

**“Working together, we will change the way we work in order to reduce inequality and to support all people in Enfield to live happy, healthy and rewarding lives”**

**Equal and inclusive, Quality, Accessible, Listening and Responsive, Integrated, Timely**

**Why are we doing this?**

### To address the Health and Care Challenges in Enfield:

#### Growing population and deprivation

- 330,000 – 4<sup>th</sup> largest London Borough
- 30% increase in population 2001-2025
- Moved from 12<sup>th</sup> to 9<sup>th</sup> most deprived London borough
- Language barriers – 100+ languages

#### Increasing need impacting wider determinants of health

- 1 in 5 workers low paid
- Debt, fuel and food poverty
- 250% increase in homelessness associated with private rental market evictions
- Youth violence +27%

#### East/West Inequality

- Life expectancy and living in poor health
- Households in poverty & child poverty
- Adult and child obesity
- School readiness and achievement

#### Differential service use East/West of borough

- NEL 12% and Elective 20% higher national average Edmonton Green
- 600+ attendances NMUH A&E with significant unregistered population

#### Differential investment

- Historic lack of investment in community and primary care services
- Significantly lower spend on community services per head of population than other NCL boroughs
- Fewer GPs and practice nurses than national average
- Austerity - Enfield Council cuts £178m since 2010 - £13m more in 20/21. Average reduction of £800 per household for core funded services

### To address the local and national priorities:

- Delivering NHSE's 8 tests for the journey to a new health and care system
- Delivering the London Vision and Touchstone
- Supporting delivery of the 12 Expectations for ICS Programmes
- Local priorities – Enfield HWBB, Enfield Poverty and Inequalities Commission, NCL ICS

### To respond to the wide range of stakeholders involved in this process



**What will we do to achieve this vision?**

**We've developed a clear set of priorities for the Enfield ICP based on extensive engagement**

#### Identifying and addressing health and wellbeing inequalities in BAME communities

- Improving self-care and management of LTCs
- Improve the knowledge and understanding of local services for BAME
- Driving up representation of those impacted by inequalities in PPRGs
- More engagement with BAME and deprived communities
- Measuring the performance and impact of services for all residents and BAME
- Ensure ICP members are positive corporate citizens in employment practices

#### Achieving uptake of screening and immunisations to keep residents healthy and catch physical and mental conditions earlier, including for cancer, giving people the best possible intervention/treatment:

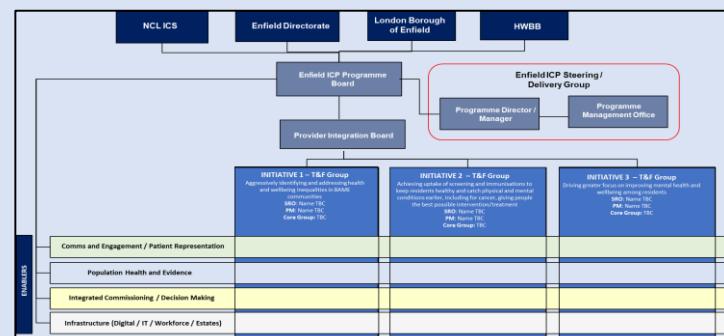
- Exceeding childhood vaccinations targets for all communities
- Exceeding flu vaccination targets in winter 20/21
- Driving uptake of and concordance with cancer screening programmes
- Developing new and targeted comms/engagement campaigns

#### Driving greater focus on improving mental health and wellbeing among residents

- Proactively responding to the direct and indirect impact of Covid-19 by providing improved care offers
- Improve capacity and capability through local public services by developing networks of support, training and advice to improve the management of lower acuity mental health conditions (e.g. in schools and at work)
- Proactively ensure improved understanding of early support and access points for all communities that may need emotional resilience support as a result of covid related anxiety as well as those overrepresented with more severe and complex conditions

**How will we deliver these priorities?**

**Through a clear delivery plan and a robust and inclusive governance structure**



- A Provider Integration Partnership Group will bring together providers from across the Health and Care system
- Separate Task and Finish groups will be established for each initiative, responsible for developing and implementing the plan to realise the required outcomes
- The Task and Finish groups will endure for the duration of delivery of the initiative, and will be replaced at the end of the initiative by a new set of T&F Groups
- Key enablers will support each T&F Group, to ensure a common approach to critical aspects of delivery across the system (e.g. Communications and Engagement, Population Health and Evidence etc.)