Community Powered Edmonton

Using community collaboration to improve services and reduce inequalities

August 2022

EDMONTON COMMUNITY PARTNERSHIP
even better together

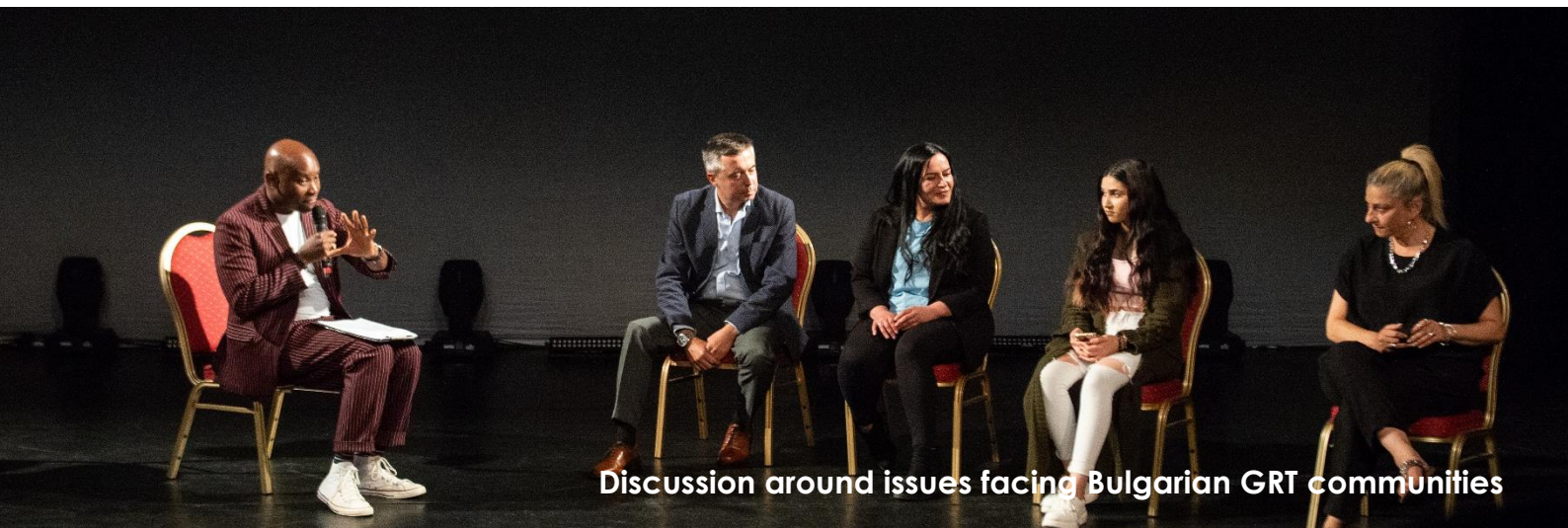
NEW LOCAL

healthwatch Enfield
listen to act

NHS
North Central London
Integrated Care Board

CONTENTS

"Healthy behaviours and lifestyles of our population are critical to improving outcomes, but without a new relationship with our communities this cannot be achieved."



Discussion around issues facing Bulgarian GRT communities

INTRODUCTION

Health inequalities in Enfield are long established and create a stark difference in the risk of avoidable death between those living in poverty and those who do not, as well as significant difference between life expectancy and healthy life expectancy. This inequality not only impacts on NHS and local authority resources and service capacity, it has disastrous long term effects on communities and individuals. In 2019 across England, women in the most deprived areas were three times more likely to die from an avoidable cause than those in the least deprived areas. This figure rose to 3.5 times for men.[1]

Health inequalities are also an indicator of a whole range of other negative circumstances that impact on communities, from poor housing and food deserts to a lack of access to education and poor work and job prospects. In Enfield, the local authority, NHS and voluntary sector have long recognised the interrelationship of these issues, the impact of poverty and its resultant strain on local services and poor outcomes for local people. The Health and Wellbeing Strategy 2020 to 2023 explicitly seeks to "prevent the preventable", by taking a system wide approach, using effective partnerships as the primary means to address inequalities and improve health outcomes.[2]

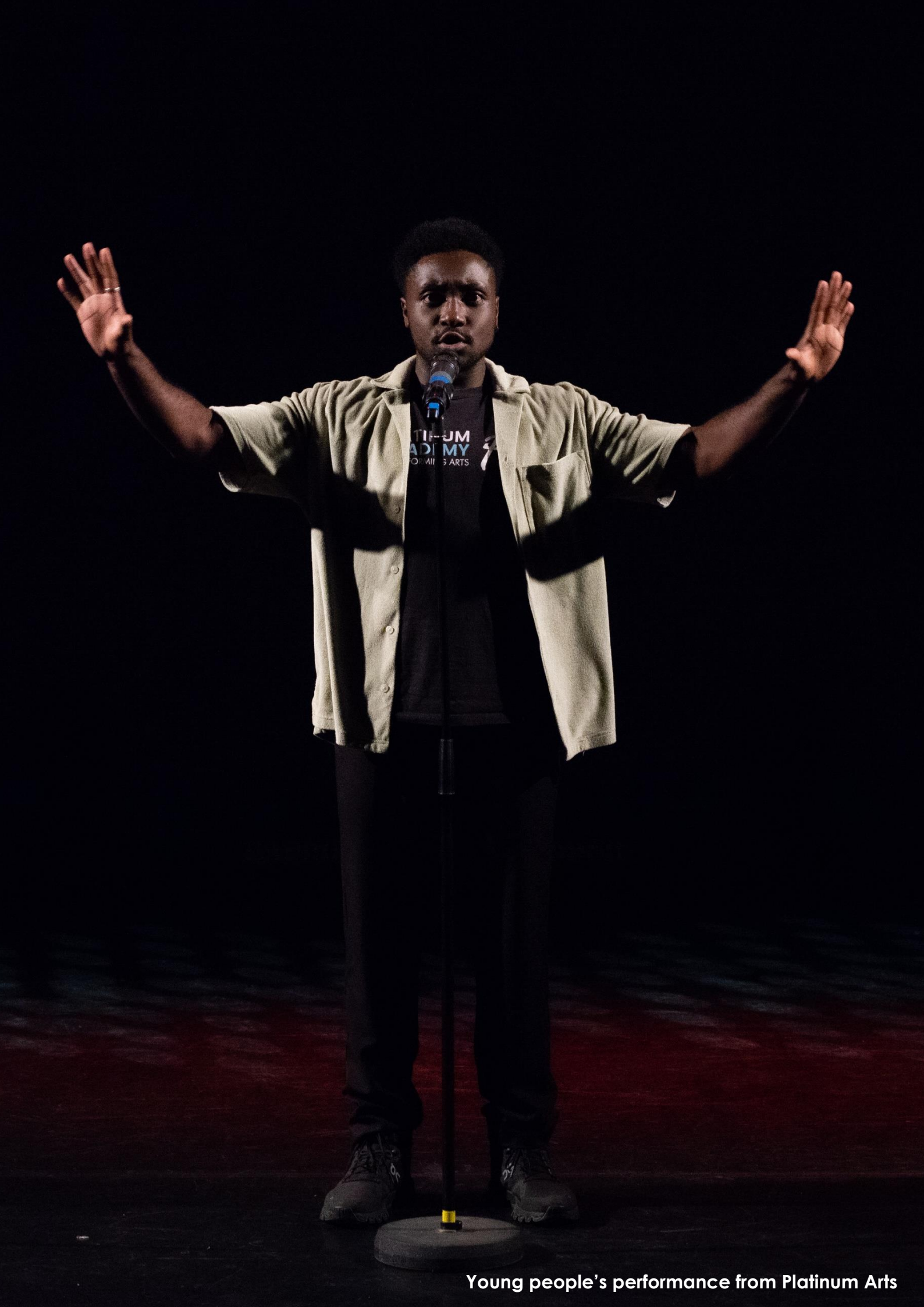
[1] https://www.kingsfund.org.uk/publications/what-are-health-inequalities#:~:text=Inequalities%20in%20avoidable%20mortality,-Deaths%20are%20considered&text=In%20England%2C%20in%202019%2C%20women,in%20the%20least%20deprived%20areas.

[2] https://new.enfield.gov.uk/healthandwellbeing/wp-content/uploads/2020/04/LBE-JHWBS-FINAL-V5.0.pdf

Recently, the advent of the Integrated Care Boards, which bring together health and care services across regions (like North Central London) and at borough level through place based work, has provided an opportunity for the NHS, Enfield Council and local voluntary sector partners to come together, share learning and build on the existing inequalities work. This work seeks to ensure that local people are heard, listened to and included in the development and delivery of services and programmes; this in turn seeks to make sure that services are as effective and relevant as possible.

The NHS North Central London Integrated Care Board (NCL ICB) recognises that Enfield has a long history of working with communities and community groups to improve local services. Resident and patient engagement is being recognised as critical at a regional and local level, and as a result, governance structures have been developed to ensure that engagement is understood and supported from the top down. In addition, specific and dedicated funding is being sourced and distributed, and resources are being applied to engagement activities, researching the patient experience and supporting service redesign.

Enfield Borough Partners recognise that healthy behaviours and lifestyles of our population are critical to improving outcomes, but without a new relationship with our communities this cannot be achieved. In Enfield, the Edmonton area has some of the worst health outcomes and greatest inequalities and as a result, Community Powered Edmonton was created, using local assets to understand the challenges, find out what is important to people, speak to their aspirations and generate outcomes based on their strengths.



Young people's performance from Platinum Arts

COMMUNITY POWERED EDMONTON

HOW WE WORKED

Community Powered Edmonton is a partnership between the NHS, the voluntary sector and the local community led by a collaboration of voluntary sector partners:

New Local is an independent think tank and network with a mission to transform public services and unlock community power.

Edmonton Community Partnership is an alliance of 18 schools and members of the local community managing a range of school enrichment and community projects and events that help improve the lives of children, young people, their families and the wider community in Edmonton.

Healthwatch Enfield delivered by Listen to Act, is an independent statutory organisation that gathers and amplifies the voices of people, patients and users of health and adult social care services in Enfield. **Listen to Act** is a charity specialising in community collaboration, co-design and co-production.

Working as a pathfinder programme for more effective community engagement and collaboration between service providers and service users, each partner brought unique expertise, local connections and understanding. We used an exciting range of engagement methods and techniques to reach out to communities in Edmonton.

WHO'S IN THE ROOM?

Collaboration can only happen if the right people come together. Community Powered Edmonton was designed by the partners to bring together service users and service providers, providing opportunities for creative discussion. Each session allowed all participants to really hear each other and identify common ground, common language and shared solutions.

Each session had representatives from:

- **Enfield Council**: From frontline staff and service leads to the Director of Public Health, elected members and the deputy leader of Enfield Council.
- **The NHS:** Frontline staff, officers and senior managers from the North Central London Integrated Care Board (NCL ICB), primary care clinicians, and staff from local NHS Trusts including North Middlesex University Hospital and Barnet, Enfield and Haringey Mental Health Trust.
- **The voluntary sector:** Volunteers, service users and staff from a range of local community organisations including Enfield Carers Centre, the RNIB, Enfield Citizens Advice Bureau, Voice of Jubilee Park, Caribbean and African Health Network.
- **Local residents:** A wide range of local people from Edmonton were invited, encouraged and supported to attend and participate in the sessions. These included people from several different local communities, young people, people with disabilities, and people representing mental health service users.

OBJECTIVES

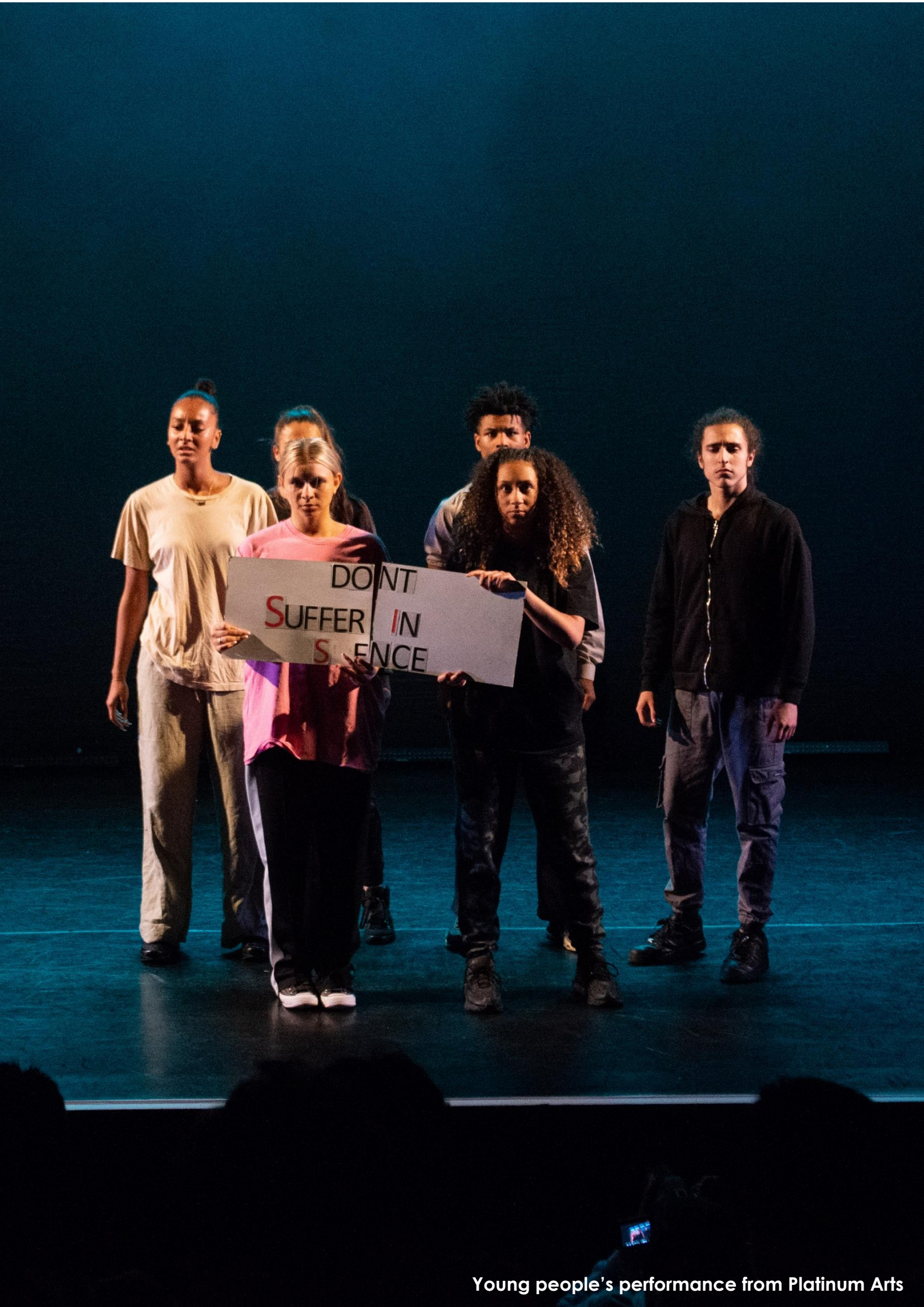
Overall, we sought to deliver against the following four objectives:

1. To strengthen the local voluntary and community sector (VCS) infrastructure by addressing current gaps in representation.

2. To understand local needs and the barriers different communities face to accessing local healthcare and support services.

3. To explore ways in which a strengthened communities and VCS network could work alongside statutory agencies to share insights and engage in local decision making.

4. To consider how the local NHS and council could further collaborate with a strengthened communities and VCS network to improve health outcomes, and any changes that might be needed to support this. This includes consideration of the systemic changes required in how local public service organisations work to enable a more community powered approach to become embedded.



Young people's performance from Platinum Arts

WHAT WE DID

Over the course of three months, the partners engaged with more than 150 people using a range of activities, including:

- **Workshops:** Three workshops (a mixture of face to face and online) led by New Local. The workshops focused on bringing together statutory and voluntary service providers and service users to share information and really hear each other.

- **Creative activity:** Including a showcase event led by Edmonton Community Partnership (ECP) and involving Platinum Performing Arts and Ape Media, allowing young people and residents from Bulgarian Gypsy, Roma and Traveller (GRT) communities to share their lived experience and stories through music, poetry, dance, film and panel discussions, captured by a graphic scribe.

- **Focus groups:** A series of focus groups and a survey led by Healthwatch Enfield, capturing the perspectives of particular communities including a Turkish women's group, a group of mental health services users and a group of people with learning disabilities.

- **Open access:** If people were unable to attend one of the workshops, events or focus groups, we provided an opportunity for people to submit online responses and express opinions on the issue being discussed via email.

Focus

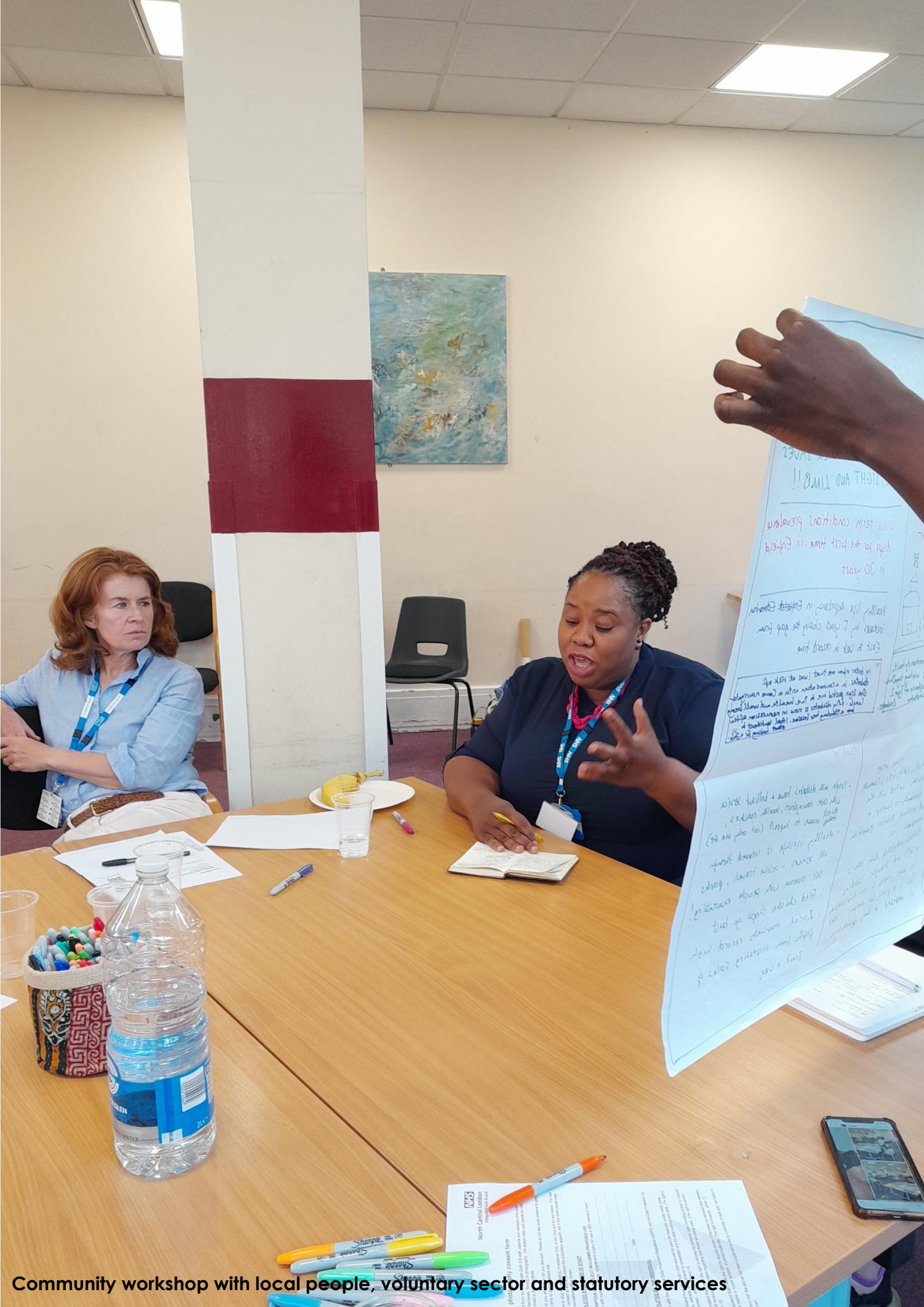
Discussions were led around three key areas:

- **Living a healthy life in Edmonton – what do we know:** Our discussions considered what helps people and communities in Edmonton to live a healthy life, and what gets in the way of their health and wellbeing.

- **Talking and listening to improve health and wellbeing:** Public sector staff and residents in Edmonton engaged in a community conversation to better understand what matters to local communities, so that service providers can listen to ideas and co-design changes in the future.

- **Taking action to address health inequalities:** Bringing together residents, VCS, and public sector organisations to focus on practical actions which could be taken to work more collaboratively to address health inequalities in Edmonton.

Discussion around young people's safety and opportunities



Community workshop with local people, voluntary sector and statutory services

WHAT WE HEARD

ISSUES AFFECTING LOCAL PEOPLE

- **Safety**: One of the biggest concerns from people, especially young people, was safety. There was a very clear perception that certain areas of Edmonton were not safe for young people and older members of the community to be around, especially after dark. Young people felt unsafe and expressed worry about gangs, people hanging around in the dark and the lack of street lighting. The lack of available and accessible youth provision across the Borough was flagged as being a particular concern – there are only two youth centres in Edmonton and neither are easily accessible unless you live in the immediate local area. Both youth venues require a walk of at least eight to ten minutes to get to, often through areas that may not be safe for young people to be walking alone in the evening. There are no buses that go direct to each venue.

- **Poverty:** Unsurprisingly, financial hardship was expressed by most groups as on the biggest issues they are facing. The current cost of living crisis has only exacerbated this challenge and runs the risk of undoing some of the positive progress that has taken place in recent years to try and reduce inequalities. A lack of money has a significant negative impact on health and wellbeing, creating feelings of exclusion and barriers to health care access, for example, being unable to afford travel expenses to attend appointments.

- **Social isolation**: Loneliness and social isolation affected everyone we spoke to in one way or another. Older people are well known to suffer from isolation, but it was also expressed

as a concern by younger people from various parts of the community. When asked what the single most important thing was for people to help avoid poor outcomes, it was almost unanimously agreed that positive relationships with the local community, friends, and family are essential for positive health and wellbeing.

- **Mental health:** This was huge concern raised by almost everyone we spoke to. In addition to the great concern over the availability and capacity of mental health services in the area, several sections of the community expressed a mistrust in services, and even a disbelief that poor mental health existed. Members of the Bulgarian community expressed that significant stigma still surrounded mental health in the community and as such, it wasn't spoken about, and people often didn't seek help unless they reached a crisis point.

- **Language barriers, cultural difference and lack of knowledge:** For a large section of the community in Edmonton, and especially those from more recent migrant communities, simply knowing how to access services, and what services are available was expressed as a major problem. Many migrants were dependent on family or community members for translation services and several expressed concern about becoming victims of scams when trying to access primary care – for example, by being inappropriately and unnecessarily charged by third parties to register with a GP. Having no recourse to public funds was also raised as having a potentially significant negative impact on people's health and wellbeing in the area. The timing, cost and delays involved in securing

residency status were also highlighted as having a huge impact on people's mental health.

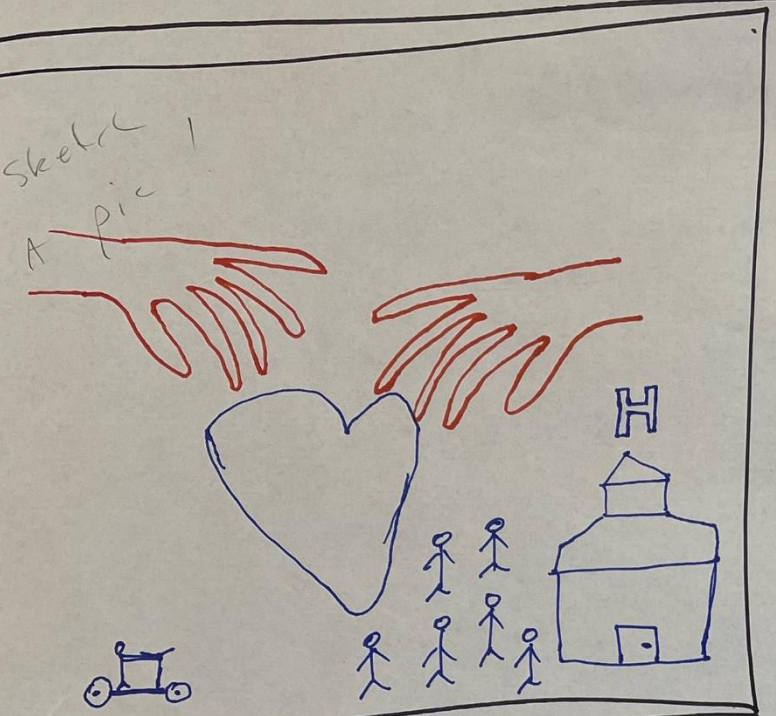
- **Digital exclusion:** There are three main ways people are digitally excluded: a lack of computer literacy and computer phobia; digital poverty i.e. not being able to afford devices and/or internet access; and being a non-English speaker trying to access services online that are only available in English. Digital exclusion was identified as a major issue in Edmonton, especially as services are increasingly taking place mostly online or are online only. This affects both health care and council provided services and has been exacerbated by Covid-19.[3] It is also an issue that disproportionally affects those on lower incomes and those living in poverty.

- **Trust:** An underlying issue affecting many communities was the lack of trust in services and the providers of services. This lack of trust was caused by several different factors depending on the specific community and individual experiences. Everyone agreed that trust was difficult to build but easy to lose. Participants acknowledged that it is imperative for service providers to set realistic expectations, follow through with commitments made, and spend time on the ground building relationships with people, listening to them and demonstrably acting on what they hear.

[3] https://www.cam.ac.uk/stories/digitaldivide

EDMONTON NEWS

REAL STORIES * REAL LIVES



Caption: Local authority, Community health provider families working together to reduce the incidence of Type 2 Diabetes & complications.

Headline: WORKING TOGETHER SAVE LIFE, SIGHT AND LIMB!!

Subhead: Long term conditions prevalence drops for the first time in Enfield in 30 years

Summary: Healthy life expectancy in ~~Enfield~~ Edmonton increases by 5 years closing the gap from East to West in record time

Quote: "My doctor informed me that I was at risk of diabetes. In a conversation with a Care navigator she signposted me to the healthy weight Coach. My diabetes is now in remission & I've attending her sessions. I feel confident to start looking for a

THE REPORT

what, who, when, where, how etc

Trusts VCSE

Local authority, NHS, GPs, Community health services worked with the local community to develop a ground breaking diabetes prevention + management plan.

Partners understand each other's assets and strengths leading to high impact + low duplication. This is a priority for everyone so this is addressed at every opportunities

cont'd...

- People with diabetes have a brilliant servi with care navigators, health coaches, direct ~~easy~~ access to support (not only via
- Healthy lifestyle is weaved thro all services - active travel, pa are overrun with people exerci
- Fried chicken shops go bust
- Local markets record hi profits from increasing sales o fruit + veg

'Future positive news headlines' from community workshop

KEY BLOCKS TO COLLABORATION

In addition to the issues raised above, local people and service providers were asked what the blocks and barriers are to engagement. What stops people from coming together, talking through issues and finding shared solutions? These included:

- **Lack of trust:** Trust was identified as a clear barrier to engagement from all sides. Local people, and especially those from more marginalised communities, often don't trust people in a position of authority including those who provide services. On the occasions when services have tried to engage with local people, these have often been poorly attended or mistrusted. This has been caused by several issues, including:

    - Service providers and decision makers not taking the time or investing the resources to speak to people, build relationships, and create trust through consistency.

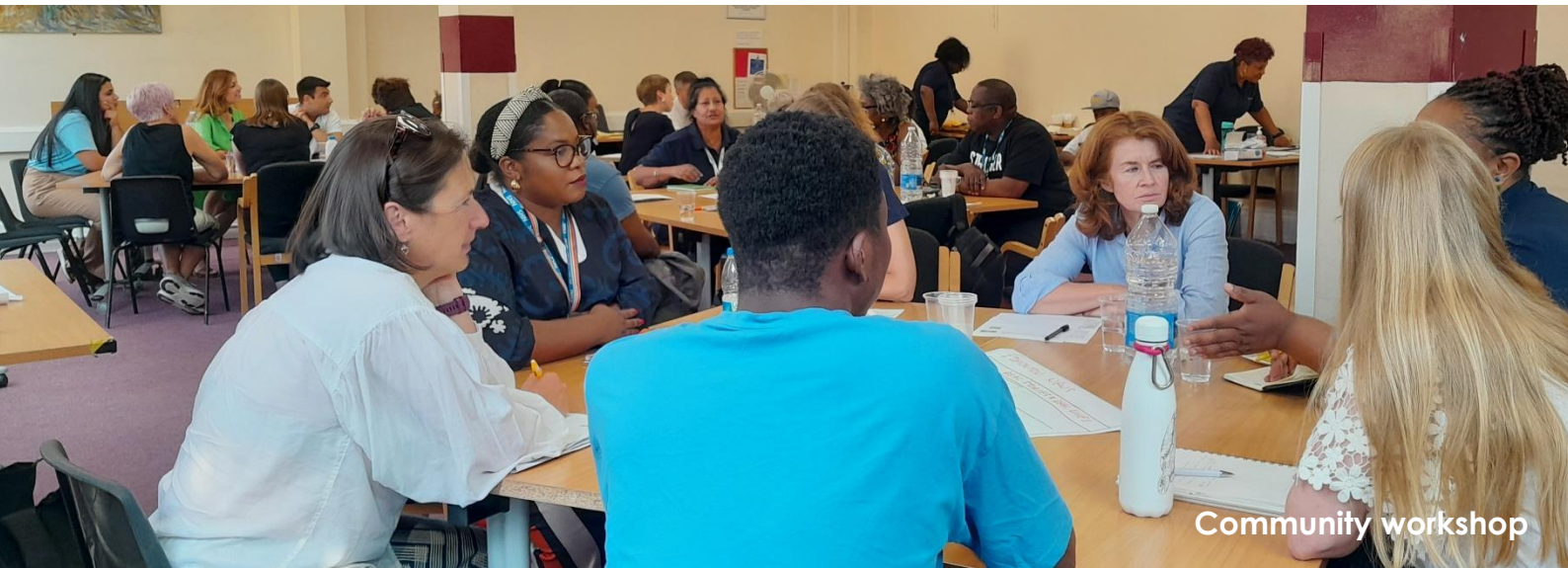
    - People often feeling 'let down' by the system when they are unable to access the services they should have access to, are not supported effectively, or have negative experiences.

    - Some service providers struggling to see the value of engaging local people in service design and delivery. This is frequently seen as a time consuming requirement, or a legal duty, rather than a positive and essential part of the development process.

- Feedback from service users sometimes being challenging, critical and hard to hear. This can cause service providers to be defensive and put up further barriers.

- Frequent negative stories on social and mainstream media combined with existing prejudices feeding into a sense of apathy. For example, people may not see things change as quickly as they like, they may have a perception that other sections of the community are treated better or have greater access to funding.

- **Knowledge and awareness:** Service providers who have a detailed and in depth knowledge of their own services and the interactions with neighbouring ones, often lose sight of the fact that most people don't have this level of understanding of how to navigate the system. Many people have no knowledge of a service until they need it. This is a particular problem for health care where the complexity of the system means people who don't speak English, or those who have moved to the UK from other countries are at a particular disadvantage. Many don't know where to go, may not be able to easily access information, and frequently don't know which services exist.



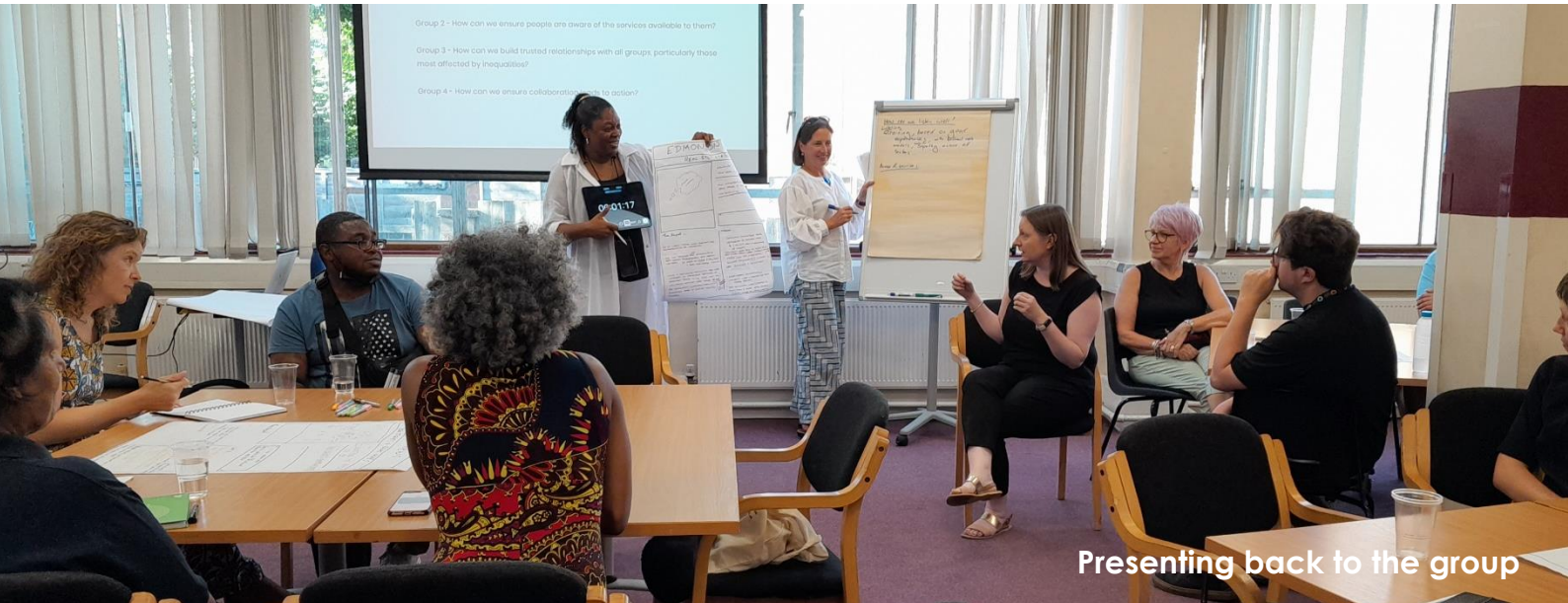
Community workshop

- **Language barriers:** Most information is written in English, and whilst translation services are generally offered by most statutory services, these are not always easily accessed. Literature is only usually translated on request (beyond a few key documents and languages), and interpreters for GP and hospitals can be difficult to access even for healthcare professionals, are sometimes not adequate due to the often technical nature of health care, and quite often people are not comfortable using a stranger to discuss very personal issues so rely on family members instead. The language barrier adds additional limits to understanding and communication between providers and users.

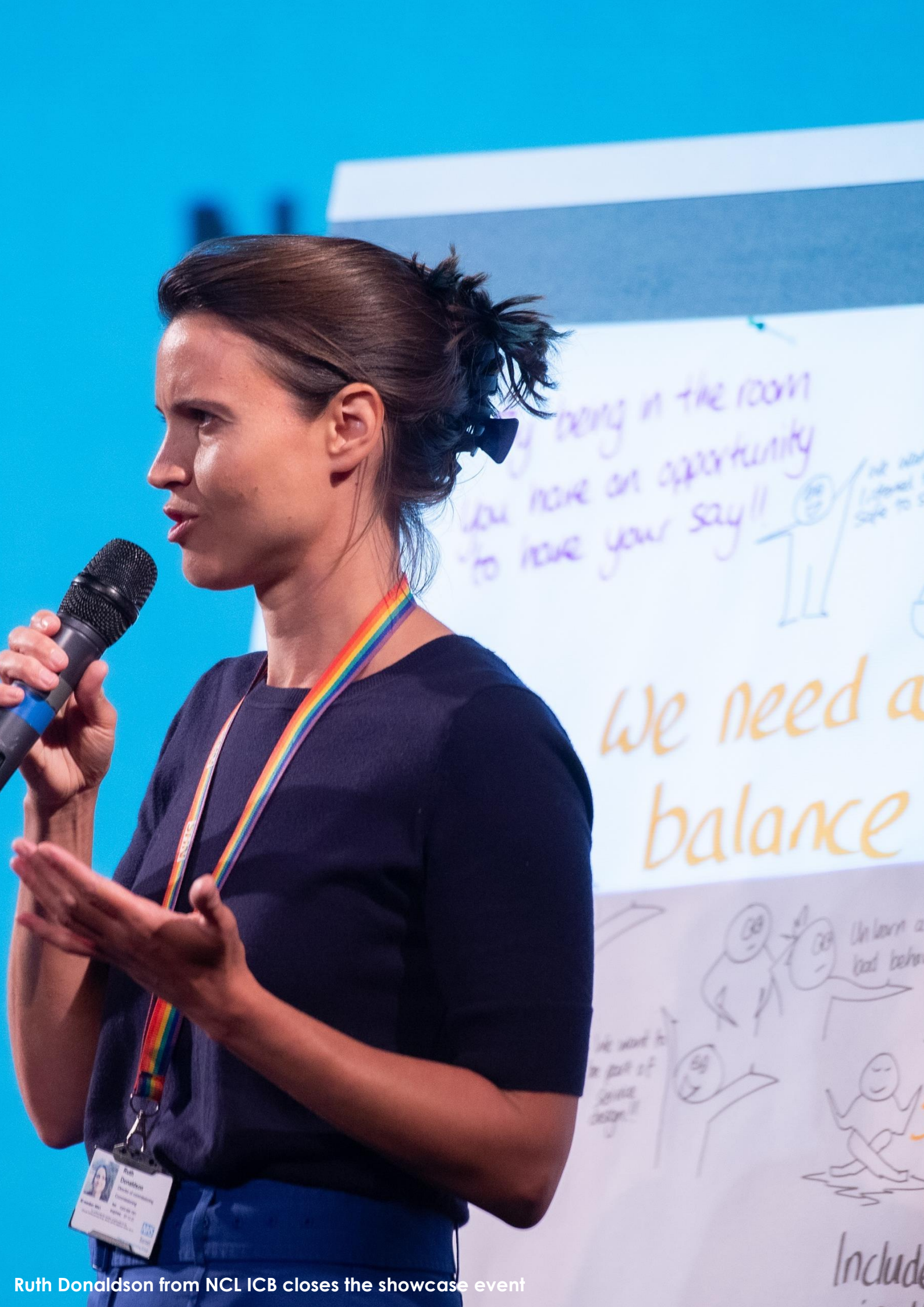
- **Engagement practice and expertise**: Effective community engagement is a skilled process that needs to be supported by people who are equipped to do it well. It involves spending adequate time and funding to build trust and develop effective relationships with local people and communities. Sufficient and dedicated resources need to be provided on an ongoing and consistent basis, not just on a one off, ad hoc project basis.

- **Lack of personalisation**: In an area as diverse as Edmonton, a one-size-fits-all approach is unlikely to work. People and communities will need different things at different times depending on the circumstances. The system often doesn't allow for this level of personalisation and can inadvertently exclude or create additional barriers for people. This is particularly difficult for clinical services, but twice as important if health inequalities are to be effectively reduced.

- **Lack of safe spaces for collaboration**: Many current structures and public access mechanisms can be exclusionary, adversarial or time constrained. Both the NHS and Enfield Council hold many meetings in public, however, the papers for these meetings often run to several hundred pages, are often not distributed soon enough and are not available in other formats. Meetings can be filled with jargon and very technical in focus. Service providers don't bring people together with less formal, more accessible methods on a regular basis.



Presenting back to the group



Ruth Donaldson from NCL ICB closes the showcase event

WHAT WE RECOMMEND

The depth and scale of conversation within the collaborative workshops, events and focus groups produced a huge number of ideas and solutions to many of the issues explored above, supporting the original hypothesis: that problems can be solved when people work together effectively. Many of these ideas would benefit from further exploration and action planning.

Of all the ideas and actions raised and discussed, the following five recommendations not only had clear consensus across statutory and voluntary professionals, local people and service users, they were considered to be the most urgent and most readily actionable.

- **Ongoing community conversations:** Service providers should have ongoing open conversations which bring together residents, the VCSE, and public sector. There is a demand for it within the community and it will contribute to a shared understanding, trust and sense of ownership of local services. These events should be frequent, accessible, held in different venues and formats and feed directly into regular service level feedback. It would be helpful for NCL ICB and Enfield Borough Partnership to identify a lead to coordinate and resource these community conversations.

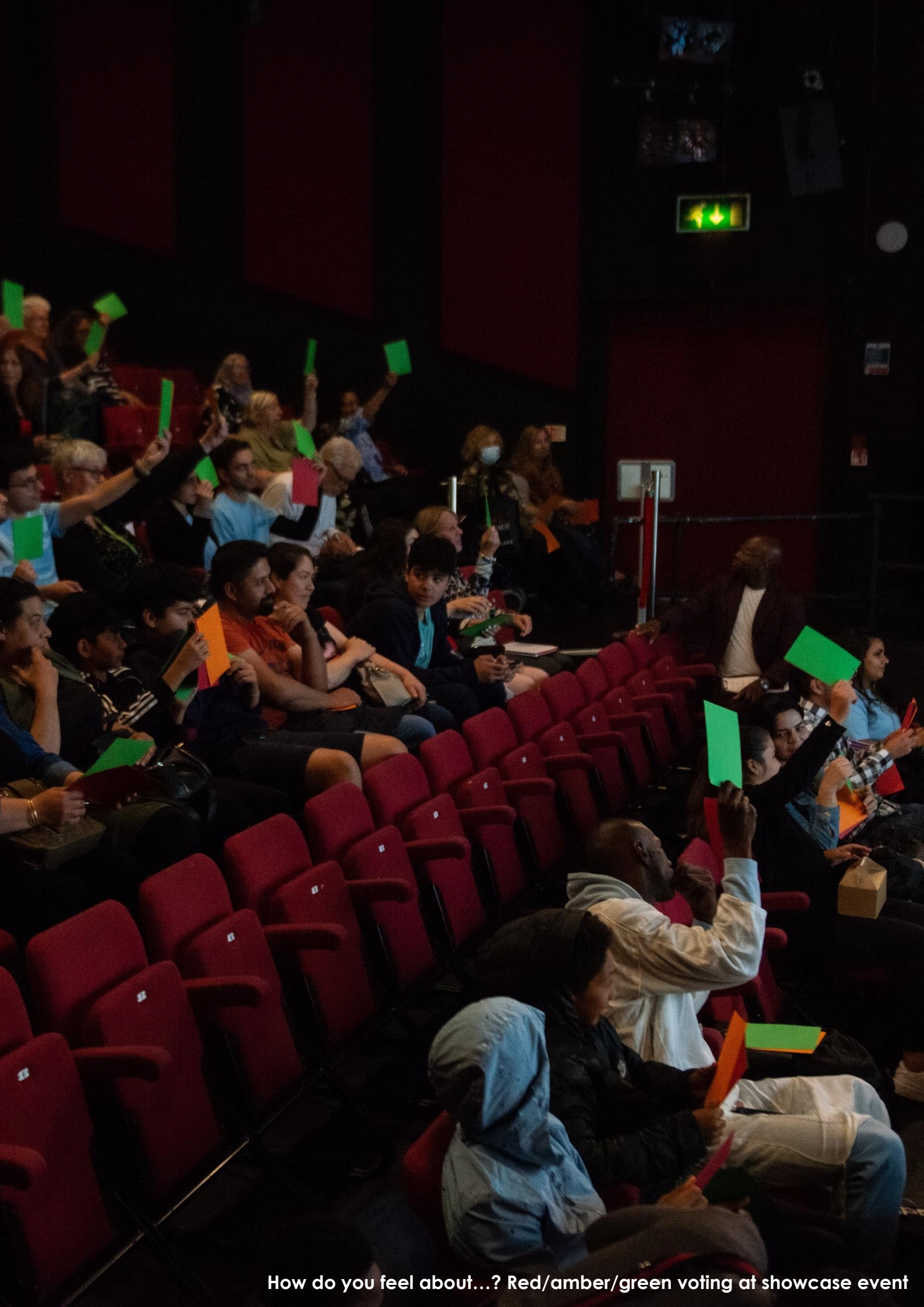
- **Longer term voluntary, community and social enterprise (VCSE) partnerships and resourcing:** VCSE organisations play a critical role in expanding the reach of the public sector into diverse communities, helping to build greater understanding and reduce current barriers to collaboration and healthcare access (e.g. knowledge of available services, language

barriers, targeting of services). This takes time and resource so more consistent partnerships, and resourcing are needed.

- **Shared accountability:** North Central London ICB should report back on the findings and outcomes of this work and, working collaboratively with the Enfield Borough Partnership, explore ways to develop the 'working together' commitment displayed throughout this project. This would ideally involve a public commitment from decision makers to longer-term and better resourced engagement and collaboration, with clear accountabilities for public sector organisations, VCS organisations, people and communities in taking action forward.

- **Test and learn approach:** The NHS and local authority should identify one thematic priority or targeted community with whom to initially apply the learning and recommendations of this work including active listening, collaboration with community partners, involvement in decision making, learning by doing, while sharing the lessons with the wider system. There is scope to grasp the opportunity to use this new way of working to also address the economic, workforce and general wellbeing of local residents; especially young people and marginalised parents.

- **Training and development:** Professionals, front line staff and anyone involved in the design, development and delivery of community and health services should receive training in active listening, empathy, and different forms of engagement. This should have a particular focus on community facing roles in the public sector.



How do you feel about…? Red/amber/green voting at showcase event

Conclusion

Throughout the programme, three areas became increasingly apparent with regards to addressing health inequalities:

- The importance of wider determinants in identifying and causing health inequalities, like poverty, culture, and access to education.

- Gaps in knowledge and barriers to gaining knowledge, especially around what services are available to individuals and communities.

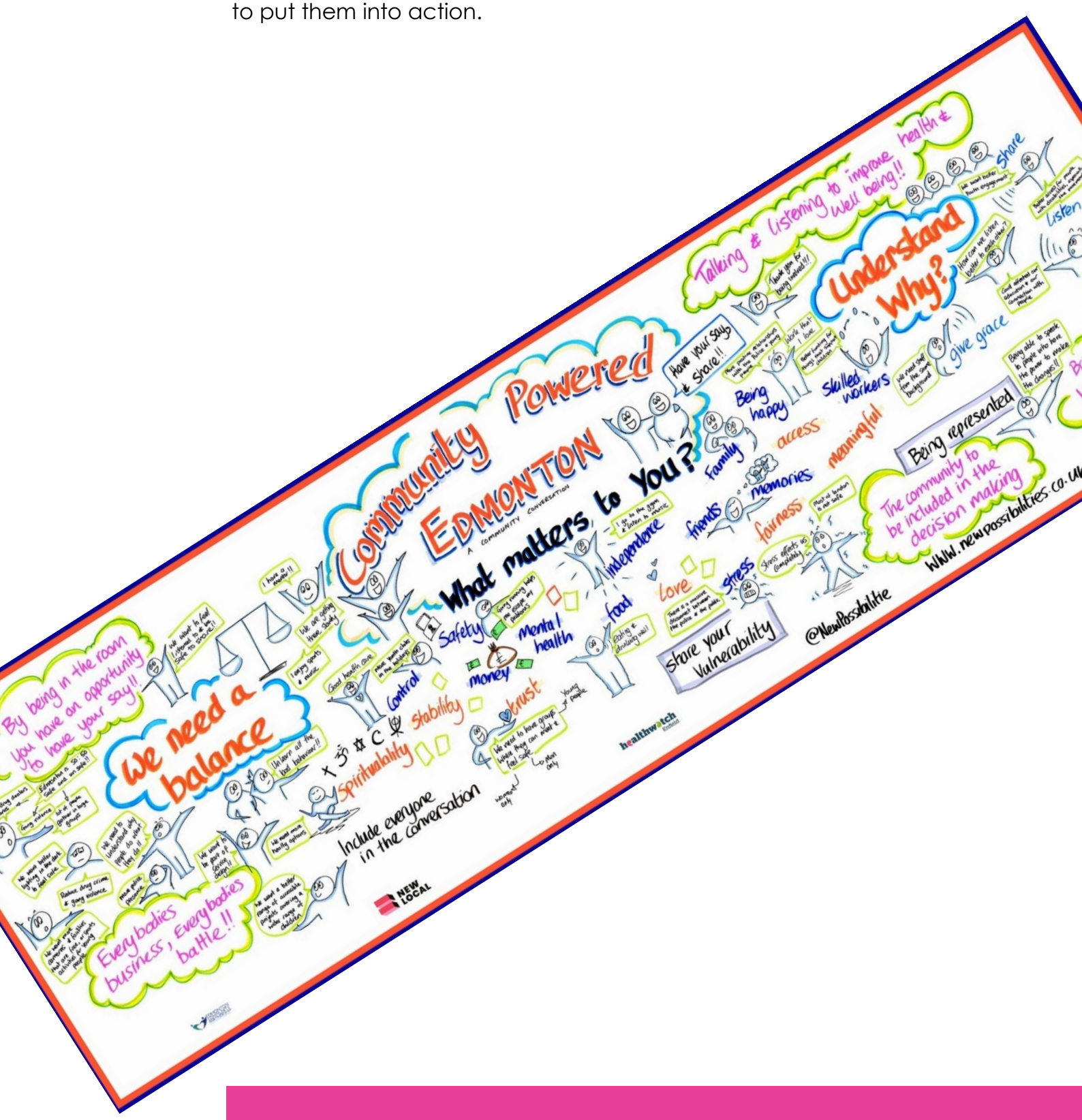
- Blocks to service access, including physical barriers like geography, digital exclusion and language barriers, plus issues which may take more thorough and collaborative work to overcome, such as trust and cultural differences.

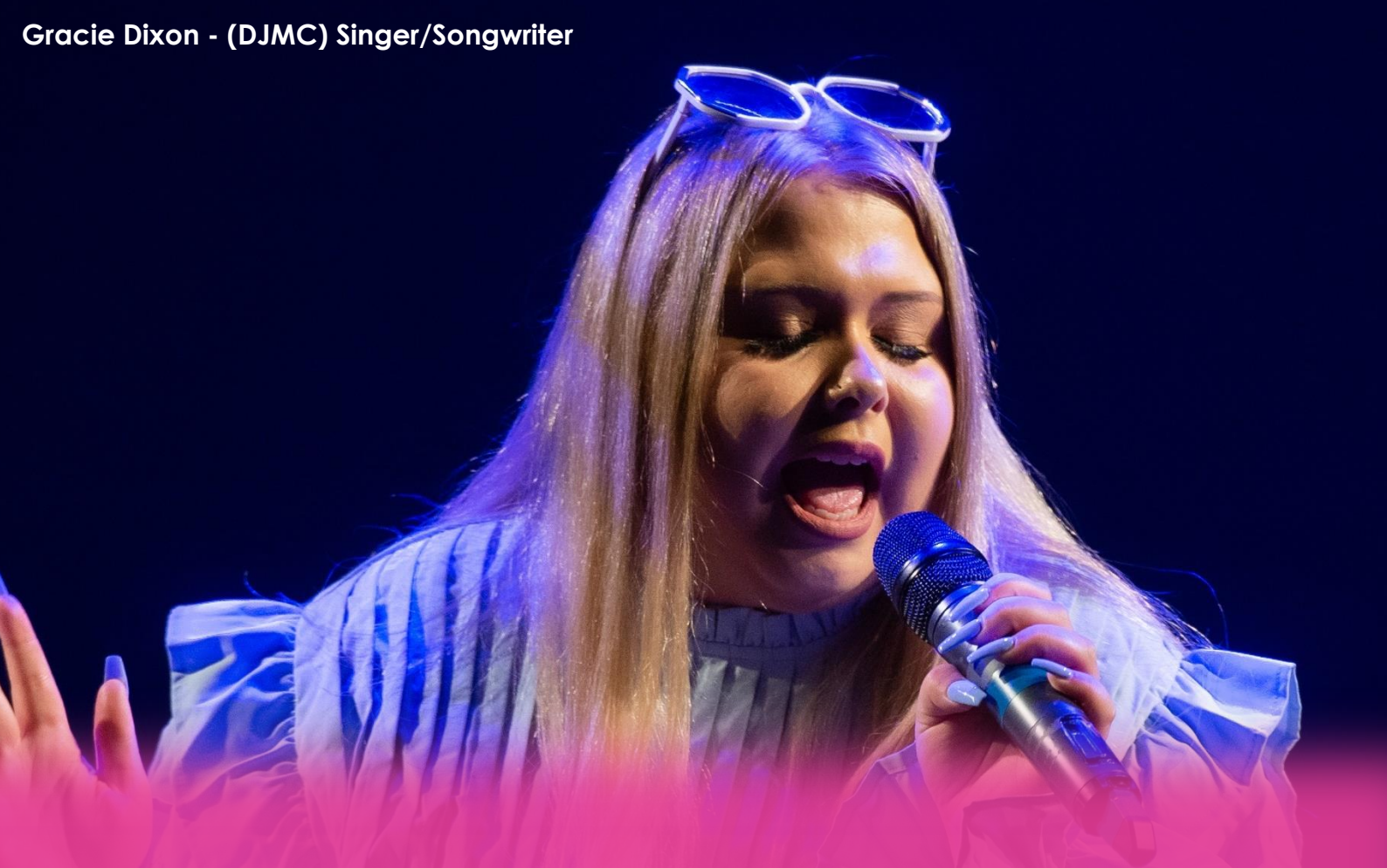
Building trust between local people and service providers was a consistently raised as a key priority, with better and more consistent collaboration seen as the best way to achieve this.

Service providers will need to allocate adequate time and resources to have conversations with those most likely to suffer as a result of inequalities. Local people and communities will need to engage with service providers and are best supported by an effective and well-resourced voluntary sector.

The findings of this programme have been presented to the Enfield Partnership Board and the NHS NCL ICB. They will be shared other key strategic bodies including Enfield Health and Wellbeing Board. Overall the response so far has been very positive. Service providers

understand the need to source consistent funds and resources to ensure the work can continue. The NCL ICB has identified £150,000 for a Community Collaboration Fund which will be primarily led and distributed by and via the local voluntary sector. All have agreed to accept the recommendations set out in this report and look at ways to put them into action.





Gracie Dixon - (DJMC) Singer/Songwriter

Edmonton Community Partnership

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New Local

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Healthwatch Enfield delivered by **listen to act**

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