

# Public Document Pack



## HEALTH AND WELLBEING BOARD

Tuesday, 5 December 2017 at 6.15 pm  
Room 1, Civic Centre, Silver Street, Enfield,  
EN1 3XA

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## MEMBERSHIP

Leader of the Council – Councillor Doug Taylor (Chair)  
Cabinet Member for Health and Social Care – Councillor Alev Cazimoglu  
Cabinet Member for Community Safety & Public Health – Councillor Krystle Fonyonga  
Cabinet Member for Education, Children’s Services and Protection – Councillor Ayfer Orhan  
Chair of the Local Clinical Commissioning Group – Dr Mo Abedi (Vice Chair)  
Healthwatch Representative – Parin Bahl  
Clinical Commissioning Group (CCG) Chief Officer – Acting – Deborah McBeal  
NHS England Representative – Dr Helene Brown  
Director of Public Health – Tessa Lindfield  
Executive Director of Health, Housing and Adult Social Care – Ray James  
Executive Director of Children’s Services – Tony Theodoulou  
Voluntary Sector Representatives: Vivien Giladi, Litsa Worrall (Deputy)

## Non-Voting Members

Royal Free London NHS Foundation Trust – Natalie Forrest  
North Middlesex University Hospital NHS Trust – Libby McManus  
Barnet, Enfield and Haringey Mental Health NHS Trust – Andrew Wright  
Enfield Youth Parliament – Robyn Gardner, Bobbie Webster

## AGENDA – PART 1

- 1. WELCOME AND APOLOGIES**
- 2. DECLARATION OF INTERESTS**

Members are asked to declare any pecuniary, other pecuniary or non-pecuniary interests relating to items on the agenda.

- 3. LONDON BOROUGH OF ENFIELD BUDGET CONSULTATION**

To receive a presentation on the LB Enfield 2018/19 budget proposals.

**4. HEALTH AND WELLBEING BOARD ACTIONS FOR THE PRIORITY, MENTAL HEALTH RESILIENCE**

To receive a report proposing actions by the Board to improve Mental Health Resilience in Enfield.

(TO FOLLOW)

**5. HEALTH AND WELLBEING BOARD ACTIONS FOR THE PRIORITY, HEALTHY WEIGHT**

To receive a report proposing actions by the Board to promote Healthy Weight in Enfield.

(TO FOLLOW)

**6. SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT 2016-17 (Pages 1 - 44)**

To receive the Safeguarding Children's Board Annual Report 2016-17 from Geraldine Gavin (Independent Chair of Enfield Safeguarding Children's Board).

## **REPORTS FOR INFORMATION**

The following reports are for information only.

**7. PROGRESS UPDATE ON JOINT HEALTH AND WELLBEING STRATEGY (JHWS) (Pages 45 - 66)**

To review performance highlights and consider how to promote progress against the JHWS indicators.

**8. MINUTES OF THE MEETING HELD ON 10 OCTOBER 2017 (Pages 67 - 76)**

To receive and agree the minutes of the meeting held on 10 October 2017.

**9. INFORMATION BULLETIN**

(TO FOLLOW)

**10. HEALTH AND WELLBEING BOARD FORWARD PLAN (Pages 77 - 78)**

The current version of the Forward Plan is attached.

**11. DATES OF FUTURE MEETINGS**

Members are asked to note the dates of meetings of the Health and Wellbeing Board:

- Thursday 8 February 2018
- Tuesday 17 April 2018

All meetings take place at 6:15pm unless otherwise indicated.

Members are asked to note the dates of meetings of the Health and Wellbeing Board Development Sessions:

- Tuesday 16 January 2018
- Tuesday 20 March 2018

The development sessions take place at 2:00pm unless otherwise indicated.

## **12. EXCLUSION OF PRESS AND PUBLIC**

If necessary, to consider passing a resolution under Section 100A(4) of the Local Government Act 1972 excluding the press and public from the meeting for any items of business moved to part 2 of the agenda on the grounds that they involve the likely disclosure of exempt information as defined in those paragraphs of Part 1 of Schedule 12A to the Act (as amended by the Local Government (Access to Information) (Variation) Order 2006).

There is no part 2 agenda.

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**MUNICIPAL YEAR 2017/2018 REPORT****MEETING TITLE AND DATE:**

Health and Wellbeing Board – November 2017

**REPORT OF:**

Director of Schools & Children's Services

Contact officer and telephone number:

Grant Landon 020 8379 8337

E-mail: [grant.landon@enfield.gov.uk](mailto:grant.landon@enfield.gov.uk)

<b>Agenda - Part:</b>	<b>Item: Update Report</b>
<b>Subject: ESCB Annual Report</b>	
<b>Wards: All</b>	
<b>Cabinet Member consulted: Cllr Orhan</b>	

**1. EXECUTIVE SUMMARY**

2016-2017 has been another very busy year for the Safeguarding Children Board.

Overall it has been a very positive year for the board despite a number of changes and challenges.

Importantly there remains a very strong commitment to the board and its activity from all its member agencies and organisations. This is evidenced both from the strong collaborative ethos and commitment to working together as well as by the single agency safeguarding activity undertaken by all members which is detailed in the Statements from ESCB partner agencies section in the report.

**Effective responses to specific safeguarding concerns****Child Sexual Exploitation / Missing / Trafficking**

There has again been much activity and positive progress in this important area in 2016/17. The numbers of young people who have been identified as victims of CSE has remained stable after an increase in previous years whilst the ratio of boys to girls who have been identified has increased slightly reflecting a growing awareness that the issue can also affect boys. There have been positive steps in support young people who go Missing through the work of the Missing Children Risk management Group which brings together professionals to plan effective support for vulnerable young people. The issue of Trafficking has had an increased focus as understanding and awareness of the issues has grown

An important development for the ESCB has been the establishment of a new subcommittee; the Vulnerable Young People (VYP) subcommittee which met for the first time toward the end of the year. The VYP replaces the Trafficking, Sexual Exploitation and Missing (TSEM)

**Domestic Abuse / Violence Against Women & Girls (VAWG)**

The board has continued to monitor and support activity related to VAWG throughout 2016/17. Iterations of the new Domestic Abuse strategy have been presented to the board on three occasions and board members have offered advice, direction and guidance. In early 2016 the new Joint Targeted Area Inspection (JTAI) framework was introduced. The purpose of this framework is to understand how effectively agencies in a local area are able to respond to specific issues. From September 2016 to March 2017 the theme was children living with Domestic Abuse. Whilst Enfield was not inspected there was much activity across the partnership to map, understand and enhance our response to Domestic Abuse in Enfield. There is more

details about work undertaken in this area in the Quality Assurance of the report

### **Radicalisation and Prevent**

The board has continued to work closely with the Prevent service in the Community Safety Unit to ensure there is a high level of understanding of issues relating to Radicalisation and the response to it in Enfield. A key move has been incorporating a focus on Radicalisation as part of the new Vulnerable Young People subcommittee, recognising that this is one of many potential challenges and issues that young people in Enfield face.

### **Early Help**

The board has closely monitored the development of the Enfield Family Resilience Strategy which is the basis for the local response to Early Help. Board members have offered scrutiny, challenge and direction as the strategy has developed. The ethos of the strategy is that we want all our children to be safe, confident and happy, with opportunities to achieve through learning and reach their full potential as they become adults.

### **Effective safeguarding structures & systems**

As referenced above there have been some changes to the way the ESCB is structured both in response to national changes (the Wood Report and Children & Social Work Act) and a local shift in the way we are trying to address the challenges and issues experienced by young people in a consistent and joined up way (Vulnerable Young People subcommittee.)

Our Quality Assurance subcommittee continues to monitor data relating to safeguarding across the partnership and to oversee audits on a range of relevant topics. The group has pushed forward our Section 11 / Section 175 structure and programme this year to ensure we have the widest possible understanding of safeguarding activity across all agencies including in our schools. We have conducted a range of 'challenge interviews' all of which have concluded with feedback and action plans where required. There is more about activity in the area and view some of the data considered by the QA group in the Quality Assurance section of the report.

The board itself has effectively offered challenge to partner agencies throughout the year and sought assurances that action was taken to ensure children and young people are safeguarded.

### **Communication & Learning**

The Board has continued to lead on and steer the direction of the Signs of Safety across the borough. We began our Signs of Safety implementation journey in the autumn of 2015 and since then a tremendous amount of progress has been made towards fully embedding the model within children's services and among partner agencies in Enfield. Over 800 professionals across the borough have not attend a Signs of Safety training or briefing session and there have many structural and process changes which have helped ensure the model and its principles are a core part of the way we work with children and families across Enfield. There is more about Signs of Safety in the Enfield Children's Social Care section of the report

This year the board has taken the innovative step of merging its Learning and Development subcommittee with that of the Safeguarding Adult Board ensuring consistency, reducing duplication and improving quality. There have been a number of joint ventures including joint Domestic abuse sessions and a joint conference on Modern Slavery. There has once again been an extensive programme of Safeguarding Training across the partnership, ensuring that all staff have access to

good quality training, which helps support sustained improvements across all safeguarding services. Across the year, we once again delivered training and learning sessions to well over 1000 people professionals. There is more on training in the learning and the development section

### **Conclusion and Challenges for 2016/17**

2016/17 has again been another busy year for Enfield Safeguarding Children Board. It was a year that brought considerable uncertainty but we have made sure we have remained focused on our priorities and goals and have maintained an unrelenting focus on supporting our partner agencies and driving improvement and quality.

This report clearly demonstrates that safeguarding activity is being maintained across the partnership in challenging times and the that the ESCB continues to have clear agreement and focus on the strategic priorities and ongoing challenges. Reports from our partners demonstrate that statutory and non-statutory members are consistently working towards the same goals as part of the multi-agency partnership and within their individual agencies.

The Board remains committed to a programme of scrutiny, monitoring and, quality assuring the quality of safeguarding activity across Enfield, and this programme of robust analysis and challenge will continue to ensure that children and young people are kept safe. The Board is proud of its successes but of course there is no room for complacency, the economic situation and organisational change affecting public services in Enfield and across the country continues to be a challenge for the Board. 2017/18 will inevitably bring more change; we are likely to see statutory changes to the way Serious Case Reviews and child death processes and managed. We will ensure we stay abreast of developments and will seek and utilise 'best practice' examples both in these areas and as new safeguarding structures emerge across the country.

## **2. RECOMMENDATIONS**

Cabinet to note the progress being made to safeguard children and young people and specifically note this report and the Draft Enfield Safeguarding Children Board Annual Report which is attached as a background paper to this document.

## **3. PLEASE SEE APPENDIX (FULL REPORT) ATTACHED.**

## **4. ALTERNATIVE OPTIONS CONSIDERED**

This report is for information.

## **5. REASONS FOR RECOMMENDATIONS**

Enfield Safeguarding Children Board will require the commitment and support from multiple partners and from colleagues across the Council in order to continue to focus on improvements with the clear aim of reducing harm.

## **6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

### **6.1 Financial Implications**

The ESCB is funded by its partner agencies with the London Borough of Enfield being significantly the biggest contributor. In 2016/17 the contribution of Enfield CCG was reduced due to financial challenges experienced by the that organisation

The ESCB managed to spend within budget during the year primarily because there was just one Serious Care Reviews in 2016/17 which is regularly a high area of expenditure for Safeguarding Boards. A majority of of the overall budget was spent on staffing costs including the independent chair and the remainder was spent on Serious Case Reviews and Learning & Development.

### **6.2 Legal Implications**

Section 13 of the Children Act 2004 ('the Act') places a duty on every Local Authority to establish a Local Safeguarding Children Board (LSCB). Section 14 of the Children Act sets out the objective of a LSCB. Section 14A of the Act requires a LSCB to 'prepare and publish a report about safeguarding and promoting the welfare of children in its local area' at least once in every 12 month period. The report must be submitted to the local Children's Trust Board. The Local Safeguarding Children Boards Regulations 2006 govern the running of an LSCB. The Government's Statutory Guidance, Working Together to Safeguard Children (2015), gives guidance on the operation of LSCBs.

The proposals set out in this report comply with the above legislation

### **6.3 Property Implications**

There are no property implications.

## **7. KEY RISKS**

The Enfield Safeguarding Children Board is reliant upon a strong commitment from partners and is financed through contributions from partner agencies. There are risks that that the austere climate may impact upon the financial contributions and reduce the ability to deliver on the key priorities within the business plan. Failure to deliver the business plan would have a detrimental impact upon the Council's reputation.

## **8. IMPACT ON COUNCIL PRIORITIES**

### **8.1 Fairness for All, Growth and Sustainability and Strong Communities**

The work of the ESCB meets all 3 of the council's key aims and the objectives within the Children and Young People's Plan. With particular emphasis and more weighting upon improving services to those children, young people and families that require prevention and intervention from safeguarding services across a broad spectrum from early help to statutory interventions.

## **9. EQUALITIES IMPACT IMPLICATIONS**

Corporate advice has been sought in regard to equalities and an agreement has been reached that an equalities impact assessment is neither relevant nor proportionate for the approval of the Annual report. Safeguarding forms part of the Councils



programme of retrospective equalities impact assessments (EQIA) and this was completed in July 2015. The retrospective EQIA collates equalities monitoring of service users, and consider how the service impacts on disadvantaged, vulnerable and protected characteristic groups in the community. A programme of actions to address adverse impacts are devised and implemented where appropriate throughout the delivery of the project.

## **10. PERFORMANCE MANAGEMENT IMPLICATIONS**

This ESCB has a robust data set and annual audit programme supporting the continuous drive for improvement by the Council and its partners in relation to outcomes for children.

## **11. HEALTH AND SAFETY IMPLICATIONS**

N/A

## **12. HR IMPLICATIONS**

Enfield Council is committed to applying equalities when recruiting and is proud of a staff group that is represented of its community and the customer they serve. The Council has a number of Policies in place so that all staff members are aware of their rights and the expectations required of them in carrying out their duties. Any misconduct and performance issues are dealt with robustly and all Council employees are required to work within the remits of the Dignity at Work Principles and the Employee Code of Conduct.

## **13. PUBLIC HEALTH IMPLICATIONS**

The ESCB has strong links with the Health and Wellbeing Board and the Director of Public Health is a standing member of the Safeguarding Children Board. The ESCB has promoted and supported a number of public health issues and the Female Genital Mutilation task group, which is chaired by a Consultant in Public Health, has become an established sub-committee of the Health and wellbeing Board.

The ESCB is working closely with the Adult Safeguarding Children Board to further strengthen the partnership working with specific emphasis upon the health areas that are key priorities for both Boards such as Domestic Abuse and Female Genital Mutilation.

The ESCB coordinates local programmes to protect and promote the welfare of children and young people in Enfield and to monitor the effectiveness of those arrangements. Improved outcomes in early life and childhood lead to healthier, successful adults and improve the health of the population. For example: protecting children and young people results in improved population health outcomes by reducing mental health issues, sexually transmitted diseases and other issues e.g. obstetric complications in FGM victims.

The work of the Child Death Overview Committee contributes to reducing infant mortality in the borough by recognising risk factors and acting to prevent such deaths where possible. This increases life expectancy in the borough population.

**Background Papers**

1. Enfield Safeguarding Board Annual Report 2016- 2017

# Enfield Safeguarding Children Board

## Annual report

2016 – 2017

**Enfield**  
Safeguarding  
**Children Board**  
...because safeguarding children  
is everybody's business

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## Introduction from the chair

As the Independent Chair of Enfield Safeguarding Children's Board (ESCB), my starting point is to thank all of those colleagues right across our partners and agencies for the work done each and every day to keep the children and young people of Enfield as safe as possible. All the agencies (the principle three being the local authority, the metropolitan police and the clinical commissioning health group) work hard together to recognise the risks being experienced and then to reduce them.

Enfield has an influential voluntary sector and many other organisations also support this work. This includes schools, nurseries, the probation service, domestic abuse organisations, addiction services and several others. The Annual Report gives an account of the work undertaken by all of these organisations. Important responsibilities are shared by families, agencies and communities all working together to protect children and enable them to thrive.

This work is demanding and challenging, often national and local press headlines can infer that if only certain steps had been taken all would be well. However, there is often a complexity involved which can be tricky and sometimes difficult to grasp away from the national sound bites. We are all aware of the real budgetary pressures being experienced and this does stretch existing resources, and in some instances the streamlining of services that is still underway does impact on what may be available. However, as an LSCB it is our responsibility to keep talking together and to create opportunities for continuous improvements to continue.

2016-2017 has been another demanding and stretching period. The [ESCB website](#) and [Twitter](#) and [Facebook](#) pages are routinely updated, and I just want to select some important themes that we as a Board have focused on during the last year.

All 32 London Borough Boards work in conjunction with a London-wide Board, and this provides a regional coherence to safeguarding activities. Over this last couple of years Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and Prevent (early detection of vulnerability to terrorist influences) have all been under the national spotlight and therefore all London Boroughs have increased our activities in these areas. We have in Enfield kept a watchful eye and whilst none of these seriously concerning areas have been totally eradicated, we are confident that as a Board with all our partners working together, we are approaching and managing these areas in a coherent and purposeful way.

I do however want to highlight some of the areas that we still need to increase our attention on to measure any significant impact. The first of these is the thorny problem of children being affected by living in households where Domestic Abuse is present and also violence to young women and girls. We are working closely with colleagues from Community Safety and the police as well as voluntary groups to join up existing services and to do more to prevent this violence.

Children experiencing neglect are also particularly vulnerable and again this will be focused on during 2017-18. National headlines have usefully alerted us to the significant pressures on young people with

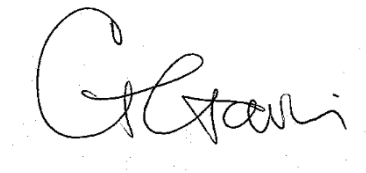


mental health problems. Appropriate treatment facilities are in short supply and very occasionally police custody suites or Adult hospital beds have been used to temporarily house children. These facilities are far from ideal and all of us working with children are seeking other solutions.

Safeguarding children's work whilst done well in Enfield amongst and across partnerships, is an area where we can never be complacent as new risks are being identified all the time. The ESCB takes its responsibilities seriously and I would commend this Annual Report to all as a good illustration of the range of issues being experienced and dealt with regularly.

2017-2018 will undoubtedly bring new and increased challenges, national legislation will have an impact on how the agencies will be expected to work together, and central guidance whilst delayed by the June General Election is expected in the Autumn.

My concluding comments echo my starting point, all staff and colleagues work hard together and a big Thank You from all of us connected to the Enfield Children's Safeguarding Board. Keeping children and young people safe in Enfield is a role taken seriously and this needs to be supported and continued.

A handwritten signature in black ink, appearing to read 'C. Green', is positioned above the date. The signature is fluid and cursive.

Summer 2017

## Enfield – a snapshot

The London Borough of Enfield is London's most northerly and fourth most populous borough. The overall population is currently approximately 333,00 and this is predicted to rise to around 350,000 by 2020. There are currently approximately **83,773 children** (aged under 18) living in Enfield, making up **26% of the borough's population**. Enfield has a relatively young population with the number of children and young people aged 0-15 representing approximately 23% of the total population (compared to a London average of 14%).<sup>1</sup> Data from The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. Their data concludes that Enfield is the 13th most deprived borough nationally and the 5th most deprived in London. The London Boroughs with greater levels of deprivation than Enfield have smaller baseline populations, meaning that Enfield has the largest number of children affected in poverty of any London borough.<sup>2</sup>

Enfield continues to experience significant changes to its overall population which includes an increase in overall numbers and a continued increase in the number of children in Enfield who affected by poverty. There is a high level of migration into Enfield both from other parts of the United Kingdom and from other countries, particularly from Eastern Europe.

Predictably, the numbers of 'contacts' and referrals that come into Enfield's Single Point of Entry (SPOE) have continued to rise. In 2015/16 there were 4154 referrals for children in Enfield which is almost 1500 more than five years ago, in 2011/12

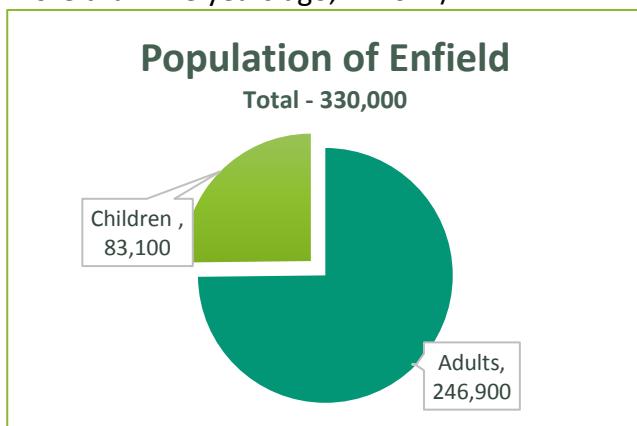


Figure 1 Population of Enfield

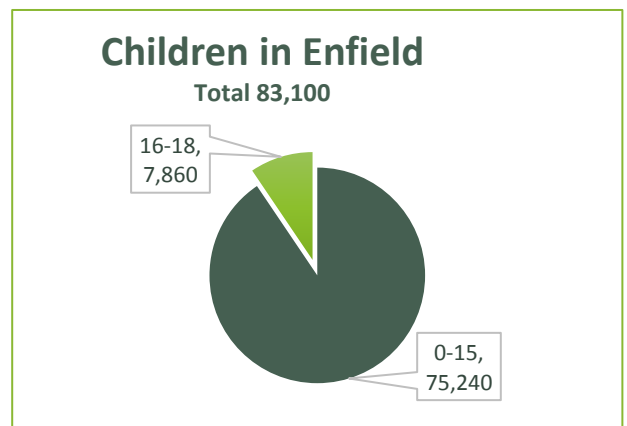


Figure 2 Children in Enfield

This

has continued to bring increased pressure on services across Enfield in a climate of reduced resources in all areas and has led to an increase in the numbers of children who become subject to Child Protection Plans and who are 'looked after' by Enfield. You can read more about data relating to safeguarding and what the local response has been in the **ESCB Dataset section below**.

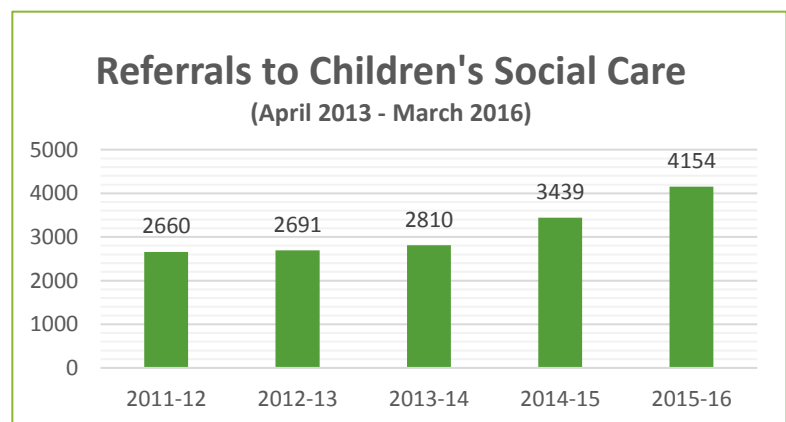


Figure 3 Referrals to Children's Social Care

<sup>1</sup> GLA London Datastore <https://data.london.gov.uk/demography/>

<sup>2</sup> English indices of deprivation 2015 <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>  
ESCB Annual Report 2016/17

In Education, there is a mixed picture of grant maintained schools and academies and across the borough 97% of schools are judged by Ofsted to be 'Good' or 'Outstanding'.

## ESCB in context

2016-2017 has been another very busy year for the Safeguarding Children Board. It has, to some extent, been a year of uncertainty following the publication of the Alan [Wood review of local safeguarding children boards](#) in May. The review recommended significant changes to the way safeguarding arrangements were structured across the country. The reason Alan Wood was asked to conduct the review was the perception by the Department for Education that Local Safeguarding Children's Boards were ineffective in delivering their key objectives. This was based on the fact that Ofsted, in their reviews of LSCBs under the Single Inspection Framework (SIF) had judged a large number of boards to 'require improvement' or to be 'inadequate'. The Enfield board was inspected as part of the SIF that took place here in March 2015 and was judged, along with Children's Social Care to be 'Good'. The Wood report made a number of recommendations including suggested changes to the way Serious Case Reviews (SCRs) are managed and the way the Child Death Overview Panel (CDOP) functions. These recommendations are referenced in those sections of this report but the most fundamental and significant recommendation made by Wood was that the government should make provision to abolish LSCBs and replace them with alternative local structures which would be less prescribed than LSCBs and would be the responsibility of three key agencies; the local authority, the Police and Health, to establish and manage. These recommendations became law with the publication of the [Children and Social Work Act 2017](#) which received royal assent in April 2017.

### Wood Report

Review of the role and functions of  
Local Safeguarding Children  
Boards

March 2016

## Enfield Response

The ESCB has considered discussed the report and subsequent Act on numerous occasions to plan a way forward which will both satisfy statutory requirements and continue to ensure that children and young people continue to be safeguarded effectively. There have been some specific changes to the structure of the board, which are discussed in more detail below but broadly our response has been to

ensure that business is conducted as usual; that partners continue to come together regularly to discuss local challenges and how best to respond to them and that Training and Learning, including the dissemination of key points from local and national Serious Case Reviews, continues to be prioritised and undertaken effectively.



## Children and Social Work Act 2017

CHAPTER 16

Explanatory Notes have been produced to assist in the  
understanding of this Act and are available separately

## Executive Summary

As in previous annual reports the purpose of this executive summary is to give an overview of activity and progress made against the priority areas identified in our [Strategic Business Plan](#). The current was compiled with input from all partner agencies of the Board. The priorities have been identified from case reviews,



statutory duties, local issues, and national as well as London-wide areas of concern. The work is carried out via the sub-committees of the Board and progress will be reviewed regularly. The overall objective of the ESCB is, as always, the coordination of what is done by each person or body represented on the Board for the purpose of safeguarding and promoting the welfare of children in the area, and to ensure the effectiveness of what is done by each such person or body for these purposes (Section 14 Children Act 2004)

There are a number of tasks and activities which are part of the Core Business of the ESCB which are addressed over the course of the year in a variety of ways and outcomes and effectiveness are monitored through the subcommittees and the Board itself. There are also a number of specific safeguarding themes which have been identified from local and national issues and drivers including Serious Case Reviews and the activity of the ESCB subcommittees which have been included among the priorities

Overall this has been a very positive year for the board despite significant changes and challenges. Importantly there remains a very strong commitment to the board and its activity from all its member agencies and organisations. This is evidenced both from the strong collaborative ethos and commitment to working together as well as by the single agency safeguarding activity undertaken by all members which is detailed in the [Statements from ESCB partner agencies](#) section below.

The Business Plan is divided into four sections with each section focusing on a priority area for development and activity. The priority areas are listed below along with some of the key achievements made this year. Many of the achievements contain hyperlinks which lead to the relevant page(s) of the [Enfield Safeguarding Children Board's website](#).

## Effective responses to specific safeguarding concerns

### Child Sexual Exploitation / Missing / Trafficking

There has again been much activity and positive progress in this important area in 2016/17. During the year **111** young people were identified as either experiencing or being at significant risk of CSE. This figure is very similar to the last full year analysis where **112** young people were identified in 2015.

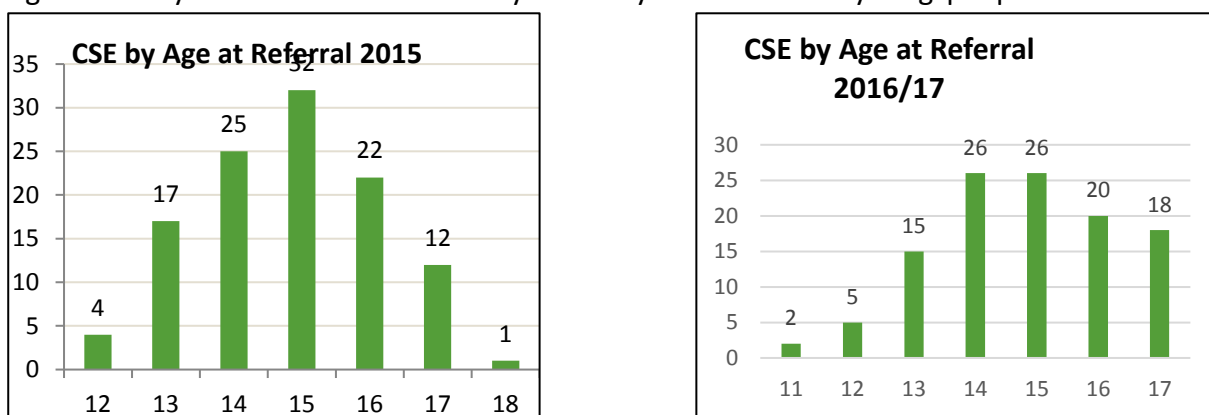
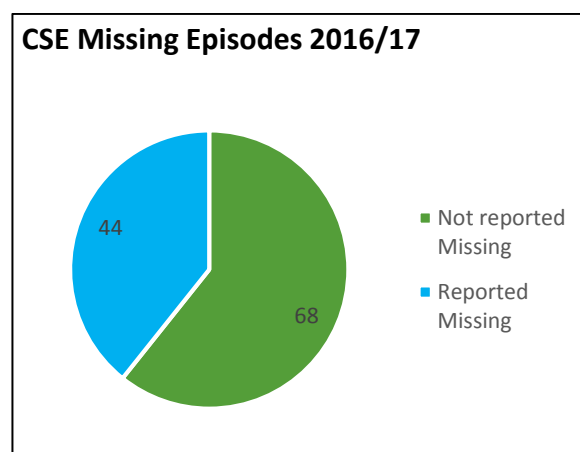
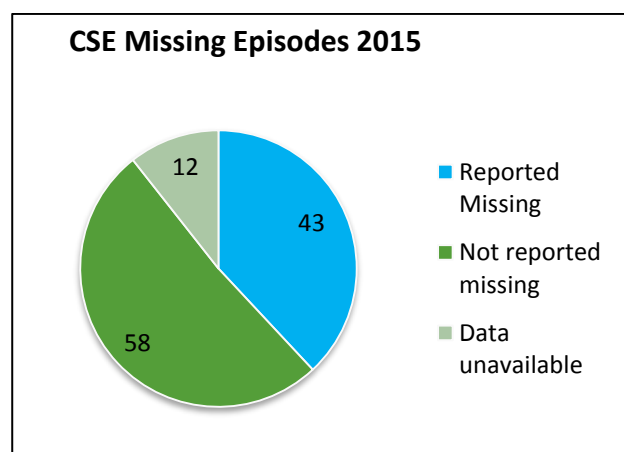


Figure 4 CSE by Age

There is no noticeable difference in age range. There has been an increase in the amount of boys who are identified as experience in CSE. In 2015 there were 105 girls and **8** boys and in 2016/17 there were 99 girls and **13** boys. This represents a positive shift in understanding that boys can be victims of CSE as well as girls. Data relating to the ethnicity of young people experiencing CSE in Enfield and the parts of the borough in which they live has not changed significantly with White British young people remaining the single most vulnerable group and the N9, N18 and EN3 postcodes featuring post prominently.

The number of young people who have had episode of being missing and have also experienced CSE has not risen significantly but there clearly remains a correlation between these issues.



During the course of the year **62** young people were removed from the CSE list. This indicates effective inter-agency work to reduce the risk of CSE for those young people.

An important development for the ESCB has been the establishment of a new subcommittee; the [Vulnerable Young People \(VYP\) subcommittee](#) which met for the first time toward the end of the year. The VYP replaces the Trafficking, Sexual Exploitation and Missing (TSEM) group which had been in place since 2012.

Given the progress made on tackling CSE and Missing in Enfield and the growing understanding nationally and locally of the complex, often intertwined issues that young people face and how they can impact on young person's life it was proposed and agreed in early 2017 that the good work is built upon and expanded as part of a new **Vulnerable Young People** group. The new group was established in March 2017 and includes a focus on a number of additional areas. These include:

- Gang activity in relation to young people
- A sharpened focus on Trafficking and Modern Slavery
- Radicalisation and the Prevent agenda
- Children & Young People involved in or at risk of Harmful Practices (including Female Genital Mutilation, Forced Marriage and Honour Based Abuse)
- Young people who are at risk of or experiencing Domestic Abuse.

The group oversees and closely supports the work of the Multi-Agency Sexual Exploitation (MASE) group which this year, has changed its focus to become more strategic looking predominantly at locations,

themes, trends and cross border issues with discussion about individual cases covering only essential actions. This year the MASE has been involved in a number of initiatives including;

- A Police 'Test purchase' operation with local hotels to check local responses to potential CSE issues. The responses were largely positive and the operation was followed by a training workshop for hotel staff.
- Targeted Police, Community Safety and youth worker activity around a local park where significant Gang and drug activity had been identified as well as CSE. This has led to a number of arrests and increased intelligence about the local picture

In July 2015, the *Missing Children Risk Management Group (MCRMG)* was established. Whilst not an ESCB subcommittee the work of this multi-agency group is linked closely to the VYP and MASE. The group is made up of representatives from all relevant agencies to enable and promote an enhanced service to ensure children and young people, who are or have a history of going missing from home, local authority care or education, are identified, safeguarded and supported. Initially the group primarily discussed young people who were missing from education but increasingly in the last year as the work of the group has become more widely understood, it has focused on high risk young people many of who go missing regularly. The active involvement of the Police has been key to the group's success.

You can read more about work undertaken in this area, including data and statistics in the [Vulnerable Young People \(VYP\) subcommittee](#) section below.

### **Domestic Abuse / Violence Against Women & Girls (VAWG)**

The board has continued to monitor and support activity related to VAWG throughout 2016/17. Iterations of the new Domestic Abuse strategy have been presented to the board on three occasions and board members have offered advice, direction and guidance. In early 2016 the new [Joint Targeted Area Inspection \(JTAI\) framework](#) was introduced. The purpose of this framework it to understand how effectively agencies in a local area are able to respond to specific issues. From

### NORTH MIDDLESEX HOSPITAL EMERGENCY DEPARTMENT PRESSURES – SPRING 2016

In the Spring of 2016 the Emergency Department at NMUH became so busy that patients were asked to leave unless their conditions were extremely serious. The issue made headline news both locally and nationally. Senior Paediatric staff were asked to assure the ESCB that safeguarding children issues were not being missed because of these pressures

In December 2016, the board had a presentation on an extensive audit that looked at every case where a child had left without being seen in the month of March.

The Board was assured that child protection issues are routinely picked up at triage stage and young children with head injuries are always treated as a priority.

The Board heard that there had many changes at NMUH including an increase in number of doctors; improved teaching programme for trainee doctors; and improved supervision. In summary, most patients who left without being seen could have been seen at a GP surgery

The Board was reassured by the very thorough audit, that there was no evidence that safeguarding issues were being missed despite the very significant pressures the Emergency Department has been experiencing.

## MET POLICE HMIC INSPECTION – SEPTEMBER 2016

HMIC undertook a Safeguarding inspection across the Met in September 2016. The outcome was poor and identified concerns in relation to the Met's approach to protecting vulnerable young people. ESCB members from Enfield Police provided an update on activity being taken to address the problems and advised the board of activity taking place across the force. The new [Police and Crime Plan for London 2017-2020](#) has three priorities:

- Tackling violence against women and girls;
- Keeping children and young people safe; and
- Standing up to extremism, hatred and violence.

Borough policing will move to a new model and pilots are currently running in other boroughs. Enfield is expected to merge with Haringey. The board was given assurance that safeguarding is at the forefront of all police work. A programme of safeguarding training for all officers across London has commenced. An action plan has been developed. The ESCB will continue to monitor progress both locally and across the Met.

September 2016 to March 2017 the theme was children living with Domestic Abuse. Whist Enfield was not inspected there was much activity across the partnership to map, understand and enhance our response to Domestic Abuse in Enfield. You can read more about work undertaken in this area in the [Quality Assurance](#) section below.

### Radicalisation and Prevent

The board has continued to work closely with the Prevent service in the Community Safety Unit to ensure there is a high level of understanding of issues relating to Radicalisation and the response to it in Enfield. A key move has been incorporating a focus on Radicalisation as part of the new Vulnerable Young People subcommittee, recognising that this is one of many potential challenges and issues that young people in Enfield face. There is a strong focus on safeguarding individuals from supporting or becoming involved in terrorism. To do this there has been work with teachers, social care staff and a number of other organisations to offer support to those who are deemed to be at risk.

There is regular and ongoing proactive contact with the Office for Security and Counter Terrorism (OSCT) and Police's Counter Terrorism Command (SO15) on Prevent work and keep them regularly updated on trainings, details of project delivery and visits made to local community groups.

A key element of Enfield's Prevent support is through the Channel programme, which has similarities to a multi-agency safeguarding panel. The panel receives concerns about vulnerable individuals and the needs are assessed along with any risks that the police may highlight suggesting terrorism or radicalisation concerns. The support is voluntary and where this is accepted the panel is able to bring to the table unique Home Office approved intervention providers who have experience in tackling the radicalisation of individuals and are able to offer one to one support and mentoring. The Channel panel receives regular representation from Children Services and where required from appropriate teachers and social workers. Read more about activity relating to Prevent and Radicalisation on our [Tackling extremism & radicalisation](#) webpage.

### Early Help

The board has closely monitored the development of the [Enfield Family Resilience Strategy](#) which is the basis for the local response to Early Help. Board members have offered scrutiny, challenge and direction as the strategy has developed. The ethos of the strategy is that we want all our children to be safe, confident and happy, with opportunities to achieve through learning and reach their full potential as they become adults.

### Effective safeguarding structures & systems

As referenced above there have been some changes to the way the ESCB is structured both in response to national changes (the Wood Report and Children & Social Work Act) and a local shift in the way we are trying to address the challenges and issues experienced by young people in a consistent and joined up way ([Vulnerable Young People subcommittee](#).)

Our [Quality Assurance subcommittee](#) continues to monitor data relating to safeguarding across the partnership and to oversee audits on a range of relevant topics. The group has pushed forward our Section 11 / Section 175 structure and programme this year to ensure we have the widest possible understanding of safeguarding activity across all agencies including in our schools. We have conducted a range of 'challenge interviews' all of which have concluded with feedback and action plans where required. You can read more about activity in the area and view some of the data considered by the QA group in the [Quality Assurance](#) section below.

The board itself has effectively offered challenge to partner agencies throughout the year and sought assurances that action was taken to ensure children and young people are safeguarded. You can read more about some of these in the sidebars.

### Communication & Learning

The Board has continued to lead on and steer the direction of the [Signs of Safety](#) across the borough. We began our Signs of Safety implementation journey in the autumn of 2015 and since then a tremendous amount of progress has been made towards fully embedding the model within children's services and among partner agencies in Enfield. Over 800 professionals across the borough have not attend a Signs of Safety training or briefing session and there have been many structural and process changes which have helped ensure the model and its principles are a core part of the way we work with children and families across Enfield. You can read more about Signs of Safety in the [Enfield Children's Social Care](#) section

This year the board has taken the innovative step of merging its Learning and Development subcommittee with that of the Safeguarding Adult Board ensuring consistency, reducing duplication and improving quality. There have been a number of joint ventures including joint Domestic abuse sessions and a joint conference on Modern Slavery. There has once again been an extensive programme of [Safeguarding Training](#) across the partnership, ensuring that all staff have access to good quality training, which helps support sustained improvements across all safeguarding services. Across the year, we once again delivered training and learning sessions to well over 1000 people professionals. Read more about training in the [learning and the development](#) section

We continued to raise the **profile** of ESCB by developing and maintaining the [ESCB website](#), getting articles into the local press, and developing our social media presence of both [Twitter](#) and [Facebook](#) where we now have over 800 followers.

## Conclusion and Challenges for 2016/17

2016/17 has again been a busy year for Enfield Safeguarding Children Board. It was a year that brought considerable uncertainty, but we have made sure we have remained focused on our priorities and goals and have maintained an unrelenting focus on supporting our partner agencies and driving improvement and quality.

This report clearly demonstrates that safeguarding activity is being maintained across the partnership in challenging times and that the ESCB continues to have clear agreement and focus on the strategic priorities and ongoing challenges. Reports from our partners demonstrate that statutory and non-statutory members are consistently working towards the same goals as part of the multi-agency partnership and within their individual agencies.

The Board remains committed to a programme of scrutiny, monitoring and, quality assuring the quality of safeguarding activity across Enfield, and this programme of robust analysis and challenge will continue to ensure that children and young people are kept safe. The Board is proud of its successes but of course there is no room for complacency, the economic situation and organisational change affecting public services in Enfield and across the country continues to be a challenge for the Board.

2017/18 will inevitably bring more change; we are likely to see statutory changes to the way Serious Case Reviews and child death processes are managed. We will ensure we stay abreast of developments and will seek and utilise 'best practice' examples both in these areas and as new safeguarding structures emerge across the country.

We will of course continue our focus on vulnerability and on those issues that affect young people including; Child Sexual Exploitation, Missing, Trafficking and gang activity and will continue to explore ways of effectively bringing these issues together in a meaningful way to improve our response to them. We will maintain our focus on Domestic Abuse both on the ways parental domestic abuse can impact on children and on abusive relationships between young people.

We remain keen to enhance our engagement with young people and will renew our commitment to ensuring Enfield young people's voice are heard at the board and explore new and innovative ways of achieving this. We will refresh our Strategic Business Plan and publish a new version if it, outlining our priorities and planned activity in the autumn of 2017

We hope that you find this report interesting and helpful. You will note that there are many hyperlinks throughout the report which lead to relevant pages of our website. We continue to work hard to ensure our website is as relevant and useful, both for professionals and members of the public and we are also striving to maximise our use of social media to promote our work and engage with others. If you are a [Twitter](#) or [Facebook](#) user please follow us by clicking on the links. Your feedback and thoughts are

always important to us. You can get in touch wither through our social media channels or through the website [www.enfieldscb.org.uk/contact](http://www.enfieldscb.org.uk/contact)

Enfield's Lead Member for Children Services, Cllr Ayfer Orhan attends every board meeting and continues to challenge the work of the ESCB through discussion, asking questions and seeking clarity. This provides a consistent and continued scrutiny and challenge function to the Board whilst at the same time ensures the work of the board is fully understood and supported by the Council.

There are currently five Subcommittees operating within ESCB, in which a significant amount of the board's work is progressed. As with the full Board, membership is comprised of relevant representatives from all partner agencies.

## Role of the Board

Enfield Safeguarding Children Board is made up of statutory and voluntary partners. These include representatives from Health, Education, Children's Services, Police, Probation, Children and Family Court Advisory and Support Service (CAFCASS), Youth Offending, the Community & Voluntary Sector as well as two very active Lay Members.

Our main role is to coordinate what is done locally to protect and promote the welfare of children and young people in Enfield and to monitor the effectiveness of those arrangements to ensure better outcomes for children and young people. The effectiveness of ESCB relies upon its ability to champion the safeguarding agenda through exercising an independent voice.

Safeguarding children is everybody's responsibility. Our purpose is to make sure that all children and young people in the borough are protected from abuse and neglect. Children can only be safeguarded from harm if agencies work well together, follow procedures and guidance based on best practice and are well informed and trained.

A key element of the ESCB's work is the provision of information to and from the public, potential and actual service users, staff working in partner agencies and others interested in children's welfare. We work hard to ensure our website [www.enfieldscb.org](http://www.enfieldscb.org) is as helpful and up to date as possible.

Barnet, Enfield and Haringey   
Mental Health NHS Trust

  
Enfield  
Clinical Commissioning Group



**ENFIELD**  
Council 



North Middlesex  
University Hospital   
NHS Trust



Royal Free London   
NHS Foundation Trust

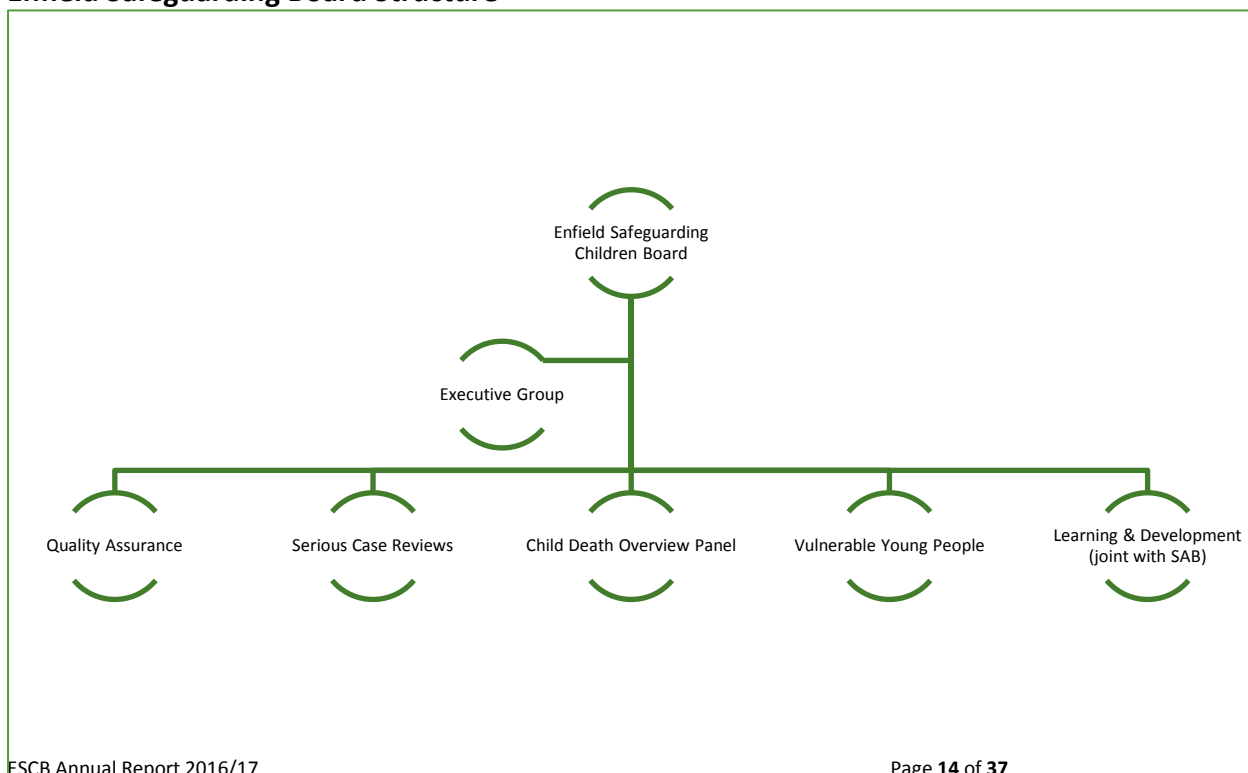


## Governance, Structure and Accountability

The [Children Act 2004](#) places a duty on every local authority to establish a Local Safeguarding Children Board (LSCB). Although, as mentioned above, the Children and Social Work Act 2017 makes provision to abolish LSCBs and establish alternative arrangements. Given the fact that the Enfield board has continued to operate effectively and efficiently with positive and proactive engagement of partners there are no immediate plans to make significant changes to the governance and structure of the board. This year we have reduced the number of times the full board meets. In 2016/17 it met on five occasions, and in 2017/18 it will meet four times. This decision was taken in consultation with partners, many of who are part of other LSCBs and all of whom are engaged with the ESCB in range of ways. We have established an **Executive Group** made up of the chairs of the ESCB's subcommittees which meets four times a year. The core functions of the Executive group are to; agree the priorities for the board and ensure that agreed actions are clear and completed. There have also been some changes to the way our subcommittees are structured including the creation of a **Vulnerable Young People** subcommittee and the amalgamation of the Learning & Development subcommittee with the equivalent committee of the adult board. You can read more about the activity of the subcommittees in the [ESCB subcommittees section](#) of this report

It is important to remember that the ESCB does not commission or deliver direct frontline services. Whilst the board does have not have the power to direct other organisations it does have a clear role in identifying where improvement is needed and steering agencies accordingly. Each Board partner retains their own existing line of accountability for safeguarding. You can read about some examples of where the board has identified potential safeguarding issues and sought assurance from partner agencies in the [Executive Summary](#) of this report.

### Enfield Safeguarding Board Structure





## Key Relationships

### Health and Wellbeing Board (HWB)

The HWB assumed its full statutory powers in April 2013 and Geraldine, our chair is a participant observer, increasing the influence of the Board by strengthening the relationship with this key strategic group. Clearer lines of accountability are in place and ESCB report regularly to the HWB and continue to make sure key safeguarding issues are addressed.

### Safeguarding Adults Board (SAB)

The ESCB Chair is a participant observer on the Safeguarding Adult Board and meets regularly with that board's new Chair, Christabel Shawcross to ensure there is dialogue and mutual understanding of priorities and initiatives. This year the Learning & Development subcommittees of the two boards have merged to improve and enhance the training programmes of both boards and to co-commission and co-deliver training where relevant. You can read more about the work of the [Joint Learning and Development subcommittee](#) below.

## The subcommittees and related activities

This section provides some detail about the work and achievements of the five ESCB subcommittees. It includes some commentary and analysis of some activity that may be beyond the specific remit of the committees but is directly connected to their areas of focus. For example, the Vulnerable Young People subcommittee section highlights the very wide range of work undertaken across the borough to tackle Child Sexual Exploitation (CSE) and related issues.

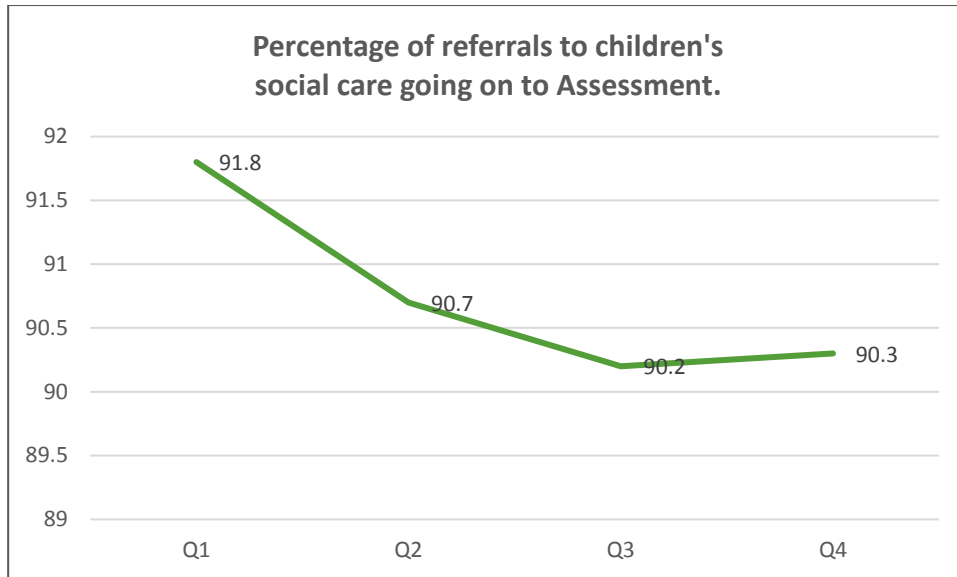
### Quality Assurance (QA)

The Quality Assurance subcommittee meets every six weeks and is chaired by the Designated Nurse from Enfield CCG. Its primary functions are a) to implement, monitor and scrutinise a robust programme of audit and data analysis to ensure safeguarding activity across the partnership is effective and b) to assure itself that safeguarding work undertaken by its partner agencies is of a consistently high standard.

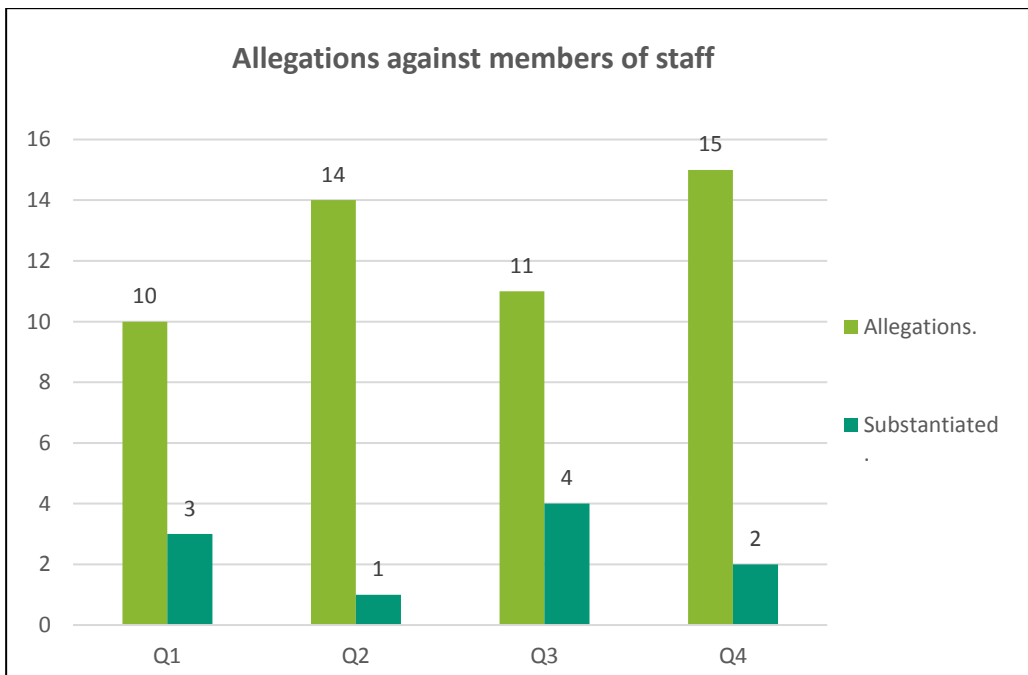
#### The Dataset

The QA group monitors a dataset from partner agencies providing information relating to safeguarding. At each meeting, the dataset is discussed and any issues and concerns are identified and fed back to agency representatives. Sample data items are included below;

The table below shows the percentage of referrals to Children's Social Care that subsequently went onto an assessment. The figure was consistently high across the year indicating that appropriate decisions are being made by the Single Point of Entry (SPOE) team regarding contacts they receive. Where the team believe the situation reaches the threshold for social work intervention they will record a referral and pass it to the Referral and Assessment Team. Of 4,090 referrals between 01/04/2016 and 31/03/2017, 3,692 progressed to an Assessment



This table shows the number of allegations against staff members from across Enfield that were received by the Local Authority Designated Officer (LADO). 50 allegations were received in total of which 10 were substantiated. This is very similar to last year when 48 allegations were made of which 12 were substantiated. You can read more information about the work of the LADO and related data in the [Annual LADO report](#) on the ESCB website.



**Themed Case File Audits**

Each year a range of themed case file audits are undertaken through the ESCB focusing on key areas of safeguarding activity. Some audits are undertaken by managers from within children’s social care and our agency partners whilst others are completed by external, independent auditors. Audits undertaken in 2016/17 include;

- Missing Children

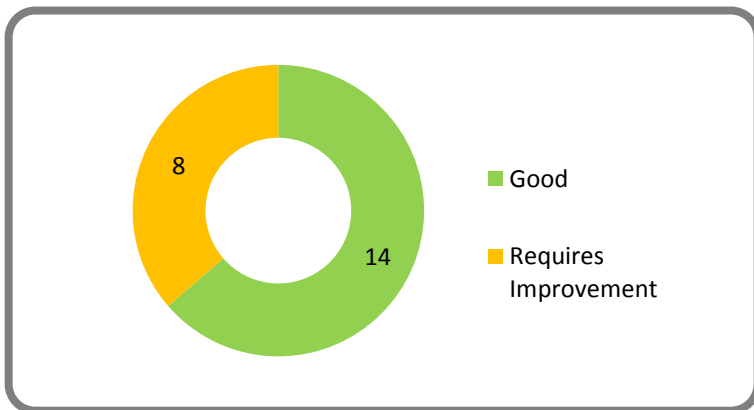
- Domestic Abuse
- Child Sexual Exploitation (CSE)
- Child in Need Plans and Decision Making
- Child & Family Assessments
- Signs of Safety
- Child Protection Plans for young people of 15 and over

Auditors use a standard template to assess and rate different aspects of work using the standard Ofsted judgement structure; *Outstanding, Good, Requires Improvement and Inadequate*

All audit documents are sent to relevant social workers and managers on completion with clear recommendations for any required actions. The audit document is also uploaded to the Social Care casefile system ensuring it can be easily accessed. The scores and comments from each audit are collated into summary reports which are then shared with the workforce to ensure learning is widely shared and necessary improvement actions are taken. Below are some example audit findings from an audit that focused on Child in Need Plans.

**Child in Need (CIN) Plans and Decision making – January 2017**

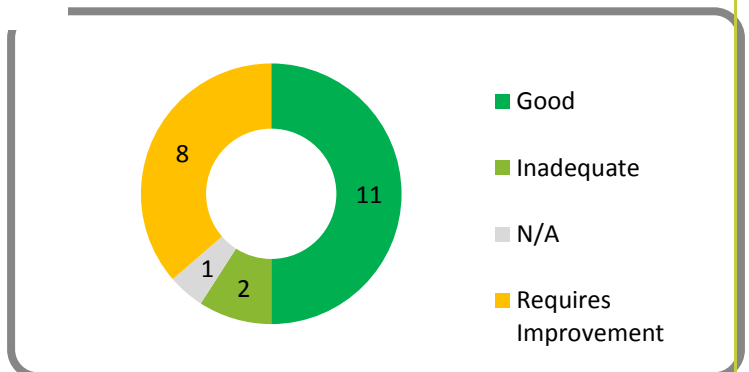
This peer audit looked at a random sample of 22 cases to assess the quality of CIN Plans and related decision making



The majority of audited cases were rated as good (14/22), with the remaining 8 cases rated as requiring improvement. No cases were found to be outstanding or inadequate.

Overall Judgement

There was evidence of some very good and effective direct work with children and young people. Examples include; *‘Evidence of the Four Window exercise being completed with x and other techniques being used with siblings to understand wishes and feelings’* and *‘there is a youth worker involved doing direct work with the*



Quality of Direct Work

*young person and clear records on file of good communication and information sharing between the CSE youth worker and the social worker.’* However, in other cases there is little if any evidence of direct work being undertaken. Two cases were judged inadequate in this respect.

The Recommendations, actions and outcomes from all audits was compiled at the end of the year and shared across the partnership. Below are some examples of audits undertaken and the key outcomes and impact resulting from the post-audit action plans

Audit	<b>Children Missing from Home or Care - July 2016</b>
Rationale	<ul style="list-style-type: none"> <li>To follow up effectiveness of changes to procedures &amp; processes implemented in response to Ofsted inspection in February 2015</li> <li>To develop understanding of responses to Missing children and adherence to requirements and guidance across Children's Social Care to inform practice and process improvements</li> </ul>
Outcomes / Impact	<ul style="list-style-type: none"> <li>The ESCB Missing Protocol was updated and redistributed clarifying roles, responsibilities and expectations in relation to Missing Children and in particular to return home interviews</li> <li>Series of meetings held with provider of debriefing interviews and improvement plan put in place which included amendments to form used. Monitoring meetings have seen a marked improvement in the analytical quality of these interviews</li> <li>A further audit, focusing specifically on debriefing interviews, will be conducted in June 2017.</li> </ul>

Audit	<b>Domestic Abuse - October 2016</b>
Rationale	<ul style="list-style-type: none"> <li>To develop understanding of responses to cases where Domestic Abuse is an issue to inform practice and process improvements</li> </ul>
Outcomes / Impact	<ul style="list-style-type: none"> <li>Immediate action was taken to restructure the SPOE to increase the amount of decision makers in the team</li> <li>An external review of SPOE structures and processes was undertaken to look at improving efficiency and effectiveness</li> <li>The Case Summary template was amended to include a heading <i>Are there any Risks or Warnings?</i> to improve recording of risk including Domestic abuse</li> </ul>

Audit	<b>Children's Centre Case File Audits - October 2016 – March 2017</b>
Rationale	<ul style="list-style-type: none"> <li>Ongoing case file audit activity to monitor compliance with procedures, identify areas of good practice and areas for development</li> </ul>
Outcomes / Impact	<ul style="list-style-type: none"> <li>Children's Centre staff are supported to work on increasingly complex cases</li> <li>Protocols now standardised across all hubs</li> <li>Appropriate recording systems have been established</li> <li>Children's Centre Staff are now attending TAF 'Train the Trainer' sessions organised by Change &amp; Challenge.</li> </ul>

Audit	<b>Child Sexual Exploitation - January 2017</b>
Rationale	<ul style="list-style-type: none"> <li>Audit of two cases undertaken in direct response to concerns raised about two young women who were victims of CSE. Identify learning to improve multi-agency response to similar cases.</li> </ul>
Outcomes / Impact	<ul style="list-style-type: none"> <li>Amendments made to Enfield CSE operating protocol to a) clarify the use of the CSE risk assessment tool and b) clarify requirements for Strategy Discussion for CSE cases</li> <li>The audit Key Findings had a direct influence on the decision re-structure the CSEP Team and to re-locate it within Children's Services. Plan to co-locate the CSE police officers within the CSEP team to improve co-working has been expedited.</li> </ul>

<b>Audit</b>	<b>CIN Plans &amp; Decision Making -January 2017</b>
Rationale	<ul style="list-style-type: none"> <li>To improve understanding of responses to CIN processes and related decision making.</li> <li>To inform practice and process improvements</li> </ul>
Outcomes / Impact	<ul style="list-style-type: none"> <li>Identification in March 2017 of 25 Signs of Safety practice leads from across the workforce to receive enhanced training and coaching in Signs of Safety principles and practice. Practice leads will offer expert support and guidance to colleagues in application of Signs of Safety across all areas of work</li> <li>Amendments have been made to the C&amp;F assessment / Report for conference and Core Groups templates within the ICS system. Work is continuing to ensure CIN documents also reflect Signs of Safety principles within ICS</li> </ul>

<b>Audit</b>	<b>Change &amp; Challenge (Troubled Families) case file audits – February 2017</b>
Rationale	<ul style="list-style-type: none"> <li>Ongoing case file audit activity to monitor compliance with procedures, identify areas of good practice and areas for development</li> <li>To test compliance/effectiveness on 6 key areas including; voice of the service user, timeliness, multi-agency working, and developing a learning culture,</li> </ul>
Outcomes / Impact	<ul style="list-style-type: none"> <li>Team managers audit cases for the Troubled Families programme in line with guidance from the DCLG, using the 4 key principles. This new system of management audit has seen a significant rise in the number of successful outcomes for Enfield, with many families returning to work.</li> <li>Signs of safety is now embedded into supervision so that caseworkers come prepared with each open case This gives both managers and caseworkers a clear focus for the direction of work</li> <li>Introduced time limited reviews for casework to ensure that cases are not drifting and that non-engagement can be addressed. Review work every six weeks (often in supervision) and aim to complete in 3-6 months</li> <li>Introduced child based tools and have seen positive engagement from children and young people as well as parents gaining a greater insight into the experiences of their children.</li> </ul>

<b>Audit</b>	<b>Parenting Support case file audits – February 2017</b>
Rationale	<ul style="list-style-type: none"> <li>Ongoing case file audit activity to monitor compliance with procedures, identify areas of good practice and areas for development</li> </ul>
Outcomes / Impact	<ul style="list-style-type: none"> <li>Introduced monthly group discussion &amp; because of this Early Help assessments have become more thorough and focused.</li> <li>Parenting Support workers now have reflective cards to use after every intervention and to assist with individual supervision. This has given staff a greater insight into their practice which has enabled them to develop their skills.</li> <li>After introducing these tools to families Parenting Support workers have seen positive engagement from children young people and their parents impacting on positive outcomes</li> </ul>

<b>Audit</b>	<b>Signs of Safety – March 2017</b>
Rationale	<ul style="list-style-type: none"> <li>To check compliance with Signs of Safety across Children's Services and understand how effectively Signs of Safety is becoming embedded in social work practice to inform practice and process improvements</li> </ul>
Outcomes / Impact	<ul style="list-style-type: none"> <li>Identification in March 2017 of 25 Signs of Safety practice leads from across the workforce to receive enhanced training and coaching in Signs of Safety principles and practice. Practice leads will offer expert support and guidance to colleagues in application of Signs of Safety across all areas of work</li> </ul>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• A further audit will be undertaken later in the year to check progress in relation to embedding Signs of Safety across Children's Services and to increase understanding of how well the model is understood and utilised across partner agencies</li> </ul> |
|--|---|

### Section 11 / Section 175

ESCB conducts annual Safeguarding audits under **Section 11 of the children Act (2004)** which deals with the duty to make arrangements to safeguard and promote the welfare of children in the local area by seeking assurance that agencies have effective and robust arrangements in place.

This year we have continued to build on and expand this activity with a specific focus on our schools. Section 175 of the Education Act (2002) requires local education authorities and governing bodies of maintained schools and further education institutions to make arrangements to ensure that their functions are carried out with a view to safeguarding and promoting the welfare of children. In addition, those bodies must have regard to any guidance issued by the Secretary of State in considering what arrangements they need to make for that purpose of the section. The ESCB developed a **Schools Safeguarding Checklist** to assist schools to assure themselves, and the Safeguarding Children Board, that they are compliant with Safeguarding requirements. It was sent directly to all schools and to governing bodies. The response from schools has been excellent with over 90% of our schools returning the checklist. Phase Two of the process has been to offer support visits to schools to help them review and strengthen their safeguarding arrangements with a particular focus on current challenges such as CSE and Radicalisation. So far six schools have either been visited or have arranged visits and the feedback has been extremely positive. We will continue to expand this approach in 2017/18 and will start to target those schools where concerns about safeguarding have been identified or raised.

### Serious Case Reviews (SCR)

The subcommittee's primary function is to undertake Serious Case Reviews for cases that meet the criteria as defined in Working Together to Safeguard Children 2015

A serious case is one where:

- (a) abuse or neglect of a child is known or suspected; and
- (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

The group also considers and discusses a range of other cases where concerns have been identified and follows up on actions previous Serious Case and Independent Management Reviews, both within and beyond Enfield to ensure that any lessons learned are implemented.

In August 2016 Enfield Safeguarding Children Board commissioned a Serious Case Review following the tragic death of an Unaccompanied Asylum-Seeking Child (UASC) from Eritrea. The focus, as with all Serious Case Reviews, was to explore the circumstances surrounding the death and to identify any useful learning. The report was completed by the end of the year but publication has been delayed because of

a pending coroner's inquest. It is hoped that the review will be published in the autumn. The reviews key findings related to the communication of information between agencies and particularly the identification and communication of any potential risk. An action plan has been developed and implemented ahead of publication and details of actions taken will be published at the same time as the review.

A number of other high-profile or otherwise noteworthy Serious Case Reviews from across the UK have been discussed at the subcommittee for each of these briefing papers have been produced and disseminated to multi-agency partners. These include; a Serious Case Review in Cumbria which involved the sexual abuse of a young girl

Two serious case reviews relating to Special Guardianship orders in Birmingham and Oxfordshire

And a review undertaken in Hackney concerning children abused by their Foster Carers. This SCR was considered to be of particular relevance for Foster Carers and for Social Workers who work directly with them. As such the Head of Looked After Children produced an action plan detailing a number of activities to ensure that a) Foster Carers and social workers were aware of the SCR's findings and b) that any relevant identified recommendations were also implemented locally.

In July 2016 Haringey Safeguarding Children Board published an SCR concerning a baby who was found to have been killed by his father. The SCR made a number of findings and recommendations in relation to the functioning of the Haringey Emergency Duty Team (EDT). As a consequence, a review of EDT arrangements in Enfield was undertaken and a restructure is currently in progress.

### **Child Death Overview Panel (CDOP)**

The Enfield Safeguarding Children's Board carries out Child Death Reviews as set out in the guidance 'Working Together to Safeguard Children 2015'. This process is performed by multi-disciplinary Child Death Overview Panel (CDOP) which is chaired by a Consultant in Public Health.

CDOP reviews each death of a child normally resident in the borough up to the age of 18, excluding babies who are stillborn and planned terminations of pregnancy performed within the law. Relevant information is collected and collated and each child's case is discussed to determine if the death could have been prevented. The intention is not to assign blame, but to determine if there were any modifiable factors that may have contributed to the death and decide if any actions could be taken to prevent future such deaths. If it is determined that there are such actions, recommendations are made to the ESCB or other relevant body so that action can be taken accordingly.

The panel also has a role in identifying patterns or trends in local data and reporting these to the LSCB. The lessons and trends arising from reviews are compiled and reported to the main Board and information or health promotion campaigns are carried out as appropriate – this has included in the past information events on Sudden Infant Death Syndrome which were held in conjunction with other Boroughs and learning events to inform professionals of the work of the safeguarding board and CDOP.

## Vulnerable Young People (VYP)

The Trafficking, Sexual Exploitation and Missing (TSEM) subcommittee of the LSCB was established in early 2012. Its key function was overseeing Enfield's operational and strategic response to Missing and Child Sexual Exploitation (CSE). Meetings provided a forum for agencies to share operational issues with each other and also to provide transparent information on issues within their own agencies and to develop a strategy and protocols where required to deal more effectively with the issues and highlight any specific areas of risk. It has representation from all agencies working with children and young people in Enfield.

The subcommittee oversaw and steered the development of a number of key pieces of work in 2016/17 including the [CSE](#) and [Missing](#) operating protocols, the CSE strategy and Action Plan, the CSE Champions group, the Cross Borough Vulnerable Young Person's project, a comprehensive and expanding [CSE Training programme](#) and a number of awareness raising projects and campaigns including ongoing commitment to [Operation Makesafe](#).

The subcommittee has played an important role in the development of Enfield's Multi-Agency Sexual Exploitation (MASE) meetings that have been in operation since 2013 and has provided support and direction to Enfield's multi-agency Child Sexual Exploitation Prevention (CSEP) Team which was established in July 2015. TSEM has had strong link with the Missing Children Risk Management Group (MCRMG) which was established in Jul 2015.

Given the progress made on tackling CSE and Missing in Enfield and given the growing understanding nationally and locally of the complex, often intertwined issues that young people face and how they can impact on young person's life it was proposed that the good work is built upon and expanded to include a focus on a number of additional areas. These include:

- Gang activity in relation to young people
- A sharpened focus on Trafficking and Modern Slavery
- Radicalisation and the Prevent agenda
- Children & Young People involved in or at risk of Harmful Practices (including Female Genital Mutilation, Forced Marriage and Honour Based Abuse)
- Young people who are at risk of or experiencing Domestic Abuse.

There is already significant work to address these issues being undertaken in the borough. Much of this work is led by the Community Safety Unit (CSU). The Gangs Partnership Group (GPG) meets fortnightly and focuses on young gang nominals in the borough and helps to coordinate the work that to provide support and intervention. The Channel Panel meets regularly to consider referrals for young people for whom there are concerns related to radicalisation. Channel considers risk and coordinates plans and interventions for vulnerable young people. The Domestic Violence Strategic Group (DVSG) oversees the boroughs Domestic Abuse strategy and action plan and coordinates activity in relation to Domestic Abuse and Violence Against Women & Girls (VAWG)

The new Vulnerable Young People (VYP) subcommittee will not attempt to replace or replicate the work of these groups but instead to link closely with them and ensure that there is robust communication,



closely allied work programmes and effective representation at the new subcommittee from the CSU groups.

### Learning and Development (L&D)

It has been another very busy and productive year for Learning and Development across the partnership. An important change has been the bringing together of the ESCB Learning & Development sub-committee with the Safeguarding Adults Board (SAB) equivalent committee. This was in response to a recognition by both boards that there is overlap in the training needs of both workforces and that, of course, children have parents who are adults.

The two committees were brought together in January 2016. The key functions of the group are a) to work on behalf of the ESCB & SAB to ensure the availability and delivery of high quality training and development on Safeguarding issues and b) to bring together learning and development opportunities for the adults and children's workforces where there are clear synergies and advantages in doing so.

The ESCB programme this year has had a strong focus on training and awareness-raising in relation to the implementation of Signs of Safety, with almost 450 people attending courses on workshops on the model across the year.

Other key drivers and priorities for the Training Programme this year have included:

- A continued focus on the key topic of Child Sexual Exploitation (CSE) with specific focus on specific agencies (e.g. Police and Foster Carers)
- Joint training sessions on Domestic Abuse and its impact on families for professionals who work with both adults and children, increasing awareness of understanding of gang related issues and links with other issues, such as CSE.
- Modern Slavery and Human Trafficking. A joint conference was held on this topic in February 2017 attended by more than 70 professionals from across the partnership

The ESCB Training programme is commissioned by the Board and monitored on the Board's behalf through the multi-agency Joint Adults & Children's Learning & Development sub-committee which meets at least quarterly.

## WHAT IS SIGNS OF SAFETY?

Signs of Safety is an internationally recognised model for direct work with children and families

It is an outcome-focused, strengths-based model with a robust risk management framework & includes a range of principles, processes and tools to guide the work

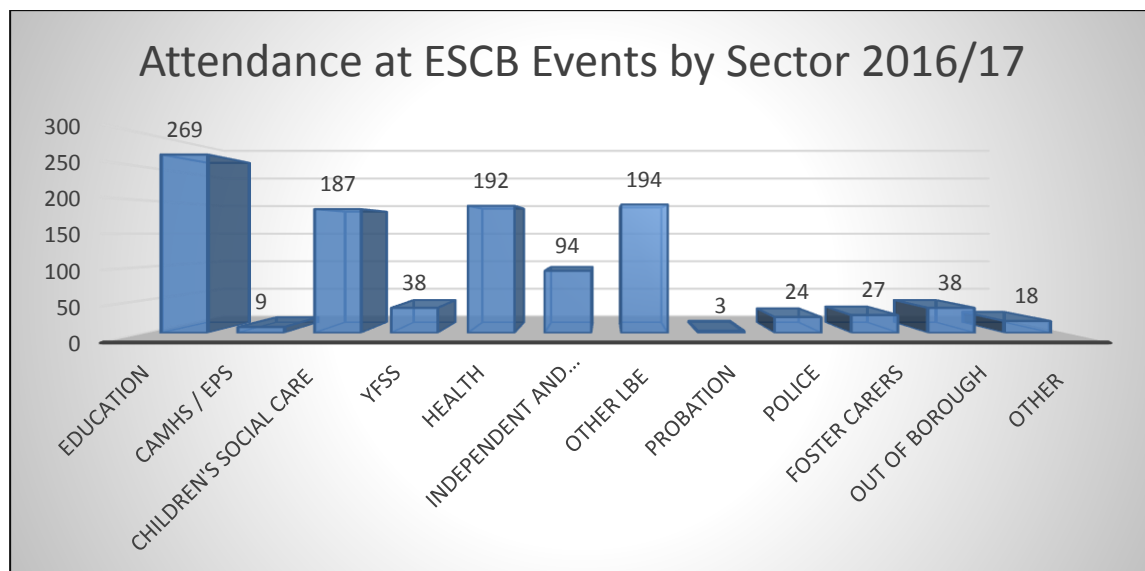
Enfield is implementing Signs of Safety to re-position the children's service at the centre of cutting edge social work research and practice and to have a clear practice based model that can be used across all professions.

ESCB Learning Events are broadly open to everyone in the Enfield children's workforce, with detailed guidance offered as to who should attend which courses according to role and responsibilities available on the [website](#).

14 different topics were covered during this course of the year. These have all been generally very well attended. The topics are listed below.

- Child exploitation online protection (CEOP) – online safety
- Child protection – introduction
- Child protection – elected members
- Complex neglect
- Child sexual exploitation (CSE) training
- Direct work with children and young people
- Domestic abuse – working with families
- Learning from serious case reviews
- Managing allegations against staff
- Parental substance misuse
- Significant harm
- Signs of safety
- Single point of entry (SPEO) workshop
- Workshop to raise awareness of prevent (wrap)

A total of 1093 places have been filled at ESCB Learning events this year. This is a small decrease from the 1118 places that were filled last year Attendees have been from the following sectors:



- There has been very good engagement from the Education sector this year with 269 people attending events. This is, to some extent explained by the large number of Signs of Safety sessions that were delivered from schools during the year, but there have also been significant numbers of school staff on other courses.

- There has also been very strong attendance from Children’s Social Care, which is a positive step. Consistently, feedback from courses is positive about the multi-agency nature of ESCB courses and the input and attendance of social care staff is particularly valued
- There has been a notable increase in the numbers of Police colleagues attending training sessions for the second successive year. There were some bespoke CSE courses specifically for Police colleagues, but they have also attended a number of other sessions in significant numbers, particularly the Modern Slavery Conference.
- Attendance from Probation colleagues has fallen, which is probably reflective of the various changes that have taken place in that sector this year.
- No courses had to be cancelled this year, which reflects an overall positive engagement with the programme

During the course of the year a total of £8,654 was spent on learning and development. This is inclusive of trainer costs and venue hire. As in previous years we have worked hard to ensure that costs are kept as low as possible, primarily by engaging staff from across the partnership to deliver the training at no additional cost and by utilising London Borough of Enfield venues wherever possible.

### Evaluation and Impact

Attendees at all learning events are sent a link to an online course evaluation which they are asked to complete as soon as possible. Certificates of attendance are only issued on completion of the evaluation. Completion rates are improving but further work is still required to maximise the value of the evaluations.

In addition to answering questions about their overall perception of the course attendees are asked whether they think the course will be effective in improving their practice.

This data provides extremely helpful information both about the relevance and quality of the course itself and about the skills and knowledge of trainers we commission. The effectiveness of ESCB training is also

#### Basic Child Protection Course

*‘The course, contents and delivery were very well organised, the trainer was very knowledgeable and shared her expertise and skills with the participants’*

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*– Secondary School Teacher*

#### Online Safety Course

*‘this was great training, very interesting and relevant to my role and generally in life’*

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*– Change & Challenge Worker*

monitored through the quality assurance and audit programme and other activities such as a recent Signs of Safety audit. Findings are incorporated into an ongoing Training Needs Analysis and are used to inform ongoing training and development.

All courses delivered this year have been evaluated positively.

All evaluation reports are sent to Training providers and all are analysed by the Training and Development Group. This analysis has resulted in amendments to course content over the course of the year and will inform the Training Needs analysis for 2017/18. Some providers, for example, will not be commissioned again, whilst others will be considered for further training based on their feedback

A breakdown of attendance and evaluation of all courses can be found in the [ESCB Learning and Development Annual report 2016/17](#)

In the coming year the key priority of the Training and Development subgroup, in addition to ensuring the training programme is robust and flexible to meet the needs of the workforce, will be to improve our understanding and ability to evidence the impact of training primarily through a structured programme of 'follow-up' which will target both training attendees and their managers.

## ESCB Finance and Resources

All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be well organised and effective. Resources include staff time and additional support such as attending Board meetings, co-chairing the subgroups which support the work of the Board, and contributing to Serious Case Reviews.

In 2016/17 the Board had a budget of £184,910 which was made up of contributions from our partners. Approximately **78%** of the total budget was contributed by the London Borough of Enfield and the CCG was the next highest contributor with approximately **9%** of the total budget. It has been noted across London that the level contribution to Safeguarding Children Boards from the Metropolitan Police is significantly lower than that made by the other large urban Police Forces in England. Enfield Safeguarding Children Board supports the ongoing efforts of the London Safeguarding Children Board to address and seek a resolution to this issue.

The ESCB managed to spend within budget during the year. For 2016/17 the board is asking for the same level of contributions from its partners to ensure funding is adequate to continue to deliver the wide range of learning and development opportunities including a conference in early 2017, to ensure there is contingency available for any Serious Case Reviews that may be required and to support the transition towards any borough-wide Safeguarding structures that may require implementation following the [DfE](#)

### Complex Neglect Course

*'Fantastic course that could really have done with being over 2 days to cover all areas more thoroughly. The course leader had a great style of teaching that helped to visual scenarios. It is a shame that this could not be explored further to gain an increased insight in tackling the rising problem of neglect'*

[commissioned Alan Wood Review of Local safeguarding Boards.](#)

## Statements from ESCB Partner Agencies

The ESCB is very much a partner organisation. Whilst much of this report focuses on what has been undertaken at a partnership level it is important too to ensure that each member agency is undertaking effective safeguarding work individually. This section focuses on what each partner had achieved in 2016/17 and what impact it has had on the lives of children and young people. Each agency is asked four questions;

### Enfield Clinical Commissioning Group

#### What did we do?

- Organised a Child Sexual Exploitation event with the ex LSCB chair from Rotherham
- Expanded the Identification, Referral to Improve Safety (IRIS) project for Domestic Violence to Community Pharmacists, Dental surgeries and Optometrists
- Co-ordinated and delivered 4 level 3 safeguarding children updates for GPs
- Facilitated quarterly safeguarding lead GP forums
- Continued to hold quarterly strategic safeguarding committees for Named leads from each health organisation, including independent health organisations
- Organised a 2-day safeguarding supervision skills course for Named leads in health organisations
- Ensured regular partnership meetings with social care to improve collaboration and representation of health views in child safeguarding cases
- Undertook a primary care safeguarding audit

#### How well did we do it?

- Child sexual exploitation training event positively evaluated by delegates including GPs, health visitors, school nurses and CAMHS staff
- Increase in the number of IRIS trained GP practices from 25 to 37
- 205 additional staff trained in the identification and management of Domestic Violence and abuse across GP practices, community pharmacists, and optometrists
- 95 GPs trained to Level 3 with quarterly updates on safeguarding children, adults at risk and Prevent
- 18 named safeguarding leads in children and adults at risk trained in safeguarding supervision across health organisations
- All GP practices participated in the audit of safeguarding

#### How did we make a difference?

- Improved knowledge through CSE event on the complexity of the recognition and management of child sexual exploitation
- Increased understanding of practitioners on the recognition of Domestic Violence and abuse and the referral pathways for victims/survivors
- Ensured named leads for each organisation, including the GP safeguarding leads had opportunity to meet regularly to share practice issues and receive updates on developments in local and national guidance
- Ensured named leads for safeguarding were equipped with the necessary skills to deliver effective safeguarding supervision of staff in their organisations

- CP medical pathway developed following discussion at partnership meetings
- Developed action plans for GP practices where gaps were identified within the audit process

### **What are we going to do next year?**

- Organise a safeguarding conference for the health economy covering safeguarding children, adults and Prevent
- Continue to work with the IRIS project lead on increasing the numbers of referrals for services and the GP practices trained
- Embed the changes planned to review the deaths of children with a learning disability
- Raise awareness around Prevent and its links with children
- Increase representation and views of health professional in safeguarding assessments
- Increase capacity for input into child protection medical assessments
- Implement and monitor the action plans for individual GP practices following their audit

## **North Middlesex University Hospital**

### **What did we do?**

- Gangs – 2 gangs youth workers in post to cover Enfield and Haringey; additional support provided by the Tottenham Foundation youth workers; additional youth worker to work additional evening within A&E; audit undertaken on review of service which was positive from service users
- Early adopter site for CP –IS which is now embedded within paediatric A&E
- Established the FGM clinic supported by specialist Midwife for FGM
- Established the substance misuse clinic for pregnant women supported by COMPASS
- Development of a vulnerable woman clinic for high risk pregnant women
- Dr Hann gave a presentation to the December 2016 Enfield LSCB Board meeting on children who leave the A&E Department before treatment to give assurances around safeguarding responsibilities
- The NMUH Child Protection Policy was reviewed by the Named Doctor and ratified in April 2016. The Policy has hyperlinks to the LSCB website
- Dr Hann undertook a re audit on skeletal survey's since changing the skeletal survey policy. Comparing 2014/15 to 2015/2016 more skeletal surveys have been performed but more fractures have been picked up on skeletal survey and therefore there is justification for continuing the new policy and expanding our findings to other hospitals.
- Adult mental health services undertook an audit in relation to asking if the client had children to highlight the impact mental ill health will have on children in the family. Findings highlighted that very few were asked about children in the family. A tool has been developed that the question is asked as a mandatory question at assessment. This will support the 'Think Family' model and improve number and quality of referrals for children whose parents present with mental ill health
- An audit was undertaken to find out what adolescents think of the new adolescent grab bags with information on a range of local services such as sexual health clinics and mental health services that are currently being handed out from paediatric A&E -some of the hardest to reach young people who present to the ED. Many young people found the information provided useful and said would use /also share information with friends.
- The team participated in Enfield LA Stay Safe Week with presentations / stalls in the atrium daily - domestic violence; honour base violence; FGM; trafficking adults and children
- The team participated in JTAI preparation work and themed audits with both Boroughs

- The team were nominated and finalists in the Trust annual awards for their support to delivering training across the organisation on child protection
- Supervision with key staff developed and embedded
- Dr Hann has sourced funding for a new multidisciplinary child sexual abuse and sexual exploitation course sponsored by the royal school of medicine which allows trainees to role play with actors how they would go about helping victims to disclose abuse, as Operation Yewtree and abuse in Rotherham, Barnsley and the north showed there was a lack of training in this area. The course has been run 4 times and forensic examiners, youth workers, paediatric doctors and police have attended. Presenting at the International association of medical education August 2017.

#### **How well did we do it?**

- The team has seen an increase in the complexity of cases both in paediatrics and maternity. The team has therefore needed to ensure we continue to engage with our partner agencies across Boroughs to ensure voice of the child / unborn baby is paramount. The Named Doctor has formally escalated on individual cases where concerns / disagreements in decision making have arisen.
- Continue to engage with partner agencies with cross Borough initiatives – CSE and Gangs
- The CQC Report following the visit in September 2016 and published December 2016 reported that female genital mutilation (FGM) projects had been well managed and that staff they spoke with were fully aware of these safeguarding issues
- The CQC Report following the visit in September 2016 and published December 2016 reported that that gang-related violence projects had been well managed and that staff they spoke with were fully aware of these safeguarding issues
- Maternity services have seen an increase in the number of complex cases. Maternity services through the work of the Named Midwife and the Safeguarding Midwifery advisor were highlighted as good practice within the Haringey Serious Case review report findings of Child R. “The midwifery staff are to be commended for their persistence in trying to ascertain information about the circumstances for mother”

#### **How did we make a difference?**

- Raised awareness in local community and nationally regarding Gangs work
- Improved Staff knowledge and awareness with improved compliance levels
- An example of improved outcomes for a service user was for a parent who attended A&E following what was later deemed to be a domestic incident. Concern was raised by the fracture clinic nurse to the safeguarding advisor as the injury and history were felt not to be consistent. A referral to social care was made which identified that there were previous concerns around honour based violence towards this mother but also concerns following referral raised that this maybe significant domestic violence from the partner and social care therefore were able to undertake further assessment of the family in regards to the risk to the children.
- An example of improved outcome for a young person with a long-term condition who had been admitted with significant self-harm and following referral to the gangs youth worker was themselves associated with gangs although not a member. On-going multi-disciplinary working with all partner agencies by the specialist team managing their care and the safeguarding team has ensure that appropriate support / referrals have been made to support the young person but also the family including the sibling who is at high risk of harm due to gang involvement.
- An example of improved outcomes for a young person affected by gangs was the admission of a 15-year-old male with 6 stab wounds admitted to the ward. Contact was made with the youth

worker who was able to see in the A&E department and then the following day on the ward. They were also able to support him with contact / involvement with the Trident police team who were able to work directly with the young person on the ward resulting in a later conviction in Court for the perpetrators. Social care was also able to work with the family and support them upon discharge with the family being re housed into another area for their own safety by police and social care.

### **What are we going to do next year?**

- Domestic violence – the Trust has identified the need for IDVA's to be working in A&E and maternity services and is sourcing funding from CCG / partner agencies
- Continued working with partner agencies around CSE and Gangs
- Development of CSE champions within the organisation
- Development of DV champions within the organisation as part of the Trust DV action plan for children and adult services
- Continued development and expansion of the FGM Iris clinic to support non- pregnant women
- To support the introduction of CP-IS in the maternity service
- To support the introduction of CP-IS in adult A&E for 16 – 18 year olds
- Continue working with partner agencies on the development of perinatal mental health service for pregnant mothers.

## **Barnet, Enfield and Haringey Mental Health NHS Trust**

### **What did we do?**

- We have been successful in securing funding from NHS England to pilot a domestic abuse project which aims to demonstrate the need for Independent Domestic Violence Advisors in mental health settings.
- Domestic Abuse training is given to all staff at Corporate Induction and our referrals to domestic abuse agencies continue to rise
- We have improved oversight of data relating to safeguarding children activity across the Trust for the past 12 months.
- We have worked closely with the patient safety team and patient experience to ensure a triangulated approach to safeguarding.
- We have raised the profile of PREVENT cross the organisation and Healthwrap3 training is included for all staff at Corporate Induction
- The aims and objectives of our safeguarding work plan for 2016-17 (year 1) have been largely achieved.
- We have reviewed our safeguarding children training requirement and expanded the number of staff who are required to complete level 3 training ensuring a competent workforce.
- Level 1 and 2 safeguarding children training has consistently remained at a compliance rate of 85% or above.
- Effective partnership working across the three boroughs of Barnet, Enfield and Haringey has continued.
- We have ensured that appropriate staff undertake specialist Child Sexual Exploitation (CSE) champions training.
- We are compliant with the reporting requirements in regard to FGM.



- We have actively contributed to Serious Case Review learning events and provided training in complex issues such as self-harm

#### **How well did we do it?**

- We are leading on a domestic abuse project to ensure a better response to domestic violence and abuse in mental health settings
- We have a much-improved data set to allow us to interpret and analyse our safeguarding activity.
- We have raised the profile of PREVENT cross the organisation and Healthwrap3 training is included for all staff at Corporate Induction; and we have worked closely with the local Channel Panels to ensure information regarding concerns relating to potential radicalisation of young people is shared effectively.  
A high proportion of our staff are trained at the appropriate level of safeguarding children training

#### **How did we make a difference?**

- We have ensured effective partnership working
- We have raised profile of safeguarding children across the trust
- We have strengthened safeguarding arrangements
- We have consistent safeguarding team members in post to support staff
- We have ensured more staff received level 3 training so that they have a better understanding of their safeguarding responsibilities.

#### **What are we going to do next year?**

- We will develop our safeguarding intranet site and maximise the communication mechanisms currently in place
- We will continue to raise the profile of the safeguarding champions across the organisation
- We will develop a safeguarding children pocket sized booklet for staff reference
- We will review the function of our safeguarding surgeries as a learning forum.
- We will organise a Trust wide safeguarding conference
- We will continue to ensure that adult mental health workers routinely consider the impact of parental mental health on the wellbeing of children by re- launching a “Think Family” approach
- We will review our safeguarding Children Policy to ensure chaperone requirements are clear in view of Miles Bradbury case & Jay enquiry/Verita check list.
- We will develop a Trust wide FGM policy to ensure staff are aware of requirements

## **Royal Free London NHS Foundation Trust**

#### **What have we done?**

The Integrated safeguarding team is well established, motivated, enthusiastic and working well to deliver a think family approach to safeguarding. This means that where concerns about children are identified the care response provided by the Trust may call upon the expertise of the safeguarding professionals, adult and child, as well as the midwifery safeguarding specialist, the learning disability liaison nurses and the independent domestic & sexual violence advisors.

There is a robust governance structure in place which is led at executive level by the group chief nurse and overseen by the clinical commissioning group representatives for safeguarding via the quarterly integrated safeguarding committee.

#### Safeguarding children work undertaken and key achievements in 2016 – 2017

- Annual audit plan in place agreed by and monitored by the integrated safeguarding committee quarterly.
- Implementing the national child protection information sharing system (CP-IS) in unscheduled care settings at Chase Farm hospital, the Royal Free hospital and Barnet hospital to enable staff to identify all children who attend who are subject to a child protection plan or who are a looked after child.
- Robust process to ensuring attendance and contribution at child protection conferences from appropriate staff.
- Consistently high training figures for all levels of training
- Prevent level 2 or WRAP training is now part of the mandatory training requirements (MAST) and training rates will be monitored by the integrated safeguarding committee
- Consolidated the role of the independent domestic and sexual violence advisors at both the Royal Free hospital and Barnet hospital through increased training which has led to an increase in referral.
- Joint working between maternity service and the liaison nurses for patients with learning disability to increase the midwives understanding of and confidence in working with parents who have a learning disability or parents who have a child with a learning disability.
- Successful and highly evaluated annual safeguarding conference “tackling domestic violence- what can health services do?” in June 2016 attended by over 100 staff.
- Contribution to serious case reviews and implementation of recommendations and learning where required, actions and learning are monitored by the safeguarding committee.
- Positive engagement and working relationships with external partners and safeguarding boards that allow challenge
- Revision and implementation of relevant safeguarding policies overseen by the safeguarding committee
- Strengthening of the child death reporting pathway to ensure internal and external processes are followed
- The first RFL integrated safeguarding team newsletter was published in early 2017. Subsequent editions will be published twice a year and feature relevant practice updates and local and national priorities.
- Successful recruitment into vacant posts

#### **How well did we do it?**

- Consistently high training figures for all levels of training
- Highly evaluated level 3 training which is delivered by a full range of internal and external colleagues from across the partner agencies
- strengthened reporting and governance structure to the integrated safeguarding committee
- CQC inspection in February 2016 which rated all three hospitals in the Trust as good identified that staff were aware of their safeguarding responsibility and could give examples of when they would need to raise concerns

- In February, the community midwifery team at RFH was visited by the executive director, supporting people as part of the Camden SCB governance visits. He identified good links with the children centres and health visitor, good understanding of FGM, the work of the IDSVAs and training both single agency and multi-agency is appropriate, accessible and well supported by the Trust.

#### **How did we make a difference?**

- The integrated team approach means that the team work closely together to support all members of the family when concerns are identified are more
- During 2016/17 we delivered thirty three safeguarding children Level 3 update seminars in house covering a full range of topics.
- Participants who attended training on child sexual exploitation, domestic violence and Harm Online were asked to assess their confidence to recognise and respond to concerns. The responses ranged from the lowest 4.72 to the highest 5.66 (out of 1 – 6) demonstrating improved confidence and ability to recognising and responding to the safeguarding concerns discussed in the seminar.
- Evaluation demonstrates that midwives report feeling more confident talking to women about concerns around domestic abuse and FGM after training from the IDSVAs.
- Where the audit programme identified gaps in processes these have been addressed
- Due to the implementation of CP-IS we can identify a greater number of vulnerable children who access unscheduled care at Barnet hospital, Chase farm hospital and the Royal free hospital
- Better support for women with learning disabilities who are pregnant

#### **What are we going to next year?**

- A revised annual audit plan will be presented to the integrated safeguarding committee for approval in October 2017.
- As an integrated safeguarding team we will set out our three year aims and work plan in to be presented to the integrated safeguarding committee in January 2018
- Develop an activity dashboard that will provide the assurance on a monthly basis via the patient safety and clinical outcomes meeting to each hospital that is part of the group model.
- Ensure that actions identified in the section 11 audit are achieved prior to the next section 11 submissions and challenge event.
- Host safeguarding conference in March 2018 with a focus on early help and think family
- Implement CP-IS into the maternity areas

### **Enfield Children and Young People's Service (ECYPS)**

#### **What have we done?**

In the past year, we have:

- Carried out approximately 444 disclosure and barring checks.
- Offered 43 training programmes

- Had 655 people attend training
- Trained staff from 73 organisations.

Training programmes offered included:

- Basic Child Protection
  - Child Protection and Diversity
  - FGM
  - The Impact of Parental Mental Health on Children and Young People
  - Child Protection Refresher
  - Mindfulness
  - Suicide Prevention
  - Mindful and Emotional Communication
- We have participated in 7 community events – disseminating safeguarding literature
  - We have run 7 subject specific forums which all included safeguarding information.
  - We have supported 11 organisations with the development of their policies.
  - We have attended weekly SPOE meetings.
  - We have become board members of Children England, to increase the ability of the sector to raise issues of concern with government, with the first all-day meeting being held with Jonathan Slater of DfE in the summer of 2017.
  - Together with Dazū and Scribeasy, we have developed a mental wellbeing programme linked into a literacy programme for use across primary schools. This is now being modified and developed for commercial use.

### **How well did we do it?**

All training courses are evaluated and there were no negative evaluations of any programmes – but suggestions for future training programmes resulting from evaluations have been actioned and future programmes organised accordingly.

Forum meetings also provide attendees with extensive information packs as well as the opportunity to engage with external speakers.

### **How did we make a difference?**

- The range of training programmes allow staff to upskill and refresh. Training programmes are offered during the day, evenings and at weekends to ensure that we reach the widest possible audience at times that are convenient.
- Staff feel more confident in dealing with families and making appropriate referrals.

### **What are we going to next year?**

- With funding from CCG, we are expanding our mental health training throughout the autumn to include self-harm, bereavement, resilience and mental health first aid, to enhance the current programme.
- We are planning the roll out of our Scribeasy mental wellbeing programme across local schools, prior to the product being available nationally and internationally.

- Our standard safeguarding training offer will remain unchanged with the addition of a new standalone training programme on domestic abuse.

## **MET Police Child Abuse Investigation Team (CAIT)**

### **What did we do?**

- The CAIT team based at Barnet Police Station covers Barnet and Enfield Boroughs.
- The team investigated over 1500 crimes against children in the reporting period - 750 of these cases had a venue in Enfield Borough. The number includes numerous allegations of rape and sexual assault. The majority of the sexual assault cases were non-recent which bring complications and lack of investigative opportunities. Every case involving children has a strategy discussion prior to a S47 decision and deployment. Numerous referrals were made and Police Conference Liaison Officers attended multi agency meetings to share information and decide action plans on all children on child protection plans. Daily liaison was made with CSC health and education partners

### **How well did we do it?**

- CAIT officers have all received bespoke training and attend multi agency meetings demonstrating an acute understanding of safeguarding and legislation available to partners to protect children.
- High risk cases are monitored on a daily basis at the Daily Management Meeting held at 10am every day. Actions are handed out at DCI / DI level to ensure effective progress in cases. Cases likely to receive media attention are discussed at Chief officer level at "Met Grip and Pace" meetings held at 11am, 4pm and 9pm daily. DI's attend bi monthly performance meetings where performance in many areas is scrutinised seeking to achieve annual targets set by MOPAC/ MPS.

### **How did we make a difference?**

- The protection and safeguarding of children is difficult to quantify in figures. The MPS have directed CAITs to concentrate on safeguarding rather than focus of sanction detection rates or convictions. However, in order to protect children across Enfield police have used their powers daily. Children are regularly taken into police protection, powers of arrest and prosecution used in conjunction with partners in the CPS.
- As above all investigations are joint with CSC to ensure the best outcomes for children and families.

### **What are we going to do next year?**

- During the course of 2017/ 2018 the investigation of Child Abuse for the children of Enfield is likely to be transferred from the CAIT teams to new multi Borough Protecting Vulnerable People (PVP) hubs. Following a report by Her Majesty's Inspectorate of Constabularies (HMIC) which noted that there was no specific officer with the lead responsibility for the safeguarding of children across London it is likely that a PVP lead will be appointed.

- This transitional period could be difficult to manage depending on timings as the CAIT teams are finding recruitment and retention of staff challenging due to the uncertain future.

## **MET Police Enfield**

### **What did we do?**

Identified the need for problem solving approach regarding frequent missing children, understanding why they go missing and what interventions are possible; encourage curiosity about why they go missing and where they go? Who they associate with and what do they do when missing? Listened to the voice of the child ensuring the child has been spoken to at the earliest opportunity. Ensured proportionate action is taken to identify offenders, and assess what risk they pose to the victim and others. Learning disseminated through borough commander updates and Detective Inspector public protection briefings to emergency response teams. Operation Beat now live all dedicated ward officers now briefed on those registered sex offenders living on their wards.

### **How well did we do it?**

Officers from across the borough received specific training relation to Missing, CSE and Sexual offences. There were also a number of training days lead by the local authority with officers from public protection in attendance. Vulnerable victims are now discussed at the daily management meeting to ensure risk, harm or threat is identified and gripped at the earliest opportunity. CSE reporting is up on last year as well as those children missing which is down to a greater understanding by police of the issues posed. Signs and symptoms are now spotted earlier by officers allowing swifter support and risk management to the victims. MPS Intelligence sharing both internal and external has been reviewed with improved protocols to remove blockages.

### **How did we make a difference?**

Enhanced partnership working including a new approach to MASE is in place, young people who are or at risk of being sexually exploited have varying levels of needs. They have multiple vulnerabilities and therefore an appropriate multi agency response and effective coordination and communication is essential. By treating sexually exploited children as victims of abuse and not offenders is making the difference. Police must direct resources against the coercers and sex abusers to remove the trigger and protect our most vulnerable.

### **What are we going to do next year?**

MPS media department will be working with design agency on internal and external communication campaign to ensure safeguarding messages have the right look and feel. Jigsaw teams will be briefed on new visitation and reactive management protocol. Enfield is anticipated to move towards a safeguarding command early next year. This will bring child abuse, sexual offences and CSE under one governance.

This arrangement will see a more joined up approach to improving victim care and reducing red tape for partners.

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## MUNICIPAL YEAR 2017/18

Meeting Title:

**HEALTH AND WELLBEING BOARD**

Date: 5<sup>th</sup> December 2017

Contact officer: Miho Yoshizaki  
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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

- The Board is asked to note the progress on HWB monitoring areas.
- The Board is asked to discuss how it wishes to support the HWB priority areas, as highlighted below;

<Best Start in Life>

- The HWBB could maintain a focus on this area and ensure that all partners are delivering appropriately.
- Supporting the BSIL task & finish group through ensuring attendance and participation in the programme, oversight and helping ensure corporate and partnership support.
- Devote focused session on Best Start in Life at the 16th January 2018 HWBB development session that brings together key partners that contribute to improving outcomes.

<Mental Health Resilience>

- Partners are encouraged to prioritise the World Mental Health day event and Thrive LDN workshop.

(continue to next page)

<Healthy Weight>

- To support the following actions:
  - Each organisation implementing the Healthy Catering Commitment within their organisation
  - Each organisation signing up to the Sugar Free Declaration
  - To explore opportunities for more water fountains to be made available across the borough

### 3. BACKGROUND

3.1 At Health and Wellbeing Board meeting held on the 19<sup>th</sup> 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.

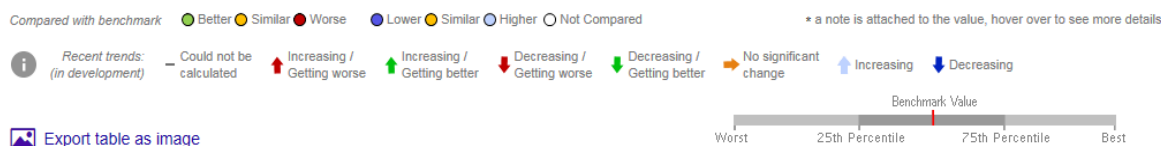
4.4 For the latest statistics of selected indicators, please see

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

### Top 3 priorities

<b>Focus area</b>	<b>Best Start in Life</b>
<b>Partners</b>	Public Health, Children's Services, Enfield CCG
<b>What's our current performance?</b>	
<p>The assessment of whether children in Enfield are getting the <i>Best Start in Life</i> is made up of a range of indicators and may be summarised as follows.</p> 	
<p>Below are listed some of the headline indicators which help measure this. Others will include immunisation uptake rates, smoking in pregnancy and perinatal mental health.</p> <ul style="list-style-type: none"> <li> <b>Breastfeeding</b>  Breastfeeding initiation in Enfield is good (83.4% of mothers breastfeed their baby within 48 hours of delivery) [2016/17 data]. This is better than England (74.5%) but there is currently no data for the number of mothers still breastfed at 6-8 weeks. </li> <li> <b>Children's oral health (dental decay)</b>  Around a third of children in Enfield have one or more decayed, missing or filled teeth (DMFT) (33.9%) [2014/15 data]. This is significantly worse than London (27.3%) and England (24.8%). </li> <li> <b>Childhood obesity</b>  The Enfield trends remain stubbornly above the London and national averages for Reception and Year 6. In Reception Year a quarter (25.1%) of 4/5 year olds; and in Year 6 two fifths (40.7%) of 10/11 year olds are overweight or obese [2016/17 data]. </li> <li> <b>Under-18 conceptions</b>  With a rate of 22.7/1000 in 2015, and despite local reductions over recent years, Enfield rates remain higher than NCL (18.0/1000), London (19.2/1000) and England (20.8/1000). </li> <li> <b>School readiness</b>  This is a global measure of readiness for school and is measured as the percentage of children achieving a good level of development at the end of Reception year. In Enfield (2015/16) this was 65.8%, which was worse than London (71.2%) and England (69.3%). </li> <li> <b>Hospital admissions due to unintentional and deliberate injuries in children (aged 0-4 years)</b>  The rate of hospital admissions (per 10,000 resident population) is 130.3 [2015/16 data]. This is significantly higher than London (97.6) and comparable to England (129.6). This is a slight reduction from 143.3 in 2014/15. </li> </ul>	

These indicators may be summarised in the following table:



Indicator	Period	Enfield		Region England		England		Range	Best
		Recent Trend	Count	Value	Value	Value	Worst		
Under 18 conceptions	2015	↓	138	22.7	19.2	20.8	43.8		5.7
Smoking status at time of delivery (current method)	2016/17	↑	291	7.0%*	4.9%	10.7%	28.1%		2.3%
Low birth weight of term babies	2015	↓	132	2.9%	3.0%	2.8%	4.8%		1.3%
Infant mortality	2014 - 16	-	48	3.2	3.2	3.9	7.9		1.6
Breastfeeding prevalence at 6-8 weeks after birth - current method	2015/16	-	-	*	*	43.2%*	18.0%		76.5%
Breastfeeding prevalence at 6-8 weeks after birth - previous method	2014/15	-	2,511	*	*	43.8%	19.1%		81.5%
Reception: Prevalence of overweight (including obese)	2015/16	↓	1,046	24.3%	22.0%	22.1%	30.1%		14.3%
A&E attendances (0-4 years)	2015/16	↑	21,261	837.0	706.7	588.1	1,836.1		335.0
Emergency admissions (aged 0-4)	2015/16	↑	4,900	192.9	112.9	155.0	307.9		57.3
Hospital admissions for accidental and deliberate injuries in children (aged 0-4)	2015/16	↑	331	130.3	97.6	129.6	254.2		56.0
Children with one or more decayed, missing or filled teeth	2014/15	-	-	33.9%	27.3%	24.8%	56.1%		14.1%
Population vaccination coverage - MMR for two doses (5 years old)	2015/16	↑	4,340	92.0%	81.7%	88.2%	56.5%		98.6%
Children achieving a good level of development at the end of reception	2015/16	-	3,069	65.8%	71.2%	69.3%	59.7%		78.7%

### Things that are going well

- A range of school-based initiatives to improve physical activity are being developed.
- 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).
- Joint working between the Health Visiting Service and Children's Centres around co-delivery of sessions.
- The Best Start in Life sub group met for the first time on the 1st November. A presentation was given that detailed Enfield's performance across a range of areas and it was agreed that the group would focus on Dental Health, Childhood Obesity and Emotional Well-Being. These areas have been identified as key areas that require development for children and young people in Enfield, and the group felt they would be able to make an impact in improving them.
- The Best Start in Life Group will meet a number of times in December and January in preparation for the Health and Well Being Board Development Session on the 16th January 2018.

### What's next?

- To continue to develop strong working relations between Public Health, Children's Services and Enfield CCG to focus on improvements in these

indicators.

- The BSIL task & finish group will report to the HWBB development session on 16th January 2018.
- To review the metrics for these indicators to understand the trends when updated data becomes available.

**Challenges that HWB may be able to assist resolving / unblocking**

- The HWBB could maintain a focus on this area and ensure that all partners are delivering appropriately.
- Supporting the BSIL task & finish group through ensuring attendance and participation in the programme, oversight and helping ensure corporate and partnership support.
- Devote focused session on Best Start in Life at the 16th January 2018 HWBB development session that brings together key partners that contribute to improving outcomes.

<b>Focus area</b>	Mental Health Resilience – Emotional and Mental Health Resilience and wellbeing
<b>Partners</b>	Public Health, Enfield CCG, BEHMHT, NCL PH Departments. London Health Board.
<b>What's our current performance?</b>	
<ul style="list-style-type: none"> <li>• We continue to work closely with Thrive LDN as a vehicle for adding value to ongoing mental health resilience work in Enfield.</li> </ul>	
<b>Things that are going well</b>	
<ul style="list-style-type: none"> <li>• Our current partnership activity with Thrive LDN to improve Mental Health Resilience in Enfield was presented and discussed at HWB development session on the 21<sup>st</sup> November 2017.</li> </ul>	
<b>What's next?</b>	
<ul style="list-style-type: none"> <li>• The HWB has committed to; <ul style="list-style-type: none"> <li>○ Continue to support ongoing partnership with Thrive LDN in this area.</li> <li>○ Investigate and obtain clarification of Thrive LDN's "Hub Offer" to Enfield and to report on this as appropriate</li> </ul> </li> </ul>	
<b>Challenges that HWB may be able to assist resolving / unblocking</b>	
<ul style="list-style-type: none"> <li>• Continue to support ongoing partnership with Thrive LDN in this area.</li> <li>• Investigate and obtain clarification of Thrive LDN's "Hub Offer" to Enfield and to report on this as appropriate</li> </ul>	

<b>Focus area</b>	Healthy Weight
<b>Partners</b>	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
<b>What's our current performance?</b>	
<ul style="list-style-type: none"> <li>• <b>1087</b> Reception Year pupils were classed as having excess weight in 2016/17. This means that one in four Reception Year pupils in Enfield were overweight or obese (25.05%). This was significantly higher compared to London (22.3%) and England (22.6%).</li> <li>• For Year 6 (10-11 years) rate of excess weight increased to <b>more than two in five</b> (40.7%) pupils in Enfield. This is the 9<sup>th</sup> highest in London and the highest in NCL.</li> <li>• Around <b>two thirds of adults</b> in Enfield (<b>63.5%</b>) are <b>overweight or obese</b>. This is the <b>3<sup>rd</sup> highest</b> in London and the highest in NCL.</li> </ul>	
<b>Things that are going well</b>	
<ul style="list-style-type: none"> <li>• Enfield's approach to Healthy Weight was discussed at the Health and Wellbeing Board Development Session on the 21<sup>st</sup> November 2017.</li> </ul>	
<b>What's next?</b>	
<ul style="list-style-type: none"> <li>• HWB has committed to; <ul style="list-style-type: none"> <li>○ Each organisation implementing the Healthy Catering Commitment within their organisation</li> <li>○ Each organisation signing up to the Sugar Free Declaration</li> <li>○ To explore opportunities for more water fountains to be made available across the borough</li> </ul> </li> </ul>	
<b>Challenges that HWB may be able to assist resolving / unblocking</b>	
<p>To support and action below;</p> <ul style="list-style-type: none"> <li>○ Each organisation implementing the Healthy Catering Commitment within their organisation</li> <li>○ Each organisation signing up to the Sugar Free Declaration</li> <li>○ To explore opportunities for more water fountains to be made available across the borough</li> </ul>	



## Collaboration

<b>Focus area</b>	Domestic Violence
<b>Partners involved</b>	Community Safety
<b>What's our current performance?</b>	
<p>Enfield has seen a rise in domestic abuse offences year on year since the establishment of a 2011/12 baseline. However, in the 12 months (to 31st July 2017) there have been 2813 reported domestic abuse offences. This constitutes a 4.4% decline in Domestic Abuse offences in the previous 12 months but a 62.6% rise from the MOPAC 2011/12 baseline.</p> <p>Update:</p> <ul style="list-style-type: none"> <li>○ Recorded Domestic Abuse Incidents have increased by 15 incidents in the 12 months to 30th September 2017 (+0.3%, London: -4.3%).</li> <li>○ In the same period, Violence with Injury offences which were DV related have decreased by 114 offences (-11.9%, London: -1.4%)</li> <li>○ However, Sexual Offences have increased by 29 (+5.2%, London: +8.4%) and Rape Offences by 15 (+7.1%, London: +16.6%)</li> </ul>	
<b>Things that are going well</b>	
<ul style="list-style-type: none"> <li>• A new Violence Against Women and Girls (VAWG) Strategy has been produced and agreed by the Safer and Stronger Communities Board (SSCB)</li> <li>• The VAWG Strategy will be accompanied by an annual action plan which is being finalised with multi-agency contributions to partnership work</li> <li>• Re-accreditation awarded to London Borough of Enfield by White Ribbon Campaign UK</li> <li>• Development of an LBE Domestic Violence and Workplace Response Policy for employees</li> <li>• Enfield Council – He doesn't love you if...domestic abuse campaign – national public sector communications excellence awards – bronze winner</li> <li>• Continuing awareness-raising and targeted digital marketing with the 'Boyfriend Material?' campaign</li> </ul>	
<b>What's next?</b>	
<ol style="list-style-type: none"> <li>1. Progressing and monitoring the VAWG Strategy Action plan and outcomes of single and multi-agency partnership work</li> <li>2. Progressing the recommendations from the HWB development session which includes an audit of how Enfield is meeting NICE guidelines on domestic abuse</li> <li>3. Work with partners and commissioners to ensure continued provision of (a) DV resource (IDVA or advocate educator) at North Middlesex Hospital (b) Perpetrator programme</li> </ol>	

**Challenges that HWB may be able to assist resolving / unblocking**

Continue to support embedding work to tackle domestic abuse across the partnership.

## Enhanced Monitoring

<b>Focus area</b>	Cancer
<b>Partners</b>	Public Health, Enfield CCG, NHS England
<b>What's our current performance?</b>	
<ul style="list-style-type: none"> <li>One-year survival in Enfield was 70.1, similar to the England average of 69.6. One-year survival is indicative of early detection and treatment (2013).</li> <li>48.5 % of cancer diagnosed in Enfield was early stages (stages 1 or 2). This was below London (51.6%) and England (52.4%) averages (2015)</li> <li>In 2016, Bowel screening coverage in Enfield is 57.2%, this is below the London (59.0%) and England (57.9%) averages. Breast screening in Enfield (76.9%) is above England average (75.5%) and Enfield's cervical screening coverage (73.9%) is also above the England average (72.7%).</li> </ul>	
<b>Things that are going well</b>	
<ul style="list-style-type: none"> <li>The local cancer action group meets regularly to help improve patient journey through screening, referral, treatment and care post-discharge from hospital.</li> <li>The group recently discussed the North Middlesex Hospital response to improve the outcomes of the National Patient Experience survey through the development of local Trust Action plan.</li> <li>Partners in Enfield work with NCL cancer screening assurance group to improve screening across the STP footprint.</li> <li>Screening coverage for breast cancer and cervical cancer in Enfield is above the national average.</li> </ul>	
<b>What's next?</b>	
<ul style="list-style-type: none"> <li>Although Cervical screening uptake in Enfield is above national average, it is still not reaching the national target of 80%. Enfield Cancer working group is preparing resources for cervical cancer awareness campaign to take place in January 2018.</li> <li>The primary care team is working with local provider to ensure that there is sufficient capacity within local GP provider clinics to ensure increase in demand for screening is met.</li> <li>Clinical pathways were reviewed to ensure timely cancer referrals from GPs because evidence suggests that GPs' gut feeling about cancer is highly accurate (Hjertholm et al 2014).</li> <li>The North Middlesex NHS Trust will report to cancer action group the progress on implementing the action plan at the later date.</li> </ul>	
<b>Challenges that HWB may be able to assist resolving / unblocking</b>	
<ul style="list-style-type: none"> <li>Support the local cancer awareness campaign in January 2018.</li> </ul>	

<b>Focus area</b>	Flu vaccination amongst Health Care Workers (HCWs)
<b>Partners</b>	Royal Free NHS Trust, North Middlesex University Hospital, BEH – community service, Enfield CCG/General Practices, LBE
<b>What's our current performance?</b>	
Flu vaccination campaign for the winter 2017/18 has commenced in September.	
<b>Things that are going well</b>	
<p><b>NHS Trusts</b> Flu vaccination campaign for the winter 2017/18 has commenced in the NHS Trusts in Enfield.</p> <p><b>Staffs at Care and residential homes</b> 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>	
<b>What's next?</b>	
Ongoing scrutiny of uptake rates.	
<b>Challenges that HWB may be able to assist resolving / unblocking</b>	
HWB members to actively promote flu campaign within their organisations, especially amongst health and care workers and vulnerable people.	

<b>Focus area</b>	Housing for vulnerable adults
<b>Partners involved</b>	HASC, Housing
<b>What's our current performance?</b>	
<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"> <li>- extra care housing across tenure</li> <li>- supported housing for adults with physical disabilities</li> <li>- retirement housing</li> </ul> <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>	
<b>Things that are going well</b>	
<p>Innovative projects to meet the housing needs of service users with very specific accommodation requirements and for whom other housing acquisition routes have been exhausted. This includes:</p> <ul style="list-style-type: none"> <li>- Housing Gateway/ASC Pilot Project</li> <li>- Home ownership initiatives for adults with long term disabilities (over (£700,000 DoH funding secured to enable individual purchase of homes via shared ownership)</li> <li>- 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</li> <li>- Consideration of current housing pathways, including panels and quotas in respect of adults with support and care needs</li> <li>- 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</li> <li>- Research and local consideration of Care Village models including visits to Bowthorpe Care Village and Whitley Village to better understand model and potential benefits.</li> </ul>	

**What's next?**

- The 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.

<b>Focus area</b>	Diabetes Prevention
<b>Partners</b>	Enfield CCG, Public Health
<b>What's our current performance?</b>	
<p>The NHS DPP was announced in the Five Year Forward View, published in October 2014, which set out the ambition to become the first country to implement at scale a nation evidence-based diabetes prevention programme modelled on proven UK and international models, and linked where appropriate to the new NHS Health Check.</p> <p>The NHS DPP is a joint initiative led by NHS England, Public Health England and Diabetes UK. The programme aims to deliver services which identify people with non-diabetic hyperglycaemia who are at high risk of developing Type 2 diabetes and offer them behavioural intervention that is designed to lower their risk of onset of Type 2 diabetes.</p> <p>As part of the national rollout programme, Enfield CCG and Enfield's Public Health Team, in partnership with Barnet CCG &amp; PH received approval to mobilise this service as part of wave 2 phased release. The programme is set to deliver 6800 places over a 24-months period (2700 in 2017/18 &amp; 4100 during 2018/19). Within Enfield, 3 site locations have been identified and acquired:</p> <ul style="list-style-type: none"> <li>• Evergreen Primary Care Center (N9 0TW)</li> <li>• Ordnance Road Unity Centre (EN3 6ND)</li> <li>• Carlton House Surgery (EN1 3LL)</li> </ul> <p>Between May and September 2017/18, 1442 patients have been referred to the service, of those, 386 patients have been seen for an initial assessment and 8 Groups have been established. Patients are expected to engage with the programme over a 9-month period so the first groups will conclude during May 2018.</p> <p>Due to the popularity of the programme, our NDPP provider will be increasing capacity during this quarter, to manage the increased demand.</p>	
<b>Things that are going well</b>	
<ul style="list-style-type: none"> <li>• Referral rates continue to be high.</li> </ul>	
<b>What's next?</b>	
<ul style="list-style-type: none"> <li>• The NDPP provider will increase the number of groups held on weekends to improve access to these services outside of core working hours.</li> <li>• The NDPP provider will start deploying Turkish speaking groups from February 2018</li> <li>• The partnership to identify a suitable site location within the South West Locality (Winchmore Hill, Southgate and Palmers Green wards).</li> </ul>	
<b>Challenges that HWB may be able to assist resolving / unblocking</b>	
Not at this stage.	

<b>Focus area</b>	Living well with multiple conditions and chronic illness
<b>Partners</b>	HHASC, Enfield CCG, PH, BEHMHT – community health service
<b>What's our current performance?</b>	
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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 9<sup>th</sup> highest in London, along with Lewisham, Islington and Haringey [2015/16].</li> <li>• Number of people with diabetes, cancer, dementia and mental health conditions are increasing, and is expected to continue to rise.</li> </ul>	
<b>Things that are going well</b>	
<ul style="list-style-type: none"> <li>• BEH has initiated planning for implementation of “Personalised Care and support planning” as part of national framework.</li> <li>• Enfield CCG hosts a long-term condition steering group which PH is a core member.</li> <li>• The diabetes three treatment target (3TT) to improve the quality of clinical care of diabetes patients (through cholesterol, blood pressure and glucose control) has been awarded to Enfield and will be deliver via GP providers in Enfield. To support the safe and effective delivery, training needs were analysed and information sharing agreement was being put in place to enable the CCG to extract the data related to implementation of the award.</li> <li>• Works to develop Care Closer to Home Integrated Network (CHIN) is progressing. A CHIN Board is formed with local partners to oversee the integrated care for patients with long-term conditions and other complex needs in Enfield. The GP Federation is in place and the 4 Locality leads within the CHIN are identified</li> <li>• Enfield CCG's approach to CHINs &amp; QISTs consists of three inter-related strands: <ul style="list-style-type: none"> <li>- Developing Primary Care,</li> <li>- Transforming Community Services and</li> <li>- New Models of Care for Supporting Patients with Long Term Conditions.</li> </ul> </li> </ul>	



### What's next?

- The CHINs delivery group held a CHINs workshop on the 18th of October. The aim of the workshop was to develop key priorities and outcomes to be delivered in each CHIN. Feedback from the workshop will inform discussions at the next meeting which is on the 29th of November
- The Care Home Assessment Team (CHAT) was extended to include an Old Age Consultant Psychiatrist and the Mental Health Occupational Therapist as part of the CHAT Multi-disciplinary team. The additional capacity aim to work towards reducing emergency admissions and A&E attendances as well as reducing unnecessary antipsychotic drug use in Dementia patients and optimising treatment for patients with challenging behaviour
- Primary care programme to improve the care of prostate cancer survivors
- Quality Improvement Support Teams (QISTs) and Care Closer to Home Integrated Care developments to continue
- Dashboard for performance management of delivering the 3(TT)care across all GP's in Enfield developed
- Integrated IT that enables identification of Targets and Outcomes work in progress

### Challenges that HWB may be able to assist resolving / unblocking

- 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.

<b>Focus area</b>	End of Life Care
<b>Partners</b>	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	Value(%)	Count	Value(%)	Count	Value(%)	Count	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

<b>Focus area</b>	Tipping point into need for health and care services
<b>Partners</b>	Voluntary and Community Sector, Enfield Council
<b>What's our current performance?</b>	
<ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> <li>• Emergency readmissions within 30 days of discharge from hospital in Enfield was 10.3%, similar to London (12.1%) and England (12.0%) averages.</li> <li>• 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 &gt;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.</li> </ul>	
<b>Things that are going well</b>	
<ul style="list-style-type: none"> <li>• The contract for Preventatives Services focused at the VCS community have been tendered out and evaluated. Contract awards are expected in October and mobilisation of new services will happen from the end of October 2017 to contract commencement date 1<sup>st</sup> December 2017. The first monitoring report on performance and outcomes for service users is expected at the end of Q1 2018.</li> <li>• NCL-wide falls work is progressing. An extensive mapping exercise of current falls pathways was conducted across the NCL.</li> <li>• Enfield has a well-developed falls care pathway and currently working to develop a single point of access into the pathway. Enfield has multiple services that contribute to falls prevention and support those who have fallen to reduce their risk of further falls. These services are fully capable of identifying and referring to most appropriate support including improving bone health and increase stability.</li> <li>• Public Health and Adult Social Care team are working together closely to find ways to reduce demand on adult social care in short- and medium term.</li> <li>• Enfield CCG and NHS England jointly commissions Locally Commissioned Service on Atrial Fibrillation (AF) in Enfield to prevent stroke and vascular dementia. This is a scheme designed with local GPs and Public Health. AF is a form of irregular heart rhythm and without treatment 5% of whom develops forms of stroke every year. Encouraging results are emerging: <ul style="list-style-type: none"> <li>○ 9292 pulse checks provided by local GPs;</li> <li>○ 520 new AF cases identified over the duration of the LCS</li> <li>○ 1953 with known AF were recalled for blood test and reviews to optimise treatment</li> </ul> </li> </ul>	

- 189 face-to-face consultation provided to ensure patients are referred to anti-coagulation

### What's next?

- Preventatives Services focused at the VCS community mobilisation from the end of October.
- Review current falls provisions in the borough and consider how they are aligned with Public Health England and NICE recommendations.
- Four out of the six Preventative Outcome Contracts will be mobilised on 1st December 2017 those contracts include: -
  - Outcome 1- Helping people to continue caring
  - Outcome 2- Supporting vulnerable adults to remain living healthily and independently in the community including avoiding crises
  - Outcome 4 Helping vulnerable adults to have a voice (advocacy)
  - Outcome 5 Making sure people are helped to recover after illness, including safe and appropriate discharge from hospital for people not eligible for social care support
- It is expected that the two other Outcome Contracts associated with Prevention commissioning will be mobilised in early January 2018. Those contracts include:
  - Outcome 3 Supporting people to improve their health & wellbeing/improving self-management of health conditions
  - Outcome 6 Increased and Improved Information Provision
- NCL wide falls prevention training is currently scoped out.
- Stroke prevention by optimal AF management will continue as a part of primary care commissioning.

### Challenges that HWB may be able to assist resolving / unblocking

<Preventative Services focused at the VCS community>

This is a new way of partnership working with the voluntary organisation to enhance the work HHASC do and to ensure that those we commission are following the same pathways as the department. Outcomes will be closely monitored using the council's Care first system and we should be able to quantify the number of people being supported as well as measured improvement to their health and well-being and a reduction in demand for social and health care.

Challenges will be for VCS coming together to work effectively as a consortium to meet the outcomes within the specification and measuring outcomes. This will have to be undertaken using a variety of mechanism and tools. It is also thought that the mobilisation period may also be a challenge especially if we are managing the existence of an incumbent provider.

<NCL Falls programme>

Finding sufficient transformation resources to implement single point of access to falls care pathway in Enfield.

## 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 Board is asked to note the progress on HWB monitoring areas.
- The Board is asked to discuss how it wishes to support the HWB priority areas, as highlighted below;

### <Best Start in Life>

- The HWBB could maintain a focus on this area and ensure that all partners are delivering appropriately.
- Supporting the BSIL task & finish group through ensuring attendance and participation in the programme, oversight and helping ensure corporate and partnership support.
- Devote focused session on Best Start in Life at the 16th January 2018 HWBB development session that brings together key partners that contribute to improving outcomes.

### <Mental Health Resilience>

- Partners are encouraged to prioritise the World Mental Health day event and Thrive LDN workshop.

### <Healthy Weight>

- To support the following actions:
  - Each organisation implementing the Healthy Catering Commitment within their organisation
  - Each organisation signing up to the Sugar Free Declaration
  - To explore opportunities for more water fountains to be made available across the borough

## HEALTH AND WELLBEING BOARD - 10.10.2017

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON TUESDAY, 10 OCTOBER 2017**

**MEMBERSHIP**

**PRESENT** Alev Cazimoglu (Cabinet Member for Health & Social Care), Krystle Fonyonga (Cabinet Member for Community Safety & Public Health), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Parin Bahl (Chair of Enfield Health Watch), Tessa Lindfield (Director of Public Health), Tony Theodoulou (Executive Director of Children's Services), Deborah McBeal (Acting CCG Chief Officer), Natalie Forrest (Chief Executive, Chase Farm Hospital, Royal Free Group), Vivien Giladi (Voluntary Sector) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

**ABSENT** Doug Taylor (Leader of the Council), Ayfer Orhan (Cabinet Member for Education, Children's Services & Protection), Dr Helene Brown (NHS England Representative), Ray James (Executive Director of Health, Housing and Adult Social Care), Litsa Worrall (Voluntary Sector), Libby McManus (Chief Executive North Middlesex University Hospital NHS Trust), Robyn Gardner (Enfield Youth Parliament) and Bobbie Webster (Enfield Youth Parliament)

**OFFICERS:** Ian Davis (Chief Executive), Innes Deuchars (Legal Services) and Niki Nicolaou (Voluntary Sector Manager) Jane Creer (Secretary)

**Also Attending:** Councillor Christine Hamilton (Mayor of Enfield) and partner, Miho Yoshizaki (Health Intelligence Manager), Tha Han (Public Health Consultant), Sharon Burgess (Interim Head of Safeguarding Adults) and Bharat Ayer (Development Manager)

**1****WELCOME AND APOLOGIES**

## NOTED

1. Dr Mo Abedi (Vice Chair) welcomed everyone to the meeting, with a particular welcome to the Mayor who was in attendance to observe.
2. Apologies for absence were received from Councillors Doug Taylor and Ayfer Orhan, Dr Helene Brown, Litsa Worrall, Libby McManus, Ray James, Bindi Nagra, Richard Gourlay, Robyn Gardner, and Bobbie Webster. Apologies for lateness were received from Councillor Krystle Fonyonga.
3. The Vice Chair recorded congratulations with some sadness that Ray James would be leaving Enfield to become NHS England's national

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- learning disability director. Councillor Cazimoglu echoed that Enfield Council were proud and wished him all the best on his secondment.
4. Coasters and pens had been distributed to attendees to mark World Mental Health Day, which deserved recognition.
  5. Enfield CCG would be welcoming John Wardell as the new Chief Operating Officer from December. Deborah McBeal was deputising until he was in post.

**2  
DECLARATION OF INTERESTS**

There were no declarations of interest registered in respect of any items on the agenda.

**3  
DOMESTIC VIOLENCE - LINKS WITH THE SAFER STRONGER COMMUNITIES BOARD**

RECEIVED the report of Tessa Lindfield (Director of Public Health).

NOTED

Tessa Lindfield's introduction of the report highlighted:

- When the Health and Wellbeing Board (HWB) set their priorities, one of the key areas for focus was collaboration with the Safer Stronger Communities Board (SSCB).
- The HWB development session last month included a presentation and discussion, and commitments were made, which were subject to ratification by the HWB. Slides from the presentation were included in the agenda pack as Appendix A to the report.

**AGREED** that the Health and Wellbeing Board support:

- The SSCB to audit Enfield's progress towards implementing the NICE guidelines on domestic abuse.
- Dissemination of information on services for victims of domestic abuse in Enfield and prevention campaigns.
- The wider use of routine enquiry in health and care services.
- The use of DV specialist workers in A&E.
- A joint commissioning approach where it makes sense to do.
- Work towards more data sharing and analysis.
- A proposal to the JSNA steering group to include further work on this topic.

Points above would be tracked via an action plan and included in the HWB forward plan.

**ACTION: Tessa Lindfield**



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**4**

**PROGRESS UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

RECEIVED the report of Tessa Lindfield (Director of Public Health).

NOTED

Tessa Lindfield and Miho Yoshizaki's introduction of the report highlighted:

- Health and Wellbeing Board (HWB) ratified a new approach earlier in the year, and this report provided an update on the programme to date.
- The web-based resource was designed for flexible and easy access and interaction in the data, to obtain further details and mapping.
- The completed profiles were available within the Healthy Enfield website. Three other profiles were nearing completion.
- Further profiles were being developed, with the JSNA steering group providing strategic direction during the development.

IN RESPONSE comments and questions were received, including:

1. It was confirmed that this was a partnership website with links to Enfield Council and NHS sites.
2. In respect of the timescales for the forthcoming Vulnerable Children profile, this was hoped to be fully drafted within one month.
3. A link from the Enfield CCG website was suggested, and that the GPs and federation were made aware of the resources, which would support planning.
4. If updates were added, these should be flagged on the front page.
5. Tessa Lindfield would be happy to make a presentation to relevant groups or GP meetings. She also invited comments or potential improvements to be sent to her directly.

**AGREED** that the Health and Wellbeing Board would champion and promote the new Enfield JSNA.

**5**

**SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016-17**

RECEIVED the report of Ray James (Executive Director of Health, Housing and Adult Social Care).

NOTED

Sharon Burgess (Interim Head of Safeguarding Adults) and Bharat Ayer (Development Manager) introduced the report, highlighting:

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- The Independent Chair of Enfield Safeguarding Adults Board was unable to attend this meeting, but the key accomplishments and actions across the partnership were set out in the report.
- Priorities included raising awareness. A lot of promotional material was produced in the run up to Keep Safe Week in February 2017.
- Certain groups were identified as being less represented in safeguarding adults data, and targeted awareness sessions were organised.
- Videos were produced and included on the Enfield Council web page regarding how to recognise signs of abuse.
- Enfield had a high number of care providers, with 100 homes and 60 domiciliary care providers.
- There was excellent partnership working with the CQC and the CCG, and extended to the Police and going forward to the Fire Service.
- The Board hosted a North Central London Challenge and Learning event during the year, and this has led to a more joined up approach.
- During the financial year, one safeguarding adult review had concluded and four reviews were initiated.
- Looking forward, there would be focus on prevention and reaching all residents, and identifying more effective ways of working together, and ensuring safety in the provider market.

IN RESPONSE comments and questions were received, including:

1. Councillor Cazimoglu recorded thanks to the Safeguarding Adults Board and its new chair for their work, and thanks to the officer team who carried out some of the most challenging work in the Council.
2. In respect of deprivation of liberty data, Sharon Burgess confirmed there had been an increase this year from the last and this was common across the country, but she would expect it to come down in the next year or two.
3. It was confirmed that board manager leads across North Central London were meeting regularly and aligning action plans. Enfield officers were attending a NCL STP workshop focussing on safeguarding tomorrow.
4. There was work taking place and improved systems in respect of Police Merlins.
5. Niki Nicolaou offered her assistance in reaching out to community groups.
6. The Chair's remarks that the Safeguarding Adults Board year after year produced exemplary reports and had a track record of partnership work and they should be congratulated. He looked forward to receiving the report at the governing body of the CCG. Health and Wellbeing Board should not simply note, but celebrate this excellent piece of work.

**AGREED** that the Health and Wellbeing Board noted the progress being made in protecting vulnerable adults in the Borough as set out in the annual report of the Safeguarding Adults Board.

**6**

**ENFIELD PHARMACEUTICAL NEEDS ASSESSMENT (PNA) - DRAFT PNA**

RECEIVED the report of Tessa Lindfield (Director of Public Health).

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NOTED

Tessa Lindfield and Miho Yoshizaki's introduction of the report highlighted:

- The PNA was a statutory duty of the Health and Wellbeing Board (HWB) to publish every three years, and the next Enfield PNA was due by April 2018.
- A full draft PNA had been circulated to HWB, and an executive summary was included in the agenda pack.
- The PNA contained information to allow NHS England to make decisions regarding pharmaceutical service provision.
- The process for developing the PNA was set out. This process was overseen by the PNA Steering Group.
- Over 98% of the borough's residents were within walking distance of a pharmacy.
- Considering the population projections for the next three years, no gaps in provision of pharmaceutical services were identified currently or in the future, and the coverage of services was good.
- The next step was a minimum 60 days' consultation, and this was proposed between 23 October 2017 and 8 January 2018, with analysis in January and final sign off in February 2018.
- Councillor Fonyonga arrived at the meeting at this point.

IN RESPONSE comments and questions were received, including:

1. It was confirmed that 98% of residents were within 20 minutes' walk from a pharmacy and 90% were within 10 minutes' walking distance. It was also confirmed that the research covered pharmacy delivery services.
2. Evidence within the report was also useful for local commissioning.
3. Pharmacies offered an important resource, and there were opportunities to use them more, and for promotion of basic public health messages and to assist addressing inequalities.
4. NHS England were one of the key stakeholders who must be consulted.
5. Health and Wellbeing Board was asked to agree the sign off process for the final PNA report to ensure smooth publication on time.

**AGREED** that

1. The Health and Wellbeing Board approved the draft PNA for consultation.
2. A subset of Health and Wellbeing Board members, including the Director of Public Health and representatives of the CCG and HealthWatch be delegated to sign off the final report on behalf of Health and Wellbeing Board.

**7**

**NORTH CENTRAL LONDON (NCL) SUSTAINABILITY AND TRANSFORMATION PLAN (STP) - PROGRESS REPORT**

RECEIVED the STP update slides.

NOTED

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Deborah McBeal's introduction of the report highlighted:

- The update was provided to ensure HWB members were up to date on the current position with the work and the workstreams.
- The STP was moving from planning to implementation.

IN RESPONSE comments and questions were received, including:

1. Vivien Giladi (Voluntary Sector) expressed serious reservations in respect of delivery of the STP due to a lack of resources. In response, it was advised that an update to the next meeting would cover what was being done specifically in Enfield.
2. Councillor Cazimoglu had ongoing concerns regarding lack of transparency and involvement, and urged greater engagement particularly with patients and frontline staff.
3. It was acknowledged that elements including the Mental Health workstream and Urgent and Emergency Care had been subject to greater consultation.
4. Parin Bahl (HealthWatch) also had concerns about communications and engagement at the right level and there was a need for improvement.
5. The Chair confirmed that a lot of work was going on locally and across the system, but suggested that HWB needed more clarity. A discussion about how citizens could be involved in a better way would be appropriate for a development session, with the STP communications officer to be invited to discuss how they could be supported.

**AGREED** that the Health and Wellbeing Board noted the update on the STP.

**8**

**PROGRESS UPDATE ON JOINT HEALTH AND WELLBEING STRATEGY (JHWS)**

RECEIVED the report of Tessa Lindfield (Director of Public Health).

NOTED

Tessa Lindfield's introduction of the report highlighted:

- This was a regular report to Health and Wellbeing Board, updating on the agreed priority areas.
- Flu vaccination uptake would be given attention as performance last year had fallen.
- A Thrive LDN workshop was scheduled in Enfield on 8 November to deliver the priority of mental health resilience.
- Tessa Lindfield would be interested in members' feedback.

IN RESPONSE comments and questions were received, including:

1. In respect of the Best Start in Life focus area, it was confirmed that there was a task & finish group considering this, led by Stuart Lines, which would report to the HWB development session in January 2018.

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**AGREED** that Health and Wellbeing Board noted the progress on HWB monitoring areas, and supported the HWB priority areas as set out in the report.

**9**

**PROGRESS UPDATE ON HEALTHY ENFIELD WEBSITE**

RECEIVED a verbal update and website demonstration from Tessa Lindfield (Director of Public Health) and Miho Yoshizaki (Health Intelligence Manager).

NOTED

- The Healthy Enfield website was now operational.
- The different chapters were targeted at different audiences including residents, partners, and stakeholders.
- The website brought together advice and resources from Enfield and national information in one place.
- The Healthy News section gave up to date information and was interactive.

IN RESPONSE comments and questions were received, including:

1. It was confirmed that feedback would be sought through engagement with different groups. Dr Abedi suggested that it would be useful to seek patients' input.
2. There was a process in place to keep the contents updated.
3. The website should be promoted, via newsletter links and via Radio Enfield and on the screens in GP practices.

**AGREED** that the Health and Wellbeing Board noted the update on the Healthy Enfield website.

**10**

**THE INTEGRATION AND BETTER CARE FUND**

RECEIVED the report of Bindi Nagra (Assistant Director, Health, Housing and Adult Social Care, LB Enfield) and Vince McCabe (Interim Director of Commissioning, Enfield CCG).

NOTED that the Council and the CCG were working together to ensure a joined up plan.

**AGREED** that the Health and Wellbeing Board noted the information provided in the report.

**11**

**HEALTH AND WELLBEING BOARD - 10.10.2017**

**UNIVERSAL CREDIT**

RECEIVED a presentation from Sally McTernan (Assistant Director Community Housing, Health, Housing & Adult Social Care).

**NOTED**

- Sally McTernan ran the customer services and assessment function at LB Enfield, including financial assessment.
- Central government was rolling out the Universal Credit scheme as part of its welfare reform programme. Universal Credit would replace six current benefits.
- In Enfield a live service began in July 2015, but the full digital rollout would commence from November 2017 for working age families.
- Claims were administered online, by the applicant via the Department of Work and Pensions portal, and one payment was paid monthly direct to the claimant.
- There was a 6 week administration period and a 7 day waiting period. Those in financial difficulty may apply for advance payment, which would be a loan.
- It was difficult for the local authority to challenge an award. This was not a Council administered benefit and rollout was not within Council control.

IN RESPONSE comments and questions were received, including:

1. It was confirmed that situations which could be potentially detrimental to the Council would be monitored, and officers would work with housing associations, and would look out for people falling into rent arrears and put in place targeted intervention. Information had also been gathered from LB Croydon to learn lessons from Universal Credit rollout there.
2. Councillor Cazimoglu confirmed that members were very concerned about the implications for the health and wellbeing of people living below the poverty line.
3. Members felt that it was important for Health and Wellbeing Board to register its concern about impact on the most vulnerable and that their concerns be recorded in the meeting minutes.
4. Tessa Lindfield suggested that service providers and commissioners should gather data at contact meetings and keep an eye on the impact as part of the role of tackling health inequalities, while the priority should be to ensure that people did not lose their housing and to focus on supporting those most badly affected.
5. Sally McTernan was asked to bring an update to the next meeting.

**ACTION: Sally McTernan**

**AGREED** that the Health and Wellbeing Board noted the presentation and recorded its concern.

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RECEIVED and NOTED the report from Overview and Scrutiny Committee setting out the Scrutiny Annual Work Programme and Workstreams identified for 2017/18.

**13**

**MINUTES OF THE MEETING HELD ON 12 JULY 2017**

**AGREED** the minutes of the meeting held on 12 July 2017.

**14**

**INFORMATION BULLETIN**

NOTED the newly introduced Information Bulletin as agreed at the last meeting, which included useful notices, consultations and links.

**15**

**HEALTH AND WELLBEING BOARD FORWARD PLAN**

NOTED the HWB forward plan in respect of forthcoming meetings, noting that the development session on 21 November 2017 would also consider the Homelessness Reduction Act.

**16**

**DATES OF FUTURE MEETINGS**

NOTED the dates of future meetings of the Health and Wellbeing Board and dates of future development sessions.

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<b>Enfield Health &amp; Wellbeing Board – Forward Plan</b>	
<b>Date time and Venue</b>	<b>Key Themes to be Considered</b>
12 July 2017 6.15pm – 8.15pm Room 1 Civic Centre Silver St Enfield EN1 3XL	JHWS progress Forward Plan Housing Allocations Scheme consultation STP Thrive London Mental Health Co-Production
10 October 2017 6.15pm – 8.15pm Conference Room Civic Centre Silver St Enfield EN1 3XL	Report of Joint SSCB HWB session on Domestic Violence Commissioning Intentions and Plans Health Improvement in Enfield Safeguarding Annual Reports New models of care STP progress HWB & OSC JHWS Progress JSNA progress Healthy Enfield Website progress
5 <sup>th</sup> December 2017 6.15pm – 8.15pm Room 1 Civic Centre Silver St Enfield EN1 3XL	JHWS Progress Integration LBE Budget consultation
8 <sup>th</sup> February 2017 6.15pm – 8.15pm Room 1 Civic Centre Silver St Enfield EN1 3XL	JHWS Progress Healthy Hospitals – the experience of the RFH and CFH HWB Partnership Groups
17 <sup>th</sup> April 2017 6.15pm – 8.15pm Conference Room Civic Centre Silver St Enfield EN1 3XL	JHWS Progress

<b>Enfield Health &amp; Wellbeing Board Development Sessions Forward Plan</b>	
<b>Date time and Venue</b>	<b>Key Themes to be Considered</b>
5 <sup>th</sup> September 2017 2.00pm – 5.00pm Room 1 Civic Centre Silver St Enfield EN1 3XL	<i>Joint work on domestic Violence with            SSCB – How can HWB add value?</i>
21st November 2017 2.00pm – 5.00pm Room 3 Civic Centre Silver St Enfield EN1 3XL	<i>Improving Mental Health Resilience in            Enfield</i>
16th January 2017 2.00pm – 5,00pm Room 1 Civic Centre Silver St Enfield EN1 3XL	<i>Our Approach to Healthy Weight</i>
20th March 2017 2.00pm – 5.00pm Room 1 Civic Centre Silver St Enfield EN1 3XL	<i>The Best Start in Life in Enfield</i>