Health and Wellbeing Board
15 October 2015

Agenda – Part: 1	Item: 8
Subject: Joint Commissioning Board Report	
Date: Thursday 15th October 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:

- Care Act:
  - the delay of the Funding Reforms (April 2016) [p.3-4]
  - Implementation activity and governance arrangements]
- Section 75 Agreement for Adults amendments for 2015/16 have been approved by both Parties [p.4]
- Update on the Integrated Care for Older People Programme Operating Model [p.4-5]
- Public Health:
  - Update on the transition of Integrated Sexual Health Community Services [p.5]
  - Development of Oral Health programme for 0-5, Special Needs Children and Vulnerable Adults [p.7]
  - Transition of Health Visiting and Family Nurse Partnership (FNP) services from NHSE [p.8]
- Mental Health Service User Engagement Event (4th September 2015) update
- The significant achievements attained in Learning Difficulties in the last six months [p.9-11]
- The outline of the joint LBE & CCG Strategy for Emotional Wellbeing and CAMHS [p.12-13]
- DAAT improvements in performance [p.13-16]

1. EXECUTIVE SUMMARY (CONTINUED)

- Construction and tender process for the Provision Project [p.17]
- The development of the Voluntary & Community Sector Strategic Commissioning Framework (VCSSCF) [p.17]
- Update on Carterhatch Lane accessible homes for older people with learning disabilities and dementia [p.18-19]
- Board updates:

  Learning Difficulties Partnership Board (LDPB) [p.19-22]

  Physical Disabilities Partnership Board (PDPB) [p.22-23]

  Older People's Board (OPB) [p.23]

  Safeguarding Adults Board (SAB) [p.24]

2. RECOMMENDATIONS

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

3. CARE ACT 2014 UPDATE

3.1 THE DELAY OF THE CARE ACT FUNDING REFORMS (APRIL 2016)

3.1.1 The funding reforms including a cap on the costs of care were due to come into force in April 2016, but the Government recently announced that they have been postponed until April 2020. This means the following sections of the Act have been delayed:

- the Cap on Care Costs (to April 2020)
- the extension to the Means Test Thresholds (to April 2020)
- the Appeals system (pending the Comprehensive Spending Review)

3.1.2 Government has said that the delay will allow time to be taken to ensure that everyone is ready to introduce the new system and to look at what more can be done to support people with the costs of care. The announcement was made by letter from the Care and Support Minister Alistair Burt to the Chair of the London Government Association (LGA).

He explains in his letter that earlier this year many stakeholders expressed concerns during the consultation on draft regulations and guidance about the timetable for implementation and the wider funding position for adult social care. It is in light of this feedback, together with concerns that the private insurance market had not developed products as expected to help individuals fund the initial £72,000 as they progressed towards the cap, that the decision was taken. Link to letter:
https://www.gov.uk/government/publications/delay-in-the-implementation-of-the-cap-on-care-costs

3.2 CARE ACT IMPLEMENTATION & GOVERNANCE

3.2.1 As previously reported, the council has been successful in implementing the April 2015 reforms although embedding the new duties remains a key focus. With the Enfield 2017 developments taking place this enables this process to continue within the wider strategic framework, thus supporting the Enfield 2017 principles such as 'doing it once'.

3.2.2 In view of the funding reforms delay a review of the governance arrangements and implementation activity has been undertaken. This is being followed by a review of the initial impact assessment. As part of this process decisions are being taken as to areas that can now be mainstreamed and what will remain as part of the Council's Enfield 2017 transformation programme.

3.2.3 The Care Act Board continues to oversee the embedding of Part 1 of the Act but the intention is to close the Board by the end of the calendar year. Priorities for implementation will continue to be on completing deliverables as identified in the programme plan, including:

- Embedding the care and support duties including assurance that key duties are being met

- Embedding Wellbeing duties and the provision and maintenance of information and advice - in adult social care, across the Council and with external partners
- Measuring the impact of the Care Act care and support reforms including a performance and monitoring framework to enable the impact to be measured on a qualitative and quantitative basis.
- Completion of implementation of IT solutions, for both back office and self-serve
- Market shaping and commissioning of adult care and support duties and managing provider failure

3.2.4 The new national eligibility criteria based on Wellbeing and outcomes is being applied. It is too early to give a definitive position on the impact of this; however the November ADASS Care Act stocktake returns are expected to provide an understanding of the impact across the country as well as at local level.

4. 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 amendments to the agreement for 2015-16 have now been approved by both Enfield Council and Enfield Clinical Commissioning Group and the agreement is now in the process of being signed by both parties.

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. 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, Integrated Locality Teams were formed comprised of social workers, community matrons & therapists, to deliver a multi-disciplinary, approach to supporting GPs as Lead Accountable Professional in their practices. The Care Homes Assessment Team (CHAT) fulfils a similar role for care home residents and is a nurse-led team with geriatrician input to manage the individual cases of older residents in homes, help develop lasting nursing staff skills in these homes and engage with GPs of residents.

Update	Achievements	Next Steps
GP Care Plans were developed for "top 2%" of cases	6,000+ plans developed between since Jul-14. NHS England Enhanced Service now in place	£200k **GP Locally Commissioned Service** agreed to support utilisation of integrated care network in primary care for 2015/16
Integrated Locality Teams: Plan for Phase **II** development of Teams now agreed across ECS/LBE.	900+ ILT case conferences developed compared (target of 750 for 2014/15) 69% of practices had reduced emergency admissions of patients 65+ via CCG Locally Commissioned Service (8% reduction overall) between Dec-May 13/14 & 14/15, but increases in Jun & Jul.	**Locality Teams**: Development plans for co-located, jointly managed teams agreed for implementation in 2015/16: - *Workforce Engagement/Development & Joint Organisational Form* to be proposed to commissioners from ILT Steering Group; - *Estates & Infrastructure* plans being progressed across providers; - *Service Process Re-design* underway with staff to support Phase **II**.
Falls Service currently supporting patients at falls risk, and facilitating professionals' access to support	Investment in falls service now agreed and part of the ILT function. Revised integrated falls pathway agreed with GPs.	**Falls Service** specification agreed clinically and voluntary sector falls prevention specification agreed at IC Working Group Jun-15, and to go out to voluntary sector in Oct-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 2015
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 agreed to expand CHAT function to all 45 homes in second half of 2015/16. Recruitment underway.

5.3 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, with a task and finish group established to implement the agreed model of care for winter 2015.

6. PUBLIC HEALTH

6.1 Sexual Health Community Services

The new Integrated Sexual Health Community Services contract, commencing 01 November 2015, has been awarded to North Middlesex University Hospital. The contract has increased the hours and new locations that will address the needs of the Borough's population:

Hours: Monday to Friday 8am –to- 7pm
Saturday & Sunday 9am –to- 2pm

Locations: Clinic in Enfield Highway (Hub)
Clinic in Enfield Town
Part time clinic in NMUH

Part time clinic in GP practice in Bowes area

The contract offers walk-in and appointment services and will address STI (incl HIV) testing for all and Contraceptive service for those not registered with a GP. There will also be a mobile service that will be used to meet with those identified as "hard to reach" e.g. sex workers, drug and alcohol users

The new contract will be delivered in three phases:

Phase 1 / November 2015:
- Enfield Town clinic
- The Green clinic (to 31 March 2016)

Phase 2 / January 2016:
- Bowes clinic
- NMUH clinic (Alexander Pringle Centre)

Phase 3 / April 2016:
- Enfield Highway Hub (closing The Green clinic)

Service Delivery

Data highlights that in 2014/15, Enfield provided a service for 51% (9,631/18,811) of the population, which is a decline of 34% from 2013/14. Service User feedback indicates the hours, location and service delivery as the reason they have been using out of borough providers.

The new providers are commissioned to redress this decline, unmet need and to attract the residents who work outside of the Borough through appropriate opening hours:

Cross-boundary movements: working population aged 16-34 [Census 2011]		
Working population (resident)	Working population (non-resident) i.e. 'in flow'	Residents who work outside of the Borough i.e. 'out flow'
13,001	9,889	24,463

The London Sexual Health Services Transformation Programme for Integrated Sexual Health Community Services will be running in alignment with Enfield's redesigned model. Enfield is advising on the procurement, service specification and contract.

6.1.1. **The London Sexual Health Services Transformation Programme** has brought together 22 London[1] boroughs to deliver a new collaborative commissioning model for open access sexual health services across much of the capital, including Genito-Urinary Medicine (GUM) (services for the screening and treatment of Sexually Transmitted infections (STIs) and

[1] The London boroughs signed up to the programme are Barnet, Brent, Camden, City of London, Ealing, Enfield, Hackney, Hammersmith and Fulham, Haringey, Harrow, Islington, Kensington and Chelsea, Lambeth, Lewisham, Merton, Newham, Redbridge, Southwark, Tower Hamlets, Waltham Forest, Wandsworth and Westminster

Sexual and Reproductive Health Services (SRH) (community contraceptive services). The aim is to lead the transformation of the service model to deliver measurably improved and cost effective public health outcomes, meet the increasing demand and deliver better value.
The vision is based on how services could be delivered in a new model.

The front door into services will be web based, a single platform providing patients with information about sexual health, on line triage, signposting to the most appropriate service for their needs and the ability to order self-sampling tests. There will be fewer major centres for people with more complex sexual health needs, but the services that are commissioned will be open longer hours and will be properly linked with a network of integrated one stop shops at local level which will be able to meet many people's needs. They will also work closely with primary care. Transport links will be a critical element of determining locations for clinics. There will also be improved data to help better identify and address need for prevention and specialist services, including new and emerging trends

All major clinics will offer patients the opportunity to triage and self-sample on site and all services will be required to ensure that routine STI screen results are available electronically to patients within 72 hours. Patients who are diagnosed with an STI will be offered a fast track appointment, ideally within 24 hours or will be fast tracked if they present to a walk in service. Improved systems for identifying and notifying contacts of patients with an STI will ensure that resources are targeted at the highest need groups.

The whole system will be designed to ensure that evidence about best practice drives changes, and resources will be focused on groups with the highest risk.

6.2 **Oral Health**

20 schools have been identified to carry out the Fluoride varnish programme, which is an increase of 10 schools to last year's programme
A letter is being translated to send to Parents/Carers regarding the programme in English, Turkish, Somalian, Polish and Bengali

A Training programme for the year has been designed of which two sessions have been carried out for care agency staff and health visitors. Four remaining sessions will be carried out in the last quarter

2015/16 Programme:

Under 5's:

To provide training to children centre staff, health and social care professionals.

Integrate oral health initiatives into exiting children and young people programmes. e.g. health visitors and other family learning programmes.
Signposting families to general dental practitioners and community dental services.
Work with childhood settings to review food and drink policies. e.g. healthy eating polices.
Distributing 'Brushing for life' packs.

Fluoride Varnish Programme:
Targeting selected schools for fluoride varnish programmes

Special Needs Children:
Provide support to staff, parents/carers and pupils.
Distribution of 'Brushing for Life' packs
Attend open evenings to discuss oral health messages including tooth brushing.
Sign posting pupils to dental services

Adults with disabilities, behavioural and mental difficulties:
Provide training/support to staff, parents/carers and service users.
Plan to contact/visit all homes and day care centres in Enfield
Work with care homes to review food and drink policies. e.g. healthy eating policies.

Vulnerable elderly:
Provide oral health training/support to health and social care professionals in residential settings and day care centres for vulnerable elderly
Plan to contact all residential/nursing care homes in Enfield.

6.4 **Health Visiting and Family Nurse Partnership Services**

6.4.1 **Health Visiting service**

Commissioning responsibility for the Health Visiting Service transferred to the Local Authority on 1st October 2015. As part of the development of a new Early Years Early Help model, SCS and Public Health commissioning continue to review current provision, and progress will be reported back at a future Board.

6.4.2 **Family Nurse Partnership (FNP)**

Enfield Family Nurse Partnership continues to progress well. Unfortunately, it has reached its capacity and is now closed to new referrals.

Commissioning responsibility for the service transferred to the Local Authority on 01 October 2015, and NHS England has worked with LBE to ensure that the service is being delivered according to the licence.

As reported at the last Board, SCS and Public Health Commissioning have been in discussions regarding the best way forward for the service to

assess whether or not (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. 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 voluntary sector service to provide this support linked to the Memory Service, with funding via the BCF Plan, will be procured in Oct-15.

This will support Enfield to increase the proportion of older people likely to have dementia in Enfield (estimated at around 3,000) who were known to be on GPs' Dementia Registers to increase from 59% to the BCF Plan target of 66% between the ends of Mar-15 & Mar-16.

7.2 Mental Health

7.2.1 The Enfield Joint Adult Mental Board is asked to note the service user engagement event on 4th September 2015 which was organised in partnership with EMU (Enfield Mental Health Users), Enfield CCG, BEH-MHT and LB Enfield. The event was attended by over 120 persons of whom 108 identified themselves as mental health service users. Four workshops were held:

- Crisis Experience
- What does enablement and recovery mean to you?
- What makes a good life when living with mental illness?
- What is a mental health friendly GP?

The outputs of the day are currently being written up and will further inform on a refresh of the Crisis Care Concordat Plan, Enfield Mental Health Strategy including the development of a Primary Care focused model of service delivery for mental health.

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.

The first draft Enfield plan has been previously advised to the Health & Wellbeing Board and is currently on the national crisis care concordat website. A refresh of the Enfield Crisis Concordat plan is in production. Concordat stakeholders, including service users, are being actively engaged for input to further develop

our plan. The refreshed plan is to be uploaded to the national website by 30/10/15. The plan 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 are all serviced by London Ambulance Service, Met Police and British Transport Police. However each borough is in the process of localising their borough plans to reflect local circumstance and service user voice.

The four principles of the concordat are:

- Improve access to services before crisis
- Access available 24/7 at the point of crisis
- Appropriate care and support in crisis
- Post crisis prevention planning.

Within the spirit of the concordat service users can also expect to be engaged about their experience and active feedback to inform on co-produced service design is encouraged. Service users can also expect to receive safe and appropriate support to find the help they need from whichever of our services they turn to first.

7.3 **Learning Disabilities**

There have been a number of significant achievements in the last 6 months, to date these include:

- Significant reduction in the Assessment & Treatment bed days used in 2014/15 & 15/16 activity due to the community intervention service. FR&Q agreed reoccurring funding for the community intervention which will enable our strategy for assessment & treatment avoidance to be fully embedded in practice. Our community nurses and lead psychiatrists have been presenting our community intervention model to London LD networks for nursing and psychiatry.

- Application for £1.45 million from the Department of Health capital funding for the Winterbourne programme. This bid was unsuccessful as funding was prioritised to the midland regions to fast track areas where there are issues with implementation. A further funding round will be announced over the summer where Enfield intends to submit a bid.

- Working closely with Continuing Healthcare team to develop a joint purchasing resource for people with learning disabilities and physical disabilities that includes exploration around setting up a pooled budget of resources that considers staffing as well as funding. This will be presented to TPG and FR&Q.

- Enfield's Joint (Health and Social Care) Self-Assessment Framework for people with learning disabilities has been validated by Public Health England, ADASS and IHaL as Green which denotes excellence. This is a significant achievement as Enfield is now ranked as joint 15th best LD service in England and Wales.

• Working with primary care to improve the uptake up of DES Health Checks for people with learning disabilities (62%).

• Enfield is fully compliant with the Winterbourne view concordat and we have been highlighted as a centre of excellence by NHSE for our local implementation of the transformation programme.

• High numbers of people (NI145 at 77.2%) being supported locally in the community with exceptionally low numbers of people in OATS.

• Consistently achieved very good standard in safeguarding, achieving excellent in many areas.

• Excellent user & carer engagement

Challenges:

- CNWLFT made the decision to reduce the number of psychiatry sessions under the block contract which has created a pressure on response and waiting times. The Commissioning Manager and the CSU are reviewing this decision.

- CNWLFT has indicated that there are undertaking a viability review of the seacole service due to low levels of demand for the service. Enfield is preparing a contingency plan.

- Demand for health and care services for people with learning disabilities are set to increase due to a) the numbers of young people transitioning to adult services and the number of people with learning disabilities choosing to live in Enfield from other areas. This is creating a pressure on resources in a climate of reducing budgets.

    - More specifically the number of people with autism and learning disabilities has increased drastically which is placing pressure on existing in borough specialist provision. There is an intention to stimulate the market by holding regular market engagement events and activities

    - Consideration is being given to how we use existing assets and procurement tools at our disposal to stimulate the market in the short, medium and long terms within the context of delivering safe, quality and efficient services for people with a wide range of needs

7.5 Children's Services

7.5.1 Maternity

The Enfield CCG continues to monitor important quality issues in monthly meetings and through the North Central London Maternity Board. The perinatal mental health training provided by the Tavistock and Portman Clinic has been well received, and further work to implement new pathways will continue under the auspices of the Future in Mind CAMHS Transformation, which is discussed below.

7.5.2 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 continues to be made, the local offer is currently being refreshed following feedback from children, young people and families and the Contact a Family DVD referenced in the last report is being finalised. The new CQC/Ofsted Inspection regime for SEND will go live in May 2016, and will be a joint inspection of all services in a local area.

7.5.3 Children who are ill

A paediatric integrated care work stream was initially established to support implementation of the Barnet, Enfield and Haringey Clinical Strategy, and is now supporting a broader workstream looking at developing ambulatory care for children who are ill and implementation of the Facing the Future standards, the professional spectrum, but most importantly from children and families themselves.

7.5.4 Joint Enfield Council and CCG Strategy for Emotional Wellbeing and Child and Adolescent Mental Health for 0-18 year olds in Enfield

In March 2015 the Government published a wide-ranging report on child and adolescent mental health, *Future in Mind – Promoting, protecting and improving our children and young people's mental health and Wellbeing*. The report sets out a national ambition to improve mental health services for children and young people. *Future in Mind* stipulates that each area is required to submit a Transformation Plan, and Enfield is due to submit by 16th October 2015.

Our plans must clearly address the five key areas required by *Future in Mind*:

- Accountability and transparency;
- Improving access to effective support;
- Care for the most vulnerable;
- Promoting resilience, prevention and early intervention;
- Developing the workforce

The CCG is working with Schools & Children's Services, BEH MHT and other stakeholders including children and young people to develop plans, which will be based on our joint commissioning strategy. Additional funding is available for the following:

(i) Initial allocation of funding for eating disorders and planning in 2015/16 (Already released)
(ii) Additional funding available for 2015/16 when the Transformation Plan is assured
(iii) Minimum recurrent uplift for 2016/17 and beyond if plans are assured (includes eating disorders)

In addition Enfield has received funding in the form of training places and funding for backfill so that we can participate in the children and young people's IAPT programme.

Due to the tight timescales, NHSE has agreed that either the Health and Wellbeing Board or Director of Children's Services or Director of Public Health may approve the Transformation Plan.

At a later date the Transformation Plan will need to be approved by the Health and Wellbeing Board.

7.5.5 **Enhanced Behaviour Support Service**

The original BCF plan included a proposal for Child Health & Wellbeing Networks however the business case did not realise the anticipated return on investment. The C&YP Working Group elected to accelerate another project to prevent out of borough placements for young people with challenging behaviours.

The proposal is for an Intensive Behaviour Assessment & Therapeutic Service. The new service aims to avoid residential accommodation for (approximately) four children / young people (and their families) per year through a combination of timely and intensive therapeutic support and the provision of regular, planned short breaks. This service would need to work closely with adult and transition services and Follows success of 'Ealing Model'.

At its meeting on 15th September, the Enfield Integration Board approved the proposal in principle and delegated the final sign off of the business case to the EIB management group so as not to unduly delay the project initiation. The steering group is due to meet w/c 28 September and the business case is anticipated to be approved mid-October.

7.6 DRUG AND ALCOHOL ACTION TEAM (DAAT)

7.6.1. **Public Health England Grant Conditions Specific to Drug and Alcohol**

Section 7 of the Public Health England Grant Agreement contains a requirement where "*A Local Authority must, in using the Grant, have*

regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services". This Clause 7 of the Agreement thereby places a clear duty on the Council to increase its performance for the numbers of patients treated each year for drug and alcohol misuse as well as make improvements to the outcomes of those in drug and alcohol treatment through improved successful treatment completions.

7.6.2 **Performance for Numbers of Drug Users in Treatment**

The local data for the 12 month rolling period July 2014 to June 2015 has confirmed that the DAAT's performance for the *Numbers of Drug Users in Treatment* has increased to 1043. This is extremely positive progress as the numbers in treatment has grown by 66 patients since the beginning of the financial year. Moreover, the performance is currently 29 patients above the end of year trajectory target for this measure. The DAAT's London ranking for this measure is now 14th.

It is equally pleasing to report to the Health and Wellbeing Board that the DAAT's key quality outcome performance measure, *Successful Drug Treatment Completions*, has significantly increased to 24.9% with 260 drug users having completed treatment during the 12 month rolling period July 2014 to June 2015. This measure constitutes a key Public Health England priority and is classified under the PHOF as 2.15. The end of year trajectory target is 21.4% (217 drug users completing). The DAAT's London ranking for *Successful Drug Treatment Completions* is now 8th and Enfield DAAT is 5.9% above the London average and 9.5% over the National average.

The numbers of drug users in treatment and the successful treatment completion rate for Enfield DAAT is summarised in Fig. 1 below:-

Enfield Providers - Successful Completions (Drugs)

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

Partnership	Apr 2014 to Mar 2015	May 2014 to Apr 2015	Jun 2014 to May 2015	Jul 2014 to Jun 2015 (Local)	Apr 2015 to Mar 2016 (Target)
Number of Successful Completions	177	174	220	**260**	217
Numbers in Treatment	977	989	984	**1043**	1014
% Successful Completions	**18.1%**	**17.4%**	**22.4%**	**24.9%**	**21.4%**
% London Average	**19.6%**	**19.5%**	**19.6%**		
% National Average	**15.8%**	**15.6%**	**15.4%**		

7.6.3 **Numbers of Alcohol Users in Treatment**

The Number of Alcohol Users in Treatment has also evidenced impressive performance improvements since the DAAT has increased the numbers by 15.34% over the year start position for the latest 12 month rolling period. The DAAT is ranking 15th in London for the Number of Alcohol Users in Treatment which is a good indication of the DAAT's effectiveness given

the limited Grant awarded to the Council from Public Health England, compared to many other London Boroughs for instance.

7.6.4 **Successful Alcohol Treatment Completions**

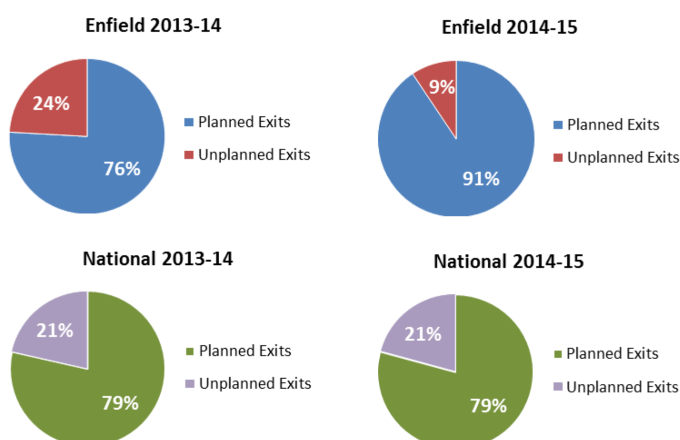
The main outcome performance measure concerns the Successful Alcohol Treatment Completion rate and it is pleasing to note that Enfield DAAT has witnessed marked improvements in the latest 12 month rolling period against the year start baseline position. The rate has increased from 34.7% for April 2014 to March 2015 to 44.9% for July 2014 to June 2015. This places Enfield DAAT as ranked 9th in London for this outcome measure and 5.8% above the London average and 6.1% above the National average. The two main alcohol performance measures are summarised in Fig. 3 below.

Fig. 2: Enfield Providers - Successful Completions (Alcohol)

Partnership	Apr 2014 to Mar 2015	May 2014 to Apr 2015	Jun 2014 to May 2015	Jul 2014 to Jun 2015	Apr 2015 to Mar 2016
				Projection	Target
Number of Successful Completions	113	116	127	169	122
Numbers in Treatment	326	324	327	376	326
% Successful Completions	**34.7%**	**35.8%**	**38.8%**	**44.9%**	**37.4%**
% London Average	**39.3%**	**39.2%**	**39.1%**		
% National Average	**39.2%**	**38.9%**	**38.8%**		

7.6.5 **Number of Young People in Substance Misuse Treatment**

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 March 2015. This performance is relatively consistent with the previous year's data and remains good compared to other London Boroughs. The Planned Exit rate performance is the main outcome measure used by Public Health England for young people's substance misuse services. It is highly positive to note that Enfield DAAT has experienced a 15% performance improvement over the previous year's outcomes and is currently performing at 12% above the National average.



7.6.2 **Substance Misuse Crime Reduction Recovery Performance**

The Mayor's Office for Police and Crime have now provided written confirmation of their acceptance to the new improved adult drug and alcohol offending targets in the MOPAC Grant Agreement. These now include:- a minimum target of 20% of the cohort achieving reduced offending; a successful drug treatment completion rate that has to be above the London average for the drug offenders in the Substance Misuse Recovery Service; and a 70% growth against the 2012/13 baseline for the numbers in treatment in the Substance Misuse Recovery Service. As the Table below demonstrates Enfield DAAT is exceeding all three MOPAC targets to date for its Substance Misuse Crime Reduction Recovery Services performance.

MOPAC Re-offending Cohort: 42	2013-14 BASELINE					2015-16				
Category	Q1	Q2	Q3	Q4	TARGETS	Q1	Q2	Q3	Q4	YtD
Total Number of Convictions	62	33	75	51	<221	21				21
Cumulative Number of Convictions	62	95	170	221		21				21
Clients with Increased Conviction Rate YTD	N/A	N/A	N/A	N/A		6				6
Clients with Static Conviction Rate YTD	N/A	N/A	N/A	N/A		17				17
Clients with Decreased Conviction Rate YTD	N/A	N/A	N/A	N/A		19				19
IMPROVED MOPAC TARGET % of Cohort Achieving Reduced Offending Behaviour	N/A	N/A	N/A	N/A	>20%	45.2%				45.2%
NDTMS Successful Completions DIP 12 Month Rolling	N/A	N/A	N/A	N/A	>19.6%	28.3%			-	28.3%
NDTMS In Treatment DIP 12 Month Rolling	N/A	N/A	N/A	N/A	>208	329			-	329

8. REPROVISION PROJECT

Construction

The build contractor, Morgan Sindall, commenced on site on the 10th August 2015. Work to date includes: site clearance, main site set up, refurbishment of hoarding, installation of attenuation tank and completion of outstanding surveys. Practical completion is due in November 2015 and this will be followed by a fit-out period which will be undertaken by the service provider.

Tender For Service Provider

Pre-procurement planning has commenced for the care provision at the new build home. A cross-functional project team is being formed comprising of the relevant expertise from across the Council – Commissioning, Procurement, Assessment & Care Management, Legal and Finance. The group will also be engaging with service users / carers to shape service provision. The project plan proposes an award of contract date at the end of February / early March 2016.

A Market Engagement event has been scheduled for 22/9/2015. The purpose of the event is to determine the local and national market's appetite for the contract and to present the service vision, aims, objectives and outcomes. The procurement process and timetable will be presented and the market will be invited to comment on and suggest innovative solutions to meeting service requirements.

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

Following the provider forum held during May, the presentation was given to the Voluntary Sector Strategy Group which is attended by key strategic VCS partners ; the Cabinet Members for Adult Services, Care & Health and Community Organisations ; the Council's Chief Executive and senior Managers from across the Council. Officers shared the broad context and adult social care commissioning priorities as described in the previous Health & Wellbeing Board report. Commissioners are presently developing service aims, objectives and outcomes against the agreed priorities shared with the sector.

New opportunities for the sector will also be emerging with provision for Falls Management and post Diagnostic Support for People With Dementia due to be commissioned by the Enfield Clinical Commissioning Group linked to the Integrated Care Programme. The aim of the Programme is to provide better coordinated, holistic health and social care services for older people with frailty, emphasizing the need for a greater focus on prevention, early identification and coordination of assessment, care planning & case management. The Programme applies to all older people with frailty, particularly those at risk of needing a lot of support. Other long-term conditions pathways, such as diabetes that affect many older people with frailty are being aligned to the integrated care network.

10. SAFEGUARDING

10.1 Quality Checker Programme

The Quality Checker programme continues to be successful in providing assurance and challenge the services in Enfield through the view of service users and carers. The Quality Checkers are currently working on a number of projects, including mystery shopping to pharmacies. Further, in collaboration with the Service User, Carer and Patient sub-group of the SAB a specific project focusing on experience of Lesbian, Gay, Bisexual and Transgendered individuals in care homes.

10.2 The Adult **Multi-Agency Safeguarding Hub (MASH)**

The Multi-Agency Safeguarding Hub is now well established and continues to operate from an interim location within the civic centre. Permanent accommodation will become available towards the end of 2016 once refurbishment works are completed within the civic centre.

The MASH has received 1,273 referrals since it became operational, peaking in June and July at just under 300 per month. Some initial problems around the flow

of referrals from the police and ambulance service have been resolved and information is now being transferred appropriately in real time with no delays due to batch referrals.

Members of the MASH have been attending roadshows to promote the work of the MASH with GPs, hospitals and a range of other organisations. In addition to this visits from other Council areas have been received and Enfield officers have, in turn attended information sharing events across London in order to share good practice.

Virtual membership arrangements for some MASH members continue to be reviewed (not all members have a physical presence within the MASH office within the Civic Centre. These arrangements are working well but continue to be reviewed on a regular basis in order to ensure that information flows and resultant actions are appropriate and timely.

11 SPECIALIST ACCOMMODATION

11.1 Work to redevelop specialist accommodation located off Carterhatch Lane, to provide 14 accessible homes for older people with learning disabilities and dementia, in the form of a specialist Extra Care service is now near completion. The new ‘hub’ service will provide much improved, fully accessible accommodation with communal facilities and 24 hour on site support for older people with disabilities who wish to live independently within the community.

11.2 Redevelopment of a further outdated building within the Carterhatch scheme is now being planned. Planning applications have been submitted and a planning decision is now awaited. 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 now near completion. Following a number of information sessions, suitable tenants / purchasers are now being identified. The Parsonage Lane development is a pilot project that will enable people with long term disabilities who are not in work to secure a mortgage and part purchase a suitably adapted home in the borough. Potential benefits of this pilot project are cross cutting, including opportunities to support people who are placed in local authority housing or residential placements to purchase an accessible home of their own.

11.4 New move-on accommodation has been identified and secured for adults with disabilities who are ready to move on from specialist accommodation to live more independently in the community. Timely move on will help maximise capacity of our specialist accommodation services for those who need them most, whilst facilitating timely transition for those ready and able to increase levels of independence.

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 Services and Enfield Council) continue to share intelligence and discuss primary care premises development opportunities across the borough. The next meeting is on 20th October 2015.

13. PARTNERSHIP BOARD UPDATES (COMMISSIONING ACTIVITY)

13.1 Learning Difficulties Partnership Board (LDPB)

13.1.1 The Learning Disabilities Partnership Board met on the 17th August. The big issue for this meeting was a review of the Boards Work Plan. It also included a consultation exercise on the Draft Transport Policy and feedback on the Children’s Services Enhanced Behaviour Support Team.

- Niel gave a brief presentation on the **Enhanced Behaviour Support Team**, which aims to provide early intervention for young people whose behaviour can be challenging, to improve their experience of transition and reduce the use of out of Borough residential placements. The Board were very pleased with the proposed service.

- Janice Abraham (Information Access and Governance Manager) and Cenk Orhan (Policy and engagement officer) outlined for the board the main proposals of the **Draft Transport Policy** and Consultation.

- The board had a number of comments on the consultation procedure. Janice and Cenk took note and have since added an easy read version of the policy and questionnaire to the website. They have also updated the online questionnaire in line with member’s recommendations.

- Board members expressed concerns about how the policy could affect some people with Learning Disabilities, particularly those with Profound and Multiple Disabilities, Autism or Behaviours that can be challenging. These are often people who may not be able to access public transport and rely most heavily on their mobility income. The board acknowledged that everyone’s transport needs will be addressed in their support plan, but were worried that some of the most vulnerable people we support could face increasing isolation.

- Board members were also concerned that often people rely on transport once at Day Centre to access the community. Some members were concerned that Services would either stop supporting people to access the community and become more institutional, or be forced to raise their charges.

- Some Board members were also concerned that people and their families would have to justify as a need some things that have up to now been an accepted part of their lifestyle. Some members thought this is something many families would find very difficult to do.

- Board members also asked about how this would change when the Care Charging Cap comes into place in 2010. The Board questioned whether transport charges count towards the cap, and whether those aged under 25 who are assessed as 'Nil Charge' in 2020 would not have to pay for transport.

- The Board then went through the **Work Plan**, and decided which areas would be included in the plan for the next two years. A draft plan was circulated with the meeting minutes, and will be finalised at the Board meeting in November.

13.1.2 The **Autism** Steering group had its first meeting on the 16th July, with the overall aim of making Enfield an Autism friendly place. They have also produced a draft action plan. Autism will remain on the LDPB Work Plan.

13.1.3 With the exception of increasing employment for people with learning disabilities with the Council, and increasing the number of people with learning disabilities who are self-employed, the **Employment** sub group had made excellent progress on all their targets. Shirley-Anne Wheeler (employment champion) reported that there has been a change to the way that the government gathers its statistics. They now only count people who are working and receiving services. This is, inevitably, a lower figure, and targets will have to be revised accordingly for the next two years. Shirley-Anne also reported that there is a suggestion that an Employment Partnership Board be set up across all service areas. The board felt that, in this event, they did not need an Employment sub group as well, but would accept reports from the Employment Partnership Board.

13.1.4 The **Equalities and Inclusion** Sub group had their first meeting on the 27th July, and drafted a Terms of Reference. This sub group will also take the lead in developing a 'Learning Disability Council' (previously referred to as a 'Learning Disability Parliament'). Leslie Walls (Equality and Inclusion Champion) will submit a stage 2 Big Lottery Fund application in September to seek funding. Equalities and Inclusion will stay on the work plan while this application is processed. If successful, it is hoped the 'Learning Disability Council' will take on responsibility for a number of work streams.

13.1.5 The **family carers** work plan had made good progress on all its priorities and will continue on the next wok plan.

13.1.6 The **Hate Crime** sub group had not met for some time. Deanna Rogers (E.D.A.) has now become champion for this group. It will continue on the

work plan, and may fall under the Learning Disability Council when established.

13.1.7 The **Health** Sub Group had been particularly successful in meeting its priorities around the Winterbourne View Concordat and Joint Self-Assessment frame work. It will continue on the work plan, and focus on the ‘Staying Heathy’ elements of the Joint Self-Assessment framework.

13.1.8 There are a significant number of **Housing** Initiatives being developed through the Accommodation Board. The Partnership board did not feel there was any longer a need for a separate Housing Sub Group, but would instead take reports from the Accommodation Board.

13.1.9 The **Leadership and Advocacy** sub group had not met for some time. Sue Wilkinson (One-to-One) will take on acting as champion. Leadership and Advocacy will stay on the Work Plan for now, but may fall under the Learning Disability Council when established.

13.1.10 The **Transition** Sub Group had made great progress on all it priorities. However, Ineta Miskinyte (Transition Champion) is now on secondment for two years. The Transition Work Stream will stay on the Work Plan, but no reports will be expected unless cover is found for Ineta.

13.1.11 The **Personalisation** Work Stream had achieved all its priorities, and personalisation is now mainstream practice. The Board agreed there was no longer a need for a separate work stream.

13.1.12 The **Services for People whose Behaviour can be Challenging** Sub Group had also achieved all its targets. The Board agreed for this Sub Group to disband. However, the Challenging Behaviour Action Group, a group made up of representatives of all the teams in the ILDS, will continue to provide training, promote best practice and quality check services. They will now report directly to the Board periodically.

13.1.13 The **Transport** sub group had also achieved all of its priorities, apart from publishing the transport survey, which is now complete. However, the Board would like this sub group to continue and include monitoring the impact of the Transport Policy on people with Learning Disabilities as a priority.

13.1.14 There has been a **Workforce Development** Sub Group open meeting, which drafted a Terms of Reference and Action Plan. No champion has yet been identified, but Chris O’Donnell (Person Centred Planning Coordinator) will convene the next meeting.

13.1.15 Jon Robson (Service Manager, Community Nursing) reported that Jane Cummings, the Chief Nursing Officer for England, will be visiting Enfield Soon. She will be meeting staff at the Integrated Learning Disability Service to discuss some of their excellent and innovative practice, including the Community Intervention Team.

13.1.16 The Board congratulated Lesley Walls and all of One-to-One for receiving The Queen's Award for Voluntary Service, the highest awards given to voluntary groups across the UK

13.2 Physical Disabilities Partnership Board (PDPB)

PDP Board met on 3rd August 2015 – 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.

Care Act update provided and discussed, Keezia Obi invited to next meeting to present the Care Act Implementation in Enfield.

The meeting spent most of its time considering and agreeing the Terms of Reference for the new group, and representation form other community and professional organisations / agencies and work programme for the year.

The Board heard on progress regarding Integration between health and adult social care, a comprehensive presentation was delivered by Enfield CCG and positively received by the Board. A number of questions were raised about this, and the Board invited the CCG to attend future meetings. This request will be taken back to CCG to confirm who the named health professionals attending the Board. This is a positive step as the Board has continued to struggle with appropriate health representation.

The Board discussed progress on the Safeguarding Adults Strategy consultation and have requested further information at the next Board meeting.

Transport: number of Board members relayed their concerns regarding transport in general:

- Concerns on safety at bus stops – where cars are blocking entry to board the bus can be unsafe for those with mobility difficulties.
- Taxi cards and issue of them
- Blue badges on line still problematic

and a number of actions identified for our PDPB transport rep to further discuss with transport lead.

Members spent some time discussing Care Certificate, and how it will be implemented locally. Implementation of the Care Certificate will be monitored by the Care Quality Commission (CQC). The Board felt it is important to have further information on this at next meeting. Helen Ugwu (Learning and Development Consultant, LBE) will be invited to provide information. The Board discussed the need for Personal Assistants should be able to achieve their Care Certificate.

A discussion regarding the Enfield Vision group meetings at Park Avenue and the charges now placed on the venue raised issues with the group. This will cause Enfield Vision some difficulty in raising the funds to pay these charges and may need to consider alternative venue. It was agreed that the Cahir would discuss this with the Independence and Wellbeing Service and report back.

13.3 Older People's Board (OPB)

The older people's board continues to meet on a regular basis to discuss topics of relevance not only to older people but to younger age groups as well.

At the September meeting the Board covered:

- Agreement of a new set of terms of reference
- Received a presentation from the project lead of the Cycle Enfield (Little Holland) project and fed back their views on the potential benefits and drawbacks of the scheme
- Received a presentation on the Adult Social Care Transport Policy and fed back their views as part of the consultation process
- Expressed a desire to receive more statistical data around key health and social care issues in Enfield
- Expressed a desire to work more across the generations in order to share experiences, knowledge and were particularly interested in the Youth Parliament and knowing more about it

13.4 Safeguarding Adults Board (SAB)

The Safeguarding Adults Board was held on 14th of September 2015. Performance data was presented for quarter 1 2015-2016 which identified that there have been 218 alerts raised to adult social care, which is a 19.1% lower than in the same period in 2014-2015; the biggest reductions were seen at Chase Farm Hospital site and for mental health.

As in previous quarters most alerts relate to multiple abuse (32%) followed by neglect (30%). We have also found a high percentage (46%) are in relation to alleged abuse in the adult at risks own home, followed by 27% in residential or nursing home. Family members (main carer and other family members) continue to be the highest proportion of those alleged to have caused harm. Main Carer allegations have increased in Q1 2015-16 (22) compared to Q1 2014-15 (15), despite the overall reduction in the number of cases reported. The Board considered this data and have set some areas to do further analysis, such as the decreases noted in two areas. The Board also noted its concern with the number of alerts raised involving carers and family members, particularly around how these cases of domestic abuse are progressed. The Board have agreed that further work to progress the action the Boards Strategy Action Plan around

preventing and reducing repeat instances of harm involving carers to be given attention.

Feedback reports from all of the sub-groups of the Board were received; current sub-groups are Policy, Procedure and Practice, Learning & Development, Quality, Safety & Performance, a Service User, Carer & Patient sub-group, a Safeguarding Adults & Safeguarding Children's group and finally a task to finish group for Care Act Implementation for Safeguarding Adults. All groups were able to demonstrate improvements in functioning and performance bar the Learning & Development group, which during the meeting we were able to confirm is intended to join with the Safeguarding Children's Board equivalent group; it is intended this will help improve performance, joint work between safeguarding adults and safeguarding children, and reduce duplication of resources.

The Enfield Clinical Commissioning Group presented their PREVENT Delivery Plan. CCGs are not specifically captured in either the Prevent or the Channel Duty, however they have responsibilities as result of their role within the health system, as laid down in the NHS Contract 2015/16. The Board considered if there are any actions which need to be taken with respect to adults eligible for safeguarding who may be at risk.

The Safeguarding Adults Board became statutory under the Care Act from April 1, 2015. The Board received a presentation from the Local Authority Care Act Lead on the actions undertaken in the Council to ensure compliancy. This presented an opportunity for the Board and all of its partners to consider the actions they need to undertake to promote Wellbeing and how we can enhance co-operation and partnership to the benefit of adults at risk of harm.