



## EVA Conference Report

28<sup>th</sup> October 2015



### LBE | Enfield 2017

Emma Carrigy, Head of Transformation, Enfield Council

Enfield CCG | Providing a voluntary and community sector  
perspective in CCG future planning of health services

Gail Hawksworth, Head of Communications and Engagement, Enfield CCG

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## Session 1

### Enfield 2017 | Emma Carrigy, Head of Transformation, Enfield Council

For detailed information, this report should be read in conjunction with

[LBE PowerPoint Presentation](#)

[Cabinet Report, 17<sup>th</sup> September 2014 - Enfield 2017 Transformation](#)

[Special Cabinet Report 30<sup>th</sup> October 2014 - Enfield 2017 - Savings proposals Part 1](#)

## The Digital Future

### *Background*

By 2017, it is expected that 80% of the UK population will be either

- digital 'natives' (young people who have never known anything but a digital world), or
- digital 'converts' (people who grew up with traditional means of communication, but have adopted digital forms such as the internet, email, and social media).

Residents have different expectations about how to interact with the Council and want quick action on queries and complaints.

The Council is required to demonstrate transparency and better customer outcomes.

Increased cost pressures mean that the Council must seek ways to cut costs, while maintaining essential services.

## The Vision

### *Fit for the Future*

- Using the technology available to deliver sustainable, efficient, cost effective local services.
- Increase the speed of change and enable local residents to self-serve (manage their own interactions with the Council) online.

## Design

### *Underlying Principles*

- Streamlined services to ensure that activity only has to take place once (eg benefits - combining appropriate form-filling activity).
- Only do the things the Council is good at (ie core services).
- Most activity moved online (eg report pothole in road online and receive updates via email).
- Create smaller, more focused centres, teams and resources.
- Online customer (residents) accounts.
- Partnerships which can help reduce costs.
- Maximise income.

## Tools

The Council website has undergone a complete overhaul. Every page has been re-written and customer interaction via the website will be encouraged.

The Council has worked with community groups, including Citizen's Advice and Age UK, to assist access to digital services.  
New software enables the Council to react quickly / share knowledge / understand local communities via social media.

14 hubs have been created to pool resources and add value to customer outcomes.  
Assessments relating to one person / address will be carried out by a single Council officer during one visit.

### Positive Approach

Services will be focused on front-line delivery to improve Council performance and enable a better customer experience.

Enfield 2017 should make the Council as customer-focused as possible, in spite of the financial challenges.

### Questions and Answers (Q&A)

#### Q. Cost

*More detail on the cost and predicted savings associated with Enfield 2017?*

- A. The report to a special Cabinet meeting on 30<sup>th</sup> October 2014 outlined a planned £16m total investment to provide a total expected saving of £29m over 3 years - ie a net saving of £13m.  
Current progress on savings has been good and a full update on the programme is due to be reported to Cabinet in November.

#### Q. Access

*Several questions were asked about how vulnerable groups eg. older people, people with learning difficulties, people for whom English is not a first language, people with visual impairment, people in poverty were going to be able to access the new services.*

- A. Phone calls will still be taken and assistance will be given to complete applications, claims, complaints etc.  
Floor walkers with tablet computers will be available at the Civic Centre to assist callers to the building to use the new technology.  
The software in use will include language translation and voice recognition.  
Plain English is being introduced to every part of the Council's new website.

#### Q. Housing

*Will the re-integration of Enfield Homes into the Council have any effect on homelessness?*

- A. The Council Strategy is to re-build and regenerate. Enfield Homes was reintegrated back into the Council successfully on 1 April 2015.

#### Q. Data Protection and Information Sharing

*If information storage about individuals is to be streamlined, who will have access to the data available eg. if someone makes a Housing benefit claim and reports a pothole?*

- A. Information will not be shared where it is not relevant and appropriate. Environmental Health Services would not have access to financial information, for example.

## Q. Voluntary Sector Role

*In light of an observable increase in the support needs of vulnerable people, in a challenging financial environment,*

- *how does the Council plan to measure the impact of people turning to the local voluntary sector for assistance when statutory sector services are diminishing?,*
- *how will the savings made by the Council be reflected in greater demands for support with digital access on the resources of small community groups - (not just on those mentioned ie Citizen's Advice and AgeUK)?*

- A. It is recognised that services would not be delivered without the engagement and participation of the voluntary sector. The conference was advised that a full response would be made on these issues in due course.

*[Since the Conference - Emma has sent the following response*

*"We will always aim to work with the local voluntary sector to support local people wherever need is identified and resources enable us to do so. Through our Voluntary Sector Strategy Group, chaired by our Chief Executive and Cabinet Member for Community Organisations we try to ensure that involvement is meaningful and accountability on all sides is transparent. There is no doubt that the continuing Government cuts will mean further tough decisions on all aspect of Council spending will need to be made. We will work with partners to mitigate where we can any impacts generated and will strive to give maximum notice to those we may be working with if funding restrictions mean we may need to reduce levels of service activity with the sector.*

*Also we will still have access centres and four better equipped flagship libraries in strategic locations across the borough where people can access assistance, so it won't all fall to the voluntary sector."*

## Summary from the Chair : Litsa Worrall

1. Litsa re-iterated the general feeling that the Council's website had never been fit for purpose, and the hope that the Council had found a new web-design service.
2. Litsa expressed concern that where teams were integrated there might be a negative effect on continuity, unless staff were fully trained.
3. Litsa recalled that Single Assessment Points had been implemented before and, that in the world of Social Care, everything came back again!

## Session 2

### Enfield CCG | Providing a voluntary and community sector perspective in CCG future planning of health services | Gail Hawksworth, Head of Communications and Engagement, Enfield CCG

For detailed information this report should be read in conjunction with [CCG Power Point Presentation](#)  
[CCG Voluntary & Community Stakeholder Reference Group \(VCSR\) Terms of Reference \(proposed : to be ratified\)](#)  
[Enfield CCG website](#)

#### About Enfield CCG

The Health and Social Care Act 2012 created Clinical Commissioning Groups. The CCG is a GP membership organisation. In Enfield all 49 GP practices are members. 8 GPs are elected to the CCG Governing Body from 4 localities in Enfield.

The CCG is responsible for commissioning health services, excluding specialist services eg. renal and cancer services, which are commissioned by NHS England.

#### Financial Allocation

Enfield CCG is financially challenged. It has received less than its 'Fair Shares' financial allocation - by £33m (2013/14), £24m (2014/15), £16m (2015/16).

The allocation is expected to change and increase so that Enfield CCG will receive its 'Fair Shares' allocation in future years. Other CCGs, currently receiving more than their 'Fair Shares' allocation, will have this allocation reduced.

The deficit target for 2015/16 is £14.4m.

62% of CCG funds are spent on Acute services.

It is notable that 10% of funds are spent on prescribing : patients are being encouraged only to order the drugs they require, thereby helping to reduce wastage.

#### Voluntary & Community Stakeholder Reference Group. (VCSR)

This new group includes CCG and LBE representatives, a representative from GP Patient Participation Groups, and representatives from voluntary organisations covering the 9 protected characteristics (Equality Act). Representation includes Age UK, Enfield Carers, Enfield Disability Action, Enfield Faith Forum, Enfield Lesbian Gay Bisexual and Transgender Network, Enfield Parents and Children, Enfield Racial Equality Council, Enfield Voluntary Action, Enfield Women's Centre, Mind in Enfield, One-to-One Enfield, Our Voice, Over 50s Forum, Youth Parliament and representation from Healthwatch Enfield.

The Terms of Reference were agreed on 21<sup>st</sup> September 2015 by the reference group, but will need to be ratified by the Patient and Public Engagement Committee, a sub-committee of Enfield CCG's Governing Body.

#### Community Engagement

Enfield CCG holds 3 corporate events a year. Attendances and feedback have suggested that the Dugdale Centre is the most popular venue and that smaller workshops are preferred to the large scale events. [Reports on all CCG events](#) can be found on the Enfield CCG website.

Enfield CCG will attend community events / meetings by request.

## Patient Participation Groups (PPGs)

There is one PPG at each GP surgery. Members are volunteers and the PPGs carry out their own work programme. Litsa Worrall is the PPGs elected representative on the VCSRG.

## Questions and Answers (Q&A)

### Q. Prescriptions and Dispensing

*Do pharmacists have a role in reducing the medicines dispensed eg by checking that everything on a prescription is required?*

- A. The GP prescribes and the pharmacist dispenses. The Head of Medicines Management will be asked for his views on this matter.

### Q. People with Autism

*People with Autism are not specifically protected under the Equality Act. Could this group be represented on the VCSRG? Does the CCG need to have an Autism Strategy, particularly for those with 'high functioning' Autism?*

- A. The request for representation can be put to the January meeting of the VCSRG.

*[Since the conference - Gail has confirmed that there is a joint CCG / LBE Autism Strategy. For more information or to request a copy please contact [gail.hawksworth@enfieldccg.nhs.uk](mailto:gail.hawksworth@enfieldccg.nhs.uk) ]*

### Q. Access to the VCSRG

*What access is there for people who aren't part of any other group? (This question was asked with particular reference to Enfield Vision)*

- A. Gail confirmed that the CCG liaises directly with Enfield Vision. (This kind of liaison is available to other groups - Enfield CCG staff are happy to attend community events and meetings on request.)

*[Since the Conference - Gail has sent the following update*

*Enfield Vision "...have been invited to attend the ophthalmology workshops where a number of pathways are being discussed ( Chris Jenkins, Vision Strategy Manager, Thomas Pocklington Trust attended the first workshop on 28 October. There is another one on 3 December). There will be further engagement on this matter with the lead being Maggie Jeffrey, Service Redesign Project Manager, Enfield CCG.*

*ECCG attend Enfield Vision strategy group meetings*

*I sent to Enfield Vision a CD about the Choose Well Campaign and was awaiting final comments re this; the campaign has been put aside while we promote the National Stay Well this Winter Campaign*

*Our lay Chair for patient and Public Engagement and I attended an evening Enfield Vision meeting on 2 Feb 2015 which covered the following topics: What is a CCG and its role and responsibilities, Enfield and its health challenges, Choose Well Campaign, The Transformation Programme in particular Ophthalmology Services Redesign Project, Information the CCG provides, How GPs access leaflets, How can they get involved."*

**Q. CCG Events**

*Why do you think CCG events are not well-attended?*

- A. 3 corporate events per annum are required by the CCG constitution. But the CCG does engage in many other ways eg PPGs, attendance at Enfield events, links with specific groups, building stakeholder contact lists etc.  
A separate set of events will also be held for The Urgent Care Review, for example.  
Enfield CCG staff are also happy to attend community events and meetings on request.

**Q. GP opening : 7 day week**

*How will the plans for 24 hour care impact on GPs?*

- A. This relates to NHS England's contracts with GPs. Enfield CCG will work with GPs and NHS England to deliver 7 days a week GP opening.

**Q. LBE representation**

*Should other departments of the Council be represented on the VCSRG eg. HHASC, Children's services?*

- A. The decision on extending the membership of VCSRG rests with the group. The VCSRG has agreed that other individuals will be asked to attend dependent on agenda items.

**Q. GP surgeries - screens**

*Could the screens in GP surgeries be used to promote local health messages?*

- A. 21 of the 49 GP surgeries have screens in the waiting rooms and each practice decides how they will be used.

**Q. Feedback from VCSRG**

*How will feedback take place from the VCSRG?*

- A. A webpage will be created on Enfield CCG website. If members of VCSRG agree, minutes and agendas can be uploaded onto the CCG website. Litsa Worrall (as PPG representative) can feedback to the PPGs.

**Q. PPG membership**

*How can Enfield residents get involved with their PPG, and why should they?*

- A. Every GP surgery has a PPG and it is a way to get your voice heard, share good practice, and support your GP. Every patient can be a member. Some attend meetings, some engage online. Every practice should have a notice about its PPG. If not ask at reception.

**Summary from the Chair : Litsa Worrall**

Litsa welcomed the opportunity which had been offered to become involved and engage with GPs.

## Attendance List : EVA Conference 2015

NAME	ORGANISATION
ILHAN BASHARAN	LONDON BOROUGH OF ENFIELD
MRS W BERRY	C.A.P.E
BEVIN BETTON	ENFIELD RACIAL EQUALITY COUNCIL/EVA
CHANDRA BHATIA	ENFIELD RACIAL EQUALITY COUNCIL
WALTER BOWRY	ENFIELD BOROUGH OVER 50'S FORUM
CLLR YASEMIN BRETT	LONDON BOROUGH OF ENFIELD
MARGARET BRYANT	MIND IN ENFIELD
JENNY BUDDEN	ENFIELD VOLUNTARY ACTION
CLAIRE BUDDLE	ENFIELD VOLUNTARY ACTION
EMMA CARRIGY	LONDON BOROUGH OF ENFIELD
RINA CHOUDHURY	COMMUNITY AID
OLAMIDE COKER	HOUSE OF EL SHADDAI INTERNATIONAL
DAVID CRAMER	BLINKHORNS
LESLEY DAVALL	CITIZENS ADVICE ENFIELD
PETRONELLA DAVIS	MIND IN ENFIELD
DONNA FARRELL	HOUSE OF EL SHADDAI INTERNATIONAL
JIM FINCH	ENFIELD VISION
TIM FELLOWS	THE LANCASTER CENTRE
KAREN GRIMES	ENFIELD DISABILITY ACTION
CIGDEM HASAN	ENFIELD VOLUNTARY ACTION
ADRIAN HAWKES	PHOENIX COMMUNITY CARE
GAIL HAWKSWORTH	ENFIELD CLINICAL COMMISSIONING GROUP
BEN JABUNI	MIND IN ENFIELD
MALIK JAVED	ENFIELD VISION
PAULA JEFFERY	ENFIELD VOLUNTARY ACTION
BARBARA LE FEVRE	ENFIELD WOMEN'S CENTRE
SARA LITCHFIELD BROWN	ENFIELD MENTAL HEALTH USERS GROUP
SHIRLEY MASON	CUBAN REDD ENTERPRISES
ADA MENIRU	HELPING HANDS
JUDITH MULLIGAN	ENFIELD PARENTS AND CHILDREN
NIKI NICOLAOU	LONDON BOROUGH OF ENFIELD
WILLIAMS OMOPE	ENFIELD JOBSNET
GERALDINE ORFEUR	CROSSROADS
JOE PELOVANGU	AFRICAN FRENCH SPEAKING ORGANISATION
MICHAEL PELLIS	CARERS UK ENFIELD BRANCH
HELEN PRICE	ENFIELD VOLUNTARY ACTION
GEORGE PROW	COMMUNITY AID
SAKEEL TORAUB	ENFIELD VOLUNTARY ACTION
MEERA VASUDEVAN	ENFIELD VOLUNTARY ACTION
MRS A WALAWALKER	C.A.P.E.
MR WALAWALKER	C.A.P.E.
PAULINE WALKER	4 CHILDREN
NORA WALSH	HEALTHWATCH
LITSA WORRALL	GREEK & GREEK CYPRIOT COMMUNITY OF ENFIELD
BASHIR YUSUF	SECCA