MUNICIPAL YEAR 2012/2013 REPORT NO.

MEETING TITLE AND DATE:
Heatlh and Wellbeing Board
23 April 2013

REPORT OF:
Director of Public Health

Agenda – Part: 1	**Item: 7.1**
Subject: Health Improvement Partnership Board Update **Wards: All**	
Cabinet Member consulted:	

Contact officer and telephone number: Glenn Stewart 0208 379 5328

E mail: glenn.stewart@enfield.gov.uk

1. EXECUTIVE SUMMARY

1.1 This report provides an update on the work of Public Health, including:

- Tobacco control / smoking cessation
- Immunisation
- Big Lottery Funding – Fulfilling Lives
- Joint Strategic Needs Assessment / Health and Well-being Strategy
- Sexual Health
- Transport and Health
- Child health update
- Adult Health update
- Public Health Transition to the Local Authority

2. RECOMMENDATIONS

2.1 The Board is asked to note the contents of this report, in particular that:

- Smoking is the greatest cause of death in the borough.
- Good progress has been achieved on immunization rates
- Enfield is in the process of submitting a bid to the Big Lottery Fulfilling Lives fund.
- Enfield is submitting a bid to the GLA as part of the Mayor's Vision for Cycling. The potential impact of increased cycling is noted.
- Work continues on childhood obesity though prevalence remains high
- Life-expectancy has improved but the female life-expectancy gap between wards is amongst the worst in London and the country.
- Public Health will transfer to the Local Authority from 1st April 2013 with a number of responsibilities transferring from the NHS to the Local Authority.

3. Tobacco Control / Smoking Cessation

3.1 Smoking is the greatest preventable cause of death in the borough responsible for approximately 20% of deaths in the borough.

3.2 The smoking trajectory target of 950 four-week quitters by the end of Q3 was achieved by 10th March. Q4 data is not due until 17th June (due to data reporting requirements reporting is always approximately 2.5 months after the quarter ends).

3.3 A number of events were held for National No-Smoking Day (11th March 2013). These included a stall in the Enfield Town Market place and the instigation of smoke-free play areas in parks. This has been forwarded to the Institute of Health Equity (headed by Sir Michael Marmot) for possible inclusion on their website as good practice.

4. IMMUNISATION

4.1 Sustained work in chasing and cleaning data has resulted in good results for Enfield with improvements seen for all immunisations.

4.2 However, analysis of levels of immunisation reporting within the quarter indicates the importance of retaining a focus on data quality and completeness to ensure that coverage figures remain high.

4.3 There has been a range of promotional activities undertaken since the last HIP; this includes:

- The development of a new poster
- Advertising in the local newspaper
- Advertising on and in buses
- Work with schools has resulted in many local schools agreeing to display banners on their perimeter fences to promote immunisation to their families
- Working with schools and children's services has resulted in a leaflet to go to parents when their child obtains a place at a local primary school.
- Following encouraging feedback from parents and professionals of a magnet displaying the immunisation schedule, further magnets are being ordered for distribution.

4.4 It is however a concern that large numbers of children, e.g. 130 in the age one cohort, have an unknown GP but cannot be removed from the system therefore distorting figures.

4.5 The following table illustrates progress on childhood immunisations to date highlighting plan to date and current period:

Target	Immunisation	Plan YTD	Current Period
90%	Immunisation, 1 yr old Dta/IPV/Hib	79.5%	86%
	Immunisation, 2 yrs PCV	73.5%	83.3%
	Immunisation, 2 yrs HIB/MenC	70.7%	80.1%
	Immunisation, 2 yrs MMR	73.9%	83.8%
	Immunisation, 5 yrs DTaP/IPV	67.2%	81.2%
	Immunisation, 5 yrs MMR	65.1%	78.2%

5. Fulfilling Lives: A Better Start – Big Lottery Funding Bid

5.1 Fulfilling Lives: A Better Start aims to deliver a step change in the use of preventative approaches for babies and children from pregnancy to three years of age.

5.2 The total funding available for the programme is £165million and which is expected to be awarded tot between 3 and 5 areas over 8 to 10 years.

5.3 The deadline for expressions of interest was 22nd February 2013 and that between 30 and 50 areas will be long-listed. Applicants successful at this stage will be invited to submit a stage 1 application form. Areas successful at this stage will be notified on on April 9th.

5.4 Enfield has submitted an expression of interest headed by Eve Stickler, Assistant Director of Commission / Community Engagement.

6. JSNA and HWB Strategy Update

6.1 Work to produce the refresh of the JSNA is underway and key staff including Information Analysts are now in place. The steering group/project board is meeting regularly and the commitment and engagement from across the partnership is positive.

6.2 Project planning work has highlighted the tight deadlines that need to be met to deliver the strategic needs information and other agreed outputs by end of April 2013, as follows:

- 'on line access' to the data
- information for local residents including leaflets

- factsheets in key areasa high level summary document - this will summarise the available intelligence and identify the key issues for the borough in order to inform the Health and Wellbeing Board and shape the community engagement on priorities that will follow

6.3 The risk of slippage is being monitored and mitigated by:

- prioritising those deliverables essential to inform the development of the Health and Wellbeing Strategy and draft priorities including the accompanying consultation exercise
- securing additional external capacity as identified as needed as the work proceeds

6.4 Factsheets will be prepared and made available by the end of April and further factsheets produced as work progresses.

6.5 The JSNA will be primarily an on-line source of information providing information and intelligence based on the indicators identified within the public health outcome framework, the adult social care outcome framework, locally agreed key children and young people's indicators and indicators identified from the NHS outcome framework.

6.6 The JSNA will be a source of intelligence that will grow as time and resources permit.

6.7 The above inputs will directly inform the development of the Health and Wellbeing Strategy by identifying key issues based on the data refresh. The JSNA will not itself set priorities as this will be the role of the Health and Wellbeing Board for inclusion in their strategy and accompanying action plans.

6.8 Project planning process for the Joint Health and Wellbeing Strategy has commenced. The positive partnership work being undertaken for the JSNA is proving invaluable in establishing some of the key contacts essential for this work.

7. Transport and Health

7.1 The London Mayor has launched a new strategy to increase cycling in London; 'The Mayor's Vision for Cycling'. This seeks to make a transformative change to cycling prevalence in London by making cycling a normal part of everyday life. The vision is explicit that this is not aimed at people who wear lycra or who already cycle.

7.2 Over the next 10 years £913 million will be spent to achieve this. Most of the additional expenditure will be focussed on inner London but outer London will also see a significant increase – from £3 million to over £100 million.

7.3 There is an intention to work with 3 outer-London Boroughs where there will be very high spending on relatively small areas creating 'mini-Hollands' in the boroughs.

7.4 Journeys under 2 miles in Enfield have been estimated to cost Enfield residents approximately £14 million per year and £85 million per year for journeys under 5 miles.

7.5 Health benefits from cycling include access to employment, services, reduced congestion, increased social cohesion, reduced air pollution, reduced road traffic injuries and increased physical activity. The benefit cost ratios of improving infrastructure to increase cycling prevalence in more robust studies are approximately 5:1.

7.6 Enfield will be making a bid to attract this funding with a submission date in September 2013.

8.0 Child Health Update

8.1 Breastfeeding

Work to promote, encourage and support breastfeeding has continued. This has included:

- Trained breastfeeding helpers are working within Children's centres. A further 24 women will be trained 2013
- Local advertising has taken place to raise awareness of the importance of breastfeeding and to "normalise" the practice
- "Breastfeeding welcome" is being promoted throughout premises in the borough so that women can easily see (through the display of a sticker) where they will be welcome to breastfeed; to date over 60 businesses have signed up to the scheme.
- A new specialist health visitor has recently been appointed who will lead on breastfeeding within the service;
- 30 members of community health staff recently received specialist breast feeding trained by Middlesex University.

8.2 **Childhood obesity**

During 2011/12 the highest participation rate ever in NCMP was recorded for Enfield. Whilst the prevalence of obesity remains significantly higher than England and London averages; prevalence in both reception and year 6 aged Enfield children fell from the preceding year.

Work to reduce prevalence has continued:

- Change4Life programmes (to support healthy eating and increased physical activity) for 1-4 year olds was rolled out in Children's Centres in the summer of 2011. Initial results are encouraging.

- Joint initiatives with the Sports Development team and the Health Trainers service are being explored to provide support to school aged children; the first pilot project started February 2013.
- The British Heart Foundation attended our local Child Health Steering Group to promote the support that they can offer Enfield. They also attended the "Say it like it is" event to promote the resources available to local schools. A range of resources were supplied to all Enfield primary schools during February to encourage physical activity and healthy eating
- Following ideas suggested by children at the "Say it like it is" event, a healthy eating cookbook is being developed including recipes from children to reflect the diversity of the borough. Taster physical activity sessions are also being offered at primary schools, including sessions such as Latin dance and Zumba.
- Work with young people will create a new advertising campaign, using their messages, ideas and media to increase effectiveness and relevance
- A childhood obesity board has been established to oversee the work taking place in the borough

8.4 Teenage pregnancy / sexual health

The number of conceptions in Under 18 year olds is falling in Enfield and this has been a consistent trend; this is the 4th year of continuous decline and the second largest decline in London since 2006.

However there are other areas of sexual health which require more work – this is relevant for all age groups rather than just young people.

- There is still work to be done in reducing the proportion of HIV cases diagnosed late and in increasing the number of people screened for Chlamydia.
- Sexual Health in Practice (SHIP) training has been offered to practice staff in Enfield and there has been an encouraging uptake by practice nurses and GPs. The aim of the training is to normalise the provision of testing for sexually transmitted infections within primary care.

9. Adult Health

9.1 No new data has been released since January 2012, a further release is expected in 'the summer' of 2013 but a more exact date has not been released.

9.2 In males January 2012 data indicates that between 2007-9 and 2008-10 male life-expectancy at birth in Enfield rose by 4 months from 79.1 to 79.5 years. This compares to a rise of 3 months in London and 4 months in England.

9.3 Enfield male life-expectancy is the 129th best in England and Wales. Highest life expectancy is Kensington and Chelsea (85.1) and worst, Newham, 76.2 years (ranked 303).

9.4 In females January 2012 data indicates that life-expectancy rose from 82.9 in 2007-9 to 83.0 years in 2008-10. This compares to a rise in London of 0.2 years from 81.3 to 83.3 and an England rise from 82.31 to 82.57 (0.26 years).

9.5 Enfield female life-expectancy is the 154th best in England and Wales. Highest life expectancy is Kensington and Chelsea (89.8) and worst, Bolton, 80.6 (ranked 303).

9.6 Despite the above ward level data indicates that female life-expectancy in Upper Edmonton is now in the worst 5% of wards in London.

9.7 The life-expectancy gap between Upper Edmonton and Highlands is 13 years e.g. 90 years compared to 77.

9.8 A workshop on this has been held between LBE and partners with further workshops and an action plan being developed.

10. Transition

10.1 From April 1st Public Health transferred into the Local Authority. As part of this transfer the Local Authority will have responsibility for:

- Health Checks
- Sexual Health services
- Drug and Alcohol Misuse services
- School Nursing Services
- Dental Public Health
- Obesity & Weight management services
- Tobacco control and Smoking Cessation
- TB Find & Treat (Infection Control)

10.2 The Local Authority will also have responsibility for the 66 indicators contained in the Public Health Outcomes Framework (PHOF). The PHOF contains four domains:

- Domain 1: Improving the wider determinants of health
- Domain 2: Health Improvement
- Domain 3: Health protection
- Domain 4: Healthcare public health and preventing premature mortality

10.3 The transition workstream is almost complete. However, some finance arrangements have not been finalised and LBE is seeking clarity on a number of contracts. These include block contracts such as sexual health and componants of the smoking contract e.g. the transfer of funding for Nicotine Replacement Therapy (NRT).

11. REASONS FOR RECOMMENDATIONS

The above recommendations reflect current work within the Directorate of Public Health

12. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

12.1 Financial Implications

No financial implications

12.2 Legal Implications

No legal implications

Background Papers

None