

HEALTH CONFERENCE 22ND OCTOBER 2014



Public Health
Priorities for
Enfield.

Dr Shahed Ahmad, Director of Public Health for the London Borough of Enfield, gave a presentation on the Borough's Public Health Priorities, followed by questions from the floor.

Voluntary Sector
Representation on
Enfield's Health and Well-Being
Board.

Vivien Giladi spoke on her role as the Voluntary Sector Representative on Enfield's Health and Well-Being Board, followed by a discussion with those present.

Public Health Priorities for Enfield

Dr Shahed Ahmad

Director Of Public Health, London Borough Of Enfield.

Working with the voluntary sector

Dr Ahmad expressed how pleased he was to be addressing people from the voluntary and community sector, whose work he valued.

He outlined a case study of a mosque-based smoking cessation service, which had demonstrated how people within communities are able to achieve positive outcomes with the right training and resources, where the statutory sector would be unsuccessful.

He referred to '*Comparing Apples with Oranges*' How to make better use of evidence from the voluntary and community sector to improve health outcomes', an NHS Confederation Briefing Paper for commissioners developing JSNAs, which can be found at www.nhsconfed.org/resources/2014/08/comparing-apples-with-oranges.

"There is huge richness in the voluntary sector because they know the communities better than we ever can."

Evidence Base

Enfield Council's Public Health priorities are based on demographic evidence and recommendations in 'Fair Society Healthy Lives' (The Marmot Report).

'Fair Society Healthy Lives' (The Marmot Report)

In November 2008, Professor Sir Michael Marmot chaired an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England. The full report, the executive summary, and the framework of indicators can be found at www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Enfield Council's top 3 Health Priorities

- Child Poverty.
- Life Expectancy Gap.
- Preventing Dementia.

Child Poverty

Child poverty is the overwhelming public health priority. The London Borough of Enfield has the largest number of children living in poverty in London - 23,000 under 16's.

The constituency of Edmonton has the 6th highest level, and the London Borough of Enfield the 7th highest level, of child poverty in the UK.

The Marmot Report set out that the causes of long-term health issues can be identified from the first 20 months of a child's life.

When thinking about child poverty the aim is to

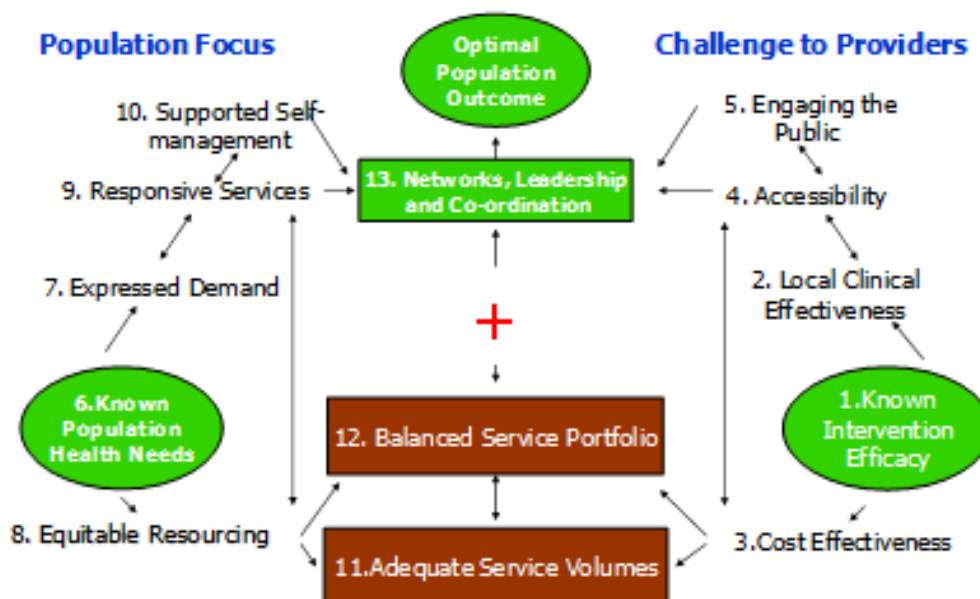
- mitigate the impact on children in poverty today,
- raise family income, and
- in the longer term, minimise the risk of children living in poverty in the future, as those children become parents themselves (ie in 2020, 2030, 2040).

Systematically addressing Health Inequalities

Participants were referred to a toolkit produced by Professor Chris Bentley of the National Support Team for Health Inequalities. His powerpoint presentation can be found at www.dur.ac.uk/resources/wolfson.institute/news/cbpresentation.pdf

Systematically addressing Health Inequalities

Commissioning for Best Outcomes



Life Expectancy Gap

This was the topic of Enfield's Annual Public Health Report 2014 *Mind the gap: Reducing the gap in life expectancy* which can be found (short version and full report) at www.enfield.gov.uk/phpublications.

The full report includes local case studies on initiatives to tackle health inequalities in Enfield and a higher level of detail on the evidence base and current data and information for Enfield.

Improvements in life expectancy have been made in Edmonton, but evidence shows that effort now needs to be focused in Chase and Enfield Lock wards.

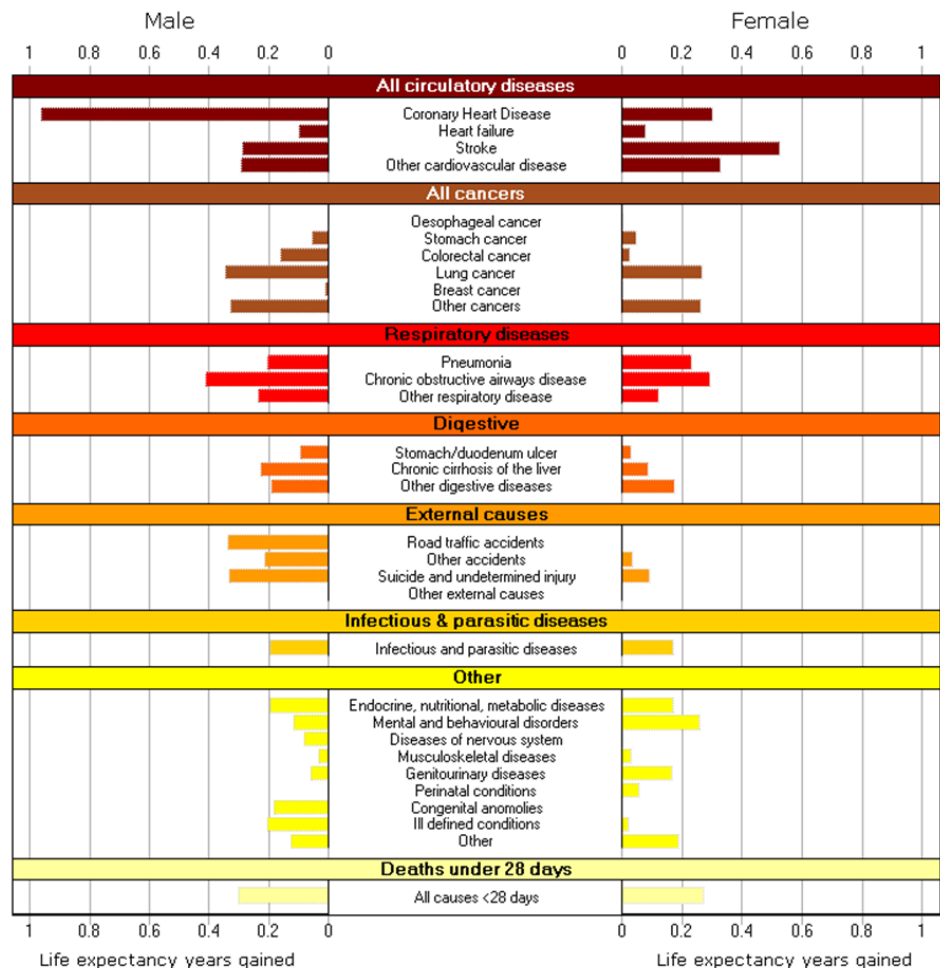
UCL Partners

Participants were referred to UCL Partners, a network of provider organisations which aims to improve health outcomes and create wealth for a population of over six million people in north east and north central London, south and west Hertfordshire, south Bedfordshire and south west and mid Essex. 1 in 8 babies in the UK are born within this area.

www.uclpartners.com

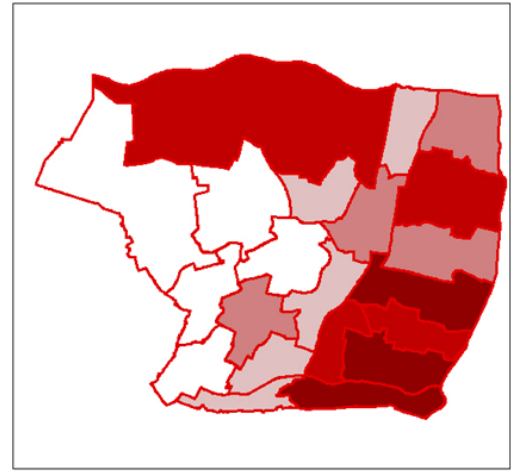
Major Causes of Gap in Life Expectancy - Circulatory Diseases

Shortage of resources means energies must be targeted where most useful. Circulatory disease is the major contributor to the life expectancy gap for both males and females in the London Borough of Enfield.

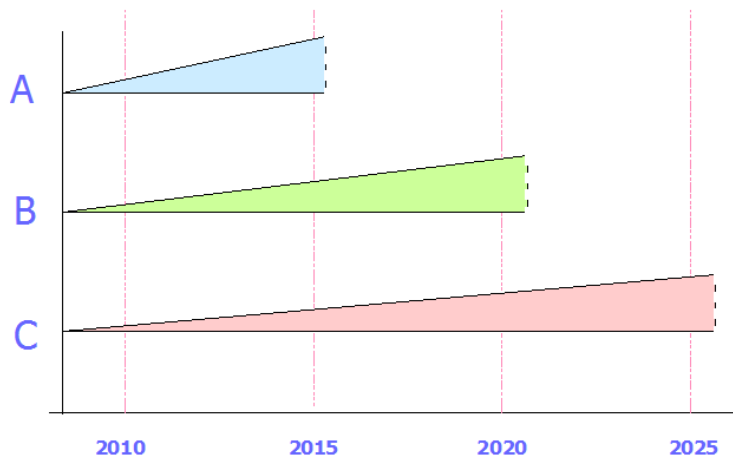


Borough-wide distribution of resources

Resources to work on Cardiovascular Disease will be targeted on specific areas within the Borough. Darker areas have higher rates of cardiovascular disease.



Gestation from Input to Outcome



Short, medium and long-term approaches to health inequalities.

A Short Term - Treatment of already existing conditions or risk reduction in people already at high risk of developing the major causes of morbidity.

B Medium Term - Lifestyle approaches

C Long Term - Wider Determinants of Health

All action taken can have a future impact, so although the major focus has been on the most pressing health inequalities, the long-term must also be addressed.

Preventing Dementia

An emerging evidence base suggests that dementia can be reduced particularly using the following tips

- Keep blood pressure under control
- Stop smoking
- Watch salt intake
- Stay a healthy weight
- Don't drink excessively
- Keep physically active

Question and Answer Session

Poverty

Q. How is it possible to reduce poverty given the lack of global resource distribution?

A. Redistribution of wealth relies on national political decisions, but there is evidence that health is affected according to wealth distribution. Enfield Council will be holding a Child Poverty conference in November 2014 and will invite local and national stakeholders.

Voluntary and Community Sector Support Agenda

Q. What are the Council's commissioning priorities?

A. The voluntary sector is valued. The statutory sector cannot succeed alone. The Child Poverty Conference should address this issue. Community Development initiatives, for example the Parents Engagement Panel (PEP), need to be utilised to the fullest potential.

Preventing dementia

Q. Is the government's proposal to make a payment of £55 to GPs for each dementia diagnosis an appropriate use of resources?

The proposal seems questionable. Does it give enough credence to the work of carers, families and hospitals?

A. The payment is national policy. Early detection may mean more can be done, and gives the person diagnosed and their family time to plan / access relevant services and treatments. Carers are crucial.

Opportunities for continued discussion

Q. It would be useful to have further opportunities to continue discussion on more detailed questions. Is Dr Ahmad willing to attend meetings with individual community groups?

A. Future sessions of this kind, or with individual groups, would be welcomed and a broader range of experts from Public Health would be able to attend to answer questions on more specific health issues.

Voluntary Sector Representation on Enfield Health and Well-Being Board (HWB)

Vivien Giladi - Voluntary Sector Representative on Enfield's Health and Well-Being Board (HWB).

This part of the report combines some added background on the HWB, Vivien Giladi's comments, and the discussion which followed.

Background

The Enfield HWB was set up under the Health and Social Care Act 2012 to improve the health and wellbeing of the local population and reduce health inequalities.

The HWB is a strategic body making decisions about health structures, policies, and resources. Members include Department Directors, Cabinet Members, Chair of the Clinical Commissioning Group etc. (see Appendix 1 - HWB Terms of Reference Extract).

The HWB is not required to include voluntary sector representation but Enfield's HWB decided to undertake an election process via Electoral Reform Services in 2013. Vivien Giladi, nominated by the Over-50's Forum, was elected, and Litsa Worrall, nominated by the Greek and Greek Cypriot Community of Enfield, was elected as her deputy.

The HWB is chaired by Councillor Donald McGowan, Cabinet Member for Health and Adult Social Care.

Agendas and minutes of HWB meetings can be found at <https://governance.enfield.gov.uk/mgCommitteeDetails.aspx?ID=640>

Critical Friend

The voluntary sector representative acts as a critical friend on the HWB and is able to ask sometimes difficult questions. She has found the Director of Public Health to be very positive about voluntary sector input.

Duties

The commitment entails

- approximately 10 hours per week;
- a willingness to read complex reports, absorb the contents, and be able to ask relevant questions;
- an ability to network within the health 'economy' and stay abreast of fast-moving developments;

- an ability to ask difficult questions and be persistent;
- the capacity to keep in touch with local voluntary sector concerns.

Representing the sector

Vivien gave some examples of issues she had raised after consultation with voluntary sector organisations.

However, although she is able to give an opinion on most issues, she has not always been able to 'represent' the sector's views as she has not been in a position to find out.

She stressed that she would welcome being invited to any information sessions on health and care issues, and needs to be lobbied about issues which affect local communities so that she can ask the right questions and raise appropriate issues.

GP Appointments

The most frequent questions Vivien receives are about long waits for GP appointments, inadequate surgery access, and the shortage of GPs and good surgeries, and she often finds the Clinical Commissioning Group to be defensive.

However, she stressed that the Health and Social Care Act had resulted in very considerable and rapid change which had been monumental for GPs, and this could explain the defensive responses.

Patient Participation Groups

There are 49 GP practices in the Borough and each should have a Patient Participation Group (PPG). It is important to ask about the PPG at local surgeries, find out who the 'patient' representatives are and, if there is a vacancy, to put yourself forward. It is also advisable to ensure that the Chair is a 'patient' member, and not a member of the surgery staff. PPGs are supported at a national level, so there is no reason for a surgery not to have one.

Diet / Gambling / Licensing issues

Speakers from the floor raised the issues of diet and gambling and the licensing of fast food shops and betting shops. There was disquiet that proliferating fast food outlets were often close to schools, and that betting shops contributed to financial problems, ill-health and domestic violence in already deprived areas. Resources are required to address diet as a major component of well-being. The Enfield Health Improvement Partnership is currently working on this with its whole system approach to food and active living.

Local Area Development Plans must specify any limits to certain types of development, such as betting shops and fast food outlets, so it is important to get involved and organised to argue for change when consultations take place.

LBE Health Training Service

This free service works with GPs on issues of healthy lifestyles. It is located at Primary Care Centres and GP surgeries and provides one-to-one confidential advice on healthy eating, weight loss, active lifestyles, smoking and alcohol. www.enfield.gov.uk/healthtrainers

Board Membership

The Terms of Reference of the HWB allow for further members to be appointed by agreement. There are already other board members who have a 'community perspective' eg. Local councillors, Healthwatch.

The full Terms of Reference can be found at www.enfield.gov.uk/healthandwellbeing/download/downloads/id/4/terms_of_reference

Enfield Racial Equality Council (EREC) / Middlesex University (MU) Research Project

It was noted that EREC and MU have produced a report of their research findings on Community Champions which should not be ignored.

Vivien suggested that The Health Improvement Partnership Board (HIP), chaired by Dr Shahed Ahmed, would be the best place to share the report. The HIP does work on ethnic dimensions in health.

Clinical Commissioning Group

The Conference Chair and Deputy Voluntary Sector Representative on the HWB, Litsa Worrall, stressed that the HWB now gives the voluntary sector access to clinicians for the first time which provides a great opportunity for direct communication. This is new for both sides, so GPs also need support to develop their understanding of the voluntary sector.

Links

Annual Public Health Report 2014 -
www.enfield.gov.uk/phpublications

The Marmot Review -
www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Comparing Apples with Oranges' How to make better use of evidence from the voluntary and community sector to improve health outcomes' -
www.nhsconfed.org/resources/2014/08/comparing-apples-with-oranges

Professor Chris Bentley powerpoint presentation on Systematically Reducing Health Inequalities -
www.dur.ac.uk/resources/wolfson.institute/news/cbpresentation.pdf

UCL Partners -
www.uclpartners.com

Enfield Health and Well-Being website -
<http://www.enfield.gov.uk/healthandwellbeing/>

HWB full Terms of Reference -
www.enfield.gov.uk/healthandwellbeing/download/downloads/id/4/terms_of_reference

Agendas and minutes of HWB meetings -
<https://governance.enfield.gov.uk/mgCommitteeDetails.aspx?ID=640>

Enfield Health Trainers
www.enfield.gov.uk/healthtrainers
health.trainers@enfield.gov.uk

All graphics

Source : Dr Shahed Ahmed, Power Point Presentation.

Disclaimer

This is a report on the presentations and discussion at EVA's Health Conference held on 22nd October 2014. The views reported are not necessarily those of Enfield Voluntary Action, but reflect the nature of the discussion on the day.

Aims

The primary aims of the Board are to promote integration and partnership working between the local authority, Clinical Commissioning Group (CCG) and other local services and improve the local democratic accountability of health.

Membership

- Cabinet Member for Adult Services, Care and Health
- Cabinet Member for Community Wellbeing and Public Health
- Cabinet Member for Children and Young People
- Cabinet Member for Environment
- Chair of the local Clinical Commissioning Group
- HealthWatch Representative
- NHS Commissioning Board Representative
- CCG Chief Officer
- Joint Director of Public Health
- Director of Health, Housing & Adult Social Care
- Director of Schools & Children's Service
- Director - Environment
- Elected Representative of the Third Sector (currently (Vivien Giladi)

Additional members may be appointed to the Board by the agreement of all current members and Council.

Responsibilities

The Enfield Health and Wellbeing Board will ensure:

- London Borough of Enfield with its partners are equipped to meet its duties
- A Health and Wellbeing Board work plan is implemented, reviewed and updated
- An integrated approach to commissioning
- Alignment of commissioning plans between the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment (PNA) and Joint Health and Wellbeing Strategy (JHWS) and the Clinical Commissioning Group (CCG) Commissioning Plans, including:
 1. Duty to provide opinion on whether the commissioning plan has taken proper account of the JHWS to the NHS Commissioning Board
 2. Power to provide NHS Commissioning Board with opinion on whether a published commissioning plan has taken proper account of the JHWS (a copy must also be supplied to the relevant CCG)
- The power to encourage integrated working across wider determinants of health:
 1. between itself and commissioners of health related services
 2. between commissioners of health and social care services and of health-related services
- The Council has an adequately resourced public health service
- HealthWatch service exists within Enfield and is represented at the Board
- The JSNA, PNA and Joint Health and Wellbeing Strategy are created
- Cabinet, CCG Governing Body and NHS Commissioning Board are kept informed of progress and work of the board
- A work programme for the sub committees is determined and this is kept on track
- To receive the annual public health report/public health issues
- Oversight over the Children's Trust Governance arrangements
- Oversight of the HealthWatch Plans / Annual Report
- The work of the EH&WB be communicated to all Enfield residents
- through its website and publications
- Equality and diversity issues are addressed
- Performance and quality management
- Promotion of integration and partnership across areas
- Determination of the allocation of any public health budgets
- Support for joined-up commissioning and pooled budget arrangements, where all parties agree this makes sense including Children and Adults Section 75 Arrangeme

EVA ANNUAL GENERAL MEETING AND CONFERENCE
WEDNESDAY 22nd OCTOBER 2014

- ATTENDANCE LIST
-
- Alok Agrawal DEEP Indian 50 Plus Association/EVA Trustee
- Dr Shahed Ahmad Director of Public Health LBE
- Gill Antoniou Home-Start Enfield
- Peter Armstrong Friends of Jubilee Park
- Ms Bhagvati Enfield Saheli
- Ilhan Basharan London Borough of Enfield
- Bevin Betton Enfield Racial Equality Council/EVA Trustee
- Chandra Bhatia Enfield Racial Equality Council
- Cllr Yasemin Brett London Borough of Enfield
- Joss Bruce Roko Cancer
- Liane Burn Enfield Disability Action
- Diane Burrell Blinkhorns
- Mohammed Dini Gargaar Somali Welfare Association
- Dr Gihulam Farooq Afghan Association Paiwand
- Tim Fellows Enfield LGBT Network/The Lancaster Centre
- Philip French LBE Health Training Service
- Emma Friddin Healthwatch Enfield
- Vivien Giladi Enfield Over 50s Forum
- Jill Harrison Enfield Citizens Advice Bureau
- Lilla Hercules Enfield Caribbean Association
- Ms Indarajput Enfield Saheli
- Ibrahim Issaq Poverty Concern
- Renu Khetarpal Health Watch Enfield
- Anna Loughlin London Borough of Enfield
- Norma McFarlane The Shane Project
- Kate McGeevor Forty Hall Farm
- R Meghani Enfield Saheli
- Ada Meniru Helping Hands
- Judith Mulligan Enfield Parents and Children
- Ms Nageeni Enfield Saheli
- Geraldine Orfeur Crossroads Care Enfield
- George Prow Community Aid
- Krishna Pujara Enfield Saheli
- Indra Rajput Enfield Saheli
- Leon Ranson Department of Work and Pensions
- Bernie Rees Ponders End Community Development Trust
- Sharon Scott Interim Head of Commissioning LBE
- Litsa Worrall Greek and Greek Cypriot Community of Enfield/EVA Trustee
- Flora Yiasoumi LBE Health Training Service