

**Health and Wellbeing Board**  
**Thursday 11<sup>th</sup> December**  
**2014**

**REPORT OF:**

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<b>Agenda – Part: 1</b>	<b>Item: 6b</b>
<b>Subject:</b> Joint Commissioning Sub Board Update Report	

**1. EXECUTIVE SUMMARY**

- 1.1 This report provides an update on the work of joint commissioning across health and social care in Enfield.
- 1.2 Updates for all key commissioning areas are included, as are relevant updates on commissioning activity from Partnership Boards.
- 1.3 This report notes:
- Progress regarding implementation of the Care Act 2014
  - The Better Care Fund was approved “...with support...”. The Better Care Plan does not require re-submission but we do need to provide additional evidence. Once the HWB has determined the governance structure for BCF (see separate report), both LBE and ECCG will be required to publish the BCF plan on their respective websites in order to achieve full approval.
  - Enfield’s Integrated Care Programme for Older People section outlines the structure of the integrated care pathway for 2014/15 and 2015/16, linking the Better Care Fund Plan to the delivery mechanism of the programme.
  - The Council is currently reviewing its options regarding the procurement of Sexual Health and School Nursing services, in respect of the Enfield Community Services Procurement Programme that has been postponed by the CCG.
  - The contribution from the Head of Primary Care, NHS England regarding Co-Commissioning
  - Adult Social Care has agreed to fund the 2014/15 ‘Keep Warm, Keep Safe’ programme.
  - The finalisation of Enfield’s Joint Autism Framework, which will be published on the Council and CCG websites.

## 1. EXECUTIVE SUMMARY (CONTINUED)

- The Council and CCG's joint programme – Transforming Care for People with learning disabilities (Winterbourne View), highlighting the improvements made since the last H&WB paper
- The success of the Community Intervention Service for people with complex needs that has attributed to reducing the numbers of admissions to our in-borough assessment and treatment service
- The increase in registration of new Carers within the borough; the introduction of the respite programme and recruitment of a Benefits Advisor.
- Whilst DAAT's performance against successful treatment completions has shown a slight decline for the 12-month rolling data (sept 2013 – Aug 2014), the results still show Enfield above the London and National averages
- The commissioning of the evaluation of the Making Safeguarding Personal programme
- The positive feedback from the two-week intensive visit Quality Checker programme to four libraries
- The Improving Residents' Lives sub-group action plan has been approved for action. Care home manager leads and the process of hospital discharges into care homes has been identified as areas for improvement
- The agreement for a Multi-Agency Safeguarding Hub (MASH) for vulnerable adults, which will fit with the MASH currently in place for children, will be located within space currently occupied by the children's SPOE as part of the Enfield 2017 transformation programme from 01 April 2015.
- Planning permission for the development of 14 homes providing specialist housing with care for older people with learning disabilities has been granted to Newlon Housing Trust
- The appointment of Haverstock Health as the new GP provider and Whittington Health as the community dentist for the Ordnance Unity Centre
- Board updates

## 3. THE CARE ACT 2014

The implementation of the Care Act 2014 is well underway. Progress has been made in a number of key areas with a focus on the reforms due in April 2015. This progress includes a range of activities across the work streams as follows:

- **Market and Community Customer** – this includes the new duties for local authorities for the provision of Information and Advice. A comprehensive gap analysis has been produced and a review of the implications of the Care

Act for commissioning, procurement and contracting arrangements. Other activities include a market failure and provider exit strategy, Self-funders research and a refresh of market position statement

- **Finance and Risk Management** – a range of national financial tools has been completed and a local model developed. This is work in progress and assumptions are currently being tested. Consultation on the Dilnot reforms is due in February 2015, in preparation for the funding reforms in April 2016
- **Workforce Capacity and Development** – a number of briefings have been delivered and an e-learning module is currently being designed and will be available in January. Further focused development tools and events are planned.
- **Communications and Engagement** – a range of activities have taken place and planned including a Reference group of local people established, a Care Act webpage set up on the Council's website [http://www.enfield.gov.uk/info/1000000845/the\\_care\\_act\\_2014](http://www.enfield.gov.uk/info/1000000845/the_care_act_2014) and a national public awareness campaign and toolkit is due, supplied by Public Health England.
- **Operational Change Management** – the new duties contained in the Act will result in a change to how adult social care is delivered with a particular focus on key principles of wellbeing, preventing and reducing need and outcomes for local people. Although some of this is already in place as a result of the Council's approach to Personalisation, it will mean significant changes to business practices, for example a new eligibility framework, new Carer duties and a focus on prevention and what matters to the individual
- **IT and Business Intelligence** – the new duties require a number of changes to systems including the HHASC e-Marketplace and customer contact and assessment. This is in progress and delivery planned for February 2015
- **Safeguarding Adults** – a gap analysis has been completed and work-in progress including for Making Safeguarding Personal.

#### 4. BETTER CARE FUND

- 4.1 Enfield HWB Better Care Plan submission was submitted on September 19<sup>th</sup> 2014 with the agreement of the Chair of the Health and Wellbeing Board, the Chair of the Clinical Commissioning Group (CCG) and the Leader of the Council. The plan was "Approved with Support". This means that the plan is sufficiently well developed and robust to NOT require a re-submission, but further evidence was required by NHS England (as the regulatory organisation) before the Plan could be fully approved.

- 4.2** Around 20 outstanding actions were agreed between NHSE London and the Enfield BCF team. Most queries were resolved through the discussion with a small number of queries requiring further evidence or correction in the supporting documentation.

The outstanding actions can be resolved by providing additional information and minor amendments to text (e.g. lists of engagement events, corrections in the BCF Plan narrative to ensure consistency across the documentation or development of user satisfaction methodologies). The exception to this is the agreement of the BCF governance structure which is the subject of a separate report to this HWB meeting.

- 4.3** Once the HWB has determined the governance structure for BCF, in accordance with the requirements of the BCF national guidance, LBE and ECCG will be required to publish the BCF plan on their respective websites in order to achieve full approval.

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

- 5.1** From a patient perspective, delivery of the following objectives should allow older people to be able to say: *“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me”* (National Voices).

To support this, the Integrated Care model for older people should provide and result in:

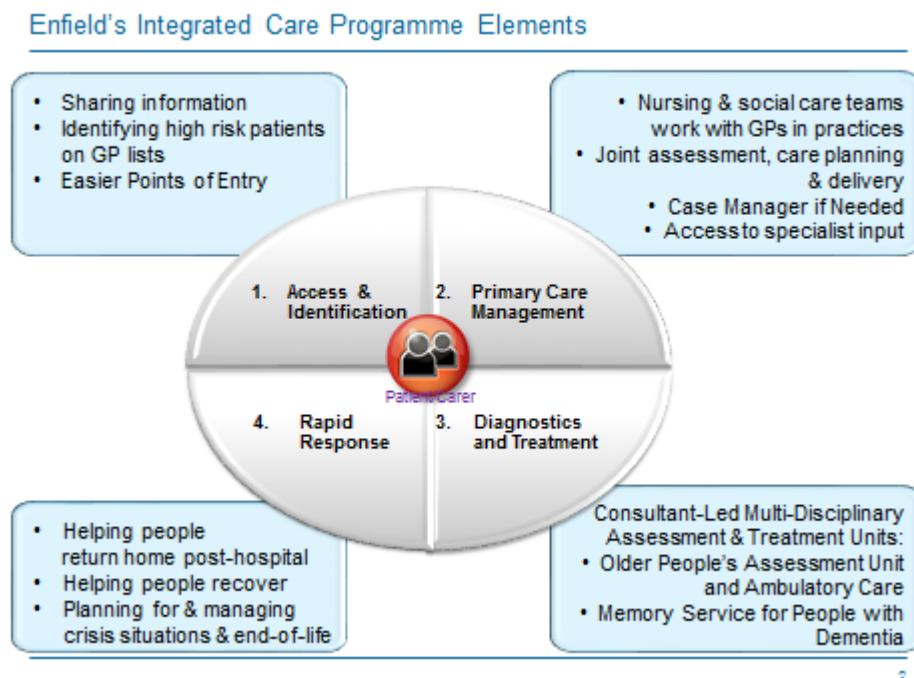
- Better and more pro-active identification of patients who could benefit from a community-based approach to care and support across all relevant agencies;
- Better coordinated and joined up assessment, care planning, treatment & case management of older people, appropriately tailored to their needs & preferences, in a preventative, planned & enabling way to:
  - Ensures the patient and carers are at the heart of what’s important to them is a critical part of care planning & delivery;
  - Ensure all elements of the care & support system act as single system to provide care to individuals, with care delivered in the most appropriate setting for patients & their needs through cross-sector partners working together;
- Improvements against a range of outcomes for older people and their carers including improved or maintained health, independence, quality of life and greater choice and control over their options;
- Reduced crisis-driven episodes of care and support, including reduced hospitalisation and less intensive social or health care solutions, and in so

doing manage activity and costs sustainably across the health & social care system;

- Appropriate infrastructure, e.g. in terms of information and IT and workforce development, to realise these objectives.

The figure below shows the structure of, and functions within, the integrated care pathway for older people in 2014/15 and 2015/16.

The group of patients who are the main beneficiaries of the model in 2014/15 are the 4,000 older people in the “top 2%” of patients most at risk of emergency hospital admissions based on their history of hospitalisation as part of NHS England’s GP Enhanced Service for Unplanned Emergency Admissions, the management of whom practices are paid.



The main beneficiaries of the model in 2015/16 will be the 50% of older residents (20,800 aged 65+) who can be described as “frail” and “pre-frail”, and in particular the 7,200 older people who are “frail” or “high-risk pre-frail”.

The Better Care Fund Plan will be an important delivery mechanism to expand the pathway in 2015/16.

## 5.2 Identification and Primary Care Management

Working in partnership between NHS Enfield CCG, London Borough of Enfield and their community care providers, the integrated care model has developed a risk stratification tool to identify those most at risk and Integrated Locality Teams, teams initially composed of social workers, community matrons and therapists, a multi-disciplinary, multi-agency approach to supporting GPs in

their role as Lead Accountable Professional in their practices in each of Enfield's 4 CCG localities (see table).

Future plans include working with the voluntary sector to develop pan-sector support for healthy ageing for older people with frailty in partnership with the CCG and LBE.

Update	Achievements	Next Steps
E-Risk Stratification Tool implemented allowing GPs to view primary & secondary care health and social data and identify top 2% of patients at risk	Only one of few Boroughs to have enabled GP access to health and social data	E-Risk Stratification algorithm being refined to improve identification process and prepare for 2015/16 changes
	GPs identified 4,000 older patients in top 2% of cases	
Initial GP Care Plans were developed for the "top 2%" of cases	3,700+ plans developed during Jul-Sep-14	CCG to launch outcome-based scheme to incentivise GPs to work with Locality Teams
<b>Integrated Locality Teams:</b> Additional resources in community health & social care to support case management	182 cases in "top 2%" were subject to multi-disciplinary approach in 2014/15 – target is 600 cases for year	<b>Locality Teams:</b> 2015/16 model agreed with partners & delivery expectations set out in Community Health contract
<b>Falls Service</b> currently supporting patients at falls risk, and facilitating professionals' access to support	Positive feedback from patients about service, but more needs to be done to improve GP access	<b>Falls Service</b> being evaluated with view to re-develop it into integrated care pathway

The Care Homes Assessment Team (CHAT) is a nurse-led team with geriatrician input to both help manage the individual cases of older patients in homes with the highest level of emergency hospital admissions, help develop lasting nursing staff skills in these care homes and engage with GPs with patients living in these homes; it is estimated 25% of the "top 2%" on GP lists live in care homes, with all residents in these homes are older people with frailty.

There was 8% reduction in the number of emergency admissions from those homes with which CHAT worked between 2012/13 and 2013/14. Given their success, the CCG recently agreed additional investment in the team and the service increased its coverage from 17 to 25 homes in 2014/15.

### 5.3 Diagnostics & Treatment

The *Older People's Assessment Units* (OPAU) – one at Chase Farm, one at North Middlesex University Hospital – are consultant-led, multi-disciplinary non-inpatient units to facilitate GPs same or next day access to assessment, diagnostics, treatment and intervention to support primary care case management. GPs referred 1,500 older people with frailty to Enfield's OPAU between Aug-13–Jul-14 (160–175 patients per month in 2014/15) and an analysis suggesting the vast majority (at least 85%) were appropriate.

Feedback from GPs and patients has been overwhelmingly positive about the service and its outcomes, and there is some evidence of reduced hospitalisation as a result of intervention, with an overall reduction in emergency hospital admission rates amongst those referred. The NMUH OPAU had fewer referrals than intended and partners are working with the

Trust to re-develop its ambulatory care “offer” for older people as an alternative mechanism to deliver the same clinical function as the OPAU (together with other unscheduled care functions such as admission avoidance in A&E) in a more effective and efficient way for patients.

## **5.4 Rapid Response**

This function includes both crisis management arrangements to help people avoid hospital admission often as a result of a crisis and to facilitate hospital discharge. Enfield has successfully operated well-coordinated Intermediate Care & Enablement functions for several years, whilst improved joint hospital discharge processes helped reduce the number of delayed transfers of care. The next phase of development is to align these functions with the Integrated Locality Teams to promote care closer to home for patients.

NHS Enfield and LBE also invested in assistive technology to support patients and provide reassurance, including the re-launch of LBE’s Community Alarm & Tele-care Service into Safe & Connected to provide reassurance to older and/or vulnerable people that help is available “at the touch of a button” through the triggering of alarms/sensors, and Tele-Health.

Tele-Health is the GP-prescribed use of electronic equipment to remotely and daily monitor patients with specific long-term conditions, such as cardiology or respiratory conditions, vital signs & symptoms (e.g. blood pressure). If outside their normal range, an alert is sent remotely to health professionals to check the readings and patients. Its aim is to improve patient condition management and reduce adverse health episodes. Enfield is currently evaluating its Tele-Health pilot of 41 patients with several GPs. The emerging findings are that access to the equipment and system of support is popular with patients and GPs and it has made a difference to hospitalisation rates for many patients.

## **6. PUBLIC HEALTH**

### **6.1 BEH MHT Community Services Contract**

The CCG has postponed the procurement of Community Services due to data and performance validation issues, which has placed the Council with the options of:

- (a) Do nothing and extend contract with current provider in line with the CCG
- (b) Put Council community services out to tender, being:
  - (i) Reproductive and Sexual Health (level 1 – 3) services, which covers all methods of reversible contraception, cervical cytology, medical gynecology psychosexual medicine, vulval dermatology, counselling and referral for male and female sterilisation, basic level infertility, GUM and HIV diagnosis and prevention, Outreach services for

- under 19s in schools and centres - young peoples' integrated sexual health services, advice on and management of unplanned pregnancy; and
- (ii) School Nursing, which covers the National Immunisation Programme, Childhood Obesity and Teenage Pregnancy
- (c) Review the management process of both services with the possibility of entering into an agreement under Section 75 between the Council, CCG and provider; with the provider providing the clinical governance responsibility and the Council managing the contract

The Council has a responsibility to ensure transparent and competitive marketing and tendering, therefore it is not in the Council's interest to opt for option (a) as the current contractor has been providing the service since 2010.

## **7. CCG Commissioning Intentions**

### **7.1 Co-Commissioning** [*Contribution from Head of Primary Care, NHS England (London Region, North, Central & East)*]

New Guidance has just been issued and is available at:  
<http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

Next steps towards primary care co-commissioning gives clinical commissioning groups (CCGs) the opportunity to choose afresh the co-commissioning model they wish to assume. It clarifies the opportunities and parameters of each co-commissioning model and the steps towards implementing arrangements. The document has been developed by the joint CCG and NHS England Primary Care Commissioning Programme Oversight Group in partnership with NHS Clinical Commissioners.

Primary care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View. Co-commissioning is a key enabler in developing seamless, integrated out-of-hospital services based around the diverse needs of local populations. It will also drive the development of new models of care such as multispecialty community providers and primary and acute care systems.

There are three primary care co-commissioning models CCGs could take forward:

1. Greater involvement in commissioning decisions
2. Joint commissioning arrangements
3. Delegated commissioning arrangements

The scope of primary care co-commissioning in 2015/16 is general practice services only. For delegated arrangements this will include contractual GP performance management, budget management and complaints



management. However, co-commissioning excludes all functions relating to individual GP performance management (medical performers' lists for GPs, appraisal and revalidation). Furthermore, the terms of GMS contracts and any nationally determined elements of PMS and APMS contracts will continue to be set out in the respective regulations and directions.

Under joint and delegated arrangements, CCGs will have the opportunity to design a local incentive scheme as an alternative to the Quality and Outcomes Framework (QOF) or Directed Enhanced Services (DES). This is without prejudice to the right of GMS practices to their entitlements, which are negotiated and set nationally. In order to ensure national consistency and delivery of the democratically-set goals for the NHS outlined in the Mandate set for us by the government, NHS England will continue to set national standing rules, to be reviewed annually. NHS England will work with CCGs to agree rules for areas such as the collection of data for national data sets, equivalent of what is collected under QOF, and IT intra-operability.

In joint and delegated arrangements, NHS England and/or CCGs may vary or renew existing contracts for primary care provision or award new ones, depending on local circumstances. CCGs and NHS England must comply with public procurement regulations and with statutory guidance on conflicts of interest.

In delegated arrangements, where a CCG fails to secure an adequate supply of high quality primary medical care, NHS England may direct a CCG to act.

With regards to governance arrangements, draft governance frameworks and terms of reference for joint and delegated arrangements on behalf of CCGs, have been developed. A significant challenge of primary care co-commissioning is finding a way to ensure that CCGs can access the necessary resources as they take on new responsibilities. Pragmatic and flexible local arrangements for 2015/16 will need to be agreed by CCGs and area teams.

Conflicts of interest need to be carefully managed within co-commissioning. Whilst there is already conflicts of interest guidance in place for CCGs, this will be strengthened in recognition that co-commissioning is likely to increase the range and frequency of real and perceived conflicts of interest, especially for delegated arrangements. A national framework for conflicts of interest in primary care co-commissioning will be published as statutory guidance in December 2014.

The approvals process for co-commissioning arrangements will be straightforward. The aim is to support as many CCGs as possible to implement co-commissioning arrangements by 1 April 2015. Unless a CCG has serious governance issues or is in a state akin to "special measures", NHS England will support CCGs to move towards implementing co-commissioning arrangements. CCGs who wish to implement joint or delegated arrangements will be required to complete a short proforma and request a constitution amendment. The approvals process will be led by regional

moderation panels with the new NHS England commissioning committee providing final sign off for delegated arrangements.

It will be made as simple as possible for CCGs to change their co-commissioning model, should they so wish.

## **8. SERVICE AREA COMMISSIONING ACTIVITY**

### **8.1 Older People**

#### **8.1.1 Enfield Warm Households Programme**

Keep warm, keep safe is a big part of LBE preventive programme for 2014/15. It is to enable vulnerable people to keep warm and safe in winter. The Council has agreed an allocation of funding to support vulnerable people in Enfield in this year's programme.

Voluntary & Community Sectors have been invited to submit bids to support and provide a service for the winter months of December 2014 – March 2015 to support identified vulnerable children and adults in Enfield.

#### **8.1.2 Dementia**

The end to end review of the Dementia Pathway has been completed and the final report is near completion. The findings of the review will be incorporated into commissioning intentions and delivered via the Better Care Fund.

Waiting times for the Memory Service had increased to more than 13 weeks; NHS Enfield CCG invested additional funding to manage this and reduce waiting times; the current waiting time has been reduced to 8 weeks. It is expected that this will reduce further and be maintained at 4-6 weeks.

### **8.2 Mental Health**

**8.2.1 Joint Mental Health Strategy** – The strategy was recently approved by the Council's Cabinet. Implementation of the strategy continues to be monitored by the Joint Strategic Implementation Group having previously been agreed by the CCG Board.

#### **8.2.2 Enfield Joint Autism Framework**

The Enfield Joint Autism framework has been finalised. It will be published on the Council and CCG web-sites. The programme aims to:

- a. Improve the co-ordination of services for people with autism
- b. Improve the provision of information and advice to adults with autism
- c. Improve the signposting of adults with autism to appropriate information, advice and services

- d. Map and collate information about the information, advice and services available in Enfield and have this included in the Council online directory and CCG web-site as appropriate.
- e. Develop care pathways and gain an understanding of met and unmet need

The funding available for implementation of the Autism Framework will be allocated to the independent sector through a small grants procurement process. This small grant procurement process started at the beginning of November with market engagement activity to ascertain if the local independent sector market in Enfield has an interest and the necessary skills and expertise to implement the Autism Framework and reenergise the Autism Steering Group to oversee our improvement plans for people with autism and their parent / carers.

### **8.3 Learning Disabilities**

#### **8.3.1 Learning Disabilities Self-Assessment Framework (SAF)**

Public Health England is working in partnership with the Improving Health and Lives (IHaL) website to facilitate the development and delivery of the national SAF for 2013/14. The SAF for this year focusses on the following themes:-

- joint working
- integration
- accessing universal services
- improving access to primary care services
- addressing health inequalities
- empowering people with learning disabilities by involving them and their carers in decision making processes.

The SAF was launched at the end of September 2014 and the deadline for submission will be March 2015.

Enfield has already started its information and evidence gathering to support this year's SAF submission. The Integrated Learning Disabilities Service will work closely with commissioners and the Learning Disabilities Partnership Board to develop and submit the SAF for 2013/14.

#### **8.3.2 Transforming Care for People with learning disabilities Programme (Winterbourne View)**

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 and where appropriate, to have a discharge plan in place with a view to transitioning back to the community.

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. Since the last update to the HWBB we have:-

- Reduced the number of people with learning disabilities in our assessment & treatment services
- Reduced the number of people with learning disabilities in long stay hospitals
- Diverted funding from assessment & treatment services into community intervention models of healthcare through section 75 partnership arrangements
- Provided learning disabilities specific mental health awareness training to service providers of people with complex needs and behaviour that can prove challenging at times
- Our clinicians have provided training to other areas on minimising the use of medication by offering holistic interventions for people with complex needs
- Applied for DH Capital funding to support local delivery of the Winterbourne View programme by developing a range of housing options for people with learning disabilities with complex needs

### **8.3.3 Community Intervention Service for people with complex needs**

Our Community Intervention Service is fully operational and is part of the Multi-Disciplinary Team Integrated Learning Disabilities Service under Section 75 partnership arrangements. This service was developed in response to the Concordat Action Plan and has directly attributed to reducing the numbers of admissions to our in-borough assessment & treatment service. Lengths of stays have also been shortened due to the community intervention service offering intense resettlement support back to the community.

The CCG agreed reoccurring funding for the Community Intervention Service at the beginning of November. NHS England recognised the Community Intervention Service as a Good Practice healthcare model by requesting case studies for publication in national reports.

In terms of planning services, we are currently finalising our Joint Learning Disabilities Need Assessment that will form part of the Borough's Joint Strategic Needs Assessment and be used to develop our commissioning intentions for the next 3 years.

Enfield in partnership with a Registered Social Landlord, was successful in accessing the Mayors Care and Support funding last year. We are developing a range of supported living services that will be specifically designed for people with learning disabilities with Profound and multiple, Complex needs and an extra care service for older people with learning disabilities who also have dementia. The development will be opened within the next 12 months.

From the Mayors Care and Support funding, we will also be developing 4 homes for people with learning disabilities and / or physical disabilities which will be available to buy through shared ownership options.

The CCG in partnership with Enfield Council and Mysupport broker, have expressed an interest in taking part in NHS England's Integrated Personalised Commissioning Programme that will provide a network of support opportunities and best practice guidance to implement and embed the following objectives in terms of implementing integrated health and care models locally:-

- People and their Carers have better quality of life and can achieve the outcomes that are important to them and their families
- Preventing crises in people's lives that lead to unplanned hospital and institutional care.
- Better integration and quality of care,
- The programme builds on personal health budgets, Long-Term Conditions Year of Care programme, the Integration Pioneers and work with Monitor and HSCIC

## **8.4 Carers**

### **8.4.1 Enfield Carers Centre**

The Centre now has 3,156 carers on the Carers Register. In addition, 787 carers hold a Carers Emergency Card. In the July-September 2014 quarter, the Centre registered 375 new carers.

The Carers Centre respite programme has allowed 129 carers to receive a break between July-September and the new befriending programme has resulted in a further 6 carers receiving a regular weekly planned break.

Enfield Carers Centre has now recruited a full time Benefits Advisor who took up their post in April 2014. In the July-September quarter, 83 carers received benefits advice.

The Hospital Liaison Worker continues to work on the wards at North Middlesex, Chase Farm and Barnet Hospital. Leaflets and posters are distributed and supplies kept topped up throughout all hospitals. Barnet Hospital has also a permanent pop up banner advertising Enfield Carers

Centre near the lifts next to the outpatients department. In the quarter of July-September 2014 the Hospital Worker identified 102 new carers.

The Advocacy Worker has been taking up cases and has continued to promote the services within the VCS and with practitioners. In the July-September 2014 quarter they provided support to 66 carers.

The Young Carers Worker pilot project has now reached conclusion and in the final quarter the Young Carers Project identified 65 young carers. Work in primary schools will now be continued by DAZU Young Carers Project (the contracted service).

Enfield Carers Centre has now established their transition project for young carers as they approach 18 and enter adult services. This is known as the Young Adult Carers Project. In the first quarter of operation the Young Adult Carer Project has identified 31 young adult carers.

The Centre's training programme has seen 135 carers attend a training sessions over this quarter. A further 38 carers have received one to one counselling during this period.

#### **8.4.2 Carers Direct Payment Scheme**

We now have 139 carers receiving a Direct Payment through Enfield Carers Centre with others awaiting approval.

#### **8.4.3 Carers Rights Day**

Plans are underway for Carers Rights Day 2014 which will be hosted at the Civic Centre on Friday 28<sup>th</sup> November from 10am - 2pm. The focus for the day will be The Care Act and Children and Families Act which offers new rights to carers.

The agenda is as follows:

##### **The Care Act – New Rights for Carers**

Keezia Obi, Head of Service - Care & Support, London Borough of Enfield

##### **Expert Panel – Question and Answer Session**

- Ray James, Director of Health, Housing and Adult Social Care
- Janet Leach, Head of the Joint Service for Disabled Children
- Aimee Fairbairns, Director of Quality and Governance, Enfield CCG
- Scott Kerr, Service Manager Enfield Acute Care Services, BEH Mental Health Trust
- Pamela Burke, Chief Executive Officer, Enfield Carers Centre

## **Lunch**

### **Choice of workshops:**

- Carers and benefits - What you are entitled to
- Advocacy – Getting Your Voice Heard

Information stalls from:

London Borough of Enfield, Enfield Carers Centre, DAZU, Naree Shakti, Mencap, Crossroads Lea Valley, HealthWatch Enfield

### **8.4.4 The Employee Carers' Support Scheme**

An event for the week after Carers Rights Day is planned to promote the Carers Action Group.

Development of pages for the staff 'Enfield Eye' intranet and content is currently being developed. Development of a staff e-learning package in carer awareness has been agreed as a priority.

### **8.4.5 Primary Care\***

The GP project has now seen 217 new carers registered through either the GP or the self-referral method from the surgery information. 14 surgeries have a permanent carers' noticeboard. 14 surgeries are now hosting regular carers information stands and 25 practices now have carers' post boxes on reception. All 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. 46 practices are now actively engaging in the project. All pharmacies have been written to in the reporting period and three are now actively engaging in the project. A bi-monthly E-bulletin is sent to all the practices that have been visited with a project update and a request for further engagement. (\*All statistics are to the end of Sept 2014)

The GP Liaison Manager met with Dr Anne Mulroy from the Royal College of General Practitioners (RCGP) in August to discuss the project's progress and to talk about the Carers Champions in Practice Scheme. Dr Mulroy, who is the GP Carers Champion for London, was very impressed with the GP Liaison Project in Enfield and was particularly keen to adopt in other boroughs our policy of having carers' self- referral boxes in practices. Further partnership work is to be pursued between the RCGP and Enfield Carers Centre.

## **8.5 Children's Services**

### **8.5.1 Family Nurse Partnership (FNP)**

Enfield Family Nurse Partnership continues to progress well and recently held its first Annual Review. Young mums and their babies spoke about their

positive experiences of the service. There are encouraging results on breastfeeding and immunisations rates. In addition there have been reductions in smoking, and alcohol and substance misuse rates in women participating in FNP. There has been a high need for housing and benefits support and this has taken up more time than expected to resolve and this is higher than the national programme average. The rates of engagement/re-engagement with employment and education are promising. Overall the Enfield FNP programme is meeting all of its targets.

The FNP Team received 94 eligible referrals in the first ten months. One hundred referrals were expected. By April, 2015, the FNP will be full and unable to accept further referrals.

55 young women enrolled for the programme. Four clients are subject to Child Protection Plans and one infant is currently subject to a Child in Need Plan. Some young people were not eligible for the FNP because they lived out of area, were too old or too advanced in their pregnancy. The latter group were referred onto the HV Teams for additional support. For the first time teenagers who have moved from other FNP areas have been not been accepted by Enfield FNP because of the team's capacity issues. It is being explored whether teenagers can remain with their initial FNP nurse, so that they may continue to receive support.

### **8.5.2 Health Visitors**

The campaign to recruit additional Health Visitors continues to be successful and the service is currently introducing a second universal check at 8-10 weeks. This is a critical point for identifying post-natal depression and other issues and will strengthen the overall early years offer to children and families in Enfield. As more Health Visitors are recruited the programme will be further extended. Responsibility for commissioning Health Visiting is due to transfer from NHS England to Public Health at the Council in October 2015, and work to ensure an effective transition is underway.

### **8.5.3 Maternity**

Enfield CCG continues to monitor important quality issues in monthly meetings and through the North Central London Maternity Board. Early booking with a midwife (by 12 weeks and 6 days of being pregnant) achievement has improved at North Middlesex University Hospital but is still below national targets. The caesarean section rate at Barnet General Hospital has reduced although it remains one of the highest within NCL. There has been steady progress in improving mental health services for pregnant women and up until their baby's second birthday (known as the perinatal period). The Tavistock & Portman Clinic is providing perinatal mental health training on behalf of Enfield and other CCGs within the North East London

### **8.5.4. SEND/Children and Families Act Implementation**



The Children & Families Act introduces the biggest changes to the Special Educational Needs and Disability (SEND) system for 30 years for children/young people and their families, Local Authorities, Health and Schools. The new system will be implemented from September 2014 when the reforms will be statutory.

The main changes to affect families are:

- Replacing Statements of SEN with the new statutory Education, Health & Care Plan from September 2014;
- A new SEN Code of Practice;
- Personal Budgets
- The Local Offer
- Mediation for Disputes
- Expressing a Preference (including Free Schools, Academies and FE)

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

Enfield, in partnership with Bexley and Bromley has been awarded Champion status. The role of Champions is to share and disseminate good practice. In addition to the prestige of being a Champion there is a small amount of additional funding. The Local Offer was published as required at the beginning of September. Good progress is being made with other work streams as detailed in the recent report to the Health and Wellbeing Board.

#### **8.5.4 Paediatric Integrated Care**

A paediatric integrated care work stream was initially established to support implementation of the Barnet, Enfield and Haringey Clinical Strategy, and is now supporting the development of the Child Health and Wellbeing Networks included in the Better Care Fund submission. The new networks will enable care to be designed around the needs of children and families taking account of both their physical, social, and emotional, circumstances and providing access to expertise from across the professional spectrum, but most importantly from children and families themselves. A multiagency workshop is being planned for December.

#### **8.5.5 Joint Enfield Council and CCG Children and Adolescent Mental Health Service (CAMHS) Strategy**

Enfield Council and CCG have commissioned Keren Corbett Consulting to write a CAMHS Strategy. The joint strategy will set out the way in which Enfield will commission a comprehensive and integrated Emotional Wellbeing and Child and Adolescent Mental Health Service and improve outcomes for children and young people in Enfield. The intention is to take a whole systems approach, with the aim of ensuring that the mental health and emotional well-being of children and young people become everyone's concern.

## **8.6 Drug and Alcohol Action Team (DAAT)**

### **8.6.1 Successful Completions (Drugs)**

The DAAT's performance against *Successful Treatment (Drug Free) Completions* has shown a slight decline for the 12 month rolling data for the period September 2013 to August 2014 evidencing that Enfield has achieved 23.8%, being 4.1% above the London and 7.4% above the National averages. The DAAT has been working proactively with the local three main providers to ensure that the performance for December and going forward demonstrates the required upward trend to achieve a satisfactory position.

### **8.6.2 Numbers in Effective Treatment (Drugs)**

Performance for the indicator *Numbers Retained In Effective Treatment (defined as those drug users who are retained in treatment for 12 weeks or more or who are discharged free of the presenting drug problem within 12 weeks from the date of treatment start)* is below the target of 1068 as 883 were in Effective Treatment during the latest monthly date release for May 2014. The contracted providers have very recently assumed assessment responsibility to address the improvements needed to reduce attrition which will increase the Numbers in Effective Treatment going forward. The DAAT has also made significant changes to the partnership arrangements in the operational teams to improve opportunities further.

### **8.6.3 Numbers in Treatment and Successful Completions (Alcohol)**

The performance for the number of alcohol users in treatment remains consistent. Enfield's successful treatment rate is in keeping with the London and National averages at 39.7% for the 12 month rolling period September 2013 to August 2014.

### **8.6.4 Young People's Substance Misuse Performance**

The performance for young people in treatment remains strong at 173 for the latest 12 month rolling period and it is pleasing to note that the Planned Exists has increased from 76% in 13/14 to 91% this year; a rise of 15%.

## **9. HEALTHWATCH ENFIELD**

### **9.1 From April 2014**

Over the past year we focused on 4 key areas of work which are outlined below. In addition we continued to attend a range of partnership boards to ensure the voice of patients and service users was heard, with 140 meetings attended since April.

We have responded to 18 formal consultations from statutory agencies. In addition we promoted 54 consultations, encouraging patients and service

users and their organisations to respond directly to ensure their voice was heard.

**Signposting:** We have ensured that our website has a full range of information about local health and social care services as well as details about complaints processes. This forms the basis of our signposting work and we get between 350-400 new website visitors a month. In addition we have dealt with 60 individual telephone/letter enquiries since April.

We have now recruited a diverse team of **volunteers** who have been fully trained and are assisting with our Enter and View visits (see below) and our community engagement work.

**Community Engagement:** Since April we have carried out 56 engagement activities across the borough. These comprised focus groups, pop-up stalls and meetings. A report on our outreach work with BAME residents and the issues identified was presented to our Board in September.

**Enter and View:** Using our statutory powers to Enter and View care homes we carried out two visits in August. Concerns arising from one of the homes have been communicated to relevant Enfield, CQC and CCG officers. Both reports are up on our website and contain recommendations. We are carrying out a joint visit with Barnet HealthWatch to a mental health ward at Chase Farm hospital in December and have a schedule of further visits planned. Our 4 key areas have been:

- Mental Health services – working jointly with Haringey and Barnet HWs, carrying out Enter and View visits and meeting service users and patients.
- GP access – GP Audit report published, feedback from Annual Conference on GP services published and a further audit of premises planned.
- Access to services for people with sensory impairment - we will be producing a joint report with Enfield Disability Action on Access to services for Deaf residents and are part of the group working on the Enfield Vision Strategy.
- Monitoring the impact of the BEH Clinical Strategy, specifically changes to A&E provision and more recently the impact of the Royal Free acquisition of Chase Farm/Barnet hospitals.

All of our work has a positive impact on patients and service users – whether it is provision of information, ensuring the patient/service user voice is heard or securing improvements in service – some of which are highlighted in the ‘You said, We did’ section of our website.

**Events:** In April we held a well-attended workshop for voluntary organisations focused on complaints processes. This led to us creating a dedicated section of our website devoted to complaints and advocacy. In October we held our

Annual Conference which was so successful we had to turn people away. This focused on the Care Act and on GP services. We launched our GP Audit report at the conference.

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

- 10.1 Following the recent publication of the final Care Act Guidance and Regulations, Commissioners are reviewing strategic objectives and service priorities. The VCS will play a key role by complementing provision from the private and statutory sectors and enhance the range of quality services and supports that are available to meet community care needs.

The Better Care Fund is an opportunity to accelerate our work in this area and, in particular, our aim to develop voluntary and community services that supports existing work to delay and, where possible, to prevent hospital admissions and requirements for social care services. Incorporating these organisations more deeply into our ongoing work in this area will increase the capacity, capability and flexibility with which we can achieve this. Key service areas for the VCS include preventative services and supports; information, advice and guidance and advocacy.

- 10.2 'Keep warm, Keep safe' is a big part of maintaining good health in winter and there are many ways that the VCS sector can assist vulnerable and older people to keep warm and keep safe. Colleagues within the Public Health function have recently announced the 'Enfield Public Health Winter Health Fund' and in order to maximise the potential support to vulnerable people in HHASC Commissioners are now inviting applications from various Enfield VCS to complement and enhance this year's overall programme targeted, at helping vulnerable and older people keep warm and connected in winter. The Council has agreed a £120k allocation with funding contributions from Health, Housing & Adult Social Care.

## **11. SAFEGUARDING**

### **11.1 Safeguarding Adults Board (SAB)**

The Safeguarding Adults Board will be notified of Quarter two performance data at the September Board meeting.

#### **11.1.1 Key headline data for Q2 is:**

- (i) The number of alerts raised to adult social care during Q1/ & Q2 is consistent with the number recorded during the same period in 2013/14 (501 in Q2 13/14 to 506 in Q2 14/15). This is a change to previous years which reported a 53% increase during 2011/12 to 2013/14.
- (ii) The largest referrals increase across all teams is Older People 17%, (308 to 371).

The MH team reported a 75% decrease in the number of referrals reported for 18-64's (82 to 20).

- (iii) 42% referrals are in relation to alleged abuse in the Adult at Risk's own home and 27% are in a residential/nursing home. 36% and 31% respectively was reported during the same period in 2013/14.
- Where the place of the alleged abuse is reported as 'MH inpatient setting', the number of referrals has decreased by 60% (33 to 13) since 2013/14.
- (iv) Most alerts relate to Multiple Abuse (36%) with Neglect at (29%). Neglect is higher when compared to 2013/14 which has seen a 31% increase (110 to 145).

**11.1.2.** Further to the Supreme Court Ruling on 19th March 2014 on Deprivation of Liberty safeguards there has been an increase in applications. The ruling noted the acid test for a DoLS was:

- (i) Under continuous supervision and control
  - (ii) Not able to leave
- Objection is now irrelevant.

In 2013 – 2014 there were 66 applications. From April 2014 there have been 412 applications FYTD. A strategic plan is in place to manage this increase. Enfield has enrolled in the LGA / ADASS Making Safeguarding Personal programme at Gold level. This is an approach intended to support councils and their partners to develop outcomes-focused, person-centred safeguarding practice.

**11.1.3.** The purpose of Making Safeguarding Personal is to bring about more person-centred responses, which can be beneficial to people in safeguarding circumstances. It is about exploring with them (and/or their representatives, advocates or Best Interest Assessors) the options that they have and what they want to do about their situation. This includes asking them what they want by way of outcomes at the beginning and throughout safeguarding interventions. It is about negotiating around those outcomes and then, at the end, to ask them about the extent to which those outcomes have been achieved.

Bournemouth University has been commissioned to undertake an evaluation of the MSP Programme.

**11.1.4** There are five sub-groups which support the work of the Safeguarding Adults Board:

- (i) Service User, Carer and Patient Group;
- (ii) Performance, Quality and Safety Group;
- (iii) Learning and Development Group;
- (iv) Policy, Procedure and Practice Group; and
- (v) A Joint Safeguarding Adults and Children's Sub 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.

**11.1.5.** A Joint Safeguarding Adult's and Children's Board sub-group has been recently implemented. This represents the interface between Adults and Children's Safeguarding and will ensure that issues common to both the Safeguarding Boards are promoted and monitored.

**11.1.6.** The Enfield Safeguarding Adults Board is in the process of producing a draft Enfield Safeguarding Adults Board Strategy 2015 – 2018. Details of consultation will be advised in the near future.

## **11.2 Community Help Point Scheme on Tap-IT**

**11.2.1.** The mobile safety app that helps residents keep connected continues to be downloaded from the iTunes store and Google Play. The app also provides information on the nearest police station and 'safe sites' that have been approved through the local council CHPS scheme.

**11.2.2.** The CHPS scheme has provided a list of locations for the Community Help Points on the Children's Safeguarding Board website: [http://www.enfield.gov.uk/enfieldscb/info/2/children\\_and\\_young\\_people/186/community\\_help\\_point\\_scheme](http://www.enfield.gov.uk/enfieldscb/info/2/children_and_young_people/186/community_help_point_scheme)

## **11.3 Safeguarding Information Panel (SIP)**

The Safeguarding Information Panel is made up of Enfield Council Safeguarding Adults, Contracting, Environmental Health, Enfield Clinical Commissioning Group (CCG) Safeguarding, Care Quality Commissioning (CQC) and the Police.

The SIP continues to meet every 6 weeks; safeguarding information about care homes and care providers is shared and appropriate interventions or necessary support is identified and implemented. The information shared at this meeting includes:

- number of deaths in care homes,
- whether a registered manager is in post,
- number and nature of safeguarding adult alerts for the provider,
- CQC compliance and enforcement actions, and
- feedback from safeguarding provider concerns and contract monitoring activities.

The panel is starting to receive referrals from the care teams and from Enfield Community Services nurses and teams (including the Care Homes Assessment Team). The most recent SIP meeting considered safeguarding issues at a number of Enfield hospital trust wards. The next SIP will consider alerts by the hospital trusts and the most appropriate next steps.

## **11.4 Quality Checker Programme**

The Quality Checkers are service user and carer volunteers who visit services and give us feedback. The focus of the visits remains care homes and people receiving services in their own homes. Since 1<sup>st</sup> April 2014, over 100 visits have been completed. These include visits as part of the Dignity in care panel reviews, care home visits, and visits to peoples' homes. As part of the Dignity in care panel reviews, Quality Checkers have received additional training around support planning and dementia awareness.

The programme has recently completed a two week intensive visit programme to 4 of Enfield's Libraries. In general, the feedback from these visits has been very positive.

## **11.5 Quality Improvement Board (QIB)**

At the August QIB, updates were received from the four key project areas: the Quality Checking visits (see 11.4 above), the Improving Resident's Lives group (care home managers' group), Care Home Carers Network, and Dignity in Care panel reviews:

### **11.5.1 Improving Residents' Lives Group (care home managers sub-group)**

The Improving Residents' Lives sub-group (which is the legacy group from MyHomeLife) action plan has been considered by the QIB. It has been approved for action. This is now being implemented through meetings which follow the MyHomeLife model, includes colleagues from Enfield Council and Enfield Clinical Commissioning Group, and is chaired by Pauline Kettless, the Enfield Council Head of Brokerage, Commissioning, Procurement and Contracting. The group has met and care home manager leads have been identified for improvement areas. A key area of improvement, from the action plan, is the process of hospital discharges into care homes. To facilitate improvements, care home managers will be attending the Discharge steering group meeting in the coming months.

### **11.5.2 Care Home Carers Network**

The QIB was also informed that Care Home Carers' Network, an improvement project which had been suggested by Quality Checkers and is being led by Rosie Lowman, Enfield's Carer Commissioner. A project management group led by Rosie Lowman, with the Over 50s Forum, the Alzheimer's Society, Age UK, the Carers Centre and some carers has been set-up to develop the project. A pilot project is being developed with a care home provider (who has multiple sites in Enfield) to create effective residents and relatives meetings.

### **11.5.3 Dignity in Care Panel**

The Dignity in Care panel reviews services to determine if they are meeting the Dignity in care challenge. The Dignity in Care panel is piloting their provisional methodology at services run by Enfield's Independence and Well-

being service. The Dignity in Care panel has completed visits for reviews for all of our day services, except for New Options, which is being visited early 2015. They have fed back directly to managers and have asked for comments about the process. Action plans have been developed, and a sign-off visit is made in three months to determine if they are meeting the Dignity in Care challenge. Three sign-off visits have been completed. Panel members have been impressed with the quality of service across the Independence and Well-being service and the response of staff to their visits.

## **11.6 Multi-Agency Safeguarding Hub (MASH)**

**11.6.1** 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 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. This will fit with the MASH currently in place for children. It has been agreed that, as an interim solution, a joint MASH will be located within space currently in use by the children' s SPOE with additional space to be provided as part of the Enfield 2017 transformation programme. This will be effective from 1<sup>st</sup> April 2015. Once renovation works are completed on the 9<sup>th</sup> floor of the civic centre, the service will be relocated there. It is anticipated that the move to the 9<sup>th</sup> floor civic centre will take place in September 2015

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.

**11.6.2 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 will 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.

The group has previously received an update on the background to and need for an Adult Multi-Agency Safeguarding Hub. This update relates specifically to actions either planned or delivered to date.

The MASH steering group is chaired by the AD for Adult Social Care services and includes stakeholders from across the Council and other statutory bodies. The steering group is supported by two sub-groups, the MASH practice group and the MASH IT/infrastructure group. Progress made to date includes:

- A new process for how the Adult MASH will work and how it will fit with the Children's MASH already in place
- Agreement reached on what resource will be allocated from which services to sit within the Adult MASH and what resource will be shared across both Children's and Adults MASHs
- Due to the Enfield 2017 Transformation programme the Interim accommodation agreed for the new combined MASH on the the 5<sup>th</sup> and 6<sup>th</sup> floor civic cellular areas is not yet confirmed. This interim solution will be used until September 15
- Long term accommodation solution agreed as the 9<sup>th</sup> floor civic centre. Planned available move in date is currently September 15 once renovation works have been completed.
- Site visit completed and funding agreed for IT/re-cabling provider for the Police.
- IT System specifications to support both Children's and Adult's MASHs are complete and a system provider has been selected. System delivery for the adult requirements is February 2015. This will give time to test the new system and train staff on its use.
- Capital funding in place to deliver the IT solution
- Contact to be made with other councils who have already implemented joint Adult and Children MASHs across the country to learn good practice
- Information sharing protocol is being reviewed

## **12. SPECIALIST ACCOMMODATION**

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

In July 2013, Newlon Housing Trust, supported 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. Planning permission for the development of 14 homes, providing specialist housing with care for older people with learning disabilities (including dementia care needs) has now been granted. People have been decanted from the existing scheme and work has commenced on site. Completion of the new building is scheduled for Autumn 2015.

Work continues to develop wheelchair accessible family homes on Jasper Close. In addition to this we are working across departments and with carers of people with disabilities to develop 2x2 bedroom units of fully adapted wheelchair accessible accommodation for people with long term disabilities to purchase on Parsonage Lane. This innovative pilot scheme is being developed in partnership with an organisation called MySafeHome using a shared ownership model known as HOLD (Home Ownership for People with Long Term Disabilities). The HOLD model enables disabled individuals with a range of different impairments to part buy a fully wheelchair accessible home of their own. Completion of both these developments is scheduled for completion in the Autumn of 2015.

## **12.2 Department of Health Capital Funding Bid**

In October 2014, the Department of Health announced the release of £7million capital funding to support additional or improved housing and accommodation projects for people with learning disabilities, autism and/or challenging behaviour. In November 2014 a bid for £1.45 million was submitted, for the purchase and adaptation of 5 homes from the open market via the Council owned Housing Gateway. A decision on whether this bid has been successful is expected at the end of November 2014.

## **13. PRIMARY CARE PREMISES STRATEGY**

**13.1** The 'Primary Care Premises Strategic Group' was established in February 2014. The purpose of this Group is to provide a forum for key partners to meet and provide long term strategic oversight to current and future primary care premises developments in the borough. The purpose of this Group is solely to consider the development and sustainable supply of primary care premises. Primary care capacity and quality issues will be addressed as part of other initiatives. The Group combines representatives from NHS England, NHS Enfield Clinical Commissioning Group, NHS Property and Enfield Council (various departments). The specific remit of the Group is defined in the Terms of Reference (see Appx 1). The meeting is held on a quarterly basis chaired by the Assistant Director of Strategy and Resources. There have been 4 meetings to date, with the next scheduled on 20<sup>th</sup> January 2015.

### **13.1.1 Ordnance Unity Centre Progress Update**

The building is now in the final stages of construction (see Appx 2). The contractor is undertaking final decorating, cleaning and testing of the services. A snagging list has been produced and the contractor is working through the defect list. Practical Completion is expected to be awarded in November 2014, following which the user group fit out will commence.

Haverstock Health has been appointed as the new GP Provider following an extensive procurement process. Haverstock Health took over the contract of the existing Ordnance Road Practice on 1<sup>st</sup> October to manage the transition to the new building. The appointment has been received positively by the

patient group and local community, and approximately 10 new requests to register are being received each day.

Whittington Health has been identified as the new community dentist, to provide a service on a referral basis only and provide additional capacity in North East Enfield.

The Council's Public Health team has developed a publicity campaign, to help raise the profile of Ordnance Unity Centre for Health. This will involve a mail drop to all residents within a five mile radius of the new building to promote registering with a local GP, plus the delivery of free health checks in Coop.

An open day for key stakeholders has been provisionally planned for Thursday 11<sup>th</sup> December, to provide an opportunity for a guided tour of the building ahead of the formal opening.

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

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

**14.1.1** The learning Disabilities Partnership Board met on the 17<sup>th</sup> November. This meeting's 'Big Issue' was The Care Act and SEND reforms.

**14.1.2** Peppa Aubyn gave a presentation (on behalf of Michael Sprosson, who was unable to attend) on the Care Act. The DoH accessible guide to the Care Act was circulated to members before the meeting. The board thought the content of the Act was good, but expressed concern that without extra funding some elements of the Act might be difficult to achieve. The board also felt the DoH document missed some important information, which was included on the presentation. The board also felt there needed to be further guidance on keeping people safe when they hire their own support, and what constitutes good evidence of outcomes being achieved.

**14.1.3** Janet leach then gave a presentation on the SEND reforms. The board were pleased that outcomes were being implemented for children, but reinforced the importance of making sure they are realistic and achievable. The board were also pleased EHCP's will be co-produced with parents, but wondered if this might identify some parents who have learning disabilities themselves, and how they would be supported.

**14.1.4** The Employment Sub Group is meeting with the New Opportunity Centre and Transport for London to develop a 'Travel Buddy Scheme'. The aim is to employ independent travellers to help other service users on public transport.

**14.1.5** The Health Sub Group will be providing more training for GP's in the New Year. This will aim to continue to increase the number of people having annual health checks, and improve their outcomes by increasing referrals for health services and screening. Jon Robson (Service Manager Community Nursing) will be meeting with the CCG and Public health England to identify

People with Learning Disabilities in forensic units, to ensure they also have annual health checks and health action plans.

**14.1.6** The community Nurses are working in partnership with One-to-One to deliver a Diabetes Group for people with Learning Disabilities. They have had their first session, and are focusing on lifestyle issues such as diet and exercise. They also provide training for staff. Weight Watchers are also working directly with One-to-One, and people can be referred to this free service directly by their GP's (information on this will be included in GP training in the New Year).

**14.1.7** The Health sub group will also offer training (via the public health commissioner) to high street chemists about reasonable adjustments for people with Learning Disabilities.

**14.1.8** The health sub group have also made excellent progress with the Winterbourne review. All 7 people identified have plans in place, and will be moving to more suitable services. DoH capital funding has been secured to develop local housing to facilitate this.

**14.1.9** The Community Intervention Service has also been very successful in preventing people from accessing Assessment and Treatment Units. There were 1 800 'Bed Nights' a year used before it started, there have only been 30 since. Funding for this service has now been increased and extended for 3 to 5 years. This has been acknowledged by NHS England as an example of national best practice.

**14.1.10** There has also been a programme for reducing the medication for people who are part of the Winterbourne review, which has also been cited as an example of national best practice.

**14.1.11** The Health Sub Group also reported progress with the appointment of acute liaison nurses. Barnet and Chase Farm Hospitals have advertised for a full time post and will be interviewing soon. The North Middlesex Hospital will be advertising soon for a part time post, but there are ongoing discussions on the number of hours.

**14.1.12** The Transition Implementation Group reports a new 'Transition Pathway to Employment' group will be meeting in November to set out a work plan. They are also working in partnership with the Skills for Work Service on a Study Programme, aimed at young people aged 18+ who are not eligible for Adult Social Care, but do not feel mainstream FE is for them. The new 'Transition Information Events Calendar' is now available; there will be 7 events this year. Ongoing Person Centred Transition Reviews Training is being provided for parents/carers and professionals by the SEND steering group.

**14.1.13** The Services for People whose Behaviour can be Challenging sub group have completed the first part of the data set on people's assessed behaviour. This focused on people using community services. This information

will help the group target training offered, and assess the quality of guidelines in place.

**14.1.14** The board was also pleased to be informed that the Integrated Learning Disability Service has been given permission to recruit to 4.5 more social work posts.

**14.1.11** The Board were also pleased that the Care Charging Policy will be revised so that people who use their respite creatively do not pay disproportionately high charges, and that individual arrangements will be made this year so that no families pay too much.

**14.1.12** Wendy Berry (Cape), Niel Niehorster and Doug Wilson will meet to discuss ways to help people with Learning Disabilities understand Disability Related Expenses in relation to their Care Charges.

## **14.2 Carers Partnership Board**

The Carers Partnership Board is now chaired by Rosie Lowman, the Commissioning Manager for Carers Services. Christie Michael is currently taking a break in her role as the Carer Co-Chair due to caring and health reasons. However it is expected she will return in early 2015.

The Board recently discussed how to improve its practice and influence and will be restructuring its meetings for 2015 – the Board will move from meeting every two months for two hours to quarterly for three hours. Membership has been refreshed and it is hoped the Board will improve its effectiveness in 2015.

## **14.3 Mental Health Partnership Board**

*No update available for this report*

## **14.4 Older People Partnership Board**

### **14.4.1. Integrated Care Update and Discussion**

Paul Allen, Integration Programme Manager, Enfield CCG gave a comprehensive presentation on integrated care to date in Enfield. Integrated working has moved a long way since starting approx. 10 months ago, and GP engagement in this is very positive. The main agencies involved are GP's, Enfield Community Services (Health) and Adult Social Care, including Occupational Therapy. The Board were very positive about this development and have requested for Integration Update as a standing item on the agenda.

### **14.4.2 Dementia Pathways**

A presentation on Dementia Pathways was delivered to the Board following a consultation exercise with local residents. Dementia navigators are planned

who will broker a range of appropriate dementia services. This was well received by the Board.

#### **14.4.3. Data Sharing**

This item is an update from the previous Board. Kate Robertson updated on shared data and discussed the privacy statement on the LBE website. KR informed on the 'My Enfield' portal, which will provide residents access to their single council record (i.e. housing, council tax), will be fully operational in the next 18 months, and the CCG will be looking to bring in a partner that can develop a system that brings NHS & Adult Social Care data in one place. The Board asked, if under the privacy statement, would organisations that are funded by the council be required to share information about their clients with the council. KR replied that these organisations will be governed by their own privacy statement. Kate agreed to come back in Jan to give a full update on Digital Customer.

#### **14.4.4. Terms of Reference**

The Board agreed the Terms of Reference require updating to ensure they are fit for purpose and the Board is clear on direction. A date for this has been agreed.

#### **14.4.5. OPMH Sub Group Update**

VM updated that the OPMH has recently reviewed its Terms of Reference and have had 2 meetings since which has been positively received by its members. The meetings are now arranged by choosing a topic for discussion by the group. The previous topic for presentation and discussion was the RAID team at NMUH.

#### **14.4.6. Pension changes**

Dee Solanki, DWP, updated members of the changes to the State pension. DWP updates are now a standing item on the agenda.

#### **14.4.7. 'Flu Jabs**

Board members aired some concerns re: promotion of the 'flu jab in GP surgeries. This will be discussed with the CCG.

### **14.5 Physical Disabilities Partnership Board**

**14.5.1. Digital customer:** aims of digital customer principles were presented and discussed with the group, and explained in terms of improving LBE website where residents can inform the council of any changes of circumstances, personal changes, check eligibility and apply for services, which could be linked to their circumstances e.g. caring, and single view of customers, accessible information, right first time principles etc. this was generally well received and quelled a number of previously aired anxieties

from older residents. The Board requested frequent updates, and for further information on data sharing re: shared council accounts. This discussion links with mobile working, below:

**14.5.2. Mobile Working / going digital:** Margaret Brand, Enablement Manager, updated on how the use of digital devices for staff are working for both staff and service users. Margaret demonstrated how the device works and explained how this saves time for the worker. Enablement Workers now have smart phones and can report back to the main office remotely. These devices have helped workers find homes, parking and provide service users with information on services. A discussion around signing an electronic form followed, some members felt this was fine, while others would prefer to have a completed document in front of them (ie printed) and have time to agree the content before signing. Margaret explained that this is fairly usual and the service users is always listened to for their preference. A detailed and interesting discussion followed on digital apps etc that might be helpful for staff and users of services.

**14.5.3. Transport** - Norma McFarlane (Board Member, Carer) will attend the TfL focus group and feed back to members.

**14.5.4. PD PB Christmas Gathering** - Board Members discussed and agreed the need to attract a wider range of people onto the Board. A Christmas 'do' has been arranged and a number of young service users, their carers, health colleagues, and others, have been invited to this event where the purpose of the Board will be explained and new members can be identified. Following this event, the March Board will focus on updated ToR, structure of the Board and priorities for the year.

#### **14.6. Enfield Safeguarding Children Board (ESCB)**

**14.6.1** There has been considerable national activity and reporting on the topic of Child Sexual Exploitation (CSE). ESCB, has been focusing on increasing our understanding of the local problem and planning action to effectively address it. A CSE 'Problem Profile' which will provide us with greater knowledge about prevalence of CSE and the vulnerabilities and risk factors for young people is in progress to compliment the work that is already being done through the TSEM (Trafficking, Sexual exploitation and Missing) sub-committee and the MASE (Multi-agency sexual exploitation) group. The Problem Profile will inform the revised CSE Action Plan which will be implemented very soon and will be monitored by the board.

We are part of a North London cluster of Safeguarding boards that successfully bid for a programme of support on tackling CSE from MsUnderstood, a third sector organisation which aims to improve local and national responses to young people's experiences of gender inequality. The programme, which will be delivered in the New Year, will help us improve our strategic response to CSE and specifically ensure we have robust and effective links with key related initiatives such as the work being undertaken to tackle gang related activity.

Another priority from the business plan currently being focused on is Female Genital Mutilation (FGM). An important piece of research looking at prevalence and risk factors for girls in Enfield based on ethnic and cultural backgrounds has been completed by Public Health. Numbers of girls identified as being potentially at risk are significant and it is clear that work needs to be done both to raise awareness of this issue and to develop and implement strategies to tackle it. A further report will be completed early next year and a joint Public Health / ESCB Conference on FGM is planned for the spring.

The two Serious Case Reviews (SCRs) which ESCB have led on are now ready for publication. One has been completed jointly with Haringey and the other with Barnet and both concern young black males who were involved in gang-related violence. There are a range of recommendations and actions which will require the cooperation and support of partner agencies across the boroughs. A joint learning event is planned for April 2015 to disseminate and explore the learning

**14.6.2.** The Board has recently agreed its priorities for 2014-2016 with a streamlined business plan focussing on improvement outcomes. The priorities in the new Business Plan include:

- Tackling Domestic Violence, Neglect, Substance Misuse, Mental Health and Child poverty as well as Female Genital Mutilation. A key success factor for all of this work will be partnership working with other Boards and to this end; the ESCB has drafted a protocol which sets out the working relationships between Boards. This will ensure that the work is not duplicated, but rather that resources and expertise are maximised.
- This protocol is being discussed with each of the Boards and will be finalised once discussions are concluded.

**14.6.3.** The Young People's Board is now in place and will be working on key safeguarding projects including e safety and bullying. Representatives will be attending each of the ESCB main meetings – this will ensure that young people can play an active role in the work of the Board.

**14.6.4.** The ESCB website continues to play an important role in raising awareness about safeguarding both for those working with children, young people and their families, as well as the wider community. The Board is planning a media campaign to highlight the website and the information contained therein. The Community handbook has been launched and has been well received – this provides information primarily for the community on a wide range of safeguarding issues.

This can be found on the website at the following link:  
[http://www.enfield.gov.uk/enfieldscb/info/4/publications/226/enfield\\_community\\_handbook](http://www.enfield.gov.uk/enfieldscb/info/4/publications/226/enfield_community_handbook)