
COMMUNITY SAFETY PARTNERSHIP

THURSDAY, 18TH SEPTEMBER, 2014 at 15:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Please see membership list set out below.

AGENDA

1. **APOLOGIES**
To receive any apologies for absence.
2. **URGENT BUSINESS**
The Chair will consider the admission of any items of urgent business. (Late items of urgent business will be considered where they appear. New items of urgent business will be considered under item 12 below).
3. **DECLARATIONS OF INTEREST**
Members of the Board must declare any personal and/or prejudicial interests with respect to agenda items and must not take part in any discussion with respect to those items.
4. **MINUTES (PAGES 1 - 6)**
To confirm the minutes of the meeting held on 29 July as a correct record.
5. **TERRORISM STATUS UPDATE**
To receive a verbal update from the Borough Commander.
6. **FAMILIES FIRST - EXTENDED PROGRAMME AND OPPORTUNITIES (PAGES 7 - 8)**
7. **TOTTENHAM REGENERATION PLANS AND LOVELANE PATHFINDER (PAGES 9 - 18)**
8. **HEALTH AND WELLBEING STRATEGIC REFRESH (PAGES 19 - 64)**
9. **COMMUNITY TRIGGER AND COMMUNICATIONS PLAN**

10. DRAFT RESPONSES TO SCRUTINY REPORT ON MENTAL HEALTH AND COMMUNITY SAFETY

11. EMERGING ISSUES - ALL PARTNER AGENCIES

12. NEW ITEMS OF URGENT BUSINESS

To consider any new items of urgent business admitted under item 2 above.

13. ANY OTHER BUSINESS

To raise any items of AOB.

14. DATES OF FUTURE MEETINGS

To note the dates of future meetings set out below:

- 11 December, 3pm
- 19 March 2015, 3pm

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Monitoring Officer
5th Floor
River Park House
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12 September 2014

Community Safety Partnership - Membership List

	NAME OF REPRESENTATIVE
Statutory partners/CSP members	<p>Cllr Bernice Vanier, Cabinet Member for Communities (Co-chair)</p> <p>Dr Victor Olisa, Borough Commander (Co-chair), Haringey Metropolitan Police</p> <p>Cllr Martin Newton, Opposition representative</p> <p>Cllr Ann Waters, Cabinet Member for Children and Families</p> <p>Zina Etheridge, Deputy Chief Executive, Haringey Council</p> <p>Andrew Blight, Assistant Chief Officer, National Probation Service - London for Haringey, Redbridge and Waltham Forest</p> <p>Douglas Charlton Assistant Chief Officer, London Community Rehabilitation Company, Enfield and Haringey</p> <p>Spencer Alden-Smith, Borough Fire Commander, Haringey Fire Service</p> <p>Jill Shattock, Director of Commissioning, Haringey Clinical Commissioning Group</p> <p>Mark Landy, Community Forensic Services Manager, BEH Mental Health Trust</p> <p>Pamela Pemberton, HAVCO, Interim CEO</p> <p>Joanne McCartney, MPA, London Assembly</p> <p>Stephen McDonnell, AD Environmental Services and Community Safety</p> <p>Dr. Jeanelle de Gruchy, Director Public Health, Haringey Council</p> <p>Lisa Redfern, Director of Children Services, Haringey Council</p> <p>Beverley Tarka, Interim Director Adult & Community Services, Haringey Council</p> <p>Andrew Billany, Managing Director, Homes for Haringey</p> <p>Tessa Newton, Victim Support</p> <p>Chair, Safer Neighbourhood Board – TBA (Interim in place)</p>
Supporting advisors	<p>Amanda Dellar, Superintendent, Haringey Metropolitan Police</p> <p>Hazel Simmonds, Interim Head Community Safety</p> <p>Jon Abbey, Assistant Director, Schools and Learning</p> <p>Claire Kowalska, Community Safety Strategic Manager (+ Theme Leads)</p> <p>Sarah Hart, Commissioning Manager, Public Health</p> <p>Maria Fletcher Committee Secretariat</p>

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**MINUTES OF THE COMMUNITY SAFETY PARTNERSHIP
TUESDAY, 29 JULY 2014**

Present: Cllr Vanier (Co-Chair), Victor Olisa (Co-Chair) (part), Spencer Alden-Smith, Joe Benmore, Neelam Bhardwaja, Andrew Blight, Jeanelle de Gruchy, Zina Etheridge, Mark Landy, Stephen McDonnell, Angelia Miller-Moore, Cllr Newton, Tessa Newton, Pamela Pemberton, Jill Shattock, Beverley Tarka.

In Attendance: Hamera Asfa Davey, Amanda Dellar, Jan Doust, Leon Joseph, Tony Hartney, Claire Kowalska, Sanjay Macintosh, Katherine Manchester, Eliza Meechan, Hazel Simmonds, Otis Williams.

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HSP109.	<p>ELECTION OF CHAIR(S) FOR MUNICIPAL YEAR</p> <p>Spencer Alden-Smith nominated Cllr Vanier and Victor Olisa as co-chairs for the Board for the current municipal year. This was seconded by Andrew Blight.</p> <p>RESOLVED</p> <ul style="list-style-type: none"> That Cllr Bernice Vanier and Chief Superintendent Victor Olisa be co-chairs of the Community Safety Partnership for the 2014-15 municipal year. 	
HSP110.	<p>TERMS OF REFERENCE</p> <p>The Board considered a revised version of its terms of reference inline with the new municipal year. The opportunity had also been taken to review the membership list in order to ensure appropriate partner representation whilst keeping the Board manageable and an effective size.</p> <p>It was agreed that Tracie Evans, the Council's Interim Chief Operating Officer should be added to the membership and the London Fire Brigade and Probation Service be added as key partners to the meeting quorum condition. A map of the working groups sitting underneath the Board was also requested for addition to the terms of reference document in the interests of clarity.</p> <p>The Board agreed that an emerging issues item be added to future meeting agendas to allow partners to update the group on key issues within their organisations.</p> <p>RESOLVED</p> <ul style="list-style-type: none"> That subject to the amendments above, the terms of reference of the Community Safety Partnership for the 2014-15 municipal year be agreed. 	<p>Claire Kowalska</p> <p>Claire Kowalska</p> <p>Claire Kowalska</p>

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HSP111.	<p>APOLOGIES</p> <p>Apologies for absence were received from Douglas Charlton, Tracie Evans, Gareth Llywelyn-Roberts, Joanne McCartney, Lisa Redfern and Cllr Ann Waters.</p>	
HSP112.	<p>MINUTES</p> <p>RESOLVED</p> <ul style="list-style-type: none"> • That the minutes of the meeting held on 27 March be agreed as an accurate record and signed by the Chair. 	
HSP113.	<p>PERFORMANCE UPDATE Q1 2014/15</p> <p>The Board considered items 7 and 8 together to look at quarter 1 performance against strategic outcomes and the Community Safety Delivery Plan 2014-15.</p> <p>Outcome 1 – Public confidence in policing</p> <ul style="list-style-type: none"> • The declining numbers of Police Cadets and the formalising of the Youth Independent Advisory Group remained challenges going forward. • Performance in relation to stop and search had improved with the number of searches down and the outcomes up. • In terms of the MOPAC 7 targets, the 20% reduction in crime over 4 years target was on track, although at the half year mark a more detailed analysis of the underpinning figures would be undertaken to look at key priorities such as domestic violence etc. • In response to a question, it was advised that the Stone Roses Finsbury Park concert was still impacting on theft from person performance figures but would soon fall from inclusion within the time period assessed. • The process for dealing with buskers within town centres was queried, with concerns that some could be deemed as causing anti-social behaviour. It was advised this would require a joint approach between the Council and Police. Stephen McDonnell agreed to take this forward in conjunction with local Safer Neighbourhood Teams. <p>Outcome 2 – Prevent and gangs</p> <ul style="list-style-type: none"> • Good progress had been achieved by the Integrated Gangs Unit, particularly in relation to reducing reoffending. The likelihood of performance dipping later in the year was cautioned linked to judicial disposals. • Access to appropriate housing provision and the resourcing of the Police Gangs Disruption Unit were key concerns going forward. Superintendent Dellar agreed to review the resourcing of the Unit in line with the new policing model in response to concerns that PCs were routinely taken off to fulfil other duties. 	<p>Stephen McDonnell II</p> <p>Supt Dellar</p>

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	<p>Outcome 3 – Domestic violence</p> <ul style="list-style-type: none"> • Progress generally good or classified as underway. • The Board discussed the challenge of establishing the IRIS project in Haringey including GP acceptance and buy-in, and IT systems. The Chair requested an update at the next meeting <p>Outcome 4 – Reducing re-offending</p> <ul style="list-style-type: none"> • Good performance had been achieved overall including a reduction in reoffending. It was however caveated that performance would potentially decline later in the year owing to individuals subject to outstanding judicial disposal. The number of cases dealt with was also rising and was predicted to exceed the end of year target. • Key challenges going forward included housing provision and the small number of females in the cohort. With reference to the major issue of housing, concerns were expressed that a potential consequence would be vulnerable people accommodated in high risk housing, particularly in terms of fire safety. The Borough Fire Commander stressed the important role Home Fire Safety visits offered by the Service could play in mitigating some of these risks. Private rented housing was most often used although some accommodation was being secured through Fair Chance and a Homes for Haringey commissioned service providing spot rent accommodation. It was agreed that a piece of work needed to be undertaken to look at a creative solution including learning from the approaches of other boroughs. Specialist short term fostering was also another avenue that could be explored. <p>Outcome 5 – Prevent and reduce acquisitive crime and anti-social behaviour</p> <ul style="list-style-type: none"> • Generally on track although repeat high impact offenders remained a concern going forward. • The Borough Fire Commander identified an increase in arson over the last year and that a joint partnership working approach had been put in place to help address this. <p>Outcome 6 – Preventing violent extremism</p> <ul style="list-style-type: none"> • Good performance including efforts to raise awareness. • The focus going forward would be engaging with schools as part of the safeguarding continuum, with some training already undertaken with governors. Superintendent Dellar agreed to find out which schools within the borough had a dedicated Police presence. • The national focus remained on the Syria crisis and locally on ensuring referral pathways were in place. 	<p>CCG/ Public Health</p> <p>Deputy Chief Exec. to keep the board informed of corporate develop- ments</p> <p>Supt Dellar</p>
<p>HSP114.</p>	<p>COMMUNITY SAFETY DELIVERY PLANS AND Q1 UPDATE</p> <p>These have all been signed off and this item was covered under item 7.</p>	

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<p>HSP115.</p>	<p>HARINGEY COMMUNITY TRIGGER</p> <p>The Board considered a report on the implementation of the Haringey Community Trigger, whereby victims and communities would have the right to require action where an ongoing problem had not been addressed and which would become a statutory requirement from October. MOPAC had recently clarified the London definition of the trigger threshold.</p> <p>The Board emphasised the importance of putting in place a comprehensive communication plan covering the introduction of the new mechanism such as ensuring the training of appropriate staff etc. A steer was awaited from MOPAC regarding arrangements for communicating the new system on partner websites. It was requested that an update on progress be provided at the next meeting.</p> <p>It was agreed that consideration needed to be given to incorporating and making more explicit the support pathways linked to the referrals process map. Clarification was also required on how victims or perpetrators with sensitive diagnoses such as mental health issues would be accommodated within the process.</p> <p>RESOLVED</p> <ul style="list-style-type: none"> • That the update be noted. 	<p>Otis Williams</p> <p>Otis Williams</p>
<p>HSP116.</p>	<p>HARINGEY CORPORATE PLAN (VERBAL ITEM)</p> <p>An update was given on the development process for the new Council Corporate Plan covering 2015-18. Workshops held to date had suggested three outcomes - outstanding for all, clean green and safe and sustainable housing, growth and employment, and seven priorities including prevention and early help, partnership working and empowering communities. It was acknowledged that the Plan would need to be set within the context of a dwindling resource envelope.</p> <p>The Board discussed the importance of maintaining a focus on prevention as opposed to responsive service provision in working towards the safest borough objective. This would be a considerable challenge in recognition of the difficulty in establishing a supporting business case for investment and also achieving the necessary organisational culture change. The considerable benefits of this approach were recognised however including reducing duplication, facilitating early co-ordination of services, building community resilience etc.</p> <p>In terms of the next steps for the Plan, priorities, objectives and KPIs would be further refined during August and which would then lead into a community engagement process in the autumn. The difficulty in engaging with hard to reach groups was acknowledged by all partners, although HAVCO advised they had had success with a number of new approaches recently which could be capitalised on. It was intended that</p>	

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	<p>the plan would be submitted for final approval by Cabinet in December.</p> <p>RESOLVED</p> <ul style="list-style-type: none"> • That the update be noted. 	
<p>HSP117.</p>	<p>STRATEGIC POLICING (VERBAL ITEM)</p> <p>The Borough Police Commander gave a short overview of recent changes to the local policing model within the borough, including amendments to the structure of frontline service provision and a shift in focus towards quality as well as achieving key MOPAC targets. Key areas of focus going forward would be domestic violence, gangs and youth safety.</p> <p>The approach in terms of utilising external specialist resources was also outlined including a Trident placement in the borough earlier in the year and the key successes achieved from using a targeted approach to gang related offending including a significant number of arrests. Going forward, a bid had been submitted for the Territorial Support Group to undertake a placement within the borough from 11 August for a month to provide additional support over the summer. In response to a question, confirmation was provided that external resources were also utilised as a preventative approach, for example covert resources had been deployed in Ducketts Common to deal with a drug dealing issue. It was agreed that a balance needed to be struck in terms of public perception around Trident coming into the borough to encourage confidence in the new approach of the team and provide reassurance to communities from their presence.</p> <p>RESOLVED</p> <ul style="list-style-type: none"> • That the update be noted. 	
<p>HSP118.</p>	<p>HARINGEY FAMILIES FIRST (HFF) PERFORMANCE HIGHLIGHT AND EXCEPTION REPORT</p> <p>An outline was provided of the Haringey Families First programme providing focused support to 865 families meeting the Troubled Families criteria. Owing to time constraints, it was agreed that this item be deferred to the next meeting to allow fuller discussion of the programme, particularly as Haringey was aiming to become an early adopter for phase 2 in order to help an additional number of families. This would require a wider Council and partnership working approach as local authorities now had greater flexibility in defining the criteria used to determine the families worked with. Opportunities also existed with partners to look at links between services and to review shared objectives and outcomes in order to evaluate the effectiveness of interventions and help streamline processes and resources.</p> <p>RESOLVED</p> <ul style="list-style-type: none"> • That the update be noted and a fuller discussion session scheduled for the next meeting. 	<p>Mgr FF</p>

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<p>HSP119.</p>	<p>TOTTENHAM STRATEGIC REGENERATION FRAMEWORK AND DELIVERY PLAN</p> <p>A brief introduction was given to the recently approved Tottenham Regeneration Framework and accompanying 20 year delivery plan. Work would now progress to implementation including examining underpinning data and embedding a joined up approach to delivery and determining how performance and outcomes would be monitored.</p> <p>The work of the Board would particularly link in with the ‘make Tottenham feel safe’ aspiration of the plans. It was recognised that as part of the regeneration process there would be opportunities to look at investment options within the wider definition of ‘safety’ such as exploring the potential for the installation of fire sprinkler systems in new social housing built in the area.</p> <p>Owing to time constraints, it was agreed that this item be deferred to the next meeting to allow fuller discussion.</p> <p>The Health and Wellbeing Strategy refresh would be brought to the next meeting and is linked to a number of other key strategies and plans.</p> <p>RESOLVED</p> <ul style="list-style-type: none"> • That the update be noted and the item, plus an update on the Health and Wellbeing Strategy refresh, added to the agenda for the next meeting. 	<p>Jan Doust</p> <p>JDG</p>
<p>HSP120.</p>	<p>ANY OTHER BUSINESS</p> <p>Finance update There was a £25k MOPAC underspend at the end of the last financial year. Monies had now been confirmed for the next three years. MOPAC had announced that a 5% reduction on the four year programme would be demanded by end of 2017. The £1.6m MAC-UK bid was on track.</p> <p>Gangs workshop update A strategy was being developed and will aim to be longer term (up to 10 years). Links would be established with the Tottenham Strategic Regeneration Plan.</p>	
<p>HSP121.</p>	<p>DATES OF FUTURE MEETINGS</p> <p>18 September 3-5.30pm (TBA)</p>	

Update and workshop outline for Community Safety Partnership 18/09/2014

Department for Communities and Local Government has recently confirmed that Haringey will be one of 50 Local Authorities identified as an Early Starter for the expansion of the Troubled Families Initiative.

This means that in addition to the 850 families we needed to work with in phase 1 of the programme, we will need to identify and work with 486 more families across the partnership between September 2014 and April 2015 when phase 2 will be rolled out to all LAs. Over the course of a proposed 5 year expansion, Haringey will be expected to work with 3,240 additional families and continue with the philosophy of whole family interventions (Team around the Family) with 1 lead worker and 1 multi-agency plan.

As early adopters we will be able to help shape and influence the programme moving forward. The expanded criteria still have a focus on crime, employment and education but also extend this to health, DV and adult offending. It is also trying to pick up earlier intervention with families and is putting responsibilities back onto LAs to decide which families to target and to demonstrate clear and sustained improved outcomes through multi-agency plans of interventions.

In Haringey, we will be aligning Families First with our overall development within Early Help including the Locality based Early Help forums. These are multi-agency hubs that develop an understanding of local need, ensure services are joined up around families and help partners to develop expert knowledge of their communities needs, services and any gaps in provision. They will also be problem solving forums on both an individual case basis and ideally an opportunity to align resources to influence future commissioning arrangements.

Given the work of Families First and the Tottenham Regeneration Programme, , there is a real opportunity to use the next CSP meeting to consider the following questions which I would like you to consider in advance of the meeting and be prepared to discuss in small groups in a workshop facilitated by Claire, Katherine and Jan:

- 1) How can we better align different multi-agency arrangements for individuals/families with “complex dependencies”**
- 2) What support would your service area need to ensure you are contributing to the target number of families by both taking on the lead professional role where appropriate or being part of a Team around the Family?**
- 3) How should services be redesigned to build capacity in communities?**
- 4) How can we achieve joint investment, alignment of budgets in early intervention and prevention to avoid escalation to specialist services and make savings to the public purse?**
- 5) How can your service and the work that you do contribute to the delivery of the ambition for Tottenham?**

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Tottenham Delivery Plan

Developing the pathfinder approach

Context

1. Analysis of ward level data demonstrates a strong correlation between key performance indicators – poor outcomes are usually repeated in the same locality e.g. where health outcomes are poor, educational attainment is lower, crime rates are higher, there are higher levels of unemployment at all ages, housing is of poor quality and homelessness is high.
2. Therefore interventions targeted at individuals are unlikely to have impact if they are not coordinated in a way that makes sense on a family, community and wider basis. Haringey already has an effective Families First programme, developing and embedding a more holistic and joined up approach with families, enabling them to become more independent and resilient.
3. At the same time, our health and social care services are working together, with residents and statutory, voluntary and community partners to implement the CARE Act and SEND reforms to build on joint approaches to deliver prevention, early intervention, integration and redesign of systems and services around the needs of residents.
4. Haringey's corporate plan now has three cross-cutting themes that underpin the priorities and provide the foundation for delivering the ambition for Tottenham:
 - Prevention and early help – preventing poor outcomes for children, young people and adults and intervening early when help and support is needed;
 - Promoting equalities – tackling the barriers facing the most disadvantaged and enabling them to reach their potential; and
 - Empowering communities – building on resilient communities where people are able to help themselves and support each other.

High Road West and NP pathfinder

5. The first phase of the Tottenham delivery plan (agreed by Cabinet in July 2014) sets out the intention to develop a new model of working with residents in order to deliver better outcomes. This pathfinder is underway in the High Road West locality, specifically focused on working with residents to enable them to thrive and to live healthy and independent lives.

6. Although we have data at ward level, we have also sought to collect data at lower super output level for the postcodes that cover the Love Lane estates. This baseline information is being finalised and will be in place for the beginning of September when we launch the pathfinder with residents, universal and Council services and partners.
7. A set of measures will be used to monitor and track the impact of the pathfinder and these should contribute to the overall improvements required at ward level. The precise measures will be proposed once the baseline is settled. We expect these to address:
 - Increase in active resident participation;
 - Perceptions of safety;
 - Healthy lifestyles;
 - Health and well-being;
 - Educational outcomes;
 - Increase in participation in pre employment offer and employment.
8. This community has many strengths and assets and are already providing valuable insights into what is required to improve the quality of their lives and experiences, to realise their ambitions and aspirations and to lead socially connected and economically independent lives.
9. A key element of the pathfinder is the Well London programme – a community-based health improvement programme that has residents at its core. Evidence from similar programmes is that this is a highly successful programme and should provide opportunities to engage residents in improving their own health, increasing the role of volunteers and establishing an approach that can be used beyond health and well-being.
10. The main focus of the pathfinder will be to:
 - promote ambition and aspiration through renewed relationships between residents, the Council and partners and a joint focus on outcomes;
 - nurture local resident-led leadership and engage residents at the earliest stage in decisions that will affect them;
 - Identify and build on the strengths and assets that are already in the community facilitating greater independence and self-help
 - Facilitate a renewed relationship with residents focused on co-design and co-production;
 - Deliver a more coherent approach in the community that brings services together focused on the 'place' and provide residents with a single point of contact;

- Influence delivery and redesign of services so that the overall offer is improved.
 - expand the skills of residents, Council workers and partners so that services are fit for the future.
11. As the pathfinder develops and is embedded in mainstream services, this should increase community capacity, enable residents to influence the design and offer of services and deliver savings through a reduction in the numbers of people dependent upon higher levels of support.

Proposals for growth

Extending the Pathfinder

12. The Tottenham delivery plan already sets out an approach to working with 'people' in the regeneration area. The baseline data that has been assembled demonstrates that outcomes are generally worse in Tottenham than the rest of Haringey and significantly poorer in Northumberland Park ward – High Road West and Northumberland Park are in the earliest phases of the regeneration programme.
13. The proposal for investment over the next 3 years will consolidate the model, increase the scope and range of interventions and should deliver systems-wide change that redefines the relationship between residents, the Council and partners.

Key principles:

- Extension of the reach of Families First approach;
- Focus on empowering communities;
- Reshape and redesign of communities;
- Key links for families – reaching out into universal services and integrating more specialist services;
- Estate-based working but within the context of the wider locality-based forums – GP collaborative and early help forums;

How it will work:

- Relax criteria for FF-type intervention so that residents in HRW and NP have access to a 'connector'. The role of the connector is to provide information, advice and signposting, supporting prevention and early intervention and wherever possible enable residents to remain independent using their own resources or the resources of the wider community;

- For residents who already have service interventions, the role of the Connector will be to join up interventions so that the resident has a single point of contact, services are organised around the needs of the resident and services work in partnership with other community resources.
- The 'connector' will also have responsibilities towards:
 - (a) developing and nurturing community-based service listening to the voice of residents and community groups and developing a local offer that supports self help and peer support;
 - (b) Linking with existing locality approaches such as Early Help Forums and GP collaborative so that this initiative is rooted in Council-wide approaches; and
 - (c) Working within existing services to influence and change service design and delivery in line with the Council's corporate plan priorities and themes;
- The 'connector' role will in the first instance be offered as secondments from existing staff as this represents a great opportunity to recruit a team that is familiar with the local area and has multi-disciplinary experience of the issues most likely to be important to residents – housing, enforcement, childcare and education, social care and health.
- This team should be time-limited – no more than 3 years as it should build sufficient capacity within the community to increase local support and resilient and should embed sufficient change in the service offer that a separate approach is no longer necessary.

Better start

- Identify the elements of the Better Start proposal that relate to building sustainability in the community, use of volunteering and peer support and focus these within the Northumberland Park ward.

Crime and Community Safety

To be discussed

Health hubs

Links to Well London Programme

Tottenham Social Regeneration - Convergence with London Borough Top Quartile

The objective is to achieve convergence between the Tottenham Regeneration Area and the London Boroughs Top Quartile for key indicators within a 20 year timeframe. Presented here are the 3, 5, 10 and 20 year milestones for achieving London Top Quartile performance by 2034, and what it would mean in real terms based on today's population and data.

For each indicator London Borough Top Quartile has been held constant and the Tottenham Regeneration Area baseline has been forecast, based on a straight line, to show what is required to hit London Borough Top Quartile by 2034.

These projections should be treated with caution and are only provided as a starting point for discussion and are not statistically or evidentially rigorous.

Child Poverty: Number of children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or (Income-Based) JSA, divided by the total number of children in the area (determined by Child Benefit data).

Child Poverty	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2011	19.9%	19.9%	19.9%	19.9%	19.9%
Tottenham Regeneration Area (8 wards)	2011	38.8%	33.9%	32.2%	28.1%	19.9%
% difference from baseline			-13	-17	-28	-49
Based on today's population and data the cumulative change versus the baseline year needed is:		10,863	1,380 Fewer children living in poverty	1,840 Fewer children living in poverty	2,991 Fewer children living in poverty	5,291 Fewer children living in poverty

Income: Median household Income

Median Household Income (£)	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2012/13	39,473	39,473	39,473	39,473	39,473
Tottenham Regeneration Area (8 wards)	2012/13	22,075	26,029	27,611	31,565	39,473
% difference from baseline			18	25	43	79
Based on today's population and data the cumulative change versus the baseline year needed is:			1,090 More households above London Borough Top Quartile	1,818 More households above London Borough Top Quartile	3,636 More households above London Borough Top Quartile	8,000 More households above London Borough Top Quartile

Youth unemployment: Proportion of 18-24 year olds claiming Job Seekers Allowance (JSA).

Job Seeker Allowance Claimants (18-24)	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	Feb-14	2.7	2.7	2.7	2.7	2.7
Tottenham Regeneration Area (8 wards)	Feb-14	6.8	6.2	5.8	4.8	2.7
% difference from baseline			-9	-15	-30	-60
Based on today's population and data the cumulative change versus the baseline year needed is:		856	77 Fewer 18-24 year olds claiming JSA	128 Fewer 18-24 year olds claiming JSA	256 Fewer 18-24 year olds claiming JSA	512 Fewer 18-24 year olds claiming JSA

Job seeker Allowance Claimants : Proportion of 16-64 year olds claiming Job Seekers Allowance (JSA).

Job Seeker Allowance Claimants (16-64)	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	Feb-14	2.1%	2.1%	2.1%	2.1%	2.1%
Tottenham Regeneration Area (8 wards)	Feb-14	5.8%	5.2%	4.9%	4.0%	2.1%
% difference from baseline			-10	-16	-32	-64
Based on today's population and data the cumulative change versus the baseline year needed is:		4,717	451 Fewer working age adults claiming JSA	752 Fewer working age adults claiming JSA	1,505 Fewer working age adults claiming JSA	3,009 Fewer working age adults claiming JSA

Long term unemployed: Proportion of 16-64 year olds claiming Job Seekers Allowance (JSA) for over 12 months.

Long term unemployed	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	Feb-14	0.6%	0.6%	0.6%	0.6%	0.6%
Tottenham Regeneration Area (8 wards)	Feb-14	1.8%	1.6%	1.5%	1.2%	0.6%
% difference from baseline			-10	-17	-33	-67
Based on today's population and data the cumulative change versus the baseline year needed is:		1,464	146 Fewer working age adults claiming JSA for over 12 months	244 Fewer working age adults claiming JSA for over 12 months	488 Fewer working age adults claiming JSA for over 12 months	976 Fewer working age adults claiming JSA for over 12 months

Out of work benefit claimants: Proportion of 16-64 year olds claiming out of work benefits. Consists of the groups: job seekers, ESA and incapacity benefits, lone parents and others on income related benefits. These groups have been chosen to best represent a count of all those benefit recipients who cannot be in full-time employment as part of their condition of entitlement.

Out of work benefit claimants (16-64)	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	Aug-13	8.4%	8.4%	8.4%	8.4%	8.4%
Tottenham Regeneration Area (8 wards)	Aug-13	20.6%	18.3%	17.1%	14.2%	8.4%
% difference from baseline			-11	-17	-31	-59
Based on today's population and data the cumulative change versus the baseline year needed is:		16,754	1,890 Fewer working age adults claiming out of work benefits	2,835 Fewer working age adults claiming out of work benefits	5,197 Fewer working age adults claiming out of work benefits	9,922 Fewer working age adults claiming out of work benefits

Qualification at Level 3 or 4 and above: Proportion of 16-64 year olds achieving qualifications at level 3 or 4 or above.

Qualification at Level 3 or Level 4 and above	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2011	56.3	56.3	56.3	56.3	56.3
Tottenham Regeneration Area (8 wards)	2011	36.9	42.0	43.6	47.9	56.3
% difference from baseline			14	18	30	53
Based on today's population and data the cumulative change versus the baseline year needed is:		32,827	4,502 more adults with qualifications at level 3 and above	6,003 more adults with qualifications at level 3 and above	9,755 more adults with qualifications at level 3 and above	17,258 more adults with qualifications at level 3 and above

Level 4+ at Key Stage 2: Percentage of pupils achieving level 4 or above in reading, writing and Maths at Key Stage 2.

Level 4+ at Key Stage 2	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2013	82.5%	82.5%	82.5%	82.5%	82.5%
Tottenham Regeneration Area (8 wards)	2013	69.0%	71.6%	72.9%	76.1%	82.5%
% difference from baseline			4	6	10	20
Based on today's population and data the cumulative change versus the baseline year needed is:		912	34 More children achieving Level 4+ at KS2	51 More children achieving Level 4+ at KS2	93 More children achieving Level 4+ at KS2	178 More children achieving Level 4+ at KS2

5+ A*-C at GCSE: Percentage of pupils achieving 5+ A*-C at GCSE including English and Maths.

5+ A*-C at GCSE	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2013	72.8%	72.8%	72.8%	72.8%	72.8%
Tottenham Regeneration Area (8 wards)	2013	57.0%	60.0%	61.5%	65.3%	72.8%
% difference from baseline			5	8	15	28
Based on today's population and data the cumulative change versus the baseline year needed is:		507	27 More children achieving 5+ A*-C at GCSE	40 More children achieving 5+ A*-C at GCSE	74 More children achieving 5+ A*-C at GCSE	141 More children achieving 5+ A*-C at GCSE

Low birth weight: Proportion of live births under 2500 grams

Low birth weight	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2012	6.4	6.4	6.4	6.4	6.4
Tottenham Regeneration Area (8 wards)	2012	8.2	7.8	7.6	7.2	6.4
% difference from baseline			-5	-7	-12	-22
Based on today's population and data the cumulative change versus the baseline year needed is:		133	7 Fewer low weight births	9 Fewer low weight births	16 Fewer low weight births	29 Fewer low weight births

Excess weight in 4-5 year olds: Percentage of children aged 4-5 classified as overweight or obese.

Excess weight in 4-5 year olds (overweight or obese)	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2012/13	19.6	19.6	19.6	19.6	19.6
Tottenham Regeneration Area (8 wards)	2012/13	28.9	26.8	25.9	23.8	19.6
% difference from baseline			-7	-10	-18	-32
Based on today's population and data the cumulative change versus the baseline year needed is:		390	29 Fewer 4 and 5 year olds overweight or obese	40 Fewer 4 and 5 year olds overweight or obese	69 Fewer 4 and 5 year olds overweight or obese	126 Fewer 4 and 5 year olds overweight or obese

Excess weight in 10-11 year olds:
Percentage of children aged 10-11 classified as overweight or obese.

Excess weight in 10-11 year olds (overweight or obese)	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2012/13	32.3	32.3	32.3	32.3	32.3
Tottenham Regeneration Area (8 wards)	2012/13	44.9	42.0	40.9	38.0	32.3
% difference from baseline			-6	-9	-15	-28
Based on today's population and data the cumulative change versus the baseline year needed is:		507	32	45	78	142
			Fewer 10 and 11 year olds overweight or obese	Fewer 10 and 11 year olds overweight or obese	Fewer 10 and 11 year olds overweight or obese	Fewer 10 and 11 year olds overweight or obese

Teenage conceptions: Number of conceptions among girls aged under 18 resident in an area per 1,000 girls aged 15-17 years resident in the area.

Teenage conceptions	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2010-12	20.4	20.4	20.4	20.4	20.4
Tottenham Regeneration Area (8 wards)	2009-11	51.4	41.5	39.0	32.8	20.4
% difference from baseline			-19	-24	-36	-60
Based on today's population and data the cumulative change versus the baseline year needed is:		236	46	57	85	142
			Fewer teenage conceptions	Fewer teenage conceptions	Fewer teenage conceptions	Fewer teenage conceptions

Life expectancy male: Life expectancy of males at birth

Life expectancy male	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2010-12	81.4	81.4	81.4	81.4	81.4
Tottenham Regeneration Area (8 wards)	2008-10/ 2006/10	74.7	77.0	77.5	78.8	81.4
% difference from baseline			3	4	6	9
Based on today's population and data the cumulative change versus the baseline year needed is:			2.3	2.8	4.1	6.7
			years added to male life expectancy	years added to male life expectancy	years added to male life expectancy	years added to male life expectancy

Life expectancy female: Life expectancy of females at birth

Life expectancy female	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2010-12	85.2	85.2	85.2	85.2	85.2
Tottenham Regeneration Area (8 wards)	2008-10/ 2006/10	81.8	83.0	83.2	83.9	85.2
% difference from baseline			1	2	3	4
Based on today's population and data the cumulative change versus the baseline year needed is:			1.2	1.4	2.1	3.4
			Years added to female life expectancy	Years added to female life expectancy	Years added to female life expectancy	Years added to female life expectancy

Neighbourhood Crime (MOPAC7):
Neighbourhood crimes per 1,000 population, consisting of:

- Violence with injury
- Robbery
- Burglary
- Theft of a motor vehicle
- Theft from a motor vehicle

Key neighbourhood crimes (MOPAC 7)	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2013/14	29.19	29.19	29.19	29.19	29.19
Tottenham Regeneration Area (8 wards)	2013/14	47.35	43.89	42.16	37.84	29.19
% difference from baseline			-7	-11	-20	-38
Based on today's population and data the cumulative change versus the baseline year needed is:		5,491	401	602	1,103	2,106
			fewer key neighbourhood crimes	fewer key neighbourhood crimes	fewer key neighbourhood crimes	fewer key neighbourhood crimes

Violence with injury: Violence with injury crimes per 1,000 population

Violence with Injury	Baseline Year	Baseline Value	2017	2019	2024	2034
London Boroughs Top Quartile	2013-14	5.32	5.32	5.32	5.32	5.32
Tottenham Regeneration Area (8 wards)	2013-14	9.87	9.01	8.57	7.49	5.32
% difference from baseline			-9	-13	-24	-46
Based on today's population and data the cumulative change versus the baseline year needed is:		1,145	101	151	277	528
			Fewer violence with injury crimes	Fewer violence with injury crimes	Fewer violence with injury crimes	Fewer violence with injury crimes

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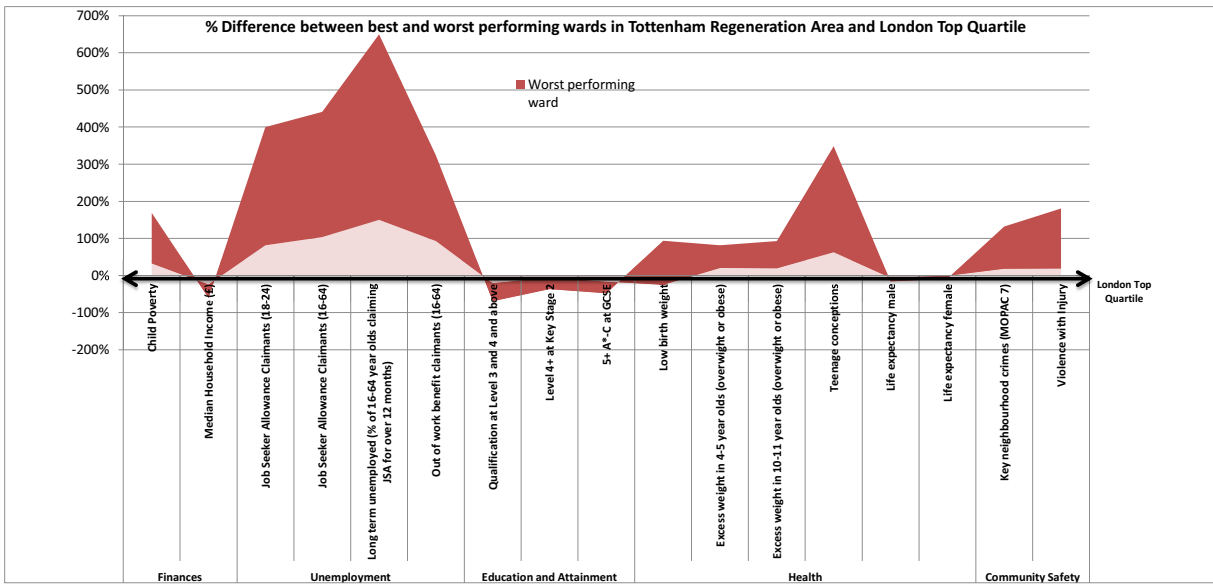
Tottenham Social Regeneration Indicators - Ward Level data (Latest data)

The chart below shows the breakdown in performance of the eight wards that make up the Tottenham Regeneration Area across a range of measures, where green is high performance and red is low performance within this group.

Overall performance for the Tottenham Regeneration Area and London Top Quartile are also shown.

Time Period	Finances		Unemployment				Education and Attainment			Health				Community Safety			
	Child Poverty	Median Household Income (£)	Job Seeker Allowance Claimants (18-24)	Job Seeker Allowance Claimants (16-64)	Long term unemployed (% of 16-64 year olds claiming JSA for over 12 months)	Out of work benefit claimants (16-64)	Qualification at Level 3 and 4 and above	Level 4+ at Key Stage 2	5+ A*-C at GCSE	Low birth weight	Excess weight in 4-5 year olds (overweight or obese)	Excess weight in 10-11 year olds (overweight or obese)	Teenage conceptions	Life expectancy male	Life expectancy female	Key neighbourhood crimes (MOPAC 7)	Violence with Injury
Good Performance Is...	Low	High	Low	Low	Low	Low	High	High	High	Low	Low	Low	Low	High	High	Low	Low
2011	2012/13	Feb-14	Feb-14	Feb-14	Aug-13	2011	2013	2013	2012	2012/13	2012/13	2009-11	2006-10	2006-10	2013-14	2013-14	
Bruce Grove	37.2%	£22,632	7.0%	6.4%	2.1%	21.2%	37.7	75.4%	55.2%	7.4%	30.6%	44.5%	71.7	74.6	82.6	49.0	10.9
Northumberland Park	47.0%	£17,991	11.3%	9.2%	3.6%	27.8%	29.0	67.7%	52.0%	11.5%	26.8%	39.7%	49.7	72.9	83.3	62.0	13.0
Seven Sisters	34.8%	£25,551	5.9%	4.3%	1.5%	16.6%	37.9	77.5%	50.0%	6.0%	26.6%	48.6%	35.1	75.9	84.2	34.3	6.9
St Ann's	26.4%	£25,158	5.2%	4.5%	1.5%	16.2%	44.7	56.4%	58.6%	11.3%	21.1%	45.1%	39.9	75.7	84.1	41.5	8.3
Tottenham Green	41.1%	£21,562	8.6%	6.0%	2.1%	21.1%	39.2	78.4%	58.1%	7.9%	30.7%	47.2%	78.7	73.2	81.3	61.8	13.9
Tottenham Hale	41.3%	£20,172	4.9%	5.8%	2.2%	21.7%	34.5	70.1%	60.8%	5.2%	36.2%	40.3%	50.7	75.4	78.4	50.3	11.1
West Green	38.9%	£23,286	5.6%	5.2%	1.8%	18.7%	40.0	63.8%	58.5%	6.6%	24.8%	53.2%	33.2	75.7	84.3	37.6	8.5
White Hart Lane	45.0%	£20,248	7.4%	5.3%	1.7%	21.4%	30.3	73.6%	59.6%	12.3%	30.7%	45.2%	51.2	74.2	78.2	42.4	6.3
Tottenham Regeneration Area*	38.8%	£22,075	6.8%	5.8%	1.8%	20.6%	36.9	69.0%	57.0%	8.4%	28.9%	44.9%	51	74.7	81.8	52.0	9.9
Haringey	31.9%	£33,140	5.5%	4.3%	1.3%	13.4%	50.4	75.0%	63.5%	6.9%	22.7%	39.4%	42	78.0	83.6	49.3	8.6
London Top Quartile	19.9%	£39,473	2.7%	2.1%	0.6%	8.4%	56.3	82.5%	72.8%	6.4%	19.6%	32.3%	20	80.9	84.9	29.0	5.3
London Median	25.1%	£35,152	4.1%	2.6%	0.8%	10.4%	48.8	79.0%	64.5%								

The chart below shows the percentage difference between the best and worst performing wards within the Tottenham Regeneration Area and the London Top Quartile across a range of measures, where London Top Quartile is 0%.



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Haringey Council

Shaping the future of health and wellbeing together

“... unless authorities create an environment in which the public is active in pursuit of their own health and wellbeing, the cost of treatment of chronic conditions will become unupportable.”

Derek Wanless, *Securing good health for the whole population*, 2007

Introduction

Haringey’s health and wellbeing partners are working together to shape the borough’s refreshed health and wellbeing strategy for 2015 to 2018.

We have sought views on the current 2012-2015 strategy from a range of partners, and have met with the Leader, Chair of the Health and Wellbeing Board. Feedback indicates that while we have focused on the right issues up to this point, we need to narrow that focus for 2015 to 2018.

We have published information about the refresh on the council’s website. This includes a list of activities that are supporting health and wellbeing, in line with the priorities of the current strategy.

We would value the views of the Community Safety Partnership to identify the links between the work of our respective boards, and to consider how we can all benefit from the inter-dependencies and seek to close the gaps.

Proposed scope of the new strategy

At this stage, the refreshed Health and Wellbeing Strategy 2015-2018 is likely to focus on two areas. These are:

- Reducing childhood obesity
- Improving mental health and emotional wellbeing.

Evidence suggests that, in both cases, current interventions are not having the impact we would want to see and there has been no significant improvement in outcomes over the past three years. They would therefore benefit from greater scrutiny.

Everyone has a contribution to make from the perspective of their own organisation or service area, for example, through community safety, regeneration, planning, environment, physical activity, communities, families and the third sector. If prevention, early help and effective interventions are not put in place, there is no doubt that we will be leaving others to deal with the consequences in thirty years’ time.

The new sport and physical activity framework which is nearing completion will be monitored through the health and wellbeing board, and will identify key activities which align with the council’s emerging corporate plan for 2015-2018 and the health and wellbeing partnership strategy.

Mental health

The work around mental health and emotional wellbeing will be linked to the ongoing development of the mental health framework, which has adopted the approach set out in [No Health Without Mental Health](#), the cross-government mental health outcomes strategy for people of all ages published in 2011, and its six objectives:

- 1) More people will have good mental health
- 2) More people with mental health problems will recover

- 3) More people with mental health problems will have good physical health
- 4) More people will have a positive experience of care and support
- 5) Fewer people will suffer avoidable harm
- 6) Fewer people will experience stigma and discrimination

It should be noted that dementia is included in the work of the Better Care Fund, and is not therefore covered by the Mental Health Framework.

Life expectancy

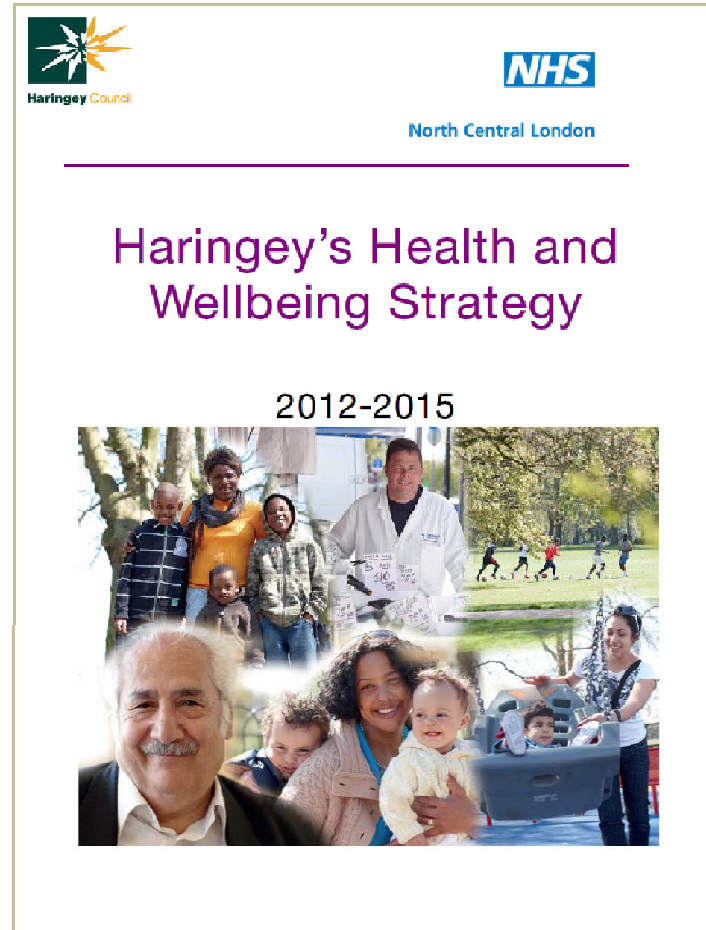
The focus on two areas means there will no longer be a specific outcome dedicated to life expectancy. Nevertheless, reducing the life expectancy gap and increasing healthy life expectancy is still important; much of the activity is “business as usual” and will continue. This frees up the health and wellbeing board, through its strategy, to focus on transforming childhood obesity and mental health and emotional wellbeing.

Next steps in the consultation

HAVCO and Healthwatch are leading on the review with the voluntary and community sector and with health service users. They will be running a series of four workshops and providing a questionnaire which will tell us more about issues of particular concern to residents.

Two years on – achievements so far, opportunities for the future

Haringey's Health and Wellbeing Strategy refresh
July 2014



Aim of the strategy refresh

By mid
2015

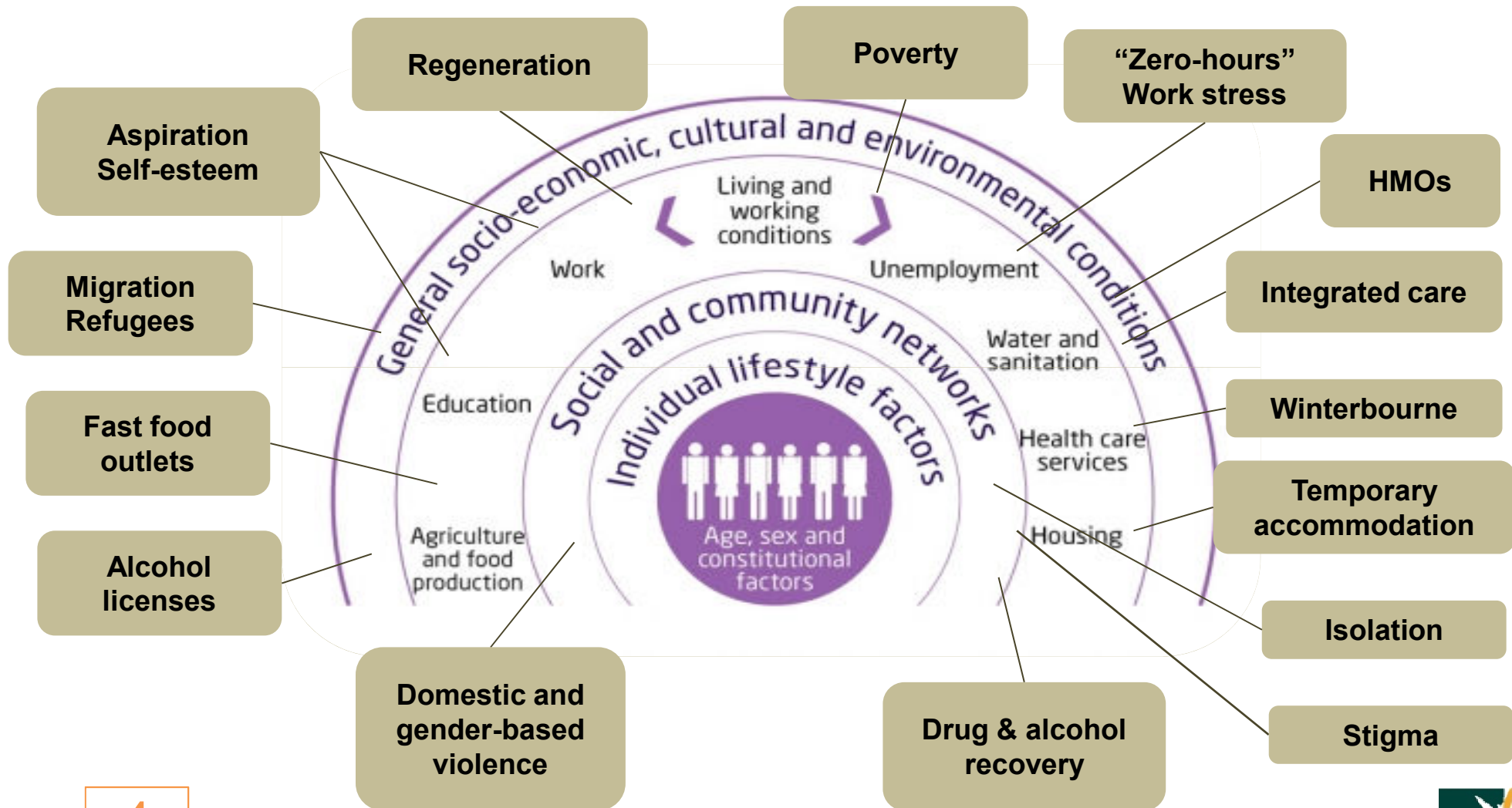
Our aim is a **strategy fit for future**, one that takes into account your views, progress made and emerging issues on the local, regional and national horizon

2

Purpose of this phase (July – Sept 2014)

- Look at the highs and the lows since 2012
- Map out the key issues, challenges and opportunities for the future
- Not a consultation but an assessment of where we are now - a start of the conversation

Many factors affect our health & well-being



4

Determinants of health (1992) Dahlgren and Whitehead; augmented by J. de Gruchy

Vision for 2012-2015: A Healthier Haringey



We will
**reduce health
inequalities**

*through working with
communities and residents
to improve opportunities for
adults and children to enjoy a*

**healthy, safe and fulfilling
life**

Haringey's Health and Wellbeing Strategy 2012-2015



OUTCOME 1:
**EVERY CHILD
HAS THE BEST
START IN LIFE**



PRIORITIES:

- Reduce infant mortality
- Reduce teenage pregnancy
- Reduce childhood obesity
- School readiness

Are we on track?

- = Target met/better than London average
- = Not met yet but close / statistically no difference to London
- = Below target (more than 5%) / worse than London

	Latest Performance	Latest Trend	Haringey v London
Infant mortality rate per 1000 births	3.9	better ↑	
Early access to maternity services %	77%	better ↑	-
Breastfeeding at 6-8 weeks %	74.1%	better ↑	-
Smoking at the time of delivery % of women smoking	4.3%	better ↑	
Childhood vaccination Coverage % Year 1	93.8%	better ↑	
Childhood vaccination coverage % Year 5	86.8%	better ↑	
Overweight and obesity in 4-5 years Prevalence %	22.7%	better ↑	
Overweight and obesity 10 and 11 Prevalence %	39.4%	worse ↓	
Under 18 conception Prevalence per 1000 women aged 15-17	33.1	better ↑	
School readiness Prevalence %	56%	better ↑	

Outcome 1: Examples of key activities

Population level interventions

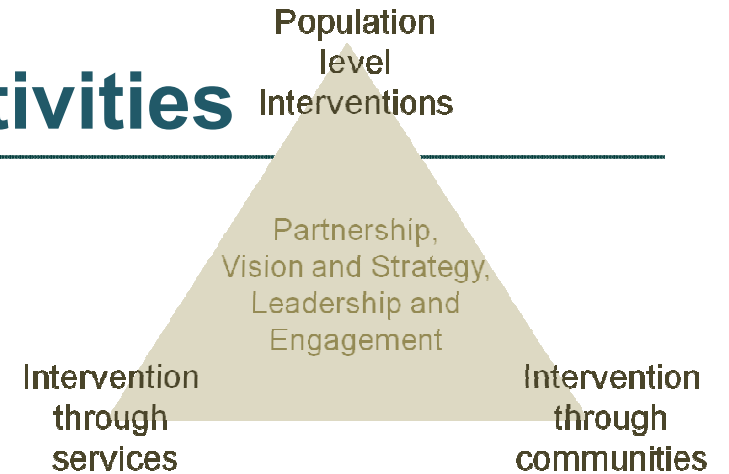
- E.g. Increasing availability of **Healthy Start** vitamins for pregnant and breastfeeding women and children up to 4 years

Intervention through services

- E.g. **Breastfeeding support**

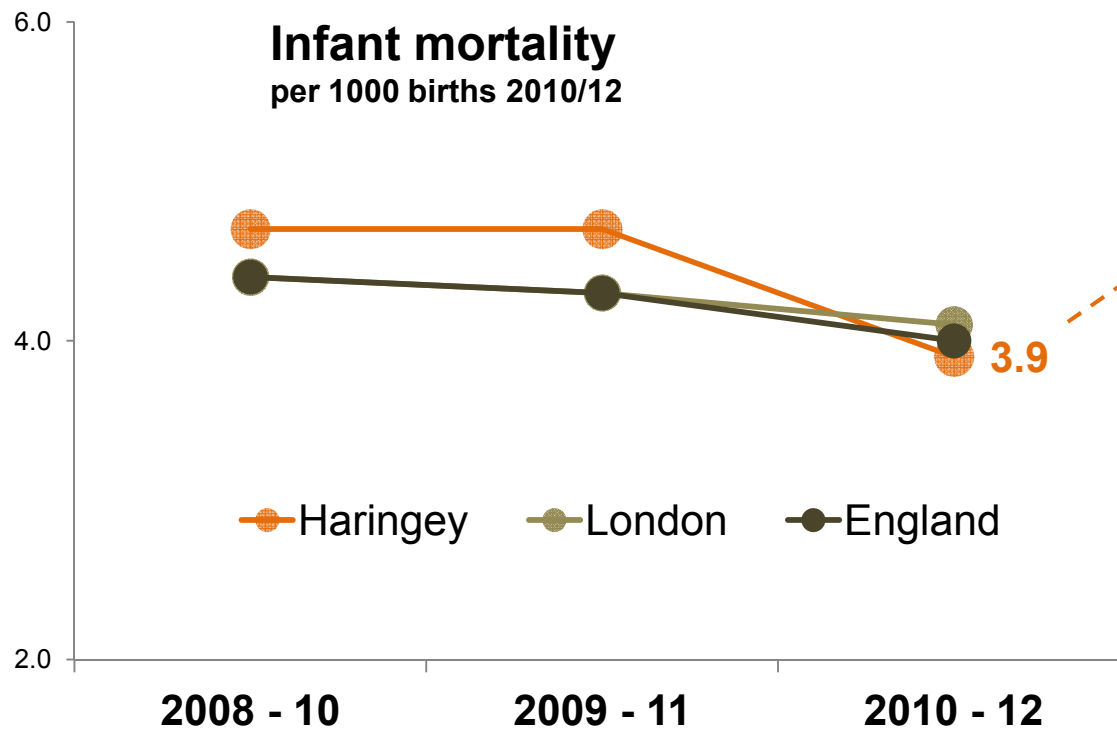
Interventions through communities

- E.g. Early years **community health champions** service (tender process in place)



Adapted from C. Bentley, 2007

Successes - Infant mortality

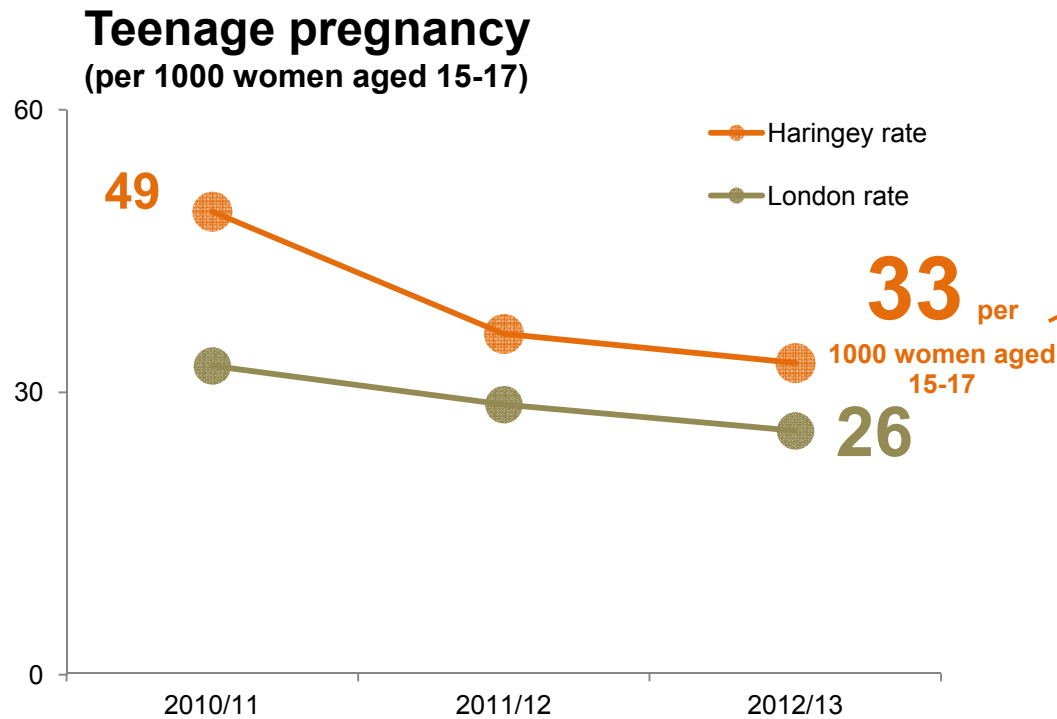


Infant mortality lower than in London and England

Source: NCHOD (2014)

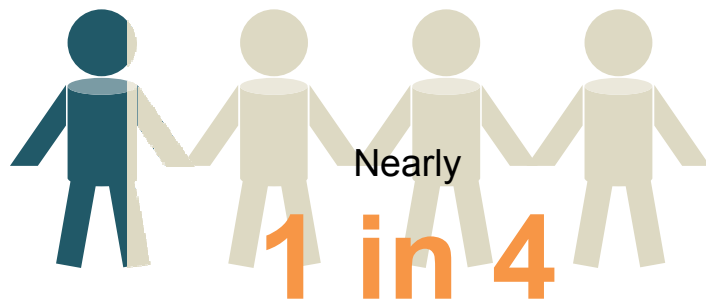
10

Rapid improvement - teenage pregnancy



A big drop but still higher than London average

Ongoing concerns: Childhood obesity



children are overweight or obese in
reception year
(2013)

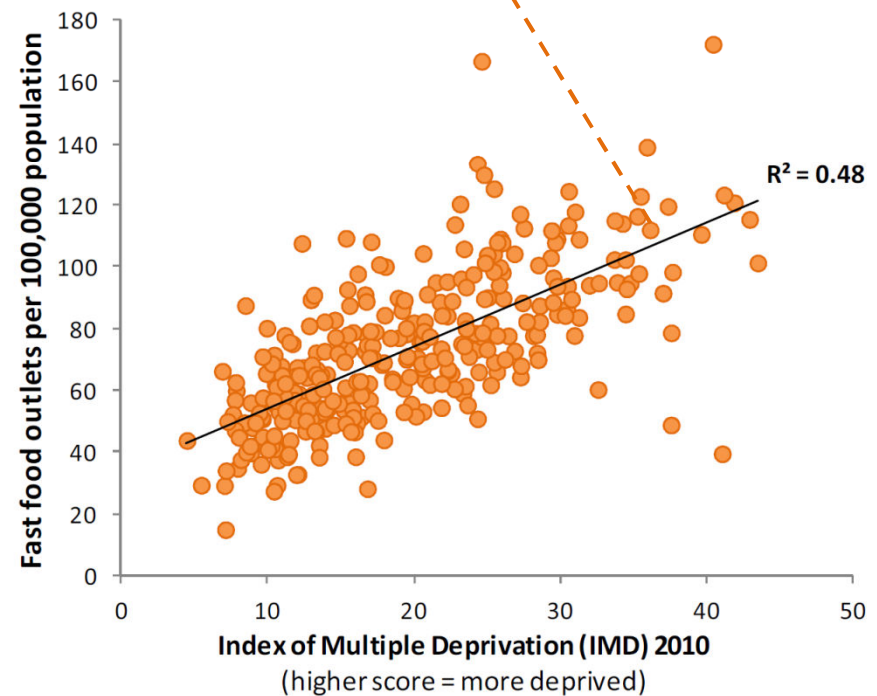


children are overweight or obese in
year 6
(2013)

12

Source: Public Health England

A clear link between fast food outlets and deprivation

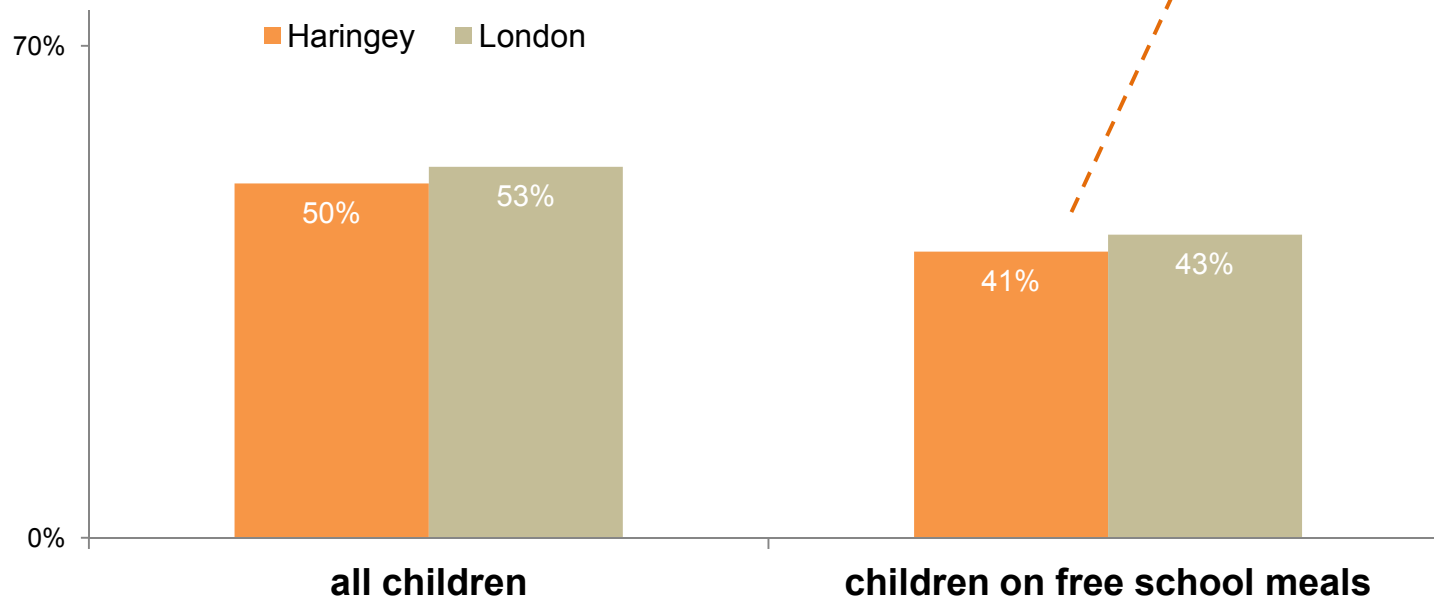


From: National Obesity Observatory:
Relationship between density of fast food outlets
and deprivation by local authority

Ongoing concerns: School readiness

Good level of development at the end of reception
2012/13

Haringey is behind London

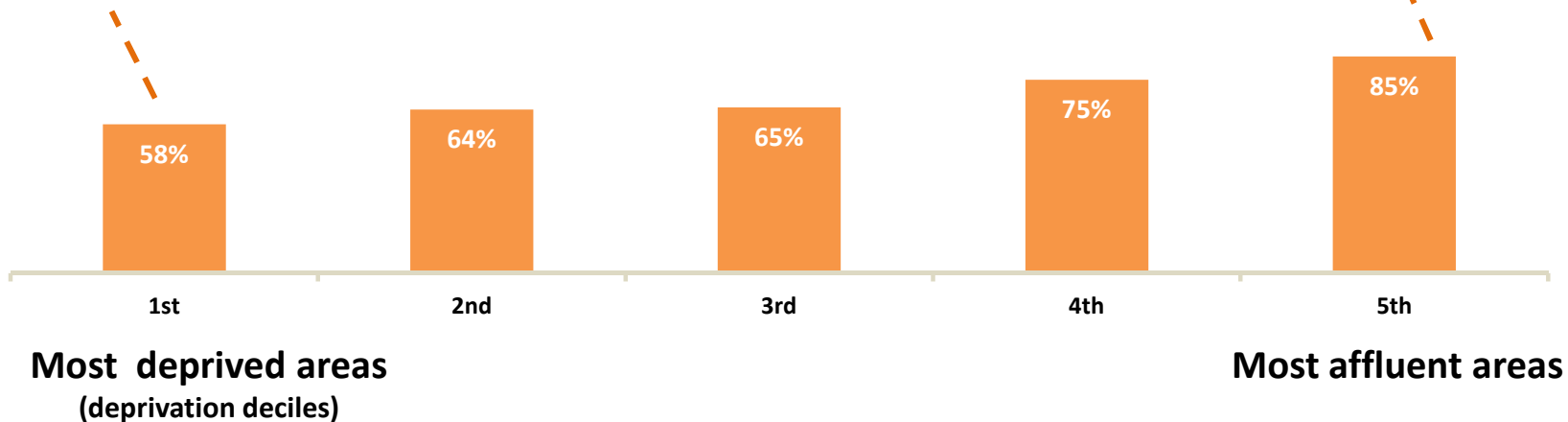


Ongoing concerns: Not all equal

Maternity bookings in Haringey by deprivation

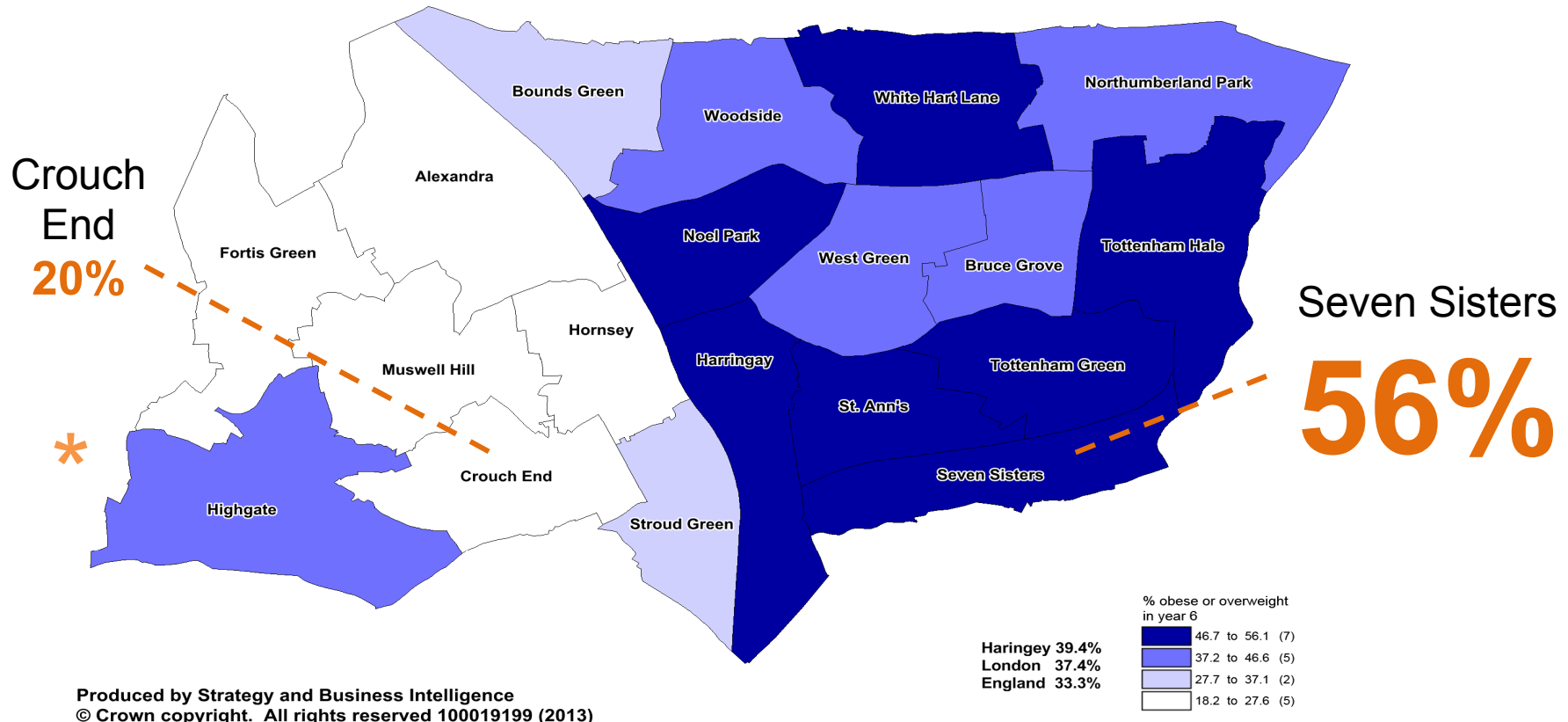
58%
of women in the most deprived areas book early (2012)

85%
of women in the most affluent areas book early (2012)



Ongoing concerns: Not all equal

Prevalence of overweight or obesity in year 6 (2013)



* Note that the Highgate sample is relatively small (41 pupils) and may not be representative of the ward population

15

Source: Public Health England, PHOF (Accurate as at May 2014)

Summary of highs and lows

- A marked reduction in teenage pregnancy
- Child poverty is reducing
- Infant mortality is reducing

BUT

- 1 in 3 children live in poverty
- There are 10,000 lone parent households
- Over 9,000 pupils have special education needs
- Childhood obesity is high




OUTCOME 2:
**REDUCING THE
GAP IN LIFE
EXPECTANCY**
















PRIORITIES:

- Reduce smoking
- Increase physical activity
- Reduce alcohol misuse
- Reduce early death from cardiovascular disease and cancer
- Support people with long term conditions to live a healthier life

Are we on track?

-  = Target met/better than London average
-  = Not met yet but close / statistically no difference to London
-  = Below target (more than 5%) / worse than London

	Latest performance against targets	Latest Trend	Haringey v London
Quitters from routine or manual occupations % of 4 week quitters from these groups	18%	better 	
Adult participation in sport and active recreation 30 minutes on 3 or more days a week	28.4%	better 	-
Proportion of physically inactive adults	26.4%	-	
Alcohol-related hospital admissions per 100 000 population	2273	better 	
Take up of NHS Health Checks Number of take up from eligible population	5116	better 	
Bowel Cancer Screening % coverage	44%	no change 	-
Fuel poverty % of households	11.7%	better 	
Cardiovascular mortality (under 75) Per 100 000 population	85.8	better 	

Outcome 2: Examples of key activities

Population level interventions

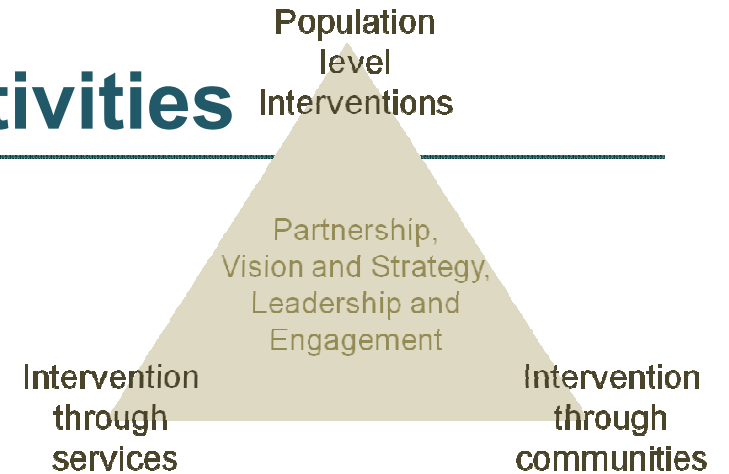
- E.g. Responsible retailers scheme (tobacco and alcohol) and Healthy Catering commitment

Intervention through services

- E.g. Smoking cessation services, welfare hubs in GP surgeries,

Interventions through communities

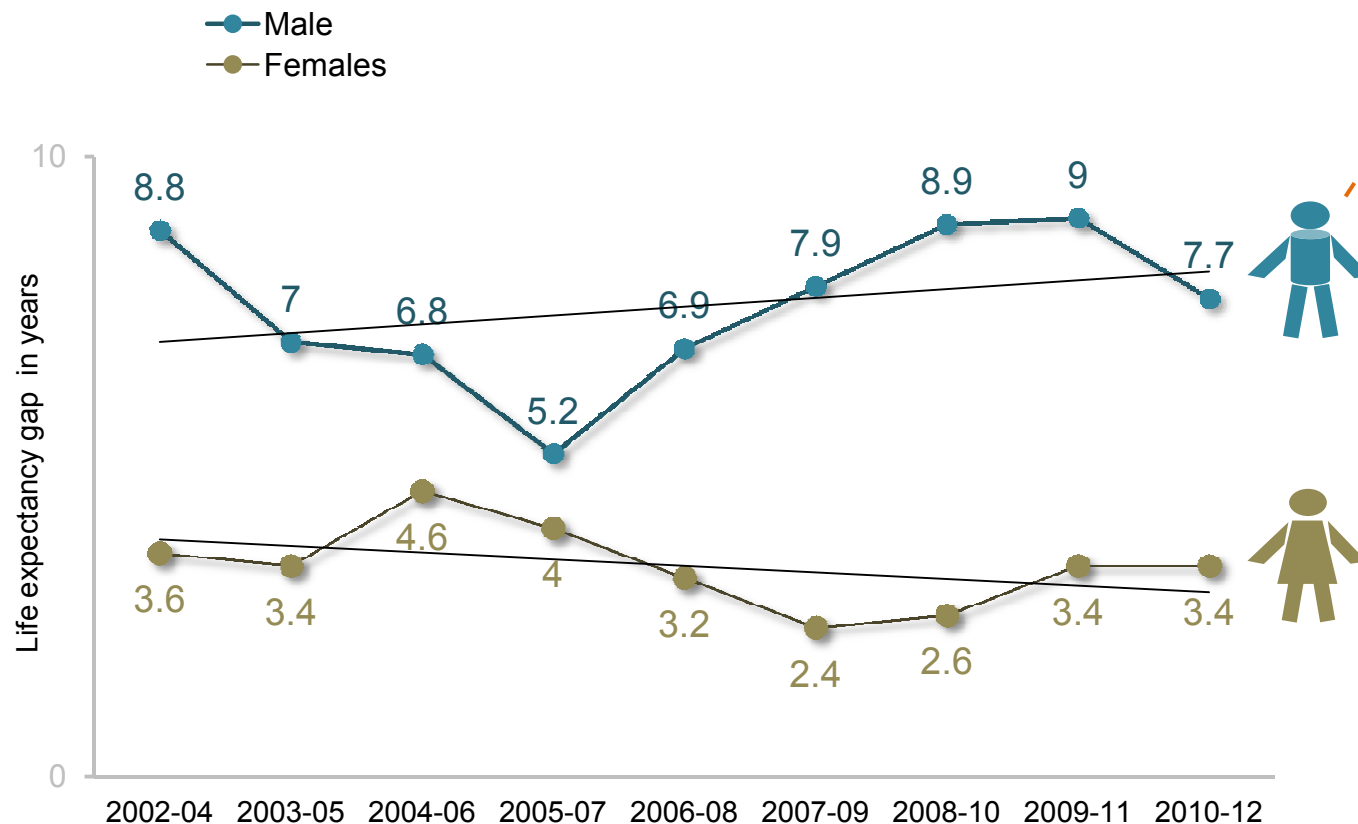
- E.g. Peer health champions



Adapted from C. Bentley, 2007

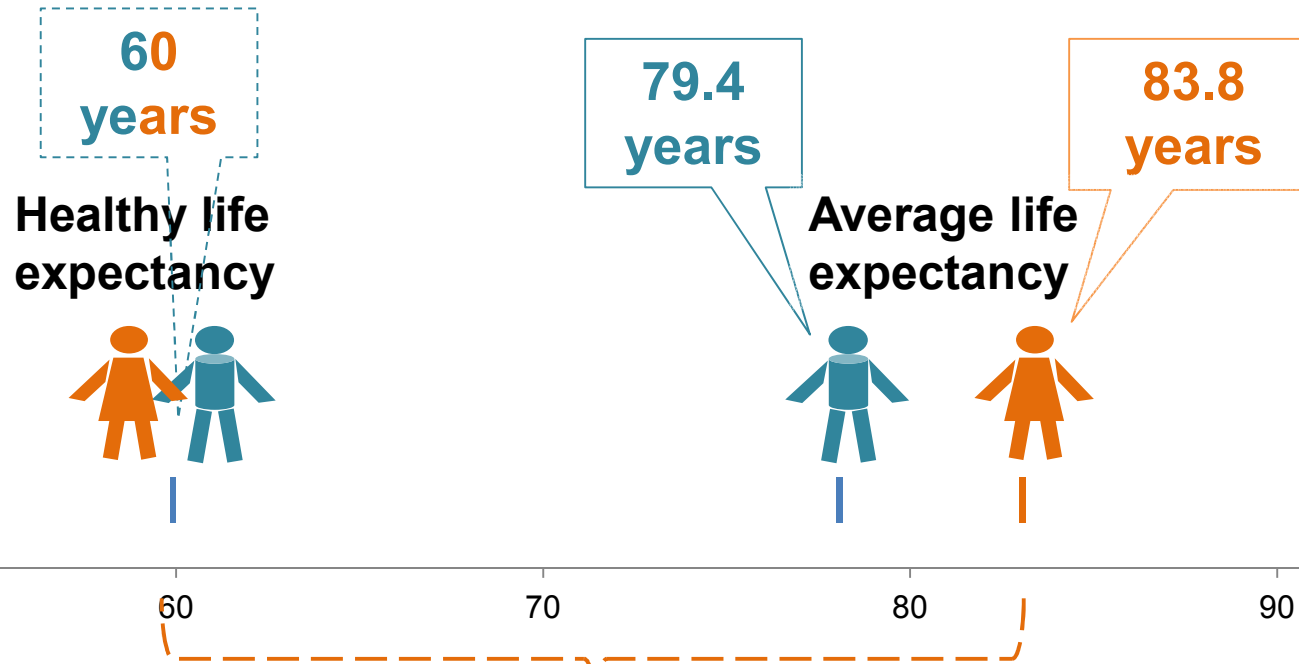
Life expectancy gap

Life expectancy gap: Haringey, Males and Females, 2000-2012



While the gap in life expectancy for men between the poorest and most affluent areas has reduced to 7.7 years, there has been no real change over the past 10 years

Life expectancy v healthy life expectancy



On average, men and women both have poor health from the age of 60 with men having a lower life expectancy and women living longer in poor health

Main underlying causes and risk factors contributing to the gap

Main underlying causes

- Cardiovascular disease (CVD)
- Cancer
- Respiratory disease

Main risk factors

- Smoking
- Diet
- Physical inactivity
- Alcohol use

CVD accounts for third of the life expectancy gap in men

Source: PHE Segmenting tool, 2014

CVD mortality

Over two and a half times higher than women.

77.3
per
100 000
population



Source: PHOF, May 2014. Public Health England

28.9
per
100 000
population



Ongoing concerns: Risk factors

40600
estimated smokers
in Haringey
(2012)

--- **1950**
4 week
Smoking
quitters
(2012)



--- **1 in 5**
deaths attributable to
smoking
*Attributable risk from NHS Atlas of risk
(Last accessed June 2014).*

Physical activity
overall is higher than
the average in
London but in some
parts of the borough
lowest in the country.
Girls and women less
likely to engage in
physical activity.

Source: JSNA, June 2014

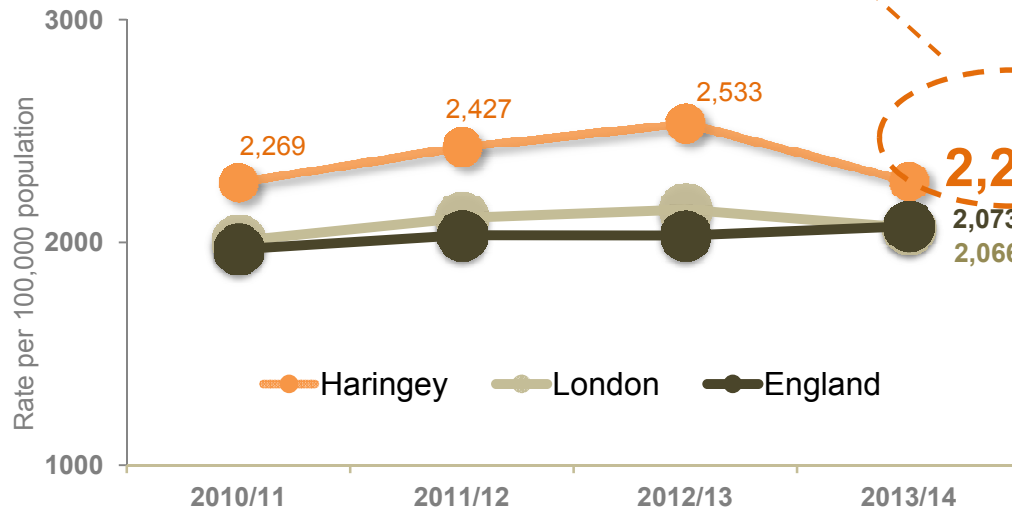
23

*Source: Public Health England,
PHOF (Accurate as at May 2014).
Census 2011, ONS*

Ongoing concerns: Risk factors

Alcohol related admissions still higher than London

Alcohol related hospital admissions
Rate per 100 000 population, all ages, (broad measure)
2010/11 - 2013/14



Over
60
conditions
attributable to alcohol

Source: LAPE, 2014

Summary of highs and lows

- Life expectancy is improving generally, especially for men

BUT

- Men die younger than women (largely due high CVD death)
- The life expectancy gap for men and women has remained largely constant over the last ten years
- Alcohol-related admissions to hospital higher than London and England
- On average, women live the last 20 years of their life in poor health




OUTCOME 3: **IMPROVED MENTAL HEALTH AND WELLBEING**






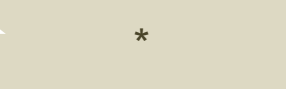



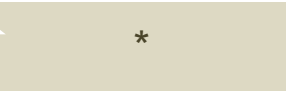








PRIORITIES:

- Promote the emotional wellbeing of children and young people
- Support independent living
- Address common mental health problems among adults
- Support people with severe and enduring mental health problems
- Increase the number of drug users completing treatment successfully

Are we on track?

-  = Target met/better than London average
-  = Not met yet but close / statistically no difference to London
-  = Below target (more than 5%) / worse than London

	Latest performance	Latest trend	Haringey v London
NEET % of 16-18 year olds not in education, employment or training	3.5	**	
Children in poverty % of children 16 and under	31.9	better 	
% of carers involved in planning care % of carers included in care plan discussions	66.5	-	
Adults with learning disabilities in settled accommodation	68.7	better 	* 
Adults secondary mental health services in paid employment	6.2	better 	* 
Proportion of adults in contact with secondary mental health services in stable accommodation	68.0	better 	* 
Mortality rate for suicide and undetermined injury	9.4	no change 	
% successfully completing drug treatment (Opiate users)	10%	worse 	
% successfully completing drug treatment (Non-Opiate users)	38%	better 	

* Statistical significance not calculated

** Latest trend can only be confirmed once school year 2014/15

Outcome 3: Examples of key activities

Population level interventions

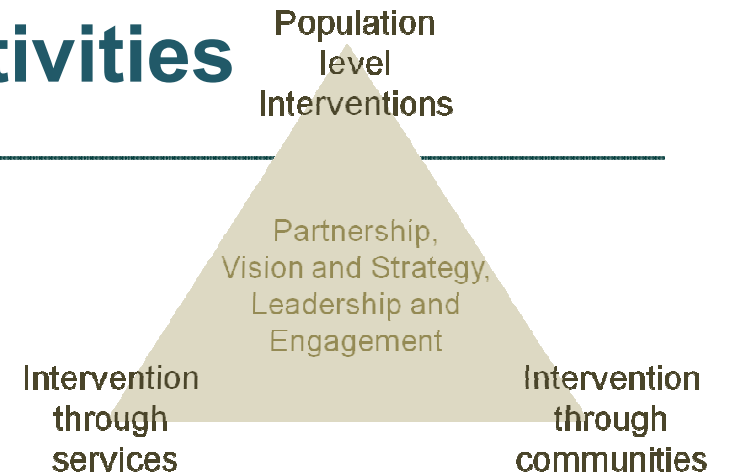
Addressing stigma and awareness raising on mental illness – a range of interventions to encourage use of personal support networks and interventions outside traditional healthcare settings

Intervention through communities

- **Young Minds** – all school approach to emotional wellbeing and resilience

Intervention through services

- **Recovery focussed drug and alcohol treatment provision** which integrates all aspects of recovery in operation since January 2014
- **Multidisciplinary teams focusing on getting people who do not need to be in hospital back to community** – multidisciplinary team from BEH MHT, CCG and LBH



Adapted from C. Bentley, 2007

Addressing wider factors for wellbeing

Education

3.5%

of 16 to 18 years not in employment, education or training (NEET 2013). This is lower than London. GCSE attainment levels have increased to nearly England level



Source: Department for Education
28 May 2014

Drop in crime

Over 40% ↓↓↓↓

reduction in recorded offences in Haringey since 2002-2003

Source: London Metropolitan Police, 2014

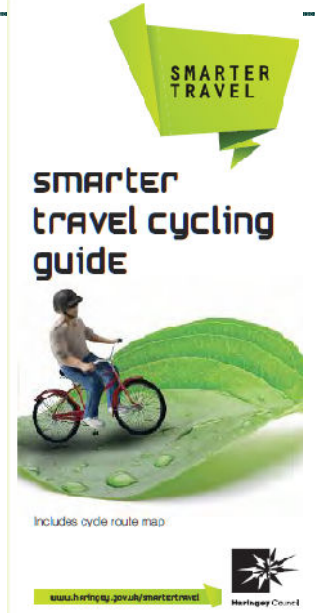
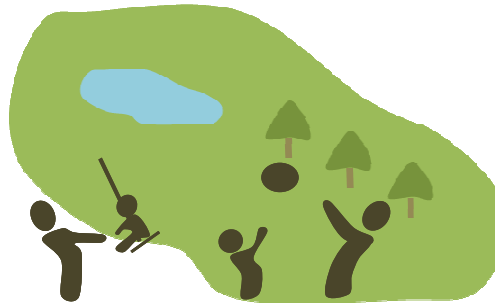


Open spaces

In **16** wards

With **19 green flag** parks access to open spaces is better than the London average.

Source: Haringey Council, 2014



61% of Haringey adults are physically active (150 minutes a week)

Source: Active People Survey, from PHOF May 2014



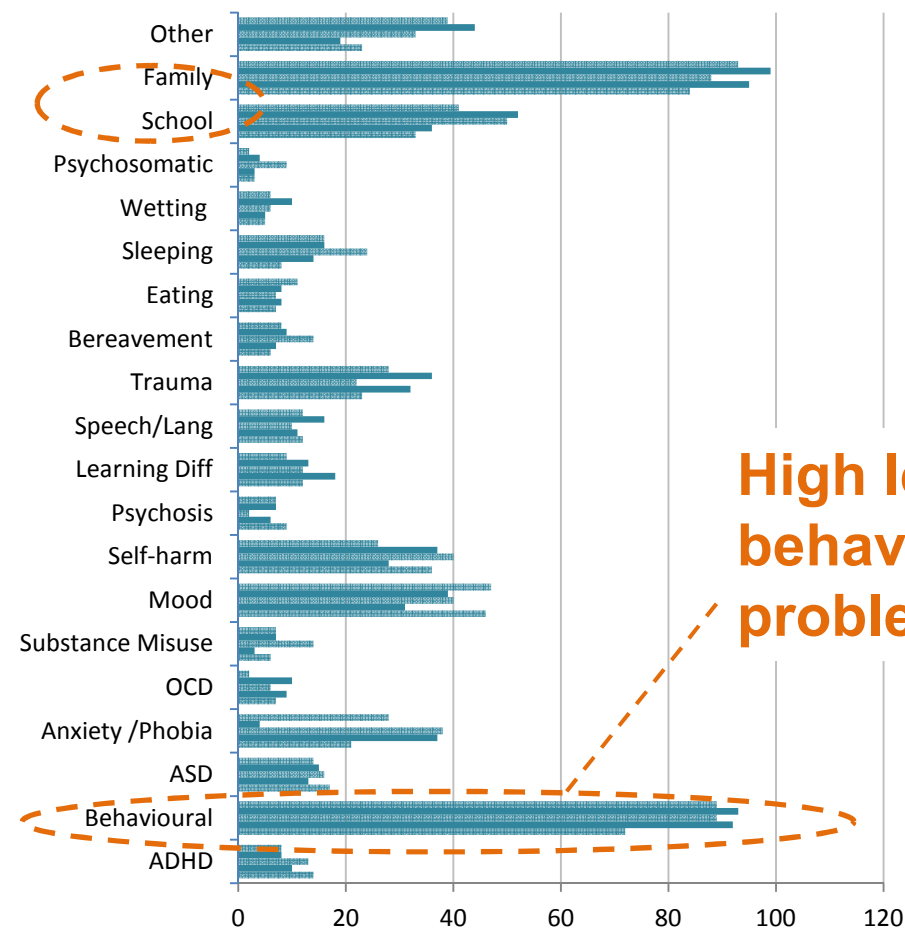
Ongoing concerns - Early years

Estimated number of children with emotional or behavioural problems

Condition	Prevalence	Estimate (3160)
Emotional disorder	3.1%	1139
Behavioural problems	4.5%	1653
Hyperkinetic disorder (ADHD)	1.8%	661
Less common disorder	0.7%	257

Source: Office for National Statistics, 2012. Green, H. et al (2004).

Reasons for referrals to Child and Adolescent Mental Health Services, 2011



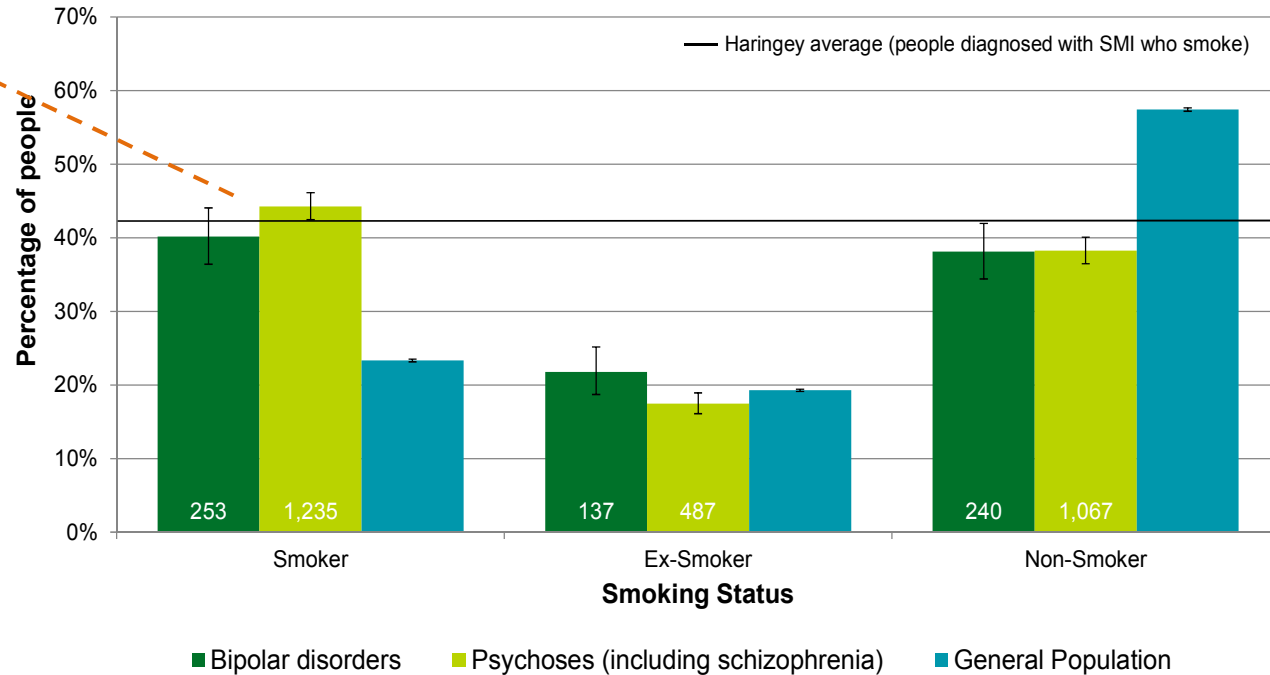
High level of behavioural problems

Source: CAMHS quarterly reports, 2011

Ongoing concerns – Physical and mental health

Over 44% of people with mental illness smoke compared to 23% of general population

Smoking status in people diagnosed with serious mental illness and with smoking status recorded, compared to Haringey's registered population, aged 18 and over, January 2013



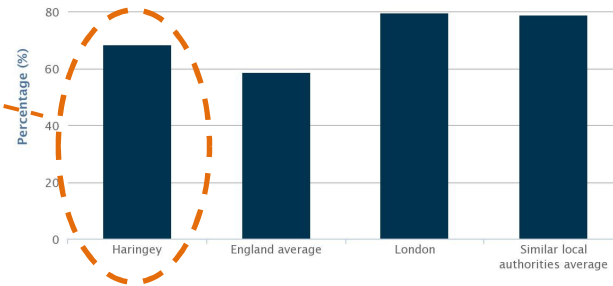
Notes: Numbers on bars indicate the number of people diagnosed with a serious mental illness; 112 people have no recorded smoking status and are excluded from this analysis.

Source: Haringey's GP PH Dataset, 2013

Ongoing concerns – people with severe mental health problem living independently

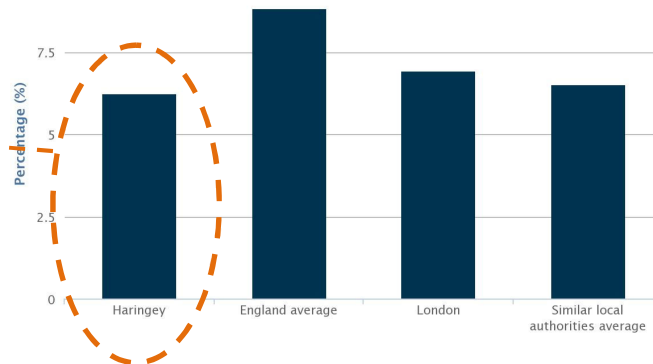
Stable accommodation for lower than London and similar local authorities

% of adults in contact with secondary mental health services in stable accommodation



Health & Social Care Information Centre | 2013

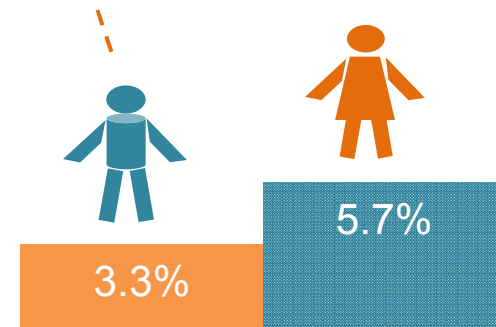
Adults secondary mental health services in paid employment



Health & Social Care Information Centre | 2013

Paid employment lower than all London, England and similar local authorities

Low employment rates for both for men and women



Source: ASCOF, 2013

Summary of highs and lows

- Recorded crime is down by 40%
- There are 16 Green Flag parks and four Community Green Flag gardens

BUT

- Attainment is low in the early years and, developmentally, many children are not ready for school
- High numbers of children have behavioural problems
- Depression is under-detected in primary care but over-represented in acute settings; levels of severe mental illness are significantly higher than other places, and disproportionately based in the east of the borough
- Over 30% of offenders have mental health problems
- A low number of people with a severe mental health problem are in employment or settled accommodation

EMERGING NEW PRIORITIES

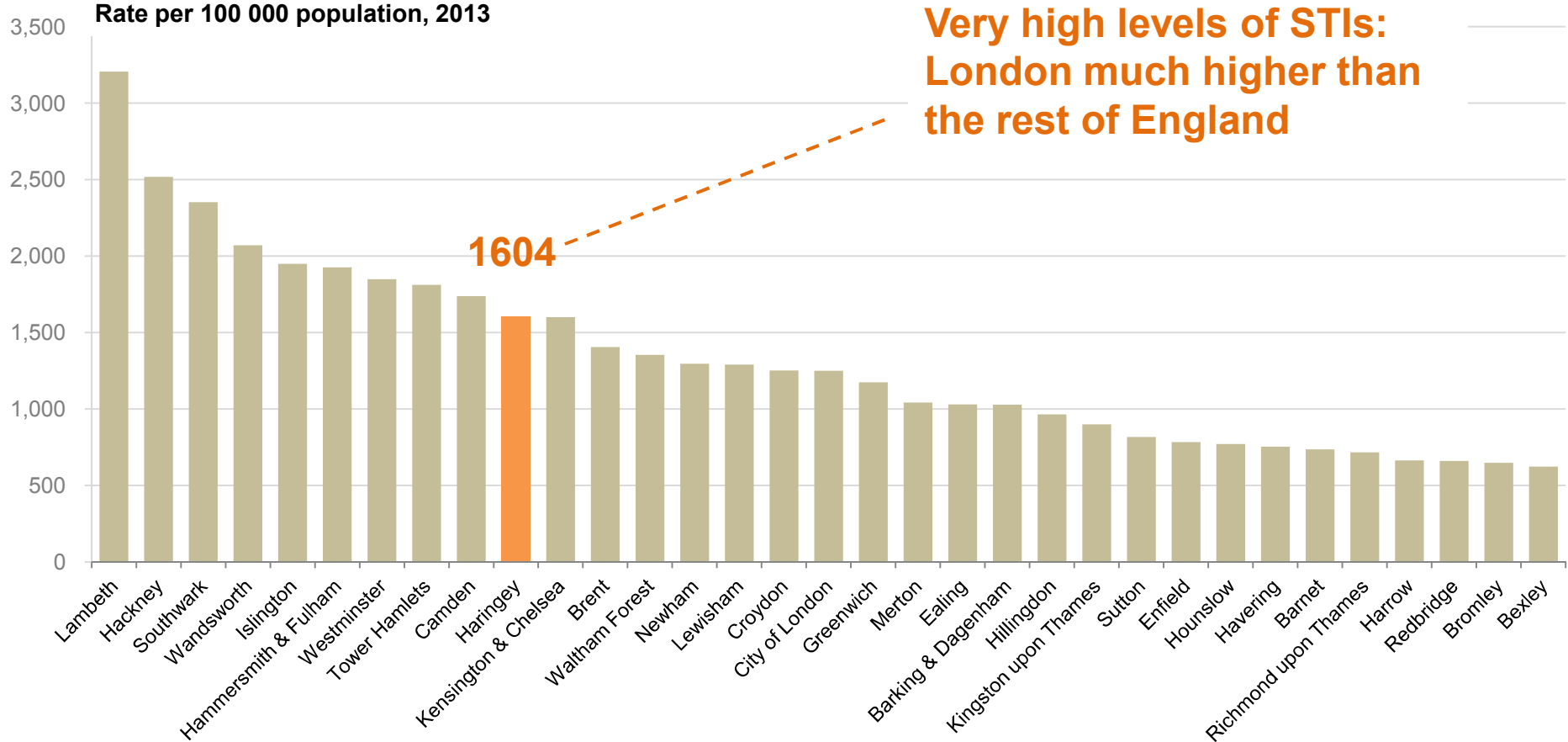
- Sexual health
- Domestic violence
- Increase in temporary accommodation

34

Sexually transmitted infections

Rates of STIs by local authority in London

Rate per 100 000 population, 2013



**Very high levels of STIs:
London much higher than
the rest of England**

Domestic violence

33%

Domestic violence offences account for 33% of all violent crime in the borough (2012/13)

Source: London Metropolitan Police

345
children

had a child protection conference during 2012/13 had domestic violence flagged as a presenting need (66%).

Source: Haringey Council

Temporary accommodation

2,869
households in
temporary
accommodation
(31 March 2014)

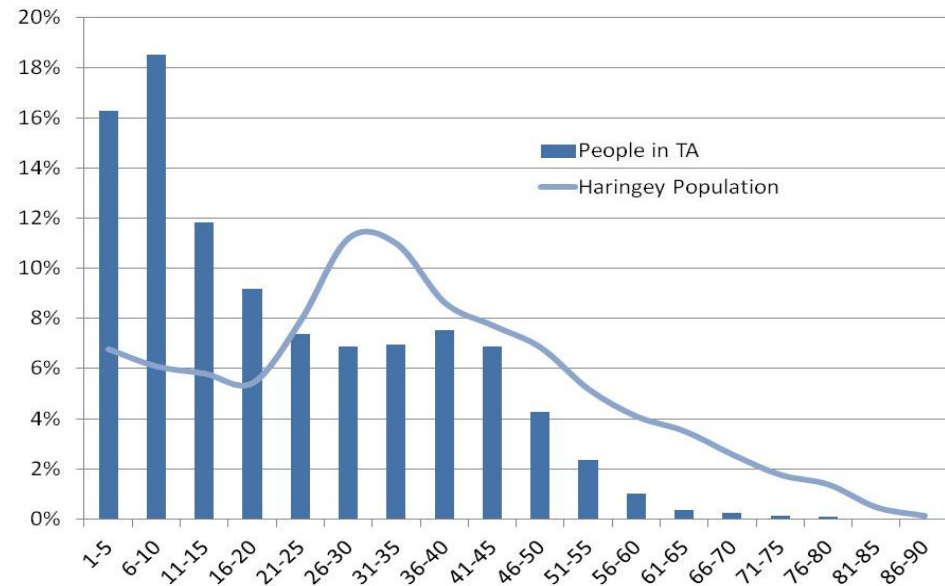
9,700 people

66% female (of those aged 18+)

50% under 18 (4,900)

25% aged 18-34 year olds

Age profile – people in in temporary accommodation



Some themes emerging from our Joint Strategic Needs Assessment (JSNA) update

- Promoting safe, healthy relationships
- Promote physical activity for women and girls
- Unemployment rates in some communities and groups
- Carbon emission in affluent areas
- Children with additional needs and disabilities
- Transition of young people into adulthood
- Healthy ageing in a rising older population
- JSNA online: www.haringey.gov.uk/JSNA

Other drivers

- Impact of housing and welfare reforms
- The need for all key strategies in Haringey to demonstrate contribution to wellbeing through:
 - prevention and early intervention
 - community resilience
 - reducing inequalities
- Health and social care integration

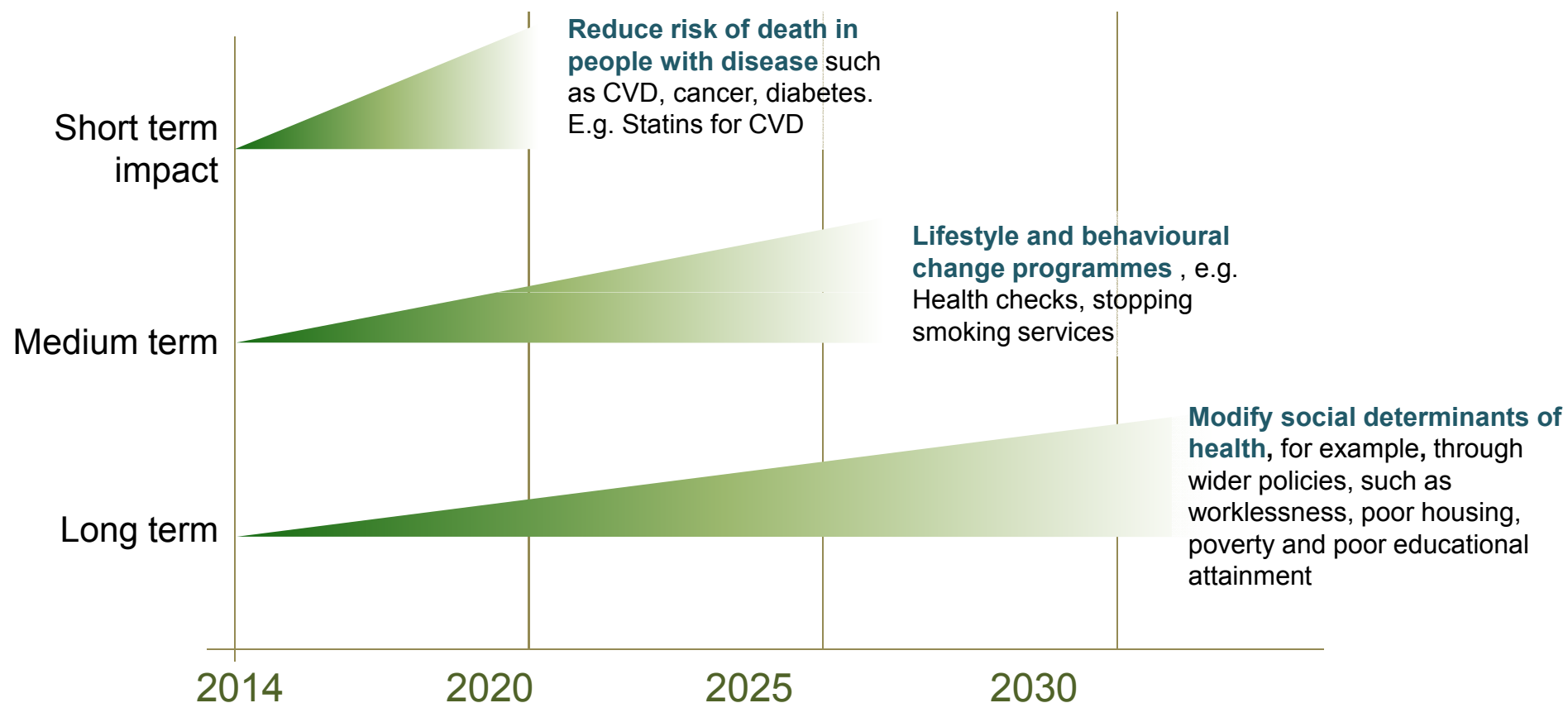
What else on the local horizon?

- Corporate Plan refresh
- Tottenham Regeneration
- Community Safety Strategy
- Haringey 54k
- Health and social care integration and the Better Care Fund
- Issues of primary care quality and access
- Savings – for the Council: £70 million over the 3 next few years

Opportunities and challenges

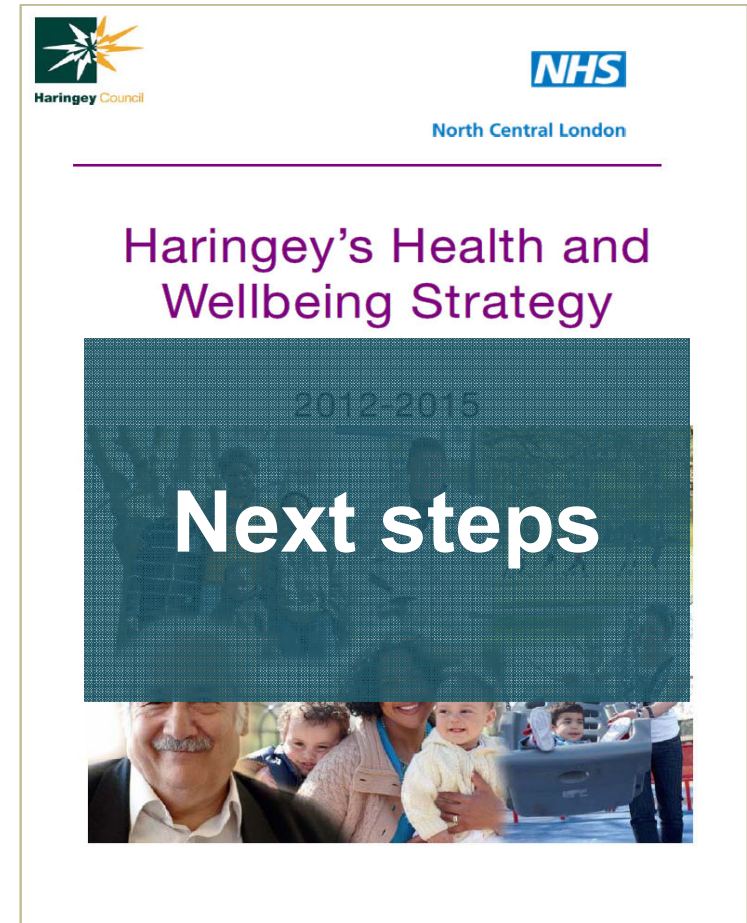
- **Opportunities:** people are living longer, school standards are improving, Haringey is a diverse and vibrant borough. The refresh of Council **Corporate Plan, Tottenham regeneration** and **54000 programmes** provide great opportunities to improve health and wellbeing and to bridge the gap in health inequalities.
- **Challenges include:**
 - **Enduring inequalities in health**
 - **Impact locally when many factors are shaped nationally and globally**
 - **Inclusion of health and health equity in all policies – Healthy Public Policy**

Delivering for short, medium and long term impact



Next steps

- Evaluate feedback from these early meetings
- Develop a draft strategy for wide consultation in autumn/winter
- Publish a refreshed **Health and Wellbeing Strategy for 2015-2018** by mid 2015



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