Review of Haringey's Health and Wellbeing Strategy 2015-18

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Background and context

- 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.
- Our vision was to work with communities and residents to reduce health inequalities and improve the opportunities for adults and children so that they can enjoy a healthy, safe and fulfilling life.
- 3 priority areas were identified based on our local health needs:
  - Reducing obesity
  - Increasing healthy life expectancy by preventing long-term conditions and helping people with long-term conditions to live well
  - Improving mental health and wellbeing.
- Approach to delivery
  - Building partnerships e.g. Haringey and Islington Wellbeing Partnership, Haringey Obesity Alliance, Haringey Mental Health Executive
  - Targeted approaches to reduce inequalities alongside universal approaches
  - Embedding Haringey's 3 approached to prevention using Haringey's prevention pyramid
  - Aligned with other key plans, including Haringey Council's Corporate Plan, Haringey and Islington Wellbeing Partnership Agreement
  - Outcome focused – at the mid point in delivery of the strategy it was decided to align the original outcomes and ambitions to a subset Haringey's corporate plan outcomes

Haringey's Prevention Approach

- HWB Strategy implemented using 3 complementary prevention approaches:
  1. A **population health** approach to make Haringey a healthier place to live – this includes using 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.

Area 1: Reducing obesity – examples of approaches we now have in place - using the Haringey prevention pyramid

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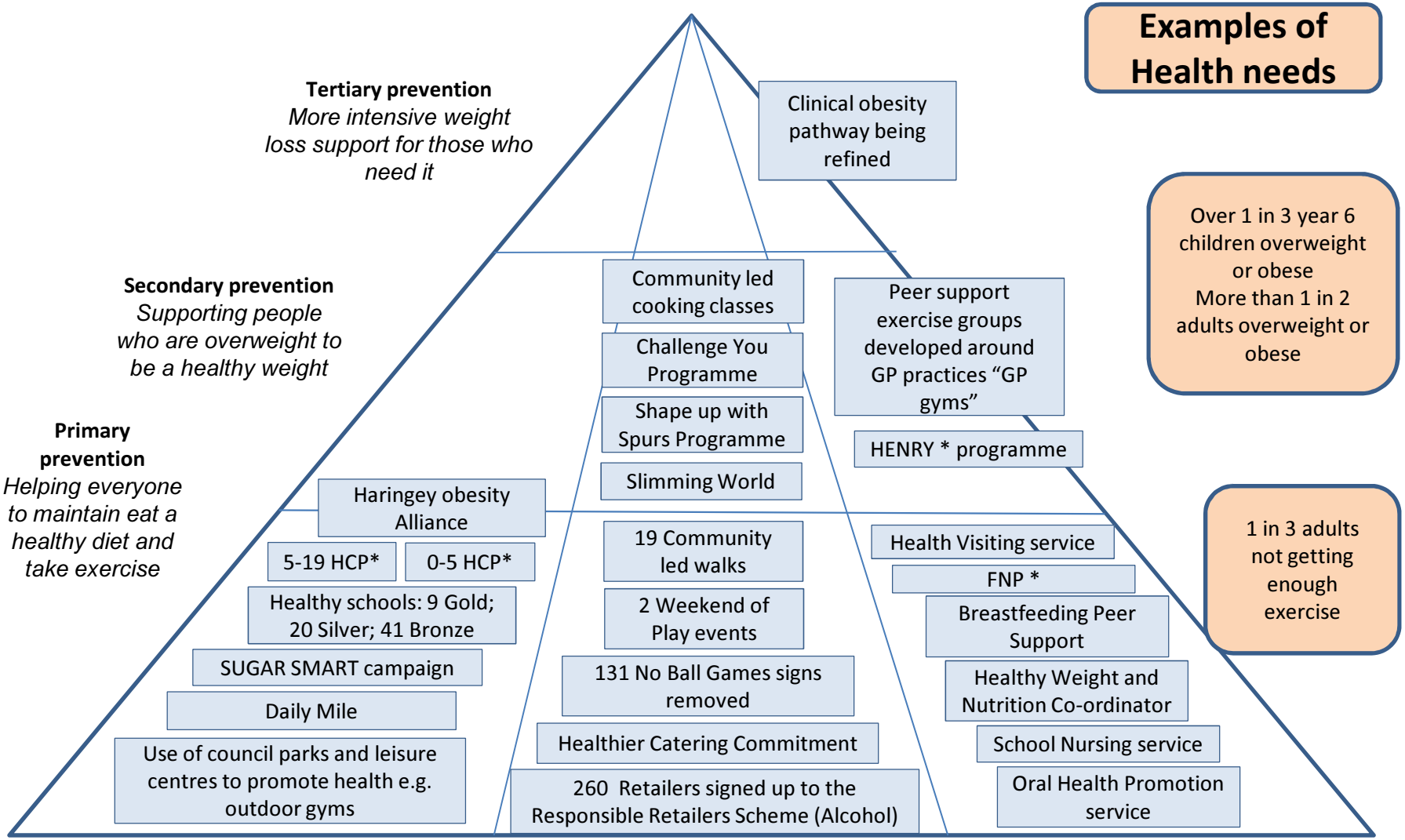
Examples of Health needs

Over 1 in 3 year 6 children overweight or obese
More than 1 in 2 adults overweight or obese

1 in 3 adults not getting enough exercise



- HCP: Healthy Child Programme
- HENRY: Healthy Eating and Nutrition for the Really Young
- FNP: Family Nurse Partnership programme

Success stories – Obesity - Healthier Food Commitment

Healthy London Partnership & Haringey Council worked with Taster's Fried Chicken Store, in West Green Road building on their healthier meal options for adults to also create a healthier children's menu using grilled chicken and healthier chunky chips. Staff were trained to encourage young people to choose the healthier options

Outcomes: The sales of their grilled chicken are increasing week on week.

Success story – HENRY Programme

The HENRY Healthy Families group programme is an 8 week intervention that offers parents a chance to share ideas and gain new skills and tools to address lifestyle issues in a supportive and fun environment. The programme adopts a holistic approach and focuses on five research-identified risk factors for child obesity:

- Parenting efficacy
- Family lifestyle habits
- Emotional wellbeing
- Nutrition
- Physical activity

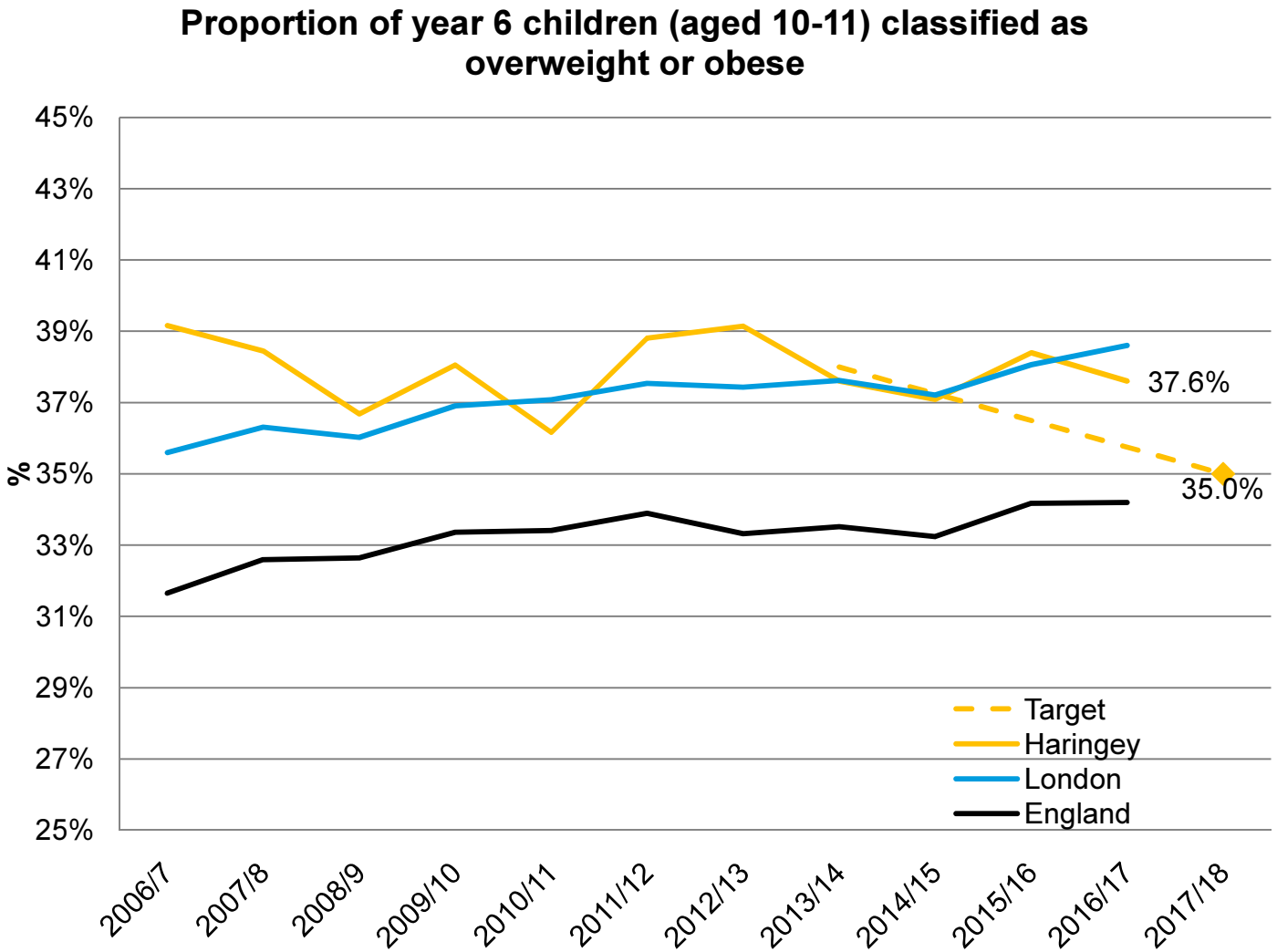
"I enjoyed the session on portion sizes and mealtimes because it made me realise my son is a better eater than I thought. Also I loved the non-judgemental, supportive attitude of the participants and the facilitators"

April 2015 – December 2017

- Number of programmes: 11
- Number of families: 133
- Completion rate for programme: 85%

"I liked learning how to be a good and healthy family. I changed lots of things like my mealtime routine, bedtime routine, etc."

Key outcome for reducing obesity – rates of overweight and obesity in year 6 children



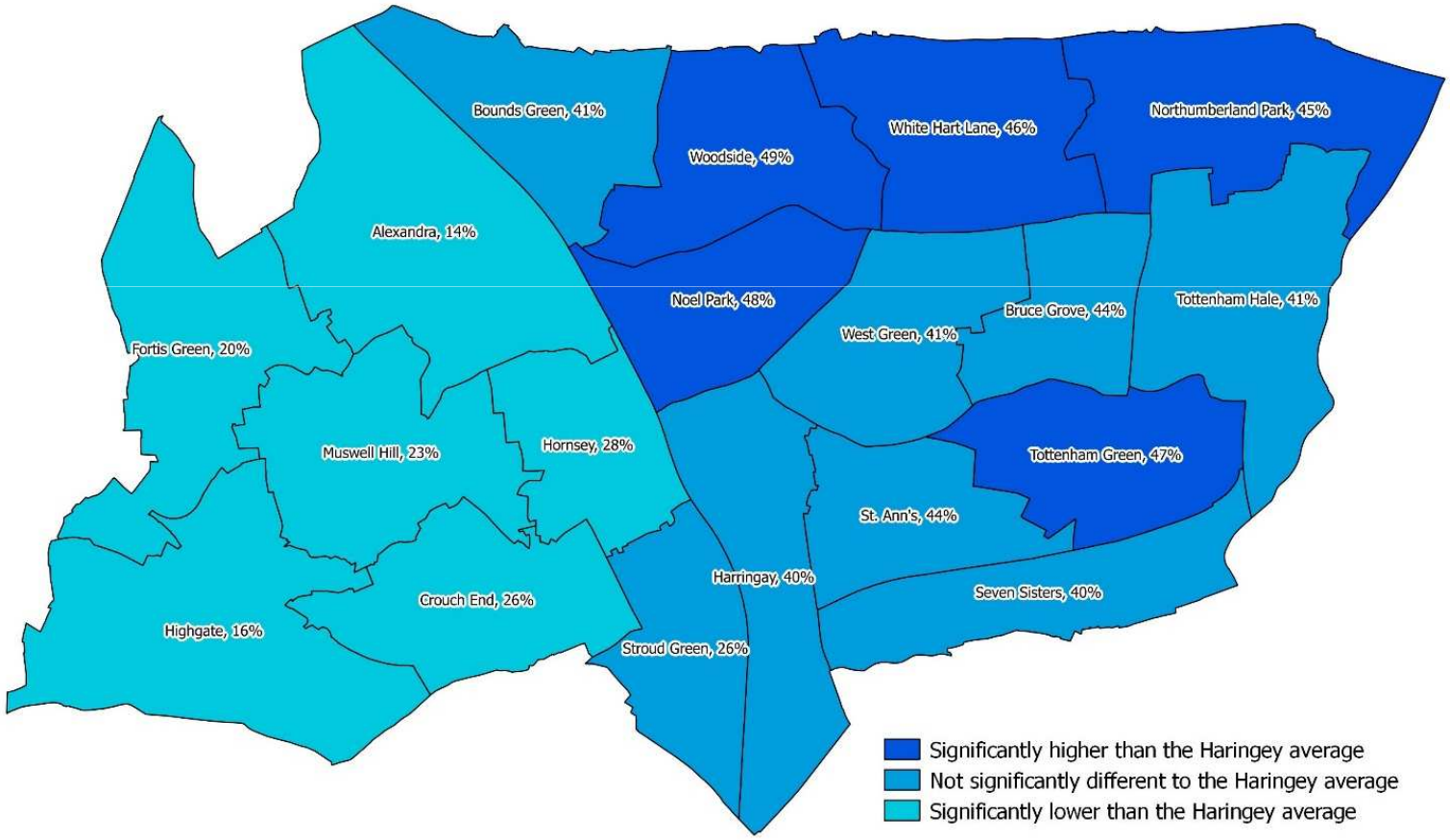
The proportion of year 6 children who are obese or overweight in Haringey has fluctuated but the overall trend is stable, compared to a rising trend in London.

We still have work to do to reach our 35% ambition.

Source: Public Health England comparison of National Child Measurement Programme data

Health inequalities remain evident across the borough in relation to childhood obesity

Percentage of Overweight (including Obese) students in Year 6 in Haringey 2016/17, by ward of residence, compared to Haringey average



Source: Local analysis of National Child Measurement Programme data

Area 2: Increasing Healthy Life Expectancy – examples of approaches we now have in place

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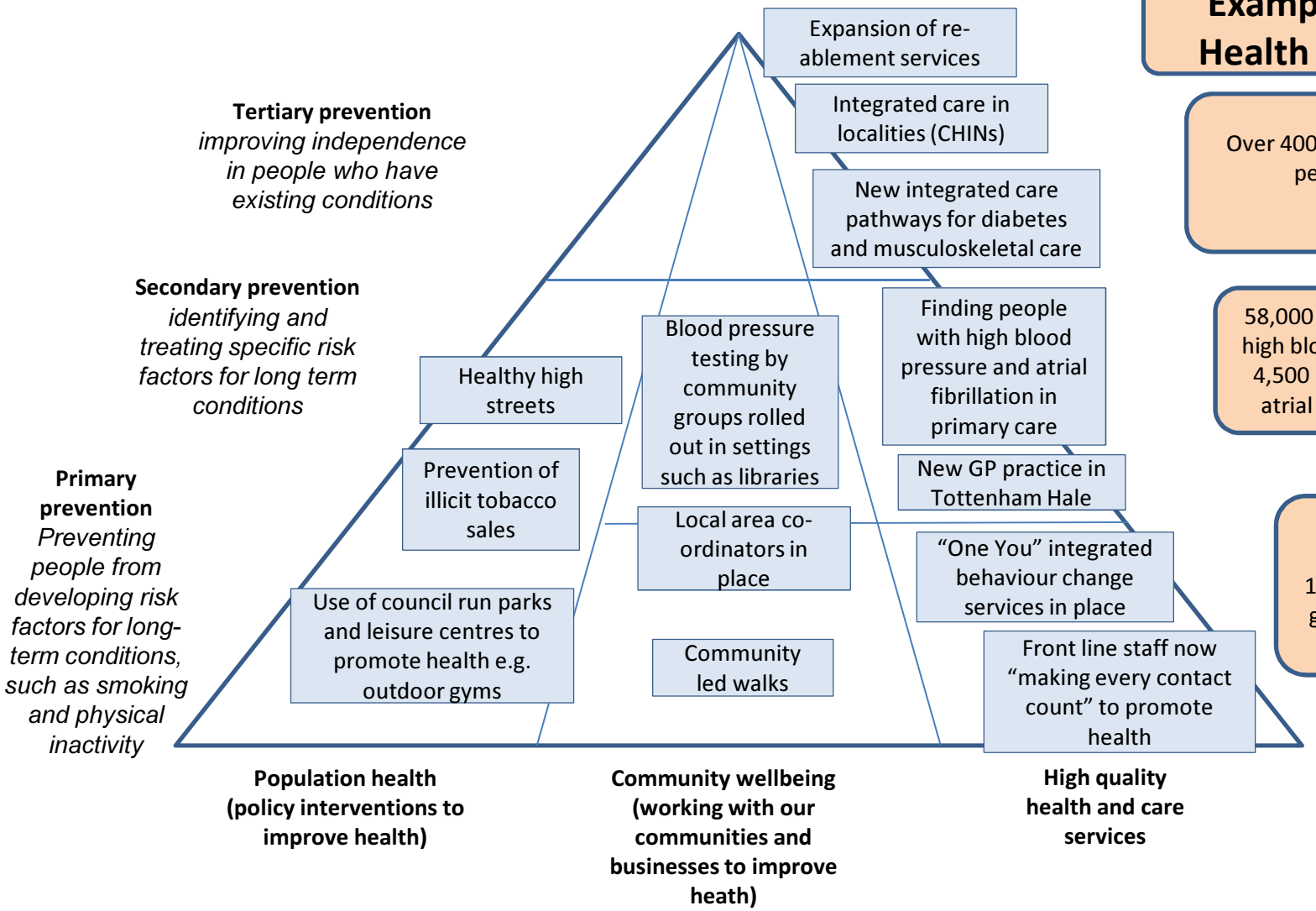
Examples of Health needs

Over 400 new strokes per year

58,000 people with high blood pressure
4,500 people with atrial fibrillation

Nearly 1 in 5 people smoke
1 in 3 adults not getting enough exercise



Success story– Community blood pressure checks

Overview

- 2 year British Heart Foundation grant worth £100k secured by Haringey and Islington for project
- 5 VCS organisations in Haringey and Islington in trained to deliver blood pressure checks in community settings e.g. community centres, libraries Focus on BME communities
- People also given lifestyle advice and those requiring further follow up are linked back to primary care

Outcomes so far

- Over 75 staff and volunteers trained to deliver BP checks in the community
- Roll out of programme from Jan 2018
- Residents now being detected with high blood pressure and engaging in behaviour change conversations as a result of programme

Success story– Stroke prevention scheme Haringey

Overview

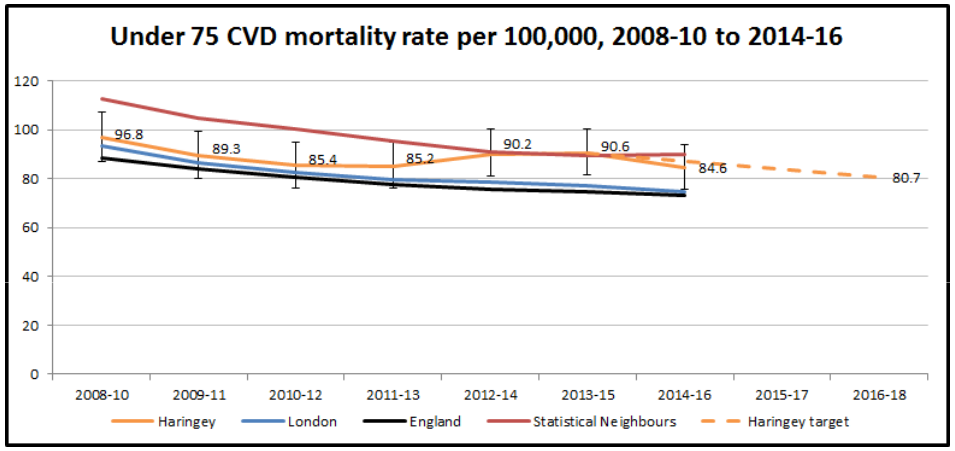
- Modest investment by Haringey CCG since 2015 to focus on detection of high blood pressure and atrial fibrillation (AF) in general practices
- Patients, for example, have a pulse check and blood pressure check when they go for annual flu vaccination.
- Aims to increase the number of people with AF and high blood pressure that are identified and treated and prevent strokes and heart attacks.

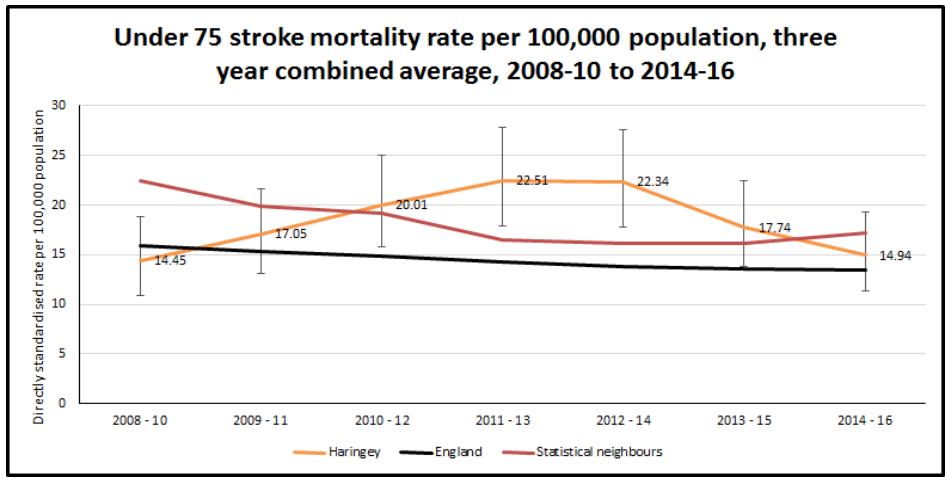
Outcomes thus far (2015-2017)

- Over 10,000 blood pressure and pulse checks carried out each year
- Over 500 new AF diagnoses and 1500 new high blood pressure diagnoses since 2014/15
- Estimated that over 30 strokes will be prevented as a result of this work –
- Stroke mortality and stroke hospital admissions now beginning to fall in Haringey

Key outcome for Increasing Healthy Life expectancy – early deaths from all cardiovascular disease and strokes

Outcome indicator: Early death rates from all cardiovascular diseases (including strokes) (CVD) and from strokes (alone) in people under 75*





Source: Public Health England Cardiovascular Disease Profiles

We have made significant improvements in these indicators:

There has been a 33% fall in the rate of early deaths from stroke between 2012-14 and 2014-16

There has been an improvement in the CVD mortality rate from 90.6 per 100,000 in 2013-15, to **84.6 in 2014-16.**

Although overall outcomes have improved, inequalities remain

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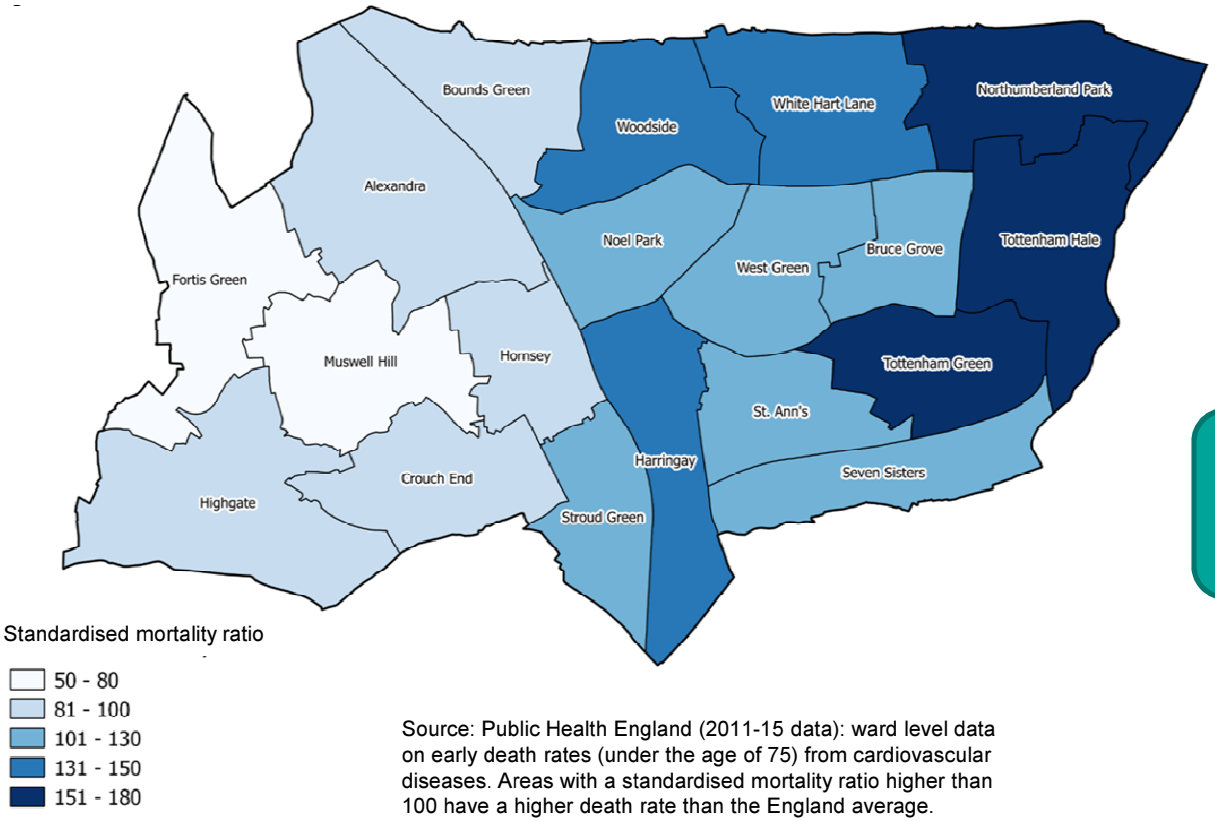
Inequalities in early deaths from stroke and other cardiovascular diseases across Haringey



Source: Public Health England (2011-15 data): ward level data on early death rates (under the age of 75) from cardiovascular diseases. Areas with a standardised mortality ratio higher than 100 have a higher death rate than the England average.

Death rates are 3x higher in some parts of East Haringey than some parts of West Haringey

12 wards have higher death rates than England

Area 3: Improving mental health and wellbeing– examples of approaches we now have in place using the prevention pyramid

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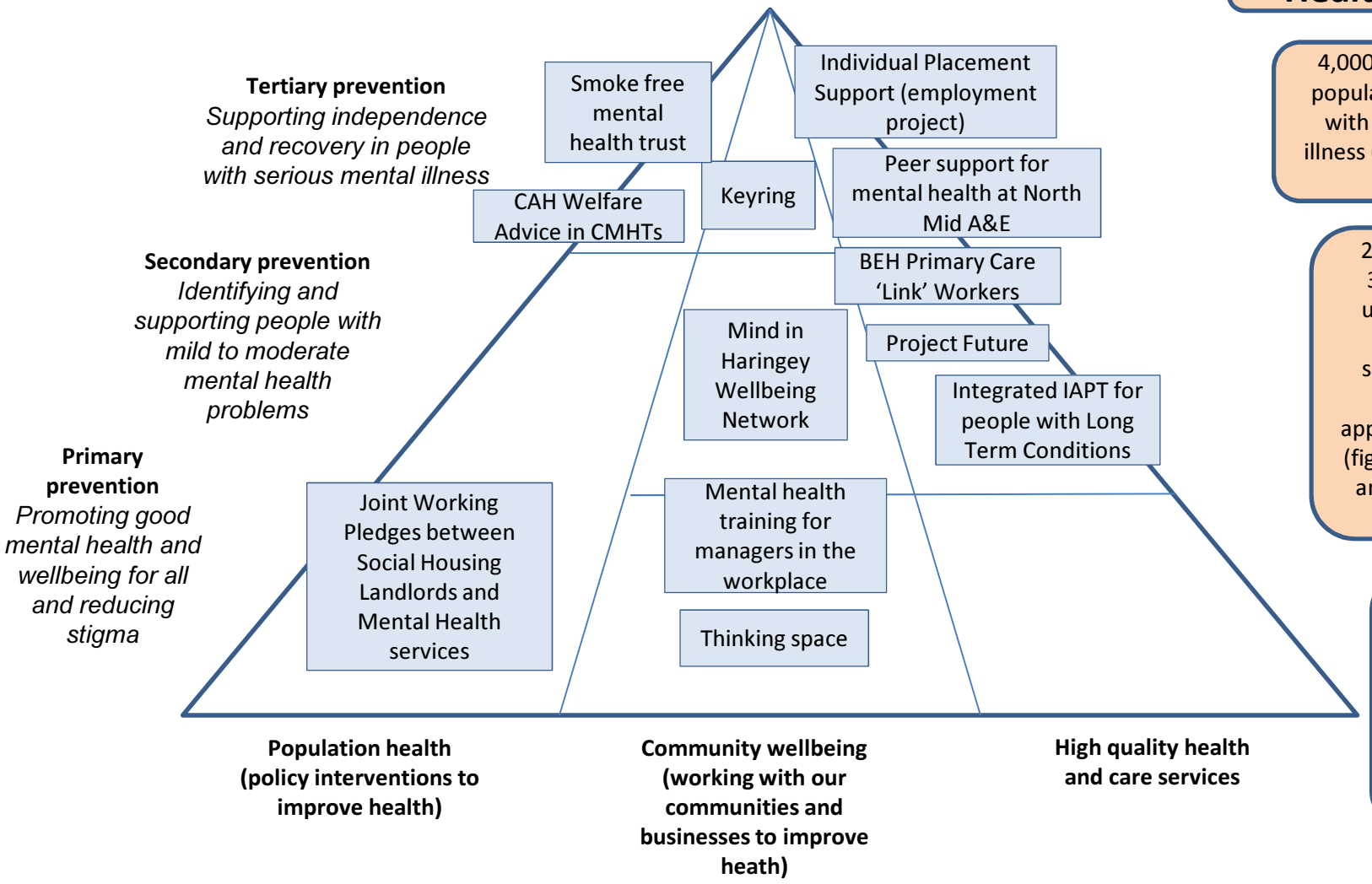


Examples of Health needs

4,000 adults (1.3% of population) diagnosed with serious mental illness (England average is 0.9%)

27% of men and 32% of women using secondary mental health services were in stable and appropriate housing (figures for London are 53% and 57% respectively).

17.6% of adults estimated to have a common mental health disorder (vs 15.6% for England)

Success stories– Mental health

Haringey Wellbeing Network

- A partnership of local charities for a single ‘network’ of community mental health support services supporting up to 1,000 residents per year, offering: -
  - Motivational interviewing and social prescribing
  - Advocacy and brief support
  - Activity groups and wellbeing programmes
  - Group and 1-1 peer support
  - Community development, focused on supporting wider community assets around mental health and challenging stigma
  - Time Credits
  - Mental Health First Aid and other training
- This offers people access to emotional, social and practical help and support within communities.
- The network will integrate with primary care mental health Link workers; mental health nurses operating in General Practice to offer non-clinical pathways of support

Success story – Anchor Project

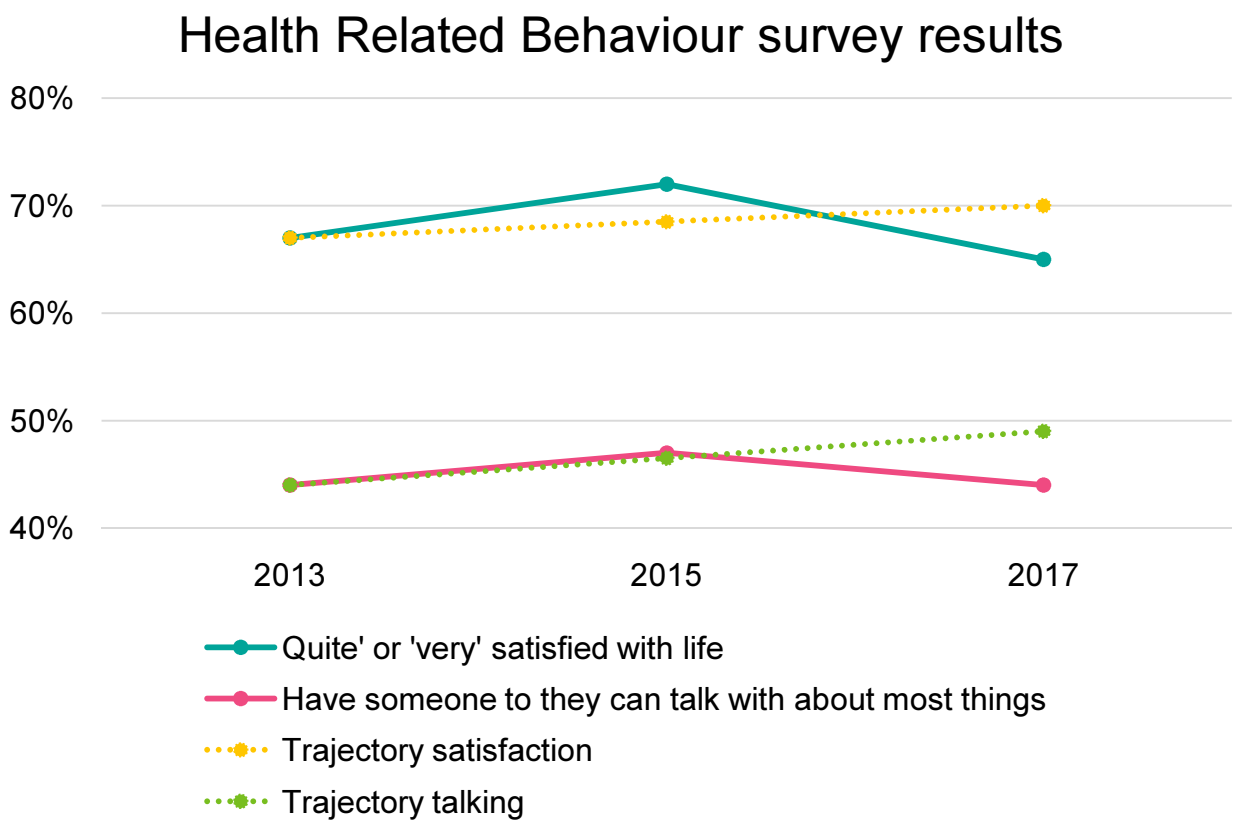
The Anchor Project has developed training and tools that strengthens the work of front line staff to increase wellbeing and resilience for children, young people and their families and to help regulate behaviour

Outcomes:

In the 20 months between April 2016 & December 2017

- 51 schools sent one or more staff member to at least one training session
- 9 schools received whole school training
- **£234,541.00** cost avoidance to Childrens' Services resulting from reduced exclusion; both from Looked After Children and general population
- 2 supervising social workers and 10 foster carers received training and support through 'micro-support group' pilot. Foster carers reported being less reactive and able to problem solve to improve adult-child relationships and stabilise placements

Key outcome for improving mental health and wellbeing – child wellbeing



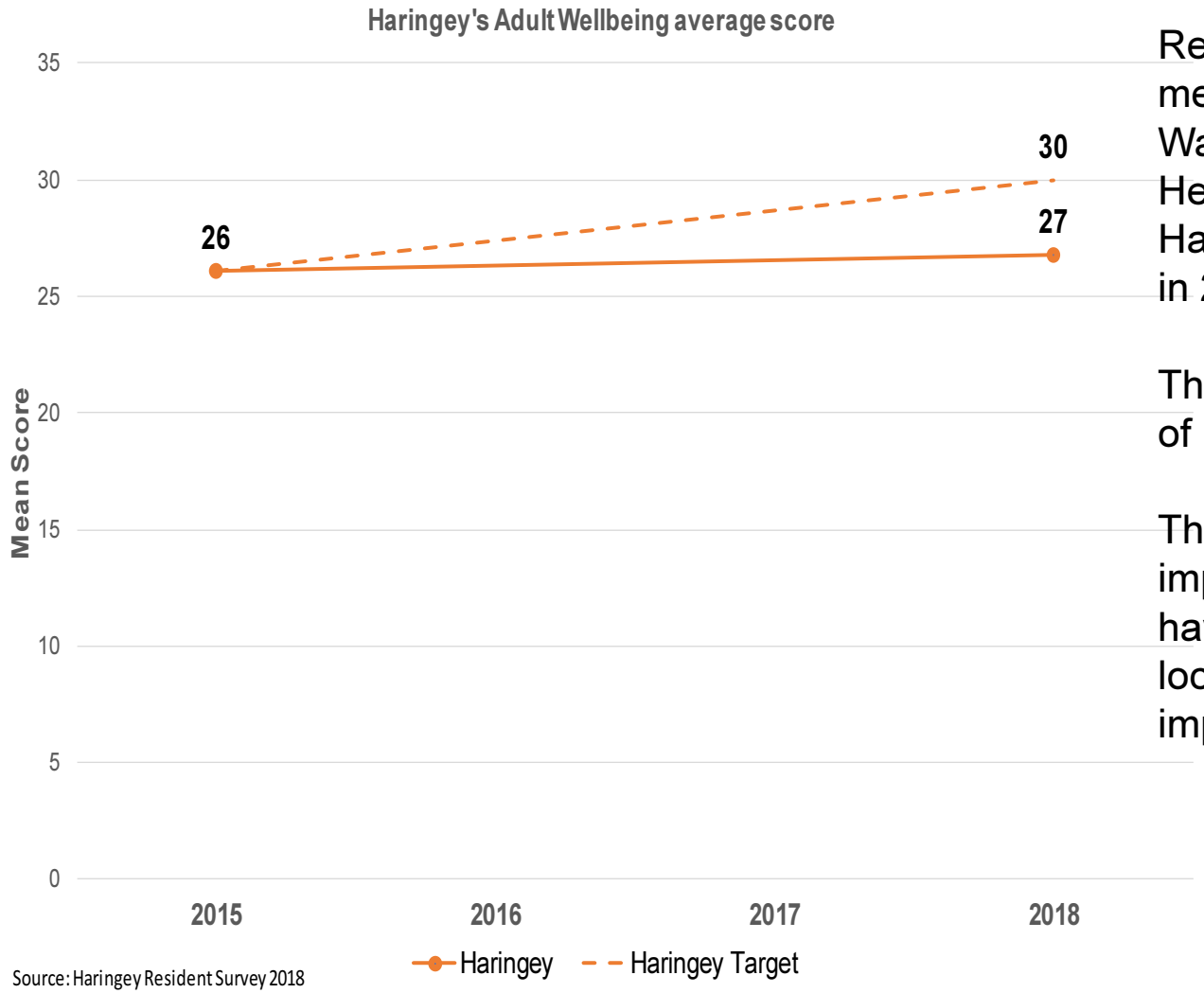
We have not yet seen a significant shift in this outcome. There has been fluctuation in the outcome in the 3 years that the survey has been carried out.

65% of secondary students report that they are ‘quite’ or ‘very’ satisfied with life, however this is lower than the 70% trajectory

44% of secondary students say that there is someone they can talk with about almost anything, which is lower than the 49% trajectory

Source: Haringey’s Schools Health Related Behaviour Survey

Key outcome for improving mental health and wellbeing – adult wellbeing



Source: Haringey Resident Survey 2018

Resident Wellbeing was measured using the Warwick-Edinburgh Mental Health tool as part of Haringey's residents survey in 2015 and 2018.

This in itself is an example of local innovation.

The wellbeing score has improved slightly but we have not yet reached our local ambition for improvement.

Summary – successes and challenges

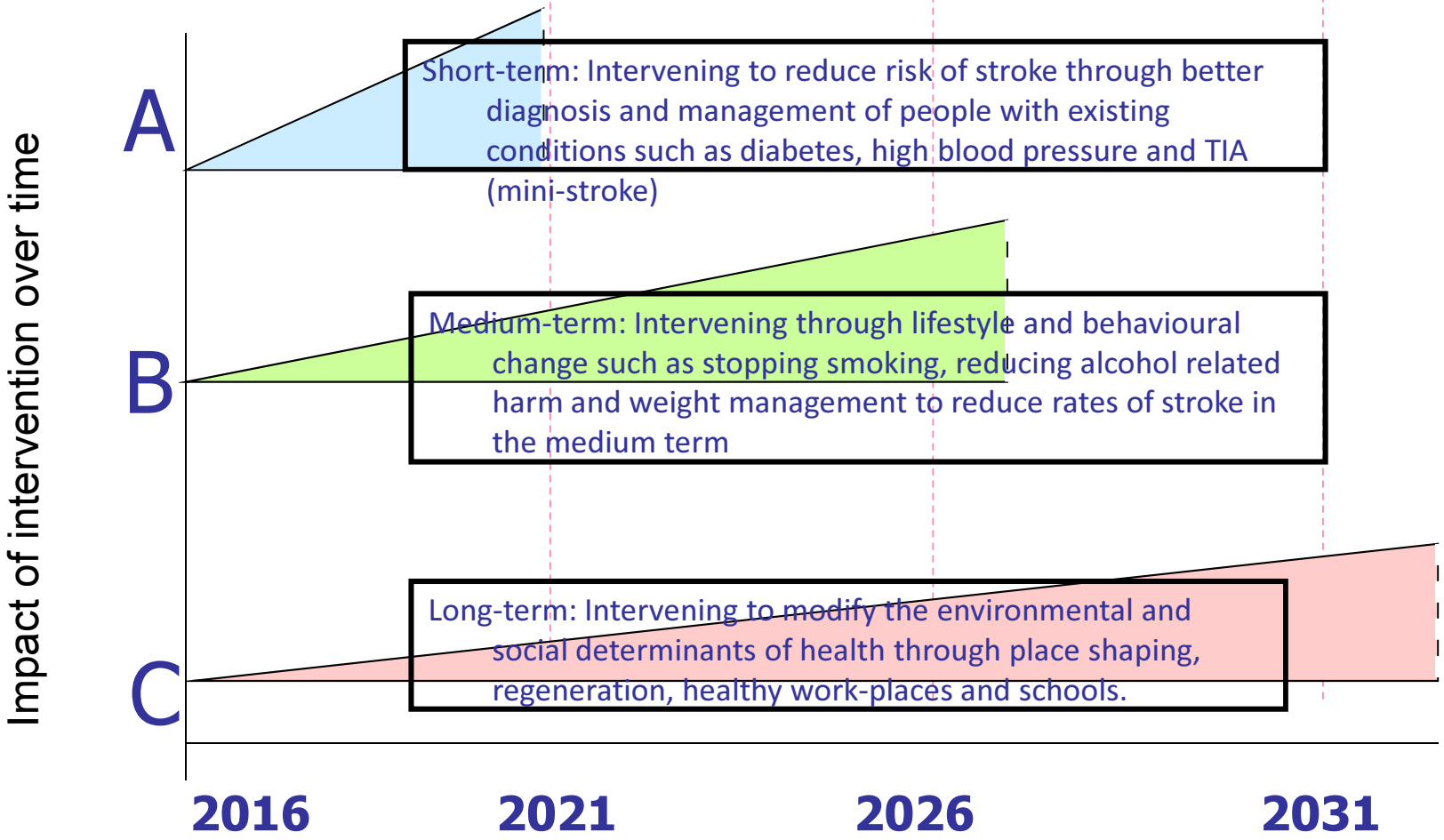
Successes:

- Buy in to priority areas across system
- Development of strong new partnership approaches
- Recognised approach in place (prevention pyramid framework)
- Delivery of multiple evidence based interventions
- Improved health and care integration in many areas
- Some good examples of community based projects
- Outcomes improving or stable – with excellent progress in some areas

Challenges

- Health inequalities remain – not just geographical and linked to poverty, but also groups (e.g. homeless people, people with severe mental health disorders, people with learning disabilities)
- The environment we live in still does not help us make healthy choices – we have yet to truly adopt a health in all policies approach and we are constrained on what we can do at a local level
- Challenge in moving money away from acute health and social care into preventative interventions remains (particularly when budgets are under pressure)
- Parity of esteem for mental health still seems far away
- No clear framework for resident involvement in service improvement
- Having true integration across the system
- Time frame of 3 years not sufficient for work on our priority areas – we still need continued focus

Limitations of a 3 year health and wellbeing strategy – we need continued long-term system-wide focus to further improve outcomes and reduce inequalities – below example is for stroke



Adapted from Bentley 2007

For discussion

- Reflect on the successes and challenges in delivering the Health and Wellbeing Strategy
- Consider how these could inform the emerging new Borough Plan for Haringey

Appendix

Mapping activity against our stated ambitions in the 2015-18 Health and Wellbeing Strategy

Reducing obesity - Mapping activity against our intentions for the strategy

Our stated intention in the strategy	Examples of what we have done
Use planning policy to create a borough where it is easy and safe to play, walk and cycle	Promoted the Healthy Streets Approach, partnership with Transport Strategy –trained 15 officers e.g. planners, highways, policy in the approach
Encourage local businesses to sign up to our Healthier Catering Commitment	145 visits to catering establishments with 131 signed up to reducing salt, fats & sugars from their menus
Work with employers on healthy workplace policies for their staff	Large employers such as the CCG have won awards from healthy workplace under the London Healthy Workplace Charter, (Information from Sophie
Develop an ambitious resident-led programme for food growing	Commitment that new developments will have food growing sites. Number of Healthy Schools have food growing initiatives, more schools are expected to participated as we link them to 'Food Growing Schools London' initiative.
Work with parents of young children to help share their experiences to support other parents	HENRY is a unique intervention to support parents and carers to give their child a healthy, happy start in life and tackle child obesity

Reducing obesity - Mapping activity against our intentions for the strategy (cont.)

Our stated intention in the strategy	Examples of what we have done
Promote opportunities for residents to take part in healthy cooking classes	Funded under Well London, managed by PH, N'th Park Community Cook Up project had 129 beneficiaries over 40 weeks accessing cooking & advice sessions – still continuing
Promote healthy eating, physical activity and emotional health and wellbeing throughout schools	9 Gold; 20 Silver; 41 Bronze Healthy schools awards; SUGAR SMART being launched in schools including becoming 'water only'; schools are encouraged to participate in the Daily Mile; TfL Stars awards and cycle training in schools; Saucy Sandwich Snaps social media healthy eating campaign for young people; School Nursing health promotion; Oral Health promotion inc. fluoride varnish, brushing for life resources and supervised brushing
Improve access to and engagement in sports and leisure activities for young people and adults	Wembley Stadium Fund; distributed £100K to 40 local sports clubs, schools and community groups to support physical activity and sport projects Commissioned Oomph Wellness; an innovative programme to increase levels of physical fitness in care home settings. Staff training due to start in August
Ensure all our services "make every contact count" by promoting healthy messages and information	All commissioned Public Health services for children and young people, in line with Public Health priorities. These include health visiting, family nurse partnership programme, school nursing, and oral health promotion service. MECC has an online & group teaching courses, is embedded across the council and other organisations. Currentl,y there is a North London work on improving MECC delivery.

Increasing Healthy Life Expectancy -Mapping activity against our intentions for the strategy

Our stated intention in the strategy	Examples of what we have done
Create an environment that prevents people from getting long-term conditions in the first place	Work to prevent illicit tobacco sales Healthy High Streets Use of health data to influence alcohol licensing decisions
Work with residents, and the VCS to equip people with the skills and knowledge to live healthy lives	Well London project implemented Community BP checks with VCS Local area co-ordinators in place
We will work with specific community groups (BME, LGBT) to tackle long term conditions	Turkish language self-management peer support groups
Support people who do develop long-term conditions to manage them better through specialist care pathways	New integrated care pathways for diabetes and musculoskeletal conditions being developed
Strengthen our self-management programmes, which support people to manage their own health	Expanded access to self-management programmes Increased uptake of diabetes education programmes
Develop a single point of access to integrated health and social care services.	Implemented joined up hospital discharge pathways for health and care with a single point of access Implemented integrated care teams for frailty Roll out of integrated care in localities (CHINs)

Improving mental health and wellbeing - Mapping activity against our intentions for the strategy

Our stated intention in the strategy	Examples of what we have done
Reduce the stigma and discrimination associated with mental ill health, including within workplaces	Mind in Haringey – Employers in mind project engaging employers around mental health of their workforce.
Reduce the stigma and discrimination associated with mental ill health, including within workplaces	Mental health First Aid training for front line staff
Ensure that people living with mental ill health experience a more seamless service from hospital to GP	BEHMHT services redesigned around 4 locality structures. Psychiatric Liaison services at A&Es leading multi-agency shared care planning for frequent attenders.
Strengthen support for people to manage their physical health and mental ill health in primary care and other community settings.	Primary Care Link Workers employed in BEHMHT to act as liaison between primary and secondary care