Public Document Pack

Jane Creer
Governance Officer
Direct: 020 8132 1211
e-mail: democracy@enfield.gov.uk

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

Wednesday, 28th February, 2024 at 7.00 pm in the Conference Room, Civic Centre, Silver Street, Enfield, EN1 3XA

Membership:

Councillors: (Chair) James Hockney, Andy Milne, Nicki Adeleke, Elif Erbil, Chris James, Doris Jiagge, Emma Supple and Kate Anolue

AGENDA – PART 1

1. WELCOME & APOLOGIES

2. DECLARATIONS OF INTEREST

Members of the Council are invited to identify any disclosable pecuniary, other pecuniary or non-pecuniary interests relevant to the items on the agenda.

3. MINUTES OF THE PREVIOUS MEETING (Pages 1 - 8)

To approve the minutes of the meeting held on 28 November 2023.

4. ACCESS TO PRIMARY CARE DENTAL CARE AND ORAL HEALTH PROMOTION (Pages 9 - 20)

To receive the report of the Executive Director – People, providing an overview of primary care dental care and oral health promotion provision for Enfield residents; understanding about residents' oral health needs; and highlighting how the Local Authority, North Central London Integrated Care System and NHS England are working together to improve oral health.

5. ENFIELD SUBSTANCE MISUSE UPDATE (Pages 21 - 28)

To receive the report of the Executive Director – People, providing an update to the panel on the current landscape and work undertaken to tackle substance misuse in Enfield following the introduction of the national drug strategy, 'From Harm to Hope'.

6. WORK PROGRAMME 2023/24 (Pages 29 - 30)

To note the current Health and Adult Social Care Scrutiny Panel Work Programme for 2023/24.

7. DATES OF FUTURE MEETINGS

To note the dates of future meetings as follows:

The Panel's additional date is **Wednesday 24 April 2024**.

All meetings will commence at 7:00pm and will be held at the Civic Centre.

MINUTES OF THE MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL HELD ON TUESDAY, 28TH NOVEMBER, 2023

MEMBERS: Councillors James Hockney, Andy Milne, Emma Supple, Kate Anolue, Nawshad Ali and Nia Stevens

Officers: Dudu Sher-Arami (Director of Public Health), Laura Martins and Will Wraxall (Complaints & Access to Information Services), Andrew Lawrence (Head of Commissioning – CYP & Public Health), Gabriella Sarpong (Public Health Strategist), Dr Chad Byworth (Public Health Registrar), Jon Newton (Service Director – Heath & Adult Social Care), Victoria Adnan (Policy & Performance Manager), Mark Tickner (Senior Public Health Strategist), Jane Creer (Governance Officer)

Also Attending: Deborah McBeal (Director of Integration, NCL ICB), Stephen Wells (Head of the Enfield Borough Partnership Programme, NCL ICB), Dr Shakil Alam (Clinical Director for Place, Enfield), Markela Lleshaj and Mithraya Kajenthiran (Youth Council Members)

1. WELCOME & APOLOGIES

Cllr James Hockney, Chair, welcomed all attendees.

Apologies for absence were received from Cllr Nicki Adeleke and Cllr Chris James, who were substituted by Cllr Nawshad Ali and Cllr Nia Stevens respectively. Apologies were also received from Cllr Doris Jiagge.

Cllr Alev Cazimoglu, Cabinet Member for Health and Social Care sent apologies as she was attending the NCAS Conference.

Apologies for absence had also been received from Doug Wilson, Director of Adult Social Care.

2. DECLARATIONS OF INTEREST

There were no declarations of interest registered in respect of any items on the agenda.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 20 September 2023 were **AGREED**.

4. ENFIELD BOROUGH PARTNERSHIP UPDATE

Deborah McBeal, Director of Integration, NHS North Central London Integrated Care Board (NCL ICB), introduced the presentation to provide an update to the Panel further to their attendance at the 8 March meeting. The Borough Partnership was of all organisations within Enfield which were part of health and social care provision, including the local authority, hospitals, mental health trust, and the voluntary and community sector.

Stephen Wells, head of the Enfield Borough Partnership Programme highlighted points from the slide presentation. The governance was set out, and the clinical leads, focussing on the Start Well, Live Well and Age Well areas.

There were a number of work streams. It was being ensured that they aligned with the Joint Local Health and Wellbeing Strategy. Work with Healthwatch ensured that focus was on what residents found the most useful. Making best use of resources collectively was key. Further updates on progress would be provided to the Panel.

The most recent area of work was development of a Healthy Community Zone with colleagues in Haringey. The work further to the Fuller report in respect of Practice Neighbourhood Development was also highlighted, for improving care and same day access.

Questions were invited from Members.

In response to queries regarding the data provided, this was put together with partners including Public Health Intelligence and GPs from detailed searching at neighbourhood level. It was confirmed the data is current and gave an accurate insight into needs.

In respect of measuring successful outcomes of projects, evaluation was carried out with all partners and information gathered to assess impacts and build learning. Information was also taken through the Inequalities Delivery Group. NCL ICB had a dedicated team to ensure sustainable funding streams going forward and identify additional monies.

In response to queries regarding GP access, it was confirmed that practices had put in additional actions. Work was ongoing with Healthwatch so residents could have increased understanding of how to access, types of appointments and types of healthcare professionals. The significant pressures and increasing demands on healthcare services were noted. Dr Shakil Alam also raised the estate expansion of GP services, and the primary care access hub put into North Middlesex Hospital, and recruitment and retention of staff. The topic could be brought back to the Panel next year to allow comparisons and contrast to be reported.

Further details were discussed in respect of the case studies quoted in the presentation, and appropriate activities to raise awareness and patient understanding where and when to attend, and how to achieve a reasonable outcome to a request.

The Chair thanked NHS representatives for their attendance and he would make contact in respect of future topics for discussion with the Panel.

The Panel **AGREED**

1. To note the Enfield Borough Partnership update.
2. That further updates would be provided to the Panel in the 2024/25 municipal year.

5. ADULTS SOCIAL CARE ANNUAL STATUTORY COMPLAINTS REPORT

Laura Martins, Head of Transformation and Complaints & Access to Information Services (Acting), introduced the report of the Executive Director – People and the annual report on Adult Social Care Statutory Complaints for 2022-23.

Key points were highlighted, including the decrease in volume of complaints, (noting that complaints regarding financial assessments were no longer processed through the statutory process); the statistics in respect of complaints upheld and partially upheld; timescale requirement results; complaints investigated by the Local Government & Social Care Ombudsman; and key learning themes. There had been an increase in compliments recorded, often in respect of individual staff members.

Questions were invited from Members.

In respect of the largest proportion of complaints by service area relating to 'Older People and Physical Disabilities', this is the biggest spending part of Adult Social Care, with the most staff and looking after the most people. It was noted that demand had risen and staff consequently had less time to build up relationships.

The single point access was explained in more detail.

It was confirmed that the department ran apprenticeships, including for occupational therapy. Work experience and talks to students were also offered to raise recruitment interest. Some OT roles had been converted to OT assistants.

The one stage complaints process was clarified, and that conversations to try to understand and resolve issues amicably were encouraged before making of official complaints.

In respect of Ombudsman complaints, Enfield Council compared well against other boroughs for adult social care. Officers would look at other borough reports and circulate comparative figures to Members.

Members welcomed the reduced level of complaints, and noted that issues related to delays and communication of timeframes rather than to the care provided.

The Panel **AGREED** to note the annual Adult Social Care Statutory Complaints Report for 2022-23.

6. HEALTH VISITING, BREASTFEEDING AND WOMEN'S HEALTH (SCREENING)

Dudu Sher-Arami introduced the report of the Executive Director – People, which combined various topics at the request of the Panel for an overview of these services which were important for the future wellbeing of young people in the borough.

Since the last update to the Panel, the ICS had produced a strategy in respect of screening and early intervention for cancer.

Andrew Lawrence, Head of Commissioning – CYP & Public Health, summarised key points regarding Health Visiting, including a significant improvement in performance. Enfield tended to be better than or equal to the London average.

Gabriella Sarpong, Public Health Strategist and lead on infant feeding, summarised key points regarding Breastfeeding. Receipt and use of government grant funding in Enfield was highlighted. The NCL gap analysis had revealed areas for focus, and significant work was being done.

Dr Chad Byworth, Public Health Registrar, summarised key points regarding Women's Health (Screening), noting though this was not directly commissioned by the local authority, it had an important role working with ICB colleagues. Important work was ongoing to improve uptake, with a strategy developed by the NCL Cancer Alliance.

Questions were invited from Members.

Cllr Anolue had an interest in promoting breastfeeding, and was a peer supporter, and had concerns about hard-to-reach women. The importance of developing a pathway and a more proactive approach, particularly before parents and babies left hospital, was stressed by officers. The new Infant Feeding Strategic and Training Lead post would oversee development of more long term plans and services.

Clarification was provided in respect to Health Visiting data, which was based on accurate monthly new birth data.

In respect of promotion of cancer screening, it was advised that the wide network of community and faith groups built up during the Covid-19 vaccination work had been extended to other health topics and there had been a lot of activity. In respect of access, the three breast screening sites

had not changed pre and post the pandemic, but cervical screening was easier to access as it was able to be provided at GP surgeries. It was felt the balance was right. There had been a communications and social media campaign to promote screening but it was too early to tell the impact.

In response to the Chair raising the 'excess weight' data set out in the documents, the Director of Public Health suggested a more detailed paper could be brought to a meeting of the Panel.

The Panel **AGREED**:
1. To note the current arrangements for health visiting, the impact of COVID-19 and actions leading to recovery of service performance, and the financial context for future service provision.
2. To note the up-and-coming development regarding provision to support breastfeeding through the Children and Family Hubs.
3. To note that Enfield is, broadly, the best performing of the North Central London (NCL) boroughs with regards to cervical and breast screening uptake and the forthcoming programme of work by the NCL Cancer Alliance that aims to (1) reduce inequalities in uptake and (2) improve overall performance which currently lags the England average.

7. CQC INSPECTIONS UPDATE

Jon Newton, Service Director – Health and Adult Social Care, introduced the report of the Executive Director – People.

The Care Quality Commission's (CQC) new responsibilities under the Health and Care Act 2022 were highlighted, particularly in relation to assessment of how local authorities were meeting their social care duties. Details were provided on Enfield Council's preparation, learning, and awareness raising in advance of CQC inspection.

Questions were invited from Members.

In response to the Chair's queries regarding the increase in numbers contacting Adult Social Care since 2020-21, it was advised that a dip in numbers had been linked to the Covid-19 pandemic period, but were now bouncing back up and demand for support and advice continued to increase.

In response to a request for clarification on process and marking, it was confirmed there was current work on areas of improvement such as a consistent approach in managing waiting lists.

In response to queries regarding feedback from staff around the inspection, it was advised that there had been extensive engagement including an ASC seminar in September in preparation. Staff were expected to be honest and to share good practice.

It was not known how often CQC would re-inspect, but they would have powers to return in the new regime. There had been information gained from

the five pilot local authority inspections, and it was apparent that the initial focus would be on four key themes and that inspectors would want to speak to service users and agencies. It was noted that rather than big contracts, Enfield worked with 95 care homes and around 25 care providers. It was not known how many inspectors would be involved in an inspection or for how many days, but there would be approximately a week to ten days' notice of an inspection.

The Panel **AGREED** to note the progress of the development of the Self-Assessment document and supporting evidence for Adult Social Care. This work was in preparation for the new duty for the Care Quality Commission to assess how local authorities are meeting their Adult Social Care duties.

8. DRAFT JOINT LOCAL HEALTH AND WELLBEING STRATEGY

Dudu Sher-Arami, Director of Public Health, introduced the draft of Enfield's Joint Local Health and Wellbeing Strategy 2024-30.

It was noted that Health and Wellbeing Boards were required to have a health and wellbeing strategy jointly held between local authorities and NHS partners, as a way of identifying key priorities. The previous strategy was agreed in 2019. There had already been extensive engagement on the new strategy and the official 10 week public consultation began on 20 November. An email from Cllr Cazimoglu would be sent to Panel Members, who were asked to please share the link widely with their own networks.

The approach to developing the strategy was described by Victoria Adnan, Policy and Performance Manager, Dr Chad Byworth, Public Health Registrar, and Mark Tickner, Senior Public Health Strategist. The strategy was to be evidence-informed, have a clear and relatable structure, and have two-yearly action plans which could be updated regularly. Enfield Health and Wellbeing Board had endorsed the life course approach of 'Start Well', 'Live Well' and 'Age Well', the priority areas within each life stage, and the five principles to guide the work. The consultation period would end in January, and the strategy would be submitted to Cabinet in April for recommendation onto Council for final agreement.

Questions were invited from Members.

Members had concerns that the strategy did not specify what reductions were hoped to be achieved, or what good results would look like.

It was confirmed that the life course approach was also taken by the North Central London Population Health and Integrated Care Strategy.

In respect of the role of personal responsibility, it was advised that it was aimed to create an environment in Enfield that enabled people to make the healthy choice first. Health literacy was also raised and the need for challenging conversations in respect of individual responsibility. The impacts of wider determinants of health (Pillar 1) were noted as very significant.

Further details were provided regarding funding for provision of family hubs, and the aim to ensure delivery of their work was embedded through the local authority and NHS.

The Panel **AGREED** the request to seek feedback on the draft Joint Local Health and Wellbeing Strategy 2024-30.

9. WORK PROGRAMME 2023/24

NOTED the Health and Adult Social Care Scrutiny Panel Work Programme for 2023/24.

The additional meeting for the Panel would be preferred in April 2024.

ACTION: Governance

10. DATES OF FUTURE MEETINGS

NOTED that the next meeting of the Health and Adult Social Care Scrutiny Panel would be on Wednesday 28 February 2024 at 7:00pm in the Conference Room, Civic Centre.

The meeting ended at 9.19 pm.

This page is intentionally left blank

London Borough of Enfield

Health and Adult Social Care Scrutiny Panel

Meeting Date: 28th February 2024

Subject: Access to Primary Care Dental Care and Oral Health Promotion
Cabinet Member: Cllr Cazimoglu
Executive Director: Tony Theodoulou

Purpose of Report

1. To provide an overview of primary care dental care and oral health promotion provision for Enfield residents.
2. To provide understanding about resident's oral health needs.
3. To highlight how the Local Authority, North Central London Integrated Care System and NHS England are working together to improve oral health

Relevance to the Council Plan

4. This work contributes to the priority 'strong, healthy and safe communities'.

Main Considerations for the Panel

5. To recognise the importance of good oral health for residents in Enfield and to note analysis regarding oral health among Enfield residents.
6. To note the current arrangements for residents to access dental care.
7. To note current arrangements and provision of oral health promotion service.

What is good oral health?

8. The World Health Organisation define oral health as;

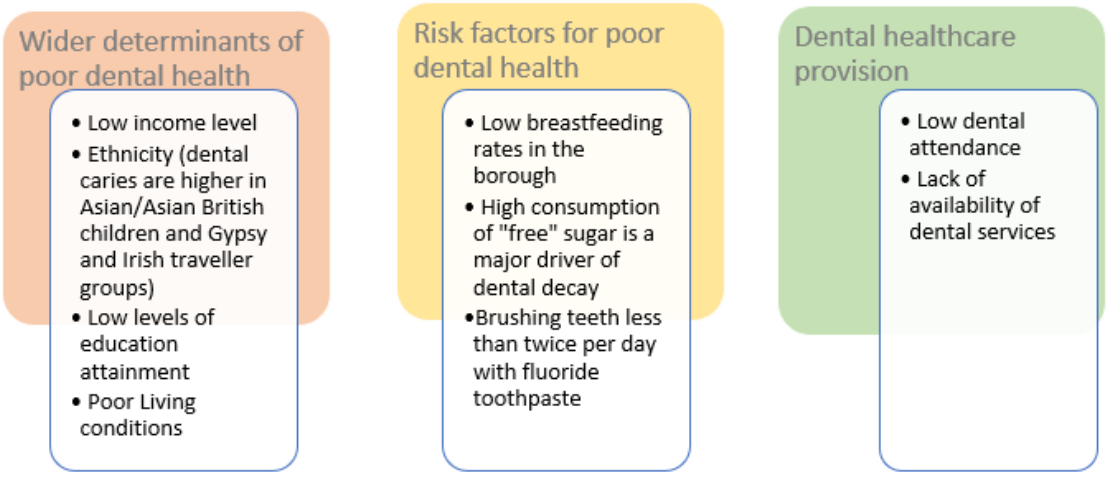
'The state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions such as eating, breathing and speaking, and encompasses psychosocial dimensions such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment'.

9. Oral health is a fundamental part of health and wellbeing and poor oral health is almost entirely preventable. Poor oral health disproportionately affects the most vulnerable and disadvantaged. Published literature indicates that nationally poorer communities, homeless, prisoners, travellers often experience worse oral health outcomes and face challenges accessing dental care. It is therefore a significant public health concern both nationally and locally.

10. Children and Young People who have poor oral health and experience toothache or need treatment experience pain, infections, difficulties with eating, sleeping and socialising and may require time away from school. Tooth decay is the leading cause of admission for 5-9 year olds[i] and has a significant financial burden for the NHS.

11. Poor oral health shares many common risk factors with other chronic disease, which are associated with high sugar diets, alcohol and smoking[ii]. Addressing these underlying causes can help address oral health as well as other chronic diseases, this is called a common-risk factors approach. Integrating oral health into other health promoting interventions is resource efficient[iii].

What are the causes of poor oral health in Enfield?

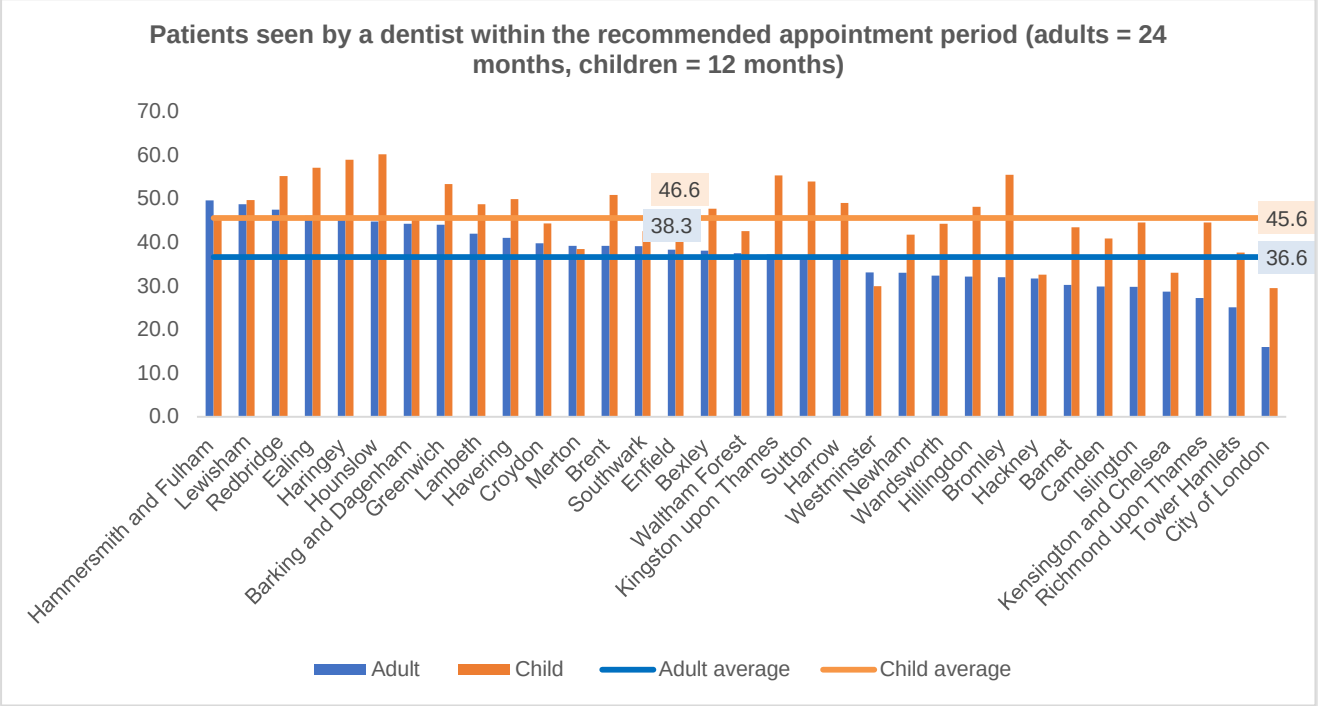


Infographic informed by Joint Strategic Needs Assessments from the Public Health team, Enfield council; Health matters: child dental health, Public Health England[9]; and the National Dental Epidemiology Programme (NDEP) for England[10]

What do we know about the oral health of Enfield residents?

12. In Enfield in 2022/23, 38.3% of adults and 46.6% of children have seen a dentist within the recommended appointment period (for adults, this is within the last two years and for children this is within the last year). These are both higher than the London averages of 36.6% and 45.6% respectively. Delaying appointments with dentists can cause pain, tooth loss and make treating teeth more difficult in future.

Figure 1: Percentage of patients seen by a dentist within the recommended appointment period (adults – 24 months, children – 12 months).



13. The oral health survey takes place every two years in order to collect information on 5-year-olds who attend mainstream, state funded schools across England.

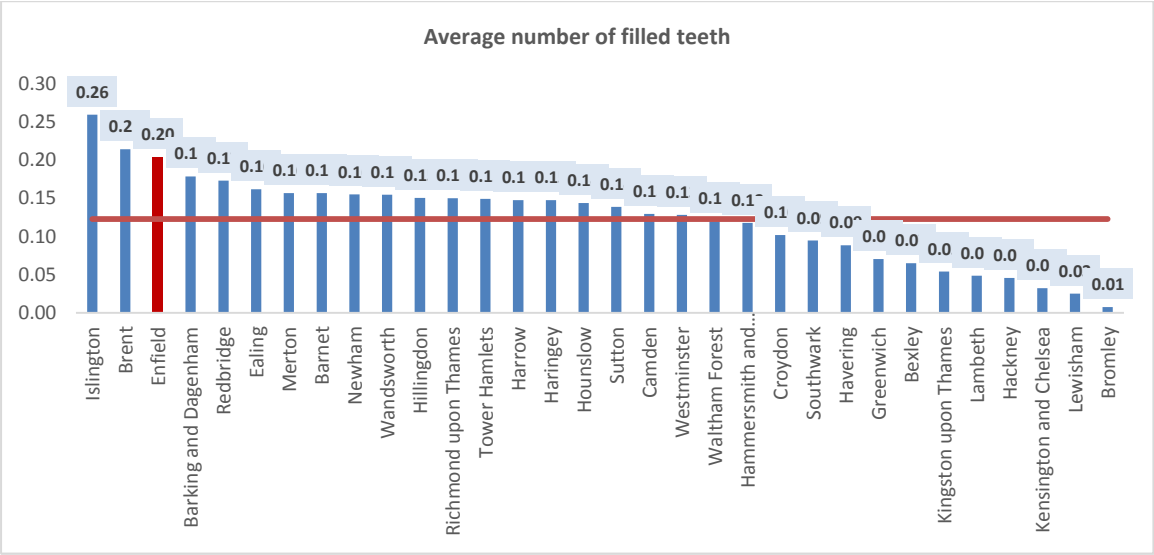
14. The results for 2022 show:

- Enfield has the third highest average number of filled teeth in five-year-olds in London (0.20), the highest is nearby Islington at 0.26

- Enfield has the highest average number of missing (extracted) teeth in five-year-olds in London (0.2), 4% of children in Enfield have had a tooth removed due to decay

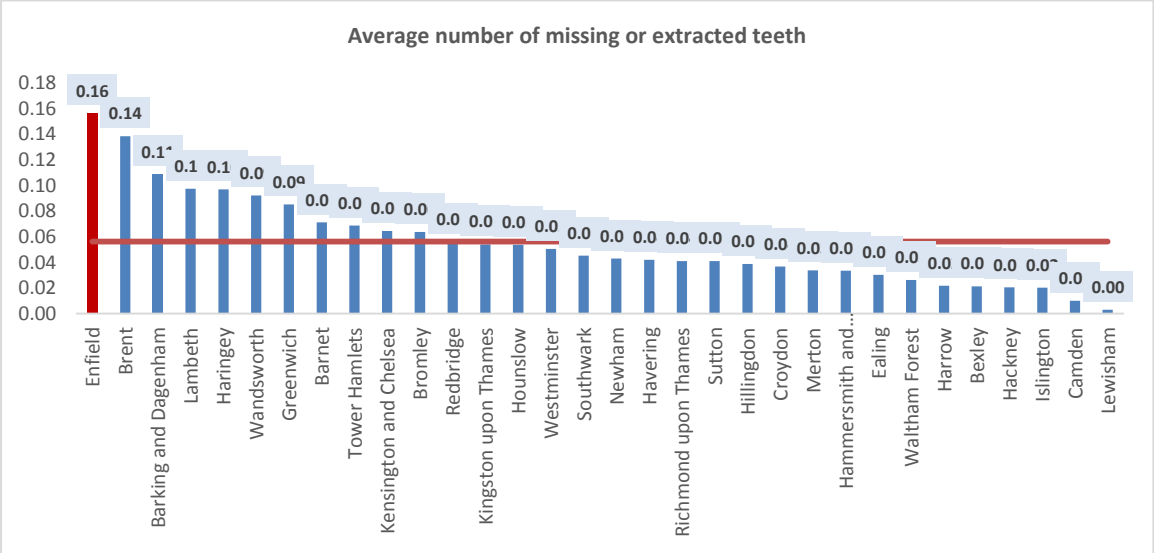
- The average number of obvious untreated decayed teeth in five-year-olds in Enfield was 0.8, in line with the London average of 0.81, with 23% of Enfield children with obvious untreated decay

Figure 2: Average number of filled teeth



Source: Oral health survey 2022

Figure 3: Average number of missing or extracted teeth

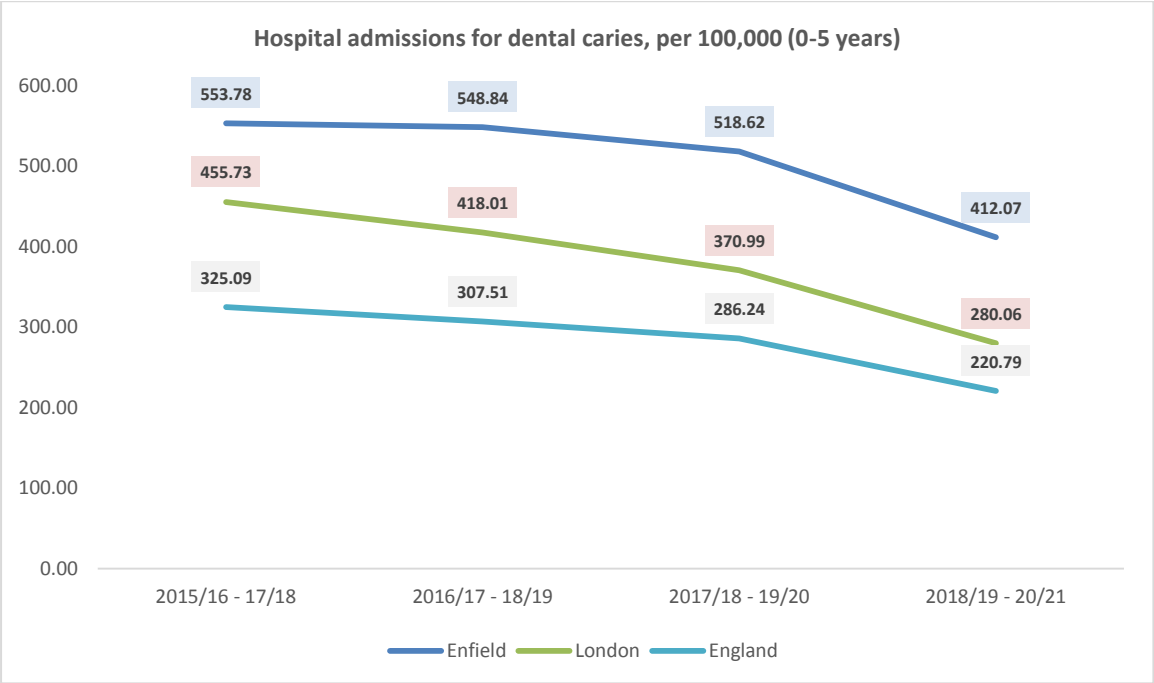


Source: Oral health survey 2022

15. Hospital admissions for dental caries in Enfield for children (aged 0-5) have decreased since 2015/16 from 554 to 412 per 100,000.

16. Despite this progress, hospitalisations are still higher than England and London averages (290 and 221 per 100,000 respectively). Admissions are typically for extractions performed under general anaesthesia, which can cause distress to young children.

Figure 4: Hospital admissions for dental caries, per 100 000 (0-5 year olds)



Source: Hosptial Episode Statistics

Oral health commissioning and provider responsibilities

Commissioning responsibility	Type of service	Provider	Detail
London Borough of Enfield	Oral health promotion	Whittington NHS Foundation Trust	See below 10 year contract
ICB	Primary Care Dental Services	General Dental Services	Nationally set core contract with very limited ability to change.
ICB	Community Dental Services	Whittington NHS Foundation Trust	
ICB	Secondary Dental Services		

17. Local authorities are responsible for commissioning of oral health promotion services as a statutory requirement in line with Public Health Grant conditions. The North Central London (NCL) Integrated Care Board (ICB) is responsible for commissioning Primary Care Dental Services, Community Dental Services and Secondary Dental Services. However, there are some limitations to what the NCL ICB is able to influence with regards to contracts. Main limitations are:

- The Core Contract (General Dental Contract or GDC) is set nationally and in common with the contracts issued to other Primary Care clinicians (such as General Practitioners or GPs) cannot be altered locally. Responsibility for the terms of the GDC sits with NHS England (NHSE).

- The responsibility for workforce development is a national priority and is coordinated by Health Education England (HEE).

18. The NCL ICB are supported by the DOP (Dental, Optometry and Pharmacy) Hub team who previously supported NHSE London Region but are now hosted by the North East London ICB on behalf of all London ICBs. This team deal with all routine communications and management actions (such as issuing contracts, dealing with payments etc) for the NCL ICB.

19. The NCL ICB also work closely with the Local Dental Committees (LDC) across NCL . The LDCs represent the interests of General Dental Practitioners and provide a forum for common issues to be discussed and resolved. The LDCs also lobby for changes and provide a forum for negotiation with ICBs, NHSE and others. For example, recently the LDC have been discussing the way in which Units of Dental Activity are funded and how additional capacity might be incentivised. The LDC is a useful forum for gathering the views of the wider General Dental Community (including other primary dental clinicians such as dental nurses and hygienists).

Dental services in Enfield

20. Across London there are a total of 1,107 providers for primary general and orthodontics services. Specifically for Enfield the totality of services available including Community, Urgent and Secondary services is summarised as:

- 41 General Dental Services (GDS) Providers
- 2 Orthodontic Providers (Braces)
- 1 Intermediate Minor Oral Surgery Provider (Complex Extractions)
- 1 Intermediate Endodontic Provider (Root Canal Treatment)
- No Acute Hospital Dental Provision in the borough; closest providers are UCLH and Royal Free
- Community Dental Services (Paediatrics and Special Care) provided by Whittington Health
- Urgent Dental Access available via NHS111 (Triage; 24/7 and Treatment (8am – 2am); London wide service so access may not be available at certain times locally and patients are directed to the nearest available Urgent Dental Centre if treatment is required

21. Due to the backlog of patients that has built up since the pandemic, dental access remains a high priority across primary community and hospital services through recovery initiatives. Any additional financial investment initiatives may be commissioned at a higher financial rate to be attractive whilst recognising the current cost pressures within NHS dentistry, thus supporting the dental profession and increasing NHS dental access for patients. In relation to additional investment the ICB has been proactive in this regard by agreeing an in-year non-recurrent investment of £234,300 for the period 1st October 2023 – March 2024 specifically to increase access to NHS dentistry across Enfield. This additional resource is split between 8 eligible GDS practices with an associated activity increase of 7,100 Units of Dental Activity (UDAs).

What have residents told us about services?

Key findings from Dental care in Enfield report, Healthwatch 2023

22. Healthwatch has received numerous enquiries from Enfield residents on benefits and parents on low income seeking NHS dental treatment for their children. Prompted by residents reporting they are unable to register as NHS patients for

dental treatment, Healthwatch performed a survey of dental services in the borough.

23. Key findings related to children's oral health:

- All postcode areas in Enfield have 3 or more dental practices
- EN3, N9 and N14 currently have no NHS provision
- 59% of dental practices are not accepting children for NHS treatment. N9, EN1, EN3, N14 postcodes have the lowest availability of NHS treatment for children

24. Residents also reported that NHS websites and local practice websites have inadequate information and are often out-of-date.

Enfield Oral Health Promotion Service

25. Oral Health Promotion in Enfield is commissioned by LBE Public Health Team in partnership with NHSE and delivered by the Whittington NHS Foundation Trust. This service delivers a variety of universal and targeted programmes and initiatives across various settings aimed at facilitating dental access, improving the oral health of children, families and vulnerable adults and reducing oral health inequalities. The team works closely with various partners. The list below provides a summary of the main oral health promotion initiatives delivered by the Enfield Oral Health Promotion Team, although the list is by no means exhaustive:

- Development and delivery of oral health promotion training to professionals in Enfield local authority, local authority commissioned services, libraries, special educational needs provisions, learning disability services, nurseries, children's centres, Early Help staff, education, homeless team/street homeless services, health services, nursing/residential homes and community/voluntary services to embed oral health promotion into wider health promotion. Training is provided in person and where preferred also online to maximise uptake.

- Promoting key oral health messages to raise awareness and importance of maintaining good oral health across all settings, all year around and in different format to promote inclusion; engage in national and local campaigns, outreach events, guidance and support to families, carers, concerned others on how to improve their oral health and how to access appropriate dental services for early prevention.

- Provision of 2 annual fluoride varnish applications for all children aged 3 – 6 years old at the 22 identified primary schools and attached nurseries. The team works closely with those schools throughout the year to maximise parent consent rates, promote oral health messages and initiatives, apply fluoride varnish and signpost/refer to NHS dentists where appropriate.

What plans do we have to improve residents' oral health?

Oral health promotion

26. Oral health requires a whole system approach that addresses the wider determinants, risk factors and healthcare provision. Activity in LBE has been categorised into general population approaches, targeted health promotion activity and targeted interventions.

Current LBE activity to improve oral health	
Public Health, Enfield Council	Provide intelligence to support dental public health and strategic oversight through the Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing strategy (JHWS) and oral health plan.
	Commission the Whittington NHS Foundation Trust to undertake health promotion activity, deliver training of front line staff and take part in the national dental health survey in schools
	Address underlying causes of general health and dental health inequalities through actions to inform upstream determinants of health
	Commission health visitor service
Early Years Team, Enfield Council	Promote and support early year foundation stage (EYFS) providers to plan and/or deliver oral health parent workshops; Support providers to attend training workshops; Signpost to local dentists ‘
Health Visitors	Deliver oral health message at key stages from birth and distribute oral health packs with fluoride tooth paste, tooth brush through the ‘Brushing for life’ campaign
Oral Health Promotion (OHP) team	Provide annual training (face-to-face and online) to front line staff including: Health visitors, Pharmacist, Library Staff, Parent Education program, Teachers, Parent Engagement Panel, Children Centre Staff, Midwives, Private, Voluntary and Independent Childcare settings, children centres and early help staff.
	Run national communications campaign
Targeted interventions	
Oral Health Promotion team	Deliver the fluoride varnish (FV) programme for 22 schools (Reception & Yr 1) in wards identified with the highest percentage of disease experienced
	Signpost to dental services
Initiatives addressing wider risk factors	
	Work to increase breastfeeding and improve infant feeding advice and support (see recent scrutiny report) through the Children and Family Hub offer.
	HENRY Programme: Health families right from the start. This programme is for parents or carers of children aged 0 – 5 years to support healthy, happy and supportive environments for the whole family
	Healthy London Early Years, London
	Implementation of Water Only Schools programme
	No smoking at school gates campaign
	Give Up Loving Pop (GULP) collaboration with Tottenham Hotspur Foundation and Haringey Council to reduce consumption of sugary drinks

North Central London

27. Following delegation to the NCL ICB of responsibility for dental services in April 2023 (along with Community Optometry and Community Pharmacy in what are referred to collectively as DOP Services) the ICB undertook a deep dive into Dental services and have worked closely with the DOP Hub that supports the delegated services and are hosted by the NEL ICB. This work has identified a series opportunity to redirect a percentage of the recurrent underspend in Dental

services back into services that will improve access, reduce inequalities and improve outcomes for patients.

28. The deep dive specifically identified the clear link between poor oral health in childhood and lifelong health issues, particularly for those children from deprived backgrounds. In addition, it highlighted concerns about the equitable access to care for those experiencing homelessness (including asylum seekers) and the dental health impacts on those with long term conditions, most notably the negative oral health impacts arising from diabetes.

29. The deep dive did also highlight the limitations of our ability to influence delegated services which include the inability of ICBs to influence Primary Dental Services significantly with the ICB unable to make changes to the General Dental Contract (GDC) nor can ICBs take an active leadership role in developing the workforce more widely, these being responsibilities for NHS England and HEE respectively.

30. Both through the deep dive and through subsequent conversations with a wide range of clinical colleagues across the Dental Sector we have identified a series of areas where the ICB would be able to influence and impact on outcomes for patients using a relatively modest amount of investment with these areas identified as being:

- Increase the capacity within our Community Dental Services (CDS) delivered by Whittington Health (WH) with the aim of reducing current waiting times, providing more training opportunities for Primary Care Dentists and ensuring even fewer CYP patients need to be treated within a secondary care setting.

- Expand our existing support to rough-sleepers across the whole of NCL and therefore reduce inequity of access. This service is also currently delivered by the CDS at WH.

- Improve access to treatment for those experiencing homelessness including asylum seekers.

- Start to develop support for those within a care setting, initially focusing on those within residential care settings.

- Working with Public Health Teams around our shared agenda for oral health and the prevention agenda.

31. Working with the DOP (Dental, Optometry and Pharmacy) Hub hosted by the North East London ICB and with finance colleagues within the ICB we have made an initial £600k recurrent investment into Dental Services aimed at tackling these important areas. This includes a recurrent commitment to a £100k/year investment in the shared responsibilities around Oral Health promotion with Local Authority partners.

32. The work we are undertaking is coordinated via 3 groups, all of which have representation from Enfield colleagues. The three groups we have established are:

- **Dental Collaboration Group –** this brings together partners from across the Dental Services spectrum including NHSE Public Health, Local Authority Public Health, CDS, Secondary Services, the DOP Hub, LDCs and the Dental Confederation and the ICB. LA Public Health teams across NCL are represented by the Enfield DPH.

- **Dental Transformation Group –** this new group aims to steer how the funding that has been provided is being implemented and how it will be managed going forward. Again, the Enfield DPH is a member of this group.

- **Oral Health Promotion Working Group –** this group includes representation from all Public Health teams in NCL plus the Population Health team of the ICB and NHSE Public Health and aims to coordinate work around Oral Health Promotion in NCL. Chaired by Enfield, DPH.

33. The work undertaken by the NCL ICB also identified the existing positive initiatives that support patients including the ability for those in acute dental pain to access urgent NHS treatment via 111, this urgent access often being able to offer same day appointments. This access is unavailable in other parts of the country and is something London should be proud of. We also identified the positive work being undertaken to develop Child Friendly Practices (for children who suffer anxiety with accessing services normally) and the existence of support for Looked After Children, something that needs to be more widely publicised with LA colleagues.

34. Our work on Dental Transformation has seen us work with our CDS Team, Inclusion Health Team from within the ICB, Public Health Teams, Local Dental Committees and the NHSE London Public Health team and we have established a fledgling governance structure both to help coordinate our shared agenda with Local Authorities around Oral Health Improvement and for the more broader discussions concerning the wider Dental Services within NCL and across London.

35. Priorities for review in 24/25, subject to any additional funding being identified, are:

- To improve care for those experiencing oral health issues arising from a Long Term Condition (primarily Diabetes).

- To consider expanding our initial work in residential care settings to other care settings.

36. PHE have recommended water fluoridation as a whole population intervention as there is evidence that it reduces oral health inequalities with a greater benefit for those living in more deprived areas

Conclusions

1. Enfield residents of all ages experience significant levels of poor oral health, much of this is preventable. Oral health affects wellbeing throughout the life course. Poorer communities as well as those in inclusion health groups disproportionately experience poorer outcomes.
2. There are complex commissioning arrangements in place governing dental care provision which operate at a local and national level meaning that it is challenging to bring about change.
3. Enfield Council has responsibility for commissioning oral health promotion services as part of the Public Health Grant conditions.
4. Enfield Council is working with partners in the ICS to explore opportunities to further enhance oral health promotion.
5. The Public Health Team of Enfield Council lead a borough based programme of work to improve oral health promotion and are working across the system with partners to this aim.
6. NCL ICS have recently received commissioning responsibility for primary dental services, community dental services and secondary dental services and are looking at ways to improve oral health and have made resources available to support this work within the limitations (of national contracts) that exist.

Report Author:
Duduzile Sher Arami (Director of Public Health), Roseanna Kennedy-Smith (Senior PH Intelligence Analyst) and Katerina O'Donnell (Service Development Manager), LBE
Dudu.sher-arami@enfield.gov.uk

Mark Eaton
Director of Strategic Commissioning & Procurement, NHS North Central London ICB
mark.eaton1@nhs.net

Jeremy Wallman
Head of Primary Care Commissioning; Dentistry, Optometry and Pharmacy
NHS London Dentistry, Optometry & Pharmacy Commissioning Hub
jeremy.wallman@nhs.net

Aisha Masood
Oral Health Improvement Lead, Whittington Health NHS Trust
ayeshamasood@nhs.net

Dr Rakhee Patel, Public Health and Primary Care / Lead for Ageing Well and Dental Public Health, NHS England London Office
rakhee.patel9@nhs.net

[i] www.gov.uk/government/publications/child-oral-health-applying-all-our-health

[ii] Sheiham A, Watt RG. The common risk factor approach: a rational basis for promoting oral health. Community Dent Oral Epidemiol. 2000 Dec;28(6):399-406

[iii] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf

London Borough of Enfield

Report Title	Enfield Substance Misuse Update
Report to	Health and Adult Social Care Scrutiny
Date of Meeting	28 February 2024
Cabinet Member	Cllr Alev Cazimoglu
Executive Director / Director	Tony Theodoulou – Executive Director People Dudu Sher-Arami – Director of Public Health
Report Author	Jayne Longstaff – Senior Service Development Manager (Public Health) Andrew Lawrence – Head of Commissioning – CYP and Public Health
Ward(s) affected	All
Classification	Part 1 Public
Reason for exemption	Not applicable

Purpose of Report

1. To provide for information an update to the committee on the current landscape and work undertaken to tackle substance misuse in Enfield following the introduction of the national drug strategy, 'From Harm to Hope'.

Main Considerations for the Panel

2. The work being done by Enfield's Combating Drug and Alcohol Partnership (CDAP) across its three subgroups focusing on Treatment and Care, Clinical Governance and Criminal Justice.
3. The increase in prevalence estimates for the number of opiate and crack users in Enfield.
4. The use of nitrous oxide amongst individuals in the borough including associated litter (cannisters and balloons) and the legal changes for this substance.

Background Information

5. In December 2021 the Government released From Harm to Hope, a new drug strategy to support communities to level up by offering a new approach to reducing crime and improving lives. The ambitious 10-year strategy aims to build world class treatment and recovery systems, and reduce the harms associated with substance misuse.

6. To enable Local Authorities to deliver against the strategic aims, the Department of Health and Social Care has made available funding via the Office for Health Improvement & Disparities (OHID) to Public Health departments, which it states should be used in addition to the investment Councils already make in commissioning drug and alcohol services.

7. Enfield received £457,127 in 2022/23, rising to £542,318 in 2023/24 and is due to receive £830,017 in 2024/25. It is not known if any further funding will be made available beyond March 2025, and therefore the Local Authority is focusing on how partnerships can be developed, pathways improved and systems enhanced, whilst utilising most of the potentially time-limited funding to increase treatment provision.

The current picture in Enfield – Prevalence and Performance

8. OHID provide local areas with prevalence data on levels of opiate and crack use (OCUs), and updated prevalence estimates were released in 2023.

9. The latest prevalence estimate figures for Enfield indicate a significant increase in OCUs between 2016/17 and 2019/20 (the most recent data available). Enfield has seen a much higher increase than neighbouring boroughs. At time of writing the prevalence data is embargoed by OHID, so actual numbers cannot be included within this report.

10. The increase is across all age groups and further insight from the National Team suggests that is due to a large increase in clients being recorded on the Probation Offender Assessment System and a very low overlap between the community and Criminal Justice (CJ) dataset.

11. OHID has provided targets for the increase in treatment numbers for Enfield. The year-on-year increase required for Enfield during the period of supplementary funding equates to a 19% overall increase. For 2024/25 this means Enfield needs to achieve 1,315 adults in treatment. As of September 2023, Enfield had 1,146 adults in treatment.

12. OHID published a London-wide dataset in September 2023 to benchmark the progress being made by all Local Authorities. In this, Enfield was identified as one of only eight local authorities in London to be RAG-rated green in terms of increasing treatment numbers against the baseline provided by OHID.

Combating Drug and Alcohol Partnership – Delivery in 2023/24 and plans for 2024/25

13. In September 2022 Health & Adult Social Care Scrutiny were informed of the nascent work being undertaken to establish Enfield's Combating Drug and Alcohol Partnership (CDAP), which is the vehicle for overseeing and driving forward delivery against the strategy.

14. The CDAP is chaired by the Director of Public Health (Enfield Council) and the Vice Chair is the Detective Superintendent (Met Police). The Senior Responsible Officer is the Executive Director of People (Enfield Council).

15. The CDAP has representation from Enfield Council departmental leads (Youth Services, Education, Safeguarding, Housing, Community Safety, Finance, Public Health, Data Intelligence and Strategy and Service Development) as well as key partners including Health, Police, Probation Services, substance misuse provider services and Lived Experience Representative Organisation (LERO).

16. There are three subgroups that have been formed under CDAP to lead on key workstreams and each has a set of key priorities, which are as follows.

17. The **Treatment and Care Subgroup**:
    - Delivery of prevention, early intervention, treatment, and recovery support across Enfield.
    - Improving referrals pathways into substance misuse treatment services.
    - Improving the aftercare and recovery options available to services users exiting substance misuse treatment services.
    - Developing a partnership approach to supporting service users with practical needs such as housing, benefits, employment etc.
    - Development of the Lived Experience Representative Organisation (LERO) to support individuals affected by substance misuse focussing on a holistic approach to an individual's recovery and associated lifestyle changes.

18. The **Clinical Governance Subgroup**:
    - Improving service quality by overseeing audit outcomes, use of best practice and adopting learning.
    - Ensuring a multiagency response for complex cases overseeing referral pathways with key partners such as community-based health services, acute health services and Safeguarding.
    - Increasing the number of individuals leaving treatment in a planned way.
    - Leading on the Local Drug Information System (LDIS) to share and receive information on high-risk substances or trends.
    - Harm minimisation approaches to reduce drug related deaths and other substance misuse associated harms.

19. The **Criminal Justice Subgroup:**

- Innovation and best practice approaches to improve engagement in substance misuse treatment services for individuals who are:
  - being released from prison.
  - on a Required Assessment.
  - on an Alcohol Treatment Requirements (ATR) / Drug Rehabilitation Requirements (DRR)[1]
  - required to engage by Probation Services and the Courts

20. The above areas are reviewed by the CDAP and continue to form the key priorities for the work to address substance misuse in Enfield heading into 2024/25. In the previous 12 months the CDAP has delivered against an agreed multi-agency action plan.

21. Some key achievements in this time include:

- Continuity of care was identified early on and, whilst there is still more work to be done to push up this key source of referrals, the partnership has seen a steady increase in the rate from 12% in August 2022 to 32% by August 2023. Continuity of Care rates refer to the proportion of prison leavers who at the time of released were referred for and subsequently started community based structured treatment for their substance use.
- Referrals from the Arrest Referral Team have almost doubled compared to January 2023.
- Increased capacity primarily within adult treatment services through creation of adult delivery posts, including 1 FTE Harm Minimisation Coordinator (match funded with Haringey), 0.8 FTE additional outreach workers, and hospital in-reach.
- Increased capacity within Criminal Justice working in prisons, courts, custody suites and probation services. This has provided increased capacity to undertake assessments, which in turn lead to referrals into treatment. This comprises 3.8 FTE workers.
- Increased capacity to engage young adults in treatment in the young people's service. This comprises of 1 FTE young adults' worker.
- Increase capacity to support mental health needs and linked to substance misuse through recruitment of a dual diagnosis worker.
- Procurement of additional treatment options for services, including naloxone kits and Bivudal long-acting opioid substitution therapy.
- Increase in number of residential detox placements to 13 per year, current performance is 9.
- Strengthened performance monitoring arrangements for contracted providers aligned to the requirements from OHID.
- A comprehensive training needs assessment, leading to delivery of a provider-led training programme to various agencies across Enfield, including Council staff.

[1] *ATRs and DRRs are orders made by the Court that require offenders to attend Recovery appointments as scheduled and agreed by the Court and Probation Service.

- Awareness raising sessions around trends, pathways and substance misuse treatment with GPs, schools, and other agencies.
- Workshops and publication of information on Nitrous Oxide (covered in more detail from paragraph 23 onwards)
- Creation of a comms plan with Enfield Council comms teams centred on marketing recovery.
- Development of a key performance report to enable CDAP to analyse emerging trends and review performance against key metrics.
- Implementation of joint working protocols between substance misuse services and the Council's Youth Justice Service.
- Aligned work with teams implementing Enfield's Youth and Family Hub offer to ensure physical spaces are appropriate for future deployment of substance misuse services into these community settings.
- Implemented processes for commissioner oversight of recruitment and retention within local substance misuse services, aligned to an NCL-wide workforce review taking recommendations from the national workforce strategy.
- Implemented feedback of learning from Safeguarding Adult Reviews into CDAP processes and commissioner input into both adult and young people's high risk panel meetings to ensure substance misuse needs are addressed.

22. Key priorities for the CDAP going into 2024/25 include:

- Continued and accelerating performance against the OHID targets.
- Decant of the adult service from the current site at Claverings – options for this are currently being worked through with Council Property Services.
- Delivery of a dual diagnosis conference later in the year to enhance joint working with mental health services.
- Development of a fully resourced Lived Experience Representative Organisation (LERO) with functioning friends and family groups.
- Further increases to hospital in-reach provision.
- Further development of universal and targeted support to young people.
- Implementation of an improved National Drug Treatment Monitoring System (NDTMS) compliant case management system working across adult and young people's treatment services. This will provide an interface between providers and also wider NHS services and provides better patient contact options.

Nitrous Oxide

23. In September 2022 HASC Scrutiny sought an overview of issues related to the use of nitrous oxide and requested that updates be provided in the future. The following provides a specific update on the specific work being done in this area and is timely given the legislative changes in place since November 2023.

24. Nitrous oxide is a colourless gas sold in canisters, usually inhaled using a balloon. The effect of nitrous oxide is typically felt immediately and lasts for a couple of minutes. While some individuals report feeling relaxed and giggly after using it others report sound distortion, headaches, dizziness, anxiety, and paranoia.

25. There are serious physical health risks when nitrous oxide is used in high volume or frequently as this can lead to unconsciousness and/or suffocation, a vitamin B12 deficiency which can cause nerve damage and white blood cells not forming properly.

26. Discarded balloons and nitrous oxide cannisters are commonly reported nationally as well as a perceived increase in prevalence of nitrous oxide use.

27. In November 2023 the Home Office updated the law to make possession of nitrous oxide illegal if it is, or is likely to be, wrongfully inhaled, by classifying it as a Class C drug under the Misuse of Drugs Act 1971.

28. This gives the Police enforcement powers to stop individuals using nitrous oxide and will hopefully encourage people to stop using the substance and prevent more individuals starting to use it.

29. In Enfield, the young people's substance misuse service provider, Insight Enfield Sort It, has progressed several actions to stop young people who might start to use nitrous oxide and to support those who already do to stop using it.

30. These include:

- Delivery of early interventions and treatment to support individuals already experiencing an addition to nitrous oxide. In Q3 2023/24, 742 young people attended substance misuse awareness workshops to raise awareness of drugs and alcohol including nitrous oxide.
- Delivery of a 15–20-minute bitesize workshop on nitrous oxide that can be delivered in isolation or alongside workshops on other commonly used substances. These are available to all professionals and young people in settings such as schools and youth centres.
- Delivery of Substance Misuse and Hidden Harm training as part of the Safeguarding Multi Agency Training programme.
- Offer of support to schools with their substance misuse policies including training for staff, workshops for students and referral pathways to substance misuse treatment for individuals who require this.
- Attendance at the Headteachers' Forum to promote the substance misuse service, raise awareness of the offer available to all Enfield schools (with a particular focus on nitrous oxide) and encourage schools to take up the workshops, training, and other support.
- Making information on nitrous oxide easily available to young people on the Insight website.

End of report.

Report Author: Jayne Longstaff
Senior Service Development Manager (Public Health)
jayne.longstaff@enfield.gov.uk
020 8132 0607

Andrew Lawrence
Head of Commissioning – CYP and Public Health
andrew.lawrence@enfield.gov.uk
020 8132 0378

Appendices

None

Background Papers

This report has relied upon data from the following sources.

From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)

Nitrous Oxide | Laughing Gas | FRANK (talktofrank.com)

MEDIA FACT SHEET: NITROUS OXIDE BAN - Home Office in the media (blog.gov.uk)

Information and advice - Nitrous oxide - laughing gas - Insight (insightyoungpeople.org.uk)

Departmental reference number, if relevant: N/A

This page is intentionally left blank

Date of meeting 2023/24	Topic	Report Author	Lead Members	Executive Director/Director	Scope
19 June 2023	**Work Programme Planning**				
20 Sept 2023	Draft Safeguarding Adults Strategy	Sharon Burgess	Cllr Cazimoglu	Tony Theodoulou	Members to receive the annual update and briefing.
	Annual Safeguarding Report	Sharon Burgess /Bharat Ayer	Cllr Cazimoglu	Tony Theodoulou	The Annual report is brought to this Panel for discussion.
	Vaccinations & Immunisations	Louisa Bourlet	Cllr Cazimoglu	Dudu-Sher-Arami	Update requested (with a focus on the uptake of childhood immunisations in the borough/ links with family hubs & community grants).
28 November 2023	Borough Partnership Plan	Stephen Wells	ICS Led	ICS Led	Members wished to receive a further update on this item.
	Adults & Children's Social Care Annual Statutory Complaints Report	Eleanor Brown	Cllr Cazimoglu	Fay Hammond	The Annual report is brought to this Panel for discussion. Members will receive data on trends.
	Health Visiting, Breastfeeding & Women's Health (Cancer Screening)	Andrew Lawrence	Cllr Cazimoglu	Dudu Sher-Arami	The panel have requested an in-depth review of the areas listed. (Originally scheduled for Feb. meeting / brought forward)
	CQC Inspections Update	Bharat Ayer	Cllr Cazimoglu	Dudu Sher-Arami	Members wished to receive a further update on this item.
	Joint Health & Wellbeing Strategy Review - Progress	Mark Tickner	Cllr Cazimoglu	Dudu Sher-Arami	For Noting by the Panel.

28 February 2024	Access to Primary Care, Dental Care & Oral Health Promotion	Deborah McBeal	Led by ICS	Deborah McBeal/ICS	The Panel have requested an in-depth review of services (with a key focus on Children's Dentistry Provision). Report to also include information on access to services via Technology- digital exclusion etc.
	Public Health - Substance Misuse	Andrew Lawrence	Cllr Cazimoglu	Dudu Sher-Arami	Update requested (to include information on the use of Nitrous Oxide 'balloons').
Additional Meeting Date **Wed 24 April 2024**	Mental Health Transformation/Reforms	Deborah McBeal	ICS Led	ICS Led	The panel have requested an in-depth review and what this will mean for local services in the borough (to include young people in mental health crisis following Covid).
Deferred	Enfield Sexual Health Community Services	Fulya Yahioglu	Cllr Cazimoglu	Dudu Sher-Arami	Members wished to receive a further update on this item. (Originally scheduled for Nov. meeting / deferred until contract negotiations completed.)