MUNICIPAL YEAR 2013-14

Health and Wellbeing Board
12 December 2013

Agenda – Part: 1	**Item: 9a**
Subject: Health Improvement Partnership and Public Health Report	
WARDS: All	

REPORT OF:

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EXECUTIVE SUMMARY

This report provides an update on the work of the **Health Improvement Partnership** and the **Public Health Department** in Enfield from April 2013 to November 2013 (Month 8 of financial year).

Updates for all key public health areas are included, as are relevant updates on health improvement activities from of the Health Improvement Partnership and its sub-groups. Additionally the report provides an update on some commissioning intentions and public health proposals for Q4.

A more detailed report under separate cover is provided for the Upper Edmonton Health Inequalities Project.

RECOMMENDATIONS

It is recommended that the Health & Wellbeing Board note the content of this report.

1. HEALTH IMPROVEMENT PARTNERSHIP - UPDATE ON FUNCTIONS

2.1 Joint Strategic Needs Assessment (JSNA)

The JSNA (Joint Strategic Needs Assessment) had been created as an on line resource, which would be continually updated as the data changes. The JSNA online went live in October 2013.

2.2 Health and Well-being Strategy (HWBS)

The draft Joint Health and Wellbeing Strategy priorities are being consulted on. The consultation closes on Sunday, 22 December 2013 and a consultation report will be available on the Enfield website in January 2014.

On Friday 6th December two public meetings are scheduled - one at Green Towers Edmonton (AM) and the other at the Dugdale centre (PM).

2.3 HEALTH IMPROVEMENT STRATEGIES

The HIP has received reports or updates on the following this financial year: tobacco strategy action plan, childhood obesity, maternity services, childhood poverty, patient equality monitoring, regeneration and domestic violence.

REVIEWS OF PERFORMANCE ON HEALTH IMPROVEMENT INDICATORS

2.4 The last meeting of the HIP took place on 16th October 2013. The HIP received updates on the Upper Edmonton Project – Life Expectancy and Employment Opportunities at North Middlesex Hospital; housing and homelessness; JSNA and HWB Strategy; Annual Public Health Report and immunisation. A presentation was received from the Life Opportunities Commission. Updates were also received from Child Health and Adult Health sub-groups and from the Health and Wellbeing Board and CCG.

3. PUBLIC HEALTH SERVICES – MANDATORY AND NON-MANDATORY

3.1 MANDATORY SERVICES

3.1.1 Sexual Health

Officers across commissioning, youth services (on teenage pregnancy) and public health contribute to the local authority agenda for sexual health.

Sexual health represents the single largest cost for public health. There remain some areas of uncertainty and risk affecting the costs of some contracts. For instance, Genito-urinary Medicine (GUM) represents the highest area of spend and is an open access service with unlimited demand. Due to the nature of the service and expectation of confidentiality there are currently fewer mechanisms for commissioners to challenge provider data. Agreeing a common approach to commissioning with neighbouring boroughs and commissioning NHS commissioning support have been employed to in part mitigate the risk.

The focus of public health commissioning has been on disaggregating contracts and to determine the likely costs of provision in 2013/14.

The focus of the public health team has been on sexual health promotion and disease prevention. Public health has developed and is delivering a HIV

testing campaign on the lead up to World Aids Day (1st December 2013); commissioned targeted work on HIV testing with identified communities; was involved in has signing up Enfield to the Pan-London HIV prevention work. These activities are directed at improving the uptake of HIV testing and securing a reduction in late HIV diagnosis.

Additionally, the specifications for a comprehensive sexual health needs assessment for Enfield have been developed. The sexual health needs assessment is on-going. The will inform the planning and commissioning of services for Enfield residents.

The public health work plan for sexual health includes the development of a specification for agreement with general practitioners in line with national guidance for sexual health and HIV to work towards decreasing the number of people in Enfield infected by a Sexually Transmitted Infection (STI) and HIV, by actively offering HIV testing to all new adult (15-59) registrations and STI screening to those who are identified as at risk or who present with symptoms. The specification will also reward practices for screening 15-24 year old patients for Chlamydia as identified in the National Chlamydia Screening Programme.

3.1.2 Health protection (and immunisations)

As with many boroughs in London, Enfield is not recording immunisation levels necessary to eliminate the risks of disease outbreaks. There appears to be a discrepancy between low coverage indicating a vulnerable population and threats such as the recent Welsh measles outbreak which did not result in a measles in London / Enfield despite reported cases.

Actions taken to improve immunisation uptake and coverage include the provision of information and resources to different community settings; a marketing campaign, utilising London buses and bus stop advertising space; articles within community newsletters; speaking to parents and carers and distributing written information during the Town Show; the production of a Public Health Newsletter specifically directed on raising awareness of the importance of MMR vaccination.

Additionally, nursery staff are asked to raise the importance of immunisation during home visits for children entering the school system. A letter was sent from the DPH to all head teachers in the borough to encourage immunisation uptake – outlining the risk of disease amongst not just unimmunised pupils but the staff that teach them; and a well attended vaccination and advice session was given at Eldon School in July.

A joint paper, written with PHE, was presented at the June Health and Wellbeing Board.

There remains on-going work around data capture and monitoring; and awareness raising in schools focussed on MMR vaccination and the routine childhood vaccination programme.

With respect to tuberculosis, the steering group co-ordinated by a public health officer to agree the community TB prevention plan has been set up with representation from partners across the care community.

3.1.3 Working with the CCG – the core offer

Public health has contributed or been engaged in the older people integrated care workshop, the community services redesign project, the child health integrated care steering group and workshop as well as in supporting the CCG Commissioning Strategic Plan – that is workshop and authoring chapters of the document.

Additionally, public health is involved in a modelling exercise project linking in health and social care data; the analysis and performance framework associated with the Integrated Transformation Fund; supporting the CCG operating plan and the development of practice profiles.

3.1.4 National Child Measurement Programme (NCMP)

The NCMP provides robust public health surveillance data on child weight status: to understand obesity prevalence and trends at local and national levels, to inform obesity planning and commissioning and underpin the Public Health Outcomes Framework indicator on excess weight in 4-5 and 10-11 year olds. The NCMP has a significant role in raising awareness of childhood obesity, by providing much needed evidence of the scale of the problem and informing action to address this.

For this academic year, 2012/13, the NCMP letters have been sent out; measurements taken and data uploaded. The public health team provided support to the school nursing team through this process. There are plans for the public health team to provide further training to the school nursing team on data capture, recording and entry; as well as completing any necessary NCMP obesity analysis.

Additionally, the NCMP can provide parents with feedback on their child's weight status: to help them understand their child's health status, support and encourage behaviour change and provide a mechanism for direct engagement with families with overweight and obese children (delivery of this element of the programme is not mandated).

With the healthy weight action plan for Enfield are proposals for a programme to support at least 100 children (and their families) who receive letters that show either overweight or obese category. Additionally, there are proposals to establish a care pathway by 2015 and explore the need for and if so establish a GP exercise referral scheme by 2015.

3.1.5 NHS Health Check Assessments

With the move of healthchecks to the LA from the PCT / NHS the former contract (LES) has needed to be re-written and has been updated. Following

national guidance the agreement now includes signposting of dementia services (for those aged 65+) and Audit C (alcohol screening).

The provider of community healthchecks continues to increase delivery and concentrates its activities in the South East of the borough, including expansion to faith-based locations such as the mosque opposite the Angel Centre.

At the end of Q2 4001 NHS health checks had been delivered and 7838 delivered. As such delivery is approximately 45 per cent over trajectory.

Additionally, the process and mechanisms for GP payments for health checks following the transfer to local authorities have been clarified and are functional.

3.2 NON-MANDATORY SERVICES

3.2.1 Tobacco Control / Smoking Cessation Services

Smoking has been identified as a major cause of health inequalities in Enfield. Smoking remains the greatest cause of preventable death, disability and morbidity in the borough. The greatest health gain comes not from quitters but from stopping people from starting to smoke / use tobacco.

The Enfield and Haringey Tobacco Control Alliance therefore organised a conference on reducing prevalence / stopping people starting to use tobacco on 23rd September. Speakers included Duncan Selbie, Chief Executive of Public Health England, Jo Locker, Tobacco Control lead for London and Dr. Subhash Pokhrel, University of Brunel and author of the NICE Return on Investment tobacco control tool. Public Health is an important stakeholder in the Tobacco Control Alliance.

Smoking prevention message continues to be distributed through schools via posters. An online programme “Smoke Storm” has been launched at 8 schools in Enfield. In June 2013 the Stop smoking service, public health and trading standards collaborated to deliver the dangers of smoking message.

Smoking prevalence in Enfield is approximately 18.5% of adults aged 18+.

3.2.2 Obesity And Community Nutrition Initiatives

The Child Healthy Weight Coordinator has been recruited. There is an active Childhood Healthy Weight Board / Healthy Weight Steering Group. The next meeting of the group is scheduled for 4th December 2013. The draft Healthy Weight Action Plan is currently out to stakeholders for comments.

3.2.3 Increasing Levels Of Physical Activity In The Local Population

In collaboration with the Senior Travel Awareness Officer, Cycle Enfield Programme – that is, cycle training, family bike rides, fun days will be

promoted. Within the Healthy Weight Plan, at least 3 new walking/cycling initiatives are to be implemented.

3.2.4 Dental Public Health Services

The recent PHE survey of dental health published in September reported that more than a quarter (27%) of five-year-olds in England has tooth decay down from 30% in a 2008 survey. Deprived areas had the highest numbers affected by decay. Children with decay had, on average, between three and four affected teeth.

Enfield was London's poorest performer, similar to Haringey. The average number of obviously decayed, missing (due to decay) and filled teeth per child was 2.05 (for instance, compared with the Richmond figure of 0.4, best in London).

Decay stems largely from a poor diet, but also poor dental care - not brushing teeth properly and not visiting the dentist often enough. Although healthy adult teeth will come through in children whose milk teeth have been affected by decay, if such bad habits become ingrained, there will also be problems with those teeth.

Following the survey, public health staff have met the Operational Clinical Lead for Dentistry Whittington Health (Haringey & Enfield Arm) to follow up on sampling used for the survey and further understand what oral health promotion activities are available locally. There is on-going work examine options for further enhancing oral health promotion for Enfield. Additional work proposed include literature review of current research and innovative evidence based interventions to improve oral health and identifying cost effective solutions for Enfield; benchmarking Enfield dental health services against similar borough; oral health needs assessment; and a comprehensive oral health strategy for Enfield.

3.2.5 Local Initiatives On Workplace Health

Public Health, working with colleagues across many departments, is coordinating the Council's bid to become accredited under the Greater London Authority's Healthy Workplace Charter, which provides a framework for addressing health and wellbeing over a number of areas, including healthy eating and physical activity, tobacco and alcohol, mental health and attendance management. This charter, introduced in 2012, provides practical guidance for organisations to improve the health and wellbeing of their staff over these areas and more, as well as engaging employees and ensuring high-level support. The Charter will provide official recognition for Enfield Council's work towards supporting staff in living healthy and balanced lives.

Public health is working with colleagues and officers across the council is also looking at how the Council can continue to improve health and wellbeing at work, including encouraging healthy eating, physical activity, and how to avoid stress, alcohol and smoking. This includes leading on a number of

healthy workplace initiatives such as the provision of free fruit in the canteen and at the Health Fair on 27th November. This will be followed by weekly fruit delivery to the Civic Centre, Charles Babbage House, Triangle House, Thomas Hardy, Moulson Road Depot and John Wilkes House until 18th December. This initiative is geared towards making it easier for Enfield staff to get the 5-a-day and eat healthily this winter.

More initiatives are planned for January – to support sustaining New Year resolutions - and beyond

3.2.6 Public Mental Health Services

A mental health needs assessment is scheduled for January 2014 and will inform future approaches to public mental health services.

3.2.7 Behavioural and Lifestyle Campaigns To Prevent Cancer and Long-Term Conditions

A range of health promotion campaigns are being delivered including those to raise awareness about stroke symptoms and alcohol.

Public health is developing a series of structured diabetes education sessions. Additionally, diabetes social marketing campaign has been commissioned to run alongside the diabetes education sessions.

3.2.8 Public health aspects of promotion of community safety, violence prevention and response

Predictive modelling around domestic violence is to be scheduled within the public health intelligence work plan. Public health officers contributed to domestic homicide review.

3.3 SERVICE AREA PUBLIC HEALTH ACTIVITY – PUBLIC HEALTH INTELLIGENCE / INFORMATION

In addition to many of the information and intelligence work that has informed prior mentioned activities, the public health intelligence function has been engaged in

- The development of locality profiles;
- Ongoing cardiovascular disease needs assessment;
- Ongoing cancer needs assessment;
- Chronic obstructive pulmonary disease needs assessment;
- Ongoing comprehensive looked after children health needs assessment;
- Setting out an understanding of the relationship between private rented accommodation and anti-social behavior. This was completed collaboratively with staff across other departments in LBE.

Additionally, the following needs assessments are planned or on-going for diabetes, looked after children, early access to maternities, sexual health; and Turkish and Kurdish communities.

Public Health Intelligence products such as Enfield factsheets are being developed for inequlities, alcohol, CVD, cancer, mental health, oral health and sexual health.

3.4 SERVICE AREA PUBLIC HEALTH ACTIVITY – CHILDREN, YOUNG PEOPLE & FAMILIES

3.4.1 Maternities

Over the last two years, the proportion of expectant mothers in Enfield who have seen a midwife or maternity health care professional by 12 weeks and 6 days of pregnancy has increased steadily. It is important to keep the momentum going. As such, a health campaign around this issue is running from 18th November to 1st December 2013.

The campaign has involved the redesign of the campaign materials to better reflect the ethnic diversity of Enfield. There has been a targeted element of the campaign around the Upper Edmonton area, with adverts placed at local bus stops; and working closely with identified communities. Campaign resources are also to be distributed through Children's Centres, libraries and community pharmacies.

Additionally, specifications have been developed for a health needs assessment, incorporating a health equity audit on access to maternity services.

In future, it is hoped that there will be greater 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.

There is an on-going pilot of health trainers working with the maternities services to support women with BMI >30. There are proposals for additional health trainer intervention with mothers with BMI over 25 but less than 40 for obesity and emotional wellbeing. The trialling of blood sampling for smoking in pregnancy over a two-week period is also proposed to enhance understanding of the prevalence of smoking in pregnancy beyond self-reporting. There is on-going work on the feasibility of public health / public health midwife working closely with Somali women and also investigating this project as a route to employment.

3.4.2 Breastfeeding

The proportion of women in Enfield who have initiated breast-feeding within 48 hours of delivery has risen steadily over the last four years. Over 90% of women in Enfield now initiate breastfeeding within 48 hours of birth. This figure is above both the London and England averages. Figures for

breastfeeding at 6-8 weeks after birth have also risen over recent years, and are above both the London and England averages.[1]

Twelve breastfeeding peer supporters were recruited and trained in 2011/12. In 2012/13, a further 23 were trained up and graduated in May. Twenty of these peer supporters are active. There are currently 21 active peer supporters volunteering in Enfield's Children's Centres. We are looking to improve retention rates.

Additionally, there are proposals to reintroduce the Enfield Breastfeeding Welcome Scheme; commission breast-feeding training for health care professionals and parent champions; develop a pregnancy pal and birth buddy initiative.

3.4.3 Infant mortality rate and Enfield Children and Young People Scrutiny Panel

From 2003-05 to 2006-08 Enfield's infant mortality rate was statistically significantly higher than both the London and the England rate, that is, there is very likely to be a true causal difference and is most unlikely to be due to chance or to normal variation. However, from 2007-09 to 2009-11, the Enfield infant mortality rate has not been statistically significantly different from the London or national rates. Although the numbers of deaths are relatively small this does not mean that the issue is resolved: an average of 28 babies are still dying before their first birthdays each year in Enfield.[2]

Infant mortality is a sensitive measure of the overall health of a population and reflects a likely association between the causes of infant mortality and other factors that influence the health status of whole populations. Interventions that are effective in reducing infant mortality will also improve the general health of the population: they are doubly beneficial.

In a recent report to the Enfield Children and Young People Scrutiny Panel, it was recommended that only if we can enable everybody to see reducing infant mortality – and more generally, improving the well-being of the borough's population – as part of their business and not somebody else's, that we will be likely to make any significant impact on the local population's health. This will require a much wider range of people, especially those in front-line services of all types, to understand the key issues, raise them with their clients/patients, and signpost them to relevant services.

3.4.4 Safeguarding

In a report of the Enfield Child Death Overview Panel (CDOP) to the Enfield Safeguarding Children Board earlier this year, it was noted that over half (18)

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1 http://www.enfield.gov.uk/healthandwellbeing/info/16/the_health_and_wellbeing_of_children_young_people_and_their_families/91/maternal_care [LAST ACCESSED 03.10.13]

2 http://www.enfield.gov.uk/healthandwellbeing/info/16/the_health_and_wellbeing_of_children_young_people_and_their_families/92/infant_mortality [Last accessed 03.10.13]

of the 30 deaths that occurred in the year 2012/13 were attributable to chromosomal, genetic, congenital anomalies or to perinatal/neonatal events – in each of the latter cases to prematurity related to spontaneous early onset of labour – and thus were, in the current state of knowledge, unavoidable.

No cases reviewed required referral for special case review and in only one was there considered to be a modifiable factor (relating to clinical practice, dealt with through developing new clinical guidelines).

Enfield CDOP is reviewing its ways of working with a view to enabling more detailed review of deaths where there might be lessons to be learned that might be more generally applied (to improve health and well-being for a large number of people) rather than those which might relate specifically to each death in question.

3.4.5 Vulnerable children: Looked after children

As of 31st March 2013, Enfield Council was responsible for 300 LAC. Looked-after children often have poorer health and social outcomes than other children. This is particularly true when considering the issues of educational attainment, mental health and homelessness.

A preliminary report following our analysis of data on looked after children has been recently issued, in support of the pending Ofsted inspection. The report is being used to facilitate dialogue between commissioners and providers and to support their development of a suitable action plan. The comprehensive health needs assessment for looked after children is ongoing and should provide recommendations for the systematic use and analysis of the data for planning and commissioning.

3.4.6 School nursing

From April 2013, local authorities became statutorily responsible for delivering and commissioning public health services for children and young people aged 5-19. This will include providing prevention and early intervention services, delivering the Healthy Child Programme and addressing key public health issues such as sexual health, emotional health and wellbeing issues, obesity, drug, alcohol and tobacco misuse.

The school nursing service offers a structured approach to delivering the Healthy Child Programme (5-19), providing public health advice and ensuing the emphasis is on providing early help to children and young people from school nurses.

We have developed specifications for a needs assessment for school nursing. The aim of the health needs assessment is to gather data to help determine the actions required to further improve the provision of school nursing services in Enfield. This is being done by identifying what the level of needs are amongst 5 – 19 year olds; determining strengths and weakness of

current provision; determining if there any gaps current provision and identified need; and how any such identified gaps can be addressed.

3.4.7 Family Nurse Partnership (FNP)

The Family Nurse Partnership – an evidenced based, preventative programme offered to vulnerable young mothers having their first baby with the aim to: improve maternal health; improve pregnancy outcomes; improve child health and development; improve parents' economic self-sufficiency.

Public health is represented on the steering group for the FNP and engaged with the launch of the FNP in October 2013.

3.4.8 CYP-PH Work Plan

In addition to the activities and plans set out above, the JSNA is being systematically examined to define the public health CYP work plan / programme which will also be closely aligned with the Enfield Health and Well-being Strategy.

3.5 SERVICE AREA PUBLIC HEALTH ACTIVITY – ADULTS / HEALTH INEQUALITIES

On 16 July a conference was held to develop a plan to improve female life expectancy in Upper Edmonton. Over 100 people including four council cabinet members, councillors, three NHS chief executives and members of the voluntary sector attended the conference. The keynote presentation was by Chris Bentley, former Head of the National Support Team for Health Inequalities.

Following the conference, an action plan was put together and is now being implemented. The delivery is in part being led the Upper Edmonton Life Expectancy Steering Group which met for the first time on 10th October 2013; and has met again in November.

Membership of the steering group is drawn from partners: CCG, NMUH, LBE and voluntary sector.

An UE LE action plan addresses 12 themes identified. Many of the themes are cross cutting with work that is already being delivered by the LBE public health team. The action plan has been costed and set in a work programme.

A more detailed update on the Upper Edmonton project is provided to the HWPB under separate cover.

5.6 SERVICE AREA PUBLIC HEALTH ACTIVITY – HEALTHY LIFESTYLES AND PLACES

From April 2013, public implications became a consideration for all cabinet reports.

Public health contributed to the mini-Holland bid. Highlights from the Enfield bid included introducing a Dutch style roundabout, with protected cycle lanes, in Edmonton Green, segregated routes along main roads and a "Cycle Superhub" in Enfield town centre.

Enfield is one of 8 boroughs shortlisted for the Mayor's £100 million "mini-Holland" funding from the initial 20 outer London boroughs. The three or four winners are to be announced early next year, with the £100 million to be shared between them, though not necessarily equally.

There are proposals in development for Enfield to become a World Health Organisation (WHO) designated city / town.

3.7 SERVICE AREA PUBLIC HEALTH ACTIVITY - IFR

Twenty-five individual funding requests have been processed.

4 PUBLIC HEALTH TEAM AND WORKFORCE

The recruitment and retaining of permanent staff to the public health department has been a challenge following its transition to local authority.

There have been vacancies at the consultant levels for a substantial part of the financial years, which have impacted on the progress on a number of work streams within the department. However with the engagement of interims across most staff grades, some of the capacity issues have been resolved.

A permanent consultant in public health has been recruited and is expected to start in the New Year.

The department is also embarked on some team / organizational development initiatives to further boost team performance.

To further enhance the community development work of public health and in part to respond to the healthy weight agenda, there are proposals for the expansion of the health trainer team.

[END OF REPORT]