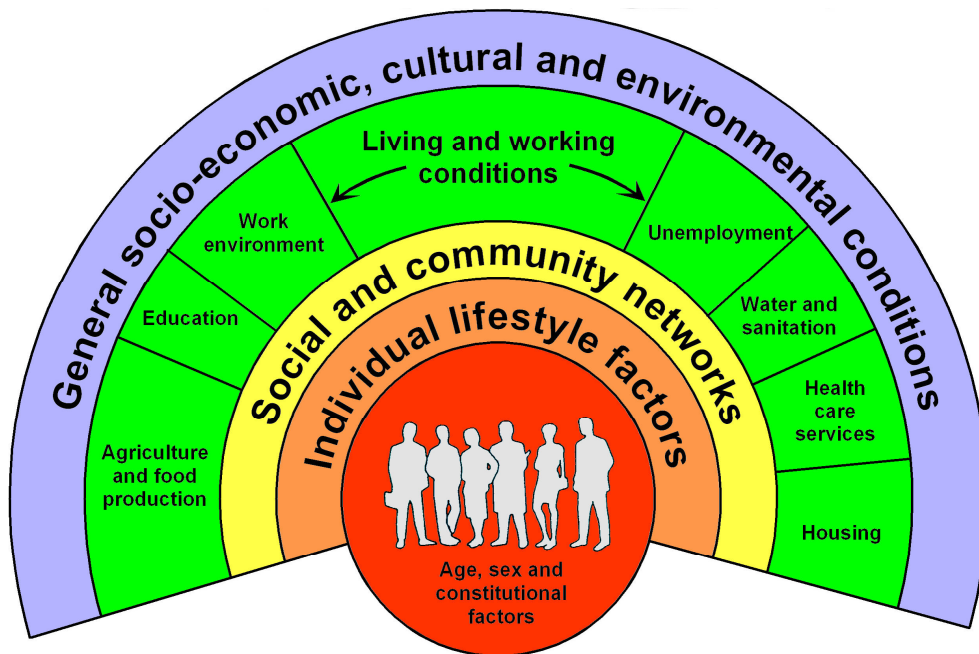




Haringey Council

Health: Everyone's Business



Source: Dahlgren and Whitehead, 1991

OVERVIEW AND SCRUTINY COMMITTEE

April 2009

www.haringey.gov.uk

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1. Executive Summary:

- 1.1. Reducing health inequalities is a key priority for the Haringey Strategic Partnership, which is working to meet challenging national targets to reduce the gaps in life expectancy and infant mortality between deprived areas and the population as a whole. This is a large, complex agenda.
- 1.2. Overview and scrutiny has a specific role in relation health inequalities as part of its health scrutiny powers. These powers have been used regularly in looking an inequality in terms of access to healthcare. However, healthcare is only one factor in health inequalities and is limited in its wider influence.
- 1.3. Scrutiny held a health inequalities scrutiny event in November to provide training for Members and Non-Executive Directors of NHS Haringey on health inequalities based on the recommendations of the Health Inequalities Audit conducted by Grant Thornton in June 2008.
- 1.4. The event focused on the theme “Health – Everyone’s business” to highlight the importance of the cross-cutting nature of health inequalities and the wider determinants of health, for example lifestyle factors, living and working conditions, community networks, cultural conditions etc.
- 1.5. For the purpose of the event the focus was health - not in the provision of health care services but the broader determinants and solutions needed to address the inequalities.

2. Recommendations:

- 2.1. That the Overview and Scrutiny Committee add the following areas to the list of topics which will be considered as part of the work plan for 2009/2010.
 1. Housing, particularly in relation to temporary accommodation and the impact of the recession on private sector contributions.
 2. Sexual health, particularly in relation to teenage pregnancy and Chlamydia rates.
 3. Physical activity, particularly in relation to behaviour change.
 4. Use of green spaces.
- 2.2. That the Overview and Scrutiny Committee consider the attached gap analysis for other areas to be considered in the 2009/2010 work plan.

3. Background:

3.1. Health Inequalities Audit

- 3.1.1. Haringey's external auditors, Grant Thornton, carried out an audit to assess "the extent to which public sector organisations in Haringey understand their local health inequalities... [and] ...have arrangements in place to challenge and review their actions"¹. The report noted that Haringey is ahead of other organisations in South East England that it has audited, that outcomes for local people are generally moving in the right direction and also noted that it is important that this momentum continued.
- 3.1.2. The report also highlighted the need for joint training in public health to be enhanced at "all levels" with particular benefit seen in joint Member and Non-Executive Director training to embed partnership working further.
- 3.1.3. Overview and scrutiny has a specific role in relation health inequalities as part of its health scrutiny powers. These powers have been used regularly in looking at inequality in terms of access to healthcare. As an extension of this work and due to the Health Inequalities Audit recommendation Overview and Scrutiny presented an event to highlight the wider determinants of health and to link the health inequalities agenda with wider scrutiny work, e.g. housing, recreation etc.

4. Main report

4.1. Haringey Strategic Partnership

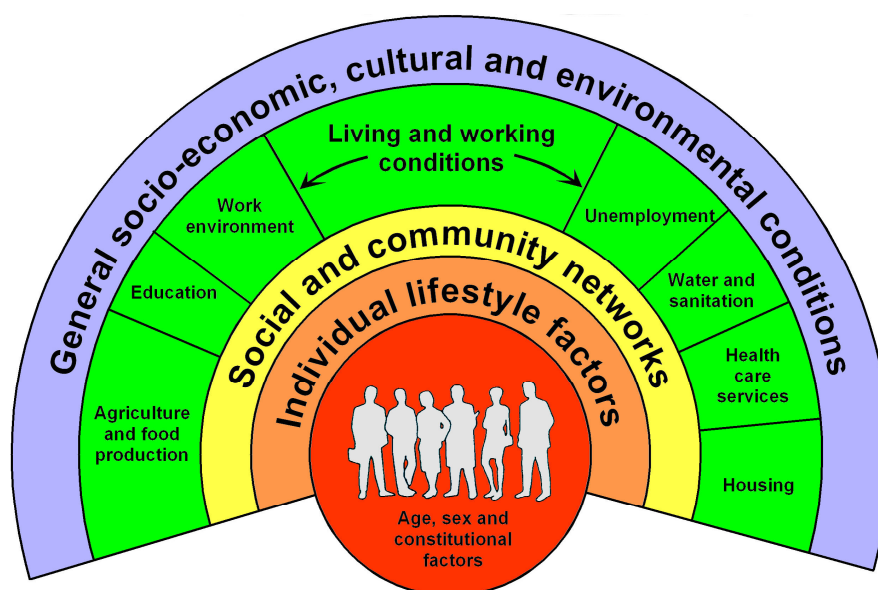
- 4.1.1. Partners on the Haringey Strategic Partnership are working together to reduce health inequalities, tackle preventable ill health and improve quality of life for Haringey's residents. The Partnership aims to help target specific resources where there is most risk of ill health developing, and so ensure that everyone has greater opportunities to lead healthier, rewarding lives as independently as possible.
- 4.1.2. There are six thematic partnership boards which sit under the HSP. These thematic boards have responsibility to deliver the HSP's outcomes, as laid out in the Sustainable Community Strategy, and also the Local Area Agreement (LAA) targets within their remit.
- 4.1.3. One of these boards is the Well-being Partnership Board. The Well-being Partnership board's vision for Haringey is that 'Everyone in every part of the borough has the best possible chance of an enjoyable, long and healthy life²'.
- 4.1.4. However, many factors combine to affect the health and well-being of individuals and communities. Although commonly considered factors such as access to and use of health care services have an impact on health and well-being, they are also determined by individual circumstances and the local environment. Factors such as where people live, inherited characteristics,

¹ Tackling Health Inequalities in Haringey, Grant Thornton, June 2008

² www.haringey.gov.uk

income, education, life experiences, behaviours and choices and relationships with friends and family all have considerable impact as shown in the diagram below.

Dahlgren and Whitehead. Determinants of Health



Source: Dahlgren and Whitehead, 1991

4.1.5. For this reason, it is important to remember the wider determinants of health and that reducing health inequality in Haringey is covered by the work of the all of the thematic boards under the Haringey Strategic Partnership. Each board has responsibility for tasks which fall under their remit and impact on the health of our community.

4.1.6. Examples of work carried out by other partnership boards that are essential ingredients to creating a healthier borough:

- Better Places Partnership Board is responsible for better and safer local transport and traffic management and environmental quality including reducing air pollution by encouraging less reliance on motor vehicles for transport.
- Children's and Young People's Strategic Partnership is responsible for the welfare of children and young people. It links with the Well-being Partnership Board around the transition to adulthood for all aspects of life through universal and targeted services to achieve key targets, such as reducing teenage pregnancy. Transition to adulthood presents all young people and their families with many challenges and it is important to ensure that we work together to ensure that this is a smooth process.
- Enterprise Partnership Board is responsible for achieving economic wellbeing by increasing training and employment. This includes working to increase the number of young people leaving school and entering employment or training.
- Safer Communities Partnership Board is responsible for drugs and alcohol misuse related crime, as well as protecting vulnerable adults. This includes looking at the whole drug treatment pathway from initial engagement to getting people back into their communities, for example finding work.
- Integrated Housing Partnership Board is responsible for meeting current and future housing needs. For example, developing new housing options

including long-term private sector tenancies as well as ensuring an appropriate number of Homes for Haringey and housing association lettings go to households prevented from becoming homeless.

4.1.7. Haringey’s high level priority outcomes for improving the quality of life for our residents are set out in the overarching documents in Table 1.

Table 1: Overarching documents

Strategy	Aimed at	Priority outcomes
Sustainable Community Strategy	All residents	Healthier people with a better quality of life
Children and Young People’s Strategic Plan	Children and Young People	5 Every Child Matters outcomes
Well-being Strategic Framework	Adults aged 18 years & over	7 Our Health, Our Care, Our Say outcomes
Experience Counts: Haringey’s Strategy for improving the quality of live for older people	People aged 50 years & over	10 goals agreed by local older people

4.2. Comprehensive Area Assessment

4.2.1. As of April 2009 the Comprehensive Area Assessment (CAA) has replaced the Comprehensive Performance Assessment (CPA). The main change is a move away from a focus on service provided by local authorities (as under the CPA) and a move towards a look at the services which are provided across the partnership in a given area and the outcomes that are being achieved for the local community. The CAA will pay particular attention to those who are most at risk of disadvantage or inequality:

“Effective local public services target effort where improvement is most needed to tackle inequalities within and between communities. This may include focusing on the particular needs of people who are disadvantaged or discriminated It may also include efforts to reduce child poverty or other inequalities within communities. We will consider how well local partners know and understand the nature and extent of inequality and disadvantage within their communities and how effectively they are working to reduce or eliminate discrimination.”³

4.3. “Health: Everyone’s Business” event

4.3.1. The event was attended by a range of representatives from both NHS Haringey and Haringey Council, particularly Non Executive Directors of NHS Haringey and elected Members.

4.3.2. The event stressed the need for everyone to consider health inequalities in the work that they do and reminded people that health is much more than access to health care services, and that all aspects of people’s work links to

³ Comprehensive Area Assessment Framework document, Audit Commission

the health inequality agenda. For example, the impact of a planning application on the green space in an area and subsequently physical activity and mental health.

4.3.2.1. All attendees were provided with a wallet sized, with the Dahlgren and Whitehead rainbow on one side, and three top tips to remember on the other side:

1. Health is created in communities
2. Health is not evenly distributed
3. Consider the health impact

4.3.2.2. After receiving a number of presentations and taking part in an interactive quiz to draw out some issues, attendees were split into themed groups. Each group was given a briefing on some key health inequalities in Haringey. The themes were:

- Housing
- Education, Training and Skills
- Healthy Lifestyles
- Wealth and Deprivation
- Safer and Cohesive Communities
- Healthy Places

4.3.2.3. Groups were then given three questions around which to centre their discussion.

1. Are there any major inequalities that have been missed?
2. What do you consider the top three issues in the area that you are looking at?
3. What else could we be doing?

4.4. Gap Analysis

4.4.1. Attached to this document is a health inequalities gap analysis. Issues which were highlighted at the event have been drawn out and explored to identify some key areas in which Overview and Scrutiny could add value. Please note that the gap analysis is a snap shot of what is happening and is not an in-depth comprehensive analysis. The aim to highlight areas and provide a snap shot of what is being done/planned.

4.4.2. The criterion that has been used to draw up the table was as follows:

- Where does the issue fit under the Sustainable Community Strategy outcomes and priorities?
- Which Local Area Agreement targets are related to this issue?
- How is the partnership currently performing on this?
- What key existing and forthcoming plans are there associated?
- What key initiatives are there currently?

4.4.3. It is important to note that the gap analysis does not include everything that is taking place or is planned in an area. Nor is the gap analysis an analysis of all aspects of health inequalities in the borough, only those areas which Members and Non Executive Directors focused on at the event.

4.4.4. Further to the 'Health: Everyone's Business' event, the gap analysis was discussed at an Officer level Policy Network to fill in any gaps and the Public Health team at NHS Haringey have also contributed to the piece of work.

4.4.5. It is also important to note that the current performance associated with each Local Area Agreement and issue is as of Quarter 3 of the reporting cycle. The full year performance data will be available in May 2009.

4.4.5.1. When looking at the analysis Members should remember that even where a Local Area Agreement target is green, scrutiny may be able to add value. At the same time, where the Local Area Agreement target is red and there is currently an in-depth piece of work being done, scrutiny may not, at this time, be able to add value.

4.4.5.2. This is particularly the case when considering the Comprehensive Area Assessment's focus on outcomes for a particular area. A LAA target may be reporting as green, yet the community may still feel that there is significant work to be done in a particular area.

4.4.6. The main areas to have come out of the event, where scrutiny could add value and where they may wish to investigate in depth or receive further reports are:

- **Sexual health**
 - Particularly in relation to Chlamydia and teenage pregnancy.
- **Housing**
 - Particularly in relation to temporary accommodation and the impact of the recession on being able to meet the target. For example, with the reduced financial contribution of the private sector.
- **Physical Activity**
 - In relation to behaviour change and ensuring there is sufficient access for vulnerable and disadvantaged groups.
 - Also in relation to the impact on life expectancy and high cardio-vascular rates within in the borough.
- **Green Spaces**
 - The importance of green spaces and their impact to the wider determinants of health and subsequently health inequalities was also stressed at the event. For example allotments contribute to healthy eating, community cohesions, mental health etc.

4.4.7. However, Members may wish to focus on, or ask for further information on any of the areas which have been included in the attached Gap Analysis with a view to reducing health inequalities in Haringey.

4.4.8. It is recommended that any reports received or further work commissioned ensure that all wider determinants of health are considered, with reference to the Dahlgren and Whitehead diagram.

Education, Training and Skills

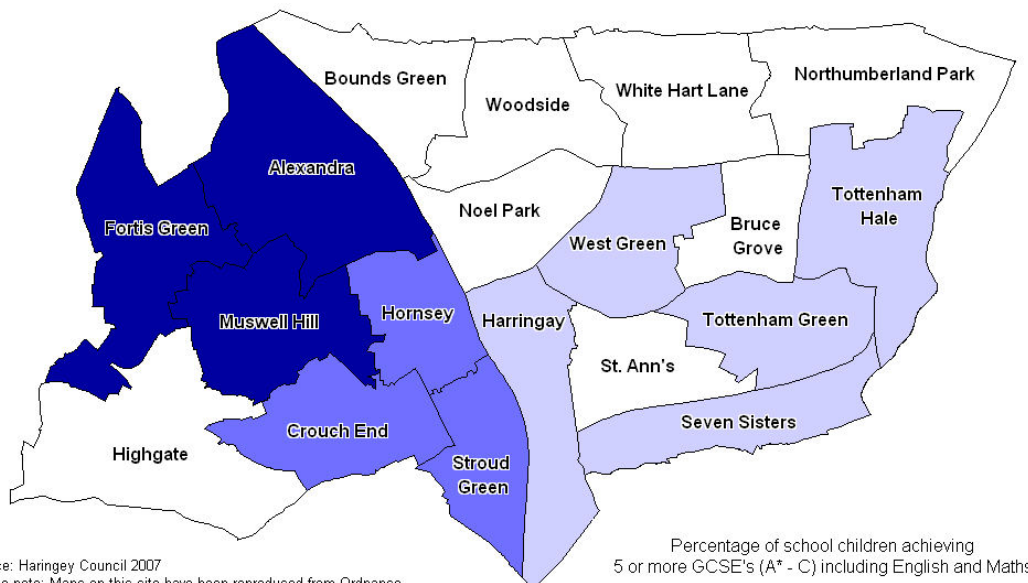
1.0 Introduction

Educational success has a dramatic impact on a person's quality of life and wellbeing. A strong positive relationship exists between education and health outcomes whether measured by death rates (mortality), illness (morbidity), health behaviours or health knowledge⁴. Poor education can also keep families excluded, as it has a pivotal role in the intergenerational transmission of social exclusion.

2.0 Where are the Health Inequalities in Haringey?

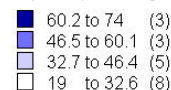
- Education is one of the critical factors that can determine the opportunities available to us. As such the level and quality of education can have both long and short term implications for health.
- The map below shows the percentage of school children achieving 5 or more GCSE's (A*-C) is higher in the west of the borough than the East. (N.b A number of children and young people living in Highgate attend school outside the borough explaining the low figure for this ward).
- Poor educational attainment has been shown to be a risk factor for teenage pregnancy, social exclusion, motivation, depression and civic participation.

Percentage of school children achieving 5 or more GCSE's (A* - C) including English and Maths Haringey Wards 2007



Source: Haringey Council 2007
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Percentage of school children achieving 5 or more GCSE's (A* - C) including English and Maths



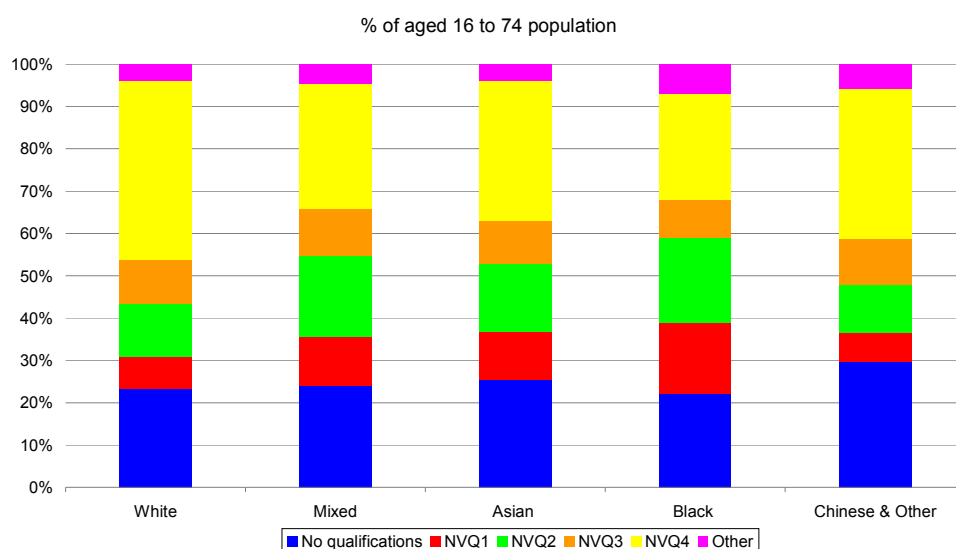
2.0 Adults' skills and qualifications

- The level of qualifications held by Haringey's working age population varies significantly across the borough.
 - In Hornsey and Wood Green, only 6.8% of residents have no qualifications compared with 21.8% in Tottenham.

⁴ Institute of Public Health, Ireland

- Some 54% of Hornsey and Wood Green residents have a level 4 or above qualification compared with only 24.7% in Tottenham.
- The proportion of highly skilled Hornsey and Wood Green residents is nearly double that of England.
- There are more white people in the borough that are highly skilled than any other ethnic group; 42.3% have level 4 or above qualifications compared with 24.9% of black people, 29.3% of people of mixed ethnic origin and 32.9% of Asian people.

Figure xx: Qualifications by ethnicity, Haringey, 2001



Learning opportunities for adults and older people have been shown to lead to improvements in health and wellbeing including emotional resilience, more active social lives, and greater community involvement.

3.0 Initiatives to address Health Inequalities

- Haringey mentoring project for children in care supports our young people's educational aspirations, increases their self esteem, confidence and sense of well-being and encourages their participation in social networks and group activities.
- Course aimed at teenage parents and another at pregnant teenagers, (run through CoNEL, Keeping It Simple, 14-19 & Teenage Pregnancy coordinator) which is a portfolio based course from basic skills to eventually NVQ which accredits study to prevent NEET (Not in Education, Employment or Training) but is linked to SWIM sessions and sports centre membership / reduced fees. Childcare / child-friendly study environment.
- NVQ level 2 & 3 courses for parents/carers & community members including governors in Speakeasy programme – to enable adults to talk comfortably about 'growing up'. Now in 4th year of programme.

Healthy Lifestyles

1.0 Introduction

Lifestyle behaviours have a significant impact on people's health and wellbeing, but healthy lifestyles are more common and more attainable among wealthier and better educated communities.

2.0 Where are the Health Inequalities in Haringey

2.1 Alcohol

- Haringey has the highest rate of male alcohol-related mortality in London, and as is the case elsewhere, rising rates of alcohol-related hospital admissions.
 - Mortality rates from chronic liver disease are significantly higher for Haringey than both the regional and English average.
- Alcohol is also linked to violent crime in the borough (10% of all violent crime in the borough is recorded as alcohol related).

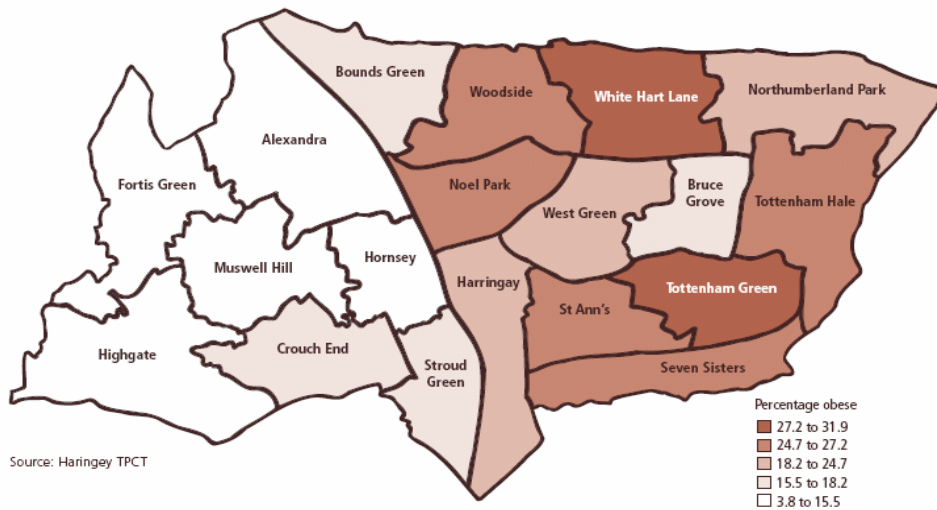
2.2 Exercise

- Physical inactivity is a significant risk factor for many diseases including ischaemic heart disease, type 2 diabetes and stroke.
 - 56.3% of respondents in the 2006 Haringey Resident's Survey reported undertaking at least 30 minutes of moderate intensity physical activity on three or more days each week.
- In June 2008, interim (half yearly results) from the latest Active People survey was published which though not statistically valid because of the small sample size, reported a drop in the headline participation indicator of 3.9% from 2006. This appears to be part of a London wide trend with participation across London reducing by an average 2.7%.

2.3 Obesity

- The estimates for obesity vary considerably across the borough, ranging from less than 10% in a middle super output areas in Highgate to greater than 25% in middle SOAs in Tottenham Hale, West Green, White Hart Lane, Bruce Grove and Northumberland Park.
- 8% of residents registered with a GP in Haringey were recorded as obese in March 2008.
 - Obesity rates were highest in the north and central general practice collaboratives (8.9% and 9.7%) respectively, followed by 8.4% in the east collaborative.
 - The lowest obesity rate was recorded in the west collaborative (5.5%).
- In 2007, 18% of Haringey School children weighed were considered to be obese, and a further 14% were overweight.
 - This varied by age, 24% of year 6 children were obese compared to 13% in reception year. These figures are currently above the national predicted levels for 2010.
 - There is also a variation between males and females with a higher proportion of boys considered overweight or obese.

Figure 52 Percentage of obese year 6 children by ward (June 2006)



2.4 Smoking

- Smoking is currently the principal avoidable cause of premature death and ill health in England and a major cause of health inequalities.
 - Reducing prevalence is therefore a key priority in improving the health of the population in Haringey, particularly in the more deprived boroughs, where smoking rates tend to be higher.
- Highest smoking prevalence of between 29 and 33% is predicted for MSOAs in Noel Park, Tottenham Green, Northumberland Park, Tottenham Hale and White Hart Lane.
- Prevalence of smoking tends to be lower in Black African, Indian, Pakistani, Bangladeshi and Chinese minority ethnic groups than England as a whole, whereas Irish respondents were more likely to be current smokers.

3.0 Initiatives to address Health Inequalities

- There are many healthy lifestyle initiatives underway in the PCT, including the smoking cessation service, Active for Life GP referral scheme, and the development of social marketing campaigns.
- In order to achieve the 26.9% target, the Council, with our partners, are proposing to launch the HARIACTIVE campaign from April 2009. This campaign is an innovative approach towards achieving a challenging target which will require the Council and partners to be focused and sophisticated in using high quality marketing information to influence and change local people's behaviour in respect of physical activity participation
- School Travel Plans - actively encouraging as many children, parents and staff to walk or cycle to school to boost their health and well-being.

- Libraries for Health programme attracted over 10,000 participants in 2007/2008 and is attracting greater numbers this year. The programme focuses on key health issues identified in "Choosing Health" and addresses:
 - Diet and nutrition (A weight management programme is offered in all libraries)
 - Increasing exercise participation (The Library Walkers walk from major libraries, accompanied by a trainer)
 - Improving mental health (Libraries are the most popular venue for stress counselling which is provided by the TPCT and also hold "Stretch your mind and stretch your body" classes funded by the BBC's Headroom programme)
 - Sensible use of drugs and alcohol (We work in partnership with BUBIC and DASH)
 - Smoking cessation (Monthly information and support sessions are held which provide health checks and practical support.)
 - Improved sexual health. (Support is provided in partnership with 4YP, PASCH and Gyachanda and Hunt)

- Learning relating to Health is also provided through the HALS programme: courses are held relating to a range of exercise activities, including yoga for all levels, Pilates, Tai Chi for stroke survivors, free salsa for the over 50's etc.

- Work with Spurs on healthy eating, parenting and healthy lifestyles for 20 schools with higher levels of; Children in Care, Free School Meals, Mobility, as part of a family programme and focus work in schools with children. For example cooking classes run on Saturdays at the Sixth Form Centre.

- Haringey been selected to run national research evaluation of Teens and Toddlers intervention programme (preventing teenage pregnancy) funding provided from a national source. We have been running this programme for 3 years and Department of Children, Schools and Families/NHS wants to do a larger scale project evaluation targeting over 100 young people at risk.

Wealth and deprivation

1.0 Introduction

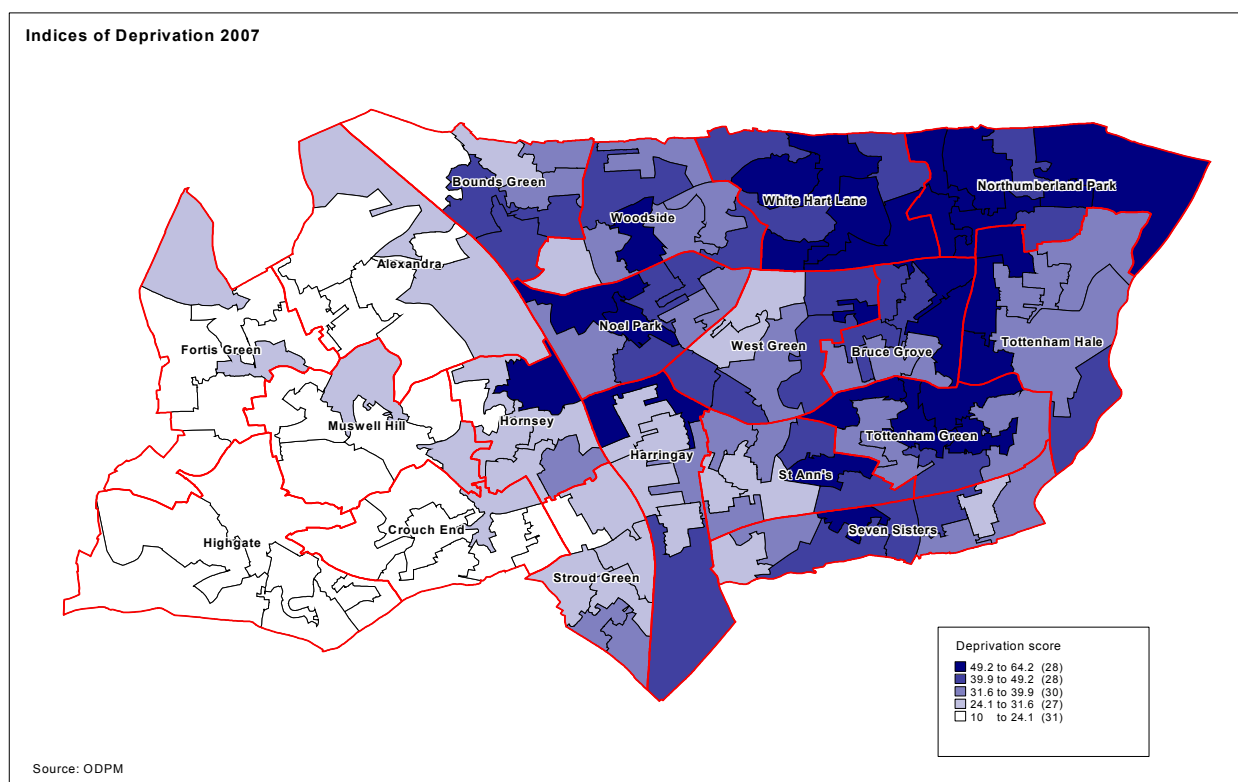
Employment is one of the most important determinants of health. Having a job or an occupation is an important determinant of self-esteem. It provides a vital link between the individual and society and enables people to contribute to society and achieve personal fulfilment. The World Health Organisation identifies a number of ways in which employment benefits mental health. These include the provision of structured time, social contact and satisfaction arising from involvement in a collective effort.

Levels of disposable income affect the way we live, the quality of the home and work environment, and the ability of parents to provide the kind of care for their children they want to. The relationship between poor health and low income exists across almost all health indicators.

Where are the Health Inequalities in Haringey?

- Fig X shows the distribution of deprivation in the Borough by SOA. It shows that areas in Haringey that have the highest deprivation scores are in the East of the Borough, particularly the north east, in White Hart Lane and Northumberland Park.

Fig X- IMD 2007- SOA level



- The level of poverty in London, particularly child poverty, is a major long-term cause of health inequalities across the city. Levels of poverty and deprivation correlate closely with levels of poor health. Action to reduce income inequality is therefore a high priority.
- Some of the most obvious effects of health inequality are seen in:
 - Premature mortality and morbidity
 - Infant mortality rates tend to be higher in the more deprived communities.

- Low birth weight: Inappropriate nourishment or smoking can reduce infant and pre-natal development.
 - Mental health problems: Stress and depression reduce parents' stimulation of the child and disrupt emotional attachment.
 - Health related behaviours: Smoking, poor diet and lack of exercise (for example) are more common in lower income social groups.
- Income deprivation in families with children is much more common in the east of the borough, particularly Northumberland Park and White Hart Lane.

2.1 Employment

- Unemployment is a significant risk factor for a number of health indicators. Unemployed people are found to have:
 - Lower levels of psychological well-being which may range from symptoms of depression and anxiety through to self harm and suicide.
 - Higher rates of morbidity - such as limiting long term illness.
 - Higher rates of premature mortality, in particular for coronary heart disease and injuries and poisoning including suicide.
- People with poorer health are more likely to be unemployed - this is particularly true for people with long term disabilities.
 - Across Haringey, there remain persistent pockets of unemployment deprived areas. This is particularly true in Northumberland Park where, in certain parts, JSA claim rates reach as high as 16.7 per cent – nearly four times the borough average and nearly eight times the national average.
 - Estimates from the GLA show Northumberland Park to have the highest JSA claim rate out of all wards in London⁵.
- The highest concentrations of IB/SDA claimants are mainly in the east of the borough, specifically in areas in Bruce Grove, Haringay, Hornsey, Noel Park, Northumberland Park, West Green, White Hart Lane and Woodside wards. In these areas, IB/SDA claim rates range from 11.8 per cent and 15.3 per cent.

3.0 Initiatives to address Health Inequalities

- Haringey Guarantee - a public/private partnership programme where priority groups are targeted for training and guaranteed job interviews with local employers.
 - Families into Work will be a key project of the Haringey Guarantee – a special family focused dimension to the Guarantee.
- In addition to the Claim It campaign run for all residents, special focus on reducing Child Poverty through a similar campaign for parents/carers through schools, focused in areas where deprivation is high but benefit take up is low. Ten schools signed up.
- The Council is working in partnership with the Citizen's Advice Bureau in running 'Reaping the Benefits', a project aimed at driving up benefit and tax credit take-up, and delivering debt counselling in eight different venues in Northumberland Park, Bruce Grove and Noel Park.
 - As of the beginning of 2008 the project has dealt with more than 950 enquiries and generated over £200,000 in extra benefits for residents that would

⁵ GLA (2007) *Claimant count data by age, gender and duration for London boroughs and wards, October 2007*: GLA Data Management and Analysis Group.

otherwise have gone unclaimed in some of the most deprived areas of the borough.

Housing

1.0 Introduction

The physical environments in which people live - their homes and Neighbourhoods - have a significant bearing on their health. Good quality housing is conducive to good physical and mental health. Improving the availability and quality of housing in an area can help to tackle poverty, particularly fuel poverty, cut crime, strengthen communities and, through these changes, lead to improvements in health. Decent housing is a prime requisite for health, as is reducing overcrowding and homelessness. Provision of a reasonable standard of accommodation for all will have health benefits for the most disadvantaged in society; in the long term it may even lower health care costs. The improvement of poor housing was a key driver for earlier public health reform initiatives.

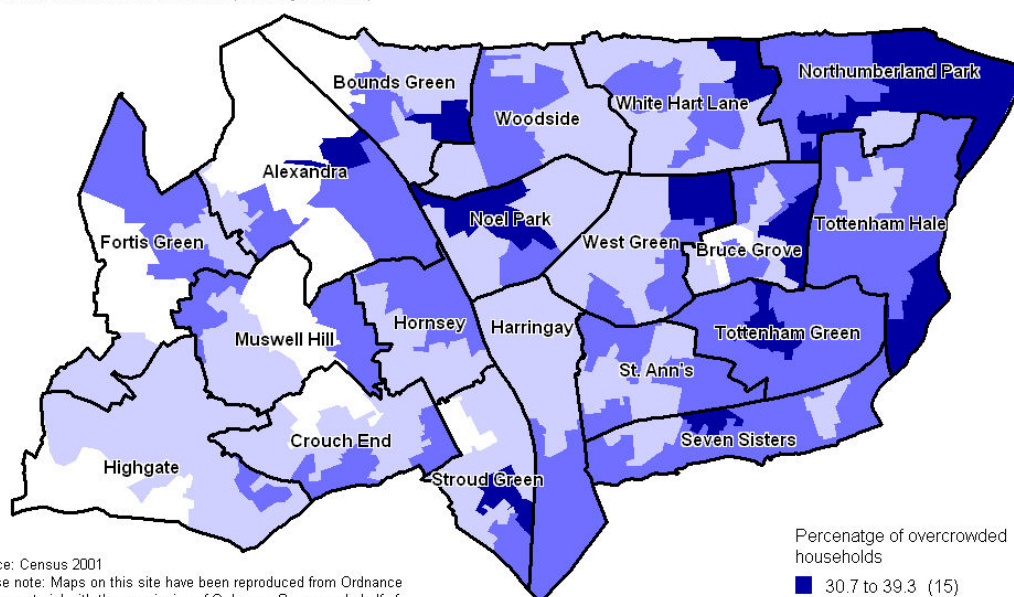
2.0 Where are the Health Inequalities in Haringey?

2.1 Overcrowding

- The Haringey Housing Needs Survey 2005 identified 8.9% of households are living in overcrowded conditions. Households in Seven Sisters and White Hart Lane wards are the most overcrowded (nearly 20% of households in these wards). Households in the more affluent Fortis Green and Muswell Hill areas were the least overcrowded (around 1% of households in the wards).

Percentage of Households with occupancy rating of -1 or less
Haringey Lower Level Super Output Areas
2001 Census

The occupancy rating provides a measure of under-occupancy and over-crowding. For example, a value of -1 implies that there is one room too few and that there is over-crowding. The occupancy rating assumes that every household, including one person households, requires a minimum of two common rooms (excluding bathrooms)



Source: Census 2001

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Percentage of overcrowded households

30.7 to 39.3	(15)
22.2 to 30.6	(55)
13.7 to 22.1	(62)
5.2 to 13.6	(12)

2.2 Homelessness and Temporary Accommodation

- In Haringey 5,400 households are in temporary accommodation (nearly 6% of all households in Haringey) - or 16,000 residents overall, including 8,000 under 18.
- In Haringey, people from some black and minority ethnic (BME) communities and young people are over-represented in the homeless population. In the borough, ethnic minority groups made up 34.8% of the local population in 2005, but accounted for 62% of those accepted as homeless in 2006/07.

- Children and young people aged 0-16 make up around 21% of Haringey's population, but accounted for 45% of those in temporary accommodation in March 2008, demonstrating the high number of families living in temporary accommodation.
- Children living in sub-standard accommodation are more prone to developmental delay, poorer educational attainment and injuries in the home. For example, when children are developing their reading skills, they need quiet.

2.3 Unsuitable Housing

- Haringey has a high number of homes that do not meet the 'decency' standard. In June 2006, 44.5% of social housing in Haringey was non-decent. Tottenham and Wood Green have higher levels of non-decent properties than the borough average.
- "Support needs⁶" households are almost twice as likely to be living in unsuitable housing as non-support needs households. 32.2% of all support needs households are living in unsuitable housing, which compares with 20.9% of all households and 18.1% of all non-support needs households.
- The usual definition of fuel poverty is of a household which spends more than 10% of their income on keeping themselves warm. The fuel poverty indicators from the Centre for Sustainable Energy rank Haringey as 230th out of 304 local authorities, with 5.7% of households deemed to be in fuel poverty. (Ranking of 1 = lowest level of fuel poverty in the country, and 304 highest).
- Impacts of poor housing on health include cold (negative impact on respiratory and heart disease, as well as chronic obstructive pulmonary disease (COPD), damp and mould (75% of asthma sufferers are sensitised to mould spores, increased levels of tuberculosis in properties that are poorly ventilated, poorly heated and overcrowded), increased accidents and falls (causing physical injury), social isolation (causing mental health problems/depression)

3.0 Initiatives to address Health Inequalities

3.1 Overcrowding

Current initiatives include:

- Hostel deconversion programme delivering much needed large sized accommodation (1 x 7 bed and x 5)
- Working with RSL partners to increase the proportion of larger size units on new build schemes.
- Increase in priority awarded to under occupying households to encourage the freeing up of family homes. Further work to be done on reviewing incentives offered.

3.2 Reducing the use of temporary accommodation

There is now a steady fall in the number of households living in temporary accommodation. As at 7 November there were 4,808 households living in TA. The Council target is to reduce the number to 2,600 by 2010. A number of initiatives are helping us to achieve the reduction, including:

⁶ Households with a member requiring support by support needs: frail elderly, physical disability. Learning disability, mental health problem .

- Supporting households to access private rented accommodation through the provision of comprehensive advice and the payment of rent in advance and deposits.
- Helping survivors of domestic violence to remain in their own homes, where they choose to do, through support to achieve injunctions and the installation of Sanctuary schemes.
- Providing benefit and money advice to households who are facing eviction.

3.3 Delivering decent homes

- £198.5million, phased over a six year period, to support the delivery of the decent homes programme.
- Haringey's decent homes programme, will involve the refurbishment of more than 11,000 council homes
- Works undertaken under the decent homes programme include: the installation of replacement double glazed windows, kitchen and bathroom refurbishment, multi lock 'secure by design' front entrance doors, renewed fascias, soffits and rainwater goods, and roof works where required.

3.4 Tackling fuel poverty

- Through the North London sub region approximately £500,000 is available each year to provide new heating system and energy efficiency measures for households in receipt of the main means tested benefits.
- Thermal image of borough completed, which is being used to target activity and outreach sessions to reach those most likely to be in fuel poverty. Fuel poverty Officer actively sign posts households to assistance available to them e.g. Warm Front scheme.

Safer and Cohesive Communities

1.0 Introduction

Social capital⁷ has been linked to health, and there is increasing recognition that the context of people's lives, their social networks and the neighbourhoods in which they live are related to their quality of life and health. Those with high stocks of social capital are more likely to remain healthy and are quicker to recover from illness. Social inequalities directly undermine community cohesion.⁸

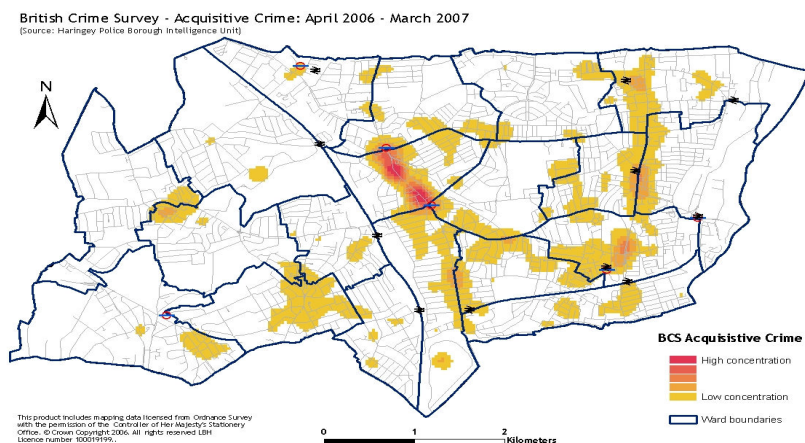
Although Haringey is a very diverse, multi-cultural borough, its many communities generally get on well together. In 2007, 80% of residents agreed that 'the local area is a place where people from different backgrounds get on well together' – the same as in 2006, and roughly comparable to most other similar boroughs.

Crime and fear of crime are both strong negative predictors of community cohesion.⁹ Sustainable health is achieved when people and communities can take control of their lives and are able to live their lives to the full. A safe environment free from crime or fear of crime contributes significantly to an individual's sense of well-being.

2.0 Where are the Health Inequalities in Haringey?

2.1 Crime

The following map show hotspots for BCS acquisitive for 2006/07 across Haringey. They illustrate the split between the east and west of the borough, with the majority of crimes occurring in the east. However, these crimes do occur in the west, in particular the shopping areas around Crouch End and Muswell Hill.



Map showing hotspot locations across the borough of BCS acquisitive crimes

2.2 Youth crime

- There were 275 more victims of crime aged from 10-17yrs from January to June 2008 than throughout July to December 2007 (this represents a 26% increase)

2.3 Anti-social behaviour

⁷ The definition used by ONS is "networks together with shared norms, values and understandings that facilitate co-operation within or among groups"

⁸ Community Cohesion – an action guide LGA, 27 October 2004

⁹ Crime reduction and community safety: The crucial role of the new local performance framework DCLG February 2008

- There were 761 calls to the Anti-Social Behaviour Action Team (ASBAT) regarding ASB in 2006/07. This was 2% lower than in 2005/06.

2.4 Domestic Violence

- There were reports in all of Haringey's wards of domestic violence. Noel Park and Northumberland Park wards had the highest number, accounting for 10% and 9% respectively of the borough's reports (380 and 360 reports). Stroud Green, Muswell Hill, Alexandra and Highgate wards each accounted for fewer than 2% of offences.

2.5 Accident & Injuries

- Road traffic accidents are the leading cause of accidental fatalities in children and young people- Between January and December 2006, 15 children between the ages of 0-15 were killed or injured in road traffic accidents in the borough.

3.0 Initiatives to address health and inequalities

- We have widely advertised Haringey's Domestic Violence Advice and support centre, Hearthstone, in the Maternity and A&E departments at North Middlesex and the Whittington. We have carried out targeted outreach with hospital staff to distribute Hearthstone phone number for Domestic Violence information stalls and organised seminars.
- The London Boxing Academy provides full-time education for young people who would otherwise be excluded from school. A GCSE timetable is structured around sporting activity, not exclusively boxing. There are currently 32 students from Haringey. Existing monitoring suggests that none of the young people are involved in offending behaviour during their time with the Academy.
- In Haringey, the Drug Intervention Programmes and Prolific and Other Priority Offenders (PPO's) programmes have been effective. There is evidence to show that convictions are reduced for PPOs while on the schemes and immediately after leaving.
- *The Mayor's Road Safety Plan* has set a target to reduce child casualties by 60% by the year 2010. Haringey has made road safety a specific priority in the Children and Young People's Plan. Haringey currently has 62 School Travel Plans (STP) and a further 18 submitted to DfES. This equates to 95% of maintained schools within the borough having STPs approved or to be approved.

Healthy Places

Almost every planning decision or policy has a potential effect on health. Improving the design of the environment in which people live and work and providing high quality, well-maintained open space has been shown to have positive effects on both physical and mental health. Providing safe and convenient parks to allow physical activity, mental and physical well being is promoted and obesity prevented.¹⁰

Availability of healthy food is an important aspect of where we live. 'Food deserts' are those places where people do not have adequate opportunity to purchase healthy fruit and vegetables at a reasonable cost.

Well-designed areas are also more conducive to the use of healthy forms of transport such as walking or cycling, and the use of public transport. The availability of accessible and low cost transport has indirect health benefits as it enables participation in training, employment, and social and cultural activities. It is particularly important for certain groups such as households on low incomes, older people, disabled people, and children.

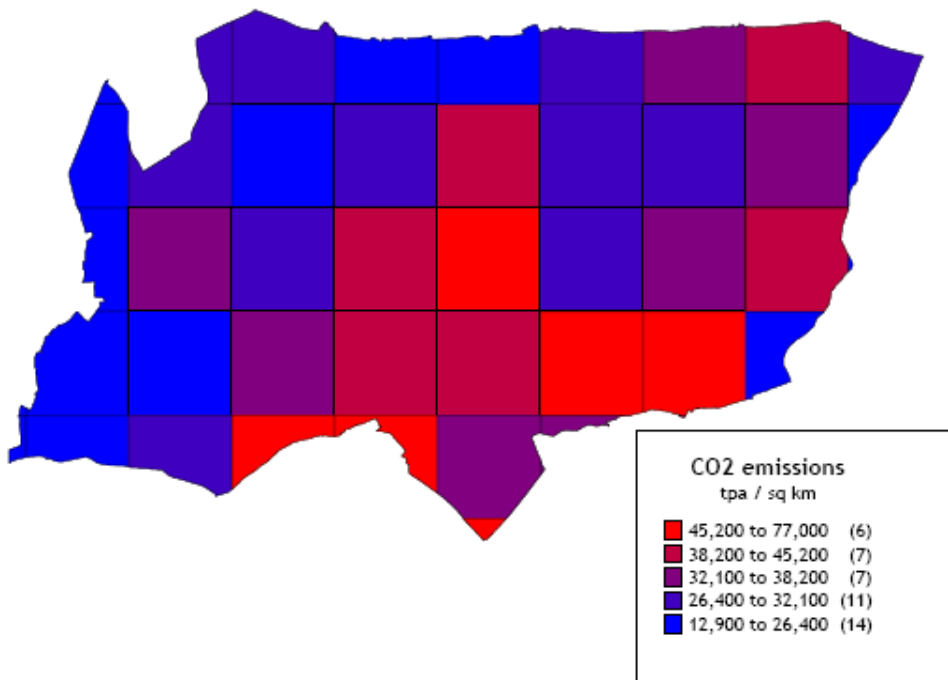
1.0 Where are the Health Inequalities in Haringey?

1.1 Pollution

- Local environmental quality has significant impacts on health. Studies have shown that higher mortality is seen on days with high pollutant concentrations and in areas with high pollutant levels. Hospital admissions particularly for respiratory and cardiovascular diseases are also linked to pollutant levels, in particular affecting children and young people.
- Traffic congestion and associated air pollution can affect health. In Haringey, as expected, NO₂ pollution is concentrated around the borough's major roads.
- There are strong links between environmental quality and deprivation. Many areas with poor air quality, high levels of noise and deficiencies in quality green space tend to also have high levels of deprivation.
- Map 1, shows CO₂ emission levels across the borough, for domestic and non-domestic settings, reveals that emissions tend to be lower around the more residential and more affluent western edge of the borough and higher in the south, Centre (Wood Green) and east of the borough.

Map 1: CO₂ Emissions density Map for Haringey (2003)

¹⁰ www.healthyurbandevelopment.nhs.uk



1.2 Litter and Detritus

- Litter can be dangerous, unhealthy, and it can persist in the environment for a very long time. If an area is heavily littered, it can lead to the ‘broken window’ effect – more litter, dumping of rubbish, flyposting, graffiti and vandalism. It affects local communities and the people who live there and can also have a detrimental effect on the local economy and on tourism.
- The proportion of streets with unacceptable levels of litter has reduced from 21% in 2007/08 to below 9%. The target for this year is 12% (NI 195a and LAA target). The score for unacceptable levels of detritus has also improved from 34% in 2007/08 to 21%, against a target of 24%. Higher levels of litter and detritus have been found in some wards in the east of the borough.

1.3 Access to goods, services, people and jobs

- The main purpose of transport is to travel from one location to another to obtain access to services (eg education, health or social care), goods (eg shops), or people (particularly friends and family). Facilities that are planned assuming universal car use are often difficult to access for those without a car. Opportunities for employment are restricted by an inability to travel between home and work venues.
- Haringey's location means that much of the borough, including some of its deprived neighbourhoods, has relatively good public transport. Areas of particularly low accessibility in Haringey are Alexandra and Hornsey in the west and White Hart Lane in the east.

2.0 Initiatives to address health inequalities

- Nine parks managed by Haringey Council have been declared as being among the best in the country. Chestnuts Park is the newest edition to the borough's collection of nine Green Flag Parks, winning its Green Flag in 2008.
- Development of the City Farm and related activities in Lordship Lane Park which will give local adults work experience, is running healthy eating café (already open), give opportunity for outdoor environmental activity for schools and for families – will also potentially provide alternative placements for young people at risk of exclusion.
- The Government has set a target for all schools to be engaged in the Healthy Schools Programme by 2009, with 75% of schools to have achieved healthy schools status by 2009. Haringey has stated its commitment to improving the health and wellbeing of its young people by including Healthy Schools as one of its Local Area Agreement stretch targets. This brings forward the 2009 national target by one year-with the intention that 75% of Haringey schools to be Healthy Schools by the end of 2008. Currently 68% of Haringey schools have achieved Healthy School status with 98% of Haringey schools already participating in the programme. We are on track to meet the 2008 stretch target.
- Council investment in improving cleanliness has resulted in a borough-wide increase from once per week cleansing to twice or three times per week cleansing from April 2008 where previously only a few roads had more than once per week cleansing. In addition, the Council has agreed an LAA stretch target for 2009/10 which is designed to ensure that good standards of cleanliness are achieved in the borough overall.



2005-2006
Getting Closer to Communities