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## THE CABINET

**Wednesday, 22nd January, 2014 at 8.15 pm in the Conference  
Room, Civic Centre, Silver Street, Enfield, EN1 3XA**

### **Membership:**

Councillors : Doug Taylor (Leader of the Council), Achilleas Georgiou (Deputy Leader), Chris Bond (Cabinet Member for Environment), Bambos Charalambous (Cabinet Member for Culture, Leisure, Youth and Localism), Del Goddard (Cabinet Member for Business and Regeneration), Christine Hamilton (Cabinet Member for Community Wellbeing and Public Health), Donald McGowan (Cabinet Member for Adult Services, Care and Health), Ayfer Orhan (Cabinet Member for Children & Young People), Ahmet Oykenen (Cabinet Member for Housing) and Andrew Stafford (Cabinet Member for Finance and Property)

### **NOTE: CONDUCT AT MEETINGS OF THE CABINET**

Members of the public and representatives of the press are entitled to attend meetings of the Cabinet and to remain and hear discussions on matters within Part 1 of the agenda which is the public part of the meeting. They are not however, entitled to participate in any discussions.

### **AGENDA – PART 1**

- 1. APOLOGIES FOR ABSENCE**
- 2. DECLARATION OF INTERESTS**

Members of the Cabinet are invited to identify any disclosable pecuniary, other pecuniary or non pecuniary interests relevant to items on the agenda.

## DECISION ITEMS

### 3. URGENT ITEMS

The Chairman will consider the admission of any reports (listed on the agenda but circulated late) which have not been circulated in accordance with the requirements of the Council's Constitution and the Local Authorities (Executive Arrangements) (Access to Information and Meetings) (England) Regulations 2012.

Note: The above requirements state that agendas and reports should be circulated at least 5 clear working days in advance of meetings.

### 4. DEPUTATIONS AND PETITIONS

To note that no requests for deputations (with or without petitions) have been received for presentation to this Cabinet meeting.

### 5. ITEMS TO BE REFERRED TO THE COUNCIL

To note that there are no items to be referred to full Council.

### 6. REVENUE MONITORING REPORT 2013/14: NOVEMBER 2013 (Pages 1 - 16)

A report from the Director of Finance, Resources and Customer Services is attached. This sets out the Council's revenue budget monitoring position based on information to the end of November 2013. **(Key decision – reference number 3761)**

(Report No.161)  
**(8.20 – 8.25 pm)**

### 7. THE JOINT HEALTH AND WELLBEING STRATEGY 2014-19 (DRAFT) (Pages 17 - 72)

A report from the Director of Health, Housing and Adult Social Care is attached. This presents the Joint Health and Wellbeing Strategy 2014-19 for consideration and comment. **(Key decision – reference number 3838)**

(Report No.162)  
**(8.25 – 8.30 pm)**

### 8. ESTATE RENEWAL LEASEHOLDER FRAMEWORK REPORT (Pages 73 - 80)

A report from the Director of Health, Housing and Adult Social Care is attached. This sets out the proposed estate renewal leaseholder framework. **(Key decision – reference number 3773)**

(Report No.163)  
**(8.30 – 8.35 pm)**

**9. ALMA ESTATE REGENERATION COMPULSORY PURCHASE ORDER (CPO) (Pages 81 - 94)**

A report from the Director of Health, Housing and Adult Social Care and Director of Finance, Resources and Customer Services is attached. This considers the preparation of an Alma Estate Regeneration Compulsory Purchase Order. **(Key decision – reference number 3800)**

(Report No.164)  
**(8.35 – 8.40 pm)**

**10. AWARD OF CONTRACTS FOR THREE SERVICES FOR SUBSTANCE MISUSE PROVISION IN ENFIELD (Pages 95 - 104)**

A report from the Director of Health, Housing and Adult Social Care and Director of Public Health is attached. This seeks approval to award contracts for three services for substance misuse provision in Enfield. (Report No.167, agenda part two also refers) **(Key decision – reference numbers 3736/3737/3738)**

(Report No.165)  
**(8.40 – 8.45 pm)**

**11. ISSUES ARISING FROM THE OVERVIEW AND SCRUTINY PANEL/SCRUTINY PANELS**

There are no issues for consideration at this meeting.

**12. CABINET AGENDA PLANNING - FUTURE ITEMS (Pages 105 - 108)**

Attached for information is a provisional list of items scheduled to future Cabinet meetings.

**13. NOTICE OF KEY DECISION LIST**

Members are asked to consider any forthcoming key decisions for inclusion on the Council's Notice of Key Decision List.

Note: the next Notice of Key Decision List is due to be published on 31 January 2014, this will be effective from 1 March 2014.

**14. MINUTES (Pages 109 - 118)**

To confirm the minutes of the previous meeting of the Cabinet held on 11 December 2013.

**15. MINUTES OF POLICY CABINET SUB-COMMITTEE - 4 DECEMBER 2013 (Pages 119 - 124)**

To receive, for information, the minutes of a meeting of the Policy Cabinet Sub-Committee held on 4 December 2013.

**16. MINUTES OF ENFIELD RESIDENTS' PRIORITY FUND CABINET SUB-COMMITTEE - 5 DECEMBER 2013 (Pages 125 - 132)**

To receive, for information, the minutes of a meeting of the Enfield Residents' Priority Fund Cabinet Sub-Committee held on 5 December 2013.

**INFORMATION ITEMS**

**17. ENFIELD STRATEGIC PARTNERSHIP FEEDBACK (Pages 133 - 142)**

To receive a written update on the Enfield Strategic Partnership.

(Report No.166)

**(8.55 – 9.00pm)**

**18. DATE OF NEXT MEETING**

To note that the next meeting of the Cabinet is scheduled to take place on Wednesday 12 February 2014 at 8.15pm.

**CONFIDENTIAL ITEMS**

**19. EXCLUSION OF THE PRESS AND PUBLIC**

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

(Members are asked to refer to the part 2 agenda)

**MUNICIPAL YEAR 2013/14 REPORT NO: 161****MEETING TITLE AND DATE:**

Cabinet:  
22<sup>nd</sup> January 2014

**AGENDA PART 1****ITEM: 6****Subject: Revenue Monitoring Report  
2013/14: November 2013****Wards: All****Report of:**

Director of Finance, Resources and  
Customer Services

**Contact:**

Richard Tyler: 0208 379 4732

**1. EXECUTIVE SUMMARY**

- 1.1 This report sets out the Council's revenue budget monitoring position based on information to the end of November 2013. The report forecasts an outturn position of £0.606m overspend for 2013/14.

**2. RECOMMENDATIONS**

It is recommended that Cabinet:

- 2.1 Notes the £0.606m overspend revenue outturn projection.
- 2.2 Directs departments reporting pressures to formulate and implement action plans to ensure that they remain within budget in 2013/14.

**3. BACKGROUND**

- 3.1 The Council's revenue expenditure against budget is monitored through regular reports to the Corporate Management Board and Cabinet. These reports provide a snapshot of the revenue position for each Department and for the Council as a whole, and give details of any projected additional budget pressures and risks, or any significant underspends. Where departments are reporting projected overspends management action will be undertaken to ensure expenditure is reduced to budget.
- 3.2 The Revenue Monitoring Report is a result of the monthly monitoring process carried out by Departments, which is based on the following principles to ensure accuracy, transparency and consistency:
- Risk assessments, to enable greater emphasis to be placed on high-risk budgets throughout the year.
  - Comparisons between expenditure to date, current budgets and budget profiles.
  - Expenditure is predicted to the year-end, taking account of seasonal

fluctuations and other determinants of demand.

- The 'Key Drivers' that affect, particularly, the high-risk budgets are monitored and reported to Department Management Teams.
- Action plans to deal with any areas that are predicting or experiencing problems staying within agreed budgets are produced.

3.3 This report provides information on the main budget variances and their causes that are affecting the Council across all departments. Although a full budget monitor is carried out each month, the variations in this report are deliberately limited to +/- variances of £50,000 or over in order to provide a greater strategic focus.

3.4 A summary overview of financial performance is outlined below in Table 1. It is designed to capture the key messages across the Council's main financial areas, namely:

1. Income and expenditure;
2. Balance sheet (liquidity, debtor/creditor management, investments and use of balances); and
3. Cash flow forecasting and management.

**Table 1: Summary performance overview**

Area of review	Key highlights	Risk Rating		
		September	October	November
Income and expenditure position	<ul style="list-style-type: none"> <li>• Year-end forecast variances of £0.606m overspend have been identified to date in relation to General Fund net controllable expenditure. Budget variances identified to date will need to be managed closely to ensure timely appropriate action can be taken.</li> </ul>	Amber	Amber	Amber
	<ul style="list-style-type: none"> <li>• Improved focus on budget profiling across all departmental budgets will continue to be applied in order to better reflect predicted net spending patterns throughout the year. This will change to green when we are satisfied that the profiles for 13-14 are correct with managers working with accountancy teams to fine tune this work.</li> </ul>	Amber	Amber	Amber
	<ul style="list-style-type: none"> <li>• The HRA is projecting a £1.3m underspend for year-end outturn against budget as a result of a significant reduction in the level of bad debt provision required relating to the recent welfare reforms (section 7).</li> </ul>	Green	Green	Green
Balance Sheet	<ul style="list-style-type: none"> <li>• The current profile of cash investments continues to be in accordance with the Council's approved strategy for prioritising security of funds over rate of return.</li> </ul>	Green	Green	Green
	<ul style="list-style-type: none"> <li>• The year-end projections for General Fund balances are in line with the Council's Medium Term Financial Strategy target levels.</li> </ul>	Green	Green	Green
Cash flow	<ul style="list-style-type: none"> <li>• The Council's cash balances and cashflow forecast for the year (including borrowing) will ensure sufficient funds are available to cover planned capital and revenue commitments when they fall due.</li> </ul>	Green	Green	Green
	<ul style="list-style-type: none"> <li>• Interest receipts forecast for the year are on target with budget.</li> </ul>	Green	Green	Green

#### 4. November 2013 Monitoring – General Fund

4.1 A summary of the departmental and corporate projected outturns and variances against budget is set out in Table 2 as follows:

**Table 2: Forecast Outturn Table- Net Controllable Budget / Projected Outturn**

November 2013 Department	Net Controllable Budget				
	Original Budget	Approved Changes	Approved Budget	Projected Outturn	Projected Variation
	£000s	£000s	£000s	£000s	£000s
Chief Executive	3,525	168	3,693	3,693	0
Environment	27,628	2,239	29,867	29,867	0
Finance, Resources & Customer Services	41,449	2,288	43,737	43,737	0
Health, Housing and Adult Social Care	95,697	3,437	99,134	99,134	0
Regeneration, Leisure & Culture	8,974	491	9,465	9,465	0
Schools & Children's Services	54,096	1,917	56,013	56,619	606
<b>Total Department Budgets</b>	<b>231,369</b>	<b>10,540</b>	<b>241,909</b>	<b>242,515</b>	<b>606</b>
Contribution to / from balances	0	(3,374)	(3,374)	(3,374)	0
Collection Fund	(1,086)	0	(1,086)	(1,086)	0
Corporate Items	29,282	(7,166)	22,116	22,116	0
Government Funding	(163,223)	0	(163,223)	(163,223)	0
<b>Council Tax Requirement</b>	<b>96,342</b>	<b>0</b>	<b>96,342</b>	<b>96,948</b>	<b>606</b>

#### 5. DEPARTMENTAL MONITORING INFORMATION – BUDGET PRESSURES & PROJECTED SAVINGS

##### 5.1 Chief Executive's Department

The department is currently projecting a balanced budget. There are no current budget variances over £50k to report.

##### 5.2 Environment

The department is currently projecting a balanced budget, explanations for variances over £50k (totalling -52k) are detailed below:

- +£230k - Loss of income from Building Control fees due to the continuing low level of building construction activity in the current economic climate.
- +£200k - Under achievement in Planning fees as a result of recent changes in planning regulations and a decrease in number of major planning applications.

- -£56k – Underspend in Waste Operations due to delay in recruitment within Street Cleansing and a reduction in clinical waste collection costs following the routing of work from 5 days to 2 days per week.
- -£237k - Underspend in leasing costs as a result of the decision to introduce a nine year replacement cycle for the majority of waste vehicles following a review of the vehicle replacement programme undertaken recently. The changes have led to the re-profiling of the outstanding internal leasing payments for these vehicles over their remaining life, resulting in a short term reduction in annual charges until the vehicles are disposed of.
- -£189k - Over achievement of cemeteries income in Parks client due to the increased supply for traditional burial plots at Edmonton Cemetery.

### **5.3 Finance, Resources & Customer Services**

The department is currently projecting a level spend. Explanations for variances over £50k are detailed below:

- There is a projected £300k pressure from the cost of external legal costs for additional safeguarding & contractual demands. These costs will be funded from the specific provision within the Council's contingency.
- There are two underspends in the department the first relates to reduced Audit Fees of £124k, and there has also been a reduction in insurance premiums of £150k.
- There is currently a £278k budget risk relating to Community Alarm expenditure increased costs. HHASC have agreed to fund costs up to £200k on this service.
- Property Services have continued to be affected by the general downturn in the economy with lower occupancy rates of commercial / industrial sites and the resultant loss of rentals. There is a specific provision within the Council's contingent items to recognise this but the department will continue to work hard to maximise the use of all commercial properties. (+£500k).
- Property Services have also has incurred additional expenditure from the increased provision of security including boarding-up and CCTV costs to protect Council sites (+£200k).

### **5.4 Health, Housing & Adult Social Care**

The department is currently projecting a breakeven position for outturn, explanations for variances/ movements over £50k are detailed below:

- -£318k Strategy & Resources continue to forecast a year end underspend. The movement in month is -£116k. This relates to the



early achievement of housing related support savings, maximising one off resources and reduced commitments across the service.

- +£98k The Mental Health service continues to project an overspend position, which relates to care purchasing projections for ordinary residence cases.
- +£450k The Learning Disabilities service continues to project an overspend position. The service operates a monthly efficiency programme that reviews progress against savings and manages demand for services during the year.
- +£200k The Customer pathway are projecting care purchasing overspends of £200k against a net budget of £30m, which will actively be reviewed and managed throughout the remainder of the financial year.
- -£219k The Provider service is projecting an underspend, due to an over achievement of income from client receipts and reduced operational costs
- -£212k the care purchasing contingency is held centrally to manage demand across the department. It will be allocated during the year to individual services as required, once all management actions to absorb the pressure within the service have been exhausted.

The departmental forecast excludes a number of grants and current project carry forwards:

- NHS Social care grant - The NHS social care grant is £4.6m. The 2013/14 forecast spend on jointly agreed projects is circa £2m, with an additional one off contribution of £2.1m in the MTFP to cover demographic pressures (rising to a cumulative contribution in the council MTFP of £11m by 2016/17).
- Public Health grant - The Public Health grant of £12.9m allocated to the authority in 2013/14 is projected to underspend by £669k. This is due to delays in recruiting to the new staffing structure and progress on specific Public health funded projects. It should be recognised that there is material risk associated with the demand led PH services which may impact of year end forecast, particularly for sexual health services. The Public Health grant is ring fenced and as per the Department of Health guidance and underspends will be carried forward into the next financial year to meet the grant conditions.

### Community Housing

There is currently an overspend projection of £246k for 2013/14. This overspend will be managed within the Initiatives Reserve Fund leaving the Community Housing Division in a balanced position for 2013/14.

There is a net overspend of £0.614m on the rental portfolio (Gross overspend £3.263m less funding of £2.649m) and this is due to the increased cost of temporary accommodation procurement. Although the Temporary Accommodation pressure in 2013/14 has been managed and contained as

part of the monitoring process, there are significant pressures arising that will impact in future years. The anticipated on-going revenue pressure in 2014/15 is £3.3m. A number of initiatives are being put in place to mitigate these increased costs, however, this area of service remains a high budget risk.

There is an additional overspend of £40k on two cases relating to tenants with no access to public funds.

The overspend on rents is offset by underspends of £127k on furniture storage and repairs budgets; £39k on refund of deposits; £24k underspend on bad debt provision and £218k on other miscellaneous budgets.

This budget pressure is after the use of Discretionary Housing payments (DHP) made to tenants of approximately £821k to offset the bad debt pressure in 2013/14. DHP may not be available in 2014/15 at current levels.

## **5.5 Regeneration, Leisure & Culture**

The department is currently projecting a nil variation from approved budget and there are no current variances over £50k to report.

## **5.6 Schools & Children's Services**

### **Departmental (General Fund Budget)**

Schools and Children's Services are currently projecting an overspend of £606k. Within this there are a number of individual budget areas with projected variances over £50k. Explanations for these are detailed below:

- Catering Service- an underspend of approximately £300k is anticipated as a result of the continuing higher uptake of school meals.
- Early Years' Service- an underspend of £254k is forecast due to reduced expenditure in the project budget and the application of trajectory grant funding of approximately £170k to fund the work undertaken by this team on ensuring the provision of two year old places.
- Schools Early Retirement Enhancement Pensions - a review of the expenditure chargeable to this provision has identified a saving of £73k.
- Educational Welfare- an underspend of £88k is reported due to staff vacancies and additional income.
- Asset Management- an updated review of staffing forecasts, consultancy costs and a projection of which costs can be recharged to capital projects has been completed and indicates an overspend of approximately £341k.
- The Lettings Agency team are reporting an overspend of £99k as a result of cover for maternity leave plus a general reduction in income from schools & academies choosing not to use the service.
- Schools Project Team- a £128k overspend is reported as a result of staffing costs that cannot be recharged to projects plus other miscellaneous expenses on surveys and valuations.

- Special Educational Need- staffing costs are projected to overspend by £59k due to continuing consultant and agency costs
- Child & Family Commissioning- an £88k overspend is reported primarily due to interim cover for vacant posts.
- Children's Centres- a saving of £212k is projected against the commissioning budget as a result of a planned reduction in spend in order to contain the departments projected overspend.
- Strategy, Planning & Performance- an overspend resulting from a delay in the Commissioning and Community division restructure has been partially off-set by an underspend resulting from the early winding up of the Children's Services Trust resulting in a net overspend of approximately £77k.
- External Residential Child Care Placements -the projected overspend of £326k is due to increased client placement costs and is based on known and planned placements. The Authority will continue to closely manage these placements to care.
- Prevention of Care Section 17- this budget is now reporting an overspend of £75k. Discussions are still in progress to establish if some of the costs of accommodation and personal essentials can be funded from the Discretionary Housing Payments or the Emergency Support Scheme.
- No Recourse to Public Funds- a projected overspend of £432k is based on the 94 families which the Authority is currently supporting. This is an increase of 9 families since last month. As it is becoming more difficult to resolve the immigration status of these clients the costs are increasing as families are now being supported longer with resultant additional costs. The Authority is lobbying ministers regarding this matter, it also has the support of local Members of Parliament.
- In-House Fostering- is projecting an overspend of £61k as more placements are being made internally rather than in more expensive external agency foster placements.
- Section 20- Additional LAC Placement Expenses. The projected increased underspend of £160k is based on last year's actual expenditure and projected current spending levels.
- Leaving Care- the service is projecting an overspend of £98k due to increasing numbers of clients requiring accommodation and support.
- Unaccompanied Asylum Seekers- the service is projecting an overspend of £176k. The budget is now supporting an additional 424 Unaccompanied Asylum Seeking Children (UASC) client weeks and

the average costs of supporting them has also increased by £216 per week. This increase is due to a shortage of suitable accommodation for the recent arrivals but it is expected that a new service provider will soon be able to provide more cost effective accommodation.

- Former Unaccompanied Asylum Seeking Children now 18+ - This service is projecting an overspend of £138k. The accommodation costs for this client group have increased this year due to additional UASC turning 18. The overall client numbers are still below the 25fte threshold at which point this expenditure becomes eligible for government grant funding.
- Youth & Family Support Service – is reporting an underspend of £58k as a result of staffing vacancies and a review of running expenses throughout the service.
- Graduate Social Worker Training Programme - A freeze has now been placed on new recruits to this programme as the recruitment and retention of social workers has improved. This will result in an underspend of £189k.
- Departmental Risks
  - The LAC, Leaving Care and UASC external care purchasing budget projections may show increased spending as new placements are made or existing placements are extended beyond their current projected end dates.
  - Youth Justice Secure Remand Pressures - with effect from November 2012 the new Youth Sentencing proposals started to impact upon the Council as those young people remanded into secure custody obtained LAC status.
  - Welfare Benefit Changes - these were introduced in April and an impact has been noticed with an increase in the number of CiN referrals. At present no specific cost pressures are being identified as a result of these changes.
  - Youth Service - The My Place Project building works are completed however there is a potential dispute with the contractor which could result in additional costs to the council which cannot be funded from the capital budget. Project officers are currently assessing the contractors claim and they will be aiming to minimise any compensation payment as it would need to be funded from the Youth Service revenue budget.

**Schools Budgets - These variations do not form part of the General Fund position.**

The Schools Budget is currently projecting an overspend of £259k. The substantial items are:

Special Needs Education A net underspend of £81k is the result of underspends of £224k and £200k currently reported respectively for Independent Residential and Independent Day Services both due to projected savings against contingency provisions. These underspends are reduced by an overspend of around £343k projected for Speech & Language Therapy costs for the period 2010/11 to 2012/13.

A probable overspend of £50k for Carbon Reduction Credits based on last year's actual charge.

A net overspend of £55k reported by Schools Repairs & Maintenance, the main item being an overspend of £90k as a result of fire precaution works within Secondary Schools.

A 145k overspend reported by Hire of External Premises the main items being unbudgeted security costs and energy costs totalling £126k relating to the Bell Lane site. These additional costs have now stopped as the building is now occupied.

An £86k overspend reported by the Nursery Education Grant based on latest pupil numbers.

The previously reported underspend of £72k anticipated by the Behaviour Support Service as a result of staff vacancies has now reduced to £39k.

### **Schools Risks**

Whilst the unplaced pupils service is showing a balanced position there may be a need to finance emergency provision for primary children who cannot gain quick access to a school placement.

## **6. OTHER GENERAL FUND ITEMS**

### **6.1 Treasury Management and Cash Flow Analysis**

Treasury management activities have been affected by the Government's lending for borrowing policy which has meant that interest paid on deposits has fallen.

This has, however, been counterbalanced to some extent by the new Treasury Management Strategy that has increased our maximum lending period from three months to one year.

The council cash flow position has also been affected by the change in timing in which local government now receives Revenue Support Grant. This in effect will mean we have higher cash balances over the first two months of the financial year.

Long term borrowing has increased to reflect the Salix loans (interest free loans) to fund the Council's refit programme on solar panels. No other long term borrowing has been undertaken during the year.

The Authority has also started to re-finance the maturing short term debt on its short-term loans. We have borrowed ahead of maturity on some loans to

take advantage of favourable rates being offered.

The Treasury Management position as at 30th November is set out below:

	Position August £m	Position September £m	Position October £m	Position November £m
Long term borrowing	266.4	265.2	266.2	266.2
Short-term borrowing	28.0	22.0	37.0	37.0
Total borrowing	294.4	287.2	303.2	303.2
Total investments	(96.8)	(72.0)	(80.5)	(73.7)
Net debt	197.6	215.2	222.7	229.5

### London Borough of Enfield Investments at 30<sup>th</sup> November 2013

Financial Institution	Principal	Start Date	Effective Maturity	Rate	Days to Maturity	Lowest Credit Rating
Call Accounts						
Santander UK PLC	£12,500,000		On demand	0.40%	1	A
HSBC Bank PLC	£12,325,000		On demand	0.40%	1	AA-
Royal Bank of Scotland PLC	£12,500,000		On demand	0.50%	1	A
Money Market Funds						
Ignis	£8,000,000		On demand	0.44%	1	AAAm
Federated	£850,000		On demand	0.37%	1	AAAm
Termed Deposits						
Barclays Bank PLC	£7,500,000	10 <sup>th</sup> April 13	9 <sup>th</sup> March 14	0.82%	99	A
Nationwide Building Society	£7,500,000	12 <sup>th</sup> April 13	11 <sup>th</sup> April 14	0.72%	132	A+
Lloyds Bank PLC	£7,500,000	7 <sup>th</sup> May 13	7 <sup>th</sup> May 14	0.75%	158	A
Lloyds Bank PLC	£5,000,000	15 <sup>th</sup> Oct 13	22 <sup>nd</sup> April 14	0.75%	143	A
<b>Total - Investments</b>	<b>£73,675,000</b>		<b>Average</b>	<b>0.54%</b>		
Number of Investments	9					

### London Borough of Enfield Short Term loans at 30<sup>th</sup> November 2013

Financial Institution	Principal	Start Date	Effective Maturity	Rate	Days to Maturity
Slough Borough Council	£4,000,000	15 <sup>th</sup> Jan 2013	14 <sup>th</sup> Jan 2014	0.45%	45
Wakefield Met District Council	£5,000,000	1 <sup>st</sup> Mar 2013	11 <sup>th</sup> Feb 2014	0.5%	73
Humber Fire Authority	£1,000,000	15 <sup>th</sup> Mar 2013	28 <sup>th</sup> Feb 2014	0.40%	90
Humber Bridge Board	£2,000,000	28 <sup>th</sup> Mar 2013	27 <sup>th</sup> Mar 2014	0.40%	117
Hertfordshire County Council	£5,000,000	30 <sup>th</sup> Oct 2013	30 <sup>th</sup> July 2014	0.46%	242
Wokingham Borough Council	£3,000,000	15 <sup>th</sup> Oct 2013	18 <sup>th</sup> Sept 2014	0.45%	292
Bath & Northeast Somerset District Council	£5,000,000	4 <sup>th</sup> Oct 2013	3 <sup>rd</sup> Oct 2014	0.47%	307
South Yorkshire Joint Secretariat	£5,000,000	10 <sup>th</sup> Oct 2013	8 <sup>th</sup> Oct 2014	0.45%	312
South Yorkshire Joint Secretariat	£5,000,000	9 <sup>th</sup> Oct 2013	9 <sup>th</sup> Oct 2014	0.45%	313
Solihull MBC	£2,000,000	29 <sup>th</sup> Oct 2013	28 <sup>th</sup> Oct 2014	0.45%	332
<b>Total</b>	<b>£37,000,000</b>			<b>0.45%</b>	

## **6.2 Corporate Items (Including Contingency & Contingent Items) General Fund**

The Council maintains a general contingency of £1.0m. There are also a number of contingent items set aside for various purposes. These budgets are monitored and allocated throughout the year and any variance is reported to Cabinet.

## **7. Housing Revenue Account (HRA) – Projected £1.296m underspend**

An updated position on our outstanding loan premium payments has been provided by Treasury Management, the outstanding loans have now been almost fully paid and the outstanding payment is significantly lower than expected resulting in a saving of £70k

An overspend of £51k in the payments for council tax on void properties has been identified due to an increase in the amount of Estate Renewal decants.

The estimated number of RTB's was 40 for the year, at the end of September there have been 37 RTB's to date. Therefore we estimate the number to be around 70 for 13-14, this will result in additional income of £85k.

Additional income of £39k from shops has been identified this month. This may change if the proposal to sell off some Hertford Road shops is agreed.

An under-recovery of income in dwellings rent and service charges of £290k has been identified due to an increase in the void rate, the estimated void rate was 1.6% but the current rate is 1.89%

An under-recovery of income in garages rent of £57k has been identified due to an increase in the void rate, the current void rate is 58.07% compared to an estimated rate of 55%.

The bad debt calculation has been reviewed and a saving of £1.5m has been identified. Additional budget was added to the bad debt provision to account for the changes to welfare reform, this budget is now not needed as the tenants are receiving discretionary housing payments directly through benefits to cover any shortfall. The remaining £500k budget set aside for bad debt is being monitored closely and it is expected that a contribution is to be made.

## **8. Achievement of savings**

8.1 The 2013/14 Budget Report included savings and the achievement of increased income totalling £13.147m to be made in 2013/14.

8.2 To date £12.292m of savings (97%) are classified as Blue or Green (on course for full achievement). £135k are currently Amber with £300k currently classed as Red. Appendix 1 provides supporting information for the Amber / Red savings. The overall savings position in terms of traffic light classifications is set out below:

## 2013/14 Savings- Traffic Light Classification: November 2013

Department	Red		Amber		Green		Blue		Total
	£000's	%	£000's	%	£000's	%	£000's	%	£000's
Chief Executive	0	0%	(50)	13%	0	0%	(343)	87%	(393)
Environment	0	0%	0	0%	(612)	44%	(772)	56%	(1,384)
Finance & Corporate Resources	0	0%	0	0%	(75)	5%	(1,367)	95%	(1,442)
Housing, Health & Adult Social Care	0	0%	(85)	2%	(351)	7%	(4,530)	91%	(4,966)
Regeneration, Leisure & Culture	0	0%	0	0%	(126)	23%	(417)	77%	(543)
Schools & Children's Services	(300)	12%	0	0%	(560)	23%	(1,555)	64%	(2,415)
Corporate	0	0%	0	0%	(2,004)	100%	0	0%	(2,004)
<b>Total Savings for 2013/14</b>	<b>(300)</b>	<b>2%</b>	<b>(135)</b>	<b>1%</b>	<b>(3,728)</b>	<b>28%</b>	<b>(8,984)</b>	<b>68%</b>	<b>(13,147)</b>

## 9. ENFIELD RESIDENTS PRIORITY FUND (ERPF)

The key aim of the ERPF is to address local need within wards, through the funding of specific projects, under the Council's wellbeing power (now general power of competence). The Fund was reduced to £1.4m for 2013-14 and the split of one third revenue funding and two thirds capital funding retained. The financing of the Fund was included as part of the budget build up for 2013-14. Each project bid is evaluated to determine if it constitutes revenue or capital expenditure and only expenditure which creates or enhances an asset is determined as Capital. The Fund has been increased by the carry forward from 2012/13 of funding not awarded of £229k. The revenue budget for the year has been fully allocated and a transfer of £300k of resources has been undertaken from capital to revenue to support the increased number of revenue projects being put forward by residents. The use of this fund will continue to be monitored and reported during the year and the effect on both the revenue and capital budgets considered accordingly.

	Capital £000's	Revenue £000's	Total £000's
Allocation 2013/14	933	467	1,400
Allocation c/fwd from 2012/13		229	229
Schemes approved to date:	(258)	(1,017)	(1,275)
Transfer of budget between Revenue/Capital	(300)	300	0
<b>Balance currently available:</b>	<b>375</b>	<b>(21)</b>	<b>354</b>

## 10. ALTERNATIVE OPTIONS CONSIDERED

Not applicable to this report.



## **11. REASONS FOR RECOMMENDATIONS**

To ensure that Corporate Management Board are aware of the projected budgetary position for the Authority for the current year including all major budget pressures and underspends which have contributed to the present monthly position and that are likely to affect the Council's finances over the period of the Medium Term Financial Plan.

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

### **12.1 Financial Implications**

As the Section 151 Officer, the Director of Finance, Resources & Customer Services is required to keep under review the financial position of the Authority, including the development of the 2014-15 budget and Medium Term Financial Plan. The monthly revenue monitoring is part of this review process and this latest monitoring report confirms that there is no deterioration in the financial position of the Authority whilst plans are in place to develop the 2014-15 budget and Medium Term Financial Plan.

### **12.2 Legal Implications**

The Council has a statutory duty to arrange for the proper administration of its financial affairs and a fiduciary duty to taxpayers with regards to its use of and accounting for public monies. This report assists in the discharge of those duties.

### **12.3 Property Implications**

Not applicable in this report.

## **13. KEY RISKS**

There are a number of general risks to the Council being able to match expenditure with resources this financial year and over the Medium Term Financial Plan:-

- Achievement of challenging savings targets.
- State of the UK economy - which impacts on the Council's ability to raise income from fees and charges and on the provision for bad debt.
- Uncontrollable demand-led Service Pressures e.g. Adult Social Care, Child Protection etc.

Risks associated with other services are mentioned elsewhere in this report.

## **14. IMPACT ON COUNCIL PRIORITIES**

**14.1 Fairness for All** – The recommendations in the report fully accord with this Council priority.

**14.2 Growth and Sustainability** – The recommendations in the report fully accord with this Council priority.

**14.3 Strong Communities** – The recommendations in the report fully accord with this Council priority.

**15. EQUALITIES IMPACT IMPLICATIONS**

The Council is committed to fairness for all to apply throughout all work and decisions made. The Council serves the whole borough fairly, tackling inequality through the provision of excellent services for all, targeted to meet the needs of each area. The Council will listen to and understand the needs of all its communities.

Financial monitoring is important in ensuring resources are used to deliver equitable services to all members of the community.

**16. PERFORMANCE MANAGEMENT IMPLICATIONS**

The report provides clear evidence of sound financial management, efficient use of resources.

2013/14 Budget & Medium Term Financial Plan (£'000)

Red & Amber Savings November 2013

Ref No.	Proposal Summary (from template)	Total 2013/14	Remarks
<b>Red Savings</b>		<b>£000's</b>	
<b>Schools &amp; Children's Services</b>			
SCS S14	Prevention Strategy Impact	(100)	External Residential Child Care Placements are now forecasting an overspend due in part to a new secure welfare placement. Other savings to replace this are currently being explored.
	Management Review - Asset Management Team capitalisation	(200)	A review of staffing costs and recharges has concluded that the saving will not be achieved. Other savings to replace this are currently being explored.
<b>Total Red Savings</b>		<b>(300)</b>	
<b>Amber Savings</b>			
<b>Housing, Health &amp; Adult Social Care</b>			
HHASC S3	New Residential packages - price improvement target	(46)	OLM have sent breakdown of cost for each placement. Phase two renegotiations of 10 placements, and audits of providers who did not comply with providing the cost breakdowns. So is amber but underway.
HHASC S2	PD Service Review of Residential Placements	(39)	Original negotiations with provider undelivered, proposal is to commission OLM to support in delivery of required saving target.
<b>Chief Executive</b>			
CE6	Increased design and print income	(50)	Income levels are being closely monitored for this service. Until the income is "banked" the saving traffic light remains amber.
<b>Total Amber Savings</b>		<b>(135)</b>	
<b>Total Red / Amber Savings</b>		<b>(435)</b>	

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## MUNICIPAL YEAR 2013/2014 REPORT NO. 162

### MEETING TITLE AND DATE:

CABINET - 22 January 2014

**REPORT OF:** Ray James, Director of Health, Housing and Adult Social Care.

Contact officer and telephone number:  
Keezia Obi, Head of Public Health Strategy  
[Keezia.Obi@enfield.gov.uk](mailto:Keezia.Obi@enfield.gov.uk)  
Telephone: 020 8379 5010

**Agenda - Part: 1**

**Item: 7**

**Subject:** The Joint Health and Wellbeing Strategy 2014 -19 (Draft)

**Wards:** All

**Key Decision No:** 3838

**Cabinet Member consulted:** Cllr Donald McGowan, Cabinet Member for Adult Services, Care and Health

### 1. EXECUTIVE SUMMARY

Local Health and Wellbeing Boards (HWBs) are responsible for producing a Joint Strategic Needs Assessment (JSNA) about the health and wellbeing of local people, and using this information to develop and then publish a Joint Health and Wellbeing Strategy (JHWS).

This strategy is the document that describes the key health and wellbeing priorities for the borough and the current strategy "Improving Health and Wellbeing in Enfield" will be replaced by this new strategy covering the period 2014-2019. Central to this is addressing the inequalities that exist in the borough and making a difference where it is needed most.

In September 2013, the Health and Wellbeing Board approved the borough's first 'on-line' JSNA. This new JSNA has been used by the HWB to inform the strategy.

The HWB has a duty to involve the local community in the preparation of the JHWS, for example Healthwatch, the voluntary and community sector, Youth Parliament and other user groups. This process began with the production of the JSNA and continued with a formal process of consultation about the strategy priorities.

### 2. RECOMMENDATIONS - Cabinet is asked to:

1. Consider and comment on the draft Joint Health and Wellbeing Strategy 2014 - 19, which is enclosed together with the executive summary.
2. Note the outcome of the consultation on the Joint Health and Wellbeing Strategy.

### **3. BACKGROUND**

- 3.1 The statutory Health and Wellbeing Boards are responsible for developing and then publishing a Joint Health and Wellbeing Strategy (JHWS).
- 3.2 The purpose of this strategy is to set out how the Enfield Health and Wellbeing Board will work with partners and the population of Enfield to improve health and wellbeing across the borough over the next five years. The strategy was produced by a working group representing the partners on the HWB.
- 3.3 Many factors effect health and wellbeing; issues such as unemployment, poor housing and feeling unsafe can all impact upon mental and physical health. The Health and Wellbeing Board (HWB) has described in this strategy how they will work to mitigate such factors, as well as encouraging people to take a more active role in their own and others health, by promoting healthy weight management through diet and physical activity, controlling excess alcohol intake and supporting people to stop smoking.
- 3.4 The HWB has already engaged the local community through the consultation on the priorities in this strategy. However, this is just the start of an on-going process. The HWB will engage through a mixture of formal consultations and other activities, including with community and voluntary groups, faith groups, schools and children's groups and patient/service user groups throughout the implementation of this strategy.
- 3.5 This strategy will ensure greater integration between health and social care. The HWB are committed to the aim of supporting individuals to plan and control their care and bring together services to achieve the outcomes important to them. The Board will develop integration plans, which will involve the HWB in dialogue with both the population of Enfield and with local stakeholders.
- 3.6 The priorities and actions adopted in this strategy draw on the strengths of the HWB, and are designed to provide additional impetus for improving health and wellbeing in Enfield into the future.

#### **4.0 Vision, principles and priorities**

- 4.1 The HWB vision is:

***“Working together to enable you to live longer, healthier, happier lives in Enfield”***

- 4.2 The vision is underpinned by five supporting principles:

**Prevention and early intervention** – what people eat and drink, the amount of physical exercise they do, whether they smoke and other lifestyle choices has an impact on the likelihood of people developing long term conditions such as cancer, cardio-vascular disease or diabetes. The HWB recognise that in many cases, poor health can be avoided through better life choices and recognising

risks to health. Early diagnosis, positive interventions and good quality service delivery will lead to the people of Enfield enjoying better health and wellbeing into the future.

The Health and Wellbeing Board recognises that good health and wellbeing starts before birth, with the choices made by the mother affecting outcomes for the baby. This includes early access to ante natal care, and supporting women to make healthy choices before and during pregnancy.

**Integration** – service users should receive a seamless service, regardless of the source of the support; the HWB will encourage integration across all relevant health and social services, Schools' and Children's Services, and the voluntary and community sector where appropriate. The HWB recognise that as the main consumers of health and social care, integration of services is a key issue for older people.

**Equality and Diversity** – Enfield HWB initiatives will address equality and diversity, by ensuring services are accessible and high quality, tailored appropriately to the different groups in Enfield, particularly in the light of the east-west divide across the borough in health and wellbeing outcomes.

**Addressing health inequalities** where it is needed most – the HWB will ensure that its initiatives will target health inequalities in Enfield, with the aim of minimising variation in health and life expectancy between East and the West of the borough, while also improving the health and wellbeing of all Enfield residents.

**Ensuring good quality services** – all services will be designed around the patient or user, will be safe, and will be caring and compassionate; the HWB will develop a response to the Mid Staffordshire Hospital and Winterbourne Review which will focus on this supporting principle.

4.3 The vision will be delivered through five key priorities:

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

4.4. The intended outcome of this strategy is a long-term generational change in health and wellbeing in Enfield.

## **5.0 CONSULTATION ON THE JOINT HEALTH AND WELLBEING STRATEGY**

- 5.1 Consultation on the draft priorities took place between September and December 2013. This consultation utilised a range of techniques in order to obtain views from the public, staff, carers and other key stakeholders.
- 5.2 Views on the five draft priorities were consulted on using a detailed questionnaire, available online and in paper copies, through token boxes, whereby individuals were given a token to vote for which priority they thought was most important, and via public consultation events. A number of public events took place during the consultation period, some catering to the general public, and others directed towards specific groups and organisations.
- 5.3 Just over 2,000 responses to the consultation were received – this figure was made up of 565 detailed questionnaire responses and 1,441 token box votes. Comments were also gathered through a range of consultation events, and included views of the community and local organisations.
- 5.4 A range of comments were also received from individuals and local organisations, covering topics such as improving ease of access to information and advice, the importance of the prevention agenda, improving early diagnosis of long term conditions and offering a broad range of support to encourage people to adopt healthier lifestyles whilst promoting personal responsibility for health and wellbeing.
- 5.5 Questionnaire responses indicated that 99% of consultees supported a few, some, or all of the draft priorities, with over three quarters of respondents, (76%) supporting all five draft priorities. When asked to select which priority or priorities respondents thought were the most important, the top three most popular selections were:
- ✓ Enabling people to be safe, independent and well (71% of respondents)
  - ✓ Ensuring the best start in life (61% of respondents)
  - ✓ Promoting healthy lifestyles – was also supported by the majority of respondents (52% of respondents)
- The two remaining priorities were selected by fewer respondents; however they were still supported as priorities for the strategy:
- ✓ Creating stronger, healthier communities (44% of respondents)
  - ✓ Narrowing the gap in healthy life expectancy (33% of respondents)
- 5.6 Respondents to the detailed questionnaire were also asked to add any comments about what they thought to be the key areas for the health and



wellbeing of local people. 188 questionnaire respondents chose to provide a comment. These comments were then thematically grouped, findings of which are summarised in the word cloud below:



- 5.7 The size of the font in the word cloud indicates the relative frequency with which a topic was mentioned by respondents – as such, we can see that the most commonly raised themes were Healthy Places and Health Promotion, Primary Care, Access to Services and Mental Health. The full list of themes can be viewed in the strategy document.
- 5.8 Responses collected via the token boxes ranked responses in a slightly different order to the detailed questionnaire, though the popularity of priorities did vary depending on the token box location.
- 5.9 Overall, token box responses ranked the priorities in the following order:
- ✓ ‘Creating stronger, healthier communities’ with 39%
  - ✓ ‘Enabling people to be safe, independent and well and delivering high quality health and care services’ with 21%
  - ✓ ‘Narrowing the gap in healthy life expectancy’ with 17%
  - ✓ ‘Ensuring the best start in life’ with 12%
  - ✓ ‘Promoting healthy lifestyles and making healthy choices’ with 11%
- 5.10 A range of comments were also received from public events, covering topics such as improving ease of access to information and advice, improving early diagnosis of long term conditions, the prevention agenda, and offering a broad range of support to encourage people to adopt healthier lifestyles whilst promoting personal responsibility for health and wellbeing.

- 5.11 All comments received were reviewed and considered in the preparation of this strategy. The majority of comments from both the questionnaires and public events have either been incorporated in the body of the report or have influenced the actions and measures of success.
- 5.12 The HWB are committed to continuing the dialogue that has begun between the board, local people and organisations regarding health and wellbeing. As such consultation on the JHWS will be an on-going process throughout the life of the strategy.
- 5.13 Final approval of the strategy will be by the HWB at a Board meeting to be held on 13 February 2014.

## **6. ALTERNATIVE OPTIONS CONSIDERED**

As noted in 3.1 it is a statutory requirement to produce a Joint Health and Wellbeing Strategy.

## **7. REASONS FOR RECOMMENDATIONS**

It is a statutory duty on local authorities to produce a Joint Health and Wellbeing Strategy. Health and Wellbeing Boards are required to involve the local community in the preparation of this document.

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

- 8.1 **Financial Implications** – As detailed in other parts of the report, the purpose of the 5 year joint Health and Wellbeing Strategy is to improve the health and wellbeing of local people. The Health and Well-Being Board (HWB) is a partnership of the Council, Enfield Clinical Commissioning Group (CCG), Healthwatch and the Voluntary and Community sector and they will oversee the implementation of the strategy.

The delivery of the strategy will be funded from existing Council resources (including the Public Health grant) and pooled funds to improve the integration between Health and Social Care services. This includes the Better Care Fund Plan (including a spending plan) which is subject to joint signoff by the Council and CCG in February 2014.

- 8.2 **Legal Implications** -Section 116A of the Local Government and Public involvement in Health Act 2007 (the 2007 Act) (as amended by the Health and Social Care Act 2012) has been in force since 1 April 2012.

Where a Joint Strategic Needs Assessment (JSNA) is prepared by a responsible local authority, Section 116A(2) of the 2007 Act requires the responsible local authority and each of its partner clinical commissioning groups to prepare a joint health and wellbeing strategy (JHWS) for meeting the needs identified in the JSNA by the exercise of the functions of the authority, the NHS Commissioning Board or the clinical commissioning groups.

Section 116A(3) requires the local authority and its partner clinical commissioning groups to consider, in preparing the JHWS, the extent to which the needs identified in the JSNA could be met by making arrangements under section 75 of the National Health Service Act 2006.

Section 116A(5)(b) requires people who live or work in the area to be consulted as part of the preparation of the JHWS.

Section 116A(6) requires the responsible local authority to publish each JHWS prepared by it.

Section 196(1) Health and Social Care Act 2012, which has been in force since 1 April 2013, states that the functions of a local authority and its partner clinical commissioning groups under section 116A of the Local Government and Public Involvement in Health Act 2007 are to be exercised by the Health and Wellbeing Board established by the local authority.

There is therefore a statutory duty on local authorities including London boroughs to prepare and publish Joint Health and Wellbeing Strategies. Local Authorities should follow the statutory guidance in preparing these documents unless there is a well-documented good reason not to do so.

The proposals set out in this report comply with the above requirements.

## **9. KEY RISKS**

- 9.1 The JHWS supports the on-going need for partnership and integration between local authority, health and voluntary and independent sector to find better ways of preventing ill health and meeting the health and wellbeing needs of local people. The JHWS will help to manage and mitigate the risks associated with this. Specific risks are noted as follows:
- 9.2 Partnership – key to the effective delivery of this strategy is collaborative working among the key partners represented on the Health and Wellbeing Board (HWB), particularly given the current financial climate and budgetary constraints. This will be mitigated by the agreement of this strategy by all partners, in particular the Council and Clinical Commissioning Group, and crucially the actions and measures of success contained within.
- 9.3 The delivery of the actions and measures of success – the risks associated with this are being mitigated by the production of a more detailed action plan (performance management framework) which the HWB will monitor at regular intervals and allows for corrective action to be taken as necessary.
- 9.4 Engaging local people – central to the success of the JHWS is the involvement of local people in implementing this strategy. This risk will be mitigated through the use of social marketing techniques, existing mechanisms available to partners on the HWB, alongside their commitment to build on the success of the consultation of the HWB as outlined in the strategy.

**10. IMPACT ON COUNCIL PRIORITIES**

**10.1 Fairness for All**

Central to the delivery of the JHWS is addressing the inequalities that exist in the borough and making a difference where it is needed most.

**10.2 Growth and Sustainability**

Central to the delivery of the JHWS is addressing the wider determinants of health such as the environment in which we live, education and employment.

**10.3 Strong Communities**

One of the priorities of the JHWS is “creating stronger, healthier, communities”.

**11. EQUALITIES IMPACT IMPLICATIONS**

Advice has been received and an Equalities Impact Assessments (EIA) is currently being undertaken for the publication of the strategy. EIA's will also need to be undertaken as services change as a result of commissioning arrangements.

**12. PERFORMANCE MANAGEMENT IMPLICATIONS**

The delivery of the JHWS will contribute to the achievements of the council and CCG's priorities and key targets.

**13. HEALTH AND SAFETY IMPLICATIONS N/A**

**14. HR IMPLICATIONS N/A**

**15. PUBLIC HEALTH IMPLICATIONS – this is a Public Health report.**

**Background Papers**

None.

# Enfield Joint Health and Wellbeing Strategy 2014-2019

## Your Health and Wellbeing

V5.2. DRAFT – January 2014



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

In partnership with

**NHS**  
Enfield  
Clinical Commissioning Group

**healthwatch**

**ENFIELD**  
Council 



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# 1. Foreword and Executive Summary

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## 1.1 Foreword

Work in progress – to be added.

By the Chair of HWB.

## 1.2 Glossary of terms

<b>Better Care Fund</b>	A fund which will pool existing budgets in 2015/16 to enable greater integrated working and transformation of local services to older and disabled people
<b>BME</b>	Black and minority ethnic groups within the population
<b>CCG</b>	Clinical Commissioning Group – groups of GPs responsible for designing the local healthcare system, through the commissioning (purchasing) of a range of health and care services; CCGs work with patients and healthcare professionals and in partnership with local communities and local authorities
<b>Child Poverty</b>	Children living in families where the reported income is less than 60 per cent of the national median (mid-point) income
<b>COPD</b>	Chronic Obstructive Pulmonary Disease – the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease
<b>CVD</b>	Cardio-vascular disease – a group of diseases of the heart and blood vessels
<b>Health Inequality</b>	Differences in health experiences and health outcomes between different population groups
<b>Health Promotion</b>	Health promotion is the process of enabling people to increase control over, and to improve, their health
<b>Healthwatch</b>	The consumer champion in health and care, ensuring the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services
<b>HIV</b>	Human immunodeficiency virus – the virus attacks the immune system, and weakens your ability to fight infections and disease; there is no cure for HIV, but there are treatments to enable most people with the virus to live a long and healthy life
<b>HWB</b>	Health and Wellbeing Board – a partnership board whose purpose is to improve the health and wellbeing of the residents of Enfield and reduce current health inequalities



<b>IBA</b>	Identification and brief advice – a brief alcohol intervention which usually consists of using a validated screening tool to identify people at risk of harmful drinking, and the delivery of short, structured ‘brief advice’ aimed at encouraging the drinker to reduce their consumption to lower risk levels. It should be initiated by front line health and care workers whenever they have a good opportunity
<b>Immunisation</b>	The process by which an individual’s immune system is strengthened against a particular type of virus or bacteria through vaccination
<b>Infant Mortality</b>	Deaths occurring before the age of one year of babies who were born alive
<b>JSNA</b>	Joint Strategic Needs Assessment – the collection and collation of information and intelligence about the health and wellbeing needs of the local community
<b>Life Expectancy</b>	The theoretical age of death an average person born today could expect to live to if he/she had the same rate of death at each age as the current population
<b>LTC</b>	Long term condition – conditions or chronic diseases for which there is currently no cure, and which are managed with drugs and other treatment, e.g. diabetes
<b>Marmot Review</b>	An independent review by Professor Sir Michael Marmot which was asked by the Government to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010
<b>MMR</b>	The triple Measles, Mumps and Rubella vaccine, given as a single injection
<b>Morbidity</b>	A diseased state, disability, or poor health due to any cause
<b>Mortality</b>	Relating to death; a mortality rate indicates the number of deaths within a population over a given period of time (e.g. per year)
<b>Obese</b>	Describes an individual who is clinically overweight, with a body weight more than 20% greater than recommended for their height; individuals who are obese have a body mass index of over 30
<b>SEN</b>	Special Educational Needs – children have a statement of special educational needs if they have a learning difficulty which calls for special educational provision to be made for them
<b>SMR</b>	Standardised Mortality Ratio – a ratio of the number of actual deaths associated with a particular disease or condition in a local area, and the expected number of deaths from the same disease or incident, based on age and gender specific rates within a reference population

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<b>Social Marketing</b>	Social marketing is an approach used to develop activities aimed at changing or maintaining people's behaviour for the benefit of individuals and society as a whole, utilising techniques developed in commercial advertising.
<b>Ward</b>	An electoral ward is a division of an administrative area used to elect councillors to serve on the councils of the administrative areas
<b>Wider Determinants</b>	Also known as the social determinants of health, they have been described as 'the causes of the causes' – the social, economic and environmental conditions that influence the health of individuals and populations

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## 2. Introduction

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### 2.1 Purpose of the Strategy

Many factors effect health and wellbeing; issues such as unemployment, poor housing and feeling unsafe can all impact upon mental and physical health. The Health and Wellbeing Board (HWB) will work to mitigate such factors, as well as encouraging people to take a more active role in their own and others health, by promoting healthy weight management through diet and physical activity, controlling excess alcohol intake and supporting people to stop smoking.

The purpose of this strategy is to set out how the Enfield Health and Wellbeing Board (HWB) will work with the population of Enfield to improve health and wellbeing across the borough over the next five years. The Joint Health and Wellbeing Strategy (JHWS) describes the key health and wellbeing priorities for Enfield. Central to this is addressing the challenges that exist in the borough and making a difference where it is needed most.

The Enfield Health and Wellbeing Board (HWB) is a partnership which brings together the Council, Enfield Clinical Commissioning Group, Healthwatch and the voluntary and community sector. Its roles include producing needs information in a Joint Strategic Needs Assessment (JSNA), and responding to that information through the production of a Joint Health and Wellbeing Strategy (JHWS).

The priorities and actions adopted in this strategy draw on the strengths of the HWB, and are designed to provide additional impetus for improving health and wellbeing in Enfield into the future.

This JHWS document focuses on outcomes and high-level actions. It is supported by a range of working documents including a detailed action plan.

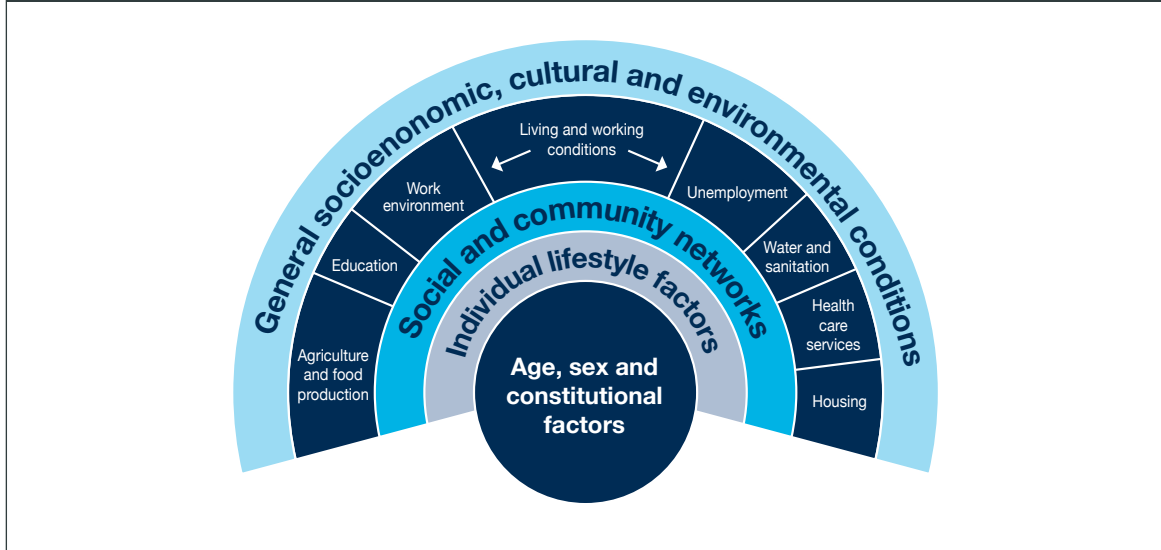
### 2.2 What is health and wellbeing?

The World Health Organisation defined health in 1946 as:

**“...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”**

The model shown in the figure below summarises the many influences on health and wellbeing.

**Figure 1: The wider determinants of health (1992) Dahlgren and Whitehead**

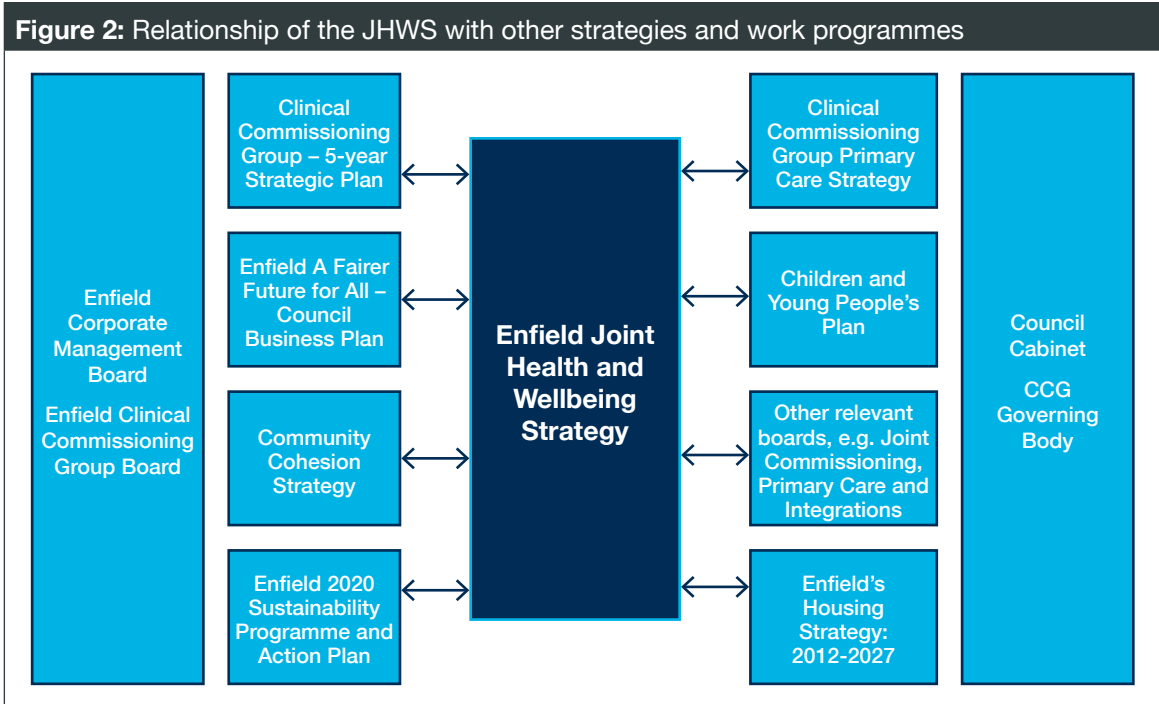


The HWB also needs to consider the very long term of 20 to 30 years, as changes to the wider determinants of health can take a generation to show their improvement in the population.

This JHWS touches on many aspects of life in Enfield, and will require the cooperation of a wide range of stakeholders to ensure that it is implemented. It also considers the inequalities which exist in the borough, and aims to make a difference where it is needed most.

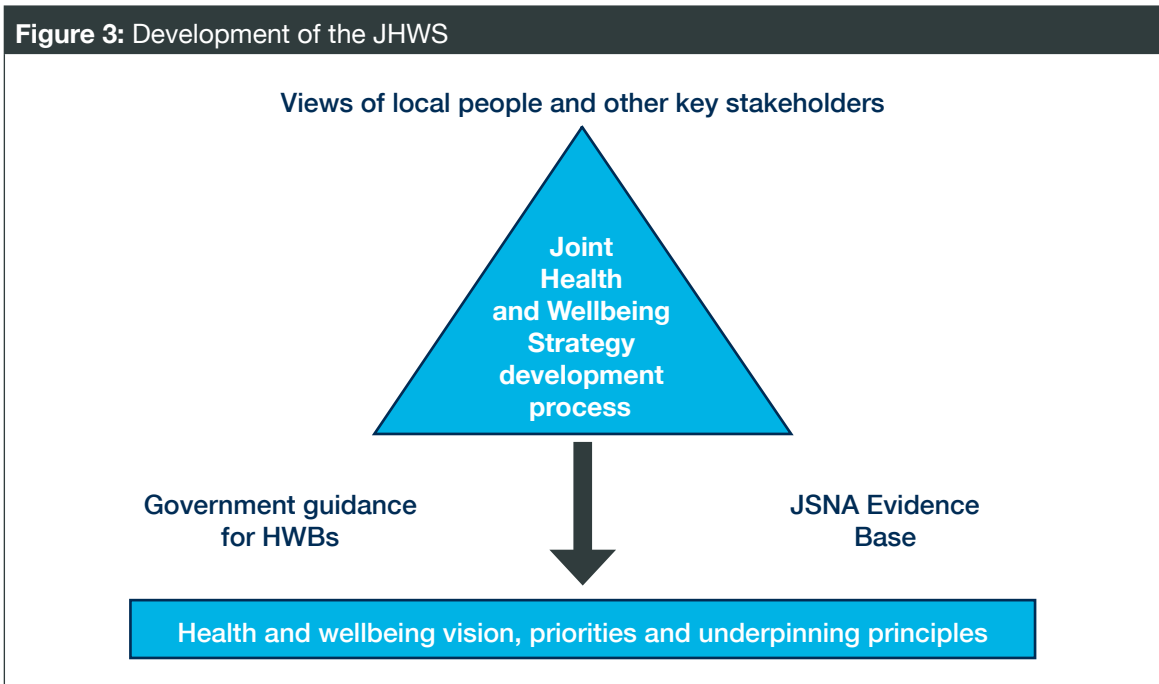
Good mental health is as important to wellbeing as good physical health. Enfield supports the concept of “parity of esteem” between services for mental and physical illnesses, and this strategy incorporates actions which impact on residents’ mental health across all of the priorities. The 2014-19 Joint Adult Mental Health Strategy for Enfield contains a strong focus on outcomes through effective partnerships, service quality and recovery. In addition, this JHWS recognises that good mental health should be supported throughout people’s whole lives, from birth onwards.

### 2.3 Where this strategy fits



### 2.4 How this strategy was developed

This strategy has been developed through the use of a rigorous process based on evidence, the views of the HWB partners, and the views of the local population, as shown in the figure below.



The process has involved:

- The development of an evidence base through the updating of the JSNA
- The creation of a long-list of options for priorities at a workshop of the HWB
- An assessment of that long-list against a set of prioritisation criteria
- The development of draft priorities
- Consultation on the draft priorities
- Finalisation of the priorities in this document

#### **2.4.1 Prioritisation of options**

When considering options for priorities to include in this strategy, the HWB considered the following questions:

- What is the scale of the problem?
- Will addressing the issue result in a reduction in health inequalities?
- Is there a financially sustainable solution available?
- Does resolving this issue contribute to the prevention and self-help agenda?
- What does the evidence-base tell us about the likelihood of success?
- What are the long-term implications of addressing this issue?
- Will it lead to a positive change in lives?
- What is the importance and quality of the service at the moment?

#### **2.4.2 The draft priorities**

The process described in this section produced a list of five draft key priorities, which are:

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

These are described in more detail in Section 4.

#### **2.4.3 Consultation process**

Consultation on the draft priorities took place between September and December 2013. This consultation utilised a range of techniques in order to obtain views from the public, staff, carers and other key stakeholders.

The consultation was publicised widely across the borough, having been promoted online, via email, at public events and meetings and in a number of local publications including Our Enfield.

Views on the five draft priorities were consulted on using a detailed questionnaire, available online and in paper copies, through token boxes, whereby individuals were given a token to vote for which priority they thought was most important, and via public consultation events. A number of public events took place during the consultation period, some catering to the general public, and others directed towards specific groups and organisations – further details of the consultation methods are available in Appendix 1 (to follow).

By the end of the consultation, a total of 2,006 responses had been received; 565 questionnaire responses and 1,441 token votes. Comments were also gathered through consultation events, which included views of the community and local organisations.

Questionnaire responses indicate that 99% of consultees have supported a few, some, or all of the draft priorities, with over three quarters of respondents, (76.7%) supporting all five draft priorities.

When asked to select which priority or priorities respondents thought were the most important, the top three most popular selections were:

- Enabling people to be safe, independent and well (69.4% of respondents)
- Ensuring the best start in life (60.2% of respondents)
- Promoting healthy lifestyles – was also supported by the majority of respondents (50.1% of respondents)

The two remaining priorities were selected by fewer respondents, however they were still supported as priorities for the health and wellbeing strategy:

- Creating stronger, healthier communities (43.6% of respondents)
- Narrowing the gap in healthy life expectancy (31.5% of respondents)

Respondents to the detailed questionnaire were also asked to add any comments about what they thought to be the key areas for the health and wellbeing of local people. 179 questionnaire respondents chose to provide a comment. These comments were then thematically grouped, findings of which are summarised in the word cloud below:



The size of the font in the word cloud indicates the relative frequency with which a topic was mentioned by respondents – as such, we can see that the most commonly raised themes were Healthy Places, Primary Care, Access to Services and Mental Health. The full list of themes can be viewed in Appendix 1.

A range of comments were also received from public events, covering topics such as improving ease of access to information and advice, improving early diagnosis

of long term conditions and offering holistic support, and offering a broad range of support to encourage people to adopt healthier lifestyles whilst promoting personal responsibility for health and wellbeing.

All comments received were reviewed and considered in the preparation of this strategy. The majority of comments from both the questionnaires and public events have either been incorporated in the body of the report or have influenced the actions and measures of success.

The HWB are committed to continuing the dialogue that has begun between the board, local people and organisations regarding health and wellbeing. As such, consultation on the JHWS will be an on-going process throughout the life of the strategy.

## 2.5 Vision, principles and priorities

The HWB vision is:

***Working together to enable you to live longer, healthier, happier lives in Enfield***

The vision is underpinned by five supporting principles:

- **Prevention and early intervention** – what people eat and drink, the amount of physical exercise they do, whether they smoke and other lifestyle choices has an impact on the likelihood of people developing long term conditions such as cancer, cardio-vascular disease or diabetes. The HWB recognise that in many cases poor health can be avoided through better life choices and recognising risks to health. Early diagnosis, positive interventions and good quality service delivery will lead to the people of Enfield enjoying better health and wellbeing into the future.

The Health and Wellbeing Board recognises that good health and wellbeing starts before birth, with the choices made by the mother affecting outcomes for the baby. This includes early access to ante natal care, and supporting women to make healthy choices before and during pregnancy is.

- **Integration** – service users should receive a seamless service, regardless of the source of the support; the HWB will encourage integration across all relevant health and social services, Schools' and Children's Services, and the voluntary and community sector where appropriate. The HWB recognise that as the main consumers of health and social care, integration of services is a key issue for older people.

The introduction of the Better Care Fund will ensure greater integration between health and social care. A pooled budget, which is subject to plans agreed by the Health and Wellbeing Board, will support individuals to plan and control their care and bring together services to achieve the outcomes important to them.



The ambition of much Health and Social Care integrated working and commissioning is to shift the balance of resources from high cost secondary treatment and long term care to a focus on promotion of living healthy lives and well-being, and the extension of universal services away from high cost specialist services. This approach promotes quality of life and seeks peoples' engagement in their own community. To achieve these shifts we need to change the way services are commissioned, managed and delivered. It also requires the redesign of roles, changing the workforce and shifting investment to deliver agreed outcomes for people that are focused on preventative action.

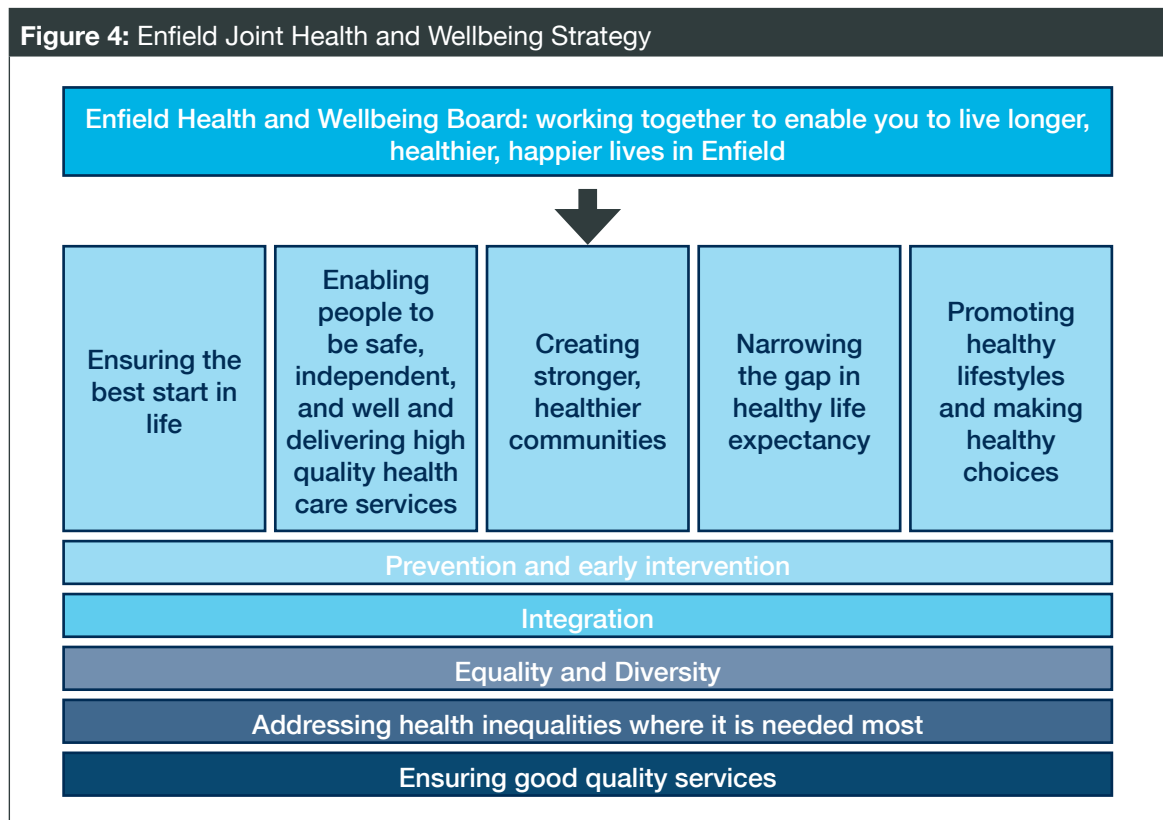
- **Equality and Diversity** – Enfield HWB initiatives will address equality and diversity, by ensuring services are accessible and high quality, tailored appropriately to the different groups in Enfield, particularly in the light of the east-west divide across the borough in health and wellbeing outcomes.
- Addressing health inequalities where it is needed most – the HWB will ensure that its initiatives will target health inequalities in Enfield, with the aim of minimising variation in health and life expectancy between East and the West of the borough, while also improving the health and wellbeing of all Enfield residents.
- **Ensuring good quality services** – all services will be designed around the patient or user, will be safe, and will be caring and compassionate; the HWB will develop a response to the Mid Staffordshire Hospital and Winterbourne View review which will focus on this supporting principle.

The vision will be delivered through five key priorities:

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

The intended outcome of this strategy is a long-term generational change in health and wellbeing in Enfield.

The figure below shows how the aspects of this strategy fit together.



The HWB's vision will be delivered in line with Enfield Council's three strategic aims, which underpin all of the Council's work and the decisions it makes, in support of the Council's vision of making Enfield a better place to live and work. These strategic aims, and underlying priorities are:

- Fairness for all
  - Serve the whole borough fairly and tackle inequality
  - Provide high quality, affordable and accessible services for all
  - Enable young people to achieve their potential
- Growth and sustainability
  - A clean, green and sustainable environment
  - Bring growth, jobs and opportunity to the borough
- Strong communities
  - Encourage active citizenship
  - Listen to the needs of local people and be open and accountable
  - Provide strong leadership to champion the needs of Enfield
  - Working partnership with others to ensure Enfield is a safe and healthy place to live

## 3. Context and Case for Change

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### 3.1 The national context

The government has introduced new policy and legislation that will have a fundamental impact on the way in which public health, health services and social care are to be delivered. This change included giving local authorities, through Health and Wellbeing Boards (HWBs), a new role in encouraging joined-up commissioning across the NHS, social care, education, public health and other local partners.

The Marmot review in 2010, 'Fair Society, Healthy Lives' proposed evidence-based strategies for reducing health inequalities including addressing the social determinants of health in England, from 2010. It concluded that a good start in life, a decent home, good nutrition, a quality education, sufficient income, healthy habits, a safe neighbourhood, a sense of community and citizenship are the fundamentals for improving quality of life and reducing health inequalities. We understand that, to address health inequalities we need to improve opportunities for all our residents with a focus on those who are experiencing poverty and deprivation.

Therefore this strategy also responds to the Marmot Review, the recommendations of which were:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention
7. Address inequalities in the borough e.g. the east-west divide

### 3.2 The local context

Service delivery in Enfield is has undergone major changes, with a revision in the role of Chase Farm Hospital. This has seen the closure of emergency services and maternity and the expansion of elective care, including the development of an urgent care centre, an older people's assessment unit and a paediatric assessment unit on the site. Patient flows will change, with a larger role for North Middlesex Hospital, and the CCG is working to ensure primary and community care provision can prevent unnecessary emergency admissions. These changes are occurring within the context of financial pressures on health and social care, which will continue into the foreseeable future. The HWB sees its strategy as transformative, seeking to achieve a structural generational change in the health and wellbeing of the population of Enfield.

The Better Care Fund, which comes into operation in 2015/16, will see resources across England redirected with the aim of supporting the integration of health and social care. The Health and Wellbeing Board will be developing its vision and joint plan for how health and social care will work together in the borough to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospitals or care homes. This will require health and social care in Enfield to do things differently, work in partnership and encourage people to take responsibility for their own health.

Through the consultation, the population of Enfield have shown themselves to be willing to work in partnership with the HWB to take responsibility for their own lifestyles.

### 3.3 About Enfield

A detailed description of Enfield and the health and wellbeing of its people can be found on the Enfield JSNA website<sup>1</sup>. The JSNA is continually updated and maintained as a live online document. This section identifies some of the key facts about the health and wellbeing of the population of Enfield.

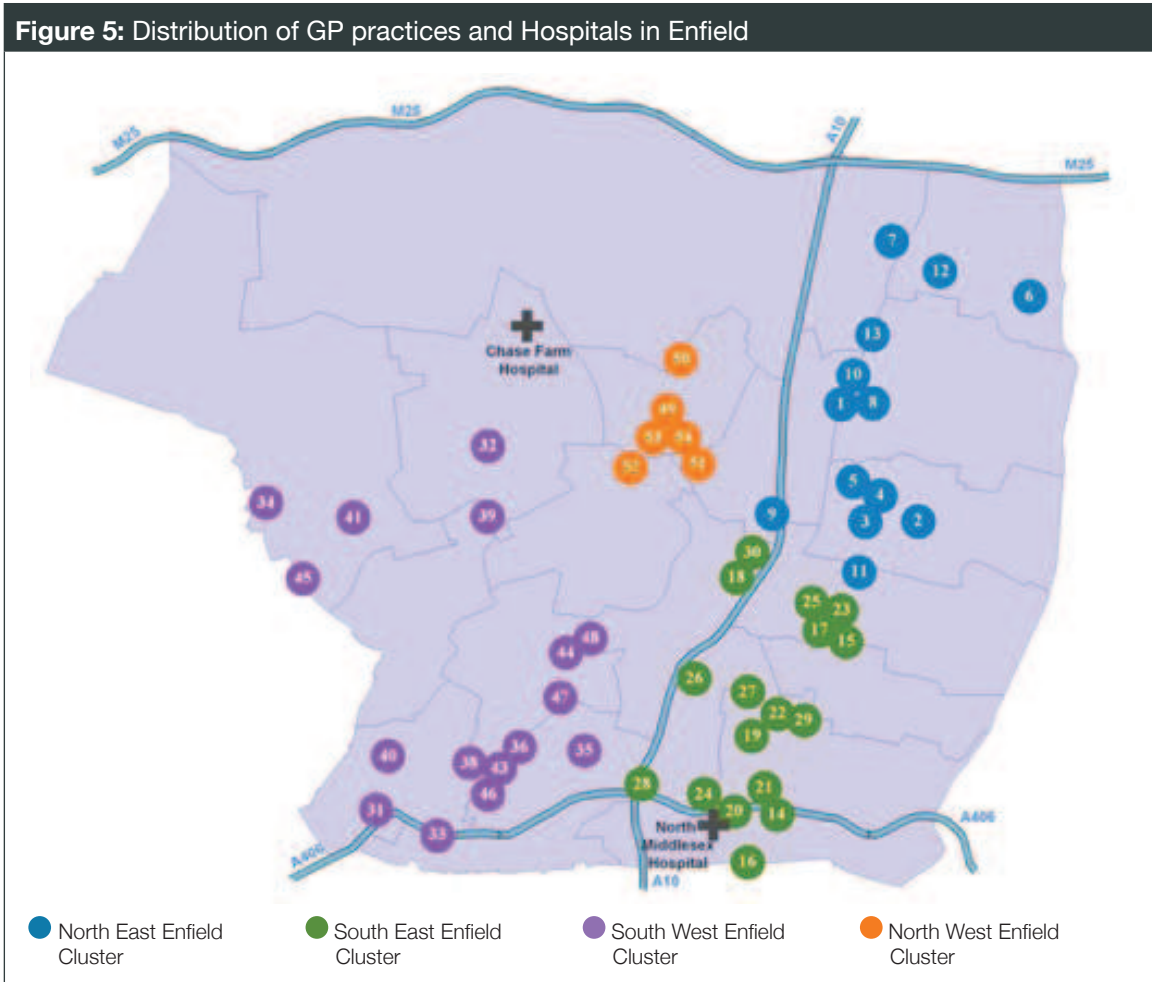
Population estimates for mid-2012 suggest that there were a total of 317,287 individuals living in the Borough. Over the next decade, this figure is expected to steadily increase, reaching around 330,000 people by 2022, and 340,000 by 2032.

Enfield has a large population of residents aged 15 and under, representing just over one fifth (21.23%) of the population, while 12.6% of residents were aged 65 or over. The proportion of residents aged 65 and over is expected to rise to 16.6% by 2032.

Enfield is a home to a hugely diverse population, with just under two fifths of the population identifying themselves as belonging to a Black and Minority Ethnic (BME) group. This strategy has been designed to respond to the many different groups which live and work in Enfield.

As of August 2013, there were 53 GP practices in the borough, and two main hospitals; North Middlesex University Hospital and Chase Farm Hospital.

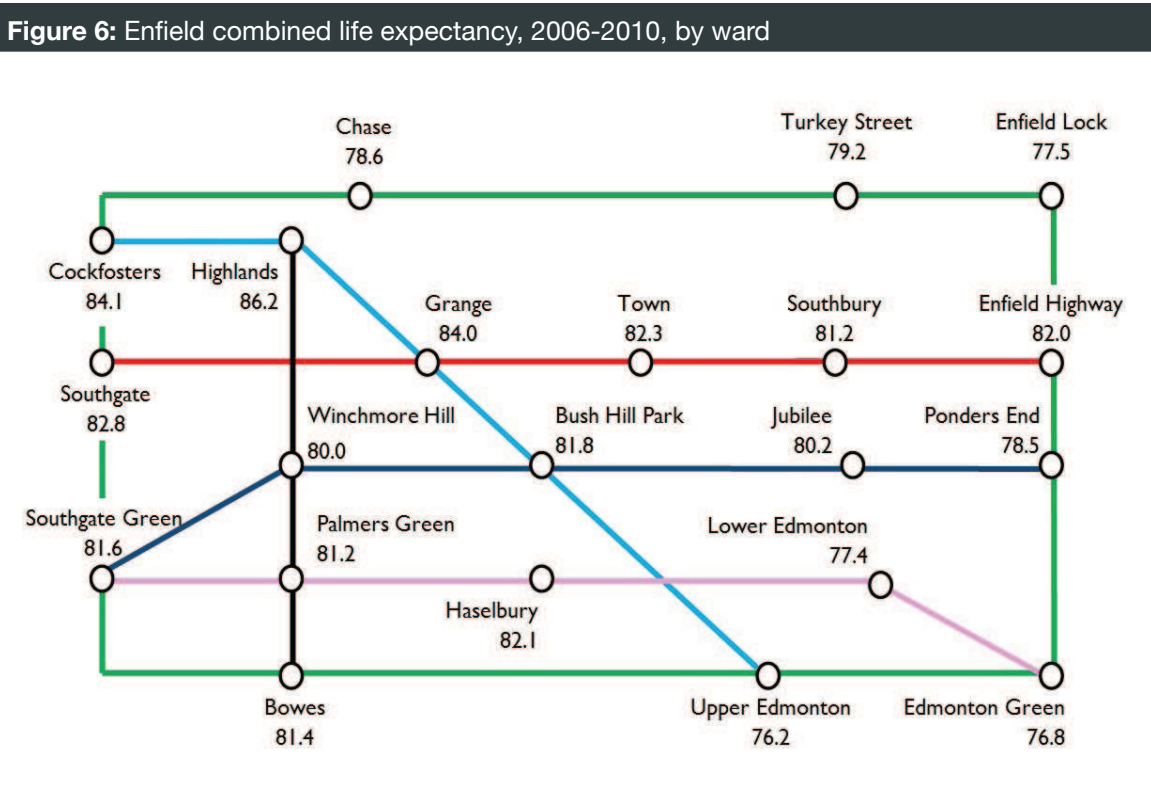
<sup>1</sup> [www.enfield.gov.uk/jsna](http://www.enfield.gov.uk/jsna)



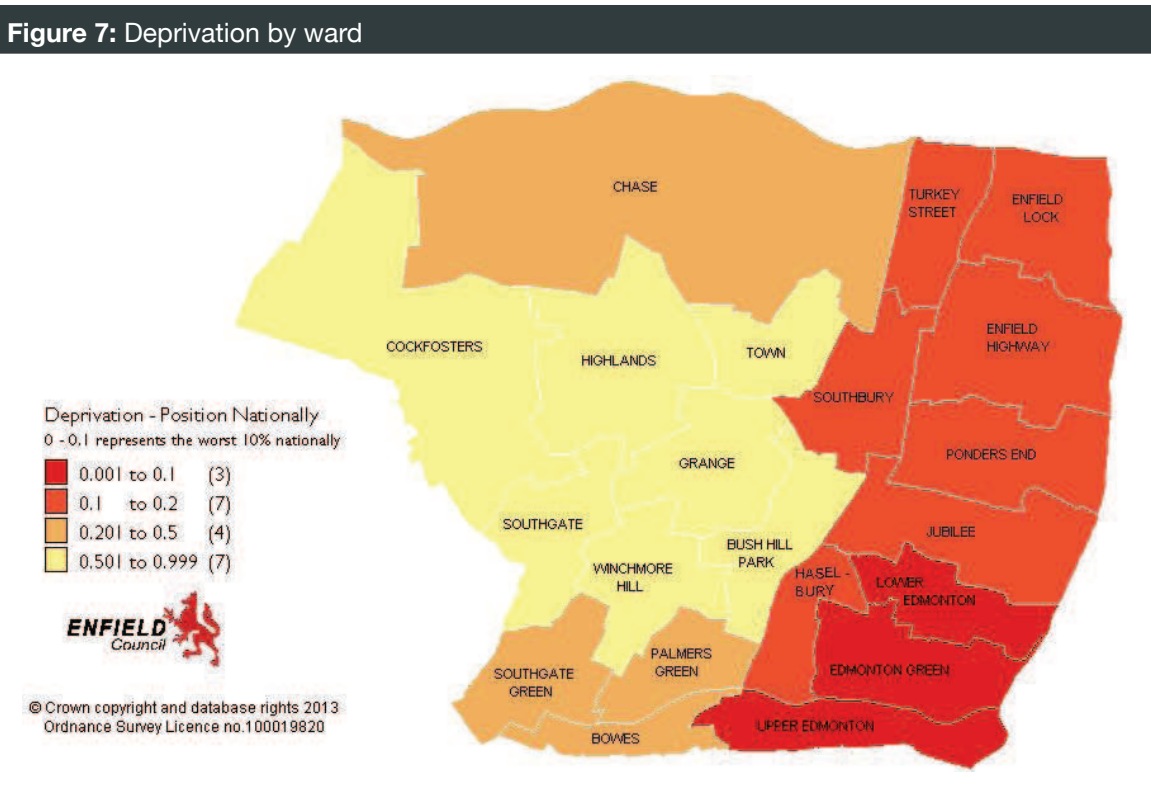
### 3.4 Case for Change

Based on the evidence contained in Enfield’s JSNA, and changes in funding for health and social care across England, Enfield must change to ensure improvements to health and wellbeing over the long term. This section highlights key issues in Enfield.

There is a stark discrepancy between the life expectancy of the residents of the East and the West of Enfield. Those in the East are expected to live significantly shorter lives than those in the West. For example, a man born in the ward of Edmonton Green is currently expected to have a lifespan nearly eight years shorter than a man born in the ward of Grange. Equally, a woman born in the ward of Upper Edmonton is expected to have a lifespan over 13 years shorter than a woman born in the ward of Highlands.



Enfield is ranked as the 4th most deprived out of 326 local authorities in England. Deprivation is correlated with worse health, high morbidity and high mortality.



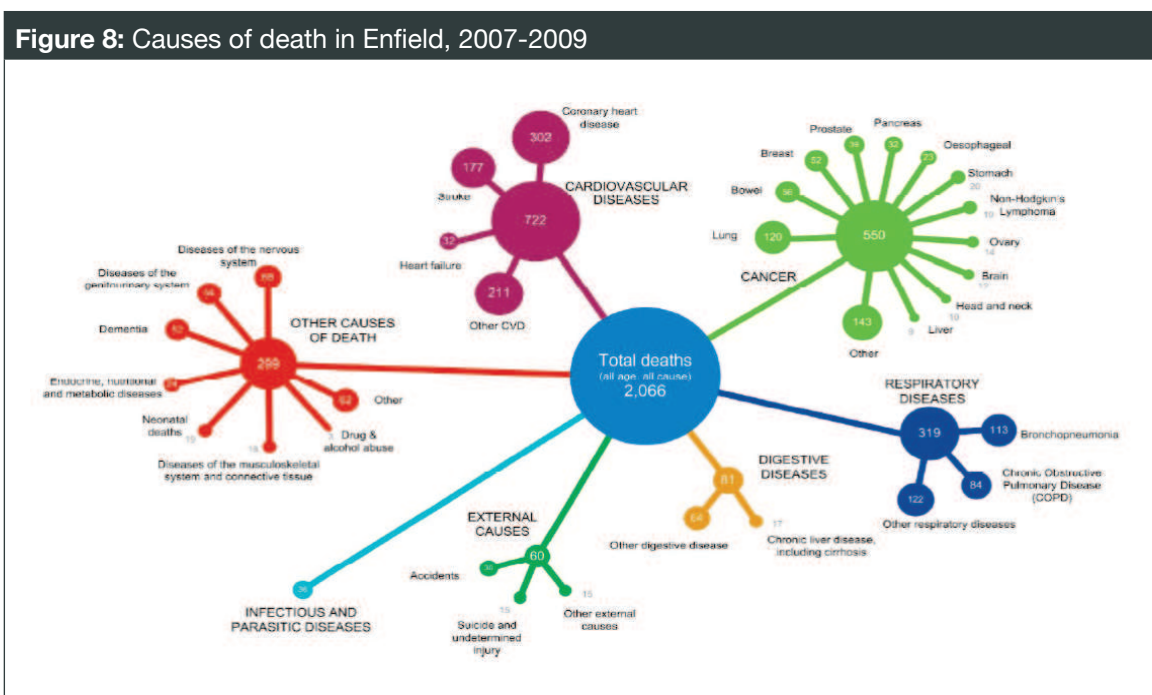
Working age benefit data and the estimated under-18 population size can be used to produce a proxy indicator for the proportion of children in poverty.

**Table 1: Childhood poverty rates, May 2012**

Area	Childhood poverty rate
Enfield	26.5%
London	21.6%
England	17.8%

Enfield’s rate equates to 20,930 children, the highest count figure in London.

The figure below shows the causes of death in Enfield.



The largest cause of death in Enfield was CVD followed by cancer. Effective control of blood pressure and high quality clinical care can prevent many deaths

Much of the burden of early mortality, and its associated morbidity could be avoided by changes in lifestyle. For example:

- Meeting the Chief Medical Officer’s guidelines on physical activity reduces the risk of heart disease, stroke and cancer by 30%
- Not smoking reduces the risk of respiratory disease by up to 95% and eating the recommended levels of fruit and vegetables may reduce the risk of cancer
- Alcohol is associated with 7 cancers including breast and bowel

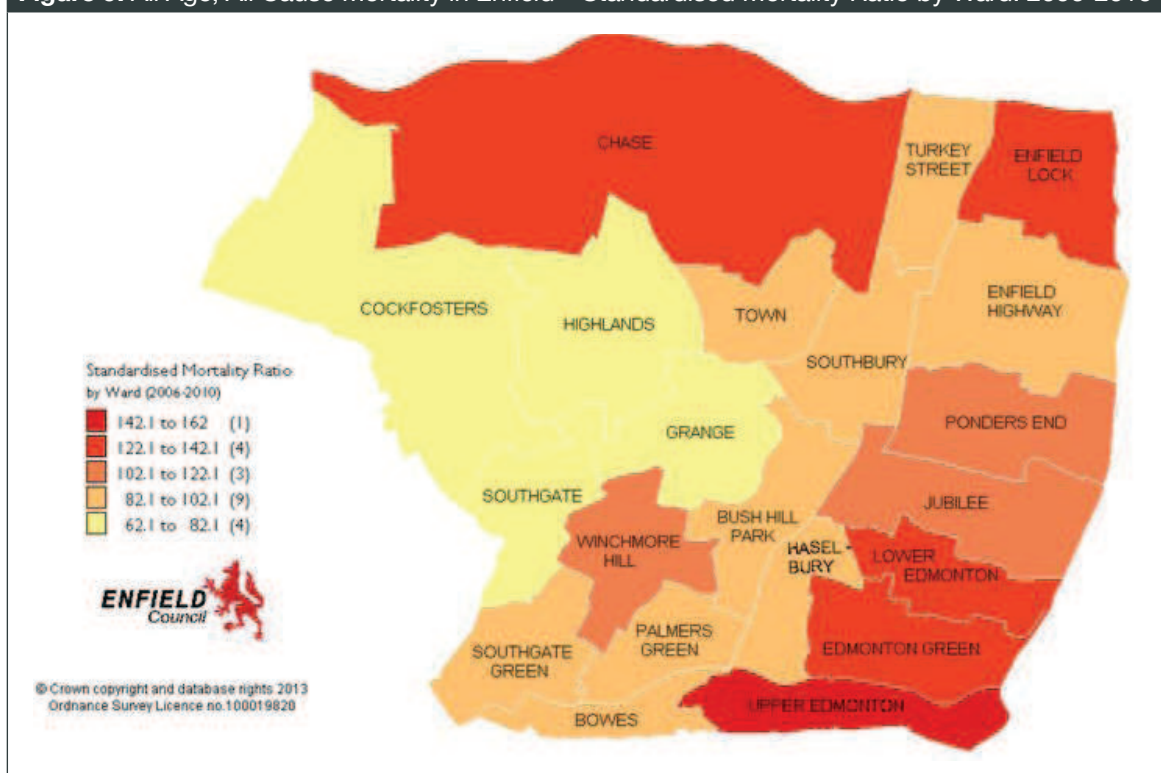
In Enfield:

- 18.5% of adults smoke; it is estimated that 4% of 11-15 year olds smoke more than 1 cigarette a week
- 95% of the population is not physically active enough to maximise benefits to their health
- 23.2% of the adult population is obese, and 25% of pupils in Year 6 are obese

Long term conditions represent a significant cause of morbidity across the borough, and can be greatly influenced by a range of lifestyle factors. In 2012, 18,769 people aged 16 and over were thought to be living with diabetes, around 18% of which were thought to be undiagnosed. Projections suggest that diabetes prevalence could rise from around 8.3% in 2012 to 9.5% by 2020 – an increase of approximately 3,500 cases. Similar projections for a range of other long term conditions, such as stroke and chronic obstructive pulmonary disease suggest that the prevalence of such conditions will be likely rise in future years.

Neither is health evenly distributed across the borough. Figure 9 shows where people experience the best and worst health in the borough.

**Figure 9: All Age, All Cause Mortality in Enfield – Standardised Mortality Ratio by Ward: 2006-2010**



A darker colour on the map indicates worse health. In Enfield the contrast is stark; those in Upper Edmonton have a mortality rate over 1.5 times that of the national average.

Immunisation coverage in Enfield is below the level required to achieve ‘herd immunity’, which is 95% in the UK. In 2012, 76.8% of children had received two doses of MMR before their 5th birthday. This is lower than both the London and England rates.

In 2011, HIV prevalence in Enfield was 4.0 per 1,000 population aged 15-59 compared to 2.0 in England and 5.4 in London. 58% of people with HIV were diagnosed late in Enfield in 2010 compared to 44% overall in London and 52% in England. 38% of men who have sex with men were diagnosed late (compared to 31% in London) and 65% of heterosexuals were diagnosed late (compared to 61% in London).



Mental health needs vary according to gender, ethnicity and age, and are influenced by family, social and environmental determinants. People with long-term mental health problems are at increased risk of long-term social exclusion, including worklessness and insecure housing.

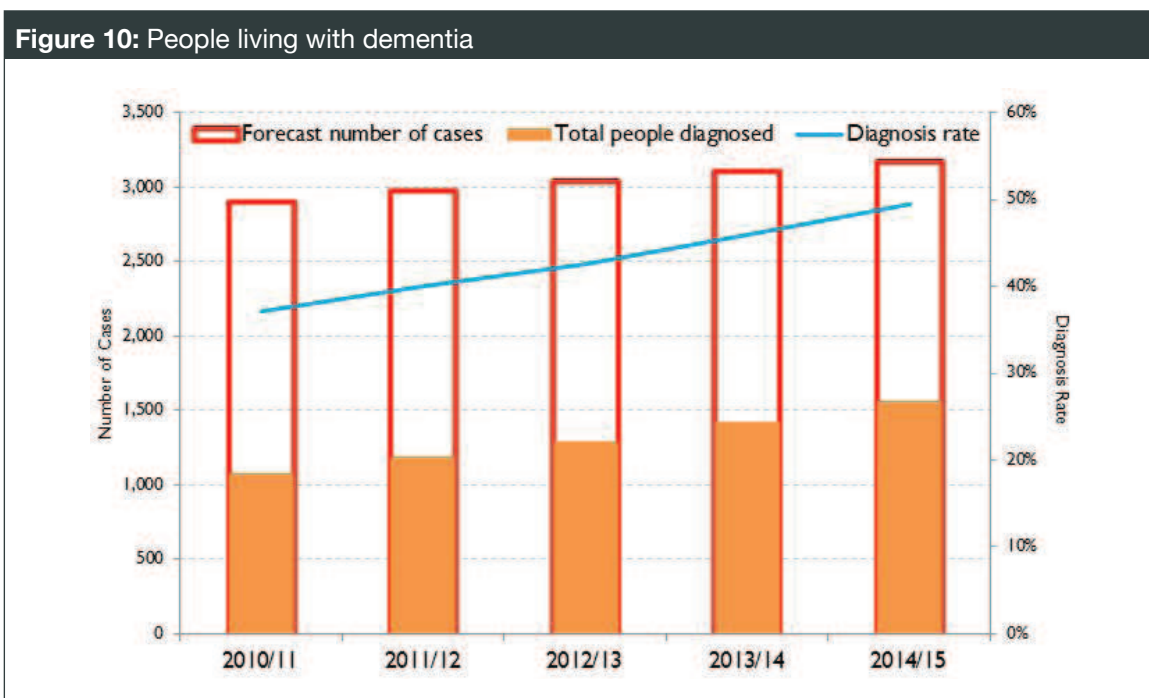
Mental ill health is associated with an increased risk of premature death, with people suffering from severe mental illnesses dying on average 20 years earlier than the general population. Enfield had the third highest excess mortality rate in London amongst people with severe mental illness compared to the general population in Enfield in 2010/11.

In 2011/12 Enfield’s inpatient admission rate for mental health disorders amongst children and young people aged 0-17 years was the highest in London, with 135 admissions being recorded.

**Table 2: Inpatient admission rate for mental health disorders 0-17 years**

Area	Inpatient admission rate for mental health disorders, 0-17 years (rate per 100,000)
Enfield	171.90
London	87.8
England	91.3

The estimated number of people living with dementia in Enfield is 2,828<sup>2</sup>, which is approximately 7% of Enfield’s older persons population. The number of people with dementia is expected to increase by approximately 20% over the next 8 years to 3,500 people. This represents an increase of approximately 75 people per year. However, there is an issue with undiagnosed dementia, as illustrated by the figure below.



Turning to some of the wider determinants of health, since 2004-05 there has been a 20% reduction in recorded crime in Enfield, compared to a 23% reduction across the London region and a 29% reduction nationally. However, serious youth violence in Enfield escalated notably between 2007/08 and 2010/11, during which time knife and gun injuries sustained by 10-19 year olds increased by 37%.

Hotspots for gun and knife crime injuries sustained are largely concentrated in the south-eastern part of Enfield, with the three Edmonton wards combined accounting for 30% of gun and knife injuries in the Borough. Edmonton Green and Upper Edmonton both rank in the 30 highest London wards for gun, knife and weapons injuries in terms of London Ambulance Service Call-outs

As well as crime, the population of Enfield is concerned about anti-social behaviour. There were 17,622 reports of anti-social behaviour to police in 2012 with a further 5,761 reports to the local authority regarding environmental anti-social behaviour (fly-tipping, abandoned vehicles, graffiti). However, in Enfield, since 2008, there has been a 27% reduction in the volume of anti-social behaviour reports.

In 2010, 12% of Enfield households were suffering from fuel poverty, giving Enfield the fifth highest rate of fuel poverty in London, and the 4th highest number of households (13,124) in fuel poverty. The wards of Haselbury, Upper Edmonton and Ponders End had the highest levels of fuel poverty in Enfield.

The recent Welfare Reform Act has introduced a wide range of reforms to the provision of welfare in England. This will impact on Enfield in a number of ways:

- As it has a very large number of people affected by the policy, Enfield has been selected as a pilot for the Benefit Cap; from April 2013, a maximum of £26,000 per annum is payable to any household where no one is working at least 16 hours a week.
- From April 2013, local authorities were required to introduce their own local schemes to support families who need financial assistance with Council Tax payments. In Enfield, over 27,000 households are affected by these changes, and providing intensive support to all those affected is therefore impractical – the most vulnerable need to be effectively targeted.
- It is not possible to accurately identify what risks may be encountered because there is currently no evidence base upon which to base this analysis. Despite this, Enfield needs to prepare for risks which may include financial hardship and poverty as a result of reduced household income; homelessness as a result of inability to maintain a tenancy, or a shortage of appropriate available housing; an increase in overcrowded households; families needing to relocate; increased tensions and stress within families; and worsening child and adult physical and mental health.

In 2011/12 Enfield had the third lowest achievement rate, for 5+ A\*-C GCSEs including English and Maths, in London. 55.5% of pupils achieved this level (approximately 2060 pupils from an End of Key Stage 4 Pupil Population of 3712), compared to a London average of 62.3%. Enfield's rate was also below the England average of 59.4%. Only the Boroughs of Waltham Forest and Islington performed worse than Enfield.

Provisional information for 2012/13 indicates that 64% of pupils in Enfield achieved 5 A\*-C GCSEs including Maths and English. These figures will be confirmed in early 2014.

Figures for April 2012 to March 2013 show that the rate of employment in Enfield is 67.0%. This is the eleventh lowest rate in London – well below the London average of 69.5% and the England average of 71.1%.

At the same time, the economic activity rate in Enfield was 74.7%. This is the tenth lowest rate in London – just below the London average of 76.4% and the England average of 77.3%.

### 3.5 Key improvements

We are proud of improvements in health and wellbeing in Enfield in recent years, although we acknowledge that further progress is needed. Some of our key improvements have been:

- Premature deaths in Enfield (that is, under the age of 75 years) are below the national average for cancers overall and for those cancers that are considered to be preventable.
- Under 75 mortality from cardiovascular disease has declined in Enfield. In 2011, Enfield's rate of under 75 mortality from CVD was 49.3 per 100,000, well below the England rate of 58.8 per 100,000.
- Enfield was the first local authority area nationally where 100% of schools implemented the School Fruit and Vegetable Scheme as part of the '5 a day' programme. 96% of Enfield's primary and secondary schools meet the Healthy Schools scheme which includes a standard on Healthy Food.
- Child immunisation rates have been improving in recent years, reflecting ongoing work to improve data management, public awareness and provision and access to immunisation.
- Enfield's rate of smoking amongst pregnant women at the time of delivery has fallen steadily over the course of the last five years
- Since 2006 Enfield's under-18 conception rate has steadily declined, and is now lower than that of both the London and England averages. Enfield's teenage pregnancy rate in 2011 was 25.8 per 1,000 females aged 15-17 years. This was lower than the London rate of 28.7 and the England rate of 30.7, and represented a 24.3% reduction from the Enfield rate in 2010 of 34.1 and a 44.4% reduction from the baseline rate in 1998 of 46.4 per 1,000 females aged 15-17 years.

## 4. The HWB's Priorities and Action Plan

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The sections below describe each priority in more detail and set out key actions for the short, medium and long term. Short term is defined as within 2014/15 and medium term is defined as within 2-3 years.

In order for the Board to be able to provide the leadership needed, it will be putting a review of its Board structure in place. This action sits alongside the priority-related actions set out in this strategy.

The Board will also be developing integration plans through implementation of the Better Care Fund.

A detailed action plan will be developed and monitored by the HWB. Section 6 sets out the outcomes dashboard which the HWB will use to monitor the long-term changes in health and wellbeing in Enfield which result from the implementation of the actions in this section.

### 4.1 Ensuring the best start in life

We want all children to realise their full potential, helping them to prepare from an early age to be self-sufficient and have a network of support that will enable them to live independent and healthy lives.

We want targeted programmes of support to have lasting impact, especially towards the most vulnerable, in order to prepare for the responsibilities of adulthood and build up resilience for the future. We will support all stages of childhood, pre-birth, infancy, pre-school and through school, with the aim of releasing the potential in all children. Educational attainment is recognised as being a key to achievement of long-term health and wellbeing.

All health and wellbeing boards have been asked to sign up to the Disabled Children's Charter, which has been developed to support HWBs to meet the needs of all children and young people with disabilities, special educational needs (SEN) or health conditions. The Enfield HWB committed to the Charter at its December 2013 meeting, and this will ensure that the Board:

- Publicly articulates a vision for improving the quality of life and outcomes for disabled children, young people and their families
- Demonstrates an understanding of the true needs of disabled children, young people and their families in Enfield and how to meet them
- Gives greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families
- Supports a local focus on cost-effective and child-centred interventions to deliver long term impacts
- Builds on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families
- Develops a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families

“Good health and wellbeing must start with messages we give our children. Educating them at an early age as well as their parents and families, is crucial to the long term prevention of ill health and long term conditions.” *Comment from the consultation responses*

The table below sets out the short, medium and long term actions for this priority.

<b>Table 3: Ensuring the best start in life</b>	
<b>Short term actions</b>	<ul style="list-style-type: none"> <li>• Understand and plan for the implications of the Children’s and Families Bill on the changes for the SEN system up to age 25, including replacing Statements of Need with a local offer and Birth to 25 Education, Health and Care Plan.</li> <li>• Develop a multi-agency plan for reducing Infant Mortality, with the HWB having oversight of the plan and supporting its implementation. The plan will have a particular focus on child poverty, early access to ante natal services and integrating services.</li> <li>• Manage the transition of the responsibility for health visitors to public health, ensuring there is an effective transition and stepping in to resolve problems where necessary.</li> </ul>
<b>Medium term actions</b>	<ul style="list-style-type: none"> <li>• Develop a coherent overarching plan for transition to education for all children aged 2 and above which unifies the Healthy Child Programme and the Early Years Foundation Stage.</li> <li>• Redesign treatment pathways to ensure the delivery of high quality, integrated paediatric care, To provide more community-based care options and to improve the experience and outcomes of children who are ill.</li> <li>• Reduce paediatric admissions for asthma and other ambulatory care sensitive conditions by improving early identification and disease management in primary and community services.</li> </ul>
<b>Long term actions</b>	<ul style="list-style-type: none"> <li>• Improve educational attainment by ensuring all agencies involved with children in Enfield work together to provide the best educational experience possible for all children.</li> </ul>

## 4.2 Enabling people to be safe, independent and well and delivering high quality health and care services

We want people of every age to live as full a life as possible. This means that health issues, both physical and mental, should be recognised as soon as possible, as early intervention is likely to lead to better long term outcomes. It also means that people who do live with long term conditions should be supported in a way that helps to minimise the impact on their daily lives. Additionally, safeguarding children and adults from harm and abuse is fundamentally important for the health and wellbeing of individuals and the wider local community.

The greater people's independence, the less reliant they are on others. Independence, safety and well-being are interlinked: those who experience poorer health, or who feel less safe, are usually more dependent on others and less able to contribute to community life. Increasing levels of dependency create a demand for increasing intensity of service provision. We are working together to join up services to support children and young people, and older people and people with long term conditions. We want to avoid duplication, improve people's experience of our services and ensure services are safe, effective and of high quality.

### “Importance of Dementia Awareness and choices for older people.”

*Comment from the consultation responses*

The table below sets out the short, medium and long term actions for this priority.

<b>Table 4: Enabling people to be safe, independent and well and delivering high quality health and care services</b>	
<b>Short term actions</b>	<ul style="list-style-type: none"> <li>• Develop a register of carers which is co-ordinated across primary care, social care, acute care and mental health.</li> <li>• Increase the early diagnosis of HIV infection.</li> <li>• Develop mechanisms for monitoring and improving audits of health care services.</li> </ul>
<b>Medium term actions</b>	<ul style="list-style-type: none"> <li>• Ensure that there is an increased focus on the early identification of long-term conditions, in particular diabetes, COPD, dementia, hypertension and CVD.</li> <li>• Develop self-management programmes for people with long-term conditions, and improve care through integrated models of provision that are preventative in focus.</li> <li>• Ensure that more people are able to access psychological therapies (IAPT) locally by increasing uptake of the service through integrated approaches.</li> <li>• Co-ordinating services around the needs of the child or young person and family to ensure a positive experience of transition to adult services;</li> <li>• Deliver on the Joint Adult Mental Health Strategy</li> <li>• Establish an effective model of psychiatric liaison in North Middlesex University Hospital based on the RAID (Rapid Assessment Interface and Discharge) model.</li> <li>• Ensure co-ordinated care provision for people with co-occurring alcohol or substance misuse and mental health problems.</li> <li>• Increase the dementia diagnosis rate in line with the CCG's operating plan, and improve dementia care.</li> </ul>
<b>Long term actions</b>	<ul style="list-style-type: none"> <li>• Develop a mental health and wellbeing service which focuses on recovery and independence for people with mental health and aims to limit the number of people who require secondary mental health care.</li> <li>• Develop integrated models of care for older people.</li> <li>• Develop a whole-life mental health strategy.</li> </ul>

### 4.3 Creating stronger, healthier communities

A large part of the lifetime health experience of people relates not to the health and social care that they receive, but the environment in which they live. A person who is able to contribute to society through meaningful employment, lives in warm, clean, safe accommodation, and is supported by a strong network of family and friends, is less likely to suffer from both mental and physical health issues.

Stronger communities provide their residents with more resilience to cope with adverse life events. A strong community is an integrated, cohesive community.

We want to ensure that our residents can benefit from resilient communities.

We also want to encourage communities to make healthier choices, through such measures as limiting the number of takeaway outlets near schools.

**“It would be helpful to involve the local community through local community groups who should be enabled (say through funding and assisting to create local structures) to fully participate and mobilise their communities at grassroots level.”** *Comment from the consultation responses*

We will utilise evidence-based health promotion and social marketing techniques to work collaboratively with our communities to improve their health.

The table below sets out the short, medium and long term actions for this priority.

<b>Table 5: Creating stronger, healthier communities</b>	
<b>Short term actions</b>	<ul style="list-style-type: none"> <li>Continuing the dialogue that explores how community cohesion is improving understanding across the ages, thus reducing loneliness and increasing physical and mental wellbeing.</li> <li>Delivering an annual programme of community engagement with those who come from different backgrounds, and ensure that Enfield residents can continue to contribute to the development and implementation of the JHWS.</li> </ul>
<b>Medium term actions</b>	<ul style="list-style-type: none"> <li>To support and work in partnership with faith groups, the voluntary and community sector, schools and children’s centres and other local organisations to deliver specific projects aimed at improving community wellbeing.</li> <li>Improve employment opportunities for Enfield residents by matching local skills with local jobs – particularly in recruitment controlled by the partners on the HWB.</li> <li>Partners on the HWB show leadership by modelling healthy behaviours within their organisations (e.g. healthy eating choices, travel for work policies).</li> <li>Establish dementia friendly communities, to improve awareness, inclusion and quality of life for people living with dementia and their carers.</li> </ul>
<b>Long term actions</b>	<ul style="list-style-type: none"> <li>Strengthen community networks to enable them to take a lead role in improving their own health and wellbeing.</li> <li>Improve the awareness of people of all ages and communities to make healthy lifestyle choices through positive communication and community interaction.</li> <li>Building on the agreement with North Middlesex University Hospital, work in partnership with all large public sector providers and partners to promote and expand opportunities for employment, apprenticeships and volunteering for local residents in Enfield.</li> </ul>

#### 4.4 Narrowing the gap in healthy life expectancy

We want to reduce the gap in life expectancy within the borough.

We will continue to review and apply the evidence base on health inequalities.

We will create opportunities to work closely with communities and develop initiatives that will improve the health and wellbeing of local people, harnessing existing to address short-term, as well as medium- and long-term health goals. We will work in partnership to prevent people becoming ill in the first place by addressing key lifestyle factors more common in the deprived areas of the borough; and addressing the wider determinants of health such as high levels of deprivation, low educational attainment, low levels of employment and poor housing.

We will encourage early diagnosis and management (including lifestyle change) of major killer diseases such as cardiovascular disease and cancer; a focus on people over 50 will have the greatest impact on reducing the life expectancy gap. Initially we will work intensively with Upper Edmonton, as set out in the Central Leaside Area Action Plan<sup>3</sup>, and once models which work have been developed, these will be rolled out to other deprived areas.

#### “The difference in life expectancy across the Borough is shocking.”

*Comment from the consultation responses*

The table below sets out the short, medium and long term actions for this priority.

<b>Table 6: Narrowing the gap in healthy life expectancy</b>	
<b>Short term actions</b>	<ul style="list-style-type: none"> <li>• Support implementation of self-knowledge for service users through Integrated Care Pathways.</li> <li>• Work with community partners to map the resources that we already have in Upper Edmonton, and define the gaps when compared with evidence-based practice.</li> <li>• Work in partnership to reduce the risk of death in people with established condition such as cardiovascular diseases, diabetes, cancer and chronic obstructive pulmonary disease (COPD).</li> <li>• Encourage early diagnosis and management (including lifestyle change) of major killer diseases such as cardiovascular disease and cancer; a focus on men and women over 40 will have the greatest impact on reducing the life expectancy gap. To do this we will support the delivery of NHS Health Checks.</li> </ul>
<b>Medium term actions</b>	<ul style="list-style-type: none"> <li>• Work with the community to target and deliver specific interventions in Upper Edmonton which address health inequalities.</li> <li>• Develop a network model of primary care to ensure better access to consistent, good quality services with the potential to maintain continuity of care by:               <ul style="list-style-type: none"> <li>– Developing a stable system/model for a more integrated delivery of health care focused around networks and general practices.</li> <li>– Implementing a 7 day delivery model for integrated care for older people.</li> </ul> </li> <li>• Reducing smoking rates in our most disadvantaged communities.</li> <li>• Further strengthen clinical management of CVD, diabetes and respiratory disease.</li> </ul>
<b>Long term actions</b>	<ul style="list-style-type: none"> <li>• Replicate the successful targeted interventions set out in the Upper Edmonton Action Plan and associated business case to other deprived areas of the borough.</li> <li>• Work to address the wider determinants of health such as high levels of deprivation, low educational attainment, low levels of employment and poor housing.</li> </ul>

<sup>3</sup> [http://www.enfield.gov.uk/info/1000000456/local\\_plan\\_planning\\_policy/501/central\\_leaside\\_\\_area\\_action\\_plan](http://www.enfield.gov.uk/info/1000000456/local_plan_planning_policy/501/central_leaside__area_action_plan)



## 4.5 Promoting healthy lifestyles and making healthy choices

The choices that people make when deciding what to eat, how to exercise, whether and how to use alcohol, tobacco and drugs, affect their health and wellbeing both now and into the future.

We want to ensure that our residents understand these choices, and are supported to choose healthier options throughout their lives.

**“I think in Enfield we have many open spaces where people can walk, walking is an excellent exercise, no costs involved, it should be encouraged more.”** *Comment from the consultation responses*

The table below sets out the short, medium and long term actions for this priority.

<b>Table 7: Promoting healthy lifestyles and making healthy choices</b>	
<b>Short term actions</b>	<ul style="list-style-type: none"> <li>• Produce a comprehensive obesity strategy, covering both children and adults.</li> </ul>
<b>Medium term actions</b>	<ul style="list-style-type: none"> <li>• Agree on an action plan with schools and young persons' organisations to reduce smoking uptake.</li> <li>• Develop more locations for Identification and Brief Advice (IBA) interventions on harmful drinking.</li> <li>• Reduce the rate of alcohol-related admissions through integrated community interventions.</li> <li>• Develop healthy workplaces throughout Enfield.</li> <li>• Promote healthy eating throughout Enfield.</li> </ul>
<b>Long term actions</b>	<ul style="list-style-type: none"> <li>• Ensure that transport and building developments prioritise active transport (particularly walking and cycling).</li> </ul>

## 5. Success Criteria – what does good look like?

The measures of success table below outline a number of key strategic outcomes the HWB wish to see realised through action in the short, medium and long term. This is not exhaustive, as further measures of success are included in the JHWS detailed action plan, to be monitored by the HWB.

<b>Table 8: Measures of success</b>	
<b>Ensuring the best start in life</b>	
Child poverty to reduce to 25% by 2020, decreasing from the 2008 baseline of 36%	Percentage of children receiving the full course of MMR by their 5th birthday to increase from 76.8% to 95% by 2019
Note: measure of success on educational attainment to follow	The gap between the most and least deprived wards measured in terms of child poverty to narrow from 42% (based on the 2009 baseline) to 30% by 2020
<b>Enabling people to be safe, independent and well and delivering high quality health and care services</b>	
Late HIV diagnosis to reduce from 58% to 44% by 2019	All unplanned admissions to acute health care to reduce by 5% on the 2012/13 baseline (2012/13 baseline to be added)
Access to psychological therapies (IAPT) to improve locally by increasing uptake from the current rate of 5% to 15% by the end of 2014/15	Delayed transfers of care to reduce from 5.74 per 100,000 in 2012/13 to 5.00 per 100,000 by 2013/14
Rate of admissions for people aged over 65 to residential and nursing care to reduce from 513.5 per 100,000 in 2012/13 to 512 per 100,000 by 2013/14	Rate of admissions of older people to acute health care to reduce by 20% on the 2012/13 baseline (2012/13 baseline to be added)
<b>Creating stronger, healthier communities</b>	
HWB structures to be reviewed by 2015 to ensure on going engagement of local people in improving their health and wellbeing	Faith forums and community leaders to be enabled to take a lead role in improving local health and wellbeing
Communications and Engagement strategy to be developed and implemented to support the on-going implementation of the HWB strategy	
<b>Narrowing the gap in healthy life expectancy</b>	
75% of Enfield GP practices to achieve 90% in the percentage of patients with coronary heart disease whose blood pressure is controlled by 2019	75% of Enfield GP practices to achieve 90% in the percentage of patients with coronary heart disease whose blood pressure is controlled by 2019
<b>Promoting healthy lifestyles and making healthy choices</b>	
The percentage of year 6 pupils classified as obese to reduce from 24% to 22% by 2019	Smoking prevalence to reduce from 18.5% in 2012 to 12% by 2030

## 6. Communications and Partnership – how we will deliver this strategy

Our programme of change will require considerable partnership working on the HWB, and other stakeholders within Enfield including the community and voluntary sector, police, local groups and Enfield residents. The HWB will develop a communications and engagement plan covering all stakeholders in this strategy. We will continue to provide evidence on the health and wellbeing needs of the local community and what we are doing to address these.

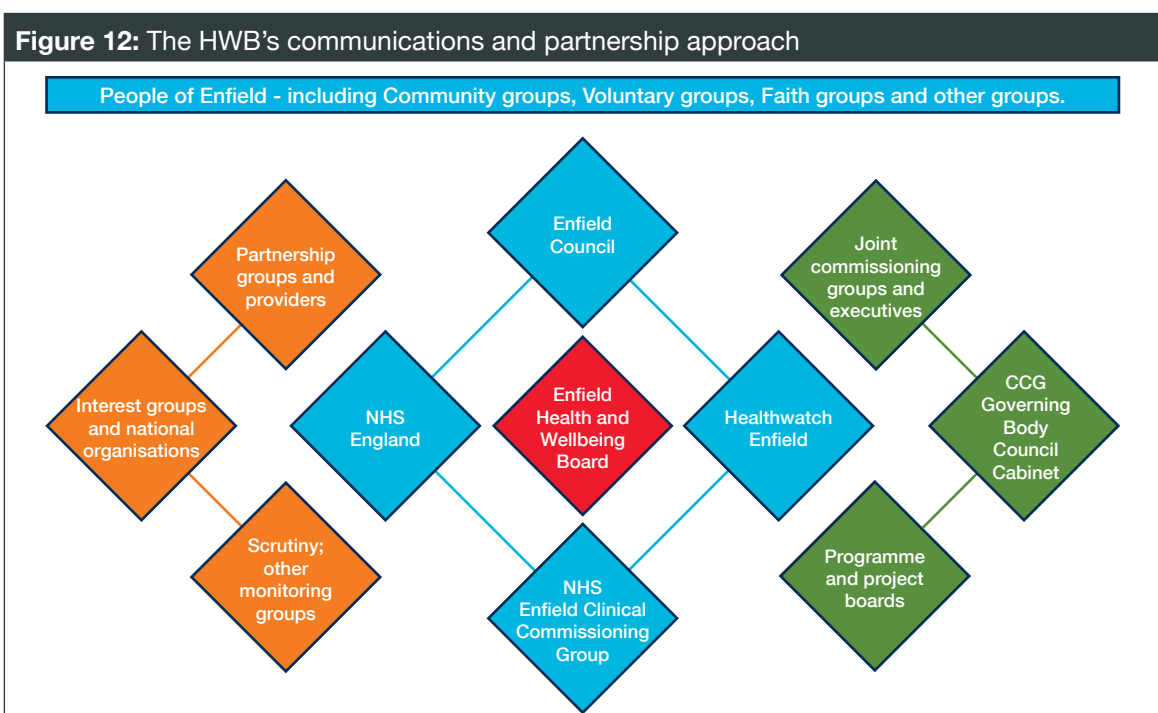
Partnership working will be crucial given the challenges brought about by the current economic climate and the fast changing environment in which the public sector is currently working.

In order to build on the success of the formal consultation that took place in the development of this strategy, we will review the HWB's current structures and ways of working. The aim of which is to develop how local people can take a lead role in the implementation this strategy, thereby improving their own health and wellbeing. Additionally, our priority 'Creating stronger, healthier communities' sets out a number of actions to support this aim.

Our approach is to create and maintain an open dialogue, to enable local people have their say on the on-going development and development of the strategy.

Using the evidence base from the JSNA and social marketing techniques, we will work collaboratively with our communities to improve their health and wellbeing

The figure below provides an overview of the HWB's approach to communications and partnership in delivering this strategy.



The HWB has already engaged the local community through the formal consultation on the priorities in this strategy. However, this is just the start of an on-going process. The HWB will engage through the community through formal consultations and informal relationships, including with community and voluntary groups, faith groups, schools and children's groups and patient/service user groups, with the aims of:

- Working with community leaders to build strong relationships enabling all sectors of the local community to contribute to the implementation of the strategy
- Recognising the community as a valuable asset who can develop local solutions
- Understanding what is important to the people of Enfield when they think of their health and wellbeing
- Establishing what resources already exist in the community which could support the delivery of this strategy
- Exploring what works when encouraging people to make healthy choices
- Developing ideas for helping people take responsibility for their own health and wellbeing
- Shaping actions for delivering health and wellbeing, and developing future iterations of this strategy
- Holding the HWB accountable to the people of Enfield to deliver its key measures of success

At all times, the HWB will work in line with the government's ambition for shared decision-making – "nothing about me without me"<sup>4</sup>.

We have to deliver transformational change in order deliver better health and wellbeing for the population of Enfield. We also need to work within the context of major change to local provision, including the change in status of Chase Farm Hospital, including additional investment at that site, further development of relationships with North Middlesex Hospital and the development of stronger community and primary care provision.

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4 <http://www.official-documents.gov.uk/document/cm78/7881/7881.pdf>

# Appendix 1

## Consultation about this strategy

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Work in progress – to follow

# Appendix 2

## Equalities Impact Assessment

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Work in progress – to follow

# Appendix 3

## Other relevant strategies

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Enfield Core Strategy

[http://www.enfield.gov.uk/info/200057/planning\\_policy/1047/core\\_strategy\\_2010](http://www.enfield.gov.uk/info/200057/planning_policy/1047/core_strategy_2010)

Enfield Council Infrastructure Delivery Plan

[http://www.enfield.gov.uk/downloads/file/2075/infrastructure\\_delivery\\_plan](http://www.enfield.gov.uk/downloads/file/2075/infrastructure_delivery_plan)

Enfield Housing Strategy: 2012 – 2027

[http://www.enfield.gov.uk/downloads/file/6421/enfields\\_housing\\_strategy\\_2012-2027](http://www.enfield.gov.uk/downloads/file/6421/enfields_housing_strategy_2012-2027)

National General Practice Profiles

<http://fingertips.phe.org.uk/profile/general-practice>

Pharmaceutical Needs Assessment

[http://www.enfield.gov.uk/healthandwellbeing/downloads/download/1/pharmaceutical\\_needs\\_assessment](http://www.enfield.gov.uk/healthandwellbeing/downloads/download/1/pharmaceutical_needs_assessment)

Schools Information

[http://www.enfield.gov.uk/info/200010/at\\_school](http://www.enfield.gov.uk/info/200010/at_school)

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Clinical Commissioning Group

**healthwatch**

**Contact Enfield Council**

Civic Centre  
Silver Street  
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[www.enfield.gov.uk](http://www.enfield.gov.uk)





# Enfield Joint Health and Wellbeing Strategy 2014-2019

## Your Health and Wellbeing • Executive Summary

V5.2. DRAFT – January 2014



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

In partnership with





# Foreword and Executive Summary

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## Foreword

Work in progress – to be added.

By the Chair of HWB.

## Executive Summary

Many factors effect health and wellbeing; issues such as unemployment, poor housing and feeling unsafe can all impact upon mental and physical health. The Health and Wellbeing Board (HWB) will work to mitigate such factors, as well as encouraging people to take a more active role in their own and others health, by promoting healthy weight management through diet and physical activity, controlling excess alcohol intake and supporting people to stop smoking.

The purpose of this strategy is to set out how the Enfield Health and Wellbeing Board (HWB) will work with the population of Enfield to improve health and wellbeing across the borough over the next five years.

The HWB has already engaged the local community through the consultation on the priorities in this strategy. However, this is just the start of an ongoing process. The HWB will engage through a mixture of formal consultations and informal relationships, including with community and voluntary groups, faith groups, schools and children's groups and patient/ service user groups throughout the implementation of this strategy.

This strategy will ensure greater integration between health and social care. The HWB are committed to the aim of supporting individuals to plan and control their care and bring together services to achieve the outcomes important to them. The Board will develop integration plans, which will involve the HWB in dialogue with both the population of Enfield and with local stakeholders.

A detailed description of Enfield and the health and wellbeing of its people can be found within the Enfield Joint Strategic Needs Assessment (JSNA), on the Enfield Health and Wellbeing website<sup>1</sup>.

The largest cause of death in Enfield is cardio-vascular disease followed by cancer. Much of the burden of early mortality, and its associated morbidity could be avoided by changes in lifestyle. For example:

- Meeting the Chief Medical Officer's guidelines on physical activity reduces the risk of heart disease, stroke and cancer by 30% – in Enfield, 95% of the population is not physically active enough to maximise benefits to their health
- Not smoking reduces the risk of respiratory disease by up to 95% – in Enfield, 18.5% of adults smoke; it is estimated that 4% of 11-15 year olds smoke more than 1 cigarette a week
- In Enfield, 23.2% of the adult population is obese, and 25% of pupils in Year 6 are obese

There is a stark discrepancy between the life expectancy of the residents of the East and the West of Enfield. Those in the East are expected to live significantly shorter lives than those in the West.

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<sup>1</sup> [www.enfield.gov.uk/jsna](http://www.enfield.gov.uk/jsna)

The HWB vision is:

***Working together to enable you to live longer, healthier, happier lives in Enfield***

The vision will be delivered through five key priorities, outlined below. For each of these, a number of key strategic actions have been identified, which have been selected as essential areas of work required under each of the health and wellbeing priorities.

The measures of success tables outline a number of key strategic outcomes the HWB wish to see realised through action in the short, medium and long term. This is not exhaustive, as further measures of success are included in the JHWS detailed action plan, to be monitored by the HWB.

**Ensuring the best start in life:** we want all children to realise their full potential, helping them to prepare from an early age to be self-sufficient and have a network of support that will enable them to live independent and healthy lives.

<p><b>Short term actions</b></p>	<ul style="list-style-type: none"> <li>• Understand and plan for the implications of the Children’s and Families Bill on the changes for the SEN system up to age 25, including replacing Statements of Need with a local offer and Birth to 25 Education, Health and Care Plan.</li> <li>• Develop a multiagency plan for reducing Infant Mortality, with the HWB having oversight of the plan and supporting its implementation. The plan will have a particular focus on child poverty, early access to ante natal services and integrating services.</li> <li>• Manage the transition of the responsibility for health visitors to public health, ensuring there is an effective transition and stepping in to resolve problems where necessary.</li> </ul>
<p><b>Medium term actions</b></p>	<ul style="list-style-type: none"> <li>• Develop a coherent overarching plan for transition to education for all children aged 2 and above which unifies the Healthy Child Programme and the Early Years Foundation Stage.</li> <li>• Redesign treatment pathways to ensure the delivery of high quality, integrated paediatric care, to provide more community-based care options and to improve the experience and outcomes of children who are ill.</li> <li>• Reduce paediatric admissions for asthma and other ambulatory care sensitive conditions by improving early identification and disease management in primary and community services.</li> </ul>
<p><b>Long term actions</b></p>	<ul style="list-style-type: none"> <li>• Improve educational attainment by ensuring all agencies involved with children in Enfield work together to provide the best educational experience possible for all children.</li> </ul>

#### Ensuring the best start in life – Measures of success

- Child poverty to reduce to 25% by 2020, decreasing from the 2008 baseline of 36%
- Percentage of children receiving the full course of MMR by their 5th birthday to increase from 76.8% to 95% by 2019
- The gap between the most and least deprived wards measured in terms of child poverty to narrow from 42% (based on the 2009 baseline) to 30% by 2020
- Note: measure of success on educational attainment to follow

**Enabling people to be safe, independent and well and delivering high quality health and care services:** we want people of every age to live as full a life as possible. This means that health issues, both physical and mental, should be recognised as soon as possible, as early intervention is likely to lead to better long term outcomes. It also means that where people do have to live with long term conditions, they should be supported in such a way that the condition has as small an impact on their daily life as is feasible. We want people with any form of disability or impairment are supported in a way that promotes inclusion, independence, choice and control.

<b>Short term actions</b>	<ul style="list-style-type: none"> <li>• Develop a register of carers which is co-ordinated across primary care, social care, acute care and mental health.</li> <li>• Increase the early diagnosis of HIV infection.</li> <li>• Develop mechanisms for monitoring and improving audits of health care services.</li> </ul>
<b>Medium term actions</b>	<ul style="list-style-type: none"> <li>• Ensure that there is an increased focus on the early identification of long-term conditions, in particular diabetes, COPD, dementia, hypertension and CVD.</li> <li>• Develop self-management programmes for people with long-term conditions and improve care through integrated models of provision that are preventative in focus.</li> <li>• Ensure that more people are able to access psychological therapies (IAPT) locally by increasing uptake of the service through integrated approaches.</li> <li>• Coordinating services around the needs of the child or young person and family to ensure a positive experience of transition to adult services.</li> <li>• Deliver on the Joint Adult Mental Health Strategy.</li> <li>• Establish an effective model of psychiatric liaison in North Middlesex University Hospital based on the RAID (Rapid Assessment Interface and Discharge) model.</li> <li>• Ensure co-ordinated care provision for people with co-occurring alcohol or substance misuse and mental health problems.</li> <li>• Increase the dementia diagnosis rate in line with the CCG's operating plan, and improve dementia care.</li> </ul>
<b>Long term actions</b>	<ul style="list-style-type: none"> <li>• Develop a mental health and wellbeing service which focuses on recovery and independence for people with mental health and aims to limit the number of people who require secondary mental health care.</li> <li>• Develop integrated models of care for older people.</li> <li>• Develop a whole-life mental health strategy.</li> </ul>

### Enabling people to be safe, independent and well and delivering high quality health and care services – Measures of success

- Late HIV diagnosis to reduce from 58% to 44% by 2019
- Access to psychological therapies (IAPT) to improve locally by increasing uptake from the current rate of 5% to 15% by the end of 2014/15
- Rate of admissions for people aged over 65 to residential and nursing care to reduce from 513.5 per 100,000 in 2012/13 to 512 per 100,000 by 2013/14
- All unplanned admissions to acute health care to reduce by 5% on the 2012/13 baseline (2012/13 baseline to be added)
- Delayed transfers of care to reduce from 5.74 per 100,000 in 2012/13 to 5.00 per 100,000 by 2013/14
- Rate of admissions of older people to acute health care to reduce by 20% on the 2012/13 baseline (2012/13 baseline to be added)

**Creating stronger, healthier communities:** a large part of the lifetime health experience of people relates not to the health and social care that they receive, but the environment in which they live. A person who is able to contribute to society through meaningful employment, lives in warm, clean, safe accommodation, and lives in a community with strong networks, is less likely to suffer from both mental and physical health issues.

<b>Short term actions</b>	<ul style="list-style-type: none"> <li>• Continuing the dialogue that explores how community cohesion is improving understanding across the ages, thus reducing loneliness and increasing physical and mental wellbeing.</li> <li>• Delivering an annual programme of community engagement with those who come from different backgrounds, and ensuring that Enfield residents can continue to contribute to the development and implementation of the JHWS.</li> </ul>
<b>Medium term actions</b>	<ul style="list-style-type: none"> <li>• To support and work in partnership with faith groups, the voluntary and community sector, schools and children's centres and other local organisations to deliver specific projects aimed at improving community wellbeing.</li> <li>• Improve employment opportunities for Enfield residents by matching local skills with local jobs – particularly in recruitment controlled by the partners on the HWB.</li> <li>• Partners on the HWB show leadership by modelling healthy behaviours within their organisations (e.g. healthy eating choices, travel for work policies).</li> <li>• Establish dementia friendly communities, to improve awareness, inclusion and quality of life for people living with dementia and their carers.</li> </ul>
<b>Long term actions</b>	<ul style="list-style-type: none"> <li>• Strengthen community networks to enable them to take a lead role in improving their own health and wellbeing.</li> <li>• Improve the awareness of people of all ages and communities to make healthy lifestyle choices through positive communication and community interaction.</li> <li>• Building on the agreement with North Middlesex University Hospital, work in partnership with all large public sector providers and partners to promote and expand opportunities for employment, apprenticeships and volunteering for local residents in Enfield.</li> </ul>

### Creating stronger, healthier communities – Measures of success

- HWB structures to be reviewed by 2015 to ensure on going engagement of local people in improving their health and wellbeing
- Faith forums and community leaders to be enabled to take a lead role in improving local health and wellbeing
- Communications and Engagement strategy to be developed and implemented to support the on-going implementation of the HWB strategy



### Narrowing the gap in healthy life expectancy: we want to reduce the gap in life expectancy within the borough.

<p><b>Short term actions</b></p>	<ul style="list-style-type: none"> <li>• Support implementation of self-knowledge for service users through Integrated Care Pathways.</li> <li>• Work with community partners to map the resources that we already have in Upper Edmonton, and define the gaps when compared with evidence-based practice.</li> <li>• Work in partnership to reduce the risk of death in people with established condition such as cardiovascular diseases, diabetes, cancer and chronic obstructive pulmonary disease (COPD).</li> <li>• Encourage early diagnosis and management (including lifestyle change) of major killer diseases such as cardiovascular disease and cancer; a focus on men and women over 40 will have the greatest impact on reducing the life expectancy gap. To do this we will support the delivery of NHS Health Checks.</li> </ul>
<p><b>Medium term actions</b></p>	<ul style="list-style-type: none"> <li>• Work with the community to target and deliver specific interventions in Upper Edmonton which address health inequalities.</li> <li>• Develop a network model of primary care to ensure better access to consistent, good quality services with the potential to maintain continuity of care by:             <ul style="list-style-type: none"> <li>– Developing a stable system/model for a more integrated delivery of health care focused around networks and general practices.</li> <li>– Implementing a 7 day delivery model for integrated care for older people.</li> </ul> </li> <li>• Reducing smoking rates in our most disadvantaged communities.</li> <li>• Further strengthen clinical management of CVD, diabetes and respiratory disease.</li> </ul>
<p><b>Long term actions</b></p>	<ul style="list-style-type: none"> <li>• Replicate the successful targeted interventions from the Upper Edmonton inequalities work to other deprived areas of the borough.</li> <li>• Work to address the wider determinants of health such as high levels of deprivation, low educational attainment, low levels of employment and poor housing.</li> </ul>

### Narrowing the gap in healthy life expectancy – Measures of success

- 75% of Enfield GP practices to achieve 90% in the percentage of patients with coronary heart disease whose blood pressure is controlled by 2019
- The difference in female life expectancy between the best and worst wards to be narrowed from 13 years for women to 10 years by 2019

**Promoting healthy lifestyles and making healthy choices:** the choices that people make when deciding what to eat, how to exercise, whether and how to use alcohol, tobacco and drugs, affect their health and wellbeing both now and into the future. We want to ensure that our residents understand these choices, and are supported to choose healthier options throughout their lives, making use of the council's regulatory powers to influence local businesses and make local areas healthy places to live.

<b>Short term actions</b>	<ul style="list-style-type: none"> <li>• Produce a comprehensive obesity strategy, covering both children and adults.</li> </ul>
<b>Medium term actions</b>	<ul style="list-style-type: none"> <li>• Agree on an action plan with schools and young persons' organisations to reduce smoking uptake.</li> <li>• Develop more locations for Identification and Brief Advice (IBA) interventions on harmful drinking.</li> <li>• Reduce the rate of alcohol-related admissions through integrated community interventions.</li> <li>• Develop healthy workplaces throughout Enfield.</li> <li>• Promote healthy eating throughout Enfield.</li> </ul>
<b>Long term actions</b>	<ul style="list-style-type: none"> <li>• Ensure that transport and building developments prioritise active transport (particularly walking and cycling).</li> </ul>

#### **Promoting healthy lifestyles and making healthy choices – Measures of success**

- The percentage of year 6 pupils classified as obese to reduce from 24% to 22% by 2019
- Smoking prevalence to reduce from 18.5% in 2012 to 12% by 2030



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**MUNICIPAL YEAR 2013/2014 REPORT NO. 163**

**MEETING TITLE AND DATE:**

Cabinet, 22<sup>nd</sup> January  
2014

**REPORT OF:** Director of  
Health, Housing and Adult  
Social Care

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<b>Agenda – Part: 1</b>	<b>Item: 8</b>
<b>Subject: Estate Renewal Leaseholder Framework Report</b>	
<b>Wards: ALL</b>	
<b>Key Decision No: 3773</b>	
<b>Cabinet Member consulted: Councillor Oykener</b>	

## 1. EXECUTIVE SUMMARY

- 1.1 The Council's Development and Estate Renewal Team is responsible for the renewal of the worst performing council estates, delivering affordable housing and creating stronger communities.
- 1.2 The Team oversees the delivery of a number of renewal projects (Alma, Ladderswood, Highmead, Small Housing Sites, New Avenue and Dujardin) in addition to facilitating affordable housing with Registered Provider partners and providing the Council with a strategic approach to delivering new housing.
- 1.3 The creation of stronger neighbourhoods necessitates changes to place and improving the prospects of the local community. The Council is clear that estate renewal projects must regenerate areas not simply rebuild estates.
- 1.4 Improving the prospects of local communities has a number of implications. This report considers the impact upon leaseholders across estate renewal sites.
- 1.5 There are leaseholders remaining on Ladderswood, Alma and New Avenue. This report sets out the principles which will govern how the Council repurchases leaseholders on these estates and future estate renewal projects.
- 1.6 The report recommends that each estate should have a leaseholder booklet specific to the estate to take into account different property values in different areas of the borough which affects the nature of the offers.

## **2. RECOMMENDATIONS**

### **It is recommended that Cabinet:**

- 2.1 Approves the guiding set of leaseholder principles included at paragraph 4.6.
- 2.2 Notes the intention for each estate renewal project to have an individual leaseholder booklet which will all be governed by the same principles.
- 2.3 Delegates to the Director of Health, Housing and Adult Social Care and the Director of Finance, Resources and Customer Services the authority to approve the estate specific leaseholder booklets.
- 2.4 Agrees to establish an Exceptions Panel, as set out in paragraph 4.11 of the report, and to delegate to the Assistant Director of Council Housing, the Assistant Director of Community Housing Services and the Assistant Director of Property Services the authority to make decisions on the Exceptions Panel in accordance with the financial limits prescribed in the respective schemes of delegation.

## **3. BACKGROUND**

- 3.1 The regeneration of council estates has an important role to play in contributing to the wider corporate objectives of facilitating strong communities, ensuring fairness for all and growth and sustainability.
- 3.2 The approach to leaseholders is governed by the corporate objective of fairness for all. Ensuring leaseholders are not financially disadvantaged as a consequence of the regeneration will ensure fairness for all leaseholders. Ensuring that the deals offered to leaseholders are proportionate will ensure fairness to all who finance the Housing Revenue Account.
- 3.3 A key characteristic of strong communities are stable communities. Estate renewal projects can result in an unintended consequence of displacing residents which can weaken and unsettle long standing communities. Enabling resident leaseholders to remain in the regeneration area supports the establishment of strong communities.
- 3.4 Growth and sustainability is underpinned by good quality housing. Jobs and opportunities can be impeded if housing is not appropriately located, affordable and good quality.
- 3.5 There are leaseholders remaining on three of the estate renewal sites. On Ladderswood the Council has successfully purchased 39 residential leases with 5 residential leases remaining to be bought back. On Alma 35 of the 170 residential leases have been purchased leaving 135 residential leases remaining to be bought back and on New Avenue 1 residential lease has been purchased leaving 32 residential leases remaining to be bought back.

- 3.6 All leaseholders who have sold their properties back to Council have been paid in compliance with statutory requirements; market value +10% homeloss payment for resident leaseholders and +7.5% basic-loss payment for non-resident leaseholders. In addition disturbance compensation covering reasonable associated costs such as valuation and legal fees are also paid.
- 3.7 The statutory offer will continue to enable the Council to repurchase a large number of leaseholders across the estates. However, we are proposing to provide additional options to resident leaseholders to help enable them to remain within the existing community. This will have the additional benefit of reducing the risk of the Council having to resort to using Compulsory Purchase Order (“CPO”) powers.
- 3.8 This report explains the guiding set of principles which will govern the Council’s approach to purchasing leasehold properties across existing estate renewal projects as well as future ones.
- 3.9 Due to the differing needs of leaseholders on estates in different areas of the borough it is proposed that an individual leaseholder booklet is prepared for each project excluding Ladderswood due to the small number of leaseholders remaining.

#### **4. LEASEHOLDER PRINCIPLES**

- 4.1 The approach to leaseholders is governed by the Council’s strategic priorities. The following paragraphs explain how the Council’s strategic priorities have informed the approach to leaseholders on estate renewal projects.
- 4.2 Fairness for all leaseholders has been interpreted to mean in this context that no existing leaseholder should be financially disadvantaged as a result of the regeneration scheme.
- 4.3 It is also fair that resident leaseholders have a choice of options and accommodation to help enable them to remain as part of the existing community.
- 4.4 Strong communities are invariably stable communities. It is therefore right that existing resident leaseholders should have an ability to continue living in the regeneration area. Financial hardship and high levels of debt place strain upon families and can weaken community ties. It is therefore incumbent upon the Council not to make available housing options to resident leaseholders who haven’t got the financial means to be able to afford ongoing housing costs.
- 4.5 Growth and sustainability is in this context about regeneration and improving opportunities and life chances through housing options. Successful regeneration does not improve deprivation indicators and

the fabric of neighbourhoods through the shortcut of importing affluence but instead it seeks to ensure that existing residents are the principal beneficiaries of the opportunities created by the regeneration investment. This regeneration objective underpins all of the proposed governing principles.

- 4.6 It is recommended that Cabinet approves that the following set of four principles govern the approach to leaseholders across all existing and future estate renewal sites.
  - a) When purchasing a property that is comparable leaseholders should not be financially disadvantaged
  - b) Provide an opportunity for resident leaseholders to remain in the regeneration area
  - c) Provide resident leaseholders with a fair choice
  - d) Encourage resident leaseholders to exercise financial responsibility and have access to independent financial advice
- 4.7 The four principles have both quantitative and qualitative implications for the Council which will need to be carefully considered in each of the individual leaseholder booklets.
- 4.8 The first principle commits the Council to avoiding leaseholders being financially disadvantaged when purchasing a property similar to their existing property. This will mean that options will need to be calibrated for those leaseholders who are for example currently mortgage free, unable to raise private finance, in negative equity or have no income.
- 4.9 The second principle commits the Council to enabling existing resident leaseholders to remain living in the regeneration area. This will mean that the project will need to finance shared equity homes either on or adjacent to the affected estate.
- 4.10 The third principle commits the Council to improving the range of options to resident leaseholders beyond the statutory minimum that is required. The fourth principle can be supported by the Council financing the cost of an independent financial advisor on each of the regeneration estates to ensure that resident leaseholders make the right financial decision for their household.
- 4.11 On every estate there will be unique cases which require a bespoke solution. It is recommended that every leaseholder booklet proposes an Exceptions Panel to decide on these uniquely difficult cases. It is suggested that the Exceptions Panel should meet at an Assistant Director level and be empowered to make decisions on the difficult cases where, in particular, without a unique response the leaseholder is only faced with options which do not comply with the governing principles above.



- 4.12 The Exceptions Panel will be required to meet to discuss and adjudicate on cases as and when required. All cases would need to be evaluated against the four principles above. The types of decisions that the panel will be able to make will be those which improve the financial terms of an offer to a leaseholder to avoid them from being financially disadvantaged.

## **5. LEASEHOLDER CONSULTATION AND ENGAGEMENT**

- 5.1 The Council has an excellent track record of engaging leaseholders on regeneration estates. There are leaseholder panels on both the New Avenue and Alma Estate projects. It is proposed that prior to the release of leaseholder booklets for specific estates there is a full engagement with leaseholders to provide them with a genuine opportunity to influence the final booklet for their estate.

## **6. ALTERNATIVE OPTIONS CONSIDERED**

- 6.1 There is no statutory requirement for the Council to extend the offer to leaseholders beyond the statutory minimum offer described above. The alternative option is therefore to restrict the offer to leaseholders to the statutory minimum. The report explains that improving the range of options available to resident leaseholders ensure greater compliance with the Council's corporate objectives.
- 6.2 A second alternative option is to increase the options available to non-resident leaseholders. This would invariably necessitate a public subsidy of investors and cannot be justified as a good use of public resources.

## **7. REASONS FOR RECOMMENDATIONS**

- 7.1 The reason for recommending the approach outlined within this report is because they are fully aligned with the Council's strategic priorities.

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

### **8.1 Financial Implications**

- 8.1.1 The proposals outlined in this report will assist in meeting the Council's strategic priorities and facilitate estate renewal projects, however there will be additional costs associated with doing this.
- 8.1.2 If residential leaseholders should not be financially disadvantaged when purchasing a comparable property there will potentially be a requirement for the HRA to provide additional resources to fund the difference in cost. If for example a shared equity scheme is developed the HRA may acquire part of an asset but this will be a

long term investment. Any schemes where leaseholders are given interest free or rent free periods or similar would be a cost to the HRA.

8.1.3 The effect of this on the HRA Business Plan and on the financial viability of existing estate renewal projects will be updated to assess the impact of the detailed proposals for each estate. The HRA Business Plan is under pressure in the early years (years 1 to 8) and any additional resources required will likely reduce the resources available for the existing HRA capital programme and the current estate renewal projects.

8.1.4 Additional funding may be available from the Mayors fund to support leaseholder schemes and it is also possible that the cost associated with any proposals may be recouped from the anticipated capital receipts from the appointed developers.

## **8.2 Legal Implications**

8.2.1 Section 1 of the Localism Act 2011 provides the Council with the power of general competence and states that that a local authority has power to do anything that individuals generally may do. Section 2 sets out the boundaries of the general power, requiring local authorities to act in accordance with statutory limitations or restrictions. For instance, if an existing power requires a particular procedure to be followed, the same procedure will apply to the use of the general power. Section 111 of the Local Government Act 1972 confers on a local authority power to do anything which is incidental to the discharge of any of its functions.

8.2.2 It is considered that the incidental power under section 111 of the Local Government Act 1972, together with Section 1 of the Localism Act 2011 can be used to authorise improving the financial terms of an offer to a leaseholder to avoid them from being financially disadvantaged. The recommendations within this report are in accordance with these powers.

## **8.3 Property Implications**

8.3.1 The proposed leaseholder options booklets will recognise that the Council must meet statutory requirements when negotiating the purchase of leasehold interests. It is proposed that the terms for each purchase are approved under delegated authority and in accord with the Property Procedure Rules.

8.3.2 The additional options that will be made available to resident leaseholders recognise the value of retaining existing leaseholders within the estate renewal area. These options are designed to assist the purchase of a replacement home in the area in circumstances where personal financial circumstances may preclude this. The

options involve assisting through providing various form of equity share. These options do not involve paying more than a leasehold property is worth or selling new properties on the estate at less than market or using public money to improve a leaseholders' housing status.

- 8.3.3 The proposal to set up an Exceptions Panel recognises a need for flexibility in exceptional circumstances to assist in obtaining vacant possession within the estate renewal project timescales. This may result in additional payments over and above market value and statutory payments. This will be authorised on a case by case basis by the Exceptions Panel which includes the Assistant Director of Property Services and decisions will need to be justified in relation to project requirements and timing of the confirmation of compulsory purchase powers.

## **9. KEY RISKS**

- 9.1 The first key risk related to improving this report is it could increase the cost of individual estate renewal projects by needing to adhere to the principles set out in this report. This risk is mitigated by recommendation 2.3. The individual directors will need to consider the financial implications to the individual projects.
- 9.2 The second key risk is the risk of challenge from a leaseholder or a third party. This is an ongoing risk that is best managed by taking decisions which balance fairness to leaseholders with the Council's fiduciary duties.

## **10. IMPACT ON COUNCIL PRIORITIES**

- 10.1 The body of the report explains how the approach to resident leaseholders supports the Council's priorities.

## **11. EQUALITIES IMPACT IMPLICATIONS**

- 11.1 An equalities impact assessment will be carried out on each booklet.

## **12. PERFORMANCE MANAGEMENT IMPLICATIONS**

- 12.1 There are no performance management implications.

## **13. HEALTH AND SAFETY IMPLICATIONS**

- 13.1 There are no direct health and safety implications arising from this report.

## **14. HR IMPLICATIONS**

- 14.1 Delivering major estate regeneration projects is a significant undertaking for the Council. The Development and Estate Renewal Team has had to expand to ensure that the complex needs of residents are being met.
- 14.2 The Team currently includes a Leaseholder Buyback Manager who is responsible for facilitating the repurchase of leaseholders on the Alma, Ladderswood and New Avenue estates as well as a property surveyor. The Team also appoints independent external valuers to carry out the valuation of leasehold properties.
- 14.3 As the project evolves so the need for different skills to adequately resource the demands of the project will need to evolve so the team will need to maintain a flexible approach.

## **15. PUBLIC HEALTH IMPLICATIONS**

- 15.1 There are no direct public health implications as a result of the recommendations within this report.

### **Background Papers**

None

## MUNICIPAL YEAR 2013/2014 REPORT NO. **164**

**MEETING TITLE AND DATE:**

**Cabinet – 22<sup>nd</sup> January  
2014**

**JOINT REPORT OF:**

Ray James, Director of  
Health, Housing and Adult  
Social Care and James  
Rolfe, Director of Finance,  
Resources & Customer  
Services

<b>Agenda - Part: 1</b>	<b>Item: 9</b>
<b>Subject:</b> Alma Estate Regeneration Compulsory Purchase Order	
<b>Wards:</b> Ponders End	
<b>Cabinet Member consulted: Councillor Oyken</b>	

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### 1. EXECUTIVE SUMMARY

- 1.1 The purpose of the report is to recommend that Cabinet resolves to use CPO powers under section 226 1 (a) of the Town and Country Planning Act 1990 (as amended) and authorises the preparatory work, including drafting Statement of Reasons and all other necessary documentation for the London Borough of Enfield (Alma Estate Regeneration) Compulsory Purchase Order 2014, (the indicative extent of the land is shown edged red (bold) on the Plan ('the Plan') attached at Appendix 1).
- 1.2 The use of the CPO powers is required to ensure that the Council can obtain vacant possession of the development site to enable the demolition and comprehensive redevelopment of the Alma Estate. The intention is that the CPO is used as a measure of last resort should the Council fail to reach a negotiated settlement with leaseholders and commercial lessees.
- 1.3 The Council has now selected Countryside Properties as the Council's development partner to redevelop the Alma Estate. The Council is obligated, under the contract with Countryside Properties, to achieve vacant possession on a phased basis.
- 1.4 This report should be read in conjunction with the *Estate Renewal Leaseholder Framework Report* on the same Cabinet Agenda. The report sets out governing principles which will determine the options available to leaseholders on regeneration estates such as Alma. This greater choice is intended to mitigate the need to resort to using CPO powers.
- 1.5 Separate meetings are being held with the commercial lessees on South Street. Cabinet has already given a commitment that these lessees should have first right of refusal on the new commercial premises.

**2. RECOMMENDATIONS**

2.1 That Cabinet:

2.2 Resolves to use CPO powers and authorises officers to carry out all CPO preparatory work for the London Borough of Enfield (Alma Estate Regeneration) Compulsory Purchase Order 2014 to effect acquisition of land and new rights within the areas described in the report and shown edged red (bold) on the Plan (the proposed 'Order Land'). The Council being of the view that the proposed acquisition of the Order Land will:

- a) facilitate the carrying out of the development/redevelopment or improvement on or in relation to the Order Land; and
- b) will contribute to the promotion or improvement of the economic, social and environmental well-being of the Borough.

2.3 Cabinet is requested to note that a further report will follow later in 2014, attaching the draft Order and Statement of Reasons, seeking a resolution from Cabinet at that future point in time that the Council proceed to make the London Borough of Enfield (Alma Estate Regeneration) Compulsory Purchase Order 2014.

2.4 Delegates to the Director of Health, Housing and Adult Social Care with the approval of the Assistant Director of Finance Resources and Customer Services (Property Services), whereby the level and terms of such approval may be agreed in accordance with the Property Procedure Rules:

- a) to prepare a Statement of Reasons based on the purpose and justification set out in this report, finalise the Order Plan and effect any other procedural and/or preparatory requirements.
- b) to acquire any interests in land within the Order Land by agreement and the making of payments equivalent to the market value of the property interest being acquired plus any statutory payments and disturbance compensation or the provision of property or services in lieu of the market value of the property interest being acquired and any statutory payments and disturbance compensation, in contemplation of the Order being made.

### 3. BACKGROUND

- 3.1 The Alma Estate Regeneration project land is located in the South Street area of the Ponders End ward. The project land is adjacent to Ponders End station which is served by the West Anglia line that provides trains into London Liverpool Street. The development site is 6.9 hectares including land that is presently designated as highway.
- 3.2 The Alma development site, referred to in this report, includes the following housing blocks: the four Alma towers; the maisonettes and shops on South Street; the Alma Road blocks; the Napier Road blocks, Scotland Green Road block and Fairfield Close. At the start of the project there were 717 residential units in total on the estate of which 547 were tenanted and 170 were leasehold.
- 3.3 The Alma Regeneration Programme was approved by Cabinet on 18 July 2012. The July 2012 Cabinet Report explained that the Alma Estate was identified as an estate renewal project following an objective analysis of the Council's housing estates. In September 2013, Cabinet approved the recommendation to appoint Countryside Properties as the developer partner to comprehensively redevelop the estate. Countryside Properties and their architects, Pollard Thomas Edwards Architects (PTEa) are now working towards the submission of an outline planning application and a detailed planning application for Phase 1 of the regeneration.
- 3.4 The Council intends to exchange a contract with Countryside Properties in early 2014. One of the Council's obligations under the development agreement is to achieve vacant possession of the development site on a phase by phase basis. If the Council does not complete vacant possession within particular timescales then Countryside Properties has an ability to exit the agreement. To mitigate the risk of not obtaining vacant possession and delivery of the programme, the Council needs to obtain CPO powers.
- 3.5 The Council can seek to obtain CPO powers to ensure that it obtains vacant possession. The compulsory purchase of any interest in a property on the Alma Estate would be a measure of last resort should the Council fail to reach agreement with the beneficiary of the interest in a property. When the most recent test of opinion was carried out in 2012, approximately 78% of Alma Estate residents were in favour of the regeneration going ahead. A majority of leaseholders were also in favour of the comprehensive redevelopment of the estate.
- 3.6 The Compulsory Purchase Order is specifically required in relation to all land interests within the red-line (bold-line) (attached at **Appendix 1**), of which at the time of writing includes:
  - 135 residential leasehold properties
  - 12 commercial premises

- 3.7 It should be noted that the Council has sent written correspondence to all leaseholders on the estate regarding its intention to purchase leasehold properties to facilitate the regeneration. The Council has now completed the purchase of 35 leasehold properties on the Alma Estate and a further 15 leaseholders have accepted offers.
- 3.8 In July 2012, Cabinet approved a budget for the Council to buy back all of the 170 leasehold interests on the Alma Estate, within the Red Line Plan at **Appendix 1**. This responds to the issue of blight.
- 3.9 The leasehold properties have been purchased in accordance with CLG guidance and best practice. The Council has and continues to offer leaseholders the following;
- Purchase of the property at an agreed market value; the market value is determined by the appointment of an independent RICS Registered Valuer to conduct a valuation survey, paid for by the Council,
  - Where the initial valuation does not result in an agreed market value a second valuation (instructed by the leaseholder with the fees reimbursed by the Council) is obtained.
  - Fees for subsequent re-valuations are to be reimbursed where the leaseholder has not caused the purchase of a property to stall.
  - For resident leaseholders, +10% of the market value as a homeless payment.
  - For non-resident leaseholders, +7.5% of the market value as a basic loss payment.
  - Disturbance compensation that includes all reasonable fees associated with moving home; including legal, surveying, removal costs, and mortgage redemption fees and SDLT on the purchase of an equivalent valued property purchased within a year of their property being purchased by the Council.
- 3.10 The above offer aligns with the minimum offer to leaseholders required under statute. The Council is proposing to increase the range of options available to leaseholders to minimise the possibility that a CPO will ever have to be completed.
- 3.11 This report should therefore be read in conjunction with the *Estate Renewal Leaseholder Framework* report which is on the same Cabinet Agenda. The report sets out a number of overarching principles which will govern the options offered to residential leaseholders.
- 3.12 A draft Alma Leaseholder Information Booklet has been prepared and the Council are currently consulting Alma leaseholders on the booklet. The booklet will increase the range of options available to residential leaseholders on the Alma Estate including shared equity options which provide an affordable means for resident leaseholders to remain living in the Alma area.



- 3.13 Separate meetings are being held with the commercial lessees on South Street. Cabinet has already given a commitment that these lessees should have first right of refusal on the new commercial premises.

#### CPO Strategy

- 3.14 The proposed CPO strategy is one CPO for all the Alma Estate land to underline the Council's commitment to the comprehensive regeneration of the Alma Estate.

#### **Land which is the Subject of the Alma Estate Regeneration CPO**

- 3.15 The land to be included in the CPO includes:
- All land included in the red line drawing attached to this report (**Appendix 1**)

#### **Description of the proposed Alma Development**

- 3.16 Ponders End is a priority regeneration area for the Council and the Alma Estate Regeneration Programme is the largest estate renewal scheme currently being undertaken by the borough.
- 3.17 After a competitive dialogue procurement process and subsequent Cabinet approval in September, Enfield Council appointed Countryside Properties as the developer partner to carry out the regeneration of the Alma Estate. Newlon Housing Trust will own the shared ownership homes.
- 3.18 The proposal from Countryside Properties will provide, subject to planning consent, circa 794 new homes. The proposed tenure mix slightly exceeds the Council's Core Strategy requirement with 468 of the homes for private sale (59%) with the remaining 324 affordable homes (41%) split between the 200 Council rented homes and 126 shared ownership homes.

#### **Purpose and Justification for seeking to compulsorily acquire the Legal interests in the Alma Estate Regeneration boundary**

- 3.19 The Alma Regeneration Programme was approved by Cabinet on 18 July 2012. The July 2012 Cabinet Report explained that the Alma Estate was identified as an estate renewal project following an objective analysis of the Council's housing estates.
- 3.20 Compulsory purchase of the legal interests of the third party landowners will enable the development of the site to provide new

homes, which will re-house tenants and leaseholders affected by the Alma Estate Regeneration and support the Council to achieve vacant possession if negotiations are unsuccessful.

- 3.21 It is acknowledged that whilst the compulsory purchase of the legal interests conflicts with the human rights of parties with land interests in the Order Land, the Council is of the view that there is a compelling case in the public interest, necessary to deliver the development and that the provision of new residential accommodation, new commercial facilities and community facilities built to modern standards outweighs the private interests held by the said parties.
- 3.22 The Council also believes that the use of compulsory purchase powers to achieve its regenerative objectives for Alma are proportionate to the interference with the above parties' human rights.

### **Planning Position**

- 3.23 Countryside Properties will submit an outline planning application for the Alma Estate, along with a detailed planning application for each phase of the development. Both planning applications will involve extensive consultation with affected residents.
- 3.24 The London Borough of Enfield's Core Strategy was adopted at Cabinet in November 2010. The Core Strategy sets out the spatial planning framework for the long term development of the borough for the next 15-20 years. Paragraph 9.35 states that Ponders End is seen as an area with considerable potential, "...given its location so close to the Lea Valley Regional Park, strong transport routes including Southbury and Ponders End railway stations and Picket Lock to the south". The Core Strategy explains that the development of the key opportunity sites in Ponders End and particularly the former gasholder site within the South Street area is a Council priority.
- 3.25 **Core Policy 4** sets out the policy for New Housing and Housing Renewal in Enfield and refers to the Estates Investment Management Strategy which was undertaken to inform the future management and priorities for investment across the Council's own housing stock. As part of this strategy, the Alma Estate scored highest in an objective exercise to identify the Council's next housing estate renewal scheme.
- 3.26 **Core Policy 41** explains that the objectives of new development in Ponders End will be to create up to 1,000 new homes up to 2026, with a range of sizes and tenures, including affordable homes. The Alma Estate scheme will contribute to a net increase in the number of homes.
- 3.27 The North East Enfield Area Action Plan (NEEAAP) is currently being drafted and the Alma Estate regeneration is a key site identified within

the document. Policy 11.1 of the draft NEEAAP sets out that the Alma Estate regeneration should;

- provide a minimum of 717 new homes, of which a minimum of 40% are affordable;
- provide a mix of dwelling types, including homes for families;
- provide a new health centre on the South Street frontage;
- locate any commercial mixed-uses (which may be retail (A1, A3) and leisure (D2) on the South Street frontage close to the station; and
- achieve Building for Life 'Gold' standard;

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

- 4.1 An alternative option would be for the Council to draw up one CPO for Phase 1 and another for Phases 2-4. As explained above this strategy would weaken the Council's case at a public inquiry.
- 4.2 If the Council decided not to seek CPO powers, the delivery of the whole regeneration would be significantly undermined as there would be a very high risk that vacant possession would not be achieved within the timescales as leaseholders might decide to not sell back, or hold out for unreasonable and unrealistic offers from the Council.

#### **5. REASONS FOR RECOMMENDATIONS**

- 5.1 This Compulsory Purchase Order is required to provide the Council with a legal option to ensure that it can commit to obtaining vacant possession of the Alma Estate, as obligated in the Development Agreement, prior to the phased handover to Countryside Properties to commence demolition and construction.
- 5.2 The CPO provides the Council with a fall-back position should it not be able to buy back leasehold interests via negotiation. The CPO will also ensure that public money is spent fairly and consistently.

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

##### **6.1 Financial Implications**

- 6.1.1 Leasehold properties are purchased in accordance with CLG guidance and best practice (see paragraph 3.9 above). The buyback of leasehold properties on the Alma estate is estimated to cost the Council in the region of £24m and this amount is part of the £30m which has already received Cabinet approval in a previous report for the Alma Estate Regeneration (Cabinet

decision 18<sup>th</sup> July 2012 KD 3769). This will be funded from the HRA and is accounted for in the HRA 30 year Business plan.

6.1.2 This Compulsory Purchase Order is required to provide the Council with a legal option to ensure that it can commit to obtaining vacant possession of each phase of the Alma Estate Regeneration. The estimated cost to the Council for adopting the CPO route will be an additional cost in legal fees if a public enquiry was required. In addition to the legal fees, the Council will incur other costs associated with organising a public enquiry. The CPO costs and other associated costs are expected to be a maximum of £200k and will be funded from the HRA. It is expected that a CPO would result in a higher cost to the Council compared to a non CPO route.

## **6.2 Legal Implications**

6.2.1 The Council proposes to use its compulsory purchase powers to help implement this regeneration scheme. Under section 226 (1) (a) of the Town and Country Planning Act 1990 (as amended) a local authority has a general power to make a compulsory acquisition of any land in their area in order to facilitate the carrying out of development, redevelopment or improvement in relation to the land.

6.2.2 In order to exercise the s.226 powers the local authority must demonstrate that the proposed development/improvement is likely to contribute towards any of the following objects, namely the promotion or improvement of the economic or social or environmental well-being of their area.

6.2.3 To make a CPO using planning powers, the Council would be required to demonstrate that there is a compelling case in the public interest for acquiring the land compulsorily. This will be set out in the Statement of Reasons when the CPO is made.

6.2.4 For the purposes of the CPO it is immaterial by whom the redevelopment is to be carried out, i.e. the Council does not need to undertake the development itself.

6.2.5 In respect of Human Rights, the Convention rights applicable are Article 1: Protection of Property, Article 6: Right to a Fair Trial and Article 8: Right to Respect Private Life and Family.

### **6.3 Property Implications**

- 6.3.1 Obtaining Compulsory Purchase powers will help support obtaining vacant possession which will in turn assist with enabling the completion of the proposed development.
- 6.3.2 The Council's Property Procedure Rules require that a report recommending a resolution to make a compulsory purchase order is made in consultation with the Director of Finance, Resources and Customer Services; who concurs with this report. Compulsory Purchase powers are essential to ensure the acquisition of leasehold and other property interests on the estate and to obtain vacant possession which is critical to completion of the proposed development.
- 6.3.3 The purchase of property interests must also be in accordance with the Property Procedure Rules which is covered in paragraph 2.4 of this report
- 6.3.4 A number of statutory undertakers have property interests in the site. These property interests are exempt from the usual Compulsory Purchase Order powers. Negotiations are proceeding with the statutory undertakers to reach agreement on relocation of their property interests where this is necessary to enable completion of the proposed development.

## **7. KEY RISKS**

- 7.1 The key risk associated with this report is the Council does not achieve vacant possession by the longstop dates in the development agreement and Countryside Properties exercise their ability to exit the agreement. This risk is mitigated by obtaining and then implementing a CPO.

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

### **8.1 Fairness for All**

- 8.1.1 The Alma Estate Regeneration Programme contributes to this aim by tackling inequality and access to social housing by providing new homes.

### **8.2 Growth and Sustainability**

- 8.2.1 The Alma Estate Regeneration Programme contributes to this priority by building strong and sustainable futures for our residents. The scheme is the one of the first steps towards delivering the planned

regeneration of the Ponders End Priority Area, and housing growth, as set out in the NEEAAP and the Core Strategy.

### **8.3 Strong Communities**

8.3.1 The community plays a central role in driving forward change and regeneration in the local area to create a stronger community in the Ponders End area.

## **9. EQUALITIES IMPACT IMPLICATIONS**

9.1 An equalities impact assessment is in place for the Alma project.

## **10. PERFORMANCE MANAGEMENT IMPLICATIONS**

10.1 This report does not recommend a change of service of implementation of new practices and therefore Performance Management Implications are not applicable.

## **11. PUBLIC HEALTH IMPLICATIONS**

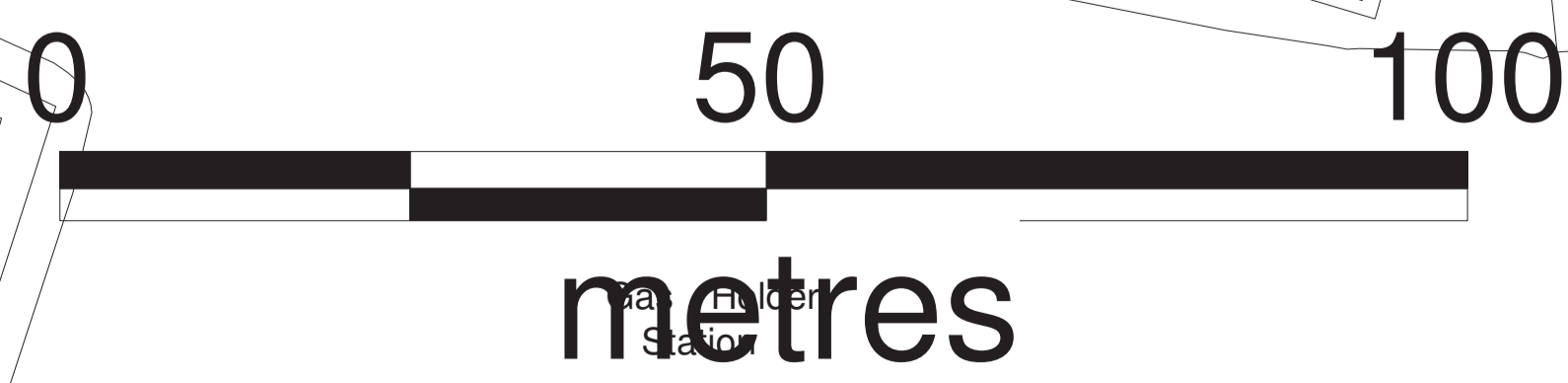
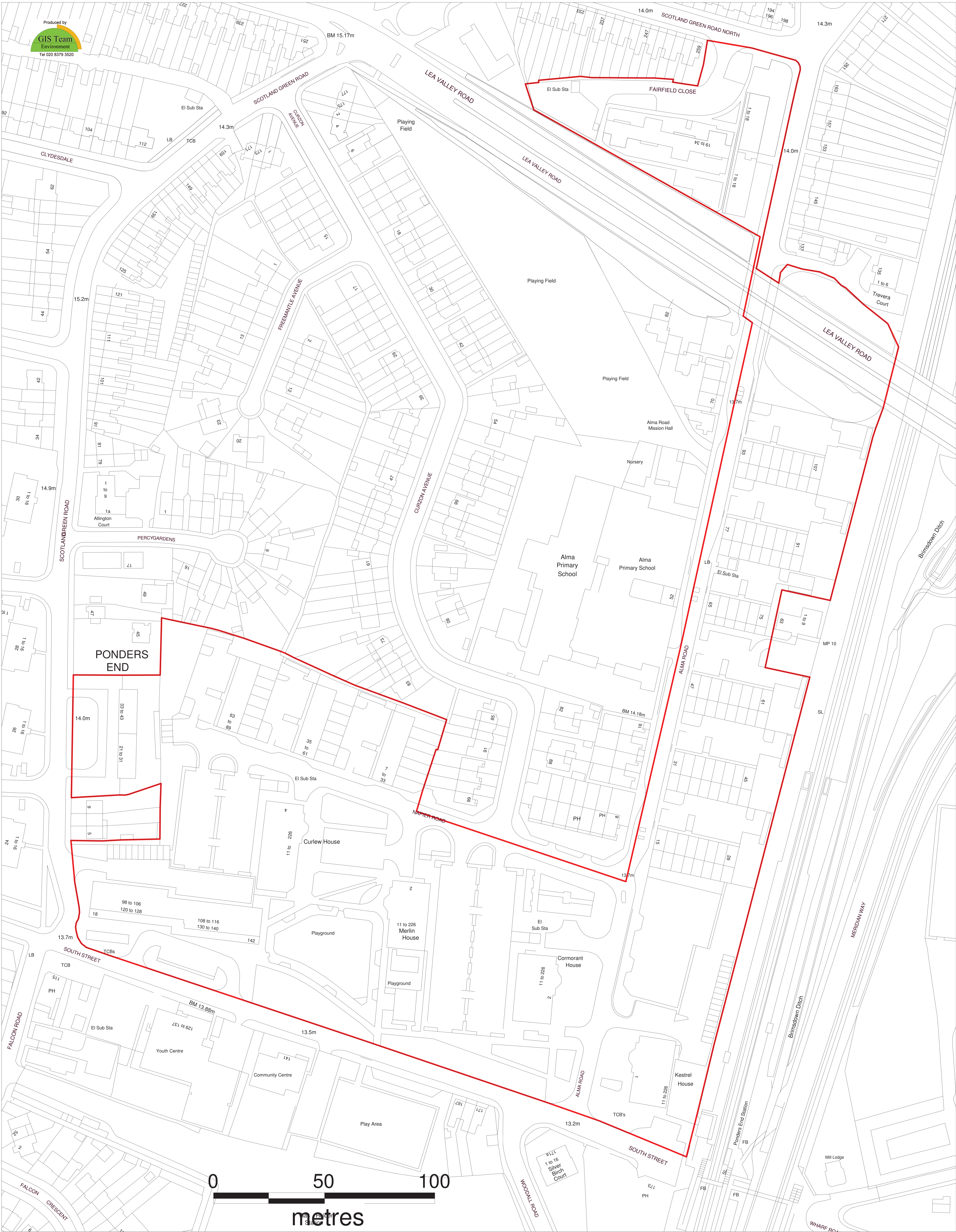
11.1 There are no public health implications to consider.

### Appendices

Appendix 1 – Red Line Plan for the London Borough of Enfield (Alma Estate Regeneration) Compulsory Purchase Order 2014

Appendix 2 – Process for the London Borough of Enfield (Alma Estate Regeneration) Compulsory Purchase Order 2014

# Alma Estate Regeneration CPO 2014



Key  
 Alma Estate (6.09Ha)



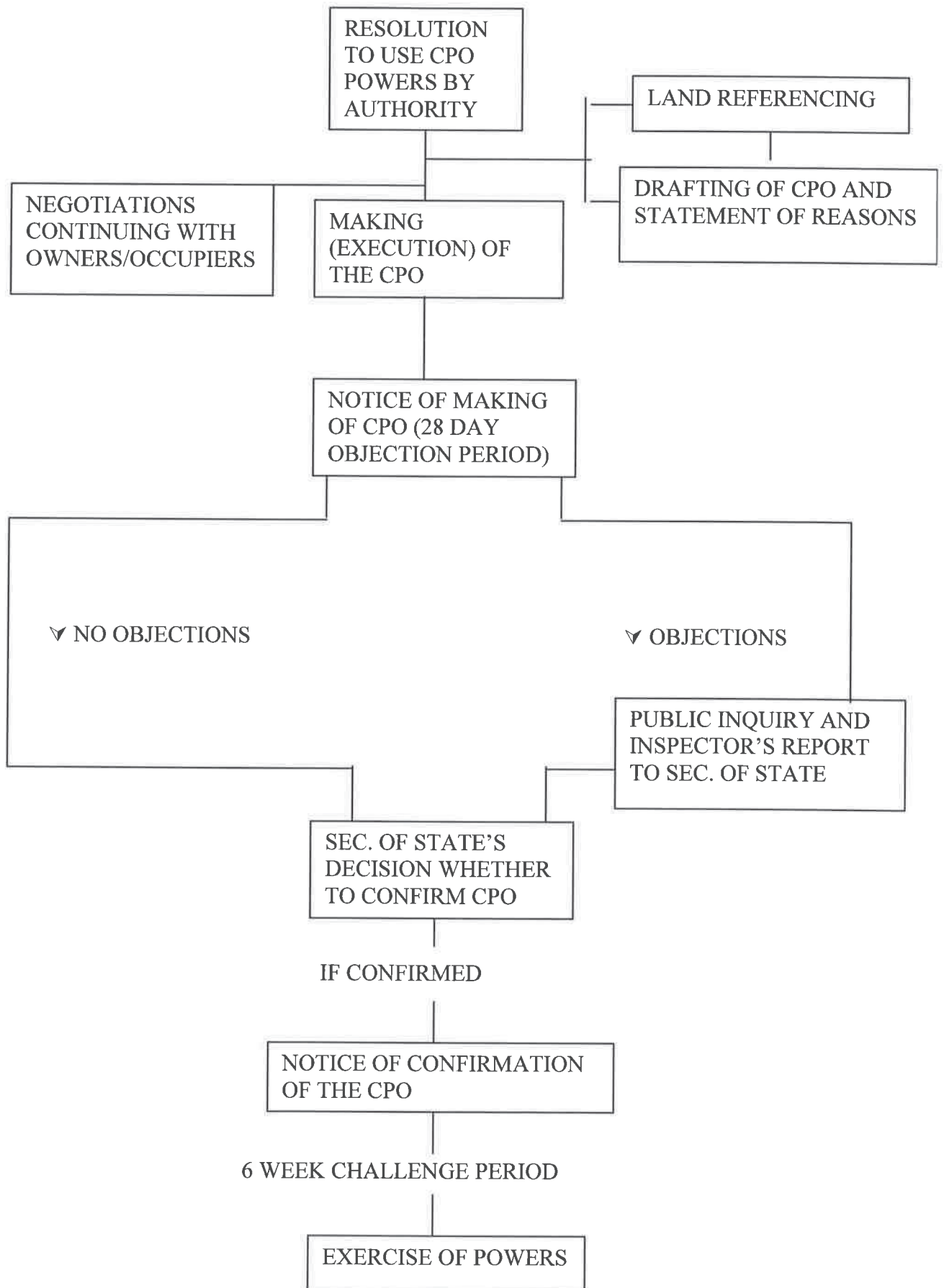
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APPENDIX 2 – CPO Process



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## MUNICIPAL YEAR 2013/2014 REPORT NO. **165**

**MEETING TITLE AND DATE:**

Cabinet - 22<sup>nd</sup> January 2014

**REPORT OF:**

Director of Health, Housing and  
Adult Social Care

Ray James

&

Director of Public Health  
Shahed Ahmad

Contact officer and telephone number:

Andrew Thomson

Telephone 0208 379 5622

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<b>Agenda - Part: 1</b>	<b>Item: 10</b>
<p><b>Subject:</b> Award of contracts for three services for substance misuse provision in Enfield.</p> <p><b>Wards:</b> All</p> <p><b>Key Decision No:</b> KD3738 (Adult), KD3737 (Crime) &amp; KD3736 (Young People)</p>	
<p><b>Cabinet Member Lead Consulted:</b> Cllr Christine Hamilton</p> <p><b>Other Cabinet Members Consulted:</b> Cllr Ayfer Orhan &amp; Cllr Don McGowan.</p>	

### 1. EXECUTIVE SUMMARY

- 1.1 A tender process has been completed for the provision of the Adult Substance Misuse Recovery Services, the Crime Reduction Substance Misuse Recovery Services, and the Young People's Substance Misuse Services. These contracts formally expire in 2014 and the tender importantly supports the Council with mitigating for unnecessary commercial risks.
- 1.2 The value of all three contracts is £2,270,709 per annum. The value of the contracts is slightly less than 2009/2010 commitments and is capped at a maximum fixed price level for the duration of the contracts. Tenderers have been required to increase performance over current levels to afford year on year efficiency gains for the Council and two of the contracts are 100% payment by results compliant.
- 1.3 Following approval from the Strategic Procurement Board (SPB) on the 7<sup>th</sup> August, a full tender process was implemented which adhered to Corporate Procurement Procedures and EU Procurement Regulations. The new contracts include an initial contracting period of three (3) years with optional extensions on a two (2) yearly basis rolling up to a further four (4) years.
- 1.4 A highly successful market engagement event attended by 35 organisations was held following SPB's decision. Seven (7) organisations were invited to tender for the contracts after the PQQ stage. Service users and key statutory partners have been active members of the tender panels.
- 1.5 The ITT stage has now been completed and in order to finalise the procurement process agreement is now being sought from Cabinet to proceed with obtaining Approval for the award of the new contracts.

## **2. RECOMMENDATIONS**

- 2.1 That Cabinet notes the tender process has adhered to Corporate Procurement Procedures, EU Procurement Regulations and the new contracts will afford the Council with on-going year on year performance and value for money benefits.
- 2.2 That Cabinet notes the procurement process and endorses the award of the three (3) contracts to the preferred bidders, as outlined in Part 2 of this Report, for an initial period of three (3) years, with the option to apply extensions on a two (2) yearly basis rolling up to four (4) further years.

## **3. BACKGROUND**

- 3.1 Enfield Council is committed to fulfilling the requirements of the *National Drugs Strategy (2010)*, *The Government Alcohol Strategy (2012)*, *Hidden Harm – Responding to the needs of children of problem drug users (2003)* and the *Public Health Outcome Framework: Improving Outcomes and Supporting Transparency (2013)*. Substance misuse impacts on a wide range of areas including health, mortality, crime, families and communities. Recent research undertaken by Public Health England identified that for every £1 spent on substance misuse services it saves £2.50 to the wider community.
- 3.2 The Council is responsible for commissioning health and social care services for residents with substance misuse needs as part of its Public Health England (PHE) Requirements. These services specialise in delivering drug and alcohol treatment, crime reduction interventions for drug and alcohol offenders, and targeted services for young people affected by substance misuse. Together these services minimise the impact that substance misuse has on individuals and the community and, ultimately, they make a positive contribution to addressing the health inequalities in the Borough and the crime reduction priorities of the Safer Stronger Communities Board. The existing contracts for these services expires in 2014 and cannot be extended without posing unnecessary risk to the Council from the market place as two (2) of the contracts do not contain provision for further extensions.
- 3.3 The London Borough of Enfield tendered the three (3) services at the same time but undertook a separate tender process for each contract to support attracting competitive submissions from the market place. This approach also enabled innovative thinking from the market place around a whole systems design for service delivery. However it equally did not preclude bidders from applying for just one contract, pending their preference.
- 3.4 Each contract is for an initial period of three (3) years with extensions on a two (2) yearly basis rolling for a further four (4) years. Any extension will be subject to satisfactory year on year performance being achieved. This will incentivise

successful bidders to retain high performance levels throughout the life of the Contracts and will offer the Council improved opportunities for efficiency gains given that historical allocations of PHE funding for substance misuse have been determined by performance achievements.

- 3.5 The Adult Substance Misuse Recovery Service and the Crime Reduction Substance Misuse Recovery Service are 100% fully payment by results compliant. This model of service delivery incentivises providers to deliver high performing provision and enables the Council to only pay for actual service delivery achieved; thereby offering further opportunities for efficiency savings.
- 3.6 The Young People's Substance Misuse Service contract includes a comprehensive clause to enable the Council to change the contracting mechanism to payment by results at its discretion if required in the future.
- 3.7 Service users have been involved throughout the process through their representation on the Drug and Alcohol Action Team Board and by providing on-going feedback to Enfield Council through the service user group – Break the Cycle. They have importantly been involved in the tender panel selection process.
- 3.8 The collective contract value of all three tenders is £2,270,709 per annum. The annual contract price for all three contracts is capped at a maximum fixed price level, pending performance. There is no annual increase for inflation and prices are slightly less than the 2009/2010 contractual commitments.
- 3.9 Full details of the preferred bidders, contract prices, and improved performances are contained herein within Part 2 of this Report.

### **3.10 The Tender Process**

- 3.11 Following approval from the Strategic Procurement Board in August 2013, after the initial presentation in June 2013, a competitive tender process for the Adult Substance Misuse Recovery Service, the Crime Reduction Substance Misuse Recovery Service, and the Young People's Substance Misuse Service was commenced.
- 3.12 A project board was established to work to the agreed project plan. This group has consulted with and received support from Corporate Procurement, Finance and Legal Services over the management of the tender process. A restricted tender procedure was chosen due to anticipated high levels of interest from the market place. The process was carried out in accordance with the Council's Contract Procedure Rules and EU Procurement Regulations.
- 3.13 A market engagement event was held in July 2013 which was attended by 53 people from 35 organisations. This event offered interested bidders an opportunity to gain an early understanding of the services being commissioned. It equally supported the Council to share details of its payment

by results commissioning framework and receive feedback from the market place.

- 3.14 As a result of the market engagement event it was agreed that a Pre-Qualification Questionnaire (PQQ) stage would be introduced due to the level of interest expressed. It was further agreed the contract start date should be amended to allow adequate time for the successful bidders to process TUPE requirements. A revised Business Case was re-presented back to SPB in August who approved the recommendations.
- 3.15 The Council advertised the opportunity in August 2013 through the London Tenders Portal. Initially 59 organisations expressed an interest, with eight (8) of those submitting a PQQ in September 2013.
- 3.16 Technical capacity in the PQQ and responses to the technical questionnaire in the Invitation To Tender (ITT) was evaluated by the tender panels. Financial viability assessments in the PQQ were completed by Finance Officers. The five (5) highest scoring bidders at PQQ stage were invited to tender after being evaluated as having both the technical capacity and financial viability to provide the services. The Crime Reduction Substance Misuse Recovery Service received three PQQ's and as all bidders satisfied the criteria they were all invited to tender.
- 3.17 The evaluation criteria for the Adult Substance Misuse Recovery Service and the Crime Reduction Substance Misuse Recovery Service were based upon 50% quality and 50% finance. The Young People's Substance Misuse Service evaluation criteria were based upon 60% quality and 40% finance. The technical evaluation of ITT responses has been designed to assess bidders' ability to offer quality services across the full breadth of specified requirements.
- 3.18 The commercial evaluation of the ITT responses was produced to assess bidders' ability to improve on baseline performance data from 2012/13. There has been no increase in contract value for any of the three contracts. Tender bidders have been required to outperform previous performance with no additional resources. The Adult Substance Misuse Recovery and Crime Reduction Substance Misuse Recovery Service ITT assessed commercial value on the basis of bidders responses to three (3) performance elements: for Numbers in Effective Treatment; Numbers in Treatment; and Numbers of Successful Completions. These had to be above current 2012/2013 baseline performance levels.
- 3.19 The tender process complied with Corporate Procurement Regulations and EU Procurement Regulations and it is now necessary to award the contracts for each service as follows:
  - 3.19.1 Adult Substance Misuse Recovery Service
  - 3.19.2 Crime Reduction Substance Misuse Recovery Service

3.19.3 Young People's Substance Misuse Service

3.20 This report seeks approval from Cabinet to follow due process and award the three new contracts as stated in 3.19 above.

**4. ALTERNATIVE OPTIONS CONSIDERED**

4.1 There were no alternative options to tendering externally as Enfield Council was unable to directly provide such a specialist service in-house within a competitive price range.

4.2 There was no option to extend the existing contracts as this would leave Enfield Council vulnerable to a challenge as the opportunity to extend was not detailed during the last tender process and two of the contracts did not contain such provision.

**5. REASONS FOR RECOMMENDATIONS**

5.1 Tenderers have submitted responses to the PQQ and ITT as part of a transparent and fair competitive procurement process in accordance with the Council's Contract Procedure Rules and EU Procurement Regulations. All responses have been robustly evaluated for quality and price.

5.2 Bidders have submitted applications to confirm that they have adequate experience in delivering similar substance misuse services and similar sized contracts to afford the Council the assurance required. They have also demonstrated that they have a clear understanding of the substance misuse needs of Enfield and have submitted proposals that will support the Borough in achieving their vision of '*making Enfield a Safer, Healthier and More Prosperous Community by Reducing Harmful Drinking and Illicit Drug Use*'.

5.3 It is important that the Council sustains substance misuse provision to:

5.3.1 Reduce the levels of harm caused by substance misuse to health and especially address the health inequalities in the Borough;

5.3.2 Reduce drug and alcohol related crime and anti-social behaviours;

5.3.3 Ensure that the Council's residents have direct access to services to help them make a positive and direct contribution towards the community;

5.3.4 To ensure that young people have the best opportunity to stay safe, achieve and make a positive contribution;

5.3.5 To ensure that substance misusing residents have direct access to high quality services that deliver the best interventions in the most cost effective community settings.

5.4 It is recommended that Cabinet notes the procurement process and endorses the award of the three (3) contracts to the preferred bidders for an initial period of three (3) years, with the option to apply extensions on a two (2) yearly basis rolling up to four (4) further years.

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

### **6.1 Finance Implications**

6.1.2 Please refer to the accompanying Part 2 Report.

### **6.2 Legal Implications**

6.2.1 The Localism Act 2011 provides the Council power to do anything that individuals generally may do provided it is not prohibited by legislation and subject to Public Law principles. The Health and Social Care Act 2012 inserted a new section 2B in the National Health Service Act 2006, which requires a local authority to 'take such steps as it considers appropriate for improving the health of people in its area'. This may include 'making available the services of any person or any facilities' (S2B(3)(g)). The recommendations within this report are within these powers.

6.2.2 The procurement of these services has been in compliance with the Councils Constitution, in particular Contract Procedure Rules and the Public Contracts Regulations 2006 (and amendments thereof).

6.2.3 The contracts for the services will be in a form approved by the Assistant Director of Legal Services.

### **6.3 Property Implications**

6.3.1 There are no property implications as the three properties involved with the tender are either Council properties or are rented by the Council from Enfield CCG. The properties used by these services are:

- 12 Centre Way, Claverings Industrial Estate (Council owned)
- Third Floor, Forest Road Primary Care Centre (CCG rented)
- 29 Folkestone Road, Edmonton (Council owned)



## **7. KEY RISKS**

- 7.1 A robust Risk Register was developed for the tender process and was regularly reviewed.
- 7.2 At this stage in the process the key risk is a possible loss in performance. This was been managed by requiring bidders to submit detailed Implementation Plans in their ITT applications and through using payment by results as a contracting mechanism. The amended contract start date will give the successful bidders adequate time to effectively implement the new contracts. The HH&ASC Council Officers closely monitor performance for substance misuse provision on a monthly basis and the Drug and Alcohol Action Team (DAAT) performance reports are subject to bi-monthly scrutiny by the DAAT Board and SSCB.

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

### **8.1 Fairness for All**

The tender process has been conducted in accordance with both the Council's Contract Procedure Rules and EU Procurement Regulations. Therefore the tender process has adhered to the principles of transparency and fairness to encourage healthy competition within this specialist sector and bidders have accordingly been appropriately supported throughout the process.

### **8.2 Growth and Sustainability**

The increase in performance required of each successful bidder will ensure that more people in the community are supported to access substance misuse treatment to improve health and crime reduction opportunities in more appropriate and cost effective community settings. In Enfield there are 12,454 people who drink alcohol at harmful levels and 3,648 drinkers who have a physical dependency to alcohol. It is estimated by PHE that 1,594 people are dependent of crack or heroin in the Borough. It is therefore important that the Council continues to increase capacity in service provision to optimise a reduction in these prevalence levels.

### **8.3 Strong Communities**

There is a substantial amount of evidence to demonstrate the effectiveness that drug and alcohol treatment has on reducing crime in the community. The Home Office recently completed four (4) years of analysis that showed the important role that drug treatment has upon reducing key crimes that remain a priority for the Safer Stronger Communities Board.

The Crime Reduction Substance Misuse Recovery Service contract is solely concerned with supporting drug and alcohol related offenders change their substance misuse and offending behaviour. It is a partnership approach between the Police, the London Probation Trust and the successful bidder. It is worth noting that nearly 60% of all acquisitive crime is committed because of drug misuse.

Substance misuse equally has an essential role to play in safeguarding vulnerable children who are often at risk due to parental substance misuse. 58% of all referrals made to the Council's Children's Services Safeguarding Team are because of parental substance misuse.

## **9. EQUALITIES IMPACT IMPLICATIONS**

- 9.1 An Equalities Impact Assessment was undertaken to inform and support the previous DAAT Commissioning objectives, the findings and recommendations from this are still current to this process and have been utilised accordingly. This will, as stated above, improve the equality of access to services in the local area.

## **10. PERFORMANCE MANAGEMENT IMPLICATIONS**

- 10.1 Substance misuse services are subject to robust monitoring processes for service delivery and service quality. The HH&ASC DAAT officers will ensure that appropriate and robust contract monitoring arrangements are maintained. The principal focus will be on the interventions delivered to service users as well as how the successful bidders manage performance for the key PHE indicator of Numbers of Successful Drug Completions (PHOF 2.15). It is equally imperative that we reduce the Number of Alcohol Related Hospital Admissions (PHOF 2.18) which all three of these contracts support by ensuring that treatment is sustained in more appropriate and cost effective community settings.
- 10.2 Regular contract monitoring will be undertaken by the HH&ASC Drug and Alcohol Action Team of the three (3) successful bidders on a month on month basis.
- 10.3 The successful bidders are required to make monthly submissions to the National Drug Treatment Monitoring System database managed by Public Health England. They are required to improve performance over the 2012/2013 baseline levels for Numbers of Successful Treatment Completions and Numbers Retained in Effective Treatment performance.

**11. HEALTH AND SAFETY IMPLICATIONS**

Not applicable.

**12. HR IMPLICATIONS**

Not applicable.

**13. PUBLIC HEALTH IMPLICATIONS**

13.1 Public Health England (PHE) was formally established by the Secretary of State for Health on the 1<sup>st</sup> April 2013. PHE replaced the abolished NHS bodies of the Health Protection Agency and the National Treatment Agency (the National Treatment Agency was the NHS Department responsible for the strategic lead on drug and alcohol misuse). The National Treatment Agency's budget amounted to over 50% of the total new PHE budget and therefore drug and alcohol misuse has remained a key priority for PHE.

13.2 The Public Health Outcomes framework has a number of relevant indicators pertinent to substance misuse and two (2) specific indicators:- Number of Successful Drug Completions (PHOF 2.15); and A Reduction in the Number of Alcohol Related Hospital Admissions (PHOF 2.18). The funding allocated from the PHE grant to the Council directly supports the Council with achieving these key PHE indicators.

**Background Papers**

None.

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## THE CABINET

### List of Items for Future Cabinet Meetings (NOTE: The items listed below are subject to change.)

#### MUNICIPAL YEAR 2013/2014

<b>12 FEBRUARY 2014</b>
-------------------------

- 1. December 2013 Revenue Monitoring Report** James Rolfe

This will summarise the overall revenue position of the Council as at 31 December 2013. **(Key decision – reference number 3762)**
- 2. Budget 2014/15 and Medium Term Financial Plan 2014-18 (General Fund)** James Rolfe

This will set out the Council Tax for 2014-15 and will set out the Medium term financial plan for 2014-18. **(Key decision – reference number 3764)**
- 3. Housing Revenue Account (HRA) Estimates 2014/15 and Rent Setting** James Rolfe/  
Ray James

This will seek approval, for recommendation to full Council, of the revenue estimates of the Housing Revenue Account (HRA) for 2014/15. **(Key decision – reference number 3855)**
- 4. Enfield Council Grounds Maintenance and Housing Grounds Maintenance Contract** Ian Davis

This will seek approval to the award of the Enfield Council Grounds Maintenance Contract and Housing Grounds Maintenance Contract. (Parts 1 and 2) **(Key decision – reference numbers 3840 and 3841)**
- 5. Health, Housing and Adult Social Care: Surveillance Policy** Ray James

This will seek approval of a policy which sets out the scope and options for use of surveillance, both overt and covert in order to prevent and detect the abuse of “adults at risk”. (Part 1) **(Key decision – reference number 3836)**
- 6. New Avenue Estate Renewal Scheme** Ray James

This will seek approval to appoint the preferred bidder at the final tender stage to develop the New Avenue Estate. (Parts 1 and 2) **(Key decision – reference number 3793)**

**7. Future Arrangements for ICT Delivery** James Rolfe

This will seek approval of the future arrangements for ICT delivery. (Parts 1 and 2) **(Key decision – reference number 3708)**

**8. Assets of Community Value** James Rolfe

This will set out recommended processes to ensure that the Council complies with its responsibilities as set out in the Localism Act 2011. **(Key decision – reference number 3850)**

**9. Meridian Water: Development Opportunities** Neil Rousell

This will seek approval for development opportunities in Meridian Water (Part 1 and Part 2) **(Key decision – reference number 3827)**

**10. Reorganisation of the Regeneration, Leisure and Culture Department** Rob Leak

This will detail the proposed reorganisation of the Regeneration, Leisure and Culture Department. (Part 1) (Non key)

**11. Investment in Private Rented Sector** James Rolfe/Ray James

This will outline proposals for investment in the private rented sector. (Parts 1 and 2) **(Key decision – reference number 3782)**

**12. Proposed Submission North East Enfield Area Action Plan** Neil Rousell

The North East Enfield Area Action Plan will form part of Enfield's Local Plan and will specifically deliver the spatial vision and land use strategy for the area. (Part 1) **(Key decision – reference number tbc)**

**12 MARCH 2014**

**1. Capital Monitoring Report: December 2013** James Rolfe

This will summarise the overall financial position of the Council as at 31 December 2013. **(Key decision – reference number 3763)**

**2. Housing Development Strategy** Ray James

This will seek approval to the Council's Housing Development Strategy. **(Key decision – reference number 3369)**

**3. Small Housing Sites Land Appropriation Report** Ray James

This will detail the appropriation of the small housing sites development land for planning purposes. **(Key decision – reference number 3780)**

4. **Market Gardening – Community Interest Company for Enfield Veg Company** Neil Rousell

This will seek agreement to the formation of a Community Interest Company. (Part 1) **(Non key)**

5. **London Borough of Enfield Key Decision Threshold Review** James Rolfe

This will recommend an amendment to the financial threshold criteria for a key decision in Enfield. (Part 1)

6. **Improvements to Whitewebbs Golf Course** Ian Davis

This will consider the future options for the improvements to Whitewebbs Golf Course (Parts 1 and 2) **(Key decision – reference number 3857)**

7. **Quarterly Corporate Performance Report** Rob Leak

This will provide Cabinet with the latest available performance against the indicators in the Corporate Performance Scorecard. (Part 1) **(Key decision – reference number 3864)**

8. **CCTV Staffing Contract Award** Ian Davis

This will seek approval to the award of the successful contractor for the CCTV monitoring services contract. (Parts 1 and 2) **(Key decision – reference number 3795)**

**23 APRIL 2014**

1. **February 2014 Revenue Monitoring Report** James Rolfe

This will set out the Council's revenue budget monitoring position based on information to the end of February 2014. **(Key decision – reference number 3765)**

**NEW MUNICIPAL YEAR 2014/2015**

1. **Housing Revenue Account (HRA) Garages Sites Strategy** Ray James

This will set out the Council's proposals for managing its HRA Garage stock into the future – the work undertaken in the preparation of this strategy will cover an options appraisal of each of the 331 sites currently managed within the HRA. (Part 1) **(Key decision – reference number 3726)**

**2. Lee Valley Heat Network – Business Plan** Ian Davis

This will seek approval of the Business Plan for the Lee Valley Heat Network. **(Key decision – reference number 3706)**

**3. Procurement of Housing Repairs and Maintenance Contracts** Ray James

*Details awaited. (Key decision – reference number tbc)*

**4. Dujardin Mews – Appropriation for Planning Purposes** Ray James

This will seek approval to the required appropriation for Dujardin Mews. (Parts 1 and 2) **(Key decision – reference number 3734)**

**5. Alma Housing Management Strategy** Ray James

This will explain the future housing management arrangement for the new Alma Estate and Dujardin Mews. **(Key decision – reference number 3806)**

**6. Award of Contract for Extracare Service at Skinners Court** Ray James

This will seek approval of the award of contract. (Parts 1 and 2) **(Key decision – reference number 3824)**



**CABINET - 11.12.2013****MINUTES OF THE MEETING OF THE CABINET  
HELD ON WEDNESDAY, 11 DECEMBER 2013****COUNCILLORS**

**PRESENT** Doug Taylor (Leader of the Council), Achilleas Georgiou (Deputy Leader), Chris Bond (Cabinet Member for Environment), Bambos Charalambous (Cabinet Member for Culture, Leisure, Youth and Localism), Del Goddard (Cabinet Member for Business and Regeneration), Christine Hamilton (Cabinet Member for Community Wellbeing and Public Health), Donald McGowan (Cabinet Member for Adult Services, Care and Health), Ahmet Oykener (Cabinet Member for Housing) and Andrew Stafford (Cabinet Member for Finance and Property)

**ABSENT** Ayfer Orhan (Cabinet Member for Children & Young People)

**OFFICERS:** Rob Leak (Chief Executive), Ray James (Director of Health, Housing and Adult Social Care), Ian Davis (Director of Environment), Andrew Fraser (Director of Schools & Children's Services), Neil Rousell (Director of Regeneration, Leisure & Culture), James Rolfe (Director of Finance, Resources and Customer Services), Asmat Hussain (Assistant Director Legal), Geoff Waterton (Head of Collection Services), John Austin (Assistant Director - Corporate Governance) and Andrew Golder (Press and New Media Manager) Jacqui Hurst (Secretary)

**1****APOLOGIES FOR ABSENCE**

An apology for absence was received from Councillor Ayfer Orhan (Cabinet Member for Children and Young People).

Apologies for lateness were received from Councillor Don McGowan (Cabinet Member for Adult Services, Care and Health) and Councillor Bambos Charalambous (Culture, Leisure, Youth and Localism).

**2****DECLARATION OF INTERESTS**

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

**CABINET - 11.12.2013**

**3**

**URGENT ITEMS**

NOTED, that the reports listed on the agenda had been circulated in accordance with the requirements of the Council's Constitution and the Local Authorities (Executive Arrangements) (Access to Information and Meetings) (England) Regulations 2012. These requirements state that agendas and reports should be circulated at least 5 clear days in advance of meetings.

**4**

**DEPUTATIONS AND PETITIONS**

NOTED that no requests for deputations (with or without petitions) had been received for presentation to this Cabinet meeting.

**5**

**ITEMS TO BE REFERRED TO THE COUNCIL**

**AGREED** that the following item be referred to full Council:

1. Report No.142 – Council Tax Support Scheme for 2014/15

**6**

**ENFIELD'S HOMELESSNESS STRATEGY 2013-2018**

Councillor Ahmet Oykenner (Cabinet Member for Housing) introduced the report of the Director of Health, Housing and Adult Social Care (No.140) seeking approval of the Council's Homelessness Strategy 2013-2018 and Action Plan which set out plans for tackling homelessness in the borough.

NOTED

1. That addressing homelessness was an important priority for the Council in the light of the impact of current welfare reforms, changes in national housing policy and changes in the borough's local housing market. Members were advised that the GLA Housing Strategy was currently out for consultation.
2. That Enfield's vision for tackling homelessness was to: "Eliminate homelessness in the borough and enable people to make their own informed choices for housing they can afford".
3. Members' attention was drawn to Enfield's five key ambitions for its Homelessness Strategy as detailed in the Strategy document.
4. That the Council's plans for increasing the supply of affordable housing in Enfield were set out in Enfield's 15 year Housing Strategy. Councillor Oykenner proposed two amendments to the wording of the Homelessness Strategy to strengthen the links between housing supply and addressing homelessness as set out in section 5 below.

**CABINET - 11.12.2013**

5. The following proposed amendments to the Homelessness Strategy document which would strengthen Enfield's strategic position and commitment to negotiating and retaining a good supply of housing for local single people:

(a) Insert in the Executive Summary:

Key to addressing homelessness in Enfield is maximising the supply of homes for local people and making best use of Enfield's existing housing stock. These are important corporate priorities. Our plans are set out in more detail in Enfield's Housing Strategy and will evolve in response to changing circumstances. Our plans include:

- Utilising Enfield Council's Investment Partner Status to compete for more funding to build council homes
- Actively maximising the development of council owned land, including small sites and garages as well as using other innovative approaches to increase the supply of homes
- Joint working with our partner Housing Associations to develop new housing supply

(b) Insert under Ambition 1: Preventing Homelessness in Enfield, and enabling households to find homes they can afford, additional bullet point:

- Work with housing association partners providing homes for single people at risk of homelessness to ensure that supply continues to meet identified housing need.

6. Members supported the proposed amendments which would strengthen the Homelessness Strategy.

**Alternative Options Considered:** NOTED that no alternative options had been considered as it was a statutory requirement for every local authority to publish a Homelessness Strategy every 5 years.

**DECISION:** The Cabinet agreed to approve the Council's Homelessness Strategy 2013-2018 and Action Plan subject to the amendments detailed above.

**Reason:** It was imperative that at this time of unparalleled national policy change and Government financial austerity measures, the strategic direction was clearly set out by Enfield Council and its Partners for preventing and tackling homelessness in the borough, and that it was endorsed by Cabinet to demonstrate Enfield's corporate commitment to addressing homelessness in Enfield.

**(Key decision – reference number 3822)**

7

## QUARTERLY CORPORATE PERFORMANCE REPORT

Councillor Achilleas Georgiou (Deputy Leader) introduced the report of the Chief Executive (No.141) providing the latest available performance data at the end of the second quarter of 2013/14.

### NOTED

1. The progress which had been made towards delivering the identified key priority indicators for Enfield.
2. Members' drew attention to the following indicators:
  - Housing and Homelessness – Contractor monitoring by Enfield Homes of responsive repairs completed by agreed target date – the current target was being exceeded at 99.5% (target 98.85%).
  - Sport and Culture – the number of all library visits actual and electronic was 1,625,380, exceeding the target of 1,500,000.
  - Employment and Worklessness – the number of families engaged in Change and Challenge programme showing improvement under the criteria of employment, education and crime/anti-social behaviour was currently 101, a significant improvement on the target of 64. This compared favourably against neighbouring boroughs.
  - Enfield Council Website – significant progress continued to be made with the targets exceeded for both the number of public web page views and the total number of transactions carried out by members of the public using the Council's website.
  - Employment and Worklessness – the Job Centre Plus Indicator was continuing to improve for a range of reasons, as outlined by Councillor Goddard. The Council was making a positive difference but it was recognised that further work was required. The high number of apprenticeships provided in Enfield was noted.
  - Crime Rates – Councillor Hamilton highlighted the recent launch of "Operation Spyder" with Enfield Council and the Metropolitan Police aimed at tackling vehicle related crime in the borough.
  - Crime Rates – the reported numbers of violence with injury had increased in Enfield, this had been driven to some extent by the Council's efforts to increase the number of domestic violence victims who report crimes to the police and local authority.
  - Adult Social Care – Councillor McGowan drew Members' attention to the improvement in delayed transfers of care regarding the timely and appropriate discharge from all hospitals for all adults. Work was continuing in sourcing "step down beds" in the Borough. The Older People's Scrutiny Panel had been asked to monitor this area of work.

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- Waste, Recycling and Cleanliness – the continuing good rates of recycling in the Borough were noted.

**Alternative Options Considered:** Not to report regularly on the Council's performance. This would make it difficult to assess progress made on achieving the Council's main priorities and to demonstrate the value for money being provided by Council services.

**Reason:** To update Cabinet on the progress made against all key priority performance indicators for the Council.

**(Key decision – reference number 3733)**

**8**

**COUNCIL TAX SUPPORT SCHEME FOR 2014/15**

Councillor Andrew Stafford (Cabinet Member for Finance and Property) introduced the report of the Director of Finance, Resources and Customer Services (No.142) recommending a revised Council Tax Support Scheme for 2014/15.

NOTED

1. That in January 2013 Council had agreed a new Council Tax Support Scheme to replace the previous national Council Tax Benefit Scheme which had been abolished by the Government in April 2013. Every year the Council was obliged to consider whether to revise or replace its local Council Tax Support Scheme. A revised Council Tax Support Scheme for 2014/15 was being recommended to Members as set out fully in the report. The Council had to adopt the same or new scheme by 31 January of the preceding financial year to which the scheme would apply.
2. The recommended amendments to the scheme as detailed in section 2 of the report and the financial implications of the proposals as set out in the report. The removal of the one month discount for empty and uninhabitable homes would enable the scheme to remain fully funded.
3. Councillor Taylor drew Members' attention to paragraph 4.3 of the report with regard to the discretionary council tax hardship scheme. It was anticipated that this fund would roll over into 2014/15 and be topped up through the budget setting process as a way of protecting the most vulnerable.
4. Members were pleased to note the Council's continued exceptional collection record.

**Alternative Options Considered:** NOTED that the Council had also considered not amending the scheme. However the experience of the first nine months of the scheme suggested that certain groups were being negatively impacted who had limited opportunities to find work and increase

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their income. The level of reduction of 19.5% was based on the scheme being fully funded and was calculated using the number of CTS recipients, collection rates, government grants and the cost of protecting pensioners and other protected groups. Without a full year's collection rate, it was not recommended to change the percentage as at this stage there was no evidence of either a significant reduction in claimants, increased government grant or a surplus in collection. Therefore any change to the percentage would be likely to result in the scheme no longer being fully funded and alternative funding would need to be found to bridge the shortfall. This would require a further consultation before the deadline of 31 January 2014. The Government had confirmed that they would not be providing a transitional grant this year.

**RECOMMENDED TO COUNCIL**

1. The Local Council Tax Support Scheme agreed for 2013/14 with the following amendments (as detailed in Appendix A for technical changes):
  - a) That working age recipients of Council Tax Support who also receive Carers Allowance, the support component of Employment Support Allowance or higher rate Disability Living Allowance (or Personal Independence Payments) were exempted from the 19.5% reduction applied to all other working age claimants.
  - b) That working age foster carers recruited, trained and supported by Enfield Council in receipt of Council Tax Support were also exempted from the 19.5% reduction applied to all other working age claimants.
2. The removal of the one month discount for empty and uninhabitable homes.

**Reason:** The recommendations contained in the report follow an assessment of options, experience of the first nine months of the scheme, the lack of a full year's collection data, the Equality Impact Assessment and the consultation. The recommended changes seek to reduce negative impacts for defined protected groups under the Equality Impact Assessment and support the Council's aims to build strong, stable communities. A number of other London boroughs already provide protection for carers and disabled adults and have ceased to provide a discount for empty or uninhabitable homes. Appendix A to the report set out the technical changes to the scheme.

**(Key decision – reference number 3832)**

**9**

**AMENDMENTS TO THE NORTH LONDON WASTE AUTHORITY (NLWA) LEVY**

Councillor Chris Bond (Cabinet Member for Environment) introduced the report of the Director – Environment and Director of Finance, Resources and Customer Services (No.143) seeking approval for two changes to the North London Waste Authority (NLWA) levy.

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NOTED

1. The detail of the proposed amendments as set out in full in the report.
2. Councillor Bond drew Members' attention to paragraphs 3.14 and 3.15 of the report;
3. The financial implications set out in section 6 the report.

**Alternative Options Considered:** NOTED the following alternative options:

1. Not to agree to amendment 1 and pay a proportion of Barnet's co-mingled recycling costs up to the proposed change to menu pricing in 2016/17, in effect allowing Barnet to pass on the costs of the recycling to the other 6 boroughs due to the 2 year delay in the levy. This would not make financial sense.
2. Not to agree the amendment 2. If this change was not agreed, other boroughs were expected to pay a greater share of the costs of Western Road than of Cranford Way.
3. Not to agree to amendment 1 and amendment 2.

**DECISION:** The Cabinet agreed

1. Following review of the report by Overview and Scrutiny Committee, to approve the following resolutions set out in Appendix 1 to the report, in order to vary the NLWA alternative levy apportionment arrangements previously agreed by all North London Waste Authority constituent boroughs from 2012/13. This was to take effect from the apportionment of the NLWA's 2014/15 levy.
2. To delegate to the Director - Environment to agree minor changes to the proposed changes set out at Appendix 1 to the report, should this be required.
3. For the avoidance of doubt, that all other parts of the current locally agreed levy apportionment arrangements remain unchanged.

**Reason:** The recommendations detailed in the report were made to protect the Council's financial position with regards to the levy for the years 2014/15 and 2015/16. The second recommendation had a positive financial impact on Enfield.

**(Key decision – reference number 3807)**

10

**OUTCOMES FROM THE ANNUAL ENFIELD STRATEGIC PARTNERSHIP (ESP) CONFERENCE AND THE FUTURE STRATEGIC DIRECTION OF THE ESP**

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Councillor Del Goddard (Cabinet Member for Business and Regeneration) introduced the report of the Chief Executive (No.144) providing a discussion paper for Cabinet Members.

NOTED

1. That a similar paper had been considered and agreed by the Enfield Strategic Partnership (ESP) the previous evening (10 December 2013). The ESP had endorsed the recommendations as set out in section 4 of the document.
2. The success of the ESP conference, a report of which was contained in Appendix 1 to the report.
3. Councillor Goddard set out the background to the discussion points which had been considered by the ESP and highlighted the following issues for Cabinet in considering a review of the overall structure of the Enfield Strategic Partnership:
  - **ESP Board – Reviewing and Expanding Membership**  
It was agreed that there should be a strengthening of representation in learning and business areas.
  - **The ESP Framework – Reviewing Themes**  
Education should be given a more prominent role in the ESP and a “Learning Communities” theme established.
  - **ESP Framework – Reinstating the ESP Executive Group**  
The proposal to reinstate an ESP Executive Group for Enfield was supported.
  - **ESP Framework – Co-ordinating engagement activities across partners and ensuring a holistic approach**  
The need to have an aligned approach to consultation and engagement was agreed.
  - **ESP Framework – Reviewing the work of Thematic Action Groups, Area Based Partnerships (Regeneration) and other strategic forums operating in the Borough – rationalisation and consistency of membership**  
There would need to be consistency in the membership of the groups and their priorities.
  - **ESP Framework – Enabling clear connections between locally focussed Area Based Partnerships (Regeneration) activity and the main board**  
There should be locally focused boards brought together under the main board providing a co-ordinated approach in terms of locality and themes.



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- **Engaging and consulting with local people – gaining greater resident involvement in area, ward and neighbourhood based programmes**

An aligned approach to community consultation and engagement was supported.

4. Members supported the way forward as agreed by the ESP and outlined above.
5. Councillor Taylor reported on an interesting presentation at the ESP Board meeting from Middlesex University on BME Communities. Members discussed the findings and agreed that the presentation slides be forwarded to all Cabinet Members for information. This would be co-ordinated by Andrew Fraser (Director of Schools and Children's Services).

**11**

**ISSUES ARISING FROM THE OVERVIEW AND SCRUTINY PANEL/SCRUTINY PANELS**

NOTED that no issues had been raised for consideration at this meeting.

**12**

**CABINET AGENDA PLANNING - FUTURE ITEMS**

NOTED the provisional list of items scheduled for future Cabinet meetings.

**13**

**NOTICE OF KEY DECISION LIST**

NOTED that the Notice of Key Decisions List was due to be published on 20 December 2013, this would be effective from 1 February 2014.

**14**

**MINUTES**

**AGREED** that the minutes of the previous meeting of the Cabinet held on 13 November 2013 be confirmed and signed by the Chairman as a correct record.

**15**

**MINUTES OF ENFIELD RESIDENTS' PRIORITY FUND CABINET SUB-COMMITTEE - 7 NOVEMBER 2013**

NOTED the minutes of a meeting of the Enfield Residents' Priority Fund Cabinet Sub-Committee held on 7 November 2013.

**16**

**DATE OF NEXT MEETING**

NOTED that the next meeting of the Cabinet was scheduled to take place on Wednesday 22 January 2014 at 8.15pm.

**POLICY CABINET SUB-COMMITTEE - 4.12.2013****MINUTES OF THE MEETING OF THE POLICY CABINET SUB-COMMITTEE  
HELD ON WEDNESDAY, 4 DECEMBER 2013****COUNCILLORS**

**PRESENT** Achilleas Georgiou (Deputy Leader), Bambos Charalambous (Cabinet Member for Culture, Sport and Leisure), Christine Hamilton (Cabinet Member for Community Wellbeing and Public Health) and Doug Taylor (Leader of the Council)

**ABSENT** Alison Trew (Head of Policy and Performance)

**OFFICERS:** Rob Flynn (Corporate Policy and Research Manager, Communities, Communications, Policy and Performance), Neil Rousell (Director of Regeneration, Leisure & Culture), Mike Ahuja (Head of Corporate Scrutiny and Community Outreach), Koulla Panaretou (Secretary)

**ALSO ATTENDING:** Cllr Del Goddard (Cabinet Member for Business and Regeneration)

**3  
APOLOGIES FOR ABSENCE**

Apology for absence was received from Alison Trew (Head of Policy and Performance). The Committee welcomed Sabina Malique, NGDP Graduate (Chief Executive Service).

**4  
DECLARATIONS OF INTEREST**

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

**5  
URGENT ITEMS**

NOTED, that the reports listed on the agenda had been circulated in accordance with the requirements of the Council's constitution and the Local Authorities (Executive Arrangements) (Access to Information and meetings) (England) Regulations 2012. These requirements state that agendas and reports should be circulated at least 5 clear days in advance of meetings.

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**6**

**MP'S BRIEFING**

NOTED the issues which had been discussed at the last meeting with local MPs. Members were advised that the next meeting with the Borough's MPs was due to take place soon, although a date was not confirmed.

**7**

**ENFIELD BEYOND 2014**

RECEIVED an update on the three work streams identified at the previous meeting in respect of the Enfield Beyond 2014 vision, as follows:

**(1) INNOVATION AND ENTERPRISE**

RECEIVED a presentation from Cllr Del Goddard, Cllr Alan Sitkin and Neil Rousell in line with previous discussions taken place at the last Policy & Cabinet Sub Committee meeting on the 2<sup>nd</sup> October 2013.

NOTED that

- The report sets out a context of Enfield aspiring to be an innovative and enterprising local authority.
- The challenge for Enfield is to maintain and develop high quality services by maximising available resources and seek new income streams for the future.
- A set of behaviours have been identified to be used by way of a guide to deliver services and work in the future. New behaviours also to be developed by officers and members, to include private and public sector threads.
- The Council needs to consider a range of new policy directions that safeguard services for the most vulnerable residents.
- Blueprint being developed to create a "One Council" approach.
- The Council could set up a Council-owned trading company to purchase properties for those in temporary accommodation or at risk of homelessness.
- Council could create/take equity stake in joint venture company for "market gardening" for supermarkets but also local catering (inc. schools and food banks).
- Building and running "decentralised energy networks" taking heat/steam from waste plants, would provide a long term income.
- The 1974 Goods and Services Act has now been replaced with the General Power of Competence offering new opportunities to maintain vital services in the Borough.

IN RESPONSE, the following comments were received:

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- Social and economic innovations do not always have the desired effect and there is a reputational risk attached if this occurs.
- With the Wellbeing Powers and the General Power of Competence in place, innovation is being encouraged, even with the financial strain on local authorities evident. With this in mind, the concept should be continued, identifying where we want to be in four years' time, although significant impacts may not be seen in the short term, our values should be kept at a high standard.
- The private sector benchmarked what they are providing and the Council could benchmark also to establish what is required of them. Greenwich Leisure was used as an example – set up 10/15 years ago and is part owned by the local authority. Local non-profit making organisations/enterprises such as Fusion should be encouraged. Innovation is to be used as a tool to work with local partners, such as a Credit Union.
- An end target needs to be defined over the three strands. The local authority helps set up organisations locally, but support is not always followed through. Senior Officers and members need to be briefed and supported to determine what is required of them, especially as policy directions are in the public domain.
- There was recognition that the process of preparing the overall plan may take a while to determine. On-going discussions, engagement and working with partners will help to reinforce the plan.

**AGREED that**

- The Council should consider setting up a Commercial Board involving senior officers and members, re-emphasising the principles and values identified and put forward with plans for the next planned steps.
- Clarification of the Commercial Board's remit should be developed.

**(2) COLLABORATION AND COORDINATION**

RECEIVED an update from Rob Flynn (Corporate Policy and Research Manager).

**NOTED**

- Since 2010, despite the financial challenges enforced, Enfield Council has made significant improvements to services, efficiencies and the way it runs its business. This has resulted in improved resident satisfaction and the development of innovative projects.
- As reducing resources are set to continue, the Council needs to change its mechanisms for delivery of services to residents. Some have already changed, such as shared procurement service with LB Waltham Forest and co-sourcing of the audit service with PWC.

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- Alternative services are being sought to comply with the Council's vision and aims.
- Services should be delivered in a way that is consistent with the coordinating Council concept and the drive to be more enterprising.
- Changes to the way services are delivered must be underpinned by a clear business case.
- When changes to the delivery of services are planned, consideration should be given to community capacity.
- Any change to the way services are delivered should be subject to appropriate governance and risk management.

IN RESPONSE the following comments were received:

- Clarification was sought between "services" and "delivery" as the local authority does more than just deliver services.
- It was noted that the voluntary sector have the ability to deliver, the local authority should be collaborating and supporting them by way of training and counselling, to reinforce their capacity to progress - from applying for funding to delivering contracts etc..
- The timeline for this support was discussed, how long it should be provided before they are able to function confidently themselves. In response, identifying and understanding the risk of withdrawing too early was essential. Phasing out support where organisations are showing signs of independence and identifying when a timely release is safe. It should be recognised that some organisations can never be independent and continued support was deemed essential.
- Quality of delivery of services must come first and this should not be impacted by providing cheaper contracts at the detriment of quality and efficiency of the service.
- The involvement of members provides vision and with that comes leadership of the Council. This underpins the type of Borough that residents want to see, notwithstanding their own roles as community leaders who are often involved in difficult decision making themselves.

**AGREED** that

- Leadership is essential to drive forward the collaboration and coordination of services.

**(3) DEMOCRATIC ENGAGEMENT**

RECEIVED a thematic mapping diagram of community engagement from Mike Ahuja (Head of Corporate Scrutiny & Community Outreach). The mapping document was still in draft format, but showed a number of mechanisms the Council and its partners use in engaging with their community.

NOTED that

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- Engagement with the community is a strength of the Council and the network of mechanisms includes some of the hard to reach groups.
- Widening of engagement has been undertaken, for example the Fire Brigade will be attending all the forthcoming Area Forums.
- The first Area Forum for the deaf community was undertaken recently, resulting in a number of smoke alarms being installed.
- As the Leaner review progresses, changes to be incorporated within the diagram.

IN RESPONSE the following comments were received:

- Many of the meetings are attended by the same people and the Council needs to widen its community engagement.
- From recent engagement exercises, it was noted that there is greater social capital in the west of Enfield than in the east.
- The Area Forums should be examined to see if they can be enhanced to reach out to communities who would not normally engage. This may mean empowering them to take some local decisions.
- Some forms of engagement are very successful. It was noted that the anti-spitting petition [with 5000 signatures] and the Deephams petition [with over 2500 signatures] both engaged with the community which resulted in a change in the bye-law to make spotting an offence and further work with Thames Water and Ofwat to limit the odour from Deephams Sewage Works.
- The working groups establish links in the Borough and the more links available further strengthen effectiveness of network of services and are essential to provide engagement.
- A new framework can be created to enhance the engagement process by gathering information, consulting and engagement with residents through social media.

**AGREED that**

- Further work is required to identify the effectiveness of the current cluster of meetings. The diagram to be expanded to include all the engagement committees and a further update on this strand of work be received at the next Policy Cabinet Sub-Committee in March. **ACTION: Mike Ahuja**

**8**

**POLICY GRID**

NOTED

1. Members noted the Policy Grid, circulated with the agenda, from Communities, Communications, Policy and Performance team,

**POLICY CABINET SUB-COMMITTEE - 4.12.2013**

providing an assessment of new legislation, strategies and programmes.

2. The Policy Grid provided an update on progress with various Bills, almost all of which are at the draft stage. Further information could be provided by Rob Flynn (Corporate Policy and Research Manager, Communities, Communications, Policy and Performance) upon request.
3. With regard to the Offender Rehabilitation Bill, Rob Flynn to speak to the Community Safety team to request an appropriate letter to be drafted on the Council's behalf. **ACTION: Rob Flynn**

**9**

**MINUTES FROM THE LAST MEETING HELD ON 2ND OCTOBER 2013**

AGREED that the minutes of the meeting held on the 2<sup>nd</sup> October 2013 be approved and signed as a correct record.

**10**

**MATTERS ARISING FROM THE MINUTES**

As requested at the last meeting, Rob Flynn provided a briefing outlining the Governments plans for the single-tier State Pension which will begin 2016-17.

A copy of the document can be obtained from the Committee Secretary upon request.

**11**

**DATES OF FUTURE MEETINGS**

NOTED that the date of the next meeting of the Policy Cabinet Sub-Committee is scheduled to take place on Wednesday 5<sup>th</sup> March 2014.



**ENFIELD RESIDENTS PRIORITY FUND CABINET SUB-COMMITTEE - 5.12.2013****MINUTES OF THE MEETING OF THE ENFIELD RESIDENTS PRIORITY FUND  
CABINET SUB-COMMITTEE  
HELD ON THURSDAY, 5 DECEMBER 2013****COUNCILLORS**

**PRESENT** Christine Hamilton and Bambos Charalambous (Chair)

**ABSENT** Chris Bond and Achilleas Georgiou

**OFFICERS:** Rod Bennett (Community Safety Unit), Ann Freeman (Assistant Head of Finance), Jayne Middleton-Albooye (Principal Lawyer), Joanne Stacey (Performance and Information Manager), Alison Trew (Head of Corporate Policy and Performance) and Peter Doherty (ERPF Administrator)  
Penelope Williams (Secretary)

**1  
WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. Apologies for absence were received from Councillors Chris Bond and Achilleas Georgiou.

**2  
DECLARATION OF INTERESTS**

Councillor Charalambous declared non pecuniary interests in all the applications in his ward. These were the Palmers Green applications (PAL030), (PAL035) (PAL037) and (PAL038).

**3  
URGENT ITEMS**

NOTED the reports listed on the agenda had been circulated in accordance with the requirements of the Council's Constitution and the Local Authorities (Executive Arrangements) (Access to Information) (England) Amendment Regulations 2002.

There were no urgent items.

**4  
APPLICATIONS TO THE FUND**

Councillor Bambos Charalambous introduced the report of the Chief Executive (No. 145) presenting the applications that had been formally submitted up to 18 November 2013 for the Enfield Residents' Priority Fund 2013-14.

**ENFIELD RESIDENTS PRIORITY FUND CABINET SUB-COMMITTEE - 5.12.2013**

Joanne Stacey, Performance and Information Manager, presented the report to members.

NOTED

1. The summary of the applications received as detailed in Appendix A to the report:
2. Members considered each of the applications in detail, as follows:

**2.1 Beautiful Beds – Refurbishment of Planters (BUSH019)**

A project for Bush Hill Park Ward to refurbish planters in the area. Members noted that the application met the social and economic wellbeing objectives and the following criteria: fairness for all, growth and sustainability, strong communities and education, skills and training.

The application was deferred to enable further development of the proposals.

**2.2 Forty Hall Community Events (CHAS021)**

A project for Chase Ward to run workshops and events at Forty Hall. Members noted that the application met the social and environmental wellbeing objectives and the following criteria: fairness for all, growth and sustainability, strong communities, crime and environment.

Joanne Stacey advised that the application had the support of the Parks Department.

The application was approved.

**2.3 Volunteer Activities for Young People (HIWAY35)**

A project for Highway Ward to provide activities for young people.

The application was not approved as the proposals duplicated other work being carried out in the ward. The applicants would be invited to consider making a different bid following consultation with the Youth Service.

**2.4 Be All You Can Be Outreach Project (JUB028)**

A project for Jubilee Ward to fund an outreach scheme with the Play Development Team.

The application was withdrawn by ward councillors.

**2.5 Sports for All (JUB029)**

A project in Jubilee Ward to fund youth diversionary activities involving sport.

**ENFIELD RESIDENTS PRIORITY FUND CABINET SUB-COMMITTEE - 5.12.2013**

The application was withdrawn by ward councillors.

**2.6 Jubilee Park Green Gym (JUB033)**

A project for Jubilee Ward to fund the installation of a green gym and the continuation of the "Talk the Walk" project. Members noted that the application met the social and economic wellbeing objectives and the following criteria: fairness for all, growth and sustainability, strong communities and crime.

The application was approved.

**2.7 Edmonton Council of Churches (ECC) Small Grant (LOED047)**

A project for Lower Edmonton Ward to provide a small grant to the ECC. Members noted that the application met the social and economic wellbeing objectives and the following criteria: fairness for all, growth and sustainability, strong communities and crime.

The application was approved.

**2.8 The Ideas Station – Social Media Workshops (LOED048)**

A project for Lower Edmonton Ward to provide social media workshops for women in business. Members noted that the application met the social and economic wellbeing objectives and the following criteria: fairness for all, growth and sustainability, strong communities and crime.

Joanne Stacey advised that a previous project had been well supported.

The application was approved.

**2.9 Palmers Green Triangle Flower Beds (PAL030)**

A project for Palmers Green Ward to fund the planting of flower beds in the Palmers Green Triangle. Members noted that the application met the social, economic and environmental wellbeing objectives and the following criteria: strong communities and employment.

The application was deferred to enable further discussion on the proposals.

**2.10 Tatem Park Centenary Playground (PAL035)**

A project in Palmers Green Ward to fund the installation of a playground to mark the centenary of Tatem Park. Members noted that the application met the social and environmental wellbeing objectives and the following criteria: fairness for all, strong communities, health and disability and environment.

The application was deferred to enable further discussion on the proposals.

**2.11 Enfield Exposure Arts Project (PAL037)**

**ENFIELD RESIDENTS PRIORITY FUND CABINET SUB-COMMITTEE - 5.12.2013**

An arts project for young people in Palmers Green Ward. Members noted that the application met the social and economic wellbeing objectives and the following criteria: fairness for all, employment, education, skills and training and crime.

A previous film project at Broomfield School had been successful. This film would focus on issues such as bullying and self-harm.

The application was approved.

**2.12 Alleygating between Windsor Road and Park Avenue (PAL038)**

A project for Palmers Green Ward to install an alleygate between Windsor Road and Park Avenue. Members noted that the application met the environmental wellbeing objective and the following criteria: fairness for all, strong communities, crime and environment.

The application was approved subject to gaining the necessary approvals from the residents.

**2.13 Start Up Funding for Treasure Land Second Hand Shop (PE0370)**

A project in Ponders End Ward to provide start-up funding to help set up a second hand shop managed by staff and pupils at Durants and Waverley schools. Members noted that the application met the economic and environmental wellbeing objectives and the following criteria: fairness for all, growth and sustainability, strong communities, education, skills and training.

The application was approved.

**2.14 Wilbury Open Space Regeneration Project (UPED046)**

A project in Upper Edmonton Ward to fund the regeneration of Wilbury Open Space. Members noted that the application met the social and environmental wellbeing objectives and the following criteria: fairness for all, growth and sustainability, strong communities and crime.

The application was approved.

**Alternative Options Considered**

That the projects were not considered and funding was not allocated, this would not be recommended as this will not support community engagement and will not allow residents the opportunity to further improve the local area in which they live and work.

**DECISION**

**ENFIELD RESIDENTS PRIORITY FUND CABINET SUB-COMMITTEE - 5.12.2013**

1. The Cabinet Sub Committee, following detailed consideration of the applications and the criteria, agreed that the following applications were suitable for funding from the Enfield Residents Priority Fund:

<b>WARD</b>	<b>PROJECT TITLE</b>	<b>AMOUNT</b>
Chase Ward (CHAS021)	Forty Hall Community Events	£6,022
Jubilee (JUB033)	Jubilee Park Green Gym	£29,500
Lower Edmonton (LOED047)	Small Grant to RCC	£153
Lower Edmonton (LOED048)	The Ideas Station – Social Media Workshops	£7,740
Palmers Green (PAL037)	Enfield Exposure Arts Project	£6,453
Ponders End (PE037)	Start Up Funding for Treasure Land Second Hand Shop	£10,000
Upper Edmonton (UPED046)	Wilbury Open Space Regeneration	£15,000

2. The following application was approved in principle, subject to listed conditions:
- Palmers Green (PAL038) Windsor Road and Park Avenue Alleygating - £6,000 was approved subject to gaining the necessary approvals from the residents.
3. The following applications were deferred, for consideration at a future meeting of the Sub Committee, to enable more information to be provided, before a decision was made:
- Bush Hill Park (BUSH019) - Beautiful Beds Enfield in Bloom Planter Refurbishment was deferred to develop the proposals.
  - Palmers Green (PAL030) Palmers Green Triangle Flower Beds was deferred to enable further discussion on the proposals.
  - Palmers Green (PAL035) Tatem Park Centenary Playground was deferred to enable further discussion on the proposals
4. The following applications were withdrawn by ward councillors:

**ENFIELD RESIDENTS PRIORITY FUND CABINET SUB-COMMITTEE - 5.12.2013**

- Jubilee (JUB028) – Be All You Can Be, was withdrawn as all three ward councillors had not supported the application.
  - Jubilee (JUB029) - Sports for All, was withdrawn as all three ward councillors had not supported the application.
5. The following applications were not approved:
- HIWAY035 - Volunteer Activities for Young People as the proposals duplicated other work being carried out in the ward.
6. The Chair of the Sub Committee be given delegated authority to provide approval in case where applications are agreed in principle subject to certain conditions, and in these conditions have been met.

**Reason:** The projects submitted had been proposed and developed by the local people of Enfield, to help improve the social, economic or environmental wellbeing by tackling local need and deprivation. The projects all support the Council's vision of making Enfield a better place to live and work, delivering fairness for all, growth and sustainability and strong communities.

## **5 PROJECT STATUS UPDATE**

The Committee received a tabled spread sheet, updating members on the status of all ERPf projects approved since May 2011. A copy of the spread sheet is available on the Council website or from the Committee Secretary.

Joanne Stacey went through each entry on the spread sheet, updating members on the progress of all projects from 2011/12 and 2012/13, which had not been marked complete.

### **NOTED**

1. Members were pleased with the progress that had been made, but were concerned about the amounts still to be claimed.
2. Russell Hart (Head of Operation Waste and Parks Services) would be invited to the next meeting to discuss progress on the Enhancing the Environment Project (TST040, PE026, HIWAY29, JUB019, ENFL021, SOUB023).
3. Updates would be provided for all future meetings of the committee.
4. A breakdown of underspends for each year was also requested.
5. Joanne Stacey would be emailing all councillors, informing them that the deadline for applications to the next committee was 20 December

**ENFIELD RESIDENTS PRIORITY FUND CABINET SUB-COMMITTEE - 5.12.2013**

2013 and letting them know how much was left in each ward budget for 2013-14.

**6**

**MINUTES OF THE MEETING HELD ON 7 NOVEMBER 2013**

**1. Minutes of the meeting held on 7 November 2013**

The minutes of the meeting held on 7 November 2013 were agreed as a correct record.

**2. Matters arising**

Rodney Bennett, Acting Head of Community Safety, tabled a report on the Borough's CCTV cameras that had been requested at the last meeting. A copy of the report is available on the Council website or from the Committee Secretary.

Rodney Bennett highlighted the following from his report:

- Enfield has the use of 15 Dome Hawk cameras which are managed by the Anti-Social Behaviour Team within the Community Safety Unit: eight are under the control of SAFE (Street Action for Enfield); seven are owned by the Enfield Residents Priority Fund (ERPF).
- The cameras are fixed onto lampposts, take their power from the lamppost power supply and record information onto hard drives.
- The ERPF cameras have been deployed in 11 locations in five wards across the borough. Five have remained static in one location. Two of these, at Ponders End Recreation Ground and Dysons Road, have been in the same place for more than a year. Their purpose was to provide reassurance to local residents after problems that have occurred.
- There have been 27 requests to download footage from these cameras. Forty percent from Bowes. Requests are received from the Police or the Enviro Crime Unit. Out of the 11 hits there have been eight incidents relating to flytipping. These cameras are particularly effective at spotting static things rather than moving people. The Council has issued several fines and notices for fly tipping.
- Increases in cases of reported crime in a camera area may be as a result of people knowing the cameras are there and so having more confidence that it is worthwhile reporting the crime.
- The cameras are not long term sustainable responses to issues of crime, disorder and anti-social behaviour, but do provide reassurance and act as deterrents to crime. Rodney Bennett recommended that they would be most effective if moved on a regular basis to areas which have identified problems.
- There would be further discussion around putting signs up warning that cameras were in place.

**Questions and comments**

**ENFIELD RESIDENTS PRIORITY FUND CABINET SUB-COMMITTEE - 5.12.2013**

1. It would be helpful if the ERPF cameras could be used in partnership with SAFE.
2. It was felt that these cameras could not provide a long term solution to the problems of crime and anti-social behaviour, but were effective as part of a wider response.
3. The cost of moving a camera was approximately £400 and of maintenance £700 - £1,000 a year. This was part of the original ERPF budget for these cameras.
4. The money left in the ERPF budget will be used to cover maintenance and moves until it runs out. This could last for another 4 years depending on usage.
5. It was difficult to assess the cameras' value for money as it was not easy to know what crime or anti-social behaviour had been prevented by the presence of the camera. Councillor Charalambous said that the number of emails he had received complaining about fly-tipping and anti-social behaviour had decreased when the Palmers Green camera had first been placed but had increased again when the camera was moved which was considered a sign of effectiveness.
6. The visit to the CCTV monitoring station at Claverings was no longer relevant.

**7**

**DATES OF FUTURE MEETINGS**

NOTED the dates agreed for future meetings of the Committee:

- Thursday 16 January 2013
- Thursday 6 February 2013
- Tuesday 4 March 2014
- Thursday 3 April 2014



**MUNICIPAL YEAR 2013/2014 REPORT NO. 166****MEETING TITLE AND DATE:**

Cabinet  
22<sup>nd</sup> January 2014

**REPORT OF: ROB LEAK**

Chief Executive

<b>Agenda – Part: 1</b>	<b>Item: 17</b>
<b>Subject: Enfield Strategic Partnership Update</b>	
<b>Wards: All</b>	

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**1. EXECUTIVE SUMMARY**

This paper contains:

A summary of the minutes of the Enfield Strategic Partnership Board meeting which took place on 10<sup>th</sup> December 2013 attached at appendix 1 for your information.

**2. RECOMMENDATIONS**

To note the outcome of the Enfield Strategic Partnership's December Board meeting.

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**Executive Summary****DECEMBER ESP BOARD MEETING**

Below is a summary of the items discussed at the 10<sup>th</sup> December 2013 ESP Board and the actions that arose from it.

**1. MINUTES AND MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETING**

None.

**2. ADDRESSING CHANGING NEEDS OF BME COMMUNITIES IN ENFIELD**

Allessio D'Angelo, Senior Lecturer in Social Sciences, Middlesex University gave a presentation on research into experiences of inequalities requiring appropriate interventions and policy measures. The research focused in particular on specific communities including Turkish and Kurdish communities in Enfield. There was particular emphasis on (i) accessing health care – inequalities in Enfield and (ii) researching early school leaving in the European Union.

The increasing ethnic diversity of local communities required appropriate interventions and policy measures as the economic crisis and the welfare restructuring were having a disproportionate effect on BME people in the UK.

Since the 1990s, the Social Policy Research Centre had been working with local service providers, BME organisations and stakeholders such as Enfield Citizen's Advice Bureau, Enfield Racial Equality Council, Day-Mer, CommUNITY Barnet, Paiwand and Runnymede Trust to gather evidence and inform interventions.

Alessio D'Angelo focussed on a few specific projects to highlight key findings and recommendations in the following areas:

- mapping changing communities and needs;
- evaluation of community services (supplementary education, advice services and community networks);
- barriers to accessing healthcare in Enfield;
- researching early school leaving in Europe.

He then referred to the effects of the economic crisis and welfare restructuring. Some traditional work sectors (e.g. local ethnic businesses) had been disproportionately affected. Individuals felt that public services (health, social housing and education) had been reduced both in terms of quality and quantity. The main changes in the welfare system were identified as a cause of concern. They included benefit cuts, disability assessment and the 'bedroom tax'. The effects were much more complex than many people had expected and as a result the process of welfare restructuring had increased a lack of trust in the State.

He wanted to work with Enfield Council and the local community sector to replicate/extend some of the studies undertaken elsewhere. The community sector (and other practitioners) would be trained in data monitoring, impact assessments and community research. Data would be shared between boroughs and communities. In spring 2014, there would be a launch of the BME Network evaluation and at the same time a launch of the Women Organisation's mapping project.

The Social Policy Research Centre wanted to keep evaluating services; finding funding resources to continue the Third Sector Research Centre programme of capacity building 'vouchers' for the community sector and informing the development of capacity building and sustainability strategies.

He then drew the Board's attention to the inequalities in Enfield in accessing health care. The key findings of the project were as follows:

- significant gaps in health outcomes across the Borough e.g. the East-West divide in life expectancy;
- higher rates of mental health issues than the London average;
- parts of Enfield had the worst heart disease rates in England;
- some communities with high smoking rates (Turkish); and
- some communities with high diabetes rates (Asian and Black);
- language was a prominent barrier for many communities, especially the elders;
- difficulties in booking services with GPs and particular referrals;
- communities not reached by preventative campaigns;
- a lack of culturally-appropriate services for women;
- a reluctance to use mainstream services and a reliance on 'healers';
- most GP practices had no specific services in place;
- little understanding of equality issues with the view 'we treat all the same way';
- the restructuring of the NHS left gaps in terms of equality duty; and
- little awareness of collection and dissemination of data.

There would be a workshop to discuss findings with key stakeholders in January 2014 and EREC would be working on a BME Health and Wellbeing network.

By working with the Enfield Clinical Commissioning Group, the Council and the local community sector would assist in improving the quality of data monitoring and dissemination. The development of a model to conduct a 'Health Equalities Impact Assessment' (which was a statutory duty) would be supported as would the development of training courses. The findings would be disseminated among other boroughs as a model of good practice in the summer of 2014.

The Board was asked to consider the issues around young people leaving education or training early. There was a five year European Union project which aimed to provide insights into the mechanisms and processes that influenced young people's decision to leave school or training early before gaining adequate qualifications for the present day labour market. In the UK, this had been undertaken in Enfield, Barnet and Gateshead.

The intention of the project was to link this with previous experiences of supplementary schools and maximise the impact in research areas. It was also intended to organise workshops and dissemination events in schools with education practitioners and employers.

The Board made the following comments:

- Susan Lloyd was actively involved in the life expectancy issue within the Borough and Alessio D'Angelo was invited to have discussions with her;
- the work of the Parent Engagement Panel provided an opportunity for diverse communities to engage with the Council and other partners;

- Martin Fitches referred to the employment support grant and the role of the Department for Works and Pensions with regard to benefits;
- it was suggested that Alessio D'Angelo attend one of the Supplementary Schools Forum meetings and give a talk about health issues; and
- Andrew Fraser stated that he wished to be involved with the research on young people leaving education or training early.

A copy of Alessio D'Angelo's report can be found at:

[http://www.enfield.gov.uk/esp/downloads/file/60/addressing\\_changing\\_needs\\_of\\_bme\\_communities\\_in\\_enfield](http://www.enfield.gov.uk/esp/downloads/file/60/addressing_changing_needs_of_bme_communities_in_enfield)

### 3. **ESP FUTURE DIRECTION AND CONFERENCE REPORT**

Ilhan Basharan introduced this report which provided feedback on the outcomes from the ESP's Annual Conference. The conference took place on 13 November 2013 and reviewed the achievements of the last year and considered how best able to ensure that the Partnership remained 'fit for the future'.

The Annual Conference had explored a number of themes:

- how Partners could refine the ESP structurally to gain the sharpest focus and maximise the stakeholder base;
- how best to integrate Area Based Partnerships into the ESP to establish clear protocols and ensure strategic input from senior stakeholders;
- how to best embed the various strands of the ESP's agenda into the work of the APB's and wider partners' agendas;
- how the ESP could successfully deliver highly localised interventions to ensure a holistic approach and maximise impact.

The Board then made the following comments:

- should the ESP Executive Group be reinstated, there would need to be clear Terms of Reference setting out how it fitted in with the decisions of the Partnership;
- there was too much of a disconnect in the current system and the ESP Executive Group could join issues together;
- with regard to Area Based Partnerships the ESP did not have spatial dimensions as to where the residents were as this had not been clearly mapped and it was necessary for more information to be provided;
- there was a resource and capacity issue plus a need for a strategic view on what was going on in the Borough to be disseminated to empower people at the bottom level;
- there must not be duplication at meetings given the resource issue;
- a need to engage and consult with local people and gain greater resident involvement in area, ward and neighbourhood-based programmes. The Council's Scrutiny Team could be used to champion external consultation;
- consideration should be given to the work of the Executive Group as to what more could be done to make it more effective;
- a need to find a practical solution to this issue and a further report on this issue should be presented to the next meeting of the Board.

The meeting **AGREED:**

- the Board note the contents of the discussion document and draft report;
- review the membership of the Board and strengthen representation in learning and business areas;

- education should be given a more prominent role in the ESP and a 'Learning Communities' established;
- the ESP Executive Group be reinstated with clear terms of reference;
- coordinate partner engagement activities ensuring a holistic approach;
- review the work of TAGs, ABPs and other strategic forums to focus on strategic working needs, prevent fragmentation and loss of outcomes;
- to develop more robust protocols and place greater emphasis on partners to ensure their presence on ABPs. It was acknowledged that there was a resource issue particularly with the VCS.
- to work together to deliver a single community consultation and engagement strategy and implementation plan for all partners. The Scrutiny Team could assist, a further report to be submitted to the next meeting;
- the need to work with various groups of people - it was stressed that further layers in the structure should not be introduced to deal with residents and businesses.

#### **4. HEALTH AND WELLBEING STRATEGY CONSULTATION**

Shahed Ahmad presented the report on the Health and Wellbeing Strategy and the consultation on the draft proposals. The document described the key health and wellbeing priorities for the Borough and current strategy 'Improving Health and Wellbeing in Enfield' which was to be revised covering the period 2014-2019. Central to this was addressing the inequalities which existed in the Borough and making a difference where it was needed.

Shahed Ahmad advised that the vision for the Joint Health and Wellbeing Strategy agreed by the Health and Wellbeing Board was 'Working together to enable you to live longer, healthier happier lives in Enfield'. The approach to establishing draft priorities involved a method of evaluating the information contained in the Joint Strategic Needs Assessment which enabled a list of key topic areas to be produced. These key topic areas were analysed and discussed including applying local expert knowledge and understanding of specific issues.

The following draft priority areas had been put forward;

- ensuring the best start in life;
- enabling people to be safe, independent and well delivering high quality health and care services;
- creating stronger, healthier communities;
- narrowing the gap in healthy life expectancy;
- promoting healthy lifestyles and healthy choices.

So far 300 people had responded, including 40 young people and the consultation would close on 22 December 2013.

The Board then made the following comments:

- the voluntary sector had offered and taken up the opportunity for someone to talk about the Strategy at a meeting on 2 December 2013 and consequently some 600 people were circulated with details;
- there was a need to provide an easy to read version of the Document for those with impairments and with reading difficulties;
- it was necessary to utilise different forums in order to gain much richer feedback;
- the Document would be discussed at an EREC meeting on 12 December;

- whilst it was necessary to narrow the gap in health inequalities in the Borough, this should not be restricted to the life expectancy issue;
- one in four people in the UK would suffer from mental illnesses at some stage in their lives and there was a need to address mental illnesses;
- how did the Strategy fit in with schools e.g. physical education and sport;
- it was questioned whether much more would happen at the conclusion of the consultation. There was concern that with the sample being so small whether it was statistically relevant. A further report to be submitted to the next meeting indicating the breakdown of the respondents by age etc.

Following full consideration of the results and the necessary governance process within the Council and the Clinical Commissioning Group, the final Strategy would be presented at Cabinet on 22 January and to Council on 26 February 2014.

The meeting **AGREED** that:

- the responsibilities of the Health and Wellbeing Board and the progress made to produce the Joint Strategic Needs Assessment be noted;
- the draft priorities and consultation on the Joint Strategic Needs Assessment be noted – [www.enfield.gov.uk/jhwsconsultation](http://www.enfield.gov.uk/jhwsconsultation); and
- the Board promote the consultation and encourage responses to the consultation questionnaire - [public.health.strategy@enfield.gov.uk](mailto:public.health.strategy@enfield.gov.uk)

## **5. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

Shahed Ahmad presented the report and gave a presentation on the Council's new on-line JSNA which went live on 1 October 2013. He explained that since 2007, local authorities and health, initially through the Primary Care Trusts and since through the Clinical Commissioning Groups had a duty to prepare a JSNA.

The JSNA was a comprehensive collection of information about the health and wellbeing needs of the local population, including where inequalities existed. The information contained in the JSNA helped to inform the way in which decisions about health, wellbeing and social care services were planned and arranged. This information was also used by the Health and Wellbeing Board to develop the Borough's health and wellbeing strategy. In addition to this, the information was a useful tool for commissioners, policy makers and other interested parties.

Since the JSNA went on-line, it had been widely used to obtain up to date information about the health and wellbeing in the Borough. The on-line system was still being developed but partners were encouraged to use the tool and report any missing information or other things they wished to see included.

Whilst waiting lists were not at present on the system, the aim was to include such information eventually. The intention was to have one website incorporating links with Healthwatch and Clinical Commissioning Group activities.

The meeting **AGREED** that the report on the JSNA be noted.

## **6. ENFIELD YOUTH PARLIAMENT UPDATE**

Jake Orros presented an update on the work of the Enfield Youth Parliament. He advised that Enfield's second biannual borough-wide elections had been held in October 2013 and 16 parliamentarians were elected from 27 candidates across the four Enfield areas. Four members were also co-opted from partner services.

He quoted statistics from the biannual elections which indicated that more schools had taken part in this round of elections (17 compared to 14 in 2011). A total of 9674 young people had voted in October 2013. This was a 64.79% turnout. He added that this figure mirrored the General Election turnout in 2010. A successful anti-bullying event took place at the Milfield Theatre and consequently schools were now sharing good practices to prevent bullying.

Both Jake Orros and Giles Abban had attended the annual sitting of the UK Youth Parliament in the House of Commons Chamber. Five topics were debated to decide what the national campaign would be for the following year. The issues selected by 450,000 young people nationwide on the 'Make Your Mark' ballot paper. The national campaign was for there to be a better curriculum to prepare young people for life and votes for 16 and 17 year olds in all elections. He was called upon by the Speaker of the House of Commons to address those present and spoke on the issue of youth unemployment.

Jake Orros advised that he had been a member of the Enfield Youth Parliament for over two years and would be his last meeting of the Board. The Board thanked him for his work and input and wished him every success in the future.

## **7. CHANGE AND CHALLENGE UPDATE**

Andrew Fraser introduced the report which provided information on the strategic and operational development of the Change and Challenge Programme. Following the 2011 riots the Government had made £448m available to local authorities in a cross-government drive to turn round the lives of some 120,000 of some of the country's most troubled families. It estimated that each 'troubled family' cost the public purse approximately £75,000.

The report provided an update on the following:

- targets and family identification
- monitoring, evaluation and outcomes;
- financial information outlining the maximum amount of funding available;
- Centralised Change and Challenge Team;
- links with the local Department for Works and Pensions
- local developments with public health; and
- Troubled Families Phase 2

The Department for Communities and Local Government had set out targets and national criteria for participation in the Programme. The key areas of national focus were crime and anti-social behaviour, education and worklessness.

In Enfield crime and antisocial behaviour was the priority area in the initial phase of the Programme with refocused priorities for years 2 and 3 (April 2013-2015) being education and employment (adults pathway to work, NEETs, persistent absence, school exclusion and families in poverty), NEETs (young people not in education, employment or training). Monitoring would continue on crime filters (youth crime, antisocial behaviour) substance misuse, domestic violence, gang involvement and child health and wellbeing within years 2 and 3.

The outcomes set by the Government were:

- 60% reduction in antisocial behaviour, across the family in the last six months and/or a 33% reduction in youth offending;
- each child in the family having fewer than three fixed term exclusions and/or less than 15% unauthorised absence in the last 3 school terms;



- at least one adult in the family to have either volunteered for the Work Programme or be attached to the European Social Fund provision in the last six months; and
- at least one adult in the family moving off out-of-work benefits into continuous employment in the last six months.

The Board made the following comments:

- what was the likelihood of hitting the targets by the end of March 2014 and the inclusion of case study factors in future updates to show a clearer picture of whether targets were being met. Andrew Fraser replied that the turnaround was 194, confirmed targets were being met and future updates would include some anonymized case studies;
- could recruitment have taken place earlier? Andrew Fraser replied that during the first phase, there was an enormous amount of data sharing. This was followed by a commissioning round which was open to all partners. The Council was now moving forward;
- the current Troubled Families Programme was limited and Louise Casey (Director General of the Government's Troubled Families Programme) had been lobbied to find out exactly what a troubled family was and it was understood that she was considering changing the criteria;
- the Initiative set a target to turn around the lives of 775 families in the Borough over a three year period yet the Council would only be eligible to claim funding for 645 families as some grant had been withheld to meet the costs of the European Social Fund employment delivered by REED, which was a preferred supplier of employment related services to the Department for Works and Pensions;
- the Clinical Commissioning Group welcomed working on troubled families;
- the Department for Works and Pensions had widened out its work programme with vulnerable people;
- work was ongoing with GPs as large numbers of troubled families had not registered with them.

The meeting **AGREED** that the information provided for the Change and Challenge Programme be noted and that partners continue to engage with and promote the Programme as it contributed to achieving positive outcomes.

## **8. WORK OF THE LIFE OPPORTUNITIES COMMISSION AND OUTCOMES ACHIEVED**

Mike Ahuja introduced his report on the work of the Life Opportunities Commission (LOC), outcomes achieved and what it hoped to achieve.

In 2008 five young men died in violent incidents over a 6 month period and so the Council set up the LOC made up of members and partners from the ESP including Police, Health and Head Teachers from the primary sector.

The LOC was formed as an ongoing commission to seek to improve the life opportunities of young people, their families and the community and their key aims were as follows:

- raise aspirations of individuals, families and the Enfield community;
- strengthen resilience of individual families and communities; and
- establish support mechanisms to widen experience and opportunities to facilitate the above.

The LOC had considered the use of creative arts in schools to help change behaviour and attitudes of young people as the creative arts were known to facilitate the development of skills needed to improve aspirations and resilience. In liaison with Primary Head Teachers theatre work would take place in June 2014 as part of the Junior Citizenship Day programme which would run for a month at the Dugdale Centre. The secondary sector was to have a scheme agreed by May 2014 for commencement in the academic year 2014/2015.

Following the transfer of public health to the Council and the range of interventions from agencies including gangs' call-in, two year health check etc, the LOC had asked that consideration be given to moving interventions 'upstream'. Consequently it had been agreed with public health that a 'peri-natal' advisory programme be developed. This would require members of the Parent Engagement Panel to work alongside health professionals in ante-natal classes. Primary Head Teachers had also been consulted on the messages to be provided; linking in with schemes in place to allow children to be ready for school.

The Board made the following comments:

- there was a concern that over two years after the 2011 riots, a cost action plan had not been forthcoming;
- costs and implications needed to be included in information provided;
- EREC's research indicated that many pregnant women in ethnic groups had not registered with GPs, turning up at late stages in pregnancy and risking not only their own lives but also those of their unborn babies;
- there was concern about duplication of work and the costings involved - more detail of benefits was requested.

The meeting **AGREED** that:

- the legacy of the LOC needed to be passed on into 2014 and the years that followed including the implementation of the Life Skills Framework and embedding the theatre work in 2014/2015;
- the mechanism that allowed agencies supporting vulnerable people to be funded by new resource mechanisms such as community budgets;
- the mapping of the diagram submitted with the report be adopted as a strategic tool to identify gaps in provision; and
- the Council be requested to support the work of the LOC to further develop and implement the above programmes.

## 9. **AOB**

### (a) Healthy Lifestyles – 'Me Sized Plates' Project

Ilhan Basharan referred to a joint healthy lifestyles project aimed at ensuring portion sizes and food content was balanced and could help address obesity in the Borough. The plan was to pilot a small programme that pairs local children's centres and primary schools and could link into other activities in this area including free school meals (where appropriate) and pupil premium. The meeting **AGREED** that a paper on the 'Me Sized Plates' project be presented to the next meeting of the Board.

### (b) Decommissioning of Children's Services in the Voluntary Sector

Paula Jeffery referred to the Decommissioning of Children's Services in the Voluntary Sector. She thought that the Council was working towards a commissioning approach and was concerned that there had been no impact assessment undertaken. Andrew Fraser to meet with the Voluntary Sector.