

Enfield's Joint Strategic Needs Assessment

2010-12



EXECUTIVE SUMMARY



2009-2010
Supporting independent living for disabled adults



Enfield Council and NHS Enfield have a duty to work together to prepare a Joint Strategic Needs Assessment (JSNA). This document brings together what we know about the health and well being of the people living in Enfield and their experiences and opinions about health and wellbeing. The information has been used to identify the priority health and wellbeing needs for the borough – priority needs that will guide and inform the decisions about how health and care services are provided and arranged in Enfield.

This executive summary follows the form used within the main document. It explains the role of the JSNA and the way in which it will be used to guide decisions. It describes how residents were involved throughout the process both individually and through local and community groups and it identifies the priority areas, providing the information that has been used to support the selection of these priority areas. The summary then goes on to provide a wealth of more general information about health and well being in Enfield, a useful source of information for those requiring a more detailed understanding. Finally the summary looks ahead at how the JSNA will be kept up to date and robust enough to be used with confidence by those responsible for planning services and how we intend to continue to listen and respond to what residents have to say on health and wellbeing.

1. Readership and Application

The JSNA is for everyone who has an interest in and responsibility for improving services to better meet the health and wellbeing needs of the people of Enfield, specifically providing evidence to inform the development of joint health and social care commissioning strategies to meet those needs.

The JSNA focuses on evidence of need, evidence of what residents believe is important and evidence of what works. The role of the JSNA is not to specify what changes to services might be required, nor to evaluate the effectiveness existing commissioning responses to need. The intention is to provide information about need to guide those who plan and commission services and others involved in arranging services, both for Enfield and across the North London sector.

The JSNA supports a focus on health and wellbeing, quality and outcomes. It does this by bringing together the spectrum of experience of the local communities of Enfield. It considers health outcomes together with the wider determinants of health, and focuses not only on ill health but on areas of need for prevention and support at community level.

The Priority Needs identified within the JSNA also have implications for activities that Enfield Council is responsible for or has influence over, other than health and social care. Those responsible for community safety and place-shaping and for 'universal services' like leisure, sports, arts and housing will also benefit from and respond to the Priority Needs. It is likely that all of the Thematic Action Groups which coordinate the delivery of Enfield's Sustainable Community Strategy will be influenced by the evidence provided in the JSNA as will the actions being developed as a part of our health and wellbeing strategy 'Improving Health and Wellbeing'.

2. Consultation

The views of residents of Enfield have been fundamental to the development and selection of the priorities outlined. These views and opinions have sometimes challenged the 'professional' opinion about what is important and relevant in achieving 'well being' for local people.

A health and wellbeing survey was undertaken to engage with the public and identify their views of risks to health and wellbeing in Enfield. Crime tops the list of residents' concerns with just under two in five residents (38%) cite fear of crime as a risk to good health and wellbeing. Other key risks mentioned by residents include poor parenting (29%), unemployment (23%), pollution (20%) and dirty streets (20%). Respondents identified lifestyle as the most significant factor impacting on chances of living a long and healthy life followed by social circumstances.

These findings are in line with the Enfield Place Survey 2008/9 which asked residents what is most important to making somewhere a good place to live, and asked what was most in need of improvement. The top 6 responses included the level of crime, road and pavement repairs, activities for teenagers, level of traffic congestion, clean streets and health services. 41% of respondents felt fairly unsafe or very unsafe after dark.

The health and wellbeing survey asked where people went for advice. Those who replied said that they got their most useful advice from GPs, followed by the internet and pharmacies, whilst the most important things identified as supporting good access to health and social care services included being treated with dignity and respect by staff, cleanliness of the places where services are provided and not having to wait too long.

Stakeholder engagement was a crucial aspect of the development of the JSNA. The JSNA Steering Group included representatives at Assistant Director level from Public Health, Health and Adult Social Care and Education Children's Services and Leisure. The Barnet, Enfield and Haringey Mental Health Trust, Enfield LINK and Enfield Community Empowerment Network were also represented.

The evidence presented was drawn from patient or user experience and expert opinion of professionals and clinicians, as well as from demographic data, service activity and epidemiological data. The list of Priority Needs for Enfield was developed via the participation of representatives from the Enfield Strategic Partnership Thematic Action Groups and the Health and Social Care Partnerships Boards in a number of events focussing on presenting and discussing the evidence gathered and the results of the consultations.

3. Priority Needs

Poverty	Poverty and unemployment were identified as significant risks to good health and wellbeing in consultations with the public. Average income in Enfield is in the worst 10% of local authorities in England, going from 54 th worst in 2004 (out of 354, with 1 st being the lowest) to 25 th worst 2007. This is reflected in some other indices of deprivation i.e. Enfield's unemployment rate (6.7% Mar 2009) is above the London and national averages, and Enfield has the 4 th largest number of households in temporary accommodation in England.
Health Inequalities	Inequality in health outcomes mirrors the patterns of deprivation seen within the borough. The differences are so significant that it is judged essential to have this as a priority – albeit one that is reflected across all other areas. Life expectancy at birth in Enfield over the past 15 years has been higher than London or national averages for both males and females. However there is a significant life expectancy gap between deprived and more affluent wards within the borough, and there is evidence that this gap is widening for both men and women.
Obesity	Obesity was identified as a significant risk to good health and wellbeing in consultations with the public and consumes very significant amounts of NHS spend. Enfield has the 3rd highest prevalence of obese people in London (27% Enfield, 18% London – Health Survey For England 2007 London Boost). Obesity levels among Enfield's young people are a particular concern with 37.6% of Enfield's young people in year 6 and 24.8% in reception year being overweight or obese.
Infant Mortality	Enfield has the highest infant mortality rate in London, and is significantly higher than national rates. Infant mortality is regarded as a good indicator of the overall health of a society and is to be seen as the 'tip of the iceberg', signalling more widespread problems for some groups, families and individuals.
Long-term Conditions	It is estimated that there could be over 32,000 people in Enfield with long-term-conditions aged 45-64 by 2012. It will be important to consider this population for health checks and screening for risk to enable early intervention and prevention, and to plan for the growth in demand for services.

Mental Health	There is a widely held belief amongst professionals that there are poor health outcomes for people with mild/moderate mental illness, dementia, young people in transition from Child and Adolescent Mental Health Services and for people from some black and minority ethnic groups. There is also evidence of high demand on GP services from people suffering from lower level mental health conditions.
Healthy Lifestyle	<p>In addition to factors listed above, it is a priority because:</p> <ul style="list-style-type: none"> • Higher than London average binge drinking over 55 (13.9%) • Teenage conceptions are higher than the London average – 48.1 per 1000 (2007) • 55% of all adults living in Enfield are not participating regularly in any moderate intensity sport and physical activity, which is above the London average. <p>Alcohol consumption was identified as a significant risk to good health and wellbeing in consultations with the public.</p>
Feeling Safe	Fear of crime was the most significant risk to good health and wellbeing identified by the Citizen’s Panel. In the recent Place Survey the level of crime was top of the list of improvements that respondents wanted, in order to make Enfield a better place to live in. Fear of crime plays a part in keeping people from going out, accessing services and maintaining social networks – all vital to well being.
Access to Health and Wellbeing Information	Local consultations demonstrate a belief that there are poor health outcomes for some black and minority ethnic groups and particularly vulnerable groups, resulting from difficulties in accessing appropriate information about health and wellbeing.

4. Health and Wellbeing Data for Enfield

In addition to the in depth evidence provided for the Priority Needs for Enfield, this chapter gives key facts about Enfield's population and the wider determinants of health and wellbeing.

Population – the population at mid-2007 was estimated to be 285,100, making Enfield the 6th most populous borough in London. Enfield has a larger proportion of both young people and older people as compared to the London average. The average number of live births has risen annually since the year 2000. Wards with the highest number of expected births include Edmonton Green and Upper Edmonton, which due to proximity are more likely to increase demand on maternity services at North Middlesex University Hospital Trust.

Population changes – the population overall is expected to grow by less than 0.5% between 2008 and 2013, a total growth of between 500 and 1300 people. The 45 to 64 age group will show the largest increase (3.9%), and the fastest growing areas will be in some eastern parts of the borough. The largest growth in terms of absolute numbers is expected to occur in Black and Indian ethnic groups.

Ethnicity – ethnic projections for 2009 estimate that 71% of Enfield's population are White (comprising White British, White Irish and White Other). Populous Black and Minority Ethnic groups include Black Caribbean (6%), Black African (6%) and Indian (4%).

The school census of 2009 shows Enfield pupils recording themselves under 88 different ethnic codes, the highest prevalence are English, Turkish, Caribbean, Greek Cypriot and Somali.

Religion – Where religion was stated at the 2001 Census, 63.4% of residents were Christian, 9.7% were Jewish.

Migration – Enfield has a net loss of population due to out-migration exceeding in flows. The key estimated change since 2001 is the increased movement into and within private rented housing – the reasons for this remain to be explored.

MOSAIC – a socio economic demographic profile – shows the largest group for Enfield include residents whose lives are mostly played out within the confines of a close-knit community, comprising approximately 24% of the population. 23% are residents who have established themselves and their families in comfortable homes in mature suburbs. This is significantly higher than London or England averages. Enfield also has considerably smaller proportion of people living in social housing with high care needs and young transient workers, as compared with London as a whole.

Mortality – in common with London and national findings, conditions accounting for the largest proportion of deaths are coronary heart disease, stroke, cancers and respiratory disease. Enfield mortality rates for cervical and breast cancer are slightly above London averages, and prevalence of

diabetes is above London and national levels, though still below the prevalence predicted by modeling. High level indicators though mask large inequalities between wards. For example, teenage pregnancy rates are five times higher in some wards than others and CHD mortality rates are twice as high in some wards than others.

Deprivation – Enfield ranks in the worst 10% of local authorities nationally for income deprivation and income deprivation affecting children. For housing and services, living environment and income deprivation affecting older people, Enfield ranks in the worst 20%. One in five of children living in Enfield live in lone parent families on benefits.

Housing and Homelessness – Enfield has the 4th largest number of households in temporary accommodation in England. An increasing proportion of reasons for homelessness is loss of rented accommodation. Families with adult children living at home figure prominently in the most severely overcrowded households.

Unemployment – Enfield saw a 63% rise in claimants of Job Seekers Allowance in the year to June 2009 (national increase of 87%). This adds to an already high base level of unemployment in Enfield.

Health and the Recession – there is evidence that the current recession is affecting workers under 50 more than in the previous downturn in the 1980s, which affected older workers. The recession is likely to affect the poorest and most vulnerable groups in all societies. Studies have shown a mortality rate 20 – 25% higher for unemployed people.

Crime – Enfield has lower rates of notifiable crime as a whole, than London or national averages, with the exception of burglary from dwellings and theft of motor vehicles, which are slightly above the London average.

Adult Social Care services - of adult clients receiving services in 2008/9, 65.2% presented with physical disability/frailty, 14.5% with mental ill health and 7.5% with learning disability. Enfield supports a higher proportion of its adult population in each of these categories than the outer London average. The total number of people receiving services has increased by 14% from 2007/8. The leading services provided are equipment and adaptations and home help. The balance of care between residential and community based services in Enfield has improved as more people are helped to maintain their independence in the community for longer.

There is considerable diversity in the types of conditions experienced by those who receive services. The largest numbers include arthritis, vulnerable adults (depression, schizophrenia, back pain) and neurological disorders.

Older people - People aged over 50 in Enfield comprise 29% of the total population, just over 80,000 residents. About 20% of older people claim disability related benefits. At the 2001 census, 36% of those aged 65 and over were living alone.

5. Implementing and Developing the JSNA

The Enfield JSNA is recognised as an authoritative source, bringing together local views and evidence to provide a strategic assessment of need that is distinct and separate from the commissioning process.

Initial commissioning and strategic responses to the JSNA have been received. The Director of Health and Adult Social Care and the Chief Executive of NHS Enfield have commissioned the development of a strategy entitled 'Improving health and Wellbeing in Enfield' to respond to the priority needs set out in the JSNA. Responses from commissioners for Health and Adult Social Care, the Children's Trust and NHS Enfield highlight the value of the evidence base provided by the JSNA as a basis for reviewing commissioning decisions. It is already being used to inform the development of priority primary care services and care pathways for the residents of Edmonton.

The JSNA is seen as an ongoing process of understanding local needs through evidence and engagement. Taking the JSNA forward we have identified gaps in the existing evidence which require more investigation. Next steps will include providing more ward-based analysis and evaluating the evidence base which may support some of the strongly held professional beliefs identified by stakeholder engagement.

In particular it will be important to continue to develop the dialogue started here with the people of Enfield and to allow feedback from stakeholders and evaluation of developing services to inform the future JSNA.

A three year rolling programme has been proposed to continually update and refresh the JSNA, with a review of the priority needs at the end of 3 years.

An independent evaluation of the JSNA process will be undertaken and published in January 2010.

