

Health and Wellbeing Board
14 April 2015

REPORT OF:

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Agenda – Part: 1	Item: 7a
Subject: Health Improvement Partnership Board Report – March 2015	
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1. EXECUTIVE SUMMARY

This report updates the Health and Wellbeing Board of 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. Work with the CCG

The key changes in the previous quarter include:

- Public health team embedded in the CCG,
- The progress on QIPP planning including locality commissioning,
- CCG Operating Plan and
- Update from March Governing Body meeting.

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

3.1 Embedding public health in the CCG: The public health core offer team and health intelligence team are now permanently based at Holbrook House where Enfield CCG operates. This co-location will improve the collaborative work between the CCG and Public Health team in improving the health outcomes of Enfield by maximising the effectiveness of healthcare.

3.2 Progress on Quality Innovation Prevention and Productivity (QIPP): Based on the hospital data provided by the Commissioning Support Unit and NHS Right care

reports, Public Health suggested a number of areas where there may be room for efficiency in elective admissions.

Locality commissioning for the prevention of A&E and emergency attendances, and the efficiency of outpatient referrals and primary care medicine management were approved by the transformation programme group for two localities in the East. The plan for two West localities requires extra work to provide benefit from primary care medicine management and prevention of A&E attendances.

3.3 CCG Operating Plan is being refreshed and will be submitted on the 7th April 2015. The plan highlighted that the CCG has put a number of cross cutting initiatives including redesign of community services, development of GP federations or network, development of locality commissioning to better manage demand, better care fund and outcomes based commissioning. The operating plan for 2015.16 include a chapter on prevention where the CCG described its plan to invest in prevention programmes in collaboration with public health.

3.4 Update from CCG Governing Body meeting (25 March 2015): Integrated NHS 111 and Out-of-Hours GP business case was approved. Enfield CCG is the Lead for Urgent Care across North Central London (NCL) Clinical Commissioning Groups (Barnet, Camden, Enfield, Haringey, and Islington CCGs). The Board also agreed for the CCG to participate in London Transformation, and to alter the constitution to allow North Central London (NCL) primary care co-commissioning. The next meeting will be on 10th June 2015.

3.5 Evidence-based support to clinical strategies and commissioning: Public health continues to support the CCG by participating in clinical reference group (CRG), Individual Funding Requests (IFR) panels, steering groups of transformation programmes, drafting of Operating Plan, objectively prioritising business cases and CCG financial recovery. In addition public health economist is supporting the re-writing of diabetes business case.

3.6 Health inequalities: Public Health team is drafting a plan to tackle health inequalities in five priority wards. The activities in the plan will use evidence-based approach which targets individual, communities and population. There will be joint work with various departments within the Council, Enfield CCG and local partners.

3.7 Integrated care update (presented at HIP meeting on 19 March 2015): Working in partnership between NHS Enfield CCG, London Borough of Enfield and their community care providers, a risk stratification tool was developed to identify those most at risk and Integrated Locality Teams, teams composed of social workers, community matrons and therapists, a multi-disciplinary, multi-agency approach to supporting GPs as Lead Accountable Professional in their practices in each of Enfield's 4 CCG localities. Future plans include working with the voluntary sector to develop pan-sector support for healthy ageing for older people with frailty. The Care Homes Assessment Team (CHAT) which is a nurse-led team with geriatrician input were formed to manage the individual cases of older patients in homes with the highest level of emergency hospital admissions, help develop lasting nursing staff skills in these care homes and engage with GPs with patients living in these homes. There was 8% reduction in the number of emergency admissions from those homes with which CHAT worked between

2012/13 and 2013/14, and this level continued in 2014/15. The CCG has increased its coverage from 17 to 31 homes in 2014/15, whilst also reducing CHAT service costs at the same time. The integrated care programme aims to commission voluntary sector when the programme become wider and the scope for the sector's involvement becomes clearer.

4. Physical activity (PA) / obesity

Cycle Enfield. A number of consultation events have now been held on the design and placement of proposed cycle routes. Further events will continue to be held. The Chief Executive of North Middlesex, the Chair of Enfield CCG and the Hospital Director at Chase Farm have all indicated their support for this project. If Enfield could achieve the same level of active transport as Croydon this would mean approximately 10,000 people being active every work day.

Active and Creative in Enfield, a strategy for leisure, sport, arts, heritage and culture 2015 - 2020 was out to consultation until 18th February. The results are still being collated.

A bid for £500k has been submitted to Sports England to increase levels of physical activity across the borough. The focus is on moving people who are not active at all to undertaking 1 * 30 min session of physical activity per week. Results from the bidding process are not expected until Easter.

Stepjockey – 19 teams of 10 people each in the Civic centre are competing in climbing the stairs 'up Everest'. It is intended that this will be rolled out to other Local Authority buildings.

Enfield Council has launched a MEDS website (www.enfield.gov.uk/meds) which has a wealth of data on food and physical activity. The emphasis is on actions that people can incorporate into their everyday lives.

A service is working in 10 schools to improve levels of physical activity and nutrition in both children and adults (as adults are often the gatekeepers for children's behaviour).

Work by the Healthy Lifestyles group has included producing and publishing a survey of health behaviours in staff, levels of overweight and obesity, levels of physical activity and suggestions of how staff might improve their health. Suggestions that have been acted up have included 'stepjockey' (see above), a walks programme and restriction of 'junk food' to Fridays following comments from staff 'that if it wasn't there I wouldn't eat it.

A 'wider determinants' group is being established with Environment with the intention of further incorporating active and healthy living into the built environment.

5. Alcohol

Following training Enfield's Public Health professionals are now inputting into alcohol licensing applications. This will help to influence licensing decisions according to potential public health impact.

In the North Middlesex an Identification and Brief Advice (IBA) nurse is employed to work with clients presenting with alcohol issues.

In Barnet (Royal Free) a nurse is employed to offer a similar service but also to train other staff in alcohol issues. This is being further developed to include in-reach from community services.

A pilot project of IBA in pharmacies is planned. This is likely to start in May with approximately 7 pharmacies, predominantly in the south and east of the borough but with some provision in the west. Exact details have still to be confirmed.

6. London Primary Care Transformation Board

We have helped the London Primary Care Transformation Board (LPCTB) think through a number of issues. In particular we have highlighted the value that practice level QoF data adds and that future potential models of pooling QoF risk losing this piece of information which is helpful in tackling health inequalities. The London Primary Care Transformation Board felt it important for commissioners of primary care networks to build data reporting into contracts. The London Primary Care Transformation Board also discussed the value of having public health trained advisors on primary care network management boards. We have helped Health Education England with their thinking on how they support primary care transformation.

7. Healthy workplaces

Enfield Council is the first London borough to be awarded Excellent by the GLA Healthy Workplace Charter. The reason this drive was initiated by public health colleagues was so that Enfield Council could act as a role model to other organisations. Colleagues at Enfield Council are now looking to encourage other local employers to participate in the GLA Healthy Workplace Charter.