

## MUNICIPAL YEAR 2013/2014

### MEETING TITLE AND DATE:

Health and Wellbeing Board  
19 September 2013

### REPORT OF:

Dr Shahed Ahmad  
(Director of Public Health)

**Agenda – Part: 1**

**Item: 7.1**

**Subject: Health Improvement  
Partnership Sub Board Update**

**Wards: All**

**Cabinet Member consulted:**

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### 1. EXECUTIVE SUMMARY

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

- Tobacco control / smoking cessation
- Childhood Obesity
- JSNA and Health update
- Joint Strategic Needs Assessment
- Updates on Maternity Services
- Childhood Poverty
- Child Health / Adult Health update
- Adult Health update
- CCG update
- MoreLife

### 2. RECOMMENDATIONS

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

- Enfield has the 16<sup>th</sup> highest smoking prevalence in London. The smoking quitters target has been achieved.
- The JSNA is nearing completion
- A review of maternity services is to take place in the Autumn.
- Public Health England has published data on premature mortality for all boroughs

### **3. Tobacco Control / Smoking Cessation**

- 3.1 The smoking four-week quitters target was achieved; 1584 quitters against a target of 1568.
- 3.2 Work in schools is continuing; posters have been distributed and 'Smoke Storm' has been launched in 8 schools (interactive multimedia education).
- 3.3 Enfield is one of the 1<sup>st</sup> boroughs to implement no smoking in parks and play areas.
- 3.4 Three local shisha premises have been closed and control measures enforced in a further three (regulations regarding product testing and no underage usage).
- 3.5 In August training will begin in the North Middlesex Hospital for the automatic referral system of all smokers to stop smoking services.
- 3.6 The Integrated Household Survey measured smoking prevalence between April 2011 – March 2012 as 18.5% (95% confidence interval 15.8% to 21.2%). The complexity of the methodology for this survey though means that this is only an indicative figure.

### **4. CHILDHOOD OBESITY**

- 4.1 The new Healthy Weight Co-ordinator has started. One of their first tasks is to organise a workshop with stakeholders to update the work programme to reflect new NICE guidance.
- 4.2 National Childhood Measurement Programme (NCMP) letters have been sent out.

### **5. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) AND HEALTH AND WELL-BEING STRATEGY (HWBS) UPDATE**

- 5.1 A final draft of the JSNA was presented to a development session of the HWB Board on 18<sup>th</sup> July.
- 5.2 Pending final comments the structure of the JSNA will be:
  - Introduction
  - Enfield People
  - Enfield Place
  - Enfield Resources
  - Health and Well-being of Children, Young People and their families
  - Health and well-being of Adults

- Health and well-being of Older People

5.3 The JSNA will be an online resource and should be accessible to all by September.

## **6. MATERNITY SERVICES**

6.1 CCG Chief Officer gave an overview of commissioning and the issues surrounding Maternity care. A review is to take place in the Autumn. The key issues for the review are:

- Assurance that staff are trained and regularly updated to ensure competence in cardiotocography (CTG) interpretation
- Assurance that staff identified with a learning/practice gap in their clinical skills are supported, supervised and where indicated performance managed appropriately.
- Review of systems for providing advice to women out of hours
- Focus on joint working between Hospitals and the Public Health leads to review pathways and staff training for stop smoking, healthy eating and community-based interventions for overweight and obese pregnant women.
- Review of information to women and partners particularly in relation to postnatal problems e.g. urgent medical or mental health assistance.
- Enhancing postnatal community care pathways, particularly on how communication passes from hospital to community.
- More robust Serious Incident reporting processes.

## **7. CHILDHOOD POVERTY**

7.1 An update was given on the Child/Family prosperity strategy with a request that the board consider the review and further development of Aim 5: the Drive towards prosperity strategic action plan. Discussions with other champions for the aims of the strategy have taken place and review of actions pending.

7.2 The key targets of the strategy are to reduce child poverty and to narrow the gap. However it was noted that it is important to monitor how the gap is narrowed and that a reduction does not occur because people are becoming more impoverished rather than an improvement in situation.

7.3 It was reported that there is to be an expansion of provision for early years (2 year olds / looked after children/children with disabilities) and that Enfield has the second highest target London (13 000 children). There is a need to ensure there is a quality benchmark used.

The HIP felt there were too many actions in the current Child Poverty Strategy. The AD for Children felt the most important action was to create jobs and increase employment.

## **8.0 CHILD HEALTH UPDATE**

- 8.1 An interim Consultant is leading work on the Child Deaths Overview Panel. Child poverty and smoking are recognised as the greatest contributors to infant mortality. .

## **9.0 ADULT HEALTH UPDATE**

- 9.1 Public Health England has published data. Enfield compares well to other Local Authorities in the prevention of premature deaths (defined as deaths before the age of 75).
- 9.2 Enfield ranked 32nd /150 local authorities and 1 / 15 similar Local Authorities. for avoiding premature deaths. Enfield also ranks 1st amongst its statistical neighbours:

### **Enfield Premature Mortality (aged U75) and Rankings (2009-11) compared to ALL Local Authorities**

	Enfield compared to ALL Local Authorities, ranking / premature deaths per 100,000	ALL Local Authority Best / premature deaths per 100,000	ALL Local Authority Worst / premature deaths per 100,000
Overall deaths per 100,000	32 <sup>nd</sup> / 237	Wokingham / 200	Manchester / 455
Cancer	17 <sup>th</sup> / 95	Harrow / 83	Manchester / 152
Heart Disease and Stroke	50 <sup>th</sup> / 59	Wokingham / 40	Manchester / 116
Lung disease	42 <sup>nd</sup> / 19	Bromley / 14	Blackpool / 62
Liver disease	51 <sup>st</sup> / 13	Wiltshire / 9	Blackpool / 39

### **Enfield Premature Mortality and Rankings (2009-11) compared to SIMILAR Local Authorities**

- 9.3 Within the above it was noted although the above is welcomed important to recognise the success in increasing the average life expectancy of the borough, the life expectancy gap cannot be ignored.

	Enfield compared to SIMILAR Local Authorities ranking / premature deaths per 100,000	SIMILAR Local Authority Best / premature deaths per 100,000	SIMILAR Local Authority Worst / premature deaths per 100,000
Overall deaths per 100,000	1 <sup>st</sup> / 237		Wigan / 324
Cancer	1 <sup>st</sup> / 95		Darlington / 121
Heart Disease and Stroke	2 <sup>nd</sup> / 59	Brighton and Hove / 58	Peterborough / 79
Lung disease	2 <sup>nd</sup> / 19	Camden / 18	Wigan / 32
Liver disease	1 <sup>st</sup> / 13		Wirral / 25

## 10.0 CLINICAL COMMISSIONING GROUP (CCG) UPDATE

10.1 The CCG has become reasonably well established over the past 3 months and has the following priorities:

- Improve primary care
- Deliver service transformation with providers working with an integrated approach
- Achieve financial balance

10.2 The CCG authorisation process took place between November 2012 and March 2013 and it was authorised with certain conditions:

- Must have the capacity to meet all initial challenges
- Ability to develop and deliver a strong and stable financial plan

10.3 The CCG is working with NHS England to lift conditions by September 2013.

10.4 There was a public board meeting on 31st July to which all were invited.

10.5 The CCG is working on a 3 year primary care improvement plan and an Older peoples assessment unit is to provide a service to avoid admittance into hospitals

## 11.0 MoreLife

11.1 MoreLife (UK) Ltd provides residential summer weight-loss camps for 8 – 17 year olds.

- 11.2 Enfield CCG has recruited 30 children and young people to attend Morelife between 18<sup>th</sup> and 31<sup>st</sup> August. There is a waiting list in case of drop-out.

## **11.0 REASONS FOR RECOMMENDATIONS**

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

**Background Papers: None**