MUNICIPAL YEAR 2014/2015

MEETING TITLE AND DATE **Health and Wellbeing Board** **16 October 2014**	**Agenda - Part: 1** **Item: 7a** **Subject:** **Health Improvement Partnership Board Update** **Wards: All**
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1. EXECUTIVE SUMMARY

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

- Annual Public Health Report
- Adult Health
- CCG Core Offer
- Pharmaceutical Needs Assessment
- Child Health
- Health Intelligence
- Tobacco Control
- Healthchecks
- Health Protection
- National and Pan London Work

2. RECOMMENDATIONS

The board is asked to note the contents of this report.

3. ANNUAL PUBLIC HEALTH REPORT

The Annual Public Health Report for Enfield has been printed, published and distributed. This is the report of the Director of Public Health indicating the health of the residents of the borough. The APHR this year is called “Mind the Gap: Reducing the gap in life expectancy”. Both a full version and a shorter version

have been produced and both are available on the council website via www.enfield.gov.uk/PHpublications

The APHR outlines the evidence base about what works, in particular describing the guidance of the National Support Team for Health Inequalities and the Marmot Report. As well as presenting quantitative data, the APHR in Chapter 6 contains a breadth of reports from colleagues based in Enfield and colleagues based outside Enfield describing what they are doing to narrow the gap.

4. HEALTH INTELLIGENCE

Primary Care and Locality Profiles

Public Health has developed and delivered to the CCG, GP practice profiles and Locality Profiles to identify local priorities and support localised commissioning. The profiles include timely information related to Long term conditions, Quality Outcome Framework measures, benchmarking, hospital admissions and an executive summary with recommendations.

5. CHILD HEALTH

Enfield is hosting a Child Poverty conference on 17 November at the Dugdale Centre and an action plan will be developed following this event. This event will showcase the work that Enfield has undertaken to tackle child poverty to date and will develop an action plan to mitigate the impact of poverty on children today, raise families out of poverty and minimize the number of children born into poverty in the future.

Work continues to develop our partnership working and highlights include a presentation to the parent engagement panel on children's public health and regular meetings with colleagues in Schools and Children's Services.

The needs assessment on female genital mutilation (FGM) is nearing completion and a draft protocol is in place to ensure referrals are made, where required, from maternity care. We await updated guidance from NHS England and once this has been received, an action plan will be developed and the local protocols reviewed with partners.

Work continues on the action plan to address infant mortality and the team have been asked to attend scrutiny to discuss this topic in winter 2014.

6. ADULT HEALTH

6.1 Cardiovascular Disease and Hypertension

We are currently [mid-September to mid-October] engaged in a publicity and awareness campaign related to the risks of hypertension and raising awareness of both the need and ease of people getting their blood pressure checked.

This involves the display of a number of information designs as fixed posters in a variety of settings, including hospital, surgeries and council facilities as well as at bus stops and other street sites. In addition these

posters are mounted on the back of buses and in parallel we are undertaking other media activities.

Information on hypertension has been placed on the Council's website for both the public and professionals to access.

6.2 Mosque Engagement

We have significantly engaged with four mosques. These were all located in the Edmonton area, as this was our initial focus. Our most productive engagement to date is with the Mevlana Rumi Mosque we have undertaken health awareness activity around smoking, hypertension, Health checks, and the role of the Health trainer. We have also provided education related to diabetes. We also undertook a diabetes education "surge" during Ramadan. Health checks were also carried out here prior to Ramadan and plans are in place for future checks.

At the Edmonton Islamic Centre Al Masjid Mosque we facilitated a diabetes Ramadan education project and obtained agreement that future health checks could take place within the within the mosque. Early discussions have taken place in delivering health messages through TV screens seen to all mosque users.

Diabetes awareness activity has also taken place at Jalalia Jamme Masjeed in Ponders End and the Muslim Community and Education Centre at Palmers Green.

7. PUBLIC HEALTH ADVICE (AKA CORE OFFER) TO CCG

The key changes in the previous quarter include:

- Primary Care Improvement Fund with re-starting of GP Locality meetings
- Better Care Fund changes, and
- Possible co-commissioning of primary care by Enfield CCG.

By working closely with the CCG, Public health is putting in place measures to ensure that health inequalities are not widened by any new policy, implementation strategy, infrastructure changes or operational procedures.

Future steps include health equity audits and a suite of evidence and synopsis of best practice to support the delivery of prevention and self-care framework.

7.1 NHS Enfield CCG Strategic planning

Public Health team supports NHS Enfield CCG by providing advice and intelligence for the development of the CCG Commissioning Strategic Plan, particularly in relation to identifying priorities, understanding current needs and establishing future needs of the population. A Public Health Consultant participates as an active member of the following strategic groups in the CCG: Strategic Planning Group, Transformation Programme Board, Senior Managers Group, Primary Care Quality Improvement Group, and Quality and Safety Committee.

7.2 Service redesign and pathway improvement for long-term conditions

By the age of 65, 60% of people have long term conditions. A substantial number of clients are on social care mainly or partly due to health related problems, such as stroke, dementia and mental illness. The number of cases with diabetes and obesity are also increasing. Moreover it is known that the common risk factors remain undiagnosed: 47% of hypertension, 24% of diabetes and 30% of kidney disease.

Public health support NHS Enfield CCG in identifying key priority areas for redesign of pathways to improve the health and wellbeing outcomes of the population. This is by offering public health advice using scientific evidence and local intelligence in line with NHS commissioning cycle. Public Health input is crucial in cardiology pathway, musculoskeletal service redesign, respiratory pathway and diabetes integrated pathway. All new services will incorporate prevention, early diagnosis and patient empowerment as per public health evidence to improve patient outcomes and experience, and to be economically efficient. Public Health helped to design the prevention element of a diabetes pathway which will be the first transformation programme to start.

- *Musculoskeletal:* Enfield Clinical Commissioning Group (CCG) Governing Body at its meeting on 30 July 2014 took a decision to serve notice on all existing contracts for planned/elective MSK related services, including orthopaedics, rheumatology, pain management and physiotherapy services and move to a new contract via a competitive procurement exercise. The CCG aims to have a provider in place by October 2015. A patient survey and a series of workshops has been conducted for patient and clinical engagement.
- *Diabetes:* Implementation of the new pathway will be preceded by a pilot programme in the Southeast Locality integrated with a preventive pathway commissioned by Enfield Public Health.
- *Cardiology:* The new cardiology pathway will prevention, timely diagnosis, improving management in primary care to access to new technology to reduce unnecessary invasive procedures. Public Health plays a major role in ensuring prevention such as primary care atrial fibrillation management, effective treatment of hypertension and those with high cardiovascular risk detected by NHS Healthcheck programme.
- *Respiratory:* The new respiratory transformation will include better detection of COPD to adequate rehabilitation services.

7.3 <u>GP Locality Commissioning</u>

The four localities met in September and by the end of October each locality will come up with a chosen set of key priority outcomes and delivery plan. Public health supported the process by a presentation on primary care improvement, discussing available evidence and by the facts from locality profiles.

7.4 <u>Better Care Fund programme</u>

The Better Care Fund was announced in June as part of the 2013 Spending Round. It brings together the CCG and local authority and

encompasses a substantial level of joint funding to prevent deterioration of long term conditions, to provide care closer to home and to reduce unnecessary hospital use. The Fund is aimed to save 3.5% of emergency admissions. The BCF plan was submitted on 19th September 2014. A Public Health Consultant sits on the BCF working group and supports the development of the Better Care Fund Plan.

7.5 Individual Funding Requests (IFR)- ongoing work

Public Health team assimilates evidence required for the IFR panel so that the panel can take the right decision to maximise the health outcomes with limited resources without compromising the needs of the vulnerable and patients with rare conditions.

7.6 Public Health Advice on Commissioning of Effective and Cost-Effective Interventions

In addition to comprehensive needs assessments, public health also provided a literature review and recommendations around antibiotic use in respiratory tract and urinary tract infections in primary care, cost-effective use of effective lipid lowering drugs (statins) and individual funding requests, and modelling and economic evaluation of chronic disease burdens.

7.7 Integrated care and health improvement work.

Public Health team as a whole also support the CCG by activities that reduce disease burden in healthcare. The activities include the work around reducing health inequalities in a number of wards, diabetes risk reduction and lifestyle intervention in the Southeast Locality, atrial fibrillation and anticoagulation pilot in the Southeast locality, reducing excess winter death project, flu and pneumococcal vaccine campaign, hypertension campaign, NHS Healthcheck programme, collaborative study with UCL Partners on cardiovascular events, health trainers service, etc.

8. PHARMACEUTICAL NEEDS ASSESSMENT

8.1 Background

- Enfield Health and Wellbeing Board (HWB) has a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) by 1 April 2015.
- The PNA is a statement of needs for pharmaceutical service provision within the HWB area.
- Pharmaceutical services include the majority of services provided by community pharmacies, as well as dispensing providing from dispensing GP practices and appliance contractors.
- The PNA will be used by NHS England to determine applications from providers to provide pharmaceutical services. In addition, it will be used by CCGs and the local authority to consider services that may be provided from pharmaceutical service providers to reduce inequalities, improve access, and improve the health and wellbeing of the population.

- The HWB have delegated the responsibility to oversee the production of the PNA to a Steering Group.
- Writing of the PNA has been outsourced to a specialist company, Soar Beyond, following a procurement earlier this year.

8.2 Steering Group (SG)

- The SG includes representatives from Enfield Council, Enfield Healthwatch, NHS England, and Enfield CCG.
- Members of the SG have been chosen because of their local knowledge, representation, and experience in previous PNA productions.
- The SG has met to discuss, plan and progress for the development of the PNA.
- Terms of Reference for the SG have been agreed. The main role of the SG is to facilitate the production of the PNA, which is being led by the Chair and Soar Beyond.
- In addition to the SG, a series of web and telephone meetings have been planned between the SG Chair, and project team in Soar Beyond.

8.3 Draft PNA production

- The production of the Draft PNA includes the collation of pharmacy service provision (provided by NHS England), and public health data (provided by Enfield Council).
- A timeline for the production of the Draft PNA has been agreed by the Steering Group.

8.4 Consultation

- The 2013 Pharmaceutical Regulations, covering the PNA's production, include a requirement to consult for 60 days on the Draft PNA; this has been proposed by the SG to be conducted between 1st December 2014 and 31st January 2015.
- It is proposed the final PNA to be presented at the HWB meeting on 12th March 2015, following completion of the consultation and consideration of the responses.

9. TOBACCO CONTROL / SMOKING

9.1 A report on tobacco use in the Turkish population has been received. Key points included:

- Approximately 50% of the 11-25 population uses tobacco
- 37% of respondents smoke shisha
- Uptake of smoking is much quicker in this community than in the wider population
- There are a number of myths about shisha tobacco use

Next steps will include running focus groups to understand what interventions may be most effective in a) curbing uptake of smoking in this community and b) aiding stopping.

9.2 Stoptober

A 'laugh, don't smoke' comedy event is being held in the Dugdale on 13th October. Supporting events have been held in the Town Centre.

10. HEATLHCHECKS

The healthchecks programme is progressing; it is anticipated that in future data extraction will take place automatically. Agreement is being sought with Health Intelligence about pulling data on the effects of the healthchecks programme.

In Q1 1495 healthchecks were delivered (not offered) against a target of 6,500. This is likely to be an underestimate due to the reporting process which will be rectified following electronic extraction.

Analysis of electronic data indicates that uptake varies between localities; 8.24% in the North West to 14.47% uptake in the South West and between practices: 0% to >90%.

11. HEALTH PROTECTION

Meetings of the Health Protection Forum have resumed following a meeting in late July at which a new Terms of Reference were agreed.

Neonatal BCG vaccination is to be provided as a universal service across London. Public health is liaising with local providers and NHSE London to facilitate this. A campaign has been launched in local newspapers to encourage parents to get the pre-school boosters for their children to improve uptake of the booster vaccinations and MMR.

We have maintained a careful eye on the Ebola outbreak affecting West Africa and have provided briefings where required. We are liaising with our partners to ensure that appropriate guidance is given and in particular the consultant responsible for health protection is liaising with emergency planning and schools services to ensure a proportionate response to developments.

A pandemic influenza plan is being prepared with colleagues from emergency planning and the business continuity plans for public health are being reviewed.
We are liaising with colleagues in adult social care to deliver a 'flu immunisations for HHASC staff, including care workers in council care homes.

12. NATIONAL WORK AND PAN LONDON WORK

Following academic and LBE work, a member of the LBE Public Health team has been asked to be part of the expert panel at the ukactive national summit on physical activity for which confirmed speakers include the Under-Secretary of State for Public Health, Jane Ellison and the Rt Hon Andy Burnham, Shadow Secretary of State for Health.

Public Health staff from Enfield have been supporting national work on hypertension and dementia. We have been supporting PHE to assess applications for their Public Health System Talent Management Programme.

In London we have helped commission the pan London Public Health Workforce Development Programme utilising £300k from Health Education England. In London we have continued to support the London Cancer Commissioning Board, London Neurosciences Strategic Clinical network and London Health and Care Integration Collaborative.

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

13.1 Financial Implications
There are no financial implications.

13.2 Legal Implications
There are no legal implications.

13.3 Property Implications
There are no property implications.

14. KEY RISKS

None – this report is for information.

15. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

15.1 Ensuring the best start in life.

15.2 Enabling people to be safe, independent and well and delivering high quality health and care services. Creating stronger, healthier communities.

15.3 Reducing health inequalities – narrowing the gap in life expectancy.

15.4 Promoting healthy lifestyles.

16. EQUALITIES IMPACT IMPLICATIONS

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

Background Papers

None