London Borough of Enfield

Report title	**Health Visiting, Breastfeeding and Women's Health (Screening)**
Report to	Health and Adult Social Care Scrutiny Panel
Date	Tuesday 28th November 2023
Cabinet member	Councillor Cazimoglu
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Ward(s) affected	All
Classification	Part 1 – Public
Reason for exemption	Not applicable

1. Purpose of report

1. To provide an overview of service developments and performance within the Enfield Health Visiting Service.
2. To provide an update on activity to improve breastfeeding rates among Enfield residents.
3. To highlight uptake of women's health (breast and cervical) screening programmes and activity to increase uptake.

2. Relevance to the Council Plan

This work contributes to achieving two of the five priorities:

- Strong, healthy and safe communities.
- Thriving children and young people.

3. Main considerations for the panel

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.

4. Health Visiting

4.1. Overview of the service

The Health Visiting Service is provided by North Middlesex University Hospital Trust (NMUH) as part of the 0-19 Healthy Child Service, which includes School Nursing (for mainstream schools) and is part of a Section 75 agreement.

Delivering against a nationally agreed service specification, with local need and demographics being taken into account, the service must provide as a minimum:

- Antenatal contact
- New birth visit by 14 days
- 6-8 week check
- 8-12 month check
- 2-2.5 year check.

4.2. Overview of the service

The service transferred to the current provider in October 2020 and experienced challenges to provision due to the national COVID-19 infection prevention and control restrictions, which limited face-to-face contact, restricted clinical session size and moved all services to an appointment only model. Since the lifting of restrictions – which for NHS-provided services was as late as April 2022, with national guidance requiring a return to more traditional delivery models by September 2022 – the service has developed, resulting in performance improvements.

Work to develop the service has included:

- Increasing the number of community sites for the delivery of Healthy Child Clinics and one-to-one appointments.
- Ensuring families are invited to a check within the permitted timeframe (for example, if a child receives their 6-8 week check at 8 weeks and 1 day they are not counted in the national metrics).
- Delivery of catch-up clinics including a clinic on Saturday mornings.
- Use of bank staff to temporarily fill vacancies.
- Implementation of RiO, a dedicated patient database that is owned by NMUH allowing the Trust to improve data quality and accuracy.
- Engagement with national programmes to increase the number of public health nurses by offering training and student placements.

- A skill mix model, which uses a range of nursing and non-nursing roles to improve value for money and helps to alleviate current challenges in recruiting to nursing posts.

4.3. Performance

As a result of the various changes that commissioners have put in place, working collaboratively with the service provider, the following key improvements have been seen:

- New birth visits continue to remain at 97%, which is higher than the NCL average of 89.2%.
- 6-8 week checks, which had dipped to 55% at the end of March 2022, have steadily improved, averaging 69.5% for Q1 2023/24. This is now close to the national average of 69.6%.
- Improved data collection shows that the 69.5% of 6-8 week checks recorded in national metrics related to checks carried out by 8 weeks. If this window is increased to 10 weeks, the average for the same period improves to 81.9%. Work is therefore ongoing to increase the number of people seen within the 6-8 week timeframe.
- 8-12 month checks, which had dipped to 16% at the end of March 2022, have improved to 58% by July 2023. Again, if the window is extended to 15 months, this figure rises to 89%.
- 2-2.5 year checks have improved from a low point of 36% at the end of March 2022 to 74% as of July 2023.
- Attendance at Healthy Child Clinics (drop-in clinics for parents offering child weight checks and an opportunity to speak to a member of the Health Visiting Service) has improved from 2,857 at the end of March 2022 to 5,900 at the end of March 2023. Projections based on data captured in Q1 2023/24 suggests that attendance by March 2024 can be expected to reach between 8,000 to 9,000.

4.4. Financial considerations

Enfield's Health Visiting cost per capita (£51.45) is ranked 11th out of the 16 local authorities for which these costs could be calculated. When compared to NCL, Enfield has the second lowest cost per capita for the 0-19 Service as a whole. This is against the backdrop of Enfield being the second most deprived of the NCL boroughs using the Income Deprivation Affecting Children Index (IDACI) 2019.

This, combined with annual Public Health Grant increases well below the level of inflation, continues to provide a significant challenge and will be a key factor affecting service delivery going forward.

5. Breastfeeding

5.1. Benefits of breastfeeding

The World Health Organization and the National Institute for Health and Care Excellence (NICE) recommend exclusive breastfeeding for the first six months of life, yet in England only 1% of babies continue to be exclusively breastfed until that age. Comparing internationally, England has one of the lowest breastfeeding rates in Europe.

UNICEF states that work to support breastfeeding is based on extensive and resounding evidence that breastfeeding saves lives, improves health and cuts costs. Benefits to breastfeeding include:

- Infant Health – protects infants from a range of illnesses including infections, diabetes, asthma, heart disease, obesity, otitis media (an infection of the middle ear), necrotising enterocolitis (a serious and potentially fatal illness that involves inflammation of the bowel – it can require surgery) as well as hospital readmission.
- Maternal Health – a strengthened maternal-infant relationship and improved mental health of both, alongside reductions in the risk of breast cancer, ovarian cancer, osteoporosis (a reduction in bone strength in older age that increases the risk of fractures), obesity and cardiovascular disease.

There are also significant cost savings associated with breastfeeding, both to the individual as well as to the health system. UNICEF[1] state that even moderate increases in breastfeeding would translate into cost savings for the NHS of up to £50 million and tens of thousands fewer hospital admissions and GP consultations.

Despite the benefits, inequalities still exist. The NCL Breastfeeding Gap Analysis states, *"Young, low-income mothers and those living in deprived areas are the least likely to breastfeed, so improving breastfeeding rates in these groups in particular should form part of the overall NCL plan for reducing inequalities."*

5.2. Breastfeeding statistics and activities

In 2021-22 (most recent published data), 49.2% of babies in England, 54.3% in London, 53.9% in NCL and 48.9% in Enfield were fully or partially breastfed at 6-8 weeks. This is very low compared to rates in other European countries but has been increasing nationally since 2015.

A gap analysis was undertaken across NCL which generated 48 recommendations and the following feedback from families as to the barriers to breastfeeding:

- Lack of expert help with initiating and maintaining breastfeeding.
- Lack of consistent advice and correct information provided
- Avoidable re-admissions to hospital are often due to feeding issues
- There is a need for more accessible community-based breastfeeding support

There is significant activity to increase breastfeeding rates in Enfield alongside hospital provision to support infant feeding[2] including breastfeeding.

Enfield is one of 75 local authorities in receipt of grant funding (Department of Education) as part of the Family Hubs and Start for Life Programme, to establish Family Hubs within the borough and develop and embed Enfield's core 'Start for Life' service offer.

The Infant Feeding strand of the programme includes developing Enfield's Infant Feeding support system and service offer for parents and carers across the borough, so that it reflects the needs of the local community, and mothers and families receive seamless and consistent support throughout their infant feeding journey.

[1] UNICEF UK (2012) 'Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK'

[2] Infant feeding support is the support provided to parents that encompasses breastfeeding, expressed breastmilk, formula feeding and starting solids.

An *Infant Feeding Strategic and Training* Lead post has been created to develop a local infant feeding strategy and plan, ensuring:

- There is a joined-up approach across services and organisations with clear referral pathways.
- That services are tailored to Enfield's local communities and targeted support is available for those who need it.
- The infant feeding workforce is well-trained and supervised and has the capacity and capability to provide high-quality care.

Additionally, an *Infant Feeding Multidisciplinary Task and Finish Group* has been established, to deliver the breastfeeding support activities outlined in Table 1.

Table 1 – Breastfeeding support activities

Activity	Status
Deliver breastfeeding support from Enfield's Youth and Family Hubs	In place
Establish a breastfeeding peer support service	In progress
Establish a breastfeeding equipment loan service	In progress
Create welcoming, safe, and secure breastfeeding spaces within our Family Hubs network and across the borough, for mothers to breastfeed and meet other breastfeeding parents, with access to relevant health professionals	In progress
Develop and maintain Enfield's breastfeeding digital and physical leaflet offer	In place
Achieve UNICEF BFI accredited status at our Youth and Family Hubs and Children Centres	In progress
Improve and standardise data recording	In place but being refined

The *Infant Feeding Multidisciplinary Task and Finish Group* will also support Maternity Services to maintain UNICEF Baby Friendly accreditation as well as establish a Breastfeeding Friendly Programme in the Borough.

6. Women's health[3] (screening)

6.1. What is screening?

Screening is a healthcare process that attempts to identify apparently healthy people (that is individuals with no symptoms of a disease) who are at high risk of the disease. Screening is disease specific and uses investigations (or tests) to identify early markers of a disease process so that treatment can be started before symptoms present – the aim is to treat disease before it becomes more serious or more difficult to treat. Screening can be targeted based on individual factors (such as the presence of a precursor disease, for example diabetes) or population factors (such as age or sex). Any screening programme must balance the potential benefits against the potential harms, for more information on this please see Appendix 1.

[3] For ease of reading, and because it mirrors how automatic invitations for the programmes are generated, this report will use the terminology women/female. However, it is important to recognise that women's health screening programmes are also used by non-binary and transgender people and the specific challenges faced by these groups in accessing the programmes are discussed within the report at section 6.5.

6.2. Specific women's health screening programmes

There are three national screening programmes that are specific to females:

- Cervical screening (previously known as a "smear test"),
- Breast screening,
- Screening tests in pregnancy.

This report will detail cervical and breast screening.

Cervical screening

Cervical screening aims to identify individuals at high risk of cervical cancer. It is automatically offered to all females aged 25 to 64, screening occurs every 3 years for individuals aged 25 to 49, and thereafter every 5 years until age 64.

Cervical screening involves taking a small sample of cervical cells using a soft brush. These are then tested for a virus known as Human Papillomavirus (HPV) – more than 95% of all cases of cervical cancer are caused by HPV infection. If the sample is HPV negative the individual is assessed as low risk. If the sample is HPV positive then the individual is assessed as high risk and is offered further tests to assess for cancer.

Cervical screening is highly effective and using HPV testing it is possible to identify abnormal cells before they have become cancerous – this enables monitoring or early treatment. It is estimated that cervical screening currently prevents 70% of deaths from cervical cancer and this figure could be 83% if all eligible people attended screening.[4]

Breast screening

Breast screening aims to identify individuals with early signs of breast cancer. It is automatically offered to all females from the age of 50 up until their 71st birthday, screening occurs every 3 years.

Breast screening involves mammography, this is a series of X-rays of the breasts (two for each breast). The X-rays are then assessed by a specialist who looks for features suggestive of breast cancer – this process is in part subjective and there is variability in image interpretation. Individuals who are assessed as having features suggestive of breast cancer are offered further investigation.

The evidence of effectiveness for breast screening is less clear cut and for some the programme is contentious. However, a large UK meta-analysis by an independent panel has concluded the benefits outweigh harms[5] – see Appendix 1 for more information.

6.3. Delivery of women's health screening programmes

Invitations to NHS screening programmes are centrally managed.

Cervical screening

The administration of cervical screening invitations and results is managed by NHS Digital. Cervical screening is typically delivered by the individual's registered GP

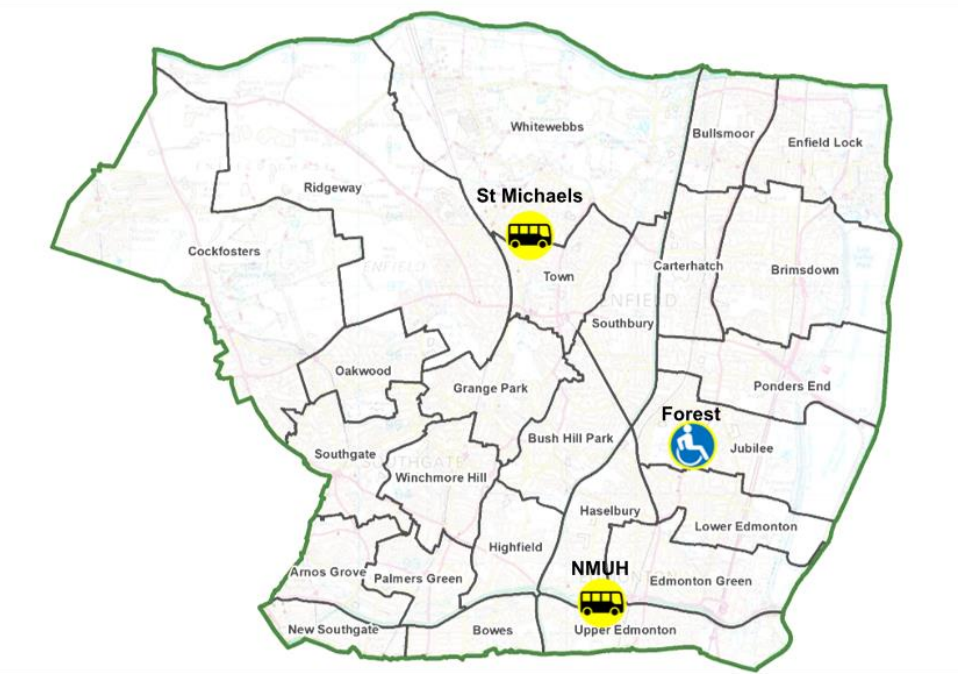
[4] Landy R and others (2016) 'Impact of cervical screening on cervical cancer mortality: estimation using stage-specific results from a nested case–control study'
[5] Independent UK Panel on Breast Cancer Screening (2012) 'The benefits and harms of breast cancer screening: an independent review'

practice. At some sites in England it is also possible to access cervical screening via sexual health clinics, however, this is not routinely offered by the provider in Enfield.

Breast screening

The administration of breast screening invites and results is carried out by the administration hub. The service is delivered by Royal Free London NHS Foundation Trust on behalf of all London breast screening services. Breast screening within Enfield is delivered by the North London Breast Screening Service which is also managed by the Royal London NHS Foundation Trust. The service provides screening at the following locations in Enfield: Forest Primary Care Centre (wheelchair accessible), North Middlesex Hospital (mobile van), St Michaels Primary Care Centre (mobile van) – these are depicted in Figure 1.

Figure 1 – The location of mammography sites in Enfield[6]



6.4. Local performance[7]

On the following pages, Figures 2, 3 and 4 depict the coverage (in percent) for cervical screening (aged 25 to 49), cervical screening (aged 50 to 64) and breast screening (aged 50 to 70) respectively. Coverage is the proportion of eligible women who underwent a screening examination within the screening interval – either the last 3.5 years, 5.5 years or 3 years respectively. The year indicates the end of the relevant financial year, for example 2022 is the financial year 2021-22.

Cervical screening

Cervical screening performance is lower amongst people aged 25-49 years compared to those aged 50-64 as shown in Figures 2 and 3. This trend is seen nationally as well as in Enfield. Additionally, there has been a gradual decline in coverage for over a decade. The coverage target of 80% is not met in Enfield however when compared to the NCL average, participation is higher in the borough. The

[6] Base-map courtesy of The Local Government Boundary Commission for England
[7] Performance data via Office for Health Improvement and Disparities 'Fingertips' tool

reasons for low coverage are multi-factorial; research studies and feedback from services cite the following as some of the common reasons for lack of participation:

- Fear and embarrassment of the test
- Lack of access to convenient appointments
- Lack of understanding of the importance of screening
- Misunderstanding of HPV
- Screening not prioritised due to busy lifestyles
- Prior uncomfortable or painful experience of the test

Figure 2 – Cervical screening coverage (aged 25 to 49)

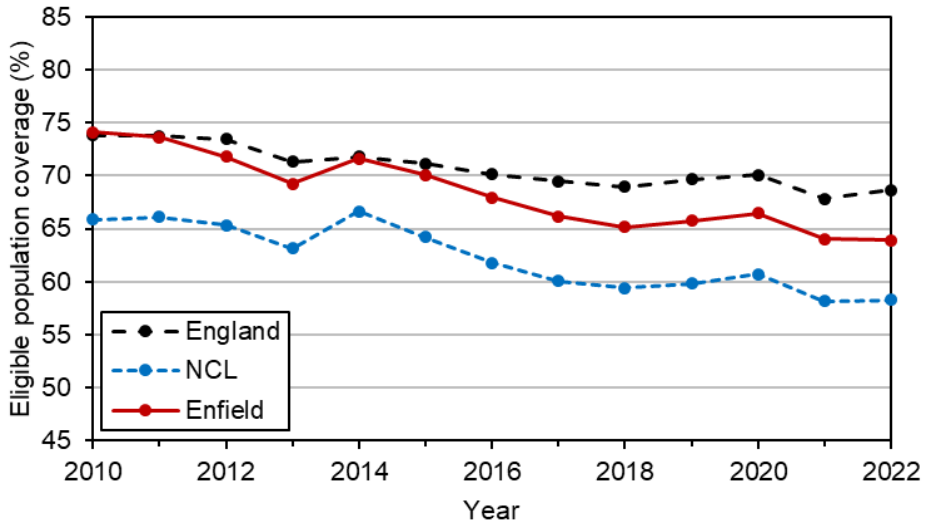
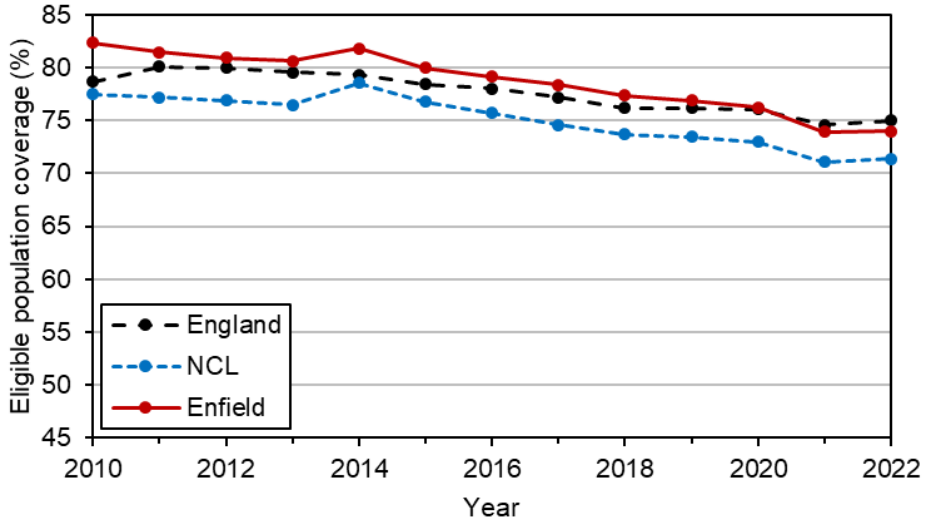


Figure 3 – Cervical screening coverage (aged 50 to 64)



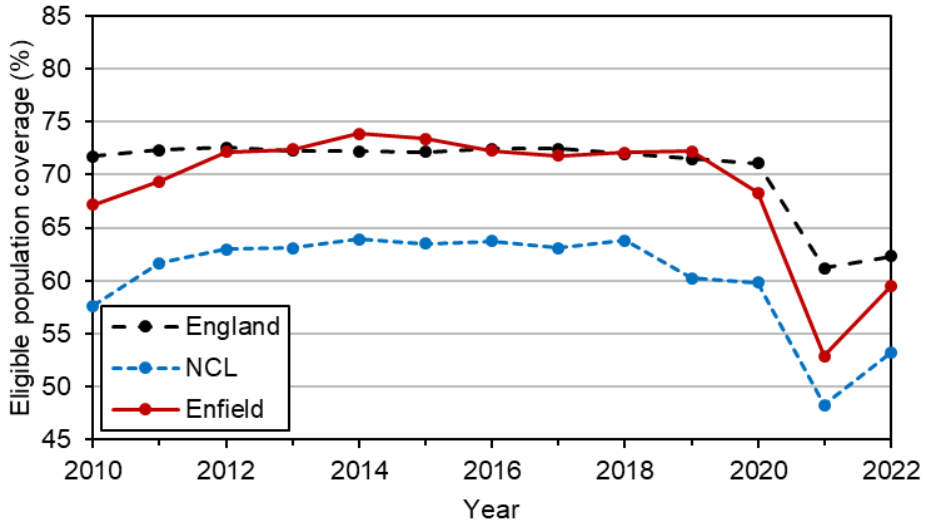
Breast screening

Breast screening performance is measured by two statistical measures, “uptake” and “coverage”. To enable comparison against cervical screening this report uses coverage as defined above.

Breast screening coverage in Enfield is below the national target of 80% however, performance is higher than the NCL average as shown in Figure 4. A large decline in

coverage was seen due to the impact of the pandemic however, this is gradually improving as the breast screening service has fully recovered. Processes are being implemented by the screening provider to continue to improve coverage, address health inequalities and build better resilience in the service.

Figure 4 – Breast screening coverage (aged 50 to 70)



Performance by ward

Table 2 and Figures 5, 6 and 7 below depict the coverage by ward for the financial year 2021-22. These figures have been calculated by the Enfield Public Health team using the following methodology:

1. Data detailing screening programme coverage by GP practice is available,
2. Individual GP practices were assigned to a ward using the practice address,
3. A ward screening programme coverage rate was calculated from the rates of all the GP practices within the ward boundary (excluding Medicus Health Partners).

Some wards do not contain a GP practice and so a figure was not calculated. Practice boundaries are not coterminous with ward boundaries and many practices (which are depicted as grey dots in Figures 5, 6 and 7) sit close to ward boundaries and will thus serve patients within multiple wards. As such, these figures should be considered as approximate figures for the ward and neighbouring wards. They are provided to highlight geographic disparities in the uptake of the screening programmes using the best available data but should not be considered as reflective of the exact population coverage within any one ward.

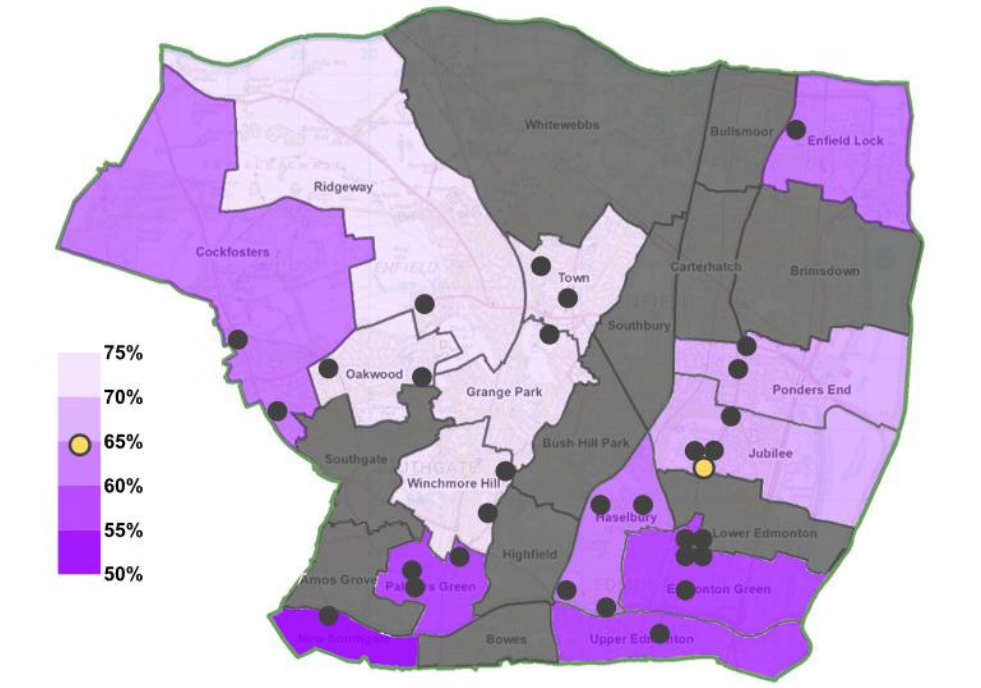
Medicus Health Partners is a conglomerate of 12 “sub-practices” across the eastern half of the borough. However, coverage rates are only available for the whole conglomerate. As such, Medicus Health has been included separately and is depicted as a yellow dot (at the primary site in Jubilee) in Figures 5, 6 and 7.

Table 2 - Coverage of women's health screening programmes by ward (2021-22), figures highlighted (*) are the lowest and highest rates within the programme

Ward	Coverage of eligible population (%)		
	Cervical Screening (aged 25 to 49)	Cervical Screening (aged 50 to 64)	Breast Screening (aged 50 to 70)
Cockfosters	64	71	56
Edmonton Green	58	71	56
Enfield Lock	62	70	**39***
Grange Park	71	77	60
Haselbury	65	76	56
Jubilee	69	**82***	58
New Southgate	**53***	**58***	47
Oakwood	72	77	49
Palmers Green	59	69	55
Ponders End	70	77	44
Ridgeway	71	78	**68***
Town	**74***	78	66
Upper Edmonton	59	71	54
Winchmore Hill	**74***	78	**68***
Medicus Health	67	75	56

In the following figures[8] the coverage rate is indicated using shades of purple, the darker the shade the worse the coverage – note the scale varies slightly between figures. Wards that have not had a rate calculated are greyed out. Individual GP practices are indicated with grey dots except for Medicus Health Partners which is indicated using a yellow dot (on the scale to indicate the Medicus Health Partners rate and on the map to indicate the primary address in Jubilee).

Figure 5 – Cervical screening coverage (aged 25 to 49) by ward (2021-22)



[8] Base-map courtesy of The Local Government Boundary Commission for England

Figure 6 – Cervical screening coverage (aged 50 to 64) by ward (2021-22)

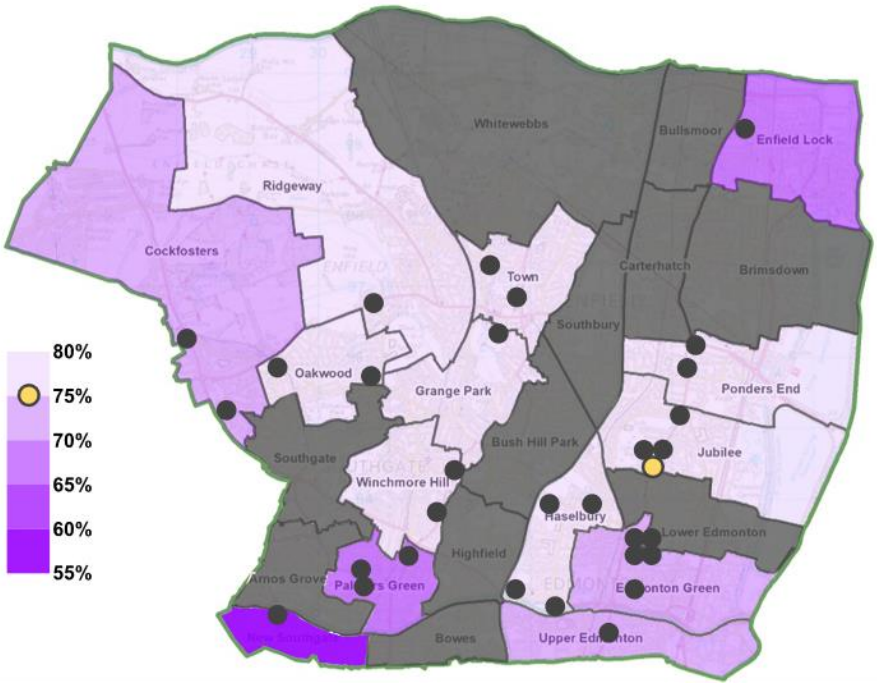
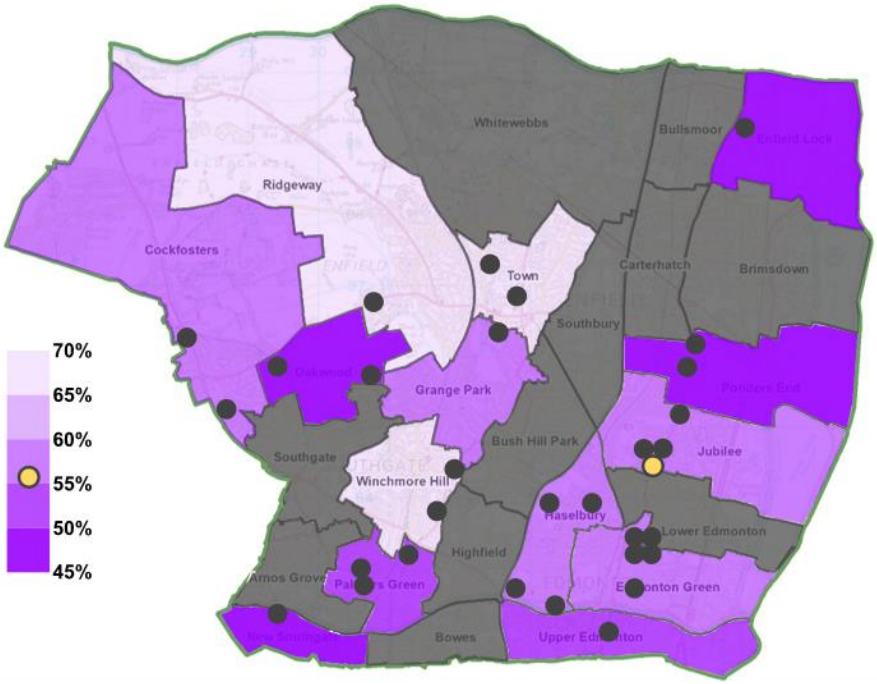


Figure 7 – Breast screening coverage (aged 50 to 70) by ward (2021-22)



6.5. Inequalities in women's health screening programmes

Inequalities in uptake

National evidence tells us there are many inequalities in the uptake of women's health screening programmes:

- People with learning disabilities – uptake is lower for both cervical and breast screening amongst people with learning disabilities. In 2014-15 coverage for cervical screening amongst people with learning disabilities was 30.2% compared

to 73.5% for all females aged 25 to 64 years; for breast screening coverage was 54.5% for people with learning disabilities aged 65 to 69 versus 73.7% amongst people in the wider population.[9]

- People living with severe mental illness – uptake is lower for cervical screening amongst women aged 45 to 64 (20% more likely not to participate) as well as for breast screening (18% more likely not to participate).[10]
- Socioeconomic deprivation – women from more deprived groups are less likely to attend cervical or breast screening when compared to women from less deprived groups but are more likely to die from both cervical and breast cancer.[11]
- Ethnicity – Women from ethnic minority groups are less likely than white women to attend cervical screening (white women are 2.2 times more likely to attend than women from non-white ethnic groups). For some groups the disparity is even worse, Bangladeshi women are 12.86 times less likely to attend than white women.[10]
- Social marginalisation – socially marginalised groups (for example, people who are homeless, from Gypsy/Roma/Traveller backgrounds, or work as sex workers), frequently experience multiple barriers in accessing care.[12]

Evidence based measures to increase uptake

Evidence suggests the following interventions are effective at increasing uptake:[13]

- Reminder messages that include a timed appointment,
- GP letters for non-responders,
- For cervical screening – HPV home self-test kits (these are currently under trial at sites in England including within Barnet, Camden and Islington between January and December 2021).

Specific considerations for non-binary and transgender people

There are a number of considerations for non-binary and transgender people with regards women's health screening programmes:

- Invitations to the screening programmes are generated using the sex recorded within the GP practice's electronic patient record system. Where this sex differs from the patient's sex at birth (for example, a patient was born female but has since registered as male), there is no mechanism for indicating this. As such, trans-men who have changed the sex recorded at their GP practice to male will not receive automatic invites to women's health screening programmes and will need to request an invite should they wish to undergo screening.
- Trans-men should consider cervical screening unless they have undergone total hysterectomy. Trans-men should consider breast screening unless they have undergone double mastectomy with no residual breast tissue. If they have residual breast tissue, depending on the volume of tissue this may or may not be amenable to mammography and there is currently no alternative screening programme if mammography is not possible.

[9] NHS Digital (2016) 'Health and Care of People with Learning Disabilities'
[10] Public Health England (2021) 'Severe mental illness (SMI): inequalities in cancer screening uptake report'
[11] Public Health England (2020) 'PHE Screening inequalities strategy'
[12] Public Health England (2021) 'Inclusion Health: applying All Our Health'
[13] Office for Health Improvement and Disparities (2022) 'Population screening: review of interventions to improve participation among underserved groups'

- Trans-women who take hormone therapy will have an increased risk of breast cancer compared to cis-men and should consider breast screening. If they have registered as female with their GP practice then they will receive an automatic invite; if they have registered as male, they will need to request an invite. Trans-women do not require cervical screening.

6.6. Strategy to improve cancer screening participation

This year, a strategy was developed for NCL by the NCL Cancer Alliance which focuses on delivering work to improve cancer prevention, increase the public's knowledge of key cancer signs and symptoms to encourage earlier presentation to primary care, and drive higher participation in the screening programmes. A summary of the strategy is provided in Appendix 2.

Delivery of the strategy will help contribute to the NHS Long Term Plan ambition of diagnosing 75% of cancers at an earlier stage, when the chances of successful treatment are higher. For cervical cancer, the strategy will take forward work in three areas – supporting the adoption and roll out of HPV self-sampling in the screening programme, increasing uptake of HPV vaccinations amongst school-aged children, and supporting changes to the programme where frequency of screening will be adjusted for some people.

Work on breast cancer will focus on engaging non-responders to encourage screening attendance, develop champions in local areas to target and encourage communities with low screening participation to engage, and work to improve screening records in primary care to enable better identification and targeting of non-responders. Additionally, national and regional screening campaigns will be amplified locally to further reach the diverse Enfield population. This will be done primarily through working with VCS organisations and community pharmacies as well as other local partners.

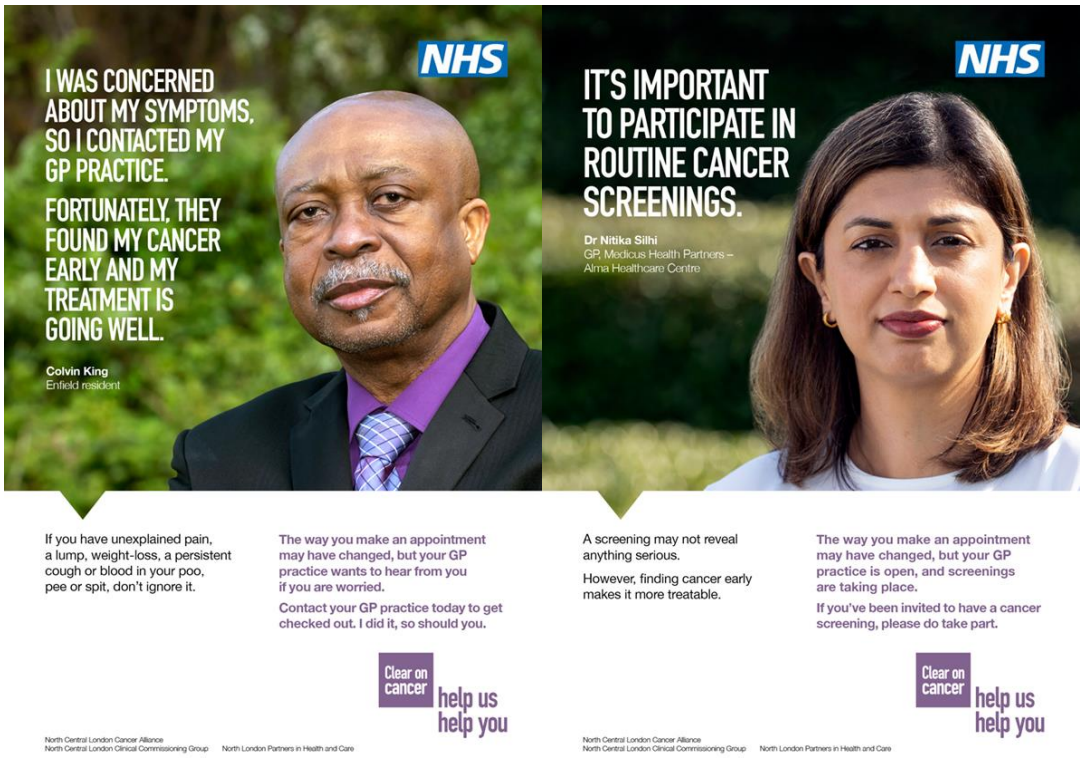
In addition to interventions that will be launched to deliver the strategy, below are examples of some current activities that are being delivered regionally by NHSE London screening team or locally by Enfield Council, NCL Cancer Alliance and primary care:

- Cervical screening text message reminders – a text message reminder is sent to all individuals two weeks after their invitation letter is issued if they are yet to book and attend an appointment for their screen.
- Follow-up of non-responders – GP practices are incentivised through their primary care contracts to identify their patients that have missed their cervical screen, and book them in to attend.
- Sample taker training – NCL Cancer Alliance is working with the NCL Training Hub and primary care, to identify and train staff to carry out cervical screening. This will help increase capacity to carry out more screens in GP practices.
- Cervical screening in sexual health clinics – NHSE London is continuing to work with sexual health providers to increase the number of cervical screens they are able to offer.
- Follow-up of breast screening non-responders – the North London Breast Screening Service has been provided additional funding to pro-actively follow-up people that did not attend their appointment and re-book them.
- Supporting people with a learning disability – North London Breast Screening Service is working with the Enfield community learning disability team and GP

practices, to identify and provide additional support to individuals to attend their screening appointment.

- Supporting people experiencing homelessness – screening providers, Enfield GP practices and the Enfield GP Federation are working to implement reasonable adjustments to better support those experiencing homelessness to attend their screen.
- Awareness raising activities – Enfield Council Public Health and Communications teams continue to adapt screening campaign materials, and work with local organisations to disseminate messages across multiple platforms and networks.

Figure 8 – Example NHS NCL Cancer Alliance posters featuring Enfield residents[14]



[14] NCL "small c" campaign: www.smallc.org.uk/get-involved/ncl-cancer-awareness-campaign/