

# Public Document Pack



## HEALTH AND WELLBEING BOARD

Thursday, 19 March 2020 at 6.30 pm  
Conference Room, Civic Centre, Silver  
Street, Enfield, EN1 3XA

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**Please note meeting time**

## MEMBERSHIP

Leader of the Council – Councillor Nesil Caliskan (Chair)  
Cabinet Member for Health and Social Care – Councillor Alev Cazimoglu  
Cabinet Member for Public Health – Councillor Mahtab Uddin  
Cabinet Member for Children’s Services – Councillor Rick Jewell  
Chair of the Local Clinical Commissioning Group – Dr Mo Abedi (Vice Chair)  
Healthwatch Representative – Parin Bahl  
Clinical Commissioning Group (CCG) Chief Officer – Rob Larkman  
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 – Jinjer Kandola  
Whittington Hospital – Siobhan Harrington  
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. ENFIELD HEALTH AND WELLBEING BOARD AND ENFIELD PARTNERSHIP BOARD STRATEGY (6:30 - 7:30PM) (Pages 1 - 24)**

- a. Presentation to the Board by **Graham MacDougall of Enfield CCG**.

Progress towards developing an Integrated Care Partnership and the work of the Enfield Borough Partnership.

[papers attached]

- b. Enfield Health and Wellbeing Board and Enfield Partnership Board integration discussion.

**All**

Discussion around the progress of integrating the Enfield Health and Wellbeing Board and the Enfield Partnership Board.

**4. JOINT HEALTH AND WELLBEING STRATEGY (JHWBS) ACTION PLAN PROGRESSION AND HEALTH IMPROVEMENT PARTNERSHIP (HIP) PARTNER REPORTS (7:30 - 7:50PM) (Pages 25 - 28)**

- a. HIP and JHWBS Action Plan Reports Update

Discussion to be led by **Glenn Stewart, Deputy Director of Public Health**.

Glenn Stewart will also discuss the current status of the Health Improvement Partnership (HIP) and its development within the context of the Joint Health and Wellbeing Strategy and the changes in the NHS Governance at NCL level.

- b. JHWBS / HWB 'Thematic Year' proposal – Briefing Note to Enfield HWB

Paper presented by **Dudu Sher-Arami, Consultant in Public Health, LB Enfield**.

Proposal paper requesting HWB members' support for formally establishing 'Thematic Year's' to support on-going implementation of the Joint Health and Wellbeing Strategy.

[paper attached]

**5. CORONAVIRUS UPDATE (7:50 - 8:05PM) (Pages 29 - 34)**

Presentation by **Glenn Stewart, Deputy Director of Public Health**, and discussion of preparedness of HWB Partners to the outbreak.

[papers attached]

**6. POVERTY AND INEQUALITY COMMISSION UPDATE TO HEALTH AND WELLBEING BOARD (8:05 - 8:10PM) (Pages 35 - 78)**

Request to the Board to take note of the publication of the Enfield Poverty and Inequality Commission (EPIC) Report.

<https://new.enfield.gov.uk/services/your-council/enfield-poverty-and-inequality-commission/>

**Chair**

**7. LIBRARIES HEALTH AND WELLBEING CONTRIBUTION STRATEGY (8:10 - 8:25PM) (Pages 79 - 86)**

An update to the Board on the Libraries planned contribution to health and wellbeing of Enfield's residents, by **Lee Shelsher, Head of Customer Experience and Libraries** and **Helen Baekstroem, Strategy and Policy Hub Manager**.

**8. PREVENTION CONCORDAT FOR BETTER MENTAL HEALTH (8:25 - 8:30PM) (Pages 87 - 94)**

Proposal to HWB to progress to adoption in Enfield – explanation and scope.

**Mark Tickner, Health and Wellbeing Board Partnership Manager.**

[paper attached]

**9. JOINT HEALTH AND WELLBEING STRATEGY AND JHWB DEVELOPMENT SESSIONS FORWARD PLAN UPDATE (8:30 - 8:35PM)**

An update from **Mark Tickner, Health and Wellbeing Board Partnership Manager**.

**10. MINUTES OF THE MEETING HELD ON 26 SEPTEMBER 2019 (Pages 95 - 102)**

To receive and agree the minutes of the meeting held on 26 September 2019.

**11. DATES OF FUTURE MEETINGS**

Dates of meetings for the 2020/21 municipal year to be advised following Annual Council meeting.

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## MUNICIPAL YEAR 2019/20

Meeting Title:  
**HEALTH AND WELLBEING BOARD**  
 Date: 20 June 2019

Contact officer: Graham  
 MacDougall

Telephone number: 020 3688 2823

Email address:  
[g.macduogall@nhs.net](mailto:g.macduogall@nhs.net)

### Agenda Item:

**Subject:** Enfield Borough  
 Partnership Report

**Report of:** Rob Larkman, Interim  
 Managing Director, Enfield

### 1. EXECUTIVE SUMMARY

The enclosed slide deck presents an update to the Health and Wellbeing Board on the progress towards developing and Integrated Care Partnership and particularly the work of Enfield Borough Partnership.

Borough Partnerships are part of the Integrated Care System infrastructure across NCL and the CCGs move towards a single CCG from 1 April 2020.

While the Enfield Borough Partnership has been meeting for some time it is still in development and has seen a number of changes regarding senior leadership within Enfield and NCL which has affected its work.

More recently it has agreed a governance structure that means it reports to the Enfield Health and Wellbeing Board. It has agreed to focus on two populations for further focus; those who have frailty and those with long term conditions.

Further modelling will be undertaken for frailty and diabetes to understand the current population across Enfield, what that population could look like in 5 years' time and what interventions are required to move towards a prevention model.

As part of the CCG change management process towards a single CCG, a specific post will be created to support Enfield Borough Partnership to help drive forward its work.

**2. RECOMMENDATIONS**

The Board is asked to note and comment on the report and approve the governance for the Enfield Borough Partnership to report to the Health and Wellbeing Board



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**Enfield**

**Clinical Commissioning Group**

# Enfield ICP update

**Enfield Health and Wellbeing Board**

**19 March 2020**

**Graham MacDougall, Director of Commissioning,**

**NHS Enfield**



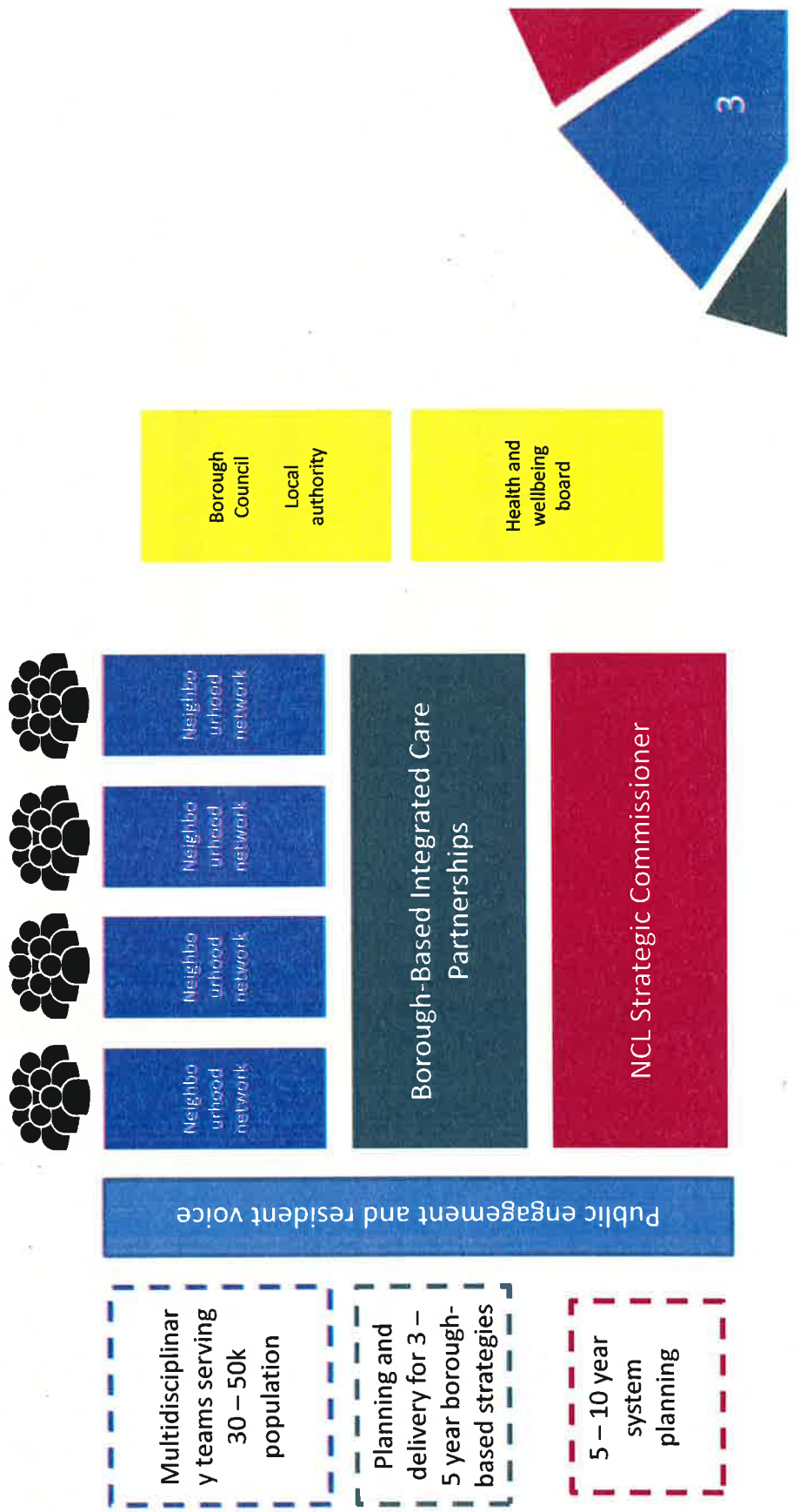
# 10 key lessons from existing ICS Leaders – King Fund

<p><b>Establishing a locally-credible, ICS-specific vision and case for change early on is essential.</b> It will provide a guiding framework to maintain commitment and alignment when parties come to discuss more difficult issues later.</p>	<p><b>Developing a sense of ‘place’ provides the key focus for change.</b> ‘Places’ are keen to lead local improvements, but desire a clear framework for co-ordination from the ‘systems’ of which they are part.</p>
<p><b>The role of ‘localities’, ‘places’ and ‘the system’ is becoming established</b> (with some variation of emphasis). NHS England Guidance confirms this expected ‘division of labour.’</p>	<p><b>ICS-level programmes can provide “top-down” leadership of change.</b> Systemwide collaboration builds the case for change with staff and stakeholders</p>
<p><b>An established ICS leadership group should meet regularly.</b> Seniority and breadth of representation matters more than precise configuration. <b>Chief Executive-level ownership needs to extend into the detail.</b></p>	<p><b>Financial collaboration has a high profile in some – but not all – systems.</b> A (difficult) balance between beginning funding discussion early – getting difficult issues out in the open – and ensuring financial reform is led by new care models / improving outcomes.</p>
<p><b>Effective programme resourcing is essential.</b> Some element of central funding is common to many current ICS areas. A small but dedicated team is required to push forward system re-design work.</p>	<p><b>Most – but not all – systems have minimised structural change –</b> using collaboration agreements / collaborative governance rather than new types of contract or creating new organisations. Bespoke governance arrangements may be needed for specialist providers.</p>
<p>Systems should <b>use the pre-history of the ICS to their advantage</b>, and spread best practice locally as well as to/from wider areas. Acute service reviews may be helpful here.</p>	<p><b>Non-executive, staff, stakeholder and citizen engagement is growing</b> as ICSs develop and adapt their structures. Local authority support in particular can’t be taken for granted</p>



# How an ICS might look in North Central London

Following the co-ordinated programme of events exploring potential future arrangements consensus was reached on what a potential integrated care system across North Central London might look like. This would see a single NCL wide strategic commissioner working with a borough based partnership in each borough supporting frontline integration of services at a community level. This is summarised in the diagram below:



# Our design principles

Some of the key principles of this framework are that:

- There should be **strong public/resident voice** at all levels of the structure along with strong clinical and care leadership.
- **Population based approach** and a **focus on prevention** will be a critical feature at all levels.
- The operational relationships between levels and functions is as critical as where the function sits.
- The partnerships and overall system are a **collective initiative of public sector bodies** working together in the public interest.
- The **borough is the dominant level for planning and delivery of health and care services**, underpinned by NCL-wide enablers and longer term collective planning.
- Local authority funding should be managed entirely at borough level, with effective mechanisms for considering the impact of wider determinates of health on residents outcomes There will need to be an **evolving relationship with the current health regulator** to develop new ways of mutual support assessment and development of system responses to cross organisational issues



# Our approach

## Communities as building blocks of integrated care:

- Neighbourhoods to build on the core of the newly established primary care networks and enable greater provision of proactive, personalised, coordinated and more integrated health and social care through multidisciplinary teams taking a proactive population based approach to care through consistent pathways. 30 PCNs developed across boroughs

## Boroughs as the critical point of integration of planning and coordination of services

- Majority services will continue to be planned and coordinated at a borough level
- Boroughs to build local plans based on local population need

## Working across NCL where it makes sense

- Those activities where a larger footprint increases the impact or effectiveness of function-
- Enabling elements such as digital and large-scale reconfiguration programmes-  
e.g. NCL wide PHM platform



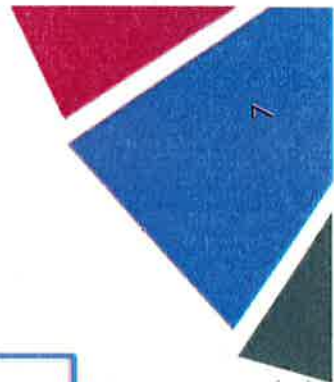
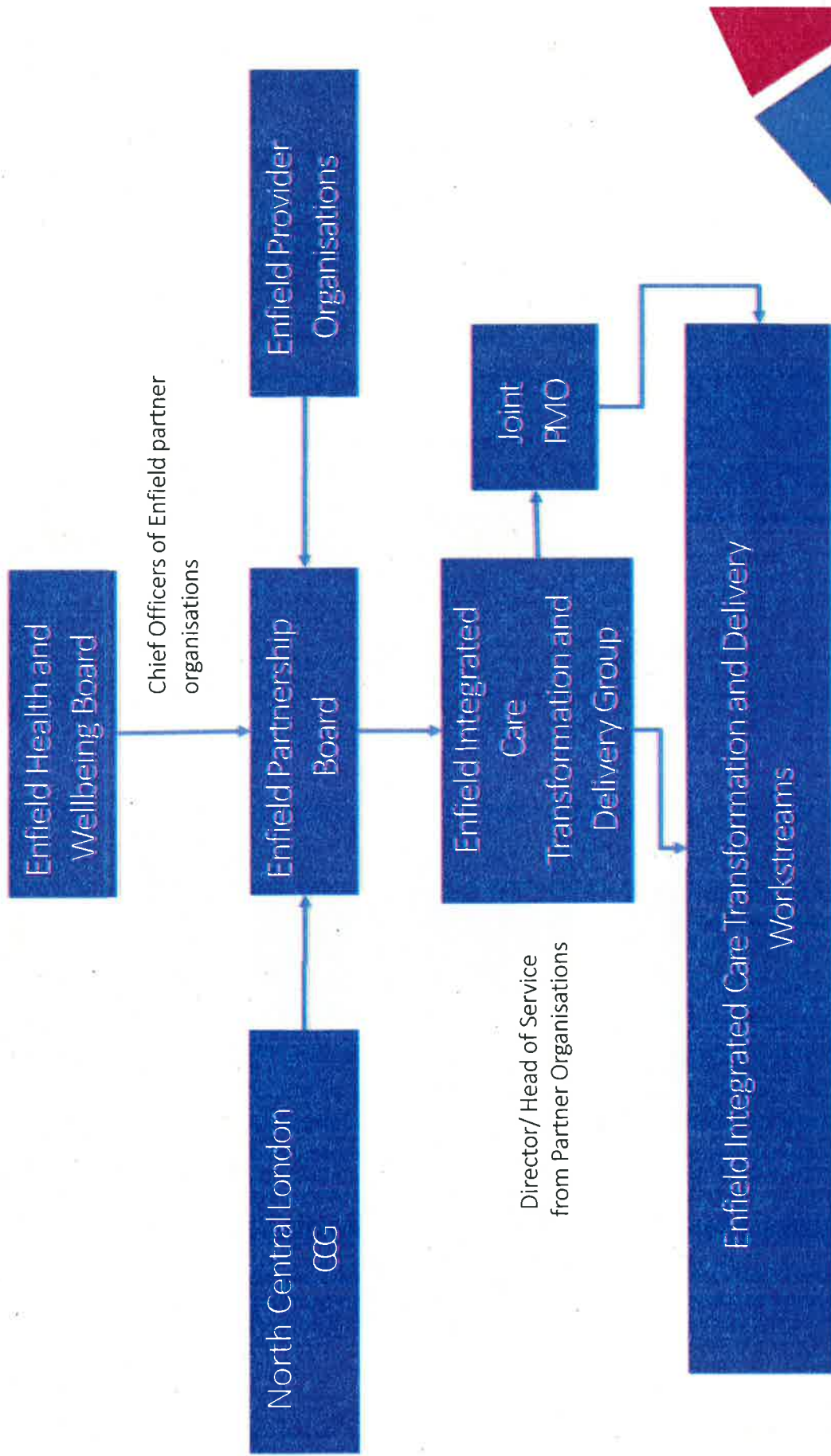
# Borough priorities and workstreams

The below table summarises key priorities and workstreams in each borough

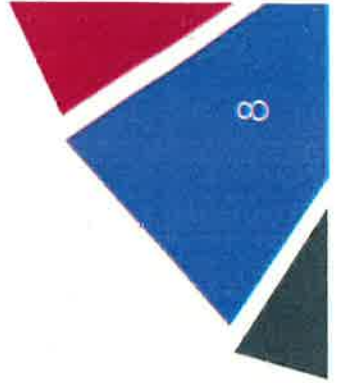
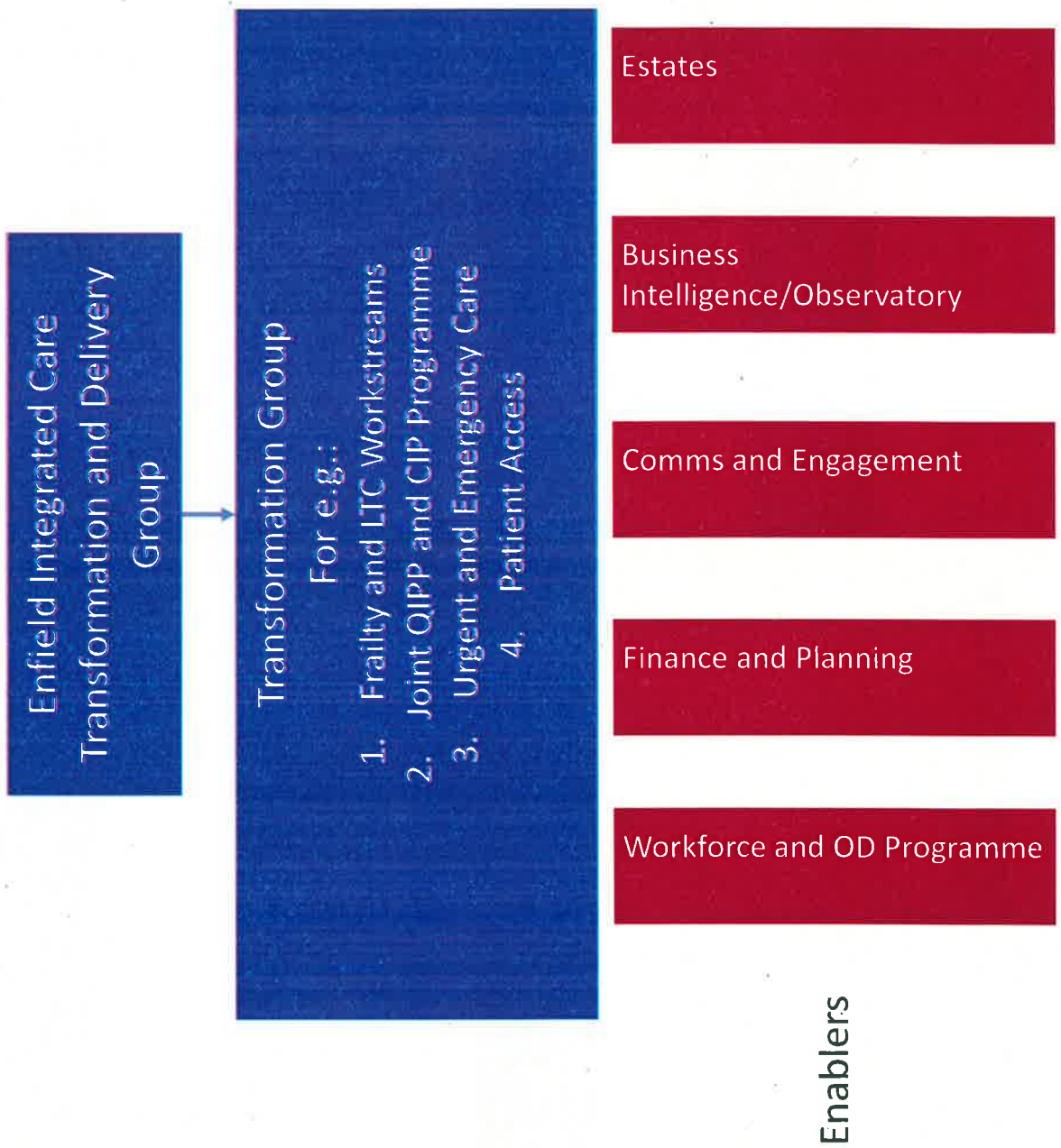
	Barnet	Camden	Enfield	Haringey	Islington
<b>Priorities*</b>	<ul style="list-style-type: none"> <li>Development of ICP. Governance and whole systems planning</li> <li>Development of agreed population health management approaches and baseline current integrated pathways across the system</li> </ul>	<ul style="list-style-type: none"> <li>Consolidation of frailty related contracts</li> <li>Consolidation of End-of-Life contracts</li> <li>Consolidation of LTC community contracts</li> <li>Aligning frailty and LTC community contracts to Universal Offer</li> <li>Aligning frailty contract to new GP contract</li> </ul>	<ul style="list-style-type: none"> <li>Development of pan-system governance structure with shared financial structures that support system governance</li> <li>Development of Frailty care as a proof of concept for integrated care models</li> </ul>	<ul style="list-style-type: none"> <li>Giving children and young people the best start in life</li> <li>Improving mental health and wellbeing throughout the life-course</li> <li>Improving health and wellbeing in groups with additional needs</li> <li>Ageing well</li> </ul>	<ul style="list-style-type: none"> <li>Locality working - building on the North Locality prototype</li> <li>Primary care networks</li> <li>Joint Strategic Resource Assessment</li> <li>Governance</li> <li>Communications and engagement</li> <li>Workforce/OD</li> </ul>
<b>Workstreams</b>	<ol style="list-style-type: none"> <li>Outcomes Framework</li> <li>Strategy and Scope</li> <li>Population Health Management</li> <li>Pathway Development and Priorities</li> <li>Financial Management and Planning</li> <li>Governance/OD</li> <li>Workforce</li> <li>Comms and Engagement</li> </ol>	<ol style="list-style-type: none"> <li>Engaging citizens, residents and patients</li> <li>Setting Camden system-wide objectives</li> <li>Developing and implementing the Camden Integrated Care Roadmap</li> <li>Setting commissioning design and delivery principles for the next 2-3 years</li> </ol>	<ol style="list-style-type: none"> <li>Governance</li> <li>Joint PMO</li> <li>Focus on population health approach to LTC and Frailty</li> <li>Mapping social care spend across above populations where possible</li> <li>Estates and enablers</li> </ol>	<ol style="list-style-type: none"> <li>Strategy development;</li> <li>Ways of Working;</li> <li>Governance;</li> <li>Finance and Performance; and</li> <li>Engagement and Communication.</li> </ol>	<ol style="list-style-type: none"> <li>Communications and borough prospectus</li> <li>Joint financial resource assessment</li> <li>Governance</li> <li>Localities development</li> <li>Workforce/OD</li> </ol>

\* Priorities summarised from Maturity Matrix returns, PIDs or ICP Updates

# Local Governance Structure



# Proposed Workstreams and Approach





## Enfield's Emerging PCN landscape

There are 4 PCN's in Enfield, two of which consist of 3 neighbourhoods:

- 1. Enfield Care Network (100,802)**
  - Enfield Care Network Central (33,576)
  - Enfield Care Network North (33,035)
  - Enfield Care Network South (34,191)
- 2. Enfield South West (45,743)**
- 3. Enfield Unity (158,121)**
  - Enfield Unity Central (57,061)
  - Enfield Unity North East (46,002)
  - Enfield Unity North West (55,058)
- 4. West Enfield Collaborative (40,484)**



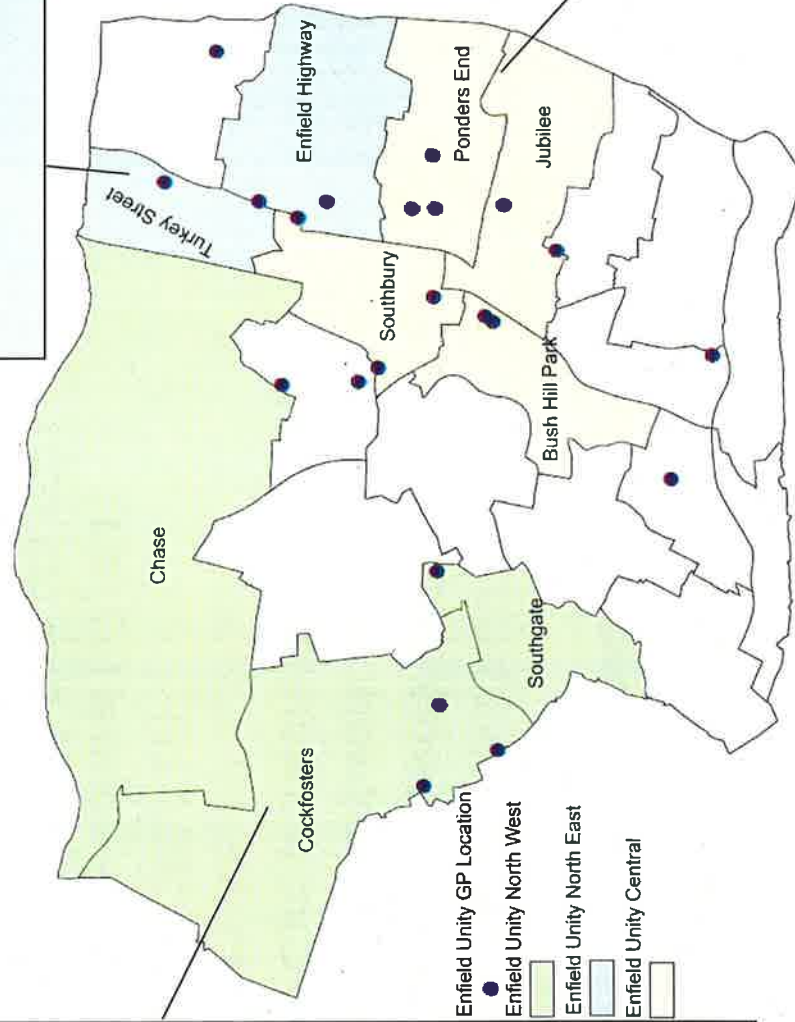
# Enfield Unity Networks

## North West

- Population has a higher proportion of older people.
- Highest life expectancy (LE) within the PCN, female LE is 84.6 and male LE is 80.7.
- Second highest proportion of white residents (72.3%) in Enfield
- Sig lower prevalence of children in poverty (17.3%) compared to Enfield (22.6%).

## North East

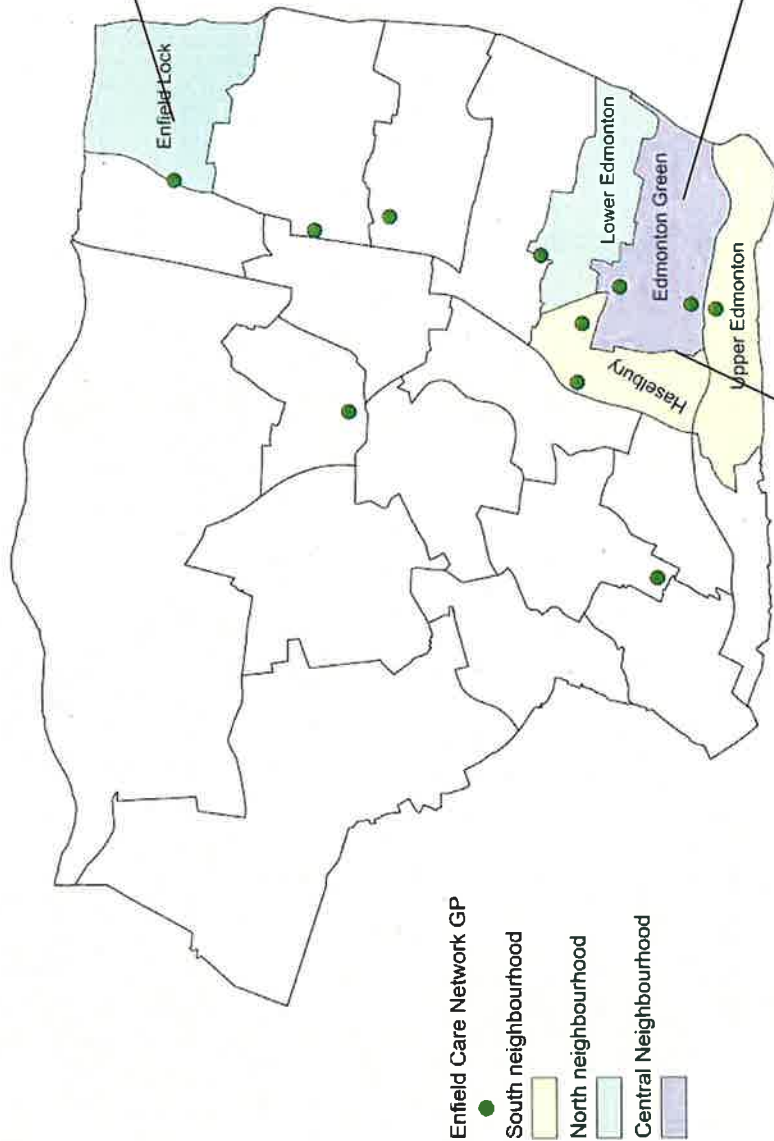
- Higher proportion of children and young people aged 0-19
- Lowest life expectancy (LE) within the PCN, females LE is 83.2 and males 79.2
- Sig higher proportion of black residents (23.8%) compared to Enfield (17.2%).
- One of the highest prevalence's of child poverty in Enfield (29.3%), sig higher than Enfield (22.6%).



## Central

- Similar population structure to Enfield
- Life expectancy of females is 84.2 and males 79.7, similar to Enfield.
- Similar ethnic breakdown of residents to Enfield.
- Similar prevalence of child poverty (23.2%) to Enfield (22.6%).

# Enfield Care Network Neighbourhoods



## North

- Higher proportion of children and young people aged 0-19
- Both male (80.5 years) and female (82.8 years) life expectancies at birth are similar to Enfield (80.3 and 84.2 respectively).
- One of the highest prevalence's of people receiving out of work benefits in the borough (4.2%), sig higher than the Enfield average (3.2%)

## Central

- Higher proportion of children and young people aged 0-19 and working age adults (aged 25-34).
- Highest proportion of black residents in Enfield (35.2%).
- Both male (79.4 years) and female (84.9 years) life expectancies at birth are similar to Enfield (80.3 and 84.2 respectively).
- Highest prevalence of child poverty in the borough (30.0%), sig higher than Enfield (22.6%).

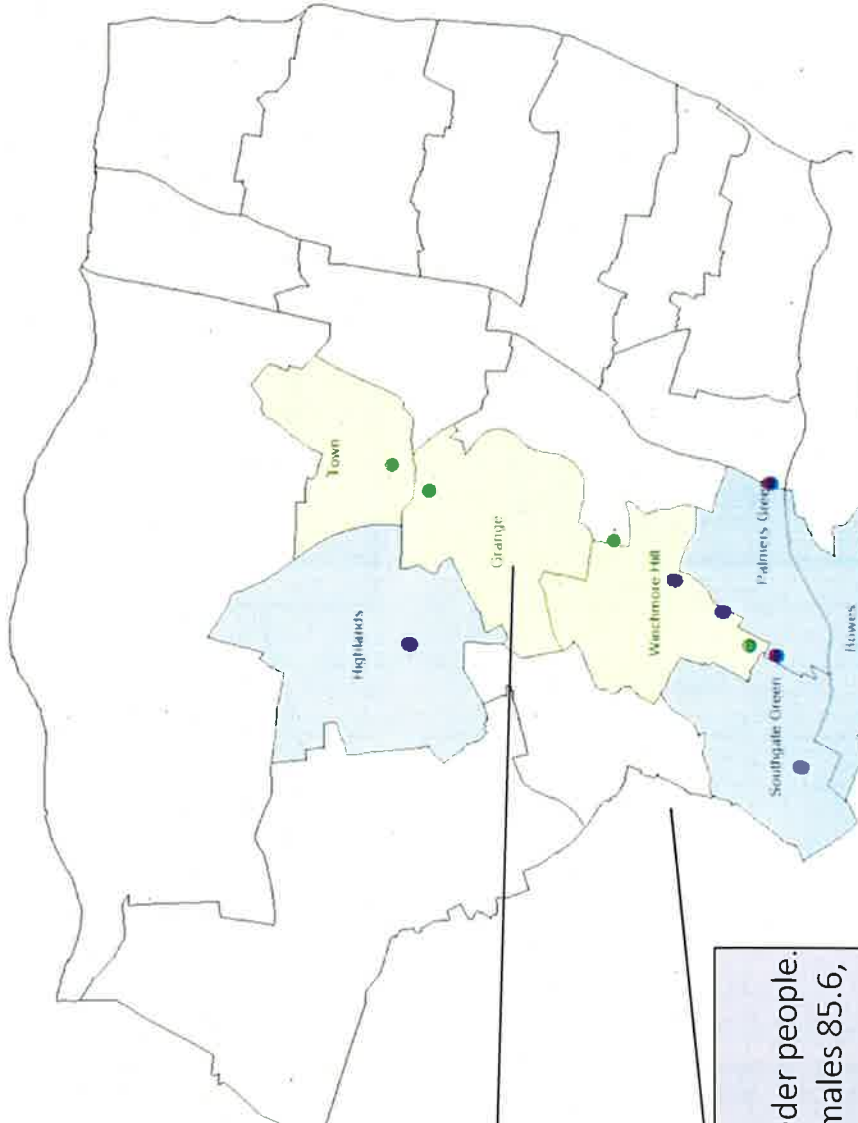
## South

- Higher proportion of children and young people.
- The male life expectancy at birth in the South neighbourhood (77.6 years) is significantly lower than the Enfield average (80.3 year). Female life expectancy at birth (83.2 years) is similar to Enfield (84.2 years).
- Significantly lower percentage of people economically active (61.1%) compared to Enfield (63.6%)

# Enfield South West and West Enfield Collaborative

## West Enfield Collaborative

- Population has a higher proportion of older people.
- Highest proportion of white residents in Enfield
- Males life expectancy 82.3 years and females 85.1, both similar to the Enfield life expectancy.
- Affluent area – low levels of poverty, out of work benefits, social housing etc.



## Enfield South West

- Population has a higher proportion of older people.
- Males life expectancy 82.1 years and females 85.6, similar to the Enfield life expectancy.
- From all PCN's females in the Enfield South West PCN on average live longest.
- Affluent area – low levels of poverty, out of work benefits, social housing etc.



# e.g. Causes of Death – PCNs

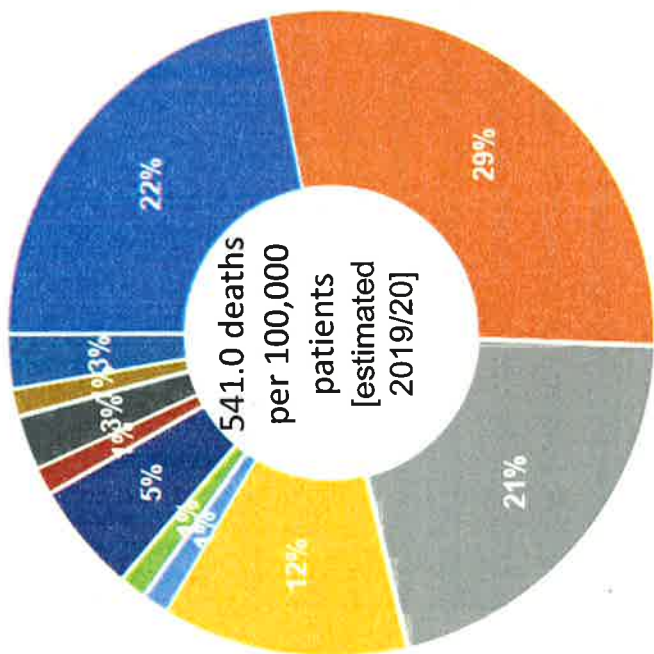


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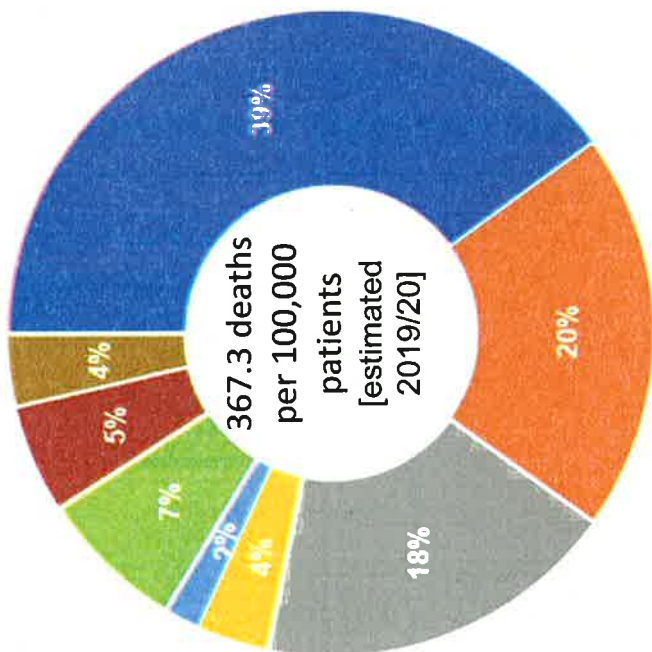
North Central London's sustainability  
and transformation partnership Collaborative



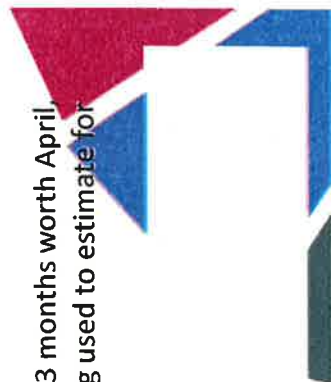
Enfield South West



- Diseases of the circulatory system
- Neoplasms
- Diseases of the respiratory system
- Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
- Infectious and parasitic diseases
- Diseases of the digestive system
- Diseases of the genitourinary system
- Diseases of the nervous system
- Mental and behavioural disorders
- Injury, poisoning and certain other consequences of external causes
- Other



Data from Civil Registration – 3 months worth April, May and June 2019, modelling used to estimate for the year of 2019/20





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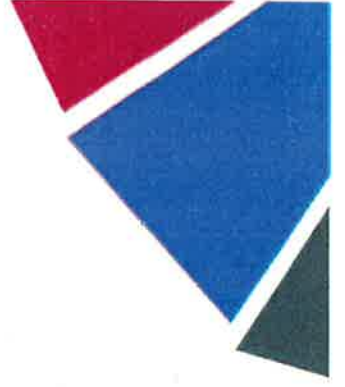
North Central London's sustainability  
and transformation partnership



## **LONG TERM CONDITIONS**

We aim to:

1. Diagnose our undiagnosed to give them the best possible chance of living with early disease and potentially reversing some aspects of disease
2. Robustly treat our patients who have one or more LTC to maximise clinical impact and substantially reduce complications and co-morbidities
3. Significantly enhance our prevention offer across primary, secondary and tertiary modalities to reduce the care and treatment burden





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## Long Term Conditions in Enfield

### The Detection Gap

- In addition to the numbers presented in QoF, a number of unidentified patients are likely to be present. Based on national figures, there may be:
  - **2,270** undiagnosed with AF
  - **3,732** undiagnosed with diabetes
  - **1,887** undiagnosed with Heart Failure
  - **26,000** undiagnosed with Hypertension

Source: Public Health England Cardiovascular Disease Report (2019) [https://fingertips.phe.org.uk/profile/cardiovascular-disease-primary-care/area-search-results/E39000018?search\\_type=list-child-areas&place\\_name=London](https://fingertips.phe.org.uk/profile/cardiovascular-disease-primary-care/area-search-results/E39000018?search_type=list-child-areas&place_name=London)

*Local clinicians working with local people for a healthier future*



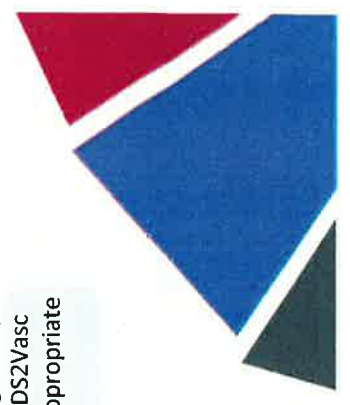


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Enfield CCG Long Term Conditions Outcomes Framework		
DISEASE	OUTCOMES MEASURE	2020/21 PERFORMANCE
Pre-Diabetes	Improved monitoring of pre-diabetics - Patients to be offered annual HbA1c	85% pre-diabetic (HbA1c 42-47) maintained within pre-diabetic range
	Prevention of Type 2 Diabetes	95% pre-diabetics offered NDPP
Diabetes	Prevention of Type 2 Diabetes	10% pre-diabetic patients offered group consultation who do not undertake NDPP
	Currently there are 18,750 patients in this group based on the search in EMIS. Diagnose the undiagnosed	640 newly diagnosed diabetic patients (a decrease in undiagnosed of 15%)
Atrial Fibrillation (from single offer)	3 Treatment Targets (3TTs)	2% increase from baseline 46% or at 31/3/2020 if higher
	Improve outcomes towards Type 2 for those with HbA1c between 58-70mmol	10% patients completed locally commissioned course (Baseline 3,250) and brought back into control (<58)
Atrial Fibrillation (from single offer)	Diagnose the undiagnosed	304 number of newly diagnosed AF patients (or 15% decrease in undiagnosed)
		86%-patients with a CHA2DS2Vasc score greater than 2 on appropriate anticoagulants
Pre-Diabetes	Improved monitoring of pre-diabetics - Patients to be offered annual HbA1c	15% pre-diabetic (HbA1c 42-47) returned to normal range (below 42)
	Prevention of Type 2 Diabetes	95% pre-diabetics offered NDPP
Diabetes	Prevention of Type 2 Diabetes	12% pre-diabetic patients offered group consultation who do not undertake NDPP
	Currently there are 18,750 patients in this group based on the search in EMIS. Diagnose the undiagnosed	TBC newly diagnosed diabetic patients (or decrease in undiagnosed of 15%)
Atrial Fibrillation (from single offer)	3 Treatment Targets (3TTs)	2% Increase from baseline 48% or at 31/3/2021 if higher
	Improve outcomes towards Type 2 for those with HbA1c between 58-70mmol	12% patients completed locally commissioned course (Baseline TBC) and brought back into control (<58)
Atrial Fibrillation (from single offer)	Diagnose the undiagnosed	TBC number of newly diagnosed AF patients (or 15% decrease in undiagnosed)
		88% patients with a CHA2DS2Vasc score greater than 2 on appropriate anticoagulants





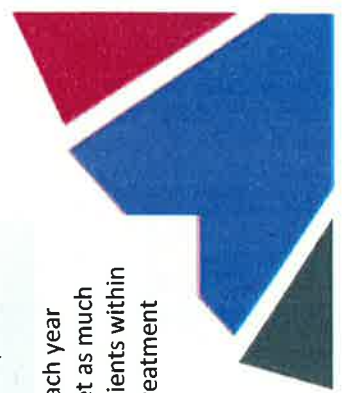


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Prevention	Stop smoking	2% Increase in 4 week quitters (baseline against national online cessation portal number of quitters)	2% Increase in 4 week quitters (baseline against national online cessation portal number of quitters)
Commissioning VCS	Memorandum of Understanding with VCS in place to reduce health inequalities	Actions from Memorandum of Understanding implemented	Actions from Memorandum of Understanding implemented
COPD	Diagnose the undiagnosed	NIL in 2020/21	X number newly diagnosed patients with COPD (or X% decrease in undiagnosed)
	Reduction of Exacerbations	NIL in 2020/21	X number of COPD patients with crisis plan and reduction of X number of COPD diagnosed patients attending ED
CVD (Rightcare /NICE Prevention Pathway)	Hypertension	NIL in 2020/21	X number newly diagnosed Hypertension patients -Baseline QoF 2019/20 (or decrease in undiagnosed of 10%)
	Hypertension	82% patients within clinically therapeutic treatment range (Cohort age <79)	84% patients within clinically therapeutic treatment range (Cohort age <79)
	Heart Failure	NIL in 2020/21	X number newly diagnosed HF patients -Baseline QoF 2019/20 (or decrease in undiagnosed of 10%)
	CKD	NIL in 2020/21	X% newly diagnosed CKD (or decrease in undiagnosed of X% )
	CKD	NIL in 2020/21	60% (increase by 5% each year thereafter: lower target as much harder to achieve). patients within clinically therapeutic treatment range.



# Frailty

1. Currently work in individual organisations but needs to be brought together to develop system response
2. Enfield Borough Partnership has agreed modelling work looking at population breakdown across mild, moderate and severe frailty, and health and social care activity and spend across the population to inform future provision towards prevention
3. Providers currently using, or about to use, Rockwood frailty score to ensure picture of frailty across the older population of Enfield





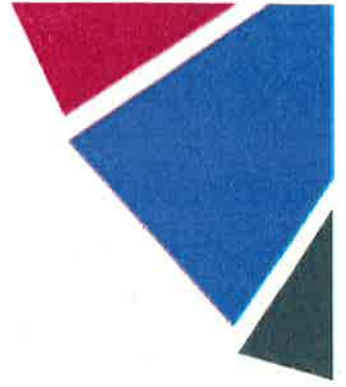
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**Rockwood Frailty Scores NIMH Emergency Department, Apr 19 – Feb 20**

SCORE	NUMBER	PERCENTAGE
1 – Very Fit	113	2%
2 - Well	397	7%
3 – Managing Well	1678	30%
4 - Vulnerable	1103	20%
5 – Mildly Frail	1058	19%
6 – Moderately Frail	792	14%
7 - Severely Frail	382	6%
8 – Very Severely Frail	67	1%
9 – Terminally Ill	15	1%
<b>Total</b>	<b>5,605</b>	







**MUNICIPAL YEAR 2019/2020 REPORT NO.****MEETING TITLE AND DATE:**

Enfield Health and Wellbeing Board  
19<sup>th</sup> March 2020

**REPORT OF:**

Director of Public Health

Contact officer and telephone number:  
DuDu Sher-Arami, Consultant in Public  
Health.

Email: [Dudu.Sher-Arami@enfield.gov.uk](mailto:Dudu.Sher-Arami@enfield.gov.uk)

Agenda - Part:	Item:
<b>Subject: JHWBS/HWB “Thematic Year” funding proposal – Briefing Note to Enfield HWB</b>	
<b>Wards: All</b>	

**1. EXECUTIVE SUMMARY**

The Health and Wellbeing Strategy includes four key themes; having a healthy diet, being smoke free, being physically active and being socially connected. The Board agreed (26<sup>th</sup> September 2019) that partners would conduct a programme of ‘Year Of (having a healthy diet, being smoke free, being physically active and being socially connected)’ over the life-time of the strategy.

This paper requests the boards agreement in principle that Board partners jointly share the cost/ resources of each ‘Year Of’ programme by agreeing a budget at the start of each year. It is proposed that the Health Improvement Partnership plans, implements and identifies resource requirements for each ‘Year Of’ programme.

**2. RECOMMENDATIONS**

1. That Board Partners agree to resource the ‘Year Of’ concept.
2. The Board tasks the Health Improvement Partnership with planning and costing required resources for each annual programme.

### **3. BACKGROUND**

The Health and Wellbeing Strategy includes four key themes; having a healthy diet, being smoke free, being physically active and being socially connected. The Board agreed (26<sup>th</sup> September 2019) that partners would conduct a programme of actions and communications to celebrate each of the priorities resulting in a 'Year Of' (having a healthy diet, being smoke free, being physically active and being socially connected) over the life-time of the strategy. Each 'Year Of' programme is an opportunity to involve and raise awareness among local residents in the delivery of and work around each priority theme.

Each annual programme will celebrate the activity conducted within the Health and Wellbeing Strategy Action Plan relating to each of the priorities. The first 'Year Of' programme will focus on being smoke free and will be executed over 2020/21.

It is proposed that the Health Improvement Partnership is tasked with developing, implementing and identifying the resource requirements of each programme of activity for each 'Year Of'. Resource requirements will cover costs of activities such as community events, communication materials, and such like and will ensure that the cost of execution of 'Year Of' activities are jointly sponsored by partners.

Partners that would be approached for resource contribution include; Local Authority, CCG, Royal Free London NHS Foundation Trust, North Middlesex University Hospital NHS Trust and Barnet, Enfield and Haringey Mental Health NHS Trust. Other partners would be invited to support the programmes in kind.

### **4. ALTERNATIVE OPTIONS CONSIDERED**

Individual organisations formulate their own 'Year Of' plans and resource requirements.

Arguably, developing a plan for each 'Year Of' that is shared between partners is likely to result in a better coordinated and impactful programme.

### **5. REASONS**

Successful delivery of 'Year Of' with a purpose of showcasing activity relating to each of the priorities over the lifespan of the new Health and Wellbeing Strategy.

## 6. ADDITIONAL BACKGROUND

- 6.1 <https://governance.enfield.gov.uk/ieListDocuments.aspx?MIId=13025>  
item 10.

## 7. KEY RISKS

Without a jointly planned, implemented and resourced plan for 'Year Of' programmes, there is a risk to the quality of delivery of programmes resulting in lack of engagement with local residents.

## 8. EQUALITIES IMPACT IMPLICATIONS

The over-arching aim of the Enfield Joint Health and Wellbeing Strategy is to reduce the persistent health inequalities experienced by all and any Enfield residents and is not expected to discriminate against any groups or have an adverse impact on them. By achieving our vision of making the healthy choice the first choice for **everyone** in Enfield, the strategy will improve health outcomes for all communities in Enfield. Taking an equity-based approach, we have devised universal priorities aiming to benefit everyone as well as specific interventions for the most deprived wards and vulnerable communities and groups to ensure equality of outcomes.

This is not to say that future or proposed initiatives should not provoke additional equality impact assessments where considered appropriate.





## MUNICIPAL YEAR 2019/20

Meeting Title:  
**HEALTH AND WELLBEING BOARD**  
 Date: 19<sup>th</sup> March 2020

Contact officer: Glenn Stewart  
 Telephone number: 020 8132 0605  
 Email address:  
[glenn.stewart@enfield.gov.uk](mailto:glenn.stewart@enfield.gov.uk)

### Agenda Item:

**Subject:** Update on Borough  
 Response to Covid 19

**Report of:** Stuart Lines, Director  
 of Public Health

### 1. EXECUTIVE SUMMARY

Covid 19 is a novel corona virus first detected in China but has now infected over 113,000 people in 113 countries with over 4,100 fatalities. As of 9.00 am on 11th March 2020 there were 456 confirmed cases of Covid 19 in the UK. Six patients who tested positive for Covid have died. It is now accepted that it is 'highly likely' that the virus will now spread in a 'significant way' in the UK.

This update briefs the HWB of current Covid situation in the UK, the national plan and the local response, pressures and concerns.

This update is caveated in that this is a fast moving situation which may change between the time of report writing and the HWB Board.

**Recommendations**

The Board is asked to note and comment upon this update

## Background

- 1.1 On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China
- 1.2 On 12 January 2020 it was announced that a novel coronavirus had been identified in samples obtained from cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. This virus is referred to as SARS-CoV-2, and the associated disease as COVID-19.
- 1.3 As of 9.00 am on 11<sup>th</sup> March 2020 113,851 cases have been diagnosed in 113 countries and areas (including mainland China), with a total of 4,193 fatalities
- 1.4 As of 11<sup>th</sup> March 2020 at 9.00 am 27, 476 people have been tested in the UK, of which 27,020 were confirmed negative and 456 were confirmed as positive. Six patients who tested positive for COVID-19 have died.
- 1.5 On 9<sup>th</sup> March 2020 the first case of Covid 19 in Enfield was confirmed.
- 1.6 On 3<sup>rd</sup> March 2020 the Government published its coronavirus action plan
- 1.7 The action plan has 4 stages:
  - Contain
    - Detect and stop spread
  - Delay
    - Lowering peak impact
  - Research
    - Vaccine, treatment, models of care
  - Mitigate
    - Minimise impact upon society
- 1.8 LBE has been asked to plan on the basis of a 'reasonable worst case' (RWC) of a 35% clinical attack rate and a 1-2% fatality rate. This would imply approximately 115,000 people becoming ill and between 1,150 and 2,300 dying. In a 'normal' year there are approximately 2000 deaths in Enfield.
- 1.9 Of those who become infected the overwhelming majority will experience mild or no symptoms. However, modelling implications are still that LBE, the NHS and other provider services would experience enormous strain.
- 1.10 The Chief Medical Officer has indicated that the UK may be moving from the 'Contain' stage of the plan to 'Delay'. 'Lowering peak impact' is intended ensuring that if the virus becomes widespread it is slowed so that as few people are ill at any one time as possible.

## LBE

- 2.1 LBE is the lead agency with responsibility for system resilience
- 2.2 There was a first meeting of the Enfield Influenza Committee on 11<sup>th</sup> February. This was chaired by LBE and attended by the Royal Free, the North Middlesex,

the CCG. LBE and providers outlined their plans and contingency measures for dealing with any forthcoming infection spread.

- 2.3 No date was set for further meetings but it was agreed that if and when it became necessary the IPC would meet as often as appropriate.
- 2.4 The LBE Executive Management Team will review the Covid 19 situation weekly for the foreseeable future.
- 2.4 There was a meeting of the Enfield Business Resilience Forum on 11th March. It was noted that the Director of Public Health has declared a need for the Influenza Pandemic Committee (IPC) to start meeting and that internal governance arrangements have been instigated to oversee the Council's response to Covid. External partners fed back on their own planning and business continuity arrangements.
- 2.5 Public Health has been asked to present to the Health Scrutiny Committee on 25<sup>th</sup> March.

## **NHS**

- 3.1 NHS England has declared a 'Level 4' incident (national emergency) thereby putting in place 'command and control' measures.
- 3.2 All hospitals in England have been told to assume that they will receive Covid 19 cases in due course.
- 3.3 NHS Trusts are receiving daily updates, have regular North Central London teleconferences and weekly national webinars chaired by the Chief Medical Officer, Professor Chris Whitty.
- 3.4 All Acute Trusts have been directed to establish pods for testing to which NHS 111 can direct patients.
- 3.5 Trusts have provided training on the use of Personal Protective Equipment (PPE) and supplies are being monitored.
- 3.6 The NHS has a stockpile of PPE.
- 3.7 NHS Trusts have had staff briefings, provided communications and signage is being displayed for both staff and the public.
- 3.8 The North Middlesex A&E has identified cubicles for patients with a confirmed or unconfirmed diagnosis. A 'drive-thru' swabbing area is being considered as it is thought that this will be recommended by the DH.
- 3.9 The CCG has sent information to all practices including advice on texting information to patients who may have travelled from abroad, and information / advice for pharmacists, on PPE, the identification of possible cases
- 3.10 Both the North Midd and Chase Farm are reporting additional pressures on staff because of the time required for swabbing and testing of potential patients.
- 3.11 BEH are reporting that staff are being diverted from normal duties in order to prepare for the potential spread of the virus.
- 3.12 Going forward all Trusts have concerns<sup>2</sup> about staffing particularly if they / family members are asked to self-isolate and / or schools are shut.

- 3.13 BEH is further concerned about the difficulties of isolating a patient with Mental Health issues and where this may be clinically difficult / inappropriate.
- 3.14 Supporting the response to the coronavirus is now a key priority for the North Central London NCL CCGs. A team of CCG lead commissioning Directors is now in place to support the response – including ensuring regular liaison with Providers, Local Authorities, Public Health etc.
- 3.15 A NCL CCG coordination centre has been set up at Laycock street, (Islington CCG base) where all enquiries on Covid 19 will be directed and managed.
- 3.16 The volume of community tests required across London is expected to rapidly and significantly increase over the next week. An urgent requirement of the ‘system’ is to significantly increase capacity for community testing (swabbing) including home visits and drive-through facilities.
- 3.17 Key issues include rapidly increasing demand for testing, supporting NHS 111 and Trust workforce capacity, ensuring patients follow correct pathways, increasing costs to the system and ongoing sustainable provision of Personal Protective Equipment.

### **Discussion**

- 4.1 The CMO has indicated that the UK is moving from a ‘contain’ to ‘delay’ stage in the spread of Covid 19. This is because although numbers are low community transmission now seems to be taking place in the UK (e.g. not all cases can be attributed to foreign travel).
- 4.2 LBE is the system lead for community resilience in the borough and it has assured itself that providers and services are as prepared as possible for a possible pandemic.
- 4.3 If and when any spread of Covid 19 becomes widespread enormous strain would be placed upon all services across the borough. One of the biggest issues may be business continuity with large numbers of people off sick.
- 4.4 LBE and all providers have reviewed their business continuity plans. However, until a pandemic arrives it is difficult to predict where supply chains may be weakest.
- 4.5 The Local Resilience Forum is ready to meet again and will meet as regularly as necessary throughout any pandemic. This will enable and encourage mutual aid as appropriate.

### **Conclusion**

- 5.1 LBE as a borough has measures in place to respond to the emerging threat from Covid 19.
- 5.2 Members of the HWB Board are invited to comment upon the above.

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# Enfield Poverty and Inequality Commission

## All things being equal

The final report and recommendations of the  
Enfield Poverty and Inequality Commission (EPIC)

January 2020



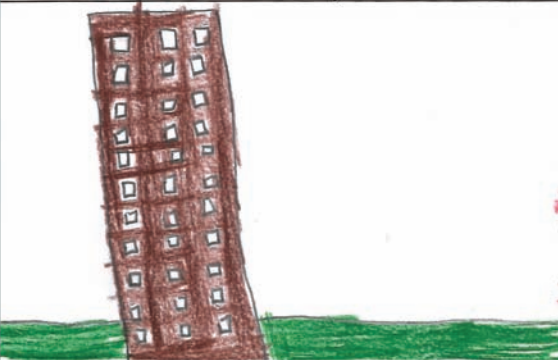





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**It's the year 2030.**

Show me where you live?	Show me what you do?
	
<p><b>What help will you need to achieve your dreams?</b></p> <p>I will need the help of my family and friends to provide money and support. and I would also need a good education, a good Secondary School. My granddad will help the most and already has.</p>	



## Foreword from Cllr Nesil Caliskan, Leader of Enfield Council

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**Our Borough is rapidly changing. We are one of the fastest growing London Boroughs, but we are also a borough in which more and more households are living in poverty. Our borough is suffering from a housing crisis, cuts from central government to local public services and punitive changes to the benefits system that cause hardship and suffering. Many households face a daily struggle to keep their heads above water.**

The evidence of increasing poverty and inequality is becoming more pronounced in many parts of our borough. We have seen a significant increase in Food Bank usage, health inequality remains stark and spatially defined, and our levels of youth violence are worryingly high.

Against this backdrop, Enfield Council has been forced to save £178million since 2010 because of spending cuts imposed by central government, despite increasing pressure on local services. The core funding the Council receives from Government to provide vital services for its residents has been cut by an average of £800 per household in Enfield, and we need to contemplate further savings of £13 million in the 20-21 financial year as austerity continues exert its influence.

The administration I lead is committed to doing everything it can to shape our services in a way that can maximise our ability to reduce inequality. I deeply believe in the value of local government and the transformational impact it can have to sustainably change lives and communities for the better. We can provide leadership in finding solutions and encourage parties to change so that collectively we can reduce inequality gaps and tackle poverty.

That's why Enfield's Labour-controlled Council has set up an independent and time-limited commission to better understand the forces driving poverty and inequality in the borough. The commission points to potential solutions.

Over the past 18 months, we have already taken some bold decisions; investing significantly in youth services to reduce offending and give young people hope; taking greater control by initiating Council-led regeneration so we can deliver more genuinely affordable homes for local people; and pumping additional resources into services for the most vulnerable children; helping us achieve a 'good' Ofsted. We have also insourced a number of Council services including housing repairs to directly address the issue of poor-quality accommodation.

The recommendations in this report are welcome and will help us make practical changes so we can begin to remove the barriers that prevent our poorest and vulnerable citizens from reaching their full potential. The journey will not be straightforward, and the challenge is great; but I firmly believe we have the resolve and vision to create a lifetime of opportunities for everyone in the borough.

I am grateful to Baroness Tyler and her fellow Commissioners for their work and I look forward to working with the whole community to implement these recommendations over the coming years.



## Foreword from Baroness Tyler, Chair of the Commission

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**Enfield has the historic reputation of being a leafy, suburban outer London Borough. Having grown up in Enfield, I know full well that there has always been a divide between the east and the west of the Borough. However, it's clear though that over the last decade or so something has changed. The levels of poverty and deprivation in Enfield are now more comparable to our historically poorer neighbouring inner London boroughs.**

The 2019 English Indices of Multiple Deprivation, published in October 2019, shows Enfield rising from the 12th to the 9th most deprived London borough. Enfield is an outlier in terms of homelessness, use of temporary accommodation and low pay. But due to the inequality between the east and west of Enfield, borough averages often hide the true extent of deprivation across a wider range of measures.

**“ Enfield is a Borough with inner-London problems and outer-London funding and infrastructure. This must change. ”**

This was reflected in the evidence heard by the Commission. Time and again we were told that Enfield now resembles an inner London borough in the challenges it faces. Yet the Borough faces those challenges with infrastructure and central Government funding more fitting for the Enfield of eighteen years ago than the Enfield of today.

Against the backdrop of increasing poverty in the Borough, Enfield has seen central government funding slashed since 2010, constraining the ability of the Council and its partners to respond. Enfield is a Borough with inner-London problems and outer-London funding and infrastructure. This must change.

This Commission's brief was to examine the challenges facing Enfield through three 'threads'; living, learning and earning. The Commission has been run to a tight, focussed, six-month timeline. Rather than revisit well-worn debates about poverty and inequality, we have tried to focus on what makes Enfield different from other areas in terms of the challenges it faces and the resources it has and needs to meet those challenges. We believe this is how our Commission can add value.

Whilst the data and the presentations we have received have told a clear story, some of the most powerful evidence we have heard has been from 'citizen witnesses' –members of the public who have given the Commission evidence from their own personal experiences. Their stories served as a constant reminder about what is truly at stake here.

In submitting this report, we hope that the Commission has been able to play a part in creating a new way forward for Enfield in which all people have the opportunity to reach their full potential, regardless of their background. Enfield is a place with huge energy and vitality. By removing the barriers that prevent those on lower incomes from thriving, a Borough that works for everyone is within grasp.

# What is the Enfield Poverty and Inequality Commission?

The Commission, chaired by Baroness Tyler of Enfield, is made up of a mix local and national stakeholders and experts. Although established by the Council, the Commission itself is fully independent. The work of the Chair and Commissioners is based on evidence and most importantly experiences views of local residents and community groups. This blend of evidence is intended to help the Council improve the livelihoods and life chances of those on low incomes living in the Borough.

## What the Commission covered

The Commission focussed on three inter-connecting themes. These are:

- **Living**  
To what extent does who we are and where we live affect our life chances and the services we can access?

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- **Learning**  
What barriers prevent local people from accessing opportunities through education and training?

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- **Earning**  
How can people on low incomes be better supported to secure long-term economic prosperity?

---

## What did we do?

- Initiated a 'call for evidence' to understand the views of local people and organisations. A feedback account was set up and promoted and comment boxes were placed in Enfield's four hub libraries for members of the public to submit evidence.
- Considered relevant existing datasets across a range of available evidence bases.
- Engaged directly with local people, service providers, community organisations and businesses, through public meetings, focus groups, and one to one interviews.
- Considered best practice that has successfully been taken forward in Enfield and elsewhere that may be replicated or adapted for wider use.
- Held four Commission meetings to hear evidence on the three threads with follow up discussions.
- A deliberative 'solutions workshop' at Green Hall Community Centre in Edmonton, inviting organisations and members of the public who had engaged with the Commission to come together and formulate recommendations.

## The final recommendations

- A long list of over 100 ideas was compiled by the Smith Institute, including ideas generated at the deliberative workshop, proposals contained within evidence submissions and proposals made by the Commissioners.
- The Smith Institute worked closely with the Chair and Commissioners to edit the long list of ideas down to the 27 recommendations contained within this report.
- The Smith Institute drafted the final report of the Commission in close consultation with the Chair and Commissioners. In drafting the report, the Smith Institute drew on a material compiled from a wide range of sources including existing data, new data provided by Enfield Council, individual evidence submissions, witness evidence and discussions from the four Commission meetings, focus groups and interviews with local people as well as meetings and interviews held through the wider engagement programme.

# EPIC Commissioners

## Chair

Baroness Claire Tyler of Enfield

## Commissioners

Greg Beales – Director of Communications, Policy & Campaigns, Shelter

Pamela Burke – Chief Executive, Enfield Carers Centre

Chandra Bhatia – Chief Executive, Enfield Racial Equality Council

Sam Gurney – Regional Secretary, TUC London, East and South East

Jill Harrison – Chief Executive, Citizens Advice Enfield

Jo Ikhelef – Chief Executive Officer, Enfield Voluntary Action

Daniella Lang – Headteacher, Brimsdown Primary School

Monty Meth MBE – President, Enfield Over 50s Forum

Laura Payne – Project Manager, 4in 10 London Child Poverty Network

Dr Susan Tranter – Chief Executive and Executive Headteacher, Edmonton County Secondary School

Dr Andrew Whittaker – Associate Professor, London South Bank University

## Acknowledgements

The Commission wishes to thank Shaun Rogan, Harriet Potemkin and Victoria Adnan of Enfield Council for their invaluable advice and support.

The Commission would also like to thank all of the individuals and groups who engaged with the Commission and attended meetings and events to give their evidence, especially the pupils of George Spicer primary school for the fantastic artwork included within this report.

# Executive Summary

**Enfield is home to over 300,000 residents. The Borough is young and diverse and located within a dynamic and prosperous global city. Both the size and diversity of the population has increased rapidly in recent years and is set to increase further. People the Commission spoke to were proud of their diverse and vibrant community.**

These are all solid foundations for the Borough to thrive and prosper in the coming years. However, realising the potential of the Borough will mean tackling the growing poverty and inequality.

Meeting this challenge will not be easy after a decade of austerity and the changing spatial patterns of poverty in London which are being acutely felt in Enfield. As the Commission's work shows, a successful future requires shared priorities and inclusive growth. Indeed, over the last four years, Enfield has risen from being the 12<sup>th</sup> to the 9<sup>th</sup> most deprived London borough between 2015 and 2019<sup>1</sup>. 27% of households in the Borough are in poverty after housing costs and one in three children are living in poverty<sup>2</sup>.

Against this backdrop, this independent Commission was established to examine what can be done to tackle poverty and inequality. The Commission focused on three areas: Living, Learning and Earning – all vital components of a strategy designed to tackling poverty and inequality and improve people's well-being and life chances.

Over a six-month period, the Commission reviewed evidence, listened to stakeholders and heard testimonies from local residents on the challenges and possible solutions. Based on this evidence the Commission has set out twenty-seven recommendations which it believes will make a significant difference to the lives of Enfield's poorest residents and help the Borough continue to be an attractive and inclusive place to live.

## **Tough new action to reform privately rented housing**

The Council have ambitious plans to build 19,000 homes over the next ten years with half genuinely affordable in relation to earnings. In the meantime, privately rented housing will continue to play a major role in housing those on lower incomes. The council should move ahead with a licencing scheme for landlords to increase the quality of accommodation whilst also reducing unfair evictions and discrimination against tenants claiming benefits, an end to the 'no DSS' culture.

## **A new integrated health and wellbeing centre for the East of the Borough**

Health inequality between the east and west of the Borough is stark. A woman in Edmonton Green can expect to live 8.5 years less than a woman living in Highlands Ward. People in Edmonton Green can expect to live 66.6% of their life in good health, compared to people in Winchmore Hill, who can expect to live 81.5% of their life in good health<sup>3</sup>. Up to 15,644 local residents are not registered with a GP practise and use accident and emergency for healthcare<sup>4</sup>. Building a new integrated health and wellbeing centre on the North Middlesex hospital site will help meet the health needs of the East of the Borough and the new Meridian Water development and improve access to out of hours mental health services. This must remain a priority for the Borough.

## **Revitalise youth services in Enfield**

Serious youth violence is a huge concern across London and in Enfield there is more than one such incident every day. Many London Boroughs have been forced to cut their youth service budgets because of cuts from central government. The Council should take an early intervention approach to keeping young people safe and help them make positive life choices by prioritising investment in youth services and outreach work.

## **Poverty-Proof Enfield's schools**

It is crucial that children from poorer families are not discriminated against because of their lack of familial resources. The Council and local schools should work together to make sure all of Enfield's schools are 'Poverty Proofed', restoring a uniform grant, eliminating period poverty and removing the stigma of growing up in poverty.

## **Set a target to reduce low pay within Enfield**

One in five workers in Enfield are on low pay, twice the London average. Poverty reduction should be at the heart of the new economic development strategy, which should set a target to reduce low pay within the Borough. In setting out its ambition to create future prosperity in the Borough, the Council and public sector partners should show leadership by ensuring the London Living Wage is paid.

# Introduction



**11th highest**  
rate of child poverty in the country<sup>5</sup>



**1 in 5**  
workers are low paid<sup>6</sup>



**49%**  
of pupils in reception class have English as an additional language (EAL)<sup>7</sup>



**1st**  
in London for evictions from private rental properties in London<sup>8</sup>

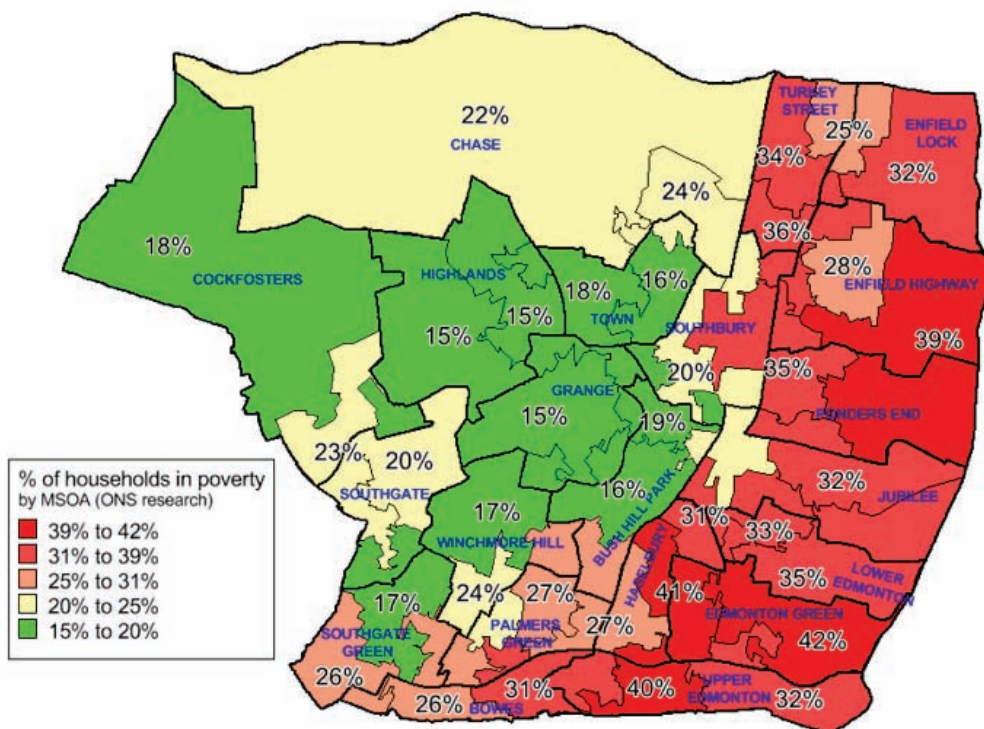


**2nd**  
Enfield now has the 2nd highest level of serious youth violence in London<sup>9</sup>



**28 years**  
the length of time a woman in Edmonton Green can expect to live in ill-health<sup>10</sup>

Chart 1



## A changing Borough

Enfield is a borough experiencing significant and rapid change. These changes bring opportunities to create a modern, vibrant outer London borough. However, they also bring with them significant challenges around poverty and inequality.

**“ I moved back to Enfield after twenty years, I came back in 2012. I noticed clearly an East West divide had widened even to the point that the GPs surgeries are different. ”**  
Parent Engagement Network

The Borough has experienced a substantial increase in its population. The population was relatively stable from the 1960s up until 2001 but the population is projected to have risen by 30% from its 2001 levels by 2025<sup>11</sup>. Enfield is now London's fourth most populous Borough, with a population of 333,869<sup>12</sup>. If Enfield were a city it would be the UK's 28th largest, bigger than places like Sunderland, Hull and Derby<sup>13</sup>.

It is not just the number of people living in the borough that has changed –so has its composition. Enfield is also now much more diverse, with the number of foreign-born residents up by 65% since 2004. Indeed, 19% of the population are not UK nationals and one in ten residents in Enfield arrived in the UK in the decade 2000-2009. Around half of all pupils in reception classes in Enfield's primary schools have English as an additional language<sup>14</sup>.

This growing and diverse population offers the Borough real opportunities to thrive. Diversity is something local residents say that they value. However, as the Borough has become bigger and more diverse, it is also becoming relatively poorer. According to official data, Enfield has risen from being the 12th to the 9th most deprived London borough between 2015 and 2019<sup>15</sup>. 27% of households in the Borough are in poverty after housing costs and one in three children are living in poverty.

Enfield has 34 evictions per 1,000 households, the highest rate in London<sup>16</sup>. With relatively low levels of social housing, poorer families are forced into a growing private rented sector. Seven in ten private renters receive housing related benefits, the highest level in London. As benefits have been cut by central government and rents have continued to rise many of these households have found themselves facing debt and homelessness.

The labour market prospects of Enfield residents also stands out. Enfield is now the Borough with the fourth highest rate of low paid workers. Nearly one in five workers (19%) in Enfield is low paid versus one in ten (11%) in London<sup>17</sup>. Crime is also a huge challenge as the Borough has seen a significant rise in violent offences compared to London between 2018 and 2019<sup>18</sup>, with crimes overwhelmingly concentrated in the poorer east of the Borough.

This report focusses on what can be done to address poverty and inequality at a local level in Enfield, within a wider context of 'de-gentrification' and increasing poverty in outer London. Over the last two decades, many poorer families migrated to outer London boroughs in search of decent living conditions; good schools, parks and lower crime. The Commission was told that many families and their children now find the conditions they left in inner London are now replicated in their new home.

In fact, despite outer London seeing a growth in the proportion of London's most deprived areas, local government funding from central Government has been cut more per head in outer than inner London. As the table below demonstrates, local government budget cuts have hit outer London harder than inner London at the same time as the number of the capital's most deprived areas has increased in outer boroughs.

### RECOMMENDATION 1

Government departments should review funding formulas to account for emerging geographic patterns of increased poverty and deprivation in outer London boroughs such as Enfield.

**Table 1: Central government funding and levels of deprivation in inner and outer London**

	Year-on year changes in central government funding to local authorities				Index of Multiple Deprivation
	2015/16-2016/17	2016/17-2017/18	2017/18-2018/19	2018/19-2019/20	Change in the proportion of London's most deprived areas, 2015-19
Inner London	-9.60%	-7.90%	-4.80%	-5.70%	-10%
Outer London	-13%	-11%	-6.80%	-8.30%	11%

**Sources:** House of Commons Library, Local government finances (2018), MHCLG, Index of Multiple Deprivation 2015 and 2019

**Note:** The proportion of London's most deprived areas is defined as the top quintile of deprived Lower Super Output Areas within London by rank



# List of recommendations

- 1** Government departments should review funding formulas to account for emerging geographic patterns of increased poverty and deprivation in outer London boroughs such as Enfield.
- 2** When regenerating housing estates that are not fit for habitation/purpose, planning should be granted on the proviso that the finished site provides additional genuinely affordable homes.
- 3** The Council should work with partners to reform the private rented sector so that it works for all residents.
- 4** The Council should work with their partners, especially the voluntary sector, to take an early intervention approach to preventing housing problems.
- 5** The NHS should fund a new integrated health and wellbeing centre led by the CCG and the North Middlesex University Hospital Trust to meet the needs of people out of hours and those not registered with a GP and provide out of hours access for mental health services.
- 6** The Council, health providers and the voluntary and community sector should work together to enable increased use of social prescribing to improve public health for residents in the east of the Borough.
- 7** The voluntary and community sector, supported by the Council, should create a Food Action Plan for Enfield, to ensure all families have access to healthy food.
- 8** The Council should prioritise the East of the Borough for future play streets and school streets so children can play out safely and air quality is improved around schools in hot spots of poor air quality.
- 9** A whole-community approach should be taken to reduce crime and anti-social behaviour in hotspots, with the Council and the Police working together to make public spaces safe to use for people of all ages.
- 10** The Police should revamp the 'safer schools' programme for the Borough's schools.
- 11** The Council should revitalise youth services in the Borough.
- 12** The Council, education providers and the voluntary and community sector should work together to ensure that all Enfield's children are 'school-ready'.
- 13** The Council and local schools should work together to make sure all of Enfield's schools are 'Poverty Proofed'.
- 14** The Council should maximise the use of libraries to mitigate overcrowding and enhance learning.

- 15** The Council should work with schools to set a target to reduce the use of fixed-term and permanent exclusions.
- 16** The Council and schools should work together with the local voluntary and community sector to increase access to ESOL lessons for both the children and parents of families for whom English is an additional language.
- 17** The Council, schools and businesses should work together to ensure a line of sight to a decent job for all pupils by offering a work experience programme, volunteering opportunities and CV writing, matching local young people to the jobs of the future.
- 18** Poverty reduction should be at the heart of the Council's new economic development strategy, which should set a target to reduce low pay within the Borough.
- 19** The Council should work with partners to make it far easier for residents to set up their own businesses and thereby increase their income.
- 20** The Council should work with the voluntary and community sector and statutory partners to increase volunteering opportunities for unemployed adults to boost skills and develop CVs.
- 21** The Council should work with partners to ensure that residents from diverse backgrounds are supported into high quality jobs and do not face discrimination.
- 22** The Council should hold an annual two-day skills and employment fair at the Lee Valley Regional Park, giving local people the chance to meet a range of potential employers and educational institutions.
- 23** The Council should work with the Living Wage Foundation and others to make the Meridian Water development a 'Living Wage Zone' and use its wider procurement strategy to actively support decent work and fair pay in Enfield, drawing on existing good practice.
- 24** The Council should help free the poorest residents from the burden of problem debts by extending access to benefits advice, support around debt and good credit.
- 25** The Council should promote the take up of local people's full benefits entitlements so that households receive appropriate benefits and don't get into debt either through under claiming or by receiving overpayments.
- 26** Working with the Council to deliver shared objectives, the voluntary and community sector should have access to Council buildings at a low cost in a system that is accessible, transparent and easy to navigate.
- 27** The Council, the voluntary and community sector and local businesses should set up a new initiative to promote local fundraising for the benefit of local people.

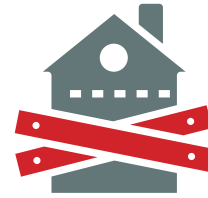
# Thread 1: Living



Homelessness up  
**250%**  
since 2011/12



**7/10**  
private renters claim  
housing benefits



**48%**  
of all homelessness cases are  
from the end of a private tenancy



net cost to the Council of  
temporary accommodation



**19.7%**  
of all households in  
Edmonton Green Ward living  
in overcrowded homes

Source: Why is Enfield facing high levels of homelessness and what are the options for change? The Smith Institute, June 2019.

## Decent homes for all

Enfield is seen as a good place to live and bring up a family with excellent transport links, good schools and plentiful greenspace. However, the struggle poorer households face trying to find decent, affordable housing is the single greatest challenge identified by this Commission. The affordable housing crisis in Enfield is so great that we see the impact throughout this report; from debt caused by changes to housing related benefits, the public health implications of living in overcrowded and non-decent accommodation, to pupils having their education disrupted through multiple school moves caused by their family being forced to move home.

Like many outer London boroughs, Enfield has historically low levels of social housing but as the population has increased and levels of deprivation have risen, the Council has lacked the resources to provide the additional homes needed to meet demand. This has been exacerbated by the loss of over 800 affordable homes through 'Right to Buy' sales since 2012<sup>19</sup>. There are 5,215 households on the Housing Register in Enfield, with just 461 socially rented homes becoming available in 2018/19<sup>20</sup>. This mismatch is worrying and will take time to fix.

To respond to the affordable housing crisis, Enfield clearly needs to build as much social housing as quickly as possible. The Council have set an ambitious target of building 19,000 new homes over the next ten years, 50% of which will be

affordable housing tenures. 70% of those affordable homes will be available to people at London affordable rents or below and 3,500 will be owned directly by the Council.

The Meridian Water development will deliver 10,000 mixed tenure homes with the aim of lifting the Edmonton Wards out of the top 10% of deprived areas nationally. As master developer, the Council has banned overseas sales and will not allow any individual to buy more than two of the homes for private sale. The Council will own 25% of the first phase of 910 homes and will be able to prioritise residents of Enfield in acute housing need. The Council have also said that the 3 and 4 bed homes will be in affordable tenures and accessible homes suitable for disabled residents are being prioritised.

The Council have bold and ambitious development plans, but this programme will take time to be fully realised. Meanwhile, the private rented sector will continue to play an important role in housing many of the poorest residents in the Borough. The Council will have to invest in new affordable homes at the same time as managing the fast growing PRS.

## Access to genuinely affordable housing for all

The Council have set the 'Enfield Housing test for good growth' which established the principle that people on or below the Enfield median income level of £33,830 should not spend more than a third of their income on housing costs.

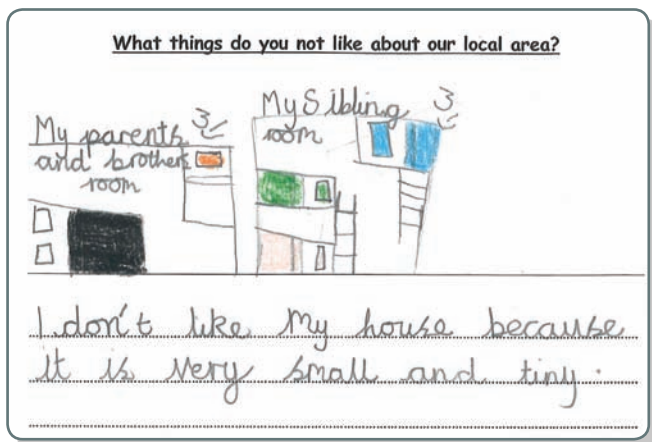
In their draft housing and growth strategy the Council have set out how they will apply this across tenures<sup>21</sup>. This makes Enfield one of a small number of local authorities blazing a trail in defining ‘affordability’ in relation to local incomes and what people can afford, rather than in relation to the market. The Commission endorses this approach and recommend that then Council publish regular reports of the number of households in unaffordable housing.

Affordable housing should not come at the expense of quality. Like many places across the country some affordable housing needs to be updated to make it fit for purpose. Nevertheless, some residents are worried that investment could lead to people having to leave their local community. So when regenerating housing estates that are not fit for habitation, planning should only be granted on the proviso that the finished site provides additional genuinely affordable homes; is agreed by tenants via a ballot (in line with GLA’s new rules on receiving funding) and that there is a ‘right to return’ for existing tenants so they can access the new homes.

The Council have taken the decision to ballot residents on a regeneration scheme for the Joyce and Snells estates which will increase the number of homes from 795 to 3,000 with the number of affordable homes increasing from 428 to 1,450. A joint ballot of the estates will be held to confirm these estate renewal plans. The Commission welcomes this approach which should be replicated in future plans across the social housing sector within the Borough.

Fuel poverty is a huge challenge for poorer households especially for older people. Nobody should have to choose between heating and eating in winter months, so it is welcome that the Council have pledged to design homes with high energy efficiency standards (EPC level C or above), and increase the provision of decentralised energy, such as through the provision of solar panels to provide residents with low cost electricity generated locally, or by connecting to decentralised heat networks.

The Council have set up an energy company, Energetik, to provide better value, reliable and environmentally friendly heat and hot water to 15,000 private and social residents in Enfield over the next 40 years. Fuel poverty is a key commitment in the Energetik Business Plan. As the Council is the sole shareholder, any profits the company makes will be reinvested in the Borough for local benefit, such as measures to address fuel poverty.



## RECOMMENDATION 2

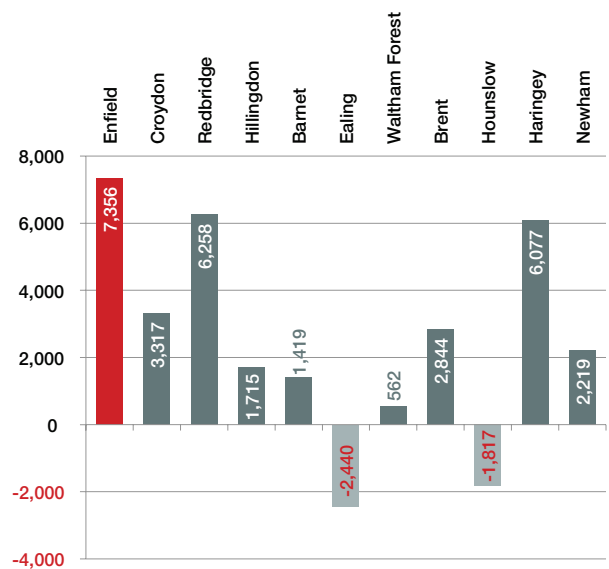
When regenerating housing estates that are not fit for habitation/purpose, planning should be granted on the proviso that the finished site provides additional genuinely affordable homes. Everyone living in the Joyce and Snells estates should have the right to a property on the rebuilt estates if they wish.

## Reform the private rented sector (PRS) so it works for all residents

Of the 120,000 dwellings in the Borough just 8% are Council owned with a further 7% owned by other registered social landlords such as housing associations. Lower income residents are reliant on the PRS, which makes up 27% of homes in Enfield<sup>22</sup>. The Commission noted that inner London boroughs whom Enfield now more closely resembles in terms of deprivation levels typically have much higher levels of social housing to support Londoners facing high and rising private housing costs. In Haringey for example, 25% of all dwellings are owned by the Council or registered social landlords. Southwark, an inner London Borough sitting just one place higher than Enfield on the list of most deprived boroughs, has a combined 41% of all homes owned by the Council or social landlords<sup>23</sup>.

The PRS has grown faster in Enfield than in other Boroughs (see chart 2). The size of the PRS in Enfield has in fact increased by 60% between 2006 and 2016. Over a five-year period between 2012 and 2017, the number of privately rented properties grew by 7,356, and the number continues to increase every year.

**Chart 2: Unofficial ONS Research estimates: Increase in PRS numbers 2012 to 2017 – Enfield and Statistical Neighbours**



The size of the PRS in Enfield is now similar to other Outer London Boroughs<sup>24</sup>. What is different is the composition. Comparisons of housing benefit claims in the Borough to the estimated number of households in the PRS suggest that almost seven in ten PRS households claim housing benefit in Enfield. This is the highest for London and especially high compared with inner London (highlighting the fact that the PRS in Enfield caters for lower income households compared with young professionals that might be found in central London).

**“ I was told I had to find a new flat to rent so I walked from one end of Fore Street to the other going in every letting agent...most of them wouldn't even look at me because I'm on benefits. It's humiliating. ”**  
Citizen Witness

Unfortunately, housing conditions in the PRS are often poor, especially for lower income households. The Commission heard witness evidence of letting agents refusing to engage with potential tenants who claim housing benefits. Residents reported landlords failing to maintain properties to a decent standard and landlords increasing rents to unaffordable levels then evicting vulnerable households.

Interviews with people in the homelessness system and those in temporary accommodation paint a picture of a stratified rental sector in which poorer residents are forced to endure accommodation which is often of poor quality. Many are afraid to report issues to their agent or landlord for fear of being moved on. These households endure insecure stressful relationships with their landlord and long for stability. Much of the instability is due to national legislation which means that tenants can be evicted even when they have paid their rent on time and met other terms of their tenancy. Ending Section 21 'no fault eviction' tenancies will therefore be essential for places such as Enfield to provide housing stability for those in poverty who cannot afford to buy and struggle to access social housing which offer security of tenure.

To help those on lower incomes access housing that meets their needs, the Commission recommends a ban on landlords and letting agents from discriminating against people on benefits through 'no DSS' policies, screening out potential tenants who claim housing related benefits or any other discriminatory practices. The Council should work with housing charities consider taking high profile action against the worst offenders to send a message out to the wider market.

The Commission recommends that such measures are introduced alongside Enfield's plans for a licensing scheme for private landlords to drive up standards. Private landlords are often unaware of their obligations. A licensing scheme would not only help ban rogue landlords from the Borough but also help provide landlords with information about their legal responsibilities.

### RECOMMENDATION 3

The Council should work with partners to reform the private rented sector so that it works for all residents.

- This should include a robust licensing scheme for landlords.
- Set the ambition of being the first Council in the UK to end discrimination by letting agents and landlords against people on benefits.

### Early intervention to prevent housing problems

The most acute housing problems people face manifest themselves in homelessness. Homelessness inextricably linked with poverty and results not just in rough sleeping but also people living in temporary accommodation, such as bed and breakfasts and hostels.

Enfield has experienced a rapid increase in homelessness (rising by 250% since 2011/12), and now has high levels even by London standards. Termination of assured shorthold tenancy in the PRS accounts for 60% of the increase in Enfield between 2010 and 2016. Without action on security of tenure, the proportion could rise even higher.

In March 2019, there were 3,410 households in Enfield's temporary accommodation, a 74% rise since 2012, making Enfield the second highest provider of temporary accommodation in England<sup>25</sup>.

As housing benefits paid to private renters are insufficient to cover rents, poorer households are forced to use subsistence benefits to meet the gap for fear of falling into arrears. Rent levels are growing much more quickly than the LHA rates and even lower quartile rents are higher than Local Housing Allowance rates. It should be noted that the most substantial rise in median rents are for 4+ bed homes, affecting larger families.

Figures from the Citizens Advice Bureau show that of 669 private renters seen in a 12 month period, 41% had problems with benefits, 30% had debt issues and 34% had housing issues. 44% of all debt clients at the CAB had rent arrears and 1 in 5 private tenants who see the CAB about debt do so because of debt caused by benefit over payments<sup>26</sup>.

The Commission urges the council to push for government to make reforms to LHA rates in order to reduce poverty and homelessness in the Borough. It could do this by working with other Boroughs and housing campaign organisations who are lobbying government to return LHA levels so that people can afford the cheapest 30% of homes in an area. More immediate action should be taken locally to intervene to prevent the toxic trio of benefit problems, debt and rent arrears from driving families into temporary accommodation. To do this it is crucial that the households with problems seek advice and support early, rather than waiting until a crisis point.

To better meet the huge demand for housing advice and support, the Council should seek to place advice and support where people are most in need, running specialist 'one stop shops' in schools and community venues such as GP surgeries. These surgeries should be used to trouble-shoot issues co-ordinate help and support for those who are hardest to reach and find immediate solutions rather than referring and sign posting to other sources of support.

Financial support for housing is critical for those on low incomes, but for it to prevent problems escalating it needs to be delivered in a timely fashion. The Commission heard evidence about long waits on decisions on discretionary housing payments of up to 12 weeks for people in acute need.

The council should therefore reform the processes for offering financial help to people with acute housing problems, speeding up process for discretionary housing payments and offer crisis loans for those in housing debt.

**“ I’m living in temporary accommodation now with my husband and my kids. I was depressed. I had an accident in 2013 and I deteriorated. Because of coming to the Parent Engagement Network, we found there were services around, all offered by the voluntary sector. My health is much better now. ”**  
Parent Engagement Network

## CASE STUDY

A two-parent household. Neither parents are working, both are seeking employment. They have three children, two girls (aged 15 and 5) and one boy (aged 13) with a three-bedroom entitlement. This family are benefit capped. They are renting in the private sector at a median rent (£357.69 per week).

Total income for the family is £442.30 per week (including housing support). The income is restricted due to the benefit cap.

Total expenses are £611.37 per week (including housing costs at median rent), leaving a Shortfall of £169.07 per week. The family are at risk of homelessness and may approach local authority for assistance. They are likely to be placed in temporary accommodation (TA) as they are unable to afford a move back to the private rented sector.

If the household lived in council housing they would have a secure tenancy (council housing equivalent) and the same income would give them a surplus income of £59.79 per week.

## RECOMMENDATION 4

The Council should work with their partners, especially the voluntary sector, to take an early intervention approach to preventing housing problems.

- Run a specialist 'one stop shop' for housing and benefits advice as a drop-in surgery for parents at in community locations such as voluntary sector venues such as the Foodbank, libraries and primary schools.
- Reform the processes for offering financial help to people with acute housing problems. Speed up the DHP process and offer crisis loans for those in housing debt.

## Healthier communities



# 15,644

number of Enfield residents that may not be registered with a GP<sup>27</sup>



# 600

estimated number of visits per day to the A & E at the North Middlesex Hospital



Public health grant per head<sup>28</sup> in:

Enfield: **£48**      Islington: **£104**



# 20,000

estimated number of people with unmet mental health needs<sup>29</sup>



# 8.5 years










the life expectancy gap between women in Highland Ward and Upper Edmonton Ward<sup>30</sup>



A woman in Edmonton Green can live up to

# 28 years

in 'poor health'<sup>31</sup>

Illustrating health inequality in Enfield	Edmonton Green	Winchmore Hill
 Proportion of life lived in 'good' health [2009-2013]	<b>66.6%</b>	<b>81.5%</b>
 Child poverty [2015]	<b>29.7%</b>	<b>9.3%</b>
 Achieving good level of development at 5 years (school readiness) [2013/14]	<b>48.5%</b>	<b>70.5%</b>
 GCSE achievement (5A*-C including English and Mathematics) [2013/14]	<b>48.2%</b>	<b>74.8%</b>
 Excess weight in 10-11 year olds [2014/15-2016/17]	<b>36.5%</b>	<b>23.4%</b>
 Adult obesity [2006-2008]	<b>28.1%</b>	<b>17.7%</b>
 Key out of work benefit recipients [August 2016]	<b>21.5%</b>	<b>6.6%</b>
 Emergency admissions (all causes)	<b>12%</b> higher than national average	<b>25%</b> lower than national average
 Elective admissions (all causes)	<b>20%</b> higher than national average	Similar to national average

## Health inequality – a divided Borough

“ Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Constitution of the World Health Organisation, 1946 ”

Poverty is both a cause and consequence of poor health in Enfield. Health inequalities are caused by health behaviours, taking part in health programmes and individual skills, but there are also social determinants of health including childhood experiences, housing, education, employment, social support and income.

Ultimately responsibility for addressing the health inequality that results in poorer residents having shorter lives than their wealthier neighbours rests collectively with the Health and Wellbeing Board, which represents the whole health system, including health providers and commissioners and the Council in their statutory role in relation to public health.

Enfield Council's view is that the strategies most likely to be effective in reducing health inequality include structural changes to the environment, improving access to services, targeting services at disadvantaged groups, and intensive support for particular groups. The Council believes that opt-in services, information-based campaigns and interventions with price or other barriers are less likely to be effective.

With reference to recommendation 1 of this Commission, it is important to note that despite rising poverty and inequality, Enfield receives far less public health funding than neighbouring Boroughs. Enfield receives just £48 per head, compared to £70 for neighbouring Haringey and £104 in Islington. As a result, there is a clear feeling that Enfield is running to keep still, attempting to integrate and innovate to meet new challenges but without the funding needed to meet these new challenges. Government must be asked to reflect on why this disparity prevails and be persuaded to take necessary action to equalise public health allocations with transparency and consistency,

The fact that health services are planned over various geographical footprints is also a challenge for Enfield. The North Middlesex University Hospital Trust and the Mental Health Trust both serve wider, differing geographies. In addition, the Clinical Commissioning Group (CCG) is being merged with four others from April 2020, whilst maintaining local Borough teams. The Council will maintain oversight and influence of the implications of this merger and the wider integration agenda through the Health & Wellbeing Board and the Health Scrutiny committee. At present it is unclear how the new commissioning configurations will affect service delivery within the Borough nor funding streams.

## Access to primary care services

The Commission heard evidence from Healthwatch Enfield that people face challenges in accessing GP appointments, with longer waits in the deprived eastern corridor, where you tend to wait longer to see GP and find it harder to book. Healthwatch found that when people lose mobility, they can't visit the surgery to book appointments and that although older people are interested in using technology to access health provision, they cannot always afford the technology and they may not have computer literacy.

The Commission heard from several sources that people often use Accident and Emergency at the North Middlesex hospital as tool of choice for accessing health services. The Accident and Emergency department at the North Middlesex Hospital is the most busy accident and emergency department in London, seeing an estimated 600 people per day, a number expected to rise to 700 per day in 2020. People seeking non urgent primary care at the Accident and Emergency department lengthens waiting times for people attending with genuinely urgent health needs.

The Commission asked whether this was because GP surgeries in the East of the Borough have higher numbers of registered people per GP than practises in the West. Data supplied to the Commission by Healthwatch Enfield indicates that in fact there are not more people registered with GPs in the Eastern Wards than in the wealthier Western Wards.

Further evidence received from a local GP and from the North Middlesex Trust suggests that there are cultural barriers to using GPs. As we have seen, Enfield has experienced a high level of inward migration from overseas. Many new arrivals are unfamiliar with a healthcare model in which you visit a GP free of charge and so do not register, perhaps in the belief that a GP will charge for visits, whereas hospitals do not. Many poorer households are also time poor and cannot afford time off work to attend a GP appointment and then also to a further appointment for further tests or treatment, preferring to wait for hours in accident and emergency in an attempt to reach a resolution in one visit.

The Commission heard from the Council that although the ONS estimates Enfield's population is 333,869 (2018), the GP practice population who are residing in Enfield is 318,225<sup>32</sup>. From this data the Council conclude that an estimated **15,644 Enfield residents may not be registered with a GP practice**. According to the evidence the Commission has received, these people tend to be younger, poorer and born outside the UK.

The Commission also heard from a local GP at a practise in the East of the Borough that people often use GPs differently than in the West of the Borough, using their GP surgeries as a touch point for advice on housing or benefits. GPs adapt to this by trying to pivot to conversations about health.

The Commission recommends that a study be conducted by the CCG and NHS England through the Acute Trust into the feasibility of setting up an 'integrated health and wellbeing centre' on the site of the North Middlesex Hospital, offering non-urgent care, including outside GPs hours. A multi-purpose



health and wellbeing centre could provide mental health expertise, advice on social care, diet, exercise, smoking and sexual health under one roof. It could be a centre offering a health 'MOT' for all age groups, from teenagers to the elderly. Such a centre could help reduce pressure on the accident and emergency department, offer timely primary care and register 'walk-up' patients with a GP during their first visit. It would also be possible to co-locate more holistic advice and support for people attending, addressing their wider needs, especially those relating to housing, finance and debt and wider wellbeing.

## Access to mental health services

Mental health conditions account for almost a third of the burden of disease in the UK. One in four adults and one in ten children experience mental health problems to some degree every year. Three quarters of people with a mental health problem do not receive on-going treatment for it. Poverty increases the risk of poor mental health, both as a causal factor and a consequence of mental ill-health.

In the evidence received by the Commission across our three threads, mental health emerged as a barrier people face in navigating other problems associated with poverty. The Commission were therefore surprised that according to the data, demand for mental health services in Enfield is relatively low in comparison with other London Boroughs, both in terms of the prevalence of common mental disorders<sup>33</sup> and severe mental illness<sup>34</sup>.

There are also very low rates of A&E attendances for psychiatric disorder in Enfield: 17.3/1000 vs 132.6 NCL and 215.8 London and there are very low suicide rates in Enfield across all ages and groups. In terms of unmet needs, the JSNA shows that there are potentially around 20,000 people with an undiagnosed common mental disorder in Enfield, but there is a lack of data for minority groups who may be at higher risk.

Dr Tristan McGeorge, Clinical Director Enfield Mental Health told the Commission see he sees a huge amount of deprivation in his clinical work, people at a potential tipping point in their lives who have been affected by hardship and poverty, limited social networks and fragmented communities.

Dr McGeorge argued that there is an urgent need for better data around unmet need, deprived and vulnerable groups, so we can understand some of the discrepancies in Enfield with other London areas. In their evidence, Barnet, Enfield and Haringey Mental Health Trust emphasised that although overall, levels of mental health demand in Enfield are equivalent to those in neighbouring boroughs with similar population profiles, as with many other boroughs, there is a strong link between demand for mental health services and social deprivation, with demand being higher in the east of Enfield than in the relatively more affluent west of the Borough. Given the increasing poverty in Enfield, there is a perception here, as in the public health arena, that funding is lagging behind need, leaving commissioners and providers running to stand still. An example of this is the inability to discharge the increasing numbers of people on the brink of becoming homeless, or who have become homeless, for a lack of appropriate accommodation.

There are clearly some positives to build on with a high degree of integration between Enfield Mental Health services and Enfield Social Services. There are Social workers embedded within mental health inpatient and community teams. There is very little in the way of Delayed Transfers of Care in Enfield and very low readmission rates.

Enfield has also put in a successful bid to be a trail blazer for mental health support in schools. The focus is on schools where there is the most need. It will involve identification of common mental disorders and support for schools around increasing young peoples' resilience. The plan is to increase impact by having mental health professionals including Educational Psychologists with teaching staff.

The Commission has identified the out of hours care available for people with mental health needs as an area for development.

The North Middlesex hospital report that they see large numbers of people with mental health conditions presenting at accident and emergency for a variety of reasons, in the evening when their mental health services are no longer available after 5pm, including the community team. This further congests the busy accident and emergency department.

Discussions are underway to improve the liaison between the two Trusts, on this matter, but the Commission recommends that funding should be identified for an out of hours mental health team to meet demand. This should be seen as a wider piece of work identifying the true level of demand for mental health services in Enfield, including 'hidden' demand amongst minority groups, with a proactive plan to meet that need. The Health and Wellbeing Board can play a role in monitoring this work.

## RECOMMENDATION 5

The NHS should fund a new integrated health and wellbeing centre led by the CCG and the North Middlesex University Hospital Trust to meet the needs of people out of hours and those not registered with a GP.

- This centre should ensure that patients are subsequently registered with a GP and hence reduce the pressure on the accident and emergency department.
- The Barnet, Enfield and Haringey Mental Health Trust and the North Middlesex University Hospital Trust should work together to ensure that there is a seamless and robust plan to improve access to out of hours mental health services.

## Supporting social prescribing

The Council should explore how they can increase the accessibility and affordability of sports and leisure facilities for the poorest families and support social prescribing by funding VCS groups to run activities that support the Health & Wellbeing priorities of increasing physical activities, improving diet, reducing smoking, and reducing social isolation.

The Council should make funding, facilities and resources available to key VCS organisations in areas that represent residents experiencing the most significant health inequalities to support a robust social prescribing system. This is essential for making social prescribing work as only funding referral systems and not supporting providers will simply lead to excessive referral with provision under great stress and demand.

### RECOMMENDATION 6

The Council, health providers and the voluntary and community sector should work together to enable increased use of social prescribing to improve public health for residents in the east of the Borough.

## Encourage healthier active lifestyles and reduce social isolation

The North Enfield Food Bank helped 10.7% more people in 2018/2019 than 2017/2018, feeding a total of 7,046 people; 4,240 adults and 2,806 kids. Voluntary sector organisations like the North Enfield Food Bank and the Felix Trust are leading the way in Enfield in feeding households who find themselves unable to afford staple foods.

The Commission has heard how many schools go above and beyond the call of duty to provide food for the poorest families, including during school holidays. The Commission believes that the voluntary sector in Enfield is best placed to lead other stakeholders including the Council and local businesses in a new 'Food Action Plan'. This could involve learning lessons from those Boroughs at the top of the GLA's 'Good for London' food awards, but also leading a Borough wide 'Holiday hunger' scheme as pioneered in other boroughs such as Islington's 'Lunch Bunch', so children from the poorest families get the offer of a nutritious lunch every day during the school holidays.

A 'kitchen for all' model in community venues in the East of the Borough supported by 'community fridges' could also help families to cook nutritious family meals when fuel poverty and lack of ingredients is a barrier. This plan could be resourced by a new 'Enfield Giving' vehicle.

Air quality is a huge concern for Enfield, with those living and working in the poorest areas experiencing the greatest level of harm from poor air quality. Better Streets for Enfield submitted powerful evidence on how Enfield could develop ideas pioneered elsewhere such as the 'Mini-Holland' scheme in Walthamstow, which has demonstrably improved air

### RECOMMENDATION 7

The voluntary and community sector, supported by the Council, should create a Food Action Plan for Enfield to ensure that all families have access to healthy food.

- Include a 'holiday hunger' programme for children entitled to free school meals in the school holidays.
- Start up a 'Kitchen for all' at a community venue in the East of the Borough where families can cook and eat healthy meals.

quality since it was introduced. Enfield is clearly a heavily car dependant Borough which needs to achieve a better balance between cars, bikes, public transport users and pedestrians, to create a more people-friendly Borough.

Better Streets set out an ambitious plan to improve street design, make riding a bike safer for everyone, enable children to walk or cycle to school, for better health, wellbeing and independence and make fewer short journeys by car, reducing air pollution. They argue that if this is done, residents can lead a healthier, more active lifestyle, saving money for the NHS, making residential streets communities rather than conduits for traffic and making high streets pleasant places to spend time and money.

These are huge challenges which the Council cannot take on alone without the support of TfL, but there are some quick wins that can be achieved locally.

Enfield Council already has a provision to allow 'Play Streets', by which groups of residents may close down their road to through traffic and specified times and dates, allowing children and families to play out in the street. Play Streets encourage social cohesion, allowing neighbours to meet and socialise. However, only five of the current 16 Play Streets are in the East of the Borough. The Council should do more to encourage additional play streets in the East of the Borough, including in housing estates, where people have told the Commission they would value opportunities to build social cohesion and neighbourliness.

Enfield Council are also piloting four 'School Streets'. School Streets prohibit through traffic from specified roads by the entrances of schools during the period when children arrive at school in the morning and leave in the afternoon. The use of cameras to detect and fine drivers breaking the rule makes School Streets effectively self-funding. They improve road safety for children and reduce the presence of idling cars, improving air quality around the most polluted schools.

The Council should prioritise schools in the East of the Borough in areas with the worst air quality for the next wave of School Streets after the current pilot.

**RECOMMENDATION 8**

The Council should prioritise the East of the Borough for future play streets and school streets so children can play out safely and air quality is improved around schools in hot spots of poor air quality.

**Safer stronger neighbourhoods**



Between 2018 and 2019 the Borough has seen an **27%** rise in knife crime offences compared with 5% across the capital<sup>35</sup>



Between 2018 and 2019 there has been an increase of total recorded crime of **8%**<sup>36</sup>



Incidents of serious youth violence per month, 2nd highest level of serious youth violence of any London Borough<sup>37</sup>



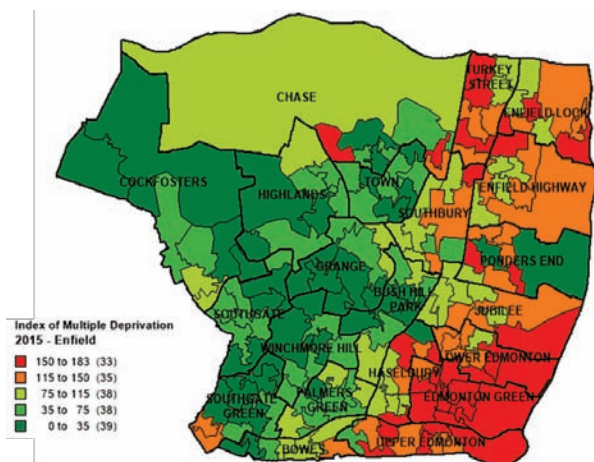
There were **5,004** stop & searches in Enfield during the 12 months to July 2019. Those described as Black make up 43% of stop and searches and around 15% of the Borough population<sup>38</sup>



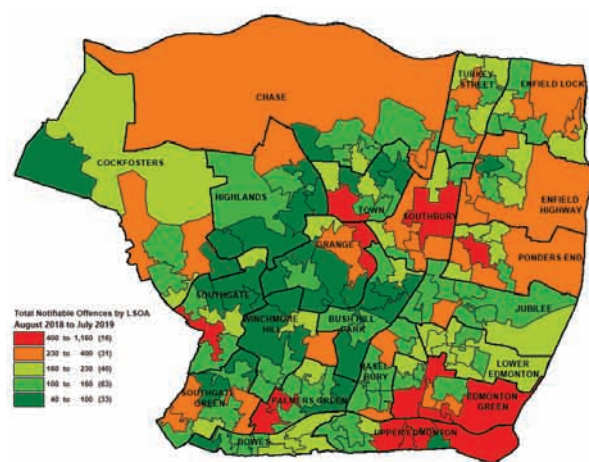
Between 2018 and 2019 incidents of serious youth violence have increased by **30%**<sup>39</sup>

**Chart 3: Crime in Enfield: Total Notifiable Offences (TNO) – July 2018 – August 2019**

Index of Multiple Deprivation 2015 by LSOA

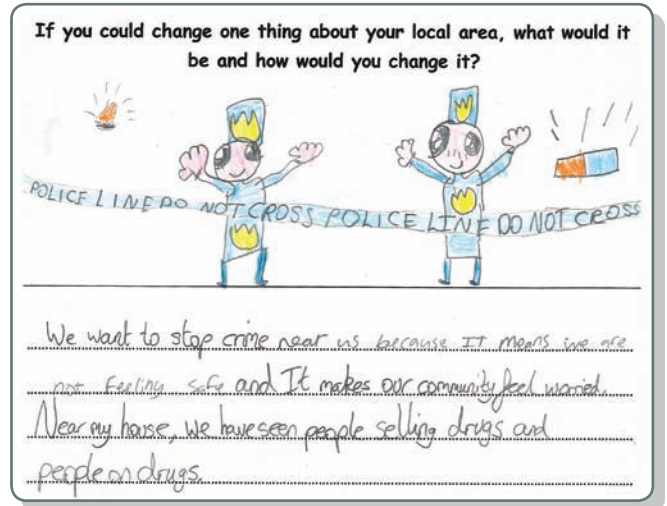
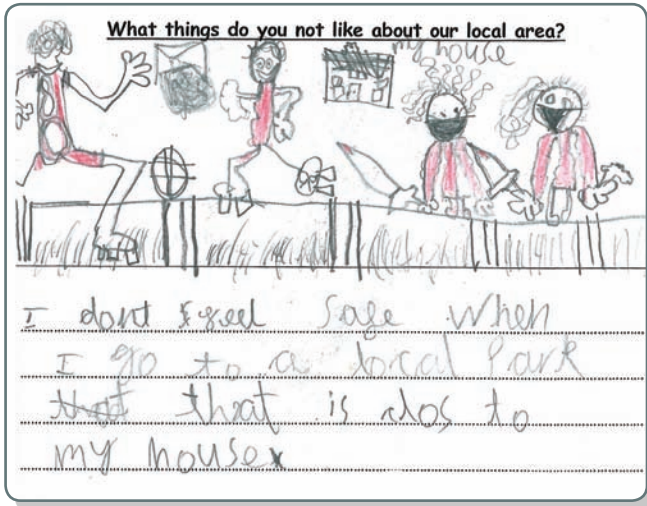


TNOs in Enfield by LSOA August 2018 to July 2019



Source: IMD 2015 and <https://data.police.uk/data/>

Areas of Upper Edmonton and Edmonton Green are evident in both maps as recording high crime levels (August 2018 to July 2019) and high deprivation (IMD 2015).



Crime, in particular violent crime, is a huge concern in Enfield. The Commission heard from children of all ages, parents, police and community groups that serious youth violence and perceived links to gangs, is a huge cause of alarm. Enfield now has the 2<sup>nd</sup> highest rate of serious youth violence amongst London's 32 Boroughs, with 33 incidents per month, over one a day.

Although crime in Enfield has fallen overall, as the maps above illustrate, crime and poverty are inextricably linked in Enfield. The British Crime survey shows that people on lower incomes are over-represented as both the victims and perpetrators of crime<sup>40</sup>, and in Enfield offences are concentrated in the poorest Wards. Parents, young people and primary school children all told the Commission that they fear crime and often feel unsafe in parts of the Eastern side of the Borough. This limits their ability to move around freely. Children and young people especially suffer from stress and worry of avoiding incidents in public spaces. The fear of and lived experience of crime emerged as a serious quality of life issue for lower income households in Enfield. The Commission were also

concerned that the problem is negatively affecting perceptions of the Borough.

Total notifiable offences were up 9.2% in the year ending June 2019 – but as the local Police noted in their evidence to the Commission, victims do not suffer in isolation as crime affects victims' friends and families meaning these figures do not reflect the numbers of people affected.

Evidence to the Commission also showed that there are high concentrations of crime around specific wards and peak demand on the police force between 3-6pm (after school) and between 8-10pm. Although every ward is allocated two dedicated ward officers and a Police Community Support Officer due to financial pressures caused by central government cuts to police funding the police force are forced to run a 16% vacancy rate and consequently are short of staff. To mitigate this, the police are targeting resources by flooding problematic areas with officers at peak times, rotating between crime hot spots.

**Table 2: Enfield Wards Demography and Crime Compared**

Description	*Population <i>Wards with the greatest ethnic make-up (diversity) based on 2011 Census groupings</i>	Deprivation <i>Index of Multiple Deprivation (IMD 2015) Decile (where 1 is most deprived 10% of LSOAs)</i>	Crime <i>Wards recording the highest proportions of TNOs in the year ending July 2019</i>
1st	Upper Edmonton	Edmonton Green (13)	Upper Edmonton (10.3%)
2nd	Lower Edmonton	Turkey Street (18)	Edmonton Green (9.9%)
3rd	Edmonton Green	Upper Edmonton (20)	Ponders End (6.4%)
4th	Haselbury	Lower Edmonton (21)	Southbury (5.7%)
5th	Ponders End	Ponders End (22)	Enfield Highway (5.5%)

- \*Population is arranged in ascending order by wards with the least British ethnicity first
- Upper Edmonton, Edmonton Green and Ponders End appear in the top 5 under all 3 categories
- All wards except Southbury are in the eastern side of the borough

**Sources:** House of Commons Library, Local government finances (2018), MHCLG, Index of Multiple Deprivation 2015 and 2019

**Note:** The proportion of London's most deprived areas is defined as the top quintile of deprived Lower Super Output Areas within London by rank

## A whole community approach to reducing crime in hotspots

Evidence received from the Parent Engagement Network, the Youth Foyer and from Focus group work support the finding that many people in the eastern corridor wards often feel unsafe and perceive that crime levels associated with inner London boroughs are now becoming the norm in the east of Enfield.

The Commission recommends that the police continue with highly visible policing at the end of the school day and at weekends in crime hotspots to deter offenders and reassure the public. This should be co-ordinated with park wardens, community safety wardens and other relevant Council employees to take a joined-up approach and share information.

The police and the Council could also encourage new neighbourhood watch groups and report back on action taken following previous reports of crime and ASB to create a 'feedback loop'. This could help to reassure residents that they are not wasting their time in reporting incidents or ASB. Businesses should also take a more proactive role in making sure the spaces they manage are as safe as possible.

New developments, especially Meridian Water and other future estate-based regeneration, should seek to 'design-out' crime and anti-social behaviour, reducing blind spots and poorly lit areas, creating communal spaces which are safe for all, especially children and young people and the elderly.

The police and the Council should conduct 'environmental visual audits' (EVAs) of crime hotspots to identify possible public realm improvements to reduce crime and anti-social behaviour. This should include parks and playgrounds given the evidence received from George Spicer Primary School that children often feel intimidated by older children and gang members

in parks and public places. Evidence from the Enfield Young Leaders also showed how teenagers often feel intimidated in parks, from the fear of being 'pressured' into getting involved in criminal activity to being harassed and mugged.

**“ I don't feel safe when I go to the local park that is close to my house. ”**  
George Spicer Primary School Council

**“ There's loads of stabbings around where I live, there was one this morning. It's really scary. I won't let my kids out...they are going stir crazy to be honest. ”**  
Edmonton Focus Group

**“ We want to stop crime near us because it means we are not feeling safe and it makes our community feel worried. Near my house we see people selling drugs and on drugs. ”**  
George Spicer Primary School Council

**If you could change one thing about your local area, what would it be and how would you change it?**



Gangs. In order to stop people getting hurt from gangs, we can get more police involved. This will encourage people to make the right choices. People have to have places in schools to protect themselves from being involved in gangs. My sister was asked to carry a knife and said no then she left.

## RECOMMENDATION 9

A whole community approach should be taken to reduce crime and anti-social behaviour in hotspots, with the Council and the Police working together to make public spaces safe to use for people of all ages.

- Highly visible policing and youth outreach at the end of the school day and at weekends in crime hotspots.
- Co-ordinate police activity with park wardens, local businesses, community safety Wardens, and housing employees.
- The Police should encourage new neighbourhood watch groups and report back on action taken following previous reports of crime and ASB.
- Conduct environmental visual audits (EVAs) of crime hotspots to identify possible public realm improvements to reduce crime and anti-social behaviour.
- 'Design out' crime and ASB in new developments and any future estate-based regeneration.

### An early intervention approach to reducing serious youth violence

All schools teach about safety through the PHSE (Personal, Health, Social and Economic) programmes, which are a statutory requirement. In addition, schools will often have an assembly programme which often covers issues around exploitation, gangs and violence.

The Nexus programme is the Council's overarching strategy to 'coordinate and Quality Control activities to support young people to make positive choices'. Elements within the project include recruiting and training volunteer mentors to work with at risk pupils, one to one activity with girls at the pupil referral unit, a family worker to take a holistic approach with families of at risk pupils, work with local faith groups, and a jobs coach for post 16 pupils and parents forums. This targeted work aims to reach a small number of high-risk pupils, preventing exclusion, exploitation and further harm.

The Government has also awarded Enfield Council £0.5M to introduce a school-based initiative in four primary schools. The objective is to identify children at risk of becoming involved in youth crime, to intervene early and prevent them from being drawn into gangs, crime, serious violence. The increasing risks of young people being recruited into County Lines drug trafficking and growing evidence that street gangs are becoming more organised and exploitative means that this has become a greater priority<sup>41</sup>. There is increasing recognition that young people who commit violent offences are also likely to be the victims of violence and other forms of adversity and the development of trauma informed approaches that recognise the mental health needs of young people has been identified at a national level<sup>42</sup>.

The 'safer schools' programme, by which named officers are allocated to schools, is in operation, but competing demands on the officers' time can have a negative impact on the depth of engagement with schools. The Commission therefore recommend that the police work with schools to revamp the 'safer schools' programme, selecting officers who are enthusiastic about working with young people to have a deeper relationship with their allocated schools.

Alongside leading assemblies and raising awareness amongst pupils of the risks of carrying knives and being involved in gangs, safer schools officers can be visible at the end of the school day as pupils make their way home, building familiarity and trust between young people and law enforcement.

This deeper relationship should involve cascading relevant information on local risks into schools and regularly briefing teaching staff on gang activity. The police should also share 'overnight' information with designated safeguarding leads in schools on incidents affecting individual pupils in a timely manner, so that schools can respond with appropriate support and understanding.

As peer to peer exploitation and abuse and serious youth violence poses a risk to the wellbeing of children and young people in Enfield, this work should be reviewed and audited by the successor body to the Enfield Independent Safeguarding Children's Board and the Health and Wellbeing Board. A promising approach that is being adopted elsewhere in London is contextual safeguarding, which addresses harm to adolescents outside the home, including peer-on-peer abuse and violence.

## RECOMMENDATION 10

The Police should revamp the 'safer schools' programme for the Borough's schools.

- Regularly brief teaching staff on the local gang risks.
- Help pupils to protect themselves from being groomed and exploited by criminal gangs, including primary school pupils through special assemblies, PSHE and special projects.
- Share 'overnight' information incidents affecting individual pupils with schools in a timely manner, so that schools can respond with appropriate support.
- Develop 'trauma informed practise' training for teachers, police officers and other professionals working directly with vulnerable children.

### Revitalise youth services in Enfield

The Commission was presented with powerful evidence from the Enfield Young Leaders on the positive influence high quality youth work can have on young people, especially those with difficult home lives. Having somewhere safe and

familiar to go after school and at weekends, either to just hang out or take part in a range of activities can make a big difference in young lives.

Unfortunately, like many London boroughs, since 2010 Enfield Council has reduced spending on universal youth services to a fraction of its original level.

The Council have mitigated the impact of cuts by prioritising youth activities in the poorer Eastern Wards and keeping centres open, albeit with reduced hours.

The Council have also created the Enfield Summer University programme, offering around 1,200 places to young people aged 11 to 19 on workshops and courses in areas such as dance, sport, music and design, targeted on young people in vulnerable situations. This was made possible following the provision of £150,000 of Council funding last year.

**“ Years ago we used to have youth services, if they have somewhere to go and something to do, help with homework, football, instead we have major crime now with drugs and knife crime. ”**  
Parent Engagement Network

Enfield Council alongside twenty community partners, has recently applied for funding to support a community led and locally delivered programme called “Inspiring Young Enfield”. If successfully funded, the programme will work to help the most challenged young people make positive life choices, reconnect with their neighbourhoods and realise their true potential.

This targeted approach was sensible in getting the most from reduced budgets. However, in the view of the Commission, many young people have very limited access to free activities. The Commission was also made aware of the barriers the voluntary sector face in trying to plug the gaps given the limited availability of space for youth activities in the Borough, and problems accessing funding.

The Commission recommends that the Council prioritise investment in universal youth services and targeted outreach youth workers. Where possible, the Council could also offer use of Council owned buildings in the evenings and at weekends and school holidays at cost to local VCS groups offering youth services in the East of the Borough. The Council could also recognise the importance of youth hubs by using developers’ contributions from new developments to fund new youth hubs including staff costs, in the same way that education and health provision are planned into the largest schemes.

Youth services in Enfield should also play a role in helping older teenagers prepare for adulthood by increasing awareness among young people of the different pathways into employment and what careers are available with careers

advisors operating in various community locations (also offering financial education and housing advice). Rather than a return to old style youth clubs, new funding brought forward should be used to fund exciting and useful activities for young people, helping them stay safe whilst also developing their skills.

## RECOMMENDATION 11

**The Council should revitalise youth services in the Borough. Prioritise investment in universal youth services and targeted outreach youth workers.**

## Thread 2: Learning



# 84,497

number of children in Enfield



One in  
**three**

children are in poverty

cześć  
**MERHABA** হ্যালো  
Is ka warran Përshëndetje

# 55%

of pupils' first language is not English (v 29% for London)



## Top 5

languages spoken by Enfield's pupils; Turkish 27%, Somali 8%, Polish 5%, Bengali 5%, Albanian 5% (Enfield School Census 2018)



## 25%

reception pupils are estimated to be overweight or obese<sup>43</sup> rising to 41% of year 6 children. 5th highest London Borough

Source: Enfield Borough Profile 2019

### School funding formulas don't work for Enfield's children

Enfield is a young Borough. There are proportionately more children and young people under 20 in Enfield than in both London and England overall. Enfield's schools have done well in terms of attainment and pupil progress and there is evidence that pupils from poorer homes close the attainment gap as they progress through early years education and school.

Whilst clearly driving up standards and improving attainment and pupil progress is crucial to improving future employability and quality of life, in the evidence received by this Commission, headteachers, parents and pupils were in agreement that schools can make a huge difference for the poorest children and their families if they are better equipped to deal with the impact of poverty and ensure all pupils are healthy, happy and ready to learn regardless of their home circumstances.

The importance of schools as community locations for poorer parents was a common theme. Parents seek advice and support from schools when they reach a crisis point in their lives, whether that be around, housing, debt, hunger, or domestic violence, and schools, especially primary schools, try to meet these needs.

Due to the changing geographic patterns of poverty in outer London boroughs, the central government funding settlement for schools does not provide the resources needed to combat poverty and drive up attainment in Enfield. Schools are funded by the direct schools grant (DSG) which is supplemented by the Pupil Premium to provide additional funding for pupils eligible for free school meals. Whilst the pupil premium provides valuable additional funding for which schools must account when they are inspected by Ofsted, comparing the base school funding blocks shows that Enfield is not adequately resourced to meet the challenges of a diverse and increasingly economically deprived Borough.

**Table 3: Funding per pupil in Enfield compared with other London Boroughs**

Index of Multiple Deprivation (Rank of average score within London)	Borough	Primary funding per pupil (£)	Difference to Enfield (£+/-)	Secondary funding per pupil (£)	Difference to Enfield (£+/-)	Child poverty rates (2015)
9	Enfield	4,444.11	-	5,765.04	-	34%
10	Brent	4,821.35	-377.24	6,219.66	-454.62	32%
11	Lambeth	5,471.45	-1,027.34	7,394.37	-1,629.33	36%

Sources: Dedicated Schools Grant per pupil rates London Authorities 2019/20, Trust for London, London Poverty Profile



## Invest in children's centre services

Sure Start Children's Centres once provided a range of universal and targeted services to parents of pre-school children alongside early years education and care. Children's centres can offer a wide range of activities and services from stay and play sessions to parenting advice, healthy eating advice and sign posting to wider services. Children's centres can be important community hubs helping to reduce parental isolation, increase resilience and parenting skills and support people to lead healthier lives.

Whereas Enfield once had twenty-four children's centres, as a result of cuts driven by central government austerity, this number has been reduced to just one. As funding allows, Enfield should restore a network of children's centres, beginning with the poorer eastern wards. Children's centre services should ideally be co-located with childcare provision and/or primary schools.

In doing so there are opportunities to learn from new models such as the Islington Bright Start model, in which early years and public health work together to provide a wide range of services to pre-school parents and their children. Establishing such a network of children's centres services and perhaps also selectively using community venues will also provide hubs through which the wider advice and support objectives identified in the recommendations of this Commission could be delivered.

### RECOMMENDATION 12

The Council, education providers and the voluntary and community sector should work together to ensure that all Enfield's children are 'school-ready'.

- Adopt a co-production approach and work in partnership with more VCS groups.
- As resources allow, the Council should restore children's centre services prioritising the poorer wards.
- The Council should develop the strategic leadership of Early Years to ensure that services are joined up to improve pathways and accessibility for families.
- The Council should improve take-up of funded early education, driving improved attainment at the end of Foundation Stage.
- The Council should develop and implement a robust way forward for commissioning Speech, Language and Communication Services within the Early Years to ensure that children are ready to learn by 2 and ready for school by 5.

## 'Poverty-Proof' Enfield's schools

It is crucial that children from poorer families are not discriminated against because of their lack of familial resources. The Commission heard powerful evidence of how many schools attempt to support poorer families by subsidising breakfast clubs, organising walking buses to ensure children get to school on time and recycling school uniforms. Schools are washing pupils' uniforms, making referrals to the food banks, and handing out food through the Felix project. Much of this work is funded by charitable giving. Despite these efforts more could be done to ensure all schools are doing all they can. Using the methodology originally developed by Children North East Enfield's schools could 'Poverty Proof' the school day, to reduce stigma and remove barriers to learning<sup>44</sup>.

The Commission heard that as a result of homelessness and temporary accommodation many children are facing multiple school moves, and new school uniform is an expense beyond the means of most homeless families. The Council should restore a uniform grant and encourage all schools to set up uniform exchanges, so pupils do not suffer stigma or punishment for lacking the correct uniform.

“ Using schools is a way reaching parents and carers, but without resources it won't work. ”  
Public Evidence Submission

Schools are seen as a source of advice and support by poorer parents. The Commission heard the example of a mother who used her school's phone every day to call the Council and find out where she and her children would be sleeping that night. For many such parents, English is their second language and where they struggle to understand letters about benefits, debt or housing, they approach their children's schools. To share the best practice to meeting this need schools should also work with the voluntary sector to offer debt and welfare advice to parents through schools.

### RECOMMENDATION 13

The Council and local schools should work together to make sure all of Enfield's schools are 'Poverty Proofed'.

- Restore a uniform grant and encourage schools to set up uniform exchanges.
- The Council should work with schools to eliminate period poverty.
- Adopt a co-production approach and work in partnership with more VCS groups.

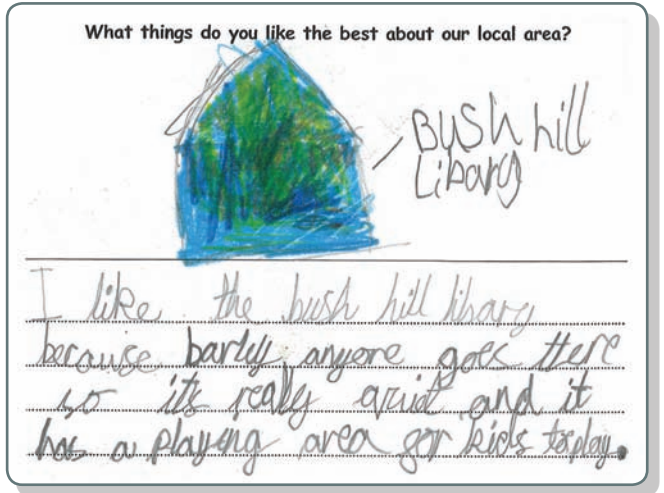
**Promote libraries as a place for children living in overcrowded conditions to do their homework**

Living in an overcrowded home negatively effects the life chances of young people and is a significant barrier to studying at home. The school Council at George Spicer primary school emphasised the importance of the library as a quiet and peaceful place for those living in overcrowded accommodation. Drawing on this evidence, the Commission recommends that this could be extended to developing homework clubs in libraries and community centres in poorer Wards.

**“ I don't like my house because it is very small and tiny. ”**  
George Spicer Primary School Council

**“ Work with services like libraries to create activities and safe spaces for all young people and give them the tools to help the whole community. ”**  
Evidence from Library Box

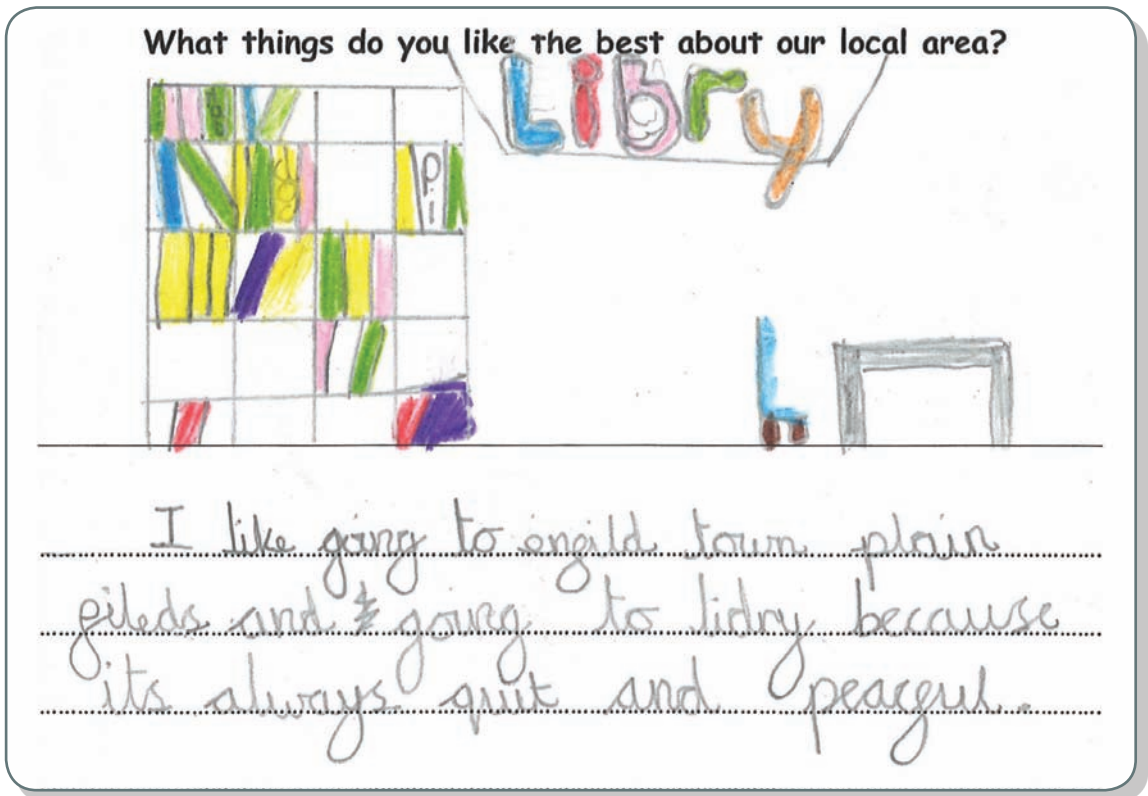
Libraries can also be used to engage with parents of pre-school children. Homework clubs and activities for pre-school children in libraries will also create space and time to let parents know how to access support.



**RECOMMENDATION 14**

The Council should maximise the use of libraries to mitigate overcrowding and enhance learning.

- The Council should promote libraries as a place for children living in overcrowded conditions to do their homework.
- Offer homework clubs in libraries and community centres in poorer Wards.
- The Council should use libraries to engage with parents of pre-school children.
- Organisations can use that time to let parents know how to access wider support.



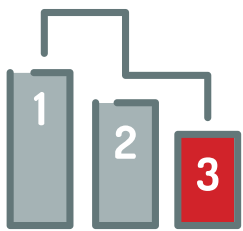
## Ensure the poorest pupils are healthy and ready to learn

Hunger is obviously also a serious barrier to learning and development for many children. Children whose parents cannot afford to food often struggle to concentrate, impacting their life chances but potentially also their better off peers. Supported by the Council and local businesses, the VCS should establish a healthy eating strategy for poorer pupils as part of a new Borough Healthy Eating Plan, including the offer of free breakfast clubs and holiday hunger schemes for school holidays.

There should also be a focus on period poverty after Plan International UK revealed that one in 10 young women (aged 14-21), and one in seven in London, could not afford to

buy their own period products. As a result, in many cases, many young women miss school on a regular basis. This is a particular problem for Enfield with a relatively large population of pupils living in poverty.

“Mental health is an issue that could be solved by having a quicker waiting list. My friend goes to CAMHS but it takes a lot of time to get help.”  
George Spicer Primary School Council



**3rd highest**

rate of fixed period exclusions (3,349)<sup>45</sup>



**57**

pupils permanently excluded 2018/19<sup>46</sup>

**20/43**

young people in the youth offending system are in mainstream education<sup>47</sup>



**449**

young people aged 16+ who are not in education or training, or 'not known'

## Reduce the number of pupils outside mainstream education because of behavioural issues

For the vast majority of young people who find themselves outside mainstream education, the outcomes in terms of their qualifications, employability and wider life chances are catastrophic. Managed moves between schools, permanent exclusion, pupil referral units and 'alternative provision' are a sign that something has gone very wrong in a young person's life.

The Commission heard from headteachers about how schools lack the resources to manage the challenging behaviour of some pupils and how the cost of securing high-quality alternative provision for pupils struggling with mainstream education means that perversely it can be more cost effective for a school to permanently exclude a child.

The Parent Engagement Network and the young people at the Enfield Foyer told the Commission how misunderstandings and missed opportunities mean that situations can escalate in schools, resulting in permanent exclusion when earlier engagement with parents and external support have prevented that outcome.

Undiagnosed learning difficulties, childhood trauma and neglect can often play a role. Disadvantaged students, those with special educational needs and certain ethnic minority groups are significantly more likely to be excluded<sup>48</sup> Whilst schools in Enfield are recognising the need to reduce permanent exclusions, the rate of fixed term exclusions (or suspensions) is the third highest amongst London's 32 boroughs.

“Many, many, children are being permanently excluded from school, black boys. Let the headteacher and the parents sit down and talk and find out what the issue is for the child's behaviour. I feel that the education system is letting children down.”  
Parent Engagement Network

**“ Very little things, underlying issues could have been sorted. If we sit down with the parents and the school we can find solutions. ”**  
Parent Engagement Network

One of the objectives of the Council's Nexus project is to reduce permanent exclusions. The Council and the headteachers networks should build on this by working together to set robust targets for reducing the use of fixed period and permanent exclusions and the use of alternative provision. This should be supported by an early intervention approach, involving parents and carers in behavioural issues before they escalate.

Mentoring should be offered to vulnerable pupils and positive activities in out of school clubs and holiday schemes, free of charge to their parents. Schools could support supplementary schools by brokering space in schools in poorer areas, prioritising English for speakers of other languages (ESOL) for parents and children and use parent champions as peer advisors providing parenting courses in schools.

### RECOMMENDATION 15

The Council should work with schools to set a target to reduce the use of fixed-term and permanent exclusions.

- This should be supported by a strategy to take an early intervention approach, involving parents and carers in behavioural issues before they escalate.
- Introduce 'trauma informed practise' training for teachers in the Borough's schools.

### RECOMMENDATION 16

The Council and schools should work together with the local voluntary and community sector to increase access to ESOL lessons for both the children and parents of families for whom English is an additional language.

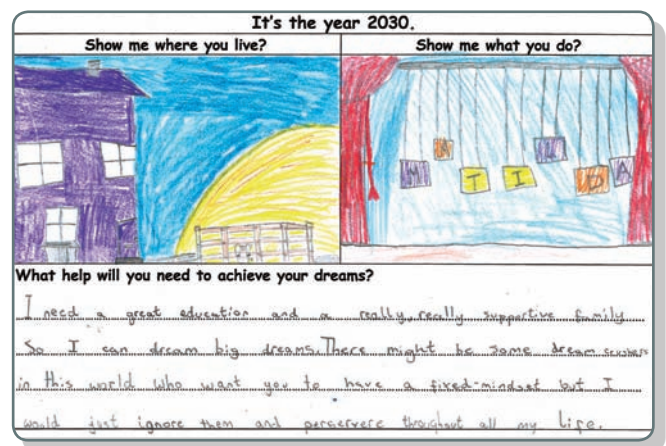
## Ensure a 'line of sight' to a decent job for all pupils

The Enfield Youth Parliament told the Commission that careers advice and guidance is inconsistent between the Borough's secondary schools. They felt that your opportunities in life still come down to 'who you know', or rather who your parents know. Responsibility for this now sits with schools rather

than the local authority but given the engagement work with employers the Council are doing as part of their new approach to economic development, there is an opportunity to work together on this agenda.

More work could be done to expose pupils to a range of possible careers and to experience the world of work. Given that 17% of pupils in the Borough live in households where nobody works, this is all the more important. Schools and employers should offer a borough wide work experience programme and also help pupils to access volunteering opportunities and to leverage volunteering for use in CV writing. Schools should take advantage of existing free opportunities such as 'Founders for Schools' to invite speakers into schools to introduce pupils to a wide range of different career paths from an early age.

The Borough's schools could also leverage a stronger relationship with their link colleges at Oxford and Cambridge and investigate working with the IntoUniversity organisation<sup>49</sup> to set up a hub in Enfield in the East of the Borough, to improve the educational attainment of pupils from poorer families and increase participation in higher education. Inner London boroughs have historically been more successful in brokering these types of additional assistance for pupils from low income families and given the rising poverty in Enfield, work is needed to compete for these opportunities.



### RECOMMENDATION 17

The Council, schools and businesses should work together to ensure a line of sight to a decent job for all pupils by offering a work experience programme, volunteering opportunities and CV writing, matching local young people to the jobs of the future.

- Schools should invite speakers into schools whom reflect the diversity of the pupils to introduce pupils to a wide range of different career paths from an early age. (e.g. Founders for Schools).
- Include speakers focussing on workers' rights.

## Thread 3: Earning



Enfield has a lower employment rate

**(70%)**

than either London (74%) or nationally (75%)<sup>50</sup>



Proportionally more jobs are part-time in Enfield

**(35%)**

than in London (27%) and Great Britain (33%)<sup>51</sup>



There are

**12,875**

businesses registered in Enfield (as at 2018), of which 92% employ fewer than 10 people<sup>52</sup>



One in

**five workers**

(19%) in Enfield is low paid versus one in ten for London (11%)<sup>53</sup>



One in

**three workers**

(33%) in Enfield is paid below the London Living Wage versus one in five (21%) in London, this is up from 12% in 2004<sup>54</sup>



**meridian water**

**6,000**

new jobs created in the Meridian Water development

**Table 4: There is a larger gender divide in employment rates in Enfield**

	Proportion economically active	Percent higher than London	Percent higher than Great Britain
Men	81.7%	4%	2%
Women	65.2%	13%	13%

**Source:** Nomis – Annual Population Survey (year to Dec 2018)

The Commission believes that good employment with decent paid work should be available to all residents. Enfield is a Borough of two halves in relation to employment, with wealthier residents living in the West of the Borough commuting to high skilled well paid jobs in the West End and the City whilst those in the East of the Borough are more likely to rely on low skilled, low paid employment.

Those on lower incomes are less likely to commute and are more reliant on their immediate labour market to secure

decent well-paid work. Yet, Enfield has 0.59 jobs per resident, lower than the rate for London (1.0) and Great Britain (0.86). Enfield residents are also more likely to have lower skilled occupations (30.2%) than London (26.3%). Skills are a key determinant of decent paid work. However, one in ten working age residents in Enfield has no qualifications at all and one in three (32%) do not have a NVQ Level 2 Qualification (5 good GCSEs) compared with 22% in London<sup>55</sup>.

Part time work is associated with low pay. But proportionally more jobs are part-time in Enfield (34.9%) than in London (27%) and Great Britain (32.5%). And more jobs are in lower pay sectors: one in five jobs are in wholesale and retail (19%) compared with London (11.9%) and over one in six (16%) are in Human health and social work activities compared with one in ten in London (11%)<sup>56</sup>. Given the challenge of automation in retail and an increasingly automated industrial sector, planning for how the future labour market in Enfield can work for all residents is urgent. Enfield needs a new kind of local economy with high quality jobs for local people.

**“ Enfield needs a new kind of local economy with high quality jobs for local people. ”**

As Enfield is London's largest area of manufacturing and logistics, with unprecedented investment by developers and new businesses, the opportunity is there to ensure that local people benefit from this growth. However, at present too many residents' job opportunities are confined to insecure, low paid work. The Commission were informed that the east of Enfield is characterised by working poor households. Whilst most are in employment, they are stuck in low skilled, low paid, and often precarious jobs. Too many have to work multiple jobs to pay their bills and keep their families afloat. With low qualifications and little if any opportunity to engage in training or upskilling these households are stuck in a rut. They are unable to improve their housing situations, escape debt and reduce the poverty of their day to day lives without increasing their incomes.

The Council are developing a new economic development strategy which will include working with businesses and the community to develop Action Plans for Enfield's five key town centres (including Edmonton Green and Angel Edmonton), assessing opportunities for co-working hubs and working with the GLA, LSCC, Waltham Forest and Haringey on an 'Industrial Strategy' for the Upper Lea Valley.

The work of Local London<sup>57</sup>, a partnership established in 2016 of eight London boroughs, highlights the need for investment in transport links to widen the range of employment opportunities. As European infrastructure funding is under threat, outer London boroughs will need to work closely together to ensure the new economic opportunities are accessible to local people not only by increasing skills but also by investing in transport links.

For those travelling out of the Borough for work, trains are the only realistic and viable option, but the Angel Road station is the second least used in London due to its peripheral location. The new station at Meridian Water will provide new links but the frequency of the service must improve if it is to enable access to out of Borough jobs.

However, focus group work conducted in Edmonton has shown that poorer residents of working age are currently more likely to value local employment opportunities; local jobs or support to develop their own small business, rather than commute to inner London for work. This is because of the cost and time required to travel to inner London jobs and the difficulty managing caring responsibilities around a commute. Developing the local labour market with high quality jobs is therefore crucial to reducing poverty.

To develop the local labour market, the Council have determined that two thirds of the ground floor units in Meridian Water will be reserved for commercial activity. The Meridian Water development offers the opportunity of up 6,000 jobs and the Council will be able to leverage their role as owner

and master developer to shape the kinds of jobs that come forward and ensure local people can access these new jobs. This could include incubating some of the local SMEs that make up the majority of jobs in the Borough, so they are able to grow their business and employ more local people.

### **Remove barriers that prevent poorer residents from earning**

The Commission heard evidence about how difficult it can be to re-enter the labour market after periods of worklessness. Increasing volunteering opportunities for unemployed adults to increase skills and develop CVs could provide a pathway back to employment. This would also reduce social isolation and build confidence.

The adult learning service and DWP should also support those from outside the UK who have skills and qualifications from their native country to obtain the relevant UK qualification to maximise their opportunities for the highest skilled and best paid jobs possible.

The Commission also heard about the barriers parents face in finding affordable childcare that can accommodate shift patterns. Whilst the Council can change the charging bands for childcare it commissions or provides directly, levers for changing hours and rates within the private and independent childcare sector are very limited. The GLA's 'Good Work' standard includes the provision that employers should offer new employees 'childcare deposit loans' which could help parents re-entering the labour market.

**“ Working is an issue because employers don't like to give flexi hours. This is an issue as being a parent I have to drop off and pick up my kids from school. It's not possible to hire someone or use after school clubs as these are very expensive options. ”**

Public Evidence

The local Credit Union have worked in partnership with Enterprise Enfield who already support many residents considering setting up their own business. More could be done to assist residents in setting up businesses in terms of providing good credit through start up loans provided by the Credit Union's sister company FEL. In addition to the finance itself (up to £25,000 over a maximum term of 60 months at a fixed rate of 6.2%), Start Up Loan recipients receive support from a business adviser during the application process and mentoring and other services for a year after receiving the finance.

Making the most of these opportunities will require residents having access to affordable workspace. The Commission heard evidence through focus group evidence and the Parent Engagement Network of the barriers poorer residents

face in finding premises for their new businesses. Not only do many businesses require specialised adapted space to trade, but tenants renting their properties are often prohibited from running a businesses from their home as a condition of their lease or rental agreement, even if it were possible to do so. The Council could allocate affordable workspace for local start-ups as part of the Meridian Water skills strategy or the wider Economic Development Strategy. The Council should also ensure that its plans to provide desperately needed housing does not come at the expense of providing employment and commercial space, including light industrial workspace.

**“ Support more community businesses and family enterprises. It’s all about money at the end of the day. The gang members can target our children because they can offer money. You can’t set up a business because the rent and the overheads are so high. ”**  
Parent Engagement Network

**“ I’m a fully qualified car sprayer and I want to go back to that and get a unit in the area but it’s so expensive. It was more of a hobby but when I got qualified, I thought I could maybe do it. I need the finances to get started and some advice. All the units are taken as well – they’re not free. ”**  
Edmonton Focus Group

**“ I am in technology poverty because I don’t own a PC or laptop. My only connection is this library’s PC, so I reply to my emails every week or so. This creates problems applying for jobs. Even updating my CV I need time on a PC. ”**  
Public Evidence

## RECOMMENDATION 18

Poverty reduction should be at the heart of the Council’s new Economic Development Strategy (EDS), which should set a target to reduce low pay within the Borough.

- The EDS should make provision to work with employers and unions to promote the London Good Work Standard across Enfield.
- The Council and public sector partners should tackle poor employment through an active procurement strategy – including clauses in commissioning and contracting to support decent work, fair pay and workers voice.

## RECOMMENDATION 19

The Council should work with partners to make it far easier for residents to set up their own businesses and thereby increase their income.

- The Council should work with the Credit Union to assist residents in setting up businesses in terms of providing good credit through start up loans provided by the Credit Union’s sister company FEL.
- The Council should use the Planning system to prioritise affordable workspace for local start-ups.
- This could also be part of the Meridian Water skills strategy or the wider Economic Development Strategy.

## RECOMMENDATION 20

The Council should work with the voluntary and community sector and statutory partners to increase volunteering opportunities for unemployed adults to boost skills and develop CVs.

## RECOMMENDATION 21

The Council should work with partners to ensure that residents from diverse backgrounds are supported into high quality jobs and do not face discrimination.

- Scrutinise equality data around Universal Credit sanctioning decisions.
- Support those from outside the UK who have skills and qualifications from their native country to obtain the relevant UK qualification.

## RECOMMENDATION 22

The Council should hold an annual two-day skills and employment fair at the Lee Valley Regional Park, giving local people the chance to meet a range of potential employers and educational institutions.

- Invite Universities including Russell Group institutions to attend.
- Target young people who are at risk of becoming NEET or those on the periphery of crime and anti-social behaviour.

### A labour market that works for local people

Low pay, which is disproportionately found in outer London, does not just come at a cost to the economy it has wider social costs. There is a clear evidence for example, that low pay and insecure work are harmful to health. Studies have shown low pay as a predictor of obesity, anxiety and depression, low birth weights and hypertension.

Reducing poverty and inequality is therefore key to the Borough's new economic development strategy. This should include a target for reducing low pay within the Borough. As part of its strategy to meeting these targets the Council and public sector partners should show leadership by paying the London Living Wage. They are not just major direct employers in the Borough but also play a significant role in the economy by buying and commissioning products and services throughout their supply chains. There is real opportunity to tackle poor employment through clauses in commissioning and contracting. Contract monitoring should be joined up to ensure standards are met. (i.e. If contractors are not compliant with health and safety then they may not be compliant in other areas). As the Council and partners carry the associated health and social costs of low pay and poor employment practices it is clearly in their interest to tackle poverty pay.

As part of this approach to procurement the Council should support local businesses which are more likely to reinvest back into the local community. The Council could for instance create a new 'community wealth building plan' which will make it easier for local organisations and companies to bid for public funding through procurement processes.

The Council also has the opportunity to directly shape the local labour market and employment practices through the Meridian Water development because it has retained ownership. The Council should work with the Living Wage Foundation to declare Meridian Water a 'Living Wage Zone', with a percentage of units are only available to employers who pay the London Living Wage.

The Council does not have such direct influence over large parts of the local labour market. It is therefore important that its new Economic Development Strategy shapes the types

of industries and employers that it attracts. As such, the new strategy could examine what kinds of jobs are likely to pay higher wages for lower skilled workers. Evidence suggest that certain industrial sectors are more likely to offer those without academic qualifications higher paid, more secure jobs with lower chances of being underemployed<sup>58</sup>.

**“ Poverty is solved by better work. People are working but still poor. So increase wages to the real living wage. Not the Government's living wage. ”**

Public Evidence

If local residents are able to take advantage of the new job opportunities being created, they will require the necessary skills. The Economic Development Strategy must also include a 'skills thread' that uses schools to reach out to parents with opportunities to increase their skills so they can improve their employment situation. Part of this strategy should be investing in the skills of younger and older people alike, with apprenticeships that can work for diverse ranges of people with different needs, not just school leavers.

**“ Local people should be given the opportunity to apply for the jobs first. ”**

Edmonton Focus Group

Tackling low pay cannot be achieved by the Council alone. However, the Commission noted that at present there was a lack of forums for social partnership between employee representatives, employers and the public sector.

It is the Commission's view that there is a need for a body bringing together the Council, Trades Unions, the local voluntary sector, education and training providers and employers to foster co-operation to create a flourishing local economy that works for local people. As the economic development strategy is brought forward, the Council should consider whether this body could provide leadership, scrutiny and co-ordination of its economic development strategy.

Another role the new forum could play is bringing together the Council, trade unions and employers to promote use of the 'GLA Good Work Standard' with local employers.



## RECOMMENDATION 23

The Council should work with the Living Wage Foundation and others to make the Meridian Water development a 'Living Wage Zone' and use its wider procurement strategy to actively support decent work and fair pay in Enfield, drawing on existing good practice.

- The Council and public sector partners should show leadership by paying the London Living Wage and encouraging it through their supply chains and commissioning.

## Free the poorest residents from hardship and debt



### 777 families

affected by the benefit cap, losing £2.7M per year between them<sup>59</sup>. An average loss of £3,474 per family per year, or about £67 per week<sup>60</sup>



Food bank helped  
**11% more people**

in 2018/2019 than 2017/2018, feeding a total of 7,046 people; 4,240 adults and 2,806 kids<sup>61</sup>

**57%**

CAB clients are BAME compared to 38% of the Borough's population

**59%**

are female<sup>62</sup>

The Commission received powerful evidence on the impact of debt on poorer households and the relationship between a 'toxic trio' of changes to the benefits system, debt and homelessness. Paying close attention to the debt issue and the links with welfare is extremely important to tackling poverty in then Borough.

The Citizens Advice Bureau (CAB) are overwhelmed by demand for advice and support with debt caused by benefits overpayments, changes to personal circumstances and sheer hardship. CAB clients often seem to seek help when problems are becoming unmanageable and it is clear that far earlier intervention is needed to prevent the worst outcomes for the poorest residents. This is in part due to residents with poor spoken English and English language literacy not being able to navigate 'the system.' It is also due to the fact that residents in financial difficulty, who are already stressed and time-poor, face huge queues in seeking support, whether from the CAB, other voluntary sector providers or the Council at John Wilkes House.

It is clear from the evidence that Enfield does not have sufficient financial advice capacity to meet demand. The Commission is also concerned that the ways in which the Council pursues debts such as relatively modest Council Tax debts from poorer residents is serving to exacerbate hardship and stress.

The number of poorer households in privately rented accommodation also poses a huge challenge in tackling debt. Unlike rent arrears for Council tenants or social landlords, debts private tenants owe their landlords often remain hidden until the tenant asks for help or eviction proceedings are begun by the landlord.

“ Lots of people don't realise that when you are on UC your HB will stop. Enfield Council should send a letter to warn people...many people are not literate and rely on their children to read these forms and then they end up in rent arrears and they are taken to court for eviction.

Parent Engagement Network

“ The CAB have such a long waiting list, there's a huge queue. You might have to wait and fight for your support and by then you might have more letters, CCJs.

Parent Engagement Network

“ Not everybody is computer literate. Universal Credit you can only do online and lots of people I know are struggling to fill that it.

CAB Client

### **Create a new Borough debt strategy informed by data from CAB, DWP and Council departments and consulting local residents**

As part of a new strategy, the Council should increase the amount of debt advice and support and increase access to good credit, for example encouraging employers to offer payroll deductions for the Credit Union. The strategy should include specific objectives for the number of people accessing good loans over bad credit.

“ You have to manage everything in your life and then you've got this hanging over you. You have to manage your family, manage your job search, manage your housing but on top if that you have to be on top of your debt and talking to people about it.

Parent Engagement Network

This will mean working with the North London Credit Union to marry access to good credit with touchpoints for housing, debt and benefits advice. Under their current lending criteria the Credit Union are unable to provide loans for many applicants who need funds for housing deposits. The Council should consider underwriting such higher risk loans, so the Credit Union are able to help more people seeking accommodation to access good credit.

Offering an alternative to companies providing loans for furniture and household appliances at eye-watering interest rates would also help tackle consumer debt. The Council and the credit union should revive the idea of creating a 'show room' of consumer goods needed for an unfurnished rental property available with crisis loans.

The Commission was made aware of how changes to the benefits system have served to further impoverish the poorest households, increasing hardship and homelessness. Without reform at a national level Enfield will be fighting an uphill battle to tackle poverty and inequality. Nevertheless, the Council still has a vital role to play in ensuring that people receive the benefits that are entitled. The Council should thus re-establish an inhouse team to assist with benefits income maximisation and financial advice, similar to the 'WASH' team which was previously in place.

Given the evidence we have seen on the impact of debt created by benefits overpayments, and the volatility in incomes lower paid people face through zero hours contracts and part time work, the new debt strategy should encourage people to declare income changes that affect housing benefit to ensure they receive the appropriate benefits and don't get into debt through overpayment.

For those on low incomes, Council tax like other bills is a cause of financial stress. In advance of the government review of Council tax collection<sup>63</sup> and future Breathing space legislation<sup>64</sup>, which will give someone in problem debt the right to legal protections from creditor action while they receive debt advice and enter an appropriate debt solution, we would ask that the Council no longer summons Council tax support customers with arrears (avoiding £92.50 additional court costs) and no longer refer Council tax support customers to the Enforcement Agents (which avoids EA fees).

As resources allow, the Council should also consider a reduction in the minimum amount of Council Tax which must be paid by all residents eligible for Council Tax Support. Proposals to reduce payments from 26.5% to 24.5% are welcome but more should be done when finances permit. The Council could also review which types of households are more and less likely to find themselves in arrears and adjust levels of support accordingly in a cost neutral way that helps reduce arrears. This should include ensuring that the government's two child limit (benefits limited to the first two children in a household) is not translated into Council tax support.

In addition, the Council should sign up to the CAB/LGA council tax protocol. This offers practical steps aimed at preventing people from getting into debt in first place and

outlines how to ensure that enforcement agents act within the law. Debt collection may be necessary in some circumstances but when undertaken it should be done in a way that causes the least distress. The Council should therefore review how debts are recovered from poorer residents and consider appointing a more ethical debt collection agency such as Idessa to collect debt from low income and vulnerable customers where this is absolutely necessary.

Councils have historically not only offered support for council tax but also crisis support for those on low incomes. However, the emergency support scheme which provided a valuable safety net for some destitute families ended some years ago. CAB has a small welfare fund provided by London Catalyst of £1,200 per annum per household much of which is spent on gas and electricity top ups for families who have 'self-disconnected' by not topping up their key meter. Often they need to be able to put the electricity back on in order to be able to utilise items supplied by the foodbank which are often dried goods which need to be cooked – such as pasta and rice. The Council should consider allocating resource to such a scheme whether provided in house or via third parties as resources allow.

### RECOMMENDATION 24

The Council should help free the poorest residents from the burden of problem debts by extending access to benefits advice, support around debt and good credit.

- The Council should sign up to the CAB/LGA council tax protocol.
- The Council should review how debts are recovered from poorer residents and consider appointing a more ethical debt collection agency.
- The Council should ensure people have the offer of financial literacy education at every life stage from school to parenthood.
- The Council should increase access to good credit – encourage employers to offer payroll deductions for the credit union.
- The Council should not translate the two-child limit into Council Tax Support scheme.

### RECOMMENDATION 25

The Council should promote the take up of local people's full benefits entitlements, so households receive the appropriate benefits and don't get into debt either through under claiming or by receiving overpayments.

### RECOMMENDATION 26

Working with the Council to deliver shared objectives, the voluntary and community sector should have access to Council buildings at a low cost in a system that is accessible, transparent and easy to navigate.

### RECOMMENDATION 27

The Council, voluntary and community sector and local businesses should set up a new initiative to promote local fundraising for the benefit of local people.

# Conclusions and next steps

**This Commission was conducted over a six-month period from May 2019 to November 2019. During this time the Country has been through a tumultuous and uncertain period. As a result, domestic policy in a range of areas critical to the work of this Commission has been put on hold.**

Mindful of the election of a new government, this Commission has made a small number of recommendations for central Government. Although it now seems that the worst of the austerity we have seen is at an end, the future opportunities are unknown. What is certain is that Enfield Council and its partners will be better placed to maximise the benefit of future opportunities to reduce poverty and inequality if they enter the coming period with a consensus about what needs to be achieved locally and what support is needed from the GLA and central government.

In the meantime, this report shows that there is much that can be done locally without waiting for the national political situation to resolve itself. The Commissioners appreciate that this work is challenging with competing demands and reduced resources, but it is essential. Failure to act will carry a much larger cost for tomorrow's residents.

The Commission recommends that the Leader and Cabinet develop an action plan in response to the recommendations listed in this report. An important part of that will be setting measurable targets which can be publicly reviewed and scrutinised, with an independent review of progress in a year's time.

It is important to say that this work is not the sole responsibility of Enfield Council. The recommendations in this report are for Enfield as a place, not solely for Enfield Council. Many of the recommendations in this report require the leadership of the local voluntary sector and public sector partners including the police, schools and North London Partners in Health and Care. In order to be able to fulfil the roles demanded by those recommendations, the voluntary sector must be appropriately resourced and public sector partners must play an active role.

People will rightly expect the Council as the leaders of the locality to co-ordinate and drive this agenda forward, but for it to succeed everyone must play their part; the police, schools and colleges, health commissioners and providers, the voluntary sector and local businesses.

# Appendix 1

## Our terms of reference

Poverty and inequality affect thousands of people in Enfield, reducing their quality of life and limiting their opportunities. Tackling poverty and inequality is a priority for Enfield Council and matters not just for those affected but all residents. To gain insights from local people and organisations a poverty and inequality commission has been established to help shape how the Borough tackles the problem during a time of falling real-term incomes and continued cuts to public services. The commission chaired by Baroness Tyler of Enfield is made up of a mix local and national stakeholders and experts. Although established by the Council, the Commission itself is fully independent and the process is aimed hearing the views of Enfield residents to shape a positive plan to make life on low incomes in the Borough better (living), extend opportunity (learning) and to increase incomes (earning).

### 2. Purpose of the Commission

The Commission will engage directly with local people and organisations to better understand how poverty and inequality affects the lives of residents in the Borough.

Using this insight, the 'Commission Panel' will consider the evidence gathered and agree actionable recommendations to help address its findings. This is likely to combine actions that can be agreed locally for implementation and higher-level recommendations to inform and influence Government's national policies and programmes tackling poverty and inequality.

### 3. Scope of the study

The study is intended to cover three inter-connecting strands of interest with each strand considering the impact of protected characteristics groups on outcomes.

These are:

- **Living** – In Enfield, to what extent does who we are and where we live affect our life chances and the services we can access?
- **Learning** – Do challenges or barriers exist which prevent local people from accessing opportunities to excel through education and training?
- **Earning** – How can local people currently on low (net) incomes be supported to secure long-term economic prosperity?

### 4. Method and main tasks

Supported by the Smith Institute, an independent research think tank, the Commission will:

- Initiate a local call for evidence to understand the views of local people and organisations in Enfield.
- Consider relevant existing quantitative data sets across a range of available evidence bases.
- Engage directly with local people, service providers, community organisations and businesses, through public meetings and focus groups.
- Consider best practice that has successfully been taken forward in Enfield and elsewhere that may be replicated or adapted for wider use.
- Develop a draft and deliver a final written commission report in November 2019 containing recommended actions that can be enacted locally to address poverty and inequality in the Borough. The report is expected to be released to the public by mid-December 2019.

### 5. Intended outcomes

- An evidence base informed by the voices of local people and final report that can influence wider strategy development and service delivery in the Borough.
- The identification of a limited number of priority areas, with practical recommendations for the Council and its partners to take action on the ground in Enfield to tackle poverty and inequality.
- Contribution to the wider political discourse concerning the impact of poverty and inequality on communities in the UK.

As key supporting partners to the Commission, Enfield's Health and Well Being Board will:

- Receive updates on the Commission's work
- Provide input and advice to the Commission and seek to implement recommendations arising where appropriate to do so

Enfield Council's Cabinet will:

- Receive the Commission's final report.
- Respond to its findings and recommendations

## **7. Supporting the Commission**

Support to the commission will be arranged and managed by The Smith Institute in partnership with officers in Enfield Council, who will provide access to information and facilitate research and report preparation.

## **8. Chair and commissioner roles**

### **The role of the Independent Chair**

The Chair will work closely with the Commissioners to agree how the Commission's work will proceed. The Chair will actively seek input from all Commissioners through the process.

### **The role of the Commissioners**

The full membership of the Commission is to be determined subject to approval and availability. It is expected that the Commissioners will be a mix of national/regional voices and those from local agencies working closest with the community.

Commissioners will be required to attend four Commission meetings. Commissioners will work with the Chair to provide strategic direction, drawing on their knowledge, expertise and network to support the Commission's work.

# Appendix 2

## Engagement with the Commission

The Commission has sought evidence from internal and external stakeholders and the wider community through the call for evidence, inviting witnesses to give evidence at Commission meetings and through an extensive engagement programme co-ordinated by the Smith Institute. Using these methods, the Commission has engaged with the following organisations and individuals:

- Enfield Secondary Heads Association
- Enfield Primary Heads Network
- Enfield Special Schools Strategic Heads
- Enfield Voluntary Sector Strategy Group
- Enfield Voluntary Action
- Enfield Food Bank
- Enfield Citizen's Advice Bureau
- Enfield Credit Union
- Every Parent and Child
- Enfield Women's Centre
- Enfield Community Money Advice
- Enfield Race Equality Council
- Better Streets Enfield
- Enterprise Enfield
- The Children's Society
- Kate Osamor MP
- Bambos Charalambous MP
- Enfield Youth Parliament
- Enfield Young Leaders
- The Pupils of George Spicer Primary School
- Enfield Council Labour Group
- Enfield Council Conservative Group
- Joyce and Snells Estate Residents
- Ian Davis, Chief Executive of Enfield Council
- Peter George, Director Meridian Water, Enfield Council
- Joanne Drew, Director of Housing and Regeneration, Enfield Council
- Clara Seery, Director of Education, Enfield Council
- Stuart Lines, Director of Public Health, Enfield Council
- Lee Shelsher, Head of Service – Customer Experience & Libraries, Enfield Council
- Susan Hickey, Apprenticeship & Placement Manager, Enfield Council
- Andrea Clemons, Head of Community Safety, Enfield Council
- Sally Sanders, Head of Financial Assessment, Enfield Council
- Rafique Ullah, Head of Youth Work & Development Unit, Enfield Council
- Osman Suleyman, Senior Complaints & Access to Information Officer, Enfield Council
- Kaunchita Mauhub, Anti-Social Behaviour Team Leader, Enfield Council
- Jayne Paterson, Business Development Manager, Place Department, Enfield Council
- Sarah Fryer, Head of Schools Personnel, Enfield Council
- Delores Keown Abidi, DWP Outreach Welfare Employment Adviser
- Laura Featley, DWP Enfield
- Enfield Trades Unions joint committee
- Tracy Chandler, Countrywide Properties UK
- Julian Ellerby, Director, Local London
- Enfield Parent Engagement Network (Edmonton meeting)
- Dr. Mo Abedi, Enfield CCG
- Dr. Tristan McGeorge, Clinical Director Enfield Mental Health Division, Barnet Enfield & Haringey Mental Health NHS Trust
- Maria Kane, North Middlesex University Hospital NHS Trust
- Metropolitan Housing
- Citizen Witness, homelessness
- Citizen Witness, alcohol and drug treatment services
- Citizen Witness, apprenticeships
- Superintendent Farooq Sheikh, Metropolitan Police, North Area BCU
- Citizen Witness, council employee
- Gail Weir, Headteacher Waverley Special School
- Lucy Waters
- Young People at Enfield Foyer, Christian Action Housing
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64. <https://www.gov.uk/government/consultations/breathing-space-scheme-consultation-on-a-policy-proposal/breathing-space-scheme-consultation-on-a-policy-proposal>



# Library Strategy 2020

Health and Wellbeing Board

19 March 2020

Lee Shelsher, Head of Customer Experience and Libraries  
Helen Baekstroem, Strategy and Policy Hub Manager

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[www.enfield.gov.uk](http://www.enfield.gov.uk)

Striving for excellence



## **Context**

- A statutory duty to provide a comprehensive and efficient library service for all those who live, work or study in the borough
- 17 libraries – 4 Flagship and 13 Community Libraries
- Over 1.38m visitors a year, increasing consistently over the last few years
- 10,000 hours+ in volunteer time, multi-skilled staffing
- Development of a new five-year strategy setting out our vision and priorities for Enfield's libraries

# **Libraries delivering a lifetime of opportunities – Universal Offer**

- **Children have the best start in life**
- **Increased reading and literacy**
- **Improved digital access and literacy**
- **Helping everyone achieve their full potential**
- **Healthier and happier lives**
- **Greater prosperity**
- **Stronger, more resilient communities**
- **Cultural and creative enrichment**



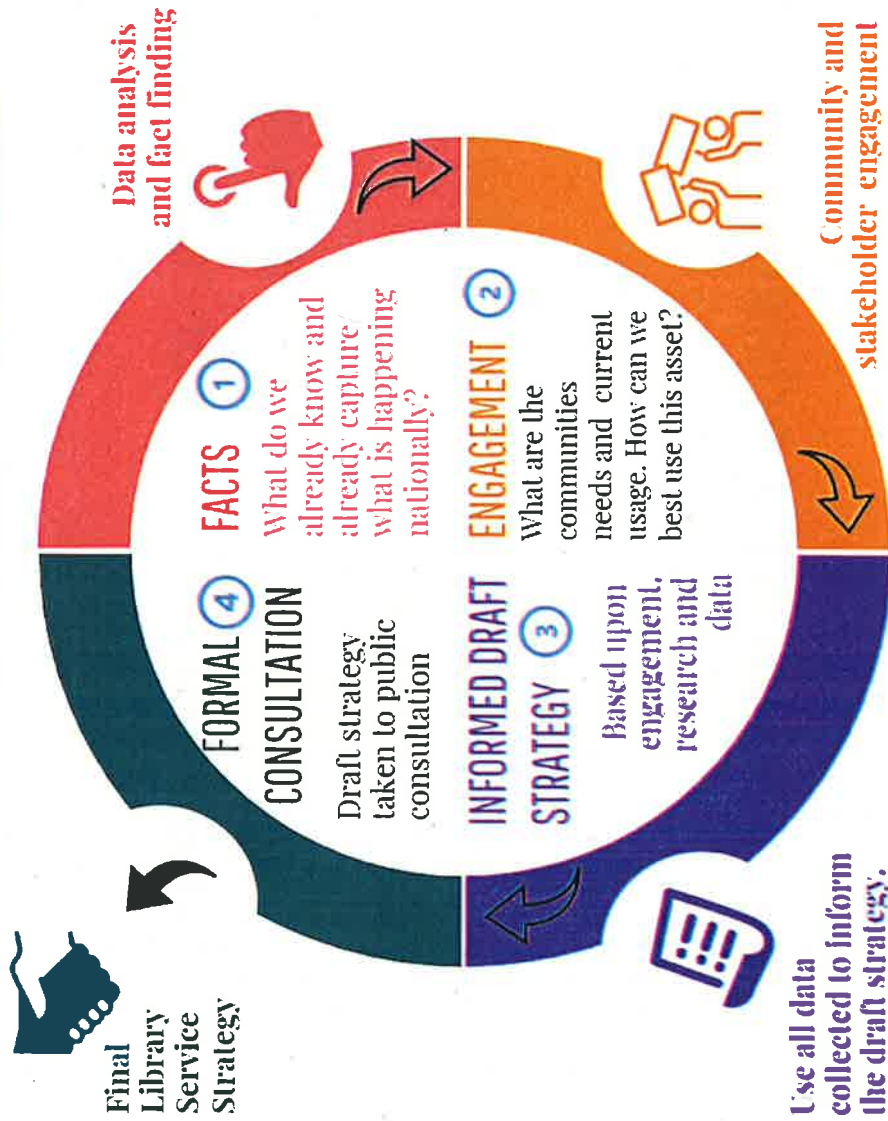
# Seizing Opportunities: Health initiatives currently delivered in libraries

- Health & baby Clinics
- Social prescribing – books on prescription
- Tea and chatter/activities/makerspace – tackling social isolation
- Support groups for health conditions i.e. diabetes
- Blood pressure, hypertension and HIV testing
- Physical activities from armchair aerobics to yoga and tai chi
- SEMH hubs
- Oral hygiene
- Prevention agenda – cardio vascular advice
- Dementia support & research – Sensory
- Health campaigns and advice
- Volunteering
- Libraries direct

## **Stakeholder Engagement: Discussion**

- Strong and innovative partnerships are critical to an effective library service
- How can we best engage with health partners?
- How can improved partnership working help to deliver shared outcomes for residents?

# Engagement and consultation





# Next Steps

What	When
<p><b>Understand our communities' needs:</b></p> <ul style="list-style-type: none"> <li>- Data Analysis</li> <li>- Stakeholder engagement</li> <li>- Resident Focus Groups</li> </ul>	November 2019 – June 2020
<p><b>Plan how to meet communities' needs through future library provision:</b></p> <ul style="list-style-type: none"> <li>- Draft strategy using outcome of stakeholder and resident engagement, Poverty Commission and children and young people engagement</li> </ul>	June – July 2020
<p><b>Public consultation on our draft strategy:</b></p> <ul style="list-style-type: none"> <li>- Publish online</li> <li>- Follow-on focus groups</li> </ul>	August – November 2020
<p><b>Finalise strategy and take through Cabinet approval</b></p>	December - February 2020

# Questions?

Contact: [Library.strategy@enfield.gov.uk](mailto:Library.strategy@enfield.gov.uk)



**MUNICIPAL YEAR 2019/2020 REPORT NO.****MEETING TITLE AND DATE:****REPORT OF: DIRECTOR OF PUBLIC HEALTH**

Contact officer and telephone number:  
Mark Tickner  
Email: [mark.tickner@enfield.gov.uk](mailto:mark.tickner@enfield.gov.uk)

Agenda - Part:	Item:
<b>Subject: Prevention Concordat for Better Mental Health – Briefing for HWB</b>	
<b>Wards: All</b>	

**1. EXECUTIVE SUMMARY**

The Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society.

The concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost-effectiveness of this approach will be enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing.

**2. RECOMMENDATIONS**

1. That the HWB should consider the adoption of the Consensus Statement as detailed below

**3. BACKGROUND**

The concordat is intended to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across:

- local authorities
- the NHS

- public, private and voluntary, community and social enterprise (VCSE) sector organisations
- educational settings
- employers
- 

It acknowledges the active role played by people with lived experience of mental health problems, individually and through user-led organisations.

This definition of the concordat has been agreed by the organisations listed at the end of this document. It represents a public mental health informed approach to prevention, as outlined in the [NHS Five Year Forward View](#), and promotes relevant NICE guidance and existing evidence-based interventions and delivery approaches, such as ‘making every contact count’

## **4 REASONS**

This is part of a wider drive to secure an increase in the implementation of public mental health approaches across the whole system. The sustainability and cost-effectiveness of this approach will be enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing. This was set out in the Enfield Joint Health and Wellbeing Strategy

Taking a prevention-focused approach to improving the public’s mental health is shown to make a valuable contribution to achieving a fairer and more equitable society.

It is an opportunity to share the work you are doing to create resilient communities, build momentum in a national shift to support prevention activity and ultimately, through local and national action, to prevent mental health problems and promote good mental health

## **5. ADDITIONAL BACKGROUND**

### **6.1 The Consensus Statement**

This consensus statement describes the shared commitment of the organisations set out below to work together via the Prevention Concordat for Better Mental Health, through local and national action, to prevent mental health problems and promote good mental health.

“The undersigned organisations agree that:

1. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focused leadership and action throughout the mental

health system; and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.

2. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality.
3. We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.
4. We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.
5. We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action<sup>1</sup>.
6. We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.
7. We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this Concordat and its approach”

## **6.2 Current Signatories**

This first Prevention Concordat for Better Mental Health was co-produced by:

- Association of Directors of Public Health – Prof. Jim McManus
- Association of Mental Health Providers – Kathy Roberts
- Centre for Mental Health – Andy Bell
- Children and Young People’s Mental Health Coalition – Mick Atkinson
- Department of Health – Jonathon Marron
- Faculty of Public Health – Christina Gray
- Local Government Association – Abigail Gallop
- Mental Health Commissioners Network – Dr Phil Moore
- Mental Health Foundation – Jenny Edwards
- National Survivor User Network – Sarah Yiannoullou
- NHS England – Prof. Tim Kendall
- Public Health England – Lily Makurah

## **6.3 Current Local Authority Coverage**

- Bristol City Council – Dr Jacqui Jensen, Executive Director
- Calderdale Metropolitan Borough Council – Robin Tuddenham, Chief Executive
- Cornwall City Council – Kate Kennally, Chief Executive
- Coventry City Council – Martin Reeves, Chief Executive
- Derby City Council – Cate Edwynn, Director of Public health
- Derbyshire County Council – Councillor Trevor Ainsworth
- Doncaster Council – Damien Allen, Chief Executive
- Doncaster Health and Wellbeing Board – Rupert Suckling, Director of Public Health
- Dudley Health and Wellbeing Board – Cllr Nicolas Barlow, Chair
- Dudley Metropolitan Borough Council – Kevin O’Keefe, Chief Executive
- County Durham – Amanda Healy, Director of Public Health

- Greater Manchester Health & Social Care Partnership – Warren Heppolette, Executive Lead
- Hampshire County Council – John Coughlan, Chief Executive
- Hertfordshire County Council – Prof. Jim McManus, Director of Public Health and Richard Roberts, Executive Member for Public Health, Prevention and Performance
- Kirklees Council – Jacqui Gedman, Chief Executive
- Leeds City Council – Tom Riordan, Chief Executive
- City of London Corporation – John Barradell, Chief Executive
- London Borough of Hackney – Philip Glanville, Elected Mayor
- Middlesbrough Council – Edward Kunonga, Director of Public Health
- Northumberland County Council – Councillor Richard Dodd
- Bassetlaw Clinical Commissioning Group – Idris Griffiths, Chief Executive
- Gedling Borough Council – Karen Bradford – Chief Executive
- Nottinghamshire Health and Wellbeing Board – Anthony May, Chief Executive
- Oxfordshire Health and Wellbeing Board
- Oxfordshire County Council – Yvonne Rees, Chief Executive
- Oxfordshire Clinical Commissioning Group – Dr Kiren Collinson, Clinical Chair
- Oxford University Hospitals NHS Foundation Trust – Dr Bruno Holthof, Chief Executive Officer
- Oxford Health NHS Foundation Trust – Stuart Bell, Chief Executive
- Healthwatch Oxfordshire – Professor George Smith, Chairman
- Oxfordshire Mental Health Partnership - Dan Knowles, Chief Executive
- Active Oxfordshire – Paul Brivio, Chief Executive
- Cherwell District Council – Yvonne Rees, Chief Executive
- Oxford City Council – Gordon Mitchell, Chief Executive
- West Oxfordshire District Council – David Neudegg, Chief Executive
- Redcar and Cleveland Council – Edward Kunonga, Director of Public Health
- Rushcliffe Borough Council – Kath Marriot, Chief Executive
- Burton Borough High School – Christine Raymont-Hall, Principal



- South Gloucestershire Mental Health Partnership
- South Gloucestershire Council – Dave Perry, Chief Executive
- Swindon Borough Council – Cherry Jones, Director of Public Health
- Suffolk Health and Wellbeing Board – Cllr Tony Goldson, Chairman
- Thurrock Health and Wellbeing Board – Sue Little, Chair
- Thurrock Council – Lyn Carpenter, Chief Executive
- Torbay Council – Dr Caroline Dimond, Director of Public Health
- Warwickshire Health and Wellbeing Board – Izzi Seccombe, Chief Executive
- Warwickshire County Council – Izzi Seccombe, Leader
- West Midlands Combined Authority – Councillor Izzi Seccombe, Chair
- Windsor & Maidenhead Borough Council – Hilary Hall, Deputy
- York City Council – Councillor Carol Runciman

There are a large number of endorsees. <sup>1</sup>

## 6. NEXT STEPS

The Prevention Concordat for Better Mental Health sign-up protocol has 6 steps:

1. Contact [publicmentalhealth@phe.gov.uk](mailto:publicmentalhealth@phe.gov.uk) to request a local or national Prevention Concordat commitment action plan template.
2. Complete Prevention Concordat commitment action [PH Action] plan which highlights commitment to do specific actions centered on the prevention of mental health problems and promotion of good mental health.
3. Chief Executive (or appropriate senior leader) of organisation to commit and sign up to approved commitment action plan<sup>1</sup>.
4. Email submission to [publicmentalhealth@phe.gov.uk](mailto:publicmentalhealth@phe.gov.uk).
5. Confirmation of receipt received.
6. A panel will review and approve action plans submitted within one month of submission date.

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<sup>1</sup> <https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health>

A formal announcement of any new national and local signatories will be highlighted through PHE communications or uploaded onto the Prevention Concordat for Better Mental Health webpage.

National and local signatories will receive a formal certificate. Signatories will be asked to promote their involvement and deliver joint communications on the prevention concordat, and their specified commitments.

## HEALTH AND WELLBEING BOARD - 26.9.2019

**MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON THURSDAY, 26 SEPTEMBER 2019**

**MEMBERSHIP**

**PRESENT** Nesil Caliskan (Leader of the Council), Mo Abedi (Enfield Clinical Commissioning Group Medical Director), Parin Bahl (Chair of Enfield Health Watch), Stuart Lines (Director of Public Health), Tony Theodoulou (Executive Director of Children's Services), Vivien Giladi (Voluntary Sector), Pamela Burke (Voluntary Sector) and Jo Ikhelef (CEO of Enfield Voluntary Action)

**ABSENT** Alev Cazimoglu (Cabinet Member for Health & Social Care), Rick Jewell (Cabinet Member for Children's Services), Mahtab Uddin (Cabinet Member for Public Health), Dr Helene Brown (NHS England Representative), Bindi Nagra (Director of Adult Social Care), Natalie Forrest (Chief Executive, Chase Farm Hospital, Royal Free Group), Maria Kane (Chief Executive North Middlesex University Hospital NHS Trust) and Andrew Wright (Barnet, Enfield and Haringey Mental Health NHS Trust)

**OFFICERS:** Dr Glenn Stewart (Assistant Director, Public Health), Niki Nicolaou (Voluntary Sector Manager), Mark Tickner (Senior Public Health Strategist), Jane Creer (Secretary)

**Also Attending:** Graham MacDougall (representing Enfield CCG), Richard Gourlay (representing North Middlesex University Hospital NHS Trust), Doug Wilkinson (LBE Director of Environment Operational Services), Doug Wilson (LBE Head of Strategy and Service Development), Dudu Sher-Arami (Consultant in Public Health), Margherita Sweetlove (Health in All Policies Strategist), Gayan Perera (Health Intelligence Manager), Evie Lodge (Public Health Intelligence Specialist), Desmond Wright (Consultant in Dental Public Health)

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

Councillor Nesil Caliskan, Chair, welcomed everyone to the meeting and noted that chairing of the Board by the Council Leader reflected the corporate commitment to the Health and Wellbeing agenda.

Apologies for absence were received from Councillors Alev Cazimoglu, Mahtab Uddin, and Rick Jewell, and from Rob Larkman, Bindi Nagra, Ian Davis, Natalie Forrest, Jinjer Kandola and Siobhan Harrington. Enfield CCG was represented by Graham MacDougall, and North Middlesex University Hospital NHS Trust by Richard Gourlay.

HEALTH AND WELLBEING BOARD - 26.9.2019

2

**DECLARATION OF INTERESTS**

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

3

**BETTER CARE FUND - SECTION 75 AGREEMENT AND BETTER CARE FUND UPDATE**

RECEIVED the report of the Director of Health and Adult Social Care 'Section 75 Agreement: Approval of Revisions for 2019/2020' (sent to follow) and the Update Report from the Joint Health and Social Care Commissioning Board, for information.

NOTED

Introduction by Doug Wilson, including:

- The Section 75 Agreement involved a pooled fund with Enfield Council and Enfield CCG, who were committed to working together on services to benefit the local community and improving the lives of local people.
- Presentation to Health and Wellbeing Board was part of the formal sign off process.
- The Section 75 Agreement was also subject to CCG governance bodies' approval, reinforcing the joint commitment.

IN RESPONSE comments and questions were received, including confirmation that there would be engagement with organisations affected by reallocation of funding as part of a larger voluntary and community sector (VCS) contract. Doug Wilson would be happy to discuss individual cases outside the meeting.

**AGREED** that Health and Wellbeing Board noted:

- (1) Arrangements for pooled funding.
- (2) The delegation of formal sign off of the Section 75 Agreement between NHS Enfield CCG and the Council to the Director of Health and Adult Social Care as the approved statutory DASS (Director of Adult Social Services).
- (3) The Director for Adult Social Care, in agreement with the Director of the CCG, to make minor amendments throughout the year to the schemes and funding arrangements to reflect any change in circumstances.
- (4) That the Section 75 Agreement must be in a form approved by the Director of Law and Governance.

4

**JOINT PRIORITIES FOR HEALTH AND SOCIAL CARE UPDATE**

RECEIVED the report on the development of Joint Health and Adult Social Care Service Priorities for information.

**HEALTH AND WELLBEING BOARD - 26.9.2019**

NOTED

Doug Wilson's introduction of the report highlighted:

- There had been work over the last 12 months across health and social care to develop commissioning priorities.
- The focus was supporting local people's access to good information and offering support to regain independence.
- There had been significant engagement, particularly with partnership boards and patient participation groups.

IN RESPONSE comments and questions were received, including:

1. Proposed changes to walk in services were discussed, and that patients liked the ability to walk in and see a GP without booking an appointment. There should also be a facility to cancel appointments once booked.
2. It was confirmed that feedback was being sought in advance of the final version of the joint priorities document to be submitted to the Joint Commissioning Board. Any more views should be provided within the next two weeks. There would be regular updates to the Health and Wellbeing Board on progress.
3. Communications were important and that users were aware of facilities available.

**AGREED** that Health and Wellbeing Board noted the update report and any further feedback to be sent to Doug Wilson directly.

**5**

**CHILDREN'S AND YOUNG PEOPLE MENTAL HEALTH LOCAL TRANSFORMATION PLAN - REVIEW**

RECEIVED the briefing note from Enfield CCG (sent to follow).

NOTED

The introduction by Graham MacDougall, including:

- The 2019 Enfield Children & Young People Local Transformation Plan was in the process of being drafted and would be published by 31 October 2019, and the due governance processes were being gone through.
- This was a system plan, involving the local authority and CCG and VCS, but funding came through the CCG.
- Child and Adolescent Mental Health Services (CAMHS) was a significant priority for the NHS. Enfield was a Wave 2 trailblazer area and funding was to be allocated to be focussed into schools and based around the clinical model, and overseen by a steering group.

IN RESPONSE comments and questions were received, including:

1. It was confirmed that the main provider would be Barnet, Enfield and Haringey Mental Health NHS Trust. There would be a process around which schools were prioritised. Headteachers would make referrals. The money was purely for clinical posts.

**HEALTH AND WELLBEING BOARD - 26.9.2019**

2. Members questioned the small amount of the funding, and the need for preventative work. It was advised that the CCG invested into CAMHS and this money was in addition.

**AGREED** that Health and Wellbeing Board noted the briefing note.

**6**

**ORAL HEALTH NEEDS ASSESSMENT**

RECEIVED the briefing paper on oral health and dental services in Enfield.

NOTED the presentation by Desmond Wright, Consultant in Dental Public Health, including:

- Dental health of children in Enfield was improving, but in relation to other London boroughs there was still work to be done.
- Dental decay showed inequality across wards, with areas of least deprivation having the lowest levels of tooth decay.
- The Public Health Team had commissioned a prevention programme, with an action plan being delivered by Whittington Health. Oral health promotion activities were provided at schools, children's centres, community groups, and care homes. Additionally, a national programme was being rolled out.

IN RESPONSE, comments and questions were received, including:

1. Members welcomed the report and were pleased to note improvements over recent years; and noted the links with obesity and other risk factors.
2. In response to queries, it was advised that older people were retaining teeth longer, and demand for crowns, bridges and implants was growing.
3. With loss of stay and play groups in the community, networks for sharing information with parents were lost, including appropriate advice about child dental health. Social media could sometimes contain misinformation. A child's first dentist visit should be when the first teeth erupt. Health Visitors were being asked to distribute toothbrushing packs.
4. It was advised that increasing fluoride levels in water in London was difficult technically and politically, but alternative measures were available including toothpaste and varnish.

**AGREED** that Health and Wellbeing Board noted:

- Importance of oral health improvement programmes for children including the school fluoride varnish programme in addressing trends in dental decay.
- Continued public health investment in oral health programmes.
- Embedding oral health within the Health in All Policies agenda.
- Oral health embedded within the 0-19 health visiting and school nursing contract. This includes health visitors disseminating toothbrushing packs and oral health messages.
- Encouraging settings to sign up to Sugar Smart.
- Embedding oral health policies within settings through healthy early years and healthy schools.
- Oral health to be included within the Making Every Contact Count programme.

HEALTH AND WELLBEING BOARD - 26.9.2019

7

**INFLUENZA UPDATE**

RECEIVED a verbal update from Dr Glenn Stewart, and NOTED

- The flu season was approaching and some GP practices were now starting vaccinations. Over 65's vaccinations were expected to commence the week beginning 7 October or 14 October. There would also be focus on 2 – 3 year olds and pregnant women.
- Information on vaccination of staff was being presented to departmental management teams.
- Vaccine availability was not expected to be an issue: confirmed at a recent planning meeting.
- High levels of coverage were needed. There were targets for take-up.

8

**JOINT HEALTH AND WELLBEING STRATEGY - UPDATE AND FORMAL SIGN OFF**

RECEIVED the finalised Enfield Joint Health and Wellbeing Strategy 2020 – 2023.

NOTED that Health and Wellbeing Board had been involved throughout the development of the strategy and approval was now sought to progress to the next stages for adoption.

IN RESPONSE comments and questions were received, including:

- The strategy fitted with the Council's priorities and other strategic documents. It would underpin decisions by the Council and the CCG.
- Action plans would be updated as the strategy progressed, and updates provided to the Board.

**AGREED** that Health and Wellbeing Board approved the finalised Joint Health and Wellbeing Strategy.

9

**JOINT HEALTH AND WELLBEING STRATEGY METRICS UNDERSTANDING PUBLIC HEALTH OUTCOMES FRAMEWORK AND LIFE EXPECTANCY (AND RELATION TO POVERTY)**

RECEIVED the presentation by Gayan Perera and Evie Lodge, Public Health Intelligence, highlighting:

- Over the next five years, the overall population in Enfield was projected to grow by around 5%. Different wards had varying projected percentage changes.
- Key demographics showed the more affluent areas had higher life expectancy, but also higher levels of dementia and loneliness.
- The main three causes of deaths in Enfield were circulatory disease, cancer and respiratory disease.

## HEALTH AND WELLBEING BOARD - 26.9.2019

- The ways that success would be measured were explained, with focus on three key behaviours: healthy diet; being active; being smoke free; and a fourth priority: being socially connected.
- There were also targets against long term conditions indicators.

IN RESPONSE comments and questions were received, including:

1. It was confirmed that targets were chosen to be relevant and meaningful, and ambition was tempered with realism.
2. The importance of healthy lifespan as opposed to just life expectancy was raised, and the concerning differences between areas of the borough.
3. It was confirmed that the Health Improvement Partnership would be the group monitoring the action plans. The Health and Wellbeing Board would be kept updated.

**AGREED** that Health and Wellbeing Board noted and endorsed the presentation Health in Enfield: Measuring Success, and the actions.

### 10

#### **COUNCIL'S HEALTH IN ALL POLICIES IMPLEMENTATION PLAN**

RECEIVED the presentation by Dudu Sher-Arami and Margherita Sweetlove, highlighting:

- Health in All Policies related to Enfield Council's decision-making and the way the organisation was working toward achieving the goals of the Joint Health and Wellbeing Strategy, to improve residents' health and wellbeing.
- The Year 1 action plan worked along with the three behaviours identified in the Joint Health and Wellbeing Strategy.
- The next steps focussed on Making Every Contact Count training for Council staff and partner organisations, and thematic years for the priorities.

IN RESPONSE comments and questions were received, including:

1. The concerted efforts were welcomed to accelerate measures. There would be opportunities to work collectively. Consistent communications were important.
2. Extension of smoke-free areas in Council properties and amendments to tenancy agreements had been suggested and had Board support.
3. It was requested that social isolation be added as a priority area for Year 4.

**AGREED** that Health and Wellbeing Board noted the presentation.

### 11

#### **HEALTH AND WELLBEING LOGO CONFIRMATION**

**AGREED** that Health and Wellbeing Board welcomed the adoption of a logo to improve the Board's visibility and identity, and agreed the logo option which had received the most votes.

### 12

#### **UPDATE FROM NHS ENFIELD CCG ON EU EXIT PREPARATIONS**



**HEALTH AND WELLBEING BOARD - 26.9.2019**

RECEIVED a to follow report from Enfield CCG.

NOTED

- Graham MacDougall confirmed the current position and that the NHS remained on-track with preparations.
- The Council's Brexit Panel had also ramped up activity, with focus on the most vulnerable, and a detailed risk register had been published.

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

**13**

**MINUTES OF THE MEETING HELD ON 20 JUNE 2019**

**AGREED** the minutes of the meeting held on 20 June 2019.

NOTED that Jo Ikhelef would still like to meet with Mark Bradbury in respect of Loneliness and Social Isolation and utilising buildings for community use.

**ACTION: Mark Tickner**

**14**

**DATES OF FUTURE MEETINGS**

NOTED the dates scheduled for future meetings for the 2019/20 municipal year, advised by the Chair as subject to potential amendment.

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