# Enfield Joint Health and Wellbeing Strategy 2014-2019

## Your Health and Wellbeing

FINAL – January 2014

www.enfield.gov.uk/jhws

In partnership with local people and

NHS Enfield Clinical Commissioning Group

healthwatch Enfield

ENFIELD Council

# Contents



# Appendices

# 1. Foreword and Executive Summary

## 1.1 Foreword

Work in progress – to be added.

By the Chair of HWB.

# 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.

This strategy is as much about wellbeing as it is about health. The HWB is committed to promoting and supporting wellbeing in our local community, enabling local people to live happy, fulfilling lives. The HWB wants to foster wellbeing throughout the life course; supporting parents to raise confident, happy children, improving opportunities for employment, training and education for young people, and enabling people to be independent and to benefit from meaningful social interaction. We want to build flourishing communities, in which everyone has someone to talk to, neighbours look out for each other, people have pride and satisfaction with where they live and feel able to influence decisions about their area.

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 will impact directly or indirectly on residents’ mental health. This JHWS recognises that good mental health should be supported throughout people’s whole lives, from birth onwards.

The purpose of this strategy is to set out how the 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 HWB is a partnership which brings together the Council, Enfield Clinical Commissioning Group (CCG), 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 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.

The HWB sees its strategy as transformative, seeking to achieve a structural generational change in the health and wellbeing of the population of Enfield.

This JHWS document focuses on outcomes and high-level actions, and is supported by a range of working documents including a detailed action plan and a performance framework. The action plan is a living document, and will be developed and updated throughout the lifetime of the strategy to ensure that actions and measure of success continue to reflect local needs and challenge partners to deliver improved outcomes for local people.

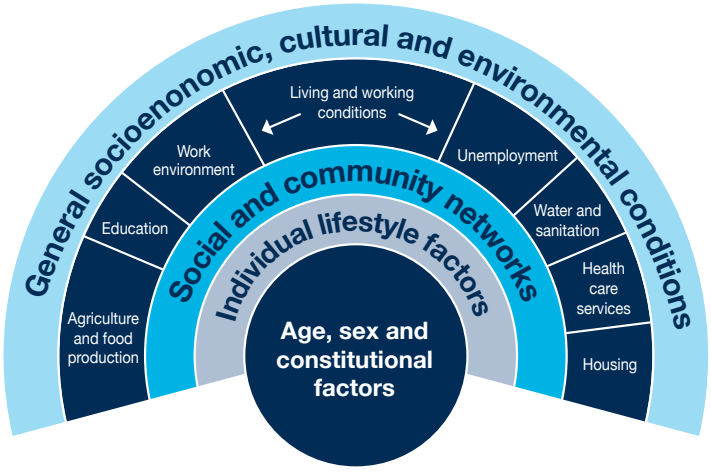
## 2.2 What is health and wellbeing?

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




As this diagram shows, social and community networks can have a significant influence upon an individual's health and wellbeing, as well as that of families and the wider community. Feelings of loneliness can have significant detrimental effects on people's mental and physical health and wellbeing. The HWB is committed to working with local people to strengthen communities and social networks to minimise the impact of loneliness and social isolation.

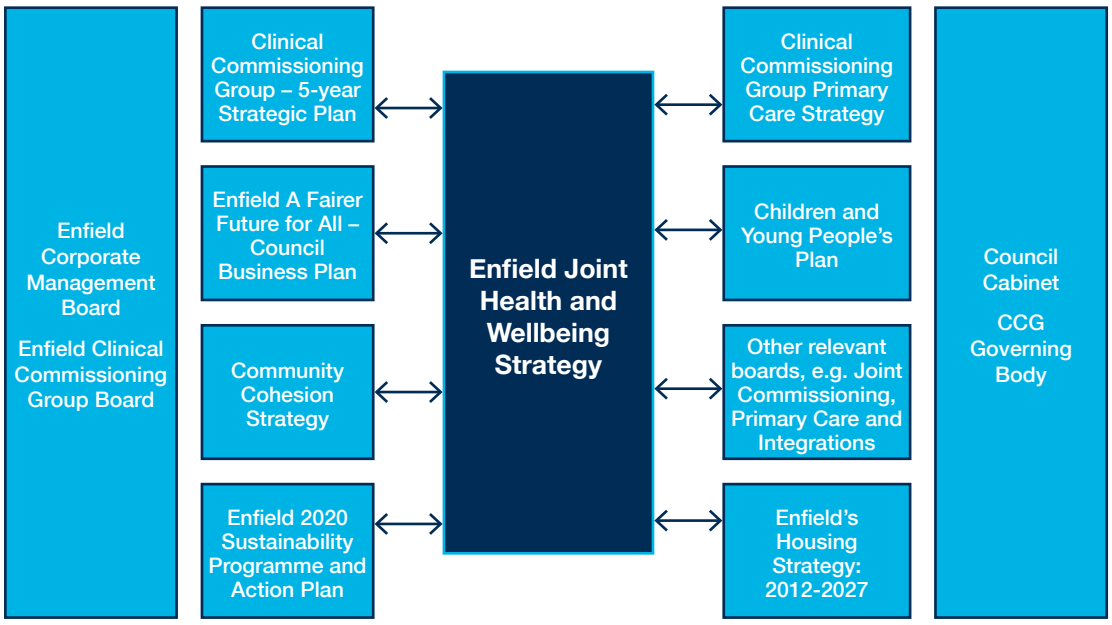
The HWB also needs to consider the very long term of 20 to 30 years, as changes to the wider determinants of health can take a generation to show their improvement in the population. This strategy provides the foundation on which the HWB can take positive steps towards making long term improvements in health and wellbeing.

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 effectively implemented. It also considers the inequalities which exist in the borough, and aims to make a difference where it is needed most.

## 2.3 How the JHWS relates to other local strategic documents

A key role of JHWS is to provide a strategic steer to encourage integrated working between health and social care commissioners, as well as between other health-related services such as housing, transport, the economy and environment. As such, the JHWS must influence, and be complemented by other local strategic commissioning documents. The diagram below highlights some of the key strategic documents and partnerships that the JHWS relates to:

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



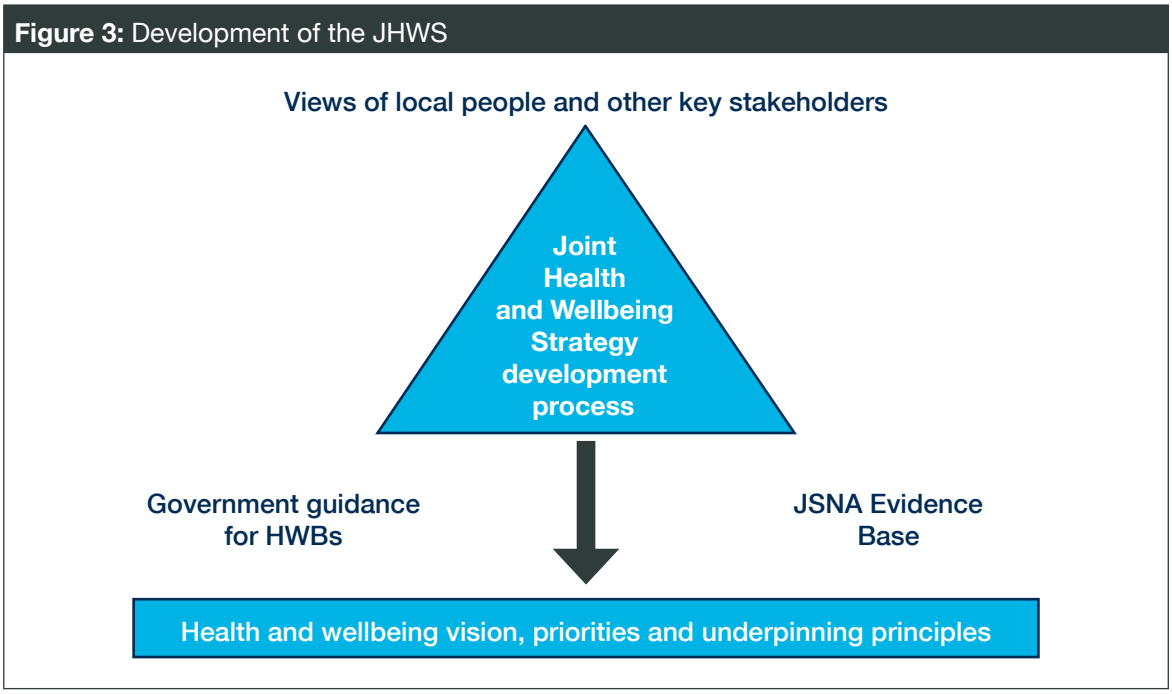

Enfield CCG is required to respond to the JHWS when developing its commissioning plans.

It should be noted that the strategies and work programmes shown in the figure are not exhaustive. A number of other relevant strategies are included in Appendix 4, and many others are available on the Council and CCG websites.

## 2.4 How this strategy was developed

This strategy has been developed through 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 The Joint Strategic Needs Assessment (JSNA)*

The JSNA is a key resource of health and wellbeing information, which was produced as an online resource in 2013. The information within the JSNA forms the evidence base relating to the health and wellbeing needs of local communities, that underpins the JHWS. The JSNA is also a key resource of health and wellbeing information for commissioners, local people and organisations.

The JSNA is set out as follows:

- Introduction
- Enfield People
- Enfield Place
- Enfield Resources
- Health and Wellbeing of Children, Young People and their Families
- Health and Wellbeing of Adults
- Health and Wellbeing of Older People
- Related Strategies and other information
- Projections and Locality Profiles
- Glossary

The JSNA can be accessed at www.enfield.gov.uk/jsna

### 2.4.2 *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?

### 2.4.3 *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.

### 2.4.4 *Consultation process*

The HWB has a duty to involve the local community in the preparation of the JHWS, for example Healthwatch, the voluntary and community sector, Youth Parliament and other user groups.

Consultation on the draft priorities ran for twelve weeks, between October 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.

The five draft priorities were consulted on using a questionnaire, available online and as paper copies. Copies of the questionnaire were also available in an Easy Read format, and in five alternative languages (Bengali, Greek, Turkish, Polish and Somali).

People were also able to respond by voting at one of the token boxes provided for the consultation, whereby individuals were given a token to vote for which priority they thought was most important. A number of public events also 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 the JHWS consultation report.

By the end of the consultation, a total of 2,003 responses had been received; 562 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 indicated that 99% of respondents supported a few, some, or all of the draft priorities, with over three quarters of respondents, (77%) 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 and delivering high quality care health and care services (71% of respondents)
- Ensuring the best start in life (61% of respondents)
- Promoting healthy lifestyles and making healthy choices (52% 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 (44% of respondents)
- Narrowing the gap in healthy life expectancy (33% of respondents)

Respondents to the 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. 210 respondents chose to provide a comment. These comments were grouped by theme, the outcome of which is 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, Health Promotion and Mental Health. A range of comments were also classified as 'Other', as these comments did not fall into any of the themes. The full list of themes can be viewed in the consultation report.

The token box votes identified a slightly different order of preference for the priorities. The most commonly voted for priority was 'Creating stronger, healthier communities', with 39% of token votes, followed by 'Enabling people to be safe, independent and well and delivering high quality health and care services' with 21%. These were followed by 'Narrowing the gap in healthy life expectancy' with 17%, 'Ensuring the best start in life' with 12% and 'Promoting healthy lifestyles and making healthy choices' with 11%.

A range of comments were also received from public events. These covered topics such as improving ease of access to information and advice, improving early diagnosis of long term conditions, the prevention agenda, and offering a broad range of support to encourage people to adopt healthier lifestyles whilst promoting personal responsibility for health and wellbeing. Frequently commented themes included Primary care, Healthy activities and exercise, Community involvement, Health promotion and Access to services.

During the consultation process, a number of comments were received regarding the meaning of the priority – 'Narrowing the gap in healthy life expectancy'. This was discussed by the HWB, and the decision was made to rename the priority 'Reducing health inequalities – Narrowing the gap in life expectancy', to reflect comments from local people and organisations.

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 influenced the body of the report or the actions and measures of success.

The HWB is committed to continuing the dialogue that has begun with 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 Health and Wellbeing Board 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** – The lifestyle choices that people make about diet, exercise, alcohol consumption, smoking and drug use can affect their health and wellbeing.

  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.

  Good health and wellbeing starts before birth. The HWB recognises the importance of ensuring that women, parents and families are able to give children the best start in life by encouraging and enabling early access to ante natal care and promoting healthy lifestyle choices before, during and after pregnancy.

- **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. Service integration will require the use of single points of contact, to simplify interactions between local people and services, and improve coordination across health, social care and other departments or organisations. 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 wellbeing, 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.

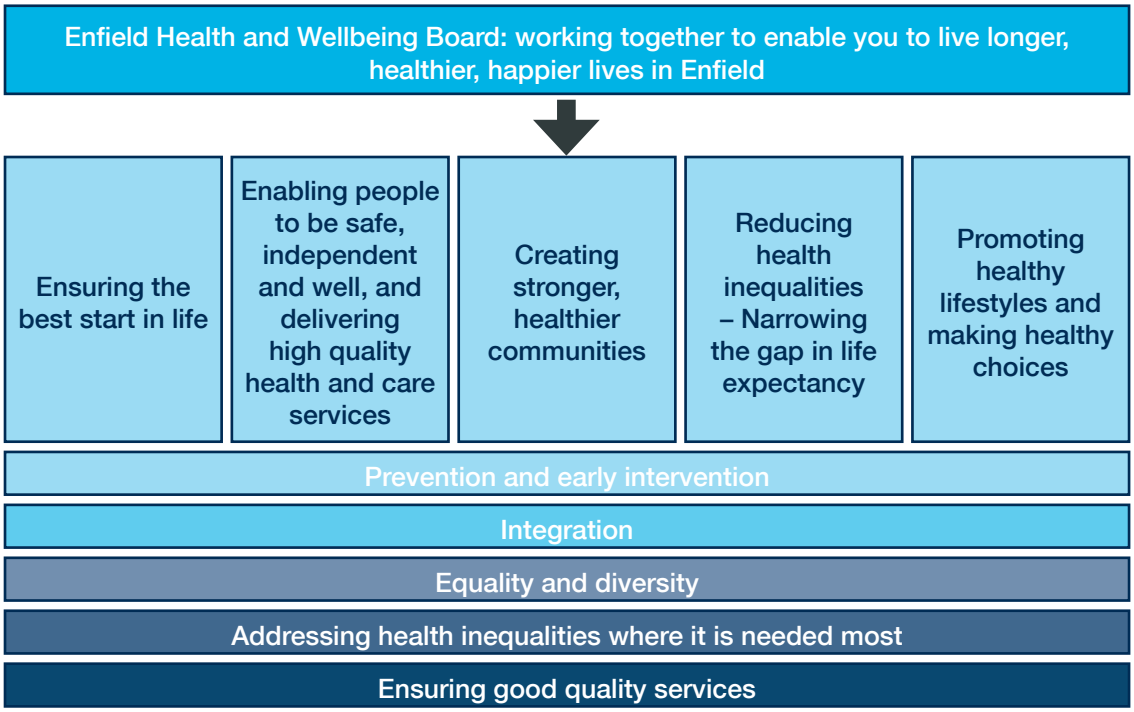
The HWB vision will be delivered through five key priorities:

- 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
- Reducing health inequalities – Narrowing the gap in life expectancy
- Promoting healthy lifestyles and making healthy choices

The implementation of the strategy priorities aims to deliver a long-term generational change in health and wellbeing in Enfield.

The figure below gives a summary of the vision, priorities and supporting principles of this strategy.

**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.

Nationally the NHS is developing new models of primary care that; provide more proactive, holistic and responsive services for local communities, particularly for frail older people and those with complex health needs; play a stronger role in preventing ill-health; involve patients and carers more fully in managing their health; and ensure consistently high quality of care.

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

## 3.2 The local context

Service delivery in Enfield 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 significant financial pressures on health and social care, which will continue into the foreseeable future.

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.

Throughout the consultation, local people have made it clear that they are willing and keen to work in partnership with the HWB by taking a lead role in improving their own health and wellbeing.

## 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 resource. 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.**

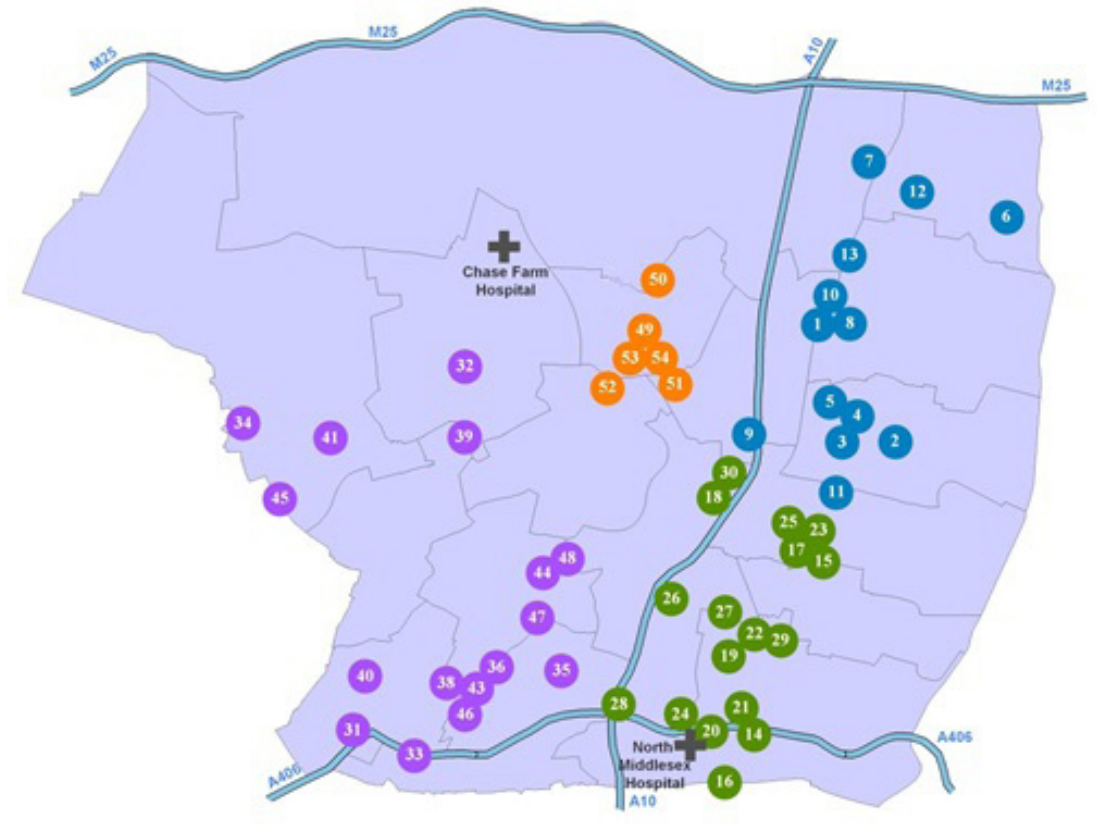
Enfield has a **large population of residents aged under 15**, representing just over one fifth (21.23%) of the population, while **12.6% of residents are aged 65 or over.** The proportion of residents aged 65 and over is expected to rise to 16.6% by 2032.

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 that 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

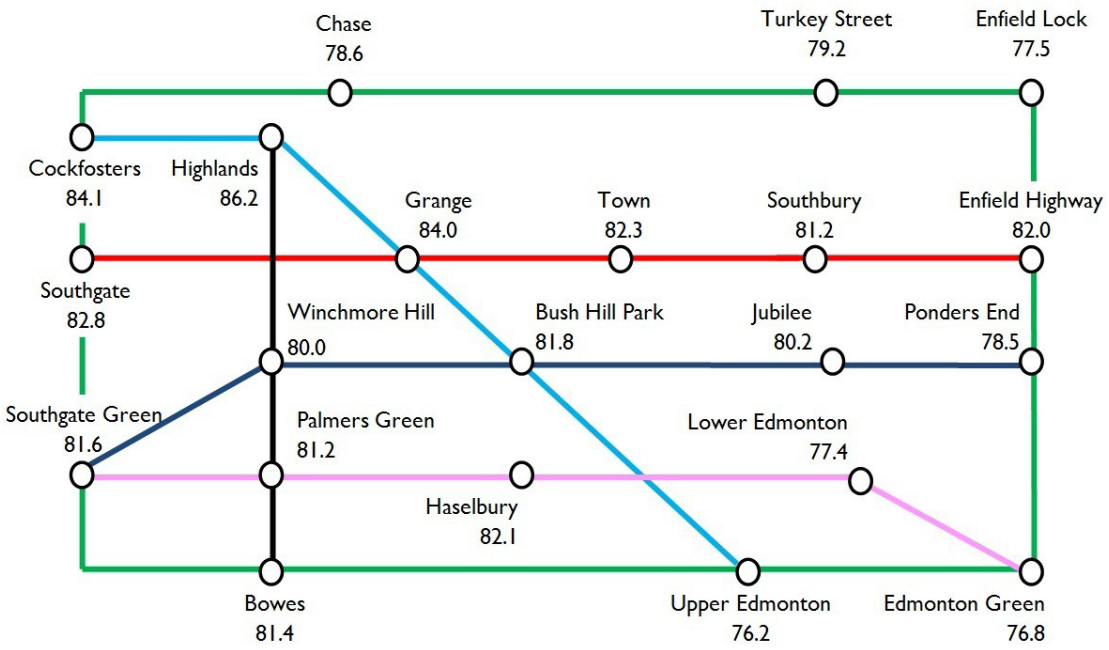



## 3.4 Case for change

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.

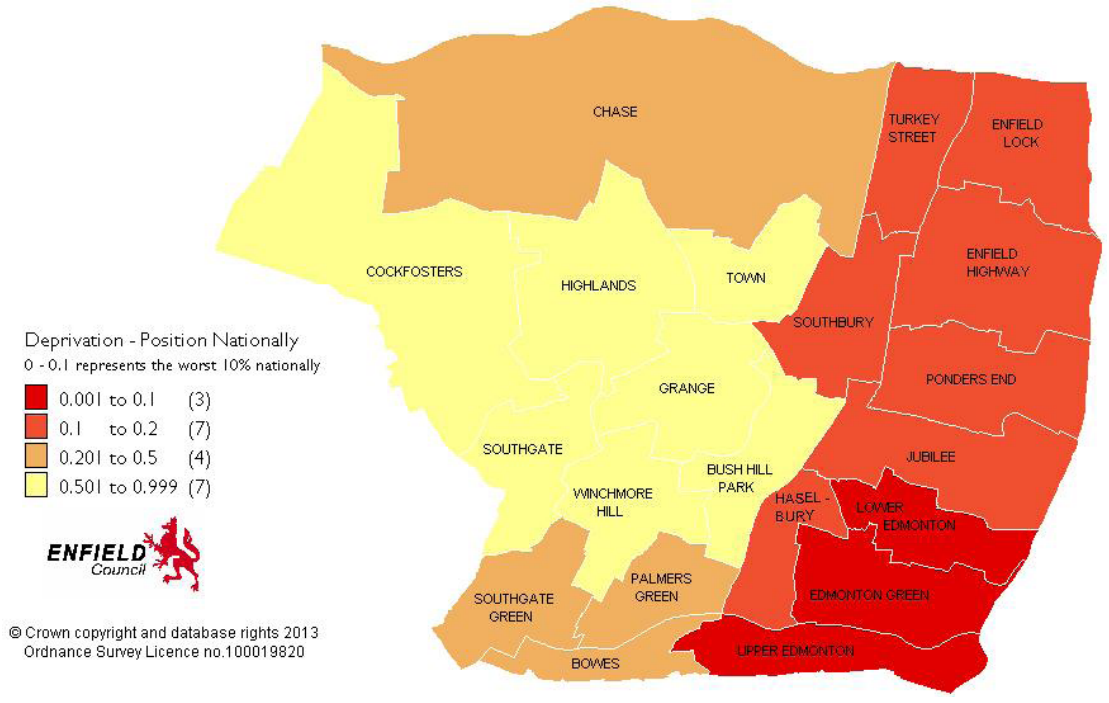
There is a stark discrepancy between the life expectancy of the residents of the east and the west of Enfield. **Those in the east are expected to live significantly shorter lives than those in the west.** For example, a man born in Edmonton Green is currently expected to have a lifespan nearly eight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

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




**Enfield is ranked as the 64th 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



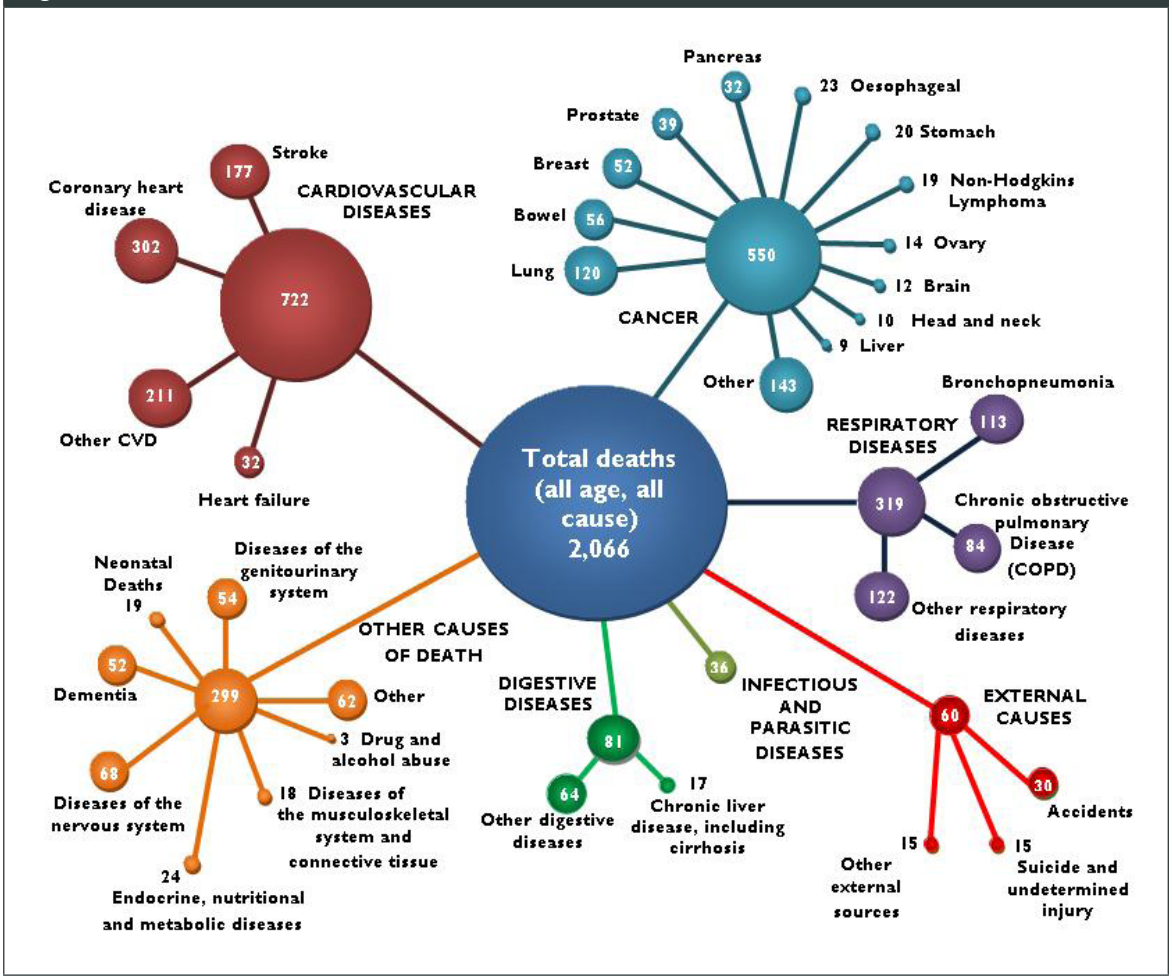

Working age benefit data and the estimated under-18 population size can be used to produce a proxy indicator for the proportion of children in poverty.

| **Table 1:** Childhood poverty rates, 2010 | |
|---|---|
| **Area** | **Childhood poverty rate** |
| Enfield | 33% |
| London | 28% |
| England | 21% |

Enfield's rate equates to 26,870 children.

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 is Cardiovascular Disease (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

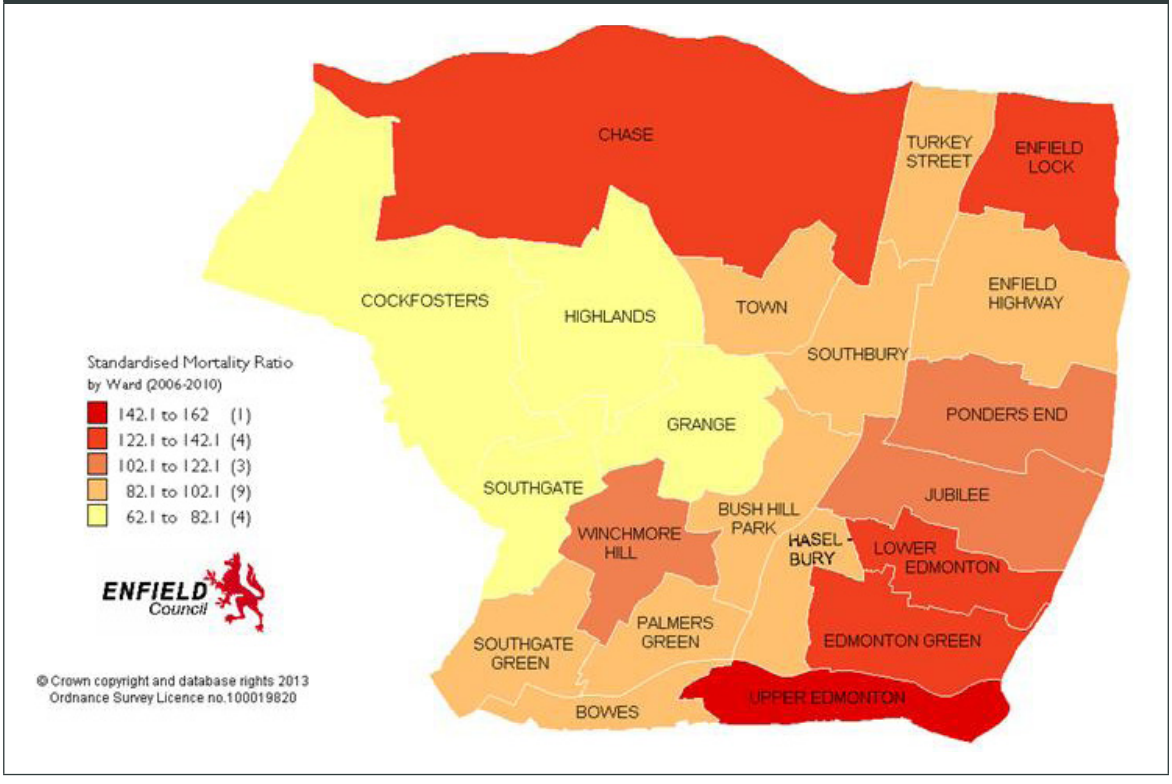
In Enfield:

- **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 **24.2% 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.

Health is not evenly distributed across the borough. Figure 9 gives an indication of where people experience the best and worst health in the borough, based on rates of all-cause mortality.

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




The darker the colour on the map, the higher the relative rates of all-cause mortality. 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.

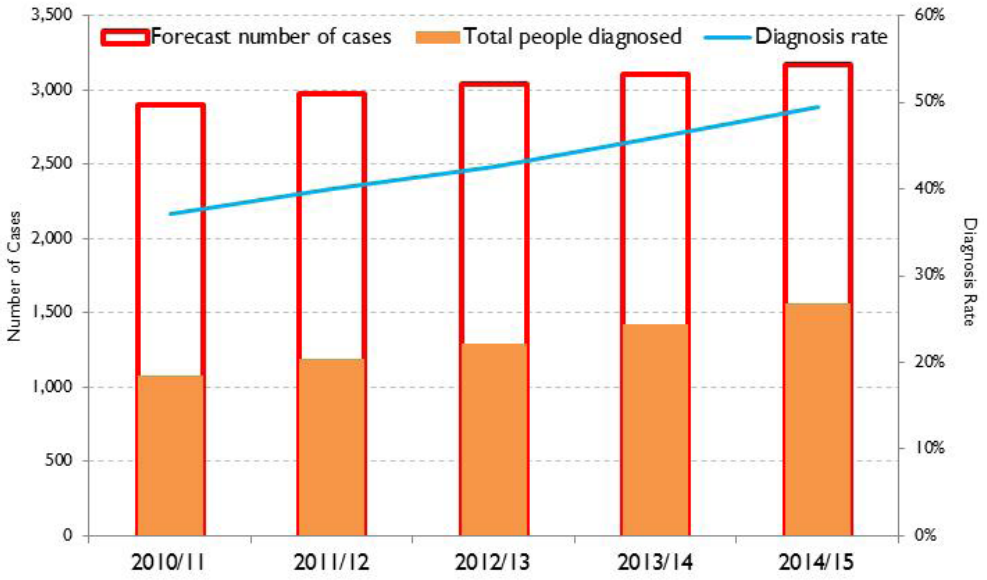
**Table 2:** Inpatient admission rate for mental health disorders 0-17 years

| 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.

2 POPPI 2010

**Figure 10:** People living with dementia




Turning to some of the wider determinants of health and wellbeing, 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.

National estimates suggest that about **30% of the population aged 65 and over feel mildly to intensely lonely**, with 12% of older people reporting feeling trapped in their own home. Loneliness and social isolation have been shown to have significant negative impacts on people's mental and physical health and wellbeing, and can affect people of any age. Groups who are particularly vulnerable to the effects of social isolation include those with sensory impairments or limited mobility, people from ethnic minority groups and people who care for a friend or family member.

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

- As one of the first councils to implement the Government's benefit cap, Enfield has seen the highest number of capped households in London. It predominately affects single parents households (77%) and larger family sizes and places their housing at risk if they cannot qualify for an exemption or find the money to pay their rent.

- 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 which have seen working age claimants receive reduced levels of support.

- Other changes include reductions in housing benefit for single people under 35, reductions for social housing tenants who are considered to have too many bedrooms, both of which can affect disabled adults, the introduction of personal independence payments, the abolition of aspects of the crisis loan scheme and phased roll-out of universal credit.

It is not possible to accurately identify what risks may be encountered but early indications show an increasingly unstable private rental market where families on low incomes are being excluded from housing choices resulting in higher levels of homelessness. Other risks include financial hardship (increasing numbers of food bank and emergency payment requests), increased mobility, increased over-crowding linking to family health and relationships, and increased mental health concerns.

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.

Information for 2012/13 indicates that **63% of pupils in Enfield achieved 5 A*-C GCSEs including Maths and English.**

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. 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 CVD 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 on going 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 5 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 realising 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.<br>• 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.<br>• Manage the transition of the responsibility for health visitors to public health, ensuring improved service delivery. |
| ***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.<br>• 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.<br>• Reduce paediatric admissions for asthma and other ambulatory care sensitive conditions by improving early identification and disease management in primary and community services.<br>• Through more effective use of the School Nursing Service, and closer working with health colleagues, support schools in reducing pupil absence due to illness and medical appointments and thereby improve overall attendance rates. |
| ***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, with good health and wellbeing being encouraged from the outset. This means that people are encouraged to have lifestyles which help to prevent the onset of some diseases. When they do occur, 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. People with any form of disability or impairment should be supported in a way that promotes inclusion, independence, choice and control.

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 wellbeing 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, 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.<br>• Increase the early diagnosis of HIV infection. |
| ***Medium term actions*** | • Ensure that there is an increased focus on the early identification of long term conditions, in particular diabetes, chronic obstructive pulmonary disease (COPD), dementia, hypertension and CVD.<br>• 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:<br>– Developing a stable system/model for a more integrated delivery of health care focused around networks and general practices, which in part will support early identification and good disease management.<br>– Implementing a 7 day delivery model for integrated care for older people, which will support reductions in the rate of acute admissions.<br>• Ensure that more people are able to access psychological therapies (Improving Access to Psychological Therapies – IAPT) locally by increasing uptake of the service through integrated approaches.<br>• Coordinating services around the needs of the young person and family to ensure a positive experience of transition to adult services.<br>• Deliver on the Joint Adult Mental Health Strategy.<br>• Establish an effective model of psychiatric liaison in North Middlesex University Hospital based on the RAID (Rapid Assessment Interface and Discharge) model.<br>• Ensure co-ordinated care provision for people with co-occurring alcohol or substance misuse and mental health problems.<br>• 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.<br>• Develop integrated models of care for older people.<br>• Develop a whole-life mental health strategy. |

## 4.3 Creating stronger, healthier communities

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

We want to build strong communities that are integrated and cohesive, and provide residents with more resilience to cope with adverse life events.

We want to reduce loneliness and social isolation, and enable local people to take an active role in building and nurturing strong social networks and vibrant communities.

"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 want to encourage individuals, families and communities to make healthier choices and take a proactive role in improving their health and wellbeing.

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*** | • Develop understanding amongst local people of the role that community cohesion plays in improving health and wellbeing, including reducing loneliness.<br>• 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.<br>• Support the outcome of the Home Office review regarding the links between ending gang and youth violence. In particular agree tasks to be overseen and delivered by the partnership represented on the Health and Wellbeing Board.<br>• Following the publication of the JHWS, HWB to review its structures to ensure effective engagement of local people in work to improve their health and wellbeing. |
| ***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.<br>• Partners on the HWB show leadership by modelling healthy behaviours within their organisations (e.g. healthy eating choices, travel for work policies, work life balance).<br>• Promote dementia friendly communities, which aim to improve awareness, inclusion and quality of life for people living with dementia and support for their carers.<br>• Staff from North Middlesex Hospital to visit 50% of Primary and Secondary schools to raise aspirations of Enfield's young people to seek career opportunities and employment at the hospital and in other health related careers. |
| ***Long term actions*** | • Strengthen community networks to enable individuals and families to take responsibility for their own health and wellbeing.<br>• Improve the awareness of people of all ages and communities to make healthy lifestyle choices through positive communication and community interaction.<br>• 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, including children, young people and young parents in Enfield. |

## 4.4 Reducing health inequalities – Narrowing the gap in life expectancy

We want to reduce the gap in life expectancy that exists within the borough, of 8 years for men, and 13 years for women.

We will work with local people to prevent them 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 CVD 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:** Reducing health inequalities – Narrowing the gap in life expectancy | |
|---|---|
| ***Short term actions*** | • Support implementation of Integrated Care Pathways to improve efficiency and patient experience.<br>• Work with partners in Upper Edmonton to map existing community resources that support health and wellbeing, and identify where gaps exist when compared with evidence-based practice.<br>• Encourage early diagnosis and management (including lifestyle change) of conditions such as CVD, diabetes, cancer and COPD, and work to reduce the risk of death amongst people living with long term conditions. |
| ***Medium term actions*** | • Work with the community to target and deliver specific interventions in Upper Edmonton, which address health inequalities.<br>• Reduce smoking rates amongst groups known to be particularly affected by high smoking prevalence.<br>• 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.<br>• 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 lifestyle choices that people make about diet, exercise, alcohol consumption, smoking and drug use can affect their health and wellbeing.

We want to ensure that local people understand the impact of these choices, and are supported to choose healthier options throughout their lives, making use of the council's regulatory powers to influence local businesses and make local areas healthy places to live.

We want to ensure that people are encouraged and are able to access the borough's open spaces, leisure facilities, sports clubs and other opportunities for activity, including active transport such as cycling and walking.

"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.<br>• Produce a comprehensive substance misuse strategy, covering both adults and young people.<br>• Health and Education professionals to work jointly to support and promote the Healthy Schools London programme in the borough. |
| ***Medium term actions*** | • Agree on an action plan with schools and young persons' organisations to prevent and reduce smoking uptake.<br>• Identify and develop more opportunities to deliver Identification and Brief Advice (IBA) interventions for harmful drinking, particularly through digital customer pathways.<br>• Reduce the rate of alcohol-related acute representations to ensure that treatment is provided in appropriate, cost-effective settings.<br>• Develop healthy workplaces throughout Enfield.<br>• 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?

## 5.1 Measure of success

**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 of 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 |
| The gap between the most and least deprived wards measured in terms of child poverty to reduce from 42% (based on the 2009 baseline) to 30% by 2020 | 95% of pregnant women under the age of 18 who book for maternity care to receive a targeted antenatal intervention from Family Nurse Partnership/ Health Visitor Service – target to be agreed |
| 95% of new birth visits to be carried out between 10-14 days after birth – target to be agreed | The percentage of absences from school due to illness to improve on the 2012/13 rate of 2.7% |
| **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 | Adult (18+) unplanned admissions to acute health care to reduce by 10% on the 2012/13 baseline of 20,371 admissions |
| 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 2014/15, with this rate maintained in 2015/16 |
| 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 490 per 100,000 by 2015/16 | Rate of admissions of older people to acute health care to reduce by 20% on the 2012/13 baseline of 9,215 admissions |
| **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 | The percentage of people who feel safe outside in their local area after dark to increase by 2019 |
| **Reducing health inequalities – Narrowing the gap in 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 | The difference in female life expectancy between the best and worst wards to reduce from 13 years to 10 years 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 |
| Acute alcohol-related presentations to reduce by 10% on the 2014/15 baseline by 2015/16, and be maintained thereafter | 90% of all drug users in treatment to receive HIV and Hepatitis B interventions, and 90% of injecting drug users receive Hepatitis C interventions |
| The proportion of drug users successfully completing treatment in 2014/15 to increase to 4% above the 2013/14 target rate | 30% of local authority schools to achieve the Healthy Schools London Bronze Award, and 10% of local authority schools to achieve Silver Award by December 2014 |

## 5.2 Next steps

There are some clear health and wellbeing challenges in Enfield and this strategy for Enfield recognises that the needs of local people vary across the Borough and the importance of working closely with communities and local organisations to meet those needs.

This Health and Wellbeing Strategy 2014-2019 sets out the priorities that the HWB will focus on with the aim to making a real difference to the lives of Enfield people. There will be a more detailed action plan which will identify leads and outputs to deliver the program of work as set out in the strategy. The HWB will review the progress of the action plan on a regular basis and will update the plan as required in response to changes in the evidence base (JSNA) and to reflect progress.

The HWB is committed to increasing community engagement in the delivery of the strategy. Successful implementation of the strategy relies on community and stakeholder organisations all of whom have an important part to play in the delivery.

The strategy will be implemented at a time when there are significant public sector financial cuts, so innovative use of existing resources will become even more important.

The full Health and Wellbeing Strategy will be reviewed in 2018/19.

# 6. Communications and Partnership

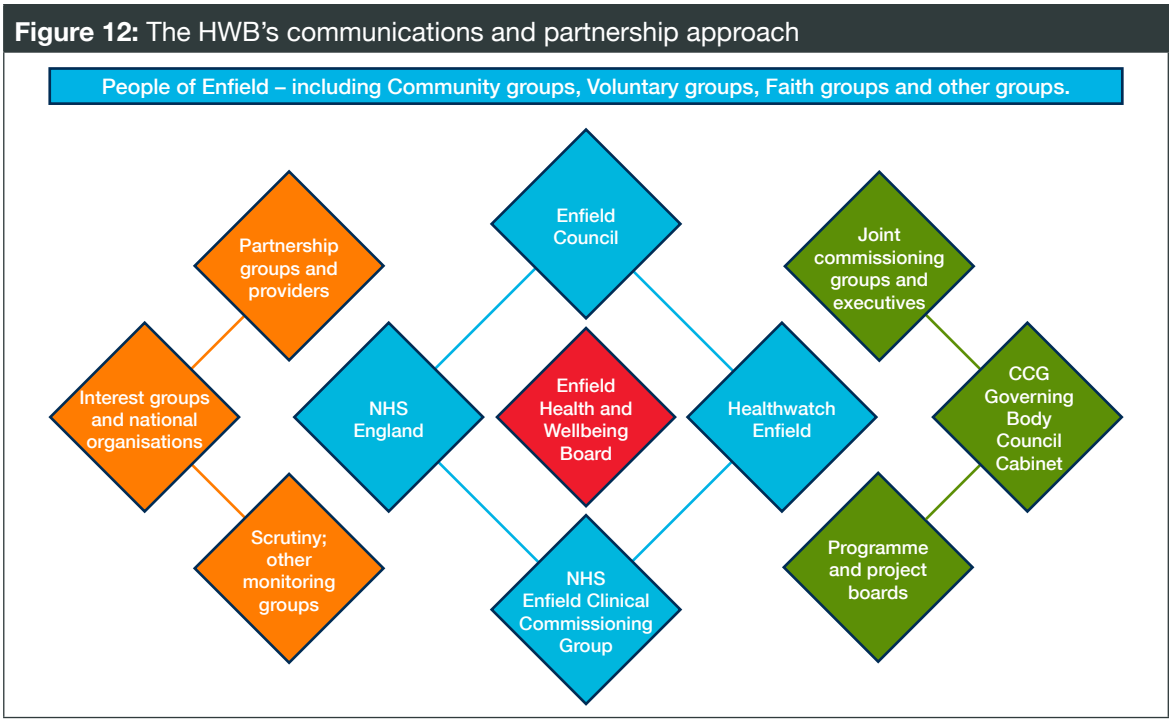
Our programme of change will require considerable partnership working between the HWB and other stakeholders within Enfield including the voluntary and community sector, private sector, police, local groups and Enfield residents. The HWB will develop a communications and engagement plan covering all 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 mechanisms by which local people can take a lead role in the implementation of 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.

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 with the community through formal consultations and other activities, including working 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
- Creating and maintaining an open dialogue, to enable local people have their say on the on-going 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

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

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

# Appendix 1
# 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. CCGS replaced Primary Care Trusts (PCTs) in April 2013. |
| 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 | Cardiovascular 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 be 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 commissioned 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. Also used to describe the rate of illness and ill health in a population |
| 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 |

# Appendix 2
# Consultation about this strategy

A public consultation on the draft priorities ran for twelve weeks between October and December 2013.

The five draft priorities were consulted on using a questionnaire, available online and as paper copies. Printed copied were also available in an Easy Read format, and in five alternative languages (Bengali, Greek, Turkish, Polish and Somali).

People were also able to respond by voting at one of the token boxes provided for the consultation, whereby individuals were given a token to vote for which priority they thought was most important. A number of public events also took place during the consultation period, some catering to the general public, and others directed towards specific groups and organisations.

By the end of the consultation, a total of 2,003 responses had been received; 562 questionnaire responses and 1,441 token votes. A number of organisations also chose to provide questionnaire responses. Comments were also gathered through consultation events, which included views of the community and local organisations.

## Questionnaires

Responses from questionnaires indicate that:

- Over three quarters of respondents, (77%) supported all five draft priorities.
- Over 99% were generally in favour of either a few, most or all of the draft priorities.
- Less than 1% of respondents supported none of the priorities.

When asked to select the priority or priorities that they felt were most important, respondents completing the questionnaire selected:

- 'Enabling people to be safe, independent and well and delivering high quality health and care services', with 71%
- 'Ensuring the best start in life' with 61%
- 'Promoting healthy lifestyles and making healthy choices' with 52%
- 'Creating stronger, healthier communities' was chosen by 44%
- 'Narrowing the gap in healthy life expectancy' with 33%

(It should be noted that as respondents were able to select more than one important priority, summed percentages equal more than 100%)

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. 210 questionnaire respondents chose to provide a comment. Some of the longer or more detailed comments were broken down to accurately capture the range of topics covered. The resulting 267 comments were then grouped by theme, the outcome of which is 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, Health Promotion and Mental Health.

## Token Boxes

People were invited to place a token in one of five boxes, each box being labelled with one of the JHWS draft priorities. By placing a token in a particular box, individuals indicated their preference in terms of which of the five draft priorities they felt was most important.

These token boxes were placed in three locations throughout the Borough; Enfield Civic Centre, Enfield Town Library and Edmonton Green Leisure Centre. Each location hosted the token box for one week, during which time anyone could take a token and vote for the draft priority that was most important to them.

Responses collected via the token boxes ranked priorities in a slightly different order to the questionnaire, though the popularity of priorities did vary depending on the location of the token box.

Overall, token box responses ranked the priorities in the following order:

- 'Creating stronger, healthier communities' – 39%
- 'Enabling people to be safe, independent and well and delivering high quality health and care services' – 21%
- 'Narrowing the gap in healthy life expectancy' – 17%
- 'Ensuring the best start in life' – 12%
- 'Promoting healthy lifestyles and making healthy choices' – 11%

## Public Events

A number of public events took place during the consultation period, some catering to the general public, and others directed towards some specific groups and organisations – full details of these events are available in the JHWS consultation report.

Generally, those attending public events were in favour of the five priorities, with a number of people commenting on the interlinking or overlapping nature of the priorities. A wide range of comments were made at the public events, with key themes including Primary care, Healthy activities and exercise, Community involvement, Health promotion and Access to services.

# Appendix 3
# Equalities Impact Assessment (EQIA) Summary

A key part of the Council's strategic aim of 'Fairness for All' is the principle of 'Serving the whole borough fairly and tackling inequality'. The Health and Wellbeing Board are committed to promoting equality and diversity, and working to reduce the disparities in health and wellbeing that exist across the borough. In some cases, positive action will be required to target improvements in health and wellbeing among particular groups in our community. This will require on-going, active engagement with local groups and communities to understand the diverse needs of the people of Enfield, and to put local people at the heart of shaping the way we deliver the Joint Health and Wellbeing Strategy (JHWS).

The impact of the implementation of the strategy on equalities in the borough will be monitored on an on-going basis, and further equalities impact assessments will be conducted as changes to local services are planned and implemented.

The full Equalities Impact Assessment report for the JHWS is available on the Council's webpage at http://www.enfield.gov.uk/healthandwellbeing/info/4/health_and_wellbeing_strategy

Below is the EQIA action plan for the JHWS, which identifies the key steps for the implementation, monitoring and review of the strategy:

| Issue | Action required | Lead officer | Timescale | Costs |
|---|---|---|---|---|
| **Publication of full consultation report** | Publish on the Council's website. Provide in accessible formats as required. | Public Health | Post final JHWS sign off | To be determined |
| **Implement JHWS** | Produce and agree a detailed action plan and performance framework. New EIAs to be completed as advised and/or services are changed in response to commissioning decisions. | Health and Wellbeing Board | 5 Year Strategy implementation/ Action plan | To be determined |
| **Monitor JHWS action plan and risk register** | Health and Wellbeing Board to have oversight of progress against JHWS detailed action plan and status of risk register. | Health and Wellbeing Board<br>Public Health | On-going | No additional funding anticipated |
| **Continue on-going consultation with community on Health and Wellbeing and impact of strategy** | Develop communication and engagement strategy to lay out how the Health and Wellbeing Board will engage with local people. | Public Health | On-going | To be determined |
| **Review of JHWS** | Review strategy to assess outcomes and effectiveness. | Health and Wellbeing Board<br>Public Health | Action plan to be reviewed as strategic needs change. Full strategy review due 2018/19. | No additional funding anticipated |

# Appendix 4
# Other relevant strategies

- Barnet, Enfield and Haringey Clinical Strategy

- Enfield 2020 Sustainability Programme
  http://www.enfield.gov.uk/downloads/download/2227/enfield_2020_sustainability_programme
- Enfield A Fairer Future for All Council Business Plan 2012/2015
  http://www.enfield.gov.uk/download/downloads/id/851/enfield_business_plan-2012-2015
- Enfield CCG 5 year Strategic Plan – to be available at http://www.enfieldccg.nhs.uk/
- Enfield's Children and Young People's Plan 2011-2015
  http://www.enfield.gov.uk/ChildrensTrust/cypp
- Enfield Community Cohesion Strategy: 2010-2014
  http://www.enfield.gov.uk/esp/downloads/file/24/community_cohesion_strategy
- 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
- Improving Health and Wellbeing in Enfield, the Annual Report of the Director of Public Health 2012
  http://www.enfield.gov.uk/downloads/file/6581/public_health_report_2012
- Pharmaceutical Needs Assessment
  http://www.enfield.gov.uk/healthandwellbeing/downloads/download/1/pharmaceutical_needs_assessment
- Transforming the primary care landscape in North Central London – Primary Care Strategy
  http://www.enfieldccg.nhs.uk/Downloads/Policies/Primary%20care%20strategy.pdf

In partnership with local people and

NHS Enfield Clinical Commissioning Group

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