

**HEALTH and WELLBEING
BOARD**

REPORT OF:

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Agenda – Part:	Item:
Subject: Joint Commissioning Board Report	
Date: Tuesday 12th July 2016	

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:

- Updates on Section 75 Agreements with BEH MHT and the CCG [p.3]
- Housing Gateway pilot project to purchase accommodation from the open market to meet the specific needs of adults with disabilities [p.3-4]
- Enfield Integrated Care for Older People Programme:
 - Enfield Council, Enfield CCG and Enfield Community Services agree to a joint approach in developing Phase II of the Independent Locality Team [p.4]
 - The Council and CCG's joint commissioning of two voluntary care services [p.4-5]
 - Outline of the Community Crisis Response Team [p.5]
- Update on the success of the first cohort of clients serviced by the Family Nurse Partnership service [p.6]
- The CCG working with GPs to identify patients who may need to be assessed and added to Dementia Registers [p.8]
- Mental Health:
 - The CCG and BEH MHT has set up a Steering Group to explore opportunities for patients who are currently placed in Complex Care out of borough [p.9]
 - Scoping the potential of the borough's Mental Health Wellbeing Centre [p.9]

1. EXECUTIVE SUMMARY (CONTINUED)

- Learning Disabilities – Enfield Council received a Highly Commended Award at the Municipal Journal Local Government Achievement Awards 2016 and has been shortlisted as a finalist for the Health Transformation Awards [p.10]
- Introducing the draft Early Help Strategy 2016-19 [p.13]
- Work being carried out to launch the tender to secure a provider to deliver Residential and Nursing Care services from the former Elizabeth House site in eastern Enfield [p.15]
- Update on the recommissioning of Voluntary & Community Sector services [p.16-17]
- The Safeguarding Adults Board's Annual Report 2015-16 has been completed and is scheduled to be presented in full to the H&WB 5th October [p.17]
- The Multi-Agency Safeguarding Hub (MASH) is now fully operational [p.18-19]
- Update on Carers Week – 6th to 12th June
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- Partnership Board updates [p.21-24]
 - Safeguarding Adults Board [p.21]
 - Carers Partnership Board [p.22-23]
 - Learning Difficulties Partnership Board [p.23-24 and Appendix 2]

2. RECOMMENDATIONS

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

3. INTEGRATED & PARTNERSHIP WORKING

3.1 SECTION 75 AGREEMENT

3.1.1 s75 Agreement between LBE and BEH MHT

Enfield Council and Barnet, Enfield and Haringey Mental Health Trust has revised the Section 75 agreement for Integrated Mental Health Services. The Council and Trust 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. The 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.

The creation of a new Section 75 Agreement will allow the two partners to build on work to date, providing an updated framework within which the service can be provided. The partnership arrangement will continue to delegate responsibility for management to the lead organisation - Barnet, Enfield and Haringey Mental Health Trust.

The Trust approved the revised agreement on 20th June and work is now underway to formally issue the agreement for signing.

3.1.2 s75 Agreement between LBE and Enfield CCG

Enfield Council and Enfield Clinical Commissioning Group (CCG) are currently renewing the Section 75 agreement for Adults. It is intended that this will include Children's services joint arrangements going forward. Agreements have been reached regarding the Better Care Fund (see separate report). Agreements are also proposed regarding some continuing healthcare within the Re provision project (a new dual registered care home). The signing of a new Agreement for 2016/17 is expected to take place by the end of July 2016.

4. SPECIALIST HOUSING

4.1 Following development of the **Parsonage Lane** shared ownership pilot project (now near completion), a feasibility study is now underway to explore opportunities for the Council to offer mortgages to enable the purchase of fully wheelchair accessible shared ownership homes for people with long term disabilities. Assuming the outcome of this study is positive, this approach will provide an innovative solution to maximise the appropriate use of new build accessible homes for sale, whilst meeting escalating need for wheelchair accessible homes.

4.2 A pilot project with the **Housing Gateway** to purchase accommodation from the open market to meet the specific needs of adults with disabilities wishing to live independently in the community is progressing well. A multi-disciplinary project board has been established and property searches are now underway.

4.3 Following the announcement of additional funding from the Mayor's Care & Support Specialist Housing Fund, Health & Adult Social Care have worked in partnership with Housing Development Services to submit three bid applications in May 2016 for local housing development. This includes grant funding applications for:

- the development of Enfield's third Extra Care Housing Scheme for older people with care and support needs;
- the development of accessible and flexible respite accommodation for older people with dementia care needs.

Bid applications are now being assessed – an update on outcome shall be provided thereafter.

5. ENFIELD INTEGRATED CARE FOR OLDER PEOPLE PROGRAMME

5.1 Identification and Primary Care Management

The first phase of development of the Integrated Locality Teams (ILT) – bringing together professionals across community health and social care to support GPs in their practices without organisational changes – was completed in 2014/15 and early indications are that this approach was successful in managing more complex cases of older people at risk of hospitalisation.

An evaluation was undertaken in 2015/16 and it showed a clear reduction in the number attending A&E and being admitted to hospital from sample group:

- 31% reduction in A&E attendances;
- 28% reduction in emergency admissions, but 4% reduction in bed days
- 57% of people had reduced A&E attendances or no attendance post-intervention, 70% of people had reduced emergency admissions or no emergency admissions post-intervention.
- In general, patients were very much satisfied with the joined up health and social care they received at home. 96% of patients were 'very satisfied' or 'satisfied' with the range of services they received from the ILT. In addition, about 90% reported they are involved as much as they want to be in decisions about their health and social care
- 27% increase from 2014/15 in the number of patients discussed at ILT meetings.

Given the success of Phase 1, Enfield CCG, London Borough of Enfield and Enfield Community Services have agreed to a joint approach in developing Phase II which involves a jointly managed, co-located ILT team working across the 4 localities by Qrt.4 of 2016/17.

5.2 Voluntary Care Sector Services

Enfield CCG and LBE have jointly commissioned two voluntary care services, one to enable post-diagnostic support for people with dementia, the other to promote falls prevention, aligned to the new partnership approach to working with the sector. Age UK Enfield and its partners were awarded the contract to deliver both services following a tender process.

Falls prevention Service is focused around primary prevention for frail/older patients who at risk of (or those who have had) a fall/ fracture. The model sits within the Integrated Locality Teams to support the GPs and MDT meetings where possible and work closely with the Bone Health and Fracture Liaison Service

The service will provide drop in sessions which will be flexible for older people to attend within the community. There will be structured programmes such as Tai-Chi/Otago which will be jointly delivered by the 'Everybody Walks' Programme with LBE. The service, (which is non-clinical) has also been developed in collaboration with Enfield community falls and therapies teams as experts of Falls and Fractures.

The post diagnostic support for people with dementia service is delivered by Age UK in collaboration with partners from the voluntary sector, health and social care as part of the Integrated Locality Teams within the integrated care network.

The service supports people with dementia & their carers to navigate the care system and make choices both now and in the future about the help, care and support available to them from diagnosis onwards providing advice, information, signposting and/or advocacy.

5.3 **Crisis Response Team**

The Community Crisis Response Team (CCRT) provides a rapid assessment and immediate treatment/care for (>65) patients within their own homes, and care homes. It ensures that patients have access to an alternative treatment to prevent hospital admission where it is clinically appropriate.

CCRT covers unscheduled and/or enhanced care needs between the hours of 17:00 and 2:00 Monday to Sunday 365 days a year. Response is initiated between 20 minutes to two hours (depending on triage) of the referral being made; referrals can be made by LAS, Barndoc, NHS 111, the patient's GP, Social Services, Community Matrons, NHS Trusts or other health care professionals.

The team is made up of nurses and technical instructors (TIs) augmented by social services, telecare Safe & Connected services and home care support workers, providing short term care, treatment and rehabilitation support for a range of complex and enhanced care needs in the community. The service is able to prescribe and issue medication and equipment and where necessary make onward referrals to other services. The service has seen a total of 138 since April 2016.

5.4 **Dementia Diagnosis Rate**

Improving the rate of dementia diagnosis is a key performance indicator in Enfield's Better Care Fund Plan,. Enfield CCG works very closely with our GPs to continue to improve dementia diagnostic rates and ensure that patients are able to access the help and support they need. There has been a significant improvement from 45% in 2014/15 to 66.6% as of May 2016/17.

6. PUBLIC HEALTH

6.1 Family Nurse Partnership (FNP) service

On the 14th June the Council's first cohorts, that received support from the Family Nurse Partnership team, graduated - 18 young Mothers and toddlers.

This specialised service works with 100 vulnerable young Mothers under 20 years old from pregnancy until the child is two years old and their family (if possible). They are supported in parenting and interpersonal skills, accommodation, education and employment.

To date there have been 4 young mothers in the programme that were LAC and under section 20 (In voluntary care or no family in the UK).

A cost/savings analysis was carried out on a sample of the recent graduates:

- If, say, 50% of those that had graduated had not enrolled on the programme and had been taken into foster care this would have cost the Local Authority in the region of £280,800 per year. (This is averaged out at £600 per placement per week)
- If each of the sampled 9 had been accommodated in a mother and baby foster placement this would have cost £421,200 per year. (Average cost being £900 per week per placement)
- If all sampled 9 had been placed into Local Authority residential care this would have cost £1.17million per year (average being £2,500 per week per placement).

These samples do not take into account any issues that may raise the cost of Specialist Foster care for those with serious mental health, sexualised or aggressive behaviours.

Other services that FNP work with during the young person enrolment are:

- Housing, social care, YOT, Solace, police, substance misuse, sexual health services, CAMHS, IAPT, acute mental health services, School Nurses, Education Welfare.

As evidenced in the recent 'Building Blocks' trial (RCT, Oct 2015), FNP is known to identify safeguarding risks early and prevents child maltreatment through the intensive work of the Programme.

It could, therefore, be presumed that enrolling onto the FNP programme assisted in keeping these vulnerable young parents away from gangs, youth offending, improving their health and that of their child.

Educational attainment levels of children born to mothers who are enrolled onto the FNP programme are known to achieve at least that of their peers' average, but early signs are that they are achieving above average levels.

Raising aspirations within this vulnerable group of parents is key to changing the life chances of these babies.

There are currently 98 young women either fully enrolled or preparing to enrol onto the programme.

6.2 Sexual Health – Condom distribution in-borough

The borough’s condom distribution scheme is currently being reviewed. The service was launched in 2009 and during its tenure has been relocated two times, which has affected activity.

During a survey, young people told staff that they do not go to clinics for condoms because they have a long wait, fill out too many forms and answer too many questions just to get free condoms. They also don’t like ‘hanging around’ in waiting rooms as they don’t know who is going to see them and make judgements about why they are at the clinic – they just want to be able to access condoms quickly.

The service has to be easily accessible i.e. open after school until 5pm every day with a late night openings. Registration should be quick and easy to understand.

The Teenage Pregnancy Team reported that the service has significantly declined since being moved to the Claverings site.

Year and location	Total Registrations for Enfield	Total no. of Condoms for Enfield
2009/10 1st year of scheme Ponders End High St	256	3,053
2010/11 Ponders End High St	554	10,305
2011/12 Ponders End High St	678	12,580
2012/13 Enfield Highway Library	367	8,517
2013/14 Enfield Highway Library	480	10,987
2014/15 Claverings	393	8,082
2015/16 Claverings	249	5,861

As the sexual health lead provider for the borough, North Middlesex has taken all of this feedback on board and is working with the Teenage Pregnancy team, designing a delivery model for Enfield clinics that will make registering and accessing condoms easier.

7. SERVICE AREA COMMISSIONING ACTIVITY

7.1 Older People – Dementia

7.1.1 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 an improvement area was post-diagnostic support for people with dementia, and a voluntary sector service linked to the Memory Service is being mobilised (see Integrated Care).

7.1.2 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.

The BEH-MHT led Memory Service for dementia diagnosis has achieved the appointment of an additional Consultant Psychiatrist to support the achievement of the national dementia diagnosis target, including bringing the service in line with 6 weeks to diagnosis. BEH-MHT and Enfield CCG have developed a Steering Group which is working through issues around the clinical pathway including imaging for diagnostic testing.

7.1.3 As at June 2016 the service is now achieving referral to diagnosis within 6 weeks. The steering group is currently working on a revised and updated service specification including clinical pathways and from this it is expected that further opportunities for enhancing support and guidance for service users within the framework of a system wide/partnership approach can be identified and developed.

7.1.4 The current diagnostic performance for people with dementia has improved and is currently at 58% against target. It is expected that this figure will improve further to achieve the target of 66.7%. A trajectory for this is being developed by the Steering Group.

7.2 Mental Health

7.2.1 The CCG has appointed a Head of Mental Health Commissioning who commences on 4th July 2016.

7.2.2 An updated National Mental Health Crisis Care Concordat (MHCCC) has been developed and will continue to 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

Next Steps – Continue to work with all stakeholders across the health and social care system to ensure that clinical pathways, timescales and social/housing pathways are aligned to ensure appropriate and effective

communication processes to develop solutions to enable timely and sustainable discharge from inpatient beds.

The current crisis concordat plan is being formally reviewed in a system wide (Tri borough, Barnet Enfield Haringey) workshop led by Enfield CCG to be held in 18th July 2016. This workshop will focus on the 4 pillars of the concordat identified above.

The workshop will determine

- Where are we now
- Where are there gaps in the current plan
- Way forward and reporting governance structure.

7.2.3 Mental Health Complex Care Rehabilitation - Enfield CCG with BEH-MHT has commenced a Steering Group to explore opportunities for this cohort of patients who are currently placed in care environments out of borough. Further detail will follow as this project is currently in its scoping stage. It is also envisaged to develop community services as part of the clinical pathway aimed at achieving independent living, including a walk in community safe haven facility.

7.2.4 Enhancing Mental Health Support in Primary Care - Enfield CCG is currently scoping what enhanced support for GP's should look like to achieve the strategic goals of more persons being able to be cared for in primary care and reducing dependency on secondary care services.

We envisage this to be in the form of mental health link workers from secondary care supporting GP's and a safe haven/crisis café type facility within Enfield.

7.2.5 Mental Health – Wellbeing Centre

Initial work on scoping the potential of the Mental Health Wellbeing Centre has begun with a work plan devised for development.

Desk research is currently being undertaken looking at similar Centres around the country and the costs associated. Also researching the 'Safe Haven' model and how the Centre will dual usage, being used as a Safe Haven in the evenings and possibly weekends.

A number of organisations have expressed an interest in the development of the Centre and how they can provide support and service. Most notably The Ark (ECYPS) and North London Hospice could possibly offer their buildings for use as needed. The North London Hospice in Barrowell Green is a good model for a Wellbeing Centre in design and layout and their management have been very generous in providing information about their build and their advice.

Discussion is also taking place about the service model we wish to see implemented. A steering group will be set up for September to govern the Centre's development.

7.3 Learning Disabilities

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

Enfield continues to be one of the leading areas in terms of implementation of the Transforming Care programme and the Concordat.

All age health and care Commissioners from the North Central London (NCL - Barnet, Enfield, Haringey, Islington and Camden) area are working together to develop the NCL Transforming Care Plan for people with learning disabilities.

The aim of the transformation plan is to develop a sustainable system and new model of service delivery for the NCL area that is focussed on supporting people with learning disabilities to remain healthy and well in the community and reduce avoidable admissions to assessment and treatment and inpatient services. The NCL commissioners have worked together to set a baseline for assessment and treatment and inpatient activity and we have developed key objectives that outline how we intend to reduce activity by 50% in line with the new national service delivery model. The key aims of the new national service model are:

- more choice for people and their families, and more say in their care;
- providing more care in the community, with personalised support provided by multi-disciplinary health and care teams;
- more innovative services to give people a range of care options, with personal budgets, so that care meets individuals' needs;
- providing early more intensive support for those who need it, so that people can stay in the community, close to home;
- but for those that do need in-patient care, ensuring it is only for as long as they need it.

Enfield handed over SRO lead for delivery of the NCL Transformation plan at the beginning of May and we continue to share our good practice with our NCL partners.

Municipal Journal (MJ) Local Government Achievement Awards 2016

Enfield Council was short listed as a finalist for the Municipal Journal (MJ) Local Government Achievement Awards 2016. We outlined our approach to delivering our Transforming Care Programme for people with learning disabilities in the "Delivering Better Outcomes" category. We received a Highly Commended Award at the ceremony on the 16th of June 2016. We have also been shortlisted as a finalist for the Health Transformation Awards. The ceremony is being held on 29th of June 2016.

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

Waltham Forest, Hackney and Enfield have collaborated to establish a 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 have evaluated all the 24 bids that were submitted and shortlisted to 12 organisations. We are currently developing internal processes with a view to start drawing off of the contract framework by the end of June 2016. Experts by Experience (Parent / Carers and people with learning disabilities) were supported to take part in the procurement and the interview process, and actively contributed towards evaluation.

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.

Islington has expressed an interest to join the contract Framework. Following a presentation by Enfield's LD commissioner at a meeting in May of the NCL learning disabilities commissioner's network, Camden and Barnet are also considering joining the framework.

7.3.3 New developments

Commissioning is currently working in partnership with the Council's Housing Gateway to develop a process for accessing accommodation through this means. We are also in communication with the Housing Policy team to ensure that people with learning disabilities can access housing and housing advice, advocacy and support where necessary.

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.

- a. We are developing a set of standards and principles for practitioners to work towards when supporting someone with autism. Membership includes: ILDS, BEHMHT, Royal Free London, Social care workforce, Children's and young people clinicians and experts by experience.
- b. The Peer Support Group network that is jointly facilitated by One-to-One and the National Autistic Society (NAS) now have over 60 members. The peer support group is arranging drop in sessions across Enfield and an event that is funded by Enfield Council's Autism Innovation fund where self-advocates will be testing technology and apps that are designed to support people with autism to self-manage and prevent episodes of low level anxiety and depression. The peer support group are aiming to prepare an overview of this research in a report that summarises their views of how effective this technology is. This report will be transposed into accessible formats and will be shared with the Council and MH Trusts and special interest groups with a view to contributing towards providing information about the different options and assistive technology available to support people with autism to remain healthy and well in the community.

- c. Commissioners from across Barnet, Enfield and Haringey are working together to identify existing demand, access, trends, activity and expenditure for people with autism. This information will inform pathway redesign with a commitment to commissioning more local provision for diagnosis and post-diagnostic support. The Enfield Practitioners working group have drafted a model for delivering local autism diagnostic and post-diagnostic support options and Commissioners are now considering options for taking this forward. The draft model includes:
- screening and self- management tools that can be used by individuals, GP's, Health and Care Navigators and support workers
 - health and care professionals for people who meet the eligibility criteria for health and / or care services
 - VCS support hub and peer support networks
- d. The Autism Steering Group hosted a very successful conference on the 6th April. This was very well attended and feedback has been very positive. The Autism Team (Practitioners Working Group) has been established and three meeting have been held. The monthly drop in session is now up and running and well attended.

7.4 **Children's Services**

7.4.1 Joint Enfield Council and CCG Strategy for Emotional Wellbeing and Child and Adolescent Mental Health for 0-18 year olds in Enfield
Implementation of the plan is being progressed through the CAMHS Partnership Group, which is in turn accountable to the Joint Commissioning Board. The recruitment has begun for STAY (Strengthening the Team Around You) and SCAN (Neurodevelopmental conditions).

7.4.2 Transforming Care -

The Transforming Care work focuses on CYP with mental health, autism and learning disabilities conditions and at risk of mental health inpatient or other out of borough residential placements. A Transforming Care North Central London Wide Implementation Group has been set up to coordinate the work. A local Enfield working group will be set up shortly. There are monthly discussions about young people is held at the Complex Issues Panel.

7.4.3 Strengthening the Team Around You (STAY) (formerly the Enhanced Behaviour Support Service)

This service will work closely with the Joint Disability Service, education services, and adult and transition services. As above, BEH Mental Health Trust is re-advertising posts.

7.5 **Early Help Strategy 2016-19 (Age coverage: 0 – 19/25)**

Early Help in Enfield is defined as:

“Intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Early intervention may occur at any point in a child or young person’s life”.

The Draft Early Help Strategy 2016-19 (the ‘Strategy’), sets out the role and purpose of Early Help in Enfield, providing 16 recommendations to address the urgent need for a renewed focus and alignment of services because of the changing context within which all partners are working.

This would ensure our Early Help offer remains sustainable, effective and continues to meet the needs of service users.

As well as key challenges and areas of improvement identified with the support of partners, drivers for creating the Strategy include:

- Financial pressures and reduced resourcing levels across all partner organisations
- The transformation agenda across public services
- The recommendations of the Munro, Family Justice and Allen Reviews
- Ofsted recommendations
- Government focus on “Troubled Families”
- Review of Early Help for Under 5s

There is further work to be completed in order to produce an action plan and ensure continued strategic alignment of the Strategy. We are currently conducting analysis of our mapping and anticipate having an action plan and final Strategy by October 2016.

The Strategy will be owned by the Enfield Safeguarding Children Board (ESCB) and has been reviewed by the Children’s and Education DMT. It is recommended given the role and remit of the Health and Wellbeing Board, that the Board also have some oversight of the Strategy (see Appendix 1 for further information).

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

7.6.1 Performance for Drug Users in Treatment

The NDTMS ratified data for the 12 month rolling period April 2015 to March 2016 has confirmed that:

- The DAAT has seen 1077 Drug Users In Treatment during the year; 63 more than the end of year target.
- The Successful Treatment Completion Rate for the end of the year was 26.0% which is 4.6% above the target. It is 6.7% above the London average and 10.8% above the National average.
- Our ranking for Successful Treatment Completions for the end of year performance confirmed that Enfield reached 6th place in London.

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

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

Partnership	Apr 2014 to Mar 2015	Apr-15 to Mar-16	Apr 2015 to Mar 2016
	Baseline	Actual	Target
Number of Successful Completions	177	280	217
Numbers in Treatment	977	1077	1014
% Successful Completions	18.1%	26.0%	21.4%
% London Average	19.6%	19.3%	
% National Average	15.8%	15.2%	

7.6.2 Numbers of Alcohol Users in Treatment

The Alcohol performance has remained good with 338 users In Treatment for the latest ratified NDTMS period for April 2015 to March 2016.

There has been a marked improvement in quality from the Baseline with Alcohol Successful Treatment Completions now at 50.0%. This is 7.9% above the London and 10.8% above the National averages. The London ranking now stands at 7th for this measure.

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

Partnership	Apr 2014 to Mar 2015	Apr-15 to Mar-16	Apr 2015 to Mar 2016
	Baseline	Actual	Target
Number of Successful Completions	113	169	122
Numbers in Treatment	326	338	326
% Successful Completions	34.7%	50.0%	37.4%
% London Average	39.3%	42.1%	
% National Average	39.2%	39.2%	

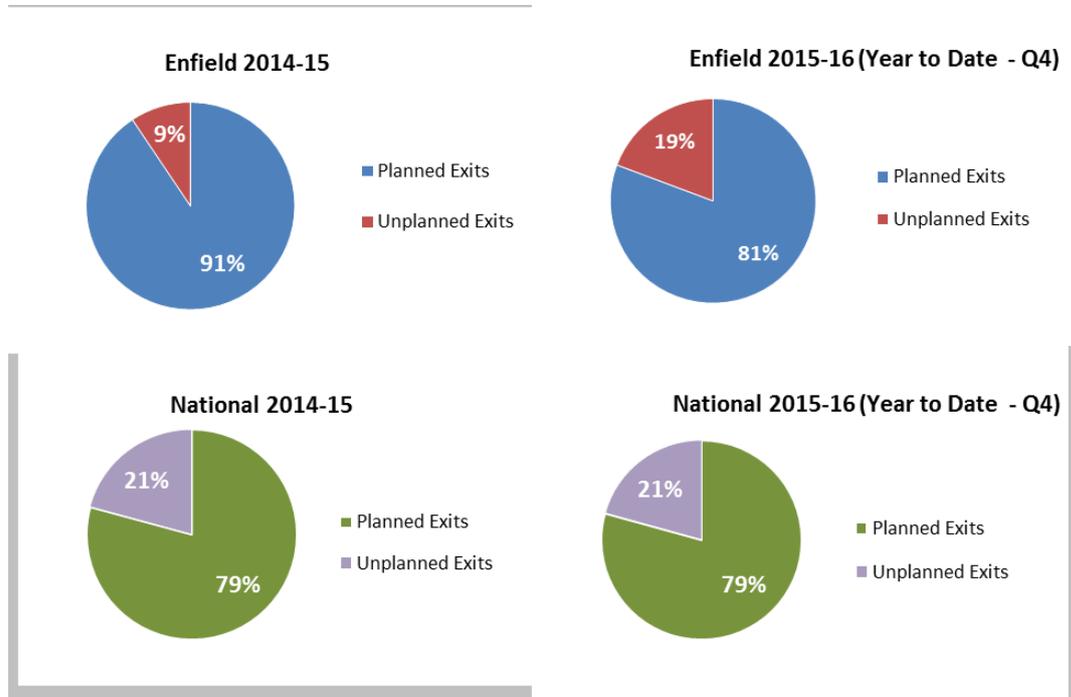
7.6.3 Number of Young People in Substance Misuse Treatment

The NDTMS ratified data for the number of Young People In Drug or Alcohol Treatment for Q4 2015/16 has further increased to an all-time high of 208. This increase corresponds to a 14% improvement while Nationally the number of Young People in Treatment has declined in the same period by 7%.

The Planned Treatment Exit rate has slightly decreased to 81% but this is still 2% above the National average which shows acceptable progress in

young people's substance misuse provision given the overall achievement in quantitative growth.

DAAT Young People Planned Treatment Exits



8. REPROVISION PROJECT

8.1 Building works continue on the build of a new 70 bed care home on the former Elizabeth House site in eastern Enfield. Morgan Sindall is now in week 43 of the build programme and practical completion remains on target for 28th October 2016. The roof structure has been completed and internal room partitions are ongoing on ground and first floors; this month brickwork and window installation is due to commence.

8.2 Communication and Engagement activities continue:

- Regular newsletters circulated to local neighbours
- The topping out ceremony was held on 12th May.
- Update briefings were held with residents, families and friends at both Coppice Wood Lodge and Bridge House.

8.3 The Planning & Commissioning hub are working to launch the tender to secure a provider to deliver Residential and Nursing Care services from this home. The Council has actively engaged with the Market to better understand why previous attempts to secure a Provider have been unsuccessful. As a result, the team are working to refine and modify requirements where practical to make this opportunity as attractive as possible to potential providers. Contract award is anticipated October/November 2016.

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

Further to the update provided in the last report:

Two consultation events were held, in partnership with Enfield Voluntary Action, in January this year where the sector was asked for its views over areas for investment and commissioning. From those workshops the following outcomes for recommissioning were agreed:

- Helping People Continue Caring
- Supporting vulnerable adults to remain living healthily and independently in the community including avoiding crises
- Supporting people to improve their health and wellbeing/improving self-management
- Helping Vulnerable Adults to have a voice
- Preventing Social Isolation
- People recover from illness, safe and appropriate discharge from hospital
- Increased and improved information provision

A follow up event was held in April and these intentions were communicated to the sector along with the following information on how the commissioning will be structured:

- One contract will be awarded for each outcome
- Partnership/consortia bids are strongly recommended and will be weighted in the tender process
- Outcome based events are organised for mid/late July prior – a chance to meet others interested in each outcome and work together. These sessions will be chaired by the Institute of Public Care and will look at forming successful consortiums as well as the outcomes themselves.
- Support around bid writing and tender process will be organised from September
- New monitoring arrangements with guidance published alongside new contract to demonstrate effectiveness and impact
- Specifications will be published by the end of July/beginning of August
- New services commissioned by 2017/8 financial year
- In addition, each lead partner of the successful bid will be offered additional funding for leadership costs (as part of the strategic funding for Age and Disability). Amounts to be confirmed but likely in the region of £10,000 per annum

The intention is to commission intervention services to meet all needs from all communities. Discussion is still on-going with Enfield CCG about joint commissioning arrangements, something HHASC is very keen on. Commissioners will be looking at how to spend the limited resources available in order to achieve the greatest impact. This will require collaborative and joined up working from the voluntary and community sector in order to meet the requirements of the commissioning process.

In addition to prevention services, HHASC is also exploring additional opportunities to commission services that support the strategic voice of the differing age groups in the borough as well as disabled communities. The concept of a Mental Health Hub (physical or virtual) is being explored as a joint venture with the Enfield CCG which may be staffed by VCS organisations whom we grant fund. Additional opportunities for the VCS include brokerage, support planning and provision of Personal Assistants. These services will be commissioned separately to the prevention services and will not be grant aided.

10. SAFEGUARDING

10.1 Annual Report

The Safeguarding Adults Board's Annual Report 2015-2016 has been completed and is scheduled to be presented in full to the Health and Wellbeing Board on the 5th of October 2016.

This document is a statutory requirement under the Care Act 2014 and sets out what the Board has done to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area.

The report provides a summary of key areas: this includes the Boards accomplishments, quality assurance and organizational learning, outcome of Safeguarding Adult Reviews, the difference which has been made to adults at risk, performance data and contribution of partner statements. The future aims of the Board have been set out based upon consultation with partners and those whom use services and carers in early 2016.

10.2 Quality Checker Project Update

The Quality Checker project moved its base from Park Avenue Disability Centre to The Lancaster Centre, which is a community hub housing charitable organisations that provide a range of outreach services. This move aims to raise awareness of the project and strengthen links and promote joint working with other volunteer projects. The volunteers of the project are looking forward to being community based and enjoying opportunities to network with volunteers from partner organisations.

10.3 Dignity in Care Panel

The Dignity in Care Panel are Quality Checkers Volunteers who focus their visits and service reviews on LBE in-house services and whether or not they are meeting the recognised Dignity in Care Standards. The panel are working on the following service reviews and will provide feedback at the next Quality Improvement Board:

- Mystery shopping calls to Adult Abuse Line
- Review of Enablement Services
- Review of Brokerage services
- Review of LBE Mental Health Drop In Service

The work of the Dignity in Care panel is to give feedback on the customer experience and make recommendations for service improvements and highlight

good practices noted. The Dignity in Care panel work with the guidance of an independent Chair and the Volunteer Co-Ordinator

10.4 **Quality Checker Activities**

10.4.1 Meaningful Activities in Care Homes

The Quality Checker volunteers are continuing to make visits to care homes to gather feedback on the quality of the activities provided to residents and their level of engagement with the community and residents families and friends. This piece of work is expected to take a number of months due to the in-depth nature of visits made by the volunteers.

10.4.2 Hydration Working Group

The Quality Checkers continue to contribute to the work of the Hydration Working Group and have conducted a further series of visits to care homes across the borough to identify how people without verbal communication are kept adequately hydrated. The Quality Checker volunteers are also reviewing an information card being developed for care home staff giving top tips to spot signs of dehydration.

10.4.3 Awareness of Safeguarding in BME Communities

It is acknowledged that it is highly likely that safeguarding alerts are under reported from people from BME communities and this has raised an opportunity for the Quality Checker project to use their skills to help to close this gap.

The Quality Checker project has successfully recruited a number of volunteers from BME communities. These volunteers will be invited to support the development of a plan to raise awareness of safeguarding in BME communities. This will include raising awareness of the safeguarding process and identifying the barriers to raise appropriate alerts and reassurances that the process is fair and non-discriminatory. This supports the Making Safeguarding Personal agenda and promotes the person centred process now operating.

10.5 **Safeguarding Information Panel.**

The SIP continues to meet regularly to discuss the level of safeguarding alerts raised in the borough together with soft intelligence received. This data is used to assess the performance of providers in the borough and where necessary implement further fact finding or initiate the Provider Concerns process. The data collection and presentation for this is being reviewed to ensure that the data relied on is accurate and able to demonstrate themes of quality issues that are contributing factors to poor performance of providers. This information can then be effectively used to support the prevention of provider failure and increased safeguarding alerts being raised and allow early interventions to be deployed.

Currently working groups have been established to support the prevention of safeguarding alerts and provider failures. These outcomes of these work streams will feed in to the SIP to measure the impact of prevention strategies implemented.

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

10.6.1 The Multi-Agency Safeguarding Hub is operating from the refurbished 7th floor civic centre and has a full complement of permanently appointed staff.

10.6.2 Referrals - The MASH continues to receive approximately 300 referrals per month. Police risk assessments continue to be received in batches and this is causing both delay in responding to cases but also some duplication of work as the risk assessments are also being sent to Mental Health Services for action. This and other issues identified within this briefing will be addressed as part of the MASH implementation review

10.6.3 North Middlesex Hospital - 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.

10.6.4 Statistics – A full suite of performance and activity measures had been agreed and electronic forms developed to support the MASH and its information and reporting requirements. There continue to be some delays in embedding this due to system access and reporting issues. The MASH manager does have access to system generated reports but as part of the review further work will be done to ensure performance and activity measures remain appropriate and proportionate.

10.6.5 Partner Agencies – MASH has continued to share and exchange information with partner agencies using the information sharing protocols in place. Response times from different agencies continue to be monitored. Communication and information sharing between children’s services and the police has improved since the physical co-location on the 7th floor of the civic centre.

10.6.6 Technology - OLM has provided a further demo of MASH solution (Guardian) and delivery of this option to support the MASH will be wrapped up on ongoing discussions with the IT provider.

10.6.7 Current Pressure Areas –

- discussion underway to agree dedicated operational support hub support to process incoming referrals and minute taking duties;
- The volume of police risk assessments

10.6.8 Interface Meetings: these are still in place and working well:

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. CARERS

11.1 The Care Act and Carers Assessments

Enfield Carers Centre is carrying out a one year pilot programme to undertake standalone Carers Assessments and have employed two members of staff to implement the programme. This contract began on the 1st December 2015. The newly appointed Officers have undergone all their training and shadowing and assessments started in January 2016.

Data indicates that performance on Carers Assessments seems to have decreased in 2016/7. A review is underway to review performance and assess.

11.2 Carers Week (6 to 12 June)

Carers Week took place in the week beginning 6th June this year. The theme this year is 'Creating Carer Friendly Communities'.

Enfield Carers Centre undertook their usual outreach work in local supermarkets and shopping centres throughout the week. This was to increase the public awareness of carers and to fundraise. There seemed to be an increased level of support from supermarkets this year with the Centre able to be present in the large Sainsbury's on the A10 and Ponders End Tesco. There was also outreach at North London Hospice Barrowell Green site.

Enfield Carers Centre hosted their annual Family Fun Day on Saturday 11th June outside Enfield Town Library. There were a variety of stalls, activities and entertainment. The day itself was very busy, with a bigger turn out than previous years, probably due to the good weather. There was lots of new interest in the Centre and a very positive day.

Enfield Council hosted two events – both poorly attended. The first was training for school governors around young carers where only three people attended. This highlights the need to continue to promote the young carers agenda to schools. A Question and Answer session with Ray James and other senior managers from Enfield CCG, BEH Mental Health Trust and Enfield Carers Centre attracted only four carers but a good discussion was held nevertheless. Reasons for the poor attendance when compared with last year's event have been suggested as the venue and no lunch provided. More positively, it has been stated that the Q&A sessions are usually well attended when people wish to complain so perhaps a low turnout is a positive thing!

11.3 Enfield Carers Centre

Statistics are from Quarter 4 – January –March 2016. Q1 2016/7 are due in July 2016.
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The Centre now has 4,529 carers on the Carers Register. In addition, 1,002 carers hold a Carers Emergency Card. In this quarter the Centre registered 266 new carers.

The Carers Centre respite programme has allowed 286 carers to receive a break between January-March

In the Jan-March quarter, 70 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 January-March 2016 the Hospital Worker identified 60 new carers.

The Advocacy Worker has been taking up cases and has continued to promote the services within the VCS and with practitioners. In this quarter they provided support to 76 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 22 young adult carers.

The Centre's training programme has seen 157 carers attend a training sessions over this quarter. A further 24 carers have received one to one counselling during this period.

12. PARTNERSHIP BOARD UPDATES (COMMISSIONING ACTIVITY)

12.1 Safeguarding Adults Board (SAB)

At the Enfield Safeguarding Adults Board June 2016 a number of key areas were discussed. The year-end performance data was considered for 2015-2016 and highlights as follows:

- 3,511 referrals and reports were made into the Multi Agency Safeguarding Hub
- Of these 1,602 were Police Merlins. A high proportion related to adults with mental health needs
- There were 655 referrals from partners which were not referred as safeguarding. These included reports from Care Quality Commission, NHS 111 and the largest number from the London Ambulance Service
- There were a total of 1,244 safeguarding concerns raised to the Council. This compares with 996 last year and represents a 27.8% increase from the previous year

In relation to the safeguarding concerns we recorded as Section 42 Care Act criteria, we found that neglect (34% of cases) and multiple abuse (29%) of cases are the most reported. National trends from previous years also found similarly that neglect is the most predominantly reported type. Abuse was alleged to have happened in peoples in own homes in 37% of referrals and 30% in residential or nursing homes. Ethnicity of adult at risk continues to be predominantly from White British or White Other. This is a national issue and was discussed at the Board, to consider what action could be taken to address this concerning trend.

In 84% of cases a nominated advocate was involved. Finally, 59% of the cases which had a conclusion at the time of reporting were substantiated or partially substantiated. The performance data concluded with information from the Care Quality Commission related to providers and summary of latest published new approach ratings on active social care organisations in Enfield, including compliance actions, requirements notices and published warning notices. It was acknowledged that Enfield Council worked with 17 care provider under the Provider Concerns Process during the last financial year.

The Board agreed in March 2016 the ratification of London Multi Agency Adult Safeguarding Policy and Procedures from April 2016. This will significantly impact on the performance data to be reported during the next financial year. The most significant change is that outcomes recorded will relate to adult at risk identified outcome and to what extent these were met; we want to know the difference safeguarding made to the individual and if they felt safer. There is no longer recording using the classifications of substantiated, partially substantiated, inconclusive or not substantiated.

The Board received assurances from the Chair of the Quality, Performance & Safety sub-group of the Board with respect to work undertaken and the plan in progress for 2016-2017. The Board's updated strategy action plan for 2016-2017 was presented following consultation in early 2016 with service users, carers and organisations. This will be updated following the Boards suggestions and implemented immediately via the partnership, with quarterly reporting to the Board on progress. The Board will also receive action plans and progress reports on the two statutory Safeguarding Adult Reviews completed during 2015-2016; both action plans were agreed at Board level.

Two presentations were delivered to the Board:

- The first from the Central Metropolitan Police Service on how they have increased recording of disability hate crime. This presentation provided opportunity to discuss how this can be developed and improve local response to disability hate crime, which is currently under reported in safeguarding.
- The Board secondly received assurance from Barnet Enfield and Haringey Mental Health Trust with respect to their comprehensive Care Quality Commission Inspection.

12.2 Carers Partnership Board (CPB)

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

The Carers Partnership Board held its away day in April and the focus was the priorities for the forthcoming year. The priorities identified were:

1. Young carers
2. Timely access to information and advice (with a particular focus on support for self-funders and financial information)
3. Protecting Carers Health and Wellbeing (including carers breaks)
4. Carers involved in care planning

These priorities will be written up into a Carers Multi Agency Action Plan (MAAP) and become a focus for the work of the Board over the next 2-3 years, being annually reviewed.

In addition the Board discussed the issue of social inclusion and the need for better adult changing facilities around the Borough. It was raised that many carers become socially isolated as they are only able to take the person they care for out for a short period of time due inadequate personal care facilities. This is likely to be a piece of project work for the Board going forward to try and influence social spaces to think about adult personal care facilities.

Again new carer representatives are needed for the partnership board and promotion will begin after the summer.

12.3 Learning Difficulties Partnership Board (LDPB)

The LDPB last met on the 16th May. The Big Issues for this meeting were the Financial Situation and The Learning Disability and Autism Council.

12.3.1 Bindi Nagra attended to the meeting to discuss the financial situation. Bindi explained the situation in relation to reduced funding from central government, and the significant efforts made by the council to reduce 'Back Office' costs. Bindi further explained that the level of cuts were now such that there we need to look at reducing care purchasing budgets.

The board had an open and wide ranging discussion about how this could be done, focusing on partnership working between the local authority, the people we support and their carers.

Many carers still have significant concerns. Many carers were concerned about the wording of a recent cabinet report, suggesting the use of out of borough residential placements as a savings option for people with high community based packages. Binda acknowledged this was poorly worded. The board has written a response to this statement for the Health and Wellbeing board (see Appendix 2).

12.3.2 Leyla Cag, from One-to-One gave a presentation on the Learning Disabilities and Autism council.

There will be 10 councillors, with two places reserved for people with Autism. Councillors will be elected, and trained in their roles. Anyone who lives in Enfield and has a learning disability will have a vote and be eligible to stand.

The board decided that councillors will represent a geographic area, and each councillor will represent four of five council wards. Councillors will represent their constituents on local matters and issue that effect people with learning disabilities.

People who are currently members of the partnership board and its sub groups who are not elected to council will act in an advisory role.

Future members of the Partnership Board will be nominated by the council.

12.3.3 Marc Gadsby gave an update to the board on the future of the independence and wellbeing service.

Marc explained what the options were, and the reasons the council chose to create a Local Authority Trading Company.

Marc explained there will be a series of communication events over the next few weeks, and information on these was sent out with the minutes.

12.3.4 Peppa Aubyn spoke to the board about the Transforming Care Programme.

A Central and North West London Transforming Care Board is being developed. Peppa explained that Enfield had achieved its targets, but this was an opportunity to provide a regional lead in promoting best practice.

People with experience of moving from Assessment and Treatment Units into the community, and their carers are invited to be part of this board. Anyone interested will contact Peppa.

12.3.5 Other business.

This was Peppa Aubyn's last Partnership Board before she moves on to her new role as Head of Mental Health Commissioning at the CCG, and the board thanked her for her excellent work.

There had not been a Focus Group meeting for some time. It was agreed that Chris O'Donnell will take on facilitating this.

Carers and Parents Enfield have yet to secure funding. They will be meeting with the carers centre to discuss.

The Health Sub Group has delivered training on annual health checks at a recent GP protected learning time event. The Community Nurses will be hosting a Diabetes Awareness Day at the Dugdale Centre on the 13th June.

The End of Life Care Steering Group has delivered two pilot courses on its revised End of Life Care training session, and will now roll out to providers.

The Transport Sub Group has completed its travel survey and launched it at an event attended by TFL, Safer Transport Police and local transport services.