

## MUNICIPAL YEAR 2013/2014

**MEETING TITLE AND DATE**  
Health and Wellbeing Board  
13 February 2014

**REPORT OF:**  
Director of Public Health Dr  
Shahed Ahmad

<b>Agenda – Part: 1</b>	<b>Item: 10a</b>
<b>Subject: Update to Health and Wellbeing Board</b>	
<b>Wards: All</b>	
<b>Cabinet Member consulted:</b>	

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### 1. EXECUTIVE SUMMARY

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

- Health and Wellbeing Strategy
- Tobacco control / smoking cessation
- Upper Edmonton
- Physical activity and transport

### 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 September
- Public Health England has published data on premature mortality for all boroughs
- The CCG is working with NHS England to come out of conditions in September

### **3. Health and Well-being Strategy**

- 3.1 The Health and Well-being strategy has now been finalised. Consultation ran for 12 weeks between October and December 2013.
- 3.2 2,003 responses were received; 562 questionnaire responses and 1,441 token votes.
- 3.3 Over three quarters of respondents, (77%) supported all five draft priorities. 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.
- 3.4 When asked to select the priority or priorities questionnaire responses were:
- Enabling people to be safe, independent and well and delivering high quality health and care services (71%)
  - Ensuring the best start in life (61%)
  - Promoting healthy lifestyles and making healthy choices (52%)
  - Creating stronger, healthier communities (44%)
  - Narrowing the gap in healthy life expectancy (33%)
- 3.5 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%)
- 3.6 An action plan to implement the above priorities is now being developed.

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

- 4.1 At the end of Q2 Enfield had achieved 724 four-week smoking quitters against an end of year target of 1572.
- 4.2 This trajectory matches 2012/13 and previous years when the target has been consistently achieved.
- 4.2 Q3 data is not due until March 14<sup>th</sup>.

### **5. Upper Edmonton**

- 5.1 A report has been written. There are 167 activities in the project. There is a brief write-up and notable achievements of the team and its partners have been recounted. In brief:

- Needs assessment and health and equalities (with the Public Health Intelligence team)
- Face, Arm, Speech and Time (FAST) (at risk individuals) and HIV campaigns
- Smoking cessation
- Diabetes pathway – working with GPs, with a focus on the south-east of the borough
- CVD and stroke prevention and root cause analysis, with a focus on the south-east of the borough
- Diabetes structured education programme (particularly concerning Somali and Turkish groups)
- Diabetes social marketing campaign
- North Middlesex University Hospital to encourage employment
- Stakeholder event (end of January) – to be multilingual and focussed on female participation and discussions on preventative health topics.
- Small grants scheme with Shaun Rogan’s team. This will be a one-off as it’s not sustainable in all areas. Community-related, small activities, cancer, child health

## **6. Physical activity and transport**

- 6.1 The HIP received a paper indicating that if Enfield had the same levels of active transport as Croydon this would equate to some 9,000 more people being physically active everyday.

## **7. Health Needs Assessment**

- 7.1 There are a number of on-going needs assessments including cancer, cardiovascular disease, diabetes, musculoskeletal (MSK), Looked after Children and Chronic Obstructive Pulmonary Disease (COPD).
- 7.2 The majority of these should be completed by the new financial year.

## **8.0 Mental Health Strategy**

- 8.1 The HIP received a report on the Mental Health Strategy for public consultation. There will be a strong focus on service quality, recovery and outcomes delivered through effective partnerships.

- 8.2 It is envisaged that there will be improved access to:

- Support to maintain mental health and wellbeing for all
- Early diagnosis and intervention
- Information about services and support
- Evidence based assessment, treatment and support
- Housing with flexible support
- Support by GPs and in community settings
- Good quality support for people during acute phases of illness

- Support to find meaningful occupation or employment and to maintain income
- Support to develop meaningful relationships and participation in community activities
- Support to address both mental health and physical needs
- Support for carers

## **9.0 Childhood obesity**

- 9.1 The latest National Childhood Measurement Programme data was released in December 2013 for academic year 2012/13.
- 9.2 In 2012-13 in Enfield 13.6% of reception age pupils were overweight and a further 12.6% obese. More than one in four Reception Year children in Enfield was overweight or obese (26.2%), well above the London (23.0%) and England (22.2%) averages and the 5th worst in London
- 9.3 15.0% of Year 6 pupils were overweight and a further 24.1% obese. 39.1% of Year 6 children in Enfield were overweight or obese, well above the London (37.4%) and England (33.3%) averages. This was the 13th highest rate in London.
- 9.4 Latest Health Survey for England (HSE) data indicates that by the age of 55 some 70% of adults (aged 16+) are either overweight or obese.

## **10. REASONS FOR RECOMMENDATIONS**

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

## **11. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

### **11.1 Financial Implications**

*No financial implications*

### **11.2 Legal Implications**

*No legal implications*

### **11.3 Property Implications**

None