Welcome

As the newly appointed cabinet member for public health, I would like to welcome the Public Health Annual Report. In Enfield, life expectancy is higher than the London average, however, there are large health inequalities, with the life expectancy gap being over 8 years between the most deprived and least deprived areas of the borough. Heart disease and stroke remain the biggest cause in the gap in life expectancy. Our GPs are working to help us manage blood pressure and cholesterol levels; both vital to narrowing the life expectancy gap. We need to continue working hard to change behaviour that affects health outcomes including smoking, eating healthily and exercise.

The main report includes information on the impressive range of activity by many partners across the borough working hard to improve health in Enfield. It’s encouraging to see that the life expectancy gap is narrowing but there is still much to do. In the long run it is important to focus on the wider determinants of health, particularly child poverty and worklessness which greatly contributes to poor health and health inequalities.

I would like to thank Dr. Ahmad and the Public Health team for their hard work in producing this report which will help guide future work in reducing the life expectancy gap and supporting people in Enfield to live long and healthy lives.

Cllr. Rohini Simbodyal
Cabinet Member for Culture, Sport, Youth and Public Health

Foreword

I am lucky to have been Enfield's Director of Public Health since 2009. Enfield is a dynamic and vibrant place. Some parts of Enfield enjoy excellent health. However there are significant challenges. One of my statutory responsibilities is to produce an Annual Public Health Report. One of the key challenges I identified when I first came to Enfield was the gap in life expectancy. I’m really pleased to report excellent progress. We have seen some marked improvement, most notably in the Edmonton area. However we shouldn’t be complacent. We are lucky to have an excellent evidence base of what works to tackle health inequalities and a detailed knowledge of which diseases kill the most people in Enfield. Circulatory diseases (heart disease and stroke) remain our biggest killers and there is much we can do to prevent these diseases and manage risk factors such as high blood pressure and high cholesterol levels. Not smoking, staying on a healthy weight, keeping active and not drinking excessively are important. In the long run education and employment are crucial. In this year’s report we have a strong focus on what we can do rapidly to improve life expectancy. I intend future reports to focus much more on long term determinants such as employment and early years.

Whilst there are an innumerable number of people to thank for improving health and tackling the life expectancy gap, I would like to pay particular tribute to the Public Health team, both for their work to improve health and also for leading the production of this Annual Public Health Report. I would also like to thank Professor Chris Bentley for his support over the years and for contributing to this Annual Public Health Report.

Dr. Shahed Ahmad
Director of Public Health
Health inequalities in Enfield

Health inequalities are preventable and unjust differences in health status experienced by certain population groups. Life expectancy is one of the common measures of health inequalities, and can be defined as the average number of years a person would live, if he/she experienced mortality rates in the area that they live in throughout their life.

Life expectancy in Enfield is **higher** than London and England. However, the number of years spent in good health is marginally **below** London and England.

In areas of higher deprivation, men live **8.7 years** less and women live **8.6 years** less.

Sources:  

Circulatory disease, cancer and respiratory disease are the greatest causes of mortality and also contribute to the gap in life expectancy.

The chart below shows the greatest gap in life expectancy between the most and least deprived areas in Enfield is caused by circulatory disease in both males and females.

Source: London Health Observatory
Life expectancy has been **improving** in Enfield as shown in the chart below. It is pleasing to see improvement in the Edmonton area.

![Life expectancy at birth chart](chart.png)

There are still stark discrepancies between the life expectancies of the residents of the different wards.

![Male life expectancy at birth chart](chart2.png)
Reducing inequalities in health

Interventions to achieve impact on outcomes in the short term (less than five years) can have a sizeable impact on life expectancy.

Lifestyle factors such as smoking, physical activity, nutrition, alcohol also play a part in reducing the gap in life expectancy in the medium term (0 to 10 years). The impact of interventions that address the wider determinants of health such as deprivation, income, employment, housing, and education will be realised in the longer term (0 to over 10 years). Improvements in wellbeing will be realised more quickly than improvements in life expectancy.

Interventions with impact in the short term include actions such as cardiovascular disease prevention, early identification of cancer and management of long term conditions.
Interventions with outcomes in the short term

The interventions that can reduce the gap in life expectancy in the shortest amount of time are those that target the main causes of premature death in the borough, such as cardiovascular disease, cancer, respiratory problems, diabetes, infant mortality, HIV and seasonal excess deaths.

Hypertension

Hypertension (high blood pressure) is also known as the “silent killer”. If left untreated, high blood pressure increases the risk of heart attack or stroke.

Further 26,000 people are estimated to be undiagnosed

41,000 people diagnosed with hypertension

9,400 do not have blood pressure controlled or monitored

Blood pressure control amongst patients with diagnosis of hypertension, 2012/13

Controlled, 80%

Not controlled, 20%

Source: QOF, Health and Social Care Information Centre

Finding people with long term conditions is crucial. A further **50,300 cases** are estimated to be **undiagnosed** for conditions such as **hypertension, diabetes and COPD**.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Diagnosed prevalence 2012/13</th>
<th>Expected prevalence</th>
<th>Diagnosed number 2012/13</th>
<th>Expected number</th>
<th>Undiagnosed number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>13.3%</td>
<td>23%</td>
<td>41,041</td>
<td>67,372</td>
<td>26,331</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6.8%</td>
<td>7.9%</td>
<td>16,123</td>
<td>17,947 – 19,236</td>
<td>1,824 – 3,113</td>
</tr>
<tr>
<td>CHD</td>
<td>2.5%</td>
<td>3.8%</td>
<td>7,702</td>
<td>11,783</td>
<td>4,081</td>
</tr>
<tr>
<td>CKD</td>
<td>2.8%</td>
<td>7.7%</td>
<td>6,585</td>
<td>16,831</td>
<td>10,246</td>
</tr>
<tr>
<td>COPD</td>
<td>1.0%</td>
<td>3.2%</td>
<td>3,118</td>
<td>9,615</td>
<td>6,497</td>
</tr>
<tr>
<td>Stroke/TIA</td>
<td>1.2%</td>
<td>1.8%</td>
<td>3,740</td>
<td>5,146</td>
<td>1,406</td>
</tr>
</tbody>
</table>

Abbreviations: CHD – Coronary Heart Disease; CKD – Chronic Kidney Disease; COPD – Chronic Obstructive Pulmonary Disease; TIA – Transient Ischaemic Attack

1. Modelled estimated prevalence is available for both Enfield CCG residence population and CCG registered population. It ranges between 17,947 and 19,236. Based on these figures, the number of possibly undiagnosed diabetes patients is estimated to be between 1,824 and 3,113 in Enfield.

**Enfield Clinical Commissioning Group (CCG)** have invested in new health kiosks for patients aged 16 and over. The health kiosks are available at most GP practices in Enfield and are free for patients to use.

The health kiosk measures:
- your **height** and **weight** to calculate your body mass index (BMI)
- your **blood pressure**
- your **pulse**
Cardiovascular Disease

Cardiovascular disease (CVD) is a general term that describes diseases of the heart and circulatory system, including coronary heart disease (CHD), stroke or transient ischaemic attack (TIA) and heart failure. It is one of the major causes of death for people in Enfield.

Blood pressure control amongst patients with coronary heart disease, 2012/13

- Controlled, 89%
- Not controlled, 11%

Blood pressure control amongst patients with previous stroke or TIA, 2012/13

- Controlled, 88%
- Not controlled, 12%

Total cholesterol control amongst patients with previous stroke or TIA, 2012/13

- Controlled, 74%
- Not controlled, 26%

Source: QOF, Health and Social Care Information Centre

Around 7,700 people are living with coronary heart disease in Enfield

Around 3,700 people have a previous history of stroke or Transient Ischaemic attack (TIA)

In Enfield, three quarters of eligible patients with previous history of stroke or TIA (74%) had their blood cholesterol below the threshold

The NHS Health Checks

The NHS Health Checks programme aims to lower the risk of heart disease, stroke, diabetes and kidney disease. It is aimed at adults in England aged between 40 and 74 years who have not already been diagnosed with vascular disease, diabetes, or chronic kidney disease. People who are eligible for an NHS Health Check are invited once every five years. The risk of vascular disease is assessed, and the patient is offered treatment and / or personalised advice and support to help lower these risks.
Mind the gap: Reducing the gap in life expectancy

Cardiovascular disease leads to **1 in 4** premature deaths (under 75 years) in Enfield.

Around **150** people aged under 75 years die from cardiovascular disease each year in Enfield.

**2 out of 3** cardiovascular disease deaths are considered preventable through prevention and management.

The map below shows that Jubilee, Palmers Green, Ponders End, Chase, Winchmore Hill, Lower Edmonton, Edmonton Green, Enfield Lock and Upper Edmonton had higher than expected rate of mortality due to cardiovascular disease (CVD) for persons aged under 75 years.

**CVD mortality – indirectly age and sex standardised ratio for persons aged under 75 years in Enfield wards, 2006-2010 (pooled)**

Source: London Health Programme, Public Health England
Cancer

Cancer is a term covering a broad range of diseases of different organs in the body which differ in type and effect.

Every two minutes someone in the UK is diagnosed with cancer and one in three people in the UK will develop some form of cancer during their lifetime. Cancer is not just one disease but many diseases. There are more than 100 different types of cancer.

More than 1,000 new cases of cancer are reported every year in Enfield.

Breast cancer 190 new cases
Prostate cancer 160 new cases
Bowel cancer 140 new cases
Lung cancer 130 new cases

1-year survival rate in Enfield

Breast Cancer 97%
Lower GI* 76%
Lung Cancer 32%

5-year survival rate in Enfield

Breast Cancer 86%
Lower GI* 53%
Lung Cancer 10%

*Includes Colorectal and Anal Cancer

The NHS Bowel Cancer Screening Programme is offered every two years to everyone (registered with a GP) in England aged 60 to 74 years. People over 75 can also request a screening kit. Expanding the age range is being considered at a national level. The test aims to detect polyps and other changes in the bowel that might develop into bowel cancer in the future. It can detect bowel cancer at a much earlier stage, before people are experiencing any obvious symptoms. This is very important, because bowel cancer is usually a very slow growing disease, and can be cured with a straightforward operation if it is detected before it has started to spread. Benign (harmless) polyps can also be removed quickly and easily in a simple procedure that will significantly reduce the risk of bowel cancer developing later.

More than **two in five cancer cases** could be prevented by lifestyle changes, such as, not smoking.

The fraction of cancer attributable to lifestyle and environmental factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>4.0%</td>
</tr>
<tr>
<td>Overweight &amp; Obesity</td>
<td>5.5%</td>
</tr>
<tr>
<td>Inappropriate Diet</td>
<td>9.2%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

Source: Adapted from Parkin and colleagues. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. Br J Cancer 2011; 105:S1-S82.
Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is one of the most common respiratory diseases in the UK. It’s a name used to describe a collection of lung conditions. People with COPD have difficulties breathing, primarily due to airflow obstruction, which is a narrowing of their airways. COPD is a condition which is predominantly found in people who smoke. It is also prevalent in passive smokers and in people who have been exposed to pollutants over a significant period of time.

Roughly 50 people under 75 years die from respiratory disease (includes COPD) in Enfield each year.

Almost half of these deaths are considered preventable.

Late diagnosis results in poorer outcomes and hospital admissions.

Lifestyle and environmental factors

Smoking is the greatest cause of avoidable death and disability in the borough responsible for a number of conditions. Stopping smoking is a key priority in Enfield, as it is a risk factor in the development of chronic obstructive pulmonary disease (COPD), a higher prevalence of which is seen in people from deprived backgrounds.
Diabetes

Diabetes is a common, chronic and complicated condition in which the amount of sugar (glucose) in the blood is too high so that the body’s cells cannot use glucose properly. There are two types of diabetes; Type 1 and Type 2. Type 2 diabetes used to be called ‘maturity-onset diabetes’ because it was normally only seen in people in their late 50s and 60s. However, it is now seen in people younger adults and in an increasing number of children. The principal cause of the rise in early onset diabetes is overweight and obesity and this is significant. As an increasing number of people become overweight and subsequently obese, we can expect an increasing number of people to develop diabetes.

36% of diabetes patients have uncontrolled blood glucose level.

Enfield has the 4th highest hospital admission rate (standardised for age) for diabetes in London.

The National Institute for Health and Clinical Excellence (NICE) recommends that all people with diabetes should receive nine key tests at their annual diabetes review. These important markers ensure diabetes is well controlled and are designed to prevent long term complications. The nine key care processes are:

1. Blood glucose level measurement
2. Blood pressure measurement
3. Cholesterol level measurement
4. Retinal screening
5. Foot and leg check
6. Kidney function testing (urine)
7. Kidney function testing (blood)
8. Weight check
9. Smoking status

Diabetes outcomes – Blood pressure control

Patients with diabetes are at an increased risk of developing heart disease and at a higher risk of stroke. To help reduce these risks it is important to control the blood pressure of patients with diabetes. In Enfield, 88% of patients with diabetes have their blood pressure controlled (150/90 or less).
Blood lipid control
It is also important to monitor the blood lipids of patients with diabetes. In Enfield, 79% of patients with diabetes had their cholesterol controlled (5mmol/l or less).

Infant and child mortality
Infant mortality refers to the death of a live born baby in the first year of life.

28 babies die each year before their first birthday.

Infant mortality rate is 60% higher for babies of teenage mother.

Enfield’s infant mortality rate is 3rd highest in London.
Upper Edmonton, Lower Edmonton and Ponders End have the highest rate of infant mortality in Enfield.

**Infant mortality per 1,000 live births by Enfield ward, 2002-2008**

Source: Enfield Public Health based on ONS annual district death extract.

The Enfield Breastfeeding Welcome Scheme encourages businesses to allow breastfeeding on their premises. To date eighty-one businesses and community networks have signed up to the scheme. This includes the All Saints Church Edmonton, which was the first place of worship to embrace the scheme. A campaign is in progress to enrol more businesses and raise awareness of the scheme to the community.

Breastfeeding helpers were recruited from the community to be trained by the Breastfeeding Network (BfN) as volunteers to support mums in their local communities to breastfeed. After completing their training in December 2011 they have now been deployed to various centres in Enfield. A follow-up training session has been commissioned to refresh and retain existing breastfeeding helpers and to recruit more.

A community breastfeeding policy was developed and agreed with provider services.

A Tobacco control strategy is also in place for Enfield, and support for smoking cessation for women who smoke during pregnancy.
HIV

Human Immunodeficiency Virus (HIV) is a retrovirus that damages the body by destroying certain blood cells known as CD4 cells, which are vital to the body to help it fight diseases. As HIV continues to attack these cells, it makes the person infected with the virus less able to fight off infection and disease, eventually resulting in the development of Acquired Immune Deficiency Syndrome (AIDS). There is usually a time lag of several years from infection with HIV to the development of AIDS so people may be unaware of their infection for a long period of time. Earlier HIV diagnosis reduces both morbidity and mortality and ensures that newly diagnosed people with HIV can receive effective treatment and support to reduce onward transmission.

More than 1 in 2 people with HIV were diagnosed late in Enfield.

HIV late diagnosis in Enfield is ranked 10th highest in London.

Over 800 people with HIV accessing HIV services in Enfield.
Seasonal Excess Deaths

Seasonal excess deaths (SED) are deaths that are greater than the annual average. The term is often used to describe winter deaths. England, in common with some European countries, experiences higher levels of mortality in the winter than in the summer. Excess Winter Mortality is more prevalent amongst older people, and mostly caused by circulatory and respiratory diseases.

Excess winter mortality is associated with socio-economic inequalities, and especially fuel poverty and cold homes.

12% of households suffer from fuel poverty. 5th highest rate in London.

*Source: Excess Winter Deaths 2011/12, Office for National Statistics (ONS)
Interventions with outcomes in the medium term

Smoking

Smoking contributes to 1 in 5 deaths in Enfield.

Smokers have a life expectancy ten years less than non-smokers.

People who live in more deprived circumstances are more likely to smoke.

Services in Enfield

The Enfield Stop Smoking Service provides a range of specialist stop smoking services across Enfield. The service is provided by Innovision Healthcare Ltd, and includes one-to-one and group support, either on an appointment or drop-in basis. For more information about quit smoking clinics call 0800 652 8405 or 020 8370 1022.

People can also go to their GP for smoking cessation advice and support. GPs can prescribe a range of smoking cessation treatments.
Diet and obesity

Enfield ranks 6th worst in London for obesity in children aged 4-5 years

64% of adults are overweight or obese in Enfield

There is a difference in the levels of obesity between wards in the east and west of Enfield

A quarter of adults are obese and almost a quarter of children aged 10-11 are obese.

26% adults aged 16+

24% Year 6 pupils

What do we know about physical activity levels in Enfield?

Health Survey for England (2008) self-report data indicated that 39% of males and 29% of females aged 16+ met the then Chief Medical Officer (CMO) guidelines of five bouts of moderate intensity physical activity of at least 30 minutes per week. However, objective data from participants who had agreed to wear accelerometers for 10 hours/day for a week indicated that only 6% of males and 4% of females actually met this recommendation.
Alcohol and substance misuse

Alcohol misuse is the third largest contributor to ill-health after cardiovascular disease and smoking; it is a major Public Health priority (National Institute for Health and Care Excellence, 2012).³

Between 2007/08 and 2011/12, the rate of alcohol related hospital admissions in Enfield increased by 114%.

Mental health

A mental health problem is a problem with someone’s mind that makes it difficult for them to live a normal life and is as important to wellbeing as good physical health. Mental health problems can affect anyone, anywhere.

1 in 4 people will suffer from a mental health condition in their life.

1 in 6 adults are affected by mental ill health at any one time.

4.3% of people over 18 years are recorded as suffering from depression by Enfield GPs.

Mental illness accounts for 23% of all years of healthy life lost in high income countries.

Over 32,000 adults are estimated to be living with a common mental health disorder.

3,400 additional adults will be living with a common mental health disorder by 2020.
Interventions with outcomes in the long term

Deprivation and child poverty

Inequalities in socioeconomic status have a huge impact on health, health inequalities and the life expectancy gap.

The map below shows that in Enfield the more deprived areas are in the east of the borough, with the south-east of the borough most deprived.

Index of Multiple Deprivation 2010 for LSOAs in Enfield, based on national quintiles

Source: London Borough of Enfield
There is evidence to suggest that experiencing poverty in childhood has an impact on health, including the increased likelihood of:

- Low birth weight
- Unexpected infant death
- Long term illness and disability
- Emotional, behavioural and mental health problems
- Poor nutrition, obesity, smoking, use of alcohol and drugs
- Poor educational attainment.

**Employment**

The right kind of work can be **good for health** and helps reduce inequalities. **Unemployment** has significant physical and mental health implications up to and including premature death.

Many partners within and outside the Council are working on **increasing employment** prospects for Enfield residents.
Crime

Crime rate in Enfield is **89 offences per 1,000**

22,606 offences were reported to the police in 2013/14

Education

- **49%** of children achieve a Good Level of development at Early Years Foundations Stage
- **76%** of primary children achieved the expected level at Key Stage 2, matching national average
- **63.2%** of pupils achieve 5 GSCEs at A*-C grade, compared to national average of 59.2%

4.2% of 16-18 year olds are not in employment, education or training (NEET), below the national average of 5.3% but above London average of 3.8%

1-2% more children made progress in reading, writing and Maths – key stage 1 to 2.
Housing
Overcrowding and poor housing conditions have a significant impact on health. The majority of overcrowded households are in the private sector, and the number is rapidly increasing. Private sector tenants have little security and are at risk of frequent moves. This insecurity risks damage to children’s health and wellbeing in particular.

1,400 households are overcrowded, 170 are severely overcrowded

A third of social tenants have net incomes below the poverty line

50% of men and 42% of women living in social housing are in paid work. The median hourly wage for those in work is in the bottom fifth.

Local environment
The local environment can have an impact on health, especially on lifestyles.

The council won £27 million in April 2014 to improve cycling opportunities in the Borough. This will lead to increased levels of physical activity.

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4 Bottom quintile of the overall distribution of hourly wages
Enfield has four large regeneration areas, which will contribute to creating 6,000 jobs by 2026.

Enfield has 2,800 allotment plots for residents.

There are 69 public parks in Enfield.

**Working together to tackle inequalities**

Further detail describing the independent contributions of over two dozen authors from across Enfield’s statutory, voluntary, community, business sectors, London Borough of Enfield colleagues and partners from pan London and national organisations can be found in our main report [www.enfield.gov.uk/PHpublications]. It describes some, but not all of the partnership work being carried out across Enfield to address the determinants of health and wellbeing described in the Annual Public Health Report, and to improve local health outcomes.