Enfield Joint Health and Wellbeing Strategy 2014-2019

Your Health and Wellbeing

V5.2. DRAFT – January 2014

www.enfield.gov.uk/jhwsconsultation

In partnership with

NHS Enfield Clinical Commissioning Group

healthwatch

ENFIELD Council

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Appendices

1. Foreword and Executive Summary

1.1 Foreword

Work in progress – to be added.

By the Chair of HWB.

1.2 Glossary of terms

Better Care Fund	A fund which will pool existing budgets in 2015/16 to enable greater integrated working and transformation of local services to older and disabled people
BME	Black and minority ethnic groups within the population
CCG	Clinical Commissioning Group – groups of GPs responsible for designing the local healthcare system, through the commissioning (purchasing) of a range of health and care services; CCGs work with patients and healthcare professionals and in partnership with local communities and local authorities
Child Poverty	Children living in families where the reported income is less than 60 per cent of the national median (mid-point) income
COPD	Chronic Obstructive Pulmonary Disease – the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease
CVD	Cardio-vascular disease – a group of diseases of the heart and blood vessels
Health Inequality	Differences in health experiences and health outcomes between different population groups
Health Promotion	Health promotion is the process of enabling people to increase control over, and to improve, their health
Healthwatch	The consumer champion in health and care, ensuring the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services
HIV	Human immunodeficiency virus – the virus attacks the immune system, and weakens your ability to fight infections and disease; there is no cure for HIV, but there are treatments to enable most people with the virus to live a long and healthy life
HWB	Health and Wellbeing Board – a partnership board whose purpose is to improve the health and wellbeing of the residents of Enfield and reduce current health inequalities

IBA	Identification and brief advice – a brief alcohol intervention which usually consists of using a validated screening tool to identify people at risk of harmful drinking, and the delivery of short, structured 'brief advice' aimed at encouraging the drinker to reduce their consumption to lower risk levels. It should by initiated by front line health and care workers whenever they have a good opportunity
Immunisation	The process by which an individual's immune system is strengthened against a particular type of virus or bacteria through vaccination
Infant Mortality	Deaths occurring before the age of one year of babies who were born alive
JSNA	Joint Strategic Needs Assessment – the collection and collation of information and intelligence about the health and wellbeing needs of the local community
Life Expectancy	The theoretical age of death an average person born today could expect to live to if he/she had the same rate of death at each age as the current population
LTC	Long term condition – conditions or chronic diseases for which there is currently no cure, and which are managed with drugs and other treatment, e.g. diabetes
Marmot Review	An independent review by Professor Sir Michael Marmot which was asked by the Government to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010
MMR	The triple Measles, Mumps and Rubella vaccine, given as a single injection
Morbidity	A diseased state, disability, or poor health due to any cause
Mortality	Relating to death; a mortality rate indicates the number of deaths within a population over a given period of time (e.g. per year)
Obese	Describes an individual who is clinically overweight, with a body weight more than 20% greater than recommended for their height; individuals who are obese have a body mass index of over 30
SEN	Special Educational Needs – children have a statement of special educational needs if they have a learning difficulty which calls for special educational provision to be made for them
SMR	Standardised Mortality Ratio – a ratio of the number of actual deaths associated with a particular disease or condition in a local area, and the expected number of deaths from the same disease or incident, based on age and gender specific rates within a reference population

Social Marketing	Social marketing is an approach used to develop activities aimed at changing or maintaining people's behaviour for the benefit of individuals and society as a whole, utilising techniques developed in commercial advertising.
Ward	An electoral ward is a division of an administrative area used to elect councillors to serve on the councils of the administrative areas
Wider Determinants	Also known as the social determinants of health, they have been described as 'the causes of the causes' – the social, economic and environmental conditions that influence the health of individuals and populations

2. Introduction

2.1 Purpose of the Strategy

Many factors effect health and wellbeing; issues such as unemployment, poor housing and feeling unsafe can all impact upon mental and physical health. The Health and Wellbeing Board (HWB) will work to mitigate such factors, as well as encouraging people to take a more active role in their own and others health, by promoting healthy weight management through diet and physical activity, controlling excess alcohol intake and supporting people to stop smoking.

The purpose of this strategy is to set out how the Enfield Health and Wellbeing Board (HWB) will work with the population of Enfield to improve health and wellbeing across the borough over the next five years. The Joint Health and Wellbeing Strategy (JHWS) describes the key health and wellbeing priorities for Enfield. Central to this is addressing the challenges that exist in the borough and making a difference where it is needed most.

The Enfield Health and Wellbeing Board (HWB) is a partnership which brings together the Council, Enfield Clinical Commissioning Group, Healthwatch and the voluntary and community sector. Its roles include producing needs information in a Joint Strategic Needs Assessment (JSNA), and responding to that information through the production of a Joint Health and Wellbeing Strategy (JHWS).

The priorities and actions adopted in this strategy draw on the strengths of the HWB, and are designed to provide additional impetus for improving health and wellbeing in Enfield into the future.

This JHWS document focuses on outcomes and high-level actions. It is supported by a range of working documents including a detailed action plan.

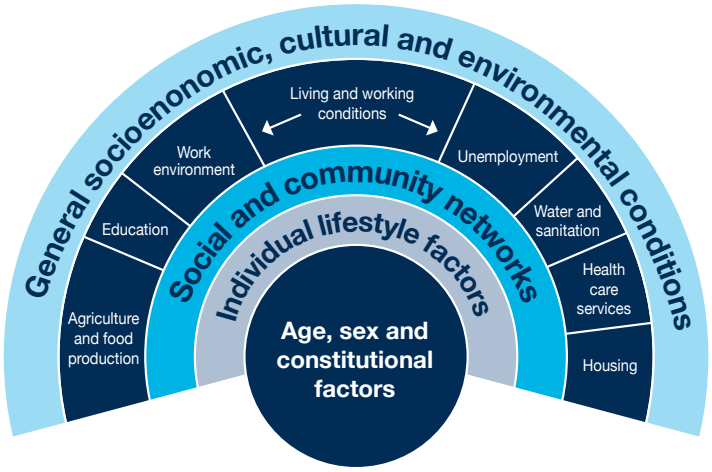
2.2 What is health and wellbeing?

The World Health Organisation defined health in 1946 as:

> "…a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The model shown in the figure below summarises the many influences on health and wellbeing.

Figure 1: The wider determinants of health (1992) Dahlgren and Whitehead



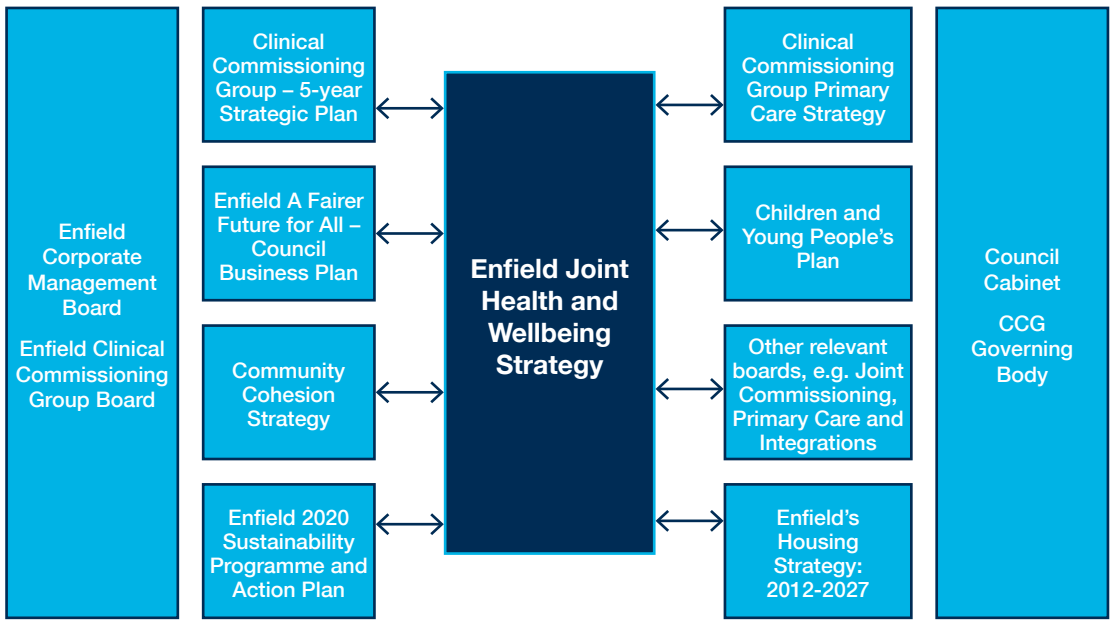
The HWB also needs to consider the very long term of 20 to 30 years, as changes to the wider determinants of health can take a generation to show their improvement in the population.

This JHWS touches on many aspects of life in Enfield, and will require the cooperation of a wide range of stakeholders to ensure that it is implemented. It also considers the inequalities which exist in the borough, and aims to make a difference where it is needed most.

Good mental health is as important to wellbeing as good physical health. Enfield supports the concept of “parity of esteem” between services for mental and physical illnesses, and this strategy incorporates actions which impact on residents’ mental health across all of the priorities. The 2014-19 Joint Adult Mental Health Strategy for Enfield contains a strong focus on outcomes through effective partnerships, service quality and recovery. In addition, this JHWS recognises that good mental health should be supported throughout people’s whole lives, from birth onwards.

2.3 Where this strategy fits

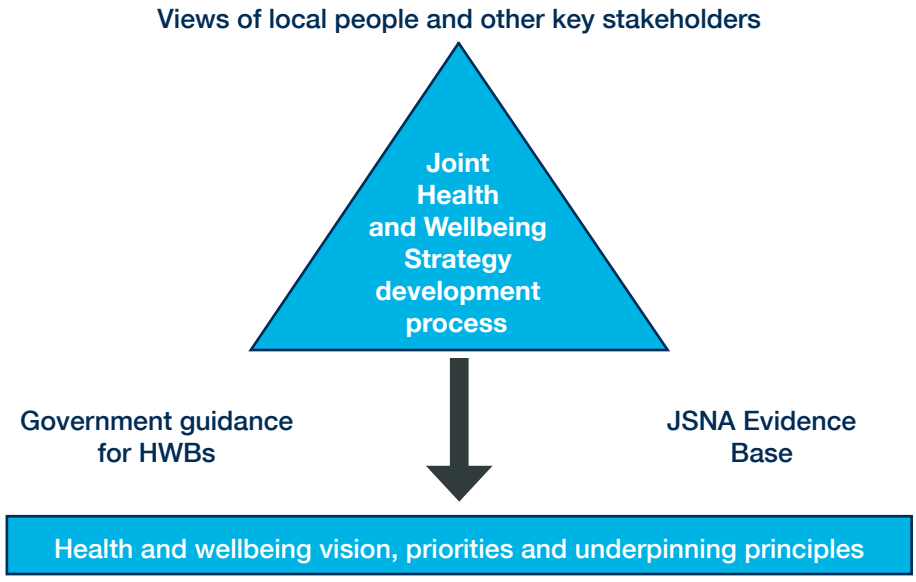
Figure 2: Relationship of the JHWS with other strategies and work programmes



2.4 How this strategy was developed

This strategy has been developed through the use of a rigorous process based on evidence, the views of the HWB partners, and the views of the local population, as shown in the figure below.

Figure 3: Development of the JHWS



The process has involved:

- The development of an evidence base through the updating of the JSNA
- The creation of a long-list of options for priorities at a workshop of the HWB
- An assessment of that long-list against a set of prioritisation criteria
- The development of draft priorities
- Consultation on the draft priorities
- Finalisation of the priorities in this document

2.4.1 Prioritisation of options

When considering options for priorities to include in this strategy, the HWB considered the following questions:

- What is the scale of the problem?
- Will addressing the issue result in a reduction in health inequalities?
- Is there a financially sustainable solution available?
- Does resolving this issue contribute to the prevention and self-help agenda?
- What does the evidence-base tell us about the likelihood of success?
- What are the long-term implications of addressing this issue?
- Will it lead to a positive change in lives?
- What is the importance and quality of the service at the moment?

2.4.2 The draft priorities

The process described in this section produced a list of five draft key priorities, which are:

- Ensuring the best start in life
- Enabling people to be safe, independent and well and delivering high quality health and care services
- Creating stronger, healthier communities
- Narrowing the gap in healthy life expectancy
- Promoting healthy lifestyles and making healthy choices

These are described in more detail in Section 4.

2.4.3 Consultation process

Consultation on the draft priorities took place between September and December 2013. This consultation utilised a range of techniques in order to obtain views from the public, staff, carers and other key stakeholders.

The consultation was publicised widely across the borough, having been promoted online, via email, at public events and meetings and in a number of local publications including Our Enfield.

Views on the five draft priorities were consulted on using a detailed questionnaire, available online and in paper copies, through token boxes, whereby individuals were given a token to vote for which priority they thought was most important, and via public consultation events. A number of public events took place during the consultation period, some catering to the general public, and others directed towards specific groups and organisations – further details of the consultation methods are available in Appendix 1 (to follow).

By the end of the consultation, a total of 2,006 responses had been received; 565 questionnaire responses and 1,441 token votes. Comments were also gathered through consultation events, which included views of the community and local organisations.

Questionnaire responses indicate that 99% of consultees have supported a few, some, or all of the draft priorities, with over three quarters of respondents, (76.7%) supporting all five draft priorities.

When asked to select which priority or priorities respondents thought were the most important, the top three most popular selections were:

- Enabling people to be safe, independent and well (69.4% of respondents)
- Ensuring the best start in life (60.2% of respondents)
- Promoting healthy lifestyles – was also supported by the majority of respondents (50.1% of respondents)

The two remaining priorities were selected by fewer respondents, however they were still supported as priorities for the health and wellbeing strategy:

- Creating stronger, healthier communities (43.6% of respondents)
- Narrowing the gap in healthy life expectancy (31.5% of respondents)

Respondents to the detailed questionnaire were also asked to add any comments about what they thought to be the key areas for the health and wellbeing of local people. 179 questionnaire respondents chose to provide a comment. These comments were then thematically grouped, findings of which are summarised in the word cloud below:

The size of the font in the word cloud indicates the relative frequency with which a topic was mentioned by respondents – as such, we can see that the most commonly raised themes were Healthy Places, Primary Care, Access to Services and Mental Health. The full list of themes can be viewed in Appendix 1.

A range of comments were also received from public events, covering topics such as improving ease of access to information and advice, improving early diagnosis

of long term conditions and offering holistic support, and offering a broad range of support to encourage people to adopt healthier lifestyles whilst promoting personal responsibility for health and wellbeing.

All comments received were reviewed and considered in the preparation of this strategy. The majority of comments from both the questionnaires and public events have either been incorporated in the body of the report or have influenced the actions and measures of success.

The HWB are committed to continuing the dialogue that has begun between the board, local people and organisations regarding health and wellbeing. As such. consultation on the JHWS will be an on-going process throughout the life of the strategy.

2.5 Vision, principles and priorities

The HWB vision is:

Working together to enable you to live longer, healthier, happier lives in Enfield

The vision is underpinned by five supporting principles:

- **Prevention and early intervention** – what people eat and drink, the amount of physical exercise they do, whether they smoke and other lifestyle choices has an impact on the likelihood of people developing long term conditions such as cancer, cardio-vascular disease or diabetes. The HWB recognise that in many cases poor health can be avoided through better life choices and recognising risks to health . Early diagnosis, positive interventions and good quality service delivery will lead to the people of Enfield enjoying better health and wellbeing into the future.

  The Health and Wellbeing Board recognises that good health and wellbeing starts before birth, with the choices made by the mother affecting outcomes for the baby. This includesarly access to ante natal care, and supporting women to make healthy choices before and during pregnancy is.

- **Integration** – service users should receive a seamless service, regardless of the source of the support; the HWB will encourage integration across all relevant health and social services, Schools' and Children's Services, and the voluntary and community sector where appropriate. The HWB recognise that as the main consumers of health and social care, integration of services is a key issue for older people.

  The introduction of the Better Care Fund will ensure greater integration between health and social care. A pooled budget, which is subject to plans agreed by the Health and Wellbeing Board, will support individuals to plan and control their care and bring together services to achieve the outcomes important to them.

The ambition of much Health and Social Care integrated working and commissioning is to shift the balance of resources from high cost secondary treatment and long term care to a focus on promotion of living healthy lives and well-being, and the extension of universal services away from high cost specialist services. This approach promotes quality of life and seeks peoples' engagement in their own community. To achieve these shifts we need to change the way services are commissioned, managed and delivered. It also requires the redesign of roles, changing the workforce and shifting investment to deliver agreed outcomes for people that are focused on preventative action.

- **Equality and Diversity** – Enfield HWB initiatives will address equality and diversity, by ensuring services are accessible and high quality, tailored appropriately to the different groups in Enfield, particularly in the light of the east-west divide across the borough in health and wellbeing outcomes.

- Addressing health inequalities where it is needed most – the HWB will ensure that its initiatives will target health inequalities in Enfield, with the aim of minimising variation in health and life expectancy between East and the West of the borough, while also improving the health and wellbeing of all Enfield residents.

- **Ensuring good quality services** – all services will be designed around the patient or user, will be safe, and will be caring and compassionate; the HWB will develop a response to the Mid Staffordshire Hospital and Winterbourne View review which will focus on this supporting principle.

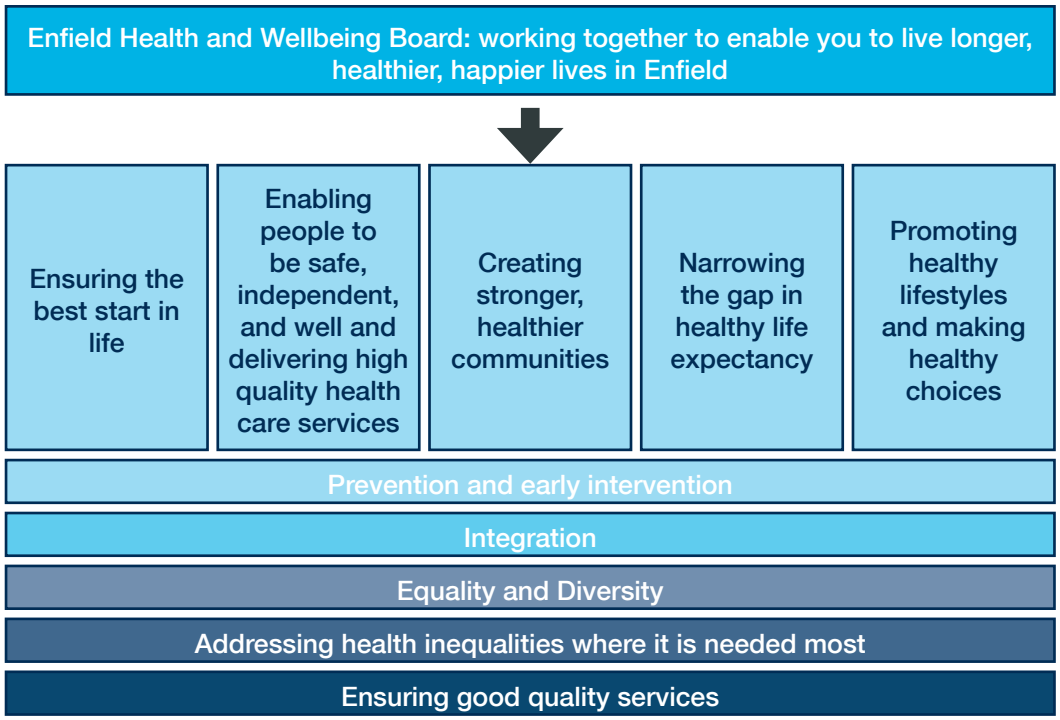
The vision will be delivered through five key priorities:

- Ensuring the best start in life
- Enabling people to be safe, independent and well and delivering high quality health and care services
- Creating stronger, healthier communities
- Narrowing the gap in healthy life expectancy
- Promoting healthy lifestyles and making healthy choices

The intended outcome of this strategy is a long-term generational change in health and wellbeing in Enfield.

The figure below shows how the aspects of this strategy fit together.

Figure 4: Enfield Joint Health and Wellbeing Strategy



The HWB's vision will be delivered in line with Enfield Council's three strategic aims, which underpin all of the Council's work and the decisions it makes, in support of the Council's vision of making Enfield a better place to live and work. These strategic aims, and underlying priorities are:

- Fairness for all
  - Serve the whole borough fairly and tackle inequality
  - Provide high quality, affordable and accessible services for all
  - Enable young people to achieve their potential

- Growth and sustainability
  - A clean, green and sustainable environment
  - Bring growth, jobs and opportunity to the borough

- Strong communities
  - Encourage active citizenship
  - Listen to the needs of local people and be open and accountable
  - Provide strong leadership to champion the needs of Enfield
  - Working partnership with others to ensure Enfield is a safe and healthy place to live

3. Context and Case for Change

3.1 The national context

The government has introduced new policy and legislation that will have a fundamental impact on the way in which public health, health services and social care are to be delivered. This change included giving local authorities, through Health and Wellbeing Boards (HWBs), a new role in encouraging joined-up commissioning across the NHS, social care, education, public health and other local partners.

The Marmot review in 2010, 'Fair Society, Healthy Lives' proposed evidence-based strategies for reducing health inequalities including addressing the social determinants of health in England, from 2010. It concluded that a good start in life, a decent home, good nutrition, a quality education, sufficient income, healthy habits, a safe neighbourhood, a sense of community and citizenship are the fundamentals for improving quality of life and reducing health inequalities. We understand that, to address health inequalities we need to improve opportunities for all our residents with a focus on those who are experiencing poverty and deprivation.

Therefore this strategy also responds to the Marmot Review, the recommendations of which were:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention
7. Address inequalities in the borough e.g. the east-west divide

3.2 The local context

Service delivery in Enfield is has undergone major changes, with a revision in the role of Chase Farm Hospital. This has seen the closure of emergency services and maternity and the expansion of elective care, including the development of an urgent care centre, an older people's assessment unit and a paediatric assessment unit on the site. Patient flows will change, with a larger role for North Middlesex Hospital, and the CCG is working to ensure primary and community care provision can prevent unnecessary emergency admissions. These changes are occurring within the context of financial pressures on health and social care, which will continue into the foreseeable future. The HWB sees its strategy as transformative, seeking to achieve a structural generational change in the health and wellbeing of the population of Enfield.

The Better Care Fund, which comes into operation in 2015/16, will see resources across England redirected with the aim of supporting the integration of health and social care. The Health and Wellbeing Board will be developing its vision and joint plan for how health and social care will work together in the borough to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospitals or care homes. This will require health and social care in Enfield to do things differently, work in partnership and encourage people to take responsibility for their own health.

Through the consultation, the population of Enfield have shown themselves to be willing to work in partnership with the HWB to take responsibility for their own lifestyles.

3.3 About Enfield

A detailed description of Enfield and the health and wellbeing of its people can be found on the Enfield JSNA website[1]. The JSNA is continually updated and maintained as a live online document. This section identifies some of the key facts about the health and wellbeing of the population of Enfield.

Population estimates for mid-2012 suggest that there were a total of 317,287 individuals living in the Borough. Over the next decade, this figure is expected to steadily increase, reaching around 330,000 people by 2022, and 340,000 by 2032.

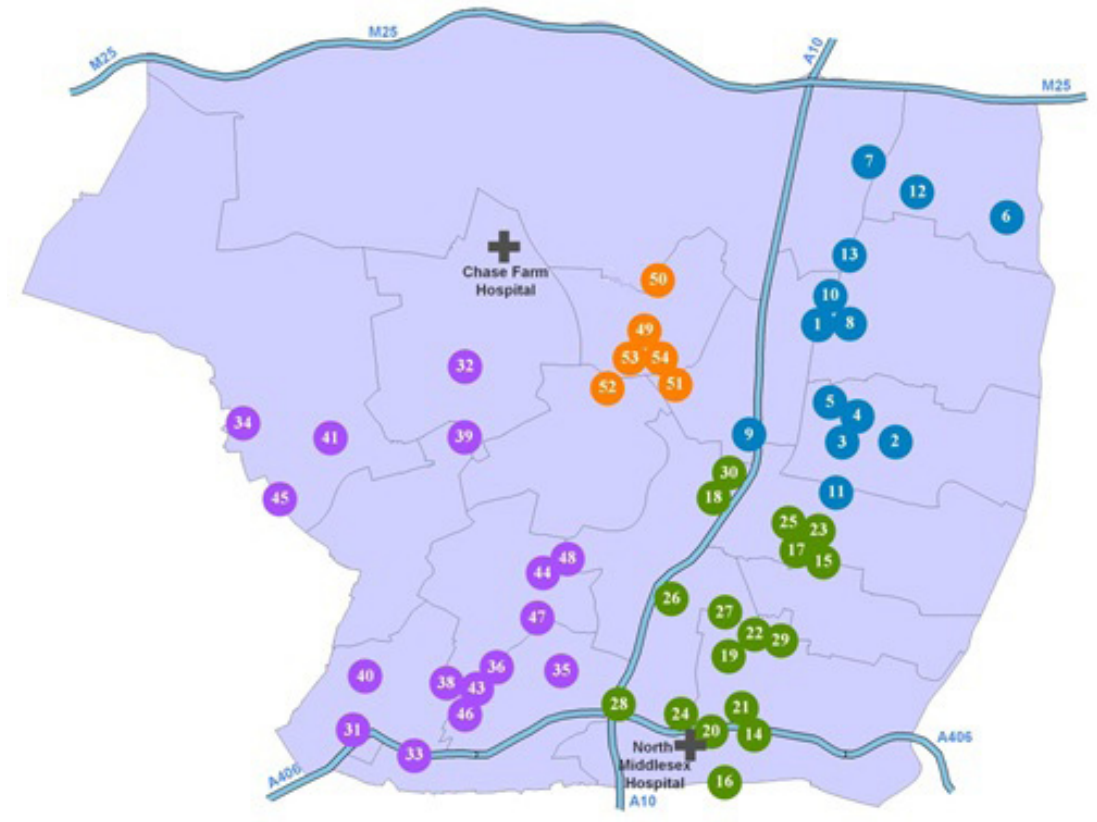
Enfield has a large population of residents aged 15 and under, representing just over one fifth (21.23%) of the population, while 12.6% of residents were aged 65 or over. The proportion of residents aged 65 and over is expected to rise to 16.6% by 2032.

Enfield is a home to a hugely diverse population, with just under two fifths of the population identifying themselves as belonging to a Black and Minority Ethnic (BME) group. This strategy has been designed to respond to the many different groups which live and work in Enfield.

As of August 2013, there were 53 GP practices in the borough, and two main hospitals; North Middlesex University Hospital and Chase Farm Hospital.

1 www.enfield.gov.uk/jsna

Figure 5: Distribution of GP practices and Hospitals in Enfield

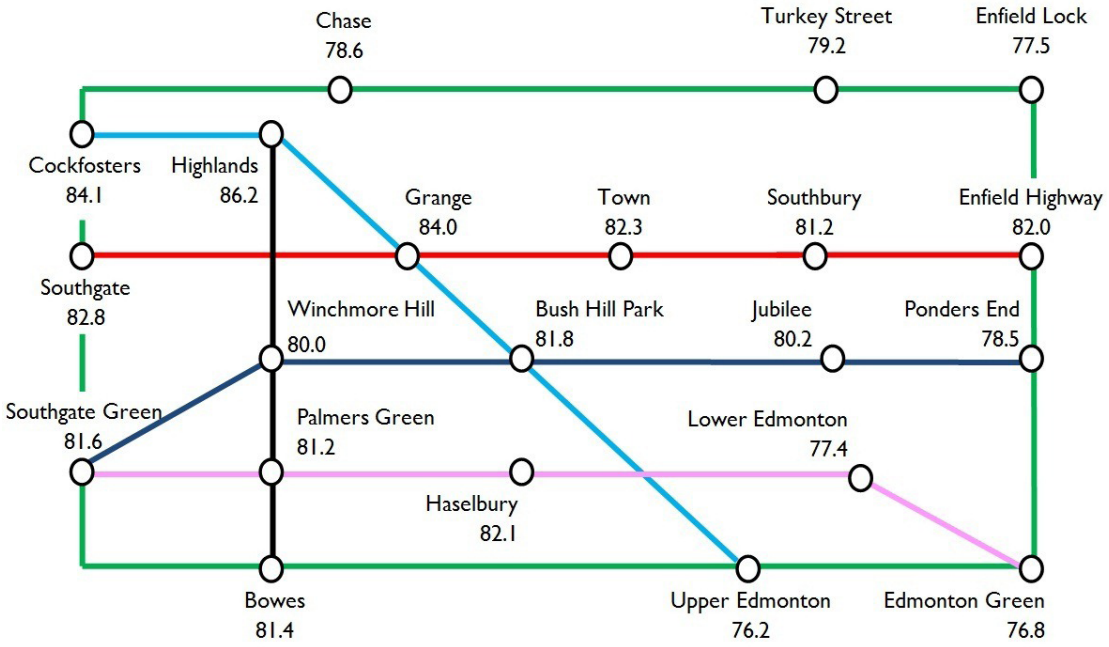


3.4 Case for Change

Based on the evidence contained in Enfield's JSNA, and changes in funding for health and social care across England, Enfield must change to ensure improvements to health and wellbeing over the long term. This section highlights key issues in Enfield.

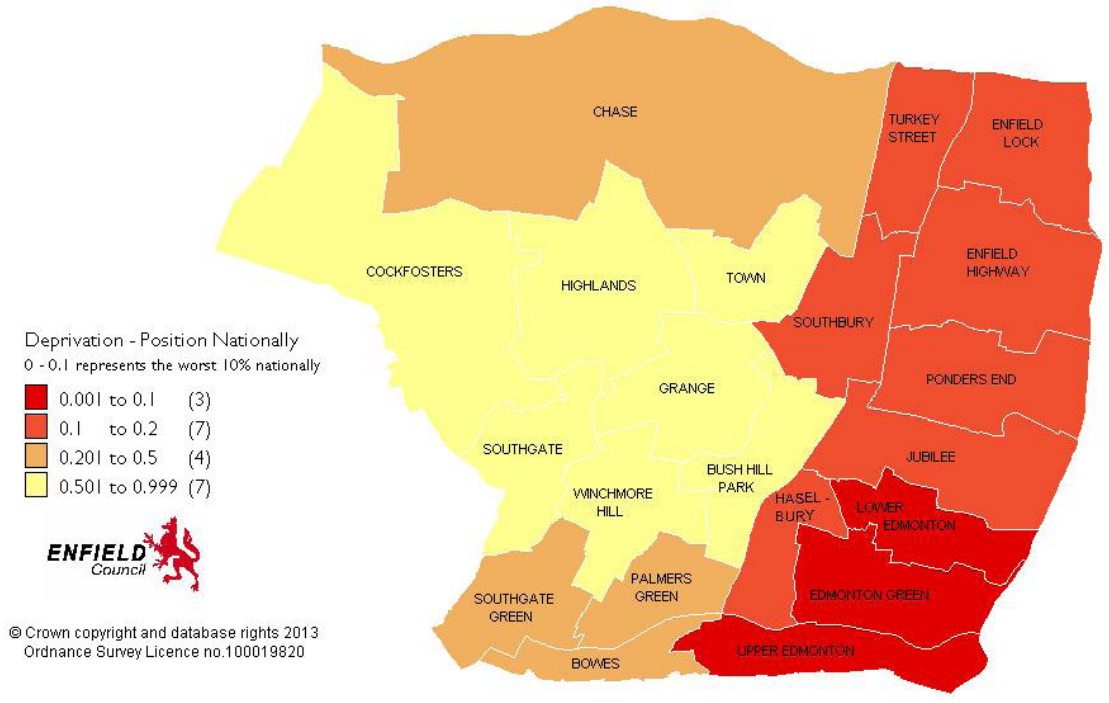
There is a stark discrepancy between the life expectancy of the residents of the East and the West of Enfield. Those in the East are expected to live significantly shorter lives than those in the West. For example, a man born in the ward of Edmonton Green is currently expected to have a lifespan nearly eight years shorter than a man born in the ward of Grange. Equally, a woman born in the ward of Upper Edmonton is expected to have a lifespan over 13 years shorter than a woman born in the ward of Highlands.

Figure 6: Enfield combined life expectancy, 2006-2010, by ward



Enfield is ranked as the 4th most deprived out of 326 local authorities in England. Deprivation is correlated with worse health, high morbidity and high mortality.

Figure 7: Deprivation by ward



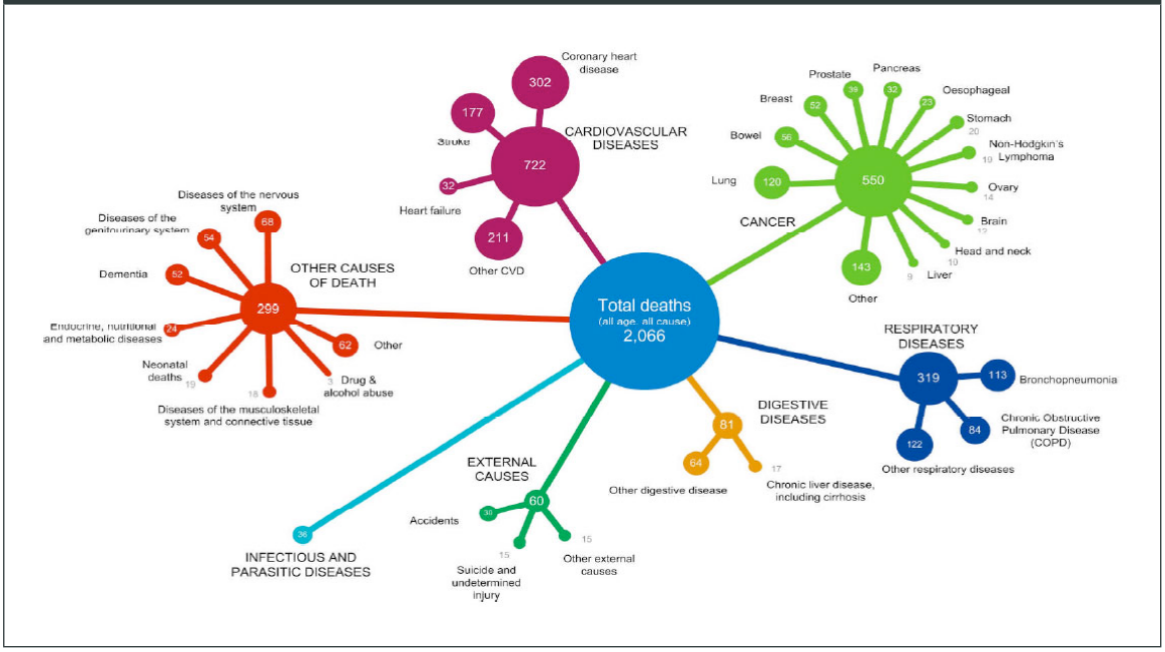
Working age benefit data and the estimated under-18 population size can be used to produce a proxy indicator for the proportion of children in poverty.

Table 1: Childhood poverty rates, May 2012	
Area	**Childhood poverty rate**
Enfield	26.5%
London	21.6%
England	17.8%

Enfield's rate equates to 20,930 children, the highest count figure in London.

The figure below shows the causes of death in Enfield.

Figure 8: Causes of death in Enfield, 2007-2009



The largest cause of death in Enfield was CVD followed by cancer. Effective control of blood pressure and high quality clinical care can prevent many deaths

Much of the burden of early mortality, and its associated morbidity could be avoided by changes in lifestyle. For example:

- Meeting the Chief Medical Officer's guidelines on physical activity reduces the risk of heart disease, stroke and cancer by 30%
- Not smoking reduces the risk of respiratory disease by up to 95% and eating the recommended levels of fruit and vegetables may reduce the risk of cancer
- Alcohol is associated with 7 cancers including breast and bowel

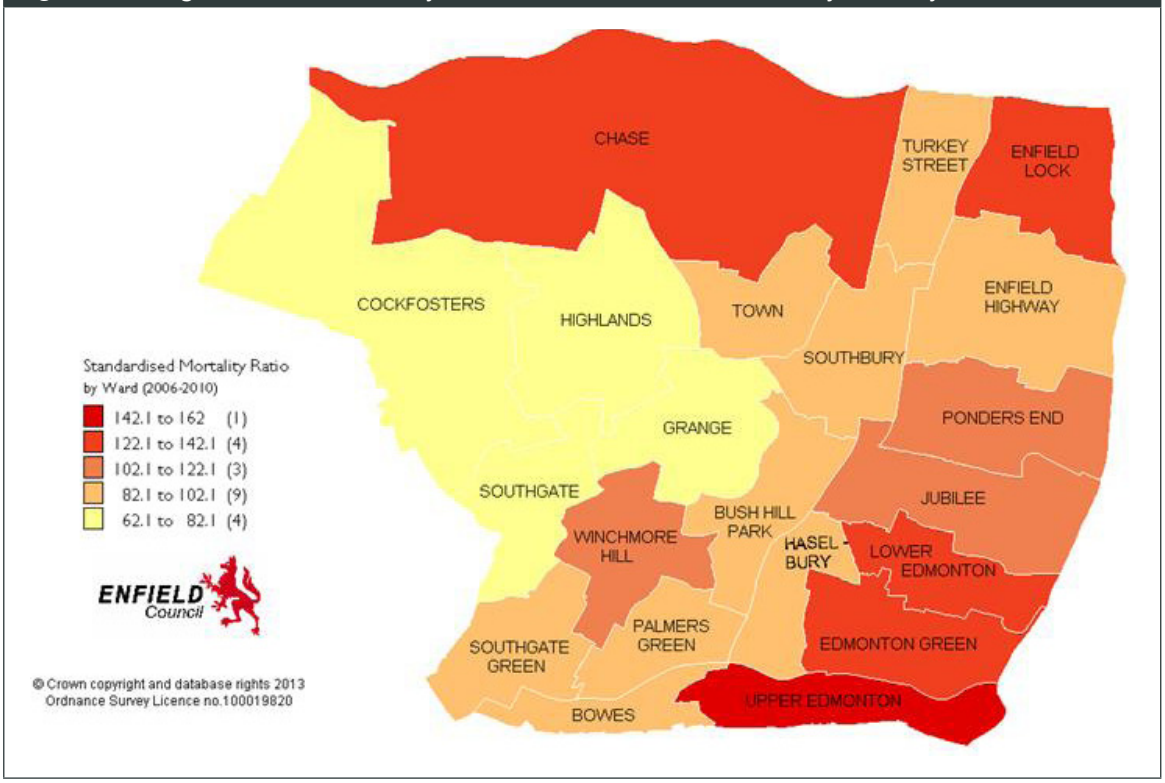
In Enfield:

- 18.5% of adults smoke; it is estimated that 4% of 11-15 year olds smoke more than 1 cigarette a week
- 95% of the population is not physically active enough to maximise benefits to their health
- 23.2% of the adult population is obese, and 25% of pupils in Year 6 are obese

Long term conditions represent a significant cause of morbidity across the borough, and can be greatly influenced by a range of lifestyle factors. In 2012, 18,769 people aged 16 and over were thought to be living with diabetes, around 18% of which were thought to be undiagnosed. Projections suggest that diabetes prevalence could rise from around 8.3% in 2012 to 9.5% by 2020 – an increase of approximately 3,500 cases. Similar projections for a range of other long term conditions, such as stroke and chronic obstructive pulmonary disease suggest that the prevalence of such conditions will be likely rise in future years.

Neither is health evenly distributed across the borough. Figure 9 shows where people experience the best and worst health in the borough.

Figure 9: All Age, All Cause Mortality in Enfield – Standardised Mortality Ratio by Ward: 2006-2010



A darker colour on the map indicates worse health. In Enfield the contrast is stark; those in Upper Edmonton have a mortality rate over 1.5 times that of the national average.

Immunisation coverage in Enfield is below the level required to achieve 'herd immunity', which is 95% in the UK. In 2012, 76.8% of children had received two doses of MMR before their 5th birthday. This is lower than both the London and England rates.

In 2011, HIV prevalence in Enfield was 4.0 per 1,000 population aged 15-59 compared to 2.0 in England and 5.4 in London. 58% of people with HIV were diagnosed late in Enfield in 2010 compared to 44% overall in London and 52% in England. 38% of men who have sex with men were diagnosed late (compared to 31% in London) and 65% of heterosexuals were diagnosed late (compared to 61% in London).

Mental health needs vary according to gender, ethnicity and age, and are influenced by family, social and environmental determinants. People with long-term mental health problems are at increased risk of long-term social exclusion, including worklessness and insecure housing.

Mental ill health is associated with an increased risk of premature death, with people suffering from severe mental illnesses dying on average 20 years earlier than the general population. Enfield had the third highest excess mortality rate in London amongst people with severe mental illness compared to the general population in Enfield in 2010/11.

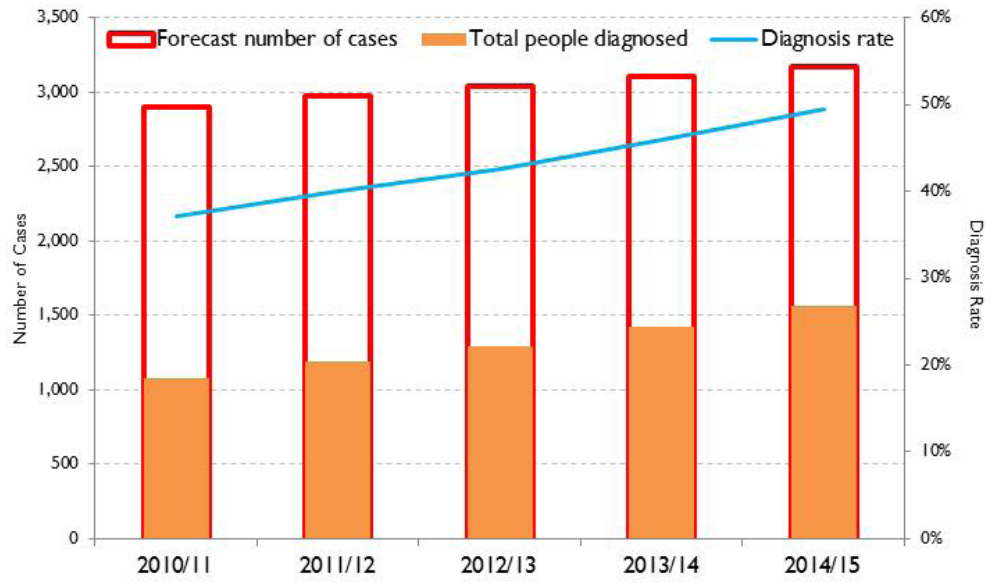
In 2011/12 Enfield's inpatient admission rate for mental health disorders amongst children and young people aged 0-17 years was the highest in London, with 135 admissions being recorded.

Table 2: Inpatient admission rate for mental health disorders 0-17 years

Area	Inpatient admission rate for mental health disorders, 0-17 years (rate per 100,000)
Enfield	171.90
London	87.8
England	91.3

The estimated number of people living with dementia in Enfield is 2,828[2], which is approximately 7% of Enfield's older persons population. The number of people with dementia is expected to increase by approximately 20% over the next 8 years to 3,500 people. This represents an increase of approximately 75 people per year. However, there is an issue with undiagnosed dementia, as illustrated by the figure below.

Figure 10: People living with dementia



2 POPPI 2010

Turning to some of the wider determinants of health, since 2004-05 there has been a 20% reduction in recorded crime in Enfield, compared to a 23% reduction across the London region and a 29% reduction nationally. However, serious youth violence in Enfield escalated notably between 2007/08 and 2010/11, during which time knife and gun injuries sustained by 10-19 year olds increased by 37%.

Hotspots for gun and knife crime injuries sustained are largely concentrated in the south-eastern part of Enfield, with the three Edmonton wards combined accounting for 30% of gun and knife injuries in the Borough. Edmonton Green and Upper Edmonton both rank in the 30 highest London wards for gun, knife and weapons injuries in terms of London Ambulance Service Call-outs

As well as crime, the population of Enfield is concerned about anti-social behaviour. There were 17,622 reports of anti-social behaviour to police in 2012 with a further 5,761 reports to the local authority regarding environmental anti-social behaviour (fly-tipping, abandoned vehicles, graffiti). However, in Enfield, since 2008, there has been a 27% reduction in the volume of anti-social behaviour reports.

In 2010, 12% of Enfield households were suffering from fuel poverty, giving Enfield the fifth highest rate of fuel poverty in London, and the 4th highest number of households (13,124) in fuel poverty. The wards of Haselbury, Upper Edmonton and Ponders End had the highest levels of fuel poverty in Enfield.

The recent Welfare Reform Act has introduced a wide range of reforms to the provision of welfare in England. This will impact on Enfield in a number of ways:

- As it has a very large number of people affected by the policy, Enfield has been selected as a pilot for the Benefit Cap; from April 2013, a maximum of £26,000 per annum is payable to any household where no one is working at least 16 hours a week.

- From April 2013, local authorities were required to introduce their own local schemes to support families who need financial assistance with Council Tax payments. In Enfield, over 27,000 households are affected by these changes, and providing intensive support to all those affected is therefore impractical – the most vulnerable need to be effectively targeted.

- It is not possible to accurately identify what risks may be encountered because there is currently no evidence base upon which to base this analysis. Despite this, Enfield needs to prepare for risks which may include financial hardship and poverty as a result of reduced household income; homelessness as a result of inability to maintain a tenancy, or a shortage of appropriate available housing; an increase in overcrowded households; families needing to relocate; increased tensions and stress within families; and worsening child and adult physical and mental health.

In 2011/12 Enfield had the third lowest achievement rate, for 5+ A*-C GCSEs including English and Maths, in London. 55.5% of pupils achieved this level (approximately 2060 pupils from an End of Key Stage 4 Pupil Population of 3712), compared to a London average of 62.3%. Enfield's rate was also below the England average of 59.4%. Only the Boroughs of Waltham Forest and Islington performed worse than Enfield.

Provisional information for 2012/13 indicates that 64% of pupils in Enfield achieved 5 A*-C GCSEs including Maths and English. These figures will be confirmed in early 2014.

Figures for April 2012 to March 2013 show that the rate of employment in Enfield is 67.0%. This is the eleventh lowest rate in London – well below the London average of 69.5% and the England average of 71.1%.

At the same time, the economic activity rate in Enfield was 74.7%. This is the tenth lowest rate in London – just below the London average of 76.4% and the England average of 77.3%.

3.5 Key improvements

We are proud of improvements in health and wellbeing in Enfield in recent years, although we acknowledge that further progress is needed. Some of our key improvements have been:

- Premature deaths in Enfield (that is, under the age of 75 years) are below the national average for cancers overall and for those cancers that are considered to be preventable.
- Under 75 mortality from cardiovascular disease has declined in Enfield. In 2011, Enfield's rate of under 75 mortality from CVD was 49.3 per 100,000, well below the England rate of 58.8 per 100,000.
- Enfield was the first local authority area nationally where 100% of schools implemented the School Fruit and Vegetable Scheme as part of the '5 a day' programme. 96% of Enfield's primary and secondary schools meet the Healthy Schools scheme which includes a standard on Healthy Food.
- Child immunisation rates have been improving in recent years, reflecting ongoing work to improve data management, public awareness and provision and access to immunisation.
- Enfield's rate of smoking amongst pregnant women at the time of delivery has fallen steadily over the course of the last five years
- Since 2006 Enfield's under-18 conception rate has steadily declined, and is now lower than that of both the London and England averages. Enfield's teenage pregnancy rate in 2011 was 25.8 per 1,000 females aged 15-17 years. This was lower than the London rate of 28.7 and the England rate of 30.7, and represented a 24.3% reduction from the Enfield rate in 2010 of 34.1 and a 44.4% reduction from the baseline rate in 1998 of 46.4 per 1,000 females aged 15-17 years.

4. The HWB's Priorities and Action Plan

The sections below describe each priority in more detail and set out key actions for the short, medium and long term. Short term is defined as within 2014/15 and medium term is defined as within 2-3 years.

In order for the Board to be able to provide the leadership needed, it will be putting a review of its Board structure in place. This action sits alongside the priority-related actions set out in this strategy.

The Board will also be developing integration plans through implementation of the Better Care Fund.

A detailed action plan will be developed and monitored by the HWB. Section 6 sets out the outcomes dashboard which the HWB will use to monitor the long-term changes in health and wellbeing in Enfield which result from the implementation of the actions in this section.

4.1 Ensuring the best start in life

We want all children to realise their full potential, helping them to prepare from an early age to be self-sufficient and have a network of support that will enable them to live independent and healthy lives.

We want targeted programmes of support to have lasting impact, especially towards the most vulnerable, in order to prepare for the responsibilities of adulthood and build up resilience for the future. We will support all stages of childhood, pre-birth, infancy, pre-school and through school, with the aim of releasing the potential in all children. Educational attainment is recognised as being a key to achievement of long-term health and wellbeing.

All health and wellbeing boards have been asked to sign up to the Disabled Children's Charter, which has been developed to support HWBs to meet the needs of all children and young people with disabilities, special educational needs (SEN) or health conditions. The Enfield HWB committed to the Charter at its December 2013 meeting, and this will ensure that the Board:

- Publicly articulates a vision for improving the quality of life and outcomes for disabled children, young people and their families
- Demonstrates an understanding of the true needs of disabled children, young people and their families in Enfield and how to meet them
- Gives greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families
- Supports a local focus on cost-effective and child-centred interventions to deliver long term impacts
- Builds on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families
- Develops a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families

"Good health and wellbeing must start with messages we give our children. Educating them at an early age as well as their parents and families, is crucial to the long term prevention of ill health and long term conditions." *Comment from the consultation responses*

The table below sets out the short, medium and long term actions for this priority.

Table 3: Ensuring the best start in life	
Short term actions	• Understand and plan for the implications of the Children's and Families Bill on the changes for the SEN system up to age 25, including replacing Statements of Need with a local offer and Birth to 25 Education, Health and Care Plan. • Develop a multi-agency plan for reducing Infant Mortality, with the HWB having oversight of the plan and supporting its implementation. The plan will have a particular focus on child poverty, early access to ante natal services and integrating services. • Manage the transition of the responsibility for health visitors to public health, ensuring there is an effective transition and stepping in to resolve problems where necessary.
Medium term actions	• Develop a coherent overarching plan for transition to education for all children aged 2 and above which unifies the Healthy Child Programme and the Early Years Foundation Stage. • Redesign treatment pathways to ensure the delivery of high quality, integrated paediatric care, To provide more community-based care options and to improve the experience and outcomes of children who are ill. • Reduce paediatric admissions for asthma and other ambulatory care sensitive conditions by improving early identification and disease management in primary and community services.
Long term actions	• Improve educational attainment by ensuring all agencies involved with children in Enfield work together to provide the best educational experience possible for all children.

4.2 Enabling people to be safe, independent and well and delivering high quality health and care services

We want people of every age to live as full a life as possible. This means that health issues, both physical and mental, should be recognised as soon as possible, as early intervention is likely to lead to better long term outcomes. It also means that people who do live with long term conditions should be supported in a way that helps to minimise the impact on their daily lives Additionally, safeguarding children and adults from harm and abuse is fundamentally important for the health and wellbeing of individuals and the wider local community.

The greater people's independence, the less reliant they are on others. Independence, safety and well-being are interlinked: those who experience poorer health, or who feel less safe, are usually more dependent on others and less able to contribute to community life. Increasing levels of dependency create a demand for increasing intensity of service provision. We are working together to join up services to support children and young people, and older people and people with long term conditions. We want to avoid duplication, improve people's experience of our services and ensure services are safe, effective and of high quality.

"Importance of Dementia Awareness and choices for older people."

Comment from the consultation responses

The table below sets out the short, medium and long term actions for this priority.

Table 4: Enabling people to be safe, independent and well and delivering high quality health and care services	
Short term actions	• Develop a register of carers which is co-ordinated across primary care, social care, acute care and mental health. • Increase the early diagnosis of HIV infection. • Develop mechanisms for monitoring and improving audits of health care services.
Medium term actions	• Ensure that there is an increased focus on the early identification of long-term conditions, in particular diabetes, COPD, dementia, hypertension and CVD. • Develop self-management programmes for people with long-term conditions, and improve care through integrated models of provision that are preventative in focus. • Ensure that more people are able to access psychological therapies (IAPT) locally by increasing uptake of the service through integrated approaches. • Co-ordinating services around the needs of the child or young person and family to ensure a positive experience of transition to adult services; • Deliver on the Joint Adult Mental Health Strategy • Establish an effective model of psychiatric liaison in North Middlesex University Hospital based on the RAID (Rapid Assessment Interface and Discharge) model. • Ensure co-ordinated care provision for people with co-occurring alcohol or substance misuse and mental health problems. • Increase the dementia diagnosis rate in line with the CCG's operating plan, and improve dementia care.
Long term actions	• Develop a mental health and wellbeing service which focuses on recovery and independence for people with mental health and aims to limit the number of people who require secondary mental health care. • Develop integrated models of care for older people. • Develop a whole-life mental health strategy.

4.3 Creating stronger, healthier communities

A large part of the lifetime health experience of people relates not to the health and social care that they receive, but the environment in which they live. A person who is able to contribute to society through meaningful employment, lives in warm, clean, safe accommodation, and is supported by a strong network of family and friends, is less likely to suffer from both mental and physical health issues.

Stronger communities provide their residents with more resilience to cope with adverse life events. A strong community is an integrated, cohesive community.

We want to ensure that our residents can benefit from resilient communities.

We also want to encourage communities to make healthier choices, through such measures as limiting the number of takeaway outlets near schools.

"It would be helpful to involve the local community through local community groups who should be enabled (say through funding and assisting to create local structures) to fully participate and mobilise their communities at grassroots level." *Comment from the consultation responses*

We will utilise evidence-based health promotion and social marketing techniques to work collaboratively with our communities to improve their health.

The table below sets out the short, medium and long term actions for this priority.

Table 5: Creating stronger, healthier communities	
Short term actions	• Continuing the dialogue that explores how community cohesion is improving understanding across the ages, thus reducing loneliness and increasing physical and mental wellbeing. • Delivering an annual programme of community engagement with those who come from different backgrounds, and ensure that Enfield residents can continue to contribute to the development and implementation of the JHWS.
Medium term actions	• To support and work in partnership with faith groups, the voluntary and community sector, schools and children's centres and other local organisations to deliver specific projects aimed at improving community wellbeing. • Improve employment opportunities for Enfield residents by matching local skills with local jobs – particularly in recruitment controlled by the partners on the HWB. • Partners on the HWB show leadership by modelling healthy behaviours within their organisations (e.g. healthy eating choices, travel for work policies). • Establish dementia friendly communities, to improve awareness, inclusion and quality of life for people living with dementia and their carers.
Long term actions	• Strengthen community networks to enable them to take a lead role in improving their own health and wellbeing. • Improve the awareness of people of all ages and communities to make healthy lifestyle choices through positive communication and community interaction. • Building on the agreement with North Middlesex University Hospital, work in partnership with all large public sector providers and partners to promote and expand opportunities for employment, apprenticeships and volunteering for local residents in Enfield.

4.4 Narrowing the gap in healthy life expectancy

We want to reduce the gap in life expectancy within the borough.

We will continue to review and apply the evidence base on health inequalities.

We will create opportunities to work closely with communities and develop initiatives that will improve the health and wellbeing of local people, harnessing existing to address short-term, as well as medium- and long-term health goals. We will work in partnership to prevent people becoming ill in the first place by addressing key lifestyle factors more common in the deprived areas of the borough; and addressing the wider determinants of health such as high levels of deprivation, low educational attainment, low levels of employment and poor housing.

We will encourage early diagnosis and management (including lifestyle change) of major killer diseases such as cardiovascular disease and cancer; a focus on people over 50 will have the greatest impact on reducing the life expectancy gap. Initially we will work intensively with Upper Edmonton, as set out in the Central Leeside Area Action Plan[3], and once models which work have been developed, these will be rolled out to other deprived areas.

> "The difference in life expectancy across the Borough is shocking."
>
> *Comment from the consultation responses*

The table below sets out the short, medium and long term actions for this priority.

Table 6: Narrowing the gap in healthy life expectancy

Short term actions	• Support implementation of self-knowledge for service users through Integrated Care Pathways. • Work with community partners to map the resources that we already have in Upper Edmonton, and define the gaps when compared with evidence-based practice. • Work in partnership to reduce the risk of death in people with established condition such as cardiovascular diseases, diabetes, cancer and chronic obstructive pulmonary disease (COPD). • Encourage early diagnosis and management (including lifestyle change) of major killer diseases such as cardiovascular disease and cancer; a focus on men and women over 40 will have the greatest impact on reducing the life expectancy gap. To do this we will support the delivery of NHS Health Checks.
Medium term actions	• Work with the community to target and deliver specific interventions in Upper Edmonton which address health inequalities. • Develop a network model of primary care to ensure better access to consistent, good quality services with the potential to maintain continuity of care by: – Developing a stable system/model for a more integrated delivery of health care focused around networks and general practices. – Implementing a 7 day delivery model for integrated care for older people. • Reducing smoking rates in our most disadvantaged communities. • Further strengthen clinical management of CVD, diabetes and respiratory disease.
Long term actions	• Replicate the successful targeted interventions set out in the Upper Edmonton Action Plan and associated business case to other deprived areas of the borough. • Work to address the wider determinants of health such as high levels of deprivation, low educational attainment, low levels of employment and poor housing.

3 http://www.enfield.gov.uk/info/1000000456/local_plan_planning_policy/501/central_leeside__area_action_plan

4.5 Promoting healthy lifestyles and making healthy choices

The choices that people make when deciding what to eat, how to exercise, whether and how to use alcohol, tobacco and drugs, affect their health and wellbeing both now and into the future.

We want to ensure that our residents understand these choices, and are supported to choose healthier options throughout their lives.

"I think in Enfield we have many open spaces where people can walk, walking is an excellent exercise, no costs involved, it should be encouraged more." *Comment from the consultation responses*

The table below sets out the short, medium and long term actions for this priority.

Table 7: Promoting healthy lifestyles and making healthy choices

Short term actions	• Produce a comprehensive obesity strategy, covering both children and adults.
Medium term actions	• Agree on an action plan with schools and young persons' organisations to reduce smoking uptake. • Develop more locations for Identification and Brief Advice (IBA) interventions on harmful drinking. • Reduce the rate of alcohol-related admissions through integrated community interventions. • Develop healthy workplaces throughout Enfield. • Promote healthy eating throughout Enfield.
Long term actions	• Ensure that transport and building developments prioritise active transport (particularly walking and cycling).

5. Success Criteria – what does good look like?

The measures of success table below outline a number of key strategic outcomes the HWB wish to see realised through action in the short, medium and long term. This is not exhaustive, as further measures of success are included in the JHWS detailed action plan, to be monitored by the HWB.

Table 8: Measures or success

Ensuring the best start in life	
Child poverty to reduce to 25% by 2020, decreasing from the 2008 baseline of 36%	Percentage of children receiving the full course of MMR by their 5th birthday to increase from 76.8% to 95% by 2019
Note: measure of success on educational attainment to follow	The gap between the most and least deprived wards measured in terms of child poverty to narrow from 42% (based on the 2009 baseline) to 30% by 2020
Enabling people to be safe, independent and well and delivering high quality health and care services	
Late HIV diagnosis to reduce from 58% to 44% by 2019	All unplanned admissions to acute health care to reduce by 5% on the 2012/13 baseline (2012/13 baseline to be added)
Access to psychological therapies (IAPT) to improve locally by increasing uptake from the current rate of 5% to 15% by the end of 2014/15	Delayed transfers of care to reduce from 5.74 per 100,000 in 2012/13 to 5.00 per 100,000 by 2013/14
Rate of admissions for people aged over 65 to residential and nursing care to reduce from 513.5 per 100,000 in 2012/13 to 512 per 100,000 by 2013/14	Rate of admissions of older people to acute health care to reduce by 20% on the 2012/13 baseline (2012/13 baseline to be added)
Creating stronger, healthier communities	
HWB structures to be reviewed by 2015 to ensure on going engagement of local people in improving their health and wellbeing	Faith forums and community leaders to be enabled to take a lead role in improving local health and wellbeing
Communications and Engagement strategy to be developed and implemented to support the on-going implementation of the HWB strategy	
Narrowing the gap in healthy life expectancy	
75% of Enfield GP practices to achieve 90% in the percentage of patients with coronary heart disease whose blood pressure is controlled by 2019	75% of Enfield GP practices to achieve 90% in the percentage of patients with coronary heart disease whose blood pressure is controlled by 2019
Promoting healthy lifestyles and making healthy choices	
The percentage of year 6 pupils classified as obese to reduce from 24% to 22% by 2019	Smoking prevalence to reduce from 18.5% in 2012 to 12% by 2030

6. Communications and Partnership – how we will deliver this strategy

Our programme of change will require considerable partnership working on the HWB, and other stakeholders within Enfield including the community and voluntary sector, police, local groups and Enfield residents. The HWB will develop a communications and engagement plan covering all stakeholders in this strategy. We will continue to provide evidence on the health and wellbeing needs of the local community and what we are doing to address these.

Partnership working will be crucial given the challenges brought about by the current economic climate and the fast changing environment in which the public sector is currently working.

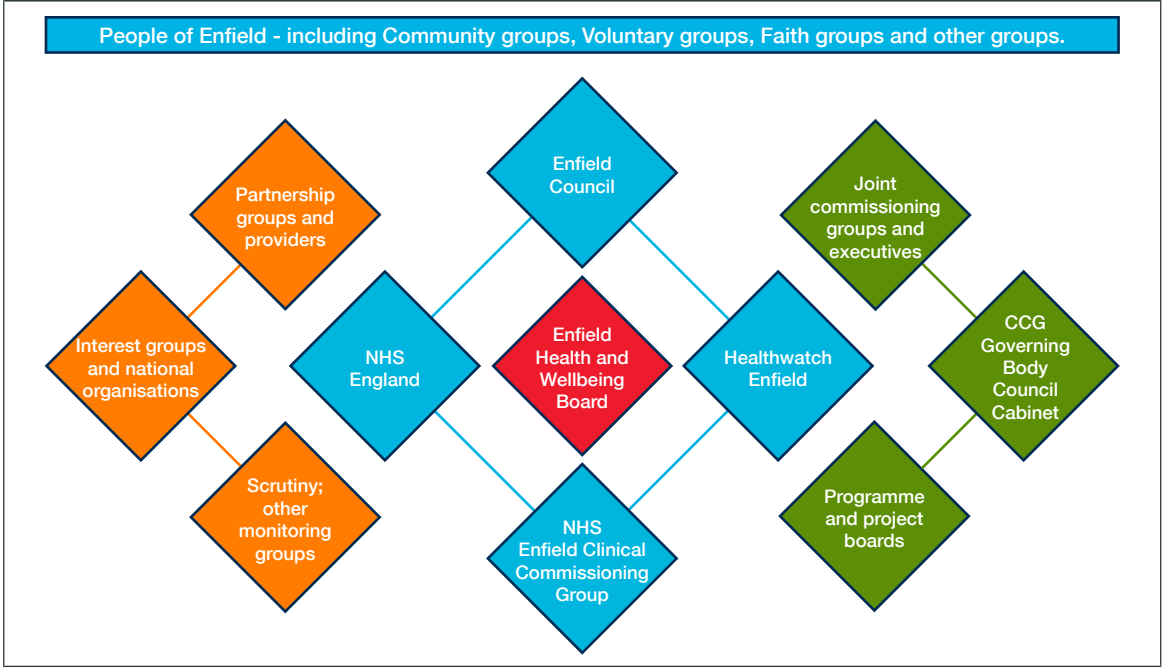
In order to build on the success of the formal consultation that took place in the development of this strategy, we will review the HWB's current structures and ways of working. The aim of which is to develop how local people can take a lead role in the implementation this strategy, thereby improving their own health and wellbeing. Additionally, our priority 'Creating stronger, healthier communities' sets out a number of actions to support this aim.

Our approach is to create and maintain an open dialogue, to enable local people have their say on the on-going development and development of the strategy.

Using the evidence base from the JSNA and social marketing techniques, we will work collaboratively with our communities to improve their health and wellbeing

The figure below provides an overview of the HWB's approach to communications and partnership in delivering this strategy.

Figure 12: The HWB's communications and partnership approach



The HWB has already engaged the local community through the formal consultation on the priorities in this strategy. However, this is just the start of an on-going process The HWB will engage through the community through formal consultations and informal relationships, including with community and voluntary groups, faith groups, schools and children's groups and patient/service user groups, with the aims of:

- Working with community leaders to build strong relationships enabling all sectors of the local community to contribute to the implementation of the strategy
- Recognising the community as a valuable asset who can develop local solutions
- Understanding what is important to the people of Enfield when they think of their health and wellbeing
- Establishing what resources already exist in the community which could support the delivery of this strategy
- Exploring what works when encouraging people to make healthy choices
- Developing ideas for helping people take responsibility for their own health and wellbeing
- Shaping actions for delivering health and wellbeing, and developing future iterations of this strategy
- Holding the HWB accountable to the people of Enfield to deliver its key measures of success

At all times, the HWB will work in line with the government's ambition for shared decision-making – "nothing about me without me"[4].

We have to deliver transformational change in order deliver better health and wellbeing for the population of Enfield. We also need to work within the context of major change to local provision, including the change in status of Chase Farm Hospital, including additional investment at that site, further development of relationships with North Middlesex Hospital and the development of stronger community and primary care provision.

4 http://www.official-documents.gov.uk/document/cm78/7881/7881.pdf

Appendix 1
Consultation about this strategy

Work in progress – to follow

Appendix 2
Equalities Impact Assessment

Work in progress – to follow

Appendix 3
Other relevant strategies

Enfield Core Strategy
http://www.enfield.gov.uk/info/200057/planning_policy/1047/core_strategy_2010

Enfield Council Infrastructure Delivery Plan
http://www.enfield.gov.uk/downloads/file/2075/infrastructure_delivery_plan

Enfield Housing Strategy: 2012 – 2027
http://www.enfield.gov.uk/downloads/file/6421/enfields_housing_strategy_2012-2027

National General Practice Profiles
http://fingertips.phe.org.uk/profile/general-practice

Pharmaceutical Needs Assessment
http://www.enfield.gov.uk/healthandwellbeing/downloads/download/1/pharmaceutical_needs_assessment

Schools Information
http://www.enfield.gov.uk/info/200010/at_school

In partnership with

NHS Enfield Clinical Commissioning Group

healthwatch

Contact Enfield Council
Civic Centre
Silver Street
Enfield
EN1 3XY

www.enfield.gov.uk

ENFIELD Council