfield residents. The key aim is to increase participation in sport and physical activity in the Borough using a variety of methods and initiatives. The service is split into two sections:

- Leisure facilities development
- Community sports development

Both leisure facilities and community sports programmes are being utilised by many local residents.

24.0 ROYAL FREE HOSPITAL UPDATE

Several public health programmes are being developed at Chase Farm Hospital site, including stop smoking services, domestic violence support for patients and staff, and healthier food programme across the site.

Since March 2015, 107 Enfield patients have been referred for stop smoking support and through changes to the food provision on the Chase Farm site there has been an increase in the sale of fresh fruit by 61% since May 2015. Chase Farm is now one of the four hospitals taking part in a national pilot conducted by Public Health England and the Department of Health looking into providing healthier hospital food.

25.0 NORTH MIDDLESEX UNIVERSITY HOSPITAL UPDATE

Services currently being provided at North Middlesex University Hospital (NMUH) for adult, paediatric and maternity were introduced to the board. An FGM clinic was opened in September 2015 and is available one day per week.

Early access to maternity services is a challenge in some population groups, particularly as pregnant women from certain cultures do not present until after 12 weeks.

NMUH are keen to participate in the GROW programme in order to further reduce infant mortality. The trust is looking at how this can be resourced. As part of the 12 weeks assessment, pregnant women are screened for drug and alcohol. Those with positive results are referred to drug and alcohol services.

26.0 SUPPORTING THE LONDON AND NATIONAL PUBLIC HEALTH SYSTEMS

As we saw from the Ebola outbreak in Africa, Public Health issues outside Enfield can potentially pose a threat to Enfield residents. Enfield therefore plays its full part in the national system. We have acted as professional appraisers for Public Health England; supported national and regional work on blood pressure, and supported London work on Cancer, Cardiovascular Disease, Primary Care Transformation and Public Health Workforce Development.

27.0 MENTAL HEALTH PROJECT

An evidence review has been conducted by Public Health into the relationship between mental health and employment in the borough. It

found that periods of unemployment can cause mental health issues and that people with mental health issues find it harder than both the healthy and physically disabled populations to gain and sustain employment. The review considers interventions which have helped people with mental health issues gain employment. It also looks at local provision and benchmarks local mental health and employment data against comparator areas.

The review highlighted that Enfield has worse employment outcomes for residents with mental health issues than the regional average. Employment outcomes are also low for 18-24 year olds, an age group in which mental health issues often arise for the first time.

Following recommendations made in the report, Public Health ran a pilot project in September. Three participants - with serious and enduring mental health conditions - aged 18-25 undertook work experience placements of 2-5 weeks at the Council. They also received benefits advice, mentoring from Assistant Directors, a session on how to cope with nerves and employability sessions hosted by the Council's job brokerage service JOBSnet.

The pilot will now be evaluated and participants followed up to see if they found work within three months. One participant has completed a test for the Council's apprenticeship scheme and another is planning to apply to an adult social care role which is about to be advertised externally. All participants have reported an increase in confidence and shift in career aspirations. Following the evaluation, the Council could consider offering more work placements to residents with mental health issues and perhaps ring fence a number of apprenticeship places for this population. The scheme could also be marketed to local employers, with recommendations about how they might implement something similar.

Discussions are now underway with Councillors, commissioners and senior managers, using the report to shape future provision in this area.

28.0 HEALTHY SCHOOLS

Healthy Schools is a whole school approach that goes beyond the teaching and learning in the classroom to pervade all aspects of school life. A healthy school translates the whole school approach into practice to enhance health and educational outcomes. (Public Health England - The link between pupil health and wellbeing and attainment. NAHT November 2014).

Enfield Schools can help children lead a healthy lifestyle, to make healthy food choices at lunchtime and to be active on their way to School. More widely, schools can help children learn about their health and develop motivation and respect for others. The benefits go beyond health as participating schools have also reported reduced incidence of bullying, improved behaviour and attendance.

There are three levels of awards. The bronze award is awarded to schools that complete the Healthy Schools London review. The silver award is in addition to and builds on the bronze award when a school undertakes an analysis of pupils needs and identifies actions that will help pupils achieve and maintain good health and wellbeing. The gold award demonstrates the impact of the changes and how the school have made these sustainable.

Enfield Schools are proactive and have successfully achieved 41 bronze awards, 17 silver awards and one gold award achieved by Worcesters school a real achievement . In addition we have two more silver awards and two gold awards in the assessment process at present.

In Enfield going forward, the Physical Education Team has joined forces with The Healthy Schools Team to support schools going for The Healthy Schools London Silver Award. We have devised a range of objectives, some centered on 'The Road to Rio' and other physically related ones. It is a successful partnership approach and we look forward to achieving many more awards.

There is an annual Healthy Schools London Celebration Event that takes place the Chamber at City Hall. Enfield is consistently well represented with Schools collecting their awards.

29.0 HEALTHY WORKPLACES

Next Steps

Promote the London Healthy Workplace Charter to other organisations and companies in the London Borough of Enfield. This will start with a communication programme and we will allocate some dedicated resource to promote the benefits to other employers. We believe that achieving the Excellence accreditation will provide motivation for other organisations and our knowledge of the framework can be used to support them through the process.

To achieve this we will provide dedicated resource tasked with the following projects:

- Prepare and write promotional material that will be published on the Council's website and local Enfield publications such as Our Enfield to promote healthy workplace initiatives and the benefits of the Healthy Workplace Charter among local employers.
- Attend various local meetings to present the Healthy Workplace agenda to local employer groups, i.e. Health Improvement Partnership Board and local employer groups
- Meet with individual local employers to present and promote the Healthy Workplace agenda.
- Liaise with the GLA Healthy Workplace Charter team to promote the initiative with local employers

30.0 TEENAGE PREGNANCY

Teenage pregnancy rates continue to fall in the borough. In quarter 2, 2014, the Enfield rate was 23.2 conceptions per 1000 females aged 15-17 years. This was lower than the England average of 23.4, but higher than the London average of 21.3 per 1000. Enfield's rate is now 50% lower than the 1998 baseline rate and 58% below the 2006 rate.

The change in the under-18 conception rate has not been uniform across the borough. It ranges from an 84% decrease in under-18 conceptions between 2001-03 and 2011-13 in Bowes ward, to just a 15% change over the same time period in Town Ward.

Work is continuing on reducing teenage pregnancies in the borough, using websites such as Youth Enfield and social media.

**Health and Wellbeing
Board**

15 October 2015

REPORT OF:

Bindi Nagra

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Agenda – Part: 1

Item: 8

Subject:

Joint Commissioning Board Report

Date: Thursday 15th October 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:

- Care Act:
 - the delay of the Funding Reforms (April 2016) [p.3-4]
 - Implementation activity and governance arrangements]
- Section 75 Agreement for Adults amendments for 2015/16 have been approved by both Parties [p.4]
- Update on the Integrated Care for Older People Programme Operating Model [p.4-5]
- Public Health:
 - Update on the transition of Integrated Sexual Health Community Services [p.5]
 - Development of Oral Health programme for 0-5, Special Needs Children and Vulnerable Adults [p.7]
 - Transition of Health Visiting and Family Nurse Partnership (FNP) services from NHSE [p.8]
- Mental Health Service User Engagement Event (4th September 2015) update
- The significant achievements attained in Learning Difficulties in the last six months [p.9-11]
- The outline of the joint LBE & CCG Strategy for Emotional Wellbeing and CAMHS [p.12-13]
- DAAT improvements in performance [p.13-16]

1. EXECUTIVE SUMMARY (CONTINUED)

- Construction and tender process for the Provision Project [p.17]
- The development of the Voluntary & Community Sector Strategic Commissioning Framework (VCSSCF) [p.17]
- Update on Carterhatch Lane accessible homes for older people with learning disabilities and dementia [p.18-19]
- Board updates:
 - Learning Difficulties Partnership Board (LDPB) [p.19-22]
 - Physical Disabilities Partnership Board (PDPB) [p.22-23]
 - Older People's Board (OPB) [p.23]
 - Safeguarding Adults Board (SAB) [p.24]

2. RECOMMENDATIONS

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

3. CARE ACT 2014 UPDATE

3.1 THE DELAY OF THE CARE ACT FUNDING REFORMS (APRIL 2016)

3.1.1 The funding reforms including a cap on the costs of care were due to come into force in April 2016, but the Government recently announced that they have been postponed until April 2020. This means the following sections of the Act have been delayed:

- the Cap on Care Costs (to April 2020)
- the extension to the Means Test Thresholds (to April 2020)
- the Appeals system (pending the Comprehensive Spending Review)

3.1.2 Government has said that the delay will allow time to be taken to ensure that everyone is ready to introduce the new system and to look at what more can be done to support people with the costs of care. The announcement was made by letter from the Care and Support Minister Alistair Burt to the Chair of the London Government Association (LGA).

He explains in his letter that earlier this year many stakeholders expressed concerns during the consultation on draft regulations and guidance about the timetable for implementation and the wider funding position for adult social care. It is in light of this feedback, together with concerns that the private insurance market had not developed products as expected to help individuals fund the initial £72,000 as they progressed towards the cap, that the decision was taken. Link to letter:

<https://www.gov.uk/government/publications/delay-in-the-implementation-of-the-cap-on-care-costs>

3.2 CARE ACT IMPLEMENTATION & GOVERNANCE

3.2.1 As previously reported, the council has been successful in implementing the April 2015 reforms although embedding the new duties remains a key focus. With the Enfield 2017 developments taking place this enables this process to continue within the wider strategic framework, thus supporting the Enfield 2017 principles such as 'doing it once'.

3.2.2 In view of the funding reforms delay a review of the governance arrangements and implementation activity has been undertaken. This is being followed by a review of the initial impact assessment. As part of this process decisions are being taken as to areas that can now be mainstreamed and what will remain as part of the Council's Enfield 2017 transformation programme.

3.2.3 The Care Act Board continues to oversee the embedding of Part 1 of the Act but the intention is to close the Board by the end of the calendar year. Priorities for implementation will continue to be on completing deliverables as identified in the programme plan, including:

- Embedding the care and support duties including assurance that key duties are being met

- Embedding Wellbeing duties and the provision and maintenance of information and advice - in adult social care, across the Council and with external partners
- Measuring the impact of the Care Act care and support reforms including a performance and monitoring framework to enable the impact to be measured on a qualitative and quantitative basis.
- Completion of implementation of IT solutions, for both back office and self-serve
- Market shaping and commissioning of adult care and support duties and managing provider failure

3.2.4 The new national eligibility criteria based on Wellbeing and outcomes is being applied. It is too early to give a definitive position on the impact of this; however the November ADASS Care Act stocktake returns are expected to provide an understanding of the impact across the country as well as at local level.

4. SECTION 75 AGREEMENT FOR ADULTS

The Council and NHS Enfield Clinical Commissioning Group have had a Section 75 Agreement for commissioned services for adults since 2011. The amendments to the agreement for 2015-16 have now been approved by both Enfield Council and Enfield Clinical Commissioning Group and the agreement is now in the process of being signed by both parties.

5. ENFIELD INTEGRATED CARE FOR OLDER PEOPLE PROGRAMME

5.1 The integrated care network aims to establish an approach to delivering self-management, care and support of older people with frailty that is more patient-centred, multi-disciplinary and makes most effective use of existing and new resources to deliver care in the most appropriate clinical setting. This will support patients, professionals and organisations to deliver patient-defined and clinical outcomes through a joined-up & holistic approach to meeting needs & preferences and coordinating assessment, care planning & delivery. Its Operating Model has a number of inter-related components discussed below.

5.2 Identification and Primary Care Management

Working in partnership between NHS Enfield CCG, London Borough of Enfield and Enfield Community Service, Integrated Locality Teams were formed comprised of social workers, community matrons & therapists, to deliver a multi-disciplinary, approach to supporting GPs as Lead Accountable Professional in their practices. The Care Homes Assessment Team (CHAT) fulfils a similar role for care home residents and is a nurse-led team with geriatrician input to manage the individual cases of older residents in homes, help develop lasting nursing staff skills in these homes and engage with GPs of residents.

Update	Achievements	Next Steps
GP Care Plans were developed for “top 2%” of cases	6,000+ plans developed between since Jul-14. NHS England Enhanced Service now in place	£200k GP Locally Commissioned Service agreed to support utilisation of integrated care network in primary care for 2015/16
Integrated Locality Teams: Plan for Phase II development of Teams now agreed across ECS/LBE.	900+ ILT case conferences developed compared (target of 750 for 2014/15)	Locality Teams: Development plans for co-located, jointly managed teams agreed for implementation in 2015/16: <ul style="list-style-type: none"> - <i>Workforce Engagement/Development & Joint Organisational Form</i> to be proposed to commissioners from ILT Steering Group; - <i>Estates & Infrastructure</i> plans being progressed across providers; - <i>Service Process Re-design</i> underway with staff to support Phase II.
	69% of practices had reduced emergency admissions of patients 65+ via CCG Locally Commissioned Service (8% reduction overall) between Dec-May 13/14 & 14/15, but increases in Jun & Jul.	
Falls Service currently supporting patients at falls risk, and facilitating professionals' access to support	Investment in falls service now agreed and part of the ILT function. Revised integrated falls pathway agreed with GPs.	Falls Service specification agreed clinically and voluntary sector falls prevention specification agreed at IC Working Group Jun-15, and to go out to voluntary sector in Oct-15.
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.)	Tele-Health pilot expanded to 60 patients and one provider selected to continue with pilot; next review scheduled for late 2015
CHAT expanded to work in 31 care homes at same time as developed “stretch strategy” to reduce costs	8% reduction in emergency admissions between 2013/14 and 2014/15 from those homes in which CHAT worked	Funding outside BCF Plan agreed to expand CHAT function to all 45 homes in second half of 2015/16. Recruitment underway.

5.3 Rapid Response

This function includes a range of services with a focus either on time-limited help for people to return home safely after hospital or providing a crisis management response in the community to help people avoid hospitalisation 7 days a week. This help might include time-limited community rehabilitation, and a draft Service Specification incorporating hospital & community bed-based and home-based rehabilitation is being finalised, including an analysis of the likely need for fast- and slow-stream rehabilitation beds. Plans are also well-advanced in developing a community crisis/urgent response functions, with a task and finish group established to implement the agreed model of care for winter 2015.

6. PUBLIC HEALTH

6.1 Sexual Health Community Services

The new Integrated Sexual Health Community Services contract, commencing 01 November 2015, has been awarded to North Middlesex University Hospital. The contract has increased the hours and new locations that will address the needs of the Borough's population:

Hours: Monday to Friday 8am –to- 7pm
Saturday & Sunday 9am –to- 2pm

Locations: Clinic in Enfield Highway (Hub)
Clinic in Enfield Town
Part time clinic in NMUH

Part time clinic in GP practice in Bowes area

The contract offers walk-in and appointment services and will address STI (incl HIV) testing for all and Contraceptive service for those not registered with a GP. There will also be a mobile service that will be used to meet with those identified as “hard to reach” e.g. sex workers, drug and alcohol users

The new contract will be delivered in three phases:

Phase 1 / November 2015:

- Enfield Town clinic
- The Green clinic (to 31 March 2016)

Phase 2 / January 2016:

- Bowes clinic
- NMUH clinic (Alexander Pringle Centre)

Phase 3 / April 2016:

- Enfield Highway Hub (closing The Green clinic)

Service Delivery

Data highlights that in 2014/15, Enfield provided a service for 51% (9,631/18,811) of the population, which is a decline of 34% from 2013/14. Service User feedback indicates the hours, location and service delivery as the reason they have been using out of borough providers.

The new providers are commissioned to redress this decline, unmet need and to attract the residents who work outside of the Borough through appropriate opening hours:

Cross-boundary movements: working population aged 16-34 [Census 2011]		
Working population (resident)	Working population (non-resident) i.e. 'in flow'	Residents who work outside of the Borough i.e. 'out flow'
13,001	9,889	24,463

The London Sexual Health Services Transformation Programme for Integrated Sexual Health Community Services will be running in alignment with Enfield's redesigned model. Enfield is advising on the procurement, service specification and contract.

6.1.1. The London Sexual Health Services Transformation Programme has brought together 22 London¹ boroughs to deliver a new collaborative commissioning model for open access sexual health services across much of the capital, including Genito-Urinary Medicine (GUM) (services for the screening and treatment of Sexually Transmitted infections (STIs) and

¹ The London boroughs signed up to the programme are Barnet, Brent, Camden, City of London, Ealing, Enfield, Hackney, Hammersmith and Fulham, Haringey, Harrow, Islington, Kensington and Chelsea, Lambeth, Lewisham, Merton, Newham, Redbridge, Southwark, Tower Hamlets, Waltham Forest, Wandsworth and Westminster

Sexual and Reproductive Health Services (SRH) (community contraceptive services). The aim is to lead the transformation of the service model to deliver measurably improved and cost effective public health outcomes, meet the increasing demand and deliver better value. The vision is based on how services could be delivered in a new model.

The front door into services will be web based, a single platform providing patients with information about sexual health, on line triage, signposting to the most appropriate service for their needs and the ability to order self-sampling tests. There will be fewer major centres for people with more complex sexual health needs, but the services that are commissioned will be open longer hours and will be properly linked with a network of integrated one stop shops at local level which will be able to meet many people's needs. They will also work closely with primary care. Transport links will be a critical element of determining locations for clinics. There will also be improved data to help better identify and address need for prevention and specialist services, including new and emerging trends

All major clinics will offer patients the opportunity to triage and self-sample on site and all services will be required to ensure that routine STI screen results are available electronically to patients within 72 hours. Patients who are diagnosed with an STI will be offered a fast track appointment, ideally within 24 hours or will be fast tracked if they present to a walk in service. Improved systems for identifying and notifying contacts of patients with an STI will ensure that resources are targeted at the highest need groups.

The whole system will be designed to ensure that evidence about best practice drives changes, and resources will be focused on groups with the highest risk.

6.2 Oral Health

20 schools have been identified to carry out the Fluoride varnish programme, which is an increase of 10 schools to last year's programme

A letter is being translated to send to Parents/Carers regarding the programme in English, Turkish, Somalian, Polish and Bengali

A Training programme for the year has been designed of which two sessions have been carried out for care agency staff and health visitors. Four remaining sessions will be carried out in the last quarter

2015/16 Programme:

Under 5's:

To provide training to children centre staff, health and social care professionals.

Integrate oral health initiatives into existing children and young people programmes. e.g. health visitors and other family learning programmes. Signposting families to general dental practitioners and community dental services.

Work with childhood settings to review food and drink policies. e.g. healthy eating policies.

Distributing 'Brushing for life' packs.

Fluoride Varnish Programme:

Targeting selected schools for fluoride varnish programmes

Special Needs Children:

Provide support to staff, parents/carers and pupils.

Distribution of 'Brushing for Life' packs

Attend open evenings to discuss oral health messages including tooth brushing.

Sign posting pupils to dental services

Adults with disabilities, behavioural and mental difficulties:

Provide training/support to staff, parents/carers and service users.

Plan to contact/visit all homes and day care centres in Enfield

Work with care homes to review food and drink policies. e.g. healthy eating policies.

Vulnerable elderly:

Provide oral health training/support to health and social care professionals in residential settings and day care centres for vulnerable elderly

Plan to contact all residential/nursing care homes in Enfield.

6.4 Health Visiting and Family Nurse Partnership Services

6.4.1 Health Visiting service

Commissioning responsibility for the Health Visiting Service transferred to the Local Authority on 1st October 2015. As part of the development of a new Early Years Early Help model, SCS and Public Health commissioning continue to review current provision, and progress will be reported back at a future Board.

6.4.2 Family Nurse Partnership (FNP)

Enfield Family Nurse Partnership continues to progress well. Unfortunately, it has reached its capacity and is now closed to new referrals.

Commissioning responsibility for the service transferred to the Local Authority on 01 October 2015, and NHS England has worked with LBE to ensure that the service is being delivered according to the licence.

As reported at the last Board, SCS and Public Health Commissioning have been in discussions regarding the best way forward for the service to

assess whether or not (a) funding additional posts is the most appropriate way to address the demand; (b) that the borough's vulnerable young mums are part of the FNP client base, and (c) that the licence criteria is being adhered to.

7. SERVICE AREA COMMISSIONING ACTIVITY

7.1 Older People – Dementia

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 GPs Dementia Registers, as well as those individuals who may need to be assessed for a formal diagnosis from the Memory Service. The Review indicated a key improvement area was post-diagnostic support for people with dementia, and a voluntary sector service to provide this support linked to the Memory Service, with funding via the BCF Plan, will be procured in Oct-15.

This will support Enfield to increase the proportion of older people likely to have dementia in Enfield (estimated at around 3,000) who were known to be on GPs' Dementia Registers to increase from 59% to the BCF Plan target of 66% between the ends of Mar-15 & Mar-16.

7.2 Mental Health

7.2.1 The Enfield Joint Adult Mental Board is asked to note the service user engagement event on 4th September 2015 which was organised in partnership with EMU (Enfield Mental Health Users), Enfield CCG, BEH-MHT and LB Enfield. The event was attended by over 120 persons of whom 108 identified themselves as mental health service users. Four workshops were held:

- Crisis Experience
- What does enablement and recovery mean to you?
- What makes a good life when living with mental illness?
- What is a mental health friendly GP?

The outputs of the day are currently being written up and will further inform on a refresh of the Crisis Care Concordat Plan, Enfield Mental Health Strategy including the development of a Primary Care focused model of service delivery for mental health.

7.2.2 The Mental Health Crisis Care Concordat - Published by the Government in 2014. It is a commitment by 22 national bodies to work together to improve the system of care and support for persons at the point of crisis.

The first draft Enfield plan has been previously advised to the Health & Wellbeing Board and is currently on the national crisis care concordat website. A refresh of the Enfield Crisis Concordat plan is in production. Concordat stakeholders, including service users, are being actively engaged for input to further develop

our plan. The refreshed plan is to be uploaded to the national website by 30/10/15. The plan is a shared overarching document for Barnet Enfield and Haringey as all three boroughs have the same main NHS provider of secondary care mental health services and are all serviced by London Ambulance Service, Met Police and British Transport Police. However each borough is in the process of localising their borough plans to reflect local circumstance and service user voice.

The four principles of the concordat are:

- Improve access to services before crisis
- Access available 24/7 at the point of crisis
- Appropriate care and support in crisis
- Post crisis prevention planning.

Within the spirit of the concordat service users can also expect to be engaged about their experience and active feedback to inform on co-produced service design is encouraged. Service users can also expect to receive safe and appropriate support to find the help they need from whichever of our services they turn to first.

7.3 Learning Disabilities

There have been a number of significant achievements in the last 6 months, to date these include:

- Significant reduction in the Assessment & Treatment bed days used in 2014/15 & 15/16 activity due to the community intervention service. FR&Q agreed reoccurring funding for the community intervention which will enable our strategy for assessment & treatment avoidance to be fully embedded in practice. Our community nurses and lead psychiatrists have been presenting our community intervention model to London LD networks for nursing and psychiatry.
- Application for £1.45 million from the Department of Health capital funding for the Winterbourne programme. This bid was unsuccessful as funding was prioritised to the midland regions to fast track areas where there are issues with implementation. A further funding round will be announced over the summer where Enfield intends to submit a bid.
- Working closely with Continuing Healthcare team to develop a joint purchasing resource for people with learning disabilities and physical disabilities that includes exploration around setting up a pooled budget of resources that considers staffing as well as funding. This will be presented to TPG and FR&Q.
- Enfield's Joint (Health and Social Care) Self-Assessment Framework for people with learning disabilities has been validated by Public Health England, ADASS and IHaL as Green which denotes excellence. This is a significant achievement as Enfield is now ranked as joint 15th best LD service in England and Wales.

- Working with primary care to improve the uptake up of DES Health Checks for people with learning disabilities (62%).
- Enfield is fully compliant with the Winterbourne view concordat and we have been highlighted as a centre of excellence by NHSE for our local implementation of the transformation programme.
- High numbers of people (NI145 at 77.2%) being supported locally in the community with exceptionally low numbers of people in OATS.
- Consistently achieved very good standard in safeguarding, achieving excellent in many areas.
- Excellent user & carer engagement

Challenges:

- CNWLFT made the decision to reduce the number of psychiatry sessions under the block contract which has created a pressure on response and waiting times. The Commissioning Manager and the CSU are reviewing this decision.
- CNWLFT has indicated that there are undertaking a viability review of the seacole service due to low levels of demand for the service. Enfield is preparing a contingency plan.
- Demand for health and care services for people with learning disabilities are set to increase due to a) the numbers of young people transitioning to adult services and the number of people with learning disabilities choosing to live in Enfield from other areas. This is creating a pressure on resources in a climate of reducing budgets.
 - More specifically the number of people with autism and learning disabilities has increased drastically which is placing pressure on existing in borough specialist provision. There is an intention to stimulate the market by holding regular market engagement events and activities
 - Consideration is being given to how we use existing assets and procurement tools at our disposal to stimulate the market in the short, medium and long terms within the context of delivering safe, quality and efficient services for people with a wide range of needs

7.5 Children's Services

7.5.1 Maternity

The Enfield CCG continues to monitor important quality issues in monthly meetings and through the North Central London Maternity Board. The perinatal mental health training provided by the Tavistock and Portman Clinic has been well received, and further work to implement new pathways will continue under the auspices of the Future in Mind CAMHS Transformation, which is discussed below.

7.5.2 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

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

Good progress continues to be made, the local offer is currently being refreshed following feedback from children, young people and families and the Contact a Family DVD referenced in the last report is being finalised. The new CQC/Ofsted Inspection regime for SEND will go live in May 2016, and will be a joint inspection of all services in a local area.

7.5.3 Children who are ill

A paediatric integrated care work stream was initially established to support implementation of the Barnet, Enfield and Haringey Clinical Strategy, and is now supporting a broader workstream looking at developing ambulatory care for children who are ill and implementation of the Facing the Future standards, the professional spectrum, but most importantly from children and families themselves.

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

In March 2015 the Government published a wide-ranging report on child and adolescent mental health, *Future in Mind – Promoting, protecting and improving our children and young people's mental health and Wellbeing*. The report sets out a national ambition to improve mental health services for children and young people. *Future in Mind* stipulates that each area is required to submit a Transformation Plan, and Enfield is due to submit by 16th October 2015.

Our plans must clearly address the five key areas required by *Future in Mind*:

- Accountability and transparency;
- Improving access to effective support;
- Care for the most vulnerable;
- Promoting resilience, prevention and early intervention;
- Developing the workforce

The CCG is working with Schools & Children's Services, BEH MHT and other stakeholders including children and young people to develop plans, which will be based on our joint commissioning strategy. Additional funding is available for the following:

- (i) Initial allocation of funding for eating disorders and planning in 2015/16 (Already released)
- (ii) Additional funding available for 2015/16 when the Transformation Plan is assured
- (iii) Minimum recurrent uplift for 2016/17 and beyond if plans are assured (includes eating disorders)

In addition Enfield has received funding in the form of training places and funding for backfill so that we can participate in the children and young people's IAPT programme.

Due to the tight timescales, NHSE has agreed that either the Health and Wellbeing Board or Director of Children's Services or Director of Public Health may approve the Transformation Plan.

At a later date the Transformation Plan will need to be approved by the Health and Wellbeing Board.

7.5.5 **Enhanced Behaviour Support Service**

The original BCF plan included a proposal for Child Health & Wellbeing Networks however the business case did not realise the anticipated return on investment. The C&YP Working Group elected to accelerate another project to prevent out of borough placements for young people with challenging behaviours.

The proposal is for an Intensive Behaviour Assessment & Therapeutic Service. The new service aims to avoid residential accommodation for (approximately) four children / young people (and their families) per year through a combination of timely and intensive therapeutic support and the provision of regular, planned short breaks. This service would need to work closely with adult and transition services and Follows success of 'Ealing Model'.

At its meeting on 15th September, the Enfield Integration Board approved the proposal in principle and delegated the final sign off of the business case to the EIB management group so as not to unduly delay the project initiation. The steering group is due to meet w/c 28 September and the business case is anticipated to be approved mid-October.

7.6 **DRUG AND ALCOHOL ACTION TEAM (DAAT)**

- 7.6.1. **Public Health England Grant Conditions Specific to Drug and Alcohol**
Section 7 of the Public Health England Grant Agreement contains a requirement where "A Local Authority must, in using the Grant, have

regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services”. This Clause 7 of the Agreement thereby places a clear duty on the Council to increase its performance for the numbers of patients treated each year for drug and alcohol misuse as well as make improvements to the outcomes of those in drug and alcohol treatment through improved successful treatment completions.

7.6.2 Performance for Numbers of Drug Users in Treatment

The local data for the 12 month rolling period July 2014 to June 2015 has confirmed that the DAAT’s performance for the *Numbers of Drug Users in Treatment* has increased to 1043. This is extremely positive progress as the numbers in treatment has grown by 66 patients since the beginning of the financial year. Moreover, the performance is currently 29 patients above the end of year trajectory target for this measure. The DAAT’s London ranking for this measure is now 14th.

It is equally pleasing to report to the Health and Wellbeing Board that the DAAT’s key quality outcome performance measure, *Successful Drug Treatment Completions*, has significantly increased to 24.9% with 260 drug users having completed treatment during the 12 month rolling period July 2014 to June 2015. This measure constitutes a key Public Health England priority and is classified under the PHOF as 2.15. The end of year trajectory target is 21.4% (217 drug users completing). The DAAT’s London ranking for *Successful Drug Treatment Completions* is now 8th and Enfield DAAT is 5.9% above the London average and 9.5% over the National average.

The numbers of drug users in treatment and the successful treatment completion rate for Enfield DAAT is summarised in Fig. 1 below:-

Enfield Providers - Successful Completions (Drugs)

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

Partnership	Apr 2014 to Mar 2015	May 2014 to Apr 2015	Jun 2014 to May 2015	Jul 2014 to Jun 2015	Apr 2015 to Mar 2016
				Local	Target
Number of Successful Completions	177	174	220	260	217
Numbers in Treatment	977	989	984	1043	1014
% Successful Completions	18.1%	17.4%	22.4%	24.9%	21.4%
% London Average	19.6%	19.5%	19.6%		
% National Average	15.8%	15.6%	15.4%		

7.6.3 Numbers of Alcohol Users in Treatment

The Number of Alcohol Users in Treatment has also evidenced impressive performance improvements since the DAAT has increased the numbers by 15.34% over the year start position for the latest 12 month rolling period. The DAAT is ranking 15th in London for the Number of Alcohol Users in Treatment which is a good indication of the DAAT’s effectiveness given

the limited Grant awarded to the Council from Public Health England, compared to many other London Boroughs for instance.

7.6.4 Successful Alcohol Treatment Completions

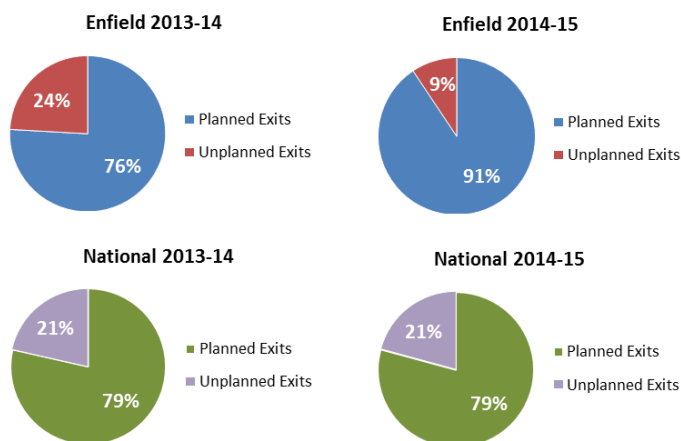
The main outcome performance measure concerns the Successful Alcohol Treatment Completion rate and it is pleasing to note that Enfield DAAT has witnessed marked improvements in the latest 12 month rolling period against the year start baseline position. The rate has increased from 34.7% for April 2014 to March 2015 to 44.9% for July 2014 to June 2015. This places Enfield DAAT as ranked 9th in London for this outcome measure and 5.8% above the London average and 6.1% above the National average. The two main alcohol performance measures are summarised in Fig. 3 below.

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

Partnership	Apr 2014	May 2014	Jun 2014	Jul 2014	Apr 2015
	to	to	to	to	to
	Mar 2015	Apr 2015	May 2015	Jun 2015	Mar 2016
Number of Successful Completions	113	116	127	169	122
Numbers in Treatment	326	324	327	376	326
% Successful Completions	34.7%	35.8%	38.8%	44.9%	37.4%
% London Average	39.3%	39.2%	39.1%		
% National Average	39.2%	38.9%	38.8%		

7.6.5 Number of Young People in Substance Misuse Treatment

The most recent PHE ratified performance for young people has confirmed that 181 young people received substance misuse treatment for the 12 month period up to March 2015. This performance is relatively consistent with the previous year's data and remains good compared to other London Boroughs. The Planned Exit rate performance is the main outcome measure used by Public Health England for young people's substance misuse services. It is highly positive to note that Enfield DAAT has experienced a 15% performance improvement over the previous year's outcomes and is currently performing at 12% above the National average.



7.6.2 Substance Misuse Crime Reduction Recovery Performance

The Mayor's Office for Police and Crime have now provided written confirmation of their acceptance to the new improved adult drug and alcohol offending targets in the MOPAC Grant Agreement. These now include:- a minimum target of 20% of the cohort achieving reduced offending; a successful drug treatment completion rate that has to be above the London average for the drug offenders in the Substance Misuse Recovery Service; and a 70% growth against the 2012/13 baseline for the numbers in treatment in the Substance Misuse Recovery Service. As the Table below demonstrates Enfield DAAT is exceeding all three MOPAC targets to date for its Substance Misuse Crime Reduction Recovery Services performance.

MOPAC Re-offending Cohort: 42 Category	2013-14 BASELINE					2015-16				
	Q1	Q2	Q3	Q4	TARGETS	Q1	Q2	Q3	Q4	YtD
Total Number of Convictions	62	33	75	51	<221	21				21
Cumulative Number of Convictions	62	95	170	221		21				21
Clients with Increased Conviction Rate YTD	N/A	N/A	N/A	N/A		6				6
Clients with Static Conviction Rate YTD	N/A	N/A	N/A	N/A		17				17
Clients with Decreased Conviction Rate YTD	N/A	N/A	N/A	N/A		19				19
IMPROVED MOPAC TARGET % of Cohort Achieving Reduced Offending Behaviour	N/A	N/A	N/A	N/A	>20%	45.2%				45.2%
NDTMS Successful Completions DIP 12 Month Rolling	N/A	N/A	N/A	N/A	>19.6%	28.3%			-	28.3%
NDTMS In Treatment DIP 12 Month Rolling	N/A	N/A	N/A	N/A	>208	329			-	329

8. REPROVISION PROJECT

Construction

The build contractor, Morgan Sindall, commenced on site on the 10th August 2015. Work to date includes: site clearance, main site set up, refurbishment of hoarding, installation of attenuation tank and completion of outstanding surveys. Practical completion is due in November 2015 and this will be followed by a fit-out period which will be undertaken by the service provider.

Tender For Service Provider

Pre-procurement planning has commenced for the care provision at the new build home. A cross-functional project team is being formed comprising of the relevant expertise from across the Council – Commissioning, Procurement, Assessment & Care Management, Legal and Finance. The group will also be engaging with service users / carers to shape service provision. The project plan proposes an award of contract date at the end of February / early March 2016.

A Market Engagement event has been scheduled for 22/9/2015. The purpose of the event is to determine the local and national market's appetite for the contract and to present the service vision, aims, objectives and outcomes. The procurement process and timetable will be presented and the market will be invited to comment on and suggest innovative solutions to meeting service requirements.

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

Following the provider forum held during May, the presentation was given to the Voluntary Sector Strategy Group which is attended by key strategic VCS partners ; the Cabinet Members for Adult Services, Care & Health and Community Organisations ; the Council's Chief Executive and senior Managers from across the Council. Officers shared the broad context and adult social care commissioning priorities as described in the previous Health & Wellbeing Board report. Commissioners are presently developing service aims, objectives and outcomes against the agreed priorities shared with the sector.

New opportunities for the sector will also be emerging with provision for Falls Management and post Diagnostic Support for People With Dementia due to be commissioned by the Enfield Clinical Commissioning Group linked to the Integrated Care Programme. The aim of the Programme is to provide better coordinated, holistic health and social care services for older people with frailty, emphasizing the need for a greater focus on prevention, early identification and coordination of assessment, care planning & case management. The Programme applies to all older people with frailty, particularly those at risk of needing a lot of support. Other long-term conditions pathways, such as diabetes that affect many older people with frailty are being aligned to the integrated care network.

10. SAFEGUARDING

10.1 Quality Checker Programme

The Quality Checker programme continues to be successful in providing assurance and challenge the services in Enfield through the view of service users and carers. The Quality Checkers are currently working on a number of projects, including mystery shopping to pharmacies. Further, in collaboration with the Service User, Carer and Patient sub-group of the SAB a specific project focusing on experience of Lesbian, Gay, Bisexual and Transgendered individuals in care homes.

10.2 The Adult Multi-Agency Safeguarding Hub (MASH)

The Multi-Agency Safeguarding Hub is now well established and continues to operate from an interim location within the civic centre. Permanent accommodation will become available towards the end of 2016 once refurbishment works are completed within the civic centre.

The MASH has received 1,273 referrals since it became operational, peaking in June and July at just under 300 per month. Some initial problems around the flow

of referrals from the police and ambulance service have been resolved and information is now being transferred appropriately in real time with no delays due to batch referrals.

Members of the MASH have been attending roadshows to promote the work of the MASH with GPs, hospitals and a range of other organisations. In addition to this visits from other Council areas have been received and Enfield officers have, in turn attended information sharing events across London in order to share good practice.

Virtual membership arrangements for some MASH members continue to be reviewed (not all members have a physical presence within the MASH office within the Civic Centre. These arrangements are working well but continue to be reviewed on a regular basis in order to ensure that information flows and resultant actions are appropriate and timely.

11 SPECIALIST ACCOMMODATION

- 11.1 Work to redevelop specialist accommodation located off Carterhatch Lane, to provide 14 accessible homes for older people with learning disabilities and dementia, in the form of a specialist Extra Care service is now near completion. The new 'hub' service will provide much improved, fully accessible accommodation with communal facilities and 24 hour on site support for older people with disabilities who wish to live independently within the community.
- 11.2 Redevelopment of a further outdated building within the Carterhatch scheme is now being planned. Planning applications have been submitted and a planning decision is now awaited. The new service will provide quality move-on accommodation for adults with learning disabilities and will link into the new 'hub' service via assistive technology.
- 11.3 The development of wheelchair accessible homes for people with disabilities on Jasper Close (for social rent) and Parsonage Lane (for home ownership) is now near completion. Following a number of information sessions, suitable tenants / purchasers are now being identified. The Parsonage Lane development is a pilot project that will enable people with long term disabilities who are not in work to secure a mortgage and part purchase a suitably adapted home in the borough. Potential benefits of this pilot project are cross cutting, including opportunities to support people who are placed in local authority housing or residential placements to purchase an accessible home of their own.
- 11.4 New move-on accommodation has been identified and secured for adults with disabilities who are ready to move on from specialist accommodation to live more independently in the community. Timely move on will help maximise capacity of our specialist accommodation services for those who need them most, whilst facilitating timely transition for those ready and able to increase levels of independence.

12. PRIMARY CARE PREMISES STRATEGY GROUP

The 'Primary Care Premises Strategic Group' meets on a quarterly basis providing a forum for key partners to meet and supply long term strategic oversight to current and future primary care premises developments in the borough. The purpose of this group is solely to consider the development and sustainable supply of primary care premises, in line with regeneration programmes being delivered by Enfield Council. The stakeholders (NHS England, NHS Enfield Clinical Commissioning Group, NHS Property Services and Enfield Council) continue to share intelligence and discuss primary care premises development opportunities across the borough. The next meeting is on 20th October 2015.

13. PARTNERSHIP BOARD UPDATES (COMMISSIONING ACTIVITY)

13.1 Learning Difficulties Partnership Board (LDPB)

13.1.1 The Learning Disabilities Partnership Board met on the 17th August. The big issue for this meeting was a review of the Boards Work Plan. It also included a consultation exercise on the Draft Transport Policy and feedback on the Children's Services Enhanced Behaviour Support Team.

- Niel gave a brief presentation on the **Enhanced Behaviour Support Team**, which aims to provide early intervention for young people whose behaviour can be challenging, to improve their experience of transition and reduce the use of out of Borough residential placements. The Board were very pleased with the proposed service.
- Janice Abraham (Information Access and Governance Manager) and Cenk Orhan (Policy and engagement officer) outlined for the board the main proposals of the **Draft Transport Policy** and Consultation.
- The board had a number of comments on the consultation procedure. Janice and Cenk took note and have since added an easy read version of the policy and questionnaire to the website. They have also updated the online questionnaire in line with member's recommendations.
- Board members expressed concerns about how the policy could affect some people with Learning Disabilities, particularly those with Profound and Multiple Disabilities, Autism or Behaviours that can be challenging. These are often people who may not be able to access public transport and rely most heavily on their mobility income. The board acknowledged that everyone's transport needs will be addressed in their support plan, but were worried that some of the most vulnerable people we support could face increasing isolation.
- Board members were also concerned that often people rely on transport once at Day Centre to access the community. Some members were concerned that Services would either stop supporting people to access the community and become more institutional, or be forced to raise their charges.

- Some Board members were also concerned that people and their families would have to justify as a need some things that have up to now been an accepted part of their lifestyle. Some members thought this is something many families would find very difficult to do.
- Board members also asked about how this would change when the Care Charging Cap comes into place in 2010. The Board questioned whether transport charges count towards the cap, and whether those aged under 25 who are assessed as 'Nil Charge' in 2020 would not have to pay for transport.
- The Board then went through the **Work Plan**, and decided which areas would be included in the plan for the next two years. A draft plan was circulated with the meeting minutes, and will be finalised at the Board meeting in November.

13.1.2 The **Autism** Steering group had its first meeting on the 16th July, with the overall aim of making Enfield an Autism friendly place. They have also produced a draft action plan. Autism will remain on the LDPB Work Plan.

13.1.3 With the exception of increasing employment for people with learning disabilities with the Council, and increasing the number of people with learning disabilities who are self-employed, the **Employment** sub group had made excellent progress on all their targets. Shirley-Anne Wheeler (employment champion) reported that there has been a change to the way that the government gathers its statistics. They now only count people who are working and receiving services. This is, inevitably, a lower figure, and targets will have to be revised accordingly for the next two years. Shirley-Anne also reported that there is a suggestion that an Employment Partnership Board be set up across all service areas. The board felt that, in this event, they did not need an Employment sub group as well, but would accept reports from the Employment Partnership Board.

13.1.4 The **Equalities and Inclusion** Sub group had their first meeting on the 27th July, and drafted a Terms of Reference. This sub group will also take the lead in developing a 'Learning Disability Council' (previously referred to as a 'Learning Disability Parliament'). Leslie Walls (Equality and Inclusion Champion) will submit a stage 2 Big Lottery Fund application in September to seek funding. Equalities and Inclusion will stay on the work plan while this application is processed. If successful, it is hoped the 'Learning Disability Council' will take on responsibility for a number of work streams.

13.1.5 The **family carers** work plan had made good progress on all its priorities and will continue on the next work plan.

13.1.6 The **Hate Crime** sub group had not met for some time. Deanna Rogers (E.D.A.) has now become champion for this group. It will continue on the

work plan, and may fall under the Learning Disability Council when established.

- 13.1.7 The **Health** Sub Group had been particularly successful in meeting its priorities around the Winterbourne View Concordat and Joint Self-Assessment frame work. It will continue on the work plan, and focus on the 'Staying Healthy' elements of the Joint Self-Assessment framework.
- 13.1.8 There are a significant number of **Housing** Initiatives being developed through the Accommodation Board. The Partnership board did not feel there was any longer a need for a separate Housing Sub Group, but would instead take reports from the Accommodation Board.
- 13.1.9 The **Leadership and Advocacy** sub group had not met for some time. Sue Wilkinson (One-to-One) will take on acting as champion. Leadership and Advocacy will stay on the Work Plan for now, but may fall under the Learning Disability Council when established.
- 13.1.10 The **Transition** Sub Group had made great progress on all it priorities. However, Ineta Miskinyte (Transition Champion) is now on secondment for two years. The Transition Work Stream will stay on the Work Plan, but no reports will be expected unless cover is found for Ineta.
- 13.1.11 The **Personalisation** Work Stream had achieved all its priorities, and personalisation is now mainstream practice. The Board agreed there was no longer a need for a separate work stream.
- 13.1.12 The **Services for People whose Behaviour can be Challenging** Sub Group had also achieved all its targets. The Board agreed for this Sub Group to disband. However, the Challenging Behaviour Action Group, a group made up of representatives of all the teams in the ILDS, will continue to provide training, promote best practice and quality check services. They will now report directly to the Board periodically.
- 13.1.13 The **Transport** sub group had also achieved all of its priorities, apart from publishing the transport survey, which is now complete. However, the Board would like this sub group to continue and include monitoring the impact of the Transport Policy on people with Learning Disabilities as a priority.
- 13.1.14 There has been a **Workforce Development** Sub Group open meeting, which drafted a Terms of Reference and Action Plan. No champion has yet been identified, but Chris O'Donnell (Person Centred Planning Coordinator) will convene the next meeting.
- 13.1.15 Jon Robson (Service Manager, Community Nursing) reported that Jane Cummings, the Chief Nursing Officer for England, will be visiting Enfield Soon. She will be meeting staff at the Integrated Learning Disability Service to discuss some of their excellent and innovative practice, including the Community Intervention Team.

13.1.16 The Board congratulated Lesley Walls and all of One-to-One for receiving The Queen's Award for Voluntary Service, the highest awards given to voluntary groups across the UK

13.2 Physical Disabilities Partnership Board (PDPB)

PDP Board met on 3rd August 2015 – following our successful 'new members' campaign at Christmas, the Board was well attended and included new members. We have a number of 'virtual' members, who are unable to attend quarterly, but wish to be kept informed and will attend when possible. This is a very positive step forward; our new members include carers and young people.

Care Act update provided and discussed, Keezia Obi invited to next meeting to present the Care Act Implementation in Enfield.

The meeting spent most of its time considering and agreeing the Terms of Reference for the new group, and representation from other community and professional organisations / agencies and work programme for the year.

The Board heard on progress regarding Integration between health and adult social care, a comprehensive presentation was delivered by Enfield CCG and positively received by the Board. A number of questions were raised about this, and the Board invited the CCG to attend future meetings. This request will be taken back to CCG to confirm who the named health professionals attending the Board. This is a positive step as the Board has continued to struggle with appropriate health representation.

The Board discussed progress on the Safeguarding Adults Strategy consultation and have requested further information at the next Board meeting.

Transport: number of Board members relayed their concerns regarding transport in general:

- Concerns on safety at bus stops – where cars are blocking entry to board the bus can be unsafe for those with mobility difficulties.
- Taxi cards and issue of them
- Blue badges on line still problematic

and a number of actions identified for our PDPB transport rep to further discuss with transport lead.

Members spent some time discussing Care Certificate, and how it will be implemented locally. Implementation of the Care Certificate will be monitored by the Care Quality Commission (CQC). The Board felt it is important to have further information on this at next meeting. Helen Ugwu (Learning and Development Consultant, LBE) will be invited to provide information. The Board discussed the need for Personal Assistants should be able to achieve their Care Certificate.

A discussion regarding the Enfield Vision group meetings at Park Avenue and the charges now placed on the venue raised issues with the group. This will cause Enfield Vision some difficulty in raising the funds to pay these charges and may need to consider alternative venue. It was agreed that the Cahir would discuss this with the Independence and Wellbeing Service and report back.

13.3 Older People's Board (OPB)

The older people's board continues to meet on a regular basis to discuss topics of relevance not only to older people but to younger age groups as well.

At the September meeting the Board covered:

- Agreement of a new set of terms of reference
- Received a presentation from the project lead of the Cycle Enfield (Little Holland) project and fed back their views on the potential benefits and drawbacks of the scheme
- Received a presentation on the Adult Social Care Transport Policy and fed back their views as part of the consultation process
- Expressed a desire to receive more statistical data around key health and social care issues in Enfield
- Expressed a desire to work more across the generations in order to share experiences, knowledge and were particularly interested in the Youth Parliament and knowing more about it

13.4 Safeguarding Adults Board (SAB)

The Safeguarding Adults Board was held on 14th of September 2015. Performance data was presented for quarter 1 2015-2016 which identified that there have been 218 alerts raised to adult social care, which is a 19.1% lower than in the same period in 2014-2015; the biggest reductions were seen at Chase Farm Hospital site and for mental health.

As in previous quarters most alerts relate to multiple abuse (32%) followed by neglect (30%). We have also found a high percentage (46%) are in relation to alleged abuse in the adult at risks own home, followed by 27% in residential or nursing home. Family members (main carer and other family members) continue to be the highest proportion of those alleged to have caused harm. Main Carer allegations have increased in Q1 2015-16 (22) compared to Q1 2014-15 (15), despite the overall reduction in the number of cases reported. The Board considered this data and have set some areas to do further analysis, such as the decreases noted in two areas. The Board also noted its concern with the number of alerts raised involving carers and family members, particularly around how these cases of domestic abuse are progressed. The Board have agreed that further work to progress the action the Boards Strategy Action Plan around

preventing and reducing repeat instances of harm involving carers to be given attention.

Feedback reports from all of the sub-groups of the Board were received; current sub-groups are Policy, Procedure and Practice, Learning & Development, Quality, Safety & Performance, a Service User, Carer & Patient sub-group, a Safeguarding Adults & Safeguarding Children's group and finally a task to finish group for Care Act Implementation for Safeguarding Adults. All groups were able to demonstrate improvements in functioning and performance bar the Learning & Development group, which during the meeting we were able to confirm is intended to join with the Safeguarding Children's Board equivalent group; it is intended this will help improve performance, joint work between safeguarding adults and safeguarding children, and reduce duplication of resources.

The Enfield Clinical Commissioning Group presented their PREVENT Delivery Plan. CCGs are not specifically captured in either the Prevent or the Channel Duty, however they have responsibilities as result of their role within the health system, as laid down in the NHS Contract 2015/16. The Board considered if there are any actions which need to be taken with respect to adults eligible for safeguarding who may be at risk.

The Safeguarding Adults Board became statutory under the Care Act from April 1, 2015. The Board received a presentation from the Local Authority Care Act Lead on the actions undertaken in the Council to ensure compliancy. This presented an opportunity for the Board and all of its partners to consider the actions they need to undertake to promote Wellbeing and how we can enhance co-operation and partnership to the benefit of adults at risk of harm.

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**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD
HELD ON MONDAY, 14 SEPTEMBER 2015**

MEMBERSHIP

PRESENT Shahed Ahmad (Director of Public Health), Ian Davis (Director of Environment), Vivien Giladi (Voluntary Sector), Ayfer Orhan (Cabinet Member for Education, Children's Services and Protection), Alev Cazimoglu (Cabinet Member for Health and Social Care), Doug Taylor (Leader of the Council), Nneka Keazor (Cabinet Member for Public Health and Sport), Kim Fleming (Director of Planning, Royal Free London, NHS Foundation Trust), Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust), Tony Theodoulou (Interim Director of Children's Services) and Paul Jenkins (Chief Officer - Enfield Clinical Commissioning Group)

ABSENT Ray James (Director of Health, Housing and Adult Social Care), Deborah Fowler (Enfield HealthWatch), Dr Henrietta Hughes (NHS England), Mo Abedi (Enfield Clinical Commissioning Group Medical Director) and Julie Lowe (Chief Executive North Middlesex University Hospital NHS Trust)

OFFICERS: Bindi Nagra (Assistant Director Strategy and Resources (Health, Housing and Adult Social Care)) and Jill Bayley (Principal Lawyer - Safeguarding) Penelope Williams (Secretary)

Also Attending: Graham MacDougall (Director of Strategy and Partnerships- Enfield Clinical Commissioning Group), Clare Kapoor (North Central London NHS Urgent Care Programme Manager), Lorna Leith (Healthwatch - standing in for Deborah Fowler).

1

WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting.

2

DECLARATION OF INTERESTS

There were no declarations of interest.

3

ENFIELD CLINICAL COMMISSIONING GROUP COMMISSIONING INTENTIONS

The Board received a report and presentation slides from Graham MacDougall, Director of Strategy and Partnerships, Enfield Clinical

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Commissioning Group (ECCG), on the NHS Enfield Clinical Commissioning Group draft commissioning intentions 2016/17.

1. Presentation of the Report

Graham MacDougall presented the report to the Board, highlighting the following:

- Commissioning intentions are produced every year, setting out the new services and changes to existing services, which the CCG would like to see.
- The intentions are influenced by local imperatives and national directives.
- They are the opportunity to set the commissioning framework.
- This year there will be a focus on mental health, both in adults and children. Focusing on how services respond to crisis, the quality of treatment offered and how to prevent people falling into crisis.
- Action plans are being developed and will be brought to the board at a later date.
- Local challenges include Enfield CCG's financial position: finding £13m in savings will be challenging.
- Urgent and Urgency Care are under the spotlight - particularly the 4 hour accident and emergency target. The systems are fragile, a strategic approach to create greater resilience in the system required.
- Transformation plans are being worked on in 6 areas and there will be an opportunity for the Health and Wellbeing Board to look at them in greater detail later in the year.
- Other areas of priority include eating disorders, psychological therapies and perinatal health.
- A strategic alliance with the other North Central London CCGs is being developed.
- The CCG is beginning to explore new models of care, working out new ways to contract it and will be commissioning for outcomes.
- The corporate objectives are set out on page 8 of the agenda pack.

2. Questions/Comments

- 2.1 Paul Jenkins advised the board that the CCG was under a category of "directions" where its priorities were laid down for it. They had a statutory obligation to balance the books. Recovery would take several years as they currently had an overdraft of £33.4m out of a budget of £360m. Further details could be provided if requested.
- 2.2 The provision of integrated diabetes, respiratory and heart failure services by the emerging GP Provider Network, to practice registered pan-Enfield population, was welcomed but it was felt that this should be extended to public health as well.

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- 2.3 Concern was expressed about how those that were not registered with a GP would be able to access these services. There were various opportunities to address this through urgent care, and using public health methods. It was very difficult to determine the level of those not registered. Various initiatives were under consideration. The problem was specific to certain wards which could receive targeted interventions. Guidance to practice managers on proof of address would be helpful. Co-commissioning should enable the CCG to have more influence in this area.
- 2.4 A patient engagement event had been held on the previous day.
- 2.5 By the end of September the ECGG Executive Committee would have agreed and published the commissioning intentions. Contracts with providers would be signed off by the end of March 2016.
- 2.6 Lorna Leith (Healthwatch) suggested that incorporating patient experience measures would help when judging whether the services were successful.
- 2.7 Proposals for Mental Health were due to be discussed at the next Board meeting on 15 October 2015. This will include transformation plans for the Child and Adolescent Mental Health Service (CAMHS) and how to respond to the "Future in Mind" report.

AGREED that to note the draft CCG Commissioning Intentions as set out in the report.

4

RE-PROCUREMENT OF THE 111 OUT OF HOURS SERVICE

The Board received a report from Clare Kapoor, North Central London Urgent Care Programme Manager, on the proposed procurement of an integrated NHS 111/Out of Hours Service across the five North Central London boroughs.

1. Presentation of the Report

Clare Kapoor presented the report to the Board highlighting the following:

- The report provides an update on the procurement of one integrated service for both the 111 and Out of Hours services across the whole of North Central London.
- Barndoc had provided the Out of Hour's service in Enfield for many years and were familiar to local residents.
- The contracts for both Out of Hours and 111 services were coming to an end providing an opportunity to improve all services.
- 40% of 111 calls ended up requiring the Out of Hours services.

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- The benefit of integration would result in fewer hand overs, provide access to a greater range of clinicians and to a direct booking service, avoiding the need for call backs.
- This will also be an opportunity to improve services for deaf users.
- An extensive engagement programme has been carried out with both large and small groups and more events were planned. A patient reference group including four members from Enfield had also been established.
- Although there had been a low response to the July engagement exercise, many people had accessed the engagement documents on line and 161 had responded to the on line survey.
- In July NCL had received a letter from NHS England requesting a pause in the procurement process due to the development of new commissioning standards but this was in line with NCL's original procurement plans.
- Procurement will begin in October 2015 and outcomes will be reviewed by each of the 5 CCGs. The issues will also be considered by the Joint Health Overview and Scrutiny Committee.

2. Questions/Comments

- 2.1 The contract would last for 5 years. The NHS was moving to longer term contracts which would enable contractors to commit more resources to improving services.
- 2.2 Camden and Islington have carried out focussed engagement with learning and disability services but not Enfield. Clare would also be attending some parents and deaf user group meetings.
- 2.3 It was reported that there was concern about the high numbers of people referred by the 111 service to Out of Hours services and that the 111 service was not staffed by clinicians. It was felt that people needed reassurance if the contract were to be taken away from the current providers. There was also concern that smaller local providers would have difficulty bidding for such a large contract and that it would therefore inevitably be let to a big pharma-company. Local GPs would not be able to compete. Many local people would prefer locally based services provided by local GPs.
- 2.4 There was the potential for larger companies to sub contract the work out at the local level. A key consideration was the way that the specification would be put together and decisions on the balance between price, quality and social value.
- 2.5 Paul Jenkins advised that the service would be clinically led and driven and that patients should receive the similar level of service to that currently provided: that it would still be a local service, just co-ordinated across a wider area.

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- 2.6 As part of the procurement, finance, quality and governance would be weighted: one fifth on finance and four fifths quality and governance.
- 2.7 Since 2005 it had been a struggle to recruit local GPs. This will remain a challenge, regardless of the model, but will be a consideration in the specification.
- 2.8 Two market events had been held and 22-24 providers had attended, including GP consortia.
- 2.8 Monitoring will take place at the local sub borough level.
- 2.9 The call centre will be based in London and will be required to be Care Quality Commission registered. It was felt to be more important to ensure that the out of hours services were locally based.
- 2.10 Concern was expressed about the weak consultation and the lack of information about minors and family networks.
- 2.11 The directory of services was an important tool to ensure that the local knowledge was available and linked in to the triage system. A manager would be responsible for making sure that it was kept up to date. A copy would be made available to Healthwatch.
- 2.12 The London Living Wage would be matched.
- 2.13 Under 5's would be referred direct to a clinician.
- 2.14 The new service would be able to make appointments directly with the out of hours service.
- 2.15 The new extended primary care access will start in October 2015. An extra £612,000 has been received to facilitate this. Initially appointments will be available 6 days a week.

AGREED to note the proposal to procure an integrated NHS 111/Out of Hours Service across Barnet, Camden, Enfield, Haringey and Islington.

5

MINUTES OF THE MEETING HELD ON 14 JULY 2015

The minutes of the meeting held on 14 July 2015 were received and agreed as a correct record.

6

DATES OF FUTURE MEETINGS

The dates agreed for future meetings were noted as follows:

- Thursday 15 October 2015, 6.15pm

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- Thursday 10 December 2015, 6.15pm
- Thursday 11 February 2016, 6.15pm
- Thursday 21 April 2016, 6.15pm

The dates agreed for board development sessions were noted as follows:

- Wednesday 4 November 2015, 2pm
- Wednesday 6 January 2016, 2pm
- Wednesday 2 March 2016, 2pm