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MUNICIPAL YEAR 2015/2016 - REPORT NO.

MEETING TITLE AND DATE
Health and Wellbeing Board

Agenda - Part:	Item:
Subject: Health Improvement Partnership Board Update	
Approved by: Dr Shahed Ahmad	

Contact Officer:
Shahed Ahmad
Tel:
Email: Shahed.Ahmad@enfield.gov.uk

1. EXECUTIVE SUMMARY

This report summarises the work of the Health Improvement Partnership Board.

2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to note the contents of this report.

The Health Improvement Partnership Board met on the 16th June 2016.

1.0 Annual Public Health Report 2015

The Annual Public Health Report (APHR) for 2015 was published on the Enfield Council website.

The APHR is a statutory duty for the Director of Public Health to report on the health of the local population. This year's report focussed on infant mortality and highlights the importance of evidence-led interventions that can improve infant mortality rates and includes joint working with Enfield's Children's Centres, Teenage Pregnancy Unit; and the Health Visiting and Family Nurse Partnership teams which have just come under Local Authority commissioning.

The report is available at: https://new.enfield.gov.uk/services/health/public-health/health-publications/annual-public-health-report/public-health-information-enfield-annual-public-health-report-2015_infant-mortality-in-enfield.pdf

The 2016 APHR will be on the topic of diabetes (a condition whose prevalence we expect to increase substantially over the next fifteen years) and should be available in the near future.

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2.0 NHS Planning guidance 2016/17-2020/21: Developing the North Central London Sustainability & Transformation Plan

The NHS England Planning Guidance 2016/17–2020/21 published on 22 December 2015 confirmed that as part of the 2016/17 annual planning process, we would also be required to a five year Sustainability and Transformation Plan (STP), driving delivery of the NHS England Five Year Forward View based on a the North Central London strategic planning footprint.

The Sustainability & Transformation Plan final submission to NHS England is 30th June 2016. The NHS England Planning Guidance makes it clear that in order to become sustainable we need to accelerate the work on prevention and care redesign. The guidance also sets out a requirement for local systems in order to achieve future sustainability they must accelerate their work on prevention and care redesign and expect acceleration in transformation in a few priority areas, in order to build momentum. These plans focus on delivery of the Five Year Forward View (FYFV) and an acceleration of service transformation as well as a shared approach to planning through system wide Strategic Planning Groups (SPG) including specialist commissioning, providers and local government.

Therefore the STP must deliver against the national direction of:

- A radical upgrade in prevention and public health;
- A concerted effort to improve the quality of care, aligned to the introduction of new models of care;
- A focus on getting finances back in balance; and
- A place based system wide vision for transformational change to address local and national challenges and priorities

3.0 Reducing burden of hypertension – Enfield’s contribution to London wide initiative

In Enfield, around 74,000 people are estimated to have hypertension, yet almost half of those are not aware of their condition; and of those diagnosed, around 9,000 people do not have their blood pressure controlled to adequate levels. If we can match the level of detection and management of hypertension achieved in Canada, we could, over a five year period, prevent over 150 strokes and around 70 heart attacks in Enfield. Furthermore, cardiovascular disease including stroke and heart attack is the leading cause of death contributing to the life expectancy gaps in Enfield. Hypertension is therefore a priority for Enfield in improving population health as well as in reducing inequality in life expectancy.

The Enfield Council is working with CCG and partners to reduce variation in the level of hypertension management across GP practices, disseminating the latest intelligence, results of local pilot works to improve hypertension management and examples of best practice achieved locally with primary care professionals through Public Health newsletters for professionals and by meetings including Locality Business Meetings, pushing forward hypertension agenda.

Hypertension presents great opportunities in improving population health not just in Enfield but in London as a whole. For the system improvement to help reduce the burden of hypertension, it requires a regional and national leadership.

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Enfield took initiative in establishing and facilitating London Hypertension Leadership Group. The group was established in January 2016 with the aim of pushing forward the hypertension agenda at the London level by raising the profile of hypertension including in the NHS Sustainability and Transformation Plan (STP) and by pursuing a range of work to support and influence primary care practitioners, commissioners, and other stakeholders to increase levels of hypertension prevention, detection and management in London. The membership includes local public health representatives, voluntary sector, Academic Health Science Network, PHE and NHS England Healthy London Partnership. The group is now officially accepted as a reference group of the Healthy London Partnership Proactive Primary Care Programme.

Series of intelligence tools and evidence reviews have been delivered by this leadership group, which inform local authorities, CCG and SPG of the best practices. The group is now preparing for its first workshop in July, aiming to share best practices and evidence identified through the above activities as well as to facilitate effective networking between primary care practitioners, commissioners and voluntary sector organisations to create system for improved prevention, detection and management of the hypertension in London.

4.0 Atrial Fibrillation Update

Atrial fibrillation (AF) is a common arrhythmia and a major risk factor for ischemic stroke, especially in the elderly.

In Enfield AF prevalence is 1.07% (3,424 in number) (QOF 14/15). GP records show that 544 patients have been diagnosed with AF but not been offered eligible treatment. It is also estimated that 2,700 people in Enfield have AF without knowing they have it, increasing their preventable risk of stroke.

It is therefore important to identify patients with undiagnosed AF early as well as providing appropriate treatment (anti-coagulation) for those diagnosed and eligible but not yet offered the intervention. Providing early treatment to patients will have significant impact on the reduction of the risk of stroke attributable to AF and the complications due to a stroke event.

Public Health have been working with the Enfield Clinical Commissioning Group (ECCG) clinical leads and commissioners on the development and the production of the combined AF and pre-diabetes (precursor stage of type 2 diabetes) business case aimed at improving early detection and management of patients at risk of stroke and diabetes. The business case plans to detect in 3 years 2700 new undiagnosed patients with AF in addition to treating (anticoagulating) 544 eligible but not been provided with this treatment.

We hope, the successful delivery of this business case (AF) could avert at least 30 stroke which would otherwise result in about 9 deaths (31%), 28% (14/30) with moderate to severe disability, and 6 (20%) with minor or no disability.

5.0 Leisure and Sport / Physical Activity Update

The Council's Leisure and Sport Service was one of 17 local authorities in England to be selected for the National commissioning project. The project aim

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was to raise the profile and potential of leisure and sport services to support strategic objectives, in this instance specifically around health.

Various developments have been made in the following area:

- Communication and marketing
- Physical activity pathway
- Voluntary Community Sector
- Childhood Obesity – pilot on free summer holiday membership for reception and Year 6 identified as overweight or very overweight.

6.0 Update from Regeneration & Environment

An important step in tackling the social determinants of health at a local level can be achieved through a greater integration of health, planning, transport, and environment and housing departments. These include such areas as the built and natural environment, air quality, food safety, housing quality and tobacco control, consumer protection, health and safety, noise, pollution control and environmental problems as part of our responsibilities to improve and protect the health and wellbeing of communities.

<Air Quality>

The Council was successful in a joint bid with Camden and Islington for funding to increase business at the consolidation centre and in a joint bid with Barnet, Haringey and Waltham Forest to have an officer, shared between the boroughs over the next 3 years to check construction sites for compliance with construction management plans and the non-road mobile machinery low emission zone. We have also joined a successful bid led by City of London to hold some Air Quality Action days over the three year duration of the project, which includes reducing the amount of time people spend idling their vehicles. The Council has also commissioned 'air aware' projects in 5 schools with the intention of commissioning more should these be successful.

<Cycle Enfield>

Consultations on the A105, Enfield Town, Southbury Road and A1010 south have now closed. Consultation on the A1010 North will open shortly. The latest information can be found at: <http://cycleenfield.co.uk/>

<HealthChecks>

We have successfully achieved our target of delivering over 8000 Health Checks to for 2015/16. GPs have been issued targets for the number of healthchecks to be delivered in 2016/17. Targets were issued according to a) the number of people aged 40-74 on their registers and b) deprivation. It is expected that this will make the scheme both more effective and more equitable.

<Tobacco Control>

A Turkish Smoking Conference was held on Saturday 21st May with presentations from Turkish doctors, cardiologist and community leaders. The aim of the conference was to highlight the issue of tobacco use in the Turkish community and engage the community in a) ensuring that people do not start to smoke through making smoking an unusual behaviour (denormalising) b)

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promoting different methodologies people could use to stop smoking and c) promote the Stop Smoking Service.

Following budget cuts a new model of stop smoking is being established with the Stop Smoking Service. This will involve more encouragement of people to stop smoking by themselves, promotion of e-cigs and alternative means of stop smoking. The Service will target as a priority the Turkish Community, pre and postnatal women, young people and people with long-term conditions.

<Mental Health>

It has been decided to take a more focussed approach with regard to Mental Health Promotion. Public Health is focussing their efforts on developing a Suicide Strategy and toolkit for Clinicians and other professionals to assist those found to be in distress. This is being undertaken in collaboration with Enfield Mental Health Users Group (EMU).

<Public Realm>

- Maintaining the 17 outdoor gyms that provide free access to exercise equipment for a high proportion of the residents within the borough
- On May 11th the Council opened a new multi-use games area at Hazelwood Recreation Ground
- A new play area and multi-use games area have recently been installed at Millicent Grove / Cherry Blossom Close
- LBE has refurbished play areas at Ponders End Park, Tatem Park and Lee Road Open Space
- New marked walking routes have been created at Trent Park
- The Parks Service has recently secured £150,000 of external funding for the installation of a fully accessible play area at Albany Park.