MUNICIPAL YEAR 2013/14

Health and Wellbeing Board
13 February 2014

Agenda – Part: 1	**Item: 10b**
Subject: Joint Commissioning Board Report	
Date: Thursday 13 February 2014	

REPORT OF:

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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:

- Older Peoples Assessments Units (OPAUs) were implemented on both Chase Farm and North Middlesex University Hospitals acute sites
- The re-launched assistive technology Council service – Safe & Connected Service – will be launched in March/April 2014
- The Oral Health Needs Assessment was written by Public Health (England), which highlighted the borough's priorities
- Health and social care partners received targeted funding from NHS England to relieve pressure on A&E and hospital admissions, with Barnet & Chase Farm Hospitals and North Middlesex University Hospital identified as two of the 10 London challenged health economies
- The Council instigated a local £120k Enfield Warm Households programme to replace the decommissioned national Warm Homes, Healthy People DoH programme
- The variance to the Learning Disabilities SAF, being a joint self-assessment framework, reflective of the national drive to promote closer working between health and care
- Development of the Enfield Carer GP project and the establishment of the Hospital Carer Liaison Worker
- The CCG's intention to move to outcome based commissioning of Community Health service by population

1. EXECUTIVE SUMMARY (CONTINUED)

- The CCG has commissioned the economic and financial modelling to support the development of the paediatric integrated care model
- Enfield is ranked within the top quartile position in London with regards to the DAAT's performance against the Public Health Outcomes Framework Indicator [2.15 Successful Treatment (Drug Free) Completions]
- Feedback from the Chief Executive of Enfield HealthWatch
- Launch of new and innovative mobile safety app – Tap-IT
- Creation of a multi-agency safeguarding hub for vulnerable adults
- The 2013/14 Section 75 Agreement has been formally signed by both parties
- Transformation of the Enfield Safeguarding Children Board (EXCB)

2. RECOMMENDATIONS

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

3. ENFIELD INTEGRATED CARE FOR OLDER PEOPLE PROGRAMME

3.1 Multi- Disciplinary Team teleconference & Risk Stratification

The risk stratification tool has now gone live with GP practices, following sign off of the Information Governance processes. In particular, patients had an opportunity to refuse consent to use their data for risk stratification and multi-disciplinary review purposes prior to implementation of the project.

Unless the patient refused to consent, personal and activity-based service user data from the relevant GP surgery, acute providers and adult social care data are pseudonymised and then combined. A risk stratification algorithm is then applied to this combined data to determine individuals' risk of needing intensive care, e.g. admission to hospital. Some 42 (out of 52) practices have signed up to the risk stratification process: 40 received training on the risk stratification software with a further 2 awaiting training.

A sub-set of those patients flagged at "high" and "very high" risk should therefore be the subject of a multi-disciplinary team (MDT) Tele-Conference led by the GP, but with access to a geriatrician, community matrons, social care and other care professionals to discuss an individuals' case.

Referrals to the MDT remain steady with 43 cases being discussed in December and to date 21 cases discussed in January with a further 10 pending discussion.

3.2 Older People's Assessment Unit (OPAU)

The two Older Peoples Assessments Units (OPAUs) were implemented on both acute sites. Chase Farm continues to receive a gradually increasing level of referrals, though this needs to continue to rise as more GPs make active use of this element of the integrated care model. Further communication is being conducted with GP practises, e.g. at Practise Learning Time events and OPAU workshops.

A pathway is being developed with LAS which would enable them to take patients directly to OPAU; the pathway would enable LAS crews to access the OPAU triage service before conveying the patient to determine the best destination for them. Out of hours this triage would be undertaken by the Intermediate Care Team and where necessary a referral made for the patient to attend the OPAU the following day.

GP referral rates to the North Middlesex University Hospitals OPAU have started to increase from a low baseline, and need far greater acceleration with focussed GP engagement in the South of the Borough. To aid this, the NMUH OPAU staff, including the consultant lead, worked with practises to improve their awareness of the alternatives that exist for their patients, as opposed to A&E attendance. Further focussed awareness-raising is planned over the next 3 months.

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 BE&H clinical strategy and has already established links with the Trauma Service at NMUH and are in the process of setting up systems to receive appropriate information from the team to ensure these patients can be picked up by the service and have the same access to assessment and Dexa scanning if required.

The Community Bone Health Clinician has continued to case find patients through liaising with the Nursing Homes. This part of the service is picking up some of the more complex patients and referrals are being made to other community HCPs, the community Falls programme, and when required, to the medical led falls clinics. The LAS and community Alarms process is now embedded.

3.4 Care Homes Project

The 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 survey of the homes indicates that many are happy with the service offered by the team. We have requested data from HSCIC to assess admissions from care homes to analyse the impact that the team are having on admission avoidance and emergency admissions. The Community Matron in South continues to provide unplanned support; this service has now also commenced with the team in the north to the homes by way of accepting telephone calls and where necessary visiting the homes avoiding 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 continues to work with 20 homes educating 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. Tissue viability care has been delivered to 37 new residents and 61 follow up visits, education and training has been delivered to 41 care home staff in practice to support and increase their knowledge and skills in providing wound care for patients.

Relationships with care home managers and staff are developing and care delivery issues are being identified and addressed.

3.5 Primary Care Locality Case Management

Primary care case management was defined in the business case for integrated care. The integrated local integrated primary care team is being developed on a locality basis, with the core being GP, Community Matron, Social Worker and a Community Nurse. Its objective is to deliver proactive assessment, care and support for those who are frail, in ill-health and aged 75+ years. This supports the government drive to have a named GP for all patients in this age group.

The nature and structure of the integrated team around the GP is currently in development between Enfield Community Services (ECS), adult social care and the clinical CCG leads, with a view about to pilot the approach from March 2014 in the North West locality: some 10 GP practises have expressed an interest. 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.

3.6 Assistive Technology

"Assistive technology" is "any telecommunications device that assists a person in retaining or improving their independence, safety, security & dignity". It includes sensors/alarms for individuals or in households, whose manual or automated activation triggers an alarm to a remote central control room which can then provide a telephone and/or mobile response to check on the individual, and offer help if needed. Just over 3,000 people in Enfield benefit from the in-house Community Alarm & Tele-care Service which provides the equipment and its installation, the control centre and mobile response. Around 600 have more complex Tele-care equipment to support their social care needs.

The Council, CCG and its partners developed a vision for personalised technologically-enabled solutions as a key element of a coordinated housing-related, health & social care approach to promote residents' safety, health, well-being & independence. This vision will be realised by working together to deliver 3 different AT solutions to meet 3 customer groups, the first two of which are subject to Council charging:

- *"Community Alarm"* generally supporting older residents whose reason for using AT is for reassurance. As well as continuing to provide an alarm & response services, customers will benefit from a pro-active approach to "keeping in touch;
- *Tele-care* for People with Problems in Daily Living: Mostly older individuals with care needs, whose reason for using AT is to promote safety, quality of life and independence;
- *Tele-Health*: People with long-term conditions, e.g. respiratory conditions, whose vital signs or symptoms, e.g. lung capacity, blood pressure, blood sugar etc., can be monitored remotely. There is currently no Tele-Health available in Enfield.

The re-launched Council Service will be re-branded as the "Safe & Connected Service" and will serve the first two customer groups in March/April 2014.

Tele-Health ("Remote Monitoring Pilot"

The Remote Monitoring AT Steering Group consists of CCG clinicians, ECS professionals and commissioners. A project was developed to provide remote monitoring to 50 people with complex needs within the South East and North West localities as part of integrated care. To this end, 2 suitable providers (one for each locality) were selected to test how the technology and response would work. These providers will supply and install the equipment for patients, training for patients, families and professionals and provide the "first-line" response should the individuals' vital signs be outside their personalised

normal range. The process of escalation should an alert occur is part of a clinical protocol which will need to be developed with both providers. The CCG and Council are in negotiation with a number of GP practises about being involved in the pilot, with community matrons being the "on-the-ground" case managers.

The plan is to identify and implement remote monitoring for the week commencing 17th Feb-14 for a three month trial. Evaluation criteria are being finalised to determine the success of the pilot.

4. PUBLIC HEALTH TRANSITION

4.1 Sexual Health

4.1.1 A Sexual Health Needs Assessment is currently being carried out to identify the priority areas for improving sexual health provision, reducing inequalities and improving access

4.2 Oral Health Promotion and Prevention

4.2.1. Local Authorities have new statutory responsibilities (Statutory Instrument 2012 No. 3094 Section 4) specifically relating to oral health improvement.
The responsibilities include:

- Assessing the oral health needs of their population
- Developing oral health strategies
- Commissioning appropriate population-based oral health improvement programmes to meet those needs
- Commissioning oral health surveys as part of the national dental epidemiology programme or other local surveys
- Local Authorities are also responsible for delivering the Public Health Outcomes Framework Indicator 4.2 'Tooth decay in children aged 5'

4.2.2. Public Health (England) has carried out an Oral Health Needs Assessment for Enfield, which will feed into the 2014/15 Oral Health Promotions contract.
Example of areas highlighted:

4.2.2.1 <u>Children</u>

- In the latest survey of 5-year old children, there was significant deterioration of the oral health of children in Enfield in terms of prevalence and severity over the past 4 years (presenting significant challenges in delivering the PH Outcomes Framework Indicator 4.2).
- Action to prevent oral diseases needs to be started at the earliest possible opportunity working with ante-natal clinics, parents, health visitors, children's centres and the programmes are to be focussed on effective interventions

4.2.2.2 <u>Adults, older adults and older children</u>

- Local data for adult oral health in Enfield is not available but more adults in London have a functional dentition and fewer adults decayed teeth and a high percentage report good and very good oral health
- Fewer adults in London have healthy gums and more adults have dental abscesses
- Fewer adults in Enfield have oral cancer compared to London and England
- Older people are keeping their teeth longer, have complex dental needs often compounded by complex systemic disease or medication

4.2.2.3 Vulnerable Groups

- Children with special needs are more likely to have teeth extracted than filled and have poorer gum health
- Adults with learning difficulties have poor oral health with those living in the community having poorer oral health than those in residential care
- Excluded groups at risk of poor oral health included looked after children, people in long term institutional care, the homeless and asylum seekers

(see Appendix 1 for identified priorities in the Needs Assessment)

4.3 BEH MHT Contract

NHS ECCG has extended the notice to Barnet, Enfield & Haringey Mental Health Trust, in respect of Enfield Community Services, to 31 March 2015 to allow for the block contract to go out to tender. LBE intend to remain an associate of this block contract, in the first instance

Service specifications and KPIs for 2014/15 are currently being negotiated

5. CCG Commissioning Intentions

5.1 NHS Enfield CCG presented its 5-year Strategic Plan at the Health and Wellbeing (informal) Board meeting on Thursday 23rd January 2014, which covered the CCG's:

- programme and commissioning intentions
- five National Domains and seven National Ambitions
- Six service models for achieving the expected transformational change
- funding baselines and financial position

(see Appendix 2)

5.1.1 The deadline for the draft submission of the Strategic Plan is 4th April 2014, with the final submission due on 20th June 2014

5.1.2 The deadline for the draft submission of the 2-year Operating Plan templates is 14th February 2014, with the final submission due 4th April 2014

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.

- Schemes were implemented for the winter and their effectiveness is now monitored through routine Tele-conferences across Barnet, Haringey and Enfield and with NHS England. These schemes included development of hospital-based schemes to better support the hospital experience and discharge for older people, including those with dementia, through Rapid Assessment, Interface & Discharge (RAID) and health- and social care-based solutions to prevent hospital admission and facilitate discharge (e.g. Post-Acute Care Enablement (PACE) and social care enablement), including within an integrated care setting, and to fund extended hours of support, particularly within an integrated care setting.

- As noted in the last report, the one area that originally proved the most difficult to implement was to increase capacity of step-down beds in care homes. However, the CCG has successfully procured up to 37 short-term step-down beds in a number of nursing homes, of which all but 9 are in Enfield. These beds are used by patients well enough to be discharged from hospital, but not well enough to return home. These cases are being managed through a clinical gate-keeper/case manager to assure patients' recoveries are being actively managed in the home rather than having an indefinite stay.

- The main issue seems to be the slow take-up of several of the schemes, including PACE, RAID and step-down, though levels of activity in these schemes are gradually improving, as with activity at the Older People's Assessment Units; and the difficulties in recruiting appropriate nursing staff to a small number of schemes.

- In summary, the winter pressure schemes helped alleviate some of the pressures on A&E attendances, and therefore emergency hospital admissions, although North Middlesex University Hospitals remains below the national performance target of 95% of A&E patients seen in no more than 4 hours. However, the schemes have contributed to bed management in the whole system and have played a significant part in reducing delayed transfers of care (see next section).

6.1.2 **Enfield Warm Households Programme**

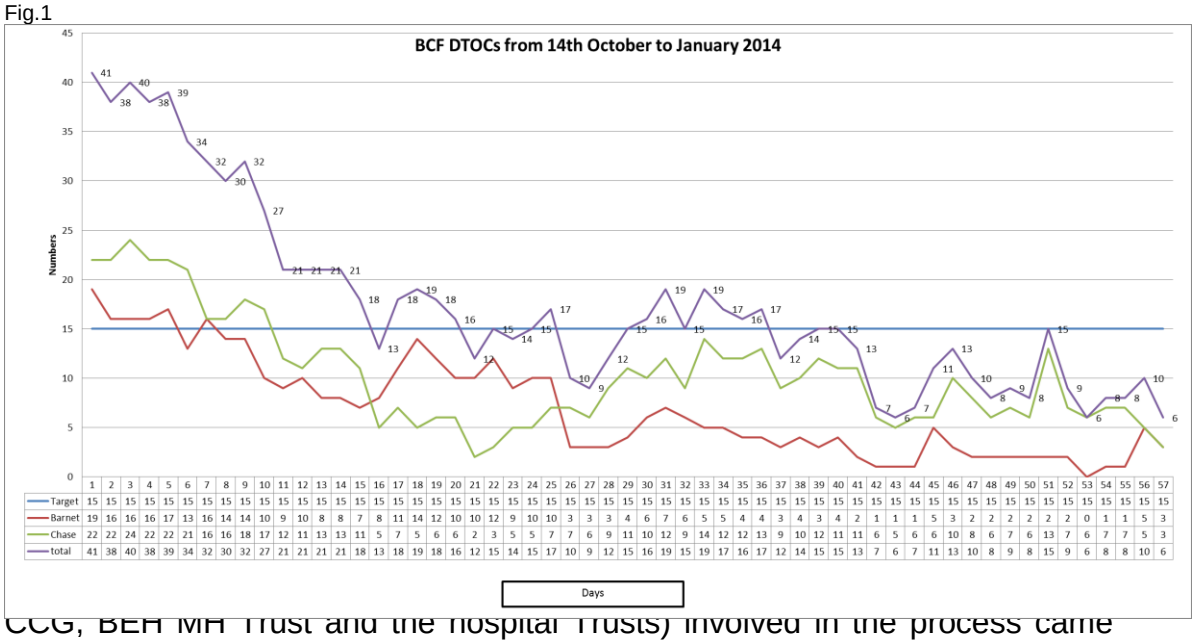
As noted in the last report, the Department of Health did not continue with its previous annual national Warm Homes, Healthy People Programme in 2013/14. In response, the Council decided to instigate a local £120k Enfield Warm Households Programme to grant-fund schemes targeted at the most vulnerable families and households at risk of adverse health outcomes or hardship over the winter. Following a competitive grants process, 8 applications were awarded funding, each for no more than £20k each, in early Jan-14. The Council asked successful voluntary sector partners to complete

an review form for Apr-14, describing how many people were helped, and what outcomes were achieved.

6.1.3 Delayed hospital discharges

Figure 1 shows the number of delayed discharges of Enfield patients over the last 3 months. There was a significant improvement in the number of delayed transfers of care from hospital following the increase noted for April – September 2013. This was partly due to better management of existing multi-agency hospital discharges, including quick wins identified through redesign of these processes, but also due to the winter pressures schemes discussed above.

Fig.1



CCG, BEH MH Trust and the hospital Trusts) involved in the process came together to share collective responsibility for appropriate, timely and safe discharge of patients from hospital. This Hospital Discharge Steering 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 a set of revised discharge processes within the wider context of integrated care around these aspirations, and begun to embed them in practise;
- Progressed interim commissioning solutions to address the need for a greater number of step-down/intermediate care beds, with the winter pressures money funding 37 additional nursing beds, and discussions on-going about longer-term arrangements.

6.1.4 Improving Lives: 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. An action plan has now been developed which is the process of sign-off

6.1.5 **Enfield Dementia-Friendly Communities**

The last report noted that a bid had been submitted to NESTA for funding of an innovative proposal to extend the multi-agency Everybody Active Programme to improve the physical & mental health, well-being & independence of harder-to-engage people working in collaboration with the voluntary sector. Central to the development was that of a multi-agency "VCS hub" operating within primary/integrated care to navigate individuals' access to voluntary sector-led solutions. Unfortunately, this bid was unsuccessful, but nonetheless was well-supported across all public- and voluntary-sector partners, and, as a result, other funding alternatives are being explored.

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 is one of 32 local areas to be accepted onto the next phase of bidding following its successful Expression of Interest. 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 was awarded an £18k Development Fund in Jan-14 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 Feb-14.

6.2 Mental Health

6.2.1 **Joint Mental Health Strategy Consultation**

Consultation on the Enfield Joint Adult Mental Health Strategy is proceeding as planned. Two public consultation events have been held during January. One was held in Enfield Town, the other in Edmonton Green. A good mix of people with representation from all stakeholder groups amongst the 58 people who attended. Engagement at the events was excellent, with useful feedback on the strategic goals and objectives being given. Discussions centred on the main strategic priorities:

i) Stable accommodation
ii) Employment and meaningful occupation and support to maximise income
iii) Support on discharge from acute care and in the community

The Joint Commissioning Manager (MH) also presented the strategy at 3 senior and middle management meetings within the Barnet, Enfield and Haringey Mental Health Trust during December. The aim was to ensure that managers within the trust are aware of the strategy, have the opportunity to comment on its findings and recommendations and promote it to their staff. In addition, the intention was to encourage participation in the public consultation events. 6 members of the Trust, including 2 consultant psychiatrists attended the public events.

During December and January, presentations on the strategy have also been made to:

i) The Older Adult Partnership Board
ii) The Carers' Partnership Board
iii) The Health Improvement Partnership
iv) The Enfield Carers' Centre – Carers' Rights Day and the MH Carers' Sub-Group
v) Enfield Mental Health User Network AGM
vi) The Health Improvement Partnership
vii) The Voluntary Sector Strategy Group

The information provided by participants will inform the final draft of the strategy. This will include a more detailed implementation plan for each strategic objective.

The revised strategy will be considered by the Enfield CCG Governing Body and the Health and Wellbeing Board in March 2014. The strategy will be agreed by Council at its meeting in May 2014

6.2.2 **Draft Autism Strategy**

The autism strategy has been revised to incorporate all feedback received during the consultation. The revision includes a re-balancing of the strategy so that it pays equal attention to the needs of adults with a learning disability who have autism as well as the needs of those with high functioning autism. Carers who are members of the Learning Disabilities Partnership Board who petitioned for this amendment are being consulted on the revised version. Any further comments will be incorporated as appropriate. The strategy will then be printed and distributed to all stakeholders.

During 2013, via the Joint Commissioning Board, the Council and the CCG agreed to fund a co-ordination function to facilitate the provision of robust information, advice and signposting for adults with autism, reasonable adjustments for autism in mainstream settings and key services and establish a network of autism champions. Council funding is to come from the Health and Social Care Grant. Progressing the establishment of this role has been delayed due to a delay in confirmation that the funding will be available. The Joint Commissioning Manager (Mental Health) is reviewing the issue with Partners.

6.3 Learning Disabilities

6.3.1 **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

Information was collected from the different service areas across Health and Adult Social Care who contribute to supporting people with learning disabilities to stay healthy and well in Enfield. The services provided information that supported the scoring of the self-Assessment framework (SAF). The SAF was submitted on 5th of December 2013 within timescale. All areas were self-assessed as either meeting or exceeding the requirement with no areas of concern reported. We are waiting for feedback from IHaL on the submission then the final version with action plan will be monitored by the Learning Disabilities Partnership Board.

6.3.2 **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 in 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 closer to home. Enfield completed reviews by the June 2013 deadline and are currently on track in terms of meeting the conditions of the concordat action plan. Patient choice and parent / carer involvement continues to be the focal point of implementation of the concordat action plan.

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 CCG has agreed to fund the new community intervention model for a 6-month period. The community intervention service will focus on reducing admissions to assessment & treatment services by supporting people to remain healthy and well in the community. Regular updates will be provided to the HWBB.

6.4 Carers

6.4.1 Enfield Carers Centre

The Centre now has 2254 carers on the Carers Register. This is somewhat of a decrease due to a large scale data clean having taken place – remove duplicates and those who are no longer caring. In addition, 696 carers hold a Carers Emergency Card. In the September-December quarter the Centre registered 208 new carers.

The Carers Centre respite programme has allowed 266 carers to receive a break between September-December and the newly set up befriending programme has resulted in a further 10 carers receiving a break.

Enfield Carers Centre is currently finalising paperwork for the recruitment of the Benefits Worker.

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 provided an office base within the hospital for the Worker. Chase Farm is also allowing the worker access and space to advertise support. In the September-December quarter of 2013 the Hospital Worker identified 40 carers.

Recruitment for the Carers Nurse post has continued to be delayed. 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. In the September – December 2013 quarter they provided support to 55 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. In the September-December 2013 quarter the Young Carers Project identified 37 young carers.

The Centre's training programme including Supportive Family Training, Solution Focused Therapy as well as day courses has seen 417 carers attend a training sessions over the September-December quarter. A further 23 carers have received one to one counselling during this period.

The Carers Centre AGM took place on Monday 25th December. The focus was 'Expert Health Partners' with speakers including the GP Liaison Manager, CCG Practice Manager lead and the Director for Policy from the Carers Trust. This event was very well attended, with carers enjoying it greatly but also by raising the profile of the Carers Centre locally and nationally with the Carers Trust.

6.4.2 **Carers Direct Payment Scheme**

We now have 102 carers receiving a Direct Payment through Enfield Carers Centre with others awaiting approval.

A new factsheet to promote the Carers Direct Payment Scheme is currently being designed.

6.4.3 **Carers Rights Day**

Enfield Carers Rights Day's event took place at the Centre on Friday 29th November. The day was well attended by carers and professionals. Information was provided by a wide range of services, as well as presentations on benefits reform and the Mental Health strategy. The Community Alarm team also gave demonstrations of the equipment which carers' feedback was "…really useful". One to one benefits and legal advice was also offered.

6.4.4. **Primary Care Strategy**

The GP project has now seen 63 new carers registered through either the GP or the self-referral method from the surgery information. Eight surgeries has now held information stands with four having a regular carers information stall. Another five surgeries have requested volunteers from the Carers Centre to come and run a regular stall at their surgery. 45 of the 52 surgeries have now been visited and all of these have been given an information pack and provided with referral forms with their own surgery code alongside the self – referral cards which also hold a unique surgery code. 35 practices are now actively engaging in the project.

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

The Carers Policy has been written, updated to reflect comments made by the Carers Action Group and submitted to HR for consideration. All members expressed a need for paid carers leave which is included in the policy. A Carers Personal Plan has now been developed which can be used as a tool for managers and employees to discuss the employee's caring responsibility and the flexibility that can be applied to support them within their job role

6.4.6. **Relatives Support Network**

Following an unsuccessful bid to NESTA we are still to continue to deliver the Care Home Carers Network in partnership with the care homes and Enfield Carers Centre. The first network meeting is to be held in mid-February

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 Carers Practitioners Working Group has now reviewed the Carers Assessment form and the paperwork for a Carers Party to Event assessment and looked at how we can improve and increase communication on carers' issues and training for practitioners. We have agreed to run some drop in sessions for practitioners with Enfield Carers Centre

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 next meeting of the Project Group is to be held in the Spring, date tbc. Consultation around both the Carers Experience Strategy and the Adult Mental Health Strategy has highlighted that mental health carers tend to feel less supported and involved than carers for other conditions. This will be raised with the Trust and support offered to improve the carers journey.

The Children and Families Carers Working Group met in January and was a very productive meeting where some simple changes were agreed to help identify young carers – such as changes to the SPOE form. The next meeting will focus on the assessment of young carers and how Enfield can ensure the capacity with changes forthcoming with the Children and Families Act.

The Carers Communication Working Group has now agreed the expenditure associated with a new Carers Awareness campaign - poster and leaflet design ready for January 2014. This poster has now been designed with translations in the most popular five languages in Enfield to try and reach carers within the BME community.

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 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 (Drug Free) Completions*, has started to stabilise with the latest ratified Public Health England (PHE) data confirming that Enfield has achieved 28.4% for the 12 month rolling period Dec 2012 – Nov 2013. Greater consistency in the performance against this Indicator was reported at the previous Health and Wellbeing meeting and was to be expected given the high level of increase that had already been achieved during 2013. It is pleasing to note that Enfield is ranked within the top quartile position in London as it is currently placed in 6th position. The London average is 18.3% and the National average is 14.6% so Enfield's performance against this Indicator remains extremely good

6.6.2 Numbers in Effective Treatment (Drugs)

As reported at the last Health and Wellbeing meeting the Number of Drug Users in Effective Treatment has now started to rise and we are still forecasting achieving the target of 1068 by year end.

The current performance is now 1046 for the latest 12 month rolling period. This is 22 below the end of year target but a good improvement against the last reported position.

6.6.3 Numbers in Treatment and Successful Completions (Alcohol)

The number of alcohol users in treatment has increased by 13.5% since the start of the year based upon the new 12 month rolling data release by PHE.

Along with quantity performance improvements, we have also witnessed quality gains with 37.0% successfully completing during the latest period.

This is higher than the London Average of 34.1% and above the National Average of 36.4%.

6.6.4 Young People's Substance Misuse Performance – Q2 2013-14

Since the date of the last Health and Wellbeing Board meeting PHE has not released any further performance information in respect of young people. Our performance against this element remains very strong with 187 young people in treatment year to date; witnessing a 30.7% increase in performance against 12/13 levels.

6.6.5 Tender Programme

The tender programme for the three substance misuse contracts (Adult Substance Misuse Recovery Service Contract; The Young People's Substance Misuse Contract; and the Adult Crime Reduction Substance Misuse Recovery Service Contract) has been successful. Cabinet unanimously agreed to approve the award of the three contracts to two successful bidders on the 22nd January 2014.

The DAAT Officers will be able to formally announce the successful bidders following the end of the Council's Procurement procedures on the 3rd February 2014. Douglas Charlton, Assistant Chief Probation Officer London Probation Trust, has kindly agreed to chair a monthly tender implementation group to ensure the new recovery system is set up to best effect.

6.6.6 **Adult and Young People's Substance Misuse Strategy**

The Head of Drug and Alcohol Services has now received the written feedback from each of the four working groups that contributed towards the Adult and Young People's Drug and Alcohol Strategy 2014-2017 away day which was held at Forty Hall on the 11th November 2013. The production of the strategy will take precedence once the tender contracts have been awarded; ensuring the satisfactory completion of the tender process is given the priority required. It is anticipated that a draft Strategy will be ready for circulation to the Health and Wellbeing Board in Spring 2014 for consultation and ultimate approval.

7. NHS SOCIAL CARE GRANT

7.1 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 ongoing 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.

7.2 Quarterly monitoring is continuing to assess the outcomes delivered as a result of this funding. These include:

- **LD Hospital Liaison Officer** – this has ensured a presence in the acute sector to provide much needed and valued support to those with learning disabilities and their carers whilst accessing hospital.

- **Primary Care Development Manager (Premises)** – this has supported the development of relationships across NHS Property, NHS England, local GP practices, businesses and other stakeholders to facilitate the development of the primary care estate. A number of possible primary care development projects have been identified and are being explored.

- **Safeguarding Nurse Assessor** – this has led to the development of a network of health investigators that the authority can call upon for clinical advice and easier access to health expertise in safeguarding matters and investigations.

- **End of Life Care** –100% of patients ended their life in their chosen place

8 HEALTHWATCH ENFIELD

8.1 The Chief Executive – Lorna Reith – commenced September 2013 and Healthwatch was formally launched in October 2013

8.2 The statutory roles given to Healthwatch organisations can be broadly summarised as follows:

8.2.1 **Promoting greater involvement by local people in the planning and provision of health and social care services:**

- working closely in partnership with health and social care sector organisations to understand what steps they already take to involve local people and how these can be enhanced;

8.2.2 **Collecting feedback from local people about health and social care services, identifying themes, and using this feedback to secure improvements to services:**

- working closely with local voluntary and community groups so that we hear a broad range of representative views;

8.2.3 **Raising local people's expectations about what to expect from health and social care services and helping them to find out what is available:**

- supporting national campaigns to encourage people to expect more from their health and social care services;

8.2.4 **To assist us carry out our roles we have specific powers to:**

- Make visits to gather evidence about people's experiences –these are called Enter and View powers
- Publish reports and make recommendations to care providers and commissioners, which they must respond to
- Have a voting place on the Health and Wellbeing Board.

8.3 Work is organised into three main areas:

8.3.1 **Information/signposting**

This function was taken over from the Council at the beginning of December. "*We are gradually building a comprehensive database of information about both statutory and voluntary provision in the borough. Our website is being developed as a key information resource and we plan to produce newsletters to share information and seek views. Visit us at www.healthwatchenfield.co.uk and follow us on Twitter @healthwatchEnf"*

8.3.2 **Policy and Insight**

"We have now met with key stakeholders from across the local authority, NHS organisations and local voluntary sector as well as the CQC and Voiceability (who deal with individual health service complaints). We have attended NHS London and National/London Healthwatch meetings and events to obtain and share information. Board members have been attending key partnership meetings (Health and Wellbeing Board, CCG, various sub-committees and working groups) since their appointment in late Spring.

We are part of the national Healthwatch network and are active at the London level in collaborating with other Healthwatch organisations. We are developing close links with neighbouring Healthwatch organisations in Haringey and Barnet".

8.3.3 **Community Engagement**

- To date 13 engagement activities have taken place. Some of these have been specifically targeted and others were taking advantage of planned events. Through these we have met with older people, carers, people with learning disabilities, Deaf people, Asian residents, blind and partially sighted residents, people with mental health problems and Enfield Homes tenants.
- There have been some clear issues relating to access to services for people with sensory impairments which have been taken up.

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

No progress since last report – still drafting commissioning proposals for sign off and approval

10. SPECIALIST ACCOMMODATION
The Keeping House Scheme

The Keeping House Scheme has been set up for people living in or moving into long term care who own a vacant property in the borough of Enfield. The scheme enables people to lease their house to the local authority in return for a guaranteed rent for a fixed period of time. The rental income generated is used to fund the costs of care. This Scheme will reduce the amount of deferred debt which the Council takes on; enable people to keep rather than sell their homes and to fund the cost of their care and support without depleting their savings. Grants are available to bring properties back up to a decent standard and leasing options running from two to five years.

There are currently around 100 people who would be eligible to enter the scheme. An engagement event was held at Park Avenue to consult on the scheme and feedback has been very positive both from staff and from the public. The Scheme has just gone live and we currently have seven cases going through the process.

11. SAFEGUARDING

11.1 Safeguarding Adults Board (SAB)

The Safeguarding Adults Board in December 2013 considered performance data in relation to the reports of abuse being made to Adult Social Care. While there continues to be a significant increase in alerts noted of 29.8% from the previous year, there was evidence of improved practice and outcomes; this included a continued increase in the number of adults at risk whom have a nominated advocate involved. The type of advocacy is set by the request or requirement of the adult at risk and can include family members, friends, or paid advocate for example. Notably there has also been an increase over the years of the number of cases in which there is a substantiated or partially substantiated outcome. This was found to be at 47.5% of cases which were closed in Q2 of 2013-2014, which is above the full year national data set for 2012-2014 at 43% of cases found to be substantiated or partially substantiated. For the cases in Q2 which have been closed and an outcome known, 38 out of 80 were substantiated or partially substantiated (47.5%). The national data set for 2012-2013 identified that 43% of cases were either substantiated or partly substantiated.

NHS England has set out an audit tool for London Safeguarding Adults Board which related to individual partners on the Board. Enfield Safeguarding Adults Board partners will be completing this audit by March 2014. It is expected that

completion of this audit tool will allow for the benchmarking and identification of themes, improvement needs and best practices according to localities, sector, sub-regional and London wide level. The purpose of this tool is to provide all organisations in the Borough with a consistent framework to assess monitor and/or improve their Safeguarding Adults arrangements. In turn this will support the Board in ensuring effective safeguarding practice across the Borough. The completed self-evaluation by partners will then be opened up for discussion with the Board Chair and with partner agencies at a Board Challenge & Support Event.

In addition to the audit by individual partners in respect to their safeguarding adults' arrangements, to Safeguarding Adults Board is also auditing its own effectiveness at a Board level. The outcome of this audit is expected in April 2014.

There are four sub-groups which support the work of the Safeguarding Adults Board: Service User, Carer and Patient Group; Performance, Quality and Safety Group; Learning and Development Group; and the Policy, Procedure and Practice Group. All sub-groups report to the Board bi-annually on the work it has achieved, which is included in the Board's Annual Report.

11.2 Community Help Point Scheme on Tap-IT

Tap-IT is a new and innovative solution to keep you and your loved ones connected. It has been developed as a mobile safety app which is free to download and free to use on smartphones. It has been designed to help people stay connected by putting them one tap away from friends and family. Useful functions on the app include requesting someone collect you (and gives GPS coordinates), ask someone to interrupt you or simply just check in. All of these functions are a simple way of letting family and friends know that we need assistance or just to reassure them. Tap-IT also helps to locate the nearest police station and 'safe sites' that have been approved by your local council through the CHYS scheme. For further details see the website www.tap-it.com and download the app from iTunes Store and Google Play.

11.3 Dignity in Care

A provisional date for the Dignity in Care conference has been set: Thursday 27th March 2014 at Park Avenue Day Centre. We are in the process of contacting the Social Care Institute of Excellence and Professor Hilary Brown to speak at the event. The conference will be open to all Enfield Safeguarding Adult Board partners and volunteer Quality Checkers. The event will be for a 100 delegates.

11.4 Safeguarding Information Panel (SIP)

The Safeguarding Information Panel is made up of Enfield Council Safeguarding Adults, Procurement & Contracting, Commissioning, Environmental Health, Enfield Clinical Commissioning Group (CCG) Safeguarding, and Care Quality Commissioning inspector. The meetings now are regularly considering information about home care providers (complaints and safeguarding alerts) as well as information about care homes. The Panel is also overseeing a joint project with the CCG and NHS London around

Pressure care (this includes training and recognition, reporting and investigation).

11.5 Quality Checker Programme

The Quality Checkers are service user and carer volunteers who visit services and give us feedback. Between August 2012 and December 2013, 121 visits were completed. These have been to care homes, Enfield Council's In-house Provider Services and home care providers. Our home care visits are still at the pilot stage. So far 20 visits have been completed, and lessons from these are being implemented. Our focus until April 2014 will be home care visits to service users who are in receipt of Direct Payments.

11.6 Quality Improvement Board (QIB)

The December Quality Improvement Board has agreed that the MyHomeLife legacy group – "Improving Residents' Lives" will become a sub-group of the Board. The Improving Residents' Lives group brings together care home managers with officers from Enfield Council and Enfield CCG to improve the quality of care offered to care home residents.

The Board was also informed that Care Home Carers' Network, an improvement project which has been suggested by Quality Checkers and is being led by Rosie Lowman, Enfield's Carer Commissioner, is launching on 18th February 2014. This event will bring carers from different care homes together to discuss the homes their loved ones are in. The Network will be used as a way of increasing the number of residents and relatives groups across care homes in the borough.

The Dignity in Care panel met on the 21st January 2014. The panel is made up of Quality Checkers, and their role is to determine if services are meeting the Dignity in care challenge. The panel agreed a provisional methodology for the reviews. This will be tested with an Enfield In-house Day centre over the next two months.

11.7 Multi-Agency Safeguarding Hub (MASH)

As part of its ongoing work to transform services in Enfield Adult Social care is seeking to create a multi-agency safeguarding hub (MASH) for vulnerable adults. With a significant increase in the number of safeguarding referrals year on year –13/14 is already 38% up on the same period the previous year – and a need to respond quickly, often across multiple areas of responsibility, developing a MASH which will see the co-location of staff from adults services, police and health makes sense.

There is currently a SPOE (single point of entry) within children's services with a MASH for children operating within a single location. With the infrastructure already in place, it would make sense to "bolt on" the adults MASH, though with very different areas of responsibility and statutory frameworks, the two teams will continue to operate separately whilst sharing resources from the police, health and other areas. The SPOE/Children's MASH is located within the civic centre.

Currently all safeguarding referrals come through the Access service in Adult Social Care. This is not a multi-disciplinary team. Access acts as a triage service and all referrals that require further investigation are sent out to the responsible care management teams.

The MASH will deal with all new safeguarding concerns including merlins from the police, where someone is concerned about the safety or wellbeing of an adult, or think they might be at risk of harm.

11.7.1 **How will the MASH operate?**

Within the MASH, information from different agencies will be collated and used to decide what action to take. As a result, the agencies will be able to act quickly in a co-ordinated and consistent way, ensuring that vulnerable adults at risk are kept safe. Where there is a need for further investigation, these cases will be transferred to the appropriate service. Where it is decided that no further investigation is required appropriate information and advice will be given. Given the potential for a multitude of different agencies to be involved in the referrals which come through, it would be appropriate for some agencies to be virtual members of the MASH. This means that, although a physical presence may not be necessary, a named resource will be contactable and available to provide information and advice as necessary.

The MASH should have a dedicated phone number for all queries. There will also be an on-line form available for people to refer directly to the MASH. Developments are already underway to develop on-line forms that will feed directly into the client information system (CareFirst). These will all go to a dedicated MASH clipboard.

11.7.2 **Why develop and Adults MASH?**

The MASH is an excellent way for organisations to make improvements to the way they share information with each other.

In Enfield there has been a lot of work done to improve the way agencies and organisations work together, including through the development of information sharing arrangements and tools. It is a business priority both for the Council, Adult Social Care and for partner agencies to develop better joint working arrangements where we consider a person's circumstances more holistically and deliver interventions appropriately rather than focusing on a single issue or problem. Learning from many high profile investigations tells us that failure of agencies to link up and share information is one of the most significant and recurrent failings in the system where things go wrong. The MASH will be a part of that work.

12. SECTION 75 AGREEMENT

The Section 75 Agreement for 2013-2014 has now been formally signed by both parties and executed as a deed, so outstanding matters of payment should shortly be resolved. Discussions have now commenced about the variations to necessary for 2014-2015, as part of the planning for the implementation of the Better Care Fund. This includes a proposal to create a schedule for Personal Budgets for health,

whereby the Clinical Commissioning Group would utilise the Council's systems for delivery, to ensure a streamlined and efficient system.

13. PARTNERSHIP BOARD UPDATES (COMMISSIONING ACTIVITY)

13.1 Learning Difficulties Partnership Board (LDPB)

There has not been a partnership board meeting since our last report. Our next meeting is on the 17th of February, and the 'Big Issue' is Health and Mental Health.

13.1.1 Annual health Checks

The Health Sub Group reports that the comparison of GP and LA registers is very near complete. The Community Nursing Team will now begin working directly with individual GP practices to ensure everyone with a Learning Disability as an annual health check next year.

13.1.2 Acute Liaison Nurse posts

The North Middlesex Hospital has agreed to fund a post for one to two days per week. Although Paulette Blackwood has now retired she has agreed to cover the post for one day a week while recruitment takes place. Barnet and Chase Farm Hospital have agreed to fund a full time post, and the ILDS have supported them to recruit and agency nurse to cover for six months, while recruitment to the permanent post takes place.

13.1.3 Intervention Service

Funding has been agreed to expand the Community Nursing Team to include an out of hour's intervention service. This service will respond to crisis situations and is intended to reduce the numbers people being admitted to hospital or assessment and treatment units.

13.1.4 New Options Re-Provisioning

Work has now started on the new site. Staff, service users and family carers have visited and are fully involved in the re-provision process.

13.1.5 Transition Events: Further Education

Transition implementation group hosted a very successful information event focused on Further education. It was well attended with over 50 parents and carers attending. Feedback was very positive, and all local colleges were represented at the event.

13.1.6 London Wide Transition Seminars

Enfield is leading on and hosting a series of London wide 'Transition seminars' for transition leads in children's and adult's services. We have had two seminars attended by representatives from 15 local authorities.

13.1.7 Young Leader's

TIG is developing a young leader's course in partnership with one to one. The course will be the first accredited course of its kind in the country. We are planning to roll out the programme from September 2014.

13.1.8 **End of Life Care pathways**

Members of the working group have now become accredited NAPPI End of Life Care trainers. Six training courses are being offered to specialists from the integrated team, EPS staff and private and voluntary providers.

13.2 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.

The Board is still looking to recruit new members and adverts have gone out through the carers network and in the Cheviots centre newsletter.

Recently the Carers Partnership Board has provided joint feedback on the Council Tax Support Scheme Consultation which led to carers receiving increased support through the scheme. Recently the Board has been consulted on the Adult Mental Health Strategy and as a result, the Mental Health Commissioner has been invited to join the Board on a permanent basis to allow the Board to influence delivery.

The March meeting brings the annual away day where the Board will be reviewing the Terms of Reference, governance arrangements and membership. The Board will also be looking at the Council's budget, with a presentation from Corporate Finance and for allow the Board to look at what we see as priority areas for carers services over the next year.

13.3 Mental Health Partnership Board

A sub group of the Mental Health Partnership board is the steering group for agreeing the current consultation process for Enfield's Mental Health Strategy. There has been two well attended public consultation events held in the East and West of the borough. The events encouraged discussion and feedback on focused aspects of the strategy ie Vision for Community Mental Health Services; Accommodation; Employment. Mental Health and wellbeing for Enfield's BMG population is to be another focused aspect for consultation in the strategy. This will proactively include Enfield's faith forums and other community organisations. The consultation closes on 10th Feb.

Enfield's Mental Health Services statutory services are currently largely shaped and work within Barnet Enfield and Haringey three borough CCG's Mental Health Commissioning Strategy 2012-2015 which informs Barnet Enfield and Haringey Mental Health Trust's Clinical Strategy for 2013–18. The current Enfield focused strategy that is out for consultation is an additional joint strategy commissioned by Enfield Local Authority and Enfield CCG. The strategy is increasing the focus on early intervention and global community support that can be more easily accessed by those receiving Mental Health treatment from their GP.

The MH partnership board is continuing to develop its sub groups that enable opportunities for the partners to work together on common outcomes.

The February meeting of the 'keeping safe' sub group is bringing together representatives from relevant organisations to consider actions that can

address Enfield Borough having the highest number of deaths on its railways lines relative to other London Boroughs.

The Economic wellbeing group is developing a suite of information for MH service users and will consider actions to work with local employers to increase opportunities.

Representation from service users and carers has been increased on the board's membership.

13.4 Older People Partnership Board

No update, as meeting was cancelled. Next scheduled for February

13.5 Physical Disabilities Partnership Board

Update from 20th January 2014 meeting not available

13.6 Enfield Safeguarding Children Board (ESCB)

The Board has undergone a transformation by streamlining its membership and processes. This is to enable the Board to be able to be better able carry out its strategic duties and facilitate greater challenge and debate between partner agencies. The first meeting of the streamlined Board is on 27 January. At this meeting, the business plan will be reviewed and a new plan agreed moving forward.

As part of this on-going development, we continue to engage with our health colleagues who not only sit on the Board but also our sub committees. These include Serious Case Review Panel, Child Death Overview Panel, Quality Assurance, Training and Trafficking Sexual Exploitation and Missing Children. Other key projects moving forward include tackling Female Genital Mutilation and joint work on Violence against Women and Girls – our health colleagues and Public Health will continue to have an important role to play in all these areas in the future.

The launch of the new ESCB website in November 2013 – www.enfieldlscb.org has also created greater opportunity for promoting and sharing information from ourselves and our partner agencies. We wish to further build on this moving forward so we can continue to promote excellent and effective safeguarding activities to the community and professionals.

The Board remains committed to working with partners across all agencies as well as other Boroughs. We are hoping to increase participation levels and set up a Childrens "shadow" Safeguarding board to ensure Young Peoples voices are clearly heard across the partnership. We are also working to build on joint initiatives with the Adult Board following on from our successful collaboration around such activities as Keep Safe week which raises awareness of safeguarding issues across the Borough. Activities moving forward include a joint audit with the Adult Board, joint training and a joint conference. We are in the process of undertaking a section 11 audit of all agencies - this will also serve to inform aspects of the joint audit.

Appendix 1 (ref. Section 4.2.2.)

Priorities identified in the Enfield Oral Health Needs Assessment

Priority Area	Action needed	Responsibility
Improving oral health in young children	Commission a school-based fluoride varnish programme for children aged 3-5 years targeted at schools in the most deprived parts of the borough	Lead -Local Authority
	Review the coverage of the 'Brushing for Life' programme and target the programme at children aged less than 3 years	Lead -Local Authority Support - Oral health promotion
	Review the specification for the oral health promotion service and develop a service with identified outcomes and KPIs which includes training the trainers and an oral health promotion programme in schools and Children's Centres	Lead -Local Authority Support - NHS England
	Continue to support the NHS Dental Epidemiology programme and consider a larger sample to allow more in-depth analysis for local planning	Lead -Local Authority
	Develop a strategy for increasing uptake of dental services in children	Lead - Local Authority/ NHS England/Local dentists
Improving oral health of adults and older people	Develop strategies for addressing the needs of vulnerable and older people	Lead – Local authority/ NHS England
	Mouth cancer awareness programme and provide training on screening for mouth cancer for dentists	Lead – Local Authority Support – NHS England
	Develop a strategy for increasing uptake of dental services in older adults	Lead -Local Authority/ NHS England

Patient experience	Develop a public awareness campaign about availability, costs and how to access dental services Set a target for patient experience to converge with London figures	Lead - Local Authority/ NHS England
Dental services	Support the implementation of the new arrangements for urgent care dental out of hours services Support the reviews of primary care specialist and hospital dental services	Lead – NHS England Support – Local Authority Lead – NHS England

Appendix 2 (ref. Section 5)