

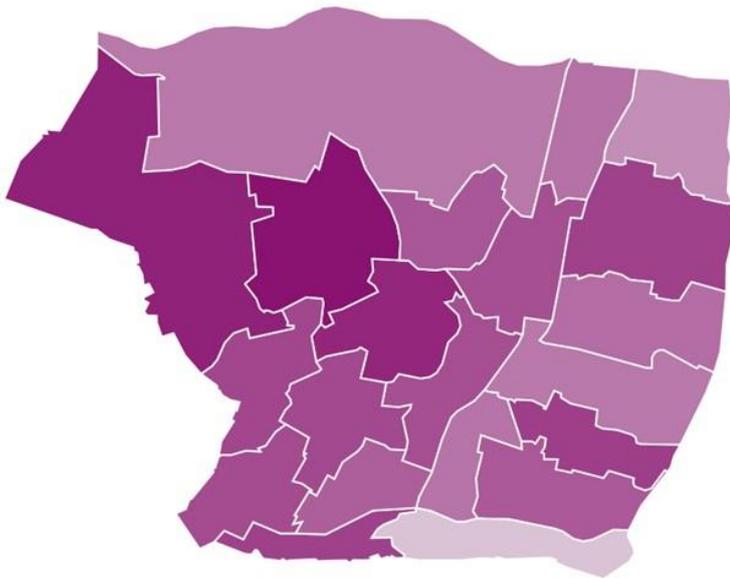
# Briefing on Public Health Strategies and Inequalities

## Introduction – Health Inequalities

Health Inequalities are differences in health and wellbeing experienced by different communities. Communities could be geographic or linked by other attributes, such as ethnicity or sex.

In England there is a pattern of poorer health and outcomes from health services being associated with increasing deprivation with health worsening incrementally as deprivation increases. Life Expectancy is a good illustration of overall health and differences in LE illustrate inequality. Whilst life-expectancy in Enfield (84.2) is very close to that of both London (84.1) and England (83.1) these figures hide significant inequalities within the borough. Males born in Cockfosters between 2010 and 2014 are expected to live seven years longer than those born in Upper Edmonton. As may be seen from the map below life expectancy(LE) varies significantly by ward:

Life Expectancy at Birth and at 65 (2010-14)



Data source: Greater London Authority (data from ONS data source).

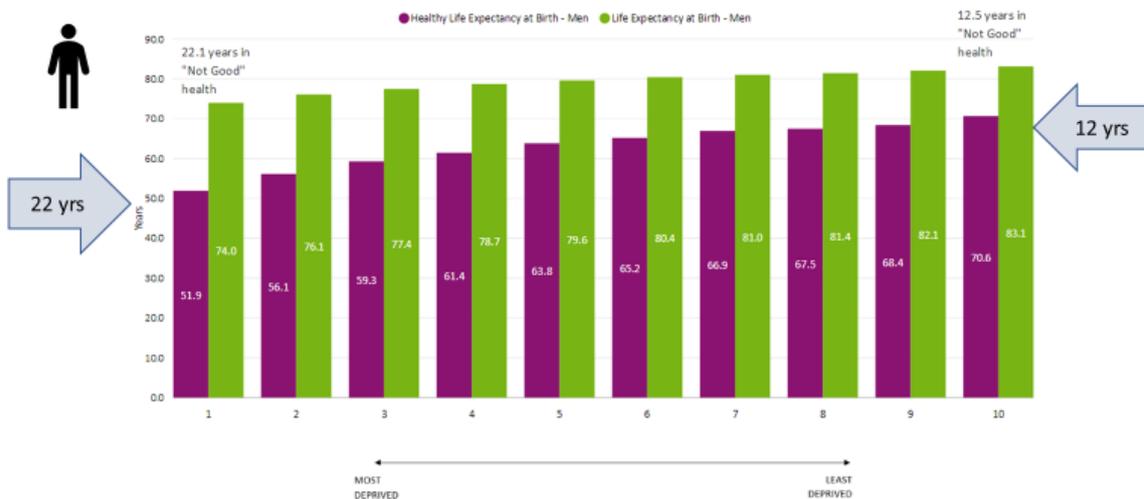
# The Life Expectancy Gap



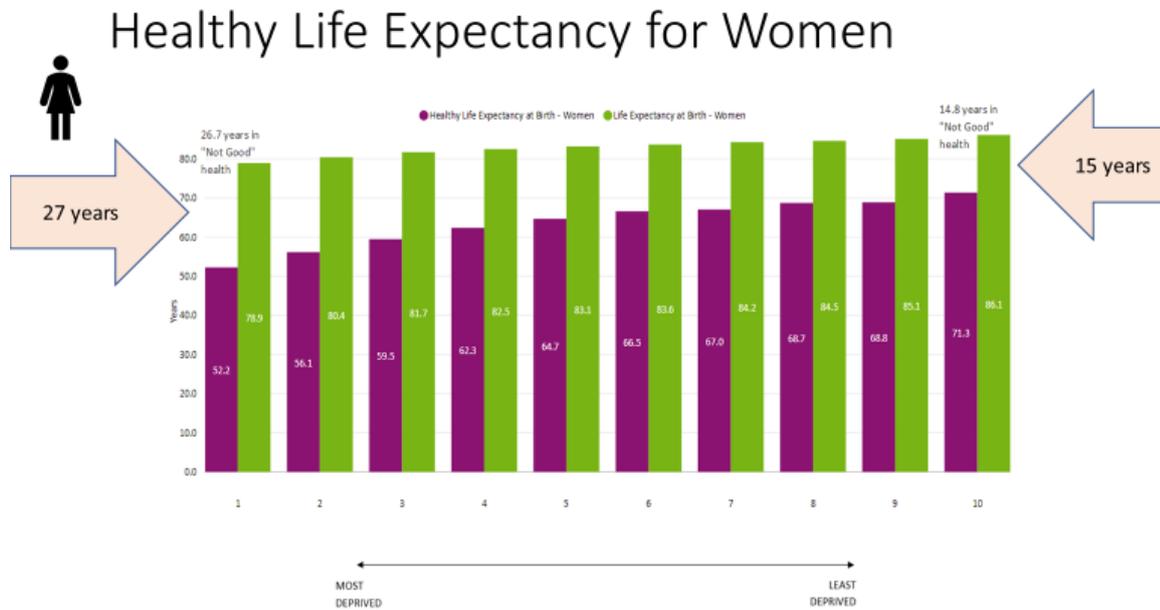
Of equal or perhaps greater importance is healthy life expectancy (HLE) (the number of years a person can expect to live in good health). This is also clearly related to deprivation. In England the gap between LE and HLE in the most deprived decile is 22.1 years compared to 12.5 years in the least deprived. That is to say that not only do those most advantaged live longer but that they also experience fewer years in poorer health. This is unlikely to be different in Enfield:

## Males:

### What about how long you could expect to live in good health?



## Females



## Public Health Strategies

### Background

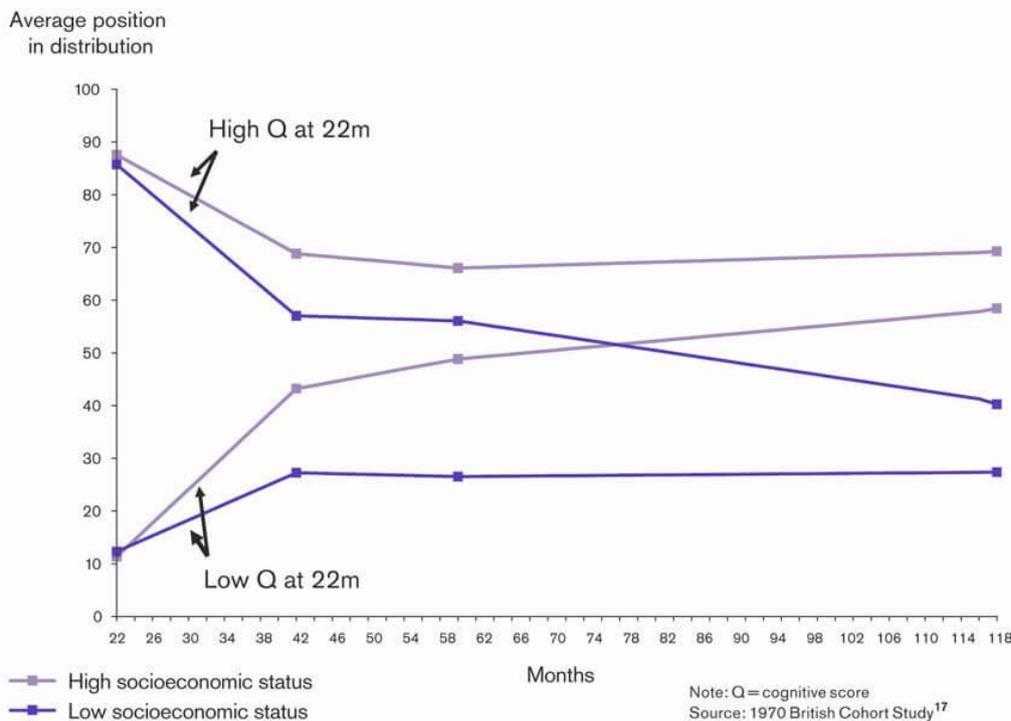
As set out in its business plan reducing inequalities is an LBE priority. Work to improve health and reduce health inequalities is ultimately overseen by the Health and Wellbeing Board (HWB) with all members of the board signed up to the Joint Health and Wellbeing Strategy which has a key aim to reduced health inequalities in Enfield. Each piece of work undertaken within PH is considered for its impact on inequalities with all work being targeted towards areas of inequality / populations who experience greatest inequalities. The HWB currently has 3 key priorities; Best Start in Life; obesity and mental health resilience with inequality as a theme throughout.

## 1. Best Start in Life

### Background

Health in pregnancy and early childhood impacts on physical and mental health all the way from conception through to adulthood. In Enfield, there are around 5,000 births each year; the breastfeeding rate is decreasing; and, although improving, the latest data indicated that only one in three children were ready for school education (reception).

There is substantial evidence that the start in life experienced by children impacts throughout the lifespan and that socio economic status is an important indicator for future achievement. Hence, with a low IQ and high socio-economic status at 22 months will overtake those with a high IQ and low socio-economic status by approximately the age of 6 – 7:



Source: Marmot Review (2010). Fair Society, healthy lives. Review of health inequalities in England post-2010

A wide range of partners are already working to improve nutrition, parenting and development and getting children ready to learn. The HWB can add significant value by focusing on this as a work programme and facilitating partnership working across the system. There is potential for actions across the system to ensure a positive policy environment to support best start in life.

## **Work in Enfield:**

### **0 – 19 services**

PH commissions a number of services with the aim of improving the health and outcomes of children and young people (CYP):

- School Nursing
- National Child Measurement Programme (NCMP)
- Health Visiting
- Family Nurse Partnership (FNP)
- Fluoride Programme
- Healthy Child Programme
- Teenage Pregnancy
- Sexual Health Outreach
- Young People's Substance Misuse

All of these will contribute to a number of outcomes as measured through the Public Health Outcomes Framework (PHOF):

- mitigating the impact of living in poverty
- reducing excess weight in 4-5 and 10-11 year olds
- improving school readiness
- improving breastfeeding rates
- reducing pupil absence
- reducing first time entrants to the youth justice system
- reducing the number of 16-18 year olds not in education, employment or training
- reducing the number of under-18 conceptions
- reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-4 and 15-24 years
- improving the emotional wellbeing of looked-after children
- reducing smoking prevalence in 15 year olds
- increasing the rate of 15 year olds meeting '5-a-day' recommendations
- reducing self-harm
- improving chlamydia diagnoses (15-24 year olds)
- improving population vaccination coverage
- reducing tooth decay in children aged 5

Detail on specific services is provided as follows:

## **School Nursing**

The service promotes the health and wellbeing of school aged children through health promotion, specialist support and care planning with colleagues in education. School Nurses work from community bases and schools, co-located with Health Visitors and work closely with colleagues in education, having a cluster of schools with whom they are the named link, including mainstream schools, special schools and specialist units. The service covers three main areas of work:

- Safeguarding, including working with Young People and Families with a child protection plan, Children in Need and Looked After Children; conducting health assessments and monitoring health status making referrals to other services as required and where appropriate;
- Long Term Conditions, including working in partnership with children, parents/carers and school-based staff, to ensure those children reach their full potential; working with colleagues in education, to share expert knowledge to facilitate the creation of care plans; providing training and updates for school staff.
- Public health priorities, including childhood obesity - delivering the weight and height measurement programme (NCMP) for children in Reception and Year 6 and providing information and advice to parents. School nurses provide opportunities for children, parents/carers to discuss healthy eating, weight loss and exercise programmes appropriate to age; national immunisation programme – coordination and delivering routine immunisation programmes; teenage pregnancy - signposting to services.

### **National Child Measurement Programme (NCMP):**

The NCMP measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to help assess levels of overweight and obesity in children. This is collected at a national level to support local public health initiatives and inform the local planning and delivery of services for children.

### **Health Visiting:**

The Health Visiting service provides universal, assessments and interventions for babies, children and families, including first time mothers and fathers, and families with complex needs. Health visitors help to empower parents to make decisions that affect their family's health and wellbeing and their role is central to improving the health outcomes of populations and reducing inequalities. Health visitors help ensure families are engaging in healthy lifestyles to support family health and wellbeing, including promoting parent and infant mental health and a secure attachment.

## **Family Nurse Partnership (FNP):**

The Family Nurse Partnership is a specialist health visiting programme for first time young mums (and dads) with complex needs and multiple vulnerabilities, aged 20 or under. A specially trained family nurse visits the family regularly, from early in pregnancy until the child is two years old. The FNP involves regular home visits by specially trained family nurses, that help vulnerable young people develop their parenting skills to improve child health, social and educational outcomes. There are three main support elements relevant to mental health and wellbeing that the nurses work towards:

- building a positive relationship between a young parent and their baby,
- enabling young people to make positive lifestyle choices, which help give their child the best possible start in life,
- enabling young parents to achieve their aspirations, such as employment or returning to education.

## **Fluoride Programme:**

The Fluoride Varnish Programme is part of wider Oral Health Promotion activities and is currently being delivered in 22 Enfield Primary Schools with nurseries attached. These schools were identified as some of the most deprived in Enfield and which have higher than average rates of tooth decay in children aged 5 or younger. All children attending Nursery, Reception and Year One classes in the selected schools are eligible to participate in the programme. Topical fluoride varnish is applied to each child's teeth twice a year at six monthly intervals by a dentist or an extended duties dental nurse. Any parent/guardian refusing consent or children with relevant medical histories are excluded from the programme and are signposted to general dental practitioners for further advice, as will be those children identified with vulnerable/decayed teeth as part of the programme.

## **Healthy Child Programme (HCP):**

The HCP is the early intervention and prevention public health programme that lies at the heart of universal services for children and families. It is largely delivered by health visitors and offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices.

## **Teenage Pregnancy:**

Teenage pregnancy can negatively affect the life chances and of the young mother and health, social and mental outcomes of the child. The teenage pregnancy coordinator provides support for the development and implementation of initiatives in partnership with a range of local agencies to help reduce levels of teenage pregnancy in Enfield. The teenage pregnancy coordinator post has been transferred from Children's Services to Public Health to enable closer integration with reducing health inequalities.

**Sexual Health Outreach:**

The Sexual Health Outreach for Young People (SHOUT 4YP) service forms part of the wider Sexual Health Services contract. The service gives advice and information on contraception and helps young people aged under 19 make healthy choices to reduce the risk of unplanned pregnancies and sexually transmitted infections. This includes sex and relationships advice, pregnancy testing and free contraception.

**Young People's Substance Misuse:**

Sort It! Compass is a young person's drug and alcohol service that supports young people living in Enfield who misuse drugs and alcohol. It is a free and accessible service available to any young person with an identified substance misuse need. It supports young people in reducing or stopping their substance misuse through the delivery of treatment interventions such as psychosocial support (including cognitive behavioural therapy and counselling based support) as well as harm reduction, family support and access to pharmacological interventions. They also deliver information, advice and guidance to young people either directly or by training professionals in key services to mainstream this support. Sort It! Compass also offer support for families affected by parental substance misuse through the delivery of one to one support and group work to improve parenting capacity. Public Health have also recently incorporated Play Therapy into the Adults Substance Misuse Contract to support children affected by parental substance misuse.

## **2. Obesity**

Carrying too much weight may be seen as an outcome of unhealthy lifestyles and can lead to a number of serious conditions. A correlation has been found between an increase in obesity and 42 other diseases including coronary heart disease (CHD), cancer and Type 2 diabetes, which itself costs the NHS some £25,000 per minute. However, unhealthy lifestyles may be seen predominantly as the result of an unhealthy environment; what may be termed 'obesogenic' e.g. where physical activity becomes increasingly taken out of everyday life and unhealthy food becomes increasingly available.

In Enfield, almost one in four children (10-11 year olds) and two thirds of adults are overweight or obese. The rate of obesity in Enfield is one of the worst in London. Creating an environment that makes healthy eating and physical activity easier to achieve would be a key in tackling this trend and HWB could add significant value by leading this change. In addition, improving lifestyle will positively impact on most long-term conditions. There is no silver bullet to solve this complex population health issue, but there is potential for HWB to unblock the system working to promote healthy weight in Enfield.

### **WORK IN ENFIELD (HEALTHY EATING)**

#### **Sugar Reduction:**

- The Local Government Declaration on Sugar Reduction and Healthier Food offers a framework for the Council with partners to incorporate promoting healthy food within local policies and practices. By signing the declaration, the Council will agree to a series of pledges which avoid promoting unhealthy food and drink. Public Health has consulted with colleagues from different parts of the council to choose pledges that can be practically delivered and worked towards. This was agreed by the HWB and partners on 5<sup>th</sup> December 2017. Progress will be monitored quarterly through the HWB with initial progress reports in February 2018.
- Sugar Smart is a campaign run by the Jamie Oliver Foundation and Sustain, which encourages a range of settings to make a pledge to become Sugar Smart i.e. reduce sugar consumption. We are currently engaging 14 settings, including schools, nurseries, leisure centres and community groups to become Sugar Smart, ahead of our launch in

January 2018. We aim to encourage 100 settings to become Sugar Smart over the course of a year.

- We are currently undertaking a review of food provision in a range of council owned and council leased properties with an aim to understand the scale of the problem and use the evidence to inform action to improve the food environment across the borough.

### **Healthier Catering Commitment:**

- Over the past year 36 businesses (food premises) have signed up to the scheme, mainly premises located close to schools and in more deprived parts of the borough. In addition Bridgewood Care Home has also joined the scheme.

### **Good food for London:**

- Enfield has consistently scored well on the Good Food for London report compared to other London Boroughs. Over 11 categories<sup>1</sup> for the past 3 years (2015-2017) Enfield consistently scored > 60% and been in the top 10 London boroughs.

## **WORK IN ENFIELD (PHYSICAL ACTIVITY)**

### **Healthy Streets:**

- Working closely with planners to ensure that Public Health is embedded in planning policy and decision-making.
- Piloting the closure of 3 school streets at the beginning and end of the school day to encourage walking, cycling and scooting to school.
- Residents can apply for Temporary Play Street Orders to enable children to play freely outside their own front door.

### **Active Enfield:**

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<sup>1</sup> Baby-friendly, food-growing, Living wage, Fairtrade food, Food for Life, Sustainable fish, animal welfare, healthier catering, food partnerships, food culture in schools, Local declaration.

- For a fixed period in 2017, the following activities were offered for free to children identified as overweight or obese through NCMP:  
Reception Year- free swim and use of the soft play facilities  
Year 6- a wide variety of activities including using the gym, swimming and taking part in classes.
- The Active with Ease programme is a heavily subsidised physical activity programme for adults with health problems, who are also quite often overweight. The programme is targeted in areas of higher deprivation and currently engages 200 people per term. As part of this we ran a 'Women get active' programme targeting inactive women in less affluent parts of the borough.

### **Healthy workplaces:**

Enfield Council was awarded Excellence level for the London Healthy Workplace charter. We are now supporting local organisations and NCL Boroughs to apply for the charter.

- In conjunction with HR, we're developing a Workplace Health & Wellbeing strategy for Enfield Council.

## **SCHOOLS**

### **Healthy Schools:**

- Currently 74% of Enfield Schools have registered for Healthy schools London and the aim is to increase this to 85% in 2017/18. Through the accreditation system 47 schools have achieved their bronze awards, 26 silver and 6 gold, with an aim to increase these numbers and ensure that all new schools that register achieve at least bronze level.
- Non-identifiable school-level NCMP data is shared with schools

### **Healthy Eating:**

- The Council caters for 80% of Enfield schools and serves around 20,000 meals daily. The Infant free school meal uptake is above national average at 88% as a result of active engagement, plus a commitment to the silver “Food for Life Served Here” from the Soil Association. This ensures that high quality food is served to children.
- 38 schools are partaking in Food Growing Schools
- Healthy eating assemblies and workshops for parents are delivered by Health trainers, health champions, dietitians and other staff

### **Physical Activity:**

- 12 schools have signed up to The Daily Mile. A *Health and Wellbeing in Schools* event is planned for October 2017, which aims to increase daily physical activity through initiatives like The Daily Mile and STARS (active travel to school).
- For academic year 2016/17, there were 41 Gold, 14 Silver and 5 Bronze accredited schools. This equates to an additional 12 schools achieving Gold since the previous year. Encouragingly, over 40% of schools in Enfield hold the top award that the TfL STARS accreditation scheme offers across London.

## Early Years

### Healthy Start Vouchers:

- Healthy Start vouchers help low income families on certain benefits who are either pregnant or have children under four, to buy milk, fresh or frozen fruit and vegetables. Approximately £6 million worth of Healthy Start Vouchers go unclaimed every year in London.
- In conjunction with Health Visiting and Children's Centres, we are developing an action plan to ensure that vulnerable families who are entitled to these vouchers are receiving them.

### OTHER

- **Making Every Contact Count:** MECC training is about encouraging and helping people to make healthier choices in order to achieve positive long-term behaviour change. A total of 17 half-day courses were undertaken to the end of March 2017, at which 146 staff were trained from a range of primary care [GP staff, dentists, optometrists, pharmacists etc.] and LBE teams. Our next phase of MECC will be offered to all those either residing or working in the borough. We are hoping to have this established before the end of the financial year.
- **Marketing campaigns:** Move More was a main corporate marketing campaign for 2016 / 17, although it continues to be promoted with less resource. The focus for 2017 / 18 is on Eat Well.
- **Enfield Health & Wellbeing Website:** Provides general health and wellbeing information and links to local activities and services.
- **Serena:** The health kiosk measures blood pressure, height, weight, and heart rate. It also calculates BMI and advises optimal weight

## **Other work in development**

### **Kitchen Social:**

- The Mayor's Fund for London has expressed an intention to fund 10 'Kitchen Social hubs' in Enfield. 'Kitchen Social works with local grass root community organisations to create an environment where children, young people, their families and carers can feel comfortable to play, explore new ideas, make new friends, learn and get a good balanced free meal during the holidays.' 5 hubs will be trained in January 2018.

### **Health in Housing:**

- A workshop took place on 24<sup>th</sup> November between Public Health and Housing, with the aim of developing projects such as food growing on estates, the removal of 'No Ball Games' signs, and MECC training to housing officers.

### **Healthy Early Years Award:**

- Initial discussion with the Children's Centres to discuss the Healthy Early Years Award, potentially focusing on ensuring all childcare settings have a healthy eating policy. Support available through Camden and Islington as part of NCL STP.

### **3. Mental health (MH) resilience**

#### **Background**

It is estimated that 1 in 4 people will experience a mental health (MH) issue at some point in their lives. It is an NHS priority that MH receives the same priority as physical health. Mental ill-health is both a cause and an effect of inequality; for example those who experience mental ill-health are both more likely to experience worklessness and those who experience worklessness are more likely to experience mental ill-health.

Thrive LDN is a London-wide MH programme with 6 thematic areas:

1. A city where individuals and communities take the lead
2. A city free from mental health stigma and discrimination
3. A city that maximises the potential of children and young people
4. Developing a healthy, happy and productive workforce
5. A city with services that are there when and where needed
6. A zero suicide city

Thrive LDN's aspiration is for London to become a city "free from mental health stigma and discrimination".

#### **Work in Enfield:**

A workshop was held in Enfield in conjunction with Thrive LDN to explore the above areas and their relevance to Enfield residents. Under each thematic area the workshop found:

|  |
|--|
| <b>1. A city where individuals and communities take the lead</b>   |
| Key themes and actions: <ul style="list-style-type: none"><li><input type="checkbox"/> Importance of having pleasant and affordable space for community groups to run- needs improvement</li><li><input type="checkbox"/> Funding cuts have put a real strain on this area, as the community and voluntary sector is not being funded as much</li><li><input type="checkbox"/> Importance of ensuring community activity is accessible and inclusive and well-advertised</li><li><input type="checkbox"/> Use community leaders like faith leaders to promote positive mental health and wellbeing</li></ul> |
| <b>2. A city free from mental health stigma and discrimination</b>   |
| Key themes and actions <ul style="list-style-type: none"><li><input type="checkbox"/> Consideration of language used to reduce stigma and be mindful of differences across cultures and generations</li><li><input type="checkbox"/> Support community mental health champions to raise awareness and</li></ul>  |

promote self-care

- Develop mental health education in schools and train teachers and staff
- Support and collaborate with different community leaders and organisations to work collaboratively together; sharing ideas and approaches

### **3. A city that maximises the potential of children and young people**

Key themes and actions

- Job opportunities and training (and harnessing skills and interests)
- Encouraging ways to improve parenting
- Open up spaces for children and teenagers to go after school – use community assets. They really miss the old children’s centres
- Cultivating a kinder, more compassionate culture (e.g. in schools)

### **4. Developing a healthy, happy and productive workforce**

Key themes and actions

- Difficult job market and precarious work have a strong impact on mental health
- Workplace culture can put pressure on employees to work long hours and skip breaks, need to keep this in check
- Need to ensure managers are equipped to provide support to employees
- Support for SMEs to ensure can properly support employees

### **5. A city with services that are there when and where needed**

Key themes and actions

- Need wellbeing education at places people frequently go: schools, high street shops, supermarkets, churches, libraries, community centres
- Strains on services and wider societal challenges can be detrimental
- Potential with digital technology for some groups
- Focus on ensuring crisis care is timely also ensure community activities are available to people.

### **6. A zero suicide city**

Key themes and actions

- importance of ensuring services are there for people when they need and particularly supporting young people transitioning to adult services from CAHMS
  - Joined up services to ensure people don’t slip through gaps and healthcare professionals identify people who may be struggling
- Education around emotional wellbeing from young age

Work to understand triggers

Further to this, at the request of the HWB a further workshop is being planned with Thrive LDN to engage young people.

### **Suicide**

Enfield PH has engaged with the North London coroner to examine suicide records as soon as they become available to identify any emerging trends, hotspots etc. This work will continue in partnership with Barnet, Enfield and Haringey MH Trust.

### **Other work includes:**

- Information governance work on a preventative basis (taking into account the General Data Protection Regulations coming into force in April 2018).
- NCL partners to finalise and align our Suicide Prevention Strategy which will be presented to the HWB in February
- Receiving ongoing intelligence and information from the British Transport Police and TfL around this issue on a pan-London basis

### **Results**

Enfield has the lowest suicide rate outside the City of London in Enfield.

## **OTHER PUBLIC HEALTH INITIATIVES / WORK**

### **Smoking**

#### **Background:**

Smoking is the greatest cause of preventable death, disease and morbidity; every year smoking causes approximately 96,000 deaths in the UK, some 80% of deaths from lung cancer, 80% of deaths from bronchitis and emphysema and 14% of deaths from heart disease. More than a quarter of all cancer deaths can be attributed to smoking. Cigarette smokers die some 10 years younger than non-smokers.

Smoking has consequences beyond the smoker; second-hand smoke contains more than 4,000 chemicals including irritants, toxins and carcinogenic compounds. This includes children increasing the risk of cot death (Sudden Infant Death Syndrome, SIDS), asthma and meningitis. Further, the act of smoking itself can be harmful; children who grow up in a smoking household are three times more likely to smoke themselves. This does not include the financial harm of smoking; 10 cigarettes a day will cost over £1700 nor the cost of smoking-related litter, 120 tons of cigarette related litter is dropped on UK streets everyday.

#### **Targets:**

In July 2017 the Dept. of Health published 'Towards a Smokefree Generation. A tobacco control plan for England. Targets by 2022 include to:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less

#### **Work in Enfield:**

The greatest gain from smoking is to persuade people not to start smoking. It can also be highly effective to increasingly 'de-normalise' smoking so that people increasingly stop smoking by themselves. Work to achieve both these aims includes

- 'No-smoking outside school-gates' at 18 schools
- Supporting 'No-Smoking day'
- Supporting 'Stoptober' (150 members of the public engaged, Radio Enfield interview on 19<sup>th</sup> September)
- 'Work, don't smoke' project – working with JJ's Cash and Carry, Coca-cola and Ikea.
- Turkish Tobacco Control group held bi-monthly
- Turkish Radio interview on 30<sup>th</sup> November.
- Illegal tobacco roadshow – information sharing with residents on dangers of illegal / illicit tobacco and how to report it.

## **Results**

### **Adult population (aged 18+)**

Between 2015 and 2016 smoking prevalence in Enfield fell from 16.8% to 13.1%. This is the equivalent of approximately 8,000 fewer smokers. Enfield has the 10<sup>th</sup> lowest smoking prevalence in London with a prevalence lower than that of both London (15.2%) and England (15.5%).

### **15 year olds**

The latest available data is from 2014/15 when 2.0% of Enfield 15 year olds were regular smokers. This was the 4<sup>th</sup> lowest prevalence of smoking in 15 year olds in London and compares favourably to the London and national prevalences (3.4% and 5.5% respectively). If this figure has held constant Enfield will have already met the national 2022 target.

### **Routine and manual occupations**

Prevalence in Enfield routine and manual occupations in 2016 was 24.3%. This was the 15<sup>th</sup> lowest prevalence in London and compares to the London prevalence of 23.9% and national prevalence of 26.5%.

## **Cycle Enfield**

### **Background:**

Physical activity (PA) is essential for health; compared to those who undertake no PA those who meet the Chief Medical Officer's guidelines of at least 150 minutes a week moderate intensity PA have a 30% reduced probability of all-cause mortality and a 20 – 40% reduced probability of having a long-term condition (LTC) (conditions that people live with for a number of years such as diabetes, cancer, heart failure). LTCs cost the NHS 70% of its budget. Self-report data from Health Survey for England 2016 indicates that 34% of males and 42% of females aged 19+ do not meet these guidelines. Objective data, using previous PA recommendations of 5\*30 minutes / week from 2008 indicated that 94% of males and 96% of females did not meet recommendations.

Active travel represents a means of integrating physical activity into everyday life. Those who cycle for utility purposes (not sporting purposes) are 4x more likely to meet PA recommendations than those who do not.

### **Work in Enfield:**

- PH work to support Cycle Enfield and its implementation includes:
- Advocacy with the NHS for its support
- GP Protected Learning Times
- Articles written for the O50's forum
- Support provided at Ward Forums
- Support provided at consultation events
- Support provided to the University of Westminster and Transport for London for an evaluation of the Cycle Enfield programme

## **Health Trainers (HTs)**

### **Background:**

Health Trainers are an initiative from the 'Choosing Health' (2004) White Paper. Residents who wish to make lifestyle changes are provided one-to-one sessions through which they are given support, advice and strategies to make lifestyle changes.

### **Work in Enfield**

HTs work in a range of settings including the Civic Centre and primary care centres. Clients may self-refer or be referred by GPs with work being targeted towards the South and East of the borough. Some 80% of consultations are for support with diet, physical activity and / or weight management. Work is now progressing with the Clinical Commissioning Group (CCG) to integrate HTs into the bariatric surgery care pathway.

### **Results**

HTs see approximately 550 people a year of whom approximately 70% either meet or partially meet their goals.

## **Sexual health (SH)**

### **Background**

Responsibility for Sexual Health (SH) transferred to Local Authorities with the transfer of PH into Local Authorities in 2013. SH services are legally both anonymous and confidential and must be open to all (e.g. Enfield residents can access any service in the country and visa-versa). Within this anyone can use SH services using a false name and address.

Enfield residents use approximately 21,000 sexual health appointments per year and, of these, some 55% is provided by SH services within Enfield at 3 clinics.

Enfield SH services are provided by the North Middlesex Hospital from 3 clinics:

- The Town Clinic: 4 & 5 Burleigh Way, Enfield Town, EN2 6AE
- Silverpoint: 74 Fore Street, London, N18 2SL
- Enfield Island Surgery: 43 Island Centre Way, Enfield, EN3 6GS

Silverpoint is a new world-class facility for which significant work has been taking place with the North Middlesex (NM) with a view to providing better and more accessible services closer to home for Enfield residents. There will be a launch event for this on 14<sup>th</sup> February which is being planned with both NM and LBE Communications departments.

### **Results**

Due to the nature of SH services (anonymous and confidential) it is difficult to directly attribute any results to Enfield SH services. However, within this caveat:

- Some 11,500 SH appointments are provided (estimated to be approximately 7,700 residents)
- 649 people aged 15-24 were diagnosed with chlamydia in Enfield in 2016 (the 8<sup>th</sup> lowest in London)
- Enfield has the 6<sup>th</sup> lowest detection rate for syphilis in London (8.2 per 100,000)
- Enfield has the 12<sup>th</sup> lowest detection rate for gonorrhoea in London (88.7 per 100,000)
- Enfield has the 13<sup>th</sup> lowest HIV diagnosis rate in London (3.95 per 1,000 aged 15-59)
- Enfield's teenage pregnancy rate has fallen from 50.5 per 1000 females aged 15-17 in 2006 to 22.7 in 2015.

## **Reducing undiagnosed Blood Pressure (BP)**

### **Background**

Increased blood pressure is a leading risk factor for premature death, stroke and heart disease. increased blood pressure (BP) and hypertension-related complications are largely preventable. However, most people with hypertension worldwide are not effectively treated and controlled to the recommended blood pressure targets. There are estimated to be some 31,000 people in Enfield who have undiagnosed hypertension.

### **Work in Enfield**

- Health kiosk installed in reception in the Civic Centre with two further 'itinerant' kiosks to be ordered
- Pharmacy-based blood pressure assessment project being developed
- Joint bid with Enfield CCG being developed to the British Heart Foundation for BP assessment of 10,000 residents
- Health Trainers and health champions have been given and trained in the use of BP equipment for use at community events.
- 'Know your number' campaign run across the borough

## **Enfield CEPN Engagement**

Community Education Provider Networks [CEPN's] are arrangements which support healthcare providers through training and other education events. They are funded by Health Education England – Enfield CEPN specifically via North Central East London [HEE:NCEL].

Enfield CEPN is hosted by NHS Enfield Clinical Commissioning Group (CCG) and is guided by a steering group which meets monthly and is chaired by the Head of Primary Care for the NHS Enfield CCG. The steering group oversees the activities and the finances of the CEPN.

LBE Public Health have a permanent representative on the steering group, and also have assisted in the development, deployment and maintenance of the Enfield CEPN Website. <https://new.enfield.gov.uk/cepn/>].

## **Results**

CEPN undertake regular training and education events for the “Primary Care” staff group in Enfield [which includes not just GP practice staff, but Pharmacy, Opticians and other allied professions] , which are normally attended by PH staff. Both CEPN and ourselves will be seeking greater involvement by our social care colleagues in the new year.

## **Developing Diabetes Prevention Programme in Enfield**

### **Background**

It is estimated that 30,000 people in Enfield are at high risk of diabetes (e.g. are pre-diabetic). This is the 5<sup>th</sup> highest of all London boroughs (Public Health England). It is also estimated that around 5–10% of people with pre-diabetes become diabetic every year . Risk of diabetes can be reduced and / or managed by the identification of this cohort and effective interventions.

### **Work in Enfield**

Enfield jointly bid for and became is a second wave site for the NHS Diabetes Prevention Programme, a nationally funding programme for evidence-based intensive lifestyle intervention and structured education. In the next 2 years this will support 2950 resident identified by their GP to be at risk of diabetes to enrol in the Diabetes Prevention Programme and receive the lifestyle interventions

### **Results**

In the first six months of the programme 708 residents at high-risk of diabetes were referred to DPP by their GP

## **Long-term conditions (LTCs)**

### **Background**

As well as considerably reducing quality of life, long-term conditions (LTCs) account for 70% of the NHS budget. Atrial Fibrillation and diabetes are 2 relatively common conditions that are amenable to early treatment and prevention.

### **Work in Enfield**

Public Health has worked with the CCG to develop services to detect the above.

### **Results**

- 520 new AF cases identified
- 9292 pulse checks provided
- 189 face-to-face consultation provided to ensure patients are referred to anti-coagulated and estimated (4-5 new strokes avoided within a year)
- 1953 resident aged 65 and above who were at risk of Atrial Fibrillation were recalled for blood test and reviews
- 2873 resident at high-risk of diabetes commonly referred as pre-diabetes were identified from GP clinical records and provided lifestyle advice

## **Preventing infection from infectious disease**

### **Background**

Local authorities are given the duty to protect the health of the population under section 18 of the Health and Social Care Act 2012. It also emphasis that successful health protection requires strong working relationships at the local level; the duty of NHSE, PHE, CCG and other agencies to cooperate to protect the population health. Enfield Health Protection has set up a Health Protection Forum that provide the oversight of health protection in the borough.

### **Work in Enfield**

Preventing infection is on-going work that requires co-operation and partnership working across organisations. There are therefore quarterly meetings held with Enfield CCG and NHS providers / commissioners where programmes such as infection control training is overseen. This has included delivery of training to 116 frontline staff and a report to the CCG Board and Enfield Health Protection Forum on clostridium difficile (c.diff).

## **Falls Prevention**

### **Background**

As well as being responsible for approximately 95% of hip fractures falls and the fear of falls significantly impact upon the quality of life of residents.

### **Work in Enfield**

- Mapping exercise to identify services providing falls in NHS and voluntary sector in the borough undertaken.
- Contributed to workshop organised in North Central London by Camden, Islington and Haringey to identify consistent prevention message and care pathway in North Central London.
- In Partnership with all the borough in North Central London currently working on commissioning prevention training programme for frontline Health and Social Care staff.
- Falls prevention run as part of 'Energise Enfield' to improve core strength in those who have had a fall or at risk of such.

## **Support to CCG Commissioning strategic plan and transformation of services**

Part of PH's statutory duties is to support the CCG through evidence-based advice of effectiveness, equity and efficiency.

### **Work in Enfield**

- Reviewed evidence and presented report that inform CCG commissioning intentions for 2018-19 .
- Reviewed evidence to inform the transformation of primary care services and other services.
- Currently working on health profile of localities to support the process of identifying local commissioning priorities to support the development of Care Close to Home initiative that the CCG is work on in collaboration with the council adult care services.
- Provided public health input in the development and implementation of the Long-Term conditions agenda, GP transformation strategy, Cancer Action and performance management.

## **Cancer awareness campaign**

### **Background**

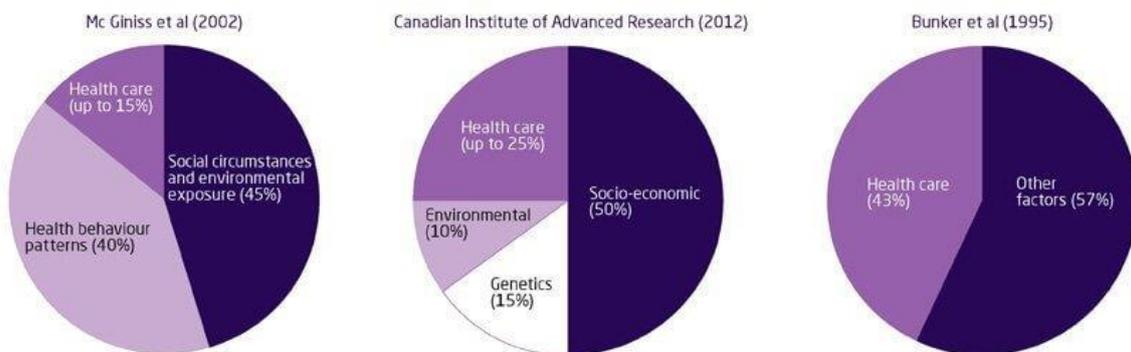
In 2013/14, there are 1,214 new cases per year in Enfield (latest data available). Screening is one means of detecting and thereby managing this disease.

### **Work in Enfield**

- A cancer awareness campaign poster to launch in January 2018 alongside the national cervical cancer awareness (January 2018)
- Work undertaken with surgeries to ensure that they are prepared for any increase in screening requests.

### **Summary**

This paper illustrates the work being done by the Public Health Team in Enfield to tackle health inequalities. The role of public health is to advise on the design of Council and NHS services and the design of Enfield as a place to promote health and reduce inequalities. This recognises that health is at least determined as much by life-chances and socio-economic factors as it is by local authority / NHS services.



Public health also delivers a range of health improvement programmes and commissions a range of prevention and treatment services for 0-19 year olds. Sexual health and substance misuse.

Public Health supports the Council's wider work programme which acts to prevent deprivation through a strong education and preschool offer and economic growth that provides sustainable employment for Enfield residents. Services such as housing and environmental health are key to prevent and mitigate the effects of deprivation on our residents and they are supported by public health. The direct work of the public health team is only a small part of the jigsaw of policies and programmes in place to tackle inequality in Enfield.