

**Health and Wellbeing  
Board**

23 April 2013

**REPORT OF:**

Bindi Nagra

Joint Chief Commissioning Officer

020 8379 5298

E mail: [bindi.nagra@enfield.gov.uk](mailto:bindi.nagra@enfield.gov.uk)

<b>Agenda – Part: 1</b>	<b>Item: 7.2</b>
<b>Subject:</b>  Joint Commissioning Board Report	
<b>Date: Tuesday 23<sup>rd</sup> April 2013</b>	

**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 Haringey and Enfield CCGs have invited the Council's Director of Health, Housing and Adult Social Care to join their commissioning and contracting discussions with the North Middlesex University Hospital Trust, as part of plans to widen the agenda to explore how the Trust can make a contribution to both more integrated health and social care systems and to the wider determinants of health in the local area.

1.4 The report notes that:

- Section 75 Agreement schedules are being updated to reflect new governance structures and reporting lines resulting from NHS transitional changes and the transfer of some responsibilities to the Council.
- A NHS Social Care Grant draft spending plan has been produced in accordance with conditions set by the National Commissioning Board.
- An Efficiencies Workshop, led by the Adult Social Care Efficiencies Group, took place on Thursday 28<sup>th</sup> March 2013, with the purpose of identifying and prioritising efficiency measures to meet the 2014/2015 departmental savings gap. Emerging good practice will be shared with the Local Government Association to inform the national Adult Social Care Efficiencies Programme.
- The Healthwatch Enfield Reference Group held its first meeting on 4<sup>th</sup> March 2013. An independent Chair was appointed on 22<sup>nd</sup> March 2013. Work now progresses to recruit trustees to the new organisation. This will be followed by the recruitment of a full time Chief Executive in April 2013.
- Following approval of the Voluntary and Community Sector Strategic Framework (VCSSCF) by Cabinet on 23<sup>rd</sup> January 2013, work is now underway to review grant funded organisations, to ensure that services being delivered are achieving value for money, and are strategically relevant.

## 1. EXECUTIVE SUMMARY (CONTINUED)

- The Council has been successful in its application to the Department of Health to become a development site for the implementation of direct payments in residential. A two-year pilot programme now commences.
- A Department of Health consultation seeking views on the roll out of direct payments in healthcare commenced 1<sup>st</sup> March 2013 and will close 26<sup>th</sup> April 2013. A joint consultation response shall be prepared.
- The Quality Checker programme has now recruited and provided training to 50 Quality Checkers who will visit services and give their view on the quality of care. The Quality Checkers have now undertaken 57 site visits and identified 191 things that have impressed, and 101 areas of improvement.
- Work continues as part of the Integrated Care for Older People Programme:
  - a Network Multidisciplinary Team has now been established in the North West locality;
  - good progress continues in relation to the implementation of Joint Commissioning Strategies;
  - North Middlesex University Hospital & Barnet & Chase Farm Hospitals now have their admission avoidance services in place and outcomes are being evidenced;
  - the Fracture Liaison Service is in place and working well; 197 patients have been identified for follow up from the fracture clinic, 116 screening calls have been made, where advice has been given.
- On 1st April 2013, 145 contracts were transferred from NHS Enfield to the local authority and two contracts were wavered, as part of the transition of Public Health services.
- In February 2013, a bid was submitted for £660,000 against the European PROGRESS social fund to develop Dementia Friendly Communities in Enfield. The European Union will make a decision on the bid in June/July 2013.
- A procurement exercise to commission work opportunities, support and associated employment activity for people with mental health issues has now been completed and a contract has been awarded to The Richmond Fellowship.
- The Enfield Clinical Commissioning Group has developed an action plan in response to the Winterbourne View Concordat. The key messages from the concordat are that each locality should commit to jointly reviewing all people with learning disabilities and / or autism within in-patient facilities to ensure that people are appropriately placed in good quality, safe provision.
- Funding has been approved through NHS Enfield CCG for two new posts at Enfield Carers Centre.
- Enfield CCG and the Enfield Council have confirmed their commitment to the development of the Family Nurse Partnership, which is an intensive early intervention programme for vulnerable young first time mothers.

## **2. RECOMMENDATIONS**

- 2.1 It is recommended that the Health & Wellbeing Board note the content of this report.

## **3. SECTION 75 AGREEMENT – COMMISSIONED SERVICES FOR ADULTS**

- 3.1 Section 75 Agreement schedules are in the process of being updated to reflect new governance structures and reporting lines resulting from NHS transitional changes and the transfer of some responsibilities to the Council. Schedules relating to Public Health, the Drug and Alcohol Action Team and Deprivation of Liberty Safeguards will be removed as the statutory responsibility now lies with the Council or funding is now transferred directly to the local authority negating the need for a Section 75 Agreement. The changes to the Agreement are being progressed and will be subject to final approval by the Director of Health, Housing and Adult Social Care and the Chair of Enfield Clinical Commissioning Group in April 2013. A final year review of 2012-13 is being undertaken and will be presented to the Joint Commissioning Board in April 2013, so learning can be applied in 2013-14.

## **4. NHS SOCIAL CARE GRANT**

- 4.1 A NHS Social Care Grant draft spending plan has been produced in accordance with the conditions set by the National Commissioning Board. The plan accounts for 2013/2014 income, in addition to agreed carry forwards from previous allocations in 2011/2012 and 2012/2013, plus an assumed income for 2014/2015. The draft spending plan includes a contribution to ensure existing services that would otherwise reduce continue and contribute to demographic pressures. In addition it is proposed that the funding is use to support a number of the existing projects funded by the grant and some invest to save initiatives in 2013-14. The draft spending plan is subject to approval by the Director of Health, Housing and Adult Social Care and Cabinet Member for Adult Services and Care in April 2013

## **5 ADULT SOCIAL CARE EFFICIENCY PROGRAMME**

- 5.1 Following completion of the Local Government Association Efficiencies Programme (Phase One) an Adult Social Care Efficiencies Group has been set up, with the purpose of taking forward selected efficiency recommendations internally and identifying additional opportunities to realise efficiencies across the department.
- 5.2 An Efficiencies Workshop, led by the Adult Social Care Efficiencies Group, took place on Thursday 28<sup>th</sup> March 2013, attended by Commissioning, Procurement and Operational Managers across Adult Social Care, with the purpose of identifying and prioritising efficiency measures to meet the 2014/2015 departmental savings gap. The workshop provided a real opportunity to share knowledge, expertise and ideas around how we may best work together to deliver both short term (2014-2015) and long term

(2015-2017) efficiencies whilst improving outcomes for people who use services. The Efficiencies Group will now work to prioritise the 'top three' areas of action to progress, for agreement by the Health, Housing & Adult Social Care Departmental Management Team.

- 5.3 Engagement with the Local Government Association continues, and the Council will share good practice that emerges internally to inform the national Adult Social Care Efficiencies Programme.

## **6. HEALTHWATCH ENFIELD**

- 6.1 The Healthwatch Enfield Reference Group held its first meeting on 4<sup>th</sup> March 2013. There was overall acceptance to the approach being taken to develop and implement Healthwatch Enfield. The Reference Group has informed the recruitment of the Chair by hearing presentations from short listed candidates and providing a view and comments to the interview panel. It is envisaged that the Reference Group will play a key continuing role going forward, ensuring that the voice of Enfield people is heard.
- 6.2 An independent Chair of was appointed on 22<sup>nd</sup> March 2013. The Chair's role will include leading and developing Healthwatch Enfield as an independent organisation, setting the strategic plan and direction and introducing strong governance to enable Healthwatch Enfield to represent the views of Enfield's residents. The interview panel comprised of elected members, senior health and social care managers and the NHS North Central London Patient Experience and Complaints Manager. Officers have met with the Chair and early discussions have taken place on how the Council may best support the Chair in the further development and implementation of Healthwatch Enfield.
- 6.3 Work now progresses to recruit trustees to the new organisation. This will be followed by the recruitment of a full time Chief Executive by the Chair and trustees. The Chief Executive, along with recruited volunteers and paid staff, will be responsible for the operational function of Healthwatch Enfield ensuring that the statutory functions of Healthwatch are delivered. Officers are now working closely with the Chair to prepare the recruitment process to this key position. Appointments for board members and the Chief Executive position have been targeted for completion by the end of April 2013.
- 6.4 From the extensive consultation and engagement carried out, local stakeholders asked for a new independent Local Healthwatch to be set up. The Council has facilitated the set up of a legally constituted body corporate that will be responsible for the delivery of statutory Healthwatch functions. This is a Community Interest Company limited by guarantee and is named as 'Enfield Consumers of Care and Health Organisation' (ECCHO).
- 6.5 To fulfil an immediate statutory responsibility from the 1<sup>st</sup> April 2013, an interim signposting function that will respond to enquiries from members of the public and provide information or guide to a direction where they can get the relevant information regarding health services, has been set up in within the Council's Access service. A telephone number has been issued to

Healthwatch England and NHS Enfield and will be publicised. In addition arrangements have been made to host the local Healthwatch Enfield website which will be up and running on 3<sup>rd</sup> April 2013

## **7. VOLUNTARY & COMMUNITY SECTOR STRATEGIC COMMISSIONING FRAMEWORK (VCSSCF)**

7.1 Following approval of the VCSSCF by Cabinet on 23<sup>rd</sup> January 2013, work is now underway to review grant funded organisations, to ensure that services being delivered are achieving value for money, and are strategically relevant. This will be a phased process conducted over the next three years as follows:

- Phase One: March – September 2013 : A review of all organisations in receipt of core funding
- Phase Two: September 2013 – January 2015 : A review of organisations currently funded for the provision of information, advice and guidance and advocacy services
- Phase Three: September 2014 – June 2015 : A review of organisations currently funded to provide high value preventative/day care/carers services
- Phase Four: 2015 – 2016 : A review of organisations currently funded to provide low value preventative/day care/carers services

7.2 Work is also in progress to commission a new integrated information, advice and advocacy service to be provided by local VCS organisations. Commissioners are engaging with a wide range of stakeholders including service users, carers and VCS organisations to co-produce service outcomes, aims and objectives.

## **8. PERSONALISATION**

### **8.1 Direct Payments in Residential Care**

8.1.1 The Council has been successful in its application to the Department of Health to become a development site for the implementation of direct payments in residential. A two-year programme of piloting sponsored by the Department of Health, will now be launched in a number of sites across England. The aim is to explore whether and how direct payments for people in residential care can give them and their families control over the resources available to pay for all or some of their care, and the possible wider impacts, with a view to informing Ministers' consideration of potential wider roll-out.

### **8.2 Consultation on Direct Payments for Healthcare**

8.2.1 Following the pilot of personal health budgets in over 60 sites across England from 2009 to 2012, the Government wants personal health budgets to become an option for patients across the country. As a first step, the DoH have said that from April 2014, all patients receiving NHS Continuing Healthcare will have the right to ask for a personal health budget. Clinical Commissioning Groups (CCGs) and in some cases, the Board, will also be

able to offer them to other people who they think may benefit, where the benefits outweigh any potential additional costs.

8.2.2 The DoH want to give all parts of the country the power to offer direct payments for healthcare by removing the pilot site restriction. They intend to make changes to the rules for how direct payment for healthcare work.

8.2.3 A consultation seeking views on the proposed changes commenced 1<sup>st</sup> March 2013 and will close 26<sup>th</sup> April 2013. A joint consultation response shall be prepared.

## **9. SPECIALIST ACCOMMODATION**

### **9.1 Mayor's Care & Support Specialist Housing Fund**

In January 2013 the Council submitted two bids to the Mayor's Care & Support Specialist Housing Fund for capital funding to improve specialist accommodation for people with disabilities in the borough. A decision on whether these bids have been successful is now expected in May 2013. The Health & Wellbeing Board will be updated accordingly.

### **9.2 Improving Housing Design**

Following a presentation to the regional Housing Learning & Improvement Network( LIN) on designing homes for people with learning disabilities and challenging behaviours, Enfield's local design guide (produced by housing, occupational therapy and adult social care commissioning colleagues in partnership with service users and their carers) will be uploaded onto the Housing LIN website for national reference. Work to improve local design guidance as a tool for informing good quality housing development for other service user groups, including people with dementia continues.

## **10. SAFEGUARDING**

### **10.1 Safeguarding Adults Board**

10.1.1 The Safeguarding Adults Board was held on the 11<sup>th</sup> March 2013 and continues to monitor progress on the Safeguarding Adults Strategy action plan. Partners contributed information on how their organisations involve those who use services in the quality assurance and development of their safeguarding activity. In addition, the Police presented a report on safeguarding activities within the organisation, identifying areas for further review in an effort to ensure adults at risk have equal access to the justice system. A number of recommendations were made from this report, which if implemented, will strengthen the multi-agency work to safeguard adults from abuse and the response when abuse does occur.

## **10.2 Community Help Point Scheme(CHPS)**

10.2.1 The Community Help Point Scheme, recognised nationally as the first of its kind, was set up originally for children and young people to support their safety as they navigate throughout the Borough. Businesses and organisations nominate themselves to act as help points and undergo DBS checks and training. From the 18<sup>th</sup> March, this scheme was extended to cover adults at risk. Any person feeling lost, frightened or afraid can look for the CHPS symbol to access support.

## **10.3 Organisational Learning with Providers**

10.3.1 Concerns with the quality of care and safety of residents within provider services are managed within the Safeguarding Adults Provider Concerns Process. A multi-agency partnership, led by the Central Safeguarding Adults Service in Housing, Health and Adult Social Care, focuses on improvement planning with the provider, with protection planning and immediate steps to ensure wellbeing and safety of all residents. Recently, the Central Safeguarding Adults Service held an organisational learning event with a Provider following an improvement plan and number of actions to drive forward quality of care. This learning event highlighted areas for change across both the process and how we work in partnership, with application to other residential and nursing home providers in Enfield; it also sought to reduce repeat safeguarding and quality concerns within providers.

## **10.4 Overt and Covert Surveillance**

10.4.1 The use of both overt and covert surveillance to deter and detect the abuse of adults at risk is being considered and set out in policy. The use of overt surveillance will be encouraged and supported for individuals in their own homes and for those living in residential, nursing and supported housing services. Overt surveillance will help to deter behaviours and actions that put an adult at risk of abuse in any form, including the risk of being treated with a lack of dignity and respect. The use of covert surveillance will be used in cases where there is substantial concern that adults are at risk of abuse. Covert surveillance requires legal authorisation and will be used when necessary and proportionate to identify perpetrators of abuse and to obtain evidence to support a criminal prosecution. Policy is expected in September 2013.

## **10.5 Quality Checker Programme**

10.5.1 The Quality Checker programme has now recruited and provided training to 50 Quality Checkers who will visit services and give their view on the quality of care. The Quality Checkers have now undertaken 57 site visits, including visits to all of the Council's in-house provider sites and 11 private care home sites. So far, the Quality Checker visits have identified 191 things that have impressed, and 101 areas of improvement. The project was put forward to represent Enfield Council in the 2013 MJ Awards in the Innovation in Social Care category. Although the bid was not short listed, the decision by senior

managers to support a submission to the MJ Awards recognises the outstanding efforts of our volunteers to help us make sure that our services are effectively meeting our service users' and carers' needs.

## **11. ENFIELD INTEGRATED CARE FOR OLDER PEOPLE PROGRAMME**

### **11.1 Primary Care Development**

11.1.1 A Network Multi Disciplinary Team was established in February 2013 in the North West locality. GPs have an opportunity to phone in weekly to get advice regarding the management of complex patients in the community; these are patients that have been identified as being at high risk of A&E.

11.1.2 The North West Network are fully engaged with this process and so far 67 patients have been reviewed. A presentation was made to the South West Network PLT and was received positively. The MDT will go live there at the end of April 2013.

### **11.2 Implementing Joint Commissioning Strategies**

11.2.1 Good progress continues in relation to the implementation of Joint Commissioning Strategies, in particular the Joint Intermediate Care & Reablement Strategy. A publicly available progress summary that includes strategy outcomes and next steps will be made available in the summer of 2013.

11.2.2 A summary of progress made against objectives set out in the Dementia Strategy, End of Life Strategy, Intermediate Care & Reablement Strategy and Stroke Strategy can be located in *Appendix A*.

### **11.3 Admission Avoidance & Early Supported Discharge**

#### **11.3.1 Risk Stratification**

Risk Stratification is being mobilised in the North West Locality. The tool has been reviewed with Adult Social Care with a view to the inclusion of data to support case finding.

#### **11.3.2 Older People's Assessment Unit**

The Older People's Assessment Unit Project Group has met to review objectives and agree outcomes. A smaller clinical group has met to refine proposals for the hubs. There will be a further larger clinical meeting at the end of April 2013 to walk through scenarios and test outline proposals.

#### **11.3.3 Admission Avoidance**

Both North Middlesex University Hospital & Barnet & Chase Farm Hospitals now have their admission avoidance services in place with case finders working in A&E to identify patients who need not be admitted. So far NMUH

have managed to avoid 64 admissions since the 6<sup>th</sup> December and Chase Farm have avoided 16 since the 18<sup>th</sup> February. Both trusts are working to ensure patients are identified and managed prior to the four hour wait target in order to avoid a short stay. Social care is established in both services and Chase Farm are working to employ a CPN as part of the service.

Feedback from the Enablement and Intermediate Care team suggests that they still have capacity and are not receiving as many referrals as they would have expected. A review of the service on both sites is to be undertaken in April 2013 and a report will be taken to the Integrated Care Group.

#### **11.3.4 Falls Prevention & Fracture Liaison Service**

The Fracture Liaison Service is in place and working well; 197 patients have been identified for follow up from the fracture clinic and 116 screening calls have been made with advice provided.

An appointment has now been made to the bone health post and it is hoped that this service will commence by the end of April 2013.

The full integrated service model has been agreed and assumptions on changes in activity with potential cost spend and savings are being calculated, with a view to presenting the model to the next Financial Recovery and QIPP Committee in April 2013. Integration with the voluntary sector has begun and is a fundamental part of service delivery and a key aspect in contacting hard to reach groups. Research is being undertaken with the providers of the risk stratification tool to establish algorithms for stratifying those most at risk of a fall and/or fracture.

#### **11.3.5 Care Homes Project**

The care homes project was started as a pilot in early 2012 and subsequently rolled out to 10 care homes from October 2012. The Care Homes Team (CHAT) consist of a North and South facing team of a consultant geriatrician employed by the respective trusts, a community matron and a clinical psychologist. Each team attends each nursing home one day a week reviewing patients in the morning and completing clinics in the afternoon. Care plans are developed and medication is reviewed for each resident, and where appropriate, Advanced Care Plans (ACP) and DNARs are put in place. The team also provide training for the care homes staff on managing challenging behaviour and advanced care planning. The aim is to roll the project out to the 17 homes that had the highest emergency admissions in 2010/11. Although the service has many qualitative benefits, it has yet to substantially reduce emergency admissions. A review of the project has now been undertaken resulting in several actions to understand why the emergency services are called when the team are not present on site and to design and implement an out of hours service with the aim of reducing admissions: A full report is located in *Appendix B*.

## **12. PUBLIC HEALTH TRANSITION**

12.1 On 1st April 2013, 145 contracts were transferred from NHS Enfield to the local authority and two contracts were wavered. A DAR authorising the transition of contracts was signed on Thursday 28th March 2013 and published 2nd April 2013.

12.2 The local authority now holds responsibility for the following Public Health Services:

- Health Checks
- Sexual Health Services
- School Nursing Services
- Dental Public Health
- Tobacco Control and Smoking Cessation
- Drug and Alcohol Misuse

12.3 The local authority was unable to obtain historical data from NHS NCL for several contracts and, therefore, 2013/14 will demand close performance and financial monitoring. In order to ensure that all services are being strictly monitored, the local authority has entered into a one year agreement with NHS CSU to manage the five open access sexual health genitourinary medicine (GUM) contracts. This agreement incorporates mechanisms to control costs in addition to providing the local authority with the necessary and timely intelligence to understand and review the services.

## **13. ENFIELD'S JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

13.1 A full update on the development of the JSNA can be located in *Appendix C*.

## **14. JOINT COMMISSIONING BOARD**

14.1 The last Joint Commissioning Board took place Thursday 21<sup>st</sup> February 2013. Amended Terms of Reference were agreed and the Board received an update on the Mental Health Strategy, Integrated Care (specifically the Care Homes Project), Winter Pressures Funding and Children's services, including a statement of commissioning priorities for the service.

## **15. SERVICE AREA COMMISSIONING ACTIVITY**

The scale of joint commissioning activity is significant. This report seeks to update the Health & Wellbeing Board on key areas of commissioning activity relating to key service user groups worth particular note.

### **15.1 Older People**

#### **15.1.1 Improving Environments of Care: Dementia Funding Bid**

In January 2013 an expression of interest was submitted to the Department of Health seeking funding to improve the environment of care for people with

dementia. This expression of interest was for £350,000 against the £25,000,000 capital investment to create dementia-friendly environments in care homes.

The fund was three times over-subscribed and the council was unsuccessful in its bid; the department of health has yet to feed back the reasons for turning down the bid. However, a bid submitted by North Middlesex University Hospital NHS Trust for £32,000 for capital to improve toilet facilities in their outpatient department was successful.

### **15.1.2 Winter Pressures Funding**

Spending plans for the £882,000 Department of Health monies for 2012/13 have now been finalised. The funding is aimed at increasing social care and intermediate care capacity at peak times, and improving prevention for this, and next, winter. NHS London also provided additional funding to acute Trusts to maintain or improve A&E performance, ambulance handover times, or provision of community-based beds in the winter. Both North Middlesex University Hospital and Barnet & Chase Farm acute Trusts were successful in their respective capacity-building bids (total: £2,200,000).

### **15.1.3 My Home Life (MHL)**

A My Home Life celebratory event was held on 12<sup>th</sup> February 2013 to recognise what care homes do well and to highlight what could be improved. A My Home Life Programme consultant facilitated the event and the Executive Director of the Programme made a presentation highlighting what all can do to improve quality of life in older people's care homes. The message from the day was that all parties would need to work together to further improve quality of services and to ensure the safety of residents. Joint work is now underway to sustain the legacy of the Programme. This includes the continuation of focus groups to encourage more care home managers to get involved.

### **15.1.4 Enfield's Dementia Friendly Communities Bid (EDFC)**

In February 2013, a bid was submitted for £660,000 against the European PROGRESS social fund. The purpose of the fund is to promote social inclusion and improve outcomes for older people, at a time of recognised European budgetary constraint.

The Enfield Dementia Friendly Communities bid (EDFC) takes a life-course approach to supporting households concerned about memory loss/dementia through working together to improve information, advice, guidance, training & support. The bid, which was developed collaboratively with public, private and voluntary sector partners, seeks to build on national programmes outlined in response to the Prime Minister's Dementia Challenge, by improving awareness about, and help for those living with, dementia in communities. The bid will look to promote the National Dementia Programme locally BY enlisting the support of residents who can choose to find out more about the

condition or even volunteer to help. A key theme is to develop dementia friendly communities through a partnership approach. The EU will make a decision on the bid in June/July 2013.

Regardless of whether the bid is successful, the Council and CCG will continue to work with voluntary sector partners to improve dementia awareness and the coordination of information, advice & support in line with Voluntary & Community Sector Strategic Framework. This will be completed in advance of Dementia Awareness Week, which is set to take place in May 2013. Promotional activities are already planned in Edmonton, Southgate & Enfield Town based on the national initiatives.

## **15.2 Mental Health**

### **15.2.1 Out of Area Treatments (OATS)**

Negotiations regarding the delegation/devolution of Out of Area Treatments (OATS) budgets across the three boroughs continue. A further update will be provided to the Health & Wellbeing Board when available.

### **15.2.2 Return to Employment**

A procurement exercise to commission work opportunities, support and associated employment activity for people with mental health issues has now been completed. The Richmond Fellowship were awarded the contract at the end of March 2013. The organisation are now supporting existing service users through the transition process. The Richmond Fellowship will be working in partnership with the stakeholders to improve awareness of and access to employment opportunities for people with mental health issues.

### **15.2.3 Independent Mental Health Advocacy (IMHA)**

The way IMHA services are commissioned is changing. As from April 2013, commissioning responsibility will be transferred from the former PCT's to local authorities. Locally, the existing contracts expire at the end of March 2013. A decision has been taken at a tri-borough level to extend existing arrangements for the next 6 months with a view to planning a procurement exercise that considers inclusion of IMCA and Dols advocacy. Progress will be reported to the Health and Wellbeing Board.

## **15.3 Learning Disabilities**

### **15.3.1 Learning Disabilities Self Assessment Framework (SAF)**

A SAF implementation plan has now been drafted. Endorsement of the implementation plan will now be sought from the Learning Disabilities Partnership Board Health Sub Group and the Joint Commissioning Board. The plan focuses on:

- improving access to health services;

- addressing inequalities when accessing health services;
- ensuring that quality and governance structures are in place to promote healthy lifestyles that focus on wellbeing and keeping people safe.

The plan will be implemented by the Learning Disabilities Partnership Board Health Sub group, following endorsement.

### **15.3.2 Winterbourne View Concordat**

The Enfield Clinical Commissioning Group has developed an action plan in response to the Winterbourne View Concordat. The key messages from the concordat are that each locality should commit to jointly reviewing all people with learning disabilities and / or autism within in-patient facilities to ensure that people are appropriately placed in good quality, safe provision. Where people are inappropriately placed, there is an emphasis on considering repatriation to a community setting. Parent and carers will play a key role in the assessment and review process as part of the action plan. Commissioners are reviewing the assessment and treatment pathway for people with learning disabilities with a view to reducing admissions to this type of service and ensuring that where admissions are unavoidable then stays are not disproportionately long. The benefits of community intervention models are being explored in addition to how existing independent advocacy services can be best used.

### **15.3.3 Seacole Assessment & Treatment Service**

Negotiations are underway to secure block provision for the Seacole Assessment and Treatment Service which is located locally within the Chase Farm Hospital Site. There has been a reduction in use of Assessment and Treatment beds from an average of 9 to 2 admissions over the last quarter. This has been attributed to the joint work being undertaken by the project group associated with the review of the Assessment & Treatment pathway.

## **15.4 Carers**

### **15.4.1 Enfield Carers Centre**

Work has been ongoing between Enfield Carers Centre and Enfield Mental Health Carers to merge the organisations by 1<sup>st</sup> April 2013. A Service Development Plan has been agreed between the two existing Boards of Trustees. At the AGM in February trustees from Enfield Mental Health Carers were ratified onto the Board of Trustees for Enfield Carers Centre.

The Centre is currently recruiting to a number of new posts – an Advocacy Worker, a Young Carers Worker, a Primary Care Development Officer and a Carers Nurse. These have been funded through the merged funds, reserves and NHS Enfield CCG.

#### **15.4.2 Carers Direct Payment Scheme**

The pilot year for the Carers Direct Payment Scheme ends in April 2013. It has been confirmed that the Scheme will continue with the same eligibility criteria. An overview of the past year will be prepared for May 2013.

#### **15.4.3 Carers Week**

Carers Week falls on the week beginning Monday 10<sup>th</sup> June 2013. The Council and Enfield Carers Centre have produced a joint plan of events throughout the week including an evening question and answer session, outings, information events and a Carers party.

On Thursday 13<sup>th</sup> June 2013, the Enfield Carers Centre will host a re-launch following the merger with Enfield Mental Health Carers. This will include an invitation to the Mayor, MPs and councillors and practitioners to visit the Centre and find out about the services on offer.

#### **15.4.4 Primary Care Strategy**

Funding has been approved through NHS Enfield CCG for two new posts at Enfield Carers Centre. The first is a two year fixed post contract for a Primary Care Development Officer to work with GPs and other primary care settings to identify, recognise and refer carers. The second post is also a two year fixed post for a Carers Nurse whose time will be split between the Carers Centre and a GP surgery. The Nurse's role will be to work with carers to support them to maintain and improve their health and wellbeing, to undertake carer specific health checks and flu vaccinations. Recruitment is currently underway.

#### **15.4.5 The Employee Carers Support Scheme**

The Support Scheme is underway with 21 employees with caring responsibility wishing to join. A meeting was held in March where the Terms of Reference was discussed and finalised and the format of support discussed. The 'Carers Action Group' as it will now be known, will meet quarterly with the next meeting being held during Carers Week in June.

#### **15.4.6 Safeguarding**

A new booklet entitled – 'Keeping Safe – a guide for carers' has been produced and will be ready for distribution in April 2013. The booklet provides information and support about managing stress and the caring role, employing care staff and what to do if they are being abused or at risk of becoming an abuser. The booklet was reviewed by the Safeguarding User and Carer reference group.

### **15.4.7 Corporate Research**

A qualitative study into carer's health and wellbeing is currently being planned through the Corporate Research Team. A number of focus groups will be held with carers over April and May to look at how they manage their own health and wellbeing so they can continue caring, focusing particularly on what services and support helps them and where support is lacking. The results will be used to plan preventatively to ensure carers supported to remain healthy thus reducing the likelihood of carer breakdown.

## **15.5 Children**

### **15.5.1 The Health Visiting Service**

Changes in the NHS London definition of who to include in the Health Visiting count mean that the BEH MHT are now reporting a funded workforce of 57.74 WTE. The actual trajectory target for 2012/13 is 48.7 WTE HV and there are currently 44.54 Health Visitors in post. Interviews for three further HV posts have been held within the last two weeks. Responsibility for commissioning Health Visiting Services passed to the National Commissioning Board on 1<sup>st</sup> April 2013. The National Commissioning Board is keen to work with local stakeholders in preparation for the transfer of commissioning responsibility for Health Visiting to Public Health at the Council from April 2015.

Enfield CCG and the Enfield Council have confirmed their commitment to the development of the Family Nurse Partnership, which is an intensive early intervention programme for vulnerable young first time mothers. The service will be provided by BEH MHT. A national advert for the team supervisor was published in early April and interviews are to be held at the end of April. The full team is expected to be in post by September 2013. Project leads for the NHS and the Council have been identified, and a Project Board has been set up. Health and Wellbeing Board oversight is one of the conditions of acceptance on the programme and the Board will be updated regularly on progress with implementation.

### **15.5.2 Occupational Therapy Service**

Progress on implementation of the Action Plan developed following the Serious Incident Report, continues to be reviewed through monthly Clinical Quality Review Group meetings. The joint service review is close to completion and enhanced activity and KPI reports have been agreed as part of the 2013/14 contract.

### **15.5.3 Paediatric Integrated Care**

BCF and NMH have agreed to participate in the Primary Care paediatric pilot. It is anticipated that BCF and NMH will start running clinics week commencing 1<sup>st</sup> April 2013.

#### **15.5.4 Maternity Services**

The new children's health commissioner is now leading on maternity services. Initial focus has been on the Early Access to Maternity Services target, supporting the implementation of the new maternity tariffs and reviewing maternal deaths and safety. The new maternity tariffs will result in significant savings and improvement to local services.

UCL Partners (partnership of Medical Schools and Universities) have agreed to assist Enfield in improving infant mortality rates and maternal health.

#### **15.5.5 CAMHS**

An application for CAMHS IAPT, a training and transformation support scheme, with a small amount of funding for backfill of existing staff is to be submitted by 30<sup>th</sup> April 2013. The scheme is evidence based, focussed on improved outcomes, and will support PbR implementation. The work is being led by CAMHS, in conjunction with Enfield Parents and Children as the voluntary sector partner. There are ongoing discussions with other services about possible participation. The Youth Participation Team has also been contacted to support the work.

### **15.6 Drug and Alcohol Team (DAAT)**

#### **15.6.1 The Treatment Completion**

The DAAT is continuing on an upward trend for the Successful Treatment Completion performance with the National Treatment Agency ratified February 2012 to January 2013 data now confirming a partnership rate of 16.3%. The number of patients retained in Effective Treatment remains slightly above the trajectory trend line for drug misusers. The number of alcohol users in treatment is forecasting that Compass is likely to reach its end of year target of 293. The Partnership between the Young People's Substance misuse Service and the Youth Offending Service (YOS) has achieved marked progress with over 50% of all referrals now being received from the YOS for specialist treatment interventions. The DAAT has reconvened the DAAT Commissioning Group which commenced reviewing the opportunities for Payment by Results in April and the DAAT Board is focusing on developing the Partnership's vision and priorities which will lead to the production of a local substance misuse strategy in the summer/autumn of 2013.

#### **15.6.2 Break the Cycle**

Break the Cycle has continued to engage with more drug and alcohol misusers with the most recent performance evidencing that just over 230 people have used the drop-in service alone during February 2013. Break the Cycle now deliver the following services: the café (at the Claverings Treatment Centre), outreach, drop-in, complementary therapies, group work, counselling, and support with education training and employment. The

service users are keen to secure funding for a shopping street based café as that element of provision is proving to be extremely popular with substance misusers through providing a safe venue for them to meet. The DAAT will assist Break the Cycle with this ambition.

## **16. PARTNERSHIP BOARD UPDATES (COMMISSIONING ACTIVITY)**

### **16.1 Learning Difficulties Partnership Board (LDPB)**

16.1.1 The last Learning Disabilities Partnership Board, held Monday 11<sup>th</sup> March 2013, focussed on devising the Board's work plan for the next two years. The Board suggested priorities and identified key work areas. Work will now be undertaken with work stream leads to finalise the plan, which will be circulated at the next Partnership Board in May 2013.

16.1.2 The Board discussed options for setting up a Learning Disability Parliament or Experts Panel. Advantages and disadvantages of each model were considered and priorities were set, including the need to provide a transparent and democratic method of electing members, and engage with the wider learning disabilities community in a meaningful way.

16.1.3 The Board heard a presentation on the 'Making the most of Life...' End of Life Care resource books. The Board gave feedback and a draft of the resource books will be circulated for further comment prior to sign off.

### **16.2 Carers Partnership Board**

16.2.1 The last Carers Partnership Board held on 29<sup>th</sup> January 2013. The Carers Partnership Board Away Day took place on Monday 25<sup>th</sup> March 2013. At these meetings the Board took time to consider their forward plan and undertake carers week planning. Consideration was also given to the Carers Strategy, including the membership and Terms of Reference for the Implementation Group. Sub groups were discussed (including structure and governance) and the delivery plan was reviewed by the Board. Further applications from Carers wishing to join the Board were received by the group. It was noted further health representation was required and a request to the Chair of the CCG has now been made.

### **16.3 Mental Health Partnership Board**

16.3.1 The last Mental Health Partnership Board, held Tuesday 19<sup>th</sup> February 2013, received a commissioning update on key priorities which include the current cycle of contracting for the acute mental health contract led by NCL and conducted on a Tri-Borough basis; the development of an Enfield and Tri-borough wide mental health strategy and; the development of QIPP plans to identify and deliver efficiencies for the years 2013-14 and 2014-15. IAPT funding was discussed and it was noted that £32,000 was still available within the budget. The provider members of Partnership Board were invited to make bids up to a maximum of £6,000 per organisation.

#### **16.4 Older People Partnership Board**

16.4.1 Members of the Health & Wellbeing Board are fully up to date on the Older People Partnership Board – no Board meetings have taken place since the last report.

#### **16.5 Physical Disabilities Partnership Board**

16.5.1 Members of the Health & Wellbeing Board are fully up to date on the Physical Disabilities Partnership Board – no Board meetings have taken place since the last report.