TACKLING INEQUALITY IN ENFIELD – BUILDING ON OUR ACHIEVEMENTS

Report of a Conference held on
15th February 2010
at Highlands School
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This conference report is dedicated to the memory of

DAVID MORRIS

one of our keynote speakers

The conference entitled ‘Tackling Inequality in Enfield – Building on our Achievements’ is dedicated to the memory of David Morris – one of our keynote speakers. David Morris addressed the conference on the subject of Disability and Access Issues from his perspective as External Access Coordinator for the London Organising Committee of the Olympic and Paralympic Games, as well as from his own personal viewpoint.

With David’s sudden death on Sunday 18 April 2010, we have lost a hero of the movement for equality and human rights. David helped shape the independent living movement in the 1980s and planned accessibility and inclusion for ‘the largest gathering of disabled people in one city, on the planet, in history’ as he put it when talking of London 2012.

When he spoke at an All Party Parliamentary Disability Group about how he could not move from one London Borough to another for fear of losing his
essential social care package, noting wryly that his human rights were being sacrificed on the altar of local discretion, he voiced an absurdity in such a way as to be unanswerable. If the Mayor of London’s senior disability advisor (as he then was) could not move house without fear, then it was surely only a matter of time before Government agreed there should be ‘portability of social care’ – a policy move which did come and for which David personally deserves much credit.

David was astute, reflective and humane (as many attendees at our conference will have noted). He was also hugely supportive to many friends and colleagues who will miss his intelligence and his spark. We are the poorer for his passing – but so much the richer for his contributions to equality and human rights in this country.
Introduction

The Tackling Inequality in Enfield conference of 2010 was hosted jointly by NHS Enfield, Enfield Council, Barnet and Chase Farm Hospitals NHS Trust, the Metropolitan Police and other public sector members of the Enfield Strategic Partnership. It was held on 15th February 2010 at Highlands School, Winchmore Hill. The theme of the conference was recognition of the wider determinants of health inequalities often associated with personal characteristics and consequently inequality in outcome. Concerns about the nature and quality of shelter, income, community safety, communication barriers around disability, and language barriers are all crucial determinants of health and well-being. The conference was also a call to use scarce public sector resources more effectively through partnership work, and focused on the commitment to equality of all local agencies, and work to remove barriers to effective user participation.

Following keynote speeches by senior officers from local public sector organisations, the day was split into workshop sessions that gave participants the chance to put their individual perspectives on how well those organisations were tackling inequality in Enfield. After refreshments and an opportunity to look around at the marketplace made up of stalls manned by staff from both public agencies and voluntary and community sector groups, participants returned to hear feedback from the workshop facilitators. The day ended with keynote speeches from national figures in the equality field.

We would like to thank everyone who took part in, or organised, the conference, particularly all our keynote speakers but also to everyone who gave up their time to try to help us to tackle the inequality that exists in our borough.

Karen Trew,
NHS Enfield,
Conference Chair

Karen Trew, conference chair with Surinder Sharma
What more can public sector agencies do?

The conference focused on work done by the public authorities in the borough to date to reduce inequality, and was designed to gather views from participants on what more should be done in the future. In order to do this, the programme included six workshops sessions where residents and representatives from voluntary and community sector organisations were able to raise concerns and queries about services provided by the different public sector agencies in the borough. Over the next few pages, we list the concerns that were raised, along with the actions we have taken since the conference to try and improve the way we work.

Enfield Council Services

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<td><strong>Using Enfield Council’s website</strong> – you told us that the new search engine is better to navigate, but that the website did not give accurate and up-to-date information</td>
<td>A Web Steering Group has been established with representatives from all Council departments to look at ways in which the information supply can be improved. The Council has put a new Content Management System in place that means that each service can directly manage their own content on the website including the regular review and update of the information they put on.</td>
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<td><strong>Contacting the Council’s Customer Services Centre by phone</strong> – you told us that not everyone has a touchtone phone therefore they are unable to use some interactive services</td>
<td>Callers can hold on to talk personally to a Customer Services Adviser who can tell people how to switch their phone over to activate the tone facility. If this is not available on their phone, we issue touch tone pads free of charge that customers can hold next to their phone to activate services that are available. Advisers can help callers carry out any transaction that requires the touch tone facility.</td>
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<td><strong>Contacting the Council by telephone</strong> – you told us the we need to reduce the list of phone numbers used by the Council</td>
<td>We publicise the Customer Service Centre number (8379 1000) on a regular basis in the Our Enfield magazine. We are also looking at a new Numbering Strategy that will reduce the number of phone numbers used throughout the Council and redirect some automatically to the Customer Services Centre.</td>
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<td><strong>Contacting the Council by email</strong> – one customer told us that he had to wait a month for a response to an enquiry made by email</td>
<td>We publicise the Council response standards for all types of transactions across all channels on a regular basis, both to customers and staff. We monitor response times against these standards quarterly at Access to Services Board. Our customer care and induction staff training courses cover our response time standards for telephone, letter and email enquiries. The response times will be published in both our Enfield Matters and Staff Matters magazines.</td>
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| **Muslim women using sports centres** – you felt that  
  o centres do not cater for young Muslim women and ladies.  
  o there are no privacy blinds/screens  
  o male lifeguards are sometimes present at women-only sessions | The Council currently has women-only swimming sessions but these sometimes have to be staffed by male lifeguards due to a lack of female staff being available. Edmonton Leisure Centre has the facility to be made more private through the use of blinds.  
  As far as Muslim women swimming sessions are concerned, this is something we are exploring with our new Leisure Operators. They should take over the operation of all our leisure centres from summer 2010 onwards |
<p>| <strong>Loft insulation</strong> – you told us that you could not get any accurate information about insulation initiatives. | This was an enquiry relating to an initiative offered by Enfield Homes – they will publicise the initiative more effectively. |
| <strong>Widening the scope of the Council’s Customer Access Centre</strong> – you told us that you would like to have people from Enfield NHS and other public sector organisations operating from there | The Council is looking at how we can work more effectively with partners to answer queries about all local public services at the first point of contact. At the moment, we signpost callers to the appropriate organisation, although there are cases where Council and health services are offered from the same building e.g. smoking clinics in the Civic Centre Access Centre. |</p>
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<td><strong>Customer records</strong> – you told us that we should hold customers’ personal information at the Customer Access Centre to save callers explaining their problem more than once to different departments</td>
<td>We are only able to hold information that individual customers choose to give us. However, we will be introducing a Customer Line Identification system that recognises the number that customers are calling from and brings up relevant information about that caller on the screen used by the Customer Services Adviser. We are also looking at rolling this system out to front-facing staff across the organisation thereby increasing the amount of information that is available about a customer and their interactions across the organisation to help improve resolution at the first point of contact. We are currently reviewing the customer journey through health and social care services to ensure as much activity as possible is dealt with at the first point of contact.</td>
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<td><strong>Accessing Revenues and Benefits services</strong> – you felt that Enfield Council should have a mobility bus that deals with revenues and benefits information that goes around and visits people in their areas (including out-of-borough estates like Potters Bar and Cheshunt). Enfield Homes operate such a vehicle for housing matters.</td>
<td>Discussions are taking place between the Council and Enfield Homes to see if both organisations can share the bus in order to provide information more effectively.</td>
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<td><strong>Making it easier for customers to pay their bills</strong> – you wanted new ways to pay bills, such as</td>
<td>At present, payments are possible though the website, by telephone, or by kiosk in the Customer Advice Centre. Incentives are given to encourage people to pay by Direct Debit. The Council is also Payment Card Industry compliant which means customers can make card payments safely and securely as numbers are encrypted. The Council is currently consulting on its plans to make it easier for customers to make payments to the Council.</td>
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<td>o Self service kiosks  o Cashless systems – like in schools</td>
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<td><strong>Disenfranchised groups</strong> – you told us that middle aged people who work</td>
<td>We have reminded staff of advice and guidance available on arranging consultation</td>
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<td>are unable to access services when they are at work. Events should be in</td>
<td>events including looking at alternative timings to reach all interested stakeholders.</td>
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<td>the evenings</td>
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<td><strong>Feedback from consultations</strong> – you felt that the Council needs to</td>
<td>We have reminded staff of advice and guidance available on arranging and responding</td>
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<td>tell people about the results of consultations, and what actions have</td>
<td>to consultation events. We have also encouraged them to make use of the Council’s</td>
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<td>been taken as a result</td>
<td>website to let people know what the results of consultation events were.</td>
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<td><strong>Our Access to Services Board</strong> - the Access to Services Board is a</td>
<td>The Group is reviewing its terms of reference, and will be asked to discuss options</td>
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<td>group of officers representing all Council departments whose aim is to</td>
<td>for having service users represented on the Board</td>
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<td>improve access to services for customers. You wanted to know who at the</td>
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<td>Access to Services Board represents local people</td>
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<td><strong>Faith groups</strong> – you told us that we need to involve faith groups more</td>
<td>We talk to faith leaders in Enfield at regular meetings of the local Faith Forum,</td>
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<td>which is organised by Enfield Police</td>
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<td>You felt that <strong>volunteering</strong> can make a difference and improve services. More work should be done to involve volunteers from all communities in the borough, with a budget to support those who need it (e.g. volunteers with disabilities), and to provide investment to train volunteers properly.</td>
<td>As part of Enfield’s Local Area Agreement activity, we set a target to increase the number of volunteers who have carried out voluntary work through groups, clubs and organisations to benefit other people for an average of to hours per week or more. Over the last three years, we saw an increase of 606 in the numbers of volunteers from Black and Minority Ethnic communities, disabled people and those with low academic qualifications. The Partnership agrees that volunteering is important to improve quality of life in the Borough, and is now examining the potential for providing a small transport and training budget to assist volunteers with disabilities.</td>
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| You told us that **consultation and engagement** could be improved to ensure that all communities can have a say, and that individual and community needs can be properly understood. Different methods should be used. Consultation needs to be better co-ordinated, and people need to feel that their views were listened to. | The Partnership is improving the co-ordination of consultation and engagement activity by :-

- maintaining a public register of planned consultation and engagement activities - this is available on the Council/ESP website.
- ensuring that outcomes from consultation are increasingly reported back to those that have participated, or who are interested in finding out what difference consultation is making.
- providing guidance and support to those undertaking consultation and engagement activities, including a toolkit giving advice on inclusive engagement practices.
- developing service user groups where appropriate - these provide an ongoing mechanism for understanding individual and community needs.
- advising public agencies to use a range of engagement mechanisms including large scale surveys, service user and focus groups. New and |
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<td>innovative practices are also being developed for specific communities.</td>
<td>- making use of a 1,500 plus Enfield Residents Panel that can be used by those wanting to better understand resident attitudes and community needs.</td>
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<td>- setting targets for improving the level at which local people feel their views are listened to and can influence local decisions. These targets are regularly monitored and remedial action is taken where necessary.</td>
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<td>The Partnership works together to improve residents’ perceptions about being involved and feeling able to influence local decisions and thereby improve people’s sense of belonging to their local area.</td>
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<td>You told us that some residents do not receive the ‘Our Enfield’ magazine</td>
<td>Enfield Council’s Communication Team follows up on all claims of non delivery. To ensure that residents receive copies of ‘Our Enfield’, distributors use satellite tracking so there is a record of where the vans make drop offs to ensure they cover the whole borough when delivering. If there are persistent reports from individual residents of non delivery then the distributor is asked to take a photograph as proof of delivery. The Communication Team also conducts random customer telephone surveys and supply ‘Our Enfield’ to all of Enfield’s libraries as another point of access. If despite these safeguards, residents still do not receive ‘Our Enfield’ they can contact the Communication Team via – ouрен<a href="mailto:field@enfield.gov.uk">field@enfield.gov.uk</a> or telephone 020 8379 4469.</td>
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<td>You felt is was important for the Partnership to have a clear approach around equalities – new systems needed to be put in place around human rights</td>
<td>The ESP has set up a working group of key community representatives on improving engagement with the seven equality strands – race, age, disability, transgender, gender, sexual orientation and faith. The outcome of this work will be used to improve the way the ESP</td>
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<td>works with Enfield’s diverse population and will ensure that these groups are involved in the decision making process. The Council carries out equality impact assessments of all our services and any proposals for changes to services – these look at the impact on different groups in the community with a view to identifying any negative effects and doing away with them.</td>
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<td>You felt that costs of providing information in different languages and formats needs to be built in to the total cost of relevant initiatives. Partnership documents should be made available in a large print, Braille etc</td>
<td>The ESP is committed to providing all its information in a clear and concise manner. Information can be provided in relevant formats on request.</td>
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<td>You asked why public services don’t always monitor customers for sexual orientation and faith</td>
<td>The Council normally monitors the take-up of its services for ethnicity, gender, age and disability. We also do this for faith and sexual orientation for services where this is a major factor in determining how services are delivered, and are planning to introduce this process into the work of the Partnership</td>
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| You felt that childcare can be an issue that prevents parents participating in partnership work | Sometimes Enfield can provide free childcare to support parents working in partnership. Here are some examples -  
- The Enfield Parent Commissioner is developing local Parent Engagement Panels (PEPs) and looking to train parent volunteers who are willing to go that extra mile to support other parents within their communities. Child care facilities are provided for the children of those parents who, participate in PEP meetings and attend training days to become community parent champions. For more information about Parent Engagement Panels, email parent.commissioner@enfield.gov.uk  
- Annual parent’s conferences are held where free crèche facilities are provided. For more information please contact Chris Kolade at the |
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| Community Parent Support Service free from a landline on **0800 694 1066** or from a mobile **020 8372 1500** (normal charges apply). | • Parents who attend accredited parenting training/programmes are offered crèche facilities wherever possible. For more information please contact the Community Parent Support Service free from a landline on **0800 694 1066** or from a mobile **020 8372 1500** (normal charges apply).  
• There is a 2-Year-Old Early Learning Pilot in Enfield for which there are 239 places available which will run to March 2011. Acceptance onto the scheme provides up to 15 hours of free quality childcare for 38 weeks during term time only. It is also anticipated that families will be sign posted to wider support, which may include skills, training, employment or more personal aspects such as benefits. Additionally, families will have access to home learning and parental support. |
<p>| You felt that more support was needed for <strong>teenage parents</strong> – many live in isolation, are poor and have low achievement | The Enfield Teenage Pregnancy Unit in partnership with NHS Enfield offer comprehensive, holistic support for Teenage Parents in Enfield. The Young Parents Project operates from The Foyer in Edmonton and is run by specialist health visitors. All pregnant young people living in Enfield who present at midwifery services at hospital are referred to The Young Parents Project (YPP). The YPP offers antenatal classes and help in creating a birth plan and the pregnant young women have the chance to speak to other young mums about their births and the challenges and joys of parenthood and pregnancy as a young person. There are also two weekly lunch clubs that run at the YPP on Wednesdays and Thursdays. |</p>
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<td>The YPP also offers support in mental health through Listening2U.</td>
<td>All young parents are referred with their permission to a Connexions Personal Adviser (PA) who works exclusively with young parents. That PA will then assist them in getting a job or getting back into education or training.</td>
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<td>Young fathers are also welcome at the YPP but, in general, they prefer to interact with the Young Fathers’ Project which is run by Enfield Parents and Children and offers similar support to young dads.</td>
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<td>The Young Parents Project Manager is Tricia Lewis who can be contacted on <a href="mailto:tricia.lewis@enfield.nhs.uk">tricia.lewis@enfield.nhs.uk</a> and The Young Fathers’ Project is run by Bryan Hutton who can be contacted on <a href="mailto:brya.hutton@enfieldparents.org.uk">brya.hutton@enfieldparents.org.uk</a></td>
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<td>You felt that more work should be done to get different communities to work together e.g. religious communities, parents associations, and young and older people</td>
<td>The ESP has refocused the way it engages with Enfield’s diverse communities. Examples of this is this year’s Enfield Town Show, which has followed the ESP’s lead and is themed ‘Enfield Together’ and the work being done by the ESP on its engagement with the seven equality strands – race, age, disability, transgender, gender, sexual orientation and faith.</td>
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<td>You felt that Partnership activities should be organised at a local level to fit with the place shaping agenda</td>
<td>The ESP has identified five priority areas for regeneration in the borough – Ponders End, Meridian Water, A406/North Circular, New Southgate and Edmonton Green. These areas were chosen as a result of a robust consultation process with residents and other key stakeholders and this work is still on going and being developed.</td>
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You told us that we tend to plan for today and not tomorrow – we need to plan ahead more. You felt that sometimes we make assumptions, which is wrong.

The ESP is working with partners to plan ahead for the period following the end of our current Local Area Agreement in March 2011. This planning work and also the actions identified through the ESP Community Cohesion strategy will inform our vision as we work closer with our local communities and implement new policy advances such as place shaping.

Partnership projects should be properly evaluated, and any best practice shared.

The Partnership will be building evaluation into the work programme for 2010/11 so we can see what went well, what went less well, and how we can future plan to build on best practice and improve partnership working.
**Enfield Police and Fire Services**

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<td>You told us you were concerned about <strong>hate crime in comparatively low crime areas</strong> e.g. near Marks and Spencer in Winchmore Hill Road where a blind woman was abused by another shopper for delaying the queue.</td>
<td>Safer Neighbourhood Team officers react to any report of abuse reported to them. To prevent incidents, they could put plain clothes officers in position, talk with shop owners and carry out patrols in those areas. They also collate information on crimes to predict patterns and allocate resources to those areas. The London Fire Brigade has a range of equipment available through the Partnership to help prevent hate crime, such as smoke detectors, locks, and lighting.</td>
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| One participant was concerned about **low level verbal abuse** against his Somali family members. | Safer Neighbourhood Team officers had assisted in this case but the participant was concerned that problem could restart. The Team reassured him that they would react to any reported cases of abuse. The London Fire Brigade has a range of equipment available through the Partnership to improve security for at risk groups and for those living in areas where burglary was more common. This is delivered through the Safe as Houses scheme funded by the Safer and Stronger Communities Board. The Council’s Hate Crime Co-ordinator discussed with the group the work of the team in working with victims and being proactive to prevent intolerance. |
### Enfield NHS and Enfield Community Services (ECS)

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<td><strong>Getting rid of health inequalities through improved access and employing appropriate communication</strong></td>
<td>All staff of ECS and Enfield NHS are going through mandatory training to address these visual impairment accessibility issues</td>
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A representative from Enfield Vision reported that they are currently organising a campaign around the research “Losing Patients”. The campaign is being rolled out to GPs, hospitals and others. The aim is to produce a selection of leaflets in Braille with the possibility of having a small stock of materials based at Holbrook House. She also highlighted some of the common problems faced by people with **visual impairment**

Staff should know their patients – people with visual impairment do not need to keep explaining themselves to different staff

Although some leaflets are available in Braille, they are very difficult to get hold of one

In some **GP surgeries**, names of patients appear on the appointment screen which can be missed if you are visually impaired

Delegates recommended that GP receptionists need to be trained and made aware of these potential barriers. Staff should routinely call out patient’s names

GPs should provide information in appropriate formats - failure to do so puts too much responsibility on family members to communicate health-related issues, sometimes in very intrusive detail

A rolling programme of training of GPs and their staff is planned from September in partnership with Enfield Vision – this will address issues such as making staff aware of the different needs of the patients they serve.
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<td>It was recommended that the Trust should invest in a machine that links to a computer and then translates information into Braille – this is not very expensive.</td>
<td>Enfield Community Services has purchased a Braille Printer. Work is taking place with Enfield Vision to set up the system and ensure the facility is operating properly.</td>
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<td>A representative from Enfield Disability Action, who spoke on behalf of <strong>Enfield Deaf Project</strong>, expressed her frustration that a signer was not available on this important event. She was particularly concerned that arrangements had not been made in good time to prevent this situation happening. The profoundly deaf constitute a very hard to reach group. Many do not read or write and often turn up at EDA offices to obtain help with written information. EDA staff has to explain their conditions. The representative urged staff not to always write things down and not shout to patients. Staff need to find appropriate means of communicating with people with hearing impairments.</td>
<td>The learning from this conference will underpin the organisation’s training. There is particular emphasis on dignity and respect and human rights in staff training.</td>
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<td>Delegates stated that <strong>people with learning disabilities</strong> face access problems to a GP. Some have been taken off the GP list where GPs do not know how to deal with patient behaviour often related to their disability. Delegates expressed concerns about patients with learning disabilities. Patients cannot get registered. GPs need to provide information in easy read for patients with a learning disability. GPs should be made aware that it is not the responsibility of relatives and carers to facilitate discussion.</td>
<td>A PCT representative informed delegates that it is a legal requirement for GPs in their capacity of performing a public function to pay due regard to the need to eliminate all forms of discrimination. This will be communicated in all training events. PCT has begun a rolling program of training for GPs and their staff. The organisation will inform the local community about progress in this area.</td>
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etc, because not everyone has this facility or ability. |  
Delegates recommended a "Directory of Support/Resources in Enfield." It was recommended that it could be modelled on the Council’s Education Department resource directory.

There was a request for more voluntary and community involvement. It was stated that currently members of the community do not feel empowered to do so.

Delegates urged PCT to work more in partnership with their partners.

Questions to GPs

**Question:** Does the British Medical Association produce any literature relating to how disability, in particular hearing and visual impairments, is dealt with at GP level?

**Answer:** No – In Enfield, the training we are planning locally in partnership with Enfield Vision and RNIB will help to embed awareness of the barriers people with impairment face when visiting surgeries.

**Question:** Patients should be able to access information through **Audio** – This should be made available.

**Answer:** Some elements of information can be accessed through the BrowseAloud system. BrowseAloud is a computer program that reads aloud all website content including PDF and MS Word documents.

**Question:** Delegates asked that GPs tailor treatment to individual patients

**Answer:** GP practices try to maintain personalisation, although with the forthcoming Polysystem proposals, it is felt that the personalisation element might be lost. This is due to the fact that patients would need to be attended to by any available practitioner.

**Question:** How can the use of new technology assist patients visiting, or communicating with, GP surgeries?

- There are currently two main software providers, which means that practices are not able to talk to each other
- GPs cannot bring gadgets into the surgery for the computer as it would
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<td>breach the contract with the PCT</td>
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<td>• GP paid the PCT compliments for organising the Language line contract, also stated that type talk was good too</td>
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<td>Question: Delegates asked that GPs review their systems which restricts patients to only call at certain prescribed times</td>
<td>Answer: Enfield NHS will raise this issue with GPs during training</td>
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<td>Question: Request for Patient Participation Groups</td>
<td>Answer: In response to the need for Patient Participation Groups (PPGs), a PCT delegate stated that PPGs do exist, and that the PCT is in the process of identifying what practices had PPGs and what ones do not, in order to encourage them to set one up</td>
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<td>Question: Delegates noted that it is very difficult for people whose first language is not English, to understand that there are other ways they can get help through pharmacist rather than taking up GP appointments – take up of this would require awareness raising by PCT</td>
<td>Answer: This issue will be raised during GP training</td>
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<td>Question: GP staff should listen to individuals’ comments about access - patients need to know how long they have an appointment for</td>
<td>Answer: The PCT will urge GPs to allocate appropriate time for each appointment according to the need of each individual patient</td>
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<td>Question: Representatives asked that inconsistencies in the level of GP services in Enfield be addressed. This creates inequality in the delivery of services in Enfield</td>
<td>Answer: The PCT will urge GPs to provide similar levels of high quality care for all</td>
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<td>Question: Most single handed GPs are in the East of the Borough where multiple inequalities exist. Representatives suggested that some autonomy needs to be taken from GPs to enable more joined-up working or encourage working together</td>
<td>Answer: The PCT is developing more modern Surgeries where teams of GPs work together to enable more joined-up working</td>
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<td>YOU TOLD US</td>
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<tr>
<td>Question: A representative suggested that large GP practices have <strong>too many receptionists</strong>. This should be changed to fewer receptionists.</td>
<td>Answer: GPs will be informed during training sessions</td>
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<tr>
<td>Question: A representative suggested that the <strong>Polysystem</strong> way of working will undermine any responsibility of the practice</td>
<td>Answer: This is currently under review by the Government</td>
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Participants at the Enfield NHS workshop
Barnet and Chase Farm Hospitals NHS Trust

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<tr>
<th>YOU TOLD US</th>
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| **Engagement** – You told us to listen to what patients/public are saying to accommodate change regarding Chase Farm Hospital, and to try to preserve Accident and Emergency at Chase Farm, and redevelop Chase Farm Hospital along the lines of Edgware Hospital. | • Disseminate regular and consistent information to staff on the Trust’s Business strategy through Trust’s managers to all staff. Work with engaging local groups by going into community groups to seek views and involvement.  
• Demonstrate that the Trust is listening to patients/public, e.g. regular updates on patient experience part of the Trust’s website and headlines on the front page directing them there.  
• Use banners to publicise simple messages/statements to raise public awareness.  
• Consider having a “Big Patient Conversation” event/s.  
• Have more active communication with the public about the Trust’s Business strategy and why the changes are happening. |
| **Communications** - Improve communications between patients and medical staff. A patient perception is that they see less and less of doctors and more support workers/nursing staff.  
The cost of using 0845 numbers (e.g. the Trust switchboard main number) is expensive if one has to wait to be connected. Consider using 0800 numbers (no cost to patients) or 0208 numbers instead.  
Improve the attitude of some nurses on the wards at North Middlesex Hospital | • Manage patients’ expectations about how care is delivered and reassurance that quality is still high.  
• Prepare Options Appraisal for the Trust to consider different options.  
• North Middlesex Hospital is not managed by Barnet and Chase Farm Hospitals (BCF), however, BCF are currently delivering a project directed at nurses and support workers’ |
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<th>YOU TOLD US</th>
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<tr>
<td>Top Team (Directors) need to ‘walk the shop floor’ and demonstrate that they know what is going on in the hospital.</td>
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<tr>
<td>Transport - Canvas Transport for London to establish a transport route e.g. between Southgate and North Middlesex Hospital (for specialist care) and improve existing routes e.g. route 307 to ‘loop’ into Barnet Hospital.</td>
</tr>
<tr>
<td>Patient appointments – Use letter-headed paper for appointments e.g. one for Barnet and a different one for Chase Farm, so that patients know which site to attend.</td>
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<tr>
<td>No smoking policy - Enforce the No Smoking Policy at Barnet Hospital.</td>
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<tr>
<td>Who to contact – there have been too many recent changes in management - leave it alone for a while. It is difficult to know who to contact if a problem arises.</td>
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<th>WHAT WE PROPOSE TO DO</th>
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<td>behaviours towards our patients called “We care”.</td>
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<tr>
<td>• Raise public awareness that this goes on within the Trust on a monthly basis.</td>
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<tr>
<td>• As part of the Trust’s Clinical Strategy, a health impact assessment will be undertaken in relation to transport links</td>
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<tr>
<td>• Link with on-going work in the Trust’s Operations Centre.</td>
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<tr>
<td>• Provide updates on the Trust’s complaints via annual report.</td>
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<tr>
<td>• Work collaboratively with the GPs/Practice Managers in the locality.</td>
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<tr>
<td>• Link with ongoing work with the Short-Stay Ward and Clinical Decision Unit reconfiguration and having more discharge pharmacists on the wards.</td>
</tr>
<tr>
<td>• Review signage in the grounds. Review role of security to enforce no smoking ban</td>
</tr>
<tr>
<td>• Publicise the Trust structure and how the Patient Advice Liaison Service can help people navigate the Trust for any issue</td>
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<td>YOU TOLD US</td>
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<tr>
<td>Improve waiting time in Accident and Emergency.</td>
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<tr>
<td>Provide assistance to patients to find their</td>
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<td>way around the Hospitals</td>
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<tr>
<td>Equality - Implement equality in a more</td>
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<td>sophisticated way with less money (more</td>
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<tr>
<td>effectively and efficiently than the way you</td>
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<td>did it in the past)</td>
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The Barnet and Chase Farm Hospitals workshop in action
Barnet, Enfield and Haringey Mental Health Trust

The Mental Health Trust workshop debates an issue

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<th>YOU TOLD US</th>
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<tr>
<td>You were not clear why the service needs to <strong>collect data</strong></td>
<td>We do this to –</td>
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<td></td>
<td>• understand the needs of different ethnic groups</td>
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<td>• work out Implications for services</td>
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<td>• assess people’s experiences of services</td>
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<tr>
<td>You wanted a <strong>review of Mental Health Services</strong> in Enfield</td>
<td>NHS Enfield, in conjunction with NHS Barnet, NHS Haringey, and Barnet, Enfield and</td>
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<td></td>
<td>Haringey Mental Health Trust have started working together on a programme to transform</td>
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<td>and develop mental health services to better meet the needs of the communities they</td>
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<td>serve.</td>
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<tr>
<td>You thought that <strong>NHS and the Council's work</strong> in this area should be linked</td>
<td>The Council and NHS Enfield are working together to review services provided by the Third Sector. There is a formal Partnership Agreement between the Council and Barnet, Enfield and Haringey Mental Health Trust for the provision of mental health services to working age adults and older people, and this is monitored and reviewed on a regular basis. There is also a Joint Commissioning Manager for Mental Health Services with accountability to NHS Enfield and the Council who will be developing a Joint Commissioning Strategy for Mental Health and Wellbeing</td>
</tr>
<tr>
<td>You felt that <strong>information/data</strong> we use <strong>was out of date</strong></td>
<td>There is a Joint Director of Public Health who will be ensuring that current information on needs is collected for inclusion in the Joint Strategic Needs Assessment.</td>
</tr>
<tr>
<td>You felt that there should be a <strong>menu of services</strong>, not just one service but a menu covering counselling and alternative therapies as well as medication</td>
<td>A wide range of services are available, but these need to be better publicised, therefore we plan to develop a Service Directory.</td>
</tr>
<tr>
<td>We should meet the needs of those faced with mental health problems by <strong>providing more resources that are appropriately allocated</strong> to meet different needs</td>
<td>The service reviews, needs assessments and development work that have started will ensure that resources are appropriately allocated.</td>
</tr>
<tr>
<td>You felt that we should spend more money on <strong>counselling</strong></td>
<td>NHS Enfield is investing monies in Improving Access to Psychological Therapies, and a new service will start in Edmonton in October 2010</td>
</tr>
<tr>
<td>You wanted us to appoint <strong>community development workers</strong> to support voluntary groups and others in the community</td>
<td>Due to government cuts in grant funding, the monies awarded by the Enfield Strategic Partnership for the appointment of three Community Development Workers was withdrawn, but it is planned that NHS Enfield will fund these posts from April 2011</td>
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<tr>
<td>You felt that Bangladeshi and Asian women who often stay indoors are treated differently depending on locality</td>
<td>NHS Enfield and the Council currently fund the Third Sector to provide services to Bangladeshi and Asian women, and the joint review of Third Sector services will identify if there are any gaps in service provision that need to be filled</td>
</tr>
<tr>
<td>Professional understanding of community cultures, competence of welfare needs and effective co-ordination need to improve</td>
<td>The Equality and Diversity Sub-Group of the Mental Health Partnership Sub-Group will ensure that its work programme includes educational information for service providers on understanding community cultures</td>
</tr>
<tr>
<td>Education and diet should be appropriate to different cultural backgrounds</td>
<td>The Community Dietician is involved in plans for an event to mark World Mental Health Day 2010 in October, and is proposing that a booklet is produced including diet and recipes for different cultures, and made available to service users and care providers</td>
</tr>
<tr>
<td>We need to develop community awareness of mental illness so that people who become mentally ill can have someone to turn to</td>
<td>NHS Enfield has been awarded funding for Emotional Resilience and Wellbeing Initiatives, and some of this money will be used to develop community awareness of mental illness</td>
</tr>
<tr>
<td>There is a need for better consistency, offering of appropriate services and understanding of professional undertakings</td>
<td>These issues form part of the contract that NHS Enfield and partner PCTs have with the Barnet, Enfield and Haringey Mental Health Trust, and our contracts with other service providers</td>
</tr>
<tr>
<td>Professionals should understand different effects relative to circumstances and hence the need for alternative therapies</td>
<td>Through out contracts, both NHS Enfield and the Council require staff who are providing services to receive appropriate training on a regular basis and that practice is monitored and supervised</td>
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<td>We need to understand the impact of mental health on different communities to help develop coping strategies</td>
<td>This will be addressed through further training and awareness sessions</td>
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<tr>
<td>Mental health workers should improve their <strong>awareness of mental health issues</strong> and symptoms</td>
<td>Some of the Emotional Resilience and Wellbeing Initiatives funding will be used to support this, in addition to the current education and training budgets</td>
</tr>
<tr>
<td>Faith groups need <strong>details of available counselling sessions</strong> – there are not enough counsellors; and more resources are needed for counselling</td>
<td>Information on what is available will be provided in the Service Directory and through the new Improving Access to Psychological Therapies Service</td>
</tr>
<tr>
<td>There is a need for <strong>improved quality assurance</strong>, collection of qualitative evidence, and performance indicators. Best practice and ideas should be shared locally and nationally</td>
<td>This is being developed through the contract that NHS Enfield and partner PCTs hold with Barnet, Enfield and Haringey Mental Health Trust, through the joint Third Sector Review, and other contracts</td>
</tr>
<tr>
<td>Services should relate to the <strong>whole person</strong> and take into account their family, other relationships, their culture, their education and their lifestyle</td>
<td>This is also being addressed through the contract that NHS Enfield and partner PCTs hold with Barnet, Enfield and Haringey Mental Health Trust, through the joint Third Sector Review, and other contracts</td>
</tr>
<tr>
<td><strong>Communication support</strong> should be available to meet the needs of each individual</td>
<td>This is also being addressed through the contract that NHS Enfield and partner PCTs hold with Barnet, Enfield and Haringey Mental Health Trust, through the joint Third Sector Review, and other contracts</td>
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Question and answer sessions

As well as the workshops, residents and representatives from voluntary and community sector organisations were able to raise concerns and queries at two general question and answer sessions throughout the day. The issues raised are listed below.

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<th>YOU TOLD US</th>
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<td>Asking people for personal information – you told us that you thought public agencies should ask people if they wanted to state their sexual orientation on equalities monitoring forms</td>
<td>The Council has sought guidance on good practice adopted by other local authorities who are leaders in the field of equalities. Currently we only monitor for sexual orientation for services where there is a direct relevance, or where the service might need to be provided differently for people who are lesbian, gay or bisexual. Enfield NHS monitors for sexual orientation for its workforce. The Department of Health is developing national practice for monitoring the sexual orientation of service users. In relation to hospitals, there is a Patient Administration System (PAS) that is the main domain for acute trust records of patients which is an off-the-shelf system used universally in the NHS. It currently does not have a field to record sexual orientation so this has been a key challenge as the system is procured nationally. At present, the local trusts aim to increase awareness about behaviours and attitudes until the national group working on PAS sorts this issue out.</td>
</tr>
<tr>
<td>British Sign Language interpreters/signers – you told us that public organisations should make more serious efforts to involve deaf and hearing-impaired people in events like these</td>
<td>All public sector bodies in the borough are now aware that much more notice is needed to be able to hire BSL interpreters and signers for events such as these. Bookings will now be made at least four weeks before events take place to make sure that hearing-impaired people can get equal access to being fully engaged in consultation.</td>
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<td><strong>Making information available in large print</strong> – you told us that hospitals should make more information available in large print to help patients who are visually-impaired</td>
<td>The communications teams at Barnet and Chase Farm Hospitals are working with the Patient Information Group to make large print information available to patients who are visually impaired. Any patient requesting information in large print should contact the team on telephone number 0208 375 2180. North Middlesex University Hospital NHS Trust has made a renewed commitment to the care of blind and partially sighted people by increasing the font size of hospital appointment letters for eye clinic patients. The changes – which are part of a new review of patient information - support the Royal Institute for the Blind’s ‘Losing Patients’ campaign. In addition to this, our Notice Boards Policy stipulates font size for temporary posters used across the site. The Patient Information Group is currently doing a review of all patient information literature, one aspect of which will be font size.</td>
</tr>
<tr>
<td><strong>Street lighting</strong> – you told us that many streetlamps in the borough weren’t working, particularly in Church Hill in Winchmore Hill</td>
<td>The Council were aware that there were problems associated with installation of new streetlamps in this area – these were due to delays beyond the Council’s control in linking them to the electric supply. Therefore the old ones were not switched off until this was resolved. All lights are now working properly. Any faults with streetlights can be reported free of charge to the freephone number that is posted on the lamp post itself. Most internal wiring faults are fixed within four days but problems with underground cables can take up to ten days.</td>
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<tr>
<td>You felt that any future conferences should invite speakers from the voluntary and community sector organisations in the borough</td>
<td>We welcome this suggestion and will do this at any future conferences</td>
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<tr>
<td><strong>Induction loop systems</strong> – you told us that all conferences should use premises where an induction loop system is installed and working properly</td>
<td>We always try to use venues where loop systems are installed. Future conference organisers will insist that loop systems are tested prior to the event takes place</td>
</tr>
<tr>
<td><strong>Reporting crimes</strong> – you told us that the Police did not always get back to you if you had reported a crime in your area. This puts you off from reporting future incidents</td>
<td>The Police now have a Victim’s Charter for reporting back on the progress with the investigation to victims of crime.</td>
</tr>
<tr>
<td><strong>Chase Farm Hospital</strong> – you told us that you felt services at Chase Farm were not as good as they were before because of a lack of specialist staff</td>
<td>The Trust continues to recruit into specialists post across the service and will continuously review patient experiences to ensure a high quality service is delivered to patients.</td>
</tr>
<tr>
<td><strong>Prescriptions</strong> – you told us that it is not easy for people with visual impairments to read prescriptions. Perhaps larger print could be used</td>
<td>Prescription forms are designed at a national level through extensive consultations with patient groups, and the only way Enfield NHS can progress this is to work with Enfield Vision and the Campaign on &quot;Losing Patience&quot; to see how this issue can be tabled at national level. Patients with visual impairments can ask their GPs and Pharmacist to explain to them what drug they are on.</td>
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Karen Trew, Chair, NHS Enfield

Karen brings significant board experience to the Trust both in the private and public sectors. She qualified as an Accountant in 1985 and has had a career in the retail industry, latterly as Head of Purchasing at Debenhams plc. Karen was also a Non Executive Director of South East Hertfordshire Primary Care Trust between 2004 and 2006, and more recently was a Non-Executive Director of Barnet and Chase Farm NHS Trust. She is a school governor and magistrate, and a Director of Hertfordshire Probation Board. She is married with three children and lives in Broxbourne, Hertfordshire.

Nigel Beverley – Chief Executive, NHS Enfield

Nigel is an experienced and dynamic health service leader with over 25 years experience both in the NHS and in the private sector. He joined NHS Enfield from Atos Origin, an international technology company where he was Head of UK Health, helping to provide IT and business consultancy services for the NHS and Department of Health. Nigel joined the private sector from the NHS where he was Chief Executive of the North Essex Health Authority, Chief Executive of Wellhouse NHS Trust and Director, NHS Executive (North Thames Region). Other previous roles included Department of Health, Southend Healthcare NHS Trust and general management posts in hospitals in London and Essex.
Chief Superintendent David Tucker, Borough Commander – Enfield Police

Dave joined the MPS in 1981 and was initially posted to West Hendon, moving to Holborn in 1986 for a year until his promotion to Sergeant at Kilburn. Further promotion came in 1995 at Islington before he moved to become an Inspector on Armed Support Vehicles in 1997. Following this he worked in the Diversity Directorate as a Chief Inspector before joining the Association of Chief Police Officers as a Superintendent in 2003 and then becoming Operations Superintendent at Barnet in 2007. Dave transferred on promotion in June 2009 to take up the Borough Commander role at Enfield.

James Rolfe – Director of Finance and Corporate Resources, Enfield Council

James joined Enfield Council in December 2007 as the Director of Finance and Corporate Resources, and the Council's Chief Financial Officer. As such, he has responsibility for ensuring the Council's finances are planned and spent appropriately and manages a Department that includes Financial Management Services, Registrars and Land Charges, Information and Procurement, Revenues and Benefits, Legal Services and Corporate Governance. Mr Rolfe also contributes to the wider management of the Council by leading the Council's Leaner Transformation Programme, acting as the Council's Equalities Champion, and as the Project and Programme Management Champion. He also chairs the People and Culture Board, which is responsible for the Council's workforce development activity. James joined the Civil Service in 1986 and had a range of jobs in Whitehall, in the Public Finance Initiative, Comprehensive Spending Reviews, long term planning, performance management and financial management policy, before moving to High Wycombe in 2001. In 2003 he joined Norfolk County Council Social Services Department, before joining Enfield.

Michael Keating - National Adviser for Equalities and Cohesion for the Improvement and Development Agency (IDeA)

Michael’s role is to coordinate support to local government on equalities, diversity and community cohesion. One of main ways of doing this is through the Equality Framework for Local Government, a tool designed to improve policy development and service delivery. Michael is on secondment from the London Borough of Tower Hamlets, where his substantive role is as the Service Head, Scrutiny and Equalities. He has worked there from 2003 and has had responsibility for reshaping the council’s overview and scrutiny service, developing a corporate performance management team and managing the third sector and equalities teams. In 2007 he created the Scrutiny and Equalities Service. By marrying the key policy and delivery agendas of community leadership and partnership, the service works to ensure scrutiny plus equalities equals community cohesion. Between 1994
and 2002, Michael was an elected member and has also previously worked in higher education and the NHS.

Surinder Sharma – National Director for Equality and Human Rights, Department of Health

Surinder Sharma took up his post as National Director for Equality and Human Rights at the Department of Health in October 2004. Surinder has worked in the diversity field for over 30 years, gaining a reputation for success and excellence along the way. As a fully qualified lawyer, he began his career with the Commission for Racial Equality in 1978, gaining the strategic knowledge base on which his subsequent career was built. He has been a Councillor at Leicester where he chaired the Housing Committee and chaired Leicester Racial Equality Council. His career has taken him into a variety of different organizations: BBC Television, Littlewoods Retail and Ford Motor Company, where as the European Director he managed a European Team during a period of radical European transformation. He was a Commissioner at the Equal Opportunities Commission, where he chaired their Legal Committee. He is also a member of the Conference Board of the European Work Life Diversity Forum and a Trustee of the National Space Centre. He is
also a member of the Ministry of Defence Diversity Panel, and a member of
the Global Diversity and Inclusion Council at Novartis AG in Switzerland
where he was a Consultant to the company on Diversity and Inclusion for over
three years.

Surinder Sharma presents his keynote speech

David Morris - External Access Coordinator for the London
Organising Committee of the Olympic and Paralympic Games
Please read the dedication at the front of this report

David Morris worked for the London Organizing Committee of the Olympic
and Paralympic Games coordinating external inclusion and access. Until his
untimely death, he had been working as a senior policy adviser to the Mayor
of London Boris Johnson, and formerly Ken Livingstone. He had been
responsible for leading the Mayor’s Disability and Deaf equality agenda and
was integral in developing the Greater London Authority’s Disability Equality
Scheme, the Liberty Festival and Disability Capital Conference. He was an
influential strategist and a powerful advocate for the rights of disabled and
Deaf Londoners. David advised on a broad range of issues on London policy
and had particular expertise in the area of independent living, inclusive
design, accessible transport, and advocacy. As a disabled person and
personal assistance user, he had a personal ambition to make London a
beacon for accessibility and inclusion. He was also a published writer and
poet, filmmaker, cook and a sought-after speaker. He lived in Limehouse,
East London.
Speaker presentations

ENFIELD NHS COMMITMENT TO EQUALITY AND HUMAN RIGHTS - Nigel Beverley - Chief Executive, NHS Enfield

ENFIELD COUNCIL’S COMMITMENT TO EQUALITY - James Rolfe - Director of Finance and Corporate Resources, Enfield Council

EQUALITY FRAMEWORK FOR LOCAL GOVERNMENT - Michael Keating - National Adviser for Equalities and Cohesion, Improvement and Development Agency

REMOVING BARRIERS TO EFFECTIVE USER PARTICIPATION: MEASURING EQUALITY PERFORMANCE IN THE HEALTH SECTOR - Surinder Sharma - National Director for Equality and Human Rights, Department of Health and the NHS
ENFIELD NHS COMMITMENT TO EQUALITY AND HUMAN RIGHTS
Nigel Beaverley
NHS Enfield Chief Executive

Scene setting
- Modernising and developing the health services to meet the needs of Enfield residents
- Catalysing Primary Care from the dark ages into the 21st century
- Accelerating improvement and change whilst continuing to tackle local health inequality priorities

Poverty in Enfield

NHS Commitment
- Strive to prevent ill-health, reduce health inequalities and promote fairness, regardless of:
  - Age, Disability, Gender, transgender, Race, Religion/Belief, Security
- Our vision is to provide:
  - Better Health
  - Better Services
  - Better Value

Central to the delivery of our functions
- The need to:
  - Eliminate unlawful discrimination
  - Promote equality of opportunity
  - Promote good relations between people of different backgrounds
  - Equality for all
- Words are not enough

Single Equality Scheme
- A public commitment detailing how we will deliver fair and equitable services that are appropriate to all users and staff
- The Action Plan sets out the priorities gathered from January 2009 conference and implementation plan.
Single Equality Scheme
- Aims to
  - Improve access and remove barriers
  - Adopt a flexible range of communication methods
  - Equip healthcare staff with the right skills
  - Raise public awareness of their legal rights
  - Develop strategies to monitor diseases
  - Ensure healthcare staff are representative

Achieved to date
- Established the Enfield Stakeholder Group
- Working closer with the deaf community and with Enfield Vision
- Developed a staff forum for Equality & Human Rights Champions
- Put in place arrangements for identifying and averting potential disadvantage
- Provide mandatory training for staff

Looking forward
- Provide improved health information
- Provide accessible community services
- Provide goods and services based on community intelligence
- Commission inclusive services
- Develop a representative workforce
ENFIELD COUNCIL'S COMMITMENT TO EQUALITY

James Rolfe
Director of Finance and Corporate Resources
Enfield Council

Enfield Council's Vision

- High quality services for all our customers
- Putting Enfield First aim
- Tackle discrimination, promote equality of access and good relations between all groups in the community
- The Council will work towards equality of opportunity for all and will devote its energies and resources to the achievement of this aim

Some communities may need assistance

- We recognise that some residents of Enfield and others that work in, study in, or visit the borough may experience barriers that prevent them accessing and using some of our services
- We work to identify and tackle those barriers to access and communication

Latest population estimates 1

- 54.2% classify themselves as other than white British
- 25% of Enfield's population were born outside the UK
- Largest ethnic minority community is Cypriot (9.8%)
- In 2005, our Translation and Interpreting Service dealt with 10,134 requests for interpreters and 2,685 requests for translations

Latest population estimates 2

- 15.9% have a disability or long-term illness (1 in 6 or 7 people)
- 28.7% are over the age of 50
- 53.2% are Christian, 9% are Muslim, but 12.3% have no religious belief
- Between 6% and 10% are from the lesbian, gay or bisexual community
- 51.5% are female, 48.5% are male

Beyond the equality strands

- Equality Bill socio-economic duty aims to provide fair opportunities for everyone, regardless of their background
- Will come into force in April 2011
- New legal duty on key public bodies to ensure they consider the impact that their strategic decisions will have on narrowing socio-economic inequalities
- Formal guidance on the socio-economic duty will be published by the Government Equalities Office this summer
Who might this affect?

- Poorer children (who get free school meals between the ages of eleven and fourteen) are less likely to go on to higher education.
- Less academically able but better off children overtake them by the age of ten.
- The income gap between those in work continues into retirement as those in higher paid jobs are more likely to have company pension schemes, giving them financial security in retirement.

Who might this affect?

- Disabled adults are twice as likely to live in low-income households as non-disabled adults.
- People who lack academic qualifications are more likely to live in low-income households in social housing in deprived areas.
- Half of all lone parents are in low-income households, the overwhelming majority of them being women.

Why today is important

- Continues the dialogue.
- Brings together public bodies, voluntary and community sector groups and members of the public.
- Informs us about past activity.
- Identifies areas for us to work on in the future.
- Informs our Equality Schemes.
- We welcome your views.
The Equality Framework for Local Government

Michael Keating
National Adviser for Equalities and Cohesion
IDEA
15 February 2010

2010 – the new local government landscape
- Move from top down national targets to greater local control
- New performance framework
- Move towards partnership working
- New emphasis on community engagement and citizen satisfaction
- Personalised services and customer care
- Fewer resources – need for smarter solutions
- Measuring outcomes not process
- Strategic leadership

2010 – the new equality landscape
- A diverse demography
- New equality rights – sexual orientation, age, religion or belief
- From individual rights to generic public duties, mainstreaming
- Equality and Human Rights Commission
- Importance of socio-economic inequality
- Community involvement and civic participation
- Business legitimacy – impact of inequality on council spending, cohesion

Equality Framework for Local Government
- A national benchmarking framework.
- 3 levels – developing, achieving and excellent, measured against 5 performance areas:
  - Knowing your community – equality mapping
  - Place shaping, leadership and partnership
  - Community engagement and satisfaction
  - Responsive services and customer care
  - Modern and diverse workforce

The five performance areas
- Knowing your community – equality mapping – the use of local and national data to understand the profile of communities and to measure inequalities
- Place shaping, leadership, partnership understanding the importance of equality in visions of place, political and officer leadership, working with partners to challenge inequality
- Community engagement and satisfaction – involving ‘equality groups’ in decision making and assessing satisfaction
- Responsive services and customer care – providing personalised services that meet the needs of people from differing backgrounds, reflecting differing needs in commissioning and procurement, measuring access
- A modern and diverse workforce – measuring diversity of the workforce, setting appropriate objectives to improve performance, equal pay and flexible working.

Key principles of the Equality Framework
- COUNT
- Equal life chances for all
- The cycle of continuous improvement
- Partnership working
Equality Framework for Local Government embodies ‘COUNT’ principles – count once and use numerous times

- Actions under the Framework will:
  - Help compliance with the public duties, and allows for future legislative changes
  - Provide self-assessment evidence for CAA
  - Help meet standards for customer care
  - Provide evidence for Use of Resources

<table>
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<tr>
<th>EFLG</th>
<th>Equality Bill</th>
<th>CAA</th>
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<tr>
<td>Outcome focused approach based on understanding of needs</td>
<td>General duty defines equality of opportunity by reference to needs of different groups and differential treatment. Specific duties.</td>
<td>How well are outcomes being delivered</td>
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<td>Emphasis on civic participation</td>
<td>General duty identifies participation in public life in definition of equality of opportunity</td>
<td>Empowerment giving local people influence over local decisions</td>
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<td>Diversity workforce – key performance area</td>
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<td>Transparency provisions on gender pay gap information</td>
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Equal life chances

- The Equalities Review proposed a new definition of equality based on ‘substantive freedom’ or equality of life chances in the central and valuable things in life.
  - This is based on fundamental freedoms derived from human rights standards
  - Life chances are considered against ten headings or ‘domains’
  - Substantive freedom covers:
    - Inequality of outcome
    - Inequality of process
    - Inequality of autonomy

The 10 domains

- Longevity - including enabling preventative measures
- Physical security - including freedom from violence and physical and sexual violence
- Health - including both well being and access to quality health care
- Education - including the right to education, professional skills and qualifications and access to training and life long learning
- Food - ensuring of ethical, nutrition, clothing, housing, warmth, utilities, social services and support
- Freedom of association and movement - including freedom of association, participation in economic and social life and the right to choose one’s place of residence
- Freedom of thought and conscience - including freedom of religion and belief
- Legal security - including equality and non discrimination before the law and equal treatment within the criminal system
The cycle of continuous improvement

Partnership working – a golden thread across the public sector
- External drivers:
  - Total Place
  - Efficiency savings
  - Customer satisfaction
- Developments:
  - Equality Standard for Police – launched December
  - Equality Framework for Fire and Rescue Services – launched December
  - IDea working with NHS Employers, PCTs and Trusts on development of Equality Framework for NHS
  - Work with ALMOs on social housing Framework – consulting January-February
  - CFTED developing own equality improvement framework

Our ambition
- To support the development of a public service equality framework – a golden equality thread – that:
  - Is informed by similar concepts
  - Capable of benchmarking
  - Facilitates partnership working
  - Speaks to the needs of particular parts of the public sector

Help with the Equality Framework
- e:fect – online data management and evidence gathering system.
- IDea website – practical case studies and guidance on specific areas (equal pay, procurement etc)
- Equality CoP – an online network for local government officers working in equalities

Effect
- This is the online data management and referencing tool to support work on the EFLG.
  - Collect evidence – create an evidence baseli
  - Self-assessment – get an overview of your progress and current status
  - Action plan – compile your action plan, report on action plans

- Further information on the IDea’s equality work is available from:
  - www.idea.gov.uk/diversity
- The Equality Framework for Local Government is available from:
  - www.idea.gov.uk/equalityframework
- Find out more about e:fect from:
  - www.idea.gov.uk/effect
- Network and share good practice with local government and partner colleagues on our Equality CoP:
  - www.communities.idea.gov.uk
Removing Barriers to Effective User Participation: Measuring Equality Performance in the Health Sector

Our Vision...

NHS Constitution Principles
- The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights.

NHS Values
- Everyone counts. We use our resources for the benefit of the whole community, and make sure that nobody is excluded or left behind.

Why bother with equality?
- 175 million working days lost to illness in 2006 - £100 billion a year
- Perinatal mortality amongst babies born to mothers who were born in Pakistan is nearly twice the average of all births in England and Wales
- Black and Mixed Race patients are between 29% and 56% more likely to be admitted under the Mental Health Act than White British patients
- South Asians are 50% more likely to have coronary heart disease (CHD) than the general population
- Gypsies and Travellers life expectancy of 50 years

NHS Workforce
- NHS employs 1.4 million people
- We represent society at all levels because of the diversity of our workforce
  > 16% of the overall NHS workforce
  > 5 - 7% in Ambulance Services (1.9% in 2000)
- 30% of today’s medical students are from BME groups
- 60% of today’s medical students are female

How success will be measured
- Legal Compliance
- Improving evidence that NHS organisations meet the requirements of regulators such as Monitor and CQC
- The level of equality impact assessments
- Improving patient survey results and staff satisfaction
- The way we are able to create dialogue and action about these hugely important issues

What we do to lead...
System Leadership
- Single Equality Schemes
- Equality and Diversity Council
- National Leadership Council
- Breaking Through & Top Talent
- Pacesetters
...and how we are all leaders

"You have to be the change that you want to see in this world"
Conference evaluation

What you told us about the conference

- 74% of participants rated accessibility of the venue as good or very good
- 74% rated the programme as good or very good
- 76% said how helpful and effective the staff were
- 74% thought the handouts and material were good or very good
- 79% rated their workshop facilitator as good or very good
- 71% felt the overall organisation of the event was good or very good
- 87% agreed the event met their expectations
- 95% felt that the workshop sessions provided them with the opportunity to contribute to discussion
- 98% agreed it enabled them to learn from others
- 95% agreed that the workshop sessions gave them the opportunity to network with others
- 95% said the conference provided a good opportunity to highlight the barriers faced by different communities
- 78% felt that the conference enabled them to provide ideas to improve services
- 100% agreed the conference afforded them the opportunity to network with others

Some of your concerns

- although 74% felt the venue was easily accessible, there were some who did not agree
- there was a request for more representation from the voluntary sector next time – there were no representatives from the voluntary sector amongst the speakers
- it was also noted there was no representation from young people amongst the speakers, but participants felt there had been a good discussion on what people thought was best for them
- there were no translators or sign interpreters present - comments to ensure they were booked for next time were noted. The Council had arranged for these facilities but were let down at very short notice
- people with a hearing impairment would have preferred to have their own breakout rooms
- it was suggested that issues raised at the last conference should be highlighted, examined and discussed to see if they had been achieved or how they were answered
- participants wanted feedback on the issues raised and actions agreed at the conference – many of these are contained within this conference report
- participants would have preferred to receive information packs in advance of the conference
The marketplace in full swing