

Executive Summary

DECEMBER ESP BOARD MEETING

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

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

None.

2. ADDRESSING CHANGING NEEDS OF BME COMMUNITIES IN ENFIELD

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Board made the following comments:

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

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

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

http://www.enfield.gov.uk/esp/downloads/file/60/addressing_changing_needs_of_bme_communities_in_enfield

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

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

The Annual Conference had explored a number of themes:

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

The Board then made the following comments:

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

The meeting **AGREED:**

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

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

4. HEALTH AND WELLBEING STRATEGY CONSULTATION

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

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

The following draft priority areas had been put forward;

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

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

The Board then made the following comments:

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

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

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

The meeting **AGREED** that:

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

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

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

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

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

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

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

6. **ENFIELD YOUTH PARLIAMENT UPDATE**

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

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

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

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

7. CHANGE AND CHALLENGE UPDATE

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

The report provided an update on the following:

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

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

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

The outcomes set by the Government were:

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

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

The Board made the following comments:

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

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

8. WORK OF THE LIFE OPPORTUNITIES COMMISSION AND OUTCOMES ACHIEVED

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

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

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

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

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

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

The Board made the following comments:

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

The meeting **AGREED** that:

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

9. **AOB**

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

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

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

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