



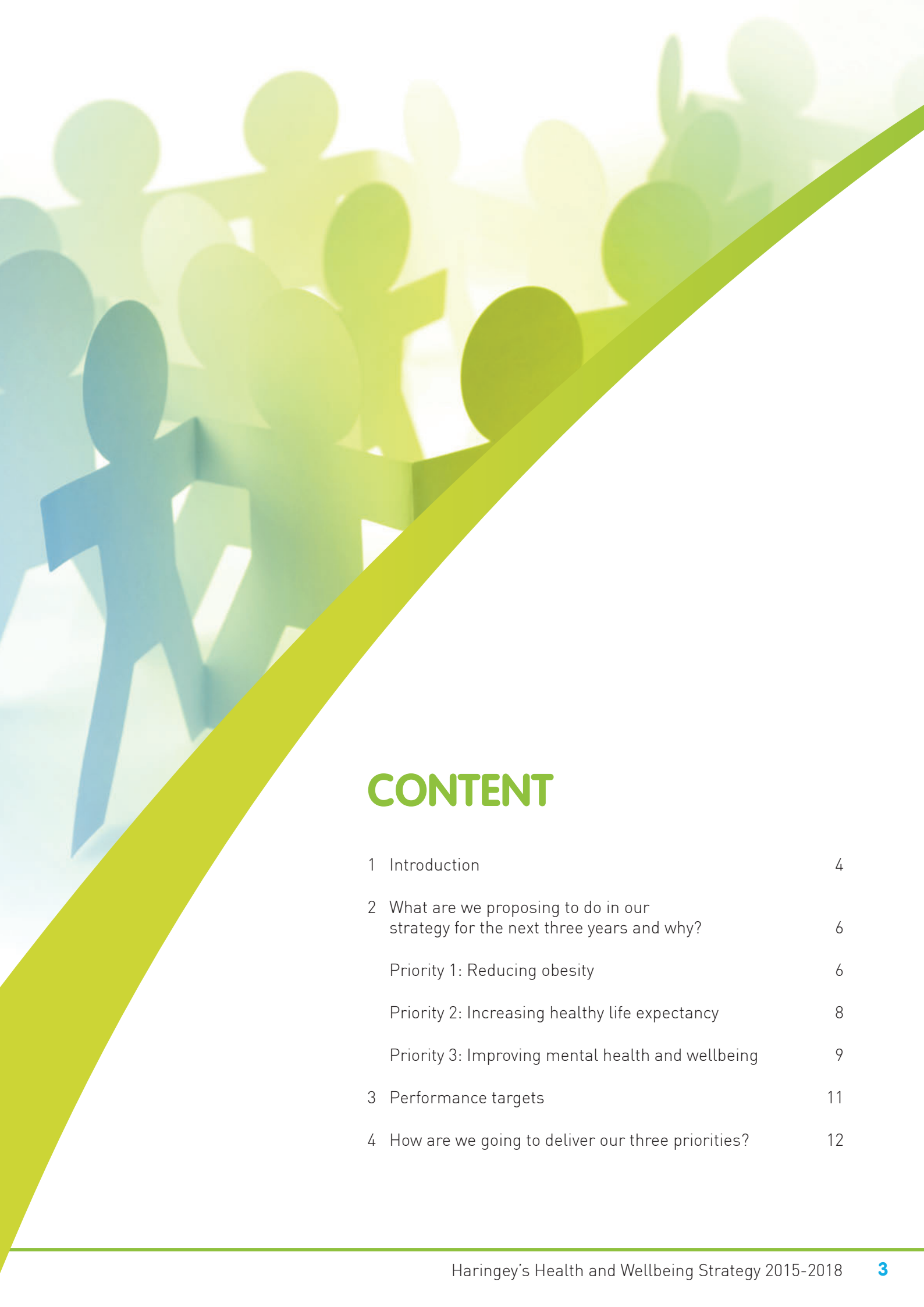
Healthy
Haringey

Haringey Health and
Wellbeing Board

**Haringey's Health and
Wellbeing Strategy
2015-2018**

Summary Version

**All children, young people and adults
live healthy, fulfilling and long lives**



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INTRODUCTION

What is Haringey's Health and Wellbeing Board?

The vision of our Health and Wellbeing Board (HWB) is 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.

In Haringey the HWB (a committee of the local authority required by law) has been set up as a small, decision-making partnership board. Members include councillors, the local authority's public health team, adult and children's services, the NHS (including local GPs), Healthwatch and the Community and Voluntary (VCS) sector.

The HWB takes the lead in promoting a healthier Haringey. It has a duty to promote the individual wellbeing of all local residents. It also has a duty to develop a joint strategic needs assessment (JSNA) and a Health and Wellbeing Strategy to prioritise effort to address needs identified by the JSNA.

What is the purpose of the Health and Wellbeing Board's strategy?

The Health and Wellbeing Board strategy sets out our approach to tackling some of the borough's most challenging health issues. Between January and May 2015 we consulted on Haringey's new Health and Wellbeing Strategy, to cover the period 2015 to 2018.

We are proposing that our strategy focus on three priorities:

- reducing obesity
- increasing healthy life expectancy
- improving mental health and wellbeing.

This strategy will enable:

- all partners to be clear about our agreed priorities for the next three years
- all members of the HWB to embed these priorities within their own organisations and ensure that these are reflected in their plans, including joint plans between organisations
- the HWB to hold member organisations to account for their actions towards achieving the priorities and to work with and influence partner organisations outside the HWB to contribute to the priorities; this includes engaging residents in co-producing solutions.

Our vision

Our vision is 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.

We have identified 9 ambitions for the future health and wellbeing of Haringey residents.



Fewer children and young people will be overweight or obese



More adults will be physically active



Haringey is a healthy place to live



Every resident enjoys long lasting good health



People can access the right care at the right time



More people will do more to look after themselves



More children and young people will have good mental health and wellbeing



More adults will have good mental health and wellbeing



People with severe mental health needs live well in the community

Progress towards these ambitions will be measured using the performance targets listed on page 11.

To achieve the 9 ambitions, the strategy will focus on 3 areas where we need to make the most significant and sustainable improvements:

→ **Priority 1: Reducing obesity**

→ **Priority 2: Increasing healthy life expectancy**

→ **Priority 3: Improving mental health and wellbeing**

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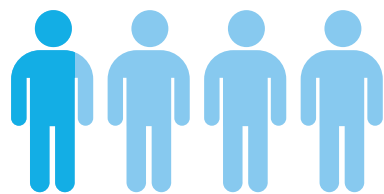
WHAT ARE OUR PRIORITIES TO DELIVER OUR AMBITIONS?

Priority 1: Reducing obesity

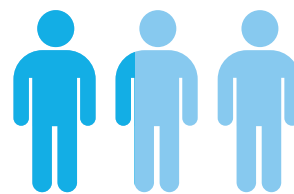
Why this is a priority

Obesity in the UK is rapidly rising. By 2050 it is predicted that 60% of men and 50% of women will be obese. We know that in Haringey¹:

- 1 A higher proportion of children are obese in both Reception (ages 4 to 5) and Year 6 (ages 10 to 11) than London and England as a whole (2012/13).

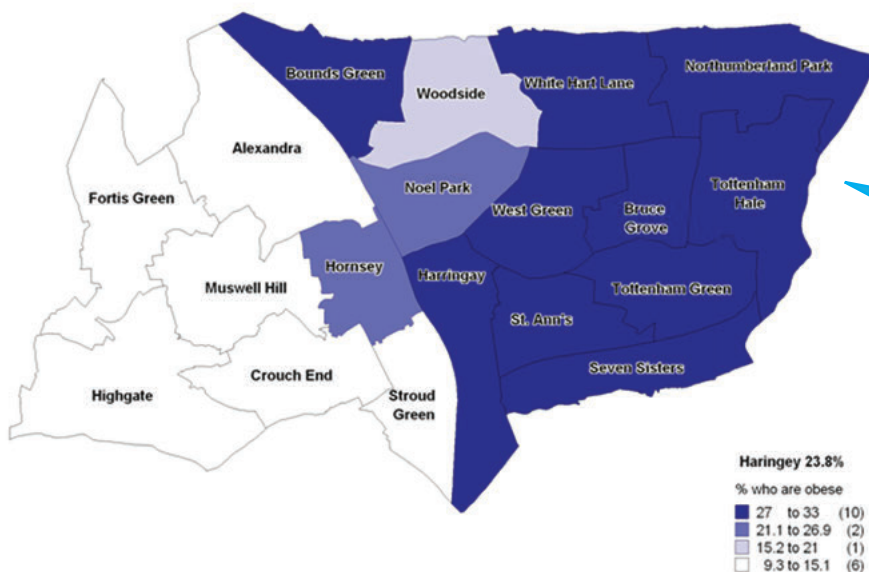


Nearly
1 in 4
children are overweight or obese
in **reception year**
(2013)



Over
1 in 3
children are overweight or obese
in **year 6**
(2013)

- 2 Obesity levels are closely linked to deprivation. Year 6 children living in deprived areas are 2.5 times more likely to be overweight or obese than those in more affluent areas.



High levels of obesity in the east of the borough

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¹ Information on Childhood obesity has been drawn from the Haringey JSNA. See <http://www.haringey.gov.uk/jsna-childhood-obesity.htm>

- 3 Haringey: % of Year 6 children who are obese or overweight by ward
- 4 Children from black and minority ethnic (BME) groups are more likely to be obese than white British children.
- 5 Many people with a learning disability have a problem with obesity.
- 6 Our local research with students shows that intake of fast food and sugary soft drinks tends to go up when it is easily available and cheap.

What people have told us

Residents have told us that tackling obesity should be the responsibility of individuals, and that communities and the public and private sectors have a significant role to play in creating a healthier environment. They highlighted the importance of inviting, welcoming facilities (such as outdoor gyms), increasing the availability of safe places for people to walk, exercise and play, and the need for affordable and easily available exercise and healthy food options.

Responses to the Council's Investing in our Tomorrow consultation included:

- 33% think individuals could exercise more
- 42% think individuals could change their eating habits to eat healthier
- 26.32% think there are too many fast food shops in Haringey.

Responses to the Council's public consultation on the Health and Wellbeing Strategy included:

- 11% raised the importance of healthy living education in schools
- 11% think cooking classes would help people to eat healthier
- Many respondents recognised the link between mental health and obesity.

Where do we want to be by 2018?

- We want the whole community and all of our partners to be involved in preventing obesity in the first place. We want a culture and environment that supports eating well and being physically active, where the healthier choice is the easier choice.
- We want fewer children and young people to be overweight or obese.

What are we going to do about it?

We will form a Haringey Obesity Alliance – a partnership between the Council, health and care services, schools, local businesses and community groups. It will be a platform for partners to exchange information, and develop projects to tackle obesity.

Over the next three years we will:

- Use planning policy to create a borough where it is easy and safe to play, walk and cycle
- Encourage local businesses to sign up to our Healthy Catering Commitment to make fast-food takeaways healthier
- Work with employers on healthy workplace policies for their staff
- Develop an ambitious resident-led programme for food growing
- Work with parents of young children to help share their experiences to support other parents
- Promote opportunities for residents to take part in healthy cooking classes
- Promote healthy eating, physical activity and emotional health and wellbeing throughout schools

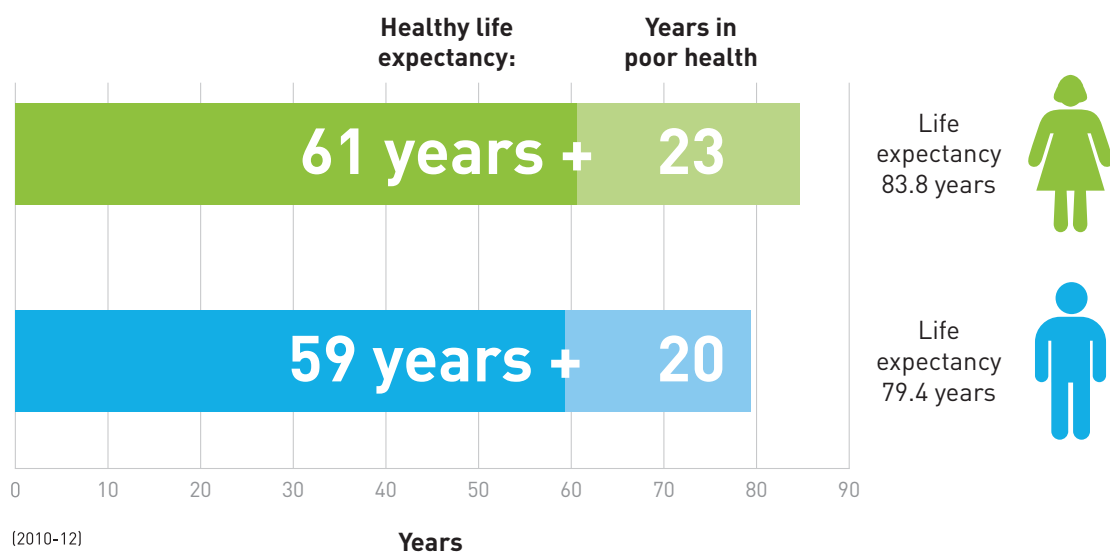
- Improve access to and engagement in sports and leisure activities for young people and adults
- Ensure all our services “make every contact count” by promoting healthy messages and information to residents

Priority 2: Increasing healthy life expectancy

Why this is a priority

On average, women in Haringey live the last 23 years of life in poor health, compared to 19 years for women in England as a whole. Men in Haringey live the last 20 years of life in poor health, compared with 16 years for men in England. The life expectancy gap is 7 years for men and 3 years for women from the most to the least deprived parts of the borough.

The major cause of reduced life expectancy and early deaths are ‘long-term conditions’ (such as cardiovascular disease, diabetes, cancer and respiratory disease) that cannot be cured but can be controlled by medication or other therapies.



What people have told us

At engagement events and focus groups, local residents said the following would improve care in the borough:

- Better access to GPs and primary care services, particularly in the east of the borough
- Integration of services across health and social care, making them accessible to all
- Ongoing community engagement to help build strong local networks and promote peer support schemes
- Better working with Voluntary and Community Sector groups to tackle the specific health needs of different communities
- Better information about healthy lifestyle, and affordable and accessible exercise and healthy food options.

11% of respondents to the consultation on the Health and Wellbeing Strategy raised the need to tackle social isolation as a contributing factor to long term conditions, particularly amongst the elderly.

Where do we want to be by 2018?

- We want to prevent people from developing long-term conditions, wherever possible.
- We want people who have long-term conditions to feel confident to manage their condition and continue to live a normal life.
- We want residents and communities to play a greater role in supporting people with long-term conditions to live longer and healthier lives.
- We want all people with long-term conditions and their carers to have access to high-quality primary care.
- When people need more complex support, we want them to experience joined up health and social care services.

What are we going to do about it?

Over the next three years we plan to:

- Create an environment that prevents people from getting long-term conditions in the first place, through measures such as strengthening tobacco control and a consistent approach to alcohol licensing
- Work with residents, and the VCS to equip people with the skills and knowledge to live healthy lives – through example, through the Well London, Health Champions and peer support schemes
- We will work with specific community groups (BME, LGBT) to tackle long term conditions and their risk factors
- Support people who do develop long-term conditions to manage them better through specialist care pathways
- Strengthen our self-management programmes, which support people to manage their own health
- Develop a single point of access to integrated health and social care services.

Priority 3: Improving mental health and wellbeing

Why this is a priority

Mental health and wellbeing have a great impact on our ability to live happy and fulfilling lives. In Haringey:

- An estimated 3,000 children and young people have some form of mental health problem at any time; over 34,500 adults will have a common mental disorder such as anxiety or depression
- About 4,000 adults with severe mental illness live in Haringey; a low percentage of these adults are in employment or settled accommodation
- Suicide rates are 33% higher than the London average

However, despite high levels of mental illness in Haringey, a large proportion of our residents do not seek help.

What people have told us

At engagement events and through the public consultation, local people have told us that they would like:

- A focus on prevention and improvement of mental health and wellbeing
- More emphasis on the impact of drugs and alcohol on mental health
- More interventions at an earlier stage of ill health to tackle social isolation
- More focus on information, advocacy and support for children's and adults' mental health services
- Better outreach for people living with mental illness. Support for self-help
- Seamless services supporting people to live independent, fulfilling lives in the community
- Communities to be used more to provide support e.g. peer mentoring
- Better training of professionals, and better awareness and understanding of mental health throughout society
- A focus on transitions (into adulthood, parenthood) through improved cross-organisational communication.

Where do we want to be by 2018?

- We want to promote opportunities in Haringey that would positively impact on mental health and wellbeing e.g. employment, affordable housing, use of green spaces, a safer community
- We want our children and young people to be emotionally and mentally resilient and have a positive outlook on life
- We want our communities to build on existing strengths and capacity
- We want mental health services to be integrated, flexible and person-centred (wrapped around an individual, their family and their carers' needs)

What are we going to do about it?

Over the next three years we plan to:

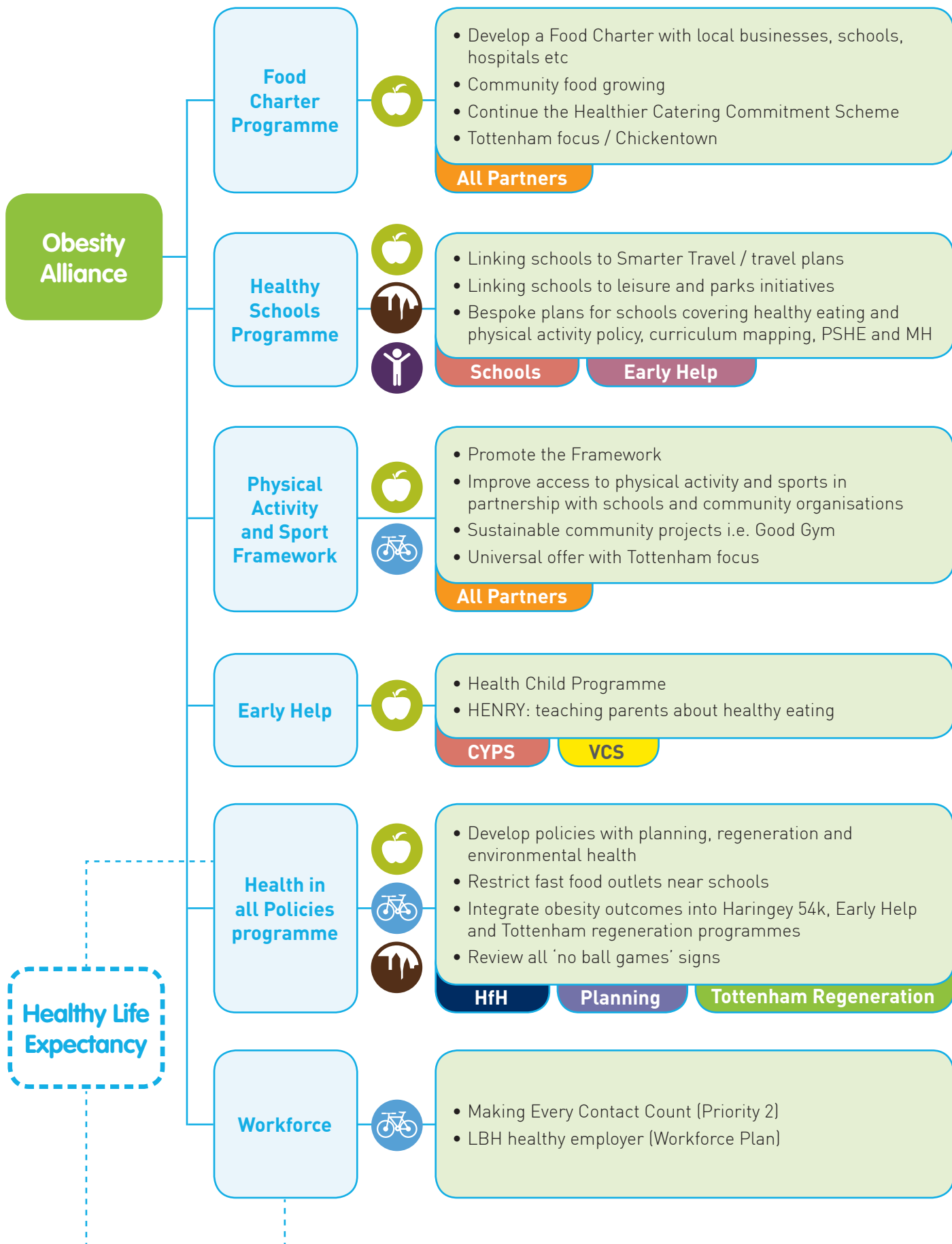
- Reduce the stigma and discrimination associated with mental ill health, including within workplaces
- Work with the VCS, businesses and other partners to help those with mental ill health achieve employment, affordable housing and other goals
- Work to connect people with their communities so that they can create social networks, access peer support and achieve their potential
- Ensure that people living with mental ill health experience a more seamless service from hospital to GP
- Strengthen support for people to manage their physical health and mental ill health in primary care and other community settings.

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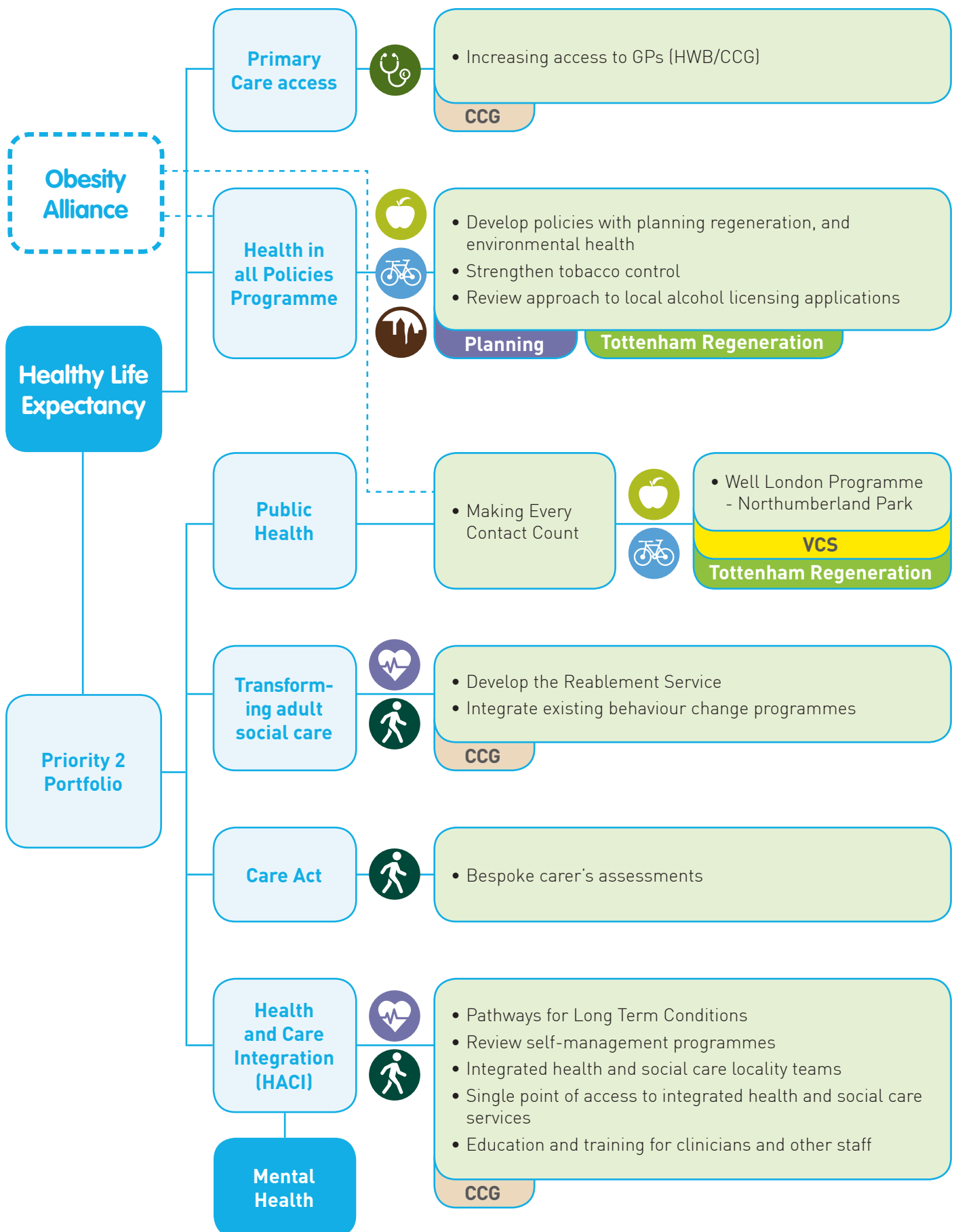
HOW ARE WE GOING TO DELIVER OUR THREE PRIORITIES?

We have developed a delivery plan to implement the Health and Wellbeing Strategy. The Delivery Plan details the programmes and projects that will deliver the interventions identified in the Health and Wellbeing Strategy.

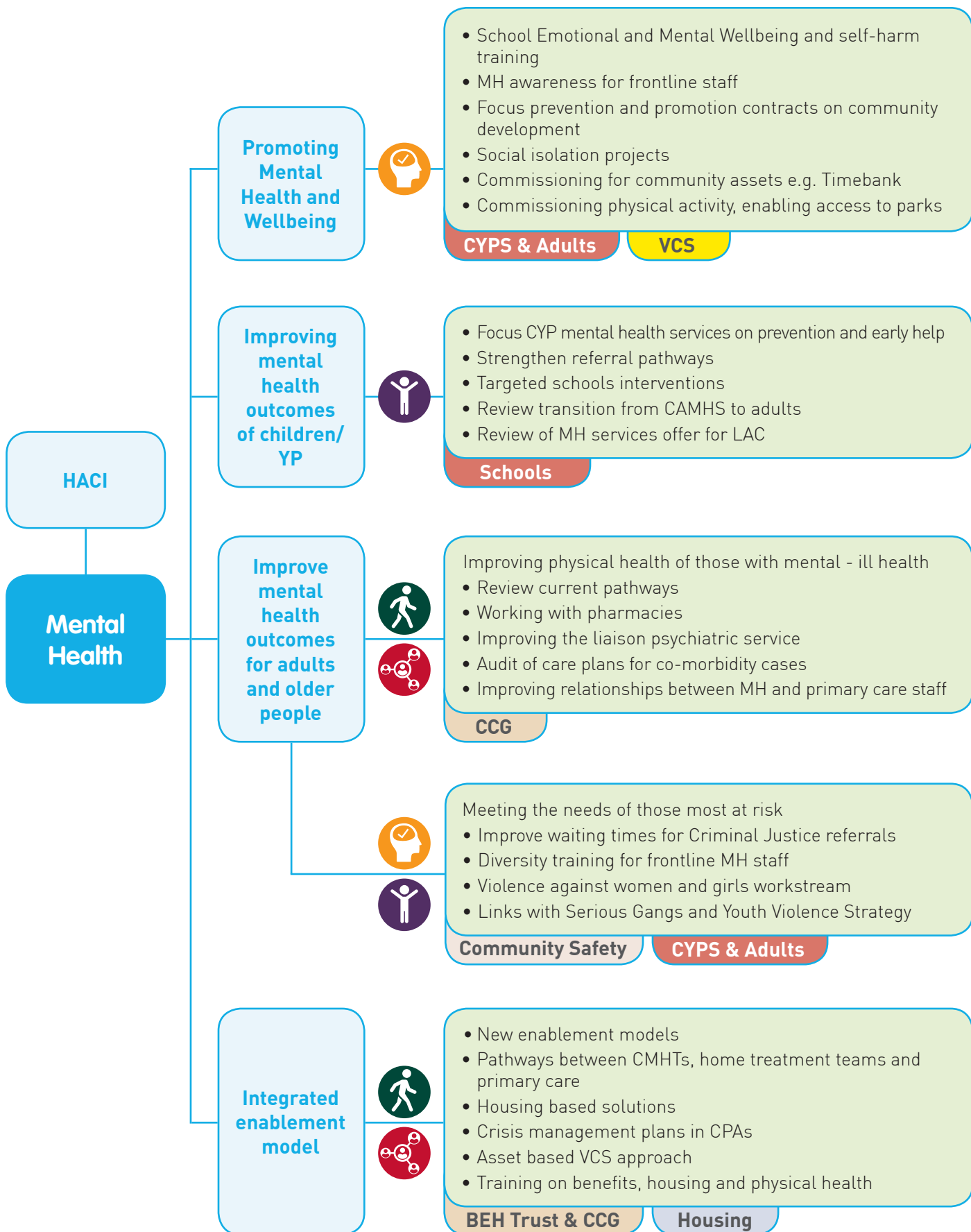
Obesity



Healthy Life Expectancy



Mental Health



3

PERFORMANCE TARGETS

Ambition		What is being measured	2015 baseline	2018 target
1. Fewer children and young people will be overweight or obese		The proportion of overweight or obese children at year 6 (ages 10-11)	Overweight: 15.2% Obese: 22.8% (Total: 38.0%)	Reduce the % of overweight and obese children at year 6 (age 10-11) to 35%
2. More adults will be physically active		The proportion of adults participating in less than 30 minutes of physical activity per week	Percentage of inactive adults (those who do less than 30 minutes of physical activity per week): 26.8% ⁱ	Reduction in inactive adults by 25%
3. Haringey is a healthy place to live		The proportion of people who travel by bicycle in London where trip origin is in Haringey ⁱⁱ The proportion of people who travel by walking in London where trip origin is in Haringey ⁱⁱⁱ	2013/2014 = 3% 2013/2014 = 38%	Increase in the number of people who walk and cycle to the top quartile of our London Authorities by 2018
4. Every resident enjoys long lasting good health		Age-standardised rate of mortality considered preventable from stroke in those aged <75 per 100,000 population	Stroke mortality rate 2011-2013: 22.5 per 100,000	Reduction in rate of early death from stroke by 25%
5. People can access the right care at the right time		The proportion of patients able to get an appointment to see or speak to someone	80% patients in Haringey CCG were able to get an appointment to see or speak to someone ^{iv}	Increase in patients reporting they are able to get a GP appointment to see or speak to someone to 83%
6. More people will do more to look after themselves		The proportion of people in last 6 months, who have enough support from local services/ organisations to help manage long-term conditions ^v	57% (including those supported 'to some extent')	Increase in adults who feel supported to manage their long term conditions to 59%
7. More children and young people will have good mental health and well-being		Average Warwick-Edinburgh wellbeing score for children and young people	2015 baseline survey	Increase the average score of children on the short Warwick-Edinburgh mental wellbeing scale by 2018*
8. More adults will have good mental health and wellbeing		Average Warwick-Edinburgh wellbeing score for adults	2015 baseline survey	Increase the average score of adults on the short Warwick-Edinburgh mental wellbeing scale by 2018*
9. People with severe mental health needs live well in the community		Proportion of adults with severe mental illness who are receiving the Care Programme Approach and are in employment Proportion of adults with severe mental illness who are receiving the Care Programme Approach and are in settled accommodation	2014/15 = 5.1% 2014/15 = 76.8%	Increase the proportion of adults receiving CPA who are in employment to maintain top quartile position (9.8%) Increase the proportion of adults receiving CPA who are in settled accommodation to 80%

* HWB targets for the mental health ambitions will be set in Autumn 2015 once baseline surveys and research have been carried out

ⁱ The number of respondents aged 16 and over, with valid responses to questions on physical activity, doing less than 30 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16 and over.

ⁱⁱ TFL data for 2012/13 relates to an average for period 2010/11 to 2012/13. LIP target is for cycling mode share of 3% by 2013/14 and 5% by 2025/26.

ⁱⁱⁱ TFL data for 2012/13 relates to an average for period 2009/10 to 2011/12. No data is available for 2012/13 year alone. LIP target is for walking mode share of 32% by 2013/14 and 35% by 2030/31.

^{iv} Including answers 'Yes, but I had to call back closer to or on the day I wanted'.

^v Applies to all people who have a medical condition.



Glossary

- BME** Black and Minority Ethnic
- CPA** Care Programme Approach
- HfH** Homes for Haringey
- HWB** Health and Wellbeing Board
- JSNA** Joint Strategic Needs Assessment
- LGBT** Lesbian Gay Bisexual and Transgender
- VCS** Voluntary and Community Sector