

MUNICIPAL YEAR 2017/18

Meeting Title:
HEALTH AND WELLBEING BOARD
Date: 8th February 2018

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Agenda Item:

Subject: Progress on Health and Wellbeing Board Monitoring areas for 2017-19

**Report of:
Tessa Lindfield
Director of Public Health**

1. EXECUTIVE SUMMARY

The Health and Wellbeing Board (HWB) has previously selected 12 areas to monitor including 3 priority areas where it wishes to focus for the remaining term of the strategy (until 2019). Progress on these areas including the three priority areas are highlighted. Challenges within the 3 priority areas are outlined below for discussion and potential action by the HWB.

2. RECOMMENDATIONS

2.1 The Board is asked to note the progress on HWB monitoring areas.

2.2 The Board is asked to discuss how it wishes to support the HWB priority areas, as highlighted below;

<Best Start in Life>

- The HWB is maintaining its focus and support on this area and a proposed action plan for improving school readiness will be presented to the HWB development session in March.
- The Board also acknowledges the strong links between the three priorities of best start in life; healthy weight amongst children and young people and mental wellbeing and resilience in relation to children and young people achieving the best possible start in life.

<Mental Health Resilience>

- Continue to support ongoing partnership with Thrive LDN in this area.
- Be aware of relevance of emotional health and wellbeing resilience to other HWB priorities – such as best start in life.
- Stand by to receive and respond to any reasonable queries from “Time to Change” if required.

(continue on next page)

<Healthy Weight>

- To support and action below;
 - Each organisation to promote the Sugar Smart survey. The survey is available from [here](#).
 - Each organisation implementing the Healthy Catering Commitment within their organisation
 - Each organisation signing up to the Declaration on Sugar Reduction and Healthier Food

3. BACKGROUND

3.1 At Health and Wellbeing Board meeting held on the 19th April 2017, HWB agreed on the priority areas it wishes to focus on the final two years of the Joint Health and Wellbeing Strategy 2014-2019.

3.2 The HWB Priority areas were:

<Top 3 priorities>

- Best start in life
- Healthy Weight
- Mental health resilience

<Collaboration>

- Domestic Violence

<Enhanced Monitoring>

- Cancer
- Flu vaccination amongst Health Care Workers
- Housing with a focus on vulnerable adults
- Hospital admissions caused by injuries in children (now addressed as part of the Best Start in Life programme)
- Diabetes prevention
- Living well with people with multiple chronic illness
- End of life care
- Tipping point into need for health and care services

4. REPORT

4.1 There are a number of actions the HWB could take in order to improve health and wellbeing in Enfield. These include:

- Strategic oversight
- Deep dive
- Partnership working
- Joint commissioning
- Unblocking system working
- Support across the system
- Constructive challenge
- Referral to scrutiny

4.3 The report below highlights the key successes and challenges in the last three months in the HWB priority areas.

4.4 For the latest statistics of selected indicators, please see

<https://new.enfield.gov.uk/healthandwellbeing/jhws/measuring-our-progress/>

Top 3 priorities

Focus area	Best Start in Life
Partners	Public Health, Children's Services, Enfield CCG
What's our current performance?	
<p>A range of measures help indicate the extent to which children in Enfield are achieving the best start in life. These include:</p> <ul style="list-style-type: none"> Breastfeeding Breastfeeding initiation in Enfield is good; 83.4% of mothers breastfeed their baby within 48 hours of delivery (2016/17), which is better than England (74.5%). There is currently limited data on the number of mothers still breastfeeding at 6-8 weeks but this is being improved with the provider of Enfield's Health Visiting services. Children's oral health (dental decay) Around a third (33.9%) of children in Enfield have one or more decayed, missing or filled teeth (DMFT) (2014/15). This is significantly worse than London (27.3%) and England (24.8%). Whilst Enfield remains below the London and England averages we have seen improvements in recent years. In 2011/12 almost 15% of children in Enfield showed evidence of poor oral hygiene, this figure had almost halved by 2014/15 (8.6%). Childhood obesity The Enfield trends remain stubbornly above the London and national averages for Reception and Year 6. In Reception Year over a quarter (24.8%) of 4/5-year olds; and two fifths (41.5%) of Year 6 10/11-year olds are overweight or obese (2016/17). Under-18 conceptions The downward trend in Enfield is continuing with a rate of 22.7/1000 (2015), but rates remain higher than NCL (18.0/1000), London (19.2/1000) and England (20.8/1000). Work through the Teenage Pregnancy Partnership Board (TPPB) is ongoing. School readiness This is a global measure of readiness for school and is measured as the percentage of children achieving a Good Level of Development (GLD) at the end of Reception year. In Enfield (2016/17) this was 68.0%, which was worse than London (73.0%) and England (70.7%). Hospital admissions due to unintentional and deliberate injuries in children (aged 0-4 years) The rate of hospital admissions (per 10,000) is 130.3 (2015/16). This is significantly higher than London (97.6) and comparable to England (129.6), but represents a slight reduction from 143.3 in 2014/15. 	
Things that are going well	
<p>School readiness</p> <p>The HWB has considered the recommendations of the Best Start in Life task & finish group and an action plan on school readiness is currently being prepared.</p>	

This is due to be brought back to the HWB development session in March.

Childhood obesity

- The HWB recently made several commitments on tackling obesity (healthy weight), including signing up to actions described in the Local Government Declaration on Sugar Reduction and Healthier Food, in addition to developing an obesity care pathway.
- A range of school-based initiatives to improve physical activity in children are being delivered, including The Daily Mile and Play Streets.

The Sugar Smart Enfield campaign launched on 13th January, and aims to encourage local organisations, including schools, to promote healthier, lower sugar alternatives and help make the borough healthier

Under-18 conceptions

- Public health is funding a post that works with schools in Enfield to improve PSHE (personal, social, health and economic education) and RSE (relationships & sex education).

What's next?

- Services for 0-19s, which includes health visiting, the Family Nurse Partnership and school nursing, continue to deliver interventions that impact on improving the best start in life. These services are being reviewed to ensure that they remain as effective as possible.
- Indicators and trends will be reviewed as data becomes available.

Challenges that HWB may be able to assist resolving / unblocking

- The HWB is maintaining its focus and support on this area and a proposed action plan for improving school readiness will be presented to the Board in March.
- The Board also acknowledges the strong links between the three priorities of best start in life; childhood obesity and mental wellbeing and resilience in relation to children and young people achieving the best possible start in life.

Focus area	Mental Health Resilience – Emotional and Mental Health Resilience and wellbeing
Partners	Public Health, Enfield CCG, BEHMHT, NCL PH Departments. London Health Board.
What's our current performance?	
<ul style="list-style-type: none"> • We continue to work closely with Thrive LDN as a vehicle for adding value to ongoing mental health resilience work in Enfield. • Development of “Destigmatisation Hub Offer” within the borough is progressing. 	
Things that are going well	
<ul style="list-style-type: none"> • Our current partnership activity with Thrive LDN to improve Mental Health Resilience in Enfield was presented and discussed at the HWB development session on the 21st November 2017 and formally adopted at the subsequent formal HWB session on 5th December 2017. • LBE Public Health are now working with Thrive LDN to plan and deliver both an “Destigmatisation Hub” within the borough and a second Community Engagement Event, emphasised towards the needs of younger people. • This also aligns with the activities, agenda and priorities of the “Best Start in Life [BSIL]” task and finish group, which was discussed at the HWB development session on the 16th January 2018. 	
What's next?	
<ul style="list-style-type: none"> • Thrive “Hub” offer clarification and definition work ongoing during period Jan-Feb 2018. • Thrive “Hub” local consultations and communications to be initiated during period Feb-March 2018. • Community Engagement Event planning and communications to be initiated during Feb 2018 period • Thrive LDN are entering into a formal partnership arrangement with “Time to Change” who have much relevant experience of destigmatisation activity in the arena of mental health and wellbeing. • “Time for Change” will be requesting some additional information from LBE, via Thrive LDN, relating to their assessment of the borough’s suitability to host a “destigmatisation hub”. This is not anticipated to present significant challenges. 	

Challenges that HWB may be able to assist resolving / unblocking

- Continue to support ongoing partnership with Thrive LDN in this area.
- Be aware of relevance of emotional health and wellbeing resilience to other HWB priorities – such as best start in life.
- Stand by to receive and respond to any reasonable queries from “Time to Change” if required.

Focus area	Healthy Weight
Partners	Edmonton Community Partnership, Enfield Voluntary Action, Local businesses LBE- Planning, Sustainable Transport, Road Safety, Enfield Catering Services, School Sports, Healthy Schools, Corporate Communications, Environmental Health
What's our current performance?	
<p><u>Childhood obesity</u></p> <ul style="list-style-type: none"> The Enfield trends remain stubbornly above the London and national averages for Reception and Year 6. In Reception Year over a quarter (24.8%) of 4/5-year olds; and two fifths (41.5%) of Year 6 10/11-year olds are overweight or obese (2016/17). <p><u>Adult obesity</u></p> <ul style="list-style-type: none"> Around two thirds of adults in Enfield (63.5%) are overweight or obese. This is the 3rd highest in London and the highest in NCL. 	
Things that are going well	
<ul style="list-style-type: none"> A paper on the Local Government Declaration on Sugar Reduction and Healthier Food has been prepared for the Council's Executive Management Team. Sugar Smart Enfield launched on the 13th January with a Sugar Smart survey for residents. Further information is available here. Through Section 106 coaching hours, the Tottenham Hotspurs Foundation has agreed to support 10 primary schools to implement the Daily Mile. 	
What's next?	
<ul style="list-style-type: none"> The Town and Country Planning Association will deliver a Healthy Planning workshop in Enfield in March London Play will work with parents and volunteers from Eldon Primary school to implement Play Streets on five local streets To explore opportunities for more water fountains to be made available across the borough 	
Challenges that HWB may be able to assist resolving / unblocking	
<p>To support and action below;</p> <ul style="list-style-type: none"> Each organisation to promote the Sugar Smart survey. The survey is available from here. Each organisation implementing the Healthy Catering Commitment within their 	

organisation

- Each organisation signing up to the Declaration on Sugar Reduction and Healthier Food

Collaboration

Focus area	Domestic Violence
Partners involved	Community Safety
What's our current performance?	
<p>There were 5890 Domestic Abuse Incidents in Enfield in the year ending December 2017, compared to 5888 the previous year, an increase of 0.03%. During the same period, London has experienced a decrease of -3.4%, recording 143997 incidents, compared to 149004 incidents in 2016.</p> <p>Violence with Injury offences which were domestic related have decreased by -3.2% in Enfield, recording 898 offences in the year ending December 2017, compared to 928 offences in the previous year. In London, there was a slight increase in the same period of +1.5%, recording 24102 offences, compared to 23737 offences in the same period.</p> <p>Domestic related Violence With Injury currently accounts for around 1/3 of all Violence With Injury offences in Enfield.</p>	
Things that are going well	
<ul style="list-style-type: none"> • A new Violence Against Women and Girls (VAWG) Strategy is accompanied with a VAWG Action Plan. This requires contributions/additions from multi-agency partners • Production of a draft LBE Domestic Violence and Workplace Response Policy for employees • Successful in a funding application to the Department of Culture, Media and Sport to become one of three Pathfinder sites in the UK. This will provide funding for 3 years to co-locate an Independent Domestic Violence Advocate / Advocate Educator in North Middlesex Hospital A&E • Continuing awareness-raising and targeted digital marketing with the 'Boyfriend Material?' campaign which is being re-launched on 01.02.18 	
What's next?	
<ol style="list-style-type: none"> 1. Progressing and monitoring the VAWG Strategy Action plan and outcomes of single and multi-agency partnership work 2. Progressing the recommendations from the HWB development session which includes an audit of how Enfield is meeting NICE guidelines on domestic abuse 3. Work with partners and commissioners to ensure continued provision of DV Perpetrator programme 	
Challenges that HWB may be able to assist resolving / unblocking	
Continue to support embedding work to tackle domestic abuse across the partnership.	

Enhanced Monitoring

Focus area	Cancer
Partners	Public Health, Enfield CCG, NHS England
What's our current performance?	
<ul style="list-style-type: none"> • One-year survival in Enfield was 73.3%, similar to the England average of 72.3%. One-year survival is indicative of early detection and treatment (2015). • 52.4 % of cancer diagnosed in Enfield was early stages (stages 1 or 2). This was below London (50.2%) and England (52.4%) averages (2015) • In 2016/17, bowel screening coverage in Enfield for people aged 60-74 is 53.7%, this is below the England (59.2%) averages. Breast screening 3-year coverage in Enfield (67.2%) is below the England average (72.3%) and Enfield's cervical screening coverage (72.5%) is also below the England average (73.8%), but above the London (65.8%) average. 	
Things that are going well	
<p>Partners in Enfield worked together to increase uptake of cervical cancer screening in Enfield. Enfield women now has more choices in terms of time and place for cervical cancer screening test, as GP hubs will also offer extended availability for this screening. A poster campaign to raise awareness of the cervical cancer screening has commenced on the week beginning 15th of January in line with the national cervical cancer awareness week 22-28 January, 2018. The poster was developed in partnership with CCG Cancer Action Group, Enfield Public Health and LBE Communication team.</p>	
What's next?	
<ul style="list-style-type: none"> • To continue to monitoring performance data. 	
Challenges that HWB may be able to assist resolving / unblocking	
<ul style="list-style-type: none"> • Support the local cancer awareness campaign. 	

Focus area	Flu vaccination amongst Health Care Workers (HCWs)								
Partners	Royal Free NHS Trust, North Middlesex University Hospital, BEH – community service, Enfield CCG/General Practices, LBE								
What's our current performance?									
<p>Table below shows the flu immunisation uptake rate amongst health care workers involved with direct patient care at our major trusts (1st September to 31st December 2017).</p> <table border="1"> <thead> <tr> <th>Trust</th> <th>Uptake rate</th> </tr> </thead> <tbody> <tr> <td>North Middlesex University Hospital Trust</td> <td>70.4%</td> </tr> <tr> <td>Barnet, Enfield and Haringey Mental Health NHS Trust</td> <td>38.9%</td> </tr> <tr> <td>Royal Free NHS Foundation Trust</td> <td>64.4%</td> </tr> </tbody> </table> <p>Source: NHS England</p> <p>Uptake rates at both North Middlesex University Hospital Trust and the Royal Free NHS Foundation Trust is higher than previous year.</p> <p>There are currently no official measures for flu immunisation uptake rates amongst care workers.</p>		Trust	Uptake rate	North Middlesex University Hospital Trust	70.4%	Barnet, Enfield and Haringey Mental Health NHS Trust	38.9%	Royal Free NHS Foundation Trust	64.4%
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Things that are going well									
<p>NHS Trusts Flu vaccination campaign for the winter 2017/18 is continuing in the NHS Trusts in Enfield.</p> <p>Staffs at Care and residential homes In addition to the residents of care and residential homes, NHS England London team has commissioned community pharmacies to provide free flu vaccination for all staffs at residential and care home. Council is working with these homes as well as community pharmacies to maximise the uptake of flu vaccination amongst this group.</p>									
What's next?									
<p>Ongoing monitoring of uptake rates.</p>									
Challenges that HWB may be able to assist resolving / unblocking									
<p>HWB members to actively promote flu campaign within their organisations, especially amongst health and care workers and vulnerable people.</p>									

Focus area	Housing for vulnerable adults
Partners involved	HASC, Housing
What's our current performance?	
<p><u>General Needs Housing Offer</u></p> <p>Information on the current housing requirements of adults with learning disabilities and mental health support needs who are eligible for ASC services, shows us that the demand for accessible, affordable general needs housing exceeds supply available through our current allocation systems. The requirements of adults with mental health support needs (who are able to live independently within general needs accommodation) is an area of particular pressure at present.</p> <p><u>Specialist Housing Offer</u></p> <p>ASC work with the market and housing services to directly commission specialist housing services, including supported housing services for adults with disabilities retirement and extra care housing. Analysis of current supply shows that we need to develop key areas including:</p> <ul style="list-style-type: none"> - extra care housing across tenure - supported housing for adults with physical disabilities - retirement housing <p>Further detail in respect of Adult Social Care Strategic Commissioning Priorities for Housing across service areas can be identified in our recent Market Potion Statement.</p>	
Things that are going well	
<p>The Council has been active in providing consultation feedback on the impact of proposals to cap rental benefits in the supported housing sector.</p> <p>Innovative projects are ongoing to meet the housing needs of service users with very specific accommodation requirements. This includes:</p> <ul style="list-style-type: none"> - Housing Gateway/ASC Pilot Project - Home ownership initiatives for adults with long term disabilities (over (£700,000 DoH funding secured to enable individual purchase of homes via shared ownership) - Supply capacity building in respect of Learning Disability Services, to include new build developments for adults with complex and challenging behaviours and low level move on needs - Consideration of current housing pathways, including panels and quotas in respect of adults with support and care needs - Further work to develop wheelchair accessible supported housing accommodation and respite services for adults with learning disabilities – considering incorporation within new build development recently approved by the planning authority - Research and local consideration of Care Village models including visits to Bowthorpe Care Village and Whitley Village to better understand model and potential benefits. 	
What's next?	
<ul style="list-style-type: none"> • Further development of move on accommodation for adults with mental health 	

support needs who are eligible for ASC services

- The development of the borough's Housing with Care offer, to include the further development of extra care housing options across tenures types
- The consideration of a local 'Care Village, to provide a mixed Housing with Care offer to older residents, that integrates health and wellbeing services
- Incorporation of strategically relevant housing services for adults with support and care needs within key borough development programmes (including Meridian Water)
- Working with estate agents and property developers to seek appropriate step down accommodation that is cost neutral to the Council.

Challenges that HWB may be able to assist resolving / unblocking

- Limited site availability for the development of affordable specialist housing services – this is a particular challenge when seeking to secure site on the open market.
- The decommissioning of some Housing Related Support services has led to supply loss in some areas, though where possible, sustaining housing supply has been negotiated.
- Limitations to knowledge and influence in respect to new providers of specialist housing services establishing within the borough at high cost with the view to provide for high need out of borough placements, placing increasing pressure on local services.
- Often competing resources for accommodation; including other authorities looking to place service users within Enfield.

Focus area	Diabetes Prevention
Partners	Enfield CCG, Public Health
What's our current performance?	
<p>National Diabetes Prevention Programme (NDPP): As part of the national rollout programme, Enfield CCG and Enfield's Public Health Team, in partnership with Barnet CCG & PH have been implementing this service, working with the provider ICS commissioned by NHS England.</p> <p>From the three sites on Enfield (Evergreen Primary Care Centre, Ordnance Road Unity Centre, Carlton House Surgery), 129 initial assessments out of 787 referrals were made. DNA rate is 19%.</p>	
Things that are going well	
<ul style="list-style-type: none"> • Referral rates continue to be high • The provider has overcome the language barrier by recruiting Turkish and Farsi speaking Coaches to help accommodate local community needs. 	
What's next?	
<ul style="list-style-type: none"> • Working with the provider to increase the capacity so that the initial assessment can be offered in a timely manner to ensure meaningful engagement with patients. • Partners are facilitating to ensure there is a good geographical spread of referral GPs across the borough. 	
Challenges that HWB may be able to assist resolving / unblocking	
Not at this stage.	

Focus area	Living well with multiple conditions and chronic illness
Partners	HHASC, Enfield CCG, PH, BEHMHT – community health service
What's our current performance?	
<ul style="list-style-type: none"> • The gap between Life Expectancy and Healthy Life expectancy in Enfield is 11.7 years for males and 18.2 years for females [2013-2015 data]. These years are likely to be lived with multiple conditions and chronic illness. • The data is currently not available to determine how many people are living with multiple long-term conditions in Enfield, but it is likely that many of them need social care support. • Social care-related quality of life in Enfield was 18.7% (quality of life score based on Adult Social Care Survey), similar to London average (18.6%) but was statistically below the England average (19.1%). Enfield's score was the joint 9th highest in London, along with Lewisham, Islington and Haringey [2015/16]. • Number of people with diabetes, cancer, dementia and mental health conditions are increasing, and is expected to continue to rise. 	
Things that are going well	
<ul style="list-style-type: none"> • Work to develop Care Closer to Home Integrated Network (CHIN) continues. The CHIN Board has met 3 times since the last report and oversee the integrated care for patients with long-term conditions and other complex needs in Enfield. • A CHIN event run by Enfield Healthwatch was well attended with over 100 attendees from across primary care, social care and the voluntary sector • The GP Federation CHIN stocktake meeting is now established and priorities for local CHINs are expected to emanate from these. Work with the 4 Locality leads within the CHIN areas is expected to feed into this 	
What's next?	
<ul style="list-style-type: none"> • The Enfield system (primary & secondary care, ECCG and LBE reps) will participate in a Placed-Based Care Network Programme for the local STP. An aspect of this will be to work on a specific CHIN project. 	
Challenges that HWB may be able to assist resolving / unblocking	
<ul style="list-style-type: none"> • Support public engagement in taking up the 3TT in areas of high diabetes prevalence and deprivation in the borough. • HWB is encouraged to champion smoking cessation in their respective organisations as part of the care and services they provide to their patients / clients, in particular for those patients / clients with long term conditions. 	

Focus area	End of Life Care
Partners	London Borough of Enfield, Marie Curie, CMC, North London Hospice, Barndoc, Primary Care, Enfield Community Services, North Middlesex Hospital, Royal Free Hospital

What's our current performance?

- Death at hospital has been dropping over the past few years (see table below- death for all ages 2010-14))
- The trend in death at home has been on the increase however small and approaching the London and England average figure.

Place of death	CCG	2010		2011		2012		2013		2014	
		Value(%)	Count								
Hospital Deaths	Enfield	63.9%	1244	59.9%	1095	59.8%	1157	54.6%	1097	57.2%	1142
	London	58.7%	28099	56.4%	26125	55.2%	26264	54.6%	25775	53.9%	25520
	England	53.1%	243802	50.8%	229044	48.9%	227308	48.3%	227748	47.4%	221277
Home Deaths	Enfield	17.1%	333	18.1%	332	18.2%	352	21.4%	430	20.9%	417
	London	19.9%	9542	21.2%	9821	21.0%	9991	22.2%	10494	22.1%	10457
	England	20.9%	95805	21.9%	98618	22.2%	102978	22.4%	105773	23.0%	107383
Care Home Deaths	Enfield	11.8%	229	13.1%	240	14.3%	277	15.1%	304	15.4%	307
	London	13.0%	6225	13.5%	6270	14.6%	6934	14.8%	6993	14.9%	7033
	England	18.5%	84723	19.5%	87751	21.1%	98202	21.6%	101991	21.7%	101383
Hospice Deaths	Enfield	5.4%	106	7.0%	128	5.8%	113	6.1%	123	4.9%	97
	London	6.2%	2959	6.5%	3018	6.9%	3258	6.1%	2870	6.8%	3207
	England	5.4%	24854	5.7%	25657	5.7%	26669	5.5%	26090	5.7%	26795
Deaths in Other Places	Enfield	1.8%	35	2.2%	41	1.8%	35	2.7%	54	1.7%	34
	London	2.2%	1047	2.3%	1071	2.3%	1097	2.4%	1109	2.3%	1097
	England	2.1%	9795	2.2%	9700	2.1%	9637	2.2%	10151	2.2%	10437

Things that are going well

The Care Home Assessment Team proactively support residents in care homes to have comfortable and dignified deaths in their preferred place

Established End of Life Primary Care Champions

Utilising 'You Matter' Milestones Clinical Education material by UCL Partners

Increased engagement with GPs and Marie Curie. Better clarity in referral processes from GP to North London Hospice

Increased EOL profile and education across CCG has reflected a significant increase in the use of Coordinate My Care (CMC) across Enfield.

- Collaborative working with Hospice, community care homes and CHAT to promote GSF training and Sage & Thyme educational sessions

What's next?

- Supporting the emerging Care Closer to Home Integrated Networks (CHINs) which aims to reduce avoidable unplanned admissions which includes last phase of life including for people receiving end of life care
- Work with CMC to co-ordinate roll out of patient accessible CMC app MyCMC for carers and patients. This app will give patients the opportunity to record their decisions and to express wishes about their care so that this information

is available to all professionals who are looking after them, helping to ensure that any care the patient receives is in line with what they've decided. Work with CMC to co-ordinate roll out of patient accessible CMC app **MyCMC** for carers and patients. This app will give patients the opportunity to record their decisions and to express wishes about their care so that this information is available to all professionals who are looking after them, helping to ensure that any care the patient receives is in line with what they've decided.

Challenges that HWB may be able to assist resolving / unblocking

- Supporting the emerging Care Closer to Home Integrated Networks (CHINs) programme

Focus area	Tipping point into need for health and care services
Partners	Voluntary and Community Sector, Enfield Council
What's our current performance?	
<ul style="list-style-type: none"> • There are estimated 13,600 older people who are Low Risk "Pre-Frail" and in addition there are around 7200 older people at high risk of frailty in Enfield • In 2015/16, 72.9% of elderly people were discharged from acute or community hospitals to their usual place of residence in Enfield. This compared to 85.4% in London and 82.7% in England. • Emergency readmissions within 30 days of discharge from hospital in Enfield was 10.3%, similar to London (12.1%) and England (12.0%) averages. • Multiple entry points into existing falls and musculoskeletal services leading to duplication and omission of care. The target across NCL is to reduce falls-related admissions by 10% (390 fewer falls-related admissions per year) among adults aged >65 years through multi-disciplinary interventions, including strength and balance and home modifications. Plans are in place to increase the number of Safe and Well visits and referrals made by London Fire Brigade. 	
Things that are going well	
<p><u>Recommissioning of VCS in Adult Social Care</u></p> <ul style="list-style-type: none"> • 5 out of the 6 Contracts have been awarded and 4 are currently in their mobilisation period. Full mobilisation of all six contract is expected in the beginning of 2018/19. • Outcomes and pathways have been agreed and monitoring arrangements are in place to ensure delivery of outcomes as stipulated in the specifications • As the contract are in the mobilisation phase it time needs to be given to embed new ways of working and the achievements of outcome. <p><u>Preventing hospital and residential care admissions</u></p> <ul style="list-style-type: none"> • Adult social care, public health and Enfield CCG is working in partnership to conduct an analysis on hospital and residential care admissions (via hospital admissions), with an aim to find effective early intervention appropriate for Enfield residents. <p><u>Falls Prevention Training</u></p> <ul style="list-style-type: none"> • Enfield partners are working together to co-design a falls prevention training that meets the needs of health and social care frontline staff in Enfield. 	
What's next?	
<p><u>Recommissioning of VCS in Adult Social Care</u></p> <ul style="list-style-type: none"> • Full mobilisation of six contracts and the measurement of performance against target outcomes by the end of quarter one in the new financial year <p><u>Preventing hospital and residential care admissions</u></p> <ul style="list-style-type: none"> • Agree on the scope and data gathering from providers. It is expected 3-6 	

months for completion after which will be presented to Joint Commissioning Board.

Challenges that HWB may be able to assist resolving / unblocking

Not at this stage.

5.0 Recommendations

5.1 The Board is asked to note the progress on HWB monitoring areas.

5.2 The Board is asked to discuss how it wishes to support the HWB priority areas, as highlighted below;

<Best Start in Life>

- The HWB is maintaining its focus and support on this area and a proposed action plan for improving school readiness will be presented to the HWB development session in March.
- The Board also acknowledges the strong links between the three priorities of best start in life; healthy weight amongst children and young people and mental wellbeing and resilience in relation to children and young people achieving the best possible start in life.

<Mental Health Resilience>

- Continue to support ongoing partnership with Thrive LDN in this area.
- Be aware of relevance of emotional health and wellbeing resilience to other HWB priorities – such as best start in life.
- Stand by to receive and respond to any reasonable queries from “Time to Change” if required.

<Healthy Weight>

- To support and action below;
 - Each organisation to promote the Sugar Smart survey. The survey is available from [here](#).
 - Each organisation implementing the Healthy Catering Commitment within their organisation
 - Each organisation signing up to the Declaration on Sugar Reduction and Healthier Food