

# **London Borough of Enfield/ Enfield Racial Equality Council**

## **MINUTES OF THE MEETING OF THE LONDON BOROUGH OF ENFIELD/ ENFIELD RACIAL EQUALITY COUNCIL HELD ON TUESDAY 2 DECEMBER 2014.**

Councillors: Yasemin Brett, Christiana During, Bernie Lappage and Michael Rye

Enfield Racial Equality Council (EREC): Bevin Betton, Chandra Bhatia, Beryl de Souza, Roger Hallam and Suhas Khale.

Officers: Ilhan Basharan (Communities Manager), Maxine Reed (Head of Learning Skills for Work service), Kate Robertson (AD Customer Services) and Elaine Huckell (Scrutiny Services)

### **1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from: Councillor Eric Jukes, Talat Shaikh(Co-Chairman), Rasheed Sadegh-Zadeh, and Vicky Dungate

### **2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **3. MINUTES**

**AGREED** that the minutes of the 30 September 2014 be confirmed as a correct record.

### **4. MATTERS ARISING**

Meeting clash with ESP (Enfield Strategic Partnership Board) this evening which was unfortunate.

**ACTION:** Elaine Huckell to inform Tina Uhrynowycz and Natalie Orchard to hopefully avoid a clash of meetings in future. Natalie Orchard has replied that the ESP Board will have one meeting next year on Tuesday 23<sup>rd</sup> June 2015, we will ensure that this does not clash with LBE/EREC.

#### ESP Community Cohesion

At the last meeting a report was presented on the Community Cohesion Strategy 'Enfield Together'. Ilhan Basharan stated that the Council already conducts a range of community cohesion activities, solely and in conjunction with partners, including those from the voluntary sector. It was agreed that Ilhan Basharan and Chandra Bhatia would discuss further the possibility of an additional event for communities to meet in 2015/16. Feedback had been received from the Hate Crime Forum.

**ACTION:** Ilhan Basharan and Chandra Bhatia would discuss how to take these issues forward.

#### Discrimination in the Private Housing Sector

At a previous meeting, a member of EREC referred to a situation in a

London Borough where there appeared to be discrimination taking place in the private housing sector. Although there had been no reports of this happening in Enfield it was thought we needed to be alert to any potential problems of this nature. We should be aware that some people may feel unhappy or unwilling to report issues of this kind. It was suggested that a new proposed licensing scheme for landlords in the borough, could include good practice guidelines which should also be promoted in the local press. Sally McTernan (AD Community Housing Services) would be asked if she could provide a brief update on this matter to the next meeting.

**ACTION:** Committee Secretary to inform Sally McTernan to attend the next meeting and provide an update.

#### Discrimination in the Coroner's Office

At the last meeting Councillor Brett mentioned that members of the Hindu community had brought this matter to her attention. Although some religions dictate that burials have to take place within 24 hours of death, the Coroner's office does not have facilities to cover for this at weekends. This was also applicable to the Jewish and Moslem faiths. This matter to be raised at the Faith Forum and a letter would be drafted to the Coroner's office.

**ACTION:** Ilhan Basharan

#### Corporate Research Programme 2014/15

Any comments from EREC relating to the Corporate Research Programme items should be reported back to Robert Flynn.

#### ESOL (English as a second language)

Maxine Reed (Head of Learning Skills for Work service) attended the meeting and said she would be reporting back on the ESOL project at a future LBE/EREC meeting. There was a brief discussion about the project and the following points were made

- The report would include information about the service our providers cover.
- Some training is held in schools during the day after parents have taken their children to lessons .
- ESOL classes may require attendees to pay a small fee to cover exam charges.
- Volunteering opportunities in this subject including the training of members of the community to become community champions.  
Noted that EREC would be usefully placed to promote this project.
- Healthcare issues – it is important for learners to understand how to access health service (this also relates to item 6 on the agenda – ‘Inequalities in access to healthcare’)

#### 5. **WELFARE REFORM AND ITS IMPACT ON ENFIELD RESIDENTS.**

Kate Robertson, AD Customer Services gave an update on Welfare Reform and its impact on Enfield residents she highlighted the following:

- Benefit Cap. There is a maximum amount that an individual or

family can receive in a week. There are currently 813 capped cases in the borough of which 62% are in private rented homes. The average loss is £71 a week. Although much has been done to enable people to get into employment, there are three main barriers to this – lack of previous employment which can be included on a CV, a lack of basic skills such as language or numeracy and childcare issues.

- Spare Room subsidy. This only affects people in social housing and applies when housing benefit is reduced as a result of there being more bedrooms in a property than is deemed necessary. This is often as a result of adult offspring leaving the parental home. The average loss of benefit is £20.20 a week. There have been very few people moving as a result of this reform and very few mutual exchanges. The Council are currently supporting people with disabilities or medical conditions through the discretionary payment scheme. There is a shortage of smaller social housing units such as bungalows that may encourage people to move.
- Emergency support and hardship payments Over 450 people have received emergency support payments. The Government had intended to remove this support of £600k, however a judicial review has required further consultation to be taken with Local Authorities. Should this funding be removed it was thought LBE would need to find this funding from the budget. Council tax support has been provided in some hardship cases, 347 people had benefited from this.
- Universal credit This is the means by which 6 benefits are being combined. This is being rolled out throughout the country and Kate Robertson confirmed that Enfield would not be in the first phase of the roll-out. Local Authorities will not be responsible for assessing Universal credit although they do so at present. It had been stated that the new reform should help to improve childcare support and it was therefore anticipated that the transition to work should be smoother.

The following points were raised:

- It was confirmed that the reforms had not reduced rents in the private sector.
- Any queries people may have on Universal credit will have to be pursued by contacting the DWP (Department of Works and Pensions) telephone helpline and/or by contacting the Job centre.
- It is anticipated that a housing rental element of the benefit would be based on locality. However, this has not been confirmed.
- In answer to how the benefit changes have affected BME Communities it was answered that it was primarily the Somali, Congolese, some South African communities together with Travellers who had been mostly affected. The spare room subsidy has mainly affected White British, Black British and Greek communities as this generally applies to people who had lived in their Council homes from the 1970 and 1980's.

- Difficulties often arise where people are paid in arrears. There are also problems for families when benefits are paid to individuals with drink/ gambling addictions. We are discussing ways that it might be possible to alleviate these problems.
- Some areas of Enfield have high levels of deprivation and with the increase in population over recent years this has led to problems with housing.
- The shortage of available social housing meant that the focus on LBE was to put procedures in place try to avoid homelessness.
- It was explained that Universal Credit was being introduced on an area basis. The western London boroughs would start together in one of the first phases of the roll-out. The northern boroughs including Enfield would be part of a later phase.
- Discussions should be held with other boroughs who had already introduced universal credit and with officers from DWP to look at any issues/ problems that we need to be aware of before it is implemented in Enfield. We should also look at the impact of changes on BME Communities. A member of EREC referred to possible work/ engagement that could be undertaken by them with members of the community to discuss issues/ concerns people may have with the new benefit changes.

**AGREED** That a task group be formed to focus on Welfare Reforms and how to prepare the public for changes. Issues to be considered include fuel poverty, problems with delayed payments and problems for families where the benefit recipient is unable to manage finances. Members of group to include Chandra Bhatia, Kate Robertson and Councillors Brett, Lappage and During.

**ACTION:** Kate Robertson

Kate Robertson was thanked for her presentation.

6.

#### **INEQUALITIES IN ACCESS TO HEALTHCARE IN ENFIELD.**

A report had been prepared by the SPRC (Social Policy Research Centre) from Middlesex University on 'Inequalities in Access to Healthcare in Enfield, London' which had been circulated with the agenda. The project was aimed at assessing levels of health inequalities and discrimination in accessing levels of healthcare in LB Enfield.

Roger Hallam presented a paper which summarised the above report and highlighted his key areas of concern. A copy of his paper is attached to the minutes. Reference was made to fieldwork research carried out by EREC on behalf of SPRC on the experience of selected client groups of the local NHS.

There was a discussion about this subject and the following points raised:

- That there appeared to be a lack of scrutiny in some areas of the NHS such as primary care.
- Some of the highest rates of stroke and heart disease are shown

- in areas of Enfield e.g Ponders End and Edmonton – where there are areas of high BME communities.
- That mental health issues/ statistics needed to be considered, it was thought there was often misdiagnosis in this area.. The report states that ‘local survey data shows that Enfield would appear to have poorer low level mental illness in comparison with other London boroughs’
  - The matter of health inequalities in respect of reducing the gap in life expectancy is being explored by Overview and Scrutiny under the ‘Health Inequality Scrutiny Workstream’ However the gap between the east and west sides of the borough was now thought to be lower than that previously given.
  - It was suggested that members of the NHS and Clinical Commissioning Group (CCG) be asked to attend a future meeting of LBE/EREC to discuss issues raised in the report. It was suggested that they be asked to look at procurement issues and for them to explain how statistics are being used to prioritise services, particularly those that affect a higher number of people from BME communities.
  - Chandra mentioned that a workshop would be held in March 2015 with members of the community. It was suggested that they may wish to use this as an opportunity to raise issues which could then be brought back to the next meeting of LBE/EREC.

#### **AGREED**

1. That Enfield CCG be invited to a future meeting to discuss procurement issues
2. That a task group be formed to focus on issues to be raised and questions to be asked of health providers. Members of the group to include Roger Hallam, Beryl de Souza and Councillors During and Rye

#### **ACTION: –**

1. Committee Secretary to invite CCG procurement officers to a future meeting
2. Ilhan Basharan and Chandra Bhatia to meet to discuss using the workshop in March for the task group’s work. Ilhan to provide . Ilhan will provide a copy of relevant documentation to Roger Hallam The link to the JSNA to Roger Hallam Link is [www.enfield.gov.uk/JSNA](http://www.enfield.gov.uk/JSNA)

Roger Hallam was thanked for his report.

7.

#### **TUBERCULOSIS (TB) AWARENESS CAMPAIGN IN ENFIELD**

Chandra Bhatia presented this report on a project which aimed to raise awareness about TB in Enfield.

Funding of £10,000 had been provided and EREC identified a number of organisations requiring TB awareness training to support their client groups. Representatives from these organisations were trained to become ‘champions’ and with the support of EREC managed to deliver

a lasting resource. This was achieved by having various events, training sessions, publicity and informal sessions where people could talk freely.

EREC were congratulated on the good work achieved by this project on a low budget. It was suggested that this could be extended to other members of vulnerable communities such as the travelling community. It was also thought that the 'champions' might be able to help in other health awareness training such as for stroke or heart conditions. EREC are ideally placed to pursue these objectives.

**ACTION:** EREC to report back on how work with other vulnerable communities can be progressed

**8. BLACK HISTORY MONTH - EVALUATION**

Ilhan Basharan presented this report which provided a description of the events that took place during Black History Month (BHM), in October 2014 and their outcome. The report was noted. It was agreed that the opening ceremony and events went well but that it was important for schools to communicate the key messages of Black History.

**ACTION** Ilhan Basharan and Bevin Betton to seek schools involvement in 2015 BHM programme. A request to be made of the Schools and Children's Services information on how children in schools can be taught about the key messages of Black History.

**9. HOLOCAUST MEMORIAL DAY**

Ilhan Basharan presented this report which provided background information to the Holocaust Memorial Day event which takes place on the 27<sup>th</sup> January each year. Invitations for this event will be sent out soon.

**10. ITEMS FOR CONSIDERATION FOR NEXT MEETING**

Housing issues to be considered at the next meeting of LBE/EREC

**AGREED** That a task group be formed to focus on Enfield Homes –and the bringing back of this service in- house from 1<sup>st</sup> April 2015.

**11. ANY OTHER BUSINESS**

Complaints were made about the low temperature of the room. The Committee Secretary has informed the facilities team of this.

**12. DATE OF FUTURE MEETING**

It had been thought that the next meeting planned for 17 March 2015 would need to be re-arranged but fortunately Councillor Brett has confirmed that this date will now be possible for her and can go ahead as originally planned.

## ***Enfield Racial Equality Council***

### ***Inequalities in Access to Healthcare in Enfield***

The document – produced by the Middlesex University Social Policy Research Centre with the participation of EREC – can be divided into three sections –

- ❖ Recent changes in the *architecture of the NHS*, both nationally and locally. Key points here are HASC, the new CCG system and the public health role of local authorities, which requires the formulation of a JSNA. Here the document is largely descriptive.
- ❖ A survey of *equalities-related practice* in the Enfield NHS.
- ❖ A report field research carried out by EREC on behalf of SPRC on the *experience of selected client groups* of the local NHS, also including a report of a *focus group of health professionals* in Enfield.

#### ***NHS Architecture***

This section describes recent changes mainly flowing from HASC.

#### ***Equalities-related practice in Enfield***

##### ***GP surgeries***

The document reports on a relatively simple survey of GP surgeries in Enfield focusing on basic diversity-related issues (p.14). This shows –

- ❖ “Due to the changes in NHS structures … it is hard to discern who is responsible for equalities in each of [the] organizations” (p.13).
- ❖ Poor co-operation by practices (only 36 practice managers out of 55 responded to the survey, even after repeated prompts). It is extraordinary that 19 practices in Enfield felt able to ignore this project (p.14).
- ❖ Those who responded tended to assert that “everyone is treated the same” (p.15). There was little appreciation of the fact that a diverse community requires awareness of diverse needs if healthcare is to be delivered effectively and efficiently.
- ❖ Practices are required to have equalities policies in place (three of those responding did not), while it appeared that for many this was a paper policy only (p.15).
- ❖ Building accessibility was a significant issue (p.15).
- ❖ There are repeated references to practice managers being “extremely busy” (pp.14, 16), as if other people were not and implying they were too busy to attend to issues of mere equality of service provision.
- ❖ The researchers say that they observed a “tick box attitude” to equality and diversity issues (p.16).
- ❖ There was “little awareness about the need for any targeted medical campaigns towards BME groups, e.g. high levels of diabetes among the Asian community, and HIV awareness among the African community, etc” (p.16).

#### ***BME health issues***

Besides the well-known indicators of economic disadvantage, this section identifies a number of issues critical to NHS care in Enfield, including the following –

- ❖ Seventy per cent of teenage pregnancies are to residents of EN1, EN3, N9 and N18, i.e. the most deprived parts of the borough with high BME concentrations (p.17). This issue was identified in LBE's document *Fairness for All* as disproportionately affecting BME communities in Enfield.
- ❖ Enfield has the third highest infant mortality rate in London (p.17). This was also identified in *Fairness for All* as disproportionately affecting BME communities in Enfield.
- ❖ Enfield has the third highest rate of obesity in London (27% versus 18%). The figures are particularly alarming for young people (p.17). Again this issue was identified in *Fairness for All* as disproportionately affecting BME communities in Enfield.
- ❖ Mental health in Enfield appears relatively poor. The report states that national research shows that people from some BME communities may face higher rates of mental illness (p.18). It goes on to note that ‘local survey data show that Enfield would appear to have poorer low level mental illness in comparison with other London boroughs’ (p.18).
- ❖ “Parts of Enfield have some of the worst rates of stroke and heart disease in England” (p.18). Ponders End and Edmonton are identified as particularly affected, again areas of high BME concentration.

*Admissions per 100,000*

	<i>National</i>	<i>Deprived areas of Enfield</i>	<i>Wealthier parts of Enfield</i>
<i>Coronary heart disease</i>	198.3	248.5	139.1
<i>Stroke</i>	89.5	137.7	97.2

- ❖ There is a “significant life expectancy gap between deprived and more affluent wards within the borough”, while “there is evidence that the gap is widening” (p.18).
- ❖ Upper Edmonton is identified as of acute concern in relation to a number of conditions disproportionately affecting BME communities (p.19), particularly as regards the 13-year life expectancy differential for women in that borough as compared with the best-performing Enfield ward.

### ***Fieldwork***

EREC carried out mainly qualitative fieldwork with key patient groups as follows: elderly people; women of reproductive age; and young people with learning disabilities.

This work identified a series of barriers to accessing NHS care for the groups in question, including –

- ❖ Language and interpretation, with GP practices identified as inaccessible for this reason.
- ❖ The consequent need for health-related ESOL provision.
- ❖ User-unfriendliness of GP appointment-booking systems.
- ❖ Non-registration with GPs.
- ❖ Lack of awareness or use of such fundamental services as antenatal care.
- ❖ Resort to traditional healers because of accessibility/sensitivity issues.
- ❖ No proactive approach to domestic violence among harder to reach communities.
- ❖ Poor diagnosis of special needs among BME children.
- ❖ GP practices have little incentive to record the ethnicity of their patients. If they do, they are unlikely to analyse the implications.

### ***Some key emerging issues***

The key finding emerging from the work is that at GP level in Enfield the NHS adopts a deliberately diversity blind approach to the population it serves. Remarks include –

- ❖ “The current NHS model is flawed and uninformed, applying universal services to an unequal population” (p.31)
- ❖ “By adopting an approach that is ‘increasingly blind to ethnicity’, it is questionable whether the NHS is dealing with community specific health issues … in a timely manner” (p.32).
- ❖ “The equalities agenda has not been implemented in practice” (p.33).

### ***Conclusion***

What is “institutional racism”? It exists when – irrespective of the personal motivation of staff and managers – the practices and procedures of a public or private body lead to significantly unequal outcomes for culturally or racially distinct client groups. Though more research is clearly required, the paper strongly suggests that this is the case with primary NHS care in Enfield.

As a result: “It is important to reignite dialogue and policy debate about ethnicity and health inequalities to move away from an ‘indifference to difference’ approach in healthcare provision and to foster a ‘culture of access’ in addressing specific health needs of minority ethnic communities” (p.39).

*Roger Hallam*

*2<sup>nd</sup> December 2014*