

MINUTES OF THE MEETING OF THE HEALTH SCRUTINY PANEL HELD ON THURSDAY, 14TH MARCH, 2019

Attendees:

Councillors: Huseyin Akpinar (Chair), Kate Anolue, Clare De Silva, Christine Hamilton, Terence Neville, Vicki Pite and Hass Yusuf.

Officers: Andy Ellis – Scrutiny Support Officer, Elaine Huckell – Scrutiny Secretary

Also attending: Councillor Yasemin Brett (Cabinet Member Public Health), Patricia Mecinska (Chief Executive Healthwatch Enfield), Stuart Lines (Director of Public Health), Duduzile Sher Arami (Consultant in Public Health). Justin Daniels (North Middlesex University Hospital) (NMUH) and a member of the public.

1018. WELCOME & APOLOGIES

The Chair welcomed all attendees to the meeting.

1019. DECLARATIONS OF INTEREST

There were no declarations of interest.

1020. INTERVENTIONS IN CHILDREN'S HEALTH

The Chair said the theme for this meeting is Interventions in Children's Health. He welcomed Stuart Lines, Director of Public Health and Duduzile Sher Arami, Consultant in Public Health. He said two of the key concerns raised by Members previously were regarding childhood obesity and children's oral health. Both, of these issues are examined in the presentation given by Duduzile Sher Arami. The Enfield Child Health Profile for June 2018 was included in the papers circulated from Public Health England.

Duduzile Sher Arami spoke of the necessity for a sustainable public health system to be provided to improve the health and wellbeing of children, to tackle health inequalities and ensure children are able, to achieve the best start in life.

The following was highlighted:

1. It is anticipated that there would be over 95,000 Children and Young People (CYP) living in Enfield by 2050. The CYP population is ethnically diverse.

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2. The CYP population estimates show high numbers of children in the 0 – 5 years sub group - those making substantial use of our services. This is the time when healthy behaviours are being established.
3. A large number, of CYP from 0 – 18 years are distributed in areas of high deprivation in the borough. The number in poverty being above the England average.
4. The rate of families in temporary accommodation in Enfield is significantly higher than London and England for 2017/18 – 24.6 per 1,000 compared to 14.9 per 1,000 for London and 3.4 per 1,000 for England. Reference was made to the influence of good quality housing on people's wellbeing. It was noted that wellbeing is also affected by the distance people need to travel to get to school or work.
5. Maternity and birth indicators show that there are just under 5,000 births per year, this number has been consistent in recent years.
6. It was noted that the smoking status for mothers at the time of delivery has significantly increased from 5.5% in 2012/13 to 7.5% in 2017/18. It was stressed that any improvements that could be made to stop smoking for this group would have beneficial effects for babies and also later for children at risk of passive smoking.
7. The percentage of children achieving a good level of development at the end of reception class (school readiness) is lower for Enfield than for other London boroughs or for England. This measure is linked to deprivation and is also linked to future educational outcomes. It was stated that work was being undertaken with 'Early Years' to address this matter in Enfield.
8. Obesity indicators show that for 2017/18 - 24.9% of reception year children are shown obese and overweight compared to London (21.8%) and England (22.4%). They also reveal that for Year 6 children in Enfield - 41.1% are shown obese and overweight compared to 37.7% for London and 34.3% for England.
9. The number of 16 - 17 year olds considered most vulnerable -not in education, employment or training (NEET) or whose activity is not known for 2016 in Enfield was 8.2% - when compared to 5.3% for London and 6.0% for England.
10. Mental Health issues are a cause of growing concern for the country. For 2018 the percentage of pupils at 'primary school age with social, emotional and mental health needs' for Enfield is 3.0% which is the 3rd highest of London boroughs.
11. Noted that the educational outcomes in Enfield for key stage 1 pupils meeting expected standard in science, reading and maths for 2018 were lower than the England average and the lowest of London boroughs. Duduzile Sher Arami referred to the link between educational outcomes with health and wellbeing.
12. Although the school readiness indicator for 2017/18 shows that Enfield has the lowest ranking for London boroughs the figures show the trend for this is improving and that Enfield is going in the right direction.
13. There is nationally a huge public health concern regarding obesity for CYP. There are complex causes for increased number of cases

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including links to deprivation. It is important to establish positive patterns of behaviour in early life. For those children who are overweight this may impact on their psychological and physical health and there is a greater chance of becoming overweight as adults. There is also monetary cost - it is estimated that obesity costs the NHS - £6.1 billion per annum.

14. A range of factors are combined to make an 'obesogenic' environment including greater food availability and larger food portions at fast food outlets which shape people's expectations.
15. It was noted that a greater proportion of children resident in the east of the borough are overweight or obese.

The vision for tackling childhood obesity was explained including:

1. 'Looking at a system level' (as set out in the Lancet 2011) re interventions for policy / environmental changes such as health promotion programmes, to examine what can be done to have the most impact and to change behaviours.
2. The vision for tackling childhood obesity looks at what barriers to a healthy lifestyle children and families living in Enfield face including concerns regarding traffic and pollution, provision of outdoor space and the perception of safety, and the consistent provision of healthy food.
3. Work being undertaken includes provision of 'pool bikes' to promote active travel, access to parks, working closely with partners including the CCG to help 'Early years'.
4. The Health and Wellbeing Strategy for Enfield concentrates on three key areas – nutrition, physical activity, and smoking. There is a commitment in our Corporate Plan to ensure we consider health and wellbeing in all our decisions. We are taking a 'whole system' approach tackling obesity in all decisions and working in partnership across all sectors and all departments.
5. Working with Planning including Cycle Enfield, Meridian Water development and changing the food environment by working with local food providers. Also working closely with the Licensing team to ensure a healthy food offer in Enfield
6. In schools the 'daily mile' walking introduced to promote physical activity.
7. Sugar declaration – this commitment to reduce sugar intake, has been introduced. It includes tackling advertising and sponsorship. One way of doing this is by removing vending machines that provide sugary drinks and actively promoting free drinking water. Under procurement we are ensuring good food quality for school children and taking sugar out of school meals.

Children's Oral Health – The following points were highlighted:

1. As with childhood obesity, children's oral health is heavily linked with healthy eating, including sugar consumption. It too, is linked to deprivation – children in deprived areas have poorer oral health than those in affluent areas.

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2. It was noted that all problems regarding tooth decay is preventable and is one of the main causes of childhood hospital admission for 5 to 9 year olds.
3. As well as the cost to the individual there is also a high financial cost – with £35 million spent nationally on extraction of teeth for under 18's.
4. In Enfield 30.5% of five year olds have one or more decayed, missing or filled teeth, which is more than England and London averages
5. Half of children in Enfield have not visited a dentist in the last year – it was thought this may be because there are issues regarding access and information not getting to parents.
6. The oral health of children is improving – the trend is going in the right direction.
7. There is a strategic commitment to improve children's oral health in many ways through the Health and Wellbeing Strategy, the Corporate Plan, Health in all policies and our Catering Commitment.
8. 'Brushing for life' is part of the School's Programme – which aims to ensure children/ parents are aware of consistent messages. Also use of fluoride varnish through schools/dentist (school health visitors).
9. Political leadership and commitment from senior leaders and influencers is necessary and as for childhood obesity we need to work closely with all departments such as Planning and Licensing and also our partners to work towards our shared priorities.

The following questions/ issues were raised:

- Councillor Yusuf said he understands that the cost of toothpaste should not be prohibitive because as long as a toothpaste contains fluoride the cheaper versions are as beneficial. He spoke of other countries where water and free fruit is available for children. He also mentioned that problems may arise because of people having large families when living in densely populated areas. He thought it was difficult to tackle the issue of obesity when so many fast food shops are positioned near to schools and thought there seems to often be a cycle where a child who may be 'chubby' gets bullied and comfort eats as a result.
- It was confirmed that cheaper toothpaste containing fluoride is as beneficial. It was later noted that toothpaste is included at food banks. Free food is provided for children at Key Stage 1 Reception with free lunch, including fruit and vegetables. Some schools have chosen to offer free food for all children. Although it is difficult to influence food choices on the high street, we can provide information so that people do know the healthy options.
- The Healthy Catering Commitment ensures that healthy food is available for children and we can influence the distance of new fast food premises from schools.
- Councillor Brett suggested that we publicise the importance of drinking more water, and for more water fountains to become available. Also to remind parents of the use of fluoride in toothpaste including cheaper brands. Councillor Brett also spoke about, a number, of charities who are providing free healthy food to schools and a voluntary sector

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organisation that distributes healthy food for families. It was noted that dentists provide free toothpaste and mouthwash for children.

- Councillor Pite applauded the 'walk a mile' initiative but thought families should also be encouraged to walk more when going to school and also for children to make more use of our parks. She referred to public health messages, for example on public transport, which were advertised to promote a healthier lifestyle in the past she suggested this be continued.
- Public health messages may be useful regarding a 'stop spitting' campaign. It was thought our influence on healthier eating may be gradual through a 'nudge theory' approach. It should also be remembered that some cultures have a different understanding of appropriate lifestyle and we need to influence people without undermining their cultures.
- Stuart Lines referred to work with the CCG and the usefulness of 'social prescribing' for example for people to be encouraged to walk more/ take up dancing classes etc.
- Councillor De Silva said she was shocked at some of the key findings for Enfield children – she said the 'school readiness' indicator which showed that Enfield had the lowest ranking for London boroughs – was not a poverty issue but one of poor parenting as also was that for children's oral health. She said we needed to ensure our support for families to improve on these findings and for better linked services between public health and other departments. It was noted that a lot of families had moved to Enfield as cheaper housing is available than for other London boroughs and often parents are juggling two or more jobs.
- Councillor Hamilton referred to high rise blocks that many children live in and their reliance on local parks. Whilst a lot of work has been done in parks there is still more to do. Reference was made to the large number of cars parked outside schools and those driving too fast in the vicinity of schools. She thought we should be looking to have 20mph zones in these areas. It was noted that 'School Super zones' where cars are not permitted within school area and pollution reduction through prevention of 'car idling'.
- Councillor Anolue referred to a project she was involved in with parents on an oral hygiene programme encouraging parents of the importance of teeth brushing. It is important for these behaviours to be instilled early on. She suggested that perhaps we could engage with companies who may be willing to supply toothbrushes/ toothpaste. The Parent Engagement Panel where parents are involved in the promotion of healthy messages. People are more responsive when hearing from their peers.
- Councillor Neville referred to the influence LB Enfield had on the original Stop Smoking initiative. He went on to agree with Councillor Yusuf that the issue regarding the size of families needed to be addressed, with smaller families encouraged. Better use of regulatory practices are needed, for example to prevent fast food shops near to schools. Stuart Lines said Sexual Health Services are provided, with a focus on the reduction in the number of 'conceptions in girls aged under 18'.

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- Noted that in order to encourage a greater use of our parks by children we need to have 'dog free areas'
- It was thought if the Council were to introduce parking charges for Enfield parks this would have a detrimental effect on families using them.
- Justin Daniels (NMUH) said it should be remembered that the life expectancy is set from childhood therefore it is important to pursue key areas such as healthier eating, and use of 20mph zones near schools, so that people can walk/ cycle more safely, public health supporting programmes are important and we should ensure that where new developments are planned for example at Meridian Water that they are walking/ cycling friendly.
- Reference was made to the funding formula for public health which appears to be unfavourable to Enfield - set at £49 per person compared to £138 for Kensington and Chelsea.

It was noted that a system wide response was needed to reduce childhood obesity and improve children's oral health

Members thanked officers for the clear and detailed presentation given.

1021. WORK PROGRAMME 2019/20

Discussion took place on the Work Programme.

The completed Work Programme for 2018/19 was NOTED and the following recommendations were put forward from the year

- Chase Farm Hospital to improve communications relating to the urgent Care Centre as this can have an impact on A & E provision elsewhere.
- Lobby Government for additional funding for North Middlesex Hospital as the local population increases.
- That Careers Advisors in schools actively encourage students to consider the care sector as a career/ work experience.
- Enfield CCG and NHS England to be asked for clarity on future primary care provision in and around both hospital trusts and in Chase Ward.

The following items were suggested for 2019/20 Work Programme

- Ordnance Road surgery -performance and plans going forward.
- Climate Change / Air Pollution.
- Future of Community Phamacists.

1022. MINUTES OF THE MEETING OF THE 22 JANUARY 2019

The minutes of the last meeting were **AGREED**.

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1023. DATES OF FUTURE MEETINGS

The dates of future meetings will be decided at the Annual Council meeting on Wednesday 8 May 2019.

The meeting ended at Time Not Specified.

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