

MUNICIPAL YEAR 2014/2015

MEETING TITLE AND DATE
Health and Wellbeing Board
11 December 2014

Dr Shahed Ahmed
Director of Public Health
shahed.ahmad@enfield.gov.uk
0208 379 3737

Agenda - Part: 1	Item: 6a
Subject: Health Improvement Partnership Board Update Report – Nov 2014	
Wards:	
Cabinet Member consulted:	
Approved by: Shahed Ahmed	

1. EXECUTIVE SUMMARY

This report updates the Health and Wellbeing Board on work of the Health Improvement Partnership Board

2. RECOMMENDATIONS

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

3. HILO PROJECT

Page 166 of the Annual Public Health Report describes the work with UCL Partners and page 178 describes the Hilo project which was part of this and delivered by QMUL. This project has worked with 2 practices (in Edmonton and Ponders End). Within a 9 month period , for 1000 or so patients whose blood pressures and cholesterol levels had been hard to control, this project has led to a 10mmHg drop in BP and a 0.5mmol/l drop in cholesterol. These results are fantastic and will certainly reduce the mortality rates in this group and PHE intend to showcase this nationally.

4. CHILD POVERTY CONFERENCE

This was held on 17th November at the Dugdale Centre. A steering group, organised a conference for 100 delegates from different organisations and stakeholder groups. Delegates included people from Enfield Council , voluntary sector, GLA, Public Health England, 4 Children and all local NHS organisations including three Chief Executives. Initial feedback was

broadly positive and there was certainly an enormous amount of positive energy in the room. Actions have been suggested to the steering group to be included in the overall action plan.

The conference will be evaluated and there will be post conference communications. A delivery group will take forward the action plan.

5. INDIVIDUAL FUNDING REQUESTS (IFRs)

IFRs are requests for medical interventions that fall outside provider contracts. Four IFRs have been received since September. All IFRs are up to date.

6. EMERGENCY PLANNING / PANDEMIC FLU

Public Health has led on the production of a borough-wide pandemic influenza plan. This details how the Council would work with partners to respond to pandemic influenza and will be presented to the next Borough Resilience Forum for ratification.

7. BREASTFEEDING SUPPORT

The Breastfeeding peer support training contract has been signed and work will commence this month. 12 Peer supporters have been recruited to undertake an intensive training course organised by the National Childbirth Trust. They will be ready to take up one year placements in the different Children's centres by February 2015.

The campaign to enrol more businesses to the Breastfeeding Welcome scheme is still on going and to date 91 businesses have registered.

Work with Wirral Community NHS Trust is in progress, to develop a breastfeeding application which will enhance access to information about breastfeeding, support available and all the businesses that welcome breastfeeding on their premises in Enfield. This will be a useful tool in targeting young parents and we hope to develop it for other health promotion messages in future.

8. EARLY ACCESS TO MATERNITY

A DVD has been developed based on research with communities who are booking in late to address their concerns, allay fears and encourage them to book earlier. This was based on the outcomes of a joint venture with Haringey, where African women in Haringey and Enfield gave their views on the issues around early access to maternity.

9. PHARMACEUTICAL NEEDS ASSESSMENT

The pharmaceutical needs assessment is progressing according to the project plan. The first draft is now ready and will be presented to the PNA steering group on 20th November 2014. Formal consultation on the draft will commence on 1st December 2014 and finish on 31st January 2015.

The final draft will be submitted to the Health and Wellbeing Board on 15th March 2015. The PNA Steering group meets quarterly and two meetings have been held to date.

10. FEMALE GENITAL MUTILATION

Work on the FGM needs assessment continues and an initial paper was presented at the Enfield Safeguarding Children's board on 24 November. There are many strands of work across the council and community to address the issue of FGM and Public Health continues to chair the Enfield Safeguarding Children's Board's task and finish group on FGM, co-ordinating health promotion, awareness raising and training around FGM. In addition, the adequacy and quality of local services for victims of FGM in the borough are being considered. An interim protocol for professionals dealing with women at risk of, or victims of, FGM has been agreed and is in use by local healthcare professionals. Initial findings are:

- FGM is associated with severe mental and physical health problems and is illegal in the UK. It is illegal to perform FGM in the UK and illegal to take a girl out of the country for the purposes of FGM.
- As an ethnically diverse borough, Enfield has a number of communities where FGM is prevalent. The prevalence of FGM can vary between countries from almost zero to 98% of women.
- There are an estimated 2823 girls and young women at risk of FGM in Enfield.

11. CHILD DEATH OVERVIEW PANEL (CDOP)

The consultant for children and young people's public health chairs of the Child Death Overview Panel and has drafted an annual report for the Enfield Safeguarding Children's Board. There is a meeting planned for December at which further development of CDOP will be discussed, along with plans for a number of initiatives to reduce infant mortality and child death in the borough.

12. SCHOOL NURSING CONTRACT AND HEALTH VISITOR MIGRATION

The school nursing contract specification is being finalised for procurement in 2015/16.

Work is ongoing to prepare for the transition of health visiting (HV) and Family Nurse Partnership (FNP) to the local authority in 2015. This has included discussions with NHS England (London) and London Councils.

13. HEALTH PROTECTION FORUM

The Enfield health protection forum (e.g. infection control and environmental hazards) is planning to meet in December. This group

oversees a 'joined-up' approach to health protection actions and emergency planning in the borough.

Topics at the next meeting will include immunisation rates, Ebola, Scarlet Fever and pandemic influenza planning.

14. WORK WITH THE CCG

Public Health, as mandated, continues to support the NHS Enfield CCG with health intelligence and clinical evidence to ensure improvement in population health and effective healthcare. Annual Public Health Report also adds value to this support. Following publication of the APHR, practice profiles have been produced for every GP practice in Enfield and handed over to the CCG.

15. BETTER CARE FUND (BCF)

Public Health has been supporting the CCG & Council commissioning plans to develop and implement the Better Care Fund.

16. MEDIA CAMPAIGNS

Antibiotics campaign: Public health produced a report on appropriate antibiotics use and is coordinating a campaign with cooperation from the CCG, local infection control teams, GPs and pharmacists. European antibiotics awareness day is on 18 November 2014.

Hypertension: We recently ran a hypertension awareness campaign. This involved 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, on the buses and other street sites. We believe that PHE have circulated this as an example of best practice to their PHE centres nationally.

17. COMMUNITY EVENTS

Hypertension awareness conference was organised by Stroke Action in Edmonton Green.

18. FOOD PARTNERSHIPS

We invited Jonathon Pauling, Food Policy lead at the GLA to contribute to a Food partnership workshop.

The Enfield Food Partnership is a group of organisations, joining together to discuss current issues and to bring together the diverse elements of the food, health, environment and economic sectors in order to encourage a more sustainable food system throughout the Borough.

The partnership currently has 36 members from across Enfield, representing a broad range of sectors, including statutory and voluntary sector, business, and community and individual residents.

The Partnership is focusing on six key food issues, including:

1. Promoting healthy and sustainable food to the public
2. Tackling food poverty and increasing access to affordable healthy food
3. Building community food knowledge, skills, resources and projects
4. Promoting a vibrant and diverse sustainable food economy
5. Transforming catering and food procurement
6. Reducing waste and the ecological footprint of the food system

Terms of reference and a local action plan are currently in development and once agreed, the Enfield Food Partnership will apply to become a member of the national Sustainable Food Cities Network. This is expected by early Spring 2015.

19.1 SMOKING

Enfield achieved and exceeded its smoking target for 2013-14; 1707 four-week quitters were achieved against a target of 1572.

Q1 achievement was 279 quitters against a target of 270. Q2 data will not be available until 9th December 2014. This follows the same trajectory as last year (most smoking quitters are achieved in Q4 due to New Year quitters and National No-smoking day, see below).

19.2 STOPTOBER, NEW YEAR AND NATIONAL NO-SMOKING DAY

Enfield ran a number of events for Stoptober including publicity events in the Town Centre and a comedy night for smokers at the Dugdale centre.

We are currently preparing for the New Year and National No-Smoking day (11th March, always the second Wednesday in March). We are negotiating with the CCG to text every registered smoker through IPlato.

Public Health also presented at two GP protected learning times (PLTs) on cancer where the main prevention message was to stop people smoking.

19.3 TOBACCO CONTROL

PH and the CE directorate commissioned a report on smoking in the Turkish community. Draft findings include that smoking prevalence in this community remains at approximately 50% (following a similar finding across London in 2004), that smoking can be through a variety of methods; cigarettes, shisha, roll-ups and cannabis and that shisha is viewed quite differently to cigarettes e.g. condoned and even encouraged

by parents. This was presented to the Strategic Leadership Forum on 10th November for discussion / comment and will be taken forward with and through the Tobacco Control Alliance.

Smoking prevalence results have just come out. Enfield is now at 15.8%, which is about the same as New York. This is quite an extraordinary achievement.

20. HEALTHCHECKS

Enfield delivered 1,825 healthchecks in Q1 and 1,778 healthchecks in Q2 (half-year total of 3603).

21. SUPPORT FOR NATIONAL AND PAN LONDON WORK

We have been supporting Ged Curran CEO of Merton Council develop plans for local government supporting primary care co-commissioning and have been supporting Ealing Council CEO, Martin Smith's London Integrated Care Group and have supported the London Primary Care Transformation Board. At a national level we supported the Blood Pressure Systems Leadership Group produce the document released on November 18th "Tackling High Blood Pressure, from evidence to action", have been helping draft the dementia and equity plan and have contributed at the HSJ summit, and in particular helped ensure NHS kept a focus on prevention, children and health and wellbeing boards.

One of our Consultants sat on an expert panel at the ukactive national conference on physical activity on 13th November.

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

22.1 FINANCIAL IMPLICATIONS

There are no financial implications as this report is for information only.

22.2 LEGAL IMPLICATIONS

There are no legal implications as this report is for information only.

23. KEY RISKS

There are no risks as this report is for information only.

24. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY

There are no impacts on the priorities of the Health and Wellbeing Strategy as this report is for information only.

25. EQUALITIES IMPACT IMPLICATIONS

There are no Equality Impact Implications as this report is for information only.

Background Papers

There are no background papers.