

**Health and Wellbeing
Board**

Agenda – Part: 1

Item: 7b

Subject:

Joint Commissioning Board Report

Date: Thursday 14th April 2015

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 notes:

- The finalising of the Council's Information and Advice offer in readiness for the launch of The Care Act on 01 April 2015
- The separate submission re Better Care Fund
- Value Based Commissioning for Older People with Frailty -
 - Feedback from GPs and patients continue to be positive about the service delivery of the borough's Older People's Assessment Units
 - Partners' view, of VBC NHS health contract for Older People with Frailty, is that arrangements need to be further developed before any contract is implemented
- The update on the Council's procurement programme for Reproductive and Sexual Health community services contract
- The End-to-end review and final Report of the Dementia Pathway has been completed
- The update on the borough's Autism Self-Assessment Framework and Autism Co-ordination Procurement
- The overall self-assessment for the Council's SAF was Amber / Green, which means meeting the requirements /exceeds requirements

1. EXECUTIVE SUMMARY (CONTINUED)

- The actions taken with regards to meeting the conditions of the Winterbourne view concordat
- The planning for activities for Carers Week (8th – 14th June)
- Children's Services:
 - The Council's preparation in taking responsibility for Family Nurse Partnership and Health Visiting services from 01 October 2015
 - Steady progress in improving mental health services for pregnant women and babies
 - The Joint Enfield Council and CCG Children & Adolescent mental Health Service (CAMHS) Strategy intention to commission a comprehensive and integrated Emotional Wellbeing and Child and Adolescent Mental Health service
- Local analysis of the number of young people in Substance Misuse treatment has confirmed that Enfield is reaching the previous best performance achievements target
- The development and achievements of HealthWatch, Enfield
- The Safeguarding Adults Board consultation is underway on the Safeguarding Adults Strategy 2015-18 (please see separate submission of the Safeguarding Adults Board Strategy 2015-18 consultation and draft Strategy)
- Planning permission conditions for the Reprovision Project – Elizabeth House - have been signed off
- Both the Council and CCG have confirmed the intention to continue the Section 75 Agreement for commissioned services
- Board updates, including the launch of the Sexual Health Partnership Board

2. RECOMMENDATIONS

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

3. THE CARE ACT 2014

The implementation of the Care Act 2014 and summary of progress made against key requirements

The council is making considerable progress in the key areas of implementation and is confident that it will be able to deliver the Care Act reforms required from April 2015. This is alongside recognising that implementation will continue and be further developed and strengthened during 2015/16 including putting in place measures to assess the impact of the Act. A summary of progress and highlights across the Care Act Board work streams is as follows:

- 3.1 Market and Community Customer** – this includes the new duties for local authorities for the provision of Information and Advice (I&A). The Care Act Board is currently in the process of finalising the I&A offer in readiness for April and seeking to ensure that where required, these new duties are incorporated into future commissioning and contractual arrangements. The self-funders research is complete and a refresh of the market position statement underway.
- 3.2 Finance and Risk Management** – as previously reported, a range of national financial tools have been completed and a local model developed. This is work that continues and local authorities will shortly be receiving further tools to complete, in order to assist with the financial modelling for 2016 and beyond i.e. the impact of the funding reforms. Consultation on the funding reforms has been published a local response being prepared for the deadline of 30 March. <http://careact2016.dh.gov.uk/>
- 3.3 Workforce Capacity and Development** – a number of briefings and training courses have been delivered. Training on the legal framework on specific sections of the Care Act has been delivered at local level to key staff. In addition, a series of regional events covering a variety of topics such as legal literacy, assessment and eligibility, and commissioning have been made available to local authority lawyers, care act leads and other local authority staff. The launch of an e-learning training tool about the Care Act is imminent.
- 3.4 Communications and Engagement** – a range of activities have taken place and a national public awareness campaign is underway. A webpage is available on the Council's website http://www.enfield.gov.uk/info/1000000845/the_care_act_2014 where you can access information about the Care Act.
- 3.5 Operational Change Management** – there has been a particular focus on the key principles of wellbeing, preventing and reducing need and outcomes for local people, and ensuring this is embedded in practice. Where required, new forms are being produced, policy and procedures being revised and business practices reviewed. In response to the expected demand on the council of implementing key changes, for example applying the new eligibility framework, carers assessments, support planning etc., additional resources are being brought in to the affected service areas in the council.

3.6 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 being developed in conjunction with the council’s transformation programme (Enfield 2017).

3.7 Safeguarding Adults – the key Care Act changes required of local safeguarding adults arrangements have been addressed including for Making Safeguarding Personal.

4. BETTER CARE FUND

Please note separate submission:

- Report From Enfield Integration Board
- Enfield Integration Board Terms of Reference
- BCF Schedule of Draft Section 75 Agreement
- Emergency Admissions Reductions Target

5. ENFIELD INTEGRATED CARE FOR OLDER PEOPLE PROGRAMME

5.1 Diagnostics & Treatment

The *Older People’s Assessment Units* (OPAU) – one at Chase Farm, one at North Middlesex University Hospital (NMUH) – 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. Just over 2,500 older people with frailty to Enfield’s OPAU between Jan-13–Dec-14; whilst feedback from GPs and patients continues to be overwhelmingly positive about the service and its outcomes, with an overall reduction in emergency hospital admission rates amongst those referred.

5.4 Value-Based Commissioning for Older People with Frailty

Enfield CCG and Haringey CCG are jointly working on a value based commissioning (VBC) approach to older people with frailty. This aims to deliver outcomes across the system through providers working together and with older people with frailty. VBC’s underpinning principles are to:

- Identify the cohort of patients (older people with frailty);
- Identify how to improve outcomes for these patients – a mix of clinical outcomes (e.g. frailty fractures, diagnostic rates for dementia), patient experience and patient-defined outcomes (e.g. experience of well-coordinated care) *across the whole-system* as no one provider can deliver these outcomes;
- Define the finances associated with delivering services to the cohort;
- Define an “Integrated Practice Unit”, a mechanism for delivering the multi-agency pathway older people with frailty need. To assure alignment and continuity, the IPU “blue-print” incorporates Enfield’s Integrated Care Programme and future BCF Plans relating to the health support for older people in the first years of its operation.

Plans are progressing for a 5-year VBC NHS health contract for older people with frailty, but Enfield partners' view, led by the CCG, is that both clinical and contracting arrangements need to be further developed before any contract is implemented in Enfield. The CCG will therefore seek to learn the lessons from NHS Haringey CCG, who intend to press forward with contractual arrangements from Jul-15.

6. PUBLIC HEALTH GRANT

6.1 Reproductive and Sexual Health (RaSH) Procurement

Market Engagement Event took place – 05 March – at the Dugdale with 13 organisations represented. Since then, a further five organisations have made contact requesting details.

Surgeries have been held with interested parties with minutes taken, which will be made available, if appropriate, to ensure transparency.

6.1.1 RaSH Procurement Timetable

Activity	Timescales
SPB approval	1 st April 2015
Portfolio member approval	3 rd April 2015
Send OJEU notice for publication	7 th April 2015, 12 noon
OJEU notice published	12 th April 2015
PQQ published	10 th April 2015
PQQ closing date	7 th May 2015 (30 days)
Evaluation/ shortlisting	22 nd May 2015 (2 weeks)
Issue ITT	26 th May 2015
ITT closing date	24 th June 2015 (30 days)
Evaluation	17 th July 2015 (3 weeks)
DAR approval	29 th July 2015
Call-in period ends (5 working days)	7 th August 2015
Notify tenderers of award decision	10 th August 2015
Standstill period	11 th – 20 th August 2015
Contract award	21 st August 2015
Service commencement	1 st October 2015

6.2 BEH MHT Community Services Contracts

School Nursing will remain as part of the CCG's block contract in the first instance, enabling the Council to review the service with Health visiting and Family Nurse Partnerships, which will be transferred from NHS to local authorities in October 2015.

The plan is to review the service delivery and pathway of these three services along with Therapies (commissioned by SCS - became part of the block from 01 April 2015), and the CCG's children's services to ensure that the Children's Programme is cohesive, fully integrated, appropriately managed and offering value for money.

7. SERVICE AREA COMMISSIONING ACTIVITY

7.1 Older People - Dementia

The End-to-End review of the Dementia Pathway has been completed and the final report is completed. The findings of the review are incorporated into commissioning intentions and will deliver 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 is 4 weeks.

NHS Enfield CCG has been working with GPs to identify those patients with a formal diagnosis of dementia who need to be added to individual GP's Dementia Registers, as well as those individuals who may need to be assessed for a formal diagnosis from the Memory Service. NHS England offered some additional resources to CCGs to improve GP identification and post-diagnostic support in the remainder of 2014/15, and Enfield CCG worked with GPs and the voluntary sector to put these plans into place quickly. As a result of all these initiatives, the proportion of older people likely to have dementia in Enfield (estimated to be around 3,000) who were known to be on GPs' Dementia Registers increased from 46% (around the national average) to 56% between the ends of Mar-14 & Jan-15. Enfield CCG's target is 59% for the end of Mar-15.

7.2 Mental Health

7.2.1 Update on Autism Self-Assessment Framework and Autism Co-ordination Procurement:

The self-assessment covers 2014 and includes the priorities set out in the Think Autism update to the Strategy published in 2014 and the emerging themes that feature in the statutory guidance for Local Authorities and the NHS. This process is also a key means of identifying progress in the implementation of the Strategy across the country. The Autism SAF was submitted on the 5th of March 2015 to lhaL (learning disabilities 'think tank'). The Autism SAF will be quality assured by NHSE and ADASS as it is statutory requirement and key milestones are being monitored nationally and regionally.

Autism is a lifelong development disability that affects how a person communicates with and relates to, other people. The severity and presentation of difficulties can vary significantly.

The government launched the first ever autism strategy in 2010 in response to the Autism Act 2009. This strategy was called "Fulfilling and rewarding lives". It was co-written with a number of national autism advocacy groups to act as a lever for change to address the challenges experienced by people with autism (especially when accessing health and care services) and highlighted the need to respond to the needs of those at the higher functioning end of the spectrum. The national strategy indicated that 1% of the population are predicted to be autistic and that there is anticipated growth in this area of over the coming years.

Enfield's Joint strategy for adults with autism meets the statutory requirements of the 'Fulfilling and Rewarding lives' strategy and 'Think Autism' strategy dated 2014. Our strategy sets out to achieve the following 5 key objectives:

- Increasing awareness and understanding of autism.
- Developing a clear and consistent pathway for diagnosis.
- Improving access for adults with autism to the support and services they need to live independently in the community.
- Enabling local partners to develop relevant services for adults with autism to meet identified needs and priorities.
- Helping adults with autism into work.

Local data

The Enfield council database indicates that **99 adults** with autism were known to the local authority and of these 90 were receiving services. The CCG has referred 6 referrals from GP's for screening or a diagnostic assessment for suspected ASD. We already work closely with the Children's commissioning team to identify the numbers of young people transitioning to adulthood whom will be eligible for services. We will now be capturing the number of young people with HFA who may not be eligible for adult care services to ensure that these individuals and their families have access to appropriate information, guidance and advice provided by low-level support services. This brief intervention is in line with the principles of the Care Act 2014.

- The number of people with autism living in Enfield will increase in the next 15 years. This is particularly striking in the case of children and young people moving into adulthood over the next few years with a diagnosis of autism.
- Maintaining contact with this group and their carers following transition into adulthood would significantly increase the numbers known to adult services and enable better planning for current and future needs for this population.
- From all the national and local information available, it is clear that the local HFA population will have a range of needs split into 3 broad groups:
 - o Those with high needs and are generally able to access services at present.
 - o Those with low needs who require preventive services from time to time and are currently not receiving services.
 - o Those with no need for services.

There has not been any additional funding made available from central government to implement the statutory autism strategy. Enfield believe that with an awareness campaign and the development of a Champions for Change network, our health, housing, social care, support, advocacy and universal services and market can respond to the needs of people with moderate to substantial needs within the existing offer. We will need to review our specialist health and care offer to ensure that it meets the needs of people with severe autism to ensure that personalised outcomes can be achieved locally.

7.2.2 Overview of Enfield's Joint Autism SAF 2014

The Autism SAF requests CCG's and LA's to jointly self-evaluate where they are in terms of implementing the Autism Act 2009. The following areas are key themes of the Autism SAF:

- Introduction – identified single management lead
- Planning / demographics
- Training
- Diagnosis
- Care and support
- Accommodation
- Employment
- Engagement with the Criminal justice system
- Local good practice
- Self-advocates experience
- Sign off by Director of HASC and by CO of CCG

Enfield has self-assessed itself as 'Amber' overall with a couple of areas rated as 'Green' – the Green areas are centred on partnership working (between the CCG and Council). We are confident in our self-evaluation and the ratings allocated and believe that our responses meet the criteria. The CCG's Director of Commissioning and Partnership has signed the SAF off on behalf of the Chief Officer and the Director of Health and Adult Social Care signed off the SAF on behalf of the Council.

We have recently gone through a small grants bidding process to commission an Access and Co-ordination service for people with autism from the VCS. This new service will implement our joint autism strategy, will co-ordinate our awareness campaign and stimulate the development of peer support opportunities for people with HFA. This service is described throughout the Autism SAF as the significant force in driving forward change. NHS social care funding of £70k (non-reoccurring) will be released to fund this service for a 2 year period along with the £18,500k DH capital funding that will be used to facilitate information guidance and advice sessions and peer support meetings at locations across the borough.

7.2.3 Independent Mental Health Advocacy (IMHA) service

Under the 2007 Amendments to the Mental Health Act 1983, the Independent Mental Health Advocacy (IMHA) role was created, as a new safeguard primarily for people detained and / or being treated under the terms of the Act. The IMHA service was commissioned by the PCTs until March 2013. Pursuant to the Health and Social Care Act 2012, this responsibility was transferred to local authorities from April 2013.

Following a transitional one year arrangement with Rethink Mental Health to provide the service in Enfield, in 203/2014, Enfield, Barnet and Haringey councils jointly tendered the service under a single contract along with the Independent Mental Capacity Advocate (IMCA) and the Deprivation of Liberty Safeguards (DOLS) services. The new consolidated joint contract was let to VoiceAbility Advocacy (www.voiceability.org) and came into force from April 2014 and is to run for two years with the option of extending for one year plus further one year (2+1+1 years). Enfield is the lead borough for the joint contract including coordinating monitoring.

As part of the efforts to clarify roles and improve the IMHA service, 12 new resources were launched at the House of Lords on 11 March. The resources were commissioned by the Department of Health and developed by the University of Central Lancashire (UCLan) in collaboration with the Social Care Institute for Excellence (SCIE), following a review carried out in 2013/2014. These resources are designed to be used by service users, service providers and commissioners in order to inform service users and improve the quality of commissioning and delivery. The resources can be found here <http://www.scie.org.uk/independent-mental-health-advocacy/>

7.3 Learning Disabilities

7.3.1 Learning Disabilities Self-Assessment Framework (SAF)

A number of services from across the Council and the CCG contributed to this year's SAF*. We would like to say a special "Thank you" to CAPE for the Carers contribution and to all the self-advocates and the people we support who shared their experiences and to EDA who supported individuals to contribute.

Our overall self-assessment was Amber / Green. In terms of the definition behind the RAG rating; 'Amber' means to meet the requirement and 'Green' denotes excellence or exceeds requirements. Enfield CCG and Council are confident in our self-assessment and responses. The quality assurance process is being completed by IHaL and areas will receive feedback on their submission in April 2015.

** 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. This is a non-statutory return that Enfield is committed to completing. 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 has been brought forward to the end of January 2015 instead of March. Enfield submitted its Joint SAF before the deadline.

7.3.2 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 to have an aspirational 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:-

- We have maintained our significantly reduced admissions rates to our local assessment and treatment service.
- We have transitioned 2 people with learning disabilities from hospital back to the community within the last month and are in the process of transitioning another individual from the remaining cohort back to the community by the end of April 2015.
- 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 and behaviour that proves challenging.
- Worked with the local market to develop and commission bespoke specialist housing with care and support options for people with complex needs and those with behaviour that proves challenging at times
- Agreed a funding framework for individuals moving out of hospital back to the community that affords greater flexibility when considering transition arrangements and joined up and person centred services to be delivered based upon need.
- We have completed scheduled Care and Treatment Reviews with NHSE quality assurance panels that include experts by experience and been commended for our approaches especially with regards to transition packages.
- Have created information packs for patients and their parent / carers who are currently in long stay secure hospitals and those at risk of being admitted to assessment & treatment services. We are promoting the information booklet from NHSE “getting it right for people with learning disabilities” which is a guidance tool that was co-produced by Experts by Experience for people with learning disabilities who may be admitted to hospital and their parent / carers. It covers a multitude of scenarios and items of interest such as rights & responsibilities, advocacy, the Mental Health Act and returning to the community after a stay in hospital.

7.3.3 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. Our service has supported 20 people with learning disabilities who were at risk of being admitted to assessment & treatment services and by working with them in a therapeutic and holistic way have prevented an admission to hospital.

It was indicated in the last report that our in borough assessment and treatment provider was undertaking a review of its service to look at the longer term sustainability of the service due to low admission rates. The service provider was aiming to complete its review by the end of February 2015. To date, we still have not received the outcome of the review. This will be shared with the Health & Wellbeing Board when it is available. The CCG and Enfield Council will need to create a contingency plan in the event that the provider elects to decommission the service.

7.4 Carers

7.4.1 The Employee Carers' Support Scheme

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. A session in April is planned looking at the new rights for carers under the Care Act and how this can support them as working carers.

7.4.2 Carers Week (8th June-14th June)

Planning has begun for activities for Carers Week.

Enfield Carers Centre will be hosting a Family Fun Day outside Enfield Town Library on Saturday 13th June. This will be a combination of information stalls, entertainment and food and drink. The purpose is to raise awareness of carers issues and the Centre itself.

Enfield Carers Centre are also planning a day trip for adult carers and an activities for young and young adult carers on Friday 12th which is National Young Carers Day.

Enfield Council is planning a consultation day with carers to ask their views about the services they receive and what they would like to see developed in the future. We are also hoping to have a Question and Answer session with Ray James as this has proved very popular with carers in previous years.

7.4.3 Enfield Carers Centre

Due to the early meeting date for the Health and Wellbeing Board in April, we have not received the latest statistics for the services through Enfield Carers Centre as Quarter 4 (Jan-March) has not ended.

7.5 Children's Services

7.5.1 Family Nurse Partnership (FNP)

Enfield Family Nurse Partnership continues to progress well. Unfortunately, it is now closed to new referrals.

As this service will be transferred to Local Authorities 01 October 2015, NHS England is working with LBE to ensure that the service is being delivered according to the licence.

SCS and Public Health Commissioning have been in discussions regarding the best way forward with this service and has requested data and an analysis of the service from Public Health to ensure that (a) funding additional posts is the most appropriate way to address the demand; (b) that the borough's vulnerable young mums are part of the FNP client base, and (c) that the licence criteria is being adhered to.

7.5.2 Health Visitors

The campaign to recruit additional Health Visitors continues to be successful and the service is continuing to introduce 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. SCS and Public Health Commissioning are reviewing the current service delivery while the contract is with NHSE as responsibility for commissioning Health Visiting is due to transfer from NHS England to local authorities via the Public Health Grant - in October 2015, and are working to ensure an effective transition is in place.

7.5.3 Maternity

The Enfield CCG continues to monitor important quality issues in monthly meetings and through the North Central London Maternity Board. New joint services have been set up for substance misuse and maternity services. 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 and 273 Enfield Social Workers, midwives, obstetricians, health visitor assistants,

Change and Challenge, Children Centre and voluntary sector staff have been trained. All health visitors have been trained.

7.5.4 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,

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

Good progress is being made with other work streams. A national video developed by Contact a Family featured Enfield Joint Service, the Voice and Enfield CCG.

7.5.5 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 workshop successful looking at how the model can be further developed was held in December.

7.5.6 Joint Enfield Council and CCG Children and Adolescent Mental Health Service (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 Strategy is being finalised.

7.6 Drug and Alcohol Action Team (DAAT)

7.6.1 Successful Completions (Drugs)

Public Health England's database, NDTMS, came back on-line on the 12th March and providers have received notice that they will be given until the end of July to upload the backlog of data. Until this task is completed the DAAT remains dependent upon the local analysis generated from the Health, Housing and Adult Social Care Business Intelligence and Support Team (BIS Team). However, the reliability for the local analysis has historically proven to be extremely accurate.

The local forecast for the 12 month rolling period April 2014 to March 2015 is indicating that 974 drug users have been in treatment during the year. The BIS Team have undertaken some further analysis to determine growth rates in the system and identified that an additional 140 drug users have engaged in treatment in the past 3 months; compared to those in treatment in April 2014 (Please see Page 2 Fig 3). There has been a minor reduction in the successful treatment completion rate but Enfield still remains 3.5% above the National

average and is consistent with the last ratified NDTMS position for the London average.

7.6.2 Change in Numbers of Drug Users in Treatment

Because the numbers in treatment is calculated on a 12 month rolling basis and is influenced by the numbers successfully completing in the previous 12 month period, it is difficult to determine the actual growth rate in the numbers in treatment by just looking at Figure 1 on Page 1 of this Report. For example, if during April 2014 150 drug users were discharged successfully from treatment and yet in March 2015 an additional 200 new drug user's entered treatment, the actual growth would only be 50 people. Enfield experienced a large number of successful completions from the Dual Diagnosis Service in Feb and March 2014 which has tended to indicate there has not been much growth in the system.

The Table below provides a confirmed snapshot of the actual numbers of drug users in treatment at the start of each month for the previous 3 month period and shows the level of increase from the baseline at year start; an additional 140 drug users in treatment.

Active Caseload	Baseline 01/04/2014	01/01/2015	01/02/2015	01/03/2015
Compass	507	502	503	526
Dual Diagnosis	80	66	96	136
WDP	61	76	97	126

7.6.3 Numbers in Effective Treatment (Drugs)

The Numbers Retained in Effective Treatment Indicator is not the same measure as the Numbers in Treatment as the former relates to those drug users who are retained in treatment for 12 weeks or longer, or who are discharged drug free within the first 12 weeks. Accordingly there is always a substantial time lag in performance reporting due to the 12 week criteria being applied to this measure. As Enfield will not achieve exceeding 1068 drug users in treatment before the 31st March 2015, it is not possible to meet the trajectory target for Numbers in Effective Treatment. The DAAT are proposing to only use successful treatment completions (quality measure) and numbers in treatment (quantity measure) in 2015/16 and maintain these as the main adult drug treatment measure for all future reporting periods. This is simply because PHE no longer report on Numbers in Effective Treatment as a performance measure.

7.6.4 Numbers in Treatment and Successful Completions (Alcohol)

The alcohol performance is also moving in a positive direction with the numbers in treatment continuing to rise and the successful treatment completion rate achieving 35% for the latest 12 month rolling period April 2014 to March 2015.

7.6.5 Young People's Substance Misuse Performance

Local analysis for the number of young people in treatment has confirmed that Enfield is now reaching the previous best performance achievements under this measure, with 173 young people being in treatment during the 12 month rolling

period Feb 2014 to Jan 15. Furthermore, the Planned Treatment Exit rate has continued on the upward trend with 95% leaving in a positive way.

8. HEALTHWATCH ENFIELD

Healthwatch Enfield has statutory responsibilities for encouraging health and social care organisations to listen to and involve their local users, and for encouraging local people to exercise their rights as 'consumers' of health and social care services. We have five staff, five Board members and around 12 volunteers.

8.1 Some recent achievements:

Provision of interpreters for GP appointments: this had been raised with us by both Deaf (BSL users) residents and by those with limited English. Some GP Practices declined to take responsibility for booking interpreters, said they didn't know how to do it or told patients to bring along a relative. The absence of interpreters risked the wrong diagnosis being made, the patient not understanding what was wrong with them and not understanding what treatment they had been given. Being told to bring a relative compromised their privacy. We raised the issue with both NHS England and the local CCG and, after many months of discussion, are pleased to report that the CCG wrote to all GP practices in February with details of how to book both foreign language and BSL interpreters. This should mean that all GP practices can easily book appropriate interpreters.

In February a **new NHS e-newsletter 'In Touch'** was launched nationally but the format chosen meant that the email could not be forwarded on to others. We raised this with the Head of Public Voice at NHS England and the second edition had a changed format. As the e-newsletter goes to thousands of recipients the change means the important information it contains can now be shared with many more people.

Access to support in making a complaint: Voiceability is the organisation contracted by LBE (via a pan-London arrangement) to provide advice and support to people wishing to make a complaint about an NHS service. We became aware that Turkish and Somali speaking residents were unaware of these services so we met with Voiceability to raise this and they have now produced material in both Turkish and Somali. We now have a supply in our office.

Blood test appointments booked via North Middlesex University Hospital (NMUH):

In January we started to receive large numbers of complaints from patients (and from GP surgery practice managers) that it was impossible to contact NMUH by phone to make a blood test appointment. This affects patients who want the test done locally at their GP practice but need to book an appointment via the hospital. There are 12 GP practices in the borough who offer this service. We checked information on the NMUH website and raised concerns with PALS and the Head of Patient Experience. The wrong phone number on the website was corrected and this information was relayed to the practice managers. However,

the situation did not improve so we have been raising our concerns with Haringey CCG (the lead commissioners) as well as with the Hospital directly. At the time of writing there are some longer-term plans to reduce pressure on the call centre and volunteers are being used to take calls at NMUH. We remain extremely concerned and remain in touch with Haringey CCG about the situation.

All of our work has a positive impact on patients and service users – whether it is provision of information, promoting patient/service user rights, 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.

8.2 Our Priorities

We are currently focusing on 5 key areas of work, identified as a result of input from our Reference Group, the wider voluntary and Community Sector, and members of the public. Our recent work under these priorities includes the following:

- **Mental Health services** – working jointly with Haringey and Barnet Healthwatch, we used our statutory powers to carry out an Enter and View visit to Oaks ward at Chase Farm hospital. We have also scheduled visits to Suffolk ward at Chase Farm and wards at St Ann’s Hospital. This provides an opportunity to meet service users and patients, to hear from them about whether they have any issues with local services. We continue to meet with mental health service user groups to hear about their experiences.
- **GP access** – Our CE spoke at a meeting of GP Practice managers in January. We have just carried out an update of our **GP Information Audit**, checking websites and NHS choices information for all GP practices in the borough. As before, we have written to all practices where information appears to be missing to provide an opportunity for them to respond to us before we publish our report later this month.
- Access to services for people with a **sensory impairment** – We will be publishing a joint report with Enfield Disability Action, called: **Improving Services for Deaf patients in Enfield**, later this month and a BSL version will be available on both our websites.
Together with 12 other HW across North Central and East London we obtained funding for a shared training project. A key element of this is to train Deaf (BSL users) people to carry out Enter and View visits and undertake mystery shopping exercises. A number of Deaf residents in Enfield have been closely involved with this.
We remain an active member of the Enfield Vision Strategy Group.
- We continue to monitor **A&E and Urgent Care services** at NMUH and Barnet/Chase Farm hospitals and the impact of the Royal Free acquisition of Chase Farm/Barnet hospitals. Statistics are published weekly on our website.
- **Adult Social care**: in addition to our programme of Enter and View visits to care and nursing homes we are starting to focus on obtaining feedback from residents

about adult social care. We have also created a dedicated page on our website about the Care Act.

- 8.3** At the same time we have undertaken a range of other ongoing work:
Signposting and Information: 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. Our website forms the basis of our signposting work and we get between 350-400 new website visitors a month. We also actively tweet information to our 570 plus followers. In addition we have dealt with 172 individual telephone/letter enquiries since April. Since the last HWB report we have published three e-newsletters and are planning a printed version for April/May so that we can reach more people.

Community Engagement: We continue to engage with service user groups and members of the public from different communities across the borough. Recent engagement activities have included focus group sessions or meetings with:

- Naree Shakti Asian Women's Group
- Enfield Asian Women's Group
- Bountagu Afternoon Tea group
- EMU mental health service users group
- NMUH Patient Representative forum
- Mental Health Resource Centre users on Park Avenue
- Enfield Vision strategy group

We have a session planned with the Enfield Chinese community.

We also hold “**pop-up**” **stalls** at venues across the borough (libraries, festivals, shopping centres, hospital reception areas). Since the last report we have been at:

- Enfield Civic Centre for Carers Rights Day
- Disability resource centre, Park Avenue
- Mental Health resource centre Park Avenue
- Enfield Town library, and
- Four Hills Community Centre (Chase ward)

For the coming year we have a programme of at least one pop-up stall per month, including visits to:

Chase Farm Hospital;

North Middlesex Hospital;

Southgate College;

Winchmore Hill Sainsbury's;

Trinity at Bowes community centre;

Four Hills community centre (Chase ward);

Ordnance Road, Enfield Town and Southgate Circus libraries

plus various festivals and other locations.

Some of these locations are a regular venue for us.

Enter and View: Our report on our visit to Stamford nursing centre, a BUPA home, has been published and is on our website at <http://www.healthwatchenfield.co.uk/enter-view>. Copies have been sent to the relevant Enfield, CQC and CCG officers. We recently carried out a visit to Hugh Myddleton House, a nursing home run by Barchester Homes, and this report is being written up. In partnership with Healthwatch Barnet we visited The Oaks ward at Chase Farm hospital and this report will be published shortly. Our next visit is on 17 March to Suffolk ward at Chase Farm hospital. We have a schedule of further visits planned – an average of one a month over the coming year.

8.4 Representation and Involvement:

BAME Health Seminar March 3rd - We continue to be involved in the Enfield Race Equality Council BAME Health and Wellbeing Focus Group, and assisted in a well-attended seminar focusing on addressing health inequalities on 3rd March. Our CE was a speaker and HW board members and volunteers helped to facilitate the workshops.

Re-commissioning of NHS 111 and Out-of-hours services: We are representing the 5 North Central London Healthwatch organisations on the Urgent Care Programme Board which is overseeing the re-commissioning of these two key services.

In addition we continue to attend a range of **partnership boards** and other meetings, to ensure that the interests of patients and service users were raised, with **36 meetings** attended since our last report to the HWB. We are told that our contributions are valued.

Since April 2014 we have **responded to 23 formal consultations** from statutory agencies. In addition we have **promoted 80 consultations**, encouraging patients and service users and their organisations to respond directly to ensure their voice was heard. We targeted particular groups, where appropriate, to ensure that they were aware of a consultation that may be particularly relevant to them.

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

- no update available for this report

10. SAFEGUARDING

10.1 Safeguarding Adults Board (SAB)

The Safeguarding Adults Board consultation is underway on the Safeguarding Adults Strategy 2015-2018. The consultation was distributed by all members of the Board and attention was given to feedback from service users, carers and patients and presented to Enfield HealthWatch. The Care Act places a requirement for the Board to have a strategy which is reviewed annually, to which Enfield SAB is well placed having had a strategy since 2009. The strategy focuses on the 6 principles of safeguarding, namely empowerment, protection, prevention, proportionality, partnership and accountability. In addition, there is an

emphasis on prevention of abuse and Making Safeguarding Personal, which shifts the focus to empowering individuals to naming their outcomes in safeguarding and support to realise these outcomes.

10.2 Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a national initiative set out by the Local Government Association and Association of Directors of Adult Social Services to improve safeguarding practice through a person centred approach. The overarching intention of MSP is to facilitate person-centred, outcome-focused responses to adult safeguarding situations. MSP records 3 levels of engagement from Bronze, Silver and Gold. Enfield aimed for Gold which included an independent evaluation of the work by a university and Bournemouth University was commissioned and agreed to undertake this evaluation. This was undertaken in January 2015 and results identified:

- LBE clearly demonstrated six principles of safeguarding set out by the DoH are being met through MSP practice
- LBE demonstrated a clear commitment to empowering service users through personalised information and advice, with service users involved in the safeguarding process
- Creative methods used to engage and support service user voice
- Key strength is the commitment to work collaboratively with external agencies
- Evidence of learning culture
- Development of IT systems and to capture outcomes

Areas for future consideration include:

- Exploring how information is presented to make the best impact
- Building on successful projects such as the Quality Checkers and committing to on-going recruitment and training of this resource
- Delivering an on-going commitment to share good practice within a learning culture promoted throughout the organisation and with partners
- Exploring new resources such as apps which can be used by practitioners to support their professional decision making and judgement in relation to risk and choice for service users

Bournemouth University supports LBE progression towards Local Government Association consideration of Gold Standard.

10.3 Safeguarding Information Panel (SIP)

An area of work for the panel is the development of a 'dashboard' data sheet to offer attendees an overview of the information held for providers, including number of alerts and their types and other information collected over a 12 month period. In addition to this a shared spreadsheet is now being used to enable information from the Contract Monitoring team to support the data analysis demonstration given at meetings.

10.4 Dignity in Care Panel

The Dignity in Care Panel are continuing to complete their pilot to review all services provided by the Independence and Wellbeing Services Teams focusing on Dignity and respect , the findings of the reviews are shared at a management

level along with recommendations for improvement and a timely revisit measures progress and the meeting of outcomes. A successful 'Launch' event of the panel took place on the 27th of February, Cllr Don McGowan and Ray James presented at the event along with the volunteer panel members to celebrate the significant achievements of the work of the panel and the work plan for the future. An application for the Dignity in Care Panel has been made to present at the National Children and Adults conference in Bournemouth this year.

10.5 Quality Checker Project

The Quality Checker Project has continued to visit social care providers to collect meaningful feedback from social care customers. The feedback collected is shared and heard at a strategic level to drive service improvement and highlight areas of concern for appropriate consideration and interventions if necessary.

The Quality Checker Project attended and contributed at a focus group facilitated by the Bournemouth University auditing Enfield's response to the Making Safeguarding Personal agenda. The Quality Checker Project are planning a recruitment drive for more volunteers to ensure that the Quality Checkers are representative of the community that they serve.

10.5 Multi-Agency Safeguarding Hub (MASH)

10.5.1 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 had previously 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 was to be effective from 1st April 2015. Once renovation works are completed on the 9th floor of the civic centre, the service will be relocated there. It is anticipated that the move to the 9th floor civic centre will take place in September 2015. Due to the Enfield 2017 transformation programme and delays in assessing the impact and delivery of staffing reductions on available accommodation, however, the current space currently in use by the Children's SPOE may not be available for the Adult MASH. Temporary accommodation for the Adult MASH has now been agreed within the civic centre. This will be committee room 2. Work will begin soon to fit the room out in readiness for the Adult MASH go live date of 20th April 2015.

10.5.2 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:

- An operating procedure for how the Adult MASH will work has been completed and tested through two desk top exercises involving all partners. This will also determine how the Adult MASH 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
- Long term accommodation solution agreed as the 9th 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 was scheduled for February 2015. However, there have been delays and an updated project plan is being prepared currently to take account of slippage. It is not clear at this stage whether the fully integrated solution will be available for the go live date in April 2015.
- 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 has been reviewed and agreed.

11 SPECIALIST ACCOMMODATION

11.1 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. Unfortunately the bid was not successful in this instance, but work continues to look at alternative options for housing development in this area.

11.2 Work continues on the redevelopment of outdated specialist accommodation located off Carterhatch Lane and the development of wheelchair accessible homes for people with disabilities on Jasper Close (for social rent) and Parsonage Lane (for home ownership).

Commissioners are also working in partnership with the Integrated Learning Disabilities Service to re-accommodate 18 service users with learning disabilities, who are required to move having received notice to vacate premises from the property owner. Options currently being considered include purchasing homes on the market through the Housing Gateway.

12. PRIMARY CARE PREMISES STRATEGY GROUP

12.1 The 'Primary Care Premises Strategic Group' meets on a quarterly basis providing a forum for key partners to meet and supply 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, in line with regeneration programmes being delivered by Enfield Council. The Group combines representatives from NHS England, NHS Enfield Clinical Commissioning Group, NHS Property and Enfield Council (various departments). The next meeting is 28th April 2015.

12.2 Reprovision Project - Elizabeth House

Planning Permission conditions have now been signed off by Planning Department. Building cost inflation is a major challenge, it is expected inflation levels will be in-line with increased levels Council faces in connection with other construction projects e.g. education building works. Current project timeline estimates show:

- Advance works beginning on site e.g. sewer rerouting on site April 2015
- Main site establishment 28th April 2015
- Major works underway 28th April 2015
- Build complete 2nd June 2016

Once the building construction has started, a competitive Tender exercise will be initiated to select and appoint a service provider to deliver care to the future resident group.

13. SECTION 75 AGREEMENT FOR ADULTS

The Council and NHS Enfield Clinical Commissioning Group have had a Section 75 Agreement for commissioned services for adults since 2011. The mid-year review concluded that the partnership arrangements are continuing to work effectively. As a result, both the Council and Enfield Clinical Commissioning Group has confirmed the intention to continue the agreement, however some amendments are required for 2015-16 in order to facilitate the inclusion of the Better Care Fund pooled budget and support further effective collaborative working across health and social care.

14. PARTNERSHIP BOARD UPDATES (COMMISSIONING ACTIVITY)

14.1 Learning Difficulties Partnership Board (LDPB)

14.1.1 The Learning Disabilities Partnership Board met on the 23rd February. The Big Issues for this meeting were the Implications of the Care Act for Safeguarding, Information, Advice & Advocacy, and Care Charging.

14.1.2 Helen Tapfumaneyi (Team manager – Safeguarding Adults) gave a presentation on 'Making Safeguarding Personal'. The board were pleased with the person centred approach to safeguarding, but were concerned that many people with learning disabilities still found the process difficult to understand. Board members will send Chris O'Donnell (person centred planning coordinator) links to accessible information and he will discuss with Helen how these may be referred to from the council website.

14.1.3 Michael Sprossen (Service Manager – Procurement) updated the board on progress with information, advice and advocacy in light of the Care Act. The board were pleased to see progress being made. However, many board members found information on the council's website hard to find. They also noticed that much of the accessible information 'signed off' by the board was still waiting to go on the site. Chris will work with members on possible 'Easy Access' sites that could work alongside the council's webpage.

14.1.4 Suzanne Hutchinson (Acting Performance manager) and Tracey Owen (Acting Income Assessment Team Leader) gave a presentation on care charging as part of the consultation on the draft care charging policy. The board had the following feedback, which they will contribute to the consultation –

- People living on their own are often financially disadvantaged by current care charging policy. The board noted the examples in the policy showed significant discrepancies in disposable income people are left with, i.e., and person with learning disability living on their own had a minimum income guarantee of £56 less than an elderly person in the same situation, and only £4 more than a person with a learning disability living with their family.
- The board is also aware of a separate consultation regarding charges for transport services, which will not be completed until after this consultation closes. The board felt strongly that the results of this consultation should not be included in this year's charging policy, but implemented in April 2016.
- The board also noted that Disability Related Expenses (DRE) are poorly understood for people with learning disabilities. Both by the Income Assessment Team and people with learning disabilities would benefit from an easy read guidance on DRE.

14.2 Carers Partnership Board (CPB)

The Board has held its first meeting using the new structure for 2015 with longer, quarterly meeting instead of 6 shorter meetings a year. The next meeting will take place on the 22nd April and will be the annual away day focusing on the Care Act, development of carers services and the review of the Carers Strategy which will be need renewing in 2016.

It has also been agreed to review the structure of the sub-groups that sit underneath the Carers Partnership Board for effectiveness. One priority for 2015 is to strength the voice of the Carers Hub – the forum for VCS organisations who work with carers.

14.3 Physical Disabilities Partnership Board (PDPB)

Update: 23rd March PD Board – following our successful 'new members' campaign at Christmas, the Board was well attended and included new members. We have a number of 'virtual' members, who are unable to attend quarterly, but wish to be kept informed and will attend when possible. This is a very positive step forward; our new members include carers and young people.

The meeting spent some time getting to know each other. The Board were informed of the Safeguarding Adults Strategy consultation which generated

helpful discussion and comments. We had a presentation from the Chair of the LD Partnership Board - as it is a successful Board and we are a relatively new cohort of members, it was helpful to understand their format and why it is successful.

Following this, the Board agreed the outline ToR and general work plan for the year. This will include themed Board meetings to be agreed at the next meeting.

14.4 Sexual Health Partnership Board (SHPB)

14.4.1 The inaugural meeting of the Enfield Sexual Health Partnership Board took place on 10 February 2015 with representation from CCG, Teenage Pregnancy Team, Public Health, Commissioning, Consultant and management from the current Reproductive and Sexual Health community services providers (BEH MHT)

14.4.2 The members reported on:

- the co-ordination of the teenage pregnancy strategy with a focus on prevention [Teenage Pregnancy team]
- the high number of unintended pregnancies in the borough with more than 90% of terminations are for pregnancies less than 10 weeks. Enfield has the high rates of termination of pregnancy and the 4th highest rate of repeat abortions terminations in London [CCG]
- the ongoing sexual health campaign to coincide with Valentine's Day [Public Health]
- all sexual health contracts:
 - o LARC contract with GPs
 - o HIV secondary prevention contract with Embrace to be extended to 30 September 2015 and then go out to tender to invite interest from the voluntary sector. LBE has to the responsibility for primary prevention, which means more testing
 - o Enfield is a member of the London Collaborative, which is reviewing sexual health services starting with GUM
 - o The procurement programme for RaSH community services

14.4.3 The Terms of Reference were agreed

14.5 Safeguarding Adults Board (SAB)

14.5.1 Please note separate submission, which outlines the Safeguarding Adults Board Strategy 2015-18 Consultation and the draft Strategy

14.5.2 The Safeguarding Adults Board met on 9th March 2015 and data was presented for Q3 2014-2015. Some key points of note include:

- There were 732 alerts raised from Q1-3 2014-2015, which is a 1% increase from the previous year. The Board noted that number of alerts appears to be plateauing as compared to much higher increases seen in previous years
- For the second quarter running Mental Health reported decrease in number of referrals reported for 18-64 year olds. This was noted as a 32% decrease.

Information reported to the SAB confirmed that this decrease was caused by late data returns from specific teams, which have now been addressed.

- Most alerts relate to Multiple Abuse (36%) and Neglect (28%). Neglect is higher when compared to 2013/14 which has seen a 23% increase (167 to 206).
- 42% referrals are in relation to alleged abuse in the Adult at Risk's own home and 29% are in a residential/nursing home. Referrals where the location of abuse is 'MH inpatient setting' is lower when compared to 2013/14, which has seen a reduction from 47 to 19 alerts. (47 to 19).
- There is an 11% increase in the number of adults at risk whom have a nominated advocate involved (344 to 382) since 2013/14. 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.
- 40% of closed cases were substantiated or partially substantiated (49% in Q3 2013/14). The outcome in 34% of referrals concludes 'The allegation has not been substantiated' this is an increase from 2013/14 with 22%.

In line with the Care Act and a focus on wellbeing, the Safeguarding Adults Board scope has widened. At the last meeting a presentation was facilitated by the Metropolitan Police on Human Trafficking and the Board is now considering actions it can take to identify potential victims. These are recognised as issues which cross over with safeguarding children and steps have been taken to complete more joined up working, such as the Strategic Safeguarding Adults Team to sit on the Task and Finish Group for Female Genital Mutilation.

The Board was kept updated on the development of the **Enfield Multi-Agency Safeguarding Hub**. The purpose of the Multi Agency Safeguarding Hub (MASH) is to provide a single gateway for safeguarding vulnerable adult's referrals for Enfield Council, which will share information, within agreed protocols, to protect and safeguard vulnerable adults who are, or could be, at risk of harm.

This will be achieved through enhanced communication in a multi-agency environment and the early identification of risk and harm to make timely, co-ordinated and proportionate interventions to keep vulnerable people safe. Central to this, are the needs and desired outcomes of the service user.

The MASH is a collaborative, partnership approach to safeguarding adults with the aim of gathering and analysing information to inform decision making, which includes the expressed outcomes of the service user. MASH will comprise of partners from a number of agencies, some are co-located and full time and others will attend on a part time or virtual basis. The 3 key agencies are Police, Health and Adult Social Care.

The MASH will be operational from 28th April 2015. Operating manual has been completed in draft form and is currently being taken to appropriate groups for agreement. Temporary accommodation has been secured to allow partners to be

co-located, with permanent location to be available once refurbishment in the Enfield Civic Centre has been completed.

The Single Point of Entry in Children's Services use a system called 'Maisy', which is currently being developed for use with adults. This will help to ensure that information from partners can be accessed which are then held centrally in the MASH, allowing only appropriate information (in line with information sharing guidance) to be shared.

The Care Act statutory guidance encourages partners to make a resource contribution to recognise the corporate partnership accountability and to ensure the SAB can carry out its functions. A paper was presented to the Safeguarding Adults Board which set out expected cost for 2015-2016 and request was made for partner contributions to this cost. To date, some partners have responded with financial contributions to the running of the Board.