

MUNICIPAL YEAR 2015/2016

MEETING TITLE AND DATE
Health and Wellbeing Board
14 July 2015

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| Agenda - Part: 1 | Item: 8a |
| Subject: Health Improvement Partnership Board Update | |

Approved by: Dr Shahed Ahmad

1. EXECUTIVE SUMMARY

This is a report to the Health and Wellbeing Board, providing an update regarding the work of the Health Improvement Partnership Board.

2. RECOMMENDATIONS

The Health and Wellbeing Board are asked to note the contents of this Report.

3. PUBLIC HEALTH OPERATING MODEL

A new model of Public Health delivery started on 1 April. Public Health staff have been embedded in other council departments. The expectation is that this will build public health skills, capacity and capability across the council.

4. WORK WITH PUBLIC HEALTH ENGLAND

Public Health England (national) has asked its centres whether they wish to express interest for holding a hypertension workshop. We have supported PHE London to express interest.

5. WORK WITH THE LONDON PRIMARY CARE TRANSFORMATION OVERSIGHT GROUP

We have advised the above London-wide group that GP Federations should continue to collect and report data at sub-borough level to help tackle health inequalities and that their management boards should have access to public health expertise.

6. CHILD HEALTH PROFILE

The 2015 child health profiles are now available at: <http://www.chimat.org.uk/profiles> . These are profiles that provide a snapshot of child health and wellbeing for each local authority using key health indicators.

7. INFANT MORTALITY

Although Enfield has an infant mortality rate slightly worse than the London and England averages, with an average of 23 deaths of babies under 1 years of age in the borough, the rate is considerably improved on last year.

8. PARENTING PROGRAMMES

The Consultant in Public Health (CPH) is working with colleagues in SCS to co-design parenting programmes to be delivered in the borough, including in the borough children's centres.

9. ANETENATAL PROJECTS

The breastfeeding phone app for Enfield is now available at Breaststart.

There are now 6 PEP volunteers who are completed health training programmes and are volunteering at North Middlesex University Hospital maternity service and a further 10 volunteers are about to start their training. The focus of the work of the PEP volunteers is maternal and child health, including breastfeeding and early access to maternity. There are additional plans for the PEP volunteers to work with children's centres.

In May 2015 a local campaign to improve early access to maternity was launched and materials are still visible in the borough.

10. LOW BIRTH WEIGHT BABIES

Enfield's rate of low birthweight babies is higher than the London and England averages and it is suspected that this is primarily due to women smoking during pregnancy, as the number of premature births is generally small. It is also worth noting that poverty, ethnicity and early access to maternity affect the rates of low birthweight births.

There is work planned in 2015/16 to examine the true prevalence of smoking in pregnancy, rather than relying on self-reporting, in the borough.

11. HEALTH VISITOR TRANSITION/SCHOOL NURSING

The transition of the health visitors and FNP programme from NHS England to the local authority is progressing. A traded service for school nursing is being developed for the local Academies, Free Schools and Independent schools.

12. CHILDHOOD OBESITY

Enfield has significantly high rates of childhood obesity and overweight at both reception and year 6. Enfield has higher rates than England average rates and the average rate for London. Enfield also has higher rates of obesity and overweight than statistical neighbours, with the exception of Greenwich reception-aged children.

There is a strong link between childhood obesity and poverty, so this is unsurprising given the high levels of child poverty in the borough. There is also a link between childhood obesity and ethnicity which needs further investigation in our borough.

Proposed work for coming year includes:

- Delivering the Change 4 Life programme in children's centres;
- Supporting the Healthy Schools London programme;
- Ensuring all school playgrounds are designed to encourage varied and active play;
- Addressing parental concern around the perceived safety of walking and cycling.

13. ORAL HEALTH

The rate of diseased, missing and filled teeth is high in Enfield. Oral health, like obesity, is due to many factors. These include poverty, lack of understanding of how to access dental care in the UK including NHS dentistry; difficulty accessing services due to language barriers; and parents not getting the right information when their children are very young, so their first trip to the dentist occurs when they are already school age (this is too late).

There has been a significant programme of work to address this over last year, including:

- 801 under-5s signposted to dentists;
- 1068 'Brushing for Life' packs distributed;
- 6 parent dental advisors trained;
- 10 high-risk schools engaged in fluoride varnish pilot (2088 children had varnish applied);
- An outreach programme for special needs schools.

Additional work for the coming year will include:

- Providing oral health promotion training to primary school,
- Community and other frontline staff;
- Developing links and partnerships with other health organisations and voluntary and community groups.

14. SEXUAL HEALTH PROCUREMENT

The Sexual Health Needs Assessment for Enfield has been completed and has been used to inform the procurement of a new service for the borough.

15. FGM

Presentation to CCG Governing Body Safeguarding session on FGM needs assessment. GPs found the needs assessment useful. The CPH has been invited to attend a Home Office stakeholder group on FGM.

16. HEALTH PROTECTION

Immunisation

The CPH is liaising with NHSE and colleagues in the CCG to improve the data flows for immunisation performance data. IT issues have resulted in the appearance of poor immunisation performance, but there is confidence that this is an artefact.

Tuberculosis

Community development work has been commissioned from a voluntary sector organisation to improve TB awareness and reduce the stigma associated with TB.

Communicable Disease

The CPH for health protection receives regular updates from partners on emerging issues so that the Council can maintain operational readiness.

Currently the CPH is monitoring the Ebola Virus Disease outbreak in West Africa. To date, there have been 27,305 confirmed, probably or suspected cases of Ebola in the current outbreak with 11,169 deaths due to the disease. The outbreak in Liberia was declared over in May and just 24 new cases have been reported in the 7 days to 14 June 2015.

There is also an emerging Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV) situation in South Korea and China where there have now been 175 cases of the disease, including the initial case who returned from the Middle East to S Korea and 27 deaths.

Health Protection Forum

The CPH is working with partners to initiate work on hepatitis in the borough. This is one of the priority areas for the Enfield Health Protection Forum which meets quarterly to improve partnership working between the NHS, Public Health England, Council teams and other partners on matters of health protection. Cycle Enfield (formerly mini-Holland) is likely to be the most significant influence on improving levels of physical activity in the near future in Enfield. This will result from incorporating physical activity into everyday life. Work on Cycle Enfield is progressing; a number of consultation events have been held and will continue to be held on proposed routes with 'spades in the ground' expected in April 2016.

Enfield Health Trainers provide practical support to people wishing to improve any aspect of their lifestyle. Approximately 80% of referrals to the service are related to obesity, physical activity or food. Between April 2014 and March 2015 Health Trainer service had 901 referrals from GP practices and worked with 1598 clients.

Active People Survey (APS) data indicates that 34.8% of adults (16+) reported undertaking 1*30 min of sport per week between October 2013 and October 2014.

17. SMOKING

Smoking prevalence in Enfield in 2013 was 15.8% (latest data available). This compares to 18.0% in 2012 which equates to difference of approximately 5000 fewer smokers.

In 2014-15 Enfield helped 1603 people to stop smoking, this compares to 1582 in 2013-14.

In response to research indicating that approximately 50% of the Turkish community smokes Enfield Public Health facilitated run a workshop to reduce prevalence in May 2015. A number of groups and community representatives attended with publicity in the Londra Gazette, Olay and Acik Gazette (internet paper). A cardiologist from the North Middlesex and a Consultant in Public Health were also interviewed on Turkish TV. A Turkish working group will now be established to continue this work, reporting into the Tobacco Control Alliance.

PH worked with a parent / Governor with Carterhatch junior school to implement no smoking at the school gates with a launch event in June 2015 attended by the Council leader, deputy Mayor and PH England. The event was complimented by other health activities on the day. This programme will be rolled out to other schools across the borough.

The Public Health budget for smoking in 2015-2016 has been reduced compared to 2014-2015 which has implications for the number of quitters as well as work in the Turkish community, the Mental Health Trust, Forensics and schools.

18. HEALTHCHECKS

Healthchecks are essentially a 'health MOT' designed to detect vascular disease in those who are not already on GP disease registers. In 2014-15 Enfield delivered 8083 healthchecks with a range of between 0 and 22%.

19. SUPPORTING CCG COMMISSIONING

CPHM actively participated and gave public health, research and clinical input to multiple planning groups at CCG such as Clinical Reference Group, Primary Care Quality Improvement Group, Transformation Programme and Recovery Group. By participating in these strategic groups CPHM ensures health inequalities are not widened due to the efficiency savings and evidence-based approaches are used in the QIPP programmes. The CCG is in £19M financial deficit and is prioritising cost-saving interventions over simply cost-effective interventions. In this situation CPHM reviews evidence around the thresholds of procedures of low clinical effectiveness. CPHM also supports Better Care Fund working group. A newsletter was sent to GPs in April to improve hypertension recognition and evidence based control. A new newsletter will be released in July

around smoking as 9,500 people with long-term condition are recorded to be smokers.

20. LIFE EXPECTANCY GAP

CPHM working with major stakeholders is developing first draft of plan to tackle life expectancy gap in five wards. Health intelligence team is providing local evidence by drafting ward profiles of these wards. Mosaic social marketing data is also used as evidence to derive activities to reach disadvantaged communities. The plan also will also be informed by National Health Inequality Support Team recommendations set out in the Annual Public Health Report 2014.

21. JSNA

Following sections have been updated on the web between January 2015 and June 2015:

- Coronary Heart disease (Health and Wellbeing of Adults Chapter)
- Obesity (Health and Wellbeing of Adults Chapter)
- Diabetes (Health and Wellbeing of Adults Chapter)
- CVD (Health and Wellbeing of Adults Chapter)
- Sensory Impairment (Health and Wellbeing of Adults Chapter)
- Vulnerable Children (Health and Wellbeing of Children, Young People and their Families)
- Child Sexual Exploitation – new information added to the Vulnerable Children section
- FGM – new information added to the Vulnerable Children Section
- Population Numbers and Projections (Enfield People Chapter)
- Life Expectancy (Enfield People Chapter)
- Hospitals and GP Practices (Enfield People Chapter)
- Demographics (Health and Wellbeing of Children, Young People and their Families)

There are several sections which are either being reviewed by leads or in the final stage of being uploaded to the JSNA website. These will be made available online as soon as they have been signed-off. These include:

- Child Poverty (Health and Wellbeing of Children, Young People and their Families)
- COPD (Health and Wellbeing of Adults Chapter)
- HIV and Sexual Health (Health and Wellbeing of Adults Chapter)
- Infant Mortality (Health and Wellbeing of Children, Young People and their Families)
- Oral health of Children (Health and Wellbeing of Children, Young People and their Families)
- Circulatory Disease (Health and Wellbeing of Adults Chapter)

- Cancer (Health and Wellbeing of Adults Chapter)