Narrative

Selected Health and Well Being Board:	Enfield

Remaining Characters	30,235

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).
Despite significant challenges across our health and social care services in Enfield the implementation of our Better Care Fund programme of work has seen some success in 2015/16: Admissions to residential and nursing care continue to reduce and our target, already very ambitious, will be met this year. Our enablement service continues to deliver excellent outcomes with over 71% discharged with no further need for support and we are on track to achieve approx 86/87% of people living independently after receiving the service upon discharge from hospital. Our satisfaction measure shows good performance against continuity of care co-ordination (continuity of support and telling your story once). Seven day working is in place across health and social care and our integrated locality teams are working well to bring a multi-disciplinary approach to supporting people who need our help. We are clear that the work we have done in 2015/16 to reduce emergency admissions for older people (65+) needs to be extended into paediatrics and our 50+ population as these have shown themselves to be areas of increased pressure this year. The increase in the number of people whose discharge from hospital was delayed in 2015/16 has been identified with particular issues around: a) non acute mental health discharge and support arrangements, b) shortage of residential/nursing stepdown provision, c) patient choice (for residential/nursing care) and the completion of assessments. An action plan is in place and has been implemented with a 45% reduction in delays achieved in January 16 compared to September 15. This remains an area of priority for 2016/17. This is supported by the System Resilience Groups focussed around our two main acute providers. Improving the availability of good accessible information which supports informed decision making and self-management of long term conditions is key to our vision of integrated care. Access to good quality information has been improved as a result of the Care Act implementation. Work has also started during 2015/16 on recommissioning the VCS in partnership across the Council and the CCG with a view to commissioning evidence based support and services which will work jointly with statutory services. This will enable us to increase our focus on early intervention and preventative services which engage with people at an earlier stage to increase resilience, self-care and to provide single points of access for information/advice/practical low level support as appropriate.