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THE CABINET

Wednesday, 12th November, 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 of the Council), Chris Bond (Cabinet Member for Environment and Community Safety), Donald McGowan (Cabinet Member for Health and Adult Social Care), Ayfer Orhan (Cabinet Member for Education, Children's Services and Protection), Ahmet Oykener (Cabinet Member for Housing and Estate Regeneration), Rohini Simbodyal (Cabinet Member for Culture, Sport, Youth and Public Health), Alan Sitkin (Cabinet Member for Economic Development), Andrew Stafford (Cabinet Member for Finance) and Yasemin Brett (Cabinet Member for Community Organisations)

Associate Cabinet Members

Note: The Associate Cabinet Member posts are non-executive, with no voting rights at Cabinet. Associate Cabinet Members are accountable to Cabinet and are invited to attend Cabinet meetings.

Bambos Charalambous (Associate Cabinet Member – Non Voting), George Savva MBE (Associate Cabinet Member – Non Voting) and Ozzie Uzoanya (Associate Cabinet Member – Non Voting)

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

To consider any requests for deputations which have been received for presentation to this Cabinet meeting.

5. ITEMS TO BE REFERRED TO THE COUNCIL

To agree that the following reports be referred to full Council:

1. Report Nos. 115 and 116 – Bury Street West – Development Options for the Former Parks Depot Site, N9 9LA

6. SEPTEMBER REVENUE MONITORING 2014/15 AND FINANCIAL UPDATE

A report from the Director of Finance, Resources and Customer Services **will be circulated as soon as possible**. This sets out the Council's revenue budget monitoring position based on information to the end of September 2014. **(Key decision – reference number 3950)**

(Report No.112)
(8.20 – 8.25 pm)
TO FOLLOW

7. ENFIELD JOINT ADULT MENTAL HEALTH STRATEGY (Pages 5 - 68)

A report from the Director of Health, Housing and Adult Social Care is attached. This seeks approval of the strategic direction, priorities and objectives for adult mental health care in Enfield, as detailed in the Enfield Joint Adult Mental Health Strategy. **(Key decision – reference number 3938)**

(Report No.113)
(8.25 – 8.30 pm)

8. RATIFICATION OF CABINET DECISION OF 9 APRIL 2014 TO DESIGNATE THE AREA OF THE LONDON BOROUGH OF ENFIELD FOR ADDITIONAL LICENSING

A report from the Director of Health, Housing and Adult Social Care **will be circulated as soon as possible**. **(Key decision – reference number U189/KD4026)**

(Report No.114)
(8.30 – 8.35 pm)
TO FOLLOW

9. BURY STREET WEST - DEVELOPMENT OPTIONS FOR THE FORMER PARKS DEPOT SITE, N9 9LA (Pages 69 - 90)

A report from the Director of Finance, Resources and Customer Services and Director of Health, Housing and Adult Social Care is attached. This seeks approval to the development options for this site. (Report No.116, agenda part two also refers) **(Key decision – reference number 3959)**

(Report No.115)
(8.35 – 8.40 pm)

10. ISSUES ARISING FROM THE OVERVIEW AND SCRUTINY COMMITTEE

To note that no issues have been received for consideration at this meeting.

11. CABINET AGENDA PLANNING - FUTURE ITEMS (Pages 91 - 96)

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

12. MINUTES (Pages 97 - 118)

To confirm the minutes of the meeting of the Cabinet held on Wednesday 22 October 2014.

13. MINUTES OF LOCAL PLAN CABINET SUB-COMMITTEE - 15 OCTOBER 2014 (Pages 119 - 122)

To receive, for information, the minutes of a meeting of the Local Plan Cabinet Sub-Committee held on 15 October 2014.

INFORMATION ITEMS

14. ENFIELD STRATEGIC PARTNERSHIP UPDATE

There were no written updates to be received.

15. DATE OF NEXT MEETING

To note that the next meeting of the Cabinet is scheduled to take place on Wednesday 10 December 2014 at 8.15pm.

CONFIDENTIAL ITEMS

16. 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)

Agenda Item 7

MUNICIPAL YEAR 2014/2015 REPORT NO. 113

Agenda – Part: 1	**Item: 7**
Subject: Enfield Joint Adult Mental Health Strategy **Wards:** All **Key Decision No:** 3938	
Cabinet Member consulted: Councillor McGowan	

MEETING TITLE AND DATE:
Cabinet – 12 November 2014

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

Contact officer and telephone number:

Bindi Nagra – Assistant Director

E mail: Bindi.nagra@enfield.gov.uk

1. EXECUTIVE SUMMARY

The Government has put good mental health and resilience at the heart of the country and individuals' economic and social wellbeing. Mental health is therefore identified as being "everybody's business" and mental and physical health and wellbeing are to be given equal status.

The Enfield Joint Adult Mental Health Strategy, revised following a 14 week public consultation, is submitted to the Cabinet for sign off.

Improving the mental health and wellbeing of adults living in Enfield has therefore been prioritised by Enfield Council (the Council) and NHS Enfield Clinical Commissioning Group (the CCG).

In line with No Health Without Mental Health, the national mental health strategy, the Council and the CCG have agreed 2 strategic goals:

1. To improve the mental health and wellbeing of the population.

2. To improve recovery for adults with mental health issues.

3. To develop the mental health care system

The strategy addresses the needs of adults with mental health issues aged 18 years or over including transition to and from these services. It also addresses the needs of adults with a learning disability and/or autism and adults who abuse drugs and/or alcohol who also have a mental health problem. The mental health and wellbeing of all carers and support for carers of adults with mental health issues is included in the strategy. A Children and Adolescent Mental Health Service (CAMHS) Strategy.

The strategy identifies the need for improved efficiency and productivity in Mental Health Services in the context of a difficult financial settlement for both the Council and CCG. Both the Council and NHS Enfield CCG get less funding due to grant damping which continues to have a negative impact on the value of our allocation from Central Government.

2. RECOMMENDATIONS

Cabinet is asked to:

- approve the strategic direction, priorities and objectives for adult mental health care in Enfield, as detailed in the Joint Enfield Mental Health Strategy attached at **appendix 1**: and

- Note the strategy is also being considered by the Enfield CCG Executive Team prior to submission by the Governing Body in October 2014.

3. BACKGROUND

3.1 The Government has put good mental health and resilience at the heart of the country and individuals' economic and social wellbeing. Mental health is therefore identified as being "everybody's business" and mental and physical health and wellbeing are to be given equal status.

3.2 Improving the mental health and wellbeing of adults living in Enfield has therefore been prioritised by Enfield Council (the Council) and N H S Enfield Clinical Commissioning Group (the CCG).

3.3 In line with No Health Without Mental Health[1], the national mental health strategy, the Council and the CCG have agreed 3 strategic goals:

1. To improve the mental health and wellbeing of the population.

2. To improve recovery for adults with mental health issues.

3. To develop the mental health care system

3.4 6 key outcomes are identified in the national mental health strategy:

- More people will have good mental health.
- More people with mental health issues will recover.
- More people with mental health issues will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

The strategy addresses the needs of adults with mental health issues aged 18 years or over including transition to and from these services. It also addresses the needs of adults with a learning disability and/or autism and adults who abuse drugs and/or alcohol who also have a mental health problem. The mental health and wellbeing of all carers and support for carers of adults with mental health issues is included in the strategy.
Enfield Council and CCG have jointly commissioned separate Children and Adolescent Mental Health (CAMHS) Strategy. The joint strategy will set out the way in which Enfield will commission a comprehensive and integrated Emotional Wellbeing and Child and Adolescent Mental Health Service and improve outcomes for children and young people in Enfield ensuring the links between children and adults through transition pathways and joint working are integral to our strategic commissioning approach.

3.5 The number of adults with mental health issues is likely to rise by 3% by 2020 as a result of the projected growth in the adult population.

[1] No health without mental health: a cross government mental health outcomes strategy for people of all ages, DH, 2011

3.6 In line with the national strategy, a life course approach to service delivery will be adopted, with pathways and services organised and accessible by need rather than age. Care will be better co-ordinated and seamless. The transition from child and adolescent mental health services to services for adults with a functional mental health problem to services for older people who are physically frail, depression and anxiety that starts in later life and/or who have an organic illness (including dementia) will be improved. The needs of families where there is an adult with a mental health problem will also be addressed.

3.7 The strategy addresses the following key areas of concern in Enfield:

- Deprivation is a risk factor and proxy indicator of mental health issues in a community. As there are significant areas of deprivation in Enfield with 10 wards being in the top 20 percent most deprived wards in the country and 3 wards being in the top 10 percent most deprived wards nationally, a substantial number of people in Enfield are at significant risk of developing mental health issues.

- Ensuring that the mental health needs of the significant numbers of people from black and minority ethnic (bme) communities are identified and appropriate support is offered; 39 to 55% of the population is estimated to be from a bme community and it is well established nationally that bme people are over represented in Mental Health Services.

- Supporting the significant numbers of adults in touch with secondary care mental health services who are unemployed to find meaningful occupation or employment; only 4 percent of this group is in work. Evidently this rate is extremely low and must therefore be addressed. However, it should be noted that the average rate of employment for this group nationally is only 6 percent.

- Giving equal priority to mental and physical health; similar to other areas, investment in mental health services in Enfield is significantly lower than for physical health care services per head of population.

- Ensuring a greater focus on supporting adults with mental health issues to recover; this is a challenge faced by most mental health services nationally. Significant action is needed to achieve the joint vision and enable adults with mental health issues to maximise their potential to live independent meaningful lives.

3.8 A number of other priorities for improvement have been identified as required if the vision for improved mental health in Enfield is to be achieved:

- Improving the quality of acute care; inpatient and community based support including in a crisis, inpatient rehabilitation, psychiatric liaison and support on and after discharge.
- Developing the community mental health services infrastructure; training and support to primary care, housing and flexible support, support to find meaningful occupation and/or employment and to maximise income. [Wider determinants of good mental health]
- Ensuring early intervention to support the development of personalised self-management strategies, including access to psychological therapies for those with common mental health issues.
- Challenging stigma and discrimination.
- Improving mental health and wellbeing. Ensuring that care is well co-ordinated/ integrated.
- Ensuring effective transition from child and adolescent to adult mental health services and to older adult mental health services.
- Addressing (mental) health inequalities; in particular those experienced by black minority and ethnic communities and those of
  lesbian, bisexual, gay and transgender individuals.
- Supporting carers of adults with mental health issues and ensuring the mental health and wellbeing of all carers.

The CCG and the Council have agreed 8 strategic objectives to address these:

Strategic Objectives 2014- 2019

A To improve the mental health and wellbeing of the population.	
1.	1. To promote mental health and wellbeing and prevent mental illness.
2.	To reduce inequalities in mental health.
3.	To improve access to mental health assessment, treatment and support.
4.	To improve the mental health and wellbeing of all carers and improve support f carers of adults with mental health issues.
B To improve recovery for adults with mental health issues.	
5.	To ensure that mental health care is provided as close to home as possible, personalised, recovery orientated and focused on outcomes.
	To improve the quality* and efficiency and therefore outcomes from secondary mental health services. **safety, effectiveness, patient experience*
C To develop the mental health care system.	
6.	To develop a strong partnership between mental health services, commissioning and providers and ensure that communities, service users and carers are involved in service improvement and planning
7.	To improve the commissioning of mental health services

3.9 In order to support more adults with mental health issues in the community in a preventative capacity, the relationship and interface between primary and secondary care will need to change. We will build on the strengths of the existing model of community support and seek to develop a network model. Effective working relationships between GPs and secondary and statutory Mental Health Services will be established as part of this. Support and training will be provided to GPs, Voluntary & Community Sector and secondary and mental health services. The potential to transfer resources from secondary to primary care to enable this new network model of community focussed care will be assessed in terms of benefits modelling and realisation.

3.10 The strategy incorporates the commissioning priorities identified in the mental health commissioning strategy 2013-15 for the boroughs of Barnet, Enfield and Haringey (BEH).

3.11 Enfield CCG is currently working with commissioners in Barnet and Haringey and the current tri-borough Mental Health Service Provider to develop a mental health services investment plan as part of its strategic planning processes. These take account of the financial challenges faced by the health and social care system and will address the significant increase in mental health admissions experienced during 2013-14. It will also seek to improve productivity and ensure that localised performance is in line with national benchmarks for the performance of mental health services.

3.12 It appears that there may be additional scope for improved efficiency and effectiveness and re-investment across the mental health and social care system by:

- Transferring resources from secondary to primary care based mental health services to support early intervention and diagnosis.
- Bringing people back to Enfield from out of area placements.

Any proposal for development will be subject to the approval of a business case by the respective Boards of each organisation (Health and Care). Commissioners will bid for national funding where appropriate, and will support the voluntary sector to bid for national charitable and government funds to develop community services.

3.13 The strategy will be delivered by the Mental Health Partnership Board and the Mental Health Strategy Implementation Group working in partnership. An initial 2 year work plan will be agreed to support delivery of the strategic goals and objectives.

3.14 The current provider of Mental Health Services is the Barnet, Enfield and Haringey BEH Mental Health Trust (BEHMHT). They are commissioned by the 3 Clinical Commissioning Groups on a tri-borough basis. BEHMHT are contracted by BEH CCGs to deliver secondary mental health care and community focussed psychological interventions such as the IAPT services. BEHMHT also provides an integrated health and care service in partnership with the Council. This arrangement is formalised through a section 75 agreement. Similar levels of partnership arrangements are operating in Barnet and Haringey and are considered as a typical model of integrated health and care services for people with mental health issues. The Strategy is relevant to BEH Mental Health Trust as the current provider but would also be relevant to any new provider during the course of

the strategy, should there be a change in all or some of the provision.

4. Consultation on the Strategy

4.1 The Council and the CCG consulted on the draft strategy for 14 weeks from 21 November 2013 to 24 February 2014. 202 people who were considered representative of all stakeholder groups and key organisations participated. Two methods were used to secure feedback during the consultation period:

- A survey questionnaire hosted on the Council, CCG and the current mental health service providers website
- 2 half day public consultation events on 7th and 21st of January 2014 were held on with a focus on the 3 key areas:
    - Employment
    - Accommodation
    - Community focussed mental health services

These topics were set in the wider context of the overall strategy and the attendees of the events were asked to identify priority objectives within each topic.

4.2 Following consultation a detailed report was prepared on the finding and the following amendments to the strategy were made:

- The action that the Council and the CCG will take is more clearly articulated with objectives prioritised and more clearly stated. Timescales for delivery have been refined and are clearly linked to measurable outcomes. However, further development is still required and this will be completed as part of the process of strategy implementation.

- The priority already given to the development of a strong partnership with service users and carers and other stakeholders is given even greater priority and this commitment is stated more clearly throughout the strategy.

- Although already considered as a high priority, ensuring that individuals are supported to engage in meaningful occupation and to secure employment is now the top priority in terms of the direct action needed to improve recovery and enables greatly the development of self-esteem. The wording of this objective has been changed to reflect concerns conveyed during the consultation the possible detrimental impact on some people's wellbeing by talking about the benefits of employment in a generalised way. The very prospect of this [being in employment] may be perceived as unattainable to some. The wording now reads 'meaningful occupation, employment and training'.

- Objective 1 has been amended to read: 'to promote mental health and wellbeing and prevent mental illness'.

- Objective 3 has been amended to read 'to improve access to mental health assessment, treatment and support'. It includes:

    - Ensuring that there is a clearly defined pathway to services and clearly defined care pathways for each condition.

    - Improving access to information, advice and signposting.

    - Developing an online directory of services including access to self- help materials and guided support.

    - Exploring the potential benefit of a (mental) health and wellbeing centre to support achievement of this and the other objectives.

4.3 In order to address concern that the consultation may not have fully reached excluded and disadvantage groups, Objective 1: to promote the mental health and wellbeing of the population and 2: to address inequalities in mental health have also been prioritised, although they received the least support.

4.4 The strategy has also been amended to take account of the outcome of the contract negotiations with the current Mental Health Service Provider.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 The Strategy sets out how a) care pathways will be reshaped and b) services and support will be improved for Mental Health Service Users and Carers in the future. It also supports the Council and NHS Enfield CCG to work in partnership. It proposes an approach to commissioning and developing services for mental health service users and carers that are consistent with current legislation and guidance, and is in line with existing Council and NHS Enfield CCG strategies.

6. REASONS FOR RECOMMENDATIONS

6.1 The strategy is intended to meet the government's key objectives for the delivery of mental health services and to improve mental health service locally. A Joint Strategy between the CCG recognises the inter-dependency of health and social care and the impact of wider determinants of good mental health.

7. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

7.1 Financial Implications

The Strategy identified the need for improved efficiency and productivity in Mental Health Services in the context of a difficult financial settlement for both the Council and CCG. Transferring resources from expensive secondary services to primary care and social care will be imperative if this strategy is to be fully delivered.

The CCG have identified investment requirements for acute activity, psychiatric liaison and Increasing Access to Psychological Therapies.

There are no specific additional funding requirements for the Council in this report.

7.2 Legal Implications

Section 2B (1) of the National Health Service Act 2006 imposes a duty on each local authority to "take such steps as it considers appropriate for improving the health of people in its area". The actions which may be taken in furtherance of this duty are set out at Section 2B (3) and are very wide, including "(g) making available the services of any person or any facilities".

In addition, Section 195 (1) of the Health and Social Care Act 2012 imposes a duty on a Health and Wellbeing Board to "encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner" "for the purpose of advancing the health and wellbeing of the people in its area". Section 194 (1) of the same Act requires a local authority to establish a Health and Wellbeing Board for its area.

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

8 KEY RISKS

8.1 There are no significant risks identified as a result of this strategy and its implementation. Any risks identified whilst implementing the strategy will be included on the Mental Health Partnership Board risk register and managed by the Implementation Group through existing risk management arrangements.

9 IMPACT ON COUNCIL PRIORITIES

9.1 Fairness for all

The Joint Mental Health Strategy recognises the significant BME population in Enfield. Only 4% of those with mental health issues in contact with secondary mental health services are in work.

Deprivation is a risk factor and proxy indicator of mental health issues in a community. As there are significant areas of deprivation in Enfield with 10 wards being in the top 20 percent most deprived wards in the country and 3 wards being in the top 10 percent most deprived wards nationally, a substantial number of people in Enfield are at significant risk of developing mental health issues.

By providing a clear strategic direction for the development of health care and support to people with mental health issues Enfield Council and the NHS will be greatly contributing to the reduction of these inequalities for service users and carers.

9.2 Growth and Sustainability

The Joint Mental Health Strategy highlights the need for people with mental health issues to be supported into employment. By working in partnership with Jobcentre Plus, the Mental Health Trust and other providers the Council and NHS will implement the Strategy to provide opportunities for training, skills workshops, employment advice and information.

9.3 Strong Communities

The Strategy aims to provide a stronger focus on supporting adults with mental health to recover, develop meaningful relationships and participate in the communities in which they live and work. Providing secure and settled accommodation with a job and support to maximise their income will all contribute to building a stronger community.

10 EQUALITIES IMPACT IMPLICATIONS

It is acknowledged that people with mental health issues will have less stable accommodation, be significantly more likely to be unemployed and living in areas of deprivation. To ensure equal access to information and services partnership working is required between the Council, Health Services and voluntary groups and BAME specific groups in the community to minimise cultural and language barriers.

11 PERFORMANCE MANAGEMENT IMPLICATIONS

The strategy will be delivered by the Mental Health Partnership Board and the Mental Health Strategy Implementation Group working in partnership. An initial 2 year work plan will be agreed to support delivery of the strategic goals and objectives and will be monitored by the Health and Wellbeing Board.

12 PUBLIC HEALTH IMPLICATIONS

This Strategy is designed to maintain, and improve, the health and wellbeing of people with mental health issues. At least 1 in 4 adults will experience a mental health problem at some point in their lives and 1 in 6 adults is likely to be experiencing a mental health problem at any one time. People with mental health issues are also much more likely to experience higher levels of physical ill health.

The Strategy ensuring that there is a strong focus on mental health promotion and prevention, early intervention, addressing the wider determinants of mental health and wellbeing, building community resilience and ensuring that equal status and priority is given to mental and physical health and wellbeing. They are also committed to ensuring that there is full scrutiny and accountability across the mental health care system.

Background Papers
None

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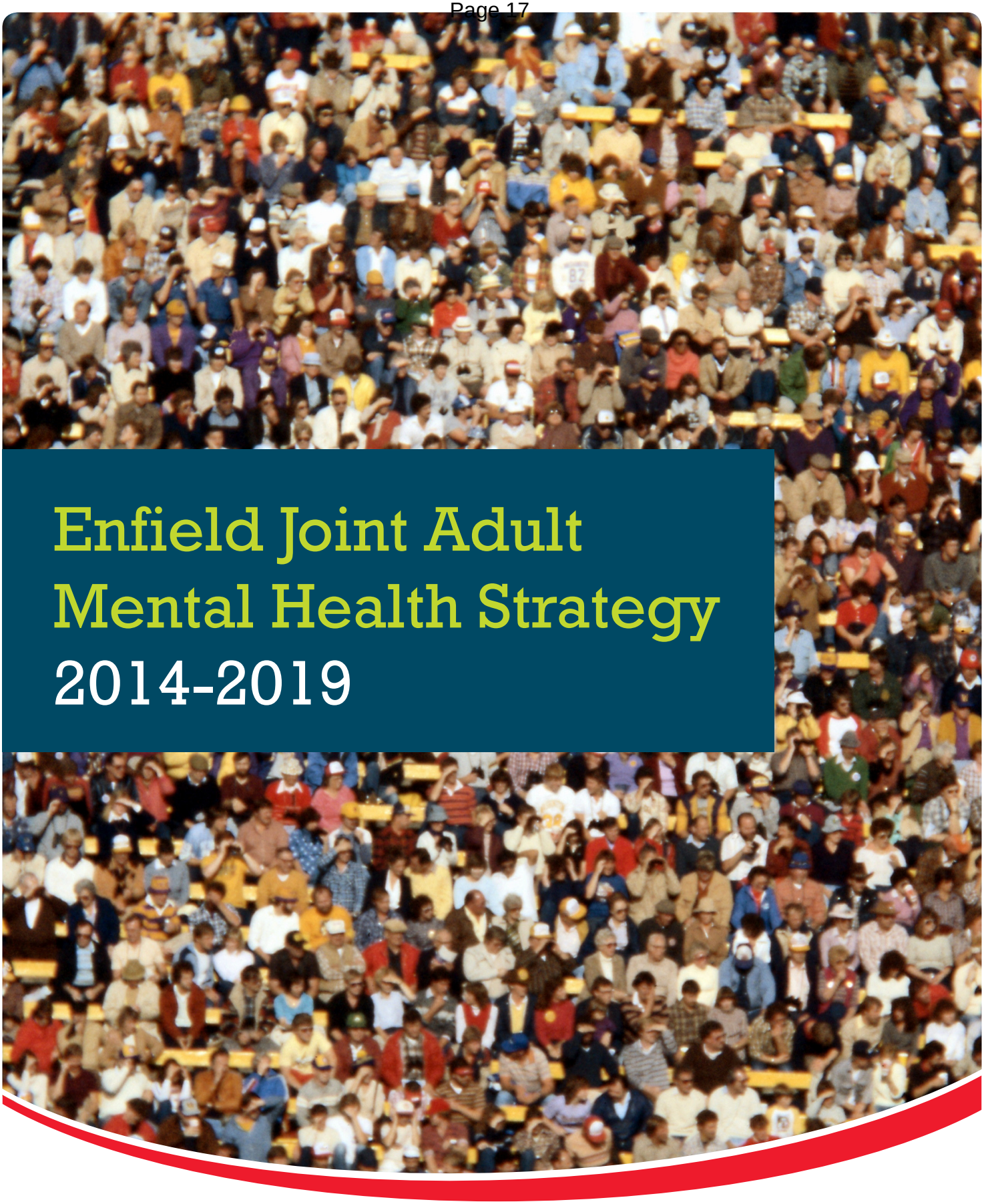


Enfield Joint Adult Mental Health Strategy 2014-2019

www.enfield.gov.uk
www.enfieldccg.nhs.uk

NHS
Enfield
Clinical Commissioning Group

ENFIELD
Council

Figure 1: Our Vision for Adult Mental Health Services in Enfield

Our Vision for the Mental Health and Wellbeing of Adults in Enfield

What will be Different over the Next 5 years?

There will be a strong focus on service quality, recovery and outcomes delivered through effective partnerships

There will be improved access to:

- Support to maintain mental health and wellbeing for all
- Early diagnosis and intervention
- Information about services and support
- Evidence based assessment, treatment and support
- Housing with flexible support
- Support by GPs and in community settings
- Good quality support for people during acute phases of illness
- Support to find meaningful occupation or employment and to maintain income
- Support to develop meaningful relationships and participation in community activities
- Support to address both mental health and physical needs
- Support for carers

There will be more:

- Control and choice in care planning
- Effectively co-ordinated care
- Of a community presence for adults with mental health issues
- Involvement of service users in decisions about services and support
- Effective use of resources in secondary care, with care targeted at those who need access to specialist services the most
- Attention to the mental health and wellbeing of carers
- Attention to faith and cultural beliefs

There will be less:

- Stigma and discrimination associated with mental health issues
- Inequity in mental and physical health and wellbeing
- Avoidable harm and injury
- Time spent away from their homes by adults with mental health issues

And fewer:

- Avoidable crises and admissions to hospital
- Adults with mental health issues who feel alone and unsupported
- Adults with mental health issues who are excluded from the communities in which they live

Contents

Foreword

We consulted on the Joint Enfield Adult Mental Health Strategy 2014-2019 from 21 November 2013 to 24 February 2014. A range of Enfield organisations and residents participated. Having reviewed our priorities and objectives in light of the feedback given, we are pleased to introduce the full strategy to you. We believe it now better reflects the needs and views of the Enfield population.

The strategy sets out our strategic goals:

1: To improve the mental health and wellbeing of the population
2: To improve recovery from mental health issues
3: To develop the Mental Health Care system

It describes our vision (See Figure 1), our priorities and the action we have agreed to take over the next 3 to 5 years to achieve it.

Partnership has been shown to be at the heart of excellent mental health care and key to ensuring the mental health and wellbeing of individuals and communities. Collectively, participants in the consultation gave the strongest support to the objective relating to the development of a partnership with service users and carers. This is at the heart of our approach. We will act on our commitment to build a strong partnership with service users and carers as a matter of urgency. In addition, we will work with local communities, staff and the voluntary and independent sectors to deliver the intended improvements to the mental health and wellbeing of residents in Enfield.

Signatures: and designations

Dr Mohammed Abedi
Chair, Enfield Clinical Commissioning Group

Councillor Donald McGowan
Chair of the Health & Wellbeing Board and Cabinet Member of Health and Adult Social Care

Executive Summary

- The Government has put good mental health and resilience at the heart of the country and individuals' economic and social wellbeing. Mental health is therefore identified as being "everybody's business" and mental and physical health and wellbeing are to be given equal status. The Government requires individuals, communities and the organisations within them to take responsibility for improving their own mental health and wellbeing and/or that of other people. The Government also suggests that individuals and communities have a responsibility to challenge "the blight of stigma and discrimination[1]". Local authorities and the NHS are in the driving seat of the action needed to improve mental health and wellbeing[2].

- Improving the mental health and wellbeing of adults living in Enfield has therefore been prioritised by Enfield Council (the Council) and Enfield Clinical Commissioning Group (the CCG). The Council and the CCG are committed to working together to improve the quality and efficiency of mental health services and therefore mental health outcomes for Enfield residents. This includes ensuring that there is a strong focus on mental health promotion and prevention, early intervention, addressing the wider determinants of mental health and wellbeing, building community resilience and ensuring that equal status and priority is given to mental and physical health and wellbeing. The Council and the CCG are also committed to ensuring that there is full scrutiny and accountability across the mental health care system.

- In line with **No Health Without Mental Health**[3], the national mental health strategy, the Council and the CCG have agreed 2 strategic goals:

  1. To improve the mental health and wellbeing of the population.
  2. To improve recovery for adults with mental health issues.

  The overall aim of the strategy is to improve the quality of services – safety, effectiveness and patient experience – and to make the best use of the financial and other resources available. The effectiveness of implementation of the strategy will be measured by improvement in overall outcomes for both service users and carers; Tools for measurement will be embedded into the commissioning process.

- 6 key outcomes are identified in the national mental health strategy:

  - More people will have good mental health.
  - More people with mental health issues will recover.
  - More people with mental health issues will have good physical health.
  - More people will have a positive experience of care and support.
  - Fewer people will suffer avoidable harm.
  - Fewer people will experience stigma and discrimination.

  These provide the framework for improvement. Initial work has been undertaken to develop more robust outcome measures. This work includes starting to adopt a values based approach to commissioning. Commissioners will work with all stakeholders to develop these outcome measures over the life of the strategy.

- The strategy addresses the needs of adults with mental health issues aged 18 years or over. This includes transition to and from these services. It also addresses the needs of adults with a learning

1 No health without mental health: a cross government mental health outcomes strategy for people of all ages, DH, 2011
2 No health without mental health: a cross government mental health outcomes strategy for people of all ages, DH, 2011
3 No health without mental health: a cross government mental health outcomes strategy for people of all ages, DH, 2011

disability and/or autism and adults who abuse drugs and/or alcohol who also have a mental health problem. The Council recognises the contribution made by carers and the need to support them effectively if they are to continue in their caring roles. Therefore the mental health and wellbeing of all carers and support for carers of adults with mental health issues is included in the strategy.

- In line with the national strategy, a life course approach to service delivery will be adopted, with pathways and services organised and accessible by need rather than age. Care will be better co-ordinated and seamless. The transition from child and adolescent mental health services (CAMHS) to adult services and for adults with a functional mental health problem to services for older people who are physically frail, with depression and anxiety that starts in later life and/or have an organic illness including dementia, will be improved. The needs of families where there is an adult with a mental health problem will also be addressed.

- It is estimated that there are 37,294 adults aged 18-65 years living in Enfield with a neurotic disorder e.g. depression, anxiety, obsessive compulsive disorder. Estimates of the prevalence of serious mental illness e.g. schizophrenia, bipolar disorder and other psychoses vary. Application of the rates gives a range of 1,000-5,000 adults living with serious mental illness in Enfield. The number is likely to rise by 3 percent by 2020 as a result of the projected growth in the adult population.

- The strategy addresses the following key areas of concern in Enfield:

  – Deprivation is a risk factor and proxy indicator of mental health issues in a community. As there are significant areas of deprivation in Enfield with 10 wards being in the top 20 percent most deprived wards in the country and 3 wards being in the top 10 percent most deprived wards nationally, a substantial number of people in Enfield are at significant risk of developing mental health issues. This is evidenced by the fact that the standardised mortality rate for adults with serious mental illness aged 18 to 75 years in the borough is the third highest in all the London boroughs.

  – The need to ensure that the mental health needs of the significant numbers of people from black and minority ethnic (BME) communities are identified and appropriate support is offered; it is estimated that between 39 and 55% of the Enfield population is from a BME community.

  – Supporting the significant numbers of adults in touch with secondary care mental health services who are unemployed to find meaningful occupation or employment; only 4 percent of this group is in work. Evidently this rate is extremely low and must therefore be addressed. However, it should be noted that the average rate of employment for this group nationally is only 6 percent.

  – Giving equal priority to mental and physical health care; as in many other areas nationally, Enfield investment in mental health services in Enfield is significantly lower than for physical health care services when compared per head of population.

  – Ensuring a stronger focus on supporting adults with mental health issues to recover; this is a challenge faced by most mental health care economies national; significant action is needed to achieve the joint vision and enable adults with mental health issues to maximise their potential to:

    - Live independently with flexible support when, and if, it is needed.
    - Develop meaningful relationships and participate in the communities in which they live and work.
    - Live in secure, settled accommodation with a job or meaningful occupation and support to maximise their income.

In order to achieve the shift to a recovery focussed service, a significant shift in the way services are delivered is needed. This strategy will drive the cultural shift and service redesign that is required.

- A number of other improvements are necessary if the vision for improved mental health is to be achieved. In Enfield, the greatest improvement is needed in the following areas:

  – Addressing (mental) health inequalities, in particular those experienced by black minority and ethnic (BME) communities and those from lesbian, bisexual, gay and transgender individuals (LBGTi).
  – Acute mental health care; inpatient and community based and including support in a crisis, inpatient rehabilitation and psychiatric liaison services.
  – Developing the community mental health services infrastructure; support and training for primary care to manage mental health issues; housing and flexible support; support to find meaningful occupation including employment; maximising income.
  – Ensuring early intervention, including access to psychological therapies for those with common mental health issues and support in crisis.
  – Challenging stigma and discrimination.
  – Delivering accessible services for all.
  – Improving the mental health and wellbeing of the population.
  – Ensuring that care is well co-ordinated and integrated.
  – Ensuring that transition from child and adolescent to adult mental health services is effective and seamless.
  – Ensuring that the needs of older adults with non-organic mental health issues are addressed effectively (including transition).
  – Supporting carers of adults with mental health issues and ensuring the mental health and wellbeing of all carers.

  The action that will be taken to achieve these improvements is detailed in Sections 5 and 6.

- In order to support more adults with mental health issues in the communities in which they live and work, the relationship and interface between primary and secondary care will be developed, building on the strengths of the existing model of community support in the context of the emerging GP locality network model. Effective working relationships between GPs and the voluntary sector will be established as part of this. Support and training will be provided to GPs and other staff in primary care. The potential to transfer resources from secondary to primary care to enable the development of the new model will be assessed.

- The strategy incorporates the commissioning priorities identified in the mental health commissioning strategy 2013-15 for the boroughs of Barnet, Enfield and Haringey.

- The CCG is currently working with commissioners in Barnet and Haringey and the current tri-borough Mental Health Service Provider to develop a mental health services investment plan as part of its strategic planning processes taking into account of the financial challenges faced by the health and social care system. It addresses the significant increase in mental health admissions experienced during 2013-14 and seeks to improve productivity and ensure that performance is in line with national benchmarks for the performance of mental health services.

- Achieving financial balance across the health and social care economy is a major concern and challenge to many. Work has still to be done to develop and appraise options for future service

delivery and the scope for re-investment. Key stakeholders will be involved in identifying priorities as it will not be possible to address all the identified gaps in the next 5 years. In fact, as it is likely that it will be necessary to reduce investment, it will be necessary to deliver most improvements through improved productivity and efficiency. It appears that there is potential to achieve improvement through the following:

- Transferring resources from secondary to primary care based mental health services.
- Review all placements in and out of the borough.
- Improving the patient journey e.g. by reducing duplication, improving communication between teams and organisations.

Any proposal for re-modelling and/or development will be subject to consultation by the Board of each organisation. Commissioners will bid for national funding where appropriate and will support the voluntary sector to bid for national charitable and government funds to develop preventative, recovery and outcome focused community services.

- The CCG and the Council have agreed 8 strategic objectives. (See Table 1.) These were developed from the initial objectives considered during the 14 week consultation held from 21 November 2013 to 24 February 2104. 202 people were involved in this process.

- The strategy will be delivered by the Mental Health Partnership Board and the Mental Health Strategy Implementation Group working in partnership. An initial 2 year work plan will be agreed to support delivery of the strategic goals and objectives contained in Section 5, Table 2. The 2 groups will work together to monitor implementation and revise the strategy as appropriate.

Table 1: Enfield Joint Adult Mental Health Strategy: Strategic Objectives 2014-2019

A.	**To improve the mental health and wellbeing of the population.**
1.	To promote mental health and wellbeing and prevent mental illness.
2.	To reduce inequalities in mental health.
3.	To improve access to mental health assessment, treatment and support.
4.	To improve the mental health and wellbeing of all carers and improve support for carers of adults with mental health issues.
B.	**To improve recovery for adults with mental health issues.**
5.	To ensure that mental health care is provided as close to home as possible, is personalised, recovery orientated and focussed on outcomes.
6.	To improve the quality* and efficiency and therefore outcomes from secondary care mental health services. **safety, effectiveness, patient experience*
C.	**To develop the mental health care system.**
7.	To develop strong partnerships between mental health services, commissioners and providers and ensure that communities, service users and carers are fully involved in service improvement and planning.
8.	To improve the commissioning of mental health services.

SECTION 1

Introduction

What are Mental Health Issues?

There are many definitions of mental health, but it is generally considered to consist of a set of outwardly observable skills, attributes and behaviours such as the ability to live productively, adjust to change and to maintain satisfying relationships with others and establish a set of personal emotions and thoughts such as enjoyment of life, a sense of self-worth and empathy.

The term mental health problem is used in this document to describe the full spectrum of mental health issues, from common mental health issues such as moderate depression or anxiety that are more prevalent in the population, to serious mental illness such as schizophrenia and bipolar disorder which is less prevalent. It also includes personality disorder which describes an enduring pattern of inner experience and behaviours that differ significantly from the expectations of the culture in which the individual lives. Personality disorder starts in adolescence or early adulthood. It is pervasive, inflexible, stable over time and leads to significant distress and impairment.

Mental health issues can be divided into 2 main groups:

- **Organic:** caused by identifiable brain malfunction, such as dementia.
- **Functional:** not caused by structural abnormalities of the brain (i.e. they are not organic). The term "functional" refers to the likely impaired functioning, ranging from minor to substantial, that the disorder can lead to in terms of day-to-day life. There are 2 main groupings:
  - **Neurosis:** severe forms of normal experiences such as low mood and anxiety e.g. depression.
  - **Psychosis:** severe distortion of a person's perception of reality e.g. schizophrenia.

Recently, in work to develop a mental health tariff, a system of clustering mental health issues has been adopted. The care clusters are based on a combination of the diagnosis and severity of needs arising from that diagnosis. (See Figure 2)

Figure 2: The 3 Main Grouping of Care Clusters under Mental Health Payment by Results

Functional MH Issues		Organic MH Issues
Common mental disorders [non psychotic] Clusters 1-8 Depression/anxiety Personality difficulties Eating disorders OCD Age related difficulties	**Psychotic [severe/enduring illness] Clusters 10-17** Schizophrenia Bipolar disorders Severe depression	**Cognitive impairment Clusters 18-21** Alzheimer's Vascular dementia

Care for adults in clusters 1-3 to 4 i.e. with common mental health issues, is generally provided in primary care and is managed by GPs with support from secondary care mental health services. Psychological interventions, including counselling and cognitive behavioural therapy, commissioned from voluntary sector or independent providers or mental health trusts are also provided for adults in these clusters. Care for adults in cluster 18 is also provided mostly in primary care by GPs with support from secondary care services. Diagnosis and initial assessment and treatment is provided by secondary care mental health services.

Care for adults with severe non-psychotic disorders – cluster 4 and the psychotic disorders in clusters 5 to 17 is provided by mental health trusts (secondary care). Mental health trusts bring together health and social care practitioners to deliver integrated care. Very specialised treatments for people with very severe illness are provided by tertiary care services.

Having mental health issues can be distressing for individuals and often has a significant impact on their lives. It also affects, and can have a significant impact on, their families and friends and the communities in which they live. Adults with mental health issues often[4], have lower incomes[5], find it harder to both obtain and stay in work[6], are more likely to be homeless[7] or insecurely housed, and are more likely to live in areas of high social deprivation[8].

The Scope of the Strategy

This strategy covers the services commissioned by either the Council or by the CCG and the primary care services commissioned by the NHS England for adults with mental health issues. It excludes the specialised, tertiary services commissioned by the NHS Specialised Commissioning Group, although the pathway to and from these services, along with the investment, which is considerable, in these services are included. It includes adults with a learning disability and/or autism who also have a mental health problem as well as adults who have a mental health problem who also abuse alcohol and/or drugs. There is a separate framework for services for adults with autism[9].

The strategy addresses the needs of carers – both the mental health and wellbeing of all carers, and the specific needs of carers of adults with mental health issues.

A life course approach to meeting need is adopted. The strategy addresses transition from child and adolescent mental health services (CAMHS) to adult services and transition from adult services to services for older adults who are physically frail and/or those with organic illness. Adopting a life course approach requires the extension of the pathway for adults with a functional mental health problem to end of life; there will be a choice for people as they get older to remain in contact with services provided along the functional pathway or to make the transition to services for older people. Those likely to choose to change include those adults who are physically frail who need access to the wider range of health and social care services provided for older people or those who have dementia[10]. There is a separate strategy for people with dementia and their carers in Enfield[11]. The need to ensure that the needs of older adults with functional mental health issues is addressed within this strategy.

How the Strategy was developed

A multi-agency steering group was convened to oversee the development and ensure implementation of the strategy. A wide range of stakeholders has been involved in the development of the strategy. The Joint Commissioning Manager (Mental Health) held interviews and meetings with approximately

4 Chevalier A and Feinstein L (2006) *Sheepskin or Prozac: The causal effect of education on mental health.* Discussion paper. London: Centre for Research on the Economics of Education, London School of Economics, available at: http://cee.lse.ac.uk/cee%20dps/ceedp71.pdf
5 Meltzer H, Bebbington P, Brugha T et al. (2010) Job insecurity, socio-economic circumstances and depression. *Psychological Medicine* 40(8):1401-1407.
6 McManus S, Meltzer H, Brugha T et al. (2009) Adult psychiatric morbidity in England 2007. Results of a household survey. Health and Social Care Information Centlre, Social Care Statistics
7 Government Office for Science (2008) *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century – Final Project Report*, available at http://tinyurl.com/ForesightReportMentalCapital
8 Health and Safety Executive (2009) *How to tackle Work-related Stress: A guide for employers on making the Management Standards work*, available at: www.hse.gov.uk/pubns/indg430.pdf
9 Enfield Joint Autism Framework, 2013, London Borough of Enfield and The CCG
10 The needs of this group have not been addressed strategically in Enfield. The need to address this will be identified within this strategy
11 Enfield Joint Dementia Strategy, 2011, London Borough of Enfield and The CCG

70 individuals in 1:1 or group settings. Interviews and group discussions involving 37 people were held to gather views and information by an independent researcher as part of the mental health needs assessment. A review of national and local health and social care mental health strategy, policy and the evidence base was also completed. Work previously completed by local commissioners, providers, service users and carers to improve mental health services was reviewed and the performance of services was assessed.

A 14 week public consultation was held from 21 November 2013 to 24 February 2014. Three methods were used to secure feedback during the consultation period:

1: A survey questionnaire hosted on the Council, the CCG and the Current Mental Health Service Provider websites.

2: Two half day public consultation events on 7 and 21 January 2014 with a focus on:

- Employment
- Accommodation
- Community based mental health services

The topics were set in the wider context of the overall strategy. The aim was to seek people's views on the issues and potential solutions. The information gathered has been integrated into the final draft of the strategy.

3: Fifteen meetings with groups and individuals

The feedback received during this process has been summarised into the Enfield Joint Adult Mental Health Strategy 2014-2019: Consultation: November 2013 to February 2014: Summary of Submissions: March 2014.

A strategy is only as good as its implementation and its ongoing relevance in terms of its potential to enable and drive the required change and improvement. Therefore, the strategy, and the goals and objectives contained in it, will be kept under review for relevance and their potential to enable the required improvement. It will be adapted and developed as appropriate.

SECTION 2

National and Local Policy Context

Mental Health Strategy and the Cost of Mental Health Issues

In 2010, the social and economic cost of mental illness was estimated to be £105 billion per annum in England[12]. Approximately £28 billion of the cost is the cost to UK employers alone[13]. In addition, the cost of crime by adults who had conduct problems during adolescence was estimated to be £60 billion per annum[14]. In stark contrast to these figures, only £11 billion of the annual NHS budget was spent on NHS mental health care in 2010/11. It is anticipated that the annual cost of mental health issues will have doubled by 2026. Most of the need is in the community, but a significant proportion of overall expenditure on mental health services is spent on beds in secure and high dependency and acute inpatient services.

The importance of mental health and wellbeing for individuals and the country's social and economic status has been increasingly recognised over the last 15 years. In 1999, The National Service Framework for Mental Health Services[15] (NSF) specified the approach to delivery and the range of services that should be commissioned to ensure that both adults with common mental health issues and adults with serious mental illness are able to access the assessment, treatment and support they need. Almost 10 years later, New Horizons: A shared vision for mental health services[16], laid out a multi-stakeholder vision for mental health services. It adopted a broad view of the action needed to promote the mental health and wellbeing of the nation as a whole. In 2011, the public health strategy, No health without mental health[17], reinforced this message. It specified the action needed to ensure improvement in mental health care, as well as the role of wider public health and community infrastructures in promoting mental health and wellbeing.

In the new national mental health strategy published in the same year[18], the Government demonstrated its commitment to improving mental health and wellbeing, and described how it intended to achieve the changes necessary. The strategy emphasised the importance of mental wellbeing for individuals and the country's social and economic status, identifying good mental health and resilience as "fundamental to our physical health, our relationships, our education, our training, our work and achieving our potential"[19] and stating that "our objectives for employment, education, for training, for safety and crime reduction, for reducing drug and alcohol dependence and homelessness cannot be achieved without improvements in mental health. (Mental health and wellbeing are) of critical importance to individuals as well as bringing wider social and economic benefits"[20].

The strategy states that everyone must "to take action and will be supported by the Government to do so." In addition, "we all need to take responsibility for caring for our own mental health and that of others and to challenge the blight of stigma and discrimination"[21]. The aim is to improve:

- The mental health and wellbeing of the whole population and to keep people well.
- Outcomes for people with mental health issues through high quality services that are equally accessible to all.

In the strategy, the Government makes the well-established link between mental ill health and deprivation and between limiting long term physical illness, deprivation and the risk of mental illness.

12 Community Mental Health Profiles 2010: DH, 2010
13 NICE, 2009
14 Sainsbury Centre for Mental Health, 2009
15 The National Services Framework for Mental Health Services in England, DH, 1999
16 New Horizons: A shared vision for mental health services, DH, 2009
17 No Health without Mental Health: a mental health outcomes strategy, DH, 2011
18 No health without mental health: a cross government mental health outcomes strategy for people of all ages, DH, 2011
19 No health without mental health: a cross government mental health outcomes strategy for people of all ages, DH, 2011
20 No health without mental health: a cross government mental health outcomes strategy for people of all ages, DH, 2011
21 No health without mental health: a cross government mental health outcomes strategy for people of all ages, DH, 2011

Quality and Outcomes in Mental Health Care

6 key outcomes are identified in the strategy:

- More people will have good mental health.
- More people with mental health issues will recover.
- More people with mental health issues will have good physical health.
- More people will have a positive experience of care and support.
- Fewer people will suffer avoidable harm.
- Fewer people will experience stigma and discrimination.

These outcomes are relevant whatever our age and wherever we live. The Government has therefore recommended an integrated, "lifecourse" approach to improving mental wellbeing and supporting people with mental health issues to recover from mental health issues. A "needs-led", personalised approach that ensures the development and delivery of age appropriate services without inflexible boundaries in the way that services are organised so that they are organised solely on the basis of individual need and preference is essential.

Early diagnosis and intervention are key to the improvement of the overall mental health and wellbeing of the population, reducing both the severity of symptomology and the duration of illness. Action is therefore being taken to ensure early diagnosis and intervention in all areas of mental health. However, national policy prioritises early intervention in psychosis and dementia and for people with depression and anxiety.

As for all care groups, personalisation – empowering individuals and ensuring that they have choice and control over treatment and care – underpins the improvement of mental health services. However, there is still much work to do to implement this effectively for adults with mental health issues.

The concept of recovery from mental health issues has developed over recent years. Recovery can be defined as:

> *"The process through which people find ways of living meaningful lives with or without ongoing symptoms of their condition.[22]"*

People who use mental health services have identified 3 key principles:

- The continuing presence of hope that it is possible to pursue one's personal goals and ambitions.
- The need to maintain a sense of control over one's life and one's symptoms.
- The importance of having opportunities to build a life 'beyond illness'.[23]

Recovery colleges have been established by many mental health trusts as part of their drive to ensure that care is focussed on recovery and achieving positive outcomes for people with mental health issues. The colleges deliver training and education on mental health diagnoses, assessment, treatment and support, mental and physical wellbeing and a range of other subjects related to mental health. Training is delivered to practitioners, service users and carers. The courses are delivered by trained staff members with peer recovery trainers. The aim is to:

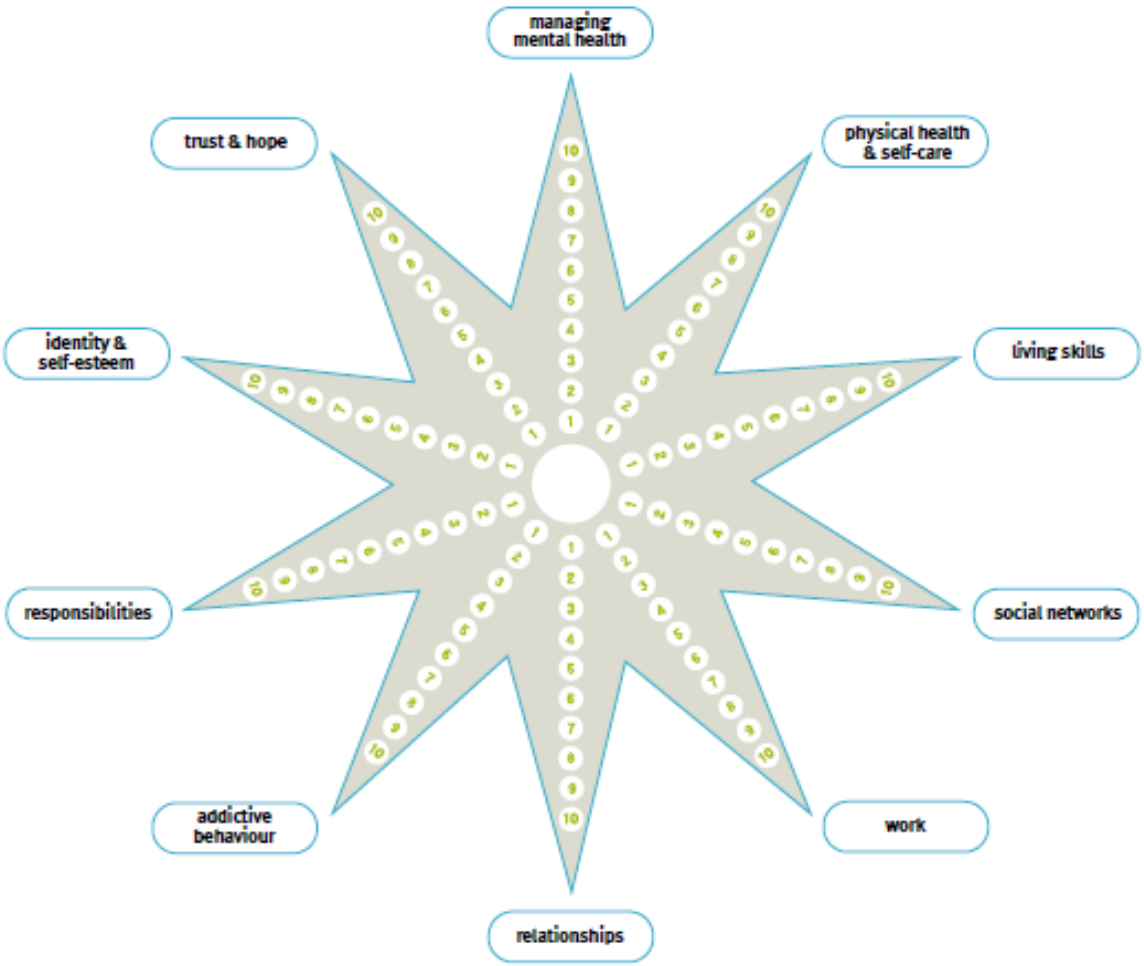
- Offer support for people who use services and enable them to become experts in their own (self) care.
- Enable family, friends, carers and practitioners to better understand mental health conditions and support people in their personal recovery journeys.

22 Supporting Recovery in Mental Health, Mental Health Network, NHS Confederation, Briefing Issue 244, June 2012
23 Supporting Recovery in Mental Health, Mental Health Network, NHS Confederation, Briefing Issue 244, June 2012

The recovery college can also be used to enable the change in organisational culture and the way care is delivered that is needed to deliver recovery and outcome focussed assessment, treatment and support.

Recovery is the outcome required from mental health care. Measuring recovery is difficult, partly because it is unique to each individual and partly because it is hard to measure some of the dimensions of recovery scientifically or precisely. However, there is some commonality in the characteristics of recovery amongst individuals. These have been identified as part of the work to develop effective outcome measures undertaken nationally; service users and staff involved in mental health services have developed a tool – the recovery star – that helps service users and those working with them to monitor and measure progress with recovery. Albeit that application of the tool as a measurement tool is not always popular, the star clearly defines what is important to service users carers identifying the desired outcomes from care and support. It therefore specifies the primary focus for intervention and support. (See Figure 3. below).

Figure 3: The Recovery Outcomes Star



Increasing priority is being given to ensuring that health and social care services are delivering value for money and real improvement – outcomes – for patients and clients. National outcome measures are being developed for all health care services:

- The Friends and Families Test.
- Patient Reported Outcome Measures (PROMS).
- Clinician Reported Outcome Measures (CROMS)
- Patient Reported Experience Measures (PREMS).

The Health of the Nation Outcome Score (HoNOS), a clinical tool has been in use as by mental health trusts for a significant period.

The recent focus on ensuring outcomes focussed care and support and the approach to developing outcome measures is now being embedded within the framework of values based commissioning. Values based commissioning builds on the principles of values based practice. By giving equal weight to 3 “pillars”:

- Patient and carer perspectives and values.
- Clinical knowledge and expertise.
- Knowledge derived from scientific or other systematic approaches (evidence).

It makes decision making relating to care more explicit through the exploration and inclusion of the values underpinning those decisions. By including values in the first place, it also gives greater weight to values. It aims to give equal power and influence to clinicians, managers, commissioners, patients/ service users, carers, communities, providers – non-statutory and statutory – in decision-making at all levels. The intention is to co-produce services. It aims to use service user/patient and carer assets rather than simply seeing them as individuals with needs that have to be met. Involvement and engagement are intended to lead to increased empowerment that leads to the delivery of more service user/ patient focussed services, potential for improved cost-effectiveness and achievement of key outcome measures. It aims to deliver greater ownership of decisions.

Improving the quality of services is a key priority for health and social care services nationally. There are many definitions of quality varying from definitions that include ensuring that all service components operate optimally to specific definitions of what quality means in practice and in terms of outcomes. For the purposes of this strategy, quality is defined using the definition adopted locally by the CCG and that of Lord Berwick in his review of safety in the NHS in England:

- **Safe services:**
  - The right staff, correctly trained and learning from experience[24].
  - Avoiding harm from care that is intended to help[25].

- **Effective services:**
  - Evidence based, right care, right place, first time[26].
  - Aligning care with science and ensuring efficiency[27].

- **Good experience of services:**
  - Service users feel valued and cared for[28].
  - Patient centred, timely, equitable[29].

24 Commissioning for Health 2013-16,Draft 8.0, CCG, 2013
25 A promise to learn – a commitment to act , Improving the Safety of Patients in England, National Advisory Group on the Safety of Patients in England, 2013
26 Commissioning for Health 2013-16,Draft 8.0, CCG, 2013
27 A promise to learn – a commitment to act , Improving the Safety of Patients in England, National Advisory Group on the Safety of Patients in England, 2013
28 Commissioning for Health 2013-16,Draft 8.0, CCG, 2013
29 A promise to learn – a commitment to act , Improving the Safety of Patients in England, National Advisory Group on the Safety of Patients in England, 2013

The Mental Health of Older Adults

Addressing the mental health needs of older adults has also been an increasing priority for the Government. Improving the mental health of older adults is Standard Seven of the Older People's National Service Framework[30]. Later publications such as Forget Me Not[31] Securing Better Mental Health for Older Adults[32], Everybody's Business[33] and Raising the Standard[34] specifically addressed the mental health needs of older adults. These documents were followed by Clinical Guideline 42: Dementia, supporting people with dementia and their carers in health and social care[35]. This publication identified addressing discrimination, training, ensuring valid consent for treatment, improving carer assessment and support, co-ordination and integration of health and social care as priorities for improvement of dementia care as critically important. The National Dementia Strategy[36] was published in 2009. There are 17 key objectives. The aim is to improve the quality of care for people with dementia and their carers.

The current national social and economic climate has put pressure on resources for both health and social care services. The NHS is focussed on improving the efficiency and effectiveness of services. Saving and re-investing £20 billion (approximately 20 percent) of the budget for health care between 2010 and 2015. Councils have experienced a reduction of 27 percent in their budgets over the past 3 years and are subject to further reductions. As part of the drive to improve efficiency, a mental health tariff is being implemented for mental health services. The tariff is based on the mental health care clusters.

The Mental Health of Carers and Support for Carers of Adults with Mental Health Issues

The Government recognises that people spend much more time being looked after by or caring for a loved one than they spend with health professionals. It has therefore increasingly recognised the contribution of carers and the need to support them in their caring role if they are to be able to continue caring and to maintain their quality of life. The Government also understands that they need to be involved in planning the support and care of those for whom they care.

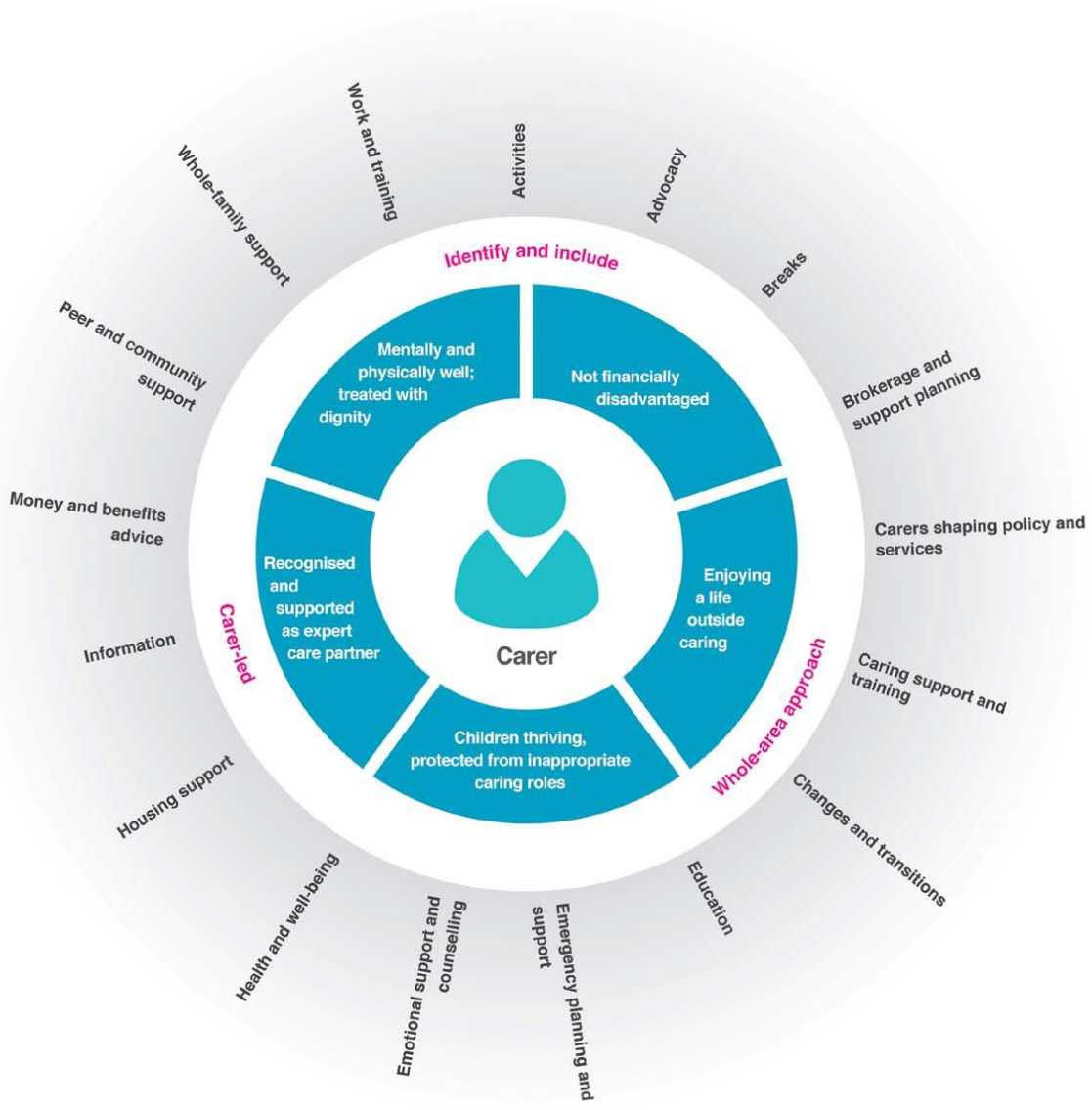
The Health and Social Care Act 2012 enacts the Government's intention to make it easier for carers to access support and to be more involved in the care and support of the person they are caring for. The key priorities are:

- Helping people with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset in designing local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Providing personalised support for both carers and those they support and enabling them to have a family and community life.
- Supporting carers to stay mentally and physically well.

30 Older People's National Service Framework DH, 2001, London
31 "Forget Me Not", Audit Commission, 2000, 2002, London
32 "Securing Better Mental Health for Older Adults", DH, 2005, London
33 "Everybody's Business", CSIP, 2005, London
34 "Raising the Standard" Royal College of Psychiatrists, 2006, London
35 Clinical Guideline 42: Dementia: supporting people with dementia and their carers in health and social care, NICE/SCIE, 2006
36 Living well with dementia: A National Dementia Strategy, DH, 2009

The implications of the above for both health and social care are twofold. Firstly, they have a responsibility to commission and provide services that identify carers of people with mental health issues early and to involve them in the care of the person they care for. They also have a responsibility to assess carers' needs in their own right and to put processes in place to provide the necessary support. Secondly, health and social care services must address the mental health needs of all carers and to promote their mental and physical health and wellbeing. A model of comprehensive support for carers has been developed by the Government working with the Carers' Trust. (See Figure 4 below.)

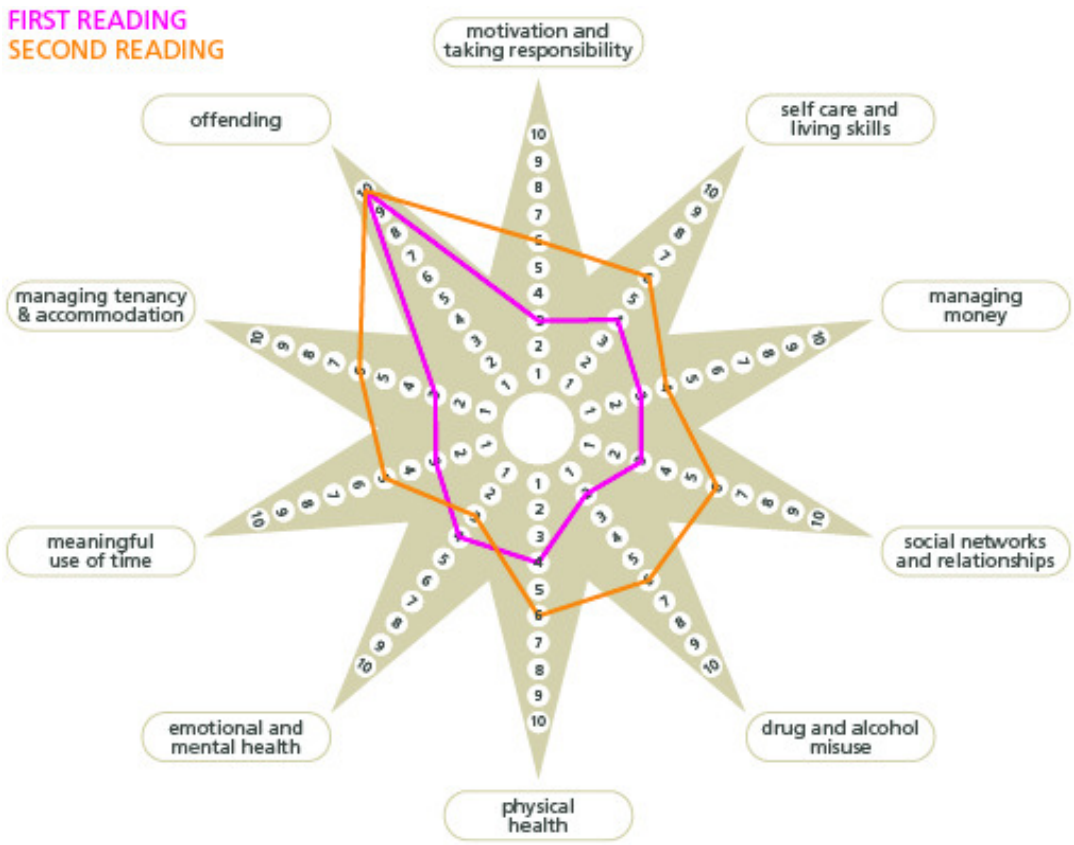
Figure 4: Model of Support for Carers



Carers of adults with mental health issues often struggle to cope. Part of the problem is created by the difficulty they experience in getting information about the needs and support being offered to the person they are caring for. This is often because the individual does not recognise their contribution or want their involvement. This creates difficulty for staff. A tool to address this has been developed by the Carers' Trust – The Triangle of Care. It describes an approach to addressing the issue and provides training tools for staff. Initially developed to address the issue in inpatient settings, it has been developed so that it can be applied to community mental health services.

In addition to the Triangle of Care, carers and staff involved in the delivery of mental health services, have worked together to develop a tool that enables the monitoring and measurement of outcomes – the aspects of the person's life that needs to be managed effectively based on the service users' recovery star. (See Figure 5 below.)

Figure 5: Carers' Recovery Outcomes Star



All of the above will be delivered in the context of the Health and Social Care Act and the Care Act 2014 that is currently before Parliament. The Care Bill codifies and reforms social care laws in response to the white paper, Caring for our future[37]. This legislation puts a number of duties on both the Council and the CCG. Duties under the Health and Social Care Act 2012 include the duty to:

- Commission in such a manner as to promote integration across health providers and health and social care where this will improve the quality of services, reduce inequalities in relation to accessing services or reduce inequalities in relation to outcomes.

37 Caring for our future: reforming care and support – white paper, DH, 2012

- Develop strategies for meeting the needs of the local population; these must consider the extent to which local needs can be met more effectively by partnering arrangements between CCGs and Councils.
- Establish a health and wellbeing board. This must work in an integrated manner and provide advice, assistance and other support to encourage partnership working between CCGs and Councils under Section 75 of the NHS Act 2006. It must undertake a joint strategic needs assessment and develop a joint strategy to prioritise and address need.

The Act also:

- Emphasises the importance of joint working between CCGs and between CCGs and Councils. This can include encouragement to pool funds and to enter into partnership arrangements.
- Makes partnership a preferred approach to commissioning rather than just one approach of many.

The Care Act 2014 aims to:

- Fundamentally reform the operation of law giving priority to people's wellbeing, needs and goals. Wellbeing includes physical, mental and emotional wellbeing, personal dignity and protection from abuse and neglect.
- End the postcode lottery for care and support by establishing national eligibility criteria for Council support. This makes the process of securing funding more transparent. The Bill also puts a cap on the costs people will have to pay for care in their lifetime.
- Enact some of the Government's response to the Mid-Staffordshire Inquiry, progressing actions to address the "unacceptable" failings in care. Key among them is action to improve the safeguarding of adults and ensuring that transition to adult services at the age of 18 is more effective.

Local Policy Context

CCG

The CCG was established on 1 April 2013. It has identified 5 strategic goals. These form the basis of its commissioning plan[38] which aims to:

- Enable the people of Enfield to lead longer, fuller lives by tackling the significant inequalities that exist between communities.
- Provide children with the best start in life.
- Ensure the right care in the right place, first time.
- Deliver the greatest value for every NHS pound spent.
- Commission care in a way that delivers integration between health, primary, community and secondary care and social care services.

3 principles underpin the work programmes:

- Clinically effective and safe services.
- Patient centred: a good patient experience.
- Most effective use of NHS resources.

38 NHS Enfield Clinical Commissioning Group: Commissioning for Health 2013-16, Enfield Clinical Commissioning Group, 2013

The CCG's aim is to ensure the greatest value from every pound invested. Therefore there will be a focus on the relationship between the quality of the patient's outcome in relation to the cost of delivering that outcome. This is a move away from the previous approach which concentrated on activity and process measures. Improvement will be delivered through further work to develop effective care pathways.

The CCG recognises that access to, and the quality of primary care services in Enfield is variable. This has an impact on both the care received by patients directly through primary care and on the use of acute hospital and mental health services, driving up spend on hospital care and reducing the ability to invest in local and community based services. Identifying primary care as being at the heart of delivering modern, high quality and safe services for patients, the CCG has identified the improvement of the quality of primary care services as a key priority. It aims to improve the integration of care, to improve the use of planned care and to ensure that care is provided closer to home with better access to primary care. This will:

- Improve access to primary care.
- Reduce variation in quality and patient experience.
- Reduce attendances at urgent and emergency care services in hours.
- Improve the integration of care for individuals with long term conditions, reducing reliance on unplanned care and secondary care admission.
- Ensure better care for children and families.

In order to deliver the required improvement, 4 GP locality networks have been established. A network is a group of practices working together to provide strong, local clinical leadership for the primary care transformation programme. It will enable a bottom-up approach to planning, commissioning and service delivery based on local knowledge. Practices in networks will be able to join together to offer services that would otherwise need to be delivered in a hospital setting. There will be strong engagement and partnership with the voluntary sector and local communities. A key objective is to improve the integration of care.

Mental health is one of 6 programmes of work developed by the CCG to support achievement of its strategic goals. The aim is to understand the needs of the population and to commission effective and efficient services for people with mental health needs with the focus being on recovery and rehabilitation. The joint strategy articulates its vision for services for adults with mental health issues over the next 5 years. Implementation of the strategy will deliver the improvement needed.

Enfield Council[39]

The Council is ambitious in its aspirations for Enfield. It aims to be outward-facing, reaching out to residents and businesses, providing a clear voice for the borough with the Government and investors. It aims to provide strong community leadership and a clear and consistent message to its residents. With resources under severe pressure, and tough decisions about spending, services and investment to be made, this is particularly important. The Council aims to:

- Bring energy and focus to its work in order to accelerate the pace of change in the most deprived communities, being ambitious and creative, tackling inequality and improving quality of life for all.
- Protect the most vulnerable in our society, including children and young people, older people and those with disabilities.
- Listen to what local people say and to provide strong community leadership to address the issues that matter.

39 Fairness for All: Enfield Council's Self-Assessment against the Excellent Level of the Equality Framework for Local Government, 2011

- Tackle financial challenges with determination, retaining the focus on quality and value-for-money and targeting investment where it is most needed.
- Work in partnership with neighbouring councils, the voluntary sector, other agencies and the community as part of a team working towards a shared vision.

The Council is committed to 3 strategic aims:

- **Fairness for all:** To serve the whole borough fairly, tackling inequality through the provision of excellent services for all, targeted to meet the needs of each area, listening to and understanding the needs of every community.

- **Growth and sustainability:** To help Enfield reach its full economic potential, and harness the potential that exists in the borough to build a strong and sustainable future for residents, the environment and the economy. This includes supporting local businesses and forging a new relationship with employers, attracting investment to increase jobs and business growth and supporting and empowering the voluntary and community sector.

- **Strong communities:** To listen to the voices and needs of Enfield's diverse communities and to create meaningful opportunities for residents to lead local improvement, and be involved in decision-making, including decisions about devolved budgets. The Council aims to be open and accountable, to communicate more effectively and to show community leadership in championing the needs of Enfield.

Through the Regeneration, Leisure and Culture Department, the Council has identified a number of objectives which aim to bring the Council and organisations and communities across Enfield together to deliver cross-cutting agendas related to business and skills development, regeneration, transport, leisure, culture housing and the development of sustainable communities. A key objective is to improve the life chances of the most deprived communities by developing and supporting the capacity of people to fully realise their potential and by recognising the unique opportunity that arises from Enfield's diversity.

Improving mental health and wellbeing In Enfield is a priority for the Council. The joint strategy articulates its vision for services for adults with mental health issues over the next 5 years. Implementation of the strategy will deliver the improvement needed.

Enfield Health and Wellbeing Strategy

The Council and the CCG have worked with partners to develop a Joint Enfield Health and Wellbeing Strategy. The aim is to improve the health and wellbeing of the population and to reduce inequalities. This will be achieved by addressing the population's health and social care needs through an holistic approach and by ensuring that organisations work together in an integrated way to meet identified need. 5 priorities have been agreed:

- Create stronger communities.
- Narrowing the gap in life expectancy.
- Best start in life.
- Healthy lifestyles, healthy choices.
- Support people to be independent, safe and well.

Child and adolescent and adult mental health are both a priority for both organisations and are therefore priorities in the Health and Wellbeing Strategy. The Health and Wellbeing Board has identified key milestones for adult mental health services under the last priority. It will be monitoring progress over the 5 life of the strategy.

Commissioning Strategy for Adult and Older People's Mental Health Services in Barnet, Enfield and Haringey 2013-15

A mental health commissioning strategy for the period from 2013-15 has been developed for the boroughs of Barnet, Enfield and Haringey. The strategy provides a framework for the continuing modernisation of mental health services and responds to a broad range of mental health and social needs. Its focus is the improvement of secondary and primary care based mental health services. It includes the health and social care services that deliver an integrated response to the need for assessment, treatment and support for adults with serious mental health issues in the 3 boroughs. The strategy is located in the wider context of health and social care services in the boroughs but does not address the need for improvement and development of these services.

The aim of the strategy is to:

- Support people in maintaining and developing good mental health and wellbeing.
- Give people the maximum support to live full, positive lives when they are dealing with their mental health issues.
- Help people to recover as quickly as possible from mental illness.

The strategy proposes a "transformation model of care". This will give an increased focus on the stepped care recovery model, integrated care, effective team working and the aspirations set out in the national strategy[40].

It identifies the following commissioning priorities:

- The need to further extend capacity in primary care to support people with mental health issues to stabilise in the community and wherever possible maintain or move back into paid work.
- Promote the use of individualised budgets.
- Prepare integration of all counselling and therapy services through the development of Increasing Access to Psychological Therapy services (IAPT).
- The delivery of effective alternatives to hospital admission.
- Wherever possible, deliver services as close to where people live as possible. This will involve reviewing clients currently placed out of district to ensure we are supporting people effectively to move on.
- Encourage the involvement of services users and carers in strategic planning, service review and development. Commissioners will work actively with the Mental Health Partnership Boards.
- Emphasise recovery, valuing lived experience and fostering peer leadership.
- Develop a stepped care recovery model to support individuals in the community and reduce the numbers entering secondary care mental health services.
- Ensure the recommendations from the Francis Report are recognised locally and form the cornerstone of commissioning priorities.

40 No health without mental health: a cross government mental health outcomes strategy for people of all ages, DH, 2011

- Central emphasis on the recovery model and the promotion of mental health and wellbeing, whilst supporting people in the community; the tenet of recovery and therefore the ethos of the strategy is that it is not determined by cure of 'clinical recovery'. Instead, it emphasises the unique journey of the individual living with mental health issues to build a life for themselves beyond illness. A person can recover their life without necessarily 'recovering' from their illness. Therefore there is an expectation that all services support the individual in maximizing their potential and supporting them in mainstream society, thus re-defining recovery to incorporate quality of life, a job, a decent place to live, friends and a social life.

The following services for adults with mental health issues are prioritised for improvement 2013-15:

- Primary care services.
- Psychiatric liaison services.
- Services for people with attention deficit and hyperactivity disorder.
- Access to psychological therapies.
- Improvement of mental health services provision for adults with a learning disability and/or autism.

The main provider of secondary care mental health services in Enfield is BEHMHT. The Trust also provides psychological therapies commissioned under the IAPT initiative. It provides services to the neighbouring borough of Haringey. It has developed its own strategy for improvement from 2013-18[41]. issues. The current Mental Health Service Provider has been involved in the development of the Strategy and key elements of the organisations strategy for improvement have been incorporated into the Enfield Strategy.

41 Trust Clinical Strategy, Barnet, Enfield and Haringey Mental Health NHS Trust, 2013-18

SECTION 3

Current and Future Demand

Current and future demand for services for adults with mental health issues and their carers has been estimated by completing a mental health needs assessment. This is based on a balance of national and local data and consists of demographic data, the incidence and prevalence of mental health issues and information about local services and service use (activity).

The Prevalence of Mental Health Issues

It is known that:

- At least 1 in 4 adults will experience a mental health problem at some point in their lives and that 1 in 6 adults is likely to be experiencing a mental health problem at any one time[42].
- Almost half of all adults will experience at least one episode of depression during their lifetime[43].
- 1 in 10 new mothers experience post natal depression[44].
- 60 percent of adults living in hostels have a personality disorder[45].
- 90 percent of all prisoners are estimated to have a diagnosable mental health problem (including personality disorder) and/or a substance misuse problem.
- The incidence of mental health issues can increase in times of economic uncertainty, as can the rate of suicide.
- The number of older people in our population is increasing, with a corresponding increase in the number of those at risk of dementia and depression[46].
- 23 percent of the burden of disease in the UK lies with mental health issues.
- Only 26 percent of adults with mental illness receive care.
- On average, people with schizophrenia die 15-25 years earlier than other people.
- Depression is associated with 50 percent increased mortality from all disease.
- Mental health issues are estimated to be the commonest cause of premature death.
- The presence of mental health issues in people with a physical illness is associated with a 45-75 percent increase in service costs per patient after controlling for severity of physical illness[47].
- 12-18 percent of all expenditure on long term physical conditions is linked to poor mental health and wellbeing – at least £1 in every £8 is spent on long term conditions.

Deprivation is a risk factor for poor mental health. It can be used as a proxy for identifying likely high rates and incidence of mental health issues in a community, helping to identify communities where there is likely to be a need for targeted interventions and increased levels of activity to ensure positive mental health and wellbeing. Ensuring that deprivation is addressed positively for individuals and communities is therefore key to maintaining mental health and wellbeing and facilitating recovery from mental health issues. It is therefore a key plank of the national mental health strategy. It also means that action across all council and clinical commissioning group functions is needed and will help to improve the mental health and wellbeing of the population.

Social capital is the level of cohesion and trust in a community and the level of participation in the community in which an individual lives. It helps to promote mental wellbeing and to prevent mental health issues. Interaction, social networks and community engagement indicate the presence or otherwise of factors which lead to positive mental health and wellbeing. Improvements in these areas

42 Mcmanus S, Meltzer H, Brugha T et al. (2009) *Adult Psychiatric Morbidity in England, 2007: Results of a household survey.* Leeds: NHS Information Centre for Health and Social Care.
43 Andrews G, Poulton R and Skoog I (2005) Lifetime risk of depression: restricted to a minority or waiting for most? *British Journal of Psychiatry* 187: 495-496
44 Gavin N, Gaynes B, Lohr K et al. (2005) Perinatal depression: a systematic review of prevalence and incidence. *Obstetrics and Gynaecology* 106: 1071-1083
45 Rees S (2009) *Mental Ill Health in the Adult Single Homeless Population: A review of the literature*. London: Crisis and Public Health Resource Unit.
46 McCrone P, Dhanasiri S, Patel A et al. (2008) *Paying the Price: The cost of mental health care in England.* London: King's Fund, 220-226
47 Mental Health Deep Dive, Strategic Clinical Network, NHS England, 2013

improve the quality of life of everyone and help people with mental health issues feel that they belong to their communities enabling them to recover from mental health issues more easily.

In addition to the social determinants of poor mental health, poor physical health can lead to the development of mental health problem. It may also be a consequence of poor mental health and wellbeing. People with long term mental health conditions are known to be more likely to experience mental health issues. The presence of mental health issues is also known to slow down the rate of recovery from a physical illness. People with long term conditions are likely to be at increased risk of mental health issues.

Local Needs Assessment

This section is drawn from the Enfield Joint Strategic Needs Assessment and the mental health needs assessment completed in October 2013.

Population Profile and the Estimated Number of Adults with Mental Health Issues in Enfield

The number of people in the Enfield population is growing. It increased from 273,559 to 312,466 (15%) between 2001 and 2011. In 2012, 317,287 people were living in Enfield. This number is projected to increase to 330,000 (4%) by 2022 and to 340,000 (7%) by 2032. The growth in adults over age 65 years is likely to be greatest. The number of adults aged 18-64 years will increase by 3.6 percent over the 7 years to 2020. The number of people with mental health issues is determined by the incidence of the various disorders in the population. Therefore, the number of adults with a mental health problem in Enfield is likely to increase. It is possible that a greater increase than that resulting from the projected growth in population will occur because the incidence of mental health issues is known to increase in times of significant economic pressure. There is evidence – nationally and locally – that the rate, and therefore the numbers, are increasing now.

In 2012/13, it was estimated that in Enfield there were:

- 37,294 adults with a neurotic disorder. This is likely to increase of 1,273 to 38,567 by 2020.
- 4,003-8,006 adults living with a serious mental illness. This is likely to increase by between 143-285 to 4,146-8,291 by 2020.
- 13,813 adults have a personality disorder. This is likely to increase to 14,436 by 2020.
- 62 adults with early onset dementia i.e. under 65 years, with a likely increase of 4 to 66 by 2020. (This compares with an estimated increase in the number of adults aged 65 years and over of 424 from 2,871 to 3,295 (15%)).
- 247 new mothers each year suffering from post natal depression with a further 247 not being identified. Each year, it is likely that 5 new mothers will suffer from puerperal psychosis.

There are significant areas of deprivation in Enfield with 10 wards being in the top 20 percent most deprived wards in the country. 3 wards are in the top 10 percent most deprived wards nationally. The rate and number of adults with mental health issues in these wards is likely to be high.

Approximately 19 people, 75 percent of whom are men, in Enfield commit suicide each year.

During 2011-12, 1,128 drug users in Enfield were in contact with specialist services. It is likely that 846 (75%) of these people have a need for some form of mental health treatment. 10 percent of these people (85) are likely to need treatment by secondary mental health services. However, many drug users do not access specialist drug treatment services. In 2011-12 only half were known to treatment services. Therefore it is likely that the number of people with a dual diagnosis is significantly higher.

Between 39 and 55 percent of the population of Enfield is from a BME community; The 2001 Census figure for those residents who classified themselves as non-white British was 38.8 percent. However, the latest projections put this figure at 54.9 percent. The largest ethnic minority group in Enfield is made up of Cypriots (both Greek and Turkish), who make up 8.7 percent of the total population. Enfield and Haringey, a neighbouring borough has the largest Turkish and Greek Cypriot population in the country. In 2001, 25 percent of Enfield's population were born outside the UK. The number of Somali, Kurdish and Turkish residents has increased significantly over the last decade. These figures put Enfield on a par with many boroughs where the non-white UK proportion of the population is actually in the majority.

The most common faith or belief of Enfield residents is Christian. The 2001 Census figures calculate this at 63.2 percent. However, the second most popular faith or belief stated in Census returns was those people who say they have no faith or religious belief – 12.3 percent. The third most common faith was defined as Muslim at 9 percent. However, market research and the school census data on ethnicity both indicate that the Muslim proportion will have increased substantially since 2001.

Latest estimates suggest that around 1,825 asylum seekers came to Enfield in the five years to mid-2009. Home Office statistics show that at least 420 asylum seekers were believed to be resident in Enfield at the end of 2009. It is estimated that up to 2,000 illegal immigrants may also be resident in the borough. In addition, the latest annual National Insurance figure for registered migrant workers stands at 7,120. Between April 2004 and September 2010, the total number of National Insurance registrations from all foreign nationals was 39,550, many of whom were Polish.

It has always been difficult to gather firm figures for members of the lesbian, gay, bisexual and transgender (LGBTi) community because of the stigma felt by some to be attached to defining oneself as belonging to that community. In addition, the question has not been asked directly in the Census. However, lifestyle surveys in the past have suggested that 6.3 percent of men and 5.7 percent of women have had partners of the same sex at some time in their lives. Other estimates put the figure at around 10 percent. A recent survey of 250,000 people by the Office for National Statistics puts the national figure at between 1 percent and 2 percent of the population. This means that around 4,300 people in Enfield could belong to the LGB community. It is also estimated that the figure of transgender people nationally stands at around 2,000.

The latest projections estimate that 16 percent of Enfield's population have a disability or long-term illness that limits their daily activities. This is equivalent to 1 in every 6 or 7 people. However, experts believe that this is likely to be an underestimate as many people do not like to classify themselves as disabled. The number of 'entitled cases' for Disability Living Allowance has risen in Enfield over the last 4 years from 10,270 to 11,730. In the same period, the number of people entitled to Attendance Allowance rose from 6,460 to 6,830, and Carer's Allowance from 1,840 to 2,480.

Inequalities in Mental Health and Wellbeing in Enfield

In 2012/11, the excess mortality ratio for adults with a serious mental illness aged under 75 years in Enfield was the 3rd highest rate amongst people with a serious mental illness in London, although the rate was lower than the England rate. While the general population mortality rate amongst under 75s was 316 per 100,000 in 2010/11, mortality amongst adults with serious mental illnesses was 1,200 per 100,000 for the same period. This gives an excess mortality amongst adults with mental illness of 884 per 100,000.

People with mental health issues frequently live in deprived areas. They often have difficulty securing a job and therefore having enough money to live on and finding settled accommodation. Accommodation, employment and enough money to live on are core to the mental and physical wellbeing of us all. 29 percent of adults in Enfield who are in touch with secondary care mental health services are not in settled accommodation. Only 4 percent are in employment.

There are significant inequalities in physical and mental health between communities and age groups in Enfield. The status varies according to the ethnicity and age of the population and because of other one-off events in Enfield.

There is a significant difference between the use of inpatient assessment beds by adults from BME communities in comparison with use by adults from white British or white Irish communities. Further analysis is needed to understand the reasons for and implications of this.

Understanding Mental Health Need in Enfield: Consultation with Stakeholders

As part of the work to complete the mental health needs assessment in July 2013, 37 people with an interest in services for adults with mental health issues were consulted. All the key stakeholder groups were involved in this process. The following issues were identified:

- Accessibility of services and awareness amongst service users.
- Availability of services.
- Quality of local services.
- Safety of local services.
- Support for people who have been discharged into the community.
- Integration of services between different organisations in Enfield.
- Changes in need amongst service users.
- Cultural factors.
- Other Areas (personal budgets and housing).

SECTION 4

Market Analysis

A market analysis has been undertaken in order to identify the strengths and weaknesses of current service provision and therefore to identify gaps. These gaps are addressed in the service design, strategic objectives and commissioning intentions described in Section 5.

Service Provision

The main provider of mental health services in Enfield is the Barnet, Enfield and Haringey Mental Health NHS Trust (BEHMHT)) (the current Mental Health Service Provider).

Care for adults with common mental health issues is provided in primary care managed by GPs with support from the current Mental Health Service Provider. Psychological interventions including counselling and cognitive behavioural therapy are also commissioned from the current Mental Health Service Provider the IAPT initiative.

An integrated health and social care service for adults aged 18 to 64 years of age with serious mental illness and their carers is also commissioned from the current Mental Health Service Provider. The services provided are as follows:

- A triage service to enable timely access to the service best placed to meet the needs of the individual.
- Early intervention in psychosis services for adults aged between 14-35 years experiencing their first episode of psychosis, or those who are in the first 3 years of psychotic illness.
- 2 community support and recovery teams (East and West Enfield), offering assessment, treatment and support to adults with serious mental illness.
- A community rehabilitation team for people living in 24 hour supported housing.
- A recovery house jointly provided with Rethink, providing short-stay accommodation and support for up to 14 days for adults in crisis (12 beds).
- A complex care team for adults with complex mental health needs.
- Acute assessment and treatment services – an inpatient service (51 beds), including psychiatric intensive care service, 136 suite, a day therapy service and a home treatment team.
- A psychiatric liaison service.
- A community eating disorder service.
- A forensic outreach service and forensic friends and family support group.
- A personality disorder service.
- A health psychology service for people who have physical health issues, long term medical conditions or those who have had a difficult medical experience.
- A service for adults with organic mental illness including dementia.

The current Mental Health Service Provider, supported by the Council, provides an integrated health and social care service for adults aged 65 years and over with functional and/or organic mental health issues, the latter as part of Enfield's dementia pathway. Transition from adult mental health services is at around the age of 65, although the point of transition is tailored to individuals' needs and preferences. The service provides acute and community assessment, treatment and support in inpatient and community settings including the service user's home. The Council provides information and support to people in Enfield over the age of 55 with a diagnosis of dementia who do not have health needs.

Specialised treatments for people with very serious illness are provided in community teams or tertiary care inpatient services commissioned by specialised services commissioners. Services include the following:

- Inpatient rehabilitation service.
- Low secure service.
- Medium secure service.
- High secure.
- Forensic outreach service.
- High secure services are provided by a handful of providers nationally.

The majority of low and medium secure services for adults living in Enfield are provided by the North London Forensic Service.

Specialised accommodation with varying levels of support is purchased by the Council for adults with mental health issues from a range of providers. In addition, floating support is commissioned by the Council to help people maintain their independence in their own homes.

Enfield Council and the independent sector (commissioned by Enfield Council), provide a reablement service, domiciliary care, residential and nursing home care along with care packages at home or in nursing homes to support those with dementia. People with dementia and their carers also access a wide range of services provided by the third sector, including respite care, day opportunities and information and advice.

The mental health enablement service at Park Avenue in Bush Hill Park, provides support to promote independent living, healthy lifestyles, community participation, choice and control for those assessed as eligible. All adults with mental health needs who have been assessed as vulnerable under the borough's Fairer Access to Care Services (FACS) criteria and who are not already receiving bought social care support packages are eligible for support from the enablement service. Short-term (3-6 months) personalised interventions are offered to assist people to achieve the identified outcomes. A self-referring drop-in service is available, although service users are mostly recommended by consultants, care co-ordinators and GPs. The service aims to prevent admission to hospital and reduce delayed discharge from hospital.

A number of voluntary agencies offer activities specifically targeted at adults with mental health issues in Enfield:

- Enfield Mental Health Users Group (EMU) an independent user group that represents users' views on mental health issues. It offers group advocacy, support groups and information.
- Mind in Enfield provides a range of services to meet the needs of mental health service users and to challenge the stigma and isolation experienced by people who have mental health issues.
- The Hanlon Centre provides leisure and sports facilities and job search assistance and receives around 90 visits per week from those with mental health conditions.
- The Richmond Fellowship support adults into employment providing specialist employment information, advice and guidance to support and enable clients to develop core work skills.
- The Ebony People Association provides services and support to BME communities living in Enfield.
- Enfield Saheli offers support and advice to women in Enfield and neighbouring boroughs. The charity is run by women for women, with special emphasis on support for Asian women of all ethnicity.
- The Enfield Clubhouse is based on the international Clubhouse model of work-based rehabilitation. It aims to help people who have experienced mental health issues to rebuild their lives.

There are numerous community organisations and charities that offer support and activities to adults of any ethnicity and from a range of backgrounds. Many of these are willing and able to work with adults with mental health issues. The Council has prioritised the development of voluntary and community services[48].

Enfield Carers' Centre provides support for all carers in Enfield through advocacy, training, respite and a be-friending service. A monthly support group for carers of adults with mental health issues meets there.

Service Performance

This section provides information on what we know about the performance of current services. Services are defined as performing well or poorly if the indicator is rated as a positive or negative outlier in performance against that of England as a whole. Performance that is average is determined by indicators that are neither significantly better nor significantly worse than the performance of England as a whole. However, this is only a comparative measure which is useful in terms of identifying priorities. More in-depth work is needed to understand quality e.g. patient experience.

Performance in adult mental health services in Enfield is good in the following areas:

- Rate of emergency hospital admissions for self-harm.
- Hospital admissions caused by unintentional and deliberate injuries.
- Timeliness of social care assessments.
- Admission to permanent residential care.
- Social care clients receiving a review of their care.

average in the following areas:

- Rate of hospital admission for unipolar depressive disorders.
- Percentage of people entering treatment psychological therapies for treatment.
- Rate of recovery following psychological therapy.
- Self-directed support.
- People in touch with secondary care services in paid employment.

and poor in the following areas:

- Identification by GPs (the number of adults with depression and schizophrenia, schizotypal and delusional disorders registered on GP registers is low).
- Use of inpatient beds for schizophrenia, schizotypal and delusional disorders (admission rates and bed use are high).
- Provision of settled accommodation (the number and percentage of adults in settled accommodation is low).
- Use of self-directed support (the number and percentage of adults receiving a direct payment is low).

48 Voluntary and Community Sector Strategic Commissioning Framework 2013-16, London Borough of Enfield, 2013

Some performance is assessed as being higher or lower than England i.e. performance is not assessed as being good or bad. This approach is used where there are a number of possible reasons for the rating. The indicators do not differentiate between services for people with a functional illness and dementia. Further work is needed to understand how services are performing prior to initiating action.

Performance in Enfield is assessed as being high in the following areas:

- The number of people using mental health services.
- The number of contacts with mental health services as a whole.
- The number of people on CPA.
- The number of contacts with a CPN.
- The number of bed days.

High performance could be caused either by inappropriate service use, or success in identifying people with mental health issues. However, the latter is unlikely due to the relatively low numbers of people registered as having a mental health problem on the GP registers.

The current Mental Health Service Provider currently provides 22 acute inpatient beds per 100,000 adult population across the 3 boroughs it serves. The figure for Enfield is 21.5 per 100,000. This is below the national median. As a London provider serving a population with higher than average deprivation, this appears to represent a comparatively efficient utilisation of in-patient resources. However, at the same time there is significant expenditure – current estimates are around £1.0 million – on out of area treatments by The current Mental Health Service Provider. The majority of this is on acute inpatient care or inpatient rehabilitation. Further analysis is needed to understand the cost and reason for the expenditure. During 2013/14 there has been increasing pressure on inpatient services in Enfield.

Service Gaps

The most significant gap in commissioned services was the provision of a psychiatric liaison service. An effective psychiatric liaison service is the key to a cost effective health and social care and mental health services system and model. It ensures that a robust specialist mental health assessment is completed as an individual accesses acute general hospital services, usually when in crisis. It also supports staff in acute general hospital settings to work effectively with adults with mental health issues. The psychiatric liaison service has been shown to ensure that better use of beds is made in acute general hospitals by ensuring that only those who need to be admitted for treatment of a physical health problem are admitted. Those who need treatment for an acute phase of a mental health problem are diverted to acute mental health services for assessment and treatment in the community or an inpatient bed. These services have also been shown to deliver better outcomes for patients by ensuring timely assessment of their physical and mental health status, and more timely access to the service that can best meet their needs. The CCG provided funding to set up a psychiatric liaison service during 2013/14. It is continuing to fund it during 2014/15 but will be working with providers to pick-up the cost based on savings that should follow its establishment.

In addition, there is currently no service for new mothers with post natal depression. It is likely that there are 548 women who will need this service per annum. Half of these are currently identified and in touch with their GPs. A few are referred to mental health services. A business case has been developed by the Enfield Parent Infant Mental Health Services (PIMHS). Investment of between £81,625 to £144,250 depending on the capacity and model to be adopted is needed to establish this service. Work is currently underway to improve patient experience and outcomes through the development of improved

care pathways and improved co-ordination of the services that are already commissioned and provided across the health and social care economy.

There is also a need for improvement in the range and/or capacity and quality of the following:

- Mental health promotion and prevention activities.
- Culturally and faith sensitive assessment, treatment and support services.
- Primary care based mental health assessment, treatment and support.
- Capacity to meet the need for psychological therapies for adults with common mental health issues:
  - The CCG has increased capacity to 10 percent of the prevalence of depression and anxiety in the adult population. The national target is 15 percent. The effectiveness of the service currently commissioned will be monitored during 2014/15 with a decision being made about the quality of the service and the total capacity needed in the longer term. Provide psychological interventions of adults with Long Term Conditions.
  - Provide psychological interventions for older adults.
  - Provide support into employment for adults accessing psychological therapies (This is a core component of IAPT services and supports and helps to maintain recovery.)
- Support to find meaningful occupation and/or employment or training.
- Settled accommodation and flexible support.
- Voluntary sector and community based activities.
- Peer support.
- Access to secondary care mental health services.
- Improved access to information, advice and guidance.
- Acute care including home treatment, inpatient care, effective crisis response and effective psychiatric liaison.
- Inpatient rehabilitation.
- Early onset dementia.
- Effectively co-ordinated care and joined up, integrated services.

Ensuring that transition from child and adolescent to adult mental health services and from adult to older adult or dementia service is effective is a key concern.

Market Development

The Council and the CCG will stimulate the market and encourage the development of new services to provide the new approaches needed to service delivery. The Council has agreed a market development strategy to help to achieve this[49].

Finance and Investment

Future Resourcing

It is clear that the economic climate and the increasing pressure on health and social care services that arise from both the projected overall increase in the population, the aging population, developments in medical science and technological advances that increase the range of treatments that are possible and increasing public expectations, means that it is unlikely that there will be an increase in the financial resources available to either the CCG or the Council. In fact, a reduction is much more likely. It is

49 Market Statement: working with Enfield Adult Social Care Market to deliver change

therefore imperative that resources are targeted effectively and the productivity is maximised. This is the premise on which the triborough and local adult mental health strategies are based. Therefore any service improvement and development will only be achieved if significant improvement in productivity is achieved.

The current Mental Health Service Provider has faced a significant increase in adult acute admissions and there continue to be more beds in the system than the number commissioned. This has had an impact on the investment plan for 2014/15 with the following additional investment being required:

1. £790,000 additional acute inpatient activity
2. £645,000 psychiatric liaison
3. £512,000 increasing access to psychological therapies

The CCG is currently working with commissioners in Barnet and Haringey and the The current Mental Health Service Provider to develop an investment plan for mental health as part of its strategic planning processes and which take account of the financial challenges faced by the health and social care system. The aim is to improve service quality and outcomes and to develop a mental health services investment plan. This plan will address the significant increase in mental health admissions experienced during 2013-14. It will seek to improve productivity and ensure that performance is in line with national benchmarks for mental health trust performance.

Along with all other Councils in England, Enfield Council has been subject to a reduction of £59 million in its allocation over the past 3 years. Pressure on resources will continue with a further £60 to £65 million reduction being required.

Most developments that need significant resourcing in the strategy are schemes that have already been identified by either the Council or the CCG, although detailed business cases and costings are still needed prior to final agreement being given to proceed:

- The Council
  - The capital cost of developing a mental health and wellbeing centre/re-providing Park Avenue mental health resource centre (capital resources identified in principle, revenue consequences may not be fully covered.)
  - Increasing the number of units of settled accommodation by approximately 25 units. (Capital cost and source of funding to be determined.)

- or the CCG
  - Inpatient rehabilitation assessment and treatment service – tri-borough service. (Capital and revenue cost to be determined. To be funded through service re-design/re-configuration including bringing people in out of area placements back to Enfield.

However, new investment may be required to meet the needs identified in the strategy as follows:

- The Council:
  - Social care support/activities for adults living in community settings.
  - Increased floating support.
  - Holding an anti-stigma/anti-discrimination campaign – £20-40k (bid to National Time for Change monies submitted September 2013).
  - Holding a mental health awareness campaign – £20-£30k.

  - Mental health promotion initiatives.
  - Delivering mental health first aid training for all frontline staff.
  - Enhancing health promotion initiatives to include mental health.
  - Support for carers of adults with mental health issues.

- The CCG:
  - IAPT: funding to meet up to 15 percent of the prevalence of the disorder to meet national target 2014/15 if deemed necessary to meet demand or need. (Currently funded at 10 percent.)
  - Primary care mental health service (full/partial funding from the transfer of resources that may follow clients from secondary to primary care under work to develop care pathways.)
  - Improving peri-natal mental health services.
  - Psychiatric liaison service (currently pump priming provided by the CCG; acute general/mental health provider responsibility).

- Joint Council/CCG:
  - Assessment, treatment and support the mental health needs of BME communities and other groups with protected characteristics (cost to be identified following mental health needs assessment for this group).
  - Initiatives to increase the employment of adults with mental health issues by the Council, the CCG and The current Mental Health Service Provider.

Where costs are known, these are indicated. In all other cases, the cost is to be determined. Therefore initial discussion with relevant services, directorates and the Council DMT and Cabinet, the CCG Executive Team and Board to determine which of the schemes will be prioritised. As service development will be undertaken in the context of ongoing and significant pressure on resources, in advance of these discussions, work is needed to gain an increased understanding of the potential to resource these schemes through improvements in productivity and service redesign. All stakeholders will be invited to be involved in this process as the creativity and ideas of everyone as to what needs to be improved, what the priorities for improvement are and how that improvement could be achieved is needed.

As the strategy is implemented, business cases will be developed for each proposal and submitted to the relevant Board for approval. Where proposals for change are significant, there will be full public consultation or consultation with those directly affected by the proposal, along with public bodies such as Healthwatch and the Council Health Scrutiny Committee in accordance with best practice and statutory and legal requirements.

SECTION 5

Gap Analysis and Design of Future Provision

This section sets out the CCG and the Councils' joint vision, key strategic goals and objectives and associated commissioning intentions. This is the core of the strategy and describes what the 2 organisations intend to do to improve the mental health and wellbeing of Enfield residents and to improve recovery for adults with mental health issues and their carers between 2014 and 2019. The objectives are aligned with the aims and objectives in the national mental health strategy[50] and are underpinned by a robust evidence base which includes the research, needs assessment and market analysis described in the preceding sections.

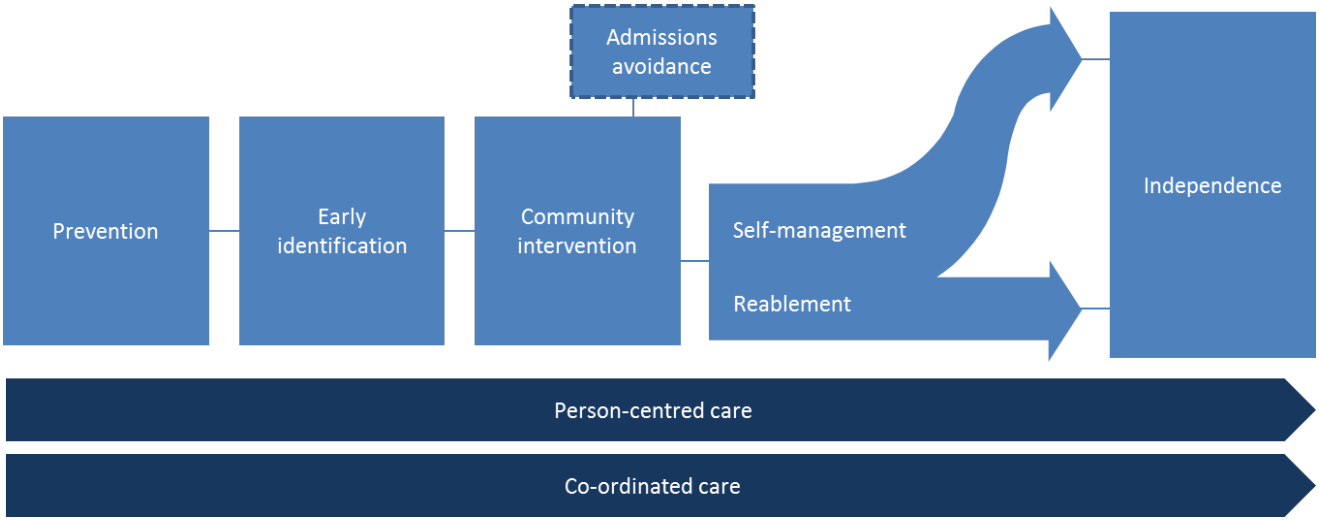
A vision for the mental health and wellbeing for adults in Enfield has been agreed. (See Figure 1.) In line with national strategy, 2 strategic goals have been agreed:

1. **To improve the mental health and wellbeing of the population.**
2. **To improve recovery for people with mental health issues.**

Within this, priority is given to recognising the role and contribution of carers and the need to support them effectively if they are to continue in their caring roles. The overall aim of the Enfield Joint Adult Mental Health Strategy is to improve quality – safety, effectiveness and patient/client experience, efficiency and therefore outcomes for Enfield residents.

The enhancement of the current community based mental health service is a key priority. Work to develop an improved model of integrated and effectively co-ordinated care has started and will continue through the life of the strategy. (See Figure 6 below).

Figure 6: Enfield Model for Integrated Health and Social Care Across all Areas



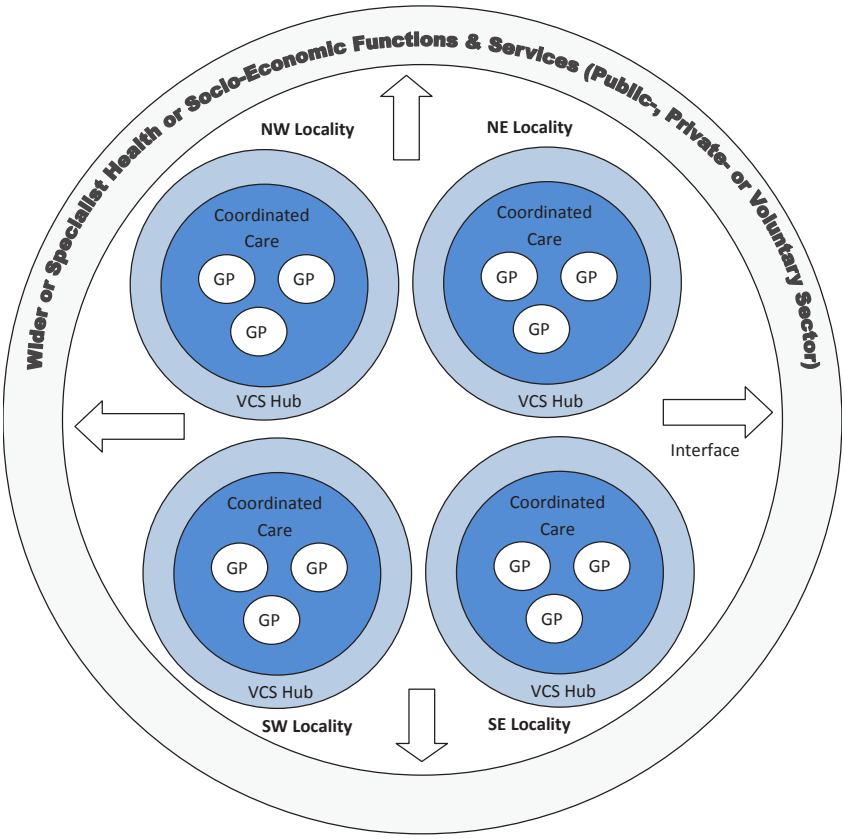
50 No health without mental health: a cross-government mental health outcomes strategy for people of all ages: Implementation plan, DH, 2012

The aim is to improve the quality, efficiency and outcomes for people with health and social care needs who are resident in Enfield. The following principles underpin the model:

- Effectively co-ordinated, joined up and integrated care.
- Needs-led, personalised person-centred care.
- Flexible, multi-agency and multi-disciplinary working
- Prevention and early identification.
- Community based care.
- Care provided as close to home as possible.
- Following up health and social care interventions with an emphasis on reablement and self-management.
- Maximising independence.
- Enabling people, especially those with long term health conditions, to manage their conditions.
- Interventions based on Values Based Practice.

Alongside this, a locality model in primary care has been developed and is being piloted. (See Figure 7 below):

Figure 7: The Pilot Enfield Locality Model



It is likely that the integrated model of health and social care and the locality model will be developed and adapted for adults with mental health issues as well as for other client groups. The model for adult mental health care will include:

- A stepped model of care tier 0-4.
- A stepped model of care for psychological therapies for adults with common mental health issues.
- A primary/secondary care care pathway.
- A system of risk stratification and management in primary care.
- A shared care protocol between primary and secondary care.
- Integrated assessment, treatment and support for mental and physical health and health and social care needs.
- A training programme for GPs, other primary care practitioners and other frontline workers across health and social care and other local government services.

The strategic objectives proposed in the consultation draft of the strategy have been revised in light of the CCG and the Council's learning about the current status of services and the feedback received. These are shown in Table 2 below. The objectives include relevant objectives from the Strategy for Mental Health Services for Adults and Older People in Barnet, Enfield and Haringey. The strategy will be delivered in partnership with service users and carers, statutory and non-statutory providers, the voluntary sector, local communities, service users and carers. It will be underpinned by values based commissioning and focussed on achieving positive mental (and physical) health care outcomes for the population of Enfield.

Table 2: Enfield Joint Adult Mental Health Strategy: Strategic Goals and Strategic Objectives

Task	Products	Outcomes	Responsibility Lead Organisation	Timescale Years (1-5)
A. TO IMPROVE THE MENTAL HEALTH AND WELLBEING OF THE ENFIELD POPULATION				
1. To promote mental health and wellbeing and prevent mental illness				
1.1 Develop a programme of effective mental health promotion and prevention intervention.	i) 2-5 mental health promotion and prevention approaches agreed as evidence-based and to be implemented across or in targeted areas within the Borough ii) The evidence base for 'Ecotherapy'[51] or 'social therapeutic horticulture' as a mode for improving both mental and physical health concurrently established and the benefit and potential of using Council owned land to develop a sustainable 'Market Gardening' project evaluated. iii) Mental health awareness campaigns developed with local communities established Borough-wide. iv) Mental health awareness campaigns targeting priority groups developed with relevant communities. v) 'The Big White Wall' project piloted and evaluated across Enfield following: • Incidental contact with a GP or medical practitioner i.e. an appointment for a different ailment. • Following delivery of a physical Health Check. • Following contact with IAPT services to address a 'common mental disorder'.	i) Improvement in EMWB scores in defined groups: • Targeted areas of deprivation. • BME communities. • LGBTi communities. • Adults on primary care registers. • Adults on secondary care caseloads. ii) Improved physical health of participants as measured by a reduction in risk scores as defined by a Health Check or improvement in existing chronic health conditions; iii) Progress towards achieving parity of esteem for mental and physical health and wellbeing made.	LBE	1-5
1.2 Improve mental health awareness and the knowledge of all frontline health, social care and Council workers.	i) Appropriately tailored mental health awareness/first aid courses and online courses delivered to all frontline health, social care and Council workers: • Primary care. • Health and social care practitioners in community services. • Staff supporting the Council Customer Pathway.	i) Increased knowledge and awareness of mental health issues (Post course evaluation). ii) Adults with mental health issues and their carers reporting increased awareness and knowledge of mental health issues. iii) Health and social care practitioners reporting that they "make every contact count"… and evidence of this.	LBE	2-5

51 Ecotherapy is exposure to nature and the outdoors as a form or component of psychotherapy. To improve both mental and physical wellbeing. This type of therapy is based on the premises of ecopsychology, which explores the relationships between mental, environmental, and spiritual health

Task	Products	Outcomes	Responsibility Lead Organisation	Timescale Years (1-5)
1.3 Improve mental health awareness and knowledge of targeted groups of frontline workers beyond health, social care and the Council.	i) Appropriately tailored mental health awareness/first aid courses and online courses delivered to: • The police. • Job Centre Plus. • Other groups identified as needing training. ii) Other priority groups identified and Mental health first aid courses delivered to 2-5 groups.	i) Increased knowledge and awareness of mental health issues and services of relevant workers. (Post course evaluation). ii) Adults with mental health issues and their carers reporting increased awareness and knowledge of mental health issues.	LBE	2-5
1.4 Establish a programme of preventative work with families with an adult who has a mental health problem.	i) Effective interventions for working with families agreed by CAMHS and adult mental health services practitioners. ii) A programme in place to prioritise working with families with an adult who has a mental health problem.	i) Reduction in the number of children with a preventable mental health problem.	LBE	1-5
1.5 Establish a programme to challenge stigma and discrimination.	i) A programme of events to challenge stigma and discrimination established.	i) Increased knowledge and awareness of mental health issues and services in the population of Enfield. ii) Adults with mental health issues and their carers reporting increased awareness and knowledge of mental health issues.	LBE	1-5
1.6 Establish a suicide awareness and prevention programme.	i) Suicide awareness and prevention included in mental health awareness and promotion training for the frontline workers listed above. ii) A suicide prevention strategy developed with relevant stakeholders. iii) Work undertaken with GPs.	i) A reduction in the number of suicides of Enfield residents over 5 years. ii) A reduction in the number of suicides of residents in other Boroughs over 5 years.	LBE	2-5
1.7 Establish a programme to promote awareness of mental health issues in the workplace amongst employers.	i) A mental health and employment Programme implemented across Enfield following a pilot in Edmonton: • Mental health training programme (Jobcentre Plus, Work Programme, Volunteer involving organisations) • Mental health and employment pathways • IAPT employability group • Enhanced jobs brokerage support • Engagement with employers to support staff and employees to improve chances of job retention.	i) Impact: • Improved employment outcomes for people with mental health issues or at risk of developing them • Improved mental health and wellbeing of people with identified mental health issues who are also unemployed • Improved mental health and wellbeing of all people who are unemployed. • Early intervention/prevention of mental ill health in workplace.	LBE	1-5

Task	Products	Outcomes	Responsibility Lead Organisation	Timescale Years (1-5)
	Delivering: • Improved pathways between services so that the journey of being out of work and having mental health needs is clearer and empowers the user. • Mainstream employment services equipped to understand and deal with mental health issues. • Increased awareness about mental health among employers and practical support offered. • Identification of evidence-based interventions/approaches.			
1.8 Work with communities to identify and address the thing that enhance mental health and wellbeing.	i) 2-5 projects to improve mental health and wellbeing underway with local communities. ii) Mental health commissioning, Council housing department and housing associations working together to improve capacity and quality of housing. ii) A programme of conferences and 1-2 day seminars to build and promote culturally relevant wellbeing and resilience models established.	i) Improvement in EMWB scores* in defined groups: • Targeted areas of deprivation. • BME communities. • LGBTi communities. • Adults on primary care registers. • Adults on secondary care caseloads. ii) Improvement in community resilience. iii) Mental health and wellbeing initiatives integrated into: • Enfield Strategic Partnership • 3x Local Area Partnerships • Edmonton Project • Other initiatives across Enfield	LBE	1-5
2. To reduce inequalities in mental health* ** Includes addressing the physical health care needs of adults with serious mental health issues*				
2.1 Work with faith and community leaders, voluntary sector organisations and local communities to understand and address the mental health needs of BME communities.	i) Needs assessment for BME communities completed. ii) 2-5 projects with local communities underway. iii) Service/s to meet prioritised needs commissioned.	i) Improvement in EMWB scores* or alternative tool in defined groups: • Targeted areas of deprivation. • BME communities. • LBGTi communities. • Adults on primary care registers. • Adults on secondary care caseloads.	LBE	1-5

Task	Products	Outcomes	Responsibility Lead Organisation	Timescale Years (1-5)
2.2 Work with LBGTi individuals and groups and relevant organisations to understand and address the mental health needs in these communities.	i) LBGTi needs assessment completed. ii) 2-5 projects with local communities underway. iii) Service/s to meet prioritised needs commissioned.	i) Improvement in EMWB scores* or alternative tool in defined groups: • Targeted areas of deprivation. • BME communities. • LBGTi communities. • Adults on primary care registers. • Adults on secondary care caseloads. ii) Improvement in: • The rate of access • Outcomes from community and acute mental health interventions.	LBE	1-5
2.3 Ensure that the physical health care needs of adults with mental health issues are addressed effectively by primary and secondary care mental health services.	i) Physical health (cardio metabolic) screening for everyone with a serious mental illness carried out for all in line with national CQUIN and guidelines: • Smoking status. • Lifestyle (inc. exercise, diet, alcohol and drugs). • Body Mass Index. • Blood pressure. • Glucose regulation. • Blood lipids. • Hepatitis C. ii) Smoking cessation programme for adults with serious mental illness in place. iii) Support to manage weight offered and promoted for adults with serious mental illness in in-patient care. iv) Protocols to support achievement of the standards (CQUIN) for communication between primary and secondary care for adults with serious mental illness on CPA: • An up-to-date care plan has been shared with the GP, including the holistic components set out in the CPA guidance: – ICD codes for all primary and secondary mental and physical health diagnoses. – Medications prescribed and monitoring and adherence support plans. – Physical health condition(s) and ongoing monitoring and treatment needs. – Recovery interventions including lifestyle, social, employment and accommodation plans where necessary for physical health improvement.	i) Reduction in the difference in expected length of life of people with serious mental illness and those who do not have a serious mental illness (standardised mortality ratio). ii) Physical health (cardio metabolic) screening for physical health care meets the national standard (CQUIN) (90% adults with serious mental illness on CPA). iii) National targets met for smoking cessation in adults with serious mental illness on CPA. iv) National target met for screening of adults in inpatient settings supported to manage their weight. v) Communication between primary and secondary care meets the national standard (CQUIN) (90% adults with serious mental illness on CPA). vi) The target for the % of patients with schizophrenia and bipolar affective disorder and other psychoses with a review recorded in the previous 15 months is achieved (includes the requirement for evidence that the patient has participated in routine health promotion and prevention advice appropriate to their age and health status). vii) Comparison of QOF indicators at 0 and 12 months to measure improvement following implementation.	CCG	1-2

Task	Products	Outcomes	Responsibility Lead Organisation	Timescale Years (1-5)
3. To improve access to mental health assessment, treatment and support.				
3.1 Ensure that there is a clearly defined pathway to services and clearly defined care pathways for each condition.	i) Community/Primary/secondary care care pathway. ii) Community/acute secondary care care pathway. iii) Care pathways for each condition.	i) Reduction in mental health symptoms (through earlier intervention). ii) Reduction in duration of mental health issues. iii) Reduction in mental health crises.	CCG	1-2
3.2 Improve access to information, advice and signposting.	i) Online mental health services directory developed. ii) Decision re: the potential benefit of establishing a (mental) health and wellbeing centre. iii) Decision re: establishing (mental) health and wellbeing centre enacted.	i) Reduction in mental health symptoms (through earlier intervention). ii) Reduction in duration of mental health issues. iii) Reduction in mental health crises. iv) Increase in self-management, choice and control.	LBE	1-5
4. To improve the mental health and wellbeing of all carers and improve support for carers of adults with mental health issues				
4.1 Ensure that the mental health needs of carers of people with all needs are identified and addressed.	i) Adults in caring roles are identified on primary care registers. ii) Adults in caring roles identified on primary care registers are offered an assessment of their mental and physical health needs and access to psychological therapies where indicated.	i) Increase in no. and % carers of adults identified on primary care registers. ii) Increase in no. and % carers of adults on primary care registers offered an assessment of their mental and physical health needs. iii) Increase in no. and % carers of adults on primary care registers accessing psychological services.	LBE	1-5
4.2 Ensure that carers of adults with mental health issues are identified and that their mental health needs are addressed.	i) Carers of adults in touch with secondary care mental health services are identified, offered an assessment of their mental and physical health needs and access to psychological therapies where indicated.	i) Increase in no. and % carers of adults in touch with secondary care mental health services offered an assessment of their mental and physical health needs. ii) Increase in no. and % carers of adults in touch with secondary care mental health services accessing psychological services.	LBE	1-5
4.3 Improve support for carers of adults with mental health issues.	i) An action plan to improve support for carers of adults with mental health issues is developed and progressed jointly with local carers.	i) Increase in the no. and % carers of adults in touch with secondary care services who say that they feel supported in their caring role.	LBE	1-5
4.5 Ensure that the contribution and needs of carers are taken into account in care planning for adults with mental health issues.	i) Care Triangle implemented by mental health providers.	i) Increase in the no. and % carers of adults in touch with secondary care services who say that they feel supported in their caring role. ii) Increase in the no. and % carers of adults in touch with secondary care services who say that they feel that they have been appropriately involved in designing the care and support of the person for whom they care.	LBE/CCG	1-5

Task	Products	Outcomes	Responsibility Lead Organisation	Timescale Years (1-5)
B. TO IMPROVE THE RECOVERY OF ADULTS WITH MENTAL HEALTH PROBLEMS				
5. To ensure that mental health care is provided as close to home as possible, is personalised, recovery orientated and focussed on outcomes.				
5.1 Work with all stakeholders to improve the capacity and effectiveness of the current model of community based care for adults with common mental health issues and adults with serious mental illness.	i) A model of community based assessment, treatment and support established based on the current mental health services infrastructure, the emerging model of GP local networks and associated partnerships with the voluntary sector and local communities established. This will include: • A stepped model of care for psychological therapies. • A primary/secondary care pathway. • A system of risk stratification. • A shared care protocol - primary and secondary care. • Co-ordinated care for mental and physical health issues and health and social care needs. • A training programme for GPs established. • A training programme for other primary care practitioners established: – Reception staff. – Community nurses. – Health Visitors. – Community therapists.	i) An increase in no. and % service users supported by GPs solely and/or under shared care protocols. ii) An increase in knowledge and skills of GPs in managing mental health issues. iii) An increase in knowledge and skills of reception staff, community nurses, health visitors and community therapists staff in identifying and managing mental health issues.	CCG/LBE	1-5
5.2 Drive and support a shift in the culture of mental health services delivery across the health and social care economy in Enfield.	i) Outcome measures for recovery that are meaningful to service users agreed and being monitored based on national guidance and local service user and carer views. ii) Care is increasingly personalised with the use of self-directed support and personal budgets.	i) Data on outcomes monitored. ii) Improvement in outcomes evidenced over time. iii) An increase in the no. and /or % adults in touch with secondary care mental health services receiving a direct payment or using self-directed support.	CCG/LBE	1-5

Task	Products	Outcomes	Responsibility Lead Organisation	Timescale Years (1-5)
5.3 Prioritise addressing the risk factors for mental ill health for all adults with mental health issues.	i) GPs and providers prioritise meeting the need for: • Physical health care needs. • Settled accommodation. • Employment or meaningful occupation. • Support to maximise income. in assessment, treatment and care planning. ii) An increase in the number of units of settled accommodation with flexible support. iii) An increase in the capacity of services to support retaining/ gaining employment for adults with: • Common mental health issues. • Serious mental illness. iv) People accessing IAPT services have access to support to retain/ gain employment. v) Mental health embedded in Borough-wide initiatives to support Enfield residents into employment. vi) An effective partnership/joint working established with Job Centre Plus.	i) Reduction in the difference in expected length of life of people with serious mental illness and those who do not have a serious mental illness (standardised mortality ratio). ii) Physical health (cardio metabolic) screening for physical health care meets the national standard (CQUIN) (90% adults with serious mental illness on CPA) . iii) National targets met for smoking cessation in adults with serious mental illness on CPA. iv) National target met for screening of adults in inpatient settings supported to manage their weight. v) Communication between primary and secondary care meets the national standard (CQUIN) (90% adults with serious mental illness on CPA). vi) Reduction in inpatient admissions and other emergencies due to lack of housing/breakdown in housing and /or support systems. vii) Reduction in delayed transfers of care from inpatient services. viii)Reduction in the no. and/% adults in touch with secondary care mental health services placed in temporary accommodation. ix) No. adults in touch with secondary care mental health services in settled accommodation increased from 70% to 80%. x) Number of adults in touch with secondary care mental health services in employment increased from 4% to 15%. xi) Adults in touch with secondary mental health services have at least one activity which they are fully engaged per week. xii) An increase in the number and % adults in touch with secondary care mental health services signposted to employment services, training and education. xiii) All adults in touch with secondary care mental health services who have problems with income or debt signposted to appropriate advice.		

Task	Products	Outcomes	Responsibility Lead Organisation	Timescale Years (1-5)
5.4 Provide care as close to home as possible.	i) A reduction in the use of 24-hr residential accommodation in and out of area. ii) Improved access to home treatment for mental health crises. iii) A pathway to access assessment agreed for those who identify themselves or the person they care for as having deteriorating mental health. iii) Earlier diagnosis and intervention preventing escalation of mental ill health. iv) Improve access to psychological therapies for people with common mental health issues (includes IAPT and other psychological interventions e.g. counselling.)	i) A reduction in the no. and/or % adults in out of area residential placements. ii) A decrease in the no. and/or % of adults admitted to inpatient care without assessment by the Home Treatment Team. iii) A reduction in the incidence of mental health crises. iv) An increase in the number of people recorded with: • Common mental health issues • Serious mental illness on GP registers. v) Improved access to psychological therapies. vi) Adults with mental health issues and carers reporting: • Improved responsiveness from services when the mental health of individuals with a mental health diagnosis is identified in primary or secondary care as deteriorating by either themselves and/or a friend or family carer. • Improved responsiveness from: – Primary care – Secondary care services when a possible deterioration in the mental health of an individual is identified for the first time.	CCG/LBE	1-5
6. To improve the quality* and efficiency and therefore outcomes from secondary care mental health services ***safety, effectiveness, patient experience***				
6.1 Ensure that the secondary care mental health services system is accessible, effective and efficient.	i) An effective single point of access. ii) Clearly defined care pathways based on the mental health care clusters and NICE guidelines for each care cluster or condition developed, implemented and evaluated. iii) A lifecourse approach to mental health services delivery in Enfield adopted.	i) A reduction in inappropriate admissions to acute general hospital care. ii) An increase in adults being given effective support on presentation at accident and emergency departments. iii) Adults with mental health issues in touch with secondary care mental health services and carers have access to prioritised evidence based treatments (including psychological therapies in inpatient and community settings. iv) Reduction in average length of stay on community caseloads as services are recovery focussed and therapeutic. v) Improvement in service users and carers' views of services. (Patient and carer surveys.)	CCG	1-5

Task	Products	Outcomes	Responsibility Lead Organisation	Timescale Years (1-5)
6.2 Improve the response to mental health crises.	i) Establish a psychiatric liaison service. ii) Improve the response of acute and community secondary care services.	i) Reduction in suicides. ii) Reduction in serious untoward incidents. iii) Reduction in mental health symptoms. iv) Improved mental health outcomes. v) Improved experience of mental health services. vi) Appropriate use of inpatient beds. vii) Care provided closer to home.	CCG	1-5
6.3 Ensure that the mental health needs of young people and young adults (14-25 years) are met effectively.	i) A CAMHS strategy produced and being implemented. ii) Protocols and pathways for transition from CAMHS to adult mental health services agreed and in place. iii) Consideration given, and the outcome enacted, regarding the option to establish a young people/adult mental health pathway starting from age 14 to 25 years.	i) Young people do not experience avoidable relapse when reaching: • Early adulthood. • Adulthood. ii) Improved experience for young people when reaching: • Early adulthood. • Adulthood.	CCG	1-5
6.4 Improve perinatal mental health services.	i) Develop high level care pathway: North Central London. ii) Develop local care pathway: Enfield. iii) Develop service model: Enfield.	i) Improved short and long-term mental health outcomes for women, their families and babies. ii) Women and their partners expressing increased satisfaction with the quality of maternity and early-years assessment, treatment and support.	CCG	1-5
6.5 Improve outcomes for older adults with non-organic mental health issues.	i) Address the needs of older adults with non-organic mental health issues clearly in the council and CCG joint strategies. ii) Protocols and pathways for transition from adult to older adult mental health services agreed and in place.	i) Improved outcomes for older adults with non-organic mental health issues ii) Improved experience for those transferring from adult to older mental health services.	CCG	1-5
6.6 Ensure that the need for mental health assessment and treatment of people with additional needs are addressed effectively.	i) Address the mental health needs of adults with: • Autism • A learning disability. • Who abuse drugs and alcohol.	i) Adults with mental health issues with: • Autism • A learning disability. • Who abuse drugs and alcohol and state that they are able to access to mental health assessment, treatment and support in: – Community settings. – Inpatient services as easily as adults without these problems.	CCG	1-5

Task	Products	Outcomes	Responsibility Lead Organisation	Timescale Years (1-5)
C. TO DEVELOP THE MENTAL HEALTH AND SOCIAL CARE SYSTEM				
7. To develop strong partnerships between mental health services, commissioners and providers and ensure that communities, service users and carers are fully involved in service improvement and planning.				
7.1 Increase the involvement of adults who access mental health services and their carers and all stakeholders in the implementation and development of the joint adult mental health strategy.	i) Values based commissioning established.	i) Service users and carers involved at all stages of the commissioning cycle. ii) Service users and carers involved in the delivery of services. iii) All stakeholder groups involved at all stages of the commissioning cycle. iv) All stakeholder groups involved in the delivery of services.	CCG/LBE	1-5
7.2 Increase the capacity of service user groups to engage with people with mental health issues in primary and secondary care settings.	i) Capacity in service user groups increased. ii) An increase in the number of peer supporters and trainers in Enfield. iii) An increase in the number of service users supported by other service users.	i) An increase in the % adults with mental health issues supported solely in primary care or under shared protocols. ii) An increase care in the % adults in touch with secondary mental health issues with the skills to seek employment. iii) The % adults in touch with secondary mental health issues decreasing.	CCG/LBE	1-5
8. To improve the commissioning of mental health services				
8.1 Establish an effective structure for implementation of the Adult MH Strategy.	i) MH Programme Board with TOR. ii) Service users and carer in involvement in the MH Programme Board. iii) Other stakeholders from the statutory, non-statutory, and voluntary sectors involved in the MH Programme Board.	i) Improved mental health experience and outcomes.	CCG/LBE	1-5
8.2 Develop the mental health care market.	i) Accommodation provider market developed. ii) Voluntary care sector market developed.	i) Improved mental health experience and outcomes.	LBE	1-5

Task	Products	Outcomes	Responsibility Lead Organisation	Timescale Years (1-5)
8.3 Improve the commissioning process.	i) Full mental health needs assessment completed including assessment of needs of BME and other disadvantaged or excluded groups. ii) Effective strategic development including needs assessment, reviewing current services, gap analysis and prioritisation. iii) Effective procurement and contracting; service design, market development, capacity planning iv) Effective monitoring and evaluation; performance monitoring, seeking patient/service user/carer views; involvement of service users, carers, public in mental health services development v) Effective joint commissioning (health and social care) vi) Increased accountability for the quality of mental health services.	i) Service users, carers and other stakeholders involved in all stages of the commissioning process. ii) Increased understanding of mental health needs including the needs arising from race, ethnicity, faith, gender and sexual orientation. iii) Improved responsiveness to mental health needs arising from race, ethnicity, faith, gender and sexual orientation. iv) Detailed mental health needs assessment for BME communities. v) Effective arrangements for joint commissioning in place. vi) Improved responsiveness to complaints.	CCG/LBE	1-5
8.4 Develop meaningful measures of mental health outcomes.	i) A values based approach to commissioning adopted. ii) Friends and families test implemented.	i) Improved reporting and monitoring of outcomes. ii) Improved satisfaction with mental health services in patient and carer surveys. iii) Improved Friends and Family test scores.	CCG/LBE	1-5

SECTION 6

Implementation and Monitoring Arrangements

Implementation and Monitoring

The strategy will be delivered by the Mental Health Partnership Board and the Mental Health Strategy Implementation Group working in partnership. An initial 2 year work plan will be agreed to support delivery of the strategic goals and objectives contained in Section 5, Table 2. The 2 groups will work together to monitor implementation and revise the strategy as appropriate.

Future Funding and Investment

The strategy identifies a number of gaps in services. Many of the proposed improvements will be achieved through improvements in productivity and re-investment of resources released through any efficiencies achieved by service redesign:

- Transfer resources from secondary to primary care based mental health services.
- Bring people back to Enfield from out of area placements.
- Improving the patient journey e.g. by reducing duplication, improving communication between teams.

Work has still to be done to re-model and appraise options for future service delivery. Key stakeholders will be involved in identifying priorities beyond those identified in as it will not be possible to address all the identified gaps in the next 5 years. Commissioners will support the voluntary sector and other organisations to bid for national charitable and government funds to develop community services.

Outcomes

Implementation of the strategy will be actively monitored and work will be undertaken with all stakeholders to ensure that meaningful measures of improvement, quality and outcomes are in place. Service users and carers will be in the driving seat for improvement.

Initial work to develop outcome measures and indicators has been undertaken as a starting point for this work. This will be combined with developing values based commissioning. These measures are likely to include an Enfield-wide mental health and social care performance dashboard as well as work to develop of outcome measures that are meaningful to Enfield residents.

Glossary

ASC	Adult Social Care
BEH	Barnet, Enfield and Haringey
BEHMHT	Barnet, Enfield and Haringey Mental Health Trust (the current Mental Health Service Provider)
BME	Black and Minority Ethnic Communities
CPA	Care Programme Approach
CCG	Clinical Commissioning Group
CLOMS	Clinician Reported Outcome Score
CROMS	Client Reported Outcome Score
CCG	Clinical Commissioning Group
EMU	Enfield Mental Health User Network
EMWB	Edinburgh Mental Wellbeing Scale
FACS	Fairer Access to Care Services
HHSAC	Health, Housing and Adult Social Care
HoNOS	Health of the Nation Outcomes Score
LBE	London Borough of Enfield/Enfield Council
LBGTi	Lesbian, Bisexual, Gay, Transgender individuals
NCB	National Commissioning Board
NHS	National Health Service
PbR	Payment by Results
PIMHS	Parent Infant Mental Health Services
PREMS	Patient Reported Experience Score
PROMS	Patient Reported Outcome Score
QOF	Quality and Outcomes Framework (GP contract)

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Adult Social Care Commissioning Team
Health, Housing and Adult Social Care

June 2014

ENFIELD Council

Agenda Item 9

MUNICIPAL YEAR 2014/2015 REPORT 115

MEETING TITLE AND DATE:

CABINET – 12th November 2014

Agenda - Part 1	**Item - 9**

Bury Street West – Development Options for the former Parks Depot Site, N9 9LA

WARD: ALL KD: 3959

Report of:

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

Cabinet Members consulted:
Cllrs Oykener and Stafford

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1. EXECUTIVE SUMMARY

1.1 The challenges facing Enfield at present are not so dissimilar to the wider national picture. Set against a backdrop of tightening austerity measures both nationally and locally, local authorities are having to identify new ways to generate income to deliver local services. This together with the impact of the benefit cap and a buoyant housing market, there is also an unprecedented need for both affordable and private rented homes, especially within Enfield.

1.2 To address this, the Council has set about reviewing how best it can optimise returns from its assets. In addition, the Council is also considering building homes for future generations both in the Housing Revenue Account and General Fund. To do this the Council intends setting up a company to undertake and develop schemes for mixed tenures to take advantage of market conditions bringing in much needed income for the Council and assist in delivering much needed affordable housing. With regard to housing, The Small Housing Sites, Phase I, has already started and will deliver 94 homes across seven sites (KD 3517). It is intended that further sites both from the General Fund and Housing Revenue Account (HRA) will, if appropriate, be added to a new housing programme as time progresses so that, where appropriate, available resources are focused on delivering a new supply of houses and other benefits.

1.3 As part of a comprehensive strategic development approach across the Council, this report considers the former Parks Depot at Bury Street West as one of those sites where the housing stock could be added to the programme and complement the existing HRA Small Housing Sites initiative.

1.4 The Bury Street West Depot site at Bush Hill Park, N9 is deemed to be surplus to the Council's requirements. It has been vacant since 2012/13, and a temporary short-term licence was granted to a private contractor to minimise holding costs.

1.5 The Council has been considering alternative uses for this site, and given the financial constraints that the Council is facing now and in the foreseeable future, as well as its responsibility to provide new housing, the use of the site for residential purposes together with environmental enhancements is proposed.

1.6 It should be noted that the site is designated as Metropolitan Open Land (MOL) and as such it will be challenging, but realistically possible to obtain a planning consent for residential development.

1.7 Pre-feasibility studies were undertaken earlier this year to consider development options for the site, and these studies point to the Council being able to optimise delivery options of either revenue streams, capital receipts or a hybrid of both from this site through a Council-led redevelopment scheme.

1.8 A Private Rented Scheme (PRS) option for the Bury Street West (BSW) site is, however, considered to be a good fit with the direction of the Council's priorities and will deliver the option of a long-term revenue generating asset that will assist in delivering the Council's vision.

1.9 The proposed PRS option offers a mixed tenure residential development allowing for both private and affordable units. This will ensure that the re-development of the site will bring back into beneficial use a site for the whole community and will create an exemplar mixed tenure, environmentally sustainable residential scheme for the Borough.

1.10 The proposed development will also bring an area south of Salmons Brook into beneficial use for the community with environmental improvements. This area will be an extension to the existing Bury Lodge Gardens and complement the Environment Agency's sustainable urban drainage scheme.

1.11 It is envisaged that the Council will lead on the scheme's development without a development partner. Effectively it will be a "self-build" scheme. Whilst this approach carries the highest risk, it also brings the highest rewards; in particular much needed revenue finance for the Council. In order to balance this risk/reward relationship, the Council has galvanised a strong internal team that has experience in similar developments and will be appointing consultants to complement this team. A strong project management ethos will also be employed to assist in monitoring and mitigate risks and, deliver the project. Consequently the project is being divided into carefully planned stages.

2. RECOMMENDATIONS

It is recommended that Cabinet:

2.1 Recommends to Full Council to approve a total budget of £33m as detailed within the Part II report and that this figure is included in the Capital Programme for the delivery of a proposed housing scheme at the Bury Street West Depot.

2.2 subject to Full Council approving the addition of the budget for the project in the Capital Programme in 2.1 above, Cabinet approves the budget for Stages 1 and 2 of the project and, approves the commencement of the procurement of consultants to prepare plans for the scheme as detailed within the Part II report, and delegates approval for the appointment of consultants to the Cabinet Member for Housing and Regeneration in consultation with the Director of Health, Housing and Adult Social Care and the Director of Finance, Resources and Customer Services.

2.3 approves the details of the scheme and its expenditure within the approved total budget subject to a further report being submitted to Cabinet.

2.4 Delegates authority to the Cabinet Member for Housing and Regeneration in consultation with the Director of Health, Housing and Adult Social Care and the Director of Finance, Resources and Customer Services to approve a mix of house types and tenure arrangements in advance of a planning application submission.

2.5 Delegates authority to the Director of Health, Housing and Adult Social Care in consultation with the Director Finance, Resources and Customer Services and with the Assistant Director of Strategic Property Services to submit a planning application for the redevelopment of the site.

2.6 Approves the commencement for the procurement of a developer/contractor to take forward a scheme on receipt of planning permission and award of contract will be subject to further Cabinet approval.

2.7 Notes that a further in depth report will be presented to Cabinet updating the progress to date with the preferred delivery option for the site that have been detailed for consideration within the Part II Report.

3. BACKGROUND

Location

3.1 The development site is on the south side of Bury Street West, approximately 2.3 km (1.4 miles) to the south east of Enfield Town Centre (see Appendix I). The surrounding area is predominantly residential, with most properties dating from the 1920's and 1930's. The character is suburban with terraced and semi-detached houses.

3.2 Immediately adjacent to the site is Salisbury House (a Grade II* listed building, which dates back to the late 16th / early 17th Century), and Bury Lodge Park to the west. This area is a formal park with sections laid out to rose beds, flower borders, lawns and a children's play area. Allotments are located to the south, with the A10 Great Cambridge Road creating the eastern boundary of the site.

3.3 The existing vehicular access into the site from Bury Street would be the approximate position of the entrance to the redeveloped site.

The Site

3.4 The overall site area (as shown on the 'red line' site plan – Appendix II) is approximately 2.75 ha (6.8 acres) in extent. The site has a long history of use as a Council maintenance and storage depot, and this 'previously developed' area of the overall site extends to approximately 1.9 ha (4.7 acres).

3.5 The original use of the whole Bury Lodge West site was as a horticultural nursery for plants, shrubs and trees for stocking parks and other areas managed by the Council's Parks Department. Over time, the nursery function became less important, and the depot use expanded to include Waste re-cycling, Cleansing and Highway services vehicles as well as vehicles and equipment for the Council's Parks function. Diesel refuelling and vehicle wash facilities were included within the depot.

3.6 The depot ceased its use in late 2012 as all the functions were transferred to the Council's new depot facility at Morson Road.

3.7 There is temporary occupation of the site, which is due to terminate mid-2015.

Strategic Need

3.8 London is faced with a chronic housing shortage and a particularly acute housing affordability challenge, as supply has consistently failed to keep up with demand. Enfield's population is expected to increase to 420,500 (32% over the next 25 years). While this demographic increase is significant, the 2008 ONS data predicts that over the period 2013 to 2033, the average number of households in Enfield is projected to rise by 20.5%, an increase of 25,000 households; 122,000 in 2013 to 147,000 in 2033. During the period in question, household size is also expected to decrease from 2.45 to 2.3 and this will place added pressure on the demand for housing.

3.9 As a result of London's buoyant housing market, Enfield's is affected by rising values and large parts of the Borough are becoming increasingly unaffordable for local people. The lack of supply and high property values has also resulted in rental increases across the Borough.

3.10 The Mayor's London Plan and Housing Strategy both propose an increase in house building target to 42,000 per year from previous levels of 32,000. A minimum target has been set by the Mayor for 7,976 new homes to be built between 2015 and 2025 in the London Borough of Enfield. With the population in Enfield growing more quickly than predicted the Council will need to go beyond this target to keep pace with the demand for housing.

3.11 Since 2012, Local Authorities have been granted new powers to borrow money to invest in the existing housing stock as well as building the next generation of council homes. This presents the Council with a unique opportunity to not only provide new homes, but to seek innovative ways to raise the quality of housing thereby not only contributing to Lifetime Home standards but also create new neighbourhoods that are sustainable and promote community cohesion.

3.12 While the provision of housing is of critical importance, the ability to seek new delivery methods also allows the Council to optimise receipts from its land holdings and create new capital and revenue streams. These new sources of funds will allow the Council to reinvest funding into other Council services, where funding is being reduced by central government.

4. DEVELOPMENT PROPOSAL

Features of the Scheme

4.1 A variety of options were considered for the site and these are outlined in Section 5. The preferred and recommended option allows the Council to optimise housing numbers, financial returns, and provide environmental improvements.

4.2 The aim is to transform the site into a new vibrant residential community that blends in with the surrounding built and natural environment. It is envisaged that the development will be used as a path-finder for subsequent developments by providing exemplar, well-designed sustainable homes.

4.3 Site and design optimisation and pre-feasibility studies suggest that the site could accommodate at least 130 residential units in a variety of typologies and mixed tenures. Indeed, the indicative scheme aims to achieve a mix of tenures and dwelling types that not only fits in with the surrounding locality but is compliant with the Council's guidelines on design, density and unit size and other planning policies.

4.4 The table below provides an indicative outline of the units proposed and their tenure designation for a base scheme of 130 residential units.

Unit Description	Tenure	Number of units
1 bed 2 person flat	Social & Affordable Rent	6
2 bed 4 person flat		6
3 bed 5 person house		12
4 bed 6 person house		12
TOTAL		**36**
1 bed 2 person flat	Intermediate Rent	4
2 bed 4 person flat		6
3 bed 5 person flat		2
3 bed 5 person house		2
4 bed 6 person house		2
TOTAL		**16**
1 bed 2 person flat		18
2 bed 3 person flat		3
2 bed 4 person flat		8

2 bed 4 person mews house	Market Rent	2
3 bed 5 person house		28
4 bed 5 person house		6
4 bed 6 person house		13
TOTAL		**78**
TOTAL UNITS		**130**

4.5 It is proposed that the development will consist of a mix of apartments and two/three storey houses. Higher buildings are envisaged along the boundary with the A10 road and the intention is to create a transition around the edges of the site, so that the development:

- respects the setting of Salisbury House;
- relates well to the open areas to the south and west of the site; and
- sympathetically takes into account the predominantly two storey existing form of built development in the vicinity

4.6 The scheme will have an appropriate level of sustainability and environmental quality demanded by 21st century houses, and dependent on further viability testing, it is envisaged that modern methods of construction (MMC) may be used. The advantages of using MMC include: higher environmental performance measures, use of sustainable materials, less construction wastage, speedier on-site delivery with lower on-site environmental impacts. Indirect benefits include amongst others workforce upskilling.

4.7 To accommodate the scheme, the acquisition of a former Caretaker's Lodge (subject to negotiation) may be required. This property is adjacent to the former depot's entrance.

4.8 Salisbury House is owned by the Council, and is used by local cultural, arts and amenity groups for meetings and other activities. Changes to Salisbury House are not envisaged and the site will not form part of this scheme's planning application.

4.9 The former nursery land area to the south of Salmons Brook is excluded from the scheme's developable area. It is intended that this part of the site will be included within the overall planning application area as this area of 2.5 acres will be transformed into an extension of Bury Lodge Park with public open space and other environmental enhancements. Indeed, local residents have even suggested having an open air gym located in this area together with other nature-based recreational activities which the Council is considering. There is a separate Council proposal for a Sustainable Urban Drainage System (SUDs) to deal with surface water run-off from the A10 road. The SUDs design is intended to form a wetland environment to the south of Salmons Brook, and it is envisaged that the proposed development will complement the overall environmental and enhanced open space benefits envisaged.

4.10 Landholdings further south of the nursery land are used as allotments. It is not intended that the allotments will form any part of the developable area.

4.11 A further separate Council proposal is the creation of a new cycleway along the southern side of Salmons Brook, but will be integrated where possible with the scheme's design.

4.12 The redevelopment of the Bury Lodge site provides an opportunity to improve pedestrian and cycle access, and wider connectivity generally.

PREFFERED DELIVERY OPTION

The Concept

4.13 Local authorities' revenue budgets are forecast to be reduced by central government over the coming years. The main challenge resulting from this is for the local authorities to find new sources of income to serve their revenue budget needs.

4.14 One way of generating revenue income for Councils is to develop their land and subsequently rent out the properties. This mechanism yields a revenue income stream to the Council from a capital investment in a project.

4.15 There has been considerable research into the PRS sector and more and more Local Authorities are using this method of extracting revenue to complement their budgets. This proposal delivers a way of generating long term revenue income for the Council in lieu of a capital profit and is the preferred option as opposed to a Capital sale Scheme discussed in Part II report.

4.16 It is envisaged that a company will be established to develop the scheme. This proposal is not dissimilar to the proposal set out in the Cabinet approved a report (KD 3517) in July 2012 to develop seven small housing sites across the Borough for rent.

4.17 There are numerous advantages in setting up a separate company for the proposed development at Bury Street West including tax efficiencies, ring-fencing funding and liabilities of the project/investment, allowing staff to focus on the investment/project, and undertaking appropriate commercial decisions that can be made swiftly in response to market pressures.

4.18 A joint Housing Development and Estate Renewal Team and Strategic Property Services report will follow to Cabinet early next year outlining the company structure.

4.19 This option of development means that the Council will also have to manage the properties or have the management outsourced to a management company. This is important for a number of reasons; such as minimising the risk of tenants' acquiring security of tenure and ensuring the properties are placed on the market with an appropriate brand that does not carry a "council housing" stigma. In this regard, a separate report will be submitted to Cabinet by the Housing Development and Estate Renewal Team, which is about to put together a tender package to procure a Management company to run the PRS properties when completed. A joint approach with the Housing Team is being undertaken given the procurement efficiencies that can be obtained and their specialist understanding of housing operations.

4.20 Our property consultant, GVA, conducted a high level survey amongst a number of estate agencies in Enfield on the rental market potential in the area. It transpired from this survey that there is a fairly high demand for rented properties in the area. There is, however perceived lack of market appetite for rented houses which could potentially impact the level of viability of the project as a rented scheme. However, the appetite for larger rented homes is growing and has seen a shortfall of homes on the market as a result.

4.21 It is proposed that the Council will lead this scheme's delivery. The benefits include:

- Council maintains significant control over the development, specification, design, appointment of contractors and professional services. Indeed the Council can deliver the housing it wishes and in a timeframe suitable to the Council.
- Council is able to ensure the delivery of the scheme's environmental features benefits and quality.
- Council is able to access funds at advantageous rates.
- Council is able to optimise financial returns in the longer term.
- It will support the Council's objectives of increasing a higher quality of housing in the borough and control the affordability of the product.
- Council is able to optimise the economic benefit of its own asset.

Envisaged Headline Delivery Timetable

4.22 The table below provides an indicative timetable for the project's delivery and are subject to change.

Milestone	**Date**
Appointment of lead Designer	November 2014
Site Investigations Report	November 2014
Company Structure	December 2014
Management Structure	December 2014
Stage D+ Designs	April 2015
Details of overall scheme to Cabinet	May 2015
Planning Submission	July 2015
Planning Decision	November 2015
Contractor Award Report and final approval to proceed	December 2015
Start on Site	April 2016
Practical Completion	April 2018

Next Key Steps

4.23 Due diligence of the site has commenced and includes:

- Geotechnical and soil contamination studies
- Traffic and highways Study
- Arboricultural Survey
- Bat/Ecological Surveys
- Legal Title survey
- Flood Risk assessment

- Noise and air quality survey

4.24 The bulk of the studies/surveys listed above are due to be completed by the end of November and these will play a significant role in shaping the emerging scheme.

4.25 The proposed delivery model will also need to be refined, and this will include a further review of the scheme's viability.

4.26 The following table outlines the staged approach to be adopted and the key decision reports required and is discussed further in the Part II report.

	Stage 1: Design Development & Feasibility	**Stage 2: Planning and Procurement of Contractor**	**Stage 3: Award and start on site**
Key Areas of work	• Design work to RIBA Stage D+ • Company Structure • PRS Management Company • Final Feasibility Testing	• Finalise planning submission. • Finalise contractor tender pack. • Commence procurement of contractor	• Construction programme.
Decision Reports	• Management Company Award Decision Report • Report to Cabinet on Company Structure • Report to Cabinet on Scheme Details	Once planning decision obtained, report will be submitted to Cabinet with a recommendation to award a construction contract and to proceed with the scheme.	

Project Governance and Management

4.27 The project will be delivered using Prince2 Principles and Methods and has been set up on VERTO, the Council's programme and project management system. A project Delivery Team consisting of officers in Property Services, Housing, Regeneration and Finance has been established. The Project Delivery Team will report to the Asset Performance Group (APG), which will act as the Project Board. The APG consists of Senior Officers within the Council, is Chaired by the AD (Property Services) and was established under the Property Procedure Rules.

Consultation

4.28 It is envisaged that public consultation will assist in shaping the emerging scheme. As a result, it is proposed that at various stages of the development process public consultation events will be held.

4.29 The potential contribution from the redevelopment of the depot site to assist the Borough's housing needs was initially mentioned in the 'Enfield Experiment' articles in the Guardian newspaper, which has created national interest about introducing fresh initiatives to tackle housing pressures.

4.30 Ward Councillors have been briefed on the proposal together with other key stakeholders such as the Friends of Bury Lodge Park and Gardens, the Bury Lodge Bowling Club and the owners of the Bungalow at 294 Bury Street West.

4.31 The emphasis has been to involve all local residents and interested parties at the initial and formative stages of the redevelopment project. To this end some 2,500 properties in the local area were leafleted with an invitation to attend a 'drop-in' information display session at Salisbury House on Monday 20th October 2014. In addition, to ensure wide publicity an advert was placed in the local press and leaflets were placed in key locations.

4.32 Approximately 150 local residents and other people with an interest in the site, attended the consultation session, with Property Services' staff on hand to explain the redevelopment concept and answer questions. It was made clear that this was the first of a series of consultation events on the redevelopment proposals for the site.

4.33 Visitors completed comment forms and equality questionnaires. Detailed analysis of the comments is being undertaken, but the main themes of the consultation response are summarised below.

4.34 The benefits of potential extension to the public open space and an improved setting for the listed building were broadly welcomed. The intention for the extension of the Park to the south of Salmons Brook to be a more informal area with improved habitat for nature conservation was also supported, subject to good quality access and landscaping, and commitments to future management.

4.35 Whilst there was a general recognition that the disused depot could provide a valuable contribution to new housing, there were concerns about the amount of traffic likely to be generated, the level of current congestion and the ability of nearby junctions to cope with any increase, the adequacy of the single access into the site, and whether the development would have adequate parking without overspill onto nearby roads.

4.36 Whilst it was generally accepted that a mix of flats and houses was appropriate for the site, there were concerns about projected dwelling numbers, the likely density of development, and the amount of social rented housing. However, the Council's initiative to retain ownership of all the properties (including private rented dwellings) through a new company was generally supported.

4.37 Other main concerns were the perceived additional pressure on school places and on GP surgeries, the prospect of anti-social activity and vandalism to the Park, and lack of parking for the existing users of the Park, Bowls Club and Salisbury House.

4.38 A detailed analysis of responses will be prepared as part of the overall Public Consultation programme and issues will be investigated further as part of the design/feasibility stage. Further consultation events will be held as the project progresses.

5. ALTERNATIVE OPTIONS CONSIDERED

Alternative Uses

5.1 Several options for the site's use were considered and these included:

- Land banking;
- Continued use as a Council Depot;
- Leasing the Depot at a market rent for open storage and distribution;
- Site disposal;

5.2 Not trying to develop the site is considered a lost opportunity to the Council including any additional benefits the development could secure such as (and not limited to) the key worker affordable housing, improvements to the site and surroundings, net employment gain and environmental enhancements.

5.3 Continue the use as a Council depot. As all waste management, street cleaning and other functions/services have been consolidated at the new Morson Road Depot, there are no Council services left to accommodate at the Bury Street Depot.

5.4 Lease the depot at a market rent to a third party for open storage and distribution. This has been considered however given current market conditions it would be difficult to find a single operator to lease the site for this function due to the accessibility to the road network, site location and restricted operating hours.

Alternative Layouts

5.5 Alternative conceptual site layouts were also considered, and included a larger developable land area with different housing densities and an option that includes the relocation of the bowling-green to the site of the former Caretakers Cottage. A higher density scheme and a scheme that encompassed a larger developable area were rejected as unviable options.

Alternative Delivery Mechanisms

5.6 In order to achieve its objectives, the Council has the choice between various delivery routes that offer varying risk reward relationships. These alternative delivery routes were carefully considered and included amongst others the disposal of the site to a developer, a development agreement route with a developer, and a joint venture with a private sector development partner.

5.7 The alternative delivery mechanisms are the subject of another report to Cabinet and that report will also outline the various legal forms the delivery mechanism could take.

6. REASONS FOR RECOMMENDATIONS

6.1 This is a rare opportunity for the Council to develop a large site within its own portfolio. It does come with the risks detailed within the Part II report; however the benefits to the Council will outweigh the associated risks and bring much needed revenue funding to the Council.

6.2 The indicative scheme is considered to be viable and the best fit given the site's current environmental and policy constraints.

6.3 The development will deliver a key proportion of affordable housing that is in high demand within the Borough, in particular key worker and shared ownership properties.

6.4 The site will deliver key environmental enhancements and produce a sustainable exemplar Council development.

7. KEY RISKS

7.1 The project's key risks, many of which are not unusual to property development, can be highlighted as follows:

- Community risk
- Planning risk
- Land contamination risk
- Development risk
- Financial risk
- Procurement risk
- Economic risk
- Marketing risk

These risks are outlined in more detail in Part II.

7.2 Additional due diligence work will need to be undertaken to refine the financial model and the financial structure. In particular, further legal and tax advice is required. As design details emerge, a better view can be taken on the scheme's overall cost. It is for this reason that the project has been divided into three stages, which will allow the Council to approve the scheme incrementally as details emerge.

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

8.1 Financial Implications

The Council is undergoing major structural changes to reduce costs whilst meeting all service demands. This project will require the Commitment of significant capital resources to realise the potential benefits from self-development of the site.

If there are any abortive costs (i.e. no assets are created) these will need to be met from revenue for which there is no funding currently identified.

See Part 2 for details of Stage 1 financial implications.

8.2 Legal Implications

The Council has power under section 1(1) of the Localism Act 2011 to do anything that individuals generally may do subject to the constraints stated in the section.

There is no express prohibition, restriction or limitation contained in a statute against use of the power in this way. In addition, section 111 of the Local Government Act 1972 gives a local authority power to do anything which is calculated to facilitate, or is conducive or incidental to, the discharge of any of its functions.

The procurement of consultants must comply with the Council's Contract Procedure Rules and the award of the Contract together with a recommendation as to the nature and form of the SPV will be the subject of a future Cabinet Report

The recommendations in this report are in accordance with these powers.

8.3 Property Implications

8.3.1 The Council owns the site freehold under Title No. AGL240908.

8.3.2 The current use of the site as a storage and maintenance depot has been established under a certificate of Lawful Use which was granted by the Local Planning Authority on the 23rd July 2014.

8.3.3 Part of the site has been licenced to an operator to carry out repairs and maintenance to the stock of Council's large commercial wheelie bins. This arrangement is due to expire mid-2015. It is essential at the end of the term that all services are decommissioned and that vacant possession is sought.

8.3.4 Title conditions are not considered to be too onerous. However, it may be prudent for the Council to invest in title indemnity cover to guard itself against any unforeseen onerous title conditions that may have been overlooked or alternatively the Council could appropriate the land for planning purposes.

8.3.5 There is a tenancy in place in favour of the Bowls Club that expires in March 2016. The tenancy is inside of the Landlord and Tenant Act 1954 Part II which conveys security of tenure.

8.3.6 The redevelopment of the Bury Street Depot may require the acquisition of the property at 294 Bury Street West. Clarity on its acquisition will only be received once further design work is undertaken. It is envisaged that should this property be required, that it can be acquired by agreement with the current owner. If not, the Council may need to exercise its CPO powers.

8.3.7 The Site's redevelopment is considered to be challenging from a Planning Policy perspective.

8.3.8 It should be emphasised that the whole of the site is designated as Metropolitan Open Land (MOL) and therefore the development proposals will need to be justified in terms of environmental enhancement and the creation of additional public open space provision, to the south of Salmons Brook.

8.3.9 Prior to development, the site will have to be remediated from contaminants and a number of outbuildings will need to be demolished.

8.3.10 Various surveys have been and are being carried out as part of the due diligence required in advance of any design work. These surveys will give the Council the confidence to proceed and shore up initial cost estimates. Several survey reports will be required for the purposes of obtaining Planning Permission.

8.3.11 It is essential that throughout the procurement process of these surveys and of the architectural design team that the Initiation to Tender (ITT) documents has clauses inserted within them that allow the novation of contracts and works to third parties and the Council obtains collateral warranties from all suppliers.

8.3.12 The development of this site is not without risks. Please see Part II Report – Key Risks.

9. PERFORMANCE MANAGEMENT IMPLICATIONS

With regards to the development management of the site there will be set milestones to achieve within agreed timescales with a project manager tasked to deliver the scheme on time.

10. EQUALITIES IMPACT ASSESSMENT

A rapid equalities impact assessment has been undertaken for this project. No significant issues have been identified that may impact on any of the identified statutory defined protected groups. However, care is being taken to ensure communication events are as inclusive as possible to solicit opinions and suggestions from the local community. Further equalities impact issues will be examined throughout the design process to ensure an emerging design is also inclusive and promotes community cohesion.

It is envisaged that the properties to be built will have the 16 basic principles of Lifetime Homes standards inbuilt and engineered into the fabric and design of the residences. A Lifetime Home will meet the requirements of a wide range of households, including families with push chairs as well as some wheelchair users. The additional functionality and accessibility it provides is also helpful to everyone in ordinary daily life, for example when carrying large and bulky items.

11. PUBLIC HEALTH IMPLICATIONS

A key component of developing this scheme entails its closeness to its surroundings and in particular its relationship with the environmental setting. The creation of the open space will offer significant recreational and environmental benefits with an eco-wetland also being created which facilitate wider health and wellbeing benefits to the wider community.

The homes will perform to the highest environmental standards and this will enable the reduction of fuel poverty and eventually contribute to the wellbeing of residents.

There are a number of implications that arise from developing a site such as this. Issues that arise during demolition and construction phases will be monitored closely and contractors will be required to work in accordance with the Considerate Constructors Scheme.

12. IMPACT ON COUNCIL PRIORITIES

12.1 Fairness for All

The development will bring 'fringe 'benefits such as public open space, a nature trail, well designed urban landscapes and an enhancement to the whole area in key aspects of public realm that will be readily accessible to all and cater for all communities within the Borough.

Further, the tenure mix allows for all communities to be brought together to create a new neighbourhood for all.

12.2 Growth and Sustainability

To ensure the site is brought back into beneficial use for development purposes the end result will improve the quality of residential housing in the area, improved streetscape, improvement the quality of life for local residents and increase local economic development by creating jobs in the local area. The development will have the highest standards of Green technologies and will in turn create a safe and highly sustainable community.

Delivery of this comprehensive development site within this locale will provide green linkages through to Edmonton Green and beyond to Meridian Water including cycle routes, investment into the public realm will improve the quality of life to the residents in the area and promote growth and sustainability.

12.3 Strong Communities

The design and inclusive nature of a mixed tenure scheme will allow the Council to build into the fabric of the development a new safer, stronger and cohesive neighbourhood.

13. HR IMPLICATIONS

13.1 Delivering this development scheme and bringing several others forward represents a significant undertaking for the Council. Strategic Property Services may need to bring on expertise where necessary to complement existing staff.

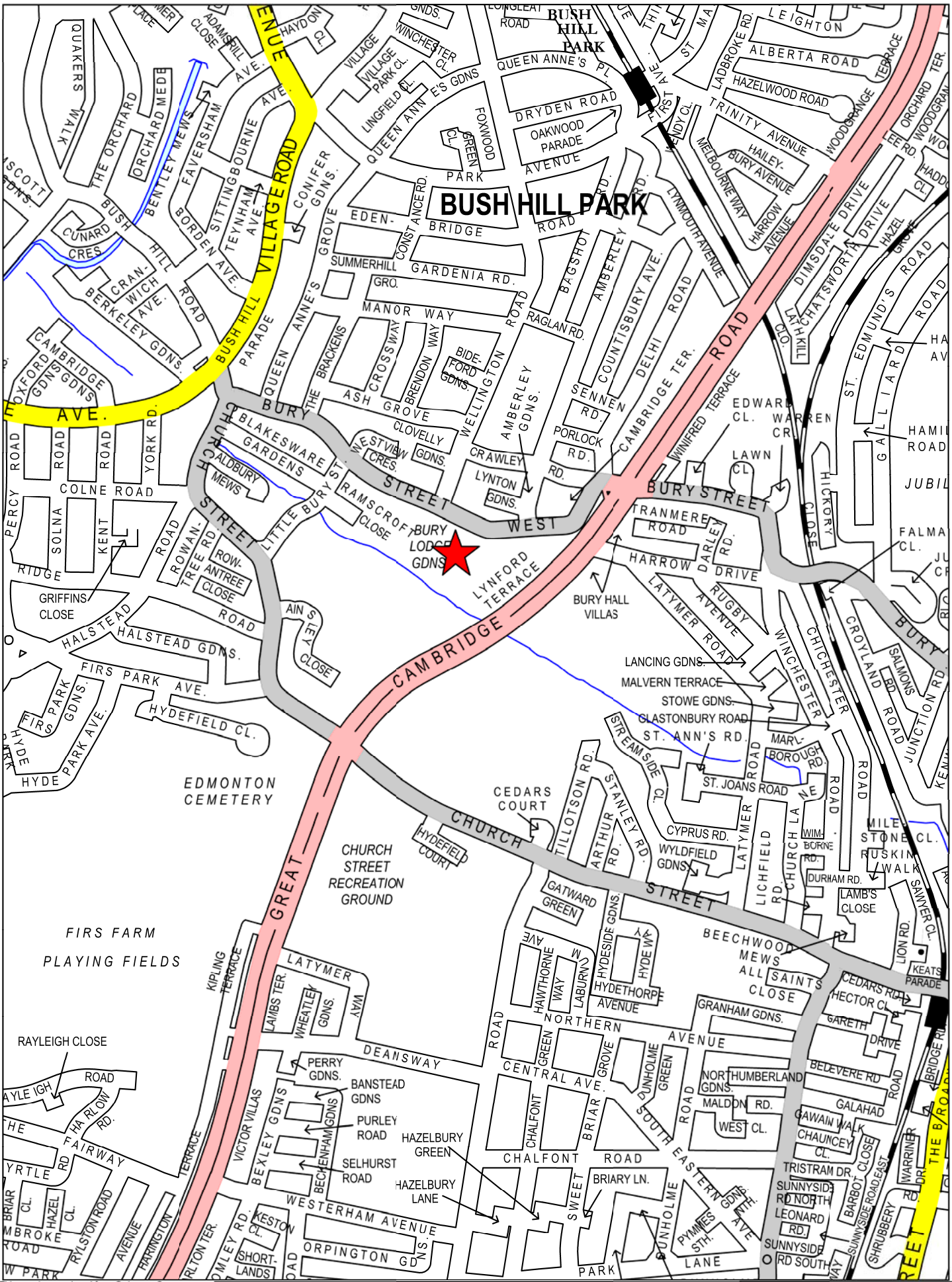
13.2 As the projects(s) evolve there will be a requirement at different stages for further skill sets to complete various tasks, this could be achieved either through the Strategic Partnership Co-Sourcing agreement or through another short term agreement.

BACKGROUND PAPERS

See Part II.

APPENDIX 1: Location Plan

Bury Lodge Depot



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Date:- April 2014
Map Produced By Asset Information Team/AVLC

NORTH

ENFIELD Council

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APPENDIX 2: The Site

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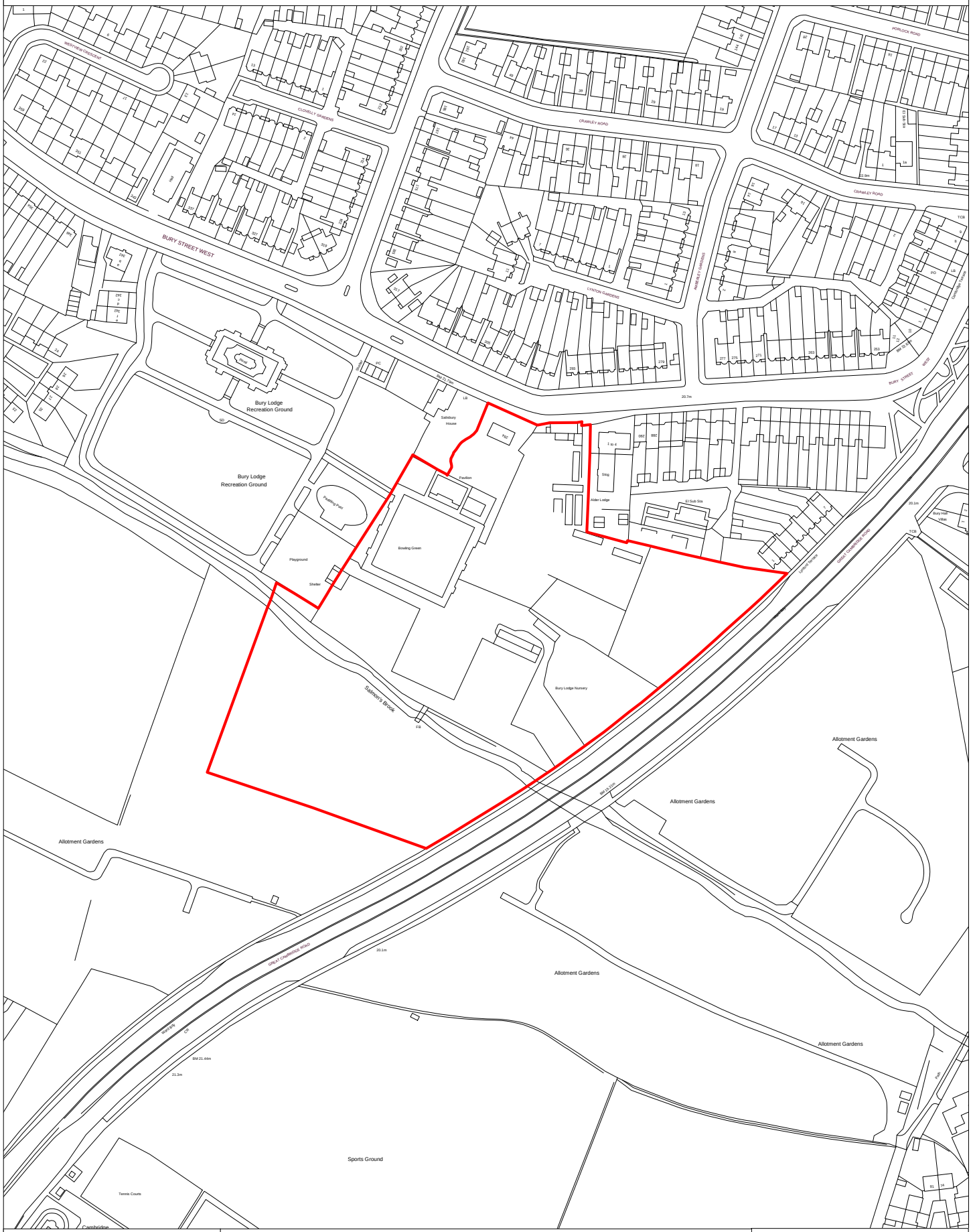
Bury Street West Site Plan



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THE CABINET

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

MUNICIPAL YEAR 2014/2015

DECEMBER 2014

1. Revenue Monitoring Report October 2014 James Rolfe

This will provide information on the overall revenue monitoring position of the Council projecting the end of year provisional outturn position as at October 2014. **(Key decision – reference number 3951)**

2. Capital Monitoring Report September 2014 James Rolfe

This will provide information on the capital monitoring position of the Council projecting the end of year provisional outturn position as at September 2014. **(Key decision – reference number 3955)**

3. Quarterly Performance Monitoring Report Rob Leak

The Quarterly Corporate Performance report will provide information against the indicators contained in the Corporate Performance Scorecard, which shows the progress being made in delivering the Council's priorities. **(Key decision – reference number 3997)**

4. Operation of the Government's Right to Buy One for One Replacement Scheme Ray James

This will set out proposals for additional affordable homes. **(Key decision – reference number 3932)**

5. Alma Regeneration Compulsory Purchase Order Ray James

This will seek approval to add additional sites into the Compulsory Purchase Order and delegate authority to make the Alma Regeneration Compulsory Purchase Order. **(Key decision – reference number 4003)**

6. Disposals – Tranche 6 James Rolfe

This will identify property assets which are either underperforming or considered surplus to operational requirements and in principle are listed for sale subject to further due diligence investigations. **(Key decision – reference number 3989)**

7. Changing the Operation of Enfield's Area Partnership Boards — Ian Davis

This will recommend the expansion of Enfield's Area Partnership Boards to cover the whole Borough. **(Non key)**

8. Housing Responsive Repairs and Maintenance Contracts — Ray James

This will seek approval to award the new Housing Responsive Repairs and Maintenance Contracts. (Parts 1 and 2) **(Key decision – reference number 3976)**

9. Associate Cabinet Members – Work Programme — James Rolfe

This will present the Associate Cabinet Members' Work Programmes. (Non key)

JANUARY 2015

1. Sustainable Procurement Policy (2015-2019) — James Rolfe

This will seek approval to the sustainable procurement policy (2015-2019). **(Key decision – reference number 3999)**

2. Alma Regeneration Programme Update — Ray James

This will seek approval to deliver new homes additional to the current scheme subject to planning. (Parts 1 and 2) **(Key decision – reference number 3967)**

3. Estate Renewal Programme — Ray James

This will explain the Council's 30 year Estate Renewal Programme. **(Key decision – reference number 3980)**

4. Review of Conservation Area Appraisals and Management Proposals — Ian Davis

This project will provide for the approval of revised and updated Conservation Area Appraisal and Management Proposals. **(Key decision – reference number 4013)**

5. 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)**

6. Enfield Council Ground Maintenance Contract Ian Davis

This will seek approval to the award of the Enfield Council Ground Maintenance Contract. **(Key decision – reference number 3923)**

7. The Care Act Ray James

This will provide an update on the impact and local implementation of the Care Act 2014, including key strategic risks. **(Key decision – reference number 3995)**

8. 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) (Non key)

9. Land Assembly for Regeneration Programme Ian Davis

This will set out the land assembly requirements for the regeneration programme. **(Key decision – reference number 3990)**

10. Public Realm Redesign Ian Davis

This will bring forward proposals for redesigning waste services. **(Key decision – reference number 4014)**

11. Garden Enfield – Enfield Veg.Co. Ian Davis

This will set out an amendment to a previous Cabinet report to reflect a change in the form of the company for the Enfield Veg.Co. from CIC to company limited by shares. **(Key decision – reference number 4004)**

12. Special Purpose Vehicle Company Structure for New Build Council Housing Ray James

This will seek approval to set up a company structure, judged against overarching Council objectives, within which the Small Housing Sites special purpose vehicle, Bury Street and similar scenes can sit. **(Key decision – reference number 3974)**

13. Contracting with Lee Valley Heat Network for the Provision of Heat on Enfield's Housing Estates Ray James

This will seek authority to contract with the Lee Valley Heat Network energy services company for the provision of heat on Enfield Council's new redeveloped housing estates. (Parts 1 and 2) **(Key decision – reference number 3988)**

FEBRUARY 2015

1. Revenue Monitoring Report December 2014 — James Rolfe

This will provide information on the overall revenue monitoring position of the Council projecting the end of year provisional outturn position as at December 2014. **(Key decision – reference number 3952)**

2. Revenue Budget 2015/16 and Medium Term Financial Plan — James Rolfe

This will seek approval to set the Council Tax levels for 2015/16 and approve the capital programme for the next four years. **(Key decision – reference number 3957)**

3. Housing Revenue Account Rent Setting Report 2015/16 — James Rolfe/ Ray James

This will seek approval to set the level of Council housing rents in 2015/16. **(Key decision – reference number 3958)**

4. Small Housing Sites (Phase 1) Update Report — Ray James

This will update Cabinet on progress with the project overall and will seek authority to add additional sites to the Small Housing Sites Phase 1 Project. **(Key decision – reference number 4007)**

MARCH 2015

1. Capital Monitoring Report December 2014 — James Rolfe

This will provide information on the capital monitoring position of the Council projecting the end of year provisional outturn position as at December 2014. **(Key decision – reference number 3956)**

2. Quarterly Performance Monitoring Report — Rob Leak

The Quarterly Corporate Performance report will provide information against the indicators contained in the Corporate Performance Scorecard, which shows the progress being made in delivering the Council's priorities. **(Key decision – reference number 3998)**

3. Approval of a new Leisure and Culture Strategy — James Rolfe

The Council's Culture Strategy and Sport and Physical Activity are being refreshed and combined to bring them in line with the Council's objectives.

Cabinet will be asked to approve the new direction described in the report for Leisure and Culture. **(Key decision – reference number 4015)**

APRIL 2015

1. Revenue Monitoring Report February 2015 James Rolfe

This will provide information on the overall revenue monitoring position of the Council projecting the end of year provisional outturn position as at February 2015. **(Key decision – reference number 3953)**

2. Associate Cabinet Members James Rolfe

This will present an evaluation of the role and responsibilities of the Associate Cabinet Members. (Non key)

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MINUTES OF THE MEETING OF THE CABINET HELD ON WEDNESDAY, 22 OCTOBER 2014

COUNCILLORS

PRESENT Doug Taylor (Leader of the Council), Achilleas Georgiou (Deputy Leader), Chris Bond (Cabinet Member for Environment and Community Safety), Yasemin Brett (Cabinet Member for Community Organisations), Donald McGowan (Cabinet Member for Health and Adult Social Care), Ahmet Oykener (Cabinet Member for Housing and Estate Regeneration), Rohini Simbodyal (Cabinet Member for Culture, Sport, Youth and Public Health), Alan Sitkin (Cabinet Member for Economic Development) and Andrew Stafford (Cabinet Member for Finance)

Associate Cabinet Members (Non Executive and Non-Voting): Bambos Charalambous, Ozzie Uzoanya and George Savva MBE

ABSENT Ayfer Orhan (Cabinet Member for Education, Children's Services and Protection)

OFFICERS: Rob Leak (Chief Executive), Ian Davis (Director of Regeneration & Environment), Andrew Fraser (Director of Schools & Children's Services), Ray James (Director of Health, Housing and Adult Social Care), James Rolfe (Director of Finance, Resources and Customer Services), Asmat Hussain (Assistant Director Legal and Governance), Paul Walker (Assistant Director, Regeneration, Planning & Programme Management), Joanne Woodward (Planning Policy Team Leader), Geoff Richards (Project Manager), Peter George (Project Manager, Housing Strategic Services), Julie Mimnagh (Head of HR Operations), Melissa Keating (Resourcing Manager), Andrew Golder (Press and New Media Manager) and Sharon Burgess (Head of Service - Safeguarding Adults, Complaints and Quality Assurance) Jacqui Hurst (Secretary)

Also Attending: Councillors Daniel Anderson, Robert Hayward, Joanne Laban and Derek Levy.

Marian Harrington (Independent Chair – Safeguarding Adults Board) and Geraldine Gavin (Independent Chair – Safeguarding Children’s Board)

1
APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Ayfer Orhan (Cabinet Member for Education, Children's Services and Protection).

2
DECLARATION OF INTERESTS

Councillor Ahmet Oykener (Cabinet Member for Housing and Estate Regeneration) declared a disclosable pecuniary interest in Report Nos. 88 and 95 – Award of Contract for Care and Support Service at Skinners Court (Minute Nos. 14 and 26 below refer) due to his employment within the care industry and the possibility of clients being placed at Skinners Court.

Councillor Oykener withdrew from the meeting for the discussion of the above reports.

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, with the following exception:

Report Nos. 90 and 97 – Enabling Meridian Water Infrastructure (Minute Nos.16 and 28 below refer)

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

AGREED that the above reports be considered at the Cabinet meeting.

4
DEPUTATIONS

There were no deputations to be received at this meeting.

5
ITEMS TO BE REFERRED TO THE COUNCIL

AGREED that the following items be referred to the Council:

1. Report No.83 – Adoption of Development Management Document

2. Report No.85 – Central Leeside Area Action Plan

At this point in the meeting Councillor Doug Taylor (Leader of the Council) varied the order of the agenda with Report Nos. 90 and 97 – Enabling Meridian Water Infrastructure being considered at this point in the meeting (Minute Nos. 16 and 28 below refer). The members of the public present were excluded from the meeting for the consideration of Report No.97. The minutes follow the order of the published part one and part two agendas.

6
SAFEGUARDING CHILDREN BOARD AND SAFEGUARDING ADULTS BOARD - ANNUAL REPORTS 2013-14

Councillor Taylor (Leader of the Council) welcomed Marian Harrington (Independent Chair of the Adults Safeguarding Board) and Geraldine Gavin (Independent Chair of the Children's Safeguarding Board) to the meeting and invited them to present their Annual reports to the Cabinet.

Safeguarding Adults Board

Marian Harrington stated that the Board was due to become a statutory body in April 2015. The new requirements of the Care Act were highlighted. The presentation included the partnership of bodies which worked together to safeguard adults and the valuable work which was carried out by the Board. The work undertaken included preventative work, awareness raising, recognition and support of victims and, the investigation of allegations. It was noted that the number of referrals was increasing.

Members were advised that Enfield had a large number of care homes. The legislative requirements were noted. Work was being undertaken to investigate areas of correlation, for example abuse and domestic violence. The Board had close links with the police and community protection.

In response Ray James (Director of Health, Housing and Adult Social Care) recognised that the increase in the number of referrals was a challenge. He highlighted the legislative and funding requirements with regard to independent assessments. Representations had been made to Central Government seeking appropriate funding for this area of responsibility, as yet this issue was unresolved.

Ray James, Councillor McGowan (Cabinet Member for Health and Adult Social Care) and, Councillor Taylor thanked Marian for her significant contribution as Chair of the Safeguarding Adults Board and recognised and praised the valuable work that the Board was undertaking.

Safeguarding Children's Board

Geraldine Gavin reported that the Children's Board was a statutory body. As with the Adults Board, the Children's Board was represented by all appropriate agencies. The number of significant national headlines in respect of child protection and safeguarding was acknowledged; this needed to be balanced against the needs of Enfield in particular. The Board was also

looking at areas of correlation including child poverty, housing and domestic violence. The Board worked closely with the Safeguarding Adults Board. The importance of good communications with all parties involved was highlighted. The Board was a multi-disciplinary outward looking body with significant areas of joint working being carried out. There were currently two serious case reviews underway which would be published in the new year.

Andrew Fraser (Director of Schools and Children's Services) expressed his thanks to Geraldine for her significant and valuable work in leading the Board and her visits to front-line services across partner agencies.

In response to an issue raised by Councillor Yasemin Brett, it was noted that events were held which included representation from the voluntary sector. This was an area that would be developed and explored further.

Councillor Taylor expressed his thanks and appreciation to Geraldine and the Board for their valuable work.

Councillor Don McGowan (Cabinet Member for Health and Adult Social Care) introduced the report of the Director of Schools and Children's Services and Director of Health, Housing and Adult Social Care (No.79) presenting the Safeguarding Children Board and Safeguarding Adults Board Annual Reports 2013-14.

NOTED, as detailed above, the progress being made in protecting vulnerable adults and children in the Borough as set out in the annual reports from the Safeguarding Children Board and Safeguarding Adults Board.

Alternative Options Considered: Not applicable. The Annual reports were being presented to Members for information.

Reason: To advise Members of the progress being made in protecting vulnerable adults and children in the Borough.
(Non key)

7
REVENUE MONITORING REPORT 2014/15: AUGUST 2014

Councillor Andrew Stafford (Cabinet Member for Finance) introduced the report of the Director of Finance, Resources and Customer Services (No.80) setting out the Council's revenue budget monitoring position based on information to the end of August 2014.

NOTED

1. The projected overspend detailed in recommendation 2.1 of the report and decision 1 below.

2. The projected £733k underspend on the Housing Revenue Account as set out in section 7 of the report.

3. The summary overview of financial performance outlined in table 1 of the report. The income and expenditure position was highlighted. The current forecast was an overspend of £2.4m. It was usual at this stage of the year for an overspend to be forecast section 4 of the report referred.

4. The budget pressures faced by Schools and Children's Services set out in section 5.5 and Appendix A5 of the report.

5. The red and amber new savings set out in Appendix C of the report.

6. That the report provided clear evidence of sound financial management and efficient use of resources.

7. The treasury management position as at 31 August 2014, detailed in Appendix B of the report.

8. The key risks and the risks associated with specific services as set out in the report.

9. The level of savings achieved over the last four years and the significant level of savings required over the next four years due to the Government's funding policies.

Alternative Options Considered: Not applicable to this report.

DECISION: The Cabinet agreed

1. To note the £2.4m overspend revenue outturn projection.

2. That departments reporting pressures should formulate and implement action plans to ensure that they remain within budget in 2014/15.

Reason: To ensure that Members were aware of the projected budgetary position for the Authority, including all major budget pressures and underspends which had contributed to the present monthly position and that were likely to affect the final outturn.
(Key decision – reference number 3949)

8
QUARTERLY CORPORATE PERFORMANCE REPORT

Councillor Achilleas Georgiou (Deputy Leader) introduced the report of the Chief Executive (No.81) presenting the quarterly corporate performance report.

NOTED

1. The progress made towards delivering the identified key priority indicators for Enfield.

2. Councillor Georgiou drew Members' attention to a number of the indicators listed including the following:

    - Rent collected by Enfield Homes as a proportion of rent due (excluding rent arrears) which was exceeding the target.
    - The good results in respect of Safeguarding Children.
    - The continued concern regarding the number of households living in temporary accommodation in the Borough. The impact of Government Welfare Reform policies was noted together with the significant areas of work being undertaken by the Council to address housing need.
    - In respect of Employment and Worklessness, the rise in NEET figures was noted and discussed. Members noted the negative impact of a number of Government policies which had impacted on young people. Employment, education and public health issues were highlighted by Members.

    In conclusion, Councillor Georgiou noted the good work that was being undertaken and the significant number of "green" indicators highlighted in the monitoring report. However, Members were asked to note the "red" indicators within their areas of responsibility and take appropriate action where required.

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 3996)

9
PROMOTION OF LONDON BOROUGH OF ENFIELD 50TH ANNIVERSARY

Councillor Rohini Simbodyal (Cabinet Member for Culture, Sport, Youth and Public Health) introduced the report of the Director of Finance, Resources and Customer Services (No.82) setting out proposals to mark this anniversary year by commemorating the last 50 years of life in the borough and promoting the London Borough of Enfield (LBE) as a great place to live, visit, do business and study.

NOTED

1. The proposals to celebrate and promote the 50th anniversary of the creation of the London Borough of Enfield as detailed in the report. Members were invited to submit any proposals for the planned activities. The activities were currently programmed to start in April 2015 and continue to March 2016. The activities would be undertaken within existing budgets.

2. Initial suggestions from Members included the involvement of schools and the voluntary sector and, of the Borough's theatres.

3. The activities could highlight the developments and improvements being made across the Borough and also, celebrate and record the Borough's history for future generations. In doing so the Council could recognise and pay tribute to the Borough's now deceased local historian David Pam.

Alternative Options Considered: Do nothing as a borough and rely on any generic London Council's events.

DECISION: The Cabinet agreed to endorse the outline LBE 50th anniversary campaign and action plan.

Reason: This was a relatively low cost opportunity to build civic pride and encourage inward investment in the borough.
(Non key)

10
ADOPTION OF DEVELOPMENT MANAGEMENT DOCUMENT

Councillor Alan Sitkin (Cabinet Member for Economic Development) introduced the report of the Director – Regeneration and Environment (No.83) seeking endorsement of the Development Management Document (DMD) and recommending to Council that it be formally adopted.

NOTED

1. That the Development Management Document (DMD) would form part of Enfield's Local Plan and would specifically deliver the detailed planning policies that would be used to determine all planning applications. There were a number of statutory phases leading to the adoption of the document as set out in full in the report.

2. The Planning Inspectorate's report into the soundness and legal compliance of Enfield's DMD as appended to the report.

3. That the Local Plan Cabinet Sub-Committee had endorsed the DMD for recommendation to Cabinet and full Council.

4. The areas of regulation that would be covered by the DMD, as outlined by Councillor Sitkin. The document was at an advanced stage and any

changes at this stage would delay its publication and implementation. Members were asked to endorse the DMD. There would be further planning documents coming forward for consideration in the future.

Alternative Options Considered: None. It was imperative that the DMD be adopted to inform planning decisions, in the context of the changes to national planning policy guidance, to replace the remaining Unitary Development Plan policies (1994) and provide a robust up to date Local Plan.

DECISION: The Cabinet agreed to note receipt of the Planning Inspector's final report, Appendix 1 to the report, this concluded the Development Management Document (DMD) to be "sound" and legally compliant, in accordance with Government legislation.

RECOMMENDED TO COUNCIL formal adoption of the DMD to form part of Enfield's Local Plan.

Reason: To inform planning decisions, as set out in the alternative options considered above and paragraph 4 of the report.
(Key decision – reference number 3978)

11
HOUSING DEVELOPMENT FRAMEWORK

Councillor Ahmet Oykener (Cabinet Member for Housing and Estate Regeneration) introduced the report of the Director of Health, Housing and Adult Social Care and Director – Regeneration and Environment (No.84) seeking approval of the Housing Development Framework.

NOTED

1. The importance of approving the Enfield Housing Development Framework and the standard for new council housing for the reasons set out in full in the report.

2. The cost to the Council in the provision of temporary accommodation to homeless families which had increased significantly in recent years. The cost to the Council would increase further unless the Council was able to replace approximately 200 homes lost annually to council tenants exercising their Right to Buy their council home since discounts had been increased in 2012 and again in 2014.

3. That the Housing Development Framework provided a clear statement of intent and was a commitment to local communities that the Council would sensitively increase the supply of housing, section 3 of the report referred.

Alternative Options Considered: Not to approve a framework for co-ordinating housing led developments in the borough. The absence of a framework would result in an inconsistent offer to Enfield residents, a delay in

delivering new homes as a starting position for new developments had to be created for every project; and a less transparent approach to delivering new housing. The principal alternative option to not approve a new standard of council housing was an inconsistent and ad hoc approach to new council homes which might not meet the needs of tenants and neighbourhoods. An absence of a standard would also cost more money due to not achieving economies of scale savings.

DECISION: Cabinet agreed to

1. Note the progress that had been made by the Council to increase the supply of new housing in the borough.

2. Approve the Enfield Housing Development Framework included at Appendix 1 of the report.

3. Approve the standard for new council housing included at Appendices 2 and 3 of the report.

4. Note that when procuring housing partners to deliver residential new build developments that the Housing Development Framework must be included as part of the tender documents.

5. Note that when procuring housing partners to deliver new council housing that the Performance Specification must be used to frame the standard for new council housing.

6. Note that it was proposed to undertake a review in 12 months and any revisions made to reflect feedback received through consultation (paragraph 5.3 of the report referred). Cabinet agreed that delegated authority be given to the Cabinet Member for Housing and Estate Regeneration to agree any revisions required on behalf of Cabinet.

Reason: The Housing Development Framework placed a firm emphasis on more affordable housing, creating successful places, training and jobs for local people, and a collaboration with communities. These measures amounted to a local Framework for growth and prosperity for the people of Enfield. The Development and Estate Renewal Team, Neighbourhood and Regeneration and Property Services were all delivering housing led developments on behalf of the Council. This overarching Framework therefore ensured that these different teams could deliver housing led projects working to the same set of principles so that the people of Enfield, our stakeholders and partners received a consistent approach.
(Key decision – reference number 3369)

12
PROPOSED SUBMISSION CENTRAL LEESIDE AREA ACTION PLAN

Councillor Alan Sitkin (Cabinet Member for Economic Development) introduced the report of the Director – Regeneration and Environment (No.85)

seeking endorsement of the Proposed Submission Central Leeside Area Action Plan.

NOTED

1. That the Central Leeside Area Action Plan would form part of Enfield's Local Plan and would deliver the spatial vision and land use strategy for this part of south east Enfield which included Meridian Water.

2. That the document had been endorsed by the Local Plan Cabinet Sub-Committee.

3. The process for the approval of the Proposed Submission Documents as set out in the report.

4. The commitment of the Council's administration to the provision of balanced developments and the creation of housing and jobs in the Borough. The Central Leeside Area would include such major developments as Meridian Water, Edmonton Eco Park, Picketts Lock and regeneration of industrial estates.

5. Councillor George Savva, as the Associate Cabinet Member for the area, extended his congratulations to the Members and Officers involved and welcomed the proposals for this part of the Borough which would result in improving the quality of life for residents.

Alternative Options Considered: None – having an adopted and comprehensive planning framework for the area provided a basis for setting the area specific planning policies by which decisions on development could be guided. This was essential to support the Council's regeneration programme, for on-going as well as future investment opportunities.

DECISION: The Cabinet agreed

1. To endorse the Proposed Submission Central Leeside Area Action Plan.

2. That the Cabinet Member for Economic Development be authorised to agree the publication of the Sustainability Appraisal and Equality Impact Assessment of the Proposed Submission Central Leeside Area Action Plan.

3. That the Director of Regeneration and Environment be authorised to make appropriate changes to the Submission version of the Central Leeside Area Action Plan and undertake any further consultation required, in the run up to and during the public examination process into the document, in response to representations received, requests from the Planning Inspector and any emerging evidence, guidance or legal advice. Changes of a substantive nature would be considered by the Local Plan Cabinet Sub-Committee.

RECOMMENDED TO COUNCIL to approve the Proposed Submission Central Leeside Area Action Plan for publication, and thereafter be subject to a statutory period of public consultation and submission to the Secretary of State for public examination.

Reason: To progress the proposed submission Central Leeside Area Action Plan.
(Key decision – reference number 3975)

13
CONTRACT FOR THE PROVISION OF AGENCY WORKERS

Councillor Andrew Stafford (Cabinet Member for Finance) introduced the report of the Chief Executive (No.86) seeking approval to the contract for the provision of agency workers.

NOTED

1. That Report No.93 also referred as detailed in Minute No.25 below.

2. That the existing contract was due to expire on 31 January 2015, as set out in the report.

3. It was anticipated that the use for agency workers would diminish over the next four years as the Council's workforce was downsized, as set out in the report. There would be some cases where the use of agency workers was unavoidable, as detailed in section 3.5 of the report.

4. The Council's intention to create an internal temporary bank of staff that could be used to cover short-term temporary positions to complement the agency workforce. This proposal was supported by the Unions.

Alternative Options Considered: Section 4 of the report referred. An alternative option was to undertake a full procurement process in accordance with EU procurement rules. This was likely to yield a similar result to that achievable via the ESPO MSTAR framework agreement but would involve significant officer time to go through the procurement exercise.

DECISION: The Cabinet agreed that the Council access the ESPO MSTAR framework through an access agreement with ESPO and directly contract with the Provider named in Report No.93 (Minute No.25 below refers) via call-off for a period of three years (plus the option of up to a further twelve month period for the commencement date) until 31 January 2019.

Reason: The core specification meets the needs of the Council, it was recommended that a direct call off with the provider detailed in Report No.93 be undertaken based on their pricing, which was permitted in accordance with the framework (section 5 of the report referred).

(Key decision – reference number 3966)

14
AWARD OF CONTRACT FOR CARE AND SUPPORT SERVICE AT SKINNERS COURT

Councillor Ahmet Oykener (Cabinet Member for Housing and Estate Regeneration) left the meeting for this item, Minute No. 2 above refers.

Councillor Don McGowan (Cabinet Member for Health and Adult Social Care) introduced the report of the Director of Health, Housing and Adult Social Care (No.88) recommending the award of the contract for care and support at Skinners Court.

NOTED

1. That Report No. 95, also referred as detailed in Minute No.26 below.

2. That Skinners Court was an extra care independent living scheme providing social care and housing related support services to vulnerable older people. The current contract was in its last year. The reports set out the outcome of the procurement process for Members' consideration.

Alternative Options Considered: A number of options were considered, informed by national guidance for Extra Care and a review of Metropolitan's contract:

a. Continuance of current service model: This was not considered consistent with Best Value requirements. Developments in extra care had identified more financially efficient ways of commissioning these services.
b. Convert all service packages to spot purchasing and direct payments: This was not popular with the service user community at the scheme and did not provide enough stability or flexibility of car delivery that was established by a core onsite provider. Research evidence also suggested that moving to 100% direct payments risks undermining the sense of community and security that was inherent to extra care.
c. Replicate service model form other extra care schemes in Enfield: This option was incompatible with the variety of direct payment arrangements already in place at Skinners Court in addition to the main block contractor.

DECISION: The Cabinet agreed to note the contents of the report and to approve the recommendations for the award of contract as detailed in Report No.95, Minute No.26 below refers.

Reason: The "Core and Flexi" service model offers the best opportunity to improve service quality, realise financial efficiencies and facilitate service user control over how their outcomes were delivered and by whom. Existing direct payment arrangements were normalised. The new contract included the

potential for greater uptake of direct payments in future and for the block contract amount to decrease accordingly. Commissioning recommendations in this regard would be informed by a review of the new contract model in practice. Services across different agencies would be better co-ordinated, improving the service user experience. People with complex needs were supported to live independently for longer, preventing or delaying referral to more expensive residential or nursing care.
(Key decision – reference number 3824)

15
NEW AVENUE DEVELOPER PARTNER SELECTION REPORT

Councillor Ahmet Oykener (Cabinet Member for Housing and Estate Regeneration) introduced the report of the Director of Health, Housing and Adult Social Care (No.89) recommending the selection of a preferred development partner for the New Avenue estate renewal scheme.

NOTED

1. That Report No.96 also referred, as detailed in Minute No.27 below.

2. Councillor Oykener expressed his thanks and appreciation to the officers involved in the project.

3. That this decision represented a key milestone in the regeneration of the New Avenue estate.

4. The consultation which had taken place with residents and the influence which their feedback had had on the proposed designs for the estate, section 5 of the report referred.

5. The number of new homes that would be provided, as set out in the report.

6. Members welcomed and praised the proposed scheme. It was noted that the estate would be within the area to be served by the Lee Valley Heat Network.

Alternative Options Considered: Not to appoint the recommended preferred development partner and to re-procure a development partner for the redevelopment of the New Avenue Regeneration Area. Rewinding the procurement back to the start would at best cause serious delay in delivering the project, reputational damage to the Council and a risk of challenge from the panel members who participated in the procurement exercise. It might even result in no tenders or viable tenders being returned to the Council.

DECISION: The Cabinet agreed to

1. Authorise the appointment of Bidder A as the preferred development partner.

2. Note the intention to continue to work in partnership with residents and establish a Resident Design Panel to work with the Council and Bidder A to prepare a design for submission to the planning department.
3. Delegate authority to the Director of Health, Housing and Adult Social Care, the Director of Finance, Resources and Customer Services and the Assistant Director for Legal Services to finalise the terms of the Development Agreement and all associated agreements arising out of the Development Agreement.
4. Delegate authority to the Director of Health, Housing and Adult Social Care acting where appropriate in accordance with CPO legislation to agree terms for the purchase and/or where applicable restructuring of all existing residential and non-residential property interests on the estate, and to instruct Legal Services to complete the purchases and restructuring of the residential and non-residential property interests on the terms agreed.
5. Note the intention to include in the Development Agreement an obligation on the Council to seek a Compulsory Purchase Order of the development site and to use Council powers to appropriate the New Avenue development site for planning purposes.
6. Note the estimated costs of human resource implications contained within the report were included in the budgeted project costs.
7. Note that the scope of the developer procurement did not include the management of the new homes. This would be subject to a future Cabinet decision.

Reason: Bidder A had submitted a quality bid which delivered the Council's key requirements for the scheme as well providing additional benefits which would significantly improve the housing offer. The quality of the architecture expressed in their design proposal was of a standard that would, if accurately translated into the final development, match the high benchmark set by other recent new Council developments in the Borough.
(Key decision – reference number 3793)

16
ENABLING MERIDIAN WATER INFRASTRUCTURE

Councillor Ahmet Oykener (Cabinet Member for Housing and Estate Regeneration) and Alan Sitkin (Cabinet Member for Economic Development) introduced the report of the Director of Regeneration and Environment (No.90) summarising the progress to date.

NOTED

1. That Report No.97 also referred as detailed in Minute No.28 below.

2. Councillor Oykener emphasised the importance of the decisions detailed in the report which represented a key milestone in the progress of enabling Meridian Water infrastructure. The development cut across a number of Cabinet portfolios and Members would continue

to work together to progress the development and implementation of the project. The significant level of new housing that would be provided was highlighted as set out in the report.

3. Councillor Sitkin highlighted the complexity of the project and the need for effective partnership working to move forward effectively. This represented a significant area of joint working for the benefit of the Borough and its residents.

4. Councillor Robert Hayward was invited to present his comments to the Cabinet. Councillor Hayward reported that the Conservative Group was supportive of the Meridian Water development and the development of new homes and jobs in the Borough. He stressed the importance of the design of the housing to ensure that they were family friendly with the provision of adequate grassed areas and safe places for children to play.

5. Members raised a number of issues in respect of the development including the need to effectively support public health issues including facilities suitable for the disabled and, encouraging active lifestyles through for example the encouragement and walking and cycling. The boulevard was designed to be an attractive high quality route through the development.

6. Councillor Oykener referred members to the new Housing Development Framework (Minute No.11 above referred) and emphasised the importance of involving residents in the consultation on design proposals.

7. The project would assist in addressing the housing shortage in the Borough and the creation of new jobs. The scheme would link in with the Lee Valley Heat Network.

Alternative Options Considered: Do nothing. This would fail to achieve the objectives set out for delivery of Meridian Water, and lose the significant economic, social and environmental benefits set out with the Meridian Water Masterplan. The Council could decide to wait for developer contributions to fully fund Meridian Boulevard. It was unlikely that contributions would fully fund Meridian Boulevard in the short to medium term, and delivery of this major infrastructure project would therefore be at risk of coming forward in a piecemeal way.

DECISION: The Cabinet agreed to

1. Endorse the Safeguarded Highway Route for the Meridian Water Causeway (Meridian Boulevard) as detailed in Annex 1 to the report.
2. Authorise the Director of Regeneration and Environment to appoint consultants via the Government Procurement Service Transport Related Engineering Advice and Research (T-TEAR) framework to develop the detailed design of Phases 1 and 2 of The Causeway

(including service diversions and provision of the LVHN pipeline) and to secure technical approval from the council in its capacity of local highway authority.

3. Authorise the Director of Regeneration and Environment to appoint a contractor via the London Highways Alliance Contract (LoHAC) to implement Phase 1 of the Causeway, at the estimated costs detailed in the Part 2 report (Report No.97, Minute No.28 below refers).
4. Authorise the Director of Regeneration and Environment to make appropriate provision within the Phase 1 contract for a possible contract extension to enable the construction of Phase 2 of the Causeway (Meridian Boulevard), subject to all necessary regulatory and land-owner agreements first being in place, and final Cabinet approval.
5. Authorise that the Directors of Regeneration and Environment, and Finance, Resources and Customer Services take all necessary steps to agree terms and enter into any way-leaves, easements, planning, highway and other regulatory consents required to procure the delivery of Phase 1 of the Causeway as appropriate.
6. Authorise the Director of Regeneration and Environment and the Director of Finance, Resources and Customer Services to undertake background work to support the possible compulsory purchase of land to deliver the whole, or parts of, the Causeway (Meridian Boulevard) should this be necessary.
7. Noted that a part 2 report (Report No.97 as detailed in Minute No.28 below) sets out details of the financial considerations and estimated fees required to deliver Phases 1 and 2.
8. Invite the Directors of Regeneration and Environment and Finance, Resources and Customer Services to submit a further report on Phase 2 of the Causeway (Meridian Boulevard) in due course.

Reason: For the Council to bring forward development in Meridian Water it was imperative that key enabling infrastructure was in place, and delivered in a timely way. Construction of Phase 1 of Meridian Boulevard along with the potential to develop Phase 2 would increase developer confidence, and help to enable substantial housing development. It would also provide the infrastructure pipework necessary to secure early phases of the Lee Valley Heat Network.
(Key decision – reference number 3973)

Members then considered the part two report – No.28 (Minute No.28 below refers) for which the press and public were excluded from the meeting. The minutes follow the order of the published agendas.

17
ISSUES ARISING FROM THE OVERVIEW AND SCRUTINY COMMITTEE

There were no issues arising from the Overview and Scrutiny Committee for consideration at this meeting.

18
CABINET AGENDA PLANNING - FUTURE ITEMS

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

19
MINUTES

AGREED that the minutes of the previous meeting of the Cabinet held on 17 September 2014 be confirmed and signed by the Chairman as a correct record.

20
MINUTES OF ENFIELD RESIDENTS' PRIORITY FUND MEETING - 27 AUGUST 2014

NOTED the minutes of the Enfield Residents' Priority Fund Cabinet Sub-Committee meeting held on 27 August 2014.

21
MINUTES OF LOCAL PLAN CABINET SUB-COMMITTEE - 22 SEPTEMBER 2014

NOTED the minutes of the Local Plan Cabinet Sub-Committee meeting held on 22 September 2014.

22
ENFIELD STRATEGIC PARTNERSHIP UPDATE

NOTED that there were no written updates to be received at this meeting.

23
DATE OF NEXT MEETING

AGREED that an additional meeting of the Cabinet be scheduled to take place on Thursday 30 October 2014 at 7.30pm.

NOTED that the following Cabinet meeting was scheduled to take place on Wednesday 12 November 2014 at 8.15pm.

24
EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED in accordance with Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the items of business listed on part 2 of the agenda on the grounds that they involve the likely disclosure of confidential information as defined in Paragraph 3 (information relating to the financial or business affairs of any particular person (including the authority holding that information) of Part 1 of Schedule

12A to the Act (as amended by the Local Government (Access for Information) (Variation) Order 2006).

25
CONTRACT FOR THE PROVISION OF AGENCY WORKERS

Councillor Andrew Stafford (Cabinet Member for Finance) introduced the report of the Chief Executive (No.93).

NOTED

1. That Report No.86 also referred as detailed in Minute No.13 above.

2. The detailed terms of the contract as set out in the report.

3. The financial savings resulting from the new arrangements.

Alternative Options Considered: As detailed in Report No.86, Minute No.13 above refers.

DECISION: The Cabinet agreed

1. That the Council access the EPSO MSTAR framework through an access agreement with ESPO and directly with the provider detailed in recommendation 2.1 of the report, via call-off for a period of three years (plus the option of up to a further twelve month period from the commencement date) until 31 January 2019.

2. To delegate to the Assistant Director Human Resources to sign off operationally any decisions to manage the agency worker contract for any other boroughs wishing to access the ESPO MSTAR framework.

Reason: As detailed in section 4 of the report.
(Key decision – reference number 3966)

26
AWARD OF CONTRACT FOR CARE AND SUPPORT SERVICE AT SKINNERS COURT

Councillor Ahmet Oykener (Cabinet Member for Housing and Estate Regeneration) left the meeting for this item, Minute No.2 above refers.

Councillor Don McGowan (Cabinet Member for Health and Adult Social Care) introduced the report of the Director of Health, Housing and Adult Social Care (No.95) updating Members on the outcome of the procurement process for Skinners Court.

NOTED

1. That Report No.88 also referred as detailed in Minute No.14 above.

2. That the current provider had chosen not to bid for the new contract.

3. The financial savings arising from the new contract as detailed in the report and the reasons for this. This would not result in any reduction in the quality of the service going forward.

4. The new contract provider was committed to working towards the London Living Wage for its employees.

Alternative Options Considered: As detailed in Report No.88, Minute No.14 above refers.

DECISION: The Cabinet agreed

1. To note the outcome of the procurement process and to approve the recommendation to award a contract for the provision of care and support services to the provider detailed in recommendation 2.1 of the report.
2. That the current contract with the existing provider, detailed in recommendation 2.2 of the report, be extended for a small period to allow a smooth and timely transition to the new contract on 12 January 2015.

Reason: As detailed in Report No.88, Minute No.14 above refers.
(Key decision – reference number 3824)

27
NEW AVENUE DEVELOPER PARTNER REPORT

Councillor Ahmet Oykener (Cabinet Member for Housing and Estate Regeneration) introduced the report of the Director of Health, Housing and Adult Social Care (No.96).

NOTED

1. That Report No.89 also referred as detailed in Minute No.15 above.

2. The financial implications for the Council as detailed in the report and the proposed investment in the provision of new affordable homes.

3. The number of tenants, leaseholders and properties both private and affordable within the proposals.

4. The robust tendering exercise which had been undertaken and assurance of Bidder A's capacity to fulfil its obligations. Members noted the work being undertaken across the Borough and the contracts currently in place.

Alternative Options Considered: As detailed in section 11 of the report.

DECISION: The Cabinet agreed to

1. Authorise the appointment of Bidder A, detailed in recommendation 2.2 of the report, in accordance with the contents of the report and the part one report (No.89 – Minute No.15 above) and the offer submitted by Bidder A.
2. Note the plan attached as Appendix A to the report showing the extent of the land that the Council in its capacity as land owner would support with a Compulsory Purchase Order (CPO).
3. Note that the decision to request that bidders resubmit the financial element of their tender, having regard to an improving housing market and feedback from consultations with residents, had resulted in a substantially improved offer to the Council.
4. Delegate authority to the Director of Health, Housing and Adult Social Care and the Assistant Director of Property to agree the terms for the disposal of the ground rental income stream from the private homes in return for a capital sum.
5. Delegate authority to the Director of Health, Housing and Adult Social Care to agree the terms of any risk mitigation measures that should be put in place to improve the certainty of the premium to be received.

Reason: As detailed in section 12 of the report.
(Key decision – reference number 3793)

28
ENABLING MERIDIAN WATER INFRASTRUCTURE

Councillor Ahmet Oykener (Cabinet Member for Housing and Estate Regeneration) and Alan Sitkin (Cabinet Member for Economic Development) introduced the report of the Director of Regeneration and Environment (No.97) summarising the progress to date.

NOTED

1. That Report No.90 also referred as detailed in Minute No.16 above.

2. The estimated costs and forward funding implications as set out in the report.

3. Members stressed the importance of proceeding at this stage in the process. Future phases of the project would address further infrastructure requirements such as community facilities.

Alternative Options Considered: As detailed in section 6 of the report.

DECISION: The Cabinet agreed to

1. Note the estimated costs, and ways of recovering forward funding associated with the construction of Phase 1, along with the possible construction of Phase 2 Meridian Boulevard.

2. Authorise the Director of Regeneration and Environment, acting in consultation with the Director of Finance, Resources and Customer Services, to build Phase 1 at the estimated costs and fees indicated within paragraph 4.1 of the report.

Reason: As detailed in Report No.90, Minute No.16 above refers.
(Key decision – reference number 3973)

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MINUTES OF THE MEETING OF THE LOCAL PLAN CABINET SUB-COMMITTEE HELD ON WEDNESDAY, 15 OCTOBER 2014

COUNCILLORS

PRESENT Alan Sitkin (Cabinet Member for Economic Development), Ahmet Oykener (Cabinet Member for Housing and Estate Regeneration) and Ayfer Orhan (Cabinet Member for Education, Children's Services and Protection)

ABSENT Chris Bond (Cabinet Member for Environment and Community Safety)

OFFICERS: Ian Davis (Director of Regeneration & Environment), Paul Walker (Assistant Director Planning and Economic Development), Joanne Woodward (Head of Strategic Planning and Design), Natalie Broughton (Planning Policy Team Leader), Koulla Panaretou (Committee Secretary)

Also Attending: Cllr George Savva (Associate Cabinet Member)

1
WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and apologies for absence were received from Cllr Ozzie Uzoanya, Cllr Bambos Charalambous and Cllr Chris Bond.

Apologies for lateness were received from Cllr Ayfer Orhan.

2
DECLARATIONS OF INTEREST

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

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
ADOPTION OF DEVELOPMENT MANAGEMENT DOCUMENT (DMD)

RECEIVED a report from the Director of Regeneration & Environment requesting that the Local Plan Cabinet Sub Committee endorse the Development Management Document (DMD) recommending that it goes to Cabinet and Council for adoption.

NOTED

- The Planning Inspector's final report, attached as Appendix 1 of the report, concludes that the DMD is "sound" and legally compliant, in accordance with Government legislation.
- The DMD has an important role to enable the Council to control and guide planning decisions. Once adopted, it will have statutory weight, having gone through the various stages of consultation required by legislation over the last three years.
- Once adopted the DMD will form part of Enfield's Local Plan and policies within the document will be used alongside policies contained in the London Plan and adopted Core Strategy (2010) to determine planning applications in the borough.
- The DMD has undergone examination and no further changes can be made to the document at this stage. A review of the Core Strategy has commenced and consultations on this will begin early next year.
- There will be a presentation to Planning Committee on the 18th November and the DMD will proceed to Council on 19th November.

IN RESPONSE the following comments were received:

- Minor amendments to the Local Plan diagram to be made.
- The policy on density is based on the London Plan density ranges Opening hours – ranges for town centres within the DMD are 8am – 2am. Any proposal to open outside of these hours would need to be justified. The Chair requested an email to explain how this would be considered through the planning process. **ACTION: Joanne Woodward**
- English Heritage involvement as a statutory consultee confirmed. The amenity space standards in the DMD require less provision than the previous adopted standards – DM7 and DM9 refer.

Alternative Options Considered: None. It was imperative that the DMD be adopted to inform planning decisions, in the context of the changes to national planning policy guidance, to replace the remaining Unitary Development Plan policies (1994) and provide a robust up to date Local Plan.

DECISION: The Cabinet Sub-Committee agreed:

- To note receipt of the Planning Inspector's final report, attached to the main report as Appendix 1, concluding the Development Management

Document to be "sound" and legally compliant, in accordance with Government legislation.

- To endorse the Development Management Document (Appendix 2) and recommend that it goes to Cabinet and Council for adoption.

REASON: The DMD should be adopted to inform planning decisions, in the context of the changes to national planning policy guidance, to replace the remaining Unitary Development Plan policies (1994) and provide a robust up to date Local Plan. Failure to do provide the DMD will result in a gap in policy. This would lead to poor quality development and/or development in inappropriate locations and would significantly harm the Council's ability to meet its wider regeneration objectives.

5

CONSULTATION AND COMMUNICATION STRATEGY FOR THE CENTRAL LEESIDE AREA ACTION PLAN

RECEIVED a report from the Director of Regeneration and Environment providing an overview of the Consultation and Communication Strategy for the next stage of consultation in respect of the Proposed Submission Central Leeside Area Action Plan.

NOTED

1. On 22nd September 2014, the Local Plan Cabinet Sub Committee agreed the Proposed Submission Central Leeside Area Action Plan (CLAAP) in order for it to proceed to Cabinet and Full Council for approval.
2. In addition, an overview of the Consultation and Communication Strategy for this stage of consultation was requested at the last Local Plan Cabinet Sub Committee, the contents of which were noted. This document provided key messages for residents and businesses, such as:

    a. More new homes
    b. Improved public transport including station improvements and more frequent rain services
    c. Better links to the Lee Valley Regional Park
    d. Improved employment opportunities
    e. A new community hub
    f. A new attractive boulevard running through Meridian Water.
    g. A heat network to deliver low cost energy to local residents.
    h. New local shopping facilities.
    i. Opening up access and improvements to the waterfront.
    j. Public realm improvements and creation of a good quality urban environment.

3. Following approval at Council (scheduled for 19th November) the CLAAP will be published for consultation before being submitted to the Government for examination.

4. A review of the Council's Statement of Community Involvement (SCI) is currently under way and will be available for consideration at a future meeting.

Alternative Options Considered: None considered – the consultation arrangements set out in Annex 1 of the report will ensure that the Council complies with requirements set in the Town and Country Planning (Local Planning) (England) Regulations 2012.

DECISION: The Cabinet Sub-Committee agreed

- To note the overview of the Consultation and Communication Strategy provided in Annex 1 of the report, in line with the Proposed Submission Central Leeside Area Action Plan.

REASON: The overview of the Consultation and Communication Strategy provided in Annex 1 of the report was requested when the Proposed Submission Central Leeside Area Action Plan was agreed at the last Local Plan Cabinet Sub Committee on 22nd September 2014.

6
MINUTES FROM THE MEETING HELD ON 22ND SEPTEMBER 2014

AGREED that the minutes of the Local Plan Cabinet Sub-Committee held on 22nd September 2014 be approved.

7
DATE OF NEXT MEETING

AGREED that the date of the next meeting be Monday 1st December 2014 Room 6 @ 7pm (changed from Wednesday 3rd December).

Meeting dates for future meetings are as follows:

Thursday 15th January 2015 @ 7pm Room 6
Wednesday 4th March 2015 @ 7pm Room 6