

Report for: Health and Wellbeing Board – 24th July 2018

Title: Haringey Health and Wellbeing Strategy 2015-18 update

Report authorised by: Dr Jeanelle de Gruchy, Director of Public Health

Lead Officers:

Dr Jeanelle de Gruchy, Director of Public Health, Haringey Council
Dr Will Maimaris, Consultant in Public Health Haringey Council
Susan Otiti, Assistant Director, Public Health, Haringey Council
Tim Miller, Lead Commissioner for Adult Mental Health, Haringey Clinical
Commissioning Group and Haringey Council

1. Describe the issue under consideration

- 1.1. This report describes the progress we have made in delivering Haringey's Health and Wellbeing Strategy for 2015-18.

2 Recommendations

- 2.1. The board is asked to note progress in implementing the Health and Wellbeing Strategy over the last 3 years.
- 2.2. The board is asked to reflect on the successes and challenges in delivering the Health and Wellbeing Strategy and consider how these could inform the emerging new Borough Plan for Haringey.

3 Background information

- 3.1. Haringey's 2015-18 Health and Wellbeing Strategy was approved by Haringey's Health and Wellbeing Board following a consultation with residents and partners in 2015.
- 3.2. The Health and Wellbeing Strategy outlines a shared local commitment to 3 priority areas of health and wellbeing:
1. Reducing obesity
 2. Increasing healthy life expectancy by preventing people from developing long-term conditions and supporting people with existing long-term conditions to manage their health and wellbeing
 3. Improving mental health and wellbeing.
- 3.3. In order to deliver improvements in these areas, the Health and Wellbeing Strategy has been implemented through 3 complementary types of approaches:
1. A **population health** approach to make Haringey a healthier place to live – this includes adopting a Health in all Policies framework

2. A **community health** approach that will build capacity to support improved health and wellbeing in our communities
3. A **personal health** approach which is about developing joined up services which prevent and respond to individual health and care needs.

3.4. The attached slide pack outlines the significant progress we have made in delivering the Health and Wellbeing Strategy in all 3 priority areas. This includes developing suitable governance and partnerships for delivery of the priorities as well as implementation of a wide range of interventions.

3.5. In some areas we have made significant improvements in population health outcomes, particularly improving early death rates from strokes and cardiovascular diseases.

3.6. The slide pack also outlines the considerable challenges that remain in terms of improving the health and wellbeing of our population including:

- Ongoing inequalities in health outcomes for our residents
- Difficulties in shifting resources towards prevention and early intervention while demand management pressures continue to increase across all statutory providers of health and care services
- The environment we live in still does not help us make healthy choices – and we are often constrained on what we can do at a local level
- The need for sustained long-term action. For example, interventions which impact on the wider determinants of health, such as education, planning policy and housing can take many years for their full benefits to be realised.

4 **Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

4.1. Finance (ref: CAPH18-21)

There are no financial implications arising from this report.

4.2. Legal

There are no legal implications arising from this report.

4.3. Equalities

The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity between people who share those protected characteristics and people who do not

- Foster good relations between people who share those characteristics and people who do not.

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

Tackling health inequalities has been at the heart of the Health and Wellbeing strategy 2015-18. However, we know that there are ongoing significant inequalities in all 3 of the priority areas of the Health and Wellbeing including the following examples:

- **Obesity:**
 - Higher obesity rates in areas with high levels of deprivation.
 - Significantly higher rates of obesity in year 6 children from Black ethnic groups¹.
- **Healthy Life expectancy:**
 - 17 year gap in healthy life expectancy for woman and 15 year gap for men between least and most deprived parts of the borough (Public Health England data).
 - People from certain ethnic backgrounds are at higher risk of long-term conditions. For example in Haringey, Turkish people and Black Caribbean people are more likely to have type 2 diabetes².
 - People with severe mental illness, rough sleepers and people with learning disabilities have significantly reduced life expectancy compared to average (national findings)
- **Mental health and well-being;**
 - Severe mental illness is linked to deprivation.
 - African-Caribbean people are three to five times more likely than any other group to be diagnosed and admitted to hospital for schizophrenia (from national data)

It is recommended that Haringey's new borough plan is mindful of these inequalities. A full Equality Impact Assessment will be conducted on the Borough Plan in due course.

5 Use of Appendices

1. Slide set: Health and Wellbeing Board Strategy 2015-18 Update
2. Haringey's Health and Wellbeing Strategy 2015-18

¹ From local analysis of National Child Measurement Programme Data 2016/17

² Local analysis of diabetes prevalence: Haringey Public Health Team 2015