

REPORT OF:

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Agenda – Part: 1

Item: 8b

Subject:

Joint Commissioning Board Report

Date: Tuesday 14th July 2015

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 status of the Care Act 2014 and preparations for the 2016 funding reforms [p.3]
- Partnership working between LB Enfield, NHS Enfield CCG and Enfield Community Services to form virtual Integrated Locality Teams supporting GPs for people with frailty [p.4]
- Update on the Sexual Health Community services procurement [p.5]
- The development of a draft action plan that has been uploaded on the Mental Health Crisis Care Concordat (March 2015). This is a shared Barnet and Haringey [p.7]
- Enfield on target to achieving the NHSE implementation date of September 2015 for phase two re moving all people with Learning Disabilities to community services [p.7]
- The Care Act gives a clear vision to proactively identify Carers, which has been logged as a priority area of work for 2015 [p.10]
- Carers Week (8th -14th June) activities [p.13]
- The Better Care Fund Executive has agreed to prioritise development of a business case for a Children's Services Enhanced Behaviour Support Service [p.13]

1. EXECUTIVE SUMMARY (CONTINUED)

- The introduction of the Government's report on children and adolescent mental health – Future in Mind, March 2015 [p.14]
- The number of DAAT successful treatment completions has started to increase [p.14]
- The authorisation for the signing of the Provision Project building contract has been agreed by Cabinet [p.16]
- A provider forum was held for funded organisations [p.17]
- The ratification of the Safeguarding Adults Strategy, 2015-18 [p.17]
- The definition of the Deprivation of Liberty Safeguards (DoLS), which is part of the Mental Capacity Act 2005 [p.19]
- The achievements of the Adult Multi-Agency Safeguarding Hub (MASH) went live on the 20th April 2015 [p.20]
- The updates on Specialist Accommodation [p.22]
- Board updates:
 - Learning Difficulties Partnership Board (LDPB)
 - Carers Partnership Board (CPB)
 - Physical Disabilities Partnership Board (PDPB)
 - Sexual Health Partnership Board (SHPB)
 - Safeguarding Adults Board (SAB)
 - Noting the reformation of the Joint Commissioning Board [p.27]

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

- 3.1 The first major reforms under the Care Act 2014 came into force on April 1st. The Council has successfully implemented the key requirements and as with all local authority areas are in the process of embedding the new duties.
- 3.2 We have processes and arrangements in place to respond to new duties for prevention and wellbeing which comprise a range of information and advice including universal services, signposting to financial advice and an on-line support tool AskSara. Planning and activities are also underway to ensure that council and partners are embedding the wellbeing principles. This includes through commissioning arrangements, our work with housing partners and other key partnerships. Additional capacity has been built into the Adult Social Care front line services to manage the new assessment requirements including new duties to assess and provide support to carers.
- 3.3 The new national eligibility criteria based on 'significant impact' on wellbeing and outcomes is being applied. Although it is early days, since 1st April the council has seen an increase in activity as a result of the new duties including assessments and support planning, provision of information and advice and support to carers. Access to advocates has also been improved to ensure that where required an individual is independently supported as set out in the Act. We have a new deferred payment arrangement in place, processes for undertaking serious case reviews have been reviewed and a number of reviews are taking place.
- 3.4 We continue to prepare for the 2016 funding reforms for which the final regulations and statutory guidance are due in October. This includes preparing for the reforms and early assessments and the financial modelling to understand the financial impact to the council.
- 3.5 As well as the financial considerations, it is essential that we understand the impact of the Care Act on the outcomes experienced by individuals. The Care Act Board is currently developing a performance and monitoring framework to enable the impact to be measured on a qualitative and quantitative basis.
- 3.6 The implementation of the Act is taking place at a time of considerable change for the council as we move forward with the Enfield 2017 transformation programme. Several aspects of the Act require changes in how we work which are consistent with the developments taking place across the council including the new Gateway Service, Assessment Hub and changes to our finance and IT systems. In view of this, the ongoing implementation will form part of the Enfield 2017 programme.

4. BETTER CARE FUND

Please note: There will be a separate BCF Report to H&WBB

5. ENFIELD INTEGRATED CARE FOR OLDER PEOPLE PROGRAMME

5.1 The integrated care network aims to establish an approach to delivering self-management, care and support of older people with frailty that is more patient-centred, multi-disciplinary and makes most effective use of existing and new resources to deliver care in the most appropriate clinical setting, a key element of which is in primary care, with the GP as Lead Accountable Professional. This will support patients, professionals and organisations to deliver patient-defined and clinical outcomes through a joined-up & holistic approach to meeting needs & preferences and coordinating assessment, care planning & delivery. Its Operating Model has a number of inter-related components discussed below.

5.2 Identification and Primary Care Management

Working in partnership between NHS Enfield CCG, London Borough of Enfield and Enfield Community Service, virtual Integrated Locality Teams formed composed of social workers, community matrons & therapists, to deliver a multi-disciplinary, approach to supporting GPs as Lead Accountable Professional in their practices. Future plans include working with the voluntary sector to develop pan-sector support for healthy ageing for older people with frailty. The Care Homes Assessment Team (CHAT) is a nurse-led team with geriatrician input to manage the individual cases of older people in care homes, help develop lasting nursing staff skills in these homes and engage with GPs of residents.

Update	Achievements	Next Steps
Initial GP Care Plans were developed for “top 2%” of cases	5,800+ plans developed between since Jul-14 (target was 4,500 for 2014/15)	NHS England Enhanced Service which supports this care planning extended to 2015/16
Integrated Locality Teams: Plan for Phase II development of Teams now agreed across ECS/LBE. Phase II configuration of ILT roll out for 2014/15 underway	850+ ILT case conferences developed compared (target of 750 for 2014/15) 69% of practices had reduction in emergency admissions of patients 65+ via CCG Locally Commissioned Service (8% fall overall) between Dec-Mar 13/14 & 14/15	Locality Teams: Development plans for co-located, co-managed teams agreed for implementation in 2015/16 Locally Commissioned Services: No funds as yet identified to continue scheme in 2015/16. Recommendation is that it continues
Falls Service currently supporting patients at falls risk, and facilitating professionals’ access to support	Falls Service resulted in net cost-benefit analysis; & significant reduction in re-fractures from pilot	Falls Service specification agreed clinically and voluntary sector falls prevention specification submitted to IC Working Group Jun-15
Tele-Health pilot involving 41 patients with COPD/CHF to help manage their condition	Positive feedback from patients & GPs. Evaluation shows >50% with reduced hospital visits (A&E, Outpatients etc.)	Tele-Health pilot expanded to 60 patients and one provider selected to continue with pilot; next review scheduled for late 2014
CHAT expanded to work in 31 care homes at same time as developed “stretch strategy” to reduce costs	8% reduction in emergency admissions between 2013/14 and 2014/15 from those homes in which CHAT worked	Funding outside BCF Plan identified to expand CHAT function to all 45 homes in second half of 2015/16 (subject to evaluation)

5.3 Diagnostics & Treatment

The *Older People's Assessment Units* (OPAU) 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. The Chase Farm OPAU will continue, but partners are working with NCUH to re-develop its ambulatory care "offer" for older people as an alternative mechanism to deliver the same clinical function as its current OPAU (together with other unscheduled care functions such as admission avoidance in A&E) in a more effective and efficient way for patients.



1,900 people used OPAU last year, with 60% seen by therapists & 15% by social workers



Over 50% of patients visited because of falls, breathing problems or deteriorating conditions



All patients told us they were happy with outcome of their visit



Estimated 70% of patients likely to otherwise go to A&E in next few days, and 25% admitted to hospital



CF OPAU saves £1.16 in preventing people attending hospital as an emergency for every £1 spent

5.4 Rapid Response

This function includes a range of services with a focus either on time-limited help for people to return home safely after hospital or providing a crisis management response in the community to help people avoid hospitalisation 7 days a week. This help might include time-limited community rehabilitation, and a draft Service Specification incorporating hospital & community bed-based and home-based rehabilitation is being finalised, including an analysis of the likely need for fast- and slow-stream rehabilitation beds. Plans are also well-advanced in developing a community crisis/urgent response functions and options will be discussed at the Jun-15 Integrated Care Working Group.

6. PUBLIC HEALTH GRANT

6.1 Sexual Health Community Services Procurement

6.1.1 The OJEU was published 29th May and the ITT closing date is 25th June 2015.

6.1.2 24 Organisations registered interest of which:

- Private Organisations	3
- Charity Organisations	3
- IT/Test Kit Solutions companies	3
- CIC	3
- NHS Trusts / Acute	12

6.1.3 Over 100 questions have been submitted by the registered interested parties and answered

6.1.4 The envisaged timetable for the selection of the successful Provider to enter into the Contract is as follows:

Activity	Date / Time
Issue ITT	29 May 2015
Deadline for receipt of Providers questions	12 June 2015
Deadline for responses to Providers questions	16 June 2015
Deadline for receipt of Tenders	4pm, 25 June 2015
Evaluation of written submissions	1 July 2015
Clarification Meetings (if required)	2 July 2015
Presentation to CMB	7 July 2015
Approval of decision to award by Cabinet	22 July 2015
Notification of outcome to Providers	3 August 2015
10 day standstill period	4 – 13 August 2015
Final contract award	14 August 2015
Contract start	1 November 2015

6.1.5 The service will be delivered from three/four locations across the borough:

- Enfield Town
- Enfield Highway
- Bowes/Palmers Green
- Edmonton Green

6.1.6 The redesigned Sexual Health Community service will offer increased access via locations and hours (seven days opening).

6.2 **Health Visiting and Family Nurse Partnership Services** will be transferred to local authorities from NHS England on the 1st October 2015. The funding will be added to the Public Health grant and ring-fenced for 18 months (to 31 March 2017).

These services will be part of the Community Services block contract with the Council's School Nursing services and Children's' Therapies services. The lead on the block contract is the CCG with Enfield Council as an Associate. These services have been kept within the block contract arrangement to ensure joint working with the CCG on all children's services. The Council is will co-manage and monitor the HV and FNP services with NHSE until 30th September and will continue to manage and monitor the services thereafter.

7. SERVICE AREA COMMISSIONING ACTIVITY

7.1 Older People – Dementia

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 GPs Dementia Registers, as well as those individuals who may need to be assessed for a formal diagnosis from the Memory Service. The Review indicated a key improvement area was post-diagnostic support for people with dementia, and a Service Specification has been drafted for this voluntary sector service linked to the Memory Service, with funding via the BCF Plan.

As a result of the End-to-End review of the Dementia Pathway and the Memory Service (from referral to assessment, assessment to diagnosis) 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 59% between the end of Mar-2014 & Mar-2015, and Enfield achieved its agreed target. The target for end Mar-2016 is 66%.

7.2 Mental Health

7.2.1 The Enfield Joint Adult Mental health Strategy (2014-2019) will be further informed by the Public Health Needs Assessment for adult mental health which will be completed during the summer 2015. The needs assessment will be led by Enfield Public Health in partnership with statutory and other stakeholders. The assessment report will afford a refreshed understanding of mental health needs and opportunities to further develop co-produced services and interventions to meet the needs of persons who access mental health services and their carers.

7.2.2 The Mental Health Crisis Care Concordat - Published by the Government in 2014. It is a commitment by 22 national bodies to work together to improve the system of care and support for persons at the point of crisis.

A draft Enfield action plan has been developed and was uploaded on to the Crisis Care Concordat website in March 2015. This is a shared overarching document for Barnet Enfield and Haringey as all three boroughs have the same main NHS provider of secondary care mental health services and is work in progress. Following agreement on updating the present plan at a workshop held on 21/05/15 the revised content of this plan will be uploaded and each borough will progress a local borough action plan working together locally to put in place the principles of the concordat to improve the system of care and support so that people in crisis because of a mental health condition are kept safe with appropriate support to find the help they need from whichever of our services they turn to first.

7.2.3 2015-16 National RTT NHS Waiting time targets for IAPT (Individual Access to Psychological Therapy) and EIP (Early Intervention Psychosis).

Both national targets will be reported on for the September Board following the Q1 submission to NHS England in July 2015. Activity monitoring to date indicates that Enfield is on target.

7.3 Learning Disabilities

7.3.1 Work continues on implementing the Transforming Care Programme locally. We are well on target to achieving the NHSE September 2015 target for moving all people identified in the second phase target to community services and to date we have delivered the following:-

- Moved people with learning disabilities from a hospital environment into the community in a planned, measured and clinically robust and appropriately

way with a view to the long term sustainability of each and every placement made.

- Invested in a local integrated community intervention service that offers holistic therapies and support which has actively contributed to significantly reducing admissions to our in borough assessment and treatment service for people with learning disabilities. This reduction in admissions has been significant; causing our service provider to notify us of their intention to complete a review of the long term viability of the service.
- Invested in Positive Behaviour Specialists that are working with our learning disabilities integrated multi-disciplinary community service to provide training and support to our complex needs services with a view to a) upskilling them in PBS techniques and b) developing resilience strategies with a view to minimising crisis episodes
- Enabled our clinical leads (psychiatry) to work in partnership with the community intervention service to develop holistic approaches to minimising use of medication to manage episodes of challenging behaviour – our clinicians were invited to present our approach at the Royal College of Psychiatry London Leadership Network on the 12th November 2014.
- Provided awareness training to London Learning Disabilities Leadership Network with a view to presenting our model and approach to minimising admissions on 24th of April 2015.
- Provided mental health support and minimising challenging behaviour training to service providers of people with complex needs and behaviour that can prove challenging. The most recent event took place on the 4th of June 2015 with another planned for September 2015.
- Working in partnership with children's services to develop a multi-disciplinary intervention service that supports young people in transition with learning disabilities with emotional issues and behaviour that challenges at times and seeks to reduce out of area educational residential placements.

7.3.2 Commissioning are working in partnership with the Council's property services, housing enabling and the Integrated Learning Disabilities services to commission a wide range of supported accommodation over the next 12-18 months. These services are:

- A small supported accommodation service for people with severe autism who may also have complex needs and behaviour that proves challenging at times

- A 24-hour health and care supported living service for 5 people with profound and multiple learning disabilities and physical health care needs on Baker Street
- Reprovision of 2x residential care home services with a view to replacing this provision with supported accommodation services for people with complex needs. This is in line with the Personalisation agenda and the Transforming Care for people with learning disabilities programme

7.3.3 Autism (under the mental health section):

- Our Autism Strategy implementation and co-ordination service has re-established the Autism Steering Group. The first meeting of the Steering Group will take place on 16th of June 2016 and includes representation from relevant stakeholders. This Steering Group will be responsible for overseeing the delivery of Enfield's Joint Adults with Autism Strategy and the key objectives within.

7.4 Carers

7.4.1 The Care Act and Children and Families Act

Work is being undertaken to look at new Carer Pathways in both Adult and Children's Services in line with the new requirements in both acts.

HHASC are in the process of delegating authority for Carers Assessments to Enfield Carers Centre, who are best placed to reach hidden carers with the expertise and quality needed. This will also introduce a formal support plan and a Resource Allocation System (RAS) for carers direct payments. It is hoped this will lead to earlier support to carers and provide better quality outcomes.

Adult Social Care assessments forms have been updated in line with the Acts.

Children's Services are currently designing a new pathway for young carers, including increased awareness raising for schools and will be undertaking a consultation, led by the Carers Trust, to review support for young carers.

7.4.2 The Employee Carers' Support Scheme

Meetings have recently been held between the Chairs of all the Equality groups to look at their impact and influence. There has been disappointment that the Carers Action Group has not been able to make changes or influence as desired.

A business case for the continuation and support of the groups is being prepared for the Corporate Equalities Group.

7.4.3 Enfield Carers Centre

The Centre now has 3808 carers on the Carers Register. In addition, 860 carers hold a Carers Emergency Card. In the October-December 2014 quarter the Centre registered 289 new carers.

The Carers Centre respite programme has allowed 223 carers to receive a respite break or activity between January and March.

Enfield Carers Centre has now recruited a full time Benefits Advisor who took up their post in April 2014. In the Jan-March quarter, 86 carers received benefits advice. This has highlighted the real need for benefit advice specifically for carers and is an excellent addition to the range of support the Centre provides.

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 Jan-March the Hospital Worker identified 57 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 Jan-March quarter they provided support to 84 carers.

The newly established Young Adult Carers project for young carers and young adult carers is running well, although funding is currently being sought to continue this work. In the second quarter of operation the Young Adult Carer Project has identified an additional 16 young adult carers.

The Centre's training programme has seen 151 carers attend a training sessions over this quarter. A further 18 carers have received one to one counselling during this period.

7.4.4 Identification of Carers

In the Care Act 2014 there is a clear vision to proactively identify carers. This will be a priority area of work for 2015 – in February pharmacies in Enfield received 1000 prescription bags, branded with the 'I am a Carer' design with contact details for the Council and the Carers Centre. We hope to reach carers that otherwise do not access services.

Prior to Carers Week in June, there will be a two week billboard campaign, again using the 'I am a Carer' brand, to advertise Carers Week and to, again, try and reach those hidden carers.

7.4.5 Primary Care*

7.4.5.1 Referrals and Practice Engagement

The GP project has now seen 320 new carers registered through either the GP or the self-referral method from the surgery information. 14 surgeries have a permanent carers noticeboard. 15 surgeries are now hosting regular carers information stands and 26 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. 47 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 bimonthly

E- bulletin is sent to all the practices that have been visited with a project update and a request for further engagement.

7.4.5.2 Marketing Promotion and Project Activity

Following the meeting last quarter with a business analyst from NEL Commissioning a questionnaire was sent out to all GP practices in the borough asking how and if they read code carers on Emis and Vision and if they would be willing to work with ECC to improve their carers registers and have a focused drive on identifying more carers in their practice. The aim of this is to increase the number of carers on practice registers. Seven practices have responded saying they would be willing to do this and the GPLM is now contacting them to make appointments to discuss how to move forward with each practice.

One practice (Green Lanes) has confirmed that they are willing to hold Carers Health Check clinics and this is being set up by the GPLM currently. Three other practices have indicated that they would be willing to hold the clinics and the GPLM hopes to have more in place by the end of the next quarter.

Three new practice Carers Champions were trained and began the role in the reporting period.

7.4.5.3 Enfield Carers Centre GP Health Forum

Fifteen Carers attended the Carers GP and Health Forum in March. The first half of the session was an information session presented by the GPLM about general healthcare services in the borough. Topics covered and issues raised included on line appointment booking, health checks for over 40's and the confusion many people feel about whether to use Urgent Care Centres (UCC), A&E, or their GP. The Primary Care Liaison Officer from UCC at Chase Farm was present and discussed with the group the high number of patients that they see who are not suitable for treatment there. She has agreed to come along to the next forum with the UCC Service Manager to talk to Carers about UCC and when it is appropriate to use it and when to go to A&E

The second half of the session was a presentation by a GP Dr Ujjal Sarkar from Lincoln Road Practice. Dr Sarkar talked about GP services in Enfield and the role of the CCG as he is a governing body member. He detailed the CCG's vision and goals and discussed the challenges of delivering primary healthcare services in Enfield. Carers found the section on GP services interesting as Dr Sarkar explained which services GPs must provide and which are discretionary.

Feedback from carers included:

- 100% said they found the meeting to be very worthwhile
- 80% said they had found it useful to their caring role
- 28% said they had never discussed their caring role with their GP and 60% said they had. 12% had discussed it a little but not often.

Comments included:

'Very informative and better understanding of GP's responsibilities'

'Some of the information given I was not aware of'

In response to the question:

'What services could your GP provide that would help you and the person that you care for?' Responses include:

'Provide more appointments for carers'

'Provide information quicker I had to wait two months for feedback on test results, this is a long time if you are unwell'

'Support emotional and physical'

7.4.5.4 Awareness Raising

Surgery visits continue to be undertaken to keep practice literature up to date and to ensure that posters leaflets and flyers are available for carers.

Two volunteers work with the GPLM to help with this role.

In conjunction with London Borough of Enfield, all the pharmacies in Enfield were sent 1000 printed prescription bags with ECC details printed on them and sent a letter from ECC containing referral cards.

7.4.5.5 Individual Support

Eight individual Carers were supported with primary care related problems through the project in this quarter. These included: helping them to sort out problems with hospital transport transfers; supporting a carer to write to her GP about her parent being removed

7.4.5.6 Project Challenges and Shortfalls

Communication with some of the practices is still a big challenge. Many of them have to be chased many times before a reply is given and many of the practice managers are rarely available by telephone. This is mainly due to work load and the time constraints they face but it can be very frustrating and time consuming for the GPLM. Some of the smaller practices do not really engage with the project, other than displaying posters and leaflets, despite this, we are seeing a gradual increase in referrals coming directly from the GP's themselves which is encouraging.

Project plans for the next quarter include:

- Increasing the number of surgeries hosting volunteer- run information stands on a regular basis
- Continuing to raise the number of Carers identified through the project
- Placing articles and external links on as many surgery websites as possible
- Undertaking an increased number of staff training sessions in practices
- Hosting another Carers GP Forum at ECC
- Increasing the number of Carers Champions in Enfield
- Working to embed some sustainable policies in GP Practices in Enfield.

- Continuing to work towards permanent Carer prompts on GP computer system

(*All statistics are to the end of March 2015)

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

- Tuesday 9th June is Information Day at the Dugdale Centre. The day will be made up of presentations, information stalls, lunch and a Question and Answer session with a HHASC Assistant Director.
- Friday 12th June is National Young Carers Day Enfield Carers Centre are planning a day trip for adult carers and activities for young and young adult carers.
- Saturday 13th June - Enfield Carers Centre will be hosting a Family Fun Day outside Enfield Town Library. 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.

7.5 Children's Services

7.5.1 Child Health and Wellbeing Networks

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.

7.5.2 Joint Enfield Council and CCG Children and Adolescent Mental Health Service (CAMHS) Strategy

The Strategy is being finalised to incorporate the *Future in Mind* Report. The Strategy will be going out for consultation shortly.

7.5.3 Enhanced Behaviour Support Service

The Better Care Fund Executive has agreed to prioritise development of a business case for an Enhanced Behaviour Support Service. The aim of the service is to prevent, where possible, long-term residential care for children and young people with learning disabilities and challenging behaviour, enabling them to remain within their family/community. It is proposed to model the Team on the Ealing Intensive Therapeutic and Short Breaks Service (ITSBS), which has been cited by the Department of Health as an example of Good Practice. The Ealing model consisted of a Clinical Psychologist, Therapeutic Nurse, who provide positive behavioural support and therapeutic interventions, access to regular planned short breaks, and an administrator. The team worked with 21 young people between October 2008 and April 2014 all of whom were referred due to high levels of challenging behaviour and because families/other professional were concerned about home breakdown. 20/21 of the cases seen by the service

have continued living at home and there have been significant improvements in challenging behaviour.

7.5.4 Future in Mind Report

The Government's wide-ranging report on children and adolescent mental health, *Future in Mind*, March 2015, stipulates that each CCG area is required to produce a Transformation Plan. These Plans should cover the whole spectrum of services for children and young people's mental health and wellbeing from health promotion and prevention work, to support interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services. Plans are expected to clearly articulate the local offer of mental health services. Once the Government guidance is issued on the Transformation Plans, partners will be consulted before submission. It is expected that the Health and Well-Being Board will provide strategic leadership and approve these plans.

The 'Future in Mind' report addressed five key themes (see attached briefing note):

- Promoting resilience, prevention and early intervention
- Improving access to effective support - a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

7.6 Drug and Alcohol Action Team (DAAT)

7.6.1 Successful Completions (Drugs)

The DAAT has now set the targets for 2015/16 for the *Number of Successful Treatment Completions* and *Numbers in Treatment* which are included in the Table below. In setting the targets the DAAT has aimed to be within the top 50% of best performing DAAT's in London which is considered stretching.

The local forecast for the 12 month rolling period March 2014 to February 2015 is indicating that 995 drug users have been in treatment during the year. The direction of travel for the Numbers in Treatment remains positive and needs to be sustained to reach the end of year target. The Number of Successful Treatment Completions has also started to increase upwards and remains acceptable given the rise in the Numbers in Treatment. The DAAT is currently ranking 0.5% above the London Average for Successful Treatment Completions and 4.1% above the National Average.

Enfield Providers - Successful Completions (Drugs)

Fig. 1: Successful Completions All Drug Users (Partnership)

Partnership	Jan 2014 to Dec 2014	Feb 2014 to Jan 2015	Mar 2014 to Feb 2015	Apr 2015 to Mar 2016
Number of Successful Completions	227	220	199	217
Numbers in Treatment	963	969	995	1014
% Successful Completions	23.6%	22.7%	20%	21.4%
% London Average	19.9%	19.7%	19.5%	
% National Average	16.4%	16.1%	15.9%	

7.6.2 Drug Intervention programme Performance

The end of 2014/15 year MOPAC Performance for the adult drug offender element of the Grant is outlined below. The total number of convictions at year end was below the Baseline by 6 convictions. The Number of Offenders in the Cohort who Achieved Reduced Offending was very positive at 26.2%. The Successful Treatment Completion rate for the Cohort was 6.7% above the London Average and the growth in Numbers In Treatment was 71.2%.

The DAAT has proposed setting a target of 20% to MOPAC for the Numbers Achieving Reduced Offending and that the rates for Successful Treatment Completions should be 21.4% and Numbers in Treatment should increase by 40% over the Baseline. The DAAT will continue to report on the Number of Convictions as well as part of the Quarterly monitoring process but this measure will not be used under the PbR element of the Grant allocation. The proposed amended Grant Agreement has been sent to MOPAC to confirm the 2015/16 targets going forward.

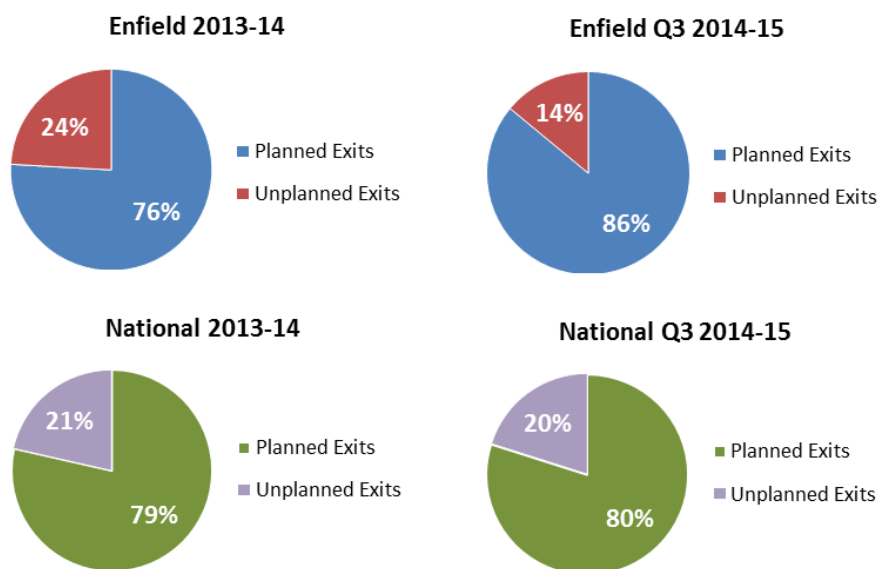
MOPAC Re-offending Cohort: 42	2013-14					2014-15				
Category	Q1	Q2	Q3	Q4	Total Y/E	Q1	Q2	Q3	Q4	YtD
Total Number of Convictions	62	33	75	51	221	64	46	58	47	215
Cumulative Number of Convictions	62	95	170	221	221	64	110	168	215	215
Clients with Increased Conviction Rate YTD	N/A	N/A	N/A	N/A	N/A	16	13	14	8	8
Clients with Static Conviction Rate YTD	N/A	N/A	N/A	N/A	N/A	16	15	7	23	23
Clients with Decreased Conviction Rate YTD	N/A	N/A	N/A	N/A	N/A	10	11	21	11	11
IMPROVED MOPAC TARGET % of Cohort Achieving Reduced Offending Behaviour	N/A	N/A	N/A	N/A	N/A	23.8%	26.2%	50.0%	26.2%	26.2%
NDTMS Successful Completions DIP 12 Month Rolling					N/A	34.3%	35.0%	24%	25.4%	25.4%
NDTMS In Treatment DIP 12 Month Rolling					N/A	193	210	255	271	271

7.6.3 Numbers in Treatment and Successful Completions (Alcohol)

The Number of Alcohol Users in Treatment has remained consistent with the previous 12 month rolling period at 324. The Numbers Successfully Completing Treatment has reduced though and the DAAT has commenced work with the two main providers to introduce a positive re-engagement service to improve this performance in the direction of travel required.

7.6.4 Young People's Substance Misuse Performance

The most recent PHE ratified performance for young people has confirmed that 181 young people received substance misuse treatment for the 12 month period up to December 2014. This performance is relatively consistent with the previous year's data and remains good compared to the level of investment afforded to the young people's substance misuse provision. The Planned Exit rate is very good as the following Pie Charts demonstrate.



8. Reprovision Project

The Reprovision Project continues to progress generally positively. A challenge has been obtaining a firm cost for construction, which has taken longer than expected due to a number of reasons including changes made to the design, difficulty in obtaining acceptable quotes in terms of sub-contractor packages – this process is now complete.

As expected building costs have been subject to increase due to the construction industry experiencing major inflation due to scarcity of labour, materials and equipment, the Council is facing a similar situation with other construction projects e.g. schools building programmes.

A report to seek authorisation for the signing of the building contract with the contractor was agreed by Cabinet on the 17th June and will now go to full Council. Subject to that being agreed the schedule is envisaged as:

Work Begins on Site	July 2015
Building Completed	September 2016
Building occupied and operational	September 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.

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

A provider forum with funded organisations was held on 18th May 2015 to update the sector on a number of key areas. The broad context was set out: reaffirming the Council's commitment to working with the VCS: the challenging financial context and scale of required efficiencies required as a whole by the Council and department set out. Those present acknowledged the need to for current arrangements to be refreshed and modernised particularly around commissioning, procurement and monitoring practice. The shared principles to future commissioning set out in the original framework document were confirmed, underpinned by the need to ensure consistency with Council strategy and duties, working to Enfield 2017 principles.

Commissioning priorities and an indicative timeline were set out as follows:

- Evidenced based prevention / universal offer / risk based targeted interventions (e.g. falls prevention)
- Support for carers
- Increasingly integrated statutory services
- Advocacy services (particularly safeguarding)
- Information & advice across health & social care
- Prevent admission and support safe & timely discharge (residential / hospital)
- Providing employment / work experience/ volunteering and opportunities for care leavers and people eligible for adult social care

New opportunities for local VCs organisations were shared including the Home Based Support Service strategy and signalling the forthcoming consultation of the Council's new approach to Transport provision. An ongoing commitment was given to continue supporting the VCS with advice and guidance and capacity building.

10. **SAFEGUARDING**

- 10.1 The **Safeguarding Adults Board Safeguarding Adults Strategy 2015-2018** has been ratified by the Board and action plan is now being implemented by the partnership. A consultation held from February to April 2015 had 113 individual responses to a questionnaire, 8 responses on the whole strategy document, and 16 individuals responded through group presentations and discussions. We also took the consultation to the Health and Wellbeing Board.

Out of the 113 who responded to the questionnaire 50% identified themselves as a carer, 15% considered themselves to be carers and service users, and 8% considered themselves to be service users. The remaining respondents were local residents, carers who were also employed and individuals employed in health and adult social care or other occupations. Of those who chose to respond as to their gender, 41 of the respondents were male, 63 were female and 2 were transgendered. Additionally, 58% felt their day to day activities were limited a lot or a little because of a health problem or disability. Usefully 58% were able to suggest actions which could be taken to meet the Safeguarding Adults Board's aims.

The two areas that people felt fit most in safeguarding adults were **financial abuse** and **abuse in care settings**. When we asked people about the aims of the Board that was most important to them the answer was **preventing abuse** followed by **keeping people safe in a way that improves health and wellbeing**.

Some of the points raised by respondents were:

- Quite a few respondents wanted more publicity and suggested a single point to report abuse.

“everyone needs to be made aware of what abuse is and where the boundaries of acceptable behaviour lies. Many who have lived in abusive environments don't really realise what abuse is and will deny that it's happening...”

- Use of technology to help detect abuse and keep a person safe if harm is occurring
- Keep contact with people at risk and not just during times of difficulty
- Ensure Dignity in Care and that we work to prevent issues such as dehydration

“no patient on any hospital ward should ever die, or even suffer, from dehydration or malnutrition...the common factor in all these scenarios is that they involve basic care and not high-tech medical nursing.”

- All departments should cooperate and share information with each other
- More prevention – to listen to what people want

The Safeguarding Adults Board will now publish the Safeguarding Adults Strategy and the action plan for the coming three years 2015-2018. We have reviewed all of the responses from the consultation and identified key actions we will take, including a very clear emphasis on prevention, both in our strategy document and our action plan and to set ourselves actions to facilitate interventions which prevent dehydration, particularly for those receiving care in the community and care homes. A number of people wanted a single number to report abuse and as the Enfield Adult Abuse Line (tel: 020 8379 5212) already exists we clearly we need to do more to publicise this contact point. Further, we want to share information to support an adult at risk to receive a quick response and work with them in partnership. We have set up a Multi-Agency Safeguarding

Hub to help with the sharing of information and will work to support this develop over the coming year.

- 10.2 **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. Enfield is operating at the Gold Standard level for Making Safeguarding Personal in March 2015.

All partners on the Board are expected for the coming year to have an action plan around how Making Safeguarding Personal will be implemented and this is being assured through the 'Care Act Implementation for Safeguarding Adults' sub-group of the Board. Enfield Council is supporting partners with implementation through commissioning bespoke training from Bournemouth University, College of Social Work, to support the development and implementation of Making Safeguarding Personal (MSP) agenda.

The Course is titled 'Senior Management Programme The College of Social Work - Improving Personal and Organisational Performance (IPOP)'. The aim of this training is to support and build on the work already undertaken in achieving the gold standard in MSP. MSP is a major feature in the Adult Safeguarding Boards three year safeguarding strategy and included in the Care Act.

- 10.3 The **Deprivation of Liberty Safeguards (DoLS)** are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. Where someone needs to be detained in a care home or hospital to keep them safe, a DoLS can be authorised which outlines the safeguards for that particular individual.

There are six assessments which have to take place before a standard authorisation can be given. The Association of Directors of Adult Services (ADASS) and the Department of Health have now created new application forms to simplify the application process to Local Authorities.

If a standard authorisation is granted, one of the most important safeguards is that the person has someone appointed with legal powers to represent them, to ensure that their placement or treatment stay remains in their best interests. This is called the relevant person's representative and will usually be a family member or friend. If a person is un-befriended or has no family, they will have a paid representative appointed for them and they can access the services of an Independent Mental Capacity Advocate (IMCA) if they need this level of representation.

Other safeguards include rights to challenge DoLS Authorisations in the Court of Protection. There is also a streamlined process for having such safeguards put in place for people in Supported Accommodation or other settings than a care

home or hospital. These judicial DoL Safeguards have to be authorised by the Court of Protection who have now streamlined the application process for these cases.

In the last year there have been 585 requests for a Deprivation of Liberty Safeguard and 66 the year prior, which is a 786% increase.

These DoLS requests can be broken down further:

- 439 were authorised
- 88 were not authorised (declined)
- 10 were found to not be appropriate to be referred for a DoLS
- 48 of the cases are still in progress

10.4 The **Dignity in Care Panel** has successfully recruited additional volunteers to contribute to the work of the project. With the continued support of Marian Harrington, the independent chair, the panel has developed a detailed work plan. The panel will review the work of the Complaints and Brokerage teams to gather customer feedback to influence service development and improvement and identify and share good practice.

10.5 **Quality Checker Project** - The Volunteer Co-ordinator has planned a recruitment drive to increase the number of volunteers and to ensure the volunteer team are representative of the community that they serve.

The project works closely with the Safeguarding Adults Team and takes actions from the Safeguarding Information Panel and other strategic working groups to carry out targeted visits to collect customer feedback. In addition the project is working with Bournemouth University and The Three Sided Cube company to develop a dignity focused social care APP; this is to be used by officers and volunteers visiting care homes and care providers delivering social care support.

The purpose of the APP is to support the gathering of feedback and soft intelligence consistently so that the performance of social care providers can be compared and monitored. A prototype of the APP is currently being developed which will be trialled and evaluated by a group of Quality Checker volunteers. Once completed the APP will be available to be downloaded on both android and Apple hand held devices.

10.6 **Safeguarding Information Panel (SIP)** - Further developments have been made to enhance the data collection to demonstrate trends of abuse and failing providers. This includes centralising multi agency key information and soft intelligence that is gathered on a regular basis. The Safeguarding Information Panel continues to be an integral part of the strategic safeguarding function.

10.7 The Adult **Multi-Agency Safeguarding Hub (MASH)** went live on the 20th of April. The interim location for the MASH is Committee room 2.

Staff within the Adult MASH have settled in quickly and members of the team are working together well and creating strong links with the SPOE which includes the MASH run by children's services. All posts out for recruitment have been filled with the final social work post due to be filled on 22nd June 2015.

10.7.1 Activity

Between 20th April 15 and 4th June 15 – 449 safeguarding concerns including 180 police risk assessments have come through the Adult MASH. As a result, caseloads are currently high – on average (12), which is to be expected. This is presenting some issues but with a full complement of staff in place, will be manageable and the transfer and closure process is constantly under review.

This compares to 260 referrals between 1st April 2014 and 30th June 2014 (quarter 1) so there has been a significant increase in the volume of activity coming through the Adult MASH.

10.7.2 Wellbeing and Prevention

In addition to dealing with the safeguarding issues, cases are also passed to relevant teams for care management with requests to undertake reviews and assessments. There has been a marked increase in Police Risk Assessments (PRAs) received into the MASH during w/c 1st June 2015. This may result in relevant teams such as Care Management, Enablement, Mental Health, Learning Disabilities and Access receiving increased requests for assessments/re-assessments/reviews. Senior managers in Health and Mental Health Services have been fully briefed and are aware of this.

10.7.3 Mental Health

People that are known to mental health services or have complex mental health needs are being transferred and accepted by this team. So far, information provision and advice from Mental Health Triage and the relevant complex teams has been timely and relevant. As a result, not having a mental health professional in the MASH has not had an adverse impact on day to day work in terms of decision making, but has still generated a lot of work for our staff.

Approx. 60% of the police risk assessments and 50% of our safeguarding concerns, are mental health related, it has been time consuming (for our admin staff) to forward the information to either Mental Health Triage or the relevant Complex Mental Health team.

10.7.4 Sharing of Information

Obtaining information from some partner agencies (police and community nursing in particular) in a timely manner is still presenting some challenges and the need to chase information does require significant time and resource within the MASH. Although, in preparation for the MASH, information/advice/training sessions with care teams, partner agencies have been provided to raise the profile of MASH and to clarify responsibilities under the Care Act, there is clearly a need for this to continue. Information sharing will improve with the introduction of an Information Sharing Form which commenced on 25th May 2015.

10.7.5 Virtual Partners

Good working relationships have been developed with our virtual partners (not physically located within the MASH itself) – hospital and Learning Disability

services are having ongoing discussions about how to improve our communication strategy in relation to RAG rating and team responsibility for gathering information. The Care Assess form (IT system for information collection) has been revised to reflect the team responsible for completing the work.

10.7.6 Mash Profile and Branding

We are also working well with the Care Act, Web team to raise the profile of MASH and will be undertaking further work for MASH to be publicised on Enfield Eye, road shows and other events in the near future. Text for a leaflet and booklet has been created (aimed at both the public and professionals) and hopefully, should be in production and available shortly.

11 SPECIALIST ACCOMMODATION

- 11.1 Work continues on the redevelopment of outdated specialist accommodation located off Carterhatch Lane, to provide 14 accessible homes for older people with learning disabilities and dementia, in the form of an Extra Care service. The build is progressing well, and suitable tenants are now being identified. A flexible support and care model is now being developed, which will maximise service-user choice and control over services received. With 24-hour staff cover, the scheme will also act as a 'hub' service, offering out-of-hours and on-call support to people with low level support needs living in surrounding services. The service is expected to open this autumn.
- 11.2 As part of the Council's ongoing commitment to improve accommodation services for adults with disabilities, planning permission has now been submitted for the redevelopment of a further outdated building within the Carterhatch scheme, to modernise accommodation and increase capacity. The new service will provide quality move-on accommodation for adults with learning disabilities and will link into the new 'hub' service via assistive technology.
- 11.3 The development of wheelchair accessible homes for people with disabilities on Jasper Close (for social rent) and Parsonage Lane (for home ownership) is well under way. Off-site pod construction methods have been employed by the developer. The pre-constructed pods are now being fitted on site. Expressions of interest from people in receipt of support and care services who are interested in home ownership are now being sought. The schemes are expected to complete in autumn this year.
- 11.4 Joint work between Commissioners, Housing and the Integrated Learning Disabilities Service has led to the successful relocation of 18 tenants from Old Church Court. Many service users have now moved on to live independently within the community with floating support services tailored to their needs

12. PRIMARY CARE PREMISES STRATEGY GROUP

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 stakeholders (NHS England, NHS Enfield Clinical Commissioning Group, NHS Property and Enfield Council) continue to share intelligence and discuss primary care premises development opportunities across the borough. The next meeting is 5th August 2015.

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 current agreement has continued to work well during 2014-15 and both parties have confirmed the intention to continue the agreement for 2015-16, with some amendments in order to facilitate the inclusion of the Better Care Fund pooled budget and support further effective collaborative working across health and social care.

The end of year review for 2014-15 is currently underway and the report will be shared with both parties once complete.

14. PARTNERSHIP BOARD UPDATES (COMMISSIONING ACTIVITY)

14.1 Learning Difficulties Partnership Board (LDPB)

14.1.1 The Learning Disabilities Partnership Board met on the 18th May. The big issue for this meeting was Workforce Development, focusing on the Care Certificate.

14.1.2 Helen Ugwu (Learning and Development Consultant, LBE) and Voyta Camek (Skills for Care) gave presentations on the Care Certificate, and how it is being implemented locally. Implementation of the Care Certificate will be monitored by the Care Quality Commission (CQC). The Board felt it is important that the standards are also rolled out across non-regulated services. The Board was especially concerned that Personal Assistants should be able to achieve their Care Certificate. The Board also thought that on-going learning and continued professional development should be coordinated.

14.1.3 The Board agreed to set up a Workforce Development Sub Group. Niel Niehorster (Chair) and Sheila Barry (Co-Chair) will write to people who may be interested in joining, and invite them to a first meeting before the next Partnership Board. This will be for representatives of any organisation that works with people with learning disabilities.

14.1.4 The Board had received the final Care Charging Policy for this year. The Board were pleased that the fixed fee for transport was not included. The Board did note that other elements of their feedback were not included, and detailed reasons were not given.

14.1.5 Chris O'Donnell (PCP coordinator) is now looking after the Learning Disability Website. He is working with team leads to update the page contents.

He will also circulate a consultation document to the board, asking for views on what content people would like to see, and any other ways they would like to access this information, for example, via a Facebook page.

14.1.6 The Autism steering group reported they will be having their first meeting on the 16th July.

14.1.7 The Employment sub group report that as of the end of March there were 153 people in employment.

They are also beginning work with the New Opportunity Centre and Transport for London to develop a 'Travel Buddy' scheme.

The Park Avenue Café has been redesigned and is available as an employment opportunity for people with increased support needs.

Shirley-Anne Wheeler (Equals Employment) has presented to the Council Employment Group, and one job in the Finance Department has been offered to a person with a Learning Disability.

14.1.8 The Equalities and Inclusion sub group have applied for lottery funding to forward the 'Learning Disability Parliament' proposal.

14.1.9 The Hate Crime sub group reported that there was a very successful Hate Crime conference in May. A new video resource has been produced which will be hosted on the One-to-One website.

14.1.10 The Health Sub Group reported the Dr Sarkar has now stepped down as Learning Disability lead for the Clinical Commissioning Group.

The Health Sub Group also reported that they have started a Diabetes group, in partnership with One-to-One, which has been well attended.

The Sub Group also report excellent progress with the Winterbourne Concordat Actions. Only four people are waiting to move, and all have said they would like to remain near the areas where they now live.

A new Acute Liaison Nurse (Tamara McNamara) has been appointed to Barnet and Chase Farm hospitals. Jon is still negotiating with the North Middlesex hospital about their post.

14.1.11 The Housing sub group report there are now 2 shared ownership properties available at Parsonage Lane for people with learning Disabilities.

Work is on-going remodelling the Carterhatch Service to improve accommodation, including the development of purpose built extra care accommodation for older people with learning disabilities who may also have dementia.

There is also work at Linwood Crescent to improve quality of accommodation, providing self-contained homes with communal lounge/kitchenette facilities.

The sub group has also set up an Accommodation Board, to oversee new developments and help ensure that the needs of people requiring a change in accommodation are appropriately 'matched' with new services, to improve transition planning and make best use of resources.

14.1.12 The transport sub group have completed a survey on the accessibility of local busses, trains and tubes for people with learning disabilities. However, there is a possibility the Enfield Transport Users Group will not continue, and the sub group may not have anyone to report this to.

14.1.13 The Services for people whose Behaviour can be challenging Sub Group have produced information on support available, and referenced the Challenging Behaviour Charter as the standards expected from all local providers.

The group is currently finalising a self-assessment tool for local providers, and a training programme to be offered.

The group have also started looking at best practice information of behavioural risk assessments, and hope to produce local guidance signposting providers to national best practice. The ILDS will be giving a presentation at the DoH positive and Safe network meeting to share its excellent work around physical interventions.

14.1.14 The Board was also appraised of the current financial situation and strategies in place to attempt to meet budget pressures.

14.2 Carers Partnership Board (CPB)

The Board had its annual away day in April. The day included presentations from Enfield CCG and BEH Mental Health Trust about the work they are doing with carers and feedback from both Adult and Children's Services on the progress with the Care Act and Children and Families Act. The afternoon was spent looking at the priorities for the coming year and consultation for the refresh of the Joint Carers Strategy.

Pauline Kettless, Head of Brokerage, Commissioning, Procurement and Contracting, will be taking over the Chair from July 2015.

14.3 Physical Disabilities Partnership Board (PDPB)

23rd March PDP 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 was 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)**

The Sexual Health Partnership Board meeting was held on 9 June 2015 and was well attended with new members from North Middlesex Hospital sexual health team.

The meeting discussed the Terms of Reference for the Board which were agreed with some minor revisions to reflect the strategic nature of the Board; services for Long Acting Reversible Contraceptives (LARC); and how to ensure that all women in the borough have access to this method of contraception and the Sexual Health Needs Assessment which is now complete and being used as part of the commissioning cycle for sexual health in the borough.

The meeting was not able to discuss the Sexual Health Community Services Tender, as the Commissioner felt there was a high level of conflict of interest due to two members of the Board representing organisations that had registered an interest.

14.5 **Safeguarding Adults Board (SAB) – Annual Report**

14.5.1 The Safeguarding Adults Board met on 8th June 2015 and data was presented for Q4 2014-2015. Some key points of note include:

- During 2014/15 there were 996 alerts raised to adult social care, compared to 957 in 2013/14 (4% increase)
- Most alerts relate to Multiple Abuse (34%) with Neglect at (28%).
- 40% referrals are in relation to alleged abuse in the Adult at Risk's own home and 26% are in a residential/nursing home
- The largest referral source continues to be Hospital Staff at 23%, followed by Private / Independent Provider at 19%.
- Family members and paid staff continue to be the highest proportion of those alleged to have caused harm. Other vulnerable Adults make up 8% of those alleged to have caused harm, this is compared to 14% in 2013/14 (69 to 35).
- The outcome of the initial alert is 73% 'proceed with Safeguarding' and 5% 'require further information gathering' (at time of reporting).
- There is an increase in the number of adults at risk whom have a nominated advocate involved 31% (433 to 567) 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.
- 45% of closed cases were substantiated or partially substantiated (48% in 2013/14). The outcome in 29% of referrals concludes 'The allegation has not been substantiated' and this is an increase from 2013/14 with 24%.
- 38% of alerts raised during 2014/15 were closed within 7 weeks, this is a decrease when compared to 2013/14 with 48%.

14.5.2 The Safeguarding Adults Board Annual Report 2014-2015 has been agreed, and sets out in relation to the above data the strategic and operational activities which need to take place to address themes and trends identified. The Annual Report of the Board will be presented at the July Health & Wellbeing Board.

14.5.3 The Board has received a report on Female Genital Mutilation by Public Health and are working in partnership on this important issue. This will include actions such as development within health and adult social care to understand this issue, how children affected by FGM will become adults who may need to access adult services and the support needs and service options available.

14.5.4 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. At the June meeting the contribution from partners was confirmed and set out the current deficit in the budget to meet the expected costs for this financial year. The position of Board Officer will therefore not be recruited to until such a time as resources are identified and this may have an impact on the effective running of the Board's sub-groups. The Board also took note of a report which set out the sub-groups of the Board and current challenges in terms of attendance, partnership and chairing.

14.5.5 The Board received a report from the Fatal Fire Working Group, which was set up in response to the deaths of two individuals. The aim of this group was to ensure that a multi-agency approach to organisational learning is promoted and key messages and enhanced working practices are embedded. The Group identified where partnership working could improve prevention and response, as well as areas of current risk mitigation which included:

- Sprinkler systems provided for new builds for Enfield Homes
- System in place to allow British Oxygen Company to notify London Fire Brigade of addresses that receive highly flammable oxygen cylinders
- LBE ICES team notify LFB of addresses with air mattresses
- Hoarding policy tool box for practitioners to identify hoarders
- Fire safety awareness information available from LFB website
- OT referral system in place for sign posting to telecare suppliers

14.5.6 A number of recommendations were made to the Board and partnership, which included areas such as information sharing at 'Board' level; development of evidenced referral criteria and pathway for frontline LBE and Mental Health visiting practitioners to make appropriate referrals to the London Fire Brigade for fire safety assessments; information on websites; working with housing to identify those who are high risk for fire safety checks; further work on Hoarding; training and links to risk assessments; and development of criteria and process for high risk and sprinkler system consideration.

14.6 JOINT COMMISSIONING BOARD

14.6.1 6th May was the first meeting of the reformed Joint Commissioning Board. The membership consists of senior managers and clinicians within the Council and CCG.

The Joint Commissioning Board (JCB) will report to the Health & Wellbeing Board

14.6.1.2 JCB Proposals:

- set the commissioning intentions and the strategic direction
- obtain an understanding of the current commissioning gaps at a joint (LA and CCG) level

14.6.1.3 The Board's areas of priorities will be:

- Mental Health - children and adults
- Children - Health Visitors, School Nursing, Family Nurse Partnership and the universal population
- Sexual Health (June meeting)
- Younger adults – long term conditions
- Long term conditions – including diabetes
- Early intervention approach, use Learning Difficulties/Mental Health example of system impact
- Drug & Alcohol – resources
- Dementia
- Care homes, Domiciliary Care, Continuing Health Care

14.6.1.4 Business Items:

- Section 75 – Key issues
- Commissioning Intentions
- Integrated locality teams
- Autism (June meeting) – concerns from Heads of schools over diagnosing
- Autism Strategy

14.6.2 At the 18th June meeting the following presentations were made:

14.6.2.1 Community Education Provider Networks (CEPN)

- Local networks of health and social care partners who come together to
 - Understand the needs of the patients across health and social care
 - Identify the training, education and development needs of the current workforce
 - Map out the future development needs of the workforce as the landscape continues to develop – particularly in response to strategic plans e.g. the 'Five Year Forward View'¹
 - Bring partners and stakeholders together to facilitate the effective and efficient delivery of training and education to support the workforce to meet the identified needs of patients in

¹ The six major stakeholders in the health economy have come together to establish the 'Five Year Forward View' (5YFV): NHS England, Monitor, Public Health England, Trust Development Agency, Care Quality Commission, Health Education England

clinical and non-clinical, community, primary and social care settings

- The JCB noted the work and agreed to engage with this national model

14.6.2.2 Sexual Health Community services Tender

- Services that are part of the tender are:
 - Family Planning
 - Genitourinary Medicine (GUM)
 - Sexual Health OUTreach (SHOUT) Nurse
- The service redesign was outlined
- Risks were discussed
- Projected outcomes
- Procurement timetable and update

14.6.2.3 Autistic Spectrum Disorder Overview

- Children & Young People
 - Evidence of increasing need
 - The five strands from the Autism Action Plan
 - (i) Increasing support to mainstream schools
 - (ii) Addressing the number of pupils who are not having their needs met
 - (iii) Meeting the long term need for more specialist provision
 - (iv) Assessment and diagnosis
 - (v) Working with and support parents
 - Progress to date:
 - ✓ Increasing levels of provision in mainstream and special schools
 - ✓ Autism symposium held in November 2013 that led to establishment of an Autism Strategy group
 - ✓ Establishment of Autism Advisory Service
 - ✓ Implementation of the Children & Families Act
 - ✓ Additional investment in children's therapy services
 - ✓ Better Care Fund proposal for an Enhanced Behaviour Support service
- Adults
 - Implementation of Joint Adults with Autism Strategy (2013-2018)
 - Framework:
 - ✚ Increasing awareness and understanding
 - ✚ Developing a clear and consistent pathway for diagnosis
 - ✚ Improving access for adults to the support and services they require to meet identified needs and priorities

✚ Supporting adults to engage in meaningful activities including employment

- Needs of defined as HFA/Asperger's will have a range of needs split into three broad groups:
 - (i) Those with high needs and are generally able to access services at present
 - (ii) Those with low needs who require preventative services from time to time and are currently not receiving services
 - (iii) Those with no need for services
- Progress to date:
 - ✓ IFR panel for primary care referrals
 - ✓ Identified clinical lead
 - ✓ Completed procurement process to award the £70k NHS Social Care Grant funding to a VCS organisation
 - ✓ Re-established the Autism Steering Group
 - ✓ Awareness training to libraries, leisure services