MUNICIPAL YEAR 2013/14

Health and Wellbeing Board

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Agenda – Part: 1	**Item: 9b**
Subject: Joint Commissioning Board Report	
Wards: All	

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1. EXECUTIVE SUMMARY

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

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

1.3 This report includes note that:

- Both the Multi-Disciplinary Team (MDT) teleconference and the risk stratification tools were presented at the October Practice Managers' Forum, with the risk stratification tool going live with practices on 5th November. 32 practices have received the training with a further 5 waiting [3.1]

- Public Health (PH) is carrying out an Oral Health Needs Assessment to ascertain the viability and appropriateness to link the (soon to expire) Schools and Childrens Services (SCS) contract with the existing PH contract with Whittington NHS Trust [4.2]

- The Clinical Commissioning Group's (CCG) five-year Strategic Plan has been presented, outlining its vision, strategic goals and underpinning values [5]

- A validated Winter Pressure checklist and detailed Action Plan has been developed, outlining the arrangements in place between health and social care agencies to manage the demands of the winter season [6.1.1]

- The formation of the borough's Hospital Discharge Steering Group to better understand and address the reasons for delays and to improve the overall hospital process [6.1.2]

- With the final draft of the Joint Adult Mental Health Strategy, the public consultation period is diarised to commence on the 10th February 2014, which will include meetings with those with a direct interest in mental health services to the wider community [6.2.1]

- The Learning Disability Partnership Board's contribution to the draft Autism Strategy [6.3.1]

- The Learning Disabilities Self-Assessment Framework (SAF) is reflective of the national drive to promote closer working between health and care [6.3.3]

1. EXECUTIVE SUMMARY (CONTINUED)

- The Carer Centre's partnerships in setting up an Asian Carers Support Group and supporting a Somali Parents Coffee Morning [6.4.3]
- The commencement of Enfield's Family Nurse Partnership [6.5]
- The continued upward trend of the Drug Alcohol Action Team's (DAAT) performance against the Public Health Outcomes Framework Indicator [6.6]
- Formal approval has been received from the Clinical Commissioning Group (CCG) for the approval of the indicative spending plan of the NHS Social Care Grant with the4 signed documents being sent to NHS England [7]
- The operational launch of the Keeping House Scheme is planned for the beginning of 2014 [10]
- The Safeguarding Adults Board to meet to discuss the increase in safeguarding adult alerts and the significant number of reports of abuse [11]

1.4 The Integrated Transformation Fund report is a separate item on the agenda and therefore, not included in this Report

1.5 The half year review on Section 75 is a separate item on the agenda and therefore, not included in this Report

2. RECOMMENDATIONS

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

3. ENFIELD INTEGRATED CARE FOR OLDER PEOPLE PROGRAMME

3.1 Multi- Disciplinary Team (MDT) teleconference & Risk Stratification

Engagement meetings have been held with the GPs and Practice Managers to discuss MDT procedures, the need for patient consent, Data Sharing Agreement (DSA), risk stratification, training, and any concerns or issues that the practice may have. At the October Practice Managers Forum, both the MDT process and the risk stratification tool were presented.

Practices have been advised to gain patient consent before discussing patients on the MDT Teleconference, to record electronically and to display the patient information poster and patient leaflets as a minimum. The paperwork sent to the Local Medical Committee (LMC) in September has now been agreed but in the meantime, practices have been advised to use the patient consent poster and leaflet produced by NHS England to inform patients. Referrals to the MDT are increasing with 31 referrals in October and 32 referrals to date in November.

The risk stratification tool went live with practices on 5th November, and all parties signed off the Information Governance (IG) process. 32 practices have received the training with a further 5 waiting training. The acute providers pseudonymise their own service users' data and this goes to the risk stratification provider along with the social care data. Combining the data sets allows GPs to risk stratify patients.

3.2 Older People's Assessment Unit (OPAU)

Older Peoples Assessments Units (OPAU) have been developed on both acute sites. The OPAU service at Chase Farm started on 16th September for phase one and phase one at North Middlesex University Hospital (NMUH) commenced 23rd October. Although some in reach to Accident and Emergency (A&E) is still undertaken by the teams.

Chase Farm is getting a steady flow of referrals and has seen 80 patients to date. Chase Farm needs to increase its activity to meet investment targets and is working hard to communicate the new service to more GP practices e.g. at Plractive Learning & Teaching (PLT) meetings.

The NMUH OPAU started slowly; the service is now getting one patient per day and they will need to increase this soon to hit activity targets there have been 10 patients to date. NMUH has joined the marketing stall to PLT and is extending provision to GPs in south west practices. Both NMUH and Barnet and Chase Farm (BCF) teams are attending the CCG is holding a workshop on 19th November to discuss OPAU pathways, experiences to date and readiness for phase two implementation to support the A&E closure at Chase Farm.

3.3 Falls

The Fracture Liaison Nurse is continuing to screen fracture clinic and admitted Trauma patients from B&CF Acute Trust, for those at risk of further fragility fracture. The Service is exploring what systems are needed to be put in place to ensure that the changes to patient flows, resulting from the Barnet, Enfield and Haringey (BE&H) clinical strategy, do not affect the ability to case-find the at risk patients .i.e. strengthening links with Barnet and North Middlesex Hospitals.

The Community Bone Health Clinician is continuing to work closely with the Nursing Homes, targeting high risk patients and educating staff. She has put a process in place to receive the London Ambulance Service list of patients who have fallen but the call out did not result in the patient requiring A&E services. Similarly she is receiving information from the Community Alarm service regarding patients who have requested assistance as a result of a fall. She is now contacting both these groups of patients and triaging those at risk of further falls offering/providing assessment, advice and onward referral to other community services. She is being increasingly used as a resource by other community staff to review patients with issues relating to Osteoporosis management and medication.

Both clinicians attended a practice meeting with interested GPs and are using the positive feedback they received to inform their working practice in relation to other Primary Care Clinicians. They were due to attend the GP PLT session in Sept but this was unfortunately cancelled by the PLT team but the Service is proactively trying to get this rearranged for early in the New Year.

3.4 Care Homes Project

The Care Homes Assessment Team (CHAT) service is now working in 17 homes with an outreach geriatrician service provided by NMUH for the South. The commissioning team are examining options for increasing primary care support to the homes. In addition, they are examining how to configure the team now that the OPAU is in place. A recent survey of the homes indicates that many are happy with the service offered by the team. We have requested data from Health and Social Care Information Centre (HSCIC) to assess admissions from care homes. Community Matron in South continues to provide unplanned support to the homes by way of accepting telephone calls and where necessary visiting the homes – in September there were 12 calls resulting in 4 visits avoiding 5 unnecessary admissions.

The Bone Health nurse now holds clinics at care homes and accepts referrals from the CHAT team and works with them around falls prevention.

The Tissue Viability service is now working with 20 homes and continues to work to educate care home staff around wound management. A link nurse scheme is being developed and 8 of the 9 care homes contacted have signed up to participate in the scheme so far.

The Consultant Geriatrician from NMUH is planning to review the service and carry out a quantitative service evaluation undertaking a comparison between care homes that are supported by CHAT and those that aren't. There are also plans to review Advance Care Planning (ACP) and Do Not Attempt Resuscitation (DNAR)s; audit looking at whether plan was in place when patient died and whether it was in preferred place and to undertake a carer relative satisfaction survey.

Year to date, the team have seen 1756 patients in acute clinics and a further 168 in rolling review.

More patients are dying in their preferred place – till the end of September it is 92% where preferred place is known. Only 5 people did not die in their preferred place.

This financial year, the team have put in place a total of 65 ACP and 67 DNRs to September; the home avoiding unplanned admissions; if validated and costed at an average 2012/13 HRG cost would equate to £111,648 in savings.

3.5 Primary Care Locality Case Management

Primary care case management was defined in the business case for Integrated care. The primary care team (or the integrated local team as it will become known as) will be developed on a locality basis with the core being GP, Community Matron, Social Worker and a Community Nurse. The objective is to deliver proactive assessment and care of the elderly. The analysis suggests that the initial cohort of patients will be those > 75.

An initial meeting between Enfield Community Services (ECS), social services and the clinical lead took place to shape the development of an outline approach which was presented to the West Locality group on 14th November 2013. The locality has agreed to design and implement the integrated local team with the support of ECS and LBE. A number of GPs have volunteered to support this and to define the outcomes to be measured and develop an implementation plan. The aim is to complete this outline approach by 6th December 2013 with a view to

starting implementation prior to Christmas. It is recognised that this is an ambitious target. Review meetings will be built into the implementation plan so that the impact on patient care and GP practices can be monitored and the services improved based on feedback. This supports the government drive to have a named GP for those > 75.

3.6 Assistive Technology

The Assistive Technology Steering Group has been set-up, the first meeting has been held with a presentation by LBE on Assistive Technology in Enfield. Requirements have been discussed and a scoping document has been drafted for a pilot project that will focus on 50 older people with complex needs across two localities with different demographics and using two suppliers (partners). This will test how the tools could work in primary and integrated care.

Prospective companies have been contacted and invited to present at the AT Steering Group Meeting on 26th November 2013.

4. PUBLIC HEALTH TRANSITION

As the majority of the contracts transferred from the NHS to Enfield Council were extended for a year to end 31 March 2014 to enable the Council to assess the service delivery and Key Performance Indicators (KPIs) of all contractors, all Service Specifications will be reviewed and renegotiated to ensure that the specifications address the needs of the borough (in accordance with the Joint Strategic Needs Assessment (JSNA) and service needs assessments) for 2014/15

Number of contracts and agreements:	138
Contracts / agreements expiring 31/03/2014	137
Service Level Agreements with Enfield GPs and Pharmacists	127
Contracts that LBE is an Associate	8
Contracts / Service Level Agreements with independent contractors	3

4.1 Sexual Health

4.1.1 The projected growth of numbers attending Genitourinary Medicine (GUM) services. (GUM) clinics nationwide is 10 – 15% increase on last year's figures. The national arrangement for all GUM services to be open access continues to place the council at risk financially. The agreed way forward is to enter into contractual agreements with other significant providers for 2014/15.

4.1.2 The agreements with London Commissioning Support Units (CSU) to monitor and manage GUM services has, so far, not been successful, which has resulted in some London local authorities terminating their

agreement with the CSUs from 31 March 2014 and grouping as a formal collaborative for the negotiation and placement of 2014-15 contracts for the provision of some sexual health services. The London Boroughs being: Barnet, Brent, Camden, Ealing, Islington, Hammersmith & Fulham, Haringey, Harrow, Hounslow, Kensington & Chelsea and Westminster (the North West London Sexual Health Group(NWL)).
Enfield Council has been invited to be a part of this collaboration and is still in negotiations regarding the arrangements and resources available in the new formation and with the N&EL CSU.

In light of the new formation of the NWL SH Group, Haringey, Barnet, Camden and Islington have withdrawn from the N&EL Local Authority Sexual Health Commissioning Group. Enfield will continue to meet with Waltham Forest and City & Hackney

4.2 Oral Health Promotion and Prevention

Following the notification that SCS will not be renegotiating the oral health promotion contract for 0 – 5 years with NHS Whittington; Public Health is carrying out an Oral Health Needs Assessment to ascertain the proposal to add the children's service to the existing Oral Health contract.

4.3 Barnet, Enfield & Haringey Mental Health Trust (BEH MHT) Contract

Enfield CCG has served notice to Barnet, Enfield & Haringey Mental Health Trust for the contract to expire 30 September 2014. The CCG has informed LBE of its intention to put the services out to tender as a block contract. The Council is part of the discussions and arrangements.

Note: Services relating to Enfield Council, with an indicative value of £3.7m:

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

5. CCG Commissioning Intentions

All CCGs are required to develop a Five-Year Strategic Plan of which the first two years – 2014/15 and 2015/16 – must be in operating plan level detail (see Appendix 1).

5.1 Enfield CCG has presented its Five Year Strategic Plan – "clinically led, evidence based, with innovative solutions to deliver quality care to patients":

5.1.1 The vision being a commitment to commissioning services that improve the health and wellbeing of the residents of Enfield through the securing of a sustainable, whole system care.

5.1.2 The vision is supported by the following strategic goals:

- Enable the people of Enfield to live fuller longer lives by tackling the significant inequalities that exist between communities
- Proactively provide children with the best start in life
- Ensure the right care in the right place first time
- Deliver the greatest value from every NHS pound spent
- Commissioning care in a way, which delivers integration between health, primary, community and secondary care and social care services

5.1.3 The underpinning values being:

- Actively engaging with the Enfield patients and public in decisions about their own and their communities' health and wellbeing
- Working collaboratively with other CCGs, partners and stakeholders to deliver seamless, integrated care

6. SERVICE AREA COMMISSIONING ACTIVITY

6.1 Older People

6.1.1 **Additional Winter Pressures Funding**

Winter planning is underway, with reporting to NHS England in place:

- A validated Winter Pressure Checklist and detailed action plan were developed by NHS Enfield CCG and its partners, outlining the arrangements health and social care agencies have in place to manage winter demand.

- Health and social care partners received targeted funding from NHS England to relieve pressure on A&E and hospital admissions, with the health economies associated with Barnet & Chase Farm Hospitals and North Middlesex University Hospital NHS Trusts identified as two of the 10 London challenged health economies. The purpose of this funding is to assure A&E and hospital performance in Winter 2013/14. NHS England allocated £5.1m & £3.8m to the Barnet & Chase Farm and NMUH NHS Trusts health economies, respectively, and hence to individual health & social care partners' schemes to prevent hospitalisation, promote timely & safe discharge and prevent readmission in a 24/7 care economy. Progress in implementing these Plans, which also reflect future planning arrangements for integrated care, are monitored with NHS England on a weekly basis.

- Most of the actions in the plan have either been implemented or are in the process of being implemented. This includes the development

of hospital-based schemes to better support the hospital experience and discharge for people with dementia Rapid Assessment and Interface and Discharge (RAID), and health- and social care-based solutions to prevent hospital admission and facilitate discharge (e.g. Post-Acute Community Enablement (PACE)), including within an integrated care setting, and to fund extended hours of support.

- The one area that proved the most difficult to implement was to increase capacity of step-down beds in care homes in advance of winter. However, significant progress has recently been made, with around 20 additional nursing beds secured, most of which are in Enfield, but with additional beds in Ilford. The Council and CCG continue to work on solutions for increasing capacity, including appointing a coordinator to monitor patients' progress in the step-down beds.

Last winter, the Department of Health funded the national Warm Homes, Healthy People Programme. It allocated £148k to Enfield following the submission of the Council-led bid, which contained 16 individual proposals from statutory and voluntary sector partners, to which the Council's Directorates of Health, Housing & Adult Social Care and Children's Services added a further £77k from internal funding to make £225k available for Enfield's local Programmes. As discussed in the previous report, this had many positive outcomes.

- The Department of Health announced there would no similar national Programme funded this year. However, because of last year's outcomes, the Council intends to provide £120k funding for a local Enfield Warm Homes Programme from December, targeted at the most vulnerable families and households in the winter.

6.1.2 **Delayed hospital discharges**

There was on average a 22% increase in the number of delayed transfers of care from hospital between the same periods April – September in 2012 and 2013, and an even more significant increase in the number of health-related delays (with a reduction in social care delays over the same period), a trend that continued into October & November. Furthermore, the corresponding overall number of bed day delays (for various reasons) increased by 42% over the same period to 2,827 over the same six month periods, or just over an average of 100 per week in April - September 2013.

Nearly two-thirds of the delays were due to people waiting for assessments, as well as those for Continuing Health Care, or those requiring intermediate care, including step-down solutions in nursing care.

In response to the above and the acknowledgement for all agencies in the process to share collective responsibility for appropriate, timely and safe discharge of patients from hospital, the Council, CCG, BEH MH

Trust and the hospital Trusts have formed a Hospital Discharge Steering Group to better understand and address the reasons for delays and to improve the overall hospital discharge process and its consistency for patients.

The Group has:

- Developed a set of aspirations that all agencies have committed to working towards in re-design & implementation of these pathways. This includes, for example, the aspiration people not needing an acute hospital bed should be discharged in 24 hours in safe & dignified way ensuring appropriate support in place;

- Developed and initiated a pilot to set revised discharge processes within the wider context of integrated care;

- Developed a set of interim commissioning solutions to address the need for a greater number of step-down/intermediate care beds, which has been identified as a key issue in increasing the number of delays.
  Winter funding monies has helped fund an additional 35 step-down beds to be opened & staffed in nursing homes, mostly outside the Borough.

- Discussions amongst partners are continuing regarding the longer-term solutions that need to be in place for 2014.

6.1.4 **Successor to My Home Life (MHL)**
The legacy of the successful My Home Life Project will be sustained through the Improved Lives Group, a joint collaboration between the Council, NHS and Care Homes using the MHL framework, and is linked to the Provider's Forum.

6.1.5 **Enfield Dementia-Friendly Communities**
Enfield Everybody Active Older People's Enablement Project: The Centre for Social Action Innovation Fund is a £14m fund run by NESTA to provide financial and non-financial support to help grow the impact and reach of innovations that mobilise people to help each other. One of the priorities is encouraging older people to improve their health, well-being and independence as they age. Enfield Council, supported by NHS and voluntary sector partners, developed an innovative proposal to extend the multi-agency Everybody Active Programme into the primary/integrated care environment to improve the physical & mental health, well-being & independence of harder-to-engage people – those in ill-health or with a long-term condition, isolated or carers – through working in collaboration with the voluntary sector in designing, coordinating & delivering different elements of the Programme. Central to the development will be a multi-agency "VCS hub" operating within primary/integrated care to navigate individuals' access to voluntary sector-led solutions, including existing opportunities in the Everybody

Active and other Programmes, and in VCS organisations & newly-developed solutions. The initial bid was for £360k over 2 – 3 years.

6.1.6 **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. The Borough was one of 32 local areas to be accepted onto the next phase of bidding following its successful Expression of Interest, and the project development is being led by Enfield Voluntary Action supported by a wide range of public-, voluntary- and private-sector partners, including the Council and CCG. This partnership submitted an £18k Development Fund in Nov-13 to help develop a costed Vision & Strategy document to be submitted to BLF for Apr-14, from which the 15-20 areas will be selected. Engagement events with older people and voluntary sector are being developed for early 2014.

6.2 Mental Health

6.2.1 **Joint Mental Health Strategy Consultation**

[www.enfield.gov.uk/amhsconsultation]

The consultation draft of the Joint Adult Mental Health Strategy is now finalised. A full 12 week public consultation on the strategy will be held, finishing on 10 February 2014. The strategy is available on the Council, CCG and BEH websites, as well as the websites of key mental health voluntary sector organisations. The intention is to significantly extend stakeholder engagement and involvement which is already extensive – more than 120 people have been involved so far in 1:1 conversations or small group discussions. There have been several meetings and conversations with some key people, including the clinical lead, BEH trust managers and the joint commissioning manager based at the CCG. The consultation will include a series of meetings with individuals and groups and extends beyond those with a direct interest in mental health services to the wider community.

There are 2 strategic goals:

- To improve the mental health and wellbeing of the population of Enfield
- To improve recovery for adults with mental health problems

and 8 strategic objectives to enable achievement

- **To improve the mental health and wellbeing of the population in Enfield**
- To address the wider determinants of mental health and wellbeing

- To reduce inequalities in mental health and wellbeing
- To consider establishing a mental health and wellbeing centre for the borough
- To improve the mental health and wellbeing of all carers and recognise and improve support for carers of adults with mental health problems

➢ **To improve recovery for adults with mental health problems in Enfield**

- To enable adults with mental health problems to lead independent, meaningful lives as active members of the communities in which they live and work
- To ensure delivery of personalised services focussed on supporting recovery and positive outcomes for adults with mental health problems
- To improve the accessibility and effectiveness of secondary care services
- To develop a strong partnership between mental health services commissioners and providers and ensure that service users and carers are fully involved in service improvement and planning

The focus is on improving recovery and outcomes. Work to develop meaningful outcomes that measure recovery and progress towards recovery will be developed by practitioners, commissioners, service users and carers working together. The work to develop outcomes will build on the work on value based commissioning currently being facilitated by Cap Gemini and Beacon UK on behalf of NCL.

The strategy will be signed off by the Cabinet and the CCG Governing Body in April 2014 with implementation starting immediately if the strategy is approved.

6.3 Learning Disabilities

6.3.1 Draft Autism Strategy

The draft Autism Strategy was the 'Big Issue' of the September Learning Disability Partnership board. Comments from stakeholders and advocates included references to developing a fully accessible version of the document and that there needed to be greater focus on what success looks like in terms of outcomes achieved. These comments have been taken on board and will be reflected in the final version of the strategy.

It is now out of public consultation and these comments have been taken on board and will be reflected in the final version of the strategy. Once finalised, the strategy will be available on the council's website.

The board agreed to nominate an Autism champion to sit on the Autism steering group, and devised a draft work plan to support implementation of the strategy for people with Autism and Learning Disabilities.

6.3.2 Autism Self-Assessment Framework

The Department of Health Autism Self Evaluation Framework 2013 has been developed to support local areas to understand how well they are doing in terms of implementing the national autism strategy (Rewarding and Fulfilling lives dated 2009) and improving local services for people with autism and their parent / carers. The Autism self-evaluation framework focussed on the following key themes:

1) Partnership Working,
2) Co-ordination and delivery of the local strategy,
3) promotion, training and awareness,
4) transition arrangements,
5) developing a clear and consistent diagnosis pathway and
6) self-advocate testimonials.

Enfield Self Evaluation Framework was scored as amber or green with no activity reported as red / areas requiring immediate attention. The document was submitted by the 30th of September 2013 to the IHaL website.

The autism framework prioritises improving the co-ordination of autism services across Enfield. This will give a focus to existing resources and services and a point of expertise for practitioners across the health and social care economy. The key outcomes are:

- A focus and single point of reference for autism across Enfield
- Improved co-ordination of services
- A high level care pathway for autism
- A set of condition specific pathways e.g. a pathway for adults with a learning disability who also have autism
- Improved access to information and advice
- Improved signposting to the services and support available
- Improved identification of adults with autism
- A network of autism champions based in all relevant health and social care teams and other relevant services in Enfield
- Improved awareness of autism across health and social care teams and other relevant services in Enfield
- Improved effectiveness of existing services
- Better use of resources invested in autism services

The Council and the CCG recognise the need to continue to focus on delivering the local joint autism strategy and to work in partnership with statutory and non-statutory agencies, and stakeholders to improve local services for people with autism and their support network. We view this as a key priority for the present and into 2014/15

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

The Self-Assessment Framework (SAF) and subsequent improvement plans will ensure a targeted approach to improving health inequalities and adult social care services for people with learning disabilities. A

simple public health model (Lalonde's health field 1994) highlights that people with learning disabilities are disadvantaged in all four domains and experiencing poorer health than the non-disabled population, because of:

1. Greater risk of exposure to social determinants of poorer health such as poverty, poor housing, unemployment and social disconnectedness.

2. Increased risk of health problems associated with specific genetic, biological and environmental causes of learning disabilities.

3. Communication difficulties and reduced health literacy.

4. Personal health risks and behaviours such as poor diet and lack of exercise.

5. Deficiencies relating to access to healthcare provision.

People with learning disabilities are 58 times more likely to die before the age of 50 than the general population [Hollins et al 1999]

There are numerous reports on the Improving Health and Lives (IHAL) website about the health and well-being of people with learning disabilities. IHAL: http://www.improvinghealthandlives.org.uk/publications

The Learning Disabilities SAF is a retrospective self-assessment that takes place on an annual basis. It usually includes topical themes such as Integration, admission avoidance and how well localities are responding to the Winterbourne View Concordat.

The Learning Disabilities Self-Assessment for 2012-13 is different from previous years. Instead of focusing purely on Health, it is reflective of the national drive to promote closer working between health and care, and is a joint self-assessment framework. This year the themes are; Staying healthy, Being Safe and Living Well and are aligned to the following key policy and frameworks: -

- Winterbourne View Final Report
- Adult Social Care Outcomes Framework 2013-14
- Public Health Outcomes Framework 2013-2016
- The Health Equalities Framework (HEF) - An outcomes framework based on the determinants of health inequalities
- National Health Service Outcomes Framework 2013-14
- 6 Lives Report

Work continues on collecting information from the different service areas across Health and Adult Social Care who contribute to providing evidence for the Learning Disabilities Self-Assessment Framework. The deadline for submission is the 30th of November 2013 but this may

be extended. The HWBB will be provided with an overview of the final version of Enfield's SAF at the next meeting.

6.3.4 **Winterbourne View Concordat**

NHS Enfield Clinical Commissioning Group (CCG) and the council have developed a joint action plan in response to the Winterbourne View concordat.

Key messages from the concordat are that each locality should commit to jointly reviewing all people with learning disabilities and / or autism within low-high in-patient facilities to ensure that people are appropriately placed.

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

Commissioners continue to focus on the assessment & treatment pathway for people with learning disabilities with a view to reducing admissions to this type of service and are monitoring discharge to ensure that stays are not disproportionately long. The benefits of community intervention models continue to be explored. Regular updates will be provided to the HWBB.

6.4 Carers

6.4.1 **Enfield Carers Centre**

Enfield Carers Centre is currently in the process of recruiting a full time Benefits Advisor for a one year contract. This is due to the high demand from carers following the benefits changes.

The Hospital Liaison Worker started in late November and is currently working to establish relationships with North Middlesex and Chase Farm Hospitals. North Middlesex Hospital has provisionally agreed to provide an office base within the hospital for the Worker.

Recruitment for the Carers Nurse post has been delayed due to issues associated with the employer needing to be registered with Care Quality Commission (CQC) due to the clinical nature of the role. The Centre has contacted the CCG and individual doctor's surgeries but has been unable to find a host. The Centre has referred this back to the CCG Project Manager to progress.

The Advocacy Worker has been taking up cases and has also been promoting the services within the VCS and with practitioners. Last month they undertook casework for 22 carers.

The Young Carers Worker has now identified four schools to work intensively with to develop services and support for young carers – Suffolk Primary, George Spicer primary, Edmonton County Secondary and Oasis Hadley Secondary school. They are also working with a number of other schools to deliver assemblies.

The Centre is now setting up an Asian Carers Support Group in partnership with Naree Shakti. The Carers Support Officer is also attending a Somali Parents Coffee Morning at Durants School which supports parents with children at Durants, Waverley and Russet House.

The Centre has also been running some interesting training sessions for carers. The first being an 11 week course for Mental Health carers entitled 'Supportive Family Training' which helps carers to learn and understand the mental health assessment process, how to work with practitioners and problem solving techniques. Feedback from carers has already been incredibly positive with a friendship network planned for when the course finishes, allowing the carers to continue to come together as a group to continue to support each other. 12 carers have attended this course.

The Centre has also run a Solution Focused Therapy six week course to provide carers with group therapy and coping strategies to improve their wellbeing. 16 carers are currently attending this training.

A Healthy Living Day will be held on Friday 22nd November, providing carers with health trainer advice, health screening, cancer awareness, advice on healthy eating, therapy sessions and mediation and relaxation sessions.

The Carers Centre AGM will take place on Monday 25th December. The focus will be Expert Health Partners with speakers including the GP Liaison Manager, CCG Practice Manager lead, BEHMHT, the Carers Commissioner for LBE and the Director for Policy from the Carers Trust.

6.4.2 **Carers Direct Payment Scheme**

We now have 108 carers receiving a Direct Payment through Enfield Carers Centre with others awaiting approval. It is anticipated that this number will decrease slightly as the annual review period is taking place to ensure all carers still meet the criteria.

6.4.3 **Carers Rights Day**

Enfield Carers Rights Day's event will take place at the Centre on Friday 29th November from 10am. The day will provide carers with information around benefits, telecare, the Joint Service for Disabled Children, VCs organisations and carer engagement and involvement. Benefits and legal advice will also be available. Consultation will also take place of the BEHMHT Carer Experience Strategy and the Mental Health Strategy. An evening event will held on Wednesday 27th

November at 6pm for carers that can't attend during the day. The focus of this session will be the Benefits Changes and carer support.

6.4.4. **Primary Care Strategy**

The GP Liaison Project Manager (funded from ECCG's primary care strategy programme) began in June and has visited all but 12 GP practices in the Borough, with meetings currently being arranged for the remaining surgeries. They have been successful in raising awareness of carers issues with practice staff, providing literature and posters.

A forum was held in September to consult with carers about their experience with their GP in relation to their caring role. The feedback was collated and has been feedback to all GPs surgeries via the regular Carers Email Bulletin that goes to all surgeries.

6.4.5. **The Employee Carers' Support Scheme**

The September meeting looked at the approach other Local Authorities take in supporting its employees. It was agreed that the Group would like to see the Council adopt a Carers Policy as well as developing a Carers Personal Plan that can be used to stimulate discussion between a carer and their line manager in a one-to-one setting. These documents are currently being developed.

6.4.6. **Relatives Support Network**

To build on the planning of the network for carers and relatives of those in residential care, a funding bid has been submitted to NESTA for funding for a Project Manager post and additional resources to Enfield Carers Centre to support the development of the Network

6.4.7. **Carers Strategy Implementation**

As reported in the section above the governance structure for the implementation of the Carers Strategy has been approved.

The first Carers Practitioners Working Group meeting has taken place with representatives from all the Social Work teams to look at practice and procedures that affect carers. Agenda items for the December meeting includes reviewing the Carers Assessment form and the paperwork for a Carers Party to Event assessment, improved and increased communication on carers' issues and training for practitioners.

The BEH Mental Health Carers Project Group met in July to provide joint feedback to the Trust's Carers Experience Strategy. The group has offered expertise and support to develop the strategy further. Training for MH practitioners is currently being discussed and is looking to be delivered in the New Year.

The Parent & Young Carers Group is due to have their first meeting in January.

The Carers Strategy Implementation Group is due to meet again on the 9th December. Following the resignation of one carer representative a new carer representative has been recruited and will join the Group at the December meeting.

The Carers Communication Working Group has now agreed the expenditure associated with a new Carers Awareness campaign with poster and leaflet design ready for January 2014.

6.5. Children's Services

6.5.1 Family Nurse Partnership (FNP)

Enfield Family Nurse Partnership commenced on 1st November 2013, following a successful launch on 9th October 2013. The team received six referrals in the first ten days. Additional young people were not eligible for the FNP due to being too advanced in their pregnancy and were referred onto the Young Teenage Parents Service. Given the level of teenage pregnancies there is an expected 10 referrals per month. The team is meeting potential referrers and encouraging further referrals. Publicity about the FNP scheme has been circulated to GP practices and via the GP newsletter.

6.5.2 School Nursing

The Public Health Team at the Council are currently undertaking a health needs assessment that will support decisions to be made about future direction and focus of the service

6.5.3 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) and Contract Review meetings. The CCG's Finance Recovery and Quality Innovation Productivity and Prevention (QIPP) Board agreed funding for an additional 2 wte (whole time equivalent) Occupational Therapists on the 4th September 2013.

6.5.4 Community Services Redesign

Community services are a critical part of any integrated care system, across both adult and children's services. They have traditionally been commissioned under block contracts, via service line commissioning, with varying levels of specification and outcomes. This model of commissioning community services, as well as the model of provision of community services, will not meet the future challenges of care delivery nor will it provide sufficient leverage to change the system for our population. The CCG has signalled it's intent in future to move to outcome based commissioning of community health services by population, and Price Waterhouse Cooper are currently working with CCG on Phase 2 of the Community Services Redesign Project.

6.5.5 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.

The CCG has commissioned an organisation called Matrix to carry out some economic and financial modelling, to support the development of the integrated care model which will include options around 'gain sharing' across organisations. **A workshop was held on the 31st October 2013** and there was very good multi-agency attendance. Matrix is using the outcomes of the workshop to carry out the economic and financial modelling with a final report due before the end of the year.

6.6 Drug and Alcohol Action Team (DAAT)

6.6.1 Successful Completions (Drugs)

The DAAT's performance against the Public Health Outcomes Framework Indicator 2.15, *Successful Treatment Completions*, has continued on an upward trend with the latest ratified Public Health England (PHE) data confirming that Enfield has achieved 28.8% for the 12 month rolling period Oct 2012 – Sep 2013. Enfield is now placed 5th in London against this Indicator. The London average is 17.9%; and the National average is 14.6%.

6.6.2 Numbers in Effective Treatment (Drugs)

As reported at the last Health and Well-Being Board the Number of Drug Users in Effective Treatment is still very slightly below the trajectory target of 1068 (*N = 32*). Performance improvement against this measure will be achieved before year end as there remains good opportunity give the time lag delays in this performance indicator.

6.6.3 Numbers in Treatment and Successful Completions (Alcohol)

The number of alcohol users in treatment has increased by 13% since the start of the year based upon the new 12 month rolling data release by PHE. It is pleasing to note that along with quantity performance improvements we have also witnessed quality gains with 38.1%

successfully completing during the latest period. This is higher than the London Average of 33.6% and above the National Average of 35.8%.

6.6.4 **Young People's Substance Misuse Performance – Q2 2013-14**
There has been a significant increase in the number of young people engaged with the service in 2012/13 and 2013/14. The rolling 12 month figure for young people in treatment in September 2013 is 187 which represent a 30.7% increase in numbers compared to the same period last year and it has more than doubled since 2011.

6.6.5 **Tender Programme**
The tender programme for the three Council substance misuse contracts remains on target with the ITT stage due to finish on the 29th November 2013. The contracts include the Adult Substance Misuse Recovery Service contract, the Young People's Substance Misuse Service contract, and the Crime Reduction Substance Misuse Recovery Service contract. It is expected that Cabinet approval will be sought during the January 2014 meeting for the award of the new contracts.

6.6.6 **Adult and Young People's Substance Misuse Strategy**
The DAAT Board held an Adult and Young People's Substance Misuse Strategy development meeting on the 11th November 2013 to produce the key strategic priorities the community wants to address substance misuse within the Borough. The meeting was well attended and the DAAT Officers will now be producing a draft strategy to include the content from the 4 workshops before circulating for wider consultation. The draft Strategy will need to be approved by DAAT Board before escalating to the SSCB and the Health and Well-Being Board for consideration. It will then obtain Cabinet approval before being implemented.

7. NHS SOCIAL CARE GRANT

7.1 As previously reported, the Council has sought formal approval of the indicative spending plan from NHS Enfield Clinical Commissioning Group and the completion of documentation required by NHS England to authorise the release of the funding. Formal approval has now been received from NHS Enfield Clinical Commissioning Group and signed documents have been sent to NHS England, so payment is now being processed.

7.2 As per the spending plan, a total of £3,822,890 has been allocated in 2013-14 of the total allocation for this period; the remainder of which has been allocated for projects in the early part of 2014-15 to provide stability to on-going projects over a 12 month period for those that did not begin at the start of the financial year. Of this £3.8m, £2m has been allocated to maintain eligibility criteria and existing services and £1.8m was allocated to specific projects.

7.3 Quarterly updates are being produced to monitor progress of the individual projects. It is currently reported by the project leads that the forecast spend by 31st March 2014 will be £3.6m. The progress during Quarter 3 is being monitored closely and alternative plans are being reviewed given the forecasted underspend of £178K.

7.4 Some highlights of the outcomes delivered to date include:

Care Home Pharmacist – the provision of a 12 month pharmacist has provided support to the Council's safeguarding team on medicines issues and to GPs who prescribe for care homes. A baseline self-assessment audit has been sent to all homes and a workshop programme is being developed to provide further training to care home staff.

Tissue Viability Service – Tissue viability care has been delivered to 33 new residents with 49 follow up visits. Education and training has been delivered to 82 care home staff to increase their skills and knowledge in providing wound care to patients.
Quality Checker Programme – an effective model to visit care homes has been delivered and 12 visits have taken place to date, with generally very good feedback.

Falls Prevention – The Fracture Liaison Nurse is continuing to screen fracture clinic and admitted trauma patients from B&CF Acute Trust for those at risk of further fragility fracture. To date 371 patients have been identified from the clinic, advice has been given via 185 telephone by the Fracture Liaison Nurse.

8 HEALTHWATCH ENFIELD

8.1 Following full Council approval to create Enfield Consumers of Care and Health Organisation (ECCHO), the Community Interest Company that will be responsible for delivering the Healthwatch functions in Enfield, the Chair and Board Members have now registered themselves as Directors. ECCHO has established its base of operations at Community House in Edmonton and held its official launch at the Green Towers Community Centre in Edmonton on 15.10.2013. The event was well attended with representatives present from statutory and voluntary sectors together with a number of service users, carers and patients.

8.2 Whilst the Council cannot set ECCHO's work programme, Commissioners and the ECCHO senior management team are currently finalising the terms of the Service Level Agreement between the Council and ECCHO which sets out agreed key outcomes, outputs and contains proportionate 'light touch' processes to assure and validate service delivery of the statutory Healthwatch functions.

ECCHO will be grant funded by the Council and the first payment has been disbursed. Further payments will be released quarterly, on the basis that ECCHO demonstrates its ability to carry out its functions effectively through regular reporting and effective liaison.

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

9.1 Following the completion of the Phase 1 review of grant funded organisations, Commissioning proposals and recommendations are being finalised for approval that :

- ensure that the strategic aims of the Council can be contributed to in the most appropriate way;
- are aligned and consistent with corporate commissioning arrangements;
- address the provision of support to ensure that equalities issues are being addressed in Enfield (covering Age and Disability) ;
- secure locally focussed service provision for adults with health and social care needs delivered by partners with the relevant experience of working in and for Enfield's diverse communities ; and
- provide stability for local voluntary and community sector partners.

9.2 Phase 2 will focus on the commissioning of an integrated information, advice and advocacy service that will be secured through a competitive grants process. Service aims, objectives and outcomes have been co-produced with service users, carers, voluntary and community sector (VCS) organisations and health and social care professionals. The preference from service users and carers is for local VCS organisation to combine their specialisms and expertise into a local partnership and provide a one-stop shop solution. The commissioning process will commence during next year.

9.3 Subsequent phases of the framework will focus on commissioning a range of preventative services to support local people to promote local people's health, wellbeing and support them to live independently in the community.

9.4 Current activity is also focussed on the design of a new invigorated Performance Management framework to ensure regular, consistent monitoring is carried out and service delivery is validated.

10. SPECIALIST ACCOMMODATION
Mayor's Care & Support Specialist Housing Fund

10.1 Specialist Accommodation for Adults with Learning Disabilities

In July 2013, Newlon Housing Trust, supporting by Enfield Council and the Health & Wellbeing Board were awarded £840,000 for the demolition and redevelopment of outdated specialist accommodation located off Carterhatch Lane. The new service will deliver 14 x 1-bedroom units of accommodation with communal facilities for adults with Profound & Multiple Learning Disabilities (PMLD) and older people (50 years +) with learning disabilities and dementia.

Planning submissions for this redevelopment are now imminent and works has commenced in relation to the assessment and decant existing tenants. Decant is planned for the end of January 2014. The build programme is scheduled to commence March-June 2014 and completion is set for June 2015.

The planned development responds to feedback from people with learning disabilities and their carers during a review of the service undertaken in 2009. People with disabilities shall be actively involved in shaping this development, to ensure the delivery of a new service that effectively responds to need.

10.2 The Keeping House Scheme

The Keeping House Scheme has been set up to extend upon the current Empty Property Grant Scheme to reduce the number of vacant properties in the borough by appropriately targeting and supporting people living in long term residential care who own vacant property that they wish to lease to the local authority (via a housing association partner) for a fixed period in return for rental income.

Potential benefits of the scheme include:

- an increase in choice for people who self-fund their care, by providing an attractive offer that will enable people to maintain ownership of property and generate new income rather than depleting savings;
- in increase in local housing supply - bringing empty properties back into use to better meet escalating housing demand,
- a reduction in the negative impact of empty properties on neighbourhoods including inappropriate use and vandalism;
- a reduction in debt accrued by the Council through the minimisation of deferred payment scheme applicants;
- a reduction in the local authority's care funding budgets, as self-funders are supported to maintain financial independence;
- income generation by way of the New Homes Bonus Grant (currently set at around £1,400 per Band D property brought back into use)

Following completion of information and consultation events for referring agencies, homeowners and their carers in December 2013, operational launch of the Keeping House Scheme is planned for early in the New Year. A cross departmental project monitoring and review group shall meet on a quarterly basis to assess impact and outcomes of this new scheme. This is an innovative new approach to reducing empty properties with cross cutting benefits that has yet to be trialled elsewhere. Should anticipated benefits be realised, learning shall be shared with other authorities who have expressed an interest in finding out more about the scheme.

11. SAFEGUARDING

11.1 Safeguarding Adults Board (SAB)

The Safeguarding Adults Board meets on the 2nd of December 2013 and will review performance data which identifies that the number of safeguarding adults alert received by adult social care has continued to rise; in Q2 of 2012-2013 there were 373 reports of abuse, while during this year's Q2 there has been 485. This is an increase of 29.8%. There has been a significant increase in the number of reports of abuse which identify 'multiple abuse' as the type. This is positive in terms of identification of the abuse and ensuring that a safeguarding adults response consider the multiple and complex nature of harm. Neglect and Physical abuse are the most reported single types of abuse, whereas this used to be financial abuse in Enfield. The National data returns for 2012-2013 concurred with Physical abuse and neglect as the most common types of abuse reported in referrals, accounting for 28 per cent and 27 per cent respectively of all allegations.

The Safeguarding Adults Strategy Action Plan 2012-2015 is in its second year, and sets out the priorities and work areas for all partners on the Board. This is project managed by Enfield Councils Central Safeguarding Adults Service, who now meet with partners to gather evidence, feedback and support achievement of targets. Many actions have been accomplished, are on track or plans are in place to ensure achievement within timescales. Each Board meeting receives a project management update which highlights areas requiring attention of partners.

The Safeguarding Adults Board will be undertaking an audit of its effectiveness to keep people safe. This has been agreed to be completed as a cross audit with the Safeguarding Children Board; young people, service users and carers will also form part of the panel that challenges and reviews the submission of the Board in respect to its effectiveness and ability to prevent and respond to the abuse of adults at risk. The results of this audit are due in March 2014.

11.2 **Surveillance Policy**

The Strategic Safeguarding Adults Service has developed a draft Surveillance Policy for Health, Housing and Adults Social Care. This was agreed at the September 2013 meeting of the Safeguarding Adults Board and by the Service User, Carer and Patient sub-group of the Board. The Service is seeking Cabinet approval in January 2014. The Policy is intended to further protect vulnerable adults within the limits of the relevant legislation and in so far as it is judged to be legal, feasible and proportionate.

The policy framework 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 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

11.3 **Audit of Case Practice**

Quality assurance and continual learning to improve practice are integral parts of safeguarding. The Strategic Safeguarding Adults Service undertakes quarterly case fail audits in partnership with the adult social care teams. The audit tool used by the service has been amended to place an emphasis on how the safeguarding process has improved the safety and well-being of the adult at risk. This audit tool will also be used by our external auditor in January 2014.

11.4 **Dignity in Care**

The Safeguarding Adults, Quality and Complaints Service are arranging a Dignity Conference on 5th of March 2014. The aim of the day is to consider: How do we maintain and improve dignity in light of the changing local and national context. This day will be open to all partners on the Safeguarding Adults Board and those whom use services and their carers.

11.5 **Safeguarding Information Panel (SIP)**

The November 2013 Panel, marked two years of meetings. We now intelligence from a variety of sources, including safeguarding alerts, the London ambulance service, complaints from home care contracts. We also receive information on which homes are without managers, have CQC notices, and the number of deaths. We are working to improve pressure ulcer information, which has been inconsistently available in recent months. The focus of the Panel is to identify preventative measures that can be implemented by the partners.

11.6 **Quality Checker Programme**

The visits to care homes are currently underway. From the 31 care homes visits, the feedback has been generally positive. We are concentrating on visits to care homes where we have no information at the Safeguarding Information Panel (10.5). The pilot programme of visits to our In-house Domiciliary Care Service clients has highlight a number of issues for our risk assessments of such visits. So far, 14 visits to our In-house Domiciliary Care Service have been completed and feedback of this service has been very positive. Over the coming three months, the focus will be home care visits, with the project still on course to achieve 70 home care visits this financial year.

11.7 **Quality Improvement Board (QIB)**

The Quality Improvement Board is due to meet on the 18th December. The two key projects are the Dignity in Care panel and the Care Home Carer's Network. The Dignity in Care conference (10.4) will be the occasion for launch of our Dignity in Care panel. In-house provider services have volunteered to be the first service to go through the Dignity in Care panel review, with a focus on identifying any areas of good practice, improvement or training. Quality Checkers are on each visit are asking if care homes have relatives and residents group, and these will be the first groups the volunteers will visit. They will be advising residents and relatives groups of support available through the Carer's Centre and how to raise concerns or let us know about excellent practices that we can share with other care home providers. The Board will be reviewing its structure to ensure that all Quality Assurance and Improvement activities feed into it. The My Home Life legacy group (Improving Residents' Lives group), which is a group set-up with care home managers and the CCG and focusses on improving quality of practice across all partners, will, subject to Quality Checker approval, become a sub-group of the Board.

12. PARTNERSHIP BOARD UPDATES (COMMISSIONING ACTIVITY)

12.1 Learning Difficulties Partnership Board (LDPB)

12.1.1 **Draft Autism Strategy**

This was the 'Big Issue' of the September Learning Disability Partnership board. Comments from stakeholders and advocates included references to developing a fully accessible version of the document and that there needed to be greater focus on what success looks like in terms of outcomes achieved.

The board agreed to nominate an Autism champion to sit on the Autism steering group, and devised a draft work plan to support implementation of the strategy for people with Autism and Learning Disabilities.

12.1.2 **Reviews**

The board commented on the draft 'What to expect at your review' document. This will include 'Talking about money'. It will explain the care co-ordinators will look at creative ways to achieve peoples

outcomes more effectively. These will be conversations about negotiated savings, rather than ‘cuts’.

12.1.3 **Finance**

The board were updated on the current financial situation and a number of conversations were and on strategies to move forward.

12.1.4 **New Options Re-Provisioning**

Demolition on the site is now complete, and work on the new building is due to start.

12.1.5 **Employment**

The employment sub group of the partnership board has convened its first meeting. There was very good engagement from all providers and a real commitment to achieving the outcomes of the employment work plan.

12.1.6 **PCP Conference**

The first of what is hoped to be a series of PCP conference took place in November. This is an inclusive event for the people we support, families, providers and specialists. There were workshops on writing your own outcomes, staying health, End of Life Care, Relationships and Sexuality, and Challenging behaviour. 40 people attended and feedback had been very positive.

12.1.7 **‘My Health Folder’**

The health sub group has revised the Hospital Passports and Health Actions plans into a new ‘My Health Folder’. A draft was given out at the PCP conference for comment. Feedback was very positive, and a number of improvements were suggested. These will be applied and taken to the Health sub group in January for approval, before being made available on line.

12.1.8 **End of Life Care pathways**

The End of Life Care pathways, and ‘Making the most of life…’ resource books have now been signed off. These were presented at the PCP conference, to very positive feedback. They will be made available on line. The End of Life steering group is in the process of developing into an operation group to oversee the implementation of the new pathways.

12.1.9 **Section 75 – ILDS**

Discussions between the CCG and the LBE are currently underway to agree the LD service specification for 2014/5 and beyond. It is envisaged that the new specification will be outcome based rather than activity based. Partners have expressed a commitment to continuing with an integrated service for people with learning disabilitie**s.**

12.2 Carers Partnership Board

The Carers Partnership Board is now to be chaired by Rosie Lowman, the Commissioning Manager for Carers Services. Christie Michael continues in her role as the Carer Co-Chair.

It has been acknowledged that the Board needs to review its membership particularly in light of recruiting new carers representatives following the resignation of three carers this year. An advert has been circulated via the Carers Centre and VCS contacts as well as members of the Board.

Recently the Carers Partnership Board has provided joint feedback on the Council Tax Support Scheme Consultation, Customer Engagement Framework and the BEHMHT Carers Experience Strategy as well as overseeing the delivery of the Joint Carers Strategy 2013-16.

The role and function of the Board is to be reviewed in the January 2014 meeting to ensure the Board can continue to represent the voice of carers and those working with carers. This will include the formulation of a Board work plan.

12.3 Mental Health Partnership Board

Following a facilitated away day with all partners, the board has developed a work programme to highlight and focus on priority areas across the partnership. The priority areas are aligned with the development of the Enfield MH strategy. The board will continue to act as a reference point in the borough for MH related initiatives. The 4 work streams will focus on Economic wellbeing, keeping safe, healthy living and service user partnerships.

Through the board a bid has been made for time to change grant funding that is aimed at tackling stigma. The outcome will be known in January. The board has recently supported a proposal that Enfield Council nominated itself to the MH champions scheme, which seeks a champion be nominated in the elected leadership to promote awareness of MH related policy and practice.

A collaborative and successful World mental health day celebration was coordinated by board members in October. The event was this year held in the restaurant in the Chase Building and was focusing on health living with mental health and ageing. It enabled health to be celebrated as opposed to a focus on treating illness. Over the course of the day scores of users, carers and partner organisations joined together to promote and celebrated positive features of a Mental Health Community.

12.4 Older People Partnership Board

The last Older People Partnership Board took place in Nov-13. The Board received several updates about some of the issues highlighted in this report: in particular, feedback about development of the Enfield Dementia Action Alliance, integrated care and the voluntary sector bids in progress. The Board received a presentation about the Adults Mental Health Strategy and identified a need to better support older people's functional mental health needs.

12.5 Physical Disabilities Partnership Board

The last Physical Disabilities Partnership board took place on the 15th July 2013. The board received updates on welfare reform and the carer's strategy. EDA presented an update on the effects of welfare reform on disabled people and raised a number of concerns. The board asked to be kept updated and for council officers assurance that support is being provided to those made more vulnerable by the changes. The carer's strategy was well received by the board. Future agenda items include: transport, continuing health care and sensory impairment.

Appendix 1 (ref. Section 5)

ENFIELD CCG 5 YEAR STRATEGIC PLAN

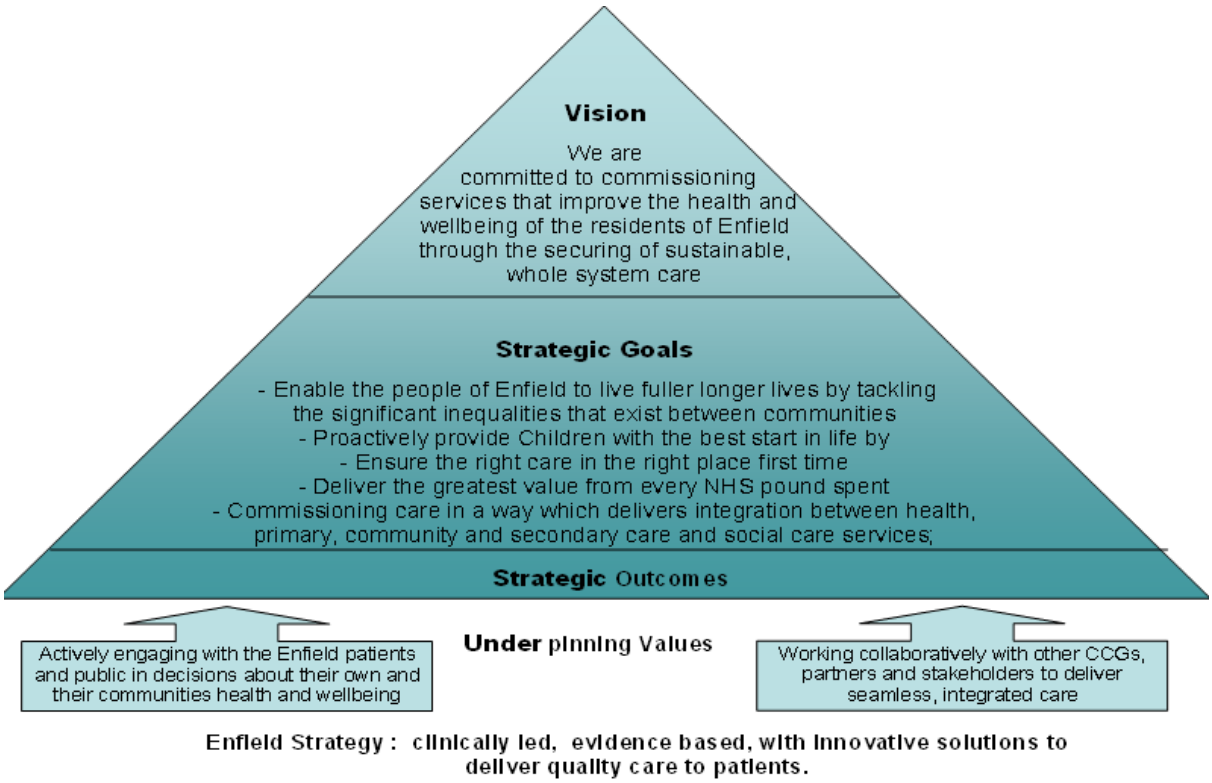
Introduction

This report updates the Health and Wellbeing Board on the development of Enfield CCG's Five Year Strategic Plan with particular focus on its commissioning intentions for 2014/15. The paper outlines Enfield CCGs five year financial plan, it key strategic transformation programmes, and how the commissioning intentions of those strategic programmes align to the Health and Wellbeing Strategy that is currently out for consultation.

Background

All Clinical Commissioning Groups are required to develop Five Year Strategic Plans of which the first two years, 2014/15 and 2015/16 must be in operating plan level detail. CCG allocations will be announced on 17 December 2013 and will include the allocations for both 2014/15 and 2015/16. While the funding formula has changed to place greater emphasis on older people, which favours Enfield CCG considerably, it has already been indicated that the pace of change towards moving to the new allocation formula will be slow. Therefore, the assumptions on which the 5 year strategic plan and financial plan is based are on current knowledge of growth for next year. In addition, the plan for 2015/16 must include the development of the Integrated Transformation Fund.

Enfield CCG Vision



The values that lie at the heart of the CCG's work continue to be:

- continually improving the health and wellbeing of the CCG's population and reducing health inequalities;
- listening to individuals and patients groups to ensure that service user needs are central to our work;
- improving quality and access to primary and community care services;
- improving integration and coordination of all health and social services;
- ensuring the optimum use of all available resources; and

In addition, Enfield CCG developed strategic goals to deliver the vision which remains as:

- **Enable the people of Enfield to lead longer, fuller lives by tackling the significant inequalities that exist between communities**
- **Provide children with the best start in life**
- **Ensure the right care in the right place, first time**
- **Deliver the greatest value for every NHS pound spent, and**
- **Commission care in a way that delivers integration between health, primary, community and secondary care and social care services.**

Health and Wellbeing Strategy (draft)
Enfield's Health and Wellbeing Strategy is currently undergoing a consultation process on the following key priority areas:

- **Ensuring the best start in life** – for example, by making sure our children are ready for school and increasing the number of children who are vaccinated against a range of avoidable infectious diseases
- **Enabling people to be safe, independent and well and delivering high quality health and care services** – for example, supporting you to manage your own health and wellbeing, and if you need them, ensuring the services you receive are high quality
- **Creating stronger, healthier communities** – for example, improving job opportunities for local people and how safe you feel
- **Narrowing the gap in healthy life expectancy** – for example, by reducing the difference in life expectancy and improving public services.
- **Promoting healthy lifestyles and making healthy choices** – by creating places and environments where it is easier to live a healthy life

Underpinning these priority areas are a number of populations which will be discussed as part of describing the CCG transformation programmes and the commissioning intentions below. In addition, the updated JSNA has been used to support the development of commissioning intentions in some of the following ways:

1. Older People with Complex Needs used as part of the CCG business case for integrated care for older people
2. Children with Disability used to identify requirement of autism pathway and the future commissioning of autism services
3. Diabetes used to inform the commissioning of integrated services for people with diabetes and future activity modelling

5-Year Financial Position
The following outlines the CCG financial position for the next 5 years and its progress towards achieving financial balance. It should be noted that the table below is based on current assumptions about the CCG allocation and is therefore a draft plan. Allocations for both 2014/15 and 2015/16 will be announced on 17 December 2013 and the financial plan will be finalised following those allocations. 2015/16 will be a particularly challenging year as the CCG aims to achieve the requirements of the Integrated Transformation Fund from funding that is currently committed.

DRAFT Financial Plan 2013/14 – 2018/19

	Base Case	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
A	**Resource Limit**	£000	£000	£000	£000	£000	£000
	Baseline Allocation	£327,941	£334,500	£341,164	£347,714	£354,396	£361,211
	Other allocations - Non recurrent(surplus £2110 GPIT 1196) - Transfer to LBE	£3,197	£1,196	£1,196	£1,196	£1,196	£1,196
	Return of prior year surplus/ deficit	£0	£0	£0	£0	£0	£0
	Running Cost Allocation	£7,672	£7,672	£7,672	£7,672	£7,672	£7,672
	Health & Social Care	£0	(£1,300)	(£13,633)	(£13,633)	(£13,633)	(£13,633)
		£338,810	**£342,068**	**£336,399**	**£342,949**	**£349,631**	**£356,446**
B	**Commissioning Expenditure**						
	Sub - Total Commissioning	**328,477**	**330,081**	**310,659**	**300,245**	**302,207**	**304,382**
C	**Other Costs**						
	Sub Total Corporate Costs (incl. contingency & Reserve)	**10,333**	**20,642**	**19,930**	**19,300**	**19,500**	**19,704**
	Total CCG Expenditure before QIPP	**338,810**	**350,723**	**330,589**	**319,545**	**321,707**	**324,086**
	Investment			1,500	6,844	11,111	11,111
	Current QIPP Plan		(12,000)	(8,000)	0	0	0
	Required and Additional QIPP		(0)	5,486	9,607	9,726	14,026
	Sub Total QIPP & Investment	0	(12,000)	(1,014)	16,451	20,836	25,136

Total CCG Expenditure + QIPP	**338,810**	**338,723**	**329,576**	**335,995**	**342,543**	**349,223**
Year End Target Surplus	**0**	**3,345**	**6,823**	**6,954**	**7,088**	**7,224**

Transformation Programmes

The table below outlines the 6 Transformation Programmes and some of their key associated commissioning intentions and their alignment to the Health and Wellbeing Strategy. It is clear that some of the strategic areas of the HWBS align more to health commissioning than others but there is a close alignment to populations that have been jointly identified as priorities – e,g, children and young people, people with mental health issues, frail older people and people with long term conditions .

The first row represents the HWBS priorities, followed by the CCG transformation programmes followed by some of the key commissioning intentions

Narrowing the Gap in healthy life expectancy Promoting healthy Lifestyles and Making Healthy Choices	**Ensuring people are safe, independent and wll and delivering high quality health and care services Creating Stronger, Healthier Communities**	**Ensuring people are safe, independent and will and delivering high quality health and care service**	**Ensuring the Best Start in Life**	**Ensuring people are safe, independent and wll and delivering high quality health and care service Creating Stronger, Healthier Communities**	**Ensuring people are safe, independent and will and delivering high quality health and care service Ensuring the Best Start in Life**
Prevention and Primary Care	**Integrated Care for Older People**	**Planned Care and Long term conditions**	**Improving Care for Children and Young People**	**Mental Health, Learning Disabilities & Continuing Healthcare**	**Unscheduled Care**
Meeting immunization targets Access to maternity services Continue implementing Primary Care Strategy	Further development of the Integrated care Model: Continuing to develop OPAU Development of locality integrated	Commissioning integrated services for people with long terms conditions including the development of integrated local teams	Ongoing implementation of health visiting programme Continued work on developing and implementing integrated care	Commissioning of a Stepped Care Recovery Model for Mental Health taking account of employment, housing and income	Continue commissioning of urgent care centres at both NMUH and CFH (managing adults and children)_ Explore

Supporting population on public health targets including stop smoking, reducing obesity. Healthchecks	teams Develop use of technology including telehealth, risk stratification, telemedicine Commission redesigned community services	Commission redesigned MSK, trauma and orthopoedics, rheumatology and pain services as a single integrated service Commission redesigned diagnostic services Commission ambulatory care services across range of specialties	for children and development of child health networks Development of new CAMHS Strategy Further commissioning of Paediatric Assessment Unit at CFH Working with Schools and families, jointly implement Children and families Bill Providers meeting maternity standards for care	Commissioning of RAID as part of wider integrated care Commissioning community options for people with MH who require long term care – EMI and enhanced EMI Commission Personality Disorders across all 3 boroughs Take account of MH Strategy once consultation completed	commissioning of 111, GP OOH and UCCs as single integrated service Develop locality model for urgent primary care that supports UCCs (managing adults and children)
Clinically effective and safe services					
Patient centred – a good patient experience					
Most effective use of NHS resources					

Conclusion

The development of the Strategic Plan has taken account of the updated JSNA to underpin the development of the CCG commissioning intentions for 2014/15 and beyond. In addition, the CCG is an integral partner in the Health and Wellbeing Board and has therefore been involved in the development of the Health and Wellbeing Strategy, identifying its key priority areas and its key priority populations.