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

---

[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]

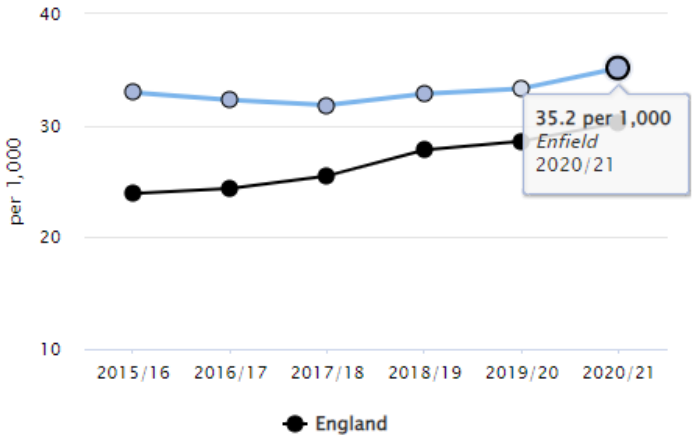
Domestic abuse[10]

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]

---

[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).

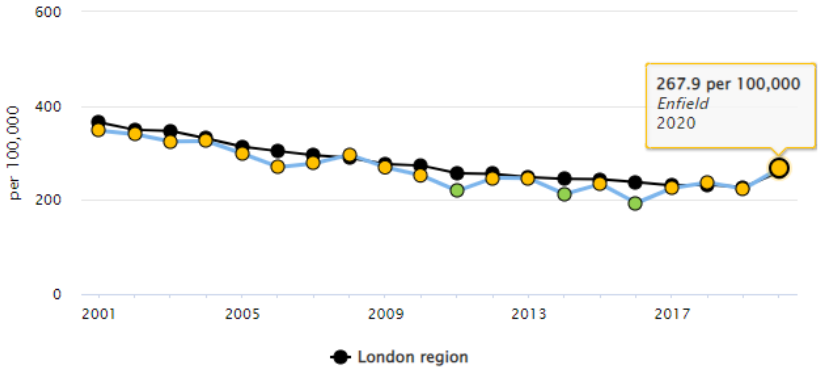
---

[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

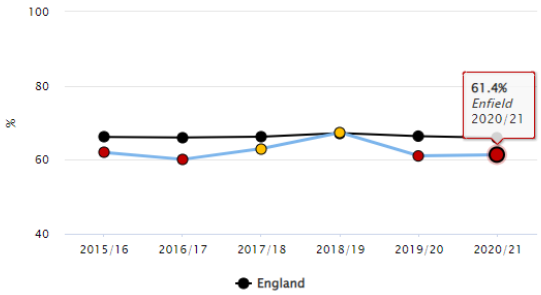
Physical inactivity is the 4th leading risk factor for mortality globally for all people[20] and over 1/3 Enfield is not doing the recommended level of weekly activity (150 minutes of moderate activity). Over the last 4 years, Enfield has not been

[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

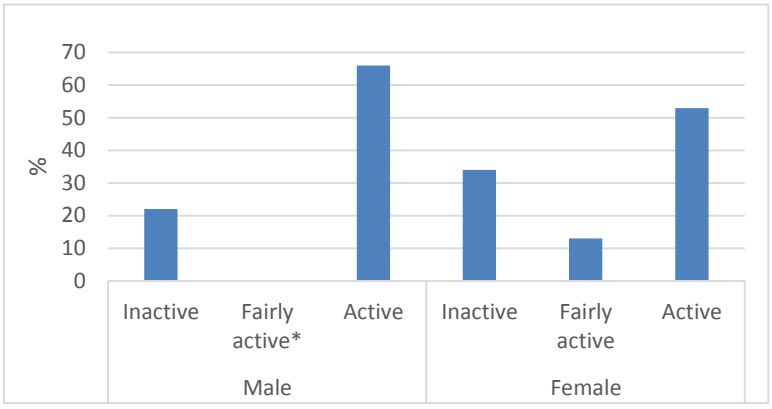
[20] Lee IM, Shiroma EJ, Lobelo F, et al. Effect of physical inactivity on major non-communicable diseases worldwide: An analysis of burden of disease and life expectancy. Lancet 2012;380:219-229.

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>

---

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

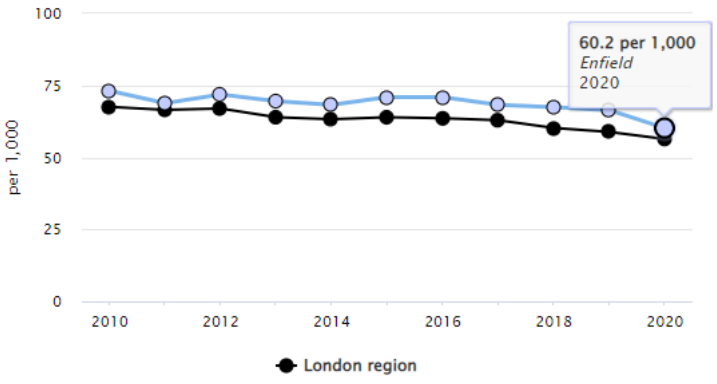
In 2020, the rate of conception among under 18s was 14.7 per 1000, with the highest and lowest prevalence among Bulgarian and Somalian teenagers, respectively. This is significantly **higher** than the London (9.8 per 1000) and England (13.0 per 1000) average. However, this is projected to decrease to 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

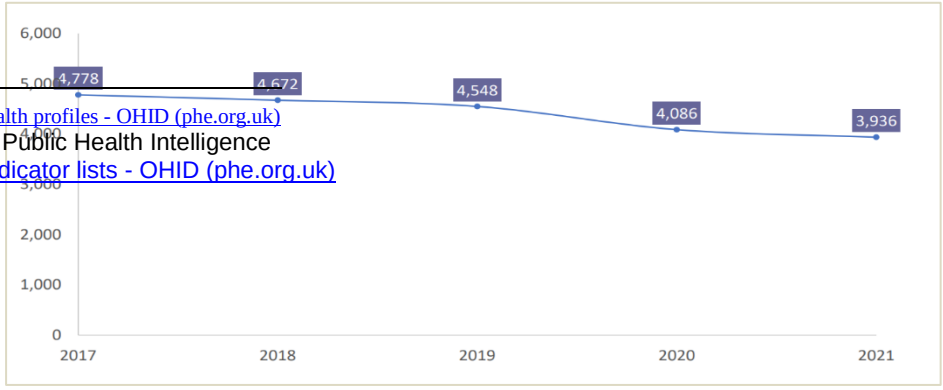
Table: Under 18 conception rates per 1000, 2020[32]

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

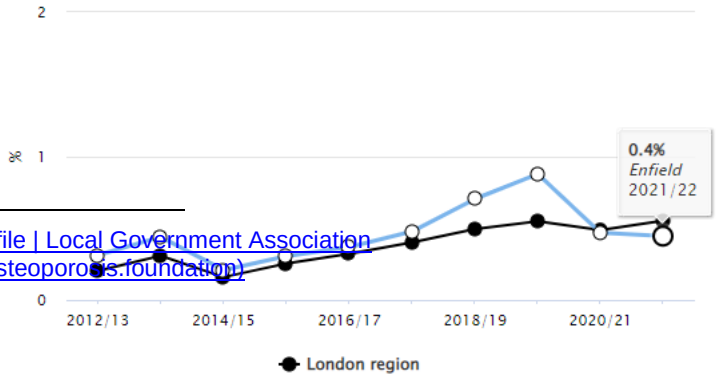
Menopause

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

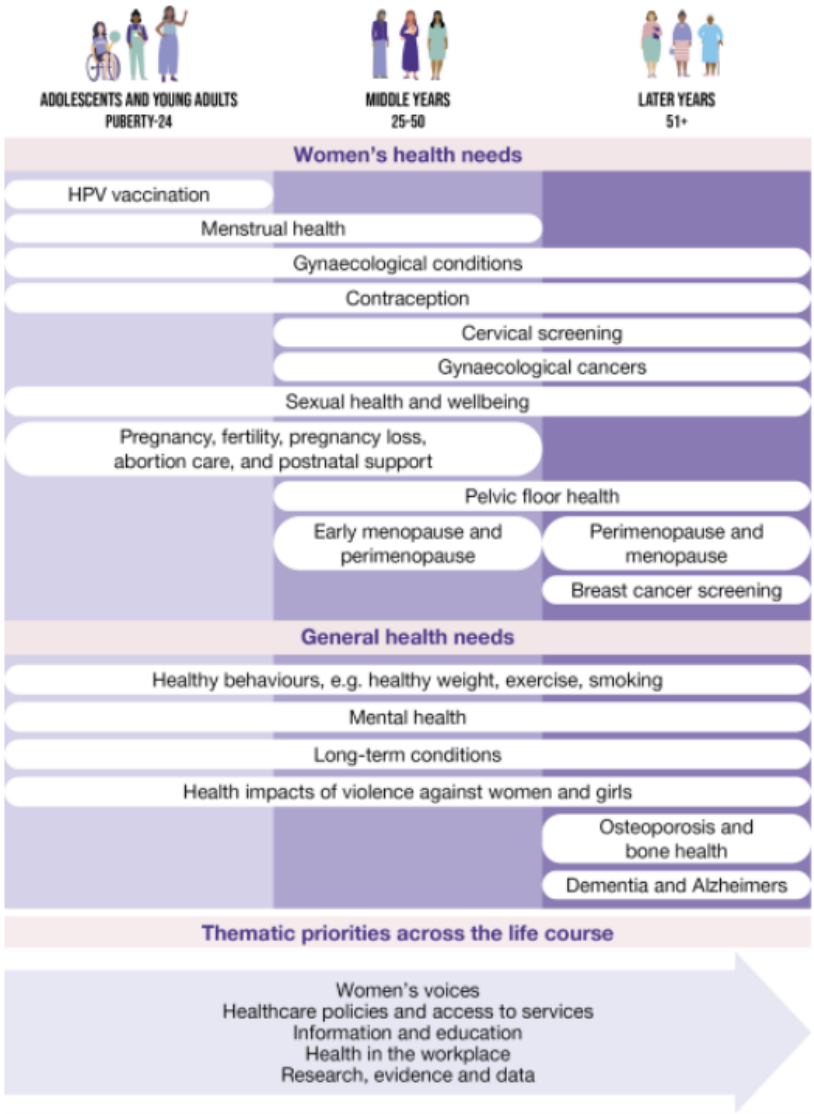
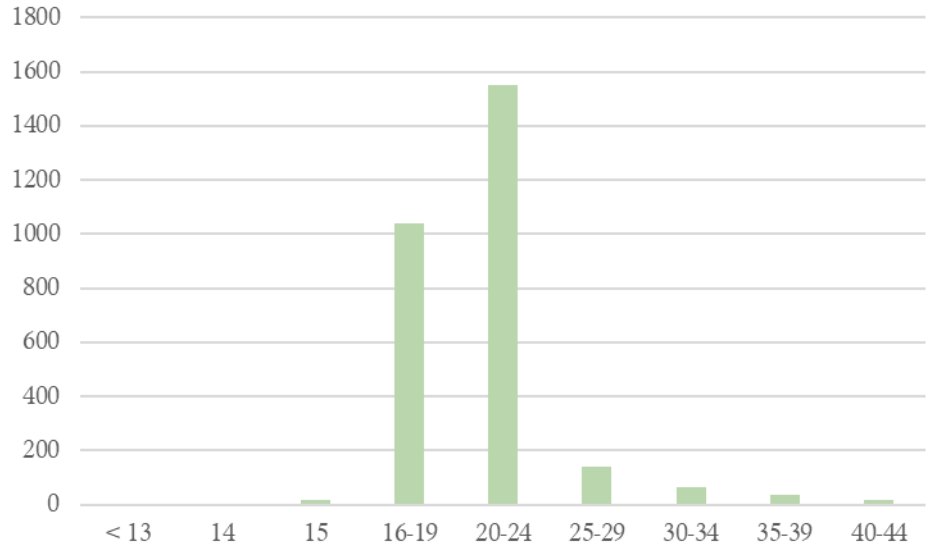
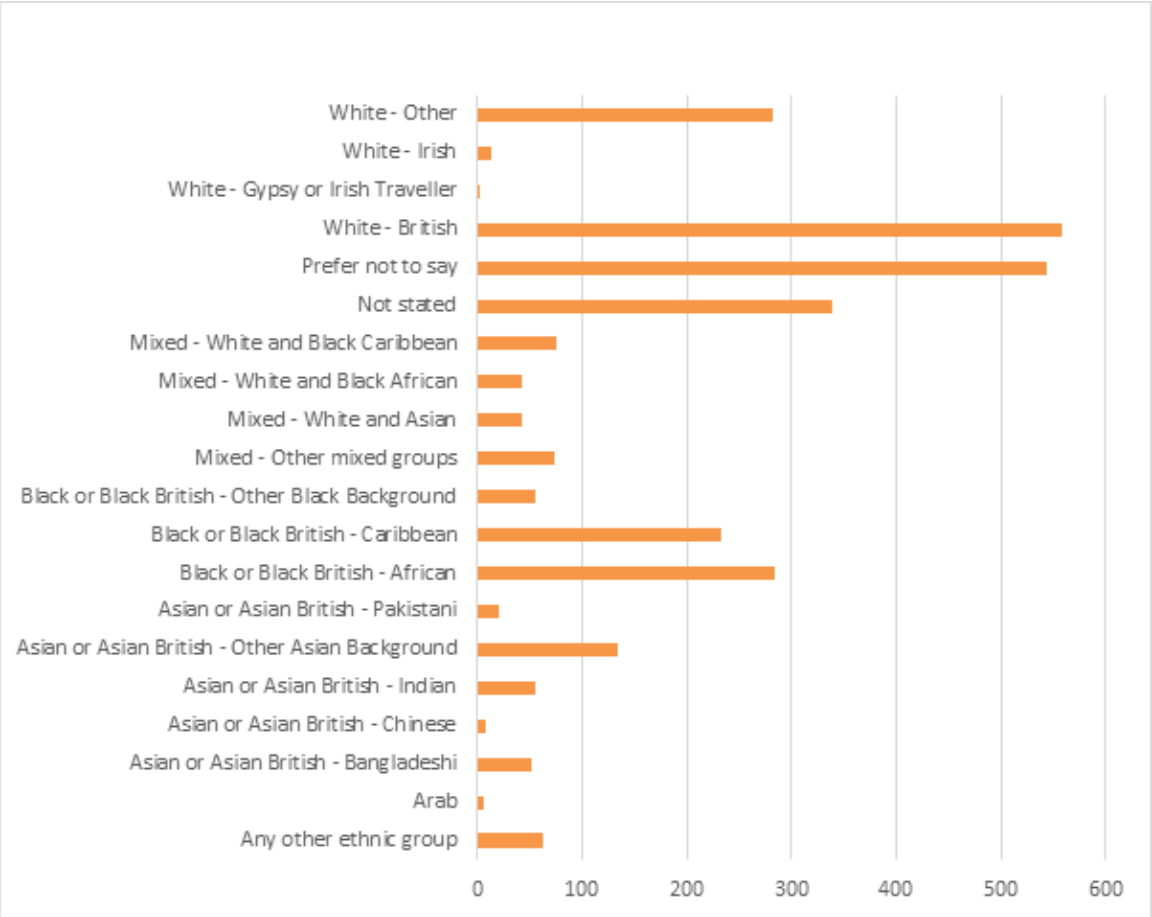


Figure: *Women's health needs*[43]

[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