

Health and Wellbeing Board

20 June 2013

REPORT OF:

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Agenda – Part: 1	Item: 8.2
Subject: Joint Commissioning Board Report	
Wards: All	

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.

- A review of the 12-13 Section 75 Agreement for Adults was undertaken in March – April 2013. It highlighted the need for a number of changes to the Schedules to reflect new statutory responsibilities or governance changes resulting from the NHS transition. This will reduce the value of the Agreement to approximately £8.2 million.
- Following the appointment of an independent Chair on 22nd March 2013, a full time Chief Executive Officer of Healthwatch Enfield has now been appointed.
- The Council has now been awarded £14,000 from the Department of Health for the development of direct payments in residential care in Enfield as part of a pilot programme. Work will commence in July 2013.
- Having recruited and provided training to 50 service user and carer volunteers, the Quality Checker programme is now in the process of completing the care home pilot, which will open the way for visits to all care homes in Enfield.
- A summary version of the Joint Strategic Needs Assessment (JSNA) was presented for discussion at the Health and Wellbeing Board Development Session on 16th May 2013. Chapters presented provide a current ‘snap shot’ of the JSNA and further work is required to enable the Health & Wellbeing Board to begin the process of agreeing draft priorities. Statutory guidance states that Health and Wellbeing Boards must encourage integrated working between health and social care.
- Following the transition of responsibility for public health services to the local authority in April 2013, Enfield, Barnet, Haringey, Camden and Islington have formed the NCL Local Authority Sexual Health Commissioning Group to work strategically across the five boroughs to commission cost effective,¹ high quality sexual health services.

1. EXECUTIVE SUMMARY (CONTINUED)

- Evidence is emerging of positive outcomes in relation to the Department of Health Winter Pressures funding, including a reduction in the number of bed days associated with delayed transfers of care and an increase in the number of people accessing Enablement services due to increased capacity.
- Partners have agreed to form an Enfield Dementia Action Alliance with the aim of promoting the needs of those living with dementia across and beyond organisations providing care. Partners of the intended Alliance welcome the commitment and involvement of other organisations represented on the Health & Wellbeing Board.
- In May 2013, an expression of interest was submitted by the Council in partnership with voluntary and community sector agencies to the Big Lottery Fund 'Fulfilling Lives, Ageing Better'. A total of up to £70 million will be awarded to 15-20 local areas in England to support holistic and creative approaches to tackling social isolation amongst older people. Submissions will be short-listed in July/August 2013.
- A Joint Mental Health Commissioning Manager has been recruited and will start in post 13 June 2013. This post will be responsible for leading the development of a medium term Joint Mental Health Strategy, The CCG is currently in the process of recruiting a Head of Mental Health Commissioning who will work closely with the Joint Mental Health Commissioning Manager. The Head of Mental Health Commissioning will be responsible for QIPP - including IAPT, Out Of Area Placements, local rehabilitation pathway for Complex Care and support for projects led by the Continuing Healthcare Team and Integrated Care.
- Solutions for Public Health have been commissioned to develop a mental health needs assessment. They have commenced work and will deliver the needs assessment by 5 July 2013.
- Enfield Carers Centre and Enfield Mental Health Carers have now formally merged and the Centre has been successful in recruiting to a number of new posts, including a GP Liaison Project Manager, that have been funded through the merged funds, reserves, and NHS Enfield CCG
- Work progresses on the implementation of the Family Nurse Partnership. A project plan has been developed and a team supervisor has been appointed. A Project Board has been established that will report into the Health and Wellbeing Board.

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 The Section 75 Agreement became operational on 1st April 2012 and accounts for £11.8 million of spend across seven schedules. A review of the 12-13 Section 75 Agreement was undertaken in March – April 2013. Generally the partnership Agreement has worked well and facilitated effective collaborative working across health and social care.
- 3.2 The 12-13 end of year review highlighted a the need for a number of changes to the Schedules to reflect new statutory responsibilities or governance changes resulting from the NHS transition. This will reduce the value of the Agreement to approximately £8.2 million. The following schedules will be included within the new Agreement:

Schedule	Type	NHS Enfield CCG Contribution	Council Contribution
Mental Capacity Act and Deprivation of Liberty Safeguards	Pooled & Lead	£70,908	£199,100
Joint Commissioning Team	Integrated	£115,650	£587,664
Voluntary and Community Sector	Lead	£409,907	£0
Integrated Community Equipment Service	Pooled & Lead	£395,000	£972,642
Public Health	Integrated	£0	£101,000
Integrated Learning Disabilities Service	Pooled & Integrated	£1,459,430	£3,970,850
TOTAL		£2,450,895	£5,832,256

- 3.3 As part of the changes to the Joint Commissioning Team, the Joint Chief Commissioning Officer post will be removed and will revert back to the Assistant Director Strategy and Resources and be fully funded by the Council. However, this post holder will still retain responsibility for a joint commissioning function despite no longer being a joint appointment.
- 3.4 The revised Section 75 Agreement is still subject to formal approval at the Council and NHS Enfield Clinical Commissioning Group.
- 3.5 A diagram showing the Joint Commissioning Structure is attached as Appendix A.

4. NHS SOCIAL CARE GRANT

- 4.1 The NHS Social Care Grant draft spending plan has been produced in accordance with conditions set by the National Commissioning Board and has

been submitted for approval. The break down of planned spend is summarised below:

Category	2013-14	2014-15	2015-16	2016-17
Maintaining Eligibility Criteria	£2,000,000	£3,460,000	£3,460,000	£1,750,000
Prevention	£1,113,707	£300,214	£105,000	£0
Telecare	£300,000	£289,450	£200,000	£100,000
Crisis Response Service	£153,500	£0	£0	£0
Re-ablement	£80,000	£0	£0	£0
Mental Health	£2,500	£2,599	£0	£0
All	£462,373	£388,155	£184,655	£79,000
TOTAL	£4,112,080	£4,440,418	£3,949,655	£1,929,000
GRAND TOTAL	£14,431,154			

5 ADULT SOCIAL CARE EFFICIENCY PROGRAMME

5.1 Following the completion of an Efficiencies Workshop in March 2013, attended by Commissioning, Procurement and Operational Managers across Adult Social Care, initial priorities for action have been identified to help meet the 2014/2015 departmental savings gap, whilst improving outcomes for people who use services. Priorities for consideration include:

- The targeted development of Telecare enabled solutions at home to better support older people at risk of hospitalisation or admission to residential or nursing care.
- The development of 'Homeshare' services in the borough, that support people living in under-occupied properties to share their home in exchange for low level support, that could include for example, shopping, and preparing meals;
- The reduction of deferred debt held by the Council through the extension of property rental options for people moving into long term residential care services;

5.2 A Business Case for each proposal (including those outlined above) is now being developed. Proposals will be presented to the Health, Housing and Adult Social Care Departmental Management Team for agreement and endorsement in July 2013.

6. HEALTHWATCH ENFIELD

- 6.1 Following the appointment of an independent Chair on 22nd March 2013, a full time Chief Executive Officer of Healthwatch Enfield has now been appointed. The successful candidate will commence the role in September 2013. Interim arrangements are being considered by the Chair. 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 are delivered.
- 6.2 Four Board Members have now been successfully recruited. It is anticipated that additional Board Members will be recruited in the future.
- 6.3 To fulfil an immediate statutory responsibility from the 1st April 2013, an interim signposting function has been established within the Council's Access service. A telephone number (020 8379 8119) has been issued to Healthwatch England and NHS Enfield and has been publicised. Once established and operating, Enfield Consumers of Care and Health organisation, the Community Interest Company established to deliver Healthwatch functions, will make arrangements to establish a formal signposting function.
- 6.4 A website has been developed and can be viewed at www.healthwatchenfield.co.uk. This has not yet been publicised as full content has not yet been finalised.

7. ENFIELD INTEGRATED CARE FOR OLDER PEOPLE PROGRAMME (See **Appendix B** for further detail on Integrated Care)

7.1 Primary Care Development

- 7.1.1 Following the set up of a Network Multi Disciplinary Team in the North West locality in February 2013, over 130 patients have now been reviewed. A presentation was made to the South West Network PLT and was received positively. The aim was to have the MDT operational by the end of April 2013; this was an ambitious date given the operational issues of the roll out. The roll out is now expected to happen by the 30th June 2013. A key issue for the roll out is the national issue of accessing patient identifiable information (via SUS) for risk stratification as roll out of network MDTs was linked to the roll out of risk stratification to ensure patients at risk are identified.
- 7.1.2 An interim, full time MDT Co-ordinator has appointed and is due to start May 2013. There has been a positive response from all providers; MDT participation and action planning has been agreed as a CQUIN for 2013/14 for acute, mental health and community.

7.2 Implementing Joint Commissioning Strategies

7.2.1 Good progress continues in relation to the implementation of Joint Commissioning Strategies. 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 B**. A review of outcomes achieved since publication of the strategies is currently being undertaken and will be reported to the Health and Wellbeing Board at a future meeting. The review will also include recommendations for priority actions going forward.

7.3 Admission Avoidance & Early Supported Discharge

7.3.1 Risk Stratification

Risk Stratification continues to be 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. Joint work is taking place between Enfield CCG and LBE to support the risk stratification. A key issue is the use of patient identifiable information for the purposes of risk stratification as outlined in 7.1. This is a national issue and therefore all CCGs are looking for a resolution.

7.3.2 Older People's Assessment Unit (OPAU)

A clinical meeting took place at the end of April 2013 to walk through scenarios, test outline proposals and finalise the specification for the OPAU. The process has now moved into mobilisation via the OPAU Mobilisation Group, which is due to have its first meeting on the 31 May 2013

7.3.3 Admission Avoidance

Admission avoidance services at North Middlesex University Hospital and Chase Farm Hospital are under on-going review to maximise service impact. Both services will transform into OPAU hubs as part of integrated care developments. A report will be taken to the Integrated Care Group.

7.3.4 Falls Prevention and Fracture Liaison Clinic

The Fracture Liaison Nurse has been in post four months and the Community Bone Health Clinician started in April 2013. The clinician is a physiotherapist and the team providing the Bone Health Service now consists of one nurse and one therapist. This will enable the benefits a more multi-professional approach going forward.

The Fracture Liaison regular clinics are now taking place at St Michaels. The Fracture Liaison Nurse has now got the authority to request DEXA scans via the InHealth Contract and is referring appropriate patients to Chingford for this service. This negates the need for a GP appointment and enables the Fracture Liaison Nurse to act directly on the results of the scan, making recommendations to the GP for appropriate pharmacological management.

The Bone Health Clinician has been networking and establishing key relationships. Links with the Care Homes Team will be made to help manage patients at risk of falling, and identify those requiring medication for bone health. Work is underway to identify the first group of GP practices for the Bone Health Clinician to work with. This will be linked with the risk stratification workstream once operational. A case load is beginning to be established with referrals from the community physiotherapy team.

7.3.5 Care Homes Project

The teams to continue to work across 10 care homes. Following a review in February 2013, changes have been made to team operations for unplanned care when the team is not on site in the South to maximise impact and reduce Care Home calls to LAS; this has proved successful and is being rolled out to the North Team.

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

8.1 Health, Housing and Adult Social Care currently grant fund some 98 projects and services provided by 44 local voluntary and community sector organisations with a total annual value of £2.3 million. Types of services and support that are currently funding include:

- Information and Advice
- Advocacy to service users and carers
- Prevention and Early Intervention (for example respite for carers, a variety of activities health and wellbeing activities, home repairs, training for carers)
- Re-ablement and Enablement (including a hospital discharge service)
- Direct Service Provision (for example day centres, service user respite, transport)
- Core funding and support with running costs

8.2 Through regular forums with the voluntary and community sector, it has been recognised that current funding should be more transparent, outcomes focussed, and able to meet people's expressed needs. At the heart of the new commissioning framework is the Putting People First agenda and commissioning priorities focus on prevention. The framework also sets out a phased review process of each currently funded organisation to measure strategic relevance and value for money.

8.3 Consistent with the corporate voluntary and community sector framework, the new adult social care strategic commissioning framework is committed to supporting the Council's equality strands. The following equality strands will be commissioned corporately: Race, Women, Faith and LGBT. Disability and Older people will be commissioned by adult social care.

8.4 A further update will be provided to the Health & Wellbeing Board in September 2013, when the review of organisations in receipt of core funding is completed.

9. PERSONALISATION

9.1 Direct Payments in Residential Care

9.1.1 Following the Council's successful application to the Department of Health to become a development site for the implementation of direct payments in residential care, funding notification from the Department of Health has now been received. The Council has been awarded £14,000 for the development of direct payments in Enfield as part of the pilot programme. Work will commence in July 2013.

10. SPECIALIST ACCOMMODATION

10.1 Mayor's Care & Support Specialist Housing Fund

10.1.1 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 has now been deferred until the end of June 2013. The Health & Wellbeing Board will be updated accordingly.

10.2 The Mayor's Housing Covenant: Building the Pipeline

10.2.1 In March 2013, the Mayor launched a further Housing Covenant programme of £100,000 to increase the supply and improve the quality of homes in London. Upon advice of the GLA, the Council has resubmitted funding bids put forward for the Mayor's Care and Support Fund (as above) to improve accommodation for disabled adults in the borough. An announcement on allocation of this fund is expected at the end of June 2013. The Health & Wellbeing Board shall be updated accordingly.

11. SAFEGUARDING

11.1 Safeguarding Adults Board (SAB)

11.1.1 All statutory partners have contributed to the draft SAB Annual Report for 2012-2013, which sets out actions to keep people safe over the coming year. The data report over the last year has identified a 14% increase in referrals to adults social care, bringing the total number of referrals up to 797. Referrals relating to older people have seen the most dramatic increase, by 31%, with neglect and multiple abuse the most prevalent. We have continued to see a steady rate in outcome to safeguarding adults alerts, with 35% having a substantiated or partially substantiated outcome. The full data report has informed the priorities of the Board over the coming year, and can be seen in full within the annual report.

11.1.2 The Police have set out a revised policy for safeguarding adults at risk, which aims to improve the structure of policing support for safeguarding and domestic violence, with the intention to improve detection rates.

12.2 Safeguarding Information Panel (SIP)

12.2.1 The Safeguarding Information Panel brings together Enfield's Safeguarding Adults team, Procurement & Contracting team, Environmental Health team, the Care Quality Commission, CCG Safeguarding lead and Community Nurses team. The SIP has been running successfully for over a year as a forum for sharing intelligence on the quality of care and addressing high risk safeguarding issues within care homes in Enfield. From June 2013, the SIP will be bringing together information from Enfield Council about the number of safeguarding adults alerts, information from health about the number of pressure ulcers, and now, information from CQC about the number of deaths within care homes. Over the coming weeks, we hope to integrate intelligence about manager's leaving care homes as there is evidence to suggest higher risks during this time.

12.3 Quality Improvement Board (QIB)

12.3.1 The next Quality Improvement Board will be held on Wednesday 5th June 2013. The QIB will be evaluating information for providers around the choking awareness and health and safety theme. This will include guidance, posters, and leaflets. These two themes were developed in light of the recommendations for a serious case review where a service user died from choking. The QIB will evaluate a proposal to initiate an improvement theme to establish a network for carers of people who use our care homes through our Quality Checker volunteers. The objectives of this network will be ensure that this group of carers are aware of their rights, understand the support and resources available in Enfield, and are made aware and made confident to use appropriate channels to raise concerns, complaints or alerts.

12.4 Quality Checker Volunteering Programme

12.4.1 Having recruited and provided training to 50 service user and carer volunteers, the Quality Checker programme is now in the process of completing the Care home pilot, which will open the way for visits to all care homes in Enfield. We are working very closely with in-house provider services to develop a mentoring scheme to enhance the Quality Checker's awareness of areas such as dementia care. We will also be working with in-house provider services on the first phase of our home care pilot. The Council continually seeks to become more efficient by: automating our processes (using the Council's covalent IT system) and moving towards becoming paperless.

12.5 Deprivation of Liberty Safeguards

12.5.1 Under the Mental Capacity Act (2005), Hospital and Care Homes have a legal duty to apply to the Local Authority for authorisation of deprivation of liberty if an adult lacks capacity and is being deprived of their liberty. This could be through use of restraint, medication being given forcibly, restricted access to friends and family etc.

12.5.2 Concern has been raised about the low numbers of requests for authorisation of deprivation of liberty received by the Council. An action plan is being developed to address this in order to ensure that people are not being illegally deprived of their liberty without appropriate safeguards in place.

13. PUBLIC HEALTH TRANSITION

13.1 Following the transition of responsibility for public health services to the local authority in April 2013, two areas of transfer have posed as a particular challenge: sexual health (in particular the non contractual, open access GUM service) and the Council's link with the NHS ECCG block contract.

13.2 Sexual Health

13.2.1 One of the risks highlighted in the DAR was "...it must be noted that the intent is that genitourinary medicine (GUM) services will continue to be provided through the national arrangement, which is that a resident of Enfield can access GUM services in any location of England and Wales and the provider is to be reimbursed by the borough of residence. However, under the VD Act 1974, the resident is entitled to their privacy which has been interpreted as the patient not having to give their full / proper name or address whilst the service provider still has the security of being paid. This presents a risk to the Council with an indicated spend of £2.5m..."

13.2.2 Such risks are already presenting themselves as invoices from NHS Trusts for GUM services that were not on the transition list are arriving and negotiations are taking place. A rough calculation of such claims is indicating a budget of £400k for out of cluster.

13.2.3 To address this and other commissioning issues, the five councils – Enfield, Barnet, Haringey, Camden, Islington – have formed the NCL Local Authority Sexual Health Commissioning Group to work strategically across the five boroughs to commission cost effective, high quality sexual health services. The group will maintain an oversight of and influence over sexual health commissioning including monitoring and evaluation of services. Collectively, this group is negotiating the best deals for GUM services for 2013/14 following the NHS transition with each member taking the lead on a provider contract. It is also working together to ensure that local authorities receive value for money on the 2013/14 contracts with NEL CSU.

13.3 BEH MHT Contract

13.3.1 LBE is an associate of the block contract with an indicative value of £3.7m for the following services:

- School Nursing Services
- Family Planning
- Teenage Pregnancy
- GUM services
- Reproductive and Sexual Health [RASH] service (Shout for Young People)

13.3.2 This 2013/14 contract has been waived to ensure continuity of service. Due to the lack of historical data and clarity of financial outputs, LBE has negotiated new KPIs to ensure more frequent and quality monitoring of the services.

14. ENFIELD'S JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

14.1 Development of the JSNA is progressing well. Information continues to be analysed and the summaries and full 'on line' chapters are currently being added to. The key messages of the JSNA are being refined alongside work on options for the Health and Wellbeing Board to consider how they might approach the process of establishing draft priorities for public consultation.

14.2 The Department of Health has issued statutory guidance on the JSNA. The guidance states that Health and Wellbeing Boards have a statutory duty to encourage integrated working between health and social care commissioners, and provide support to encourage partnership arrangements such as pooled budgets, lead commissioning, or integrated provision. Work is being undertaken to map current integrated working arrangements, and identify opportunities, and challenges for the future. This work will be reported to the Health and Wellbeing Board at a future meeting.

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

15. JOINT COMMISSIONING BOARD

15.1 The last Joint Commissioning Board took place Thursday 25th April 2013. The Board received an update on: Winter Pressures funding, Public Health transition, the Section 75 refresh, the Carers Strategy, the Learning Disability Assessment and Treatment Pathway Review, the Learning Disabilities Self Assessment Framework Improvement Plan and the Seacole service. The next joint Commissioning Board is set for Thursday 30th May 2013. An update will be provided to the next Health & Wellbeing Board.

16. 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 worth particular note, relating to key service user groups.

16.1 Older People

16.1.1 Winter Pressures Funding

There is evidence of positive outcomes in relation to the Department of Health funding. For example, the increased capacity in social care helped reduce the number of bed days associated with individuals with delayed transfers of care (regardless of reason) from 660 to 521 between Oct-Dec-12 and Jan-Mar-13. In particular, the number for which social services was responsible decreased from 72 to 16 over the two periods. Similarly, the number of people per month accessing enablement services increased by an average of 30% during Jan-Mar-13 compared to Dec-12 as a result of increased capacity in the Enablement Service. It is estimated that 60% of individuals accessing enablement did not need ongoing adult social care in 2012/13. As a result of supporting more complex individuals in the community, the number of Council-funded residential and/or nursing care admissions throughout the winter months remained below the figure of 23 for Sep-13, despite the high levels of emergency admissions to hospital in the winter. Partners are now planning for winter 2013.

16.1.2 Successor to My Home Life (MHL)

Following the My Home Life celebratory event, held on 12th February 2013, joint work is now underway to sustain the legacy of the Programme and to extend its coverage to all care homes in Enfield. The first post-project meeting between the Council, NHS and care homes was held in April 2013 to agree terms of reference and approach. In particular, partners agreed to adopt the MHL outcomes framework within which to explore and address common issues; and to integrate findings, learning and training from the Care Homes Project within this framework.

16.1.3 Enfield Dementia-Friendly Communities

As detailed in April's Joint Commissioning Update to the Health & Wellbeing Board, in February 2013 a bid was submitted for £660,000 against the European PROGRESS social fund. The EU will make a decision on the bid in June 2013, and the Health & wellbeing Board shall be updated accordingly.

The Council, NHS and voluntary sector partners continue to improve dementia awareness and the coordination of information, advice & support in line with Voluntary & Community Sector Strategic Framework. Partners promoted dementia awareness in Edmonton, Southgate & Enfield Town in May 2013 based on the national initiatives in which partners commissioned a

90-second video talking about the importance of early diagnosis and living as fulfilling a life as possible. Other activities, including a concert, were planned by partners to promote Dementia Awareness Week.

Partners have also agreed to form an Enfield Dementia Action Alliance – one of the national initiatives - the first Borough in London to do so, with the aim of promoting the needs of those living with dementia amongst organisations – not just those organisations associated with providing care, but also wider private, public and voluntary sector organisations in society, for example emergency services, schools, retailers and banks. Terms of reference and aims and outcomes are being drawn up for this independent group. Each organisation that agrees to sign up to the Alliance will identify and publicly publish three actions they will undertake to improve their organisation's interaction with those with dementia and their carers. The Alliance will have its own public web-site, managed by the Alzheimer's Society, to track individual organisations' progress in completing these actions.

Partners who have already agreed to join the Alliance would welcome the commitment of other organisations represented on the Health & Wellbeing Board to the Alliance.

16.1.4 Social Isolation Bid

The Big Lottery Fund announced a new programme, Fulfilling Lives: Ageing Better, which aimed to reduce isolation, improve older people's ability to deal with change, and give them greater power to make choices. They have agreed to commit up to £70 million to 15-20 local areas in England, supporting holistic and creative approaches to tackling social isolation amongst the older population. Enfield is one of the 100 local authorities in England that has been invited to submit an Expression of Interest. From these 100, 30 areas will be selected in July/August 2013 to submit comprehensive project proposals (from a nominated VCS organisation rather than the Council). Thereafter 15 – 20 areas will be selected for funding. The Council submitted an Expression of Interest, working closely with voluntary- and public-sector partners to shape the ambition of an Inclusion Programme with a strong focus on empowering older people to design, manage and sustain solutions tailored to them. The proposed programme, which has a two-pronged approach, was developed reflecting Enfield's ambition to provide solutions that respond to both wider population needs and individuals' specific circumstances and preferences.

16.2 Mental Health

16.2.1 Independent Mental Health Advocacy (IMHA)

Further consideration is being given to the consolidation of IMHA, IMCA and Dols advocacy to create economies of scale across the tri-borough localities. The Health & Wellbeing board shall be updated on progress.

16.2.2 Joint Mental Health Commissioning Manager

The Local Authority has recruited an interim Joint Mental Health Commissioning Manager who will start in post 13 June 2013. Recruitment to the permanent post is underway. This post will be responsible for leading the development of a medium term Joint Mental Health Strategy.

The CCG is currently in the process of recruiting an interim Head of Mental Health Commissioning who will work closely with the Joint Mental Health Commissioning Manager. The Head of Mental Health Commissioning will be responsible for QIPP, including IAPT, Out Of Area Placements, local rehabilitation pathway for Complex Care and support for projects led by the Continuing Healthcare Team and Integrated Care.

16.2.3 Joint Mental Health Strategy

Work continues on the development of a Joint Mental Health Strategy that sets out an agreed approach to the commissioning and development of adult mental health services within the Borough. The strategy will be a joint framework that pulls together the key local health and social care medium term commissioning intentions as they relate to mental health services in Enfield. In relation to health funded services, the strategy will be guided by the principles and priorities set out in the draft Barnet, Enfield and Haringey Mental Health Commissioning Strategy developed by Enfield CCG. Strategy development will be informed by a public health needs assessment, and led by the Joint Mental Health Commissioning Manager once in post.

The draft strategy will be completed by 31 July 2013. Public consultation on the strategy will take place from 1 August – 31 October 2013. Following Council and CCG approval, the final joint strategy will be published in January 2014.

Solutions for Public Health Ltd. has been commissioned to develop a mental health needs assessment. They have commenced work and will deliver the needs assessment by 5 July 2013. The needs assessment will inform the development of the strategy and will also inform the JSNA.

16.3 Learning Disabilities

16.3.1 Learning Disabilities Self Assessment Framework (SAF)

A SAF implementation plan has now been endorsed by the Learning Disabilities Partnership Board Health Sub Group and the Joint Commissioning Board. Implementation of the plan now commences.

16.3.2 Winterbourne View Concordat

The Enfield Clinical Commissioning Group has co-produced 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 continue to review 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 continue to be explored in addition to how existing independent advocacy services can be best used.

16.4 Carers

16.4.1 Enfield Carers Centre

The formal merger between Enfield Carers Centre and Enfield Mental Health Carers has now taken place. This merger has allowed all carers to receive improved and new services.

The Centre has been successful in recruiting to a number of new posts – an Advocacy Worker, a Young Carers Worker and a GP Liaison Project Manager. These have been funded through the merged funds, reserves and NHS Enfield CCG

The Carers Centre has also undertaken some renovation within the building to create more confidential working space and improved accommodation for the new staff members. This was funded from transferred reserves from Enfield Mental Health Carers.

16.4.2 Carers Direct Payment Scheme

We now have 71 carers receiving a Local Authority Direct Payment supported by Enfield Carers Centre with another 6 awaiting approval. Targeted work to promote an increase in the take up of direct payments will begin to promote through the Carers Hub.

16.4.3 Carers Week

Carers Week falls on the week beginning Monday 10th 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. A full Event Programme can be located in **Appendix D**.

16.4.4 Primary Care Strategy

CCG funding has allowed the Enfield Carers Centre to recruit a GP Liaison Project Manager, a two year post focusing on development work with GP practices. The post-holder will begin on the 12th June.

There are currently difficulties in regards to the Carers Nurse, as currently, no GP practice has agreed to host the post. This is essential as the post requires clinical supervision and therefore the post cannot be managed by Enfield Carers Centre. Alternatives are being sought – such as using agency nurses or extending part time nurses hours. However this would not fulfil the ‘carers champion’ purpose of the role and it could lead to confusion having different people providing the service. The purpose is to have a dedicated staff member for carers. Discussions will be ongoing.

16.4.5 The Employee Carers Support Scheme

The Carers Action Group now has 25 members, an agreed Terms of Reference document and meeting dates arranged for 2013. The official launch will take place on Tuesday 11th June, during Carers Week, and James Rolfe will be attending as the Council’s Equality Champion.

The group has expressed the need for two distinct groups – the Carers Action Group which will look at policy and procedure to ensure carers are well supported in the workplace and a Support Group to give carers a confidential and safe space to meet other carers, share experiences and to provide support to each other. Enfield Carers Centre – well placed on Baker Street – has offered space for this Support Group during lunchtime.

A meeting has taken place with Human Resources to look at how the Carers Action Group can review policies and training. HR will be attending the launch event to talk to the group directly.

16.4.6 Safeguarding

A ‘Keeping Safe’ booklet was launched in April 2013 and distributed to carers who attended the Enfield Joint Carers Strategy launch event and through Enfield Carers Centre. The booklet has been well received by carers with very positive feedback.

16.5 Children’s Services

16.5.1 Family Nurse Partnership (FNP)

Good progress is being made on implementation of the Family Nurse Partnership – an evidenced based, preventative programme offered to vulnerable young mothers having their first baby with the aim to:

- improve maternal health
- improve pregnancy outcomes;
- improve child health and development;
- improve parents' economic self-sufficiency.

A project plan has been developed and following interviews at the end of April 2013, BEH MHT have appointed a team supervisor. A Project Board has been established which will report into the Health and Wellbeing Board.

16.5.2 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 (CQRG) meetings. Overall good progress was reported at the May meeting of the CQRG. However there is an ongoing backlog in the routine caseload and a report has been requested for the Contract Review Meeting that will be held on 23rd May 2013. The Service Review is close to completion and a business case is due for submission.

16.5.3 Paediatric Integrated Care

The need for a paediatric integrated care work-stream to support implementation of the Barnet, Enfield and Haringey Clinical Strategy has been identified. The proposed work programme has a number of elements:

- to support the development of the Urgent Care Centre and the Paediatric Assessment Unit on the Chase Farm Hospital Site;
- to improve collaboration across primary, community and secondary care;
- to increase the knowledge and confidence of GPs and other primary care professionals in working with children who are ill;
- to develop and implement protocols and/or care pathways for common childhood illnesses and long term conditions;
- to develop care closer to home, and reduce A&E and Outpatient attendances and unnecessary admissions to hospital.

Initial focus has been on the development of a specification for the PAU and the implementation of primary care paediatric pilots in two GP network localities. Through the primary care paediatric pilots, all non-urgent paediatric outpatient referrals will be triaged by the Enfield Referral Service against agreed care pathways/eligibility criteria. Inappropriate referrals will be sent back to GPs with a case management plan, and appropriate referrals sent either to a consultant paediatrician working in a primary care setting or to secondary care. As part of the pilot, agreed protocols and/or care pathways for common childhood conditions will be disseminated to each practice and reinforced through established education forums and practice meetings, and arrangements agreed with both Trusts to establish single points of contact to improve collaboration. Other opportunities for training and support will be explored including debriefing sessions following the primary care clinics. The

next phase of the project will look at the potential to reduce A&E attendances and integrated care pathways for long term conditions, starting with asthma.

Capacity issues have caused some delays in implementation, but Barnet and Chase Farm Hospital commenced a pilot in the North East Locality on the 8th April 2013 and North Middlesex Hospital have advised that they will commence in the South East locality on the 3rd June 2013.

16.5.4 Identification and Referral to Improve Safety (IRIS)

IRIS is a general practice based domestic violence training, support and referral programme for primary care staff that has been launched in Enfield. A national pilot in Bristol and Hackney GP practices demonstrated the effectiveness of the IRIS model. It is a targeted intervention for female patients 16 years and over who are experiencing domestic violence from a current or ex-partner or from an adult family member. IRIS provides care pathways for all patients living with abuse as well as information and signposting for male victims and for perpetrators.

The model is based on one full time advocate educator, who is a specialist domestic violence worker, based in a local domestic violence service and working with 25 practices.

16.5.5 Section 75 – Services for Children

Following review, the Section 75 for Children's Services has now been updated by the Interim Head of Commissioning in partnership with Legal Services. The Agreement now sits with Health services for update and agreement, prior to sign off.

16.6 Drug and Alcohol Team (DAAT)

16.6.1 The DAAT's end of year target for Successful Treatment Completions was 14.8% (National Average) which it exceeded by reaching 17.4% for the period April 2012 to March 2013. This was also above the London average for the same period of 17.1% and the PbR Pilot average of 12.1%. Enfield is now the most improved DAAT in London against this important National Performance Indicator. The target for numbers in treatment of 1054 was equally surpassed as the DAAT achieved an end of year performance of 1084. Given the complexities of embracing Payment by Results (PbR) in this challenging year this is a clear demonstration of the marked commissioning competence of the DAAT Partnership.

16.6.2 The DAAT is now proceeding with a major procurement programme of the adult drug and alcohol treatment services, the adult Integrated Offender Management provision and the Young People' substance misuse treatment services contracts. This work is due for completion in the 12/13 year with the three new contracts coming into effect from the 1st April 2014. Two of these contracts will be fully PbR compliant with a 100% of the contract value dependent upon provider achievement against 6 key outcomes, two of which

will include the National Indicators Successful Treatment Completions and Number in Effective Treatment. The Young People's contract will contain provision for the Authority to include PbR as a contracting mechanism at its discretion when the key indicators have been announced by PHE or determined by the Authority.

17. PARTNERSHIP BOARD UPDATES (COMMISSIONING ACTIVITY)

17.1 Learning Difficulties Partnership Board (LDPB)

17.1.1 The last Learning Disabilities Partnership Board was held Monday 20th May 2013, whereupon the Partnership Board work plan for the next two years was agreed.

17.1.2 The Big Issue discussed at the Board was 'Keeping Safe'. The Board considered a number of options to raise awareness of abuse and hate crime with the people we support and the general public. This will be included in the work plan. The recent Independent Safeguarding Audit said the Integrated Learning Disabilities Service had some of the most consistently robust pieces of casework seen in the audit.

17.1.3 The Integrated Learning Disability Service came in on budget for 2012/13. Projections are currently being made for this financial year.

17.1.4 Planning Permission has been granted for the New Options day service redevelopment in Albany Park.

17.2 Carers Partnership Board

17.2.1 The last Carers Partnership Board was held Wednesday 22nd May 2013. The Carers Partnership Board has now appointed a carer, Christie Michael, as Co-Chair of the Board. Christie will be provided with support and training around this role.

17.2.2 The Partnership Board have now agreed the establishment, membership and basic Terms of Reference for a number of sub-groups to oversee and deliver the Enfield Joint Carers Strategy. These sub groups are:

- Parent and Young Carers Working Group
- Carers Hub (VCS organisations working with carers)
- Carers Practitioners Working Group
- BEHMHT Project Group

17.2.3 The Carers Strategy Implementation Group will oversee the work of these sub groups and report back to the Partnership Board at each meeting.

17.3 Mental Health Partnership Board

17.3.1 The Mental Health Partnership Board Away Day was held on Tuesday 16th April 2013. The role and current work-streams of the Partnership Board were

reviewed and work was undertaken to develop a Partnership Board work plan to span the next two years, with a particular focus on the upcoming Mental Health Strategy.

17.4 Older People Partnership Board

16.4.1 The last Older People Partnership Board took place on Monday 29th April 2013. The report received an update on joint commissioning work related to dementia care, including the bid submitted for funding to promote 'Dementia Friendly Communities' and plans for the development of a Dementia Action Alliance (see 15.1.3). Preparations for Enfield Dementia Day which will take place in September 2013 to coincide with World Dementia Day was also discussed. The Board also received an update on plans to promote Telecare in Enfield to improve outcomes for older people; the development of Older People Factsheets to inform the JSNA; Integrated Care and Warm homes Health Lives.

17.5 Physical Disabilities Partnership Board

17.5.1 The last Physical Disabilities Partnership Board took place on Monday 22nd April 2013, whereupon the Board received an update on the Enablement Service and Transition Services for people with Physical Disabilities, including the development of a quarterly transition newsletter. The Board also received an update on on-line RAS guidance materials. equipment recycling, and discussed the work of the RNLI to promote speaking facilities on local buses. The next Board will be held 15th July 2013.