

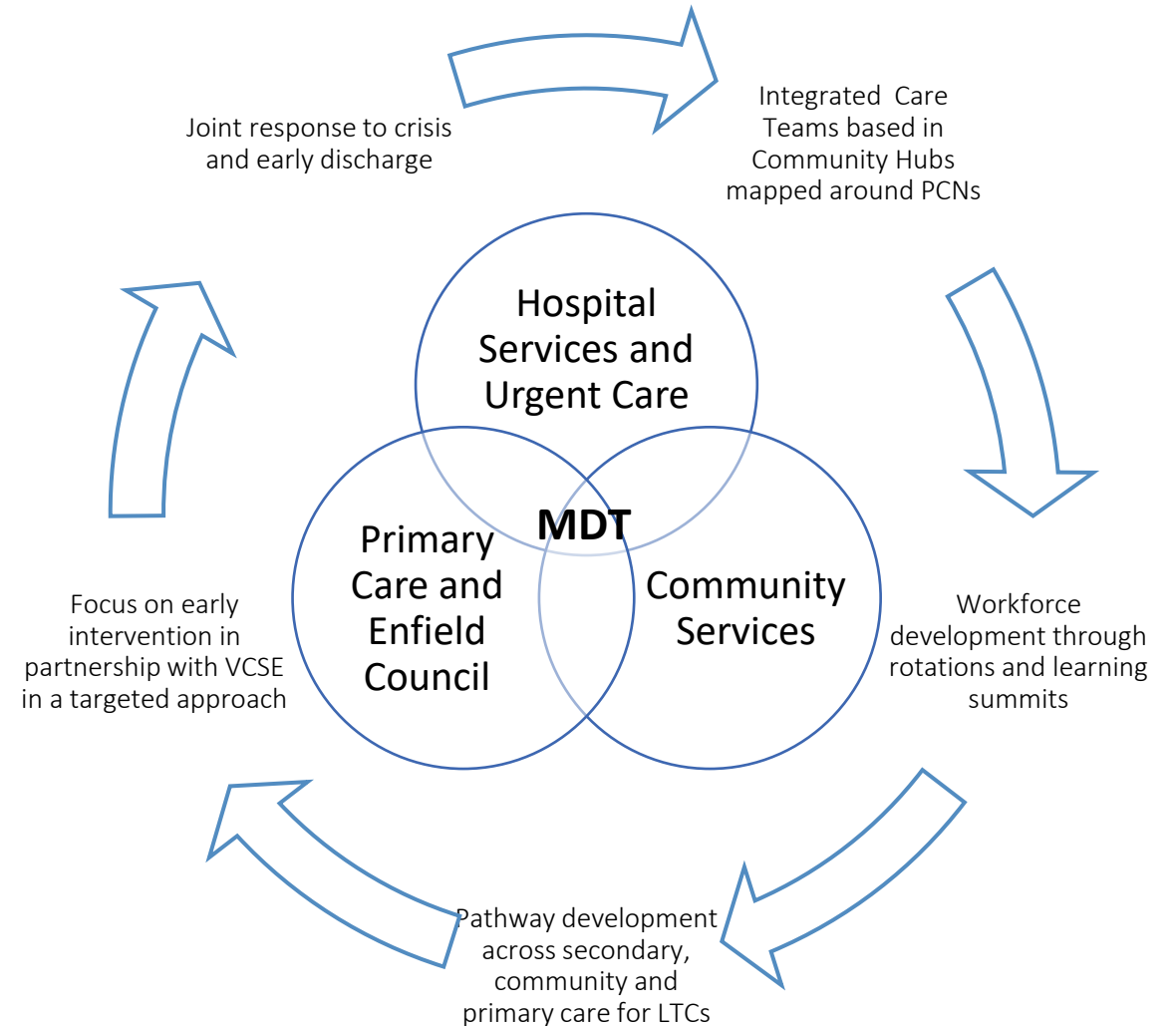
**North Mid update**

**Enfield Health and Wellbeing Board**

**Azom Mortuza – Divisional Director of Operations**

## Developing a Population-based Integrated Care Model

- Improving access for local people
- Opportunities for staff to develop and grow
- Strengthening focus on outcomes
- Working together with partners, stakeholders and the community
- Greater focus on prevention and early intervention



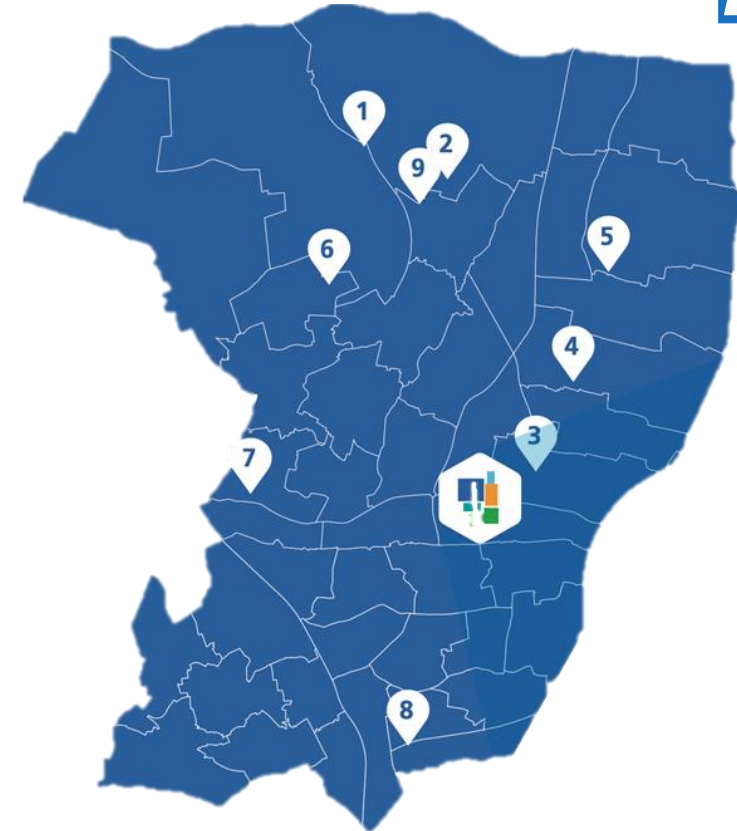
## Current Services and North Mid Campus

### ECS Adult Services

Magnolia Ward P2 Unit  
 Enfield Rapid Access (includes D2A)  
 CHAT  
 Virtual Ward  
 District Nursing  
 Community Matrons  
 Continence  
 Diabetes  
 Community Physio  
 Bone Health & Fracture Liaison  
 Speech and Language Therapy  
 Nutrition and Dietetics  
 MSK  
 Pain Management  
 Podiatry  
 Post Covid Team  
 Respiratory  
 Heart Failure  
 Lymphedema  
 Tissue Viability  
 Health Psychology  
 Integrated Discharge Team

### ECS CYP Services

School Age Immunisations  
 Specialist School nursing  
 Looked After Children Health Service  
 Youth Justice Nursing  
 Community Paediatric Service  
 CDT Psychology Service  
 CYP Physio  
 CYP Occupational Therapy  
 CYP Dietetics  
 Pre-School SLT  
 School Age Speech & Language Services  
 CYP Safeguarding Team



1. Chase Farm Hospital and The Skye Unit, Enfield
2. **St Michael's Hospital**
3. Lucas House
4. Forest Primary Care Centre
5. Eagle House Surgery
6. Highlands Primary Care Centre
7. **Bowes Road Medical Centre**
8. **George Marsh Centre** (on St Ann's Hospital site)
9. Bay Tree House, Enfield
10. **North Middlesex University Hospital**, Sterling Way site (Trust HQ site)

## Synergies with North Mid

### Anticipated outcomes

- Improved quality of care for patients and families with easy access, and boundary-less pathways with a focus on outcomes
- Increased early help and preventative activities, informed by clinical expertise across the pathway
- Ownership of whole pathways enabling increased accountability and shared agreement of priorities
- Reduction in ED attendances and LOS across Hospital and Urgent Care services
- Enhanced dialogue and closer working relationships with primary care and VCSE enabling joint management of patients with LTCs

0-19 Services and midwifery:  
Integrating as a fully wrapped offer  
for CYP and families, aligned with  
system priorities around Start Well

Care of the Elderly: Part of  
integrated care pathway for Older  
Adults facilitating early discharge  
and keeping patients well at  
home

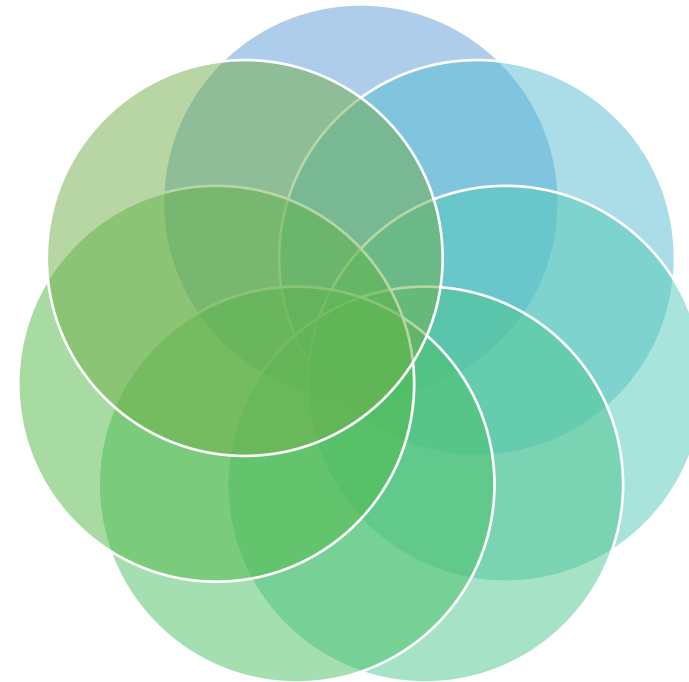
Community Wards: Enabling  
early discharge and developing a  
step-up model from  
community/primary care

Community paediatrics: Supporting  
the CYP pathway and development  
of a stepped care model

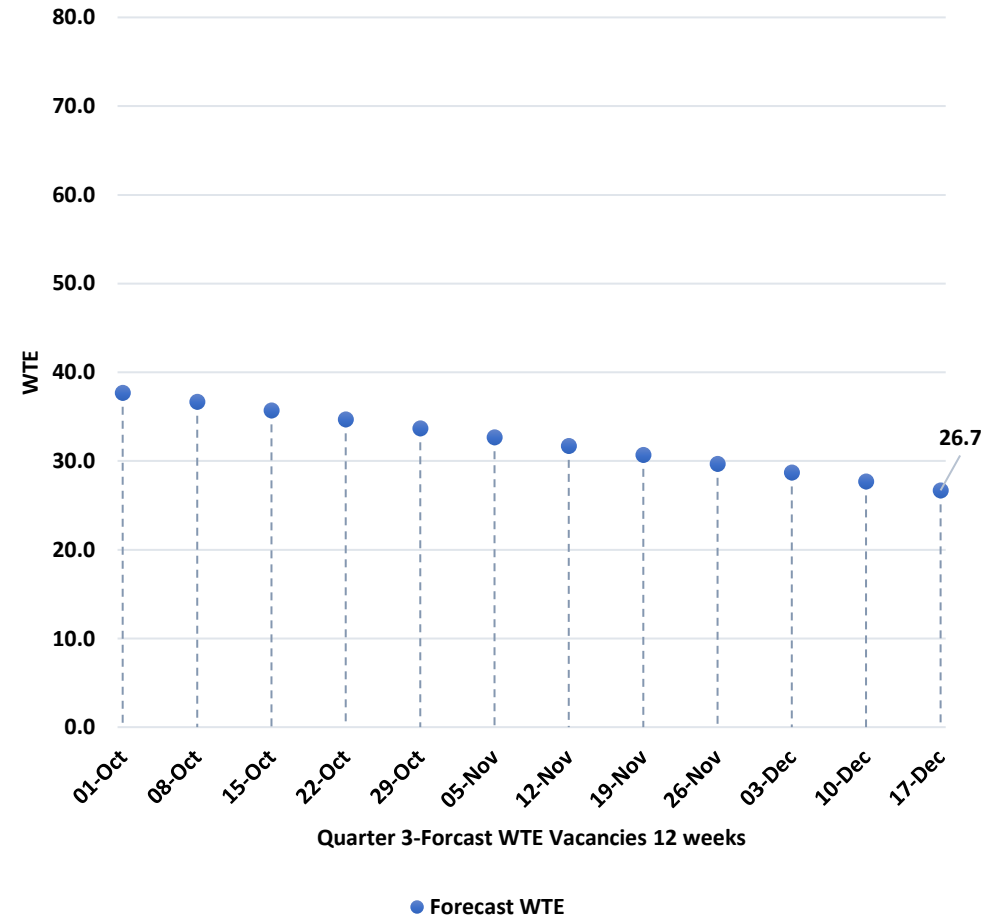
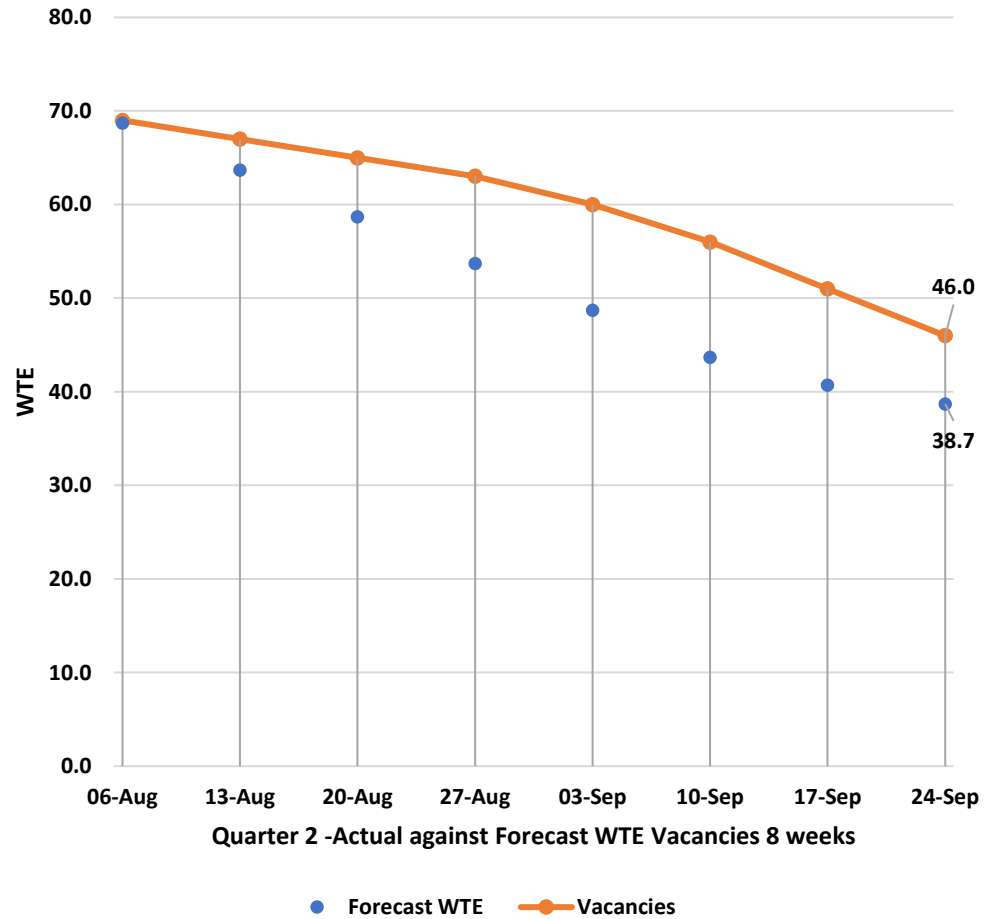
Sexual Health and HIV: Enables  
the services to offer early help  
and increase reach of  
preventative activities

Diabetes Services: Development  
of an integrated stepped care  
pathway with a focus on early  
help aligned with system Living  
Well priorities

Cardiology at home e.g. ECG  
Monitoring



## Vacancy rate as a key priority



## Our priority areas

**Developing a consistent, sustainable and resilient community model in Enfield**

**Building resilience in identified “fragile” services through integrated pathways**

**Preventing hospital admissions and improving managing patients in the community**

**Integrated services for children and young people in the community**

Treatment  
area

Thank you