

Health and Wellbeing  
Board  
10 December 2015

**REPORT OF:**

Bindi Nagra

Assistant Director, Strategy & Resources

Housing, Health & Adults Social Care

020 8379 5298

E mail: [bindi.nagra@enfield.gov.uk](mailto:bindi.nagra@enfield.gov.uk)

**Agenda – Part:1**

**Item: 10b**

**Subject:**

Joint Commissioning Board Report

**Date: Thursday 10<sup>th</sup> December 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:

- Work currently underway on the **Section 75 Agreement for Adults** with Barnet, Enfield & Haringey Mental Health Trust, which has not been revised since 2008 [p.3]
- The impact of the **Care Act** locally and the closure of the Implementation programme and Care Act Board [p.4-5]
- Public Health England's proposed Grant Conditions [p.6]
- Changes in **Public Health** service delivery and increased responsibility to local authorities [p.7-12]
- NHS Barnet, Enfield and Haringey CCG's made a commitment to the **Mental Health** Crisis Care Concordat and the updated action plan [p.12]
- Review of **Sustainability of Mental Health Services across Barnet, Enfield and Haringey** carried out by Carnall Farrar [p.13-15]
- The redesign of **Learning Disabilities** Transformation programme to reduce avoidable admissions across London by 13% [p.15-17]
- The Joint Council and CCG Strategy for Emotional Wellbeing and CAMHs [p.18-19]
- The approval of Strengthening the Team Around You (STAY) and new service aims [p.19]

## 1. EXECUTIVE SUMMARY (CONTINUED)

- Latest ratified data confirming a marked improvement in performance for Drug and Alcohol Users in Treatment [p.19-23]
- Update on market testing for **Reprovision Project** [p.23]
- Changes within the **Voluntary and Community Sector** funding arrangements and new opportunities emerging [p.24-25]
- **Safeguarding** Quality Checker project completion of gathering intel from residents [p.25-26]
- **Carers'** Assessment and Events [p.27-29]
- Board updates:
  - Learning Difficulties Partnership Board (LDPB) [p.29-30]
  - Safeguarding Adults Board (SAB) [p.31]
  - Carers Partnership Board (CPB) [p.31]
  - Sexual Health Partnership Board (SHPB) [p.31-32]

## 2. RECOMMENDATIONS

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

### **3. SECTION 75 AGREEMENT FOR ADULTS**

3.1 The Council and NHS Enfield Clinical Commissioning Group have had a Section 75 Agreement for commissioned services for adults since 2011. Both parties have confirmed the amendments to the agreement for 2015-16, including the removal of the Public Health Schedule due to a change in the facilitation of payments to GP Practices. The section 75 agreement is currently being signed by both parties.

#### **3.2 Integrated Mental Health Service**

Enfield Council and Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) have a history of joint working which was formalised in a Section 75 Agreement in 2008. This partnership agreement enables the Trust and the Council to establish and maintain integrated provision for delivery of services to adults with mental health difficulties for whom the Trust and Council have a responsibility to provide health and social care. Council and Trust managers ensure that their respective community mental health staff, work together to meet the assessed needs of Enfield residents, whose lives are affected by severe mental illness including dementia.

Work is currently underway to draft, agree and implement a revised Section 75 Agreement which will allow the two partners to build on work to date, providing an updated framework within which the service can be provided. This is due to be presented to Cabinet in January 2016. The partnership arrangement will continue to delegate responsibility for management to the lead organisation, Barnet, Enfield and Haringey Mental Health Trust. The 2008 Section 75 agreement will be formally terminated and replaced by the revised Section 75 agreement.

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### **4. CARE ACT 2014 UPDATE**

#### **4.1 THE CLOSURE OF THE CARE ACT BOARD AND IMPLEMENTATION PROGRAMME**

4.1.1 The implementation of the Care Act 2014 Part 1, which came into force in April 2015 has been overseen by a Board specifically set up to deliver the requirements as set out in the legislation. The Board has been meeting regularly for the past eighteen months and during this time has consistently reported in the national Care Act stocktake returns that the council is confident, or very confident that it is on track to deliver the necessary changes resulting from the Care Act. It also made preparations for the implementation of the Care Act funding reforms which as reported at the October Health and Wellbeing Board meeting, have now been postponed by Government until 2020.

- 4.1.2 In view of this decision, it was agreed with Bindi Nagra, the sponsor of the Care Act implementation, and Ray James the Director of Health, Housing and Adult Social Care that all remaining activities are either mainstreamed or delivered as short term pieces of work through 'task and finish' groups. In addition that the Care Act Board is no longer required and the final meeting of the Board would take place in November 2015.
- 4.1.3 This was however, subject to members of the Board assuring themselves that the Council has met, or is in the process of satisfactorily embedding the statutory requirements as set out in the Act and, where further work is necessary, that this is recognised and agreed by the Board.
- 4.1.4 At the final meeting of the Care Act Board held on 16 November, members agreed the closure of the Board and implementation programme. This was undertaken on the basis of an agreement to a detailed closure report which set out the relevant remaining activity, together with a section on the potential areas for legal challenge, key risks and a set of information and guidance to assist colleagues as they continue to embed the Care Act duties. The document was produced following:
- A review of the initial impact analysis
  - A review of the implementation plan and associated project plans for the individual work streams
  - A review of key messages including from ADASS, the LGA (including the regional Care Act leads network) and Care Act Stocktakes
  - A discussion with the Board's legal representative about the potential legal challenges arising from the implementation of the Act – section included in the closure report

Reference to an LGA document titled **'Must Know' for Members - The Care Act 2014: how do you know your council is successfully embedding the Care Act**<sup>1</sup>. This revised briefing document for councillors and other senior local leaders provides a number of timely key messages to ensure that councils successfully realise the aspirations of the Care Act in their local change programmes. It recaps the Care Act's main features and duties, sets out the implications for councils, and provides a number of questions for decision-makers and scrutinisers to consider. The document has been fully updated to reflect learning from implementation of Part 1 of the Act, the postponement of the cap on care costs, and to identify key ongoing challenges to implementation.

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<sup>1</sup> Link to the document:

<http://www.local.gov.uk/documents/10180/5854661/L14532+Must+Knows+The+care+act+02.pdf/7949466d-36d0-4c8a-b64a-a3cce022568d>

4.1.5 The closure document also included the following items:

- The Care Act Implementation Plan (including key milestones for the funding reforms)
- A work plan for the appeals process (should it come into force)

4.2 The Care Act Board approved the closure of the Board and the closure report, which was subsequently reported to the Council's Health, Housing and Adults Social Care Departmental Management Team and accepted.

#### 4.3 **The impact of the Care Act**

Two pieces of work are currently being developed to demonstrate the impact of the Care Act. Firstly, activity based outputs demonstrating demand on services in the key areas of implementation and secondly, the difference it is making to individuals such as on wellbeing and how needs have been prevented or delayed.

4.3.1 Current information suggests that there is:

- An increase in the number of telephone calls handled by the Council's Access Team
- An increase in percentage of enquiries and screening contacts signposted or given information and advice
- Overall demand for carers assessments, support and services has increased.

4.3.2 It should be noted that this continues as work in progress to map and understand the impact of the Care Act.

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

The integrated care network 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.

#### 5.1 **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 comprising of social workers, community matrons & therapists, to deliver a multi-disciplinary, approach to supporting GPs as Lead Accountable Professionals 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.

Next Steps
<b>Falls Service</b> specification agreed clinically and voluntary sector falls prevention specification currently being procured
<b>Tele-Health</b> pilot expanded to 40 patients and one provider selected to continue with pilot; next review scheduled for late 2015
Recruitment to additional post (outside BCF Plan funding) so that CHAT functions can cover all 45 homes in second half of 2015/16. Post expected to be filled in Dec-15.

## 5.2 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 will 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. A commissioner-led review of the existing intermediate care at home and enablement is planned, which has been agreed with providers, with a few to inform further development of the Integrated Locality Teams in 2016/17.

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. An operating model & policy has been developed and recruitment to posts is underway. The model expected to be operational in Jan-16.

## 6. PUBLIC HEALTH

### **Note: Public Health England Proposed Grant Conditions Specific to services for 2016/17**

The recent Public Health England (PHE) Grant consultation process for the financial period 2016/17 includes new conditions applicable to certain services funded by the Public Health Grant.

The consultation process has now formally closed and Enfield Council did ensure wider senior management engagement contributed to its response led via the DPH.

PHE has proposed that future years' allocations will be based upon each LA's performance for the measures concerned. Therefore, Substance Misuse, Sexual Health and Children Under 5 yrs. activity will determine a combined 69%<sup>2</sup> of the

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<sup>2</sup> Sexual Health (including Prevention) (19% of the Grant allocation);  
 - Substance misuse (24% of the Grant allocation);  
 - Children 0 - 5 yrs. (26% of the Grant allocation)

Council's PHE Grant allocation based upon performance for the measures concerned. The exact details behind the definitions of these measures have yet to be announced.

Previously priority had been afforded to mandated services. Should the Grant allocation change (which is looking highly probable), the Health and Wellbeing Board may wish to consider prioritising its focus on performance against activity measures within its direct domain of control. This will ensure the Council is best placed to mitigate for financial risk and maximise the income generation opportunity in its PHE Grant allocation.

## 6.1 **Smoking**

6.1.1 Latest smoking prevalence data indicates that smoking prevalence has fallen from 15.8% in 2013 to 13.6% in 2014 (fall of 2.2%). This indicates approximately 5,000 fewer smokers than would have been expected given the 2013 prevalence. Gaining 5000 quitters through stop smoking services would cost approximately £1.6 million. Work is continuing to 'de-normalise' smoking i.e. to present it as something that is not normal to do.

6.1.2 Smoking quitter numbers are following the same trajectories as in previous years indicating that we fully expect to achieve this year's smoking target of 1572 four-week quitters. Negotiations have begun in relation to the smoking contract for next year. It is expected that there will be a greater focus on the five priority wards (Ponders End, Jubilee, Enfield Lock, Upper Edmonton and Chase).

6.1.3 Enfield recently commissioned a survey of the supply and attitudes towards illicit and illegal tobacco in the borough. This is likely to form the basis of future work to reduce the supply of tobacco in the borough.

## 6.2 **Healthchecks**

6.2.1 Only 1 year's data is available but the number of healthchecks delivered mirrors or slightly exceeds the number delivered last year indicating that we are likely to deliver a similar number of healthchecks this year as last (over 8,000).

6.2.2 The healthchecks contract has been changed so that much of the administrative burden is reduced freeing up officer time. Similarly to smoking it is expected that next year there will be a greater focus on delivering healthchecks in the five priority wards.

## 6.3 **Sexual Health Services**

6.3.1 The Borough's new **Integrated Sexual Health Community Services** contract commenced 01 November 2015 with North Middlesex University Hospital Trust as the provider.

6.3.1.1 The majority of staff (34.5 / 36 staff) agreed to be part of the TUPE process

6.3.1.2 Negotiations are now complete and the new contract is being prepared for signature

6.3.1.3 Due to delay by British Telecom with data installation, the service has not been able to move to the new premises at Burleigh Way. The revised date will be in December 2015, which is when the new service delivery model will commence.

6.3.2 The **London Sexual Health Services Transformation Programme** members<sup>3</sup> have agreed to commence the process to procure 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 Sexual and Reproductive Health Services (SRH) (community contraceptive services), which is aligned to Enfield Council's model. Cabinet papers are being presented between December 2015 and February 2016 to ensure that all Councils are in agreement to the model and process.

The members have created sub-regional groups of which Enfield is a member of North Central London (NCL) with Barnet, Camden, Hackney, Haringey and Islington. Both NCL and North West London sub-regional groups have requested Enfield to present on best ways of working and lessons learned during the procurement process.

James Rolfe is the Treasurer for the London Sexual Health Collaborative.

## 6.4 **School nursing**

6.4.1 School nursing service provides a service to all the Council-funded schools in the borough. School nurses assist with safeguarding, health promotion, can advise on health matters and help with training on long term medical conditions (e.g. how to use EpiPens) to help every child attend school and reach their potential. School nurses also deliver the school aged national immunisation programme to all schools in the borough.

6.4.2 Children can self-refer to school nursing or can be referred by school staff, social services, the looked after children nurse specialists, child protection nurses or medical colleagues.

6.4.3 There are plans to co-commission an immunisations service with NHSE and to develop a traded service for school nursing to be offered to academies, free schools and independent schools in the borough.

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<sup>3</sup> 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



6.4.4 School nursing will be reviewed in the next year to ensure value for money and assure clinical quality and governance.

6.4.5 A Needs Assessment is planned to assess whether the service is addressing the particular needs of the local populations.

## 6.5 **Services for 0-5 years** **Changes in commissioning**

From 1 October 2015, the responsibility for commissioning Health Visiting and Family Nurse Partnership services transferred from NHS England to local authorities. The rationale behind this move is that local authorities know their communities and have a better understanding of local needs so they are in a more informed position to commission the services.

Funding for the 0-5 budget will sit within the overall public health budget and is ring-fenced to March 2017.

A review at twelve months, involving Public Health England (PHE) will inform future commissioning arrangements.

Child Health Information Systems (CHIS) and the 6-8 week GP check (Child Health surveillance) have not transferred to local authorities, although the CHIS service is expected to transfer in 2020.

Health Visitors and Family Nurses continue to be employed by the provider, which is currently Barnet Enfield and Haringey Mental Health Trust.

### 6.5.1 **Health Visiting**

In Enfield, the local team has been successful in recruiting new health visitors through advertising and training and is close to achieving its trajectory.

The Health Visitor service is based on the 4,5,6 model which includes the delivery of the **four** progressive tiers of health visiting service, the **five** universal health visitor reviews mandated for the first 18 months, for review after 12 months and the **six** high impact areas for health visiting.

The **four progressive tiers** of the service model are:

- (i) **Community** – building community capacity
- (ii) **Universal** – ensuring every family has access to a health visitor and receive developmental checks and information such as parenting information and immunisation advice

- (iii) **Universal plus** - The universal plus level delivers targeted intervention. Health visitors give expert advice on specific issues such as post-natal depression or weaning to families
- (iv) **Universal partnership plus** – health visitors play a key role in bringing together the relevant local services to help families with continuing complex needs. These might include family nurse partnership, families where the child has a disability, where there are mental health issues in the family or substance misuse issues.

The **five mandated universal health visitor reviews** include

- (i) antenatal health promotion visits,
- (ii) new baby reviews,
- (iii) 6-8 weeks assessments,
- (iv) 1 year assessment and
- (v) a 2 year review.

These checks are mandated and must be delivered in the context of a national, standard format as prescribed by the regulations under section 6C of the NHS Act 2006, to ensure consistent delivery.

The **six early year's high impact areas** describe areas where they have a significant impact on health and wellbeing and improving outcomes for children and families. These include the health visitor requirement to focus on

- (i) maternal mental health,
- (ii) transition to parenthood,
- (iii) breastfeeding,
- (iv) healthy weight,
- (v) managing minor illnesses / accident prevention and health and wellbeing.

### **6.5.2 Family Nurse Partnership**

The Family Nurse Partnership (FNP) is an evidenced based, preventative programme offered to vulnerable young mothers having their first baby. It is a nurse led intensive home-visiting programme from early pregnancy to the age of two. The aims are to:

- improve pregnancy outcomes;
- improve child health and development;
- improve parents' economic self-sufficiency.

It is a “licensed” programme with structured inputs and well-tested theories and methodologies. It has a strong and rigorous US evidence base, developed over the last 30 years and has been shown to benefit the neediest young families in the short, medium and long term across a wide range of outcomes, helping

improve social mobility and break the cycle of inter-generational disadvantage and poverty.

The criteria for eligibility to be offered the programme are:

- All first time mothers aged 19 and under at conception;
- Enfield residents;
- Eligible if previous pregnancy ended in miscarriage, termination, still birth;
- Enrolment should be as early as possible in pregnancy and no later than the 28<sup>th</sup> week of pregnancy. 60% should be enrolled by the 16<sup>th</sup> week of pregnancy.
- Women who plan to have their child adopted or have had a previous live birth are excluded from the programme.

The programme demonstrates

- Improved pre-natal health
- Fewer childhood injuries and reduced child neglect and maltreatment
- Fewer subsequent pregnancies
- Greater intervals between births
- Increased maternal employment
- Improved school readiness
- There are also effects on child and maternal mortality

FNP teams have caseloads of up to 25 families per practitioner, and therefore the work is much more intense, and relies heavily on the ability of the practitioner to build a trusting and lasting therapeutic relationship with the mother.

The FNP programme in Enfield commenced enrolling clients on 1<sup>st</sup> November 2013 and has 1 WTE supervisor, 4 WTE family nurses and 1 WTE quality support officer (job share). They offer 'show and tell' sessions to individuals, teams, other professionals and agencies and including invitations to attend their team meetings in order to showcase their practice and promote the programme to a range of services.

The FNP programme is overseen by a FNP Advisory Board (FAB) chaired by the Assistant Director Commissioning and Community Engagement, Schools and Children's Services.

In the last 12 months:

- 37 clients were enrolled, of whom 41% were enrolled by the 16<sup>th</sup> week of pregnancy (the target is 60%);
- 75% of those who were offered the programme enrolled, which meant that the target of 75% was achieved;

- 44 pregnancies, 19 infancies and 5 toddlerhood graduations were completed.

There are an increasing number of vulnerable, complex and safeguarding issues within the families enrolled onto the programme.

A strategic vision for FNP in Enfield is being developed as part of the borough's wider maternity and children's services. FNP aligns with the Healthy Child Programme and will be included in future commissioning plans for the wider Health Visiting service.

An Early Years Needs Assessment, which includes the FNP programme, will be carried out in 2015/16.

## **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 linked to the Memory Service is currently being procured, with a view to starting in Jan-16.

The post-diagnostic service 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. There was a gradual long-term improvement in the proportion of people with dementia with a formal diagnosis from 45% to 67% (the BCF Plan target for Mar-16) between Jun-14 and Sep-15.

### **7.2 Mental Health**

#### **7.2.1 National Mental Health Crisis Care Concordat (MHCCC)**

NHS Barnet, Enfield and Haringey CCG's (BEH) 15]made a commitment to the Mental Health Crisis Care Concordat (MHCCC) by being signatories to the Pan-London declaration. The CCG's are committed to working in partnership to improve the experience and services commissioned for people living with mental health conditions; we are therefore working in partnership across BEH to deliver the principles of the Crisis Care Concordat.

The BEH MHCCC action plan May 2015 was developed following an assessment against the standards. This was undertaken by the mental health commissioners with specialist external support. Information was also gathered from local multi-agency groups.

This updated MHCCC action plan is designed to: -

- a) Focus on the four pillars of the Crisis care Concordat
  - ❖ Access to support before crisis point
  - ❖ Urgent and emergency access to crisis care
  - ❖ Quality of treatment and care when in crisis
  - ❖ Recovery and staying well
- b) Encourage inter agency working to maximise innovation and encourage new ideas and new ways of working
- c) Ensure the Service Users are at the centre of all our plans, their voice is heard, listened too and embraced in our plans
- d) Ensure national and local guidance and standards are met
- e) Provide a comprehensive governance framework for delivery, scrutiny and assurance, ensuring
  - i. Quality is at the heart of everything we do
  - ii. Work streams will have identified measurable outcomes.

As the action plan is implemented, updates will be provided to the H&WB within the Joint Commissioning Board reporting structure

#### **7.2.2 Reprovision of Continuing Healthcare services provided at Chase Farm Hospital**

A project board has been established to review the Barnet, Enfield & Haringey pathway in to the use of continuing healthcare beds at Chase Farm Hospital.

The Council is a member of the project board with a view to assessing the feasibility of re-providing all or part of the service to the nursing residential care service being developed at Elizabeth House.

Commissioners will provide an update with regards to future arrangements

#### **7.2.3 Review of Sustainability of Mental Health Services across Barnet, Enfield and Haringey**

Clinical Commissioning Groups (CCGs) in Barnet, Enfield and Haringey have been working with the NHS England, the Trust Development Authority, Local Authorities and Barnet, Enfield and Haringey NHS Mental Health Trust (BEHMHT) to develop a shared assessment of the challenges in providing sustainable mental health services, and to examine the future sustainability of BEH-MHT. In parallel the five CCGs of NCL including Camden and Islington are working on a joint endeavour to plan a collaborative programme of work to address the strategic challenges facing commissioners and service providers over the next five years.

Mental health has been prioritised as a key area of alliance because of the high prevalence, the resources used in response and support, and the

concerns more broadly regarding the standardisation of outcomes of care for adults and children's services.

**7.2.3.1 Key findings** - The independent review commissioned with Carnall Farrar found:

- No compelling evidence for BEH-MHT to be involved in a merger or acquisition with another organisation.
- There was a strong case for the Trust's sustainability as a going concern, subject to a number of immediate and medium term actions.

Note: The range of proposed actions to take forward falls to commissioners; some to the Trust and some for the local system partners.

- Achieving sustainable service delivery over the longer term will require a new model of care for a number of mental health services.
- That the Trust was a relatively efficient provider (with low lengths of stay, lean and productive staff teams etc).

Note: In terms of quality, it did not identify any areas of poor performance or outliers when benchmarked against other London Trusts, although there is a recognised need for all NHS mental health providers to improve quality and adhere to NICE guidelines.

- The review identified a clear case for commissioners to consider the funding structure of services provided and invest in further improvements of the Trust's services, but also acknowledged that local commissioners are significantly financially challenged, therefore supporting a collaborative approach to transforming local mental health services.

#### **7.2.3.2 Recommended actions –**

The review concluded that notwithstanding the deteriorating financial position in 2014/15, that the Trust is an efficient provider across a range of measures and that it could be viable on a standalone basis through the delivery of the following actions:

- Radical changes in models of care could cut length of stay, reduce beds and make further efficiencies over the longer term (3-5 years), supported by changes in local authorities and underpinned by the development of new payment mechanisms that support improvement of quality and productivity.
- Receiving an appropriate level of funding from local health economy commissioners for local mental health services; this is linked to addressing the balance of the wider transformation programme across

north central London to rebase the funding requirement needed to deliver mental health.

- Delivering deeper and sustainable Trust efficiencies, particularly focusing on reducing the Trust's current agency spend and use of estate.
- Improving the quality of the Trust's finance, data and information in order to implement revised value based payment mechanisms and support robust planning for the future.
- A deeper review of transforming community services provided to Enfield residents, and assessing the scale of the impact which currently operate at a financial loss.

#### **7.2.3.3 Next steps**

The review concluded that notwithstanding the deteriorating financial position in 2014/15, that the Trust is an efficient provider across a range of measures and that it could be viable on a standalone basis through the delivery of the following actions:

- Radical changes in models of care could cut length of stay, reduce beds and make further efficiencies over the longer term (3-5 years), supported by changes in local authorities and underpinned by the development of new payment mechanisms that support improvement of quality and productivity.
- Receiving an appropriate level of funding from local health economy commissioners for local mental health services  
Note: this is linked to addressing the balance of the wider transformation programme across north central London to rebase the funding requirement needed to deliver mental health.
- Delivering deeper and sustainable Trust efficiencies - particularly focusing on reducing the Trust's current agency spend and use of estate.
- Improving the quality of the Trust's finance, data and information in order to implement revised value based payment mechanisms and support robust planning for the future.
- A deeper review of transforming community services provided to Enfield residents, and assessing the scale of the impact which currently operate at a financial loss.

### 7.3 Learning Disabilities

#### 7.3.1 Transforming Care for adults with learning disabilities (Winterbourne View)

7.3.1.1. Enfield continues to be one of the leading areas in terms of implementation of the programme and the Concordat. Since September 2015, we have redesigned the crisis prevention pathway to include NHSE's mandated Care and Treatment (CTR) reviews. NHSE has introduced CTRs to care and treatment pathways to reduce avoidable admissions across London by 13%.

Commissioners have met with CNWL (Enfield's ATU provider) and health and care professionals to ensure that CTRs are embedded in process across the partnership and are meaningfully used as part of the crisis prevention service.

7.3.1.2. Adults and Children's commissioners across the CCG and Social Care are working together to identify children and young people with learning disabilities and / or autism with mental health issues and challenging behaviour who are at risk of being admitted to inpatient services.

We will then work together to ensure that children and young people at risk of admission to inpatient services are included in all reporting, monitoring and preventative work to ensure that support is personalised, responsive and reduces the need for admissions where clinically appropriate.

7.3.1.3. Our LD assessment & Treatment Service Provider, CNWL, is currently completing a review of the Seacole service which is on the Chase Farm hospital site to assess the long term viability of the service. Commissioners for learning disabilities and mental health services are scoping contingency plans and developing an options appraisal which will be aligned to the principles of NHSEs 'Building the Right Support' dated 2015 that promotes the principles of people with disabilities being supported by mainstream and community focussed services that offer less restrictive options for people with learning disabilities who are experiencing mental health issues and behaviour that can prove challenging.

#### 7.3.2 Collaborative contract framework for people with learning disabilities

Waltham Forest, Hackney and Enfield have commenced procurement and agreed a collaborative contract framework for people with learning disabilities who require health, care and support to live independently.

The tender commenced in October and closed at the beginning of November. Commissioners from Waltham Forest, Hackney and Enfield will start the evaluation and selection process on the 1<sup>st</sup> of December and we will be able to start drawing off of the contract framework by the beginning of February 2016. Experts by Experience (Parent / Carers and



people with learning disabilities) will be supported to take part in the procurement and the interviews.

The aim of the contract framework is to diversify the local supported living market and improve quality, safety and efficiency outcomes for people with learning disabilities who meet the eligibility criteria for specialist health and care. Enfield CCG will be able to utilise this contract framework also.

### **7.3.3 New developments**

We are currently working in partnership with a range of providers to develop housing options and supported living services for people with profound and multiple learning disabilities and those with complex needs. Planning applications have been submitted for the following developments:-

- 1) 14 self-contained 1 bed flats for people with complex needs that includes the provision of a community hub in the western part of the borough
- 2) The reprovision of 2 x residential care services for older people with learning disabilities that will be redeveloped to provide supported living for the 16 existing service users
- 3) 5 x self-contained supported living units for people with profound and multiple learning disabilities with physical healthcare needs. This will be funded by the CCG through Continuing Health Care budgets and the local authorities care purchasing budget. The project will include sleep over rooms for family and friends.
- 4) Newlon has completed the build on a 14-bed self-contained supported accommodation service for older people with learning disabilities who may also have dementia which is situated as part of the Carterhatch service

### **7.3.4 IMPLEMENTATION OF THE JOINT STRATEGY FOR PEOPLE WITH AUTISM**

Commissioning is working with a local voluntary and community sector provider, One-2-One to implement the strategy for adults with autism. Over the last few months we have:-

- a. reinvigorated the Autism Steering group which includes health and care professionals from the learning disabilities service, mental health services and CMS and Experts by Experience and agreed a set of high level objectives that are in alignment with the National Autism Strategy
- b. set up a practitioners working group with aim of improving access to diagnostic and support services, sharing best practice and agreeing the agenda for the Autism Conference which will take place in the Spring of 2016

- c. Set up 2 peer support groups in accessible locations across the borough. The peer support groups are meeting regularly and are well attended by people with autism.
- d. Arranged to attend GP Protected Learning Time (PLT) sessions in December to promote awareness of the needs of people with autism and how to make reasonable adjustments so that health services are more accessible

## 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. There has been a NCL discussion about the Perinatal Mental Health provision. We are waiting further funding for perinatal mental health.

### 7.5.2 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 CCG area is required to submit a Transformation Plan. Enfield submitted on 16 October 2015. The national timeline required the assurance process to be completed in the first week of November, and feedback was received on the 9<sup>th</sup> November 2015. Enfield was asked to resubmit our plan to provide additional assurance, and this was done as required on 24<sup>th</sup> November 2015.

Transformation Plans had to include information on services currently available, levels of local investment, areas for service transformation and arrangements to review implementation of the plan and monitor improvement. Development of the plan was led by the CCG and Council, working closely with our providers and other partners, including children and young people.

Our plans 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

All CCGs have been allocated three areas of funding which are shown in the table below.

1.	2.	3.
Initial allocation of funding for eating disorders and planning in 2015/16 (Already released)	Additional funding available for 2015/16 when the Transformation Plan is assured	Minimum recurrent uplift for 2016/17 and beyond if plans are assured (includes eating disorders)
£169,378	£423,970	£593,348

In addition to this, CYP IAPT funding in 2015/6 to 2016/17, £426k for training and backfill have been agreed. Staff members from the Enfield Behaviour Support Service, Educational Psychology Service and CAMHS are involved in this programme.

There have been increased pressures on the service, and waiting times have grown. The increased numbers of young people with deliberate self-harm in particular is a concern. In 2015/16 we have stated that want to focus on establishing a platform for further development. Therefore priorities for investment in 15/16 include continuation of self-harm and crisis intervention work with NMUH and Barnet, a waiting list initiative, infrastructure to support implementation of the plan, and development of a peer support scheme proposal and voluntary sector capacity.

Priorities thereafter are to increase capacity in the service to develop a whole system response to crisis intervention, autism and neuro-developmental/mental health services, and a focus on developments that will support early identification and intervention, such as the parent and infant mental health service.

#### **7.5.3 Strengthening the Team Around You (STAY) (formerly the Enhanced Behaviour Support Service)**

STAY was approved at the 13 October 2015 BCF Management Group meeting. The new service aims to avoid residential accommodation for (approximately) four children / young people 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'. BEH Mental Health Trust are recruiting for the project.

### **7.6 DRUG AND ALCOHOL ACTION TEAM (DAAT)**

#### **7.6.1 Performance for Drug Users in Treatment.**

The latest NDTMS ratified data for the 12 month rolling period October 2014 to September 2015 is confirming that Enfield has seen 1055 drug users for treatment during the year. This is a marked improvement over the previous excellent performance already reported to the Board at its

previous meeting. Enfield remains strong in respect of its London ranking for Numbers in Treatment as it is currently placed 13th; against an investment ranking of 20th. The Number of Successful Treatment Completions has improved even further and now reached 25%; 5.1% above the London average and 9.7% above the National average. The DAAT is currently ranking 8th in London for Successful Treatment Completions. It is important to note that Successful Treatment Completions is the key quality indicator determining the effectiveness of treatment on drug misuse while Numbers in Treatment should be regarded as the key quantity measure.

The Numbers of drug users in Treatment and the Successful Treatment Completion rate for Enfield DAAT is summarised in Fig. 1 below:-

**Fig. 1: All Drug Users (DAAT Partnership)**

Partnership	Apr 2014 to Mar 2015	July 2014 to June 2015	Sep 2014 to Aug 2015	Oct 2014 to Sept 2015	Apr 2015 to Mar 2016
	Baseline				Target
Number of Successful Completions	177	249	261	264	217
Numbers in Treatment	977	1014	1047	1055	1014
% Successful Completions	18.1%	24.6%	24.9%	25.0%	21.4%
% London Average	19.6%	19.9%	19.8%	19.9%	
% National Average	15.8%	15.6%	15.3%	15.3%	

#### 7.6.2 Numbers of Alcohol Users in Treatment.

The DAAT has made considerable progress with both improving the Number of Alcohol Users in Treatment and also driving up the quality in care by increasing the Successful Treatment Completion Rate. The numbers now receiving treatment has stabilised at 354 which is good given the challenging investment afforded to alcohol. It is very pleasing to note that Enfield has also witnessed marked improvement for Successful Alcohol Completions and is now well above the London average at 45.2% (the London average being 41.3%).

The Numbers of alcohol users in Treatment and the Successful Treatment Completion rate for Enfield DAAT is summarised in Fig. 2 below:-

**Fig. 2: Alcohol Performance for Enfield DAAT**

Partnership	Apr 2014 to Mar 2015	July 2014 to June 2015	Sept 2014 to Aug 2015	Oct 2014 to Sept 2015	Apr 2015 to Mar 2016
	Baseline				Target
Number of Successful Completions	113	151	154	160	122
Numbers in Treatment	326	355	358	354	326
% Successful Completions	34.7%	42.5%	43.0%	45.2%	37.4%

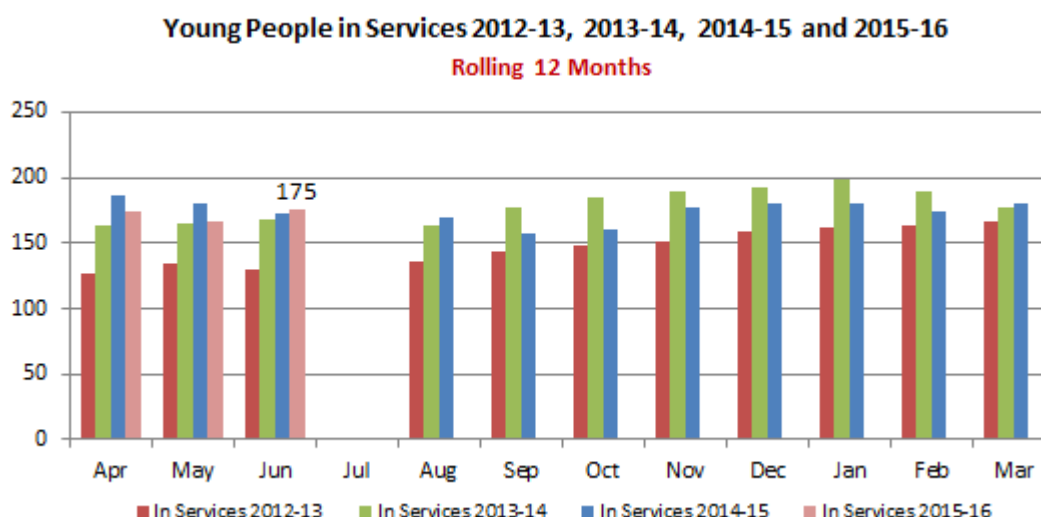
% London Average	39.3%	39.9%	40.6%	<b>41.3%</b>
% National Average	39.2%	39.1%	38.8%	<b>39.1%</b>

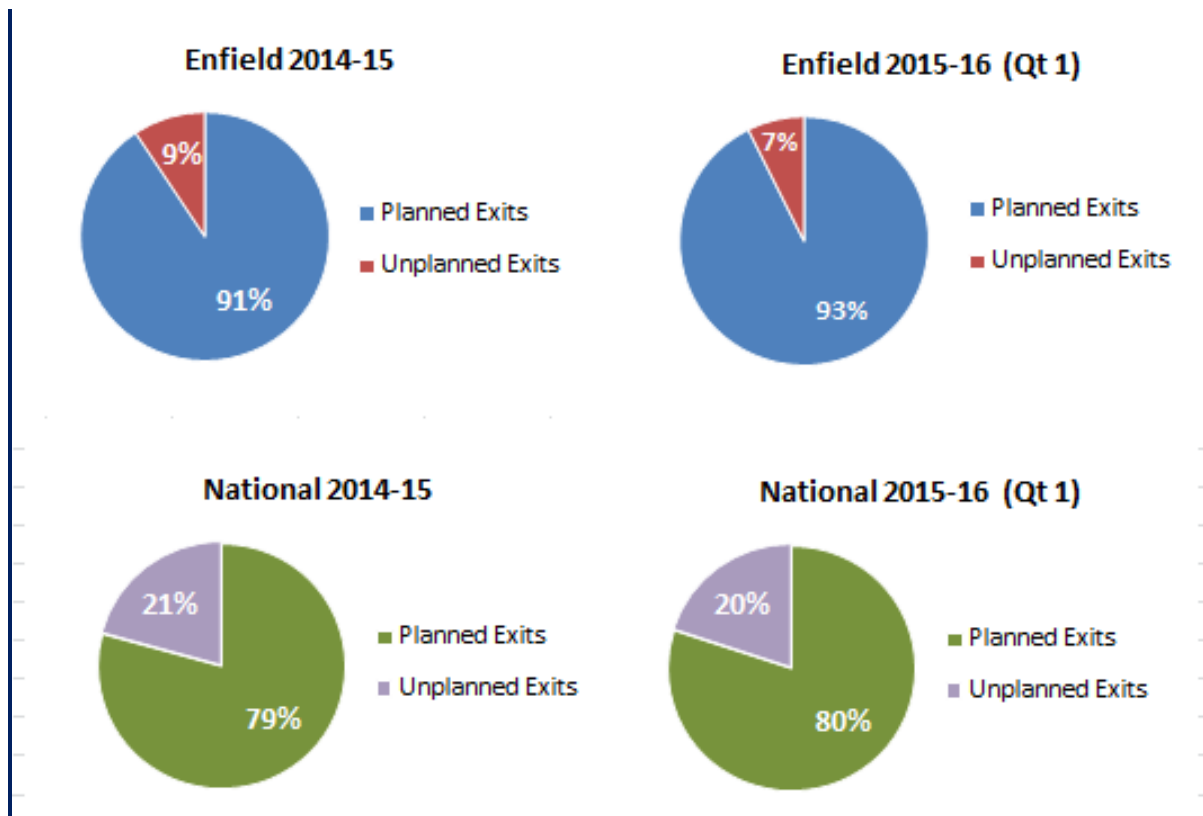
#### 7.6.5 Number of Young People in Substance Misuse Treatment.

The most recent PHE Q1 ratified performance for young people has confirmed that 175 young people received substance misuse treatment for the 12 month period up to June 2015. 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. During the 2015/16 Q1 period NDTMS has confirmed that Enfield has increased its performance for Young People leaving treatment in a Planned Way as the performance has reached 93%. This is considerable improvement as it is 13% above the National average.

The Numbers of Young People in Treatment and the Planned Treatment Exit Rate for Enfield DAAT is summarised in Fig. 3 below:-

**Fig. 3: Number of Young People in Treatment (Rolling 12 months) for Enfield DAAT**





### 7.6.3 Substance Misuse Crime Reduction Recovery Performance

The end of Q2 2015/16 MOPAC Performance is showing excellent progress as all targets have been exceeded for the Quarter. For instance: the percentage of offenders who have achieved Reduced Offending is 26.2% against a target of 20%; the Successful Treatment Completions is 35.1% against a target of >19.6%; and the Numbers in Treatment is 329 against a target of >208 (i.e. the target has to be at least 40% above the 2013/14 Baseline performance). It was agreed that Enfield would continue to report on the Total Number of Convictions and maintain an ambition to ensure these did not exceed the 2013/14 Baseline. Q2 progress is positive and indicating that we are forecasting to remain to be below the end of year target of 221.

The DAAT performance against the MOPAC targets is summarised in Fig. 4 below:-

**Fig 4. Enfield MOPAC Re-offending Report 2015-16**

**Re-offending Cohort: 42**

MOPAC Re-offending Cohort: 42	2013-2014 BASELINE				2015-2016 CURRENT					
Category	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	YtD	TARGET
Total Number of Convictions	62	33	75	51	21	48			48	<221
Cumulative Number of Convictions	62	95	170	221	21	69			69	<111
Clients with Increased Conviction Rate YTD	N/A	N/A	N/A	N/A	6	12			12	N/A
Clients with Static Conviction Rate YTD	N/A	N/A	N/A	N/A	17	19			19	N/A
Clients with Decreased Conviction Rate YTD	N/A	N/A	N/A	N/A	19	11			11	N/A
IMPROVED MOPAC TARGET % of Cohort Achieving Reduced Offending Behaviour	N/A	N/A	N/A	N/A	45.2%	26.2%			26.2%	>20%
DIP NDTMS Successful Completions 12 Month Rolling	N/A	N/A	N/A	N/A	28.3%	35.1%		-	35.1%	>19.6%
DIP NDTMS In Treatment Drug/Alcohol 12 Month Rolling	N/A	N/A	N/A	N/A	329	319		-	319	>208

## 8. REPROVISION PROJECT

Construction work continues on the build of a new 70 bed care home on the former Elizabeth House site in eastern Enfield. Morgan Sindall has been on site for 15 weeks and works to date include piling, installation of ground beams and commencement of drainage. Communication with key stakeholders is ongoing and includes regular constructor newsletters which are circulated to neighbours, meetings held with local schools and also Old Enfield Charitable Trust.

The project group continue to work on the tender documentation in particular the Service Specification requirements, the Contract and the Lease Agreement. Regular meetings are currently held with colleagues in Property Services, the CCG and internal project groups where key decisions continue to be made and inform the content of these documents.

A market engagement event was held in September 2015 and market testing continues with key items being considered prior to the tender publication. In addition to the event itself Providers were given an opportunity to attend individual surgeries, enabling us to identify the markets appetite for this opportunity and for the key aims and objectives to be delivered. This also provided the forum for trying to obtain innovative ideas and solutions for this proposed procurement process.

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The project plan continues to reflect our aim to publish this procurement opportunity by December 2015 with an evaluated outcome by February 2016.

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

- 9.1 The Council values the work of the Voluntary and Community Sector (VCS) and its key role in supporting the delivery of support and services which help to prevent or postpone the need for support from statutory services. However in the current extremely challenging financial context, there are difficult decisions to make and in reviewing funding arrangements the Council has with the VCS, elected members and through Cabinet, agreed that funding for the VCS will have to be reduced.
- 9.2 We have taken what we consider to be a fair and consistent approach, in line with the Adult Social Care VCSSCF and the Council's Corporate Voluntary Sector Strategy, in removing the existing core funding arrangements which Adult Social Care has in place.
- 9.3 There are a considerable number of organisations within the VCS with whom we work with only a small number in receipt of this core funding. Commissioners met with affected organisations recently to discuss this and to inform them that we would, within the next month, be giving notice in writing that the current Core Funding arrangements will cease, providing them with a six month notice period. Commissioners also discussed at the meetings the offer of further support that may be available from the Council in the transition period.
- 9.4 However, new opportunities for the sector are and will be emerging:
- Funding for the provision for Falls Management and Post Diagnostic Support for People With Dementia, commissioned by the Enfield Clinical Commissioning Group (ECCG) and linked to the Integrated Care Programme has been advertised and bids are in the process of being evaluated.
  - Forthcoming funding of support for the Age & Disability equalities strands
  - Through Enfield Voluntary Action, Commissioners are arranging independently facilitated workshops where commissioners and VCS organisations will jointly discuss 'What does good prevention look like?
  - The workshops will take account of good practice within the VCS, case studies & scenarios to prompt discussion. The focus will be on primary prevention but invariably we will touch on secondary & tertiary prevention also. Adult social care & ECCG Commissioners will present key data from the Joint Strategic Needs Assessment, Health & Wellbeing Strategy priorities & examples of good prevention from research undertaken. The main output of these workshops will be a suggested list of priority areas of activity that Adult Social Care will commission from the VCS.
  - Additional opportunities for the VCS include : the development of Personal Assistants ; complementing and enhancing Support Planning & Brokerage



options for service user and carers ; the development of a framework of Managed Accounts provision

- 9.4 Through increased joint working with the ECCG further opportunities will emerge for the VCS with a focus on evidence based outcomes and prevention.

## **10. SAFEGUARDING**

### **10.1 Quality Checker Programme**

10.1.1 The Quality Checker project continues to recruit volunteers to the project to ensure that the volunteer team present the community they serve:

- Recently completing a project to gather information from residents in care homes across the borough regarding their hydration needs. This was in response to a report suggesting that residents from care homes in Enfield that presented to hospital Accident and Emergency units were more likely to be dehydrated than those presenting from their own homes. The information gathered was formulated in to a detailed report and presented to the multi-disciplinary working group to support the next steps of the project to improve hydration strategies and monitoring in care homes and improve residents' experience.
- Working in partnership with the LBE Independence and Wellbeing Services to review the SADLS service currently offered by a range of pharmacies borough wide who dispense small items of equipment from a prescription issues by social care practitioners following assessment. The Quality Checkers conducted a mystery shopping exercise and visited all pharmacies involved and gathered valuable feedback on the customer service provided. The feedback gathered was again formulated in to a detailed report and shared with the Independence and Wellbeing Service manager to support the review and service improvement and development.
- Carrying out a series of visits to a sample of care homes across the borough to gather resident and staff feedback to determine the providers understanding of meeting the needs of residents and their families from the Lesbian, Gay, Bisexual and Transgendered community.

10.1.2 The Quality Checker project is working in partnership with the LGBT Network organisation in Enfield to ensure all volunteers involved have appropriate training and that the visits are conducted sensitively.

The report drawn from the visits findings will be presented to the Safeguarding Adults Board and shared with the CQC, CCG and Health Watch who have expressed an interest in this project. It is hoped that this project will raise awareness amongst care home providers and inspire them to develop their services and offer a commitment to meet the needs of residents and their families from the LGBT community.

10.1.3 The Quality Checker Volunteer Co-Ordinator will be hosting a Christmas celebration to reward the projects volunteers for their continued hard work and commitment to make positive changes to social care services in Enfield.

## 10.2 **Safeguarding Information Panel**

10.2.1 The multi-disciplinary Safeguarding Information Panel continues to meet at six weekly intervals to share key information about the performance of social care providers in Enfield. The data provided from safeguarding alerts and safeguarding information panel referrals is used in conjunction with the information of representatives of the panel to target failing providers with appropriate support mechanisms and interventions.

10.2.2 The continued monitoring of providers by the SIP has proved key in ensuring that supportive interventions are offered at timely intervals to prevent the risk of increased numbers of safeguarding alerts where possible. In addition to this the SIP is able to share key information with partners to look at themes and trends of safeguarding issues and signpost identified providers to training and information to improve their service delivery accordingly.

10.2.3 The Safeguarding Information Panel is developing data collection to enable providers who appear on their 'radar' frequently to be identified and supported to make and sustain required improvements. The SIP is key to share and provide information to maintain and monitor the standards of social care across the borough.

## 10.3 **The Adult Multi-Agency Safeguarding Hub (MASH)**

### 10.3.1 **Multi-Agency Safeguarding Hub Steering Group Report**

The Multi-Agency Safeguarding Hub is now well established (Operational Date: 20<sup>th</sup> April 2015) and continues to operate from an interim location within the Civic Centre. The expectation is for the team to be co-located with Children Services when permanent accommodation becomes available in 2016, once the refurbishment works are completed with the Civic Centre.

10.3.2 **Staffing** - MASH is currently fully staffed with six social work posts (two of which are agency). Recruitment for permanent two social workers has proven successful and the expectation is for these social workers to be in post by beginning of March 2016. Two social work students will be on placement until May 2016. MASH currently has one been assigned one Business Support Officer.

10.3.3 **Referrals** - Between 20<sup>th</sup> April 15 and 24<sup>th</sup> November 15, the MASH received approximately 1578 concerns. 876 police risk assessments. Initial problems around the flow of referrals from the police and ambulance service have been resolved and information is being transferred to partner agencies in real time with no delays until 23<sup>rd</sup> November 2015 when MASH received a batch of 50 police risk assessments.

10.3.4 **North Middlesex Hospital** - An interim process for North Middlesex ceased on 30<sup>th</sup> October 2015 and all safeguarding concerns are now being

referred directly to the MASH. North Middlesex has provided a dedicated email address for correspondence and in addition to a Safeguarding Co-ordinator, has identified Matrons to attend strategy meetings and to share information.

**10.3.5 Statistics** - The Council is currently transforming all of its back office functions, including performance management. Work is underway to ensure that the full suite of performance indicators and management information through which the MASH manages its performance, is available. A full suite of performance metrics and data will be available as an appendix to the next Health and Wellbeing Board update.

**10.3.6 Partner Agencies** - Partner agencies – this is working well most of the time. Where there are issues with response times, this continues to be monitored. Police attendance at strategy meetings has improved but MASH staff are still having to ring 101 to share information with police.

**10.3.7 Audit/Review** – Quarter 2 audit was completed in November 2015 and the results were positive. This was a useful opportunity to review progress and to identify strengths and weaknesses and opportunity for organisational learning.

**10.3.8 Roadshows** - Members of MASH have attended roadshows to promote the work of the MASH with various agencies across the borough and in the Council.

**10.3.9 Training and Development** - MASH will be working with Middlesex University to provide six anonymised cases for safeguarding modules for social work training.

**10.3.10 Technology** - One person has managed to access RIO but has not been a smooth process. The matter has been escalated with Serco.

**10.3.11 Interface Meetings:**

1. Interface meetings have been set up to discuss cases, to avoid drift and to agree case responsibility.
  - North Middlesex Hospital – fortnightly (alternate sites – MASH room/North Middlesex Hospital)
  - Enfield CCG – weekly (MASH room)
  - Weekly case management meeting with MASH managers re complex cases, receive support and guidance from seniors in MASH, CMS or Central Safeguarding (depending on the case)
  - Crime Consultation (DV and police) – Civic Centre

## **11. 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 including scoping GP premises requirements in Meridian Water. The next meeting is 2<sup>nd</sup> February 2016

## **12. CARERS**

### **12.1 The Care Act and Carers Assessments**

The focus of much of the Carers work has been ensuring we are meeting our duties from the Care Act 2014. We have reviewed our webpages and information provision in line with the Act and ensured carers have a comprehensive information offer including advocacy.

Work has been ongoing to delegate authority for standalone Carers Assessments to Enfield Carers Centre. Enfield Carers Centre will undertake a one year pilot project to undertake standalone Carers Assessments and have employed two members of staff to undertake these. This contract will begin on the 1<sup>st</sup> December 2015.

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

Meetings have been held between the Chairs/representatives of all the Equalities groups to look at increasing the role and profiles of these groups. All are suffering with low attendance and involvement. Lots of reasons were discussed and how we could overcome them.

An awareness session will be held in December 2015 and new meetings dates set for 2016 and circulated.

### **12.3 Carers Week (8th June-14th June)**

Enfield Carers Centre hosted a successful Family Fun Day outside Enfield Town Library on Saturday 13th June. This event included information stalls, entertainment and food and drink. The purpose was to raise awareness of carers issues and the Centre itself.

Enfield Council held an information day with carers with a series of presentations including DWP, Carers Trust and a welcome from Cllr Cazimolglu. A Question and Answer session with Bindi Nagra following lunch also proved very popular.

### **12.4 Carers Rights Day (Friday 20<sup>th</sup> November)**

Enfield Carers Centre and London Borough of Enfield hosted a Carers Rights Day event on Friday 20<sup>th</sup> November at the Centre. The event included a lunch and information stalls, presentations from Michael Stennent, a solicitor, who took questions on Power of Attorney, the importance of legal planning, the Carers Trust on 'Making the Most of Your Carers Assessment' and a Question and Answer session with representatives from the Carers Centre, London Borough of Enfield and Enfield CCG. The Centre's AGM followed on from this event. A total of 57 people attended this event.

## 12.5 Enfield Carers Centre

Due to the early meeting date for the Health and Wellbeing Board, we have not received the latest statistics for the services through Enfield Carers Centre as Quarter 2 (Sept-Dec) has not ended. Therefore information included is up to the end of September 2015.

The Centre now has 4124 carers on the Carers Register. In addition, 924 carers hold a Carers Emergency Card. In the June-September 2015 quarter the Centre registered 237 new carers.

The Carers Centre respite programme has allowed 238 carers to receive a break between June-September including a 5 day break to Amsterdam.

In the June-Sept quarter, 77 carers received benefits advice from the ECC Benefits Advisor. 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 June-September 2015 the Hospital Worker identified 61 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 June-Sept 2015 quarter they provided support to 80 carers.

The newly established Transition project for young carers and young adult carers is running well, although funding is currently being sought to continue this work. In this quarter of operation the Young Adult Carer Project has identified 25 young adult carers.

The Centre's training programme has seen 125 carers attend a training sessions over this quarter. A further 22 carers have received one to one counselling during this period.

## 12.6 Identification of Carers

Prior to Carers Week in June, there was 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.

## 13. PARTNERSHIP BOARD UPDATES (COMMISSIONING ACTIVITY)

### 13.1 Learning Difficulties Partnership Board (LDPB)

13.1.1 The LDPB last met on the 16th of November. The Big Issue for this meeting was agreeing the board's next two year work plan.

13.1.2 The board agreed a slightly simpler work plan, with the following work streams

- Autism
- Equalities and Inclusion
- Family Carers
- Hate Crime
- Health
- Leadership and Advocacy
- Moving on (Transition)
- Transport
- Workforce development

Lesley Walls (One-to-One) informed the board that the Equalities and Inclusion subgroup had applied for Big Lottery funding for a 'Learning Disability Council', and this had now progressed to the second stage. They should know if they have been successful by the end of the year.

13.1.3 Cenk Orhan (Policy and Engagement Officer), had been on the agenda to provide feedback to the board on the recent transport policy consultation. Cenk was unable to attend on the day; however Chris O'Donnell (Person Centred Planning Coordinator) was able to see a copy of the consultation data, and gave a brief presentation on the answers to the questions.

Board members found this interesting, and look forward to seeing the 'Questions and Answers' document addressing issues raised in the consultation. The board also asked a number of general questions about the cabinet process. Chris agreed to send out an easy read guide with the minutes.

Some Board Members expressed a number of concerns about the process. Chris will make sure Cenk is aware of these and they are reflected in his report. Some members also expressed a concerns that this would have disproportionate financial implications for some of the most vulnerable people with Learning Disabilities.

13.1.4 Chris then gave a brief presentation on the proposed content of the new Learning Disability Information webpage. The board we're happy with the overall structure. Chris will circulate a more complete document for the boards more specific comments.

13.1.5 Niel gave the board an update on the current financial situation. Members were particularly interested in the effects of the project into 'Double Provision'. Some members were concerned about the effects this would have on people who would now have all of the care and support needs met by one residential service. Niel explained that the ILDS were working closely with residential providers to maintain people's lifestyles, and that people will robust support plans, with clear outcomes and regular reviews.

13.1.6 Niel updated the board on the recent 'Positive and Safe' conference. This is an opportunity for Enfield to take a national lead in developing best practice in supporting people whose behaviour can be challenging. It involves working in

partnership with the CQC, DoH, and local providers to promote Positive Behaviour Support

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

The next meeting of the Board is a half day workshop of partners in December to enable strategic decision making and an opportunity to reflect on governance within the Board.

The Board will also be receiving the findings from two 'Safeguarding Adults Reviews' which became statutory in certain circumstances as set out by the Care Act 2014. A SAR is not intended to reinvestigate a case nor apportion blame but serves the purpose of agencies aiming to learn by working together.

The review is to establish whether there are lessons to be learnt in cases where there may have been multi-agency failings and to use this learning to improve future joint working. All SARs will be reported on in the Safeguarding Adults Board Annual Report.

The Safeguarding Adults Board is supporting the 16 Days of Action to end violence against women and girls and are hosting a conference on safeguarding adults and domestic violence. The aim is to consider how we empower those experiencing domestic abuse to both survive and thrive – without holding them responsible for their own abuse.

### **13.3 Carers Partnership Board**

The Carers Partnership will now be chaired by Doug Wilson, Head of Strategy and Commissioning going forward.

It has also been agreed to review the structure of the sub-groups that sit underneath the Carers Partnership Board for effectiveness. The priority of the Board is to strengthen the voice of the Carers Hub – the forum for VCS organisations who work with carers and set up a new sub group, the Carers Scrutiny Group, to take the place of the Strategy Implementation Group as the Strategy ends in March 2016.

### **13.4 Sexual Health Partnership Board**

The Terms of Reference will be amended to reflect the new Integrated Sexual Health service provider

The Board agreed that there was a need for the development of a HIV Needs Assessment

Pharmacies that are delivering EHC were commissioned to also distribute Chlamydia test kits, which is producing some positive results, who are signposted to the clinic for treatment

On the 21st September 2015 the Iris Clinic commenced, it will provide care and support for women who are experiencing problems as a result of female genital mutilation (FGM). The clinic provides an environment where women are invited to discuss their health needs in a sensitive and non-judgmental environment.

The service offers:

- All-female team,
- Interpreting Service,
- Psychological/Social Support,
- Deinfibulation (reversal),
- General gynaecology advice,
- Contraception advice,
- Sexual health advice

The clinic will take place on the first Friday (14:00-17:00) and third Monday (09:00-12:00) of the month and is held in the women's outpatient department in the new maternity build. Referrals to the Iris clinic can be made by emailing [northmid.irisclinic@nhs.net](mailto:northmid.irisclinic@nhs.net) or by telephoning 07776 997 893.

The FGM task and finish group is moving from the Safeguarding Board to the Health Improvement Partnership (HIP) under the Health & Wellbeing Board (HWBB).