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HEALTH AND WELLBEING BOARD

Wednesday, 20 March 2019 at 4.30 pm
Room 6, Civic Centre, Silver Street, Enfield, EN1 3XA

Contact: Jane Creer
Board Secretary
Direct : 020-8379-4093
Tel: 020-8379-1000
Ext: 4093
E-mail: jane.creer@enfield.gov.uk
Council website: www.enfield.gov.uk

Please note meeting time

MEMBERSHIP

Cabinet Member for Health and Social Care (Chair)
Leader of the Council
Cabinet Member for Public Health
Cabinet Member for Children's Services
Chair of the Local Clinical Commissioning Group – Dr Mo Abedi (Vice Chair)
Healthwatch Representative – Parin Bahl
Clinical Commissioning Group (CCG) Chief Officer – John Wardell
NHS England Representative – Dr Helene Brown
Director of Public Health – Stuart Lines
Director of Adult Social Care – Bindi Nagra
Executive Director People – Tony Theodoulou
CEO of Enfield Voluntary Action – Jo Ikhelef
Voluntary Sector Representatives: Vivien Giladi, Pamela Burke

Non-Voting Members

Royal Free London NHS Foundation Trust – Natalie Forrest
North Middlesex University Hospital NHS Trust – Maria Kane
Barnet, Enfield and Haringey Mental Health NHS Trust – Andrew Wright
Enfield Youth Parliament representative

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. LONELINESS AND SOCIAL ISOLATION SCRUTINY WORK STREAM REPORT AND RECOMMENDATIONS (4:35 - 4:55PM) (Pages 1 - 38)

To receive the Scrutiny Work Stream report and recommendations, and presentation by Councillor Derek Levy, Chair of Overview and Scrutiny Committee and Work stream Chair.

4. JOINT HEALTH AND WELLBEING STRATEGY (JHWBS) : REVIEW OF 2014-19 JHWBS / FEEDBACK FROM SUCCESSOR JHWBS CONSULTATION / PROGRESS UPDATE ON THE NEW JHWBS 2019 - 2022 (4:55 - 5:40PM) (Pages 39 - 90)

To receive an update on the Enfield Joint Health and Wellbeing Strategy (Stuart Lines, Director of Public Health / Harriet Potemkin, Strategy and Policy Hub Manager / Mark Tickner, Senior Public Health Strategist).

REPORTS FOR INFORMATION

The following reports are for noting and support.

5. VOLUNTARY SECTOR REPRESENTATIVE APPOINTMENT / SELECTION PROCESS (5:40 - 5:45PM)

To confirm 2 applications and the appointment of Vivien Giladi, Over 50s Forum, and Pamela Burke, Enfield Carers Centre, and to thank Litsa Worrall for her contribution to the Health and Wellbeing Board (Mark Tickner, Senior Public Health Strategist / Niki Nicolaou, Voluntary Sector Manager).

6. MEMBERSHIP OF HEALTH AND WELLBEING BOARD (5:45 - 5:50PM)

To receive an update on proposed expansion of membership of the Health and Wellbeing Board (Stuart Lines, Director of Public Health).

7. VISIT TO BOROUGH BY DUNCAN SELBIE (CHIEF EXECUTIVE, PUBLIC HEALTH ENGLAND) (5:50 - 5:55PM)

To receive a verbal update from Stuart Lines (Director of Public Health).

8. PROPOSED LGA INTEGRATION WORK WITH BOARD (5:55 - 6:05PM) (Pages 91 - 94)

To receive an update from Mark Tickner (Senior Public Health Strategist).

9. LOCAL GOVERNMENT ASSOCIATION HEALTH AND WELLBEING SYSTEM BULLETIN (Pages 95 - 98)

Please find link below:
https://content.govdelivery.com/accounts/UKLGA/bulletins/230c13e

10. MINUTES OF THE MEETING HELD ON 6 DECEMBER 2018 (Pages 99 - 106)

To receive and agree the minutes of the meeting held on 6 December 2018.

11. INFORMATION BULLETIN

TO FOLLOW

12. HEALTH AND WELLBEING BOARD FORWARD PLAN

TO FOLLOW

13. DATES OF FUTURE MEETINGS

Dates of meetings for the 2019/20 municipal year will be agreed at Annual Council on 8 May 2019.

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Agenda Item 3

MUNICIPAL YEAR 2018/2019 - REPORT NO. 189

MEETING TITLE AND DATE
Cabinet – 12 March 2019
Health and Wellbeing Board – 20 March 2019

REPORT OF:
Director of Law and Governance
Contact officer and telephone number:
Penelope Williams 020 8379 4098
Email: Penelope.Williams@enfield.gov.uk

Agenda - Part: 1	**Item: 8**
Subject: Loneliness and Social Isolation Scrutiny Workstream - Report and Recommendations **Wards: All** **Key Decision No: N/A**	
Cabinet Member consulted: Cllr Yasemin Brett	

1. EXECUTIVE SUMMARY

This is a covering report for the final report of the Loneliness and Social Isolation Scrutiny Workstream attached as appendix A. It summarises the findings of the workstream review and puts forward recommendations for agreement.

The impact of loneliness and social isolation is a growing public health issue. There is a large amount of evidence that loneliness has a huge impact on health, physical as well as mental. It is a risk factor for early death and its impact can be equivalent to smoking 15 cigarettes a day. It can affect anyone at any time. It is also expensive and can cost up to £6,000 per person in health costs and on pressure on local services.

The Overview and Scrutiny Committee set up the workstream last year to look at how the Council addresses the loneliness and social isolation issue and to find out what more the Council could do to lessen its impact.

This was an issue that cuts across all Council departments. Officers from public health, adult social care, children's psychotherapy, libraries, voluntary and community strategy, housing, arts and culture were invited to workstream meetings to discuss the issues. Evidence was also gathered from a wide range of articles on the topic. Members found that one of the best ways of tackling loneliness was by bringing people together was through shared activities and events.

The final recommendations include proposals for the Council: to take account of the social impact of Council decisions in a similar way to equalities; to provide opportunities for people to interact socially while taking part in activities in the borough; to provide central source of information for the many clubs and activities that are taking place in Enfield; to encourage schools to deliver relationship education to help young people deal with the damaging impacts of social media; to make council buildings more open and welcoming; to encourage people to be friendlier, more engaged in their communities and to set up a volunteering scheme for the council's own staff.

2. RECOMMENDATIONS

To note the recommendations put forward in the review and note the responses provided by Directors and Executive Directors in Appendix A.

3. BACKGROUND

Responding to the growing awareness of the damage loneliness can cause, the Overview and Scrutiny Committee set up a workstream to consider how we as a Council address the issue of loneliness and social isolation and to find out what more the Council could do to alleviate its impact.

Loneliness has been found to be as damaging to health as smoking 15 cigarettes a day. It is a factor in heart disease, cancer and can lead to dementia. Although traditionally associated with older people it is also a problem for younger people. Suicide is the leading cause of death among men in their 40's.

Troublingly those who are lonely when young are more likely to suffer bouts of loneliness throughout their lives and to die young. Anyone can be affected. Key life events such as having a baby, moving to a new area, becoming unemployed and suffering bereavement made people more susceptible. It is a growing problem as people are living more isolated lives and there was felt to be an increasingly negative impact of social media, particularly on younger people.

Loneliness is also expensive in terms of the cost of long term health problems and pressure on local services. Researchers have put a financial price on the "epidemic of loneliness" estimating that it costs £6,000 per person for each decade of an older persons' life. For every pound spent preventing loneliness, there are £3 worth of savings according to the Campaign to End Loneliness.

The workstream focussed on what the Council could do to prevent loneliness and social isolation. They saw it as an issue not confined to one area, but which cut across all Council departments. They invited officers from public health, housing, community engagement, child psychotherapy, libraries, arts and culture to a series of five meetings in the first half of the year. They also looked at a large amount of written evidence, as listed in the bibliography to the report.

Members found that although the Council had been doing some work to tackle loneliness up until now it had not been a major consideration in designing Council policies and there was much more that could be done. They felt that the work that was already taking place in some areas could be developed further and that the Council should consider the impact council policies could have on loneliness and social isolation.

The evidence revealed that one of the best ways to tackle loneliness was to bring people together through shared activities and to provide opportunities for them to take part in social and cultural activities and events, in the local area.

Members also recognised the importance of place, community and a sense of belonging to people's mental health and the value in promoting activities to make people who live in Enfield feel that they belong, that Enfield is a good place to live.

The workstream has put forward 11 recommendations which seek to address these issues:

1.1 To assess the impact that all Council policies can have in increasing or alleviating loneliness and social isolation. All Council reports should include a paragraph assessing the social impact of decisions. This could be included in the section for public health implications in the Council's report template.

1.2 To work with schools to provide more relationship education (educating young people about the dangers of social media) within the PSHE (Personal, Social and Health Education) curriculum and to encourage young people in secondary schools to take part in activities outside of school including volunteering.

1.3 To develop a focus for activities in each ward equivalent to a village hall or an "indoor town square". This could be by encouraging the development of libraries, arts centres, heritage assets and other council buildings as community hubs across the borough with community notice boards to make full use of their community rooms and public spaces as a facility for encouraging community engagement. This could be started by setting up a pilot project in one ward to build a centre of community focus, possibly in a library, organising activities and providing information about all the activities taking place within the ward.

1.4 To create an environment that encourages more local people to come out in the evening to sit in cafes, have a drink and meet friends and family in the borough's town centres. This could be done by encouraging alternative, community based, uses for the empty town centre shops, making better use of the market square and allowing restaurants to have more tables out on the pavements as in Central London and other European cities.

1.5a To continue to ensure that all Council buildings are people friendly, open, accessible, and welcoming.

1.5b To ensure that staff are trained to be active listeners and responders; as well as finding solutions that encourage the widest community participation.

1.6 To create a Council database of all clubs and activities taking place in Enfield and to make this readily available in all council buildings, libraries and on the Council website, to all staff who have contact with the public and including partners such as the health authorities, the police and the voluntary sector so that they can use it as a tool to encourage people to take part in activities that they could be interested in and which would encourage social interaction.

1.7 To run a publicity campaign to encourage people to make Enfield a friendlier place to make people aware of the importance of being more open, friendly

and of looking out for their neighbours and the people they meet day to day in the neighbourhood. Even the smallest amount of human interaction – saying hello to someone in the street - has been proven to prevent people suffering from loneliness.

1.8 To run an online publicity campaign advertising the many clubs and activities taking place in the borough including organising an open day for local clubs.

1.9 To develop a volunteering scheme allowing all council staff to spend two days a year volunteering in the community. The London boroughs of Lambeth, Brent, Barking and Dagenham offer their staff three days and Barnet 2 days. Private sector organisations such as John Lewis and NatWest also run schemes.

1.10 To work to find sources of seed funding for initiatives such as men's sheds, makerspaces and other projects to promote social interaction and improve community cohesion: investing start-up funds in projects with community health benefits such as Good Gym, Big Lunch, community litter clearances, and Soup.

1.11 To monitor the implementation of these recommendations through regular feedback to the Overview and Scrutiny Committee.

4. ALTERNATIVE OPTIONS CONSIDERED

None

5. REASONS FOR RECOMMENDATIONS

The reasons for the recommendations are included in the report.

6. COMMENTS OF OTHER DEPARTMENTS

6.1 Financial Implications

Any costs of implementing these recommendations are expected to be met from existing budgets. The outcomes from these recommendations should help to mitigate against the escalating budget pressures associated with loneliness and isolation in the borough.

6.2 Legal Implications

In January 2018 the Government announced a programme of work on tackling loneliness. The Prime Minister welcomed the work of the Jo Cox Commission on Loneliness, which had carried forward the good work started by the late Jo Cox MP.

It sets out commitments from 9 Government departments, as well as commitments to work with businesses, employers, local authorities, health and the voluntary sector.

The recommendations, following the work of the Loneliness and Social Isolation Scrutiny workstream review, support the recent government strategy *'A connected society: a strategy for tackling loneliness - laying the foundations for change'*, published on 15 October 2018. This is the first strategy for tackling loneliness in England. It marks a shift in the way we see and act on loneliness, both within government and across society. It builds on years of work by many individuals and organisations, and acts as government's first major contribution to the national conversation on loneliness and the importance of social connections. This strategy calls on local authorities to consider how tackling loneliness can be embedded in the strategic planning and decision-making on the well-being of the community. Examples of strategic planning are Health and Well Being and other Boards and addressing practical issues around community space and transports, as set out in this report. The strategy recognises the crucial role of local authority leaders and councillors in bringing together public, private and social sectors to support communities in tackling loneliness. In January 2018 the Government announced a programme of work on tackling loneliness. The Prime Minister welcomed the work of the Jo Cox Commission on Loneliness, which had carried forward the good work started by the late Jo Cox MP.

7. KEY RISKS

The recommendations set out by the workstream above aim to mitigate:

- The risk the Council does not take account of the impact that their policies could have which could lead to increasing loneliness and isolation.
- The risk of significant pressure on the Council's limited resources due to increased costs in managing and addressing loneliness and isolation.

And enhance the opportunities to:

- Promote existing activities and cultural events currently taking place in the borough.
- Promote community activities to young people
- Create a more welcoming and inclusive borough community

8. IMPACT ON COUNCIL PRIORITIES - CREATING A LIFETIME OF OPPORTUNITIES IN ENFIELD

The Overview and Scrutiny Committee uses focused, time-limited workstreams to scrutinise Council decisions and services that impact on the successful delivery of the Council's key priorities. The workstreams collect evidence, draw conclusions and make recommendations to improve effectiveness and ensure value for money.

8.1 Good homes in well-connected neighbourhoods

The recommendations will encourage people to play a wider part in and improve the connectedness of their local communities.

8.2 Sustain strong and healthy communities

A sustainable community is one where everyone feels supported and opportunities are provided for people improve their health and wellbeing.

The implementation of the recommendations will make Enfield a healthier and more attractive place to live.

The recommendations in the report will strengthen local communities by bringing people together to help and support each other.

8.3 Build our local economy to create a thriving place

Enfield will become a more prosperous and attractive place to live if people if people feel more connected to it.

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 this report to approve the Loneliness and Social Isolation Scrutiny Workstream.

However it should be noted that projects or work stream deriving from this may be subject to a separate Equalities Impact Assessment. Therefore, any projects or work stream will be assessed independently on its need to undertake an EQIA to ensure that the council meets the Public Sector Duty of the Equality Act 2010.

10. PERFORMANCE MANAGEMENT IMPLICATIONS

Workstream recommendations are reported to the Overview and Scrutiny Committee who monitor the progress and effectiveness in implementing the recommendations. This complements service performance management arrangements.

11. PUBLIC HEALTH IMPLICATIONS

Loneliness and social isolation is a public health issue. Not addressing the issue could have a negative impact on mental and physical health. Interventions to reduce loneliness should be evidence-based and recognise that it is often not a lack of awareness that drives loneliness but can include the stigma of attending events as a solo individual. More widely Enfield should take note of cities which have sought to increase incidental social interaction through the built environment. Including loneliness as a separate

paragraph in every report is unlikely to be useful as this will be included in public health implications where appropriate.

Background Papers

None

Appendices

Appendix A – Response to recommendations by Executive Directors and Directors

Appendix B - Full Report of the Loneliness and Social Isolation Scrutiny Workstream

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Appendix A

Executive Directors and other officers' responses to the Loneliness and Social Isolation Scrutiny Workstream report & recommendations

Ref	Recommendations	Chief Executive/Executive Director/Director/Cabinet Member Response
Director of Public Health		
1.8	Runs an online publicity campaign advertising the many clubs and activities taking place in the borough including organising an open day for local clubs.	**Stuart Lines and David Greely** Comment SL - the Public Health team can work with Comms to help develop campaign messages Comment DG – this could be incorporated into our wide Enjoy Enfield campaign which promotes things to do and places to go in Enfield
1.7	Runs a publicity campaign to encourage people to make Enfield a friendlier place to make people aware of the importance of being more open, friendly and of looking out for their neighbours and the people they meet day to day in the neighbourhood. Even the smallest amount of human interaction – saying hello to someone in the street - has been proven to prevent people suffering from loneliness.	**Stuart Lines and David Greely** Comment SL - the Public Health team can work with Comms to help develop a campaign that provides messages to residents, such as the 5 Ways to Wellbeing. Comment DG – will work the Public Health team to identify the most appropriate way of promoting this campaign.

Ref	Recommendation	Chief Executive/Executive Director/Director/Cabinet Member Response
Director of Law and Governance		
1.9	Develops a volunteering scheme allowing all council staff to spend two days a year volunteering in the community. The London boroughs of Lambeth, Brent, Barking and Dagenham offer their staff three days and Barnet 2 days. Private sector organisations such as John Lewis and NatWest also run schemes.	**Jeremy Chambers/Shaun Rogan** A new Volunteering Strategy is in the drafting phase that will aim to better engage our own workforce in activities that address social isolation and build community fabric and resilience. We have been working with the Culture Change Board and met with the unions to discuss the potential for a staff allowance scheme. Our Third Sector Development Manager is also working with colleagues to re-engage with local businesses who we successfully engaged with to assist with work in the community in 2016/17. We would anticipate the new Volunteering Strategy with final recommendations going to Cabinet in Spring 2019.
1.11	Monitors the implementation of these recommendations through regular feedback to the Overview and Scrutiny Committee.	**Jeremy Chambers** – Agreed
Executive Director of People		
1.2	Works with schools to provide more relationship education (educating young people about the dangers of social media) within the PSHE (Personal, Social and Health Education) curriculum and to encourage young people in secondary schools to take part in activities outside of school including volunteering.	**Tony Theodoulou** We can confirm that this already takes place in schools as part of the PHSE curriculum.

Ref	Recommendations	Chief Executive/Executive Director/Officer/Cabinet Member Response
Director of Public Health and Director of Law and Governance		
1.3	Develops a focus for activities in each ward equivalent to a village hall or an "indoor town square". This could be by encouraging the development of libraries, arts centres, heritage assets and other council buildings as community hubs across the borough with community notice boards to make full use of their community rooms and public spaces as a facility for encouraging community engagement. This could be started by setting up a pilot project in one ward to build a centre of community focus, possibly in a library, organising activities and providing information about all the activities taking place within the ward.	**Jeremy Chambers/Shaun Rogan/Stuart Lines** Comment SL - the Public Health team can contribute advice and signposting materials. This will also link to the council-wide HiAP (Health in All Policies) and MECC (Making Every Contact Count) approaches currently in development and being led by Public Health. A fuller discussion at the HWB can inform this. Comment SR: Consideration of spatial focus to create 'quick win' activities flowing from the new Volunteering Strategy action plan.
1.1	Assesses the impact that all Council policies can have in increasing or alleviating loneliness and social isolation. All Council reports should include a paragraph assessing the social impact of decisions. This could be included in the section for public health implications in the Council's report template.	**Stuart Lines** Comment SL - the Public Health team is leading on implementing HiAP (Health in All Policies) across the Council and the way in which 'public health implications' are considered and presented may change. There may be potential for bringing these together in a form of 'integrated impact assessment'.

	Recommendations	Chief Executive/Executive Director/Director/Cabinet Member Response
Director of Public Health and Acting Director of Customer Experience and Change		
1.10	Works to find sources of seed funding for initiatives such as men's sheds, makerspaces and other projects to promote social interaction and improve community cohesion: investing start-up funds in projects with community health benefits such as Good Gym, Big Lunch, community litter clearances, and Soup.	**Stuart Lines/Kari Manovitch/Lee Shelsher** Comment SL - the Public Health team will actively seek relevant sources of funding and support such initiatives through HiAP and MECC approaches. Comment KM – Agreed
Executive Director Place		
1.4	Creates an environment that encourages more local people to come out in the evening to sit in cafes, have a drink and meet friends and family in the borough's town centres. This could be done by encouraging alternative, community based, uses for the empty town centre shops, making better use of the market square and allowing restaurants to have more tables out on the pavements as in Central London and other European cities.	**Sarah Cary** – Agreed

	Recommendations	Chief Executive/Executive Director/Director/Cabinet Member Response
Acting Director of Customer Experience and Change		
1.5a	Continues to ensure that all Council buildings people friendly, open, accessible, and welcoming.	**Kari Manovitch/Lee Shelsher** All services that have a role to play in public-access buildings e.g. Arts & Leisure; Registrars; Children's Centres; Housing; Homelessness; etc. My services include libraries and customer services and it is a primary objective to ensure these are people friendly, open, accessible, and welcoming, but we are sometimes constrained by the physical environment and the lack of investment in it e.g. John Wilkes House, for which we are reliant on property colleagues. (Note by Mark Bradbury) Cabinet will be asked in January to approve the setting up of a Corporate Property Investment Programme (CPIP) which will include investment in properties including John Wilkes House **Mark Bradbury** Agreed as long as security requirements are not compromised. As part of the Asset Management Strategy we will be carrying out an Operational Property Review which linked to the CPIP will consider the colocation of services in local hubs and ensure that wherever possible these are accessible in both their locations and design.
1.5b	Ensures that staff are trained to be active listeners and responders; as well as finding solutions that encourage the widest community participation.	**Kari Manovitch/Lee Shelsher** Agreed **Mark Bradbury** Agreed in respect of Security and Customer facing FM staff

Ref	Recommendations	Chief Executive/Executive Director/Direcctor/Cabinet Member Response
1.6	Creates a Council database of all clubs and activities taking place in Enfield and to make this readily available in all council buildings, libraries and on the Council website, to all staff who have contact with the public and including partners such as the health authorities, the police and the voluntary sector so that they can use it as a tool to encourage people to take part in activities that they could be interested in and which would encourage social interaction.	**Kari Manovitch/Lee Shelsher** This already exists to some extent – please see- https://mylife.enfield.gov.uk/enfield-home-page/content/local-activities/local-activities-home/ https://mylife.enfield.gov.uk/Search/SearchResults?new=True&query=-xxxxx&TagCategory=432 There has been quite a bit of promotion done for the launch of the My Life Directory – posters, leaflets, a press release etc. This is something we will be happy to add to the Website Roadmap, which will begin in earnest in the new year as have some essential maintenance pieces until Feb 19.

London Borough of Enfield

Report of the Loneliness and Social Isolation Scrutiny Workstream Review

Edward Hopper

“All the lonely people, where do they all come from?”
(Eleanor Rigby – The Beatles)

Chair's Foreword

When the notion of this workstream was very first conceived, there was no public knowledge of the Jo Cox Commission on Loneliness. Still further, Jo Cox herself was not even a major newspaper headline figure, although she was very well known in her local constituency area in West Yorkshire, was not always quietly but always diligently making her way in Westminster circles, and cut a striking family figure in and around the streets and riverbanks of north-east London. There certainly wasn't a role in national government Minister for Loneliness, and the wide-ranging issues of loneliness and social isolation – though deeply and variously embedded in the modern world – were rarely if ever to be found in the press, featured on TV news and magazine shows, or filling a six-minute slot on the hundreds of radio stations cluttering the UK airwaves.

How things have changed, in so many significant ways. Now, it is barely possible to read, watch or listen anywhere on most days of a week without some element of what has become known as the silent epidemic of our time; bringing to the fore fascinating new areas of research, the social, physical, and emotional impacts of social isolation expressed so in the most moving and graphic ways. And this made the work of the study group both challenging and stimulating in equal measure. It was almost impossible to keep up with all the material that came before us, and coordinating that with the more local evidence collected through in depth interviews with Officers from right across the Council, and other volunteers and organisations working in our area. The bibliography at the end of this report is extensive, but is far from comprehensive of the extent of articles, reports, seminar presentations, clinical and other research which has informed the sequential analysis and thought processes and led to an unusually long set of recommendations contained within it.

Such is the complexity of Loneliness and Social Isolation (LSI) which has become known and is being all too slowly accepted as the silent epidemic of our time affecting, at a modest estimate, at least nine million people – and one which, without better understanding, institutional acknowledgement, lateral thinking, and appropriate intervention sadly has the potential to get even more expansive than it now already is. There are natural demographic changes, chiefly associated with an ageing population, but no less importantly the rising and fastest growing wave of loneliness amongst young people – experienced by some as early as six years old; the diversity of communities and issues of acceptance and integration which are being encountered, linked to the binary take of modern day national and international political and social issues which has become the new orthodoxy. Likewise, for some, there are issues of gender identity that are presenting themselves in new and different ways.

Loneliness and Social isolation is no respecter of statistical category. It does not discriminate or manifest itself in any one group of people. It transcends, age, class, gender, race, health, wealth. It comes at huge personal cost to those impacted by it. It also comes at huge societal cost, threatening community cohesion. And there are huge economic costs associated with it. The stakes are high. The risks are high. The barriers are great.

But while the diagnosis is seemingly fraught with pessimism, the prognosis is not.

Loneliness and Social Isolation is something of an inconvenient truth, easier to ignore, or deflect, rather than to confront and address. It also turns out, rather unexpectedly, be a largely British phenomenon – even more so a city phenomenon, and more intensively in capital city the size of London, where it can get so lost in the hubbub as well as the main political priorities of housing, employment, education, crime and transport. Which is perhaps the reason why the silent epidemic has taken quite so long to "come out", and which is why the impact upon the national consciousness has been quite so hard hitting and so profound in only the most recent of years.

It is why the media has taken it so much to its heart. And it is why now, and when the wider political. Academic, and journalistic worlds are beginning to take note, we in Enfield have a once in a lifetime opportunity to do something about it.

The genesis of this workstream is intensely personal. I was able to identify with so much of what I have read and heard, and it has generated a strong resonance within me. The journey has not been easy. I knew - I REALLY knew - when divining then devising the scope for this study that the traditional images of social isolation, the pervasive feelings of discomfort, and the often-paralysing effects on normal daily functions and the most basic of social existence this can have are expressed through deep feelings of loneliness, are not readily understood. Or they are presented in cliché form, articulated too simplistically, and framed by one-dimensional thinking. It is much easier that way. That is not much better than ignoring the situation altogether.

I also knew, rather I thought I knew, that there was a significant role for this Council to seize the initiative and go back to first principles in terms of the role of Councillors, Officers, and their relationship with individuals in the communities which together we are here to serve. I REALLY knew this. But I also knew that my colleagues and I had to unearth the evidence to justify this instinctive but deep-rooted knowledge borne of personal experience.

So, reverting to the myths and perceptions that frames people's thinking. Loneliness only happens after a bereavement. Loneliness is only about old people, isn't it? Picture it now – a shrinking, hunched little old lady sitting in an armchair in front of a two bar electric fire sitting below a mantlepiece housing a once roaring open fireplace.

Of course, things even now, for older people, are far more sophisticated than that. And the role of the Over 50's Forum here in Enfield pays testimony to that. But nevertheless, that image is still how we have come to imagine the notion; hence the umbrella promotional initiative known as "No More Wrinkly Hands".

That, as with the Jo Cox Commission, and indeed the thrust of this report, is intended fully and unapologetically to expand the mind and open the world up to the reality that one can both feel and be isolated, and experience genuine feelings of loneliness at ANY point of the life cycle – usually as a response to a major change of circumstances, and yet it can happen when you least expect it; taking people outside of their comfort zones and the rhythms and patterns of their lives; rendering them helpless to function or respond even when they have the intellectual capacity to do so. Normality goes out of the window.

Some describe it like flicking off a light switch – then being incapable of flicking it back on again even though they know how and it is effortless – except that it takes much effort and drains energy in so doing. Ohers more liken it to the pause button of life being pressed, but not quite knowing when or even if they can press play. And fast forward does not ever get factored into the equation. There are also many people, as several PhD papers have recorded, who have a lifelong predisposition to isolation, expressed episodically rather than dramatically like a bolt from the blue. This too is something that local authorities need to account for in responding the to the cyclical changes in cause of and effect – the relationship, for example, between or education or social validation and crime. Or the unintended consequences of the digital revolution.

Losing a job after twenty years; divorce; becoming homeless; transferring from primary to secondary school; victim of a road traffic accident; becoming a stay at home parent; husband (or wife) working away from home at regular intervals; coming into a new community, and not being accepted; financial pressures; the ending of a close relationship. Any of these can engender feelings no different from or no less intense than a conventional bereavement. And yet, all too often, at the very point when one would wish for people to rally round, or simply know there is a voice to be heard, the effect is compounded because other family and friends withdraw into their own normality, closing their eyes and their ears, turning their backs, believing that to be up front and out there would be intrusive. Or, in a perverse way, they themselves cannot cope or don't know how to cope with the dysfunction visited upon others, thereby exacerbating those very feelings of isolation.

How very British! How unthinkingly thoughtless! And how naïve!

"Pull yourself together … get out there and do something about it …. ask me over; cook me a meal …. there's so many things out there you can do … we must arrange to meet some time". So easy for others to say, but when internalised, a vicious circle which is so hard to break. Most people who find themselves in this situation for whatever reason do actually know all this, and what they have to do to resolve the social conundrum. But it also and often requires the simplest of interventions from others: a phone call – not a text. A knock on the door – not an email. Real voices, not a thumb swipe of a smartphone keyboard. Just a quick cup of teas, or talking to someone beside you on the bus. These things matter.

Some initiative, some awareness, some rebalancing of how social interaction plays out. Removing the burden of making contact only coming from the isolated. Lending a helping hand. Pro-action; NOT reaction. That is the message. Prevention is always better than cure.

And this is precisely where the role of local Councils, partner authorities, and associated community and voluntary organisations comes into the equation. Just like when undertaking their responsibilities where Councillors are all corporate parents, so the local authority has the capacity, despite all the known constraints of funding pressures in straitened times, to recognise that it can still play a part in

making a difference. As I've had cause to champion on a previous occasion – "It ain't what you do, it's the way that you do it …. THAT'S what gets results.

By getting to grips with the subject now, there are genuine opportunities out there to do something about it – for us in Enfield – and mitigate these risks, by embarking upon a series of actions to address the present scenario, and recognise that by applying strategic thinking to fully acknowledge those the causes of isolation over which the Council has a degree of control, influence and associated involvement, it can demonstrate the foresight to design out problems for the future and dilute the financial costs several years down the line of managing some of the effects of isolation, and in terms of the physical and mental health of our communities, and reduce the burden of costs also being borne by our various partner organisations.

It requires a new approach; it requires a different approach; it requires boldness; and perhaps most important of all, it requires a change in mindset away from that which has been characteristic of local authorities and the public sector as a whole.

Our work programme began by looking at LSI from the perspective of being one of the major public health issues of our time. And we wondered whether or not it should be led departmentally from there. That bore the inference of a top down, impositional, interventionist approach. It didn't seem right. It didn't feel right. Make no mistake, it is a public health issue, and one of great proportion But this approach seemed too narrow a route map for transformational change yielding positive outcomes on the scale we believe needs to happen. It is only part of the solution.

However, as the evidence mounted, and as our understanding became more fully informed, it became increasingly clear that there needed be recognition by and involvement from all of the education service as a whole, community safety, customer service, housing, social care, and more besides service areas within the Council. Just as LSI is indiscriminate and transcends all demographic categories, so it stands out as perfect exemplar of a cross-cutting theme where there is a role for all operational staff in the Council; and that appropriate actions – sometime pastoral and peripatetic; maybe more as facilitators – can be implemented by them all, and a culture of understanding embedded within the way in which they – for which read we – work as well as how they deliver their services.

So it was appropriate that our study ended with a presentation from the Community and Resident Engagement, presaged and significantly informed by contributions by the Customer Experience, because the very notion of isolation is a personal to the individual, and speaks to the need to build and rebuild, confidence, self-esteem, and indeed the lives of those individuals in their own right but mainly as part of their community, however that may be defined. But it means not being alone; and it means not feeling permanently wretched. It is incremental; it is one step at a time, and has a kind of reverse domino effect. It is about inclusion and about cohesion, taking a bottom-up but inclusive strategic approach, where Community Engagement and Community Facilitation of activities and services catering for al ages is the glue that binds the rest of the Council's service areas together.

This report takes you through that journey in which we alternately laughed, cried, raised eyebrows, gasped sometimes in amazement, but always knew – we ALL knew – that this work could be the catalyst for major changes in the way the Council delivers some of its services to arrest the growth in isolation from all its causes, turn the corner, and future proof some of our services in order to dilute and reduce the costs that will inevitably accrue in the future if nothing is done.

In other words, dealing with social isolation cannot be manged by any single department in isolation. To coin a phrase, we are all in this together; and working together, we – probably far more effectively on the ground than any Government Minister for Loneliness can do beyond flag-flying and promoting the awareness agenda - can really make a difference to so many lives. Which is after all, when stripped bare, what local representatives and local Councils are put on this earth to do.

Our work will have been in vain if its goes no further than receiving dutiful acknowledgment, ticking a few boxes to satisfy process requirements, before a new task and finish group is scoped and begun These have been my words. What follows are our words. But as we all know, actions speak far louder than any words. This report is produced and looked upon by its contributors as a new beginning and as a milestone for changes in organisational culture, written entirely for the benefit of those whose lives will be changed by the actions it has set out to stimulate.

Councillor Derek Levy
Chair: Overview & Scrutiny Committee – July 2018

Loneliness and Social Isolation Scrutiny Workstream Report

Workstream Members: Councillor Derek Levy (Chair), Councillor Dinah Barry, Councillor Alessandro Georgiou, Councillor Terry Neville and Councillor Claire Stewart

Supported by Penelope Williams (Governance and Scrutiny Officer)

The following Council officers presented information to the workstream:

Nancie Alleyne (Service Development Officer - Adult Social Care), Catherine Charlton (Head of Housing Operations), Paul Everitt (Head of Arts and Culture), Michael Lerpiniere (Neighbourhood Housing Team Manager), (Interim Director of Public Health), Niki Nicolaou (Voluntary Sector Manager), Shaun Rogan (Head of Strategy, Partnerships, Engagement and Consultation) Lee Shelsher (Head of Customer Experience and Libraries) and Mark Tickner (Senior Public Health Strategist)

Evidence was also gathered from Camilla Waldberg (Senior Systemic Family Psychotherapist) and Tim Harrison (Facilities Development Manager), Vince McCabe (Enfield Clinical Commissioning Group) and from the articles listed in the bibliography.

Tony Watts from the Over 50's Forum also attended a workstream meeting.

With thanks to Rohini Simbodyal who helped us set up the working group using knowledge and information gathered during her work with the Campaign to End Loneliness.

1. Recommendations

Members of the workstream recommend that the Council:

1.1 Assesses the impact that all Council policies can have in increasing or alleviating loneliness and social isolation. All Council reports should include a paragraph assessing the social impact of decisions. This could be included in the section for public health implications in the Council's report template. (Jeremy Chambers, Director of Law and Governance)

1.2 Works with schools to provide more relationship education (educating young people about the dangers of social media) within the PSHE (Personal, Social and Health Education) curriculum and to encourage young people in secondary schools to take part in activities outside of school including volunteering. (Tony Theodoulou, Interim Executive Director of People)

1.3 Develops a focus for activities in each ward equivalent to a village hall or an "indoor town square". This could be by encouraging the development of libraries, arts centres, heritage assets and other council buildings as community hubs across the borough with community notice boards to make full use of their community rooms and public spaces as a facility for encouraging community engagement. This could be started by setting up a pilot project in one ward to build a centre of community focus, possibly in a library, organising activities and providing information about all the activities taking place within the ward. (Shaun Rogan, Head of Strategy, Partnerships, Engagement and Consultation and Lee Shelsher, Head of Libraries and Customer Experience)

1.4 Creates and environment that encourages more local people come out in the evening to sit in cafes, have a drink and meet friends and family in the borough's town centres. This could be done by encouraging alternative, community based, uses for the empty town centre shops, making better use of the market square and allowing restaurants to have more tables out on the pavements as in Central London and other European cities. (Sarah Cary, Executive Director Place)

1.5a Continues to ensure that all Council buildings are people friendly, open, accessible, and welcoming. (Lee Shelsher, Head of Customer Experience and Libraries)

1.5b Ensures that staff are trained to be active listeners and responders; as well as finding solutions that encourage the widest community participation. (Lee Shelsher, Head of Customer Experience and Libraries)

1.6 Creates a Council database of all clubs and activities taking place in Enfield and to make this readily available in all council buildings, libraries and on the Council website, to all staff who have contact with the public and including partners such as the health authorities, the police and the voluntary sector so that they can use it as a tool to encourage people to take part in activities that they could be interested in and which would encourage social interaction. (Lee Shelsher, Head of Customer Experience and Libraries)

1.7 Runs a publicity campaign to encourage people to make Enfield a friendlier place to make people aware of the importance of being more open, friendly and of looking out for their neighbours and the people they meet day to day in the neighbourhood. Even the smallest amount of human interaction – saying hello to someone in the street - has been proven to prevent people suffering from loneliness. (Stuart Lines, Director of Public Health and David Greely, Head of Communications)

1.8 Runs an online publicity campaign advertising the many clubs and activities taking place in the borough including organising an open day for local clubs. (Shaun Rogan, Head of Strategy, Partnerships, Engagement and Consultation and David Greely, Head of Communications)

1.9 Develops a volunteering scheme allowing all council staff to spend two days a year volunteering in the community. The London boroughs of Lambeth, Brent, Barking and Dagenham offer their staff three days and Barnet 2 days. Private sector organisations such as John Lewis and NatWest also run schemes. (Shaun Rogan, Head of Strategy, Partnerships, Engagement and Consultation and Julie Mimnagh Head of Human Resources Operations)

1.10 Works to find sources of seed funding for initiatives such as men's sheds, makerspaces and other projects to promote social interaction and improve community cohesion: investing start-up funds in projects with community health benefits such as Good Gym, Big Lunch, community litter clearances, and Soup. (Lee Shelsher (Head of Customer Experience and Libraries and Stuart Lines, Director of Public Health)

1.11 To monitor the implementation of these recommendations through regular feedback to the Overview and Scrutiny Committee.

2. Background

2.1 What does loneliness feel like?

"Loneliness is worthlessness. You feel like you don't fit in, that people don't understand you. You feel terrible about yourself, you feel rejected."

"Loneliness does not discriminate."

"It was loneliness in the sense of real deprivation, complete lack of human contact."

"Loneliness is like being at a silent disco." Kate Leaver "The Friendship Cure"

"It feels like a bereavement – like an enormous loss of something. And it also feels suffocating – tight and strangling and suffocating, even though it's an absence."

"Loneliness is often connected with poor parenting and dysfunctional early relationships". "People who are lonely as adults were lonely as children."

"Our lives are now so busy. We're constantly dashing around, we spend the vast majority of our time on our phones on our laptops. We need to press pause on that and actually sit down and speak to human beings." Kim Leadbetter (Jo Cox's sister)

"The country should be investing in local community resources to support sustainable long- term action to help lonely older people; councillors should work to build awareness of loneliness and potential solutions into council's strategic functions, especially public health, housing and community development." Caroline Abrahams, Charity Director Age UK

2.2 Following the high profile work of the Jo Cox Commission on loneliness, the growing awareness of the damage loneliness can cause, together with the personal experience of councillors, the Overview and Scrutiny Committee agreed to set up a workstream looking at how the Council addresses the issue on loneliness and social isolation and finding out what more the Council could do to alleviate its impact.

2.3 Social loneliness can be defined as an absence of an acceptable social network, absence of a wide circle of friends that can provide a sense of belonging, of companionship and being a member of a community; the state of being deprived of social relationships that provide positive feedback. Loneliness is an emotional perception, a feeling that can be experienced by individuals regardless of the breadth of their social networks. It is not necessarily so that people who are alone are lonely. It is only if they feel so.

2.4 There is a large body of evidence that indicates that loneliness has a huge impact on health, physical as well as mental. It is now a risk factor for early death equivalent to smoking 15 cigarettes a day and worse for us than obesity and lack of physical activity.

2.5 As such loneliness increases the pressure on a wide range of local authority and health services. A recent Social Finance study assessed the average cost of being chronically lonely to the public sector of £12,000 per person over 15

years. In a poll commissioned by the Campaign to End Loneliness of over 1000 GP's, between one or up to five visits to a GP per day was due to loneliness.

2.6 More and more research has revealed that loneliness is something that can affect anyone at any time, not only young and old, but also rich and poor. There are specific times in a person's life when they can be more vulnerable including: child birth, moving home, relationship breakdown, unemployment, retirement, illness and bereavement.

2.7 The Jo Cox Commission on Loneliness has assembled survey evidence suggesting that 200,000 older people had not had a conversation with a friend or relative in more than a month and up to 85% of young adults with disabilities say that they feel lonely most days.

2.8 Professor Paul Burstow, Chair of the Social Care Institute for Excellence, sited some alarming statistics highlighting the growing challenge of increasing social isolation and loneliness, at a recent mini conference organised by Age UK "Tackling Loneliness – Older Londoners".

- In future 10m people will live to be over 100.
- 1 in 5 people over 65 don't have children
- 90,000 over 65s have no immediate family network
- 2.3m Londoners over 50 have no children.

2.9 A meta-analysis of 148 studies into the effects of social isolation on mortality conducted by academics at Brigham Young University and the University of California looking at the lives of 309,000 people for an average of seven and a half years showed that those with stronger social relationships had a 50% increased likelihood of survival than those who lived more solitary lives.

2.10 Loneliness is expensive. Researchers have put a financial price on an "epidemic of loneliness" estimating that it costs £6,000 per person in health costs and pressure on local services for each decade of an older person's life. A London School of Economics Study of older people, published alongside the Campaign to End Loneliness, says that for every £1 spent in preventing loneliness there are £3 of savings. A recent Co-op report revealed that "Loneliness at work costs employers £2.5bn a year.

3. Main Findings

Loneliness and social isolation is a theme that cuts across the whole Council and it is felt that an awareness of it should be embedded horizontally across all Council departments. The workstream members felt that the Council should try and make sure loneliness and social isolation were captured within work that was already being done.

Discussions during the meetings with officers from public health, housing, adult social care, children's services, arts and culture revealed that up until now loneliness has not been a major consideration in designing council policies.

3.1 Public Health

"Loneliness ravages our immune system, leaves us more vulnerable to cancer, affects our heart health, lowers out pain threshold, raises our blood pressure, tightens our arteries and puts us at greater risk of dementia." Kate Leaver - Journalist

Loneliness can increase the risk of death by at least 30%. It is as dangerous as smoking 15 cigarettes a day and more tightly linked to our mortality than better known lifestyle risks like obesity and lack of exercise." Brigham Young University Utah

"Loneliness is a deeply private affliction, you see, but it's also a public health crisis. To eradicate loneliness altogether we must launch an aggressive campaign of kindness towards other people." Kate Leaver

At the first meeting the Interim Director of Public Health, gave the group a brief overview of loneliness issues from a public health perspective.

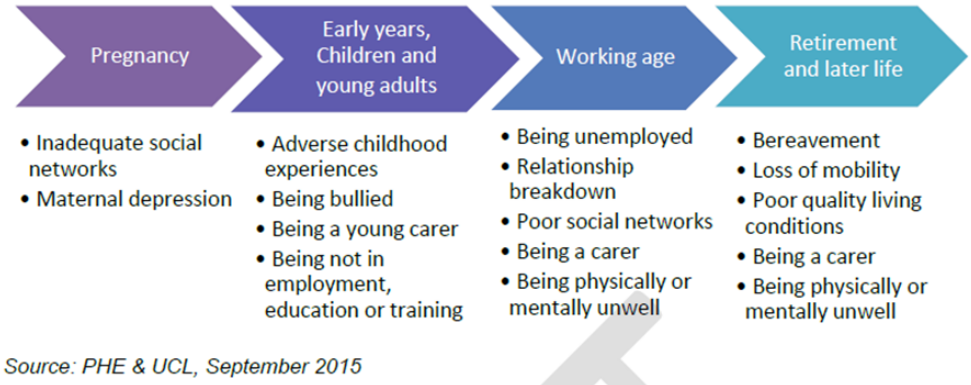
She highlighted some information from the report: Local action on health inequalities: Reducing social isolation across the lifecourse, PHE and UCL 2015.

3.1.1 Loneliness is important because evidence shows that social relationships and in particular adequate social networks (in terms of quality and quantity) can promote health through four possible pathways:

- Providing individuals with a sense of belonging and identity
- Providing material support of increasing knowledge about how to access material needs and services
- Influencing the behaviours of individuals, for example through support or influence from family or friends to quit smoking, reduce alcohol intake, or to access health care when needed
- Providing social support that enables individuals to cope with stressors such as pressures at school or work, redundancy, retirement or the death of a close relative.

3.1.2 Anyone can experience social isolation and loneliness at any stage in the life course and this can be cumulative. Some life events are recognised as potential trigger points.

Figure 1: Risk factors for social isolation and loneliness along the lifecourse



Source: PHE & UCL, September 2015

Social isolation is a health inequalities issue because many of the associated risk factors are more prevalent among socially disadvantaged groups.

3.1.3 The Interim Director of Public Health provided an Enfield context with the following statistics:

- One in ten households (10.8%) in Enfield are single occupied households (33,359 households).
- 3.9% of Enfield households are persons aged 65 years and older living alone (12,108 households)
- 6.1% of Enfield's working population are unemployed (10,000 people).
- Around 1,000 people (4.7% of working age population) in Enfield are unemployed for more than 12 months.
- There were 360 children and young people (0-17 year olds) looked after in Enfield in 2015/16.
- Over 6,000 people in Enfield reported that they provide substantial (50+ hours in a week) unpaid care (1.98% of total population).
- About 48,000 people (15.7% of total population) reported that they have a long-term health problem or disability that limits their day-to-day activities.
- In Enfield, of the 4354 women who gave birth during 2015/16, between 440 and 655 are estimated to have suffered mild-moderate depressive illness and anxiety

3.1.4 It is recognised that loneliness can lead to greater demand on public services, as residents seek from professionals the support they might otherwise gain from family, friends and neighbours. In 2013 the Campaign to End Loneliness conducted a poll in communication with over one thousand GP practices:

- 89% of the GPs saw one or more patients every day whose main reason for the appointment was loneliness.
- Over three quarters said they were seeing up to five lonely people a day.
- One in ten doctors reported seeing between six and ten lonely patients a day.
- A small minority (4 per cent) said they saw more than 10 lonely people a day.

Source: www.campaigntoendloneliness.org/blog/lonely-visits-to-the-gp

3.1.5 Social relationships affect physiological and psychological functioning and health behaviours, which can have a negative impact on morbidity and mortality. Evidence suggests a 50% increased risk of coronary heart disease among those who are socially isolated and/or lonely. (Local action on health inequalities: Reducing social isolation across the lifecourse, PHE and UCL 2015, p.9)

3.2 Impact on Older People

"The corroding effects of loneliness become more apparent as we grow older."

"As old age hovers on the horizon, the loneliness strengthens"

3.2.1 It is a growing problem amongst both older and younger people. In Enfield 31% of residents over the age of 65 are living alone. Numerically in the 2011 census, Enfield had the 5th largest number of households occupied by a lone older person in London (12,108 households). Recent research published in the Evening Standard indicates that Enfield is in the bottom half of London boroughs for friendliness (21 out of 32).

3.2.2 In general it is estimated by the Campaign to End Loneliness that about 20% of the older population is mildly lonely and another 8-10% is intensely lonely. 12% of older people feel trapped within their own homes, with 6% reporting leaving

their house once a week or less. In Enfield this could equate to 7,812 people over the age of 65 who are mildly lonely, between 3,125 and 3,906 who are intensely lonely and 4,687 feeling trapped in their homes. Given the projected rise in the number of older people, with Enfield's over 65 population projected to increase by 38% to 53,998 by 2030, the number of older people that could be expected to be affected by loneliness and isolation is set to rise significantly. In Enfield 33,359 people are identified as single occupiers.

3.2.3 The Enfield Over 50's Forum had recently carried out a pilot project "Identifying and engaging lonely and isolated older people living in Enfield" with support from the Council's Enfield Residents Priority Fund. They carried out a pilot project in Chase, Enfield Lock and Turkey Street wards, identifying those older people likely to be lonely, then targeting them and offering them a year's free Over 50's Forum membership and invitations to specially arranged events. Eighty three older people took up the offer of free membership and events were well attended.

3.2.4 The conclusions from the pilot project were that the systematic approach adopted by the Forum and using information derived from existing data sets could be successfully applied to identify the target group. These sets included: the electoral role; maps of concentrations of sectors of the community in order to detect streets with a high concentration over 65s living alone; and the commercially available 192 service. Although they had only selected a proportion of the streets in the wards they considered that the results were sufficiently encouraging to undertake further trials specifically in Edmonton where it was recognised that there were high concentrations of older people living alone. The AgeUK heat map for Enfield endorsed this. Having become aware that the national AgeUK mapping system specifically could identify high risk areas of loneliness, they suggested that this should be further evaluated. They felt that this tool could be even more valuable if it was further developed to list and separate street names for different risk levels making it easier to identify lonely individuals and encourage them to engage with community groups.

Information taken from Identifying and engaging lonely and isolated older people living in Enfield by Jan Oliver & Tony Watts (Enfield Borough Over 50s Forum)

4.2.5 A service development manager from Adult Social Care spoke about the work being done in her section. She reported that Enfield were looking to recommission a floating support service for all client groups including older people. They had been promoting the five tips for mental wellbeing:

- Connect – connect with the people around you
- Be Active – find an activity that you enjoy and make it part of your life
- Keep Learning – learning new skills can give you a sense of achievement and a new confidence
- Give to others – whether a smile or kind word or something bigger like volunteering
- Be mindful – be more aware of the present moment, including your thoughts and feelings, your body and the world around you.

The service was also recommissioning 6 contracts with the voluntary and community sector all of which touched on social isolation. The creation of a care village to support older people living in a community together was being investigated.

3.2.6 A Friendship Matters/Independence Day event at the Dugdale Centre was planned for 22 June 2018 to help older people in the borough be better informed about how to support themselves or to help the people that they care for maintain independence. The event would be aimed at older people who do not use services. They aimed to ensure that the views of older people were taken into consideration and that older people could continue to be engaged in their local community.

3.2.7 Rachel Reeves as chair of the Jo Cox Commission on Loneliness said “I know how valuable a simple chat can be. We all have a role to play in overcoming this affliction.”

3.3 Impact on Younger People

"I see all my friends having a good time on social media and it gets me down, I feel like no one cares enough to invite me.” A teenage boy to Childline

"My mood is getting worse and now I'm just upset all the time and can't stop crying."

"Loneliness needs to be taken seriously because it is potentially damaging to children's physical and mental health.” Dame Esther Rantzen Childline founder

3.3.1 Traditionally loneliness has been recognised as a problem associated with older people but there is more and more evidence to show that it is also a growing problem for younger people. In the latest Office for National Statistics Survey “What characteristics and circumstances are associated with feeling lonely” (published April 2018) loneliness was found to be a greater problem for younger people in the 16 to 24 age group than for any other age group. Young adults between 16 and 24 were most often or always likely to feel lonely: a major change from 25 years ago.

3.3.2 Childline has seen a 14% rise in the number of children contacting the charity about loneliness. In 2017/18, the charity delivered 4,636 counselling sessions on loneliness, compared to 4,063 the year before. The youngest person to call with the problem was just 10 years old.

3.3.3 The workstream received compelling evidence from a senior systemic family psychotherapist and a public health consultant about the impact that loneliness is having on younger people. The Office for National Statistics report on loneliness had highlighted that young adults between the ages of 16 and 24 were most often or always likely to feel lonely. The Senior Systemic Family Psychotherapist said that referrals for general mental health issues had exponentially increased. Some feel that the consequences of IT have yet to be fully felt. The younger generation have been encouraged to use IT but this can stop them developing normal social intercourse, and can make it difficult for them to communicate leading to increasing loneliness and social isolation. She felt that all young people were suffering from stress and the pressure that they

are under is increasing and that there was a need for all young people to be taught about how to develop relationships and what made up a good friendship.

3.3.4 The increase in the numbers experiencing loneliness can be associated with the expansion of social media, the need for validation as well as the connected issue of the quality of relationships. On line friends are not the same as real friends. It is a sad fact that if you are lonely as a young person you are more likely to have bouts of loneliness throughout your life and also that lonely people die young.

3.3.5 There is growing evidence that the expansion of social media had been very detrimental to the health of young people, partly because it leads them to believe that everyone else is having a better life than they are and also because of its generation of the need for validation. Childline recorded in their latest report that nearly 80% of sessions went to girls. Some of whom said that watching their friends socialise without them on social media made them feel increasingly isolated. Although social media does provide a level of social connection, it also accentuates isolation and destroys people's sense of wellbeing. The Royal College of Psychologists recently announced that social media companies must be regulated to stop them damaging young people's health. Gaming can be equally isolating. The World Health Organisation has just classified gaming addiction as a mental health disorder.

3.3.6 Parents were often not aware of the damage that is being done. Young people can spend 8 hours a day on their phones, destroying their sense of self. The Senior Systemic Family Psychotherapist felt that this was a public health issue which needed to be addressed urgently: parents should be warned that screen time should be limited. She also thought that young people were not given enough opportunity to get involved in after school activities.

3.3.7 A shocking statistic was that young people as well as older people were committing suicide. Although the numbers in Enfield were low for England, a total of 6.1 per 100,000 people in 2014 -16 (Office for National Statistics), they were increasing in the country as a whole, among young men, suicide is now the leading cause of death. Jodie Withers, Health Analysis and Life Events, at the Office for National Statistics is quoted in their 2015 report "While the increase in the suicide rate this year is a result of an increase in female suicides, males still account for three quarters of all suicides. There has also been a continued increase in suicides for males under the age of 30, however, these remain lower than the peak seen in the late 1990's and remains significantly lower than the suicide rate for middle-aged males despite falls in recent years." The suicide rate for males in Enfield between the ages of 35 and 64 is 13.5 per 100,000. This is still below the national average of 20.8 per 100,000, but clearly shows the severity of this issue for that age-group and gender.

3.3.8 Research published in the journal Psychological Medicine based on a large scale study known as the Environmental Risk Longitudinal Twin Study aimed to give a snapshot of the lives of young people in the UK who were suffering from loneliness. The researchers suggested that increasing contact between individuals might not be enough to tackle loneliness and that approaches should include addressing bullying, isolation and mental health in children, since these were found to be linked to greater loneliness at 18.

3.4 Shared Activities

"Tackling loneliness means looking at measures to bring people together. A sense of community and opportunities to regularly meet with others." Ruth Sutherland, Samaritans CEO

"At St John's Church in North Harrow, we started a knitting group for ladies at home to get together over a cup of tea and knit for charities. We laugh and chat all afternoon"

"Join the University of the Third Age. It is a collection of older people who want to follow new interests or carry on with existing ones."

"A few months ago, I came across a phone app called Meetup. Its changed my life already. I've been on a few meetups and met some lovely normal people. I've been on walks, quiz nights, a comedy show, booked a weekend in Cornwall and even started Kung-fu."

Social institutions are becoming less and less a common aspect of people's daily lives – church, local pub, workplace, social club. Deborah Orr Guardian Columnist.

4.3.1 One of the most effective ways of bringing people together and increasing social interaction is through shared activities, community/cultural events, and volunteering including intergenerational activities. The Council could do more to facilitate ways of bringing people together. It is ideally placed to help people help themselves by drawing information together in one place.

4.3.2 Enfield has a very large number of clubs and societies for many kinds of different activities including sports clubs (everything from football, cricket, golf to table tennis), music societies (choirs, community singing, orchestras, chamber groups), hobbies such as chess, wood carving, gardening and allotment groups, conservation and heritage organisations, amateur theatre and dance groups, art societies, friends of parks, the University of the Third Age. Information about these organisations was not readily accessible. Information which in the past had been included in the one stop shop library leaflets was out of date and no longer on the Council website.

4.3.3 Many of these activity and other voluntary groups are looking for more members. Participation could increase people's sense of wellbeing. Volunteering is a good way to build confidence and improve social connectedness. Many organisations depend on older people and would very much like to attract younger volunteers. The current process for finding volunteering opportunities can be bureaucratic and off putting.

4.3.4 Other organisations that could provide helpful support for people suffering from loneliness which are not currently supported in Enfield include:

- The Men's Sheds Association. described of their website as "community spaces for men to connect, converse and create. The activities are often similar to those of garden sheds, but for groups of men to enjoy together. They help reduce loneliness and isolation, but most importantly, they're fun."

- Good Gym "a community of runners that combine getting fit with doing good. We stop off on our runs to do physical tasks for community organisations and to support isolated older people with social visits and one-off tasks they can't do on their own. It's a great way to get fit, meet new people and do some good." Many local authorities provide the £25,000 seed funding to get this project off the ground. It then becomes self-supporting.
- Silver Line – "a free confidential helpline, supported by Esther Rantzen, providing information, friendship and advice to older people, open 24 hours a day, every day of the year".
- Big Lunch – the aim of which is to "get as many people as possible across the whole of the UK to have lunch with their neighbours annually in June in a simple act of community, friendship and fun".

There are many more.

4.3.5 The mental wellbeing of the Council's own staff is an area of concern. Volunteering could help. Many companies have a scheme where staff members are given the opportunity of volunteering for two days a year. This helps make staff feel that they are part of the community, and would provide support to local voluntary organisations.

4.3.6 Social prescribing is a developing area in Enfield. Some work had been done in Islington for the North Central Clinical Commissioning Group. A recent government proposal was to employ someone in every GP surgery to provide information which could save the NHS money and improve people's wellbeing, but these people would need information about what was available in the community.

4.3.7 The Senior Systemic Family Psychotherapist in her evidence had said that people in her service were not aware of the many activities for children taking place in Enfield. She felt that, in the secondary schools she and her colleagues were allocated to support, very few children took part in after school activities.

4.4 Arts and Culture

4.4.1 Engaging in social activity connected with arts and culture was an effective way of tackling loneliness and isolation. The Head of Arts and Culture informed the workstream members that he was aware that there was clear evidence that engaging in social activity connected with arts and culture was a good way of tackling the issue. He gave an example of an elderly woman who played the piano on a Monday afternoon at the Dugdale Centre every week. This had helped the woman regain her lost self-confidence and also created a social event with a welcoming inclusive atmosphere at the Dugdale, attracting an audience of 50-60 people a week.

4.4.2 His aim was to create vibrant public spaces in the borough's arts buildings with a buzz, attracting people in to use the space, making it very welcoming – a similar feel to the Hoxton Hotel in Shoreditch.

4.4.3 The parks are also places where people can come together to take part in many different activities. Engaging in sporting activities such as the weekly park runs is an example of a free community led activity, open to all, that brings people together. Enfield does organise occasional free activities in the parks,

but in other countries the local council organises weekly and sometimes daily park activities such as dancing in Moscow and Lima, or tai chi sessions in Japan, open to everyone.

4.4.4 Members of the workstream were concerned about the impact of the Council's internal charging policies, such as the current departmental policy of charging departments for events taking place in parks, including the Mayor's Fun Run, as well as the policy for charging tenants hiring community halls on their own estates. Charging for these sort of events can jeopardise the viability of an event and lead to it not taking place at all. The members also felt that the savings that could be made long term on future health costs should be a consideration.

4.5 Libraries and Customer Interface

4.5.1 Members of the workstream felt that the Council policy of pushing people to access council services online is increasing people's sense of isolation and disconnection from the borough. Some people were happy using online portals but others preferred to do things face to face. Coming into a council building was an opportunity for people to interact to feel that they were part of the community. Sometimes this was their only contact with other people. It was therefore important to keep real council staff in customer facing roles. Members thought that the Council ought to carry out a review of the policy to rebuild trust within the community.

4.5.2 It was felt that it was the Council's remit to provide a face to face interface and that there was a need to recognise this as important role in the community. Libraries and other Council buildings should be open and welcoming to all people. All customer-facing staff should recognise this as a fundamental part of their role.

4.5.3 The Council's libraries were a superb resource across the borough and were well situated to provide a community focus in each area. The Head of Libraries and Customer Experience saw libraries as a resource that supports loneliness reduction and social isolation daily both formally and informally. Libraries act as the front door to the Council and are highly trusted within the community. Many libraries had community rooms and other spaces which could be used more for community activities. Not only activities designed by the Council, but also for activities suggested by local residents themselves. They could operate as a community focus in a similar way to a village hall in a small village community.

4.5.4 The Head of Libraries and Customer Experience described a crowd funding initiative called Soup which had first been developed in Detroit and which the library service in Essex had used. This had a simple goal: to give someone an envelope full of money, so they can go something that they always wanted to do, to make their neighbourhood a better place. Soup brings people together who share a desire for a better community. They get to meet people and share their ideas and their resources. Connections are made, people feel empowered, and this can instil local pride. The concept was simple: we host a regular social event, which has a modest entry fee. The purpose of the evening is to let people pitch an idea to improve their local community to members of that same community.

4.6 Housing and Social Housing

"Since moving into the bungalow in June, Louise has only been outside five times: each to visit a doctor, physically carried out by ambulance staff." Frances Ryan, the Guardian

"Its like being a trapped animal"

4.6.1 The Head of Housing Operations informed the workstream about the work being done to re-organise the way the housing operations team is working. Loneliness can often be an underlying issue with problem tenants, but currently the team were not geared up to deal with it. Interventions were generally only made at times of crisis, but this was changing. More work was being done to enable the neighbourhood housing officers to work more effectively in partnership with other council services, knowing when and where to make referrals to other services to support the tenants. Housing officers felt that they could take on a more active role, not as social workers, but perhaps as social caretakers, working to help to sustain people in their tenancies. They could help prevent problems arising by creating a greater sense of community and do more to re-establish community cohesion within the estates.

4.6.2 One way to do this could be to make better use of the community facilities on the estate such as the communal outdoor spaces, play areas and the community halls and to encourage the residents to work together. Currently residents have to pay to hire community halls on their estate. Members discussed whether there should be some scope to reconsider this policy to enable tenants to make more use of the halls, and take the lead on developing their own community activities.

4.6.3 Many disabled people are trapped in their own homes. New research from the disability charity Scope has found that almost half of all working age disabled people are chronically lonely. On a typical day, one in eight disabled people have less than half an hour's interaction with other people.

4.7 Community

"I suddenly found myself on my own in a different city 200 miles from my friends and family. I did the dreaded "lingering in the car park after work, knowing I wouldn't speak to anyone again until Monday"

"It was volunteering that helped when she started a tea party for the charity Contact the Elderly. Through volunteering and meeting other volunteers I built my confidence."

"To encourage togetherness, we need strong communities. Proper access to decent housing, transport, community facilities, health and wellbeing services are important in providing the social glue and bringing people together who might be isolated by poverty and lack of opportunity. At a more basic level we need to highlight the importance of talking to each other so we can connect" Ruth Sutherland Samaritans CEO

"Frome has a buzz of sociability, a sense of common purpose and a creative, exciting atmosphere that make it feel quite different" The Guardian

4.7.1 One of the findings from the Office for National Statistics Survey is that loneliness is impacted by people's sense of belonging to a place or community.

Even a small amount of contact with other people can improve people's mental wellbeing such as people being willing to say hello to people they do not know in the street. People with good social relationships are even more likely to recover more quickly from illness. It is also interesting is that one of the reasons that young people join gangs is because they engender a sense of belonging.

4.7.2 The Head of Strategy, Performance, Consultation and Engagement spoke about the problems of increasing budgetary pressures restricting the Council's ability to support voluntary activity in traditional ways which in the past had been done through grant funding and the way that the wider continued austerity had created an atmosphere in society which added to the problems. They however felt that Enfield did retain a significant community infrastructure and good will.

4.7.3 Through their service they were seeking to develop their work increasing cross council awareness and encouraging a whole authority response to the challenge of the issues. They were developing a new volunteering policy for the local authority to encourage staff to participate in volunteering activities as well as working with Enfield Voluntary Action and the voluntary and community sector to develop a wider community response and better more sustainable support networks.

4.7.4 Options for encouraging greater community involvement include encouraging local coffee shops and pubs to hold more open community events such as the Loneliness Social Tea and Cake Event run at the Winchmore Pub every other Saturday morning.

4.7.5 More could be done to encourage local cafes and pubs to offer free public space for meetings or putting in place schemes to encourage people to sit together on tables and talk to each other. As well as using the cafes in parks as a base for community gatherings and events.

4.7.6 The Senior Systemic Family Psychotherapist, had tried to help the young people, who were part of a youth participation group for people using the CAMHS service, with the aim of challenging the stigma of mental ill health, organise an event for young people at Costa Coffee in Enfield Town. A café was felt to be a venue which was likely to be more attractive to young people. The event had been difficult to organise, as the coffee shops they had approached had not been keen to get involved. Due to capacity issues at CAMHS and because some of the young people's mental health had deteriorated so that they could not participate, they were eventually unable to run the event. Although the event had not taken place, organising this or similar events would have been something that could be very beneficial in providing a social meeting place for all young people. It could also be of benefit to local cafés in the increased business generated.

4.7.7 In Frome, a post industrial market town in Somerset, since 2013 a community project has been operating in which healthcare workers and volunteers have given social support to locals suffering from long-term health conditions. The social support includes helping patients shop, walk the dog, or join groups like choirs. According to research featured in Resurgence & Ecologist magazine

this support appears to have resulted in a significant drop in the number of emergency hospital admissions.

4.7.8 Open up libraries, theatres and heritage assets to community events based on ideas put forward by the community - working with local groups including conservation groups similar to The Lamb Festival at All Saint's Church, Edmonton.

4.7.9 Waltham Forest, who recently won the Mayor of London's Culture bid has a greater focus on local events on their website. They also run a Love Your Borough yearly award creating a greater sense of community identity. Enfield's website could be more outwardly community focussed.

5 Conclusions

5.1 Loneliness is a key issue that can affect people at any time of their lives. It is important consideration, not only in improving quality of life and general mental wellbeing, but also in saving resources and money in the long term.

5.2 Loneliness is a growing problem, people are living more isolated lives and there is an increasingly negative impact of social media particularly on younger people.

5.3 The members also recognised the importance of place, community and a sense of belonging to people's mental health and the value in promoting activities to make people feel that they belong to Enfield, that it is a good place to live.

5.4 There is a lot that the Council can do in these areas to try and prevent people becoming lonely. We have focussed on existing council facilities and work that could be done, to promote a sense of wellbeing, through a feeling of belonging.

5.5 In Enfield, the departments are already doing some things that can help to combat loneliness, but much more could be done.

5.6 This review has only been able to touch the surface of the issue. There is much more detailed work that could be carried out to look at individual council policies and to develop new initiatives. We have made a few suggestions in the recommendations set out in paragraphs 1.1 to 1.11.

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Progress report for the Joint Health and Wellbeing strategy 2019 - 2022

Report to the Health and Wellbeing Board March 2019

Report of: Stuart Lines, Director of Public Health, LB Enfield

Report author: Harriet Potemkin, Strategy and Policy Hub manager, LB Enfield

For Board meeting: 20th March 2019

This report contains a working draft of the emerging Enfield Joint Health and Wellbeing Strategy 2019 – 2022. This draft is based on the research and stakeholder engagement to date.

The recent public consultation broadly supports our overarching approach. Further work is now needed to refine the strategy further and develop the detail of the action plan using the results of the consultation. For example, we need to consider what the public consultation is telling us regarding barriers to healthy behaviours and how we can remove them through tangible action across all Board member organisations.

The action plan will translate our priorities into tangible action on the ground, and is therefore a vital, and challenging, part of finalising the strategy.

Board members are asked to consider the results of the public consultation (Healthwatch report and public consultation survey report) and:

- provide feedback on the draft strategy narrative and suggest any changes;
- provide a commitment to action from your organisation in relation to the priority areas. These commitments will then be included in the strategy action plan. Some proposed Council actions have been included in this draft to start this conversation.

The final strategy and year one action plan will be on the agenda for the next Health and wellbeing Board meeting, scheduled for May, for approval. Following this, organisations will need to take the strategy through their own organisation's formal approval process – including Cabinet approval; and CCG Governing Board approval.

Draft Enfield Joint Health and Wellbeing Strategy 2019 – 2022

Scope	This joint strategy sets out how the local system will work together to improve the health and wellbeing of the local community and reduce health inequalities for all ages.
Approved by	*To be taken to Joint Health and Wellbeing Board for approval May 2019; Cabinet and CCG Governance Board July 2019 (dates TBC)*
Approval date	*The date of approval at Health and Wellbeing Board, Cabinet and CCG Governance Board*
Document Author	Strategy, Partnership, Engagement and Consultation Hub
Document owners: Health and Wellbeing Board	Elected Members • Chair - Cabinet Member with responsibilities for Health and Social Care • Cabinet Member with responsibilities for Education, Children's Services • Cabinet Member with responsibilities for Public Health Officers • Vice Chair - Chair of the local Clinical Commissioning Group (CCG) • HealthWatch Representative • CCG Chief Officer • Director of Public Health • Director of Adult Social Care • Director of Children's Service • Elected Representative(s) of the Third Sector • Representative from Enfield Voluntary Action Non Voting Members • Director of Planning from the Royal Free London NHS Foundation Trust • Chief Executive from the North Middlesex University Hospital NHS Trust • Director of Strategic Development from the Barnet, Enfield and Haringey Mental Health NHS Trust • Enfield Youth Parliament Representatives x 2 • Strong & Safer Communities Board representative • Enfield Strategic Partnership representative Additional members to represent Housing, Regeneration and Environment to be included following revision of terms of reference to extend membership
Review	The delivery of the strategy will be monitored through a review of the action plan on a 6 monthly basis and a review of the outcome measures on an annual basis. These reviews will be coordinated by Public Health and reported to the Health and Wellbeing Board for discussion and decision-making as required.

Making the healthy choice the first choice for everyone in Enfield

Introduction

This strategy sets out our long-term vision to make the healthy choice the first choice for everyone in Enfield. It is a three year strategy and includes our year one action plan for change.

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties under the Health and Social Care Act 2012 to prepare a Health and Wellbeing Strategy, through their Health and Wellbeing Board. The purpose is to set out how the local system will work together to improve the health and wellbeing of the local community and reduce health inequalities for all. All organisations represented on the Board are responsible for the development, finalisation and delivery of the strategy. Our Health Improvement Partnership (HiP), a sub-group of the Board, will be responsible for the operational delivery of the strategy, and will report back to the Board on progress.

By facilitating all members of the Board to work collectively to tackle the borough's health and wellbeing challenges, the strategy will also help the Council to deliver its Corporate plan to create a lifetime of opportunities in Enfield as well as enabling the CCG and NHS health trusts to deliver the NHS Five Year Forward View.

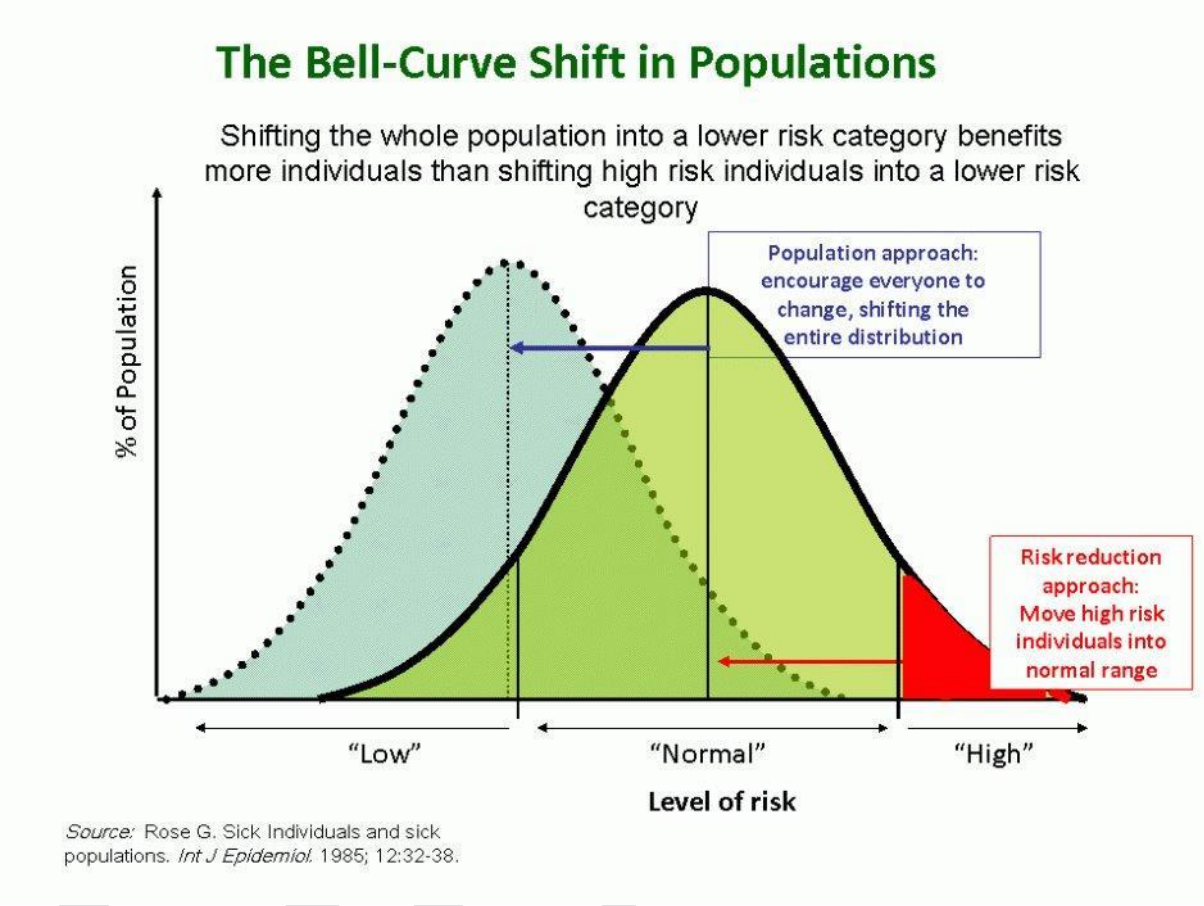
In addition to this strategy, the collective organisations on the Health and Wellbeing Board continue to focus on improving the services delivered by their organisations and commissioning and providing the right services to meet the health needs of Enfield residents. Rather than being a strategy which sets out everything all organisations do, this joint health and wellbeing strategy focuses on the collective action we are taking to prevent negative health outcomes and improve the health and wellbeing of all residents in Enfield.

Vision: Making the healthy choice the first choice for everyone in Enfield

This strategy is about prevention – 'preventing the preventable'. The vast majority of NHS resources are consumed by conditions that need not have developed. The majority of these are the non-communicable diseases, such as Type 2 Diabetes or cardiovascular disease (CVD). For example, around 10% of the NHS budget is accounted for by diabetes and its complications.

There are two approaches to prevention. Firstly, at the individual level, which means treating people at the early stages of the disease process by identifying those who are high-risk or more susceptible and offering them some individual protection. This is often termed 'secondary prevention'. The second approach is taken at the population level, by seeking to control the determinants of poor health and disease in the population, enabling the whole community to benefit through improved behaviours and lifestyles. This is usually termed 'primary prevention.' If successful, large-scale behaviour change is more effective than tackling the risk of disease for a small number of high-risk individuals.

Our strategy takes this population level approach through attempting to control and shape the determinants of poor health, such as the local environment, to help reduce risk factors and so shift the whole distribution of risk in a favourable direction. This means we are attempting to alter some of society's norms of behaviour and remove the underlying causes that make certain diseases common.



To make change happen at this scale, we need to make healthy behaviours easier and more accessible than unhealthy behaviours. To do this, we need to first understand what causes unhealthy behaviours and what can be done to prevent them. We need to be ambitious about making policy change collectively, as a partnership – making positive influences on physical and emotional health and wellbeing everyone's business.

Importantly, we need to think about the opportunities to do this with our most deprived communities, including groups who currently experience far worse health outcomes than others. Currently income, ethnicity, gender, having a disability or where someone lives are hugely significant in determining health outcomes. Our strategy will be ambitious about working together, with our communities, to find ways to shift this.

We will do this through three focused priorities, to help people in the borough to:

 **Be active**  **Eat healthily**  **Be smoke free**

In doing this, we are committing to take a whole-system approach to facilitate healthy behaviours which will:

- reduce the chances of people developing non-communicable diseases such as cancer, heart disease, Type 2 Diabetes or lung disease
- improve emotional and mental health and wellbeing
- reduce inequality in health outcomes.

Our Framework: 3, 4, 50

Graph to be updated, using the results of the consultation, to include mental health – and also any other changes as a result of the consultation – potentially using '5 ways to wellbeing.'

There is international, national and Enfield-specific data which shows that the three behaviours of **physical inactivity**, **unhealthy eating** and **smoking** can lead to four chronic conditions of **cancer, diabetes, heart disease and lung disease**, and that these diseases are responsible **for 50 percent of deaths**.

In Enfield, cancer, heart disease and lung disease account for 73% of all deaths and 66.3% of deaths under 65 years of age.[1] A large proportion of these diseases are preventable. This is known as the 3-4-50 framework. It should be noted that these behaviours impact on all 'long-term conditions' (LTCs) which collectively cost the NHS 70% of its budget[2].

Using this as a basis for our joint strategy gives us the opportunity to bring about large-scale behaviour change at a population level, tackle health inequality and improve associated health outcomes.

Mental health

While the framework clearly helps us to prevent physical health problems, we know that physical activity, eating healthily and being smoke free have a positive impact on mental health and wellbeing as well.[3] The activities we want to encourage to increase physical activity, such as walking and cycling, can encourage more social interaction, which itself also contributes toward positive wellbeing.

In addition, there are clear links between mental and physical health. Enduring long-term physical health challenges has an associated adverse impact upon mental health and wellbeing,[4] and around 30 percent of all people with a long-term physical health condition also have a mental health problem.[5] Reducing the prevalence of long-term physical health

[1] Data from 2016, JSNA
[2] Five Year Forward View, NHS England (2014)
[3] https://www.nhs.uk/conditions/stress-anxiety-depression/mental-benefits-of-exercise/; https://www.mentalhealth.org.uk/a-to-z/d/diet-and-mental-health;https://www.mentalhealth.org.uk/publications/how-to-using-exercise; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/292453/mental-capital-wellbeing-summary.pdf
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can therefore be expected to remove some of the risk factors associated with mental ill-health.

Inequalities

The framework also allows us to focus activity on tackling poverty and inequality. We know that being part of certain population groups, such as having a low income or a disability, can make it much harder to be physically active, eat healthily or be smoke-free. This increases the likelihood of developing chronic diseases or having mental ill-health. By basing our strategy on behaviour change and focusing on a small number of behaviours which we know have the biggest impact on health outcomes, we are aiming to take focused action to tackle inequality in the opportunities people in Enfield have to make choices which have a positive impact on their health.

Why 3-4-50 for Enfield?

The prevalence of cancer, heart disease, diabetes, lung disease and mental ill-health is such that the case for preventative action seems clear.

2.1% of population have cancer (2016/17).

Under 75 mortality rate due to cancer 123.1 per 100,000 population (2015-17)

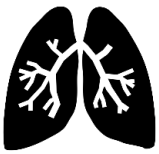
Under 75 mortality rate due to cancer considered preventable 71 per 100,000 population (2015-17)

684 hospital admissions for heart disease every 100,000 (2016/17)

Under 75 mortality rate due to cardiovascular disease (2015-17) 71.1 per 100,000 population

Under 75 mortality rate due to cardiovascular disease considered preventable 42.9 per 100,000 population (2015-17

7.7% of population have type 2 diabetes, with potentially another 4,800 people undiagnosed (2016/17)



1.6% of population have COPD (chronic obstructive pulmonary disease)

4.6% have asthma (2016/17)

15.6% of population aged 16 to 74 years have a common mental health disorder (2011)

6.1% of population aged 5 to 16 years have a mental health disorder (2014)

How will this framework help us to tackle obesity?

One of the reasons why physical inactivity and an unhealthy diet can lead to the chronic diseases discussed above, is because they cause people to become overweight or obese. Obesity also has a negative impact on mental health, quality of life, and has significant cost implications for social care as well as for health services.[6] This is a significant issue in Enfield, with 40% of 10 to 11 year olds; and two-thirds of all adults being overweight or obese. By focusing our joint strategy on the behaviours that can help people maintain a healthy weight, and the environmental factors that influence those behaviours, we are aiming to take a whole systems approach to tackling obesity in Enfield.

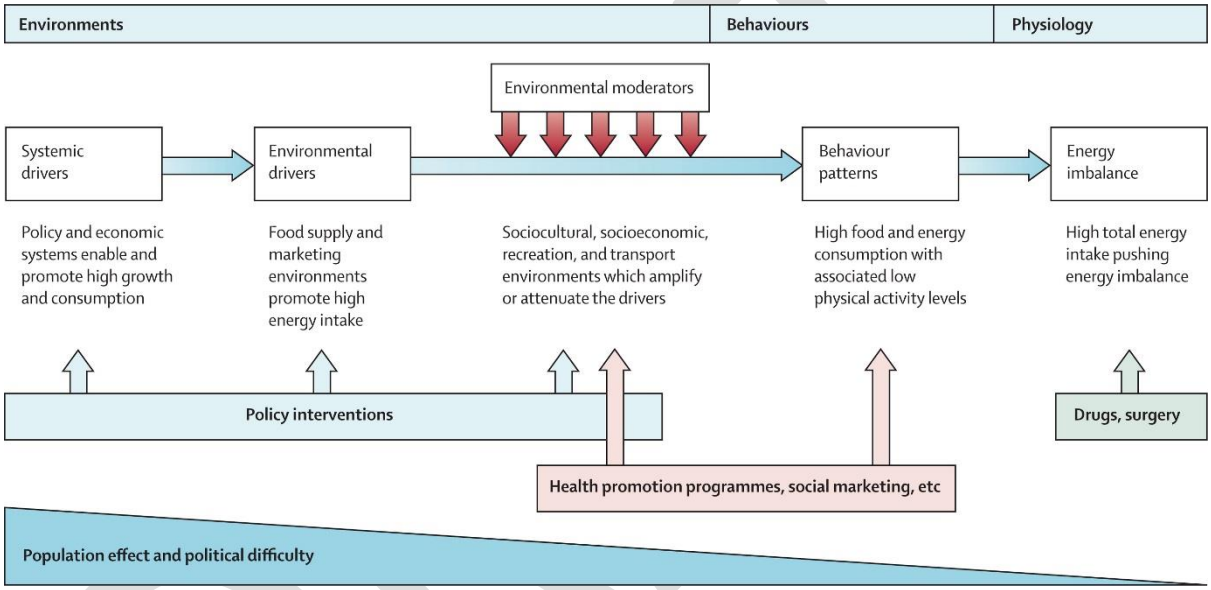


Figure 3: A framework to categorise obesity determinants and solutions[7]

How will this framework help us to improve emotional health and wellbeing?

The Health and Wellbeing Board is committed to ensuring that mental health is everyone's business and to putting in place a whole system response to the problems we face. This is not a simple argument for "parity of esteem" for emotional and mental health challenges, but a robust, confident change in attitude across the partnership to recognise that our physical and emotional health are intimately linked and attempts to address any one issue in isolation will not succeed.

The cost of not doing this, both in human and fiscal terms is self-evident.

- The estimated annual cost of common mental disorders in Enfield £98.1m.
- Depression presents an annual cost of £44.8m; and psychosis £69.4m in Enfield

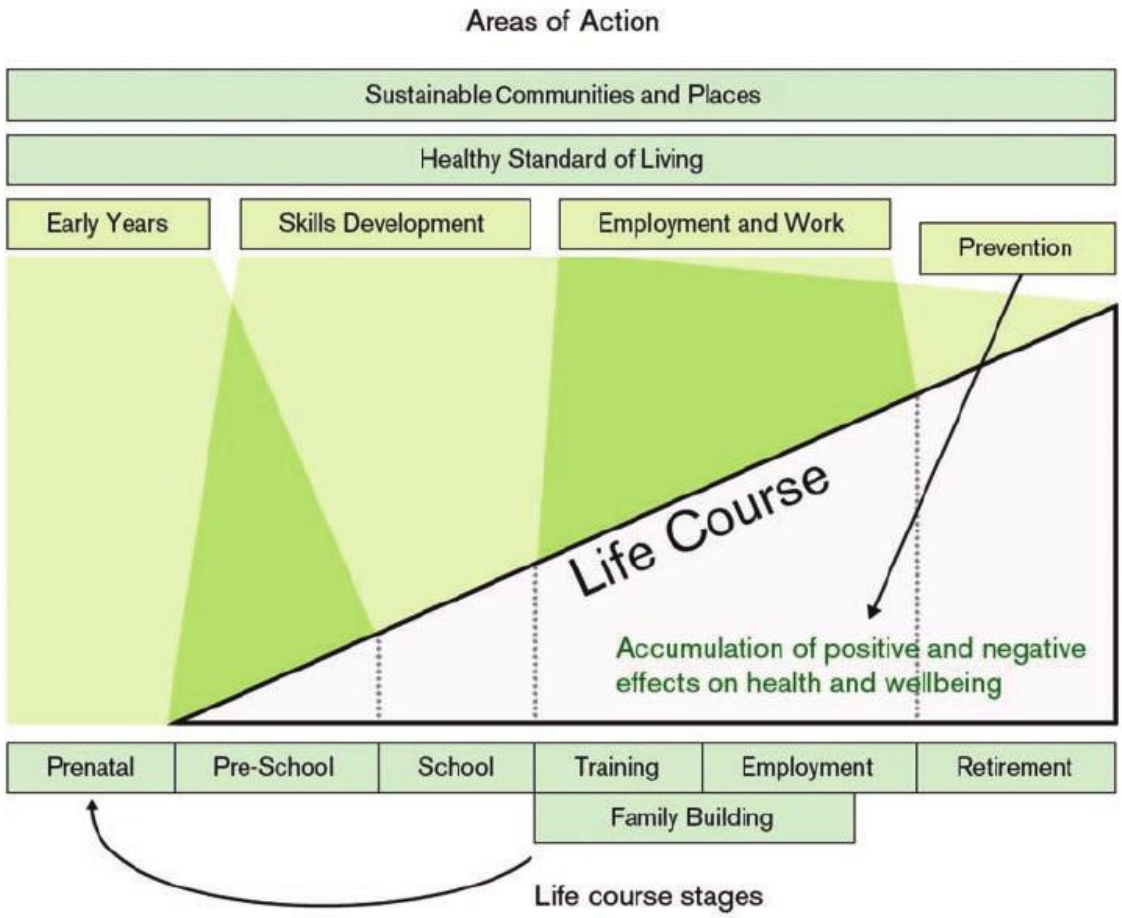
[6] Making obesity everybody's business: A whole systems approach to obesity, LGA November 2017; and Obesity and Mental Health; National Obesity Observatory, NHS, March 2011

[7] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60813-1/fulltext

- It has been estimated that the costs of poor mental health to Enfield employers is £142m per annum.[8]

Relatively simple physical or environmental interventions or changes can make significant improvements in emotional health and wellbeing. These interventions are considered in our priority for being active – interpreting this as both physical and mental activity and thinking about the environmental factors which can facilitate healthy activity. Adults undertaking daily physical activity have a 20-40% risk reduction of all long-term conditions including Type 2 diabetes, depression, distress and dementia.[9]

How will this framework help us to take a life course approach?



[10]

We have the opportunity to prevent and control diseases at key stages of life from preconception through pregnancy, infancy, childhood, adolescence, through to adulthood and older age. The Marmot Review[11], which focused on the importance of the life course approach, stressed that disadvantage accumulates throughout life, leading to poor outcomes. This cycle can only be broken by taking action to reduce health inequalities before birth and continuing these throughout the life of the child. We will use the focus on the three healthy behaviors of being active, having a healthy diet and being smoke free to

[8] Enfield Psychiatric Needs Assessment 2016
[9] Start Active, Stay Active. A report on physical activity in the UK. Dept of Health (2011); and
[10] http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf
[11] http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

consider how these behaviours can be facilitated at each life stage, recognising the importance of Starting well, Living well and Ageing well.

How will this framework help us to achieve 'Health in Policies' (HiAP)?

A health in all policies approach involves all organisations represented on the Health and Wellbeing Board considering what influences we can exert on the three behaviours of being active, having a healthy diet and being smoke free in all actions our organisations take. This will include what happens in our own organisations, what is included in our commissioning intentions and contracts and what leadership we provide to the general public.

Frequently it is the environment which is much more influential on health than any other factor. This is recognized by national policy-makers as evidenced by the recommendation in the 2018 annual report of the Chief Medical Officer for the health environment to be health-promoting, incentivising and normalises healthy behaviours.[12] Across the partnership, we will be reviewing and improving what health choices we are facilitating or denying in our buildings and the built environment over which we have control or influence. This will include initiatives such as increasing smoke-free areas; reviewing and improving what the food offer is and how people travel. This approach is reflected in our priorities under each of the three behaviours.

How will this framework help us tackle poverty and inequality?

Average life expectancy at birth in Enfield is significantly better than England averages, but there is still wide variation within the borough. There is an 8.5 years difference between the female life expectancy in the highest (Highland, 87.2 years) and lowest (Upper Edmonton, 78.7 years) wards. There is also variation in the number of years lived in 'good health.' On average, over 15 years are currently lived in 'poor health' in Enfield. In Edmonton Green, the average number of years that a female is expected to live in poor health is 28 years.

We need to think about how we improve healthy life expectancy through supporting positive health behaviours amongst those who currently have the lowest life expectancy. The three behaviours of being inactive, eating a poor diet and smoking are more likely for those living on low incomes, or those already managing another health challenge. By focusing on changing the three behaviours, we will therefore be working to tackle inequality in outcome and the effects of poverty on people in the borough.

Our strategy will need to consider what our local data tells us about the three behaviours in Enfield, and to identify strategic goals for bringing about large-scale behaviour change, with a particular focus on disadvantaged communities. Our focus will be on making the healthy choice the first choice for everyone in Enfield.

What influences people's behaviour? Understanding the links between poverty, employment, education and health outcomes

In order to identify what action to take to help people make healthy choices, we need to understand what influences people's ability to be active, eat healthily and be smoke-free. We know that income is strongly linked to both health behaviours and health outcomes. This may be due to choice – where higher incomes allow people to choose healthier food from a range of options, or chose physical activities which best suit their interest and needs. However, by facilitating people with lower incomes to participate in healthy activities, we also recognise that health behaviours can be cost-saving. For example, walking and cycling

[12] Annual report of the Chief Medical Officer, Better Health within Reach, Department of Health and Social Care, 2018

rather than driving increases physical activity, avoids air pollution and is a low-cost alternative to the cost of a car.

Research indicates that beyond a certain level of Gross Domestic Product (GDP) it is inequalities in income that have a greater effect on health than actual income[13].

To develop further using the results of our public consultation, and also with further reference to published research, including:

- *Marmot http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf*
- *https://www.health.org.uk/infographic/poverty-and-health?gclid=EAIaIQobChMIs_bPl6P14AIVYbHtCh1DMQQMEAAYASAAEgLvevD_BwE*

Priority 1: Being active

What do we know about this behaviour in Enfield?

Physical inactivity is the second main risk factor (after diet) for being overweight or obese, as keeping active is the most effective way of burning calories. Physical activity and a healthy diet can also positively impact on good mental health and wellbeing.[14]

The NHS recommends at least 150 minutes of moderate aerobic activity or 75 minutes of vigorous intensity per week. In 2016/17, 27.7% of Enfield adults were found to engage in less than 30 minutes of physical activity a week, higher than both the national and London averages.[15]

Active travel is a convenient way of performing physical activity as it allows people to incorporate it in their daily routine, as walking or cycling to work would be an easy way to reach the recommended levels of physical activity. People who cycle for active travel purposes are four times more likely to meet physical activity recommendations than those who do not[16]. However, according to the Active Lives Survey, in 2014/15 less than 5% of Enfield adults used cycling as a means of transport for utility purposes. This figure is lower than the national, London and North Central London averages.

What are the barriers to and opportunities for physical activity in Enfield?

To develop using the results of the local consultation and further reference to published research.

What measurable outcomes do we want to improve over the course of the strategy?

- 60.1% of Enfield adults performing 150 minutes or more of physical activity a week (2016/17)

[13] Wilkinson, R. (1996) Unhealthy Societies. The Afflictions of Inequality. Routledge.
[14] https://www.mentalhealth.org.uk/a-to-z/d/diet-and-mental-health and https://www.mentalhealth.org.uk/publications/how-to-using-exercise
[15] JSNA
[16] Stewart et.al. (2015) Assessing the contribution of utility cycling to population levels of physical activity; An analysis of the Active People Survey. Journal of Public Health. doi:10.1093/pubmed/fdv182

- 27.7% of Enfield adults engaging in less than 30 minutes of physical activity a week. (2016/17)
- Less than 5% of Enfield adults used cycling as a means of transport for utility purposes. (2014/15)
- 63.4% of respondents doing 'any walking' at least once a week (2014/15)
- 33.8% walking as a way of travel at least five times a week. (2014/15)

Our priorities for being active

1. As employers, increase active travel to and within work amongst employees.

2. Increase active travel amongst children and young people travelling to early years settings and schools and promote physical activity throughout the school day.

3. *Ageing well priority to be developed from social isolation and loneliness strategy*

4. Promote active travel and physical activity through all decisions we make regarding planning, housing and the environment.

5. Tackle inequality: area-based initiatives to increase physical activity in the most deprived wards in Enfield

Priority 2: Having a healthy diet

What do we know about this behaviour in Enfield?

In 2016 poor diet was the second leading risk factor for mortality worldwide[17]. A nutritionally inadequate and unhealthy diet has been associated with an increase in the risk of Coronary Heart Disease (CHD), cancer, obesity and diabetes , cancer and obesity and diabetes. Fruit and vegetable consumption is inversely associated with the risk of CHD, reduced by 4% for each additional piece of fruit eaten per day and 7% for each additional piece of vegetable[18]. Consumption of fruit and vegetables is associated with a diminished risk of stroke, hypertension, cancer, dementia, osteoporosis, asthma, rheumatoid arthritis, coronary heart disease, type 2 diabetes mellitus, and chronic obstructive pulmonary disease (COPD)[19].

A large proportion of adults and 15-year olds in Enfield are not meeting the recommended guideline of 5 portions of fruit or vegetables a day, although for 15 year olds we are performing better than the national and London averages.

Enfield data also indicates significant differences in excess weight between ethnicities in the borough, and between wards. Increasing levels of inequality mean that access to healthy food choices is less available for some parts of the population and they experience food poverty. Additionally, Enfield is considered to have an obesogenic environment where highly calorific food is constantly and easily available and where physical activity is being

[17] Global Burden of Disease (GBD) 2016 Risk Factors Collaborators (2017) Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016 Lancet 2017; 390:1345-1422.

[18] Dauchet, L. et.al (2006) Fruit and Vegetable Consumption and Risk of Coronary Heart Disease: A Meta-Analysis of Cohort Studies J. Nutr. 136: 2588–2593, 2006.

[19] Boeing, H. et.al (2012) Critical review: vegetables and fruit in the prevention of chronic diseases. European Journal of Nutrition September 2012, Volume 51, Issue 6, pp 637–663

progressively eliminated from modern life. An obesogenic environment could be one of the factors in poor accessibility to affordable healthy foods and the likelihood of experiencing food poverty.

While anybody could experience food poverty at any point in life, people in low income jobs or on benefits are more likely to suffer from food poverty. In 2017/18, 6,746 people accessed the North Enfield Food Bank. This represents a 12.6% increase compared to the previous year.
Poor accessibility to affordable healthy foods also plays a role in the likelihood of experiencing food poverty. The development of out-of-town supermarkets and the closure of many shops in more deprived areas might lead to increased costs and decreased quality of available foods in the remaining shops. Action in this regard, needs to focus on changing the 'food environment' – that is, accessibility and affordability of healthy food – in which people live.[20]

What are the barriers to and opportunities for physical activity in Enfield?

To develop using the results of the local consultation and further reference to published research.

What measurable outcomes do we want to improve over the course of the strategy?

- 41.8% of adults in Enfield are not meeting '5 a day' (2017)
- 41.3% of 15-year olds not meeting '5 a day' (2017)
- 226 fast food outlets in Enfield, making our rate 82.0 per 100,000 population
- 24.8% 4 to 5 -year olds; 41.5% 10 to 11 year olds; and 61.4% of adults are overweight or obese in Enfield (2016)
- 30.5% of children with one or more decayed, missing or filled teeth

Our priorities for having a healthy diet

6. Create working environments that support a healthy, balanced diet[21]

7. Create environments in early years settings, schools, health and social care that support a healthy, balanced diet

8. Create healthy neighbourhoods and town centres that support a healthy, balanced diet

9. Tackle inequality: area-based initiatives to increase take up of '5 a day' in the most deprived wards in Enfield

Priority 3: Being smoke-free

What do we know about this behaviour in Enfield?

Smoking is the leading cause of preventable illness and premature death in England, accounting for 21% of deaths in men and 13% of deaths in women aged over 35 in 2014. It

[20] JSNA
[21] With reference to Public Health England and Business in the Community Toolkit for Employers and the Mayor of London's Healthy Workplace Charter

is also the biggest cause of health inequalities accounting for approximately half of the difference in life-expectancy between the richest and poorest groups[22]. In 2014/15 there were approximately 1.7 million hospital admissions by those aged 35+ for smoking related illnesses[23]. It is estimated that smoking cost the NHS £2.6 billion in 2015[24]. HM Treasury estimates that the total cost to the economy in England is £12.9 billion per year[25].

Between 2012 and 2017, smoking prevalence fell in Enfield from 19.3% to 13.1% of the 18+ population, making smoking prevalence in Enfield the 10th lowest rate of the 32 London boroughs. In 2017, it rose slightly to 14.9%. Although smoking prevalence amongst the adult population in Enfield is lower than both the national and England averages, more than 32,000 adults in the borough still smoke. Furthermore, smoking prevalence is much higher amongst some groups, including pregnant women, adults with serious mental illness, and the Turkish community.

Concerted efforts are required across the health and care systems and the Council to reduce smoking prevalence further still, and to reduce prevalence amongst groups where this behaviour is particularly high.

The greatest gain to be made in smoking related health is to make sure people do not start in the first place A national survey carried out in 2014/15 provided local level data that 3.5% of 15-year olds in Enfield were smokers – lower than London and national averages. This positive behaviour amongst young people is something we will want to continue to encourage and facilitate.

What encourages people to smoke in Enfield, or discourages them to do so?

To develop using the results of the local consultation and further reference to published research.

What measurable outcomes do we want to improve over the course of the strategy?

- 14.9% of Enfield adults smoke (2016)
- 3.5% of 15-year olds in Enfield currently smoke (2014/15)[26]
- 7% Enfield mothers smoke during pregnancy (2016/17)
- 40.7% of adults with serious mental illness in Enfield smoke (2014/15)
- 50% of adults in the Turkish community smoke (and 28% of young people) (2014)
- £60.5M estimated costs of smoking in Enfield

Strategic priorities

10. Enforce current smoke-free environments including around Council, NHS and voluntary sector buildings

11. Increase the number of smoke-free community spaces in Enfield.

[22] Office for National Statistics (2016). Health Survey for England 2015. Trend tables commentary.
[23] Action on Smoking and Health (ASH) (2017) The economics of tobacco.
[24] Public Health England (2017) Cost of smoking to the NHS in England: 2015. https://www.gov.uk/government/publications/cost-of-smoking-to-the-nhs-in-england-2015/cost-of-smoking-to-the-nhs-in-england-2015. Site accessed 28th May 2018.
[25] HM Treasury (2014) Tobacco levy consultation.
[26] This data is from a national survey carried out in 2014/15, and we do not know when it might be repeated.

Cross-cutting strategic priorities to facilitate change for all three behaviours

Communication and empowerment by making every contact count (MECC)

We need to use every opportunity to provide residents with the knowledge, skills and opportunities to stop smoking (or not start smoking), to eat healthily, be active and maintain a healthy weight. Making the healthy choice may be difficult if people do not feel control over their environment and their personal circumstances. Health professionals can help people to see a connection between their efforts and health outcomes and can improve and facilitate health literacy.[27] Similarly, other professionals having contact with residents about other issues - whether that is about housing, their children's wellbeing, or requests for information about leisure activities or library services – have an opportunity to connect people to opportunities to improve their health.

Making every contact count (MECC) is an approach to behaviour change that utilises the millions of day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and populations. As a partnership, we need to commit to building this approach into all contact we have with residents – be it as a GP, health visitor, school nurse, housing officer, librarian or family support practitioner.

MECC is about using routine and daily contact with the residents of Enfield to spot opportunities to help and encourage people to take positive steps to improve their own health and wellbeing. We are delivering a two-tiered training programme focussing on health, wellbeing, housing, employment and income. It will have a high degree of flexibility and is aimed at all frontline staff, including council, NHS, emergency services and community and voluntary sector staff. The programme aims to increase the skills and confidence of staff to deliver simple evidence-based interventions to promote the health, wellbeing and quality of life of residents within Enfield.

We also need to work with people within the community who influence others and develop strong role models to help influence positive behaviours and change habits, particularly amongst communities currently experiencing the worst outcomes.

To develop: how has our public consultation helped us to better understand who or what within the community may have the biggest influence on people decisions around healthy behaviours – and what can we do about this in our action plan?

Social prescribing

Social prescribing is a way to help GPs and other frontline healthcare professionals to refer people to 'services' in their community instead of offering largely medicalised solutions. Often the first point of referral is a link worker who can talk to each person about the things that matter to them. Together they can co-produce a social prescription that will help to improve their health and wellbeing.

[27] *Making healthy choices easy choices: The role of empowerment*, European Journal of Clinical Nutrition · September 2005

Community activities can range from art classes to singing groups, from walking clubs to gardening, from volunteering to education and training, and many other interests. Social prescribing can lead, where appropriate, to employment, such as by supporting someone into a college course to build their employability skills. It is therefore particularly relevant in regard to helping people start more healthy behaviors and increase their social connectivity.

Develop further using the results of the consultation and with reference to:

- *https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health*
- *https://www.local.gov.uk/sites/default/files/documents/just-what-doctor-ordered--6c2.pdf*

Social prescribing is becoming more popular across the country, particularly with people who are lonely or isolated; people with mild mental health issues who may be anxious or depressed; and, those who struggle to engage effectively with services. It is also relevant to people with wider social issues such as poverty, debt, housing, relationship problems, all of which impact on their health and wellbeing. Very often these people make frequent repeat visits to their doctor or to their local emergency department – effectively trapping them in a 'revolving door' of services.

Supporting people to be resilient and independent, through Care Closer to Home Integrated Networks (CHINs)

The aim of CHINs is to develop integrated support to keep older people out of hospital, living longer and more independent lives.[28]

A CHIN is a way of working that aims to bring together primary care, local authorities, community services, voluntary and community sector, mental health services, acute and specialist providers and local people to work in partnership to deliver more integrated and holistic care for individuals. It will be more effective and easier to implement if local people are increasingly taking control of their own health and care through adopting healthy behaviours. According to NHS, 'self-care is about keeping fit and healthy, understanding when you can look after yourself, when a pharmacist can help and when to get advice from your GP or another health professional. If you have a long-term condition, self-care is about understanding that condition and how to live with it'.[29]

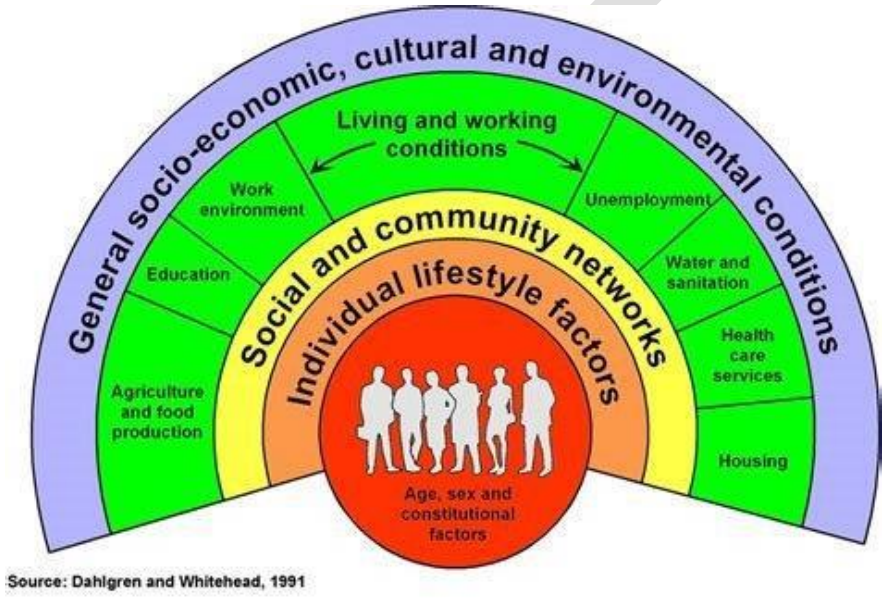
Throughout 2017, Healthwatch Enfield got people involved in conversations about delivering a Care Closer to Home Integrated Network model that could work in the borough. According to all participants of this conversation, there is a significant role for people to take responsibility for self-care which in itself promotes the CHIN agenda in the borough. When asked the question about what self-care meant to them, they defined it as a way of living that 'involves individuals looking after themselves; that makes them proactive; taking responsibility and being responsible; that empowers individual to take action; to be clear about their limits and to ask for help'. The results of this consultation are being used to develop an approach to CHINs, to bring about behaviour change by bringing health professionals into better contact with residents. CHINs make the healthy choice the easy choice, by making it easier to engage with health professionals at an earlier stage, particularly in supporting behaviour and lifestyle changes. This also links to MECC.

Addressing the wider determinants of health

[28] https://www.england.nhs.uk/2019/01/long-term-plan/
[29] https://www.england.nhs.uk/blog/what-does-self-care-mean-and-how-can-it-help/

The proposed new Joint Health and Wellbeing Strategy is focused on the three behaviours of eating healthily, physical activity, and being spoke-free. There is national and international evidence of the positive impact on health if people are helped and encouraged to live their lives participating in these behaviours. We have used local outcomes data, the public consultation on this strategy and national research and best practice to identify specific priorities in regard to facilitating these three behaviours.

However, we know that there are many wider determinants impacting on people's health and wellbeing. This includes people's access to decent housing, their level of income, their employment and their experience of crime and antisocial behaviour. Our consultation also demonstrates that these are important issues to Enfield residents when thinking about their health and wellbeing.



Source: Dahlgren and Whitehead, 1991

There are many other activities and strategic programmes underway across the partnership to continue to tackle these wider determinants of health. The Health and wellbeing Board is committed to working together, and with our wider partnership of community, businesses and other organisations in the borough to deliver on improving access to good quality homes; to supporting people into training and secure employment; and to tackling crime

Relevant and related Enfield strategies include:

- Council Corporate Plan
- Enfield Local Plan
- Housing Strategy, Preventing Homelessness Strategy and Local Plan (New strategies under development)
- Children and Young People Plan
- Volunteering Strategy
- Violence against Women and Girls (VAWG) Strategy
- Enfield Children and Young People's Mental Health Transformation Plan
- Healthy Weight Strategy
- Loneliness and social isolation strategy
- Safeguarding Adolescents from Exploitation and Abuse Strategy
- Enfield Travel Plan
- Employment and Skills strategy (new strategy to be developed)
- Safe and stronger communities plan

- North area violence reduction plan[30]

[30] This list is not exhaustive, and partners may have other strategies they wish to discuss and develop collectively through the forward plan for the Board and the HIP

Appendix 1: Consultation report

We consulted with members of the public across Enfield to inform the development of this strategy.

This included an online survey and face to face interviews with 643 residents, which took place between 19th December 2018 and 17th February 2019. It also included discussion with 152 residents at the Healthwatch annual conference on 14th February 2019. Participants of the conference were encouraged to share ideas, suggestions and challenges about how to improve health and wellbeing in Enfield, focusing on how we can better support and facilitate healthy behaviours.

Summary narrative of findings and how they shaped the strategy to be included here

Appendix 2: Action Plan

Being active					
Life stage	**Priority**	**Actions**	**Named lead**	**Timeframe** *Date at which report due to Health and Wellbeing Board*	**Measure of success**
Living well	As employers, increase active travel to and within work amongst employees.				
Starting well	Increase active travel amongst children and young people travelling to early years settings and schools and promote physical activity throughout the school day.	*Example action:* Offer all primary schools support to implement The Daily Mile, targeting schools with highest obesity levels.	Stuart Lines, Director of Public Health Clara Seery, Director of Education	December 2019	% of schools delivering the Daily Mile a minimum of 3 days per week
Ageing well	*Priority to be developed from social isolation and loneliness strategy*				
All ages	Promote active travel and physical activity through all decisions we make regarding				

	planning, housing and the environment.				
All ages	Tackle inequality: area-based initiatives to increase physical activity in the most deprived wards in Enfield				

Eating healthily

Life stage	**Priority**	**Actions**	**Named leads**	**Timeframe** *Date at which report due to Health and Wellbeing Board*	**Measure of success**
Living well	Create working environments that support a healthy, balanced diet				
Starting well	Create environments in early years settings, schools, health and social care that support a healthy, balanced diet				
All ages	Create healthy neighbourhoods and town centres that				

	support a healthy, balanced diet				
All ages	Tackle inequality: area-based initiatives to increase take up of '5 a day' in the most deprived wards in Enfield	Develop and implement an action plan to make Angel Edmonton high street as health promoting as possible, through action to increase availability of healthy food at low prices (Exploring options for a 'Local Pantry' in Fore Street) *Specific action from this to be identified with measure of success for this year one action plan*		December 2019	

Being smoke free					
Life stage	**Priority**	**Actions**	**Named lead**	**Timeframe** *Date at which report due to Health and Wellbeing Board*	**Measure of success**
Living well	Enforce current smoke-free environments including around Council, NHS and voluntary sector buildings				
All ages	Increase the number of smoke-free community spaces in Enfield.			May 2020	

Cross cutting strategic priorities across all ages

Priority	**Actions**	**Named lead**	**Timeframe** *Date at which report due to Health and Wellbeing Board*	**Measure of success**
Making every contact count	Implement MECC training phase 1: all LBE new starters and housing staff Implement MECC training phase 2: all other client-facing LBE staff. *Implement MECC training for and with partner organisations – partners to confirm details and timeframes*	Mark Tickner, Public Health Strategist, LBE *Named leads to be confirmed from partner organisations*	By September 2019 By March 2020 *Timeframes to be agreed with partner organisations*	Number of staff trained. Recorded health signposted conversations with LBE residents Measurable outcomes to be determined via PH and CCG intelligence teams
Health in All Policies approach				
Social Prescribing				
CHINs				
Wider determinants: improving access to good	Housing Strategy	Joanne Drew, Housing Director, Enfield Council	Timeframes are set out in respective strategy action	Measures are set out in respective strategy action

quality housing	Preventing Homelessness Strategy		plans	plans
Wider determinants: improving access to training and employment	Employment and Skills Strategy (To be developed)	TBC		
Wider determinants: tackling crime and antisocial behaviour	Safer and Stronger Communities Plan North Area Violence Reduction Plan Safeguarding adolescents from exploitation strategy	Helen Millichap, Enfield and Haringey Borough Commander, Metropolitan Police Andrea Clemmons, Head of Community Safety, Enfield Council Anne Stoker, Director, Children's and Families Services, Enfield Council		

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Joint Health and Wellbeing strategy consultation report

Background

Creating a strategy to make Enfield a healthier place was the brief and a consultation was designed to test the vision and gain information in regard to residents' current attitude towards health and wellbeing.

The vision read as follows;

To make the healthy choice the first choice for everyone in Enfield. This means making it easier for people to be physically active, eat healthily and be smoke free. We want to work with communities to create opportunities to make this happen.

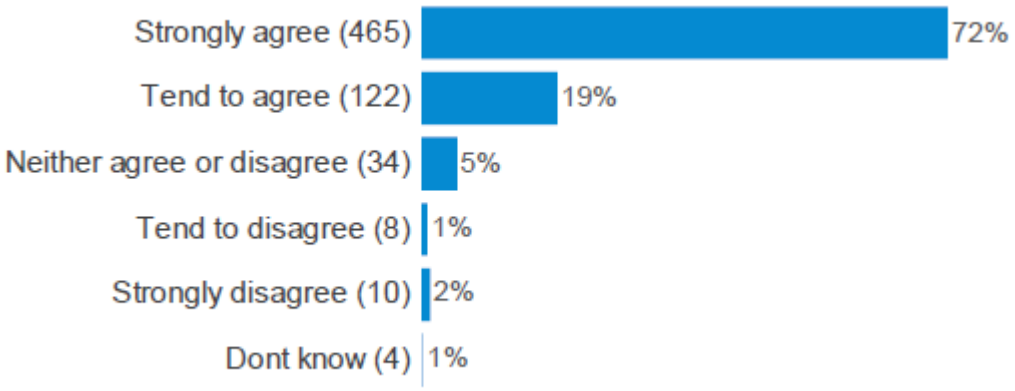
The consultation was available on the Council's website for 8 weeks, with the consultation ending on 17 February 2019. Social media was used to promote the consultation and community groups were written to and invited to participate.

A market research company were contracted to conduct 400 face to face consultations and Council staff also undertook a mornings face to face activity.

In all, **643 responses** were received.

Analysis:

1.1 The Vision – Overwhelmingly agreed with. (91% *selected strongly* agree or *tend to agree*)



Alternatives/additional themes are shown below; (Base 285)

NHS need help/Reduce burden 30

Cost is a massive factor 25

Very important/Health = Happiness 14

Pollution/Air quality 9

Smoking in public places 8

Fear of violence and crime 8

Responsibility of the individual 8

Take away food volume of shops 6

Mental health 6

Reducing the burden on the NHS and cost being a factor were the most popular. The cost issue to the respondent was explained along the lines of cost being a big barrier to eating healthily and joining gyms etc.

1.2 Most important when thinking about being healthy and living well – Respondents were asked to tick all that applied from the suggested options. The 3 most popular were;

1. Feeling happy (546 respondents) 85%
2. Sleeping well at night (535) 83%
3. Having friends, family and a support network that can help you (507) 79%
4. Having a healthy weight (498) 77%
5. Feeling that you/your family are safe from crime and ASB (495) 77%
6. Having reduced risk of cancer, heart disease, etc (487) 76%
7. Living for a long time in good health (482) 75%
8. Living without pain (480) 75%
9. Having somewhere suitable to live (480) 75%
10. Having something meaningful to do every day (446) 69%
11. Knowing who to talk to if you feel stressed or worries (426) 66%
12. Having a good income (412) 64%

Themes that emerged under 'other' are shown below: (Base 90)

Safe area 9

Clean environment/Air quality 9

Access to low cost gym 7

Caring community/Good neighbours 7

Good food 6

Good mental health 5

Easy availability of GP/Pharmacist 3

Some interesting points themes emerged under 'Other', that certainly warrant consideration when formulating the strategy.

1.3 Most needed to do for family to be healthy and well - Respondents were again asked to tick all that applied from the suggested options. The 3 most popular were;

1. Be physically active (585 respondents) 91%
2. Not eat too much processed food/takeaways and cook more from scratch (561) 88%
3. Not smoke nor be a passive smoker (538) 84%
4. Not drink too many sugary drinks (529) 83%
5. Not drink too much alcohol (515) 80%
6. Eat 5 portions of fruit and vegetables a day (491) 77%

Themes that emerged under 'other' are shown below; (Base 100)

Mental health/Stress free 14

Clean environment/Air quality 7

Family time 6

Socialise 4

Moderation 4

Enough money to buy food 2

Sleep well 2

1.4 When thinking about wellbeing which of the options was most important –
Respondents were asked to consider 5 options. The 2 most popular were;

1. Your home (594 respondents) 93%
2. Your neighbourhood/the places you or your family spend time in outside your home (548) 86%
3. Your income/Money (439) 69%
4. How your family travel/Get around (368) 57%
5. Your job (303) 47%

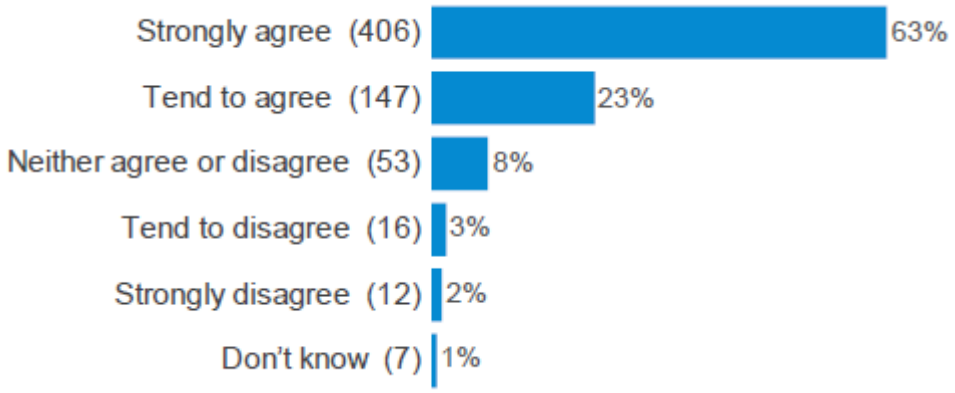
Themes that emerged under 'other' are shown below; (base 96)

Relationships/Support/Friends 25

Safety 10

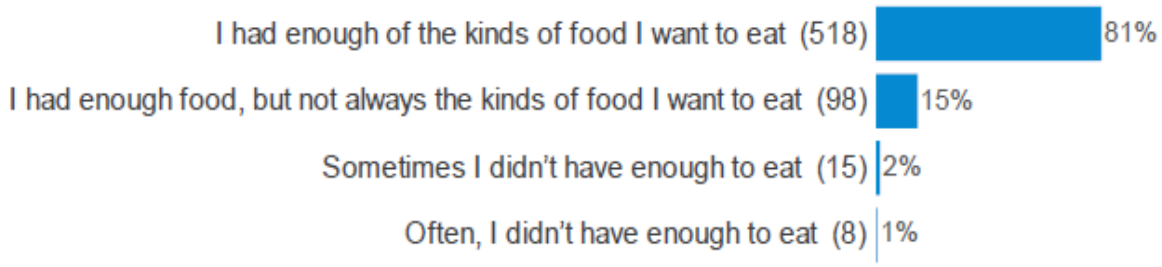
Access to nature/Green space 6

1.5 Health care professionals promoting community activities instead of just medical solutions – Again there was overwhelming support. (86% strongly agreed or tended to agree)



The chart below shows the themed reasons as to why this is important (base 170)

1.6 Statement describing food eaten in the last 12 months – Respondents were asked to consider 4 statements. Worryingly 8 respondents said that they often didn't have enough to eat and 15 said they sometimes didn't have enough to eat.



1.7 What respondents had for dinner the previous evening – The responses were easily split into 5 areas. It should be noted that not everyone answered this question and there may have been some confusion over what constituted a home cooked meal.

Below are the responses; (Base 596)

Home cooked 469

Ready meal 48

Take away 39

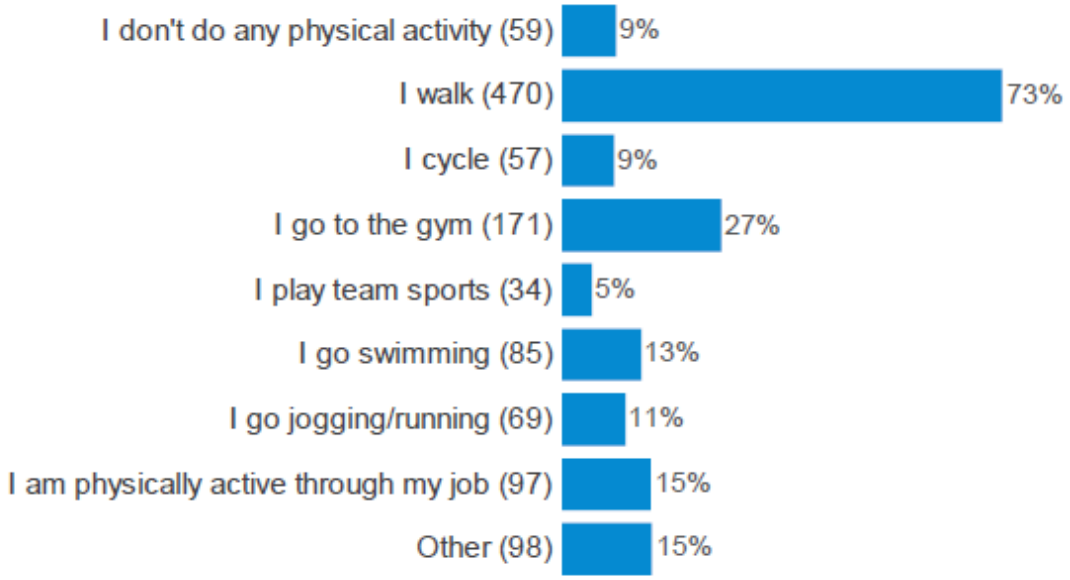
Restaurant 31

Skipped dinner 2

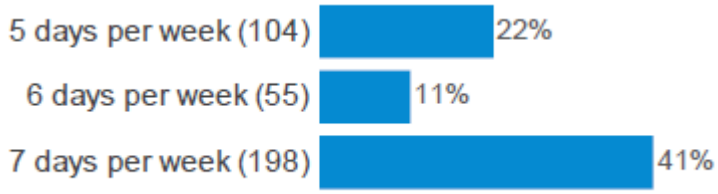
1.8 What influenced the decision for dinner – Respondents were asked to consider 12 options and tick all that applied. The 5 most popular were;

1. What I felt like eating (332 respondents) 52%
2. What food I had available at home (268) 42%
3. Whether it was healthy (246) 39%
4. How long it took to prepare and cook (176) 28%
5. Who I was eating with (133) 21%
6. What time I got home from work (83) 13%
7. Whether I felt like cooking (82) 13%
8. How much it cost (73) 11%
9. Ideas from family and friends (40) 6%
10. My medical condition (26) 4%
11. Whether there were food stores/Eateries nearby (21) 3%

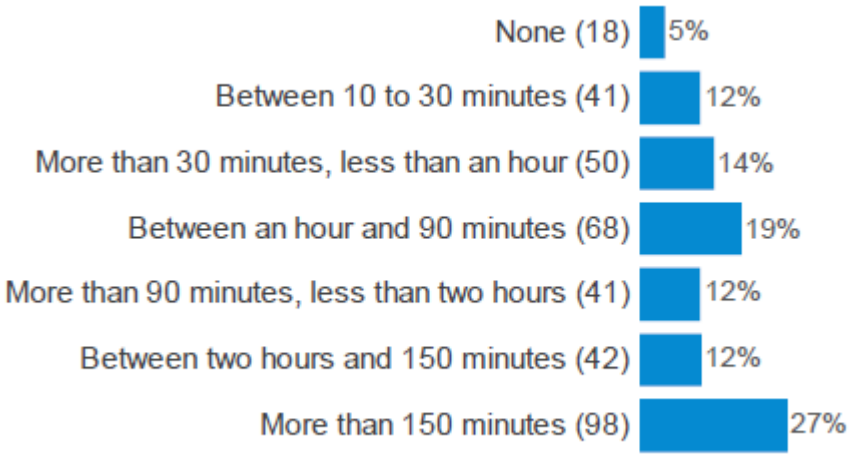
1.9 Weekly physical activity – Respondents were again asked to tick all options that applied from a list of 8 options. 9% of the respondents admitted to doing no physical activity which is probably higher than ideal. Walking was by far the most popular activity with going to the gym the clear second best.



For those who **cycle and walk for at least 10 minutes a day** it was encouraging that 74% do this for 5 days a week or more.



For those engaging in other physical activity it was excellent to see so much time being dedicated to it. 27% doing more than 150 minutes a week being of particular note.

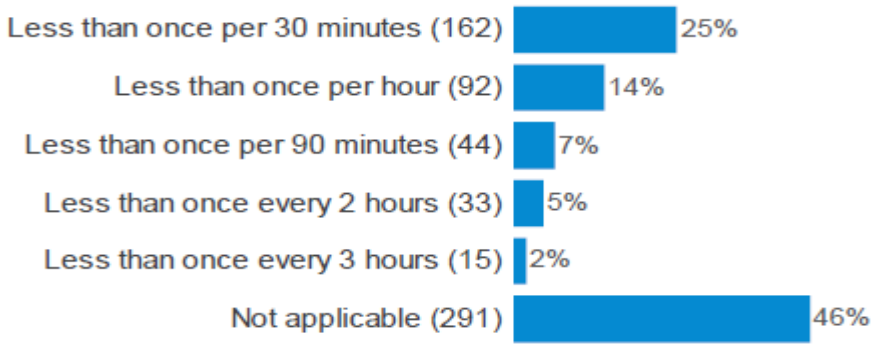


In terms of where physical activity was undertaken it was interesting to note the 2 most popular locations were free to use resources being roads/pavements and parks.

1. On the road/pavement (285 respondents) 46%
2. In a park (196) 32%
3. In a gym (175) 28%
4. At home (110) 18%
5. On a walking path (98) 16%
6. At work (97) 16%
7. In a sports hall (60) 10%
8. On a cycle path (19) 3%
9. At school (16) 3%

Note: Swimming pool featured predominantly under 'other' which in retrospect should have been included in the options.

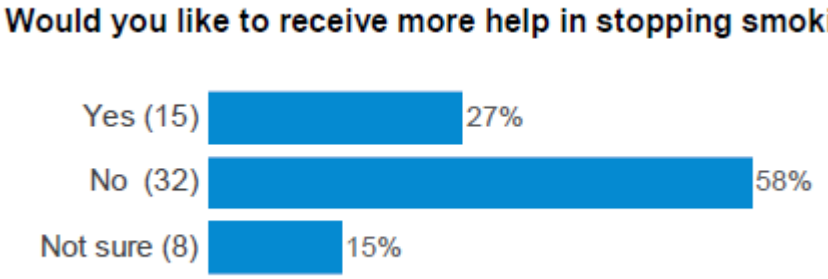
Moving away from desk while at work - This only applied to just over half of the respondents, but it seems that there could be some thinking to be done around encouraging workplaces to allow more breaks away from the desk.



1.10 Smoking – Clearly the Council would want the non-smoking figure to be as high as possible and it was reassuring to see that 90% of respondents don't smoke.

It was good to see that this figure went up to **96% for 18-24 year olds only**.

Of those that do smoke, 27% said that they would like help in **trying to stop**.



Respondents were also asked what would stop people from starting to smoke and what would encourage people to stop smoking. The results are shown below.

What would stop people smoking

Education 147

More expensive 95

Stop selling/Ban it 35

Peer pressure 27

Ban in more public places 27

Get people vaping 10

Less socially acceptable 6

Smokers to pay for their own treatment 4

What would encourage people to stop smoking

Support 50

Cost 39

Free patches/Vapes 34

More willpower 19

Cheap activities/Leisure centres 12

Ban tobacco 6

Who responded

Age - We had a good spread of responses across the age ranges but were over represented by older respondents. This is not unusual though in all consultations that the Council engage in.

Gender – Men responded significantly less than women, but cross break analysis demonstrated that this had no impact on the findings.

Post code – EN1 and EN2 were over represented as usual. This happens consistently across all Council consultations. Targeted face to face consultations did take place in N9 and N18 though to ensure voices were heard.

Disability – As we would expect from Borough wide data.

Religion – According to the Borough profile Muslims (16.7%) were significantly underrepresented in the consultation. Only 3.9% of respondents in this consultation were Muslim.

Ethnicity – White British respondents were significantly over represented in comparison to the Borough profile data. 64.5% vs 40%

Summary

The consultation has shown us that there is strong support for the strategies vision, but it has also raised a few areas and ideas that respondents would like to see included.

It probably wasn't any surprise that respondents were in support generally though as health is obviously important to everyone. The consultation was certainly worthwhile though as we

now have a good understanding of what people think is most important and some very helpful data to help shape the strategy.

It should be noted that looking at the data with filters on such as gender, age, post code etc didn’t show any significant differences that could be confidently reported.

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Developing a new Health and Wellbeing Strategy for Enfield

A report by Healthwatch Enfield

March 2019

1. Executive summary

Enfield's first Joint Health and Wellbeing strategy[1], as developed and agreed by the Health and Wellbeing Board[2], is reaching the end of its planned duration. This means a new strategy is required, setting out how partners will work together to improve the health and wellbeing of all Enfield residents and reduce health inequalities.

In April 2014, Enfield's Health and Wellbeing Board adopted the first Joint Health and Wellbeing Strategy, articulating a vision of '*Working together to enable you to live longer, healthier, happier lives in Enfield*' with a focus on five key priority areas, including:

- Ensuring the best start in life
- Enabling people to be safe, independent and well and delivering high quality health and care services
- Creating stronger, healthier communities
- Reducing health inequalities – narrowing the gap in life expectancy
- Promoting healthy lifestyles and making healthy choices

Five years on, the strategy is ending, placing a duty on the members of Enfield's Health and Wellbeing Board to produce the second Joint Health and Wellbeing Strategy for the borough.

Between December 2018 and February 2019, local people were given opportunities to share their views and inform the scope of the new strategy. An online survey was available for residents to complete alongside face-to-face engagement through RELDM, Reliable Distribution & Market Research[3].

Healthwatch Enfield amplifies the voice of Enfield communities in relation to local health and social care services with a remit to involve local people in the development, commissioning and scrutiny of local health and care services. As part of supporting the strategy development, we have undertaken community outreach activity and worked alongside members of the Health and Wellbeing Board to host a community event, bringing local residents, key decision-makers and commissioners together to discuss the new Joint Health and Wellbeing Strategy.

In total, we heard from 152 local people and stakeholders who fed back that the new Joint Health and Wellbeing Strategy should focus on priority areas of:

- eating more healthily
- doing more physical exercise
- having positive mental health, including reducing social isolation

A comprehensive, early years or childhood education programme to normalise healthy lifestyles within communities should underpin the above. People identified **lifestyle changes** but also shared concerns about **access issues.** Local residents told us about barriers to moving toward a healthier lifestyle as well as ideas to

[1] https://new.enfield.gov.uk/healthandwellbeing/wp-content/uploads/2017/03/Enfield_Joint_Health_and_Wellbeing_Strategy_2014_19_FINAL_April_2014.pdf
[2] https://governance.enfield.gov.uk/mgCommitteeDetails.aspx?ID=640
[3] https://www.reldm.com/

inform the Health and Wellbeing Board in developing a strategy, including measures of success. Feedback gathered by Healthwatch Enfield shows that local people understand what they can do towards improving their own health and that, in some instances, they need to be empowered and enabled to do this. In addition, Enfield residents seem to advocate a community approach that draws in a wider partnership including employers, supermarkets, cafes, gyms, parks, a range of community activities and social prescription as a way of making healthy choices, easy choices. Locally, there is a strong understanding of 'place' and of the challenges in different parts of the borough as well as the need to address these through committed leadership. The Health and Wellbeing Board have been discussing a '**Health in all Policies'** approach - local people's feedback seems to endorse this and points to a wider partnership focussed on creating a healthier Enfield.

By involving Enfield residents in discussions, Healthwatch Enfield was also able to facilitate a process of early co-design of activities that would enable individuals to make positive lifestyle changes to eat more healthily, to take part in more physical activity and to have good mental health. With a variety of ideas on offer, including 'car free days', gym buddy systems, 'healthy food ratings' and 'happy to talk' tables, members of Enfield's Health and Wellbeing Board have a unique opportunity to build on the co-design process undertaken to date to devise actions and initiatives owned and delivered with local people.

2. Introduction

The Enfield Health and Wellbeing Board was set up under the Health and Social Care Act 2012 to create a forum where the key leaders from the health and care system can work together to improve the health and wellbeing of the local population and reduce health inequalities.

Health and Wellbeing boards are a key part of the Government's broader plans to modernise the NHS and to:

- ensure stronger democratic legitimacy and involvement
- strengthen working relationships between health and social care, and,
- encourage the development of more integrated commissioning of services.

The Board aims to help give communities a greater say in understanding and addressing their local health and social care needs and includes Enfield Council, the NHS – both commissioners and providers of health services in the borough, Healthwatch and the local voluntary sector.

Enfield's first Joint Health and Wellbeing strategy, as developed and agreed by the Health and Wellbeing Board, is reaching the end of its planned duration. This means a new strategy is required, setting out how partners will work together to improve the health and wellbeing of all Enfield residents and reduce health inequalities.

Priorities from the current Health and Wellbeing strategy include:

- Ensuring the best start in life
- Enabling people to be safe, independent and well and delivering high quality health and care services
- Creating stronger, healthier communities

- Reducing health inequalities
- Promoting healthy lifestyles and making healthy choices

To evaluate the impact of the current strategic approach members of Enfield's Health and Wellbeing Board considered key outcome measures for each of the aforementioned priorities. Against each of the five priorities there are areas where local outcomes have either worsened since 2014, or where they have improved but yet Enfield is performing worse than the national average. On this basis alone Health and Wellbeing Board members decided to change their approach.

The new Health and Wellbeing strategy wants to tackle health inequalities in the borough:

- life expectancy between different areas of the borough is a call for action – a gap of 8.5 years.
- people are spending too many years in 'poor health' instead of good health. For example, a female in Edmonton Green lives on average 28 years in poor health

There are three behaviours which have the biggest impact on people's health: physical inactivity, unhealthy eating, and smoking. A strong connection exists between these and mental health, as well as physical health.

In Enfield:

- 14.9% of adults smoke
- 27.7% of adults are physically inactive
- 42% of adults and 41% of 15 year olds don't eat the recommended 5 portions of fruit and vegetables a day
- Overweight or obese
    - One in four 4-5 year olds (24.9%)
    - Two in five 10-11 year olds (41.1%)
    - Three in five adults (61.4%)
- 9.9% of 5-16 year olds are estimated to have mental health disorders
- Between 10% and 15% of women are estimated to suffer from mid-moderate depressive illness and anxiety in the perinatal period
- 11% reported to suffer from anxiety and depression

Discussions held by members of Enfield's Health and Wellbeing Board propose a new vision for the borough's joint Health and Wellbeing strategy: *making the healthy choice the first choice for everyone in Enfield*, with resources being committed to delivering against four priority areas of:

- healthy eating
- smoking less
- more physical activity
- having positive mental health

Healthwatch Enfield has a clear remit to bring local people's views to decision-makers and commissioners. Since December 2018, we have committed resources to supporting members of Health and Wellbeing Board in involving local residents in conversations about the scope and focus of the new Health and Wellbeing Strategy. This was achieved by undertaking outreach activities and hosting a community event.

This report articulates feedback from 152 local people who engaged in conversations with Healthwatch Enfield.

3. Informing the priorities for the new joint health and wellbeing strategy: what would help you to be healthier and live well?

In developing a new Joint Health and Wellbeing Strategy for Enfield there is a responsibility on local decision-makers and commissioners to commit resources to delivering initiatives that matter to local people, contributing to improving individuals' wellbeing.

When asked, Enfield residents, who either participated in Healthwatch Enfield's annual conference or engaged with us through outreach activities, were clear that **eating more healthily and exercising more** are the top two initiatives that would contribute to making individuals be healthier and live well.

"Healthy eating of fresh fruit and veg making it 5 a day"
"Would need balanced diet with access to variety of food choices"
"Need to walk more and more exercise"

Lifestyle changes identified by local residents required to eat more healthily and to exercise more included:

- eating more vegetables and fruit and drinking more water,
- making healthier food more fun
- celebrating home cooked food
- taking up more activities
- join support groups or weight management groups

Having an **active and varied social life** was also recognised as important. Based on feedback gathered, putting focus on enabling individuals to take part in groups and activities would contribute to reducing social isolation whilst also being of direct benefit to communities.

"Find a new hobby and affordable activities would help"
"Socialising and not feeling isolated could help. Maybe joining walking groups?"

Leading an active and varied social life would require joining more clubs and groups, and encouraging community support.

Discussions held also focussed on the need to ensure that local people **have good mental health.** Tackling poor mental health was identified as an area of significant importance and one that impacts social isolation and may contribute to poor access issues. Stress levels were also an aspect highlighted that impacted on mental health, as well as health and well-being in general.

"We need to take a holistic approach: make time for (the) mind, meditate"
"There needs to be support for people with mental ill health"

Setting realistic personal goals and making more "*me*" time, getting more sleep and implementing better time management and work life balance, were all identified as key interventions that would contribute to good mental health.

Some local residents shared their concerns around **access issues** and how these contribute to poorer health and wellbeing outcomes. Those with Learning Disabilities, Deafness, Autism and their carers emphasised the challenges with obtaining information in relevant formats, limited availability of support and lack of inclusive groups, as key factors in preventing individuals from living healthier lives.

"There should be better targeted / specialised support for disadvantaged groups i.e. end of life care, people with LD, Deaf community."
"People with learning difficulties and disabilities have much shorter life spans"
"Accessible communication is needed"

Other residents considered the role of **early years education** in helping us to live healthier lives. It was felt that it was not only vital to provide information helping people to understand cause and effect, but that this should happen in schools and with parents, and as soon as possible.

"We need to be normalising healthy lifestyle in schools; starting with families and children"
"Education around choices available is crucial"
"People need to know why we need to be healthy and consequences of not being healthy. We need factual information about food"

Analysis of data collected by Healthwatch Enfield, both from its annual conference and outreach activities revealed that only one comment was made about smoking less and two about drinking less as lifestyle choices that could help improve health and wellbeing of local residents. Given 152 local residents were engaged, and only three comments were made about smoking and drinking, this may warrant further exploration.

Looking at feedback gathered by Healthwatch Enfield, it is clear that local residents understand what is required of them to lead a healthier lifestyle. Which begs the question: *'**what is stopping individuals from doing all this**?*'

The answers were plentiful and included:

- **low household income** and the perceived costs of buying fruit, vegetables and other healthier food alternatives alongside the cost of paying for activities, such as gym, swimming and clubs

- **lack of access or support from services**, including IAPT[4], GPs and mental health services, due to disability or equally, through a lack of funding and cuts contributing to long waiting times

- **lack of time and poor work-life balance** with local people telling Healthwatch Enfield they were time poor, working long hours and simply not having the time to be more healthy

- **perception of not feeling safe in open spaces**, such as parks, stopping individuals from undertaking low cost activities such as walking or cycling

[4] IAPT – Improving Access to Psychological Services

- **easy access to unhealthy foods and convenience of preparing unhealthy meals**

- **existing habits and lifestyle** which enable individuals to cater for their everyday needs from the comfort of an armchair where shopping, social interactions and exercise are replaced by a tablet or an app

"Exercise can be expensive".
"Price of healthier foods".
"Severe lack of funding for mental health services"
"Communication difficulty. Access barrier. Not knowing where to go"
"Access to services. Lack of information about services"
"Long working hours"
"Public spaces can be perceived as unsafe."
"Healthy choice seems boring. There is easy access to fast food"
"Habits are difficult to break"

If we are to make meaningful change, as one attendee at the conference put it, *"we have to get out of our comfort zones"* and start to look at how we change our behaviours.

4. What specific actions can be taken locally to help us achieve being healthier? How can we deliver against the proposed priority areas?

Co-designing its conference with the members of Enfield's Health and Wellbeing Board, Healthwatch Enfield committed to involving local people in discussions about the potential actions that should be delivered against the potential priority areas of:

- healthy eating
- smoking less
- more physical activity
- having positive mental health

The following pages outline feedback, suggestions and ideas put forward by Enfield residents alongside local decision-makers and commissioners. These are underpinned by proposed measures of success.

More physical activity

What would help you?	What's needed to make it work?
Feeling focused, determined and motivated to undertake physical exercise	▪ Introducing a 'gym buddy' system where individuals can make contact with like-minded people to attend a gym or physical activity sessions together ▪ Introducing 'first timer' sessions in gyms to give people opportunities to not only learn more about the equipment but also to meet others

	▪ Providing more group activities that are culturally appropriate to encourage uptake ▪ Providing accessible communication and information materials about physical exercise, its benefits and ways of exercising at low or no costs. These should be distributed through a variety of channels including GP surgeries and voluntary and community sector organisations ▪ Deploying, promoting and marketing Enfield-wide or community campaigns i.e. 'mile a day', themed days i.e. 'Zumba day' or 'car-free day'
Exercise being affordable	▪ Having access to open days and taster sessions at local gyms to learn more about exercise regimes ▪ Being eligible for discounts i.e. available to disadvantaged groups or those at risk who would benefit from physical exercise ▪ Having a social prescribing offer in Enfield that would make exercise free for individuals requiring it to improve their health and wellbeing outcomes ▪ Commissioning exercise classes run by grassroots groups, bringing physical activity to the communities
Having time to exercise	▪ Employers introducing initiatives such as 'activity at work' or 'one hour per week' programme encouraging 10 minutes of physical activity per day ▪ Providing accessible communication and information materials around different types of exercise and its benefits such as climbing stairs, doing housework or taking one bus stop less ▪ Providing / commissioning respite for carers to have time and ability to take part in physical activity

Potential measures of success to assess the effectiveness of the proposed solutions, as suggested by local people include:

- No. of people reporting improved physical and / or mental health following an intervention
- No. of volunteer buddies in Enfield
- No. of people continuing physical activity after free / taster session
- Decrease in no. of people rated as overweight or obese
- Decrease in no. of people visiting their GP
- Decrease in no. of presentations within secondary care
- Patients / service users reporting improved health outcomes

Healthy eating

What would help you?	What's needed to make it work?
Limiting access to fizzy drinks, sugary or fatty food	▪ Removing vending machines locally or replacing options available within them for healthier alternatives ▪ Removing cakes and unhealthy desserts from school meals
Understanding the impact of food choices	▪ Health champions providing talks in schools and community settings ▪ Having accessible information and communication materials about healthy eating, underpinned by consistent messaging and narrative ▪ Having consistent food labelling in place with clear and bold colours and information
Making Enfield a *'healthy food borough'*	▪ Introducing 'healthy food rating' for local businesses ▪ Reducing tax rates for shops selling healthy food ▪ Introducing portion control within takeaways and food outlets ▪ Working with shops and supermarkets so they encourage 'healthy' choices i.e. by introducing healthy aisles ▪ Requiring 'fast food' outlets to offer 'healthy alternatives / choices' ▪ Working with large supermarkets to offer free fruit to anyone, not just children

Making healthy eating affordable	▪ Having access to 'healthy cooking made easy on a budget' classes to introduce concepts such as leftover vegetables being made into a soup. These should also be provided at schools ▪ Introducing special money discounts for disadvantaged groups or those at risk to encourage (and monitor) healthier life choices ▪ Introducing 'savvy shopper discount scheme', encouraging more people to shop on the high-street and not online whilst also monitoring healthier life choices ▪ Teaching money management and budgeting skills in schools earlier so that healthier alternatives are available to everyone ▪ Having access to lunch clubs / supper clubs where people can socialise, learn from one another and support to batch cook

Potential measures of success to assess the effectiveness of the proposed solutions, as suggested by local people include:

- Less people diagnosed with long-term conditions such as diabetes
- Patients / service users reporting better health outcomes following an intervention
- Decrease in the no. of people who are obese or overweight
- Decrease in the no. of people reporting social isolation following an intervention, through participating in various activities etc.

Having positive mental health

What would help you?	What's needed to make it work?
Ability to self-care	▪ Having access to information on how to look after one's mental health and where to seek help if things deteriorate ▪ Availability of an extensive directory of all services and pathways to access both physical and mental health support ▪ Learning mindfulness including by children of school age ▪ Having a social prescribing offer in Enfield that delivers activities which are evidence-based

	and improve both mental and physical health outcomes
Feeling good about yourself	▪ Having a social prescribing offer in Enfield that offers support with weight management such as slimming world or gym membership ▪ Having access to free activities for children and young people, in particular over the summer period ▪ Having access to intergenerational activities such as visits to school and homework clubs ▪ Having access to a range of volunteering opportunities
Community assets	▪ Introducing a 'happy to talk' table in cafes and restaurants where members of the public can engage in social interaction, improving mental health wellbeing and reducing social isolation ▪ Utilising empty spaces / shops on the high street to deliver community or grassroots initiatives ▪ Setting targets for local employers to work with the community or community organisations to support initiatives that improve mental health and wellbeing ▪ Having education professionals trained in mental health so that they can offer more support to young people ▪ Having access to commissioned peer support and befriending initiatives ▪ Availability of 'happiness cafes' either based on the concept developed by Action for Happiness or one that has been co-designed locally
Improved provision of mental health support	▪ Having access to services that have been co-produced with service users and their carers ▪ GPs having better understanding of mental health including warning signs and symptoms ▪ Having access to mental health first aid trained professionals and peers

	▪ Having improved access to IAPT i.e. through provision by Voluntary and Community Sector organisations ▪ Having access to culturally appropriate / sensitive interventions and services ▪ Having clear pathways and support for people with mental health needs in place and co-designed with service users and their carers
Reducing stigma around mental health	▪ Having better education in schools, giving pupils understanding of mental health issues and their impact ▪ Enfield communities having understanding of the spectrum of mental health ▪ Having access to family group conferencing for families where someone has mental ill-health ▪ Having access to more practical information and support for families e.g. books on how to support someone with mental ill health

Potential measures of success to assess the effectiveness of the proposed solutions, as suggested by local people include:

- Decrease in no. of referrals to secondary mental health services
- Decrease in prescription of drugs to regulate mental health like anti-depressants
- Patients / service users reporting positive outcomes around mental health and wellbeing
- Patients / service users reporting shorter waiting times for IAPT
- Reduction in the no. of people reporting self-harm, particularly amongst young people
- Reduction in no. of people reporting social isolation following an intervention
- Improved physical health outcomes

In addition to discussing actions and interventions that would contribute to positive mental health, local people were also clear about the need to integrate mental and physical health services. In their opinion, this will require: a review of pathways, closer working between professionals and an integrated IT system.

Smoking less

What would help you?	What's needed to make it work?

Vaping	▪ Offering a free vaping starter pack to anyone interested in giving up smoking ▪ Publicising the financial benefits of vaping over smoking
Understanding the financial implications of smoking	▪ Providing accessible information about the costs of smoking and cheaper alternatives
Deploying 'making every contact count' initiatives within secondary care settings	▪ Prescribing nicotine in acute hospitals
Investing in prevention	▪ Partners contributing to 'smoking prevention fund' enabling the local health and care economy to design, deploy and evaluate effective initiatives
Expanding smoking bans	▪ Having support from the community and enforcing peer pressure

Potential measures of success to assess the effectiveness of the proposed solutions, as suggested by local people include:

- Reduction in the no. of people who smoke

5. Conclusions

Enfield's first Joint Health and Wellbeing strategy, as developed and agreed by the Health and Wellbeing Board, is reaching the end of its planned duration. This means a new strategy is required, setting out how partners will work together to improve the health and wellbeing of all Enfield residents and reduce health inequalities.

In developing its new strategy, Enfield's Health and Wellbeing Board is considering the potential priority areas of:

- healthy eating,
- smoking less,
- more physical activity and
- having positive mental health

as objectives of its new Joint Health and Wellbeing strategy. Based on the feedback gathered by Healthwatch Enfield, the majority of these resonate with local people who suggested focus on:

- eating more healthily

- doing more physical exercise
- having positive mental health, including reducing social isolation

A comprehensive, early years or childhood education programme to normalise healthy lifestyles within communities should underpin the above. Local people also felt that improving access to existing services would enable them to live healthier lifestyles. People gave us a lot of feedback about barriers to moving toward a healthier lifestyle as well as a wide range of suggestions and ideas to inform the Health and Wellbeing Board in developing a strategy which includes measures of success. This exercise shows that local people understand what they can do towards improving their own health and that in some instances they need to be empowered and enabled to do this.

But how do we go about helping people to eat more healthily or do more physical exercise? By involving Enfield residents in discussions, Healthwatch Enfield started the process of early co-design of activities that would enable individuals to make positive lifestyle changes. With a variety of ideas on offer, including ‘car free days’, gym buddy systems, ‘healthy food ratings’ and ‘happy to talk’ tables, members of Enfield’s Health and Wellbeing Board have a unique opportunity to build on the co-design process undertaken to date to devise actions and initiatives owned and delivered with local people.

Agenda Item 8

MUNICIPAL YEAR 2018/2019 REPORT NO.

MEETING TITLE AND DATE:

Health and Wellbeing
Board – 20th March 2019.

REPORT OF:
The Director of the
Public's Health

Agenda – Part: 2	**Item:**
Subject: Local Government Association Joint Working Proposal – HWB Responsibilities **Wards: All** **Key Decision No: N/A**	
Cabinet Member consulted: Cllr	

Contact officer and telephone number:

Mark Tickner

E mail: mark.tickner@enfield.gov.uk

1. EXECUTIVE SUMMARY

To reconfirm the attendance of Local Government Association representatives to run a half-day workshop with and for HWB partners, in order facilitate improvements to the management of the HWB and delivery of the JHWBS [current and successor].

2. RECOMMENDATIONS

To note the requirements stipulated by the LGA and associated HWB and host commitments and confirm the board's readiness to proceed.

3. BACKGROUND

The board has previously [6th December 2018] considered and approved the attendance of Local Government Association representatives to run a half-day workshop with and for HWB partners, in order facilitate improvements to the management of the HWB and delivery of the JHWBS [current and successor].

We were unable to resolve a date for this activity prior to the New Year and the LGA's requirements have altered slightly. We have sought the board's approval accordingly.

The LGA has requested that we agree to the following responsibilities:-

- Provide a suitable venue.
- Invite participants [TBC] and encourage good attendance from across the local health and wellbeing system.
- Communicate background and objectives of the workshop to invitees
- Jointly facilitate 5x scoping calls prior to the workshop with 4 "key partners" [TBD] – including at least one call to be attended by the Chair of the HWB.
- Participate in co-design of the day.
- Provide staff to support the running of the workshop or let us know if unable to do so, specifically to capture action points for action planning.
- Open and introduce the workshop
- Take ownership of the action points from the workshop to create an agreed action plan – primary workshop outcome.
- Set up and participate in follow up call on action planning
- The workshop would be 3.5 hours in duration.

This could be integrated carefully into our current aspirations to overhaul and improve the organisation, management and composition of our HWB and the delivery of the current and successor JHWBS

4. ALTERNATIVE OPTIONS CONSIDERED

None at this time

5. REASONS FOR RECOMMENDATIONS

As set out above

6. COMMENTS FROM OTHER DEPARTMENTS

6.1 Financial Implications

None – aside from costs of provision of facilities

6.2 Legal Implications

None

6.3 Property Implications

None

7. KEY RISKS

No significant risks associated with assisting and participating these workshops

8. IMPACT ON COUNCIL PRIORITIES – CREATING A LIFETIME OF OPPORTUNITIES IN ENFIELD

8.1 Good homes in well-connected neighbourhoods

8.2 Sustain strong and healthy communities

8.3 Build our local economy to create a thriving place

Improving both the performance of the HWB, it's structures and methods can only enhance the delivery of intended outcomes from both the current and successor JHWBS. This would have an associated positive impact against 8.1 to 8.3 as set out above.

9. EQUALITIES IMPACT IMPLICATIONS

None

10. PERFORMANCE AND DATA IMPLICATIONS

None

11. HEALTH AND SAFETY IMPLICATIONS

None

12. HR IMPLICATIONS

None

13. PUBLIC HEALTH IMPLICATIONS

As stated previously improving both the performance of the HWB, it's structures and methods can only enhance the delivery of intended outcomes from both the current and successor JHWBS. This would have an associated positive Public Health impact.

Health and Wellbeing System Bulletin

February 2019

Dear colleagues,

I am really looking forward to seeing you on 27 February at our fifth annual Political Leaders in Care and Health Summit co-chaired with NHS Clinical Commissioners. It's still not too late too book a place for this free event. Email paige.edwards@local.gov.uk.

Also, the LGA's flagship conference on public health is coming up on 21 March. This annual event will explore and build on the challenging, innovative work being undertaken by councils and public health teams with their partners and local communities. This year's theme is 'Supporting resilient communities: helping people to feel good and function well'. Download the programme.

Caroline Tapster
Director, Health and Wellbeing System Improvement Programme

Stories

Help your council make better informed decisions

As part of its ongoing redesign, LG Inform Plus has had a facelift. You can now find out quickly how LG Inform Plus could help your council make better informed decisions – from accessing local data to key corporate functions such as records retention, GDPR and local government powers and duties.

Improving the mental health of Londoners: a report

Thrive LDN, in partnership with the Mental Health Foundation interviewed more than 1,000 Londoners on how they can better support people to be mentally

healthy. The report has been sent to all London council leaders.

Mapping dementia care after diagnosis in England

The Alzheimer's Society is funding a survey for people who commission any service(s) related to supporting people with dementia at any stage after diagnosis (but not assessment and diagnostic services) across England.

New legal rights to personal health budgets for wheelchairs and section 117

Caroline Dinenage, Minister of State for Care, announced intentions for legal rights to personal wheelchair budgets and for those eligible for section 117 aftercare in response to the recent consultation. A long-term approach to personalised care, Universal, Personalised Care, which commits to rolling out the model to 2.5 million people by 2024, was published on 31 January.

National recruitment campaign for social care sector

The Department for Health and Social Care has launched a national recruitment campaign to fill vacancies in the social care sector

Moving home from the hospital: a video

People recovering after an operation, illness or unexpected visit to hospital, like Ken could enjoy the comforts of a Shared Lives carer's home and support to get back to their own home as soon as possible.

Digital

Social Care Digital Innovation Programme 2019-21

Over the last two years NHS Digital has funded 31 councils to provide digital solutions to prevent or improve social care challenges. Councils can now apply for the third wave of the LGA-managed programme. Ten authorities will receive up to £30,000 to design an innovative and new digital solution to address a specific issue, with eight receiving up to a further £90,000 to support its implementation. The funding will run over two years and collaboration with local partners is encouraged in the council-led applications. The deadline to apply is 7 March.

Tools and data

Through the Knowledge Hub (KHub), this bulletin, and the blog of data specialist Philippa Lynch we will provide updates and links to new information available. Using LG Inform and LG Inform Plus the LGA will provide reports and

easy access to information across a range of health and wellbeing themes. Reports covering health and wellbeing measures for your area are available through our interactive map. If there are further resources you would like to see signposted on our website, please email philippa.lynch@local.gov.uk

Secondary analysis data initiative funding

The Economic and Social Research Council and the What Works Centre for Wellbeing is offering up to £300,000 per project for up to six projects for analysis of secondary data to better understand people's and communities' wellbeing in the UK. Deadline for proposals: 31 March for the July panel and 31 July for the November panel.

Health Foundation advanced applied analytics funding

The Health Foundation has opened calls for funding to improve analytical capability in support of health and care. Applications are open until 26 February, with funding of up to £75,000 per project.

Publications

Shaping healthy places: exploring the district council in health
LGA

An effective custodian of the public's health
LGA

Improving the public's health: local government delivers
LGA

NHS long-term plan explained
The King's Fund

Dementia-friendly sport and physical activity guide
The Alzheimer's Society

Update on payments for sleep-in shifts in social care: February 2019
LGA

Events

Political and clinical leaders in health and care annual summit
27 February 2019 | Church House, London

LGA/ADPH annual public health conference and exhibition 2019

21 March 2019 | London

High Impact Actions for Integrated Care workshop
21 March 2019 | London

High Impact Actions for Integrated Care workshop
28 March 2019 | Leeds

Induction: HWB chairs/vice chairs/ASC lead members
26 June 2019 | London

LGA Annual Conference and Exhibition 2019
2-4 July; 15-16 November 2019 | Bournemouth

National Children and Adult Services Conference and Exhibition 2019
20-22 November 2019 | Bournemouth

Contact us
18 Smith Square
Westminster
London, SW1P 3HZ

Email: news@local.gov.uk
Telephone: 020 7664 3000
Fax: 020 7664 3030

MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON THURSDAY, 6 DECEMBER 2018

MEMBERSHIP

PRESENT Alev Cazimoglu (Cabinet Member for Health & Social Care), Yasemin Brett (Cabinet Member for Public Health), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Parin Bahl (Chair of Enfield Health Watch), John Wardell (Clinical Commissioning Group (CCG) Chief Officer), Stuart Lines (Director of Public Health), Bindi Nagra (Director of Adult Social Care), Tony Theodoulou (Executive Director People), Vivien Giladi (Voluntary Sector), Litsa Worrall (Voluntary Sector), Maria Kane (Chief Executive North Middlesex University Hospital NHS Trust), Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust) and Josh Salih (Enfield Youth Parliament)

ABSENT Nesil Caliskan (Leader of the Council), Achilleas Georgiou (Cabinet Member for Children's Services), Dr Helene Brown (NHS England Representative), Jo Ikhelef (CEO of Enfield Voluntary Action) and Natalie Forrest (Chief Executive, Chase Farm Hospital, Royal Free Group)

OFFICERS: Dr Glenn Stewart (Assistant Director, Public Health), Mark Tickner (Senior Public Health Strategist), Tha Han (Public Health Consultant), Fay Hammond (Director of Finance), Ailbhe Bhreathnach (Health in All Policies Strategist), Neeru Kareer (Planning Consultant) and Harriet Potemkin (Strategy, Partnerships, Engagement & Consultation) Jane Creer (Secretary)

Also Attending:

1
WELCOME AND APOLOGIES

Councillor Alev Cazimoglu (Chair) welcomed everyone to the meeting. Apologies for absence were received from Councillors Nesil Caliskan and Achilleas Georgiou, Dr Helene Brown, Jo Ikhelef, and Natalie Forrest. Apologies for lateness were received from Dr Mo Abedi and Parin Bahl.

2
DECLARATION OF INTERESTS

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

3
INFLUENZA UPDATE

RECEIVED the report of the Director of Public Health.

NOTED the introduction by Dr Tha Han, highlighting the three key issues:
• Enfield multi-agency Pandemic Influenza Plan, for which an exercise was run in September. There was a need to align with the business plans for key departments and NHS bodies. There was also a need to plan for how the voluntary care sector could play its part.
• Flu surveillance, which was coordinated and collated by Public Health England to closely monitor occurrence of flu and of vaccination uptake.
• Enfield data, which was set out in the report, and some of which was not very encouraging last year. Work was being done to improve vaccination rates across the board.

IN RESPONSE comments and questions included:
1. Though good promotional work was being done with NHS and Council employees, the vaccination take-up rates remained relatively low in the borough and not reaching herd immunity levels. Vivian Giladi urged greater effort to get as many people vaccinated as possible.
2. Councillor Brett emphasised the importance of communication and information to ethnic and religious communities in particular. Dr Abedi confirmed that GPs had a concerted campaign this year, but there was a large cohort of patients refusing the vaccine. The most common reason given was side effects in the past. This year there were better developed vaccines, but convincing patients was difficult. There was no evidence that particular faiths could not have the medicine, and promotional posters were being displayed at local mosques. GPs had experienced early vaccine supply difficulties but these were now resolved.
3. Concern was expressed that there had not been more coherent and aligned messaging despite Health and Wellbeing Board previously agreeing to work together. It was suggested that each member organisation should put forward a representative to a ‘flu task force’ to prepare and improve outcomes for next year 2019/20.

AGREED that Health and Wellbeing Board
(1) Noted the Enfield Multi-agency Pandemic Influenza Plan;
(2) Noted the flu vaccination of Children, Pregnant women, At risk groups, and Front line staff uptake;
(3) Agreed the formation of a flu task force.

ACTION: Dr Tha Han

4

FINANCE

RECEIVED a presentation from Fay Hammond (Director of Finance, LB Enfield).

NOTED the presentation highlighted the following:

- The Council was setting it's overall budget for 2019/20, and the presentation would explain the contexts, and the mutual understanding with the CCG of each others' financial position. Both were looking at opportunities to work together for the best outcome for residents.
- The national funding picture and Enfield's government funding were set out.
- There were uncertainties from forthcoming changes to the funding formula, economic pressures/Brexit, and demographic pressures in Enfield.
- Savings of £18m were required for 2019/20 with a further £18.5m required over the following three years of the Medium Term Financial Plan (MTFP).
- The Council was doing what it could to manage budget pressures and forecast overspend.
- The approach to budget setting 2019/20 was described. A Residents Budget Consultation exercise was being undertaken. The final budget and Council Tax for 2019/20 would be agreed at full Council 27 February 2019.
- The grant in respect of Public Health had been reduced year on year and was currently £17m. Around £1.85m of the public health grant will be used across the Council in 2019/20 to support the delivery of public health outcomes. Proposals for 2020/21 and beyond include sharing services to reduce cost, and addressing the core cost drivers.

IN RESPONSE comments and questions included:

1. The Chair advised that the Council would do its best to protect the most vulnerable, and it would be important to work together to mitigate negative impacts.
2. John Wardell and Maria Kane advised on equally challenging financial positions in the health service, and that very difficult decisions were having to be made, but moving forward there would be collaborative work with the local authority and associated providers.
3. There were long term solutions being worked on for the future, and progress on integration. A challenge would be to improve public health through collaboration. Very recently Enfield Council had been ranked number two of the most improved councils, with significant improvements in all areas examined with two outstanding highlights around older people's services and all age disabilities. Congratulations were recorded to the officers for the improvements.

AGREED that Health and Wellbeing Board noted the LB Enfield budget setting context and process.

5
HEALTHY WEIGHT STRATEGY UPDATE

RECEIVED the report of the Assistant Director of Public Health and the updated Enfield Healthy Weight Strategy and action plan.

NOTED the introduction by Ailbhe Bhreathnach, Health in All Policies (HiAP) Strategist, highlighting the latest statistics regarding prevalence of overweight or obesity in children and adults, and the link between excess weight and deprivation. The strategic objectives set out the vision for Enfield and were aligned with the 3-4-50 concept. Attention was drawn to the objective to make tackling obesity everybody's business, and the Board's commitment was sought to taking action.

IN RESPONSE comments and questions included:
1. There was a need to do something locally now.
2. The area identified which needed more work was how to make tackling obesity everybody's business, and the existing Healthy Weight Partnership group was a good way of going forward.
3. There were complex factors around excess weight and changing of behaviour.
4. It was suggested that focus should be concentrated where deprivation was highest, and on practical, effective suggestions.
5. There was potential for place shaping to address these issues in the new Local Plan.
6. Ailbhe Bhreathnach asked to be advised of any other groups who should be engaged with. The Youth Parliament should be included.

AGREED that Health and Wellbeing Board:
(1) Approved the Healthy Weight Strategy and action plan (with a recommendation that it be sharpened and focussed);
(2) Considered what actions their respective organisations can take to meet the strategic objective to 'Make tackling obesity everybody's business';
(3) Requested an initial implementation report in six months.

6
ENFIELD'S NEW LOCAL PLAN 2036

RECEIVED a presentation from Neeru Kareer, Planning Consultant, LB Enfield.

NOTED the presentation highlighted:
• The public consultation on the new Local Plan 2018 to 2036 commenced yesterday, until the end of February, and included different platforms of engagement.
• As the local planning authority, Enfield Council was required to produce a framework about policies to direct future development on how the borough should grow and take shape.
• The Council also wanted to prioritise the public health agenda with proactive policies.

• The challenges included the changing and growing population, and the provision of infrastructure and community services. There was a need to look at policies to address inequalities, and a need to attract the right kind of investment. Effective planning around under-used land, and optimal densities was important.
• Options being consulted on included town centres and areas around stations, existing movement corridors, rules on Green Belt strategy around Crews Hill, and the Council's portfolio of land.
• All Health and Wellbeing Board members were encouraged to participate in the consultation.

IN RESPONSE comments and questions included:
1. It was important that new housing development, especially social housing, was as friendly as possible and with health-promoting networks.
2. It was confirmed there was confidence in the population projections, noting that there was a lot of inward migration.
3. It was noted that the local economy, poverty and health were all linked, and improvements to the borough economy would be expected to have a positive long-term effect on health and wellbeing.
4. The right health facilities should be built into planning documents, and environments should be planned to make healthy choices, such as active travel, easier.
5. The Council could influence training and apprenticeships offered to residents and young people in the borough through new development.

7
VOLUNTARY SECTOR REPRESENTATIVE APPOINTMENT / SELECTION PROCESS

NOTED a verbal update from Niki Nicolaou (Voluntary Sector Manager) that UK Engage had been appointed to carry out the appointment process. The site would be going live on 7 January 2019 and nominations invited by 22 January. If there were more than two nominations received, voting would open on 26 January with results expected on 27 January.

The Health and Wellbeing Board expressed thanks to the current Voluntary Sector representatives for their valuable contribution over the last four years, and hoped that nominations were received from both of them.

8
VISIT TO BOROUGH BY DUNCAN SELBIE (CHIEF EXECUTIVE, PUBLIC HEALTH ENGLAND)

NOTED the verbal update from Stuart Lines, Director of Public Health, confirming the visit of Duncan Selbie, Chief Executive of Public Health England, to Enfield in February 2019.

9
PROPOSED LGA WORK WITH BOARD

NOTED the verbal update from Stuart Lines, Director of Public Health, confirming that arrangements were being made with the Local Government Association (LGA) for development work with the Board on Integration. This is likely to be in February 2019.

10
PROGRESS UPDATE ON JOINT HEALTH AND WELLBEING STRATEGY (JHWS)

RECEIVED the update report from Stuart Lines, Director of Public Health.

NOTED the verbal update from Harriet Potemkin, Strategy and Policy Hub Manager, that the proposal was to begin the consultation before Christmas and any further amendments to the survey would be circulated to all Board members.

AGREED that Health and Wellbeing Board:
(1) Confirmed their agreement for launching the public consultation to run from December 2018 through to the end of February 2019;
(2) Noted the request to promote the consultation across their organisations and with service users;
(3) Noted the request to confirm whether their organisation can work with Healthwatch to co-design their annual conference in February to further consult on the strategy.

11
MINUTES OF THE MEETING HELD ON 27 SEPTEMBER 2018

AGREED the minutes of the meeting held on 27 September 2018.

12
INFORMATION BULLETIN

NOTED the Information Bulletin items.

13
HEALTH AND WELLBEING BOARD FORWARD PLAN

NOTED that the Health and Wellbeing Forward Plan would be shared with all members as soon as possible.

14
DATES OF FUTURE MEETINGS

NOTED the dates of future meetings of the Health and Wellbeing Board and dates of future development sessions. Members were wished a merry Christmas and happy new year.

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