

## MUNICIPAL YEAR 2014/2015

**MEETING TITLE AND DATE**  
Health and Wellbeing Board  
17 July 2014

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

<b>Agenda – Part: 1</b>	<b>Item: 7a</b>
<b>Subject: Health Improvement Partnership Board Update</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:

- Tobacco control / smoking cessation
- Obesity
- Improving Life Expectancy in Upper Edmonton
- Cycle Enfield
- Child Health
- Healthchecks

### 2. RECOMMENDATIONS

The Board is asked to note the contents of this report

### 3. Tobacco Control / Smoking Cessation

- 3.1 The smoking four-week quitters target for 2013-14 was achieved – 1708 quitters against a target of 1582.
- 3.2 The smoking contract with Haringey has been formally split so that Enfield has its own contract with the smoking cessation service provider; Innovision.

3.3 Following this the Enfield Tobacco Control Alliance is meeting on 27<sup>th</sup> July.

3.4 A steering group has been established to increase the number of smoking referrals from the North Middlesex following the implementation of an automatic referral system of all smokers to stop smoking services.

#### **4. OBESITY**

4.1 Active People Survey (7) included data questions on overweight / obese in those over 18. 26.4% of Enfield adults were obese and a further 37.8% overweight making Enfield the 5<sup>th</sup> most obese borough in London.

4.2 A workshop is being held on 26<sup>th</sup> June to look at the obesity care pathway in Enfield. This will be written up and form the basis of an obesity pathway.

4.3 The obesity strategy will be updated this summer.

4.4 Public Health is working with UCL to implement behaviour change models at a population level.

4.5 National Childhood Measurement Programme (NCMP) data is being collected throughout the summer and will be submitted in mid-August.

#### **5. Cycle Enfield (formerly known as mini-Holland)**

5.1 Following the successful tender to secure £27 million to improve cycling in the borough steering groups and governance structures have been established.

5.2 Consultation on projects will continue over the summer.

#### **6. UPPER EDMONTON**

6.1 A diabetes social marketing campaign was also implemented in the period Jan – Mar 2014. Upper Edmonton GPs made a significant contribution to the process. 4000 leaflets were printed and distributed in Somali, Turkish and English. In addition three community events were undertaken at Rumi Breakfast Club and Turkish and Cypriot Association Lunch Club. We have also supported the CCG's Medical Director to deliver diabetes pre-Ramadan sessions at 5 mosques.

6.2 An enhanced diabetes patient's pathway has been developed with the CCG. This will be implemented in September. We have defined an evidence-based validated risk assessment tool that will identify people

at risk of developing diabetes. In addition 'at risk' individuals will be directed to intervention in order to prevent the condition developing.

- 6.3 An Atrial Fibrillation, stroke prevention initiative and cardiovascular root cause analysis audit has also been commissioned in conjunction with the CCG.
- 6.4 Eighty people attended a further engagement event at Wilbury Primary School, Edmonton on 19th March 2014. And fifty people attended an evening stakeholder and engagement event at Snell's Park on the 10<sup>th</sup> April. 200 health questionnaires were completed and returned on a number of health issues.
- 6.5 The team has also been supporting the CCG to develop 6 care pathways, including those for diabetes, integrated care, and gastrointestinal, musculoskeletal, and mental health. To date the diabetes pathways, mental health and integrated care have reached advanced stages of development.
- 6.6 We have produced Locality specific profiles to assist the CCG in understanding their local needs and priority areas for commissioning. GP practice profiles are currently being developed for further insight and understanding of their local population needs.
- 6.7 Latest life-expectancy data indicates that there has been an increase in life-expectancy of 1.3 and 1.1 years respectively for males and females. 2008-2012 data indicates that male life expectancy is significantly lower than the borough average in Upper Edmonton, Ponders End, Enfield Lock and Chase. Female life expectancy is significantly lower in Upper Edmonton, Chase and Enfield Lock. Accordingly our Life Expectancy activities will now be more distributed geographically across the Borough, but again will be emphasised in areas with poorer life expectancy data. These Wards will be Upper Edmonton, Chase, and Enfield Lock.
- 6.8 Our involvement in Mental Health has included supporting Jobcentre Plus, council departments, NHS, community organisations and employers in developing evidence-based support packages aimed at improving mental health and wellbeing, and employment opportunities, for residents in the local community. We have also facilitated Mental Health awareness training for Jobcentre Plus staff in Edmonton in addition to some of the Council's own staff from the Welfare Advice and Support Hub. We have also met with partners at the BEHMHT and the CCG and agreed that the Mental Health Directory being developed by BEHMHT can also be utilised or hosted by LBE.

- 6.9 Our activity in the area of Excess Winter Deaths. Includes a Rapid Needs Assessment, a Housing Risk Assessment and immunisation awareness campaigns
- 6.10 Following from our previous activity in addressing life expectancy issues relating to Cardiovascular Disease [CVD] we are now localising this focus upon the burden of disease attributable to hypertension in Enfield. The full project plan is currently being worked up. There are a number of Hypertension initiatives intended for delivery in the period July-September 2014.
- 6.11 In May 2014 Stroke Action with the support of Public Health Enfield ran a stroke prevention campaign. Two major activities took place: a walk for prevention in Fore Street, Edmonton and a Stroke Prevention Conference 28<sup>th</sup> May 2014.
- 6.12 Community engagement is on-going and we have developed close links with a number of mosques in the Borough. Including Rumi and Palmers Green mosques and are continuing to work in partnership with them in delivering a number of health messages and also facilitating the healthchecks programme.

## **7. Child Health Update**

- 7.1 The school nursing needs assessment has been completed in draft and informed the commissioning process/KPIs for 14/15 and longer term commissioning.
- 7.2 Work has commenced on a Female Genital Mutilation (FGM) needs assessment.
- 7.3 Child Death Overview Panel annual report has been written (draft).
- 7.4 Draft policy on working with the pharmaceutical industry has been written.
- 7.5 A draft report on smoking in young people in the Turkish community has been commissioned. Work will be developed from this including engagement with Turkish community leaders, local media, Turkish parents and young people.
- 7.6 As part of the implementation of the UNICEF breast feeding friendly initiative in the community, Public health has commissioned the National Childbirth Trust ( NCT) to train a cohort of 12 breast feeding peer supporter, who will be given placements in the different children's centres to support mothers who need extra assistance to continue breastfeeding.
- 7.7 The Antenatal project is on-going. 12 Parent Engagement Champions will be trained to work within the community, supporting mothers with

good parenting and forming closer bonds with their babies. 5 of these will be part of the breast feeding training cohort and they will create the link between the community and the children's centres', supporting and encouraging mothers to use the centre facilities.

## **8. Heathchecks**

8.1 The Healthchecks targets for 2013-14 have been exceeded; 6199 healthchecks were delivered against a target of 5500, 17,246 healthchecks were offered against a target of 12,500.

8.2 Public Health is working with Adult Social Services to implement electronic systems which will enable counting of the eligible population, remote recording of the number of healthchecks offered / delivered and an automatic call / recall system.

## **9. Supporting Pan London work**

9.1 Health Education England has awarded £300,000 for public health workforce development. We have been part of the leadership team commissioning pan London Public Health Workforce Development.

## **10 Supporting National Work**

10.1 We have been supporting the Public Health England Dementia Board.

10.2 We have been supporting the Public Health England Blood Pressure Systems Leadership Board.

10.3 The DPH has signed the Blackfriars Consensus Statement on dementia prevention.

## **11. Annual Public Health Report**

11.1 The Annual Public Health Report is nearing completion. The topic is on narrowing the life expectancy gap. The Report will show that there have been promising improvements in the Edmonton area. This allows us to broaden our focus to other areas; in particular Enfield Lock and Chase. A short summary version will be produced which is accessible to a broad range of people.

## **12 Public Health Web Presence**

12.1 Information has been uploaded to [www.enfield.gov.uk/publichealth](http://www.enfield.gov.uk/publichealth) . Comments are welcome so we can improve the pages in the future.

## **13. Reasons for Recommendations.**

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

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

**14.1 Financial Implications**

No financial implications

**14.2 Legal Implications**

No legal implications

**14.3 Property Implications**

No property implications

**15. KEY RISKS**

None

**16. IMPACT ON COUNCIL PRIORITIES**

**16.1 Fairness for All**

**16.2 Growth and Sustainability**

**16.3 Strong Communities**

The work in this report is intended to reduce inequalities, increase growth and sustainability and stronger communities.

**17 EQUALITIES IMPACT IMPLICATIONS**

As above

**Background Papers**

None