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Governance Officer
Textphone: 020 8132 1154
e-mail: democracy@enfield.gov.uk

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday, 8th March, 2023 at 7.00 pm in the Conference Room, Civic Centre, Silver Street, Enfield, EN1 3XA

Membership:

Councillors: James Hockney (Chair), Andy Milne (Vice Chair), Nicki Adeleke, Kate Anolue, Ahmet Hasan, Nia Stevens, Emma Supple and Eylem Yuruk

AGENDA – PART 1

1. WELCOME & APOLOGIES

2. DECLARATIONS OF INTEREST

3. MINUTES OF THE PREVIOUS MEETING (Pages 1 - 4)

To approve the minutes of the meeting held on 19 January 2023.

4. PRIMARY CARE ACCESS TO SERVICES UPDATE AND ENFIELD BOROUGH PARTNERSHIP UPDATE (Pages 5 - 32)

The report provides an update on local primary care services and systems in the London Borough of Enfield. The attached slide pack incorporates content on workforce, primary care investment and activities undertaken to address local Primary Care Survey results (iPSOS Mori survey) together with Enfield Borough Partnership's update and Community Services review update.

5. WOMEN'S HEALTH IN ENFIELD (Pages 33 - 48)

The report informs the Health and Adult Social Care Scrutiny Panel of the state and key challenges to women's health in the London Borough of Enfield and outlines current activities and services for women's health.

6. DRAFT INDEPENDENT LIVING STRATEGY (2023-2027) (Pages 49 - 82)

The Health and Adult Social Care Scrutiny Panel is asked to consider the full draft Independent Living Strategy, together with appendices (weblinks for Appendices 3 & 4 are embedded within the report) and provide feedback to inform the final version. The Independent Living Strategy sets out the Council's headline priorities for supporting independent living for young people in transition to adulthood, adults (18-64 years) and older people (65+) with adult social care needs in Enfield over the next five years (2023-2027).

7. WORK PROGRAMME 2023/24 (Pages 83 - 86)

To note the Health and Adult Social Care Work Programme for 2023/24 will be discussed at the first meeting of the new municipal year.

8. DATE OF NEXT MEETING

To note the dates of the future meetings will be announced following Annual Council on Wednesday 10 May 2023.

Agenda Item 3

MINUTES OF THE MEETING OF THE OVERVIEW & SCRUTINY COMMITTEE HELD ON TUESDAY, 31 JANUARY 2023

COUNCILLORS

PRESENT	(Chair) Margaret Greer, Bektas Ozer, Maria Alexandrou, Nawshad Ali, Elif Erbil, James Hockney, Mohammad Islam and Michael Rye OBE
ABSENT	
STATUTORY CO-OPTEES:	*1 vacancy (Church of England diocese representative), vacancy (other faiths/denominations representative), vacancy (Catholic diocese representative), Alicia Meniru & 1 vacancy (Parent Governor representative) - Italics Denotes absence*
OFFICERS:	Harriet Potemkin (Head of Policy and Strategy) Marie Lowe (Secretary)

Also Attending:

1
WELCOME & APOLOGIES

The Chair welcomed everyone to the meeting.

Following the publication of the agenda for clarity, an extract of the Council Plan pages report had been published and circulated as a supplementary agenda prior to the meeting.

The Committee **AGREED** with the Chair's proposal that the order of the items be changed. Item 5 - Planning Service Response Times would be taken as Item 4 followed by the Draft Council Plan 2023-26. PowerPoint Presentations would be made for both items, copies of which had been made available to the Committee and published on the Council's website.

No apologies for absence had been received.

2
DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

3
MINUTES OF PREVIOUS MEETING

AGREED the minutes of the Overview and Scrutiny Committee meeting held on 15 December 2022 be confirmed as a correct record.

4
DRAFT COUNCIL PLAN 2023-26

The report presents the draft new Council Plan 2023-26: *Investing in Enfield* for discussion prior to approval of the final Plan by Council which is scheduled for February 2023.

The Leader made a presentation.

AGREED

To discuss and provide feedback on the draft new Council Plan: *Investing in Enfield.*

5
PLANNING SERVICE RESPONSE TIMES

The report shares the plan to address the shortfall in the capacity of the planning applications service in the short-term.

The report is for noting purposes only and shares the plan to fix the structural shortfall in the capacity of the planning applications service in the short-term, to remove a backlog of planning applications and establish a sustainable and responsive approach to working practices that will greatly reduce the risk of current issues recurring and improve the customer service for applicants, residents, businesses, communities, and councillors.

AGREED

1. To note the next steps are to hire 6 additional temporary planners for 6 months and create a Decision-Manager-level role to drive and embed process that will increase productivity to remove the backlog and adopt a more effective and efficient form of working that meets customers' needs.

6
OVERVIEW AND SCRUTINY WORK PROGRAMME

AGREED that the Overview and Scrutiny Committee work programme be noted with the Fly Tipping item to be moved from the meeting of 9 March 2023 to a future meeting.

7
DATES OF FUTURE MEETINGS

The next business meeting of Overview and Scrutiny Committee was scheduled to take place on **Thursday, 9 March 2023** at 7pm at the Civic Centre.

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London Borough of Enfield

Health & Adult Social Care Scrutiny Panel – 8th March 2023

Subject: Primary Care Access to Services Update and Enfield Borough Partnership Update

Cabinet Member: Cllr Alev Cazimoglu, Cabinet Member for Health and Social Care

Executive Director: Tony Theodoulou

Purpose of Report

1. To provide an update on local primary care services and systems
2. The attached slide pack incorporates content on workforce, primary care investment and activities undertaken to address local Primary Care Survey results (iPSOS Mori survey)
3. Enfield Borough Partnership update and Community Services review update

Relevance to the Council Plan

4. Provides insight into the challenges with the delivery of primary care services across Enfield.
5. Articulates a greater synergy and integration between health and social care services to improve overall health.

Background

Enfield is home to around 334,000 people. It is the northernmost London borough and has a very diverse population, with around 40% of residents coming from Black, Asian and Minority Ethnic (BAME) backgrounds. Enfield has relatively high proportions of children and young people under the age of twenty – higher than both the London and England averages.

There are a number of local population health challenges in Enfield which also includes health inequalities that embrace the wider determinants of health including social deprivation, housing, food poverty, cost of living etc. We are seeking to address these through the work we have commenced as part of the Enfield Borough Partnership, NCL Integrated Care Board (NCL ICB), by working with local health and care providers, London Borough of Enfield, Community & Voluntary Sector organisations and the engagement with local patients and residents. Some examples of these challenges include:

a. Diabetes prevalence in Enfield is the second highest of all London boroughs, and is above both the regional and England average.
b. 5% of adults over 65 have been diagnosed with dementia – the highest prevalence in London, and higher than the rate for England.

c. Children in Enfield are more likely to be overweight or obese than in London and England generally – the prevalence of children carrying excess weight in Year 6 is the third highest of the 32 London boroughs.
d. 58% of adults in Enfield are overweight or obese as of 2019/20 – above the London average of 56%.

2. The key priorities of the Enfield Borough Partnership include:
    a. Improving population health informed by the NCL ICB population health strategy - start well, live well and age well
    b. Increasing the uptake of vaccines and immunisations (particularly childhood immunisations, Flu and Covid-19 vaccinations) and cancer screening.
    c. Improving physical health and mental health
    d. Improving the health and wellbeing of children, young people and families.
    e. Improving access to local services
    f. Improving hospital discharge & crisis services.
    g. Developing neighbourhoods – and integrated care teams including transforming care pathways to improve local service delivery in the future.
    h. Digital inclusion, and other means of addressing social isolation.
    i. Joining up health and care workforce development, including employment support & jobs for local people.
    j. Tackling inequalities – mobilisation of an extensive range of local projects as part of the NCL ICB inequalities funding and undertaking community participatory research to look at innovative ways to engage local communities to improve their health and wellbeing.

Main Considerations for the Panel

3. *Note the content of the report*
4. *Support the realisation of borough partnerships*

Report Author: Peter Lathlean
Deputy Head of Primary Care
Enfield Borough Directorate, NCL ICB
Email address: peter.lathlean@nhs.net

Stephen Wells
Head of Enfield Borough Partnership Programme
Enfield Borough Directorate, NCL ICB
Email address: stephen.wells6@nhs.net

Date of report 24 February 2023

Appendices Primary Care Access Update – Enfield Borough Partnership

North Central London Integrated Care System

Primary Care Access Update

Enfield Borough Partnership

Background – NCLICB Priorities for Enfield

North Central London Integrated Care Board

Enfield is home to around 334,000 people. It is the northernmost London borough and has a very diverse population, with around 40% of residents coming from Black, Asian and Minority Ethnic (BAME) backgrounds. Enfield has relatively high proportions of children and young people under the age of twenty – higher than both the London and England averages.

There are a number of local health challenges and health inequalities which we are seeking to address in the borough:

- Diabetes prevalence in Enfield is the second highest of all London boroughs, and is above both the regional and England average.
- 5% of adults over 65 have been diagnosed with dementia – the highest prevalence in London, and higher than the rate for England.
- Children in Enfield are more likely to be overweight or obese than in London and England generally – the prevalence of children carrying excess weight in Year 6 is the third highest of the 32 London boroughs.
- 58% of adults in Enfield are overweight or obese as of 2019/20 – above the London average of 56%

Our key priorities as a borough partnership:

- Increasing the uptake of vaccines and immunisations (in particular childhood immunisations and flu, Covid-19 vaccinations).
- Improving mental health and wellbeing.
- Improving the health and wellbeing of children, young people and families.
- Improving access, disc.
- Discharge & crisis services.
- Developing neighbourhoods – and integrated models of care / pathways for delivery.
- Digital inclusion, and other means of addressing social isolation.
- Joining up health and care workforce development, including employment support & jobs for local people.
- Tackling inequalities – via NCL inequalities fund, other local resources (e.g. community chest fund).

Primary Care Access Highlights

North Central London
Integrated Care Board

Overall the number of core primary care appointments offered in NCL continued to rise (plus appointments from at scale services and winter plans) throughout autumn i.e. September – November

At the same time, NCL practices continued the overall trend of increasing the proportion of appointments delivered face to face. There is no defined optimal blend of appointment type, so this should be / is tailored to the needs of local registered populations.

This picture changed with the onset of winter (from December onwards). Trends in activity have been impacted by a highly challenging winter period with many indicators in the dashboard demonstrating a shift as measured against the autumn view. The snapshot set out in the table shows between November and December 'core' appointment numbers decreased along with the proportion of f2f appointments. The proportion of appointments delivered same day increased. It should be noted that NCL practices continue to provide a high percentage of same day appointments

	Sep '22	Oct '22	Nov '22	Dec '22
Core primary care appointments	635,734	697,242	700,259	590,561
% face to face appointments	63%	67%	65%	56%
% same day appointments	47%	45%	48%	53%

General Practice Investment (Core & Enhanced Provision)

North Central London
Integrated Care Board

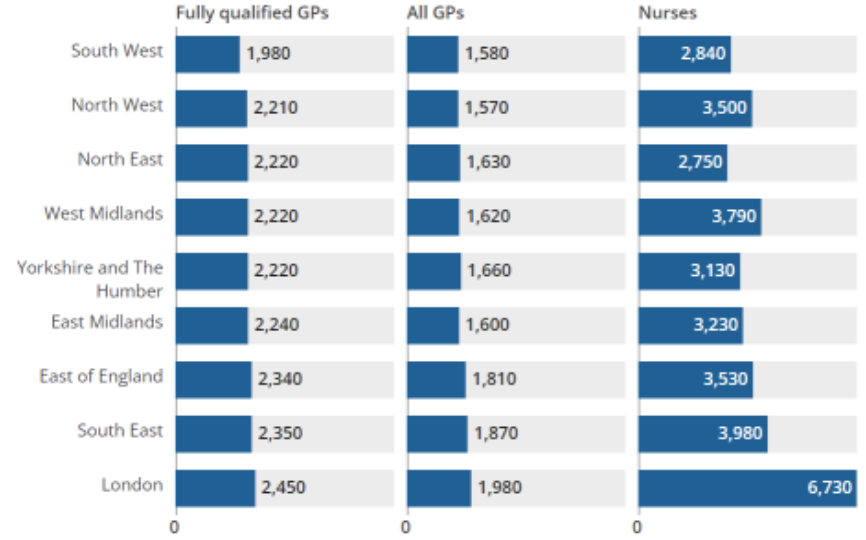
- Enfield's delegated budget stands at £37,791,000 for 22/23, £115.16 per weighted payment. This is largest across all 5 boroughs.
- Beyond delegated budget for core provision, Enfield invests a further approx. £10,000,000 on additional/enhanced services, namely Extended Access, Enfield Single Offer, Long Term Conditions.
- This is comparable to the investment made within other boroughs.

Workforce Challenges

North Central London
Integrated Care Board

- As of December 2022, there were 205 individuals (headcount) fully qualified GPs working in Enfield, with the number of GP partners declining significantly over that time.
- There are 0.44 fully qualified GPs per 1,000 patients in England – down from 0.52 in 2015. In Enfield there are 0.63 fully qualified GPs per 1,000 patients. Headcount ratio has remained static since 2015. While head counts highlight a better ratio in Enfield to England, London in general, as presented by the chart, has the largest GP to Patient ratio when observing full-time equivalent. Enfield has a further acute local challenges, that 30% of our qualified GPs are over 55. Nationally there has been signs that post covid has seen a marked increase the number of GPs leaving the profession.
- Since 2017, the number of GPs working full time hours or more in GP practice-based settings has been steadily decreasing.
- At the same time, the number of GPs choosing to work less than full-time has been climbing. This is likely because doctors are, understandably, moving towards working patterns that allow them to better control their hours and workload in order to reduce stress, ill-health and burnout and to improve work-life balance.
- Although these GPs may be working less than one FTE on paper, in reality 'part time' as a GP very often means working a number of additional unpaid hours just to get through the large numbers of appointments and essential patient follow-up (administrative) work.

Number of patients per full-time equivalent staff member by region, England, October 2022



Further surveying of GPs have identified a number of local issues relating to Enfield:

- An increase in the number of duplicate correspondences to General Practice. approx. 20% of all letters received are duplicate and continue to take up significant resource to manage.
- Limited access to community provision

23-24-priorities-and-operational-planning-guidance

North Central London
Integrated Care Board

Key Highlights

- Ensure people can more easily contact their GP practice (by phone, NHS App, NHS111 or online).
- Transfer lower acuity care away from both general practice and NHS 111 by increasing pharmacy participation in the Community Pharmacist Consultation Service.

NHS England will publish the General Practice Access Recovery Plan in the new year which will provide details of the actions needed to achieve the goals above. In addition, once the 2023/24 contract negotiations have concluded

North Central London
Integrated Care Board

Local Initiatives

Enfield Borough Partnership

Improve practice telephony

North Central London
Integrated Care Board

Getting through on the phone is fundamental to primary care access.

No.	Initiative	Description and update
i.	Move to cloud-based telephony	NCL ICB has supported the development of cloud-based telephony in practices, many practices have invested independently. A number practices have invested in new telephone systems over the past twelve to eighteen months. NCLICB is supporting a further wave of practices to move to cloud-based telephony using Winter Access Funding. Enfield has targeted the larger practices to support a migration to VOIP telephony systems. Medicus Health Partners is on target to exceed 1 million telephone calls over the year, routinely receiving more than 20,000 calls per week, around 1000 calls each day between 8:00 – 9:00. The business analytic tools are enabling practices better respond to telephone access. We anticipate only a single GP Practice will remain on an older phone solution and will migrate at the end of their existing contract
ii.	Improvements to telephone procedures	A Healthwatch report identified best practices principles that could make a difference if applied consistently across practices. These included: an automated queuing system, a message of less than a minute recorded in a human voice and a callback option for a patient who does not want to wait on the phone. Enfield is supporting the implementation of these principles.

Improve practice telephony

North Central London
Integrated Care Board

Getting through on the phone is fundamental to primary care access.

No.	Initiative	Description and update
iii.	Follow-through on quantitative and qualitative research	The national Ipsos-Mori survey includes a specific question on ease of getting through on the telephone and there is a correlation between high patient satisfaction on this question and overall satisfaction. In Enfield Ipsos-Mori results are reviewed at the joint Clinical Director forums, local actions are addressed at the weekly PCN liaison meetings. We encourage Practices to discuss survey results a PPGs meeting to consider different approaches to improve overall patient satisfaction of GP services.

Enhance digital access

North Central London
Integrated Care Board

NCLICB is taking forward a number of measures to improve digital access.

No.	Initiative	Description and update
i.	E-Consult	All practices have introduced e-consult mechanisms, with a link on their practice website. Practices have worked to embed e-consult into daily working, setting aside time to review applications made on the system. Practices will choose a new e-Consult solution from October. NCLICB is setting up a procurement exercise to identify a small number of approved providers. Between 1 April 2021 and 31 December 2021, 129,420 online consultation requests were made to practices in Enfield. Enfield had the highest uptake of Online Consultations since roll out in May 2020. e-consult have since reduced in favour of face to face provision, in line with patient preferences.
ii.	Social media improvements	Redmoor have been commissioned to train practice staff in social media training. Enfield continue to focus on retiring redundant materials on websites and any unofficial social media, improve practice websites (google translator, signposting and navigation) and develop ongoing engagement with key local media outlets. Remoor will be working with Enfield to help host Patient Participation Groups utilise closed facebook pages and improve the diversity of PPG members.
iii.	Digital appointments	Most practices provide digital appointments. There is also the option of patients sending photos to support consultation.

Enhance digital access

NHS
North Central London
Integrated Care Board

NCL ICB is taking forward a number of measures to improve digital access for potentially vulnerable groups.

No.	Initiative	Description and update
iv.	Digital Inclusion	Enfield is collaborating with Enfield Libraries, Primary Care will signpost patients to library services where residents can both use library devices, we are also working with library staff to help educate and training residents, where this is requested in how to access and use online solutions, such as online support and NHS toolkits such as the NHS App. We hope this can be rolled out to all libraries during 23/24, and we are also scoping how the service can support residents to bring their own devices.
v.	Remote diagnostics	NCL CCG has provided a number of blood pressure machines for practices. Supporting patients to monitor their conditions at home.
vi.	BSL translation on-line	Haringey on behalf of NCLICB has commissioned BSL translation on-line service from Language Line. This service enables patients who are deaf or hard of hearing to access appointments online and also to access same day appointments because a translator doesn't need to be booked in advance. The CCG is intending to set up a Users Group with Language Line, looking to improve the service further. In Enfield, practices are being supported to deploy a three-way video consultation model, to mitigate the challenges with interpreters not able to attend physical GP appointments.

Strengthen the primary care workforce

North Central London
Integrated Care Board

A strong and robust primary care workforce is fundamental to providing good access. NCLICB is working on a number of measures to strengthen the primary care workforce.

No.	Initiative	Description and update
i.	Additional Roles staff	All practices are in Primary Care Networks (PCNs). PCNs then deploy additional staff; e.g. pharmacists, social link prescribers; which improves access.
ii.	Admin recruitment	Enfield and used Winter Access Funding to develop an admin recruitment programme. New staff will be recruited, supported through an induction programme and then work in a practice in East Haringey or East Enfield.
iii.	Laptops for admin staff	Both boroughs will use Winter Access Funding to buy laptops for administrative staff to work from home.
iv.	Staff resilience and comms	Training hub is running a training programme for staff on managing difficult conversations. In addition, the CCG has commissioned a Communications campaign setting out a zero tolerance approach to aggression towards staff. Enfield has invested over £60k of estates investment to support practices, to prevent and minimise the impact of verbal/physical abuse and aggression within practice settings.

Strengthen the primary care workforce

NHS
North Central London
Integrated Care Board

No.	Initiative	Description and update
v.	Teaching practices	Teaching practices take on GP trainees. The trainees support practice activity and are then more likely to work permanently in a practice where they trained. In Enfield a significant emphasis has been placed on increasing the number of teaching practices.

I

Develop the primary care estate

North Central London
Integrated Care Board

Developing a strong primary care estate is fundamental to: i) providing a good quality of care ii) giving patients confidence in the service and iii) attracting and retaining a primary care workforce.

No.	Initiative	Description and update
i.	Maximise existing capacity	The *Lloyd George* initiative is where health records are digitised, meaning that a room can be freed. Enfield has 17 practices in scope, 60% of the total across NCL. The programme will create, 17 additional consultation rooms, 16 virtual consultation desks and 11 clinical support desks creating a further 153,000 additional face to face and virtual contacts a year.
ii.	Develop New buildings - Haringey	Enfield opened two new state of the art GP Practices in 2021. • Alma Health Centre – situated on the newly built Alma Estate (£315m), just a few metres from Ponders End station. As well as offering GP appointments and other primary care services such as screening, contraception, micro suction for ear wax, joint injections, anti-coagulation clinics and nurse led services, the Alma Healthcare Centre has a pharmacy, a coffee shop, a research centre and offers a wide range of services. The state-of-the-art facilities also include underfloor heating and an air extraction system that provides better ventilation. • White Lodge Medical Practice – the practice have relocated from a grade II listed site from where they have delivered general practice services for over 104 years, to a new purpose build facility. The new site co-locates a NHS dental service, General Practice and Community Pharmacy. The site fully complies to BREEAM standards making this one of the most environmentally conscious practices across NCL. We have East Enfield Medical Practice and upgrades to Lincoln Road in 2023.

North Central London Integrated Care System

Next Steps for integrating primary care

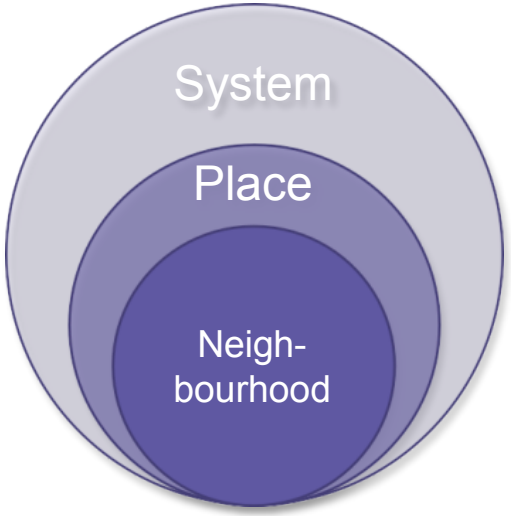
Fuller Stocktake Report

Enfield Borough Partnership progress update

Working together for population health

North Central London Integrated Care System

Our Population Health Strategy and key priorities will drive neighbourhood working



Neighbourhood:
Builds on the core of primary care networks through multidisciplinary teams delivering a proactive population based approach to care at a community level.

- Key unit of integrated care delivery for population health improvement.
- Balance proactive/preventative and reactive/episodic care.
- Multidisciplinary working.
- Close collaboration with voluntary sector partners.
- Risk stratification, case-finding, care coordination, anticipatory care and making every contact count.
- Co-produced targeted services and interventions to improve outcomes for communities.

Make brave decisions that demonstrate our collective accountability for population health
We take shared responsibility for achieving our ICS outcomes and our role as anchor institutions

Build 'one workforce' to deliver sustainable, integrated health and care services
We maximise our workforce skills, efficiencies and capabilities across the system

Support hyper-local delivery to tackle health inequalities and address wider determinants
We make care more sustainable by creating local integrated teams that coordinate care around the communities they serve

The change we need to make

North Central London Integrated Care System

Our system challenges are big; too big to assume more of the same will deliver the change we need.

We need to fundamentally change the way we work with our residents and communities. We need a new vision that will bring us together around a common purpose and approach.

The Population Health Strategy will highlight the need to move from being a collection of health and care organisations that…	To become a population health system that…	So that our residents...
are reactive and demand-driven with a high-proportion of resources focused on urgent care.	is needs-driven, prioritising prevention and proactive care.	stay well and in control of their health.
treats individual conditions not the drivers of poor health.	sees the whole person and takes action on prevention and the wider determinants of health.	feel heard and confident that their care is right for them.
are focussed on their services and part of the pathway.	integrates care around the person and communities.	feel that the system is coordinated and communicates well.
are focussed on illness and dependence.	works to improve life chances, prevent illness and promote physical and mental wellbeing.	can live more of their life in good health.

A vision for integrating primary care

North Central London Integrated Care System

At the heart of the Fuller report is a new vision for integrating primary care, improving access, experience and outcomes for our communities, which centres around:

1. Building integrated teams in every neighbourhood: bringing together previously siloed teams and professionals to do things differently to improve patient care for neighbourhood populations of 30-50,000. Incorporating teams from across primary care networks (PCNs), wider primary care providers, secondary care teams, social care teams, and domiciliary and care staff. Working together to share resources and information, form multidisciplinary teams (MDTs) dedicated to improving the health and wellbeing of a local community and tackling health inequalities.
2. Streamlining access to care and advice for people who get ill but only use health services infrequently; providing them with much more choice about how they access care and ensuring care is always available in their community when they need it.
3. Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long term conditions.
4. Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention.

Next Steps for Integrating Care: Fuller Stocktake Report

NHS
North Central London
Integrated Care Board

At the heart of the **Fuller report** is a new vision for integrating care, improving the access, experience and outcomes for our communities, which centres around three essential offers:

1. **Streamlining access to care and advice** for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community **when they need it.**

2. **Providing more proactive, personalised care with support from a multidisciplinary team of professionals** to people with more complex needs, including, but not limited to, those with multiple long-term conditions.

3. **Helping people to stay well for longer** as part of a more ambitious and joined-up approach to prevention.

The new vision for integrating care is bringing together **previously siloed teams and professionals** to do things differently to improve patient care for **whole populations.**

Neighbourhoods/Localities of 30-50,000, incorporating teams from

- Across primary care networks (PCNs),
- Wider primary care providers,
- Secondary care teams,
- Social care teams, and
- Domiciliary and care staff

Working together to:

- Share resources and information and
- Form multidisciplinary teams (MDTs) dedicated to improving the health and wellbeing of a local community and
- Tackling health inequalities.

Development of integrated neighbourhood 'teams of teams' rooted in a sense of shared ownership for improving the health and wellbeing of the population.

Neighbourhood Development: Fuller Matrix

There are generally three types of people:

1. Those who are generally well, who don't have long term conditions. Need to risk stratify this cohort in terms of their risks of developing long term conditions, deprivation it, etc. The offer from public services is more preventative to keep them well with high levels of physical and mental wellbeing and keep them productive in society

2. Those people with one or more long term conditions who require ongoing care, not only from health service but from other organisations to help them self-manage their long-term conditions; and support them to prevent those conditions deteriorating and preventing them from getting new conditions.

	Generally well (lower continuity)	Long Term Conditions (medium continuity)	Complex Needs (high continuity)
Primary Prevention	Primary prevention – vaccination, screening, health-checks, smoking cessation…		
Ongoing Care (with prevention)		Long Term Condition Management with primary and secondary prevention	Highly personalised holistic care and support, including LTC management with primary, secondary and tertiary prevention
Reactive Care	Same-Day Care for new concerns	Same-Day Care for new concerns and exacerbations	Same-Day Care for new concerns and crises

17/01/2023 | Dr Steve Laitner 2022 - Free to use for NHS with source quoted

3. Those with complex needs including frail elderly, end of life dementia, children with complex needs, and working age adults with a mixture of mental health, drug and alcohol problems, who require a primary prevention model of care.

- Primary care struggles with providing same day care for people with new concerns, exacerbations of long-term conditions, and those with complexities, however there are some groups in society who need more continuity than others so we **need to focus on where our scarce resources should be**.

The matrix informs shaping the neighbourhood model in terms of the:

- **Who –** population health - the hierarchy of patient need in terms of health and wellbeing
- **What** we can do differently
- **How** - to include self-management, peer-to-peer support, i.e. find a different way of delivering, and therefore protect in terms of health inequalities
- **Identify our priorities including workforce requirements –develop a skilled workforce and the use of care navigators**

Further workshops planned with our partners to shape our neighbourhood approach

North Central London Integrated Care System

1. **Where should we FOCUS our efforts and prioritise?**
2. **What are the core FUNCTIONS required - Neighbourhood and Place – develop group sessions, peer support and required VCS support?**
3. **Informing future FUNDING/ Resourcing requirements?**
4. **What is the FORM of the Integrated Care Team?**

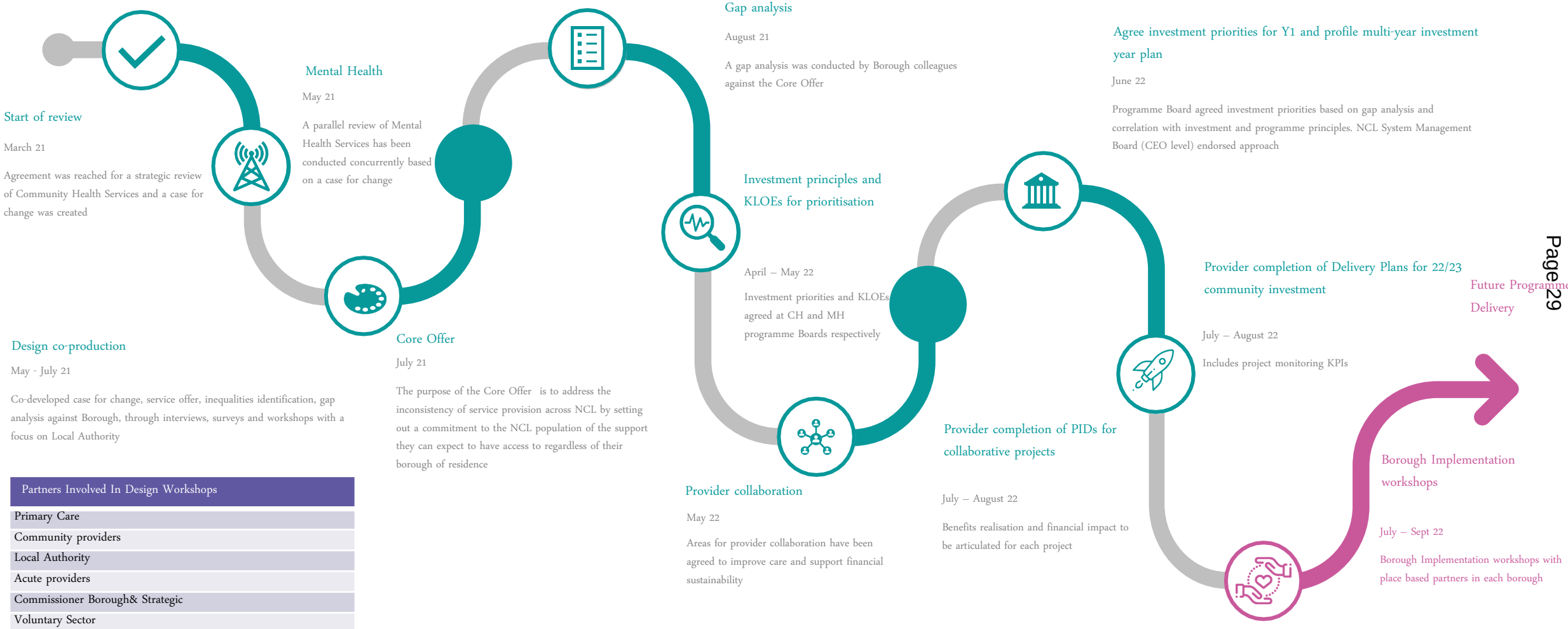
North Central London Integrated Care System

Enfield Community Services Review

Progress Update

The journey so far for community and mental health service reviews

Since the initial analysis was completed, extensive stakeholder engagement was conducted through the design phase of the core offer, including patient groups, providers, local authorities, and commissioners. This is set to continue as the programme moves forwards.



Start of review

March 21

Agreement was reached for a strategic review of Community Health Services and a case for change was created

Mental Health

May 21

A parallel review of Mental Health Services has been conducted concurrently based on a case for change

Design co-production

May - July 21

Co-developed case for change, service offer, inequalities identification, gap analysis against Borough, through interviews, surveys and workshops with a focus on Local Authority

Partners Involved In Design Workshops
Primary Care
Community providers
Local Authority
Acute providers
Commissioner Borough& Strategic
Voluntary Sector
Residents/Users/Carers

Core Offer

July 21

The purpose of the Core Offer is to address the inconsistency of service provision across NCL by setting out a commitment to the NCL population of the support they can expect to have access to regardless of their borough of residence

Gap analysis

August 21

A gap analysis was conducted by Borough colleagues against the Core Offer

Investment principles and KLOEs for prioritisation

April – May 22

Investment priorities and KLOEs agreed at CH and MH programme Boards respectively

Provider collaboration

May 22

Areas for provider collaboration have been agreed to improve care and support financial sustainability

Agree investment priorities for Y1 and profile multi-year investment year plan

June 22

Programme Board agreed investment priorities based on gap analysis and correlation with investment and programme principles. NCL System Management Board (CEO level) endorsed approach

Provider completion of PIDs for collaborative projects

July – August 22

Benefits realisation and financial impact to be articulated for each project

Provider completion of Delivery Plans for 22/23 community investment

July – August 22

Includes project monitoring KPIs

Future Programme Delivery

Borough Implementation workshops

July – Sept 22

Borough Implementation workshops with place based partners in each borough

A co-developed core offer was signed-off in Summer 2021 to address the case for change and provide equity and consistency for residents across NCL

The purpose of the core offer

The purpose of the core offer is to address the inconsistency of service provision across NCL by setting out a commitment to the NCL population of the support they can expect to have access to regardless of their borough of residence.

The core offer will provide clarity to the population, clinicians and professionals in the system on what support is available, when it is available and how to access it.

The core offer contains

A description of care functions and services that should be available across NCL and how these integrate with the wider health and care system. The components of the core offer include services delivering care, as well as coordinating functions which will help navigate and integrate services for service users. The core offer describes:

- Operating hours and out of hours provision
- Response time for first and ongoing contacts (in line with national guidance)
- Access to the care function and criteria
- Description of the service, including requirements to meet best practice guidance
- Integration between the care function and other services and agencies
- Workforce capabilities required
- Point of delivery (eg. in person, virtual)

Given the system's challenging financial position, the Programme Boards agreed the following principles for allocating Year 1 investments

The below principles set out our thinking for allocating investment in the financial year 2022/ 2023

1. Delivering a proportion of it through productivity savings
2. Borough gap analysis should be used to inform decision making
3. Investment should focus on historically underfunded areas and where there are historic inequities
4. Reduce admissions and improve discharge and elective recovery to release acute costs (particularly for community investment)
5. Preventative services
6. Take into account capacity to delivery and deliverability
7. How best to support coordinating functions in order to respond to significant public and patient feedback

Proposed Programme KLOE's used for prioritisation (aligned to design principles)

North Central London Integrated Care System

1. Funding available → 2. Agree process and principles → 3. Gap analysis → 4. Priority setting → 5. Sign-off

Strategic fit	• Will this transformation project meet a gap against the full Core Offer as set out in MHSR? • Is it a national 'must do'? • Will this transformation programme support admission avoidance or by supporting prompt discharge from an inpatient bed? • Will this transformation contribute to delivering the ICB's financial strategy?
Clinical impact	• Will investment impact positively on clinical care of individual patients? • Will the investment help deliver a performance improvement in admission avoidance, ambulance handovers, A&E attendance or acute hospital flow including reductions in length of stay and discharge and their associated clinical benefits? • Does this service address a clinical gap which has been categorised as causing potential harm/risk to patients?
Health inequalities/ Inequality of access	• Could the development of this service area impact on health inequalities or inequality of access? • Will investment now impact on future delivery in terms of reducing inequalities, impacting on population health outcomes improving access and or contribute to an improved system performance? • Could this investment address historic discrepancies/inconsistences in provision between boroughs and as outlined in core service offer?
Patient experience	• Will service improve patient experience by e.g. reducing waiting times? • Will this service support responding to comments raised by residents/users as part of engagement and co-production? • Will this service contribute to supporting delivering of NCL population health improvement strategy? • Will this service support community care and supporting people to live in their homes?
Deliverability	• Can we recruit staff? • Do we have the management capacity (including clinical leadership) to support this scheme? • Aside from staff are there other investments e.g. capital or IT needed to deliver this service?
System impact	• Does delivery of this scheme provide an opportunity for releasing resources for alternative uses? (resources include staff time, estate and finance, waste and duplication)? • Does investment in this service support transformation through different ways of working including across pathways or contribute to productivity savings? • Does investment impact on system costs and is it affordable ?

London Borough of Enfield

Health & Adult Social Care Scrutiny Panel, 8th March 2023

Subject: Women's Health in Enfield

Cabinet Member: Cllr Alev Cazimoglu, Cabinet Member for Health and Social Care

Executive Director: Tony Theodoulou

Purpose of Report

1. To inform the panel of the state of women's health in the London Borough of Enfield, including the key challenges to women's health
2. To outline current activities and services for women's health

Relevance to the Council Plan

3. Women are more likely to experience discrimination and inequality compared to men. This links into the "Safe, Healthy and Confident communities" chapter in the Council Plan where the Council aims to "ensure that all decisions we make will… create good health for local people; safeguard children and vulnerable adults; enhance equality of opportunity and tackle discrimination and inequality."

Background

4. Women in Enfield are spending a **greater** proportion of their life in ill health compared to men
5. Enfield is the only London Borough to have an **increasing** trend for all-cause mortality in under 75s, especially in women.

Main Considerations for the Panel

6. Gender-based disparities contribute to poorer outcomes across several health and wellbeing domains
7. Women have a **higher** cost per capita in A&E attendance compared to men in Enfield regardless of level of deprivation.
8. Multi-sector work is underway to address women's ill health, focusing on cancer, sexual and reproductive health, workplace wellbeing and intimate partner violence

Conclusions

9. Anticipated gender-based health disparities have been identified in Enfield and multi-sector work is underway to address these and support women to live healthier for longer. Future work should be informed by the National Women's Health Strategy.

Report Authors:

Sophie Maule

Public Health Specialty Registrar
Sophie.maule@enfield.gov.uk

Dean Connolly

Public Health Specialty Registrar
Dean.connolly@enfield.gov.uk

Date of report: 15th February 2023

In accordance with national policy, this report takes a life course approach to describing the state of women's health and its determinants in the London Borough of Enfield with a concerted effort made to highlight gender-based inequality. Enacted and planned work to attenuate ill health and associated disparities are described and key documents listed. We have colour-coded statistics to show trends that are **worsening** or **worse** than London/England, as well as trends that are **improving**, or **better** than London/England.

Introduction

When we get it right for girls and women, everyone benefits.

Though women live longer than men, women spend a significantly **larger** proportion of their lives in poor health or disability. 51% of the population are women, and account for 47% of the workforce, yet women still undertake the majority of unpaid caring roles and influence the health behaviours of their families and the rest of society.[1] Women have unique health needs from cervical screening through to menopause (see appendix: "Women's Health Needs") yet there has always been a lack of focus on women's health issues, not only seen in health research and education, but also in the design of health policies and services.

Women's health policy

As women are **more** likely to experience discrimination and inequality compared to men, improving women's health is becoming a local, national, and global priority. The Council Plan aims to address this by ensuring "all decisions we make will… create good health for local people; safeguard children and vulnerable adults; enhance equality of opportunity and tackle discrimination and inequality."[2]

The "*Women's Health Strategy for England 2022*"[3] sets out a multi-sector ten-year ambition to ameliorate the widening health disparities faced by women and girls across all health domains. During public consultation, almost 100,000 responses highlighted that in a healthcare system designed by men for men, women's voices go unheard. The Strategy commits to taking a life course approach to women's health and will first focus on long term healthcare needs including menstruation, contraception and miscarriage. Additional workstreams

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[1] https://www.rcog.org.uk/media/h3smwohw/better-for-women-full-report.pdf
[2] ENFIELD COUNCIL PLAN 2020-2022
[3] https://www.gov.uk/government/publications/womens-health-strategy-for-england/

will take place concurrently, informed by priorities such as “women’s voices” and “education and training for health and care professionals”.

The “*Better for women: Improving the health and wellbeing of girls and women*”[4] report, published by the Royal College of Obstetricians and Gynaecologists is a set of recommendations, informed by the Women’s Health Strategy, which aim to achieve health equity for women and girls. Example recommendations include “Accessing the full range of contraception methods should be as easy as possible for all women” to ensure “Pregnancy should occur if and when women want to be pregnant.”

These local and national priorities are in keeping with the United Nations’ whose Sustainable Development Goal 5 is to ‘achieve gender equality and empower all girls and women by 2030’.[5]

Wider determinants of health

The health of women is significantly affected by a variety of social factors including ethnicity, socio-economic status and geography (whether women live in an area of deprivation), which can all have life-long impacts. Enfield is a diverse borough with over a third of the population not UK-born. Enfield is the 9th most deprived London borough, and more than half of Enfield’s wards fall within the most deprived 25% nationally. The unemployment rate in Enfield is **higher** than in London and England and, within the borough unemployment is highest in the east in line with deprivation. In London, women disproportionately hold more low-paid jobs and were more likely to lose their job during and since the COVID-19 pandemic, as well as experiencing larger falls in income.[6] Furthermore, in 2022 average pay was 14.9% **less** for women than for men.[7] Women are also more likely to be in part-time roles while part-time workers generally earn less per hour.

On 27th January 2023, there were 5,363 women in Enfield temporary accommodation. Two women with a history of rough sleeping were staying in the complex needs hub and five women were occupying emergency bed spaces.[8] Further data regarding accommodation is awaited.

Human trafficking also has a significant impact on women’s health. In Enfield, the biggest type of referred cases of human trafficking is for the purpose of sexual exploitation (71%) followed by domestic servitude (16%), which typically affect **more** women than men.[9]

Domestic abuse[10]

Domestic abuse (DA) can have devastating impacts on mental and physical wellbeing. Women are more than twice as likely to experience DA than men.[11,12]

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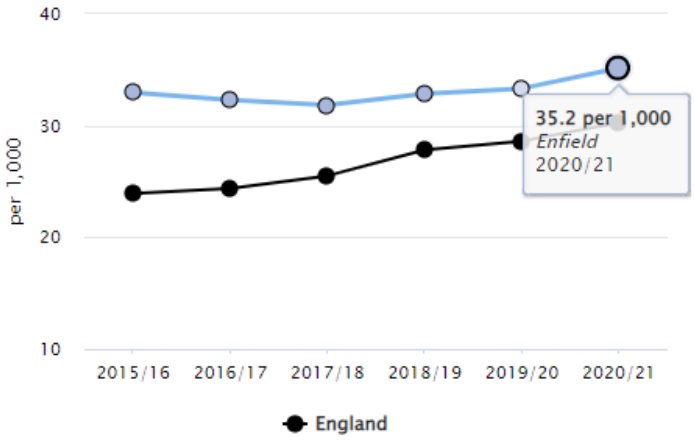
[4] https://www.rcog.org.uk/better-for-women/
[5] https://sdgs.un.org/goals/goal5
[6] Mayor of London, Good Work for All Londoners
[7] The gender pay gap - House of Commons Library (parliament.uk)
[8] Personal communication with Malcolm Dabbs
[9] hhasc704-modern-slavery-strategy.pdf (enfield.gov.uk)
[10] Additional data provided in correspondence with Julie Tailor, Enfield Council
[11] Domestic abuse prevalence and victim characteristics - Office for National Statistics (ons.gov.uk)
[12] Fairer-Enfield-Policy-2021-2025-Your-Council.pdf

Furthermore, you are more likely to suffer from DA if you are aged 20-24, Mixed/Black or Black British ethnicity, experiencing long-term illness, separated, disabled, or bisexual. In 2022, the rate of reported Domestic Abuse Violence with Injury (DAVI) offences increased by 14% (70/month in 2021) to 80/month. The prevalence of DAVI offences in Enfield has increased from 2.5 (2021) to 2.9 per 1000 of the borough's population. This exceeds the prevalence in England and is the 15th highest in London.



Graph: Domestic abuse-related incidents / crimes, rate per 1000[13]

Tackling DA, and violence against women and girls, is a priority for Enfield.[14] The Fairer Enfield Policy promises to "support women in isolated communities… to access support and services to prevent and tackle DA, including through access to women's refuges and culturally sensitive locations."

Demography of women in Enfield

According to the 2021 census, women make up 52.3% of the Borough's population, outnumbering men at almost all ages greater than 20 years. The same data suggest that 0.20% of Enfield residents are trans women and 2.16% identify as gay, lesbian, bisexual or otherwise non-heterosexual[15,16]. The available data describing residents' religion, languages spoken, country of origin, ethnicity, disability or neurostatus are not disaggregated by gender or sex.

Life expectancy

Life expectancy among women (84.2 years) was **greater** than among men (80.2 years) in 2018-2020 and male mortality exceeded that among females in all age groups. However, there has been a marginal decline from a 2017-2019 peak of 84.72 years. In 2018-2020, women were expected to spend **less** of their life in good health (62.0 years) than men (64.3 years)[17]. This is a persisting disparity with similar differences observed between 2013 and 2015 (65.9 vs 68.5 years).

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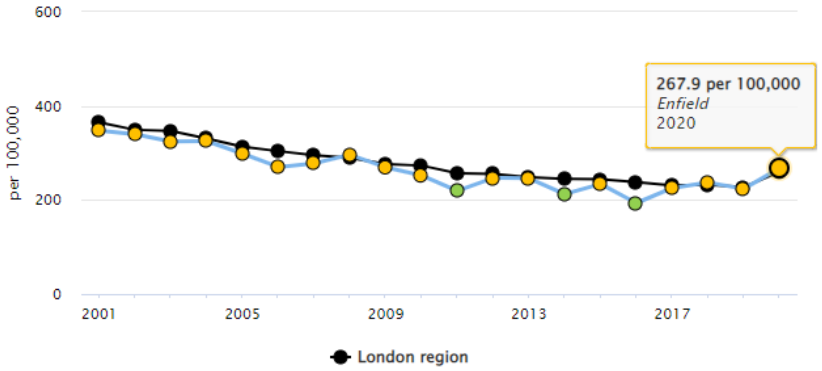
[13] Public health profiles - OHID (phe.org.uk)
[14] VAWG-Strategy-Your-council.pdf (enfield.gov.uk)
[15] https://www.ons.gov.uk/census
[16] The trans feminine population is likely greater as a further 0.64%, not disaggregated by birth-registered sex, identified with a gender incongruent with their birth-registered sex
[17] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies

Between 2020 and 2021, the gap in life expectancy between the most and least deprived quintiles was greater among men (6.6 years) than women (5.3 years).

Key causes of poor health

Enfield is the only London Borough to have an **increasing** trend for all-cause mortality in under 75s, especially in women. The most common reasons for death in under 75s include COVID-19, cardiovascular disease (e.g. heart disease or stroke), cancers, liver and respiratory diseases. Enfield is not significantly different from the London region for any of these factors.



Graph: Under 75 mortality rates from all causes (Female)[18]

Mortality among males exceeds that among females in all age categories. Higher mortality is observed in the most deprived quintiles, relative to the least deprived and the disparity between men and women widens (>2-fold difference in age 20-39 category).

Risk factors

Smoking

Women in the borough are **less** likely to smoke (13%) and **more** likely to have never smoked (51%) relative to men (18% and 38%, respectively).[19]

Alcohol use

There was an equal prevalence of alcohol use (13%) and problematic alcohol use/dependence (1%) among men and women. Women were **half** as likely as men to have an alcohol-related hospital admission.

Physical inactivity

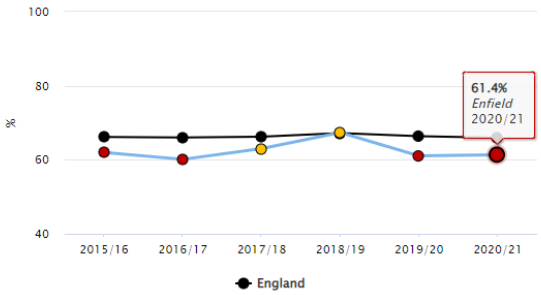
Physical inactivity is the 4th leading risk factor for mortality globally for all people[20] and over 1/3 Enfield is not doing the recommended level of weekly activity (150 minutes of moderate activity). Over the last 4 years, Enfield has not been

[18] https://fingertips.phe.org.uk/profile/mortality-profile/data#page/4/gid/1938133009/pat/6/ati/402/are/E09000010/iid/108/age/163/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[19] Enfield Council internal data

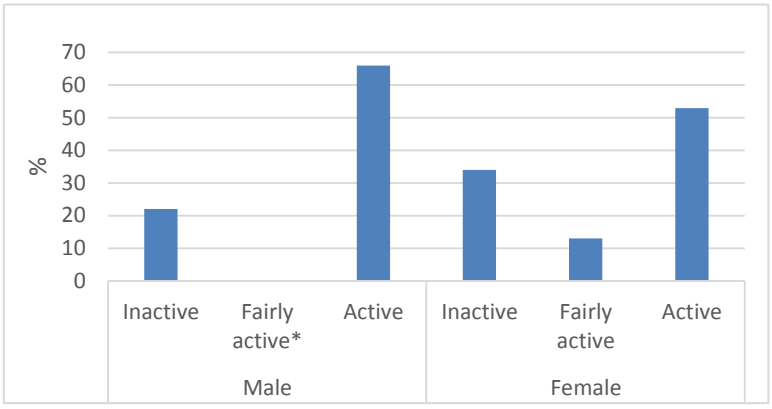
[20] Lee IM, Shiroma EJ, Lobelo F, et al. Effect of physical inactivity on major non-communicable diseases worldwide: An analysis of burden of disease and life expectancy. Lancet 2012;380:219-229.

significantly different to the London region however, Enfield is significantly **lower** than England.



Graph: Percentage of physically active adults, by year[21]

Enfield adults are also less likely to walk or cycle for travel than the London average.[22] In 2021, women in England were more likely to undertake walking trips than men.[23] Though there is minimal data on physical activity by gender, men are more likely to participate in sport and activity compared to women.[24] Moreover, women are most active between the ages 33-44 and then become decreasingly active, being least active after the age of 75.[25] Sport England carried out a survey Nov 2020-2021[26] (488 respondents, 0.15% of Enfield population) and found women were **less** active than men in Enfield.



Graph: Proportion of adults who are active in Enfield
*Missing data

<u>Obesity</u>

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21 https://fingertips.phe.org.uk/search/active%20adults#page/4/gid/1/pat/6/ati/402/are/E09000010/iid/93014/age/298/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

22 https://fingertips.phe.org.uk/profile/physical-activity/data#page/1

23 https://www.gov.uk/government/statistics/walking-and-cycling-statistics-england-2021/walking-and-cycling-statistics-england-2021

24 https://activelives.sportengland.org/Result?viewStateId=3

25 https://files.digital.nhs.uk/B5/771AC5/HSE18-Adult-Health-Related-Behaviours-rep-v3.pdf

26 https://www.sportengland.org/research-and-data/data/active-lives/active-lives-data-tables

Obesity is strongly related to deprivation. In 2021 in England, the most deprived areas had over three times the rate of admission for obesity than the least deprived areas (31 per 100,000 compared to 9).[27] The prevalence of obesity among Enfield women was 17%, and 14% among men.[28] In 2019/2020, 24/100,000 local hospital admissions were related to obesity. Women had a more than three-fold **greater** risk of severe obesity (3%) and an obesity-related hospital admission than men (37/100,000 women vs 10/100,000 men). This admission rate **exceeded** that observed nationally but was **better** than the London average. The gender disparity in obesity-related admissions is **worse** in Enfield than regionally or nationally.

Diabetes

Obesity is closely correlated with type 2 diabetes which in turn increases the risk of damage to the eyes, heart, and nervous system. In 2020, approximately 6.1% of women had type 2 diabetes, compared to 7.7% of men.

Disability

The 2021 census highlighted that **more** women in Enfield (14.7%) are reportedly disabled compared to men (12.4%). This equates to 5,870 more disabled women than men in Enfield. This has implications for social care services and costs, the impact on family members, and overall health and wellbeing.

Cancer screening

The table below compares the update of all three cancer screening programmes in North Central London (NCL). Enfield ranks second in NCL for breast screening and first for bowel and cervical screening in both age cohorts.

Whilst our data regarding inequality in uptake is not comprehensive, the communities which have been identified as having lower uptake include Black, Asian and Minority Ethnic communities and residents living in more deprived areas. National research also shows that people with learning disabilities, people experiencing homelessness, people with Serious Mental Illness and people from the LGBTQ+ communities have lower cancer screening uptake than average. Therefore, we are focusing our campaigns to target these groups.

	Breast (%)	Bowel (%)	Cervical (%) 25-49 years	Cervical (%) 50-64 years
Enfield	53.80	64.40	65.30	74.50
Barnet	54.90	60.20	60.20	70.40
Camden	40.10	55.70	48.50	64.60
Islington	44.50	56.50	56.40	71.30
Haringey	42.80	57.60	62.40	72.90

Table: NCL comparison of cancer screening, 2020/21

Period poverty in the UK[29]

[27] https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2021/part-1-obesity-related-hospital-admissions .
[28] Enfield Council internal data
[29] https://yougov.co.uk/topics/politics/articles-reports/2022/09/14/period-poverty-one-eight-likely-struggle-afford-sa

Poor access to hygienic menstrual products, termed ‘period poverty’, is a global issue that can prevent those affected from engaging in education, employment and other aspects of daily life. Six percent of 362 UK-based menstruating women (and transgender men) surveyed in August 2022 reported that they had experienced period poverty in the preceding 12 months and 13% anticipated this would be an issue in the coming year.

While the 5% ‘tampon tax’ previously applied to sanitary products in the UK was lifted in 2021, 55% of women reported that this has been ineffective in reducing the level of period poverty in the UK. Since January 2021, local authorities in Scotland have been obliged to ensure sanitary products were freely accessible. With 67% of survey respondents in favour, there is strong public will to nationalise this policy.

Family planning and sexual health

There are two open access clinics in Enfield providing sexual and reproductive health services (SRH) and genitourinary (GUM) services. These services include family planning and contraception, the testing and treatment of sexually transmitted infections (STIs), specialist HIV pre-exposure prophylaxis (PrEP) clinics and psychosexual counselling.

In 2020, 53.8% of Enfield residents diagnosed with a new STI were men and 46.2% were women (excluding diagnoses with no patient gender recorded)[30]. Reinfection with an STI is a marker of persistent high-risk behaviour. Between 2016 and 2020, in Enfield residents an estimated 9.9% of women and 11.7% of men presenting with a new STI became re-infected within 12 months, for women this was over 3% higher than the national figure (6.7%).

In 2021, there were 40 new HIV diagnoses among Enfield residents. Eighteen of these were women and 22 were men. This is an increase from 2020 (11 women, 14 men) where there was a dip in incidence, likely related to COVID-19 shelter-in-place orders. There is also an HIV support group run by the LGBT network and Terrence Higgins Trust run outreach at colleges and community groups that aim to prevent HIV.

Twenty-two GP practices provide long-acting reversible contraception (LARC). 22 pharmacies provide emergency hormonal contraception (EHC). These GP practices have been trained in the insertion and removal of LARC. The number of intra-uterine systems (IUS, hormonal coil) supply and fitting has increased from the last financial year as well as the number of 3–6-week reviews and the removal of these implants.

The EHC scheme provides free EHC to women aged 13-24. Women older than 24 may also receive free treatment if they are prescription exempt. Over the last ten years Enfield has seen a yearly increase in the number of EHC consultations, apart from a temporary reduction 2019-2021 due to the pandemic. During 2021/22, 2876 clients requested EHC from the 22 participating pharmacies in Enfield. The majority of clients are aged 20-24 and of those reporting ethnicity most are White British.

[30] SPLASH supplement Enfield

The abortion rate in Enfield has remained fairly static since 2013 at 25.7 per 1000 women of reproductive age (2021) though this is significantly higher than London and England (20.9 and 19.2 per 1000 respectively).[31]

Under 18s

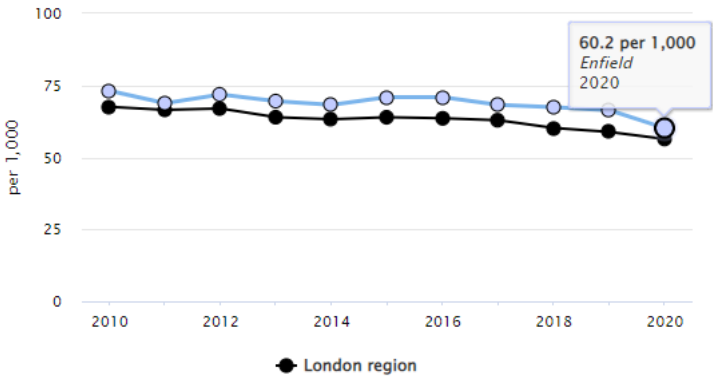
In 2020, the rate of conception among under 18s was 14.7 per 1000, with the highest and lowest prevalence among Bulgarian and Somalian teenagers, respectively. This is significantly **higher** than the London (9.8 per 1000) and England (13.0 per 1000) average. However, this is projected to decrease to 10.2 per 1000 in 2023. Forty-five (50.5%) of Enfield under-18 pregnancies were terminated. There were 195 repeat abortions among under 25s in 2020. None of these measures were significantly different than the preceding year.

Area	Rate per 1000
Enfield	**14.7**
London	9.82
England	13.0

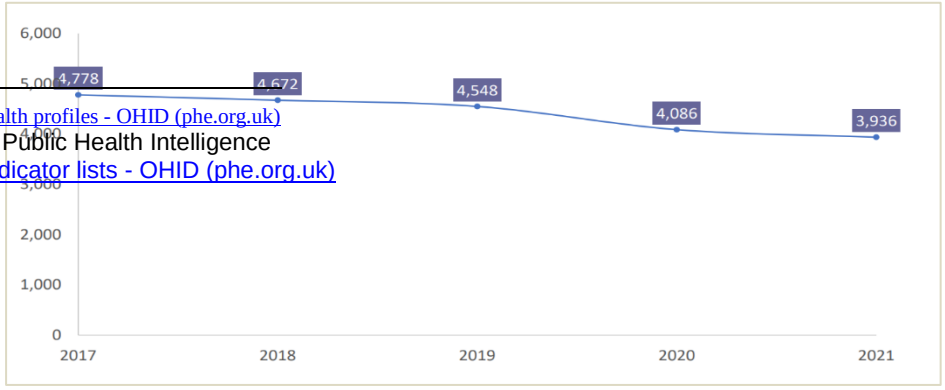
Table: Under 18 conception rates per 1000, 2020[32]

Maternal health

The general fertility rate (GFR) is the number of live births in one year over the mid-year female population (aged 15-44). In Enfield this is slowly decreasing, mirroring the London trend. In 2021 the GFR was 58 which was higher than the GFR for London and England (56). Births in women of all ages have been steadily declining in Enfield, though this is fairly static nationally. There was also a slight increase nationally in births in women in older age groups (aged 35-39 years) in 2021.



Graph: GFR, Enfield by year[33]



[31] Public health profiles - OHID (phe.org.uk)
[32] Enfield Public Health Intelligence
[33] Your indicator lists - OHID (phe.org.uk)

Graph: Births, Enfield by year[34]

Women from ethnic minority backgrounds are at an increased risk of dying while pregnant or postnatally, compared to White women. Women from the most deprived areas are 2.5 times more likely to die than women from the least deprived areas. Moreover, women from ethnic minority backgrounds are at increased risk of experiencing a pre-term birth, stillbirth, neonatal death or a baby born with low birth weight. North Middlesex University Hospital runs ABC parents ("Achieving Better Communication") aimed at supporting pregnant and postnatal mothers from ethnic minority backgrounds through education and peer groups support.

Enfield maternal health key facts:[35]

- In 2018/19, Enfield was **lower** than the London and England average for percentage of women taking folic acid supplements in pregnancy (to prevent neural tube defects)
- In 2020/21, Enfield had a **higher** proportion of women smoking at the time of delivery (5.4%) compared to London (4.6%)
- Enfield has a stillbirth rate similar to England and London (3.9 per 1000 births, 2019-2021)
- Enfield has a **higher** rate of premature birth (<37 weeks gestation) in 2018-20 compared to NCL, London and England
- In 2020/21 the rate of admissions of babies under 14 days was **lower** than London and England.
    - Across NCL, babies born to Black mothers had twice the rate of admission to a neonatal unit than babies born to White mothers.
- In Enfield, only 30% of babies were fully/partially breastfed at the 6-8 week visit in 2020/21, this is **lower** than England (49.3%)
- Enfield has a consistently **higher** proportion of new birth visits conducted within 14 days compared to England
- Enfield has a consistently **lower** proportion of 6–8-week visits and 2-2 ½ year visits conducted within the recommended timescales compared to England
- All boroughs in NCL are **below** the NHS Long Term Plan ambition for access to perinatal mental health services, particularly Enfield and Barnet.
- Improving Access to Psychological Therapies (IAPTS) referrals for perinatal support are disproportionately from women identifying as White British or White Other (2019)
- 32% of pregnant women at NMUH are overweight at 15 weeks gestation, this is **higher** than the national average (28%)[36]. 22% are obese which is **higher** than the national average (21%)
- Enfield has a **lower** uptake of immunisations in pregnancy than London, particularly the flu and whooping cough vaccines.

Information provided to pregnant women at their first (booking appointment):

[34] Enfield Council internal data
[35] Fingertips data and NCL Start Well
[36] https://app.powerbi.com/ Maternity Dashboard (Sept 2022)

- Women receive their maternity notes, either in digital form, through an app, or booklet form. These notes record a woman's health, appointments and test results. They also hold useful phone numbers and information leaflets.
- Some hospitals, including North Middlesex Hospital, distribute Bounty packs (these are free packs which include advice and freebies, but unfortunately much private marketing)

Healthy Child Clinics

In April 2022, NHS England eased their Infection Prevention Control Guidelines following them being increased during the pandemic, this allowed the Health Visiting Service to reinstate the Healthy Child Clinics as a drop in provision. There are now seven drop ins operating across the borough on a weekly basis. Parents can attend without an appointment and speak to a member of the health visiting team. There is one further Healthy Child Clinic that remains an appointment only provision due to its location in a small GP surgery.

Since reinstating the drop in approach for Healthy Child Clinics there has been a monthly increase in the number attending, rising from 326 presentations in April to 590 in November 2022. This is expected to increase further.

Later life

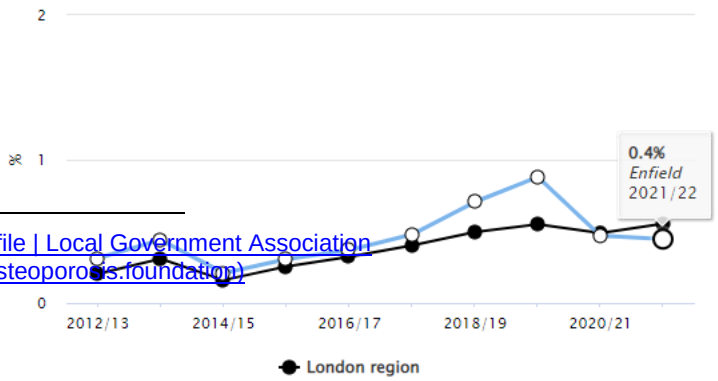
Menopause

The menopause is a natural time in every woman's life when periods stop, and ovaries lose their reproductive function. Usually, this occurs between the ages of 45 and 55 but around one in 100 women experience menopause before 40 years of age[37].

On average, most symptoms last around four years from when a woman's periods end. However, 10% of women experience symptoms for up to 12 years. Some trans and non-binary people may also go through menopause. Symptoms can be cognitive, physical and psychological, and can include hot flushes, heart palpitations, sleep disturbance, poor concentration, and the need for more toilet breaks. Those who do not experience the more obvious symptoms will still undergo physiological changes that will have an impact on their health such as increasing risk of heart disease and osteoporosis. It is important to note almost eight out of 10 menopausal women are in work.

Osteoporosis

Osteoporosis is a fragile bone disease that puts people at risk of breaking bones from everyday activities and can lead to substantial pain and severe disability. Women are more than three times more likely to have osteoporosis than men.[38]



[37] Menopause factfile | Local Government Association
[38] UK report.pdf (osteoporosis.foundation)

Incidence of osteoporosis in Enfield, trend[39]

Healthcare costs

In 2019/20, women had a higher cost per capita in A&E attendance in Enfield regardless of level of deprivation. This may indicate the extent and severity of disease burden in women compared to men in Enfield.

	Most deprived quintile	Least deprived quintile
Total	£88	£62
Male	£85	£60
Female	£90	£65

Cost per capita in A & E attendance in Enfield, 2019/2020[40]

Current plan from the Council and its partners

All issues described in this report have been identified previously and actions to improve these measures, particularly where large disparities exist, have been laid out in the Health and Wellbeing Strategy, the new Council plan, the Smoke Free Enfield Plan, and the Development of Obesity Plan.

Highlights of this work include a multi-sector approach to increase cancer screening uptake, particularly focusing on groups with lower engagement than the borough average. In collaboration with North Middlesex University Hospital, sexual health services have been re-commissioned with priorities informed by SRH issues reported here. Work is underway to support women in the workplace beginning with sanitary products to promote inclusion and address 'period poverty'. Furthermore, the Council's transport plan[41] is promoting active travel (amongst other initiatives) which aims to positively impact everyone's health. Lastly, the Council public health team are supporting the NCL Start Well Programme's effort to improve sustainability in the midwifery workforce, increase utilisation of the range of birth services and ameliorate socioeconomic and ethnic disparities in perinatal outcomes in Enfield and wider NCL[42].

Conclusion

[39] *QOF indicators for 2020/21 should be interpreted with caution
[40] Enfield Public Health data
[41] https://www.enfield.gov.uk/__data/assets/pdf_file/0019/4825/enfield-transport-plan-2019-2041-roads.pdf
[42] NCL Start Well – actions to improve maternity, neonatal, children and young people's services and proposed next steps for the programme (ICB report)

Consistent with London and England, women are living longer than men but spending more time in poor health. Women share the wider determinants of ill health which also affect men but experience additional risk factors related to issues such as intimate partner violence, income and housing disparities, and mental ill health. Key Council policy documents reflect the content of this report and workstreams are in place to address these primary health concerns, currently targeting cancer screening and sexual and reproductive health. Future interventions should be in line with the National Women's Health Strategy.

Appendices

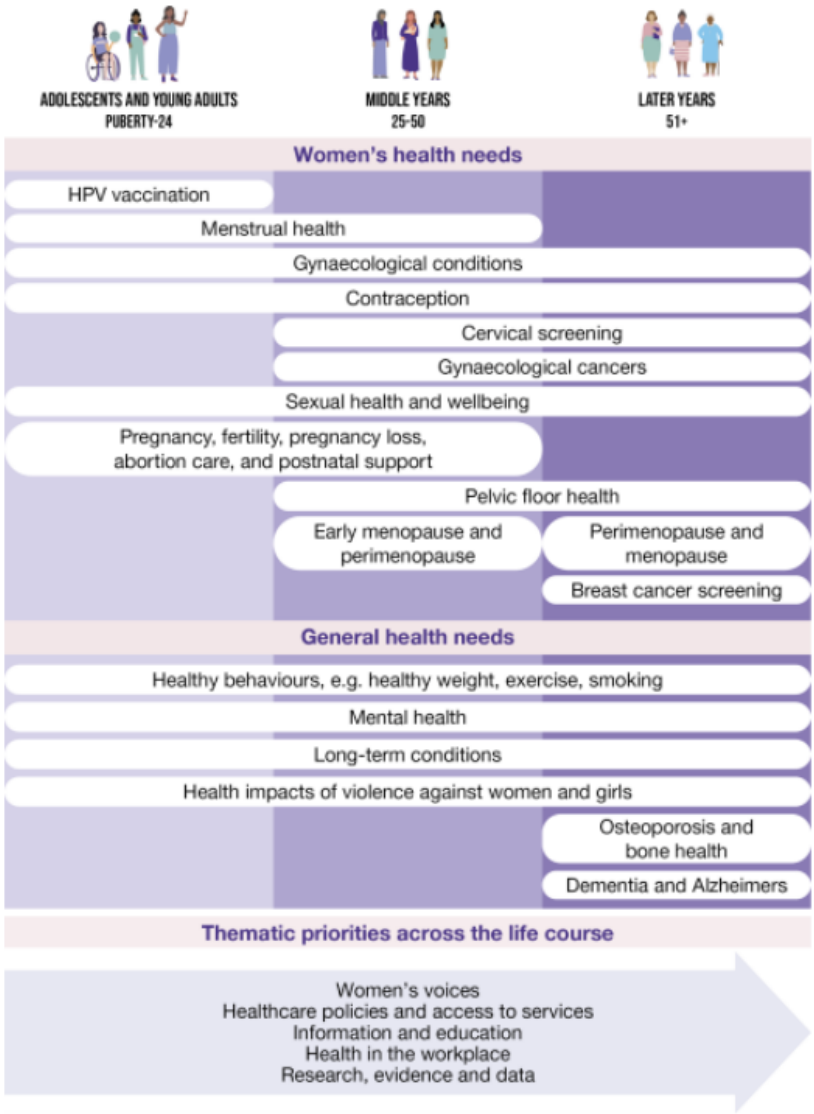
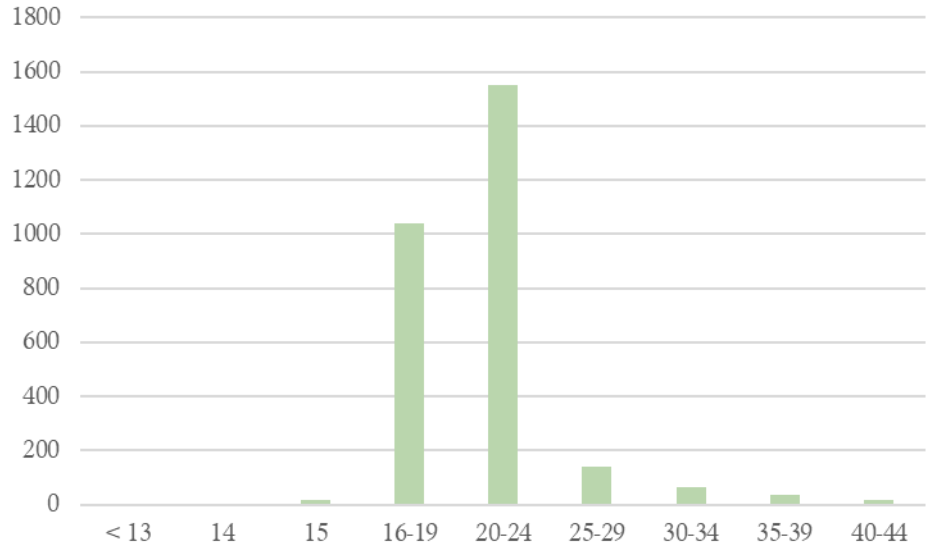
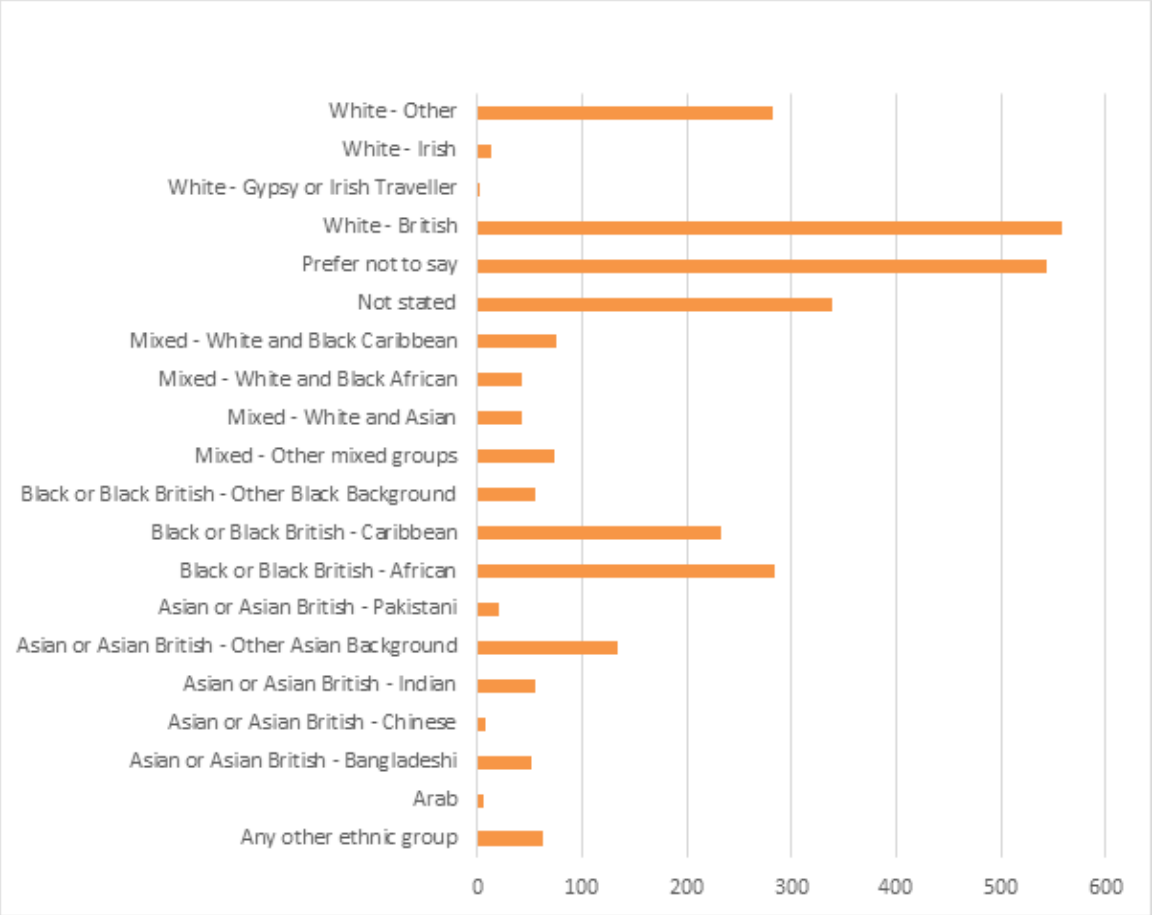


Figure: *Women's health needs*[43]

[43] https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england



Graph: Age of clients accessing EHC through the Pharmacy Scheme, 2021/22



Graph: Ethnicity of clients accessing EHC Pharmacies, 2021/22

Background Papers

The following documents have been relied on in the preparation of this report:

1. https://www.gov.uk/government/publications/womens-health-strategy-for-england
2. https://www.rcog.org.uk/media/h3smwohw/better-for-women-full-report.pdf

London Borough of Enfield

Health and Adult Social Care Scrutiny Panel, Wednesday, 8th March 2023

Subject: **Draft Independent Living Strategy (2023-2027)**

Cabinet Member: **Cllr Alev Cazimoglu, Cabinet Member for Health and Social Care**

Executive Director: **Tony Theodoulou**

Purpose of Report

1. For information and discussion.

Relevance to the Council Plan

2. The draft Independent Living Strategy supports delivery of objectives set out in Enfield Council's Corporate Plan (2018-2022).

3. It supports *Good homes in well-connected neighbourhoods* by providing an opportunity to listen to what our residents need and use this information to improve our services

4. It supports *Sustaining strong and healthy communities* by setting out priorities to supporting those most in need by delivering services and safeguarding measures they relay on. It sets out our partnership, strength based approach to supporting as many people as possible to live independent lives and incorporates priorities that will help improve public health and wellbeing.

5. It supports *Building our local economy to create a thriving place* through the inclusion of specific priorities and actions in respect of reducing inequalities.

Background

Purpose & Scope of Independent Living Strategy

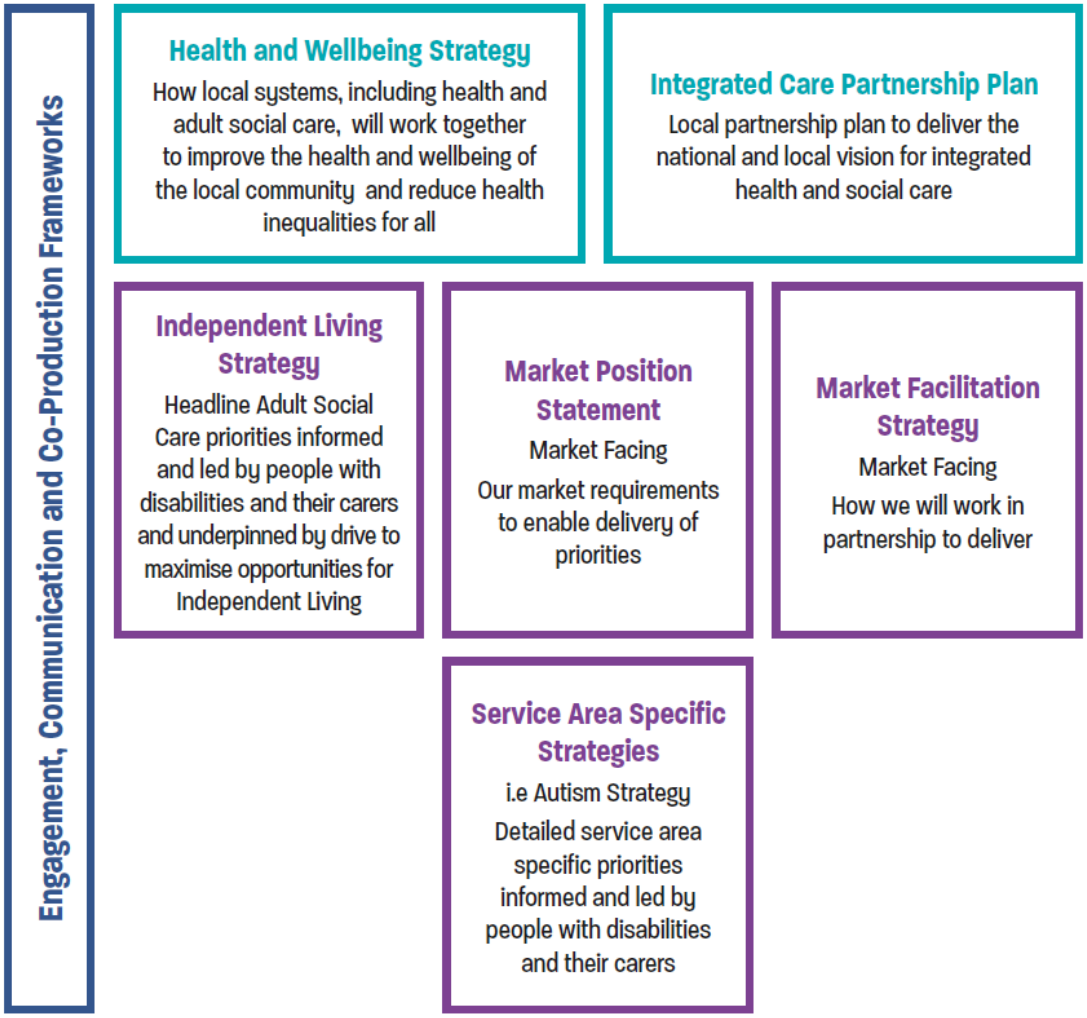
6. The purpose of this strategy is to set out headline priorities for supporting independent living for young people in transition to adulthood, adults (18-64 years) and older people (65+) with adult social care needs in Enfield over the next five years (2023-2027).

7. Recognising that barriers to living independently reach beyond adult social care, the strategy first considers universal themes that can impact a person's opportunity to live independently, including information and advice, health and housing It also considers growing opportunities to enhance independent living through the use of digital technology – a landscape of opportunity that continues to evolve.

8. The latter section of this strategy focuses on specific priorities for supporting independent living, according to need. These 'In Focus' areas include specific consideration of:

- People with learning disabilities
- Autistic people
- People with mental health support needs
- Older people with care and support needs
- People with physical and/or sensory impairment
- People with long term conditions
- Unpaid carers

9. The Independent Living Strategy is intended to complement existing strategies and contribute to a wholistic portfolio of documents, that set out, in partnership with people who need support and their carers, what we need locally to better support independent living and how we will work with the stakeholders to deliver.



Working Together to Shape a Draft Independent Living Strategy

10. The draft Independent Living Strategy has been shaped through early engagement with service users, carers and representatives of our voluntary and community through our Partnership Boards and subsequent Focus Groups (See Appendix 1: Engagement Log).

11. Engagement will continue over an eight week Public Consultation period (ending 7th April 2023). Feedback shall be encouraged by return of an online or hard copy questionnaire (easy read versions available) or attendance at one of four drop-in events scheduled to be held in the borough.

12. The opportunity to inform and shape the draft strategy has been further promoted through:

- The Community Development Team e-bulletin, reaching circa 800 voluntary and community sector organisations
- Direct circulation to key Voluntary & Community Sector Organisations known to Adult Social Care.

Action Plan, Governance & Review

13. Feedback from completed engagement and consultation activity shall inform the development of a final version of the Independent Living Strategy. An Action Plan shall accompany the final version of the Independent Living Strategy. This will include Year 1 Actions and Measures of Success. An early draft of the Action Plan is included in Appendix 5. This will be developed further with Partnership Board involvement, following completion of the Public Consultation Period on 7th April.

14. Ongoing governance of the completed strategy shall be through the Joint Health & Adult Social Care Board, with a reporting line to the Health & Wellbeing Board and annual updates to Partnership Boards.

Main Considerations for the Panel

15. Scrutiny Panel are asked to consider the full draft Independent Living Strategy and provide feedback to inform the final version.

Conclusions

16. The development of an Independent Living Strategy provides the opportunity to set out, in partnership with people who use health and social care services and their carers, local priorities for action to support independent living, in line with the recent Adult Social Care Reform White Paper ‘People at the Heart of Care’ and Department of Health & Social Care White Paper ‘Integration & Innovation: Working Together to Improve Health and Social Care for All.’

Report Author: Lia Markwick

Service Development Manager
lia.markwick@enfield.gov.uk
0208 3796148

Date of report: 24/02/23

Appendices

Appendix 1: Engagement Log

Appendix 2: EQIA

Appendix 3: Draft Independent Living Strategy – Summary

https://www.enfield.gov.uk/consultations/independent-living-strategy

Appendix 4: Draft Independent Living Strategy – Full

https://www.enfield.gov.uk/consultations/independent-living-strategy

Appendix 5: Draft Action Plan

Background Papers

N/A

APPENDIX 1

Independent Living Strategy Engagement Log

Thank you to the following groups and / or representatives who have engaged in the early shaping of the Independent Living Strategy. Engagement will continue throughout the Public Consultation period, ending 7th April 2023.

Groups / Organisational Representative Engaged	**Representation Included**
Older People Partnership Board	
Learning Disabilities Partnership Board	
Mental Health Partnership Board	
Carers Partnership Board	
OP Partnership Board Focus Group	
LD Partnership Board Accessible Focus Group	
LD Partnership Board Carers Focus Group	
Age UK Tea & Chatter Group	
Healthwatch	
Carer Ambassadors	
Voluntary and Community Sector Group (ASC)	
Registered Provider Forum (Housing)	

Dementia Alliance/Alzheimers Society	
Mental Health Focus Group 1	
Mental Health Focus Group 2	
CAPE	

APPENDIX 2

Enfield Equality Impact Assessment (EqIA)

Introduction

The purpose of an Equality Impact Assessment (EqIA) is to help Enfield Council make sure it does not discriminate against service users, residents and staff, and that we promote equality where possible. Completing the assessment is a way to make sure everyone involved in a decision or activity thinks carefully about the likely impact of their work and that we take appropriate action in response to this analysis.

The EqIA provides a way to systematically assess and record the likely equality impact of an activity, policy, strategy, budget change or any other decision.

The assessment helps us to focus on the impact on people who share one of the different nine protected characteristics as defined by the Equality Act 2010 as well as on people who are disadvantaged due to socio-economic factors. The assessment involves anticipating the consequences of the activity or decision on different groups of people and making sure that:

- unlawful discrimination is eliminated
- opportunities for advancing equal opportunities are maximised
- opportunities for fostering good relations are maximised.

The EqIA is carried out by completing this form. To complete it you will need to:

- use local or national research which relates to how the activity/ policy/ strategy/ budget change or decision being made may impact on different people in different ways based on their protected characteristic or socio-economic status;
- where possible, analyse any equality data we have on the people in Enfield who will be affected eg equality data on service users and/or equality data on the Enfield population;
- refer to the engagement and/ or consultation you have carried out with stakeholders, including the community and/or voluntary and community sector groups and consider what this engagement showed us about the likely impact of the activity/ policy/ strategy/ budget change or decision on different groups.

The results of the EqIA should be used to inform the proposal/ recommended decision and changes should be made to the proposal/ recommended decision as a result of the assessment where required. Any ongoing/ future mitigating actions required should be set out in the action plan at the end of the assessment.

SECTION 1 – Equality Analysis Details

Title of service activity / policy/ strategy/ budget change/ decision that you are assessing	**Independent Living Strategy (ILS) Report Number 0030**
Lead officer(s) name(s) and contact details	**Lia Markwick 02083796148**
Team/ Department	**Service Development**
Executive Director	**Tony Theodoulou**
Cabinet Member	**Cllr Cazimoglu**
Date of EqIA completion	**15/11/21 Updated 17-03-22**

SECTION 2 – Summary of Proposal

Please give a brief summary of the proposed service change / policy/ strategy/ budget change/project plan/ key decision

Please summarise briefly:

What is the proposed decision or change?
What are the reasons for the decision or change?
What outcomes are you hoping to achieve from this change?
Who will be impacted by the project or change - staff, service users, or the wider community?

What is the proposed decision or change?
The development of an Independent Living Strategy to set out headline priorities for supporting independent living among adults and older people with support and care needs over the next 5 years (2022-2027).
This will include priorities to support:

- People with learning disabilities
- People with Autism
- People with mental health support needs
- Older people with support and care needs
- Young adults in transition to adult services
- People with physical disabilities and sensory impairment
- Carers

What are the reasons for the decision or change?
The purpose of developing this strategy is to set out headline priorities for supporting independent living among adults and older people with support and care needs over the next 5 years (2022-2027). The strategy is intended to reflect local and national drivers to better support independence, choice and control for people with social care needs. This includes the National Disability Strategy and the most recent Adult Social Care White Paper, People at the Heart of Care (2021)

What outcomes are you hoping to achieve from this change?
Through the development of an ILS we seek to Improve opportunities for independent living among adults and older people with support and care needs.

Who will be impacted by the project or change - staff, service users, or the wider community?
Primarily service users of adult social care including people with learning disabilities, people with autism, people with physical disabilities, people with mental health support needs, older people with support and care needs and their carers.

SECTION 3 – Equality Analysis

This section asks you to consider the potential differential impact of the proposed decision or change on different protected characteristics, and what mitigating actions should be taken to avoid or counteract any negative impact.

According to the Equality Act 2010, protected characteristics are aspects of a person's identity that make them who they are. The law defines 9 protected characteristics:

1. Age
2. Disability
3. Gender reassignment.
4. Marriage and civil partnership.
5. Pregnancy and maternity.
6. Race
7. Religion or belief.
8. Sex
9. Sexual orientation.

At Enfield Council, we also consider socio-economic status as an additional characteristic.

"Differential impact" means that people of a particular protected characteristic (eg people of a particular age, people with a disability, people of a particular gender, or people from a particular race and religion) will be significantly more affected by the change than other groups. Please consider both potential positive and negative impacts, and, where possible, provide evidence to explain why this group might be particularly affected. If there is no differential impact for that group, briefly explain why this is not applicable.

Please consider how the proposed change will affect staff, service users or members of the wider community who share one of the following protected characteristics.

Age This can refer to people of a specific age e.g. 18-year olds, or age range e.g. 0-18 year olds.
Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people of a specific age or age group (e.g. older or younger people)? Please provide evidence to explain why this group may be particularly affected.
Yes. The strategy will focus on priorities to improve independent living for Young People in Transition (16-18) Adults (18-64) and Older Adults (65+). As at 2020, Enfield's population aged 16-17 was estimated to be 8,466, representing 2.5% of the total population (333,587). As at 2020, Enfield's adult population aged 18-64 years was estimated to be 205,400, representing 61%% of the total population (335,500). The number of people aged 65 years and over living in the borough is set to rise by 51% the next 20 years from 45,200 (2020) to 68,400 (2040)[1]. For this reason, these groups are likely to impacted more than those 0-16 years, as this strategy focuses on priorities for these age groups.
Mitigating actions to be taken
None to be taken.

Disability A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-day activities. This could include: Physical impairment, hearing impairment, visual impairment, learning difficulties, long-standing illness or health condition, mental illness, substance abuse or other impairments.
Will the proposed change to service/policy/budget have a **differential impact [positive or negative]** on people with disabilities?

[1] https://www.poppi.org.uk/index.php?pageNo=314&areaID=8342&loc=8342%

Please provide evidence to explain why this group may be particularly affected.
People with learning disabilities, autism, physical disabilities, mental health support needs, and older people with support and care needs and their carers are likely to be impacted by the strategy as the strategy focuses on priorities for improving independence for these service user groups specifically. Baseline estimates indicate that in 2019, 5,297 people aged 18-64 had a learning disability. This represents 2.4% of Enfield's population aged 18-64 years. It is estimated that there are currently 2,459 adults (aged 18+) with autism in Enfield. This includes all spectrum of Autism. With the increase in population, the number of people with Autism is predicted to gradually increase to 3,101 by 2035. In 2019, 34,727 people aged 18-64 predicted to have a Common Mental Health Disorder in the borough. In 2019 it is projected that 16,148 people aged 18-64 had a moderate physical disability and 4,658 had a serious physical disability. The number of people aged 65 years and over living in the borough is set to rise by 51% the next 20 years from 45,200 (2020) to 68,400 (2040)[2].
Mitigating actions to be taken
Given the likely differential impact on people with disabilities, we shall seek to engage people with disabilities from the start, to enable a ILS driven by people with disabilities. Actions will include: - Engagement of Partnership Boards to include people with disabilities and their carers from inception. - Accessible / Easy Ready early consultation to support involvement.

Gender Reassignment This refers to people who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex.
Will this change to service/policy/budget have a **differential impact [positive or negative]** on transgender people? Please provide evidence to explain why this group may be particularly affected.
GIRES (Gender Identity Research and Education Society) estimate that in the UK around 650,000 people, 1% of the population, experience some degree of gender

[2] https://www.poppi.org.uk/index.php?pageNo=314&areaID=8342&loc=8342%

non-conformity. If these numbers are correct, and if Enfield's total population of 333,869 were exactly typical of that population, this will equate to 3,339 individuals with some degree of gender non-conformity.

Anyone can find themselves discriminated against on the basis of their sexual orientation, but discrimination is more common against people who are lesbian, gay, bi and trans (LGBT).[3]

We want all LGBT people in Enfield to feel included, valued and safe.

The Council is committed to making Enfield a fairer place where, all people have equal outcomes, are treated with dignity and respect, are included, and live in a borough where diversity is celebrated.

Mitigating actions to be taken

We do not anticipate any negative impact on transgender people.

Marriage and Civil Partnership

Marriage and civil partnerships are different ways of legally recognising relationships. The formation of a civil partnership must remain secular, where-as a marriage can be conducted through either religious or civil ceremonies. In the U.K both marriages and civil partnerships can be same sex or mixed sex. Civil partners must be treated the same as married couples on a wide range of legal matters.

Will this change to service/policy/budget have a **differential impact [positive or negative]** on people in a marriage or civil partnership?

Please provide evidence to explain why this group may be particularly affected

In the UK marriage or civil partnerships are legal for those over the age of 16, with consent from parents or guardians required for those under the age of 18.[4]

Mitigating actions to be taken

We do not anticipate negative differential impacts on those who are in a marriage or civil partnership.

Pregnancy and maternity

Pregnancy refers to the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf

[4] https://www.gov.uk/marriages-civil-partnerships

the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
Will this change to service/policy/budget have a **differential impact [positive or negative]** on pregnancy and maternity? Please provide evidence to explain why this group may be particularly affected
The ILS is intended to set out priorities to improve independent living for all adults and older people with adult social care needs, including people who aare pregnant or on maternity.
Mitigating actions to be taken
We do not anticipate it to have any negative differential impact on those who are pregnant.

Race This refers to a group of people defined by their race, colour, and nationality (including citizenship), ethnic or national origins.
Will this change to service/policy/budget have a **differential impact [positive or negative]** on people of a certain race? Please provide evidence to explain why this group may be particularly affected
In respect of Ethnic Diversity, Enfield Council estimates that 34.8% of the borough's population were of white British ethnicity in 2017 (down from 40.5% at the time of the 2011 census). Enfield is notable for a particularly large 'white other' population. In 2017, 23.1% of the population came under this category which included what are probably still the largest Turkish, Turkish Cypriot, Greek and Greek Cypriot communities in England, as well as sizeable communities from a number of countries in eastern Europe. 18.3% of the population were estimated to come from a black ethnic group. National data indicates that rates of mental illness for people BAME backgrounds are sometimes greater than for white people [5]

[5] Cabinet Office. *Race Disparity Audit Summary Findings from the Ethnicity Facts and Figures website.* October 2017 (revised March 2018). Para 2.24

Research also indicates that health inequalities can be exacerbated for people with disabilities from BAME groups. [6]

Mitigating actions to be taken

We will continue to promote a culture of inclusivity and encourage participation from people of all races and ethnicities without fear of discrimination.

We will promote our four core values that we believe are essential for creating a fairer Enfield:

- Diversity
- Inclusion
- Equal Opportunities
- Dignity and Respect

Religion and belief

Religion refers to a person's faith (e.g. Buddhism, Islam, Christianity, Judaism, Sikhism, Hinduism). Belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live.

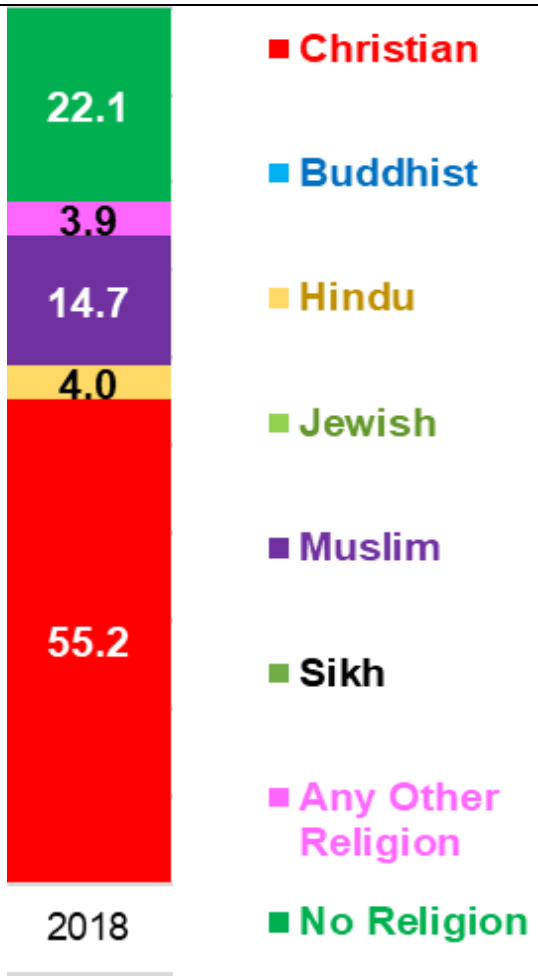
Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who follow a religion or belief, including lack of belief?

Please provide evidence to explain why this group may be particularly affected.

The Annual Population Survey has estimated Enfield's religious profile up to the end of 2018:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686071/Revised_RDA_report_March_2018.pdf (Accessed 14th June 2021).

[6] https://www.mencap.org.uk/blog/double-discrimination-healthcare-inequalities-facing-people-learning-disability-black-asian



The ILS will seek to ensure the rich diversity, culture and heritage of our community is celebrated. We set out to ensure that all people receiving adult social care and their carers are treated equally and with dignity and respect, and feel confident to express their views without fear of discrimination.

Mitigating actions to be taken

We are committed to our four core values that we believe are essential for creating a fairer Enfield:

- Diversity
- Inclusion
- Equal Opportunities
- Dignity and Respect

The ILS being developed to be inclusive and treat all people it represents fairly and equally.

Early consultation will be considerate of all communities in Enfield and be

respectful of all religions.

Sex Sex refers to whether you are a man or woman.
Will this change to service/policy/budget have a **differential impact [positive or negative]** on men or women? Please provide evidence to explain why this group may be particularly affected.
The ILS is being developed to represent all people with adult social care needs and therefore we do not anticipate any negative impact on any person based on sex.
Mitigating actions to be taken
We do not anticipate it to have any negative differential impact based on whether someone is a man or a woman.

Sexual Orientation This refers to whether a person is sexually attracted to people of the same sex or a different sex to themselves. Please consider the impact on people who identify as heterosexual, bisexual, gay, lesbian, non-binary or asexual.
Will this change to service/policy/budget have a **differential impact [positive or negative]** on people with a particular sexual orientation? Please provide evidence to explain why this group may be particularly affected.
The Council is committed to making Enfield a fairer place where, all people have equal outcomes, are treated with dignity and respect, are included, and live in a borough where diversity is celebrated.

Anyone can find themselves discriminated against on the basis of their sexual orientation, but discrimination is more common against people who are lesbian, gay, bi and trans (LGBT).[7]
Mitigating actions to be taken
We do not anticipate any negative impact on young people who identify as heterosexual, bisexual, gay, lesbian, non-binary or asexual.

Socio-economic deprivation This refers to people who are disadvantaged due to socio-economic factors e.g. unemployment, low income, low academic qualifications or living in a deprived area, social housing or unstable housing.
Will this change to service/policy/budget have a **differential impact [positive or negative]** on people who are socio-economically disadvantaged? Please provide evidence to explain why this group may be particularly affected.
According to the Index of Multiple Deprivation as compiled by the DCLG in 2019, Enfield has become relatively more deprived in comparison to other London boroughs. In 2015, Enfield was the 12th most deprived borough in London, by 2019 it was the 9th most deprived The development of the ILS is intended to positively impact those who are disadvantaged due to socio-economic factors, as themes for development include, for example, income maximisation, training and employment, specialist housing.
Mitigating actions to be taken.
We do not anticipate any negative impact on young people who are socio-economically disadvantaged.

[7] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf

SECTION 4 – Monitoring and Review

How do you intend to monitor and review the effects of this proposal? Who will be responsible for assessing the effects of this proposal?
An action plan will be developed as part of the ILS . This action plan will be monitored to review actions taken to deliver priorities and monitor impact of the ILS. Updates will be shared with governance groups, including the Service Development and Procurement Board in Adult Social Care which will be responsible for assessing the effects of this proposal.

SECTION 5 – Action Plan for Mitigating Actions.

Identified Issue	Action Required	Lead officer	Timescale/By When	Costs	Review Date/Comments
Reaching Older People, People with Disabilities and BAME Groups to hear views on priorities on Strategy	- Engage LD, OP, PD, MH < Carers Partnership Boards - Undertake Focus Groups - Develop Accessible materials for consultation including 'easy read' options.	Lia Markwick	Ongoing until Strategy Completion		May 2022 prior to public consultation.

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APPENDIX 5

INDEPENDENT LIVING STRATEGY – ACTION PLAN (YEAR 1) 2023/2024

DRAFT ONLY *– FOR REVIEW & UPDATE FOLLOWING COMPLETION OF PUBLIC CONSULTATION ENDING 07/04/23*

1.	1. INFORMATION, ADVICE & ADVOCACY		Theme Lead: MC/SM
	Priority	Y1 Action	Action Lead
1	Improve the delivery of information and advice that facilitates efficient self service, makes every contact count, and reduces the need for multiple unnecessary contacts.	Complete service mapping of local VCS information and advice offer to identify gaps in service and inform future VCS commissioning.	ASC Service Development, VCS
2	Increase provision of and access to basic information about the health and adult social care system and services including upcoming reforms to the system.	Improve links between Health & Adult Social Care and Customer Service Team to improve consistent information sharing	ASC Service Development
3	Improve the personalisation of information, advice and advocacy available to support personal choice in how information is received and improve inclusive access.	Review and update information, advice and advocacy on MyLife and improve links to Council Website and Simply Connect (national VCS website)	ASC Service Development, VCS

	2. THE RIGHT HOME		Theme Lead: LM
	Priority	Y1 Actions	Action Lead
1	Improve standards across specialist housing sector through the role out of local expectations in line with national statement of expectations for supported	Develop local statement of expectations for supported housing	ASC Service Development

	housing.		
2	Increase accessible information about specialist housing options to improve understanding of housing options among professionals, service users and their carers.	Review information and advice offer in respect of specialist housing, identify gaps in service.	Housing/ASC Service Development
3	Increase local provision of high quality, flexible and accessible specialist housing with care options for older people in the borough across tenure type, in line with borough need.	Progress milestones in the development of Reardon Court Extra Care Housing Scheme.	Housing/ASC Service Development
4	Support carers to continue caring through appropriate housing options.	Progress milestones in the development of Reardon Court Extra Care Housing Scheme, including promotion to unpaid carers.	Housing/Service Development/VCS
5	Reflect the housing needs of adults who require support and care are in the development of new communities. Include home ownership options for older people and adults with disabilities.	Inform planning of new communities (including Meridian Water) to reflect the housing needs of adults with support and care needs.	TBC
6	Support people to remain living in their own homes through the provision adaptations and equipment and expand Trusted Assessors to facilitate minor adaptations	TBC	TBC

3. TRAINING, EMPLOYMENT & INCOME			**Theme Lead: TBC**
	Priority	Y1 Action	Action Lead
1	Expand our employment support offer for people with disabilities to increase the number of people with disabilities gaining and sustaining employment, apprenticeships and volunteer opportunities.	Review existing provision for people with learning disabilities and identify opportunities to all disability groups.	ASC Service Development/ILDS
2	Reduce the impact of fuel poverty on adults with care and support needs and their carers.	Target income maximisation advice to adults with care and support needs and their carers.(TBC)	Service Assessment
3	Deliver a smooth transition to the introduction of cap on care costs	Consider Y2	TBC

4. **THE POWER OF TECHNOLOGY**	**Theme Lead: AOO/DOD**

	Priority	Y1 Action	Action Lead
1	Increase use of Assistive Technology to support independent living through expansion of the Council's Assistive Technology offer. Include tele-healthcare solutions to better support people with health conditions, including long terms conditions.	Work towards expanding Telecare offer to include telehealth options and vital signs monitoring.	Principal OT/Community Services
2	Increase use of assisted technology within specialist and mainstream housing in line with best practice. Explore use of DFGs beyond traditional adaptations, to include the use of digital technology to help support people remain living at home.	Campaign to raise awareness of AT options among specialist housing providers DFGs	ASC Service Development/ Community Services/VCS TBC
3	Increase use of technology to support social connection, reduce isolation and help keep people independent including Smart Living Enfield initiatives.	Develop process map for provision of Assistive Technology Establish and increase uptake of e-learning AT training for staff (inc vcs and health) Paincheck	Principal OT Principal OT TBC
4	Deliver shared care records and use technology to better share information and data between health and adult social care to improve service delivery.	TBC	Service Improvement
5	Increase awareness and understanding of Assistive Technology across the workforce.	Promote e-learning AT training for staff (inc vcs and health) Increase understanding and consideration of AT options at Duty stage in operational teams to raise uptake of AT	Principal OT/Community Services
6	Increase use of Assistive Technology among young people in transition to support independence when reaching adulthood	TBC	ASC Service Development/ Operational Management Teams/ Transition Groups

	5. ACTIVE, CONNECTED & INVOLVED COMMUNITIES		Theme Lead: DOD
	Priority	Y1 Action	Action Lead
1	Support use of universal transport systems through Independent Travel Training, Assistive Technology and use of Personal Travel Budgets.	Develop and Travel Assistance Policy Implement Travel Brokerage Service	ASC Community Services
2	Improve accessibility of community groups for people with care and support needs to better support social connection for people with disabilities.	Identify opportunities for Access Able to improve accessibility of local community groups Embed access approaches in VCS contracting Review MyLife information with service user/carers and identify opportunities for improvement	ASC Service Development ASC Service Development ASC Service Development
3	Improve accessible travel infrastructure including design and upkeep of walking routes to enable people with disabilities who wish to travel to do so safely and easily.	Identify opportunities for Access Able to improve accessible route mapping Dementia Friendly Group (TBC)	TBC
4	Co-production	TBC	TBC

	6. KEEPING SAFE		Theme Lead: Safeguarding
	Priority	Y1 Action	Action Lead
1	Prevent abuse	See Safeguarding Strategy	See Safeguarding Strategy
2	Learn from experience	See Safeguarding Strategy	See Safeguarding Strategy
3	Protect adults at risk	See Safeguarding Strategy	See Safeguarding Strategy
4	Improve services	See Safeguarding Strategy	See Safeguarding Strategy

	7. KEEPING HEALTHY & WELL		Theme Lead: GS/MT

	Priority	Y1 Action	Action Lead
1	Improve access to local support services to keep people well in the community and avoid hospital admissions.	TBC	ICB TBC
2	Reduce Health Inequalities (through targeted action to increase take up of health check, improve access to Primary Care).	TBC	ICB – ILDS TBC
3	High vaccination uptake including seasonal booster jabs.	Establish baseline vaccination status among service users	ICB & Public Health
4	Support people to make healthy lifestyle and behaviour choices.	Review and refresh H&WBS	Public Health
5	Reduce falls through increased strength and balance activity among those most at risk of falling.	Identify at risk groups and options for increased strength and balance activity.	ASC Service Development

	8. FLEXIBLE CARE		Theme Lead: DOD
	Priority	Y1 Action	Action Lead
1	Develop information, advice, guidance and services to support the forward planning of care and smooth transition of care arrangements when life circumstances change.	Progress Think Ahead workplan and promote brokerage services to support transitional care arrangements.	ASC Community Services
2	Facilitate the market development of services to support individuals in the management of their personalised budget.	Develop provider market to support management of individual Direct Payments.	ASC Community Services
3	Integrate adult social care and health budgets.	TBC	TBC
4	Plan and develop the role and use of direct payments following the introduction of care cost caps to maximise choice and control when funding arrangements change.	Establish cross partner working group to identify options for role and use of DPs following the introduction of care cost caps.	ASC Community Services

7.	9. JOINED UP CARE		Theme Lead: SW/MT
	Priority	Y1 Action	Action Lead
1	Identifying and addressing health and wellbeing inequalities in BAME communities	SW TBC	SW TBC

2	Achieving uptake of screening and immunisations to keep residents healthy and catch physical and mental conditions earlier, including for cancer, giving people the best possible intervention/treatment	SW TBC	SW TBC
3	Driving greater focus on improving mental health and wellbeing among residents	SW TBC	SW TBC
4	NCL Integrated Care Board strategic aims: Start Well Live Well Age Well Workforce Enablers – Digital Estate and Value for Money	SW TBC	SW TBC

To be reviewed and updated with Partnership Boards.

10. PEOPLE WITH LEARNING DISABILITIES		**Theme Lead: CR/CT**
Priority	Y1 Action	Action Lead
Develop a sustainable and affordable local market for more complex or high risk groups such as those with challenging behaviour, physical disability and complex health needs.	Market engagement with LD providers as part of our plan to develop a new framework for procuring services to support our residents	CR TBC
Improve choice of support and accommodation options for young people in transition to adult services with complex needs.	Market engagement with LD providers as part of our plan to develop a new framework for procuring services to support our residents	CR TBC
Reduce health inequalities for people with learning disabilities.	Work with stakeholders to improve the take up, consistency and quality of Annual Health Checks and Health Action Plans	CR TBC
Increase understanding of out of borough placements and improve health handover from placing authorities to ensure health needs met.	Work with NCL Boroughs, and develop London wide, to ensure the NCL LD Placing Protocol is followed, minimise	CR TBC

	risk of placement breakdown, maximise access to local health services and agree standards/expectations when they make care arrangements for their service users in Enfield	
Continue to support timely, planned and safe discharge back to the community from Assessment and Treatment Units through provision of good quality, experienced care and support/interventions in the community.	Joint work with Integrated Care Board to ensure correct processes and engagement from different stakeholders involved. Develop experienced, well trained provider workforce through Market engagement with LD providers as part of our plan to develop a new framework for procuring services to support our residents	CR TBC

11. AUTISTIC PEOPLE		**Theme Lead: Autism Strategy Lead**
Priority	Y1 Action	Action Lead
Celebrate and value neurodiversity	See Autism Strategy.	See Autism Strategy.
Provide needs-based support	See Autism Strategy.	See Autism Strategy.
Support more autistic people into employment	See Autism Strategy.	See Autism Strategy.
Recognise and combat isolation and loneliness	See Autism Strategy.	See Autism Strategy.
Provide inclusive mental health and wellbeing support	See Autism Strategy.	See Autism Strategy.
Improve support within the criminal and youth justice system	See Autism Strategy.	See Autism Strategy.

12. PEOPLE WITH MENTAL HEALTH SUPPORT NEEDS		**Theme Lead: IH/LO/D**
Priority	Y1 Action	Action Lead
Improve opportunities for early intervention through the delivery of Mental Health and Wellbeing Hub.	Seek approval for finances for MH&WB Hub, review site options Continue engagement with key	ASC Service Development TBC

	Stakeholders to inform project development	
Improve access to high quality counselling support services including services for seldom heard populations living in Enfield.	TBC	ASC Service Development TBC
Increase community rehabilitation options for people with complex mental health needs.	Develop current services and work with NCL boroughs as part of the Community MH Rehab Care Market Development Steering Group to increase rehabilitation options for people with complex mental health needs	ASC Service Development TBC
• Support people with mental health support needs into training, development and employment.	Seek additional funding opportunities and consider future delivery options.	ASC Service Development TBC
• Work with service users and their families to identify the causes for higher levels of BAME community in MH and collaboratively identify solutions for mental wellbeing and safety.	TBC	ASC Service Development TBC

13. OLDER PEOPLE		**Theme Lead: NA/LF/SM**
Priority	Y1 Action	Action Lead
Increase opportunities for active, inclusive ageing and community integration, promoting older person contributions to society to heighten feelings of being valued	Understand service gaps through stakeholder engagement and address in specifications for future VCS contracting.	ASC Service Development TBC
Reduce social isolation and loneliness.	Understand service gaps through stakeholder engagement and address in specifications for future VCS contracting. Complete Social Isolation and Loneliness event to raise awareness and promote preventative services	ASC Service Development TBC ASC Service Development TBC

Increase opportunities for intergenerational working hereby young and older people can work together to support wellbeing.	Review existing and establish further opportunities (i.e through education services) to increase intergenerational working	ASC Service Development TBC
Ensure older people are not excluded in our increasingly digitalised society.	Understand service gaps through stakeholder engagement and address in specifications for future VCS contracting. Produce advice/guidance for Care Providers re best practice in supporting digital inclusion.	ASC Service Development TBC ASC Service Development TBC

14. PEOPLE WITH PHYSICAL &/OR SENSORY IMPAIRMENT		**Theme Lead: NA/SM/LF**
Priority	Y1 Action	Action Lead
Reduce avoidable admissions of adults with physical disabilities into residential care by increasing supported housing options for people with physical disabilities and complex needs requiring 24-hour on site care.	Identify potential sites for development	ASC Service Development TBC
Expand service offer to better support people with sensory impairment to live independently.	Map current offer Understand service gaps through stakeholder engagement. Identify options to expand in line with need.	ASC Service Development TBC

15.UNPAID CARERS		**Theme Lead: LM**
Priority	Y1 Action	Action Lead
Improve the health and wellbeing of Carers and reduce health inequalities.	Increase awareness of carer services across health services (including GP practices) by re-establishing links to and presence within surgeries. Increase awareness among service users, carers and professionals of Assistive Technology (AT) available to	TBC TBC

	support carers through the production of an AT/ Equipment/ Adaptations offer for Carers. Increase update of ECC digital lending library.	TBC
Increase involvement of Carers across health settings to improve outcomes for the carer and those being cared for.	Increase awareness of carer rights and carer services across hospital discharge services through promotion of carers video/information and inclusion of clear points of communication with carers within discharge policy and practice.	TBC
Increase opportunities for Carers to be included and ensure that their voice is central in designing, delivering and evaluating support services.	Develop Carers Ambassadors work programme	TBC
Increase early identification of Carers, including identification through GP referrals. Support carer re-engagement of services following Covid pandemic.	See Action for Priority 1.	TBC
Identify and reach more Carers of all ages and backgrounds, including young carers, ensuring that services and access to services is representative of our communities and their needs.	Promotional exercises to increase identification of 'hidden carers' outreach in schools and virtual/face to face community groups.	TBC
Support carers to maximise benefits, manage finances and understand impact of social care reform on people that they care for.	Improve access to benefit support and practical support in form completion. Map what support is available to carers to maximise benefits and manage finances.	TBC TBC
Support Carers to have the support they need, when they need it, including breaks and respite.	Y2 – Understand service gaps through stakeholder engagement	TBC

16. LONG TERM CONDITIONS **Theme Lead:GS/MT/ICB**

TBC to align with the NCL Population Health Strategy & Forward Plan and

the development of refresh H&WBS for Enfield.		
Priority	Y1 Action	Action Lead
Improve joint approaches to diagnosing and supporting people with Long Term Conditions in the community.	Understand service gaps through stakeholder engagement and address in specifications for future VCS contracting.	TBC
Increase targeted interventions to prevent the development of Long Term Conditions amongst adult aged 50-64 at risk.	TBC	TBC
Increase information, advice, knowledge and self-management for people with Long Term Conditions.	TBC	TBC
Improve joint approaches to timely dementia diagnosis, post diagnosis support, annual reviews and dementia support in care homes.	TBC	TBC
For a range of long terms conditions, improve the identification, assessment, treatment, recovery and prevention care for those with co-morbidities.	TBC	TBC

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Health & Adult Social Care Scrutiny Panel Work Programme 2022-23

Date of meeting	Topic	Lead Officer	Executive Director/ Director	Lead Members	Reason for the proposal	Other Committee/Cabinet/Council approvals ?
27th July	Work Planning					
15th September 2022	Annual Safeguarding Report	Bharat Ayer/Sharon Burgess	Tony Theodoulou	Cllr Cazimoglu	The Annual report is brought to this Panel for discussion.	Children's Scrutiny 27th Sep Cabinet 12th Oct Council 16th Nov
	Public Health –smoking/vaping	Glenn Stewart	Tony Theodoulou/ Dudu Sher-Arami	Cllr Cazimoglu	Local priority to reduce smoking & vaping	
	Public Health – substance misuse	Andrew Lawrence	Tony Theodoulou/ Dudu Sher-Arami	Cllr Cazimoglu	Local priority to reduce drug misuse	
6th December 2022	Integrated Care Systems/NCL	Deborah McBeal	Tony Theodoulou/ Bindi Nagra	Cllr Cazimoglu	Updates required on changes and impact on LBE	
	Mental Health Transformations/Reforms	Natalie Fox	Tony Theodoulou/ Bindi Nagra	Cllr Cazimoglu	Concerns about services provided	
	Adult & Children's Social Care Annual Statutory Complaints Report	Eleanor Brown	Fay Hammond	Cllr Cazimoglu	Requested by officers and OSC	
19th January	Regulation of Adult Social	Bindi Nagra	Tony	Cllr	Updates required	

Health & Adult Social Care Scrutiny Panel Work Programme 2022-23

2023	Care, CQC reports		Theodoulou	Cazimoglu	on changes and impact on LBE	
	Covid Recovery – vaccinations, inequalities	Dudu Sher-Arami	Tony Theodoulou	Cllr Cazimoglu	National issue and how LBE is taking forward	
	~~Public Health – Obesity~~	~~Dudu Sher-Arami~~	~~Tony Theodoulou~~	~~Cllr Cazimoglu~~	~~To reduce obesity rates~~	
	Future Commissioning of Enfield Sexual Health Community Services	Fulya Yahioglu	Tony Theodoulou	Cllr Cazimoglu	Pre-Cabinet consultation	Report Author to confirm if going to this meeting before Cabinet on 8 Feb 23.
8th March 2023	Primary Care Access	Deborah McBeal	Tony Theodoulou/ Bindi Nagra	Cllr Cazimoglu	Concerns about access issues with GPs, dentists	
	Women's Health – cervical cancer motion, access to family planning, pregnancy packs, health visitor drop-ins, period poverty	Dudu Sher-Arami	Tony Theodoulou	Cllr Cazimoglu	Update requested by panel members	
	Independent Living Strategy	Ivana Price	Tony Theodoulou	Cllr Cazimoglu	Pre-Cabinet consultation	
New Municipal Year	Safeguarding Enfield strategy consultation	Bharat Ayer	Tony Theodoulou	Cllr Cazimoglu	The Safeguarding Adults Board currently has a strategy which the SAB will be reviewing and updating in 2023.	

Health & Adult Social Care Scrutiny Panel Work Programme 2022-23

					As with the annual reports, we will be developing a joint strategy that covers adults and children's safeguarding.	
	Public Health – Obesity	Dudu Sher-Arami	Tony Theodoulou	Cllr Cazimoglu	To reduce obesity rates	Once NCL's review completed LBE to develop own plan. Joint consultation including HASCSP
	Children's Dentistry Provision		Tony Theodoulou	Cllr Cazimoglu	Cllr Hockney's suggestion	

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