

Developing a New Health and Wellbeing Strategy for Haringey 2024-29

Update for Scrutiny

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Background

The Health and Wellbeing Board

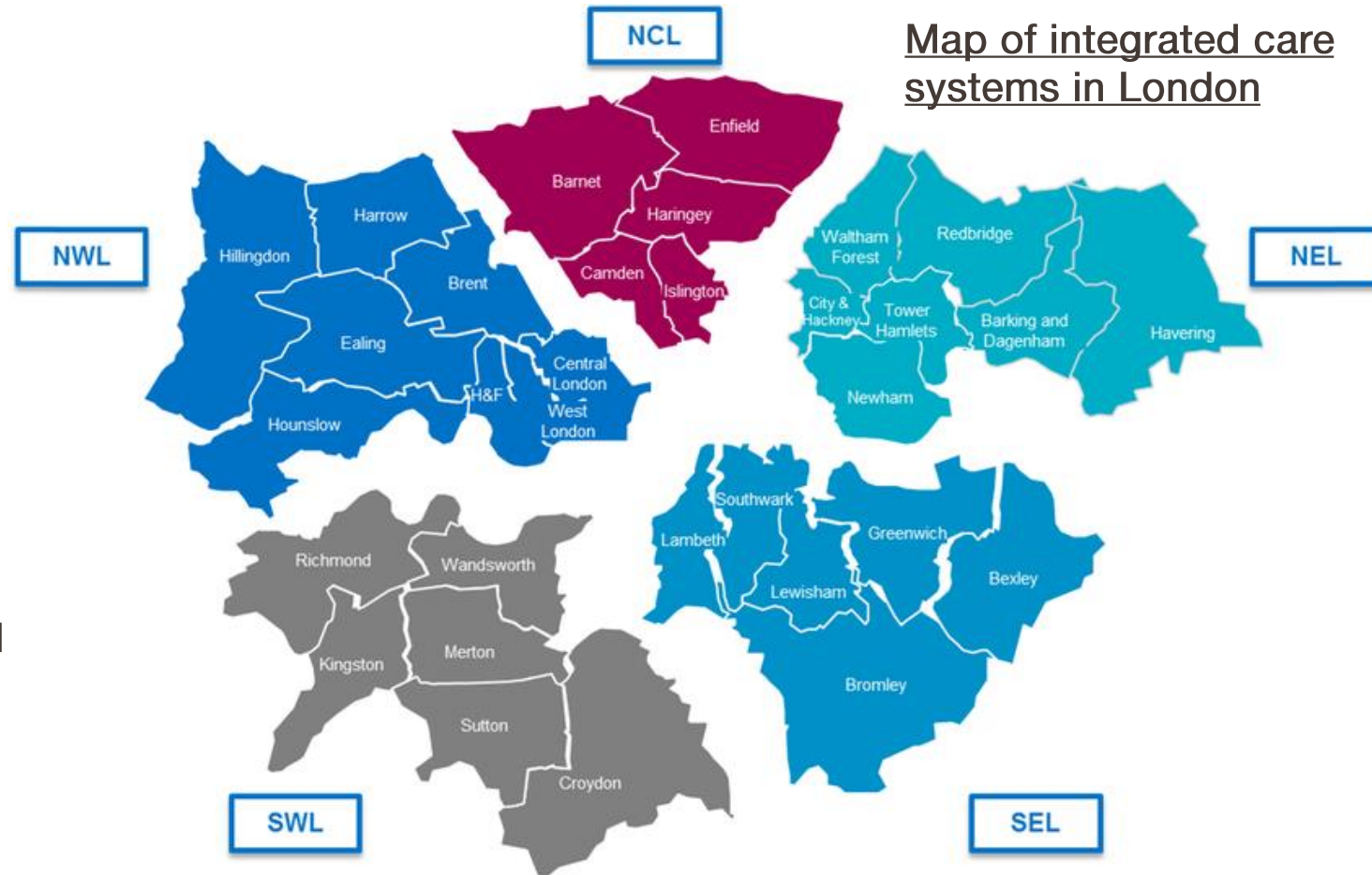
- The Health and Wellbeing Board is a partnership board with Council, ICB, NHS Trust and Community leadership that oversees our health improvement priorities for Haringey. It is chaired by Cllr Lucia das Neves, Haringey Council cabinet member for Adult Social Care, Health and Wellbeing
- **Our overall aim is to improve residents' health, prevent illness and reduce inequality in Haringey** and the Health and Wellbeing strategy will set out our priorities for the next 5 years.

Developing the new Health and Wellbeing Strategy

- We are taking a collaborative approach to developing our new strategy for 2024-29
- We tried to reach out to as many residents and local partner organisations as we could in the available time to understand what really mattered to their health.
- The strategy themes were based on findings from our engagement and on data about health issues in the borough
- The strategy will link with the 10 year Borough vision which is currently being developed

Context: Geography and Decision Making Impacting Health in London

- National level – Economic, welfare housing policy, licensing, regulatory and planning frameworks, funding for health and local government
- London level – GLA – limited devolution – Transport, policing, some planning and housing levers
- Integrated Care System level – NHS commissioning, population health strategies
- Borough level – Health and Wellbeing Board (and Strategy), Borough health and care partnerships, Council levers on health (e.g. housing, planning). Haringey Deal (community engagement)

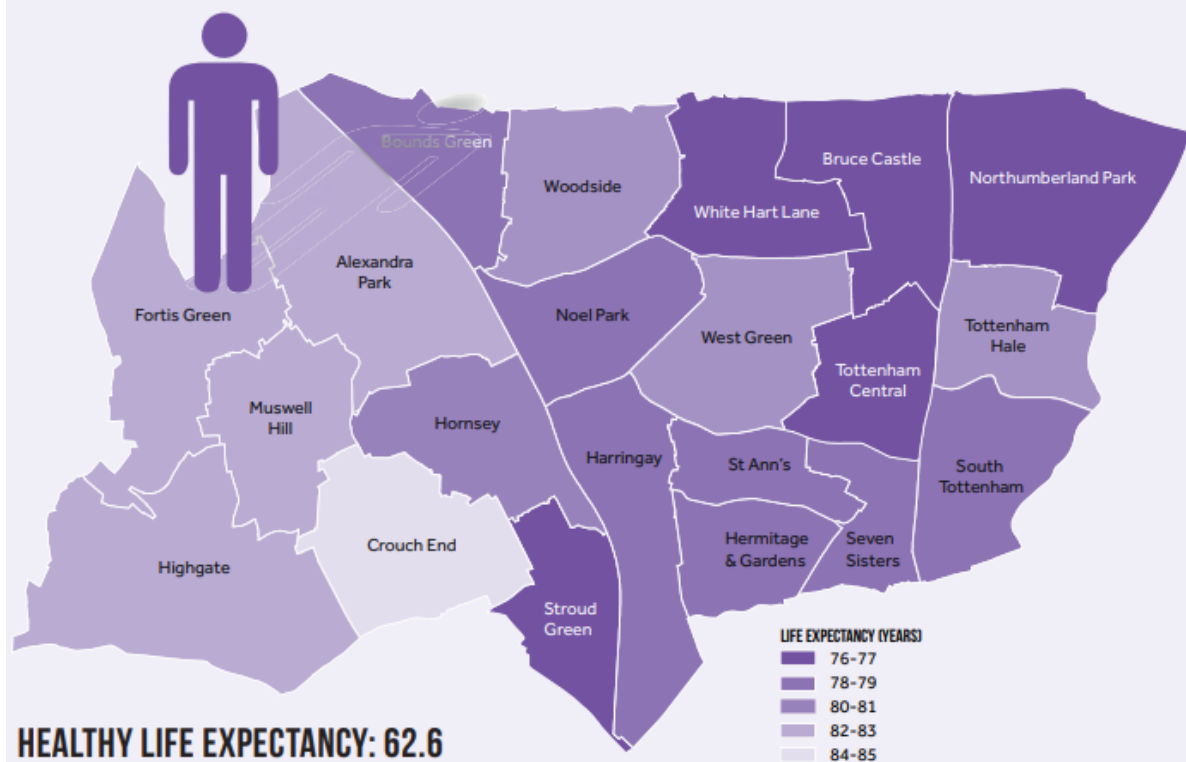


Key Haringey health facts to guide strategy (more info in appendix)

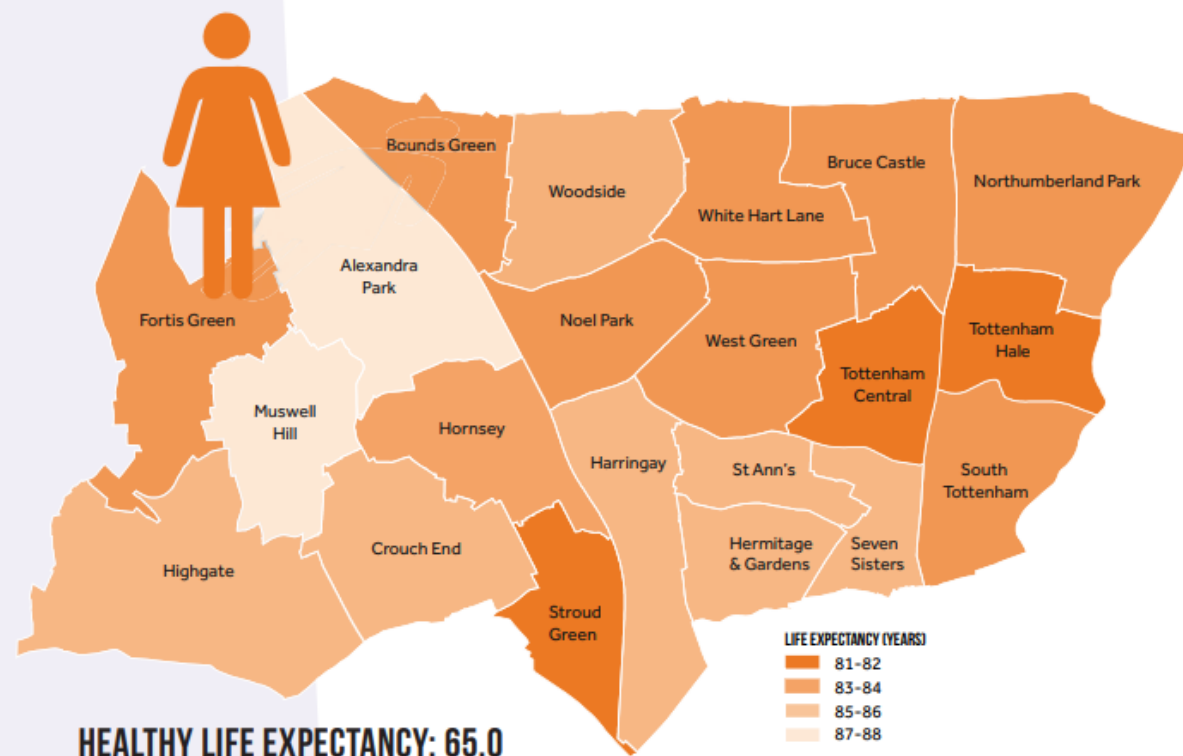
- Haringey has some great assets such as a young and diverse population, good transport links, high quality schools and valued green spaces.
- Haringey is the 4th most deprived borough in London and neighbourhoods in east Haringey are amongst some of the most deprived in London.
- Life expectancy in Haringey for men is 78.5 years, and for women is 84.0 years. Life expectancy increased over the 2000s and early 2010s but began to stall prior to the COVID pandemic in Haringey. Life expectancy fell during the COVID pandemic, but is now beginning to recover.
- Healthy life expectancy, which is a measure of years lived in good health is 65 for females in Haringey and 62 for males.
- Figures for life expectancy are statistically similar to England for males in Haringey and higher than England for females
- Healthy life expectancy is similar to the England average for both males and females
- There are, however significant inequalities in health outcomes including life expectancy aligned with deprivation. A man in the least deprived wards will live on average 7 more years than a man from one of the most deprived wards. For women this difference is over four years, and for both genders this difference has widened since the 2017-19 period.
- There are significant inequalities in health and wellbeing in people from minoritised communities, disabled people and people experiencing social exclusion.
- Cancer and cardiovascular diseases (e.g. heart attacks and strokes) are the main causes of death in adults.
- Mental health issues are significant in all ages.
- The wider building blocks of health such as good quality housing, secure and fulfilling employment and good air quality have a profound influence on health and wellbeing.

Life expectancy

**MALE LIFE EXPECTANCY
BY HARINGEY WARD (2016-2020)**



**FEMALE LIFE EXPECTANCY
BY HARINGEY WARD (2016-2020)**



Engagement approach for Haringey Health and Wellbeing Strategy

- There has been a wide range of engagement on the topic of health and wellbeing in the past year or so in Haringey, so we wanted to ensure what we've heard in previous engagement is reflected in the new strategy.
- To fill some of the gaps, we also designed a series of new engagement opportunities last Autumn and Winter.

Questions we asked in our engagement:

1. What does good health look like to you and those around you?
2. What will help you/those around you achieve good health and wellbeing?
3. What are the key challenges to better health? What might help you/those around you overcome these challenges?
4. Thinking about your community, what are the top 3 issues we should be addressing/focusing our efforts on? [Examples to choose from included: Housing; Our environment; Access to healthcare (for example, GP, specialist services); Mental Health and Wellbeing, Addiction including gambling, alcohol, smoking;



Additional routes of engagement for Health and Wellbeing Strategy

| Approach | Target Audience |
|--|---|
| Online resident survey | General Public |
| Library engagement sessions | Residents accessing libraries and other Council services |
| Learning Disability Carers Forum | |
| Get Haringey Talking event at Triangle Children's Centre | Children and families |
| Stakeholder workshop | Voluntary Community Sectors, Community leaders, other residents' representatives, and the Council and the NHS services/departments representing communities |
| People's Day event at Tottenham Leisure Centre | Older people |
| Joint Partnership Board – reference groups | Engagement with joint partnership board, representing specific population groups. |

Note that these engagement routes supplemented existing knowledge we had from community research for example from Bridge Renewal Trust and Healthwatch and from our own work



Themes of New Haringey Health and Wellbeing Strategy that have come from our engagement and health data

Housing and Health

- Improve existing homes
 - Tackling overcrowding
 - Tackling damp and mould
 - Reduce fuel poverty
- Ensure homes are available for families with high levels of need
- Homelessness and health

Improving Mental Wellbeing

- Improve access to preventative mental health services
- Improve access to crisis support services
- Increase opportunities for participation in community activities
 - Leisure and physical activity
 - Culture
- Reduce social isolation and increase connectedness

Healthy Place Shaping

- Reduce air pollution
- Ensure everyone has access to affordable, healthy food
- Improve access to green spaces and parks
- Focus on Healthier High Streets (tackle proliferation of gambling and hot food takeaways)
- Improve disabled access to local facilities

Preventative Health and Care Strategies

- Access to good quality preventative health and care in neighbourhoods
- Measurable improvements and improvements in equity in key outcomes including rates of childhood immunisation, premature mortality from strokes and heart attacks, stillbirth rates and speech and language development in children
- Holistic support for specific groups for example people with learning disabilities and carers

Principles of delivery of the strategy – how we will work together with residents

1. Co-production and working with people

Our communities know what they need the most. We will engage and work with people to ensure our services are accessible, acceptable and effective as well as culturally sensitive.

2. Knowing our communities

We will make every effort to listen to and work closely with our residents, communities and community organisations. We will use data-led insights to better understand who our residents are, and how we can best work with them. We will support community organisations to thrive.

3. Stronger partnership working

We are stronger when we work together in a more collective and open way. We will all do our bit to deliver the strategy. Our primary aim will be the health of the population of Haringey as a place and we believe we can only do this collectively.

4. Equity and challenging discrimination and racism

We will act collectively to challenge systemic discrimination and racism

5. Advocating for high-quality local services that are resourced to meet the needs of our residents

We will advocate for high quality local health and care services, and that Haringey receives the right funding to meet the needs of our communities particularly those with the highest needs

6. Taking an all-age approach

All the themes of our strategy will take an all-age approach, looking at the impact of issues on children and young people, working age adults and older people.

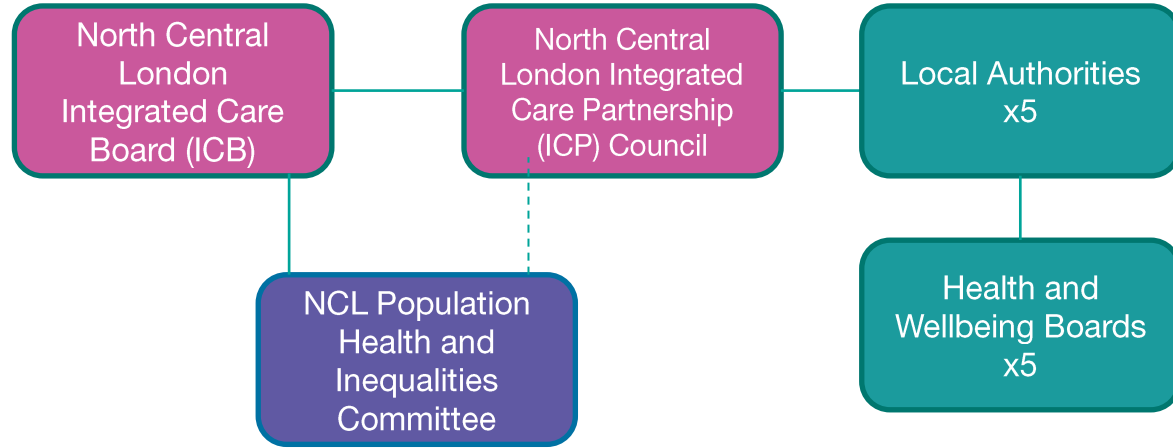
Next Steps

- Action plans for first 18 months of strategy being developed for each theme area are being developed
 - This will link into existing plans and governance including council corporate delivery plans, NHS Trust strategies and Haringey Borough Partnership and NCL ICB population health strategy
- An outcomes framework is being developed
- The draft strategy will be reviewed by Health and Wellbeing Board in September for sign off
- The Health and Wellbeing Board will have oversight of the strategy, with delivery of specific actions feeding in through other council and partnership governance routes
- Updates on progress on actions and metrics will be received after 12-18 months

Example of an action plan for a theme of the Health and Wellbeing Strategy

| Broad Objective | Priority Actions for first 12 to 18 months of strategy |
|--|--|
| Housing and Health: Ensure homes are available for residents with high levels of need | Expand supply of bespoke council homes for people and families with specific needs (target of 300 bespoke homes by 2031) |
| | Begin work on new programme of building supported housing (target of 300 units by 2031) |
| | New council housing allocations policy adopted by end 2024/25 with a view to taking into account health and care needs |
| | Prepare a strategy on the future needs of housing for older people in Haringey by end 24/25 |
| | Look at opportunities for key worker housing for health and care staff e.g. on St Ann's Hospital Site |

Context – Links between Health and Wellbeing Boards and NHS ICB population health governance



- The integrated care partnership council is the forum where elected leaders from each council come together with senior officers from North Central London councils and the ICB to steer the partnership work on population health improvement for NCL
- The Population Health & Inequalities (PHI) Committee has been in place since February 2021, prior to the formal establishment of the ICB (Integrated Care Board) and the formation of the Integrated Care Partnership.
- The NCL PHI Committee is designated by the ICP to have oversight of the delivery of the NCL Population Health & Integrated Care Strategy. A delivery plan for this NCL wide strategy is now being completed (led by the ICB) and we are aligning it with our Health and Wellbeing Strategy Action plan

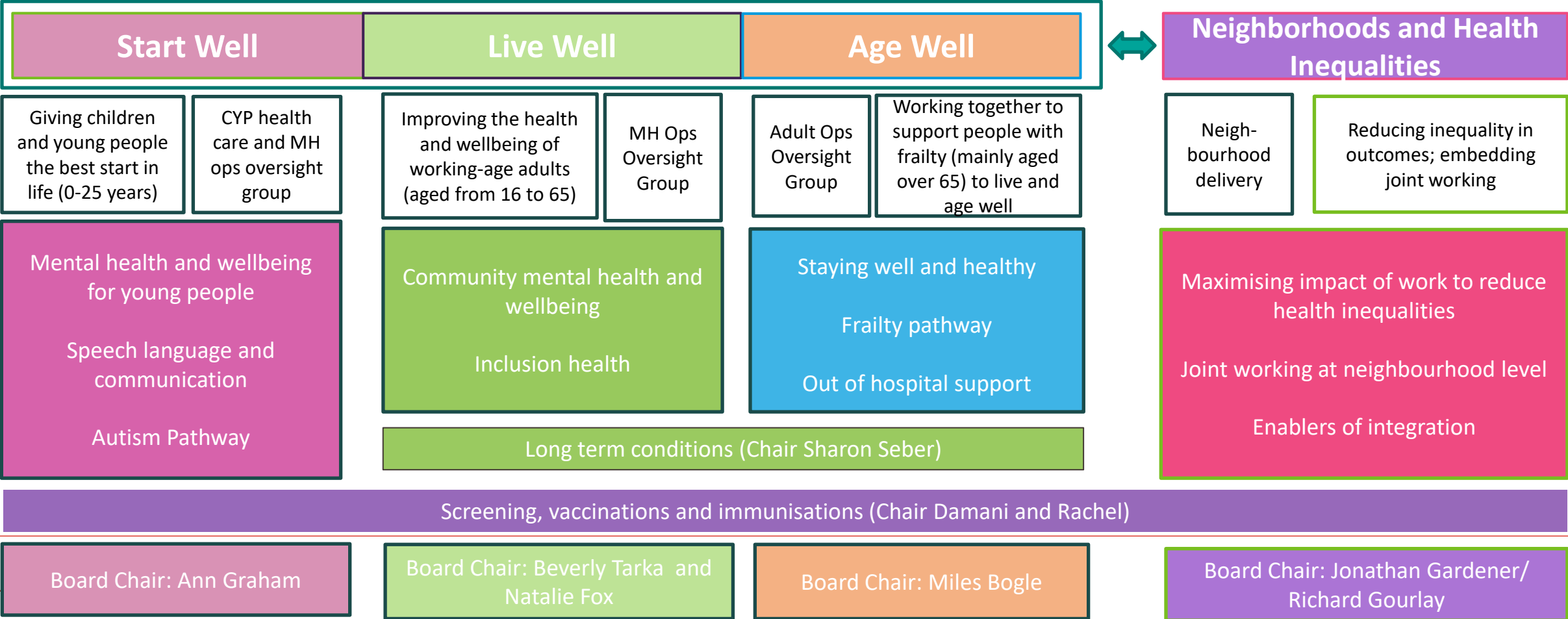
The Haringey Borough Partnership will support the delivery of the strategy

Haringey Borough Partnership (HBP) is a collaboration between the main providers of health and care services for people in Haringey. Our goal is to improve the health and wellbeing of Haringey residents through reaching people early to avoid crisis; through more joined up ways of working and delivering services across health and care.



Health & Wellbeing Board Links to Haringey Borough Partnership Governance

Haringey Borough Partnership Exec
 Co-chair: Andy Donald (CEO Haringey Council), Clare Dollery (CEO, Whittington Health)



Developing an outcomes framework for the Health and Wellbeing Strategy

Challenge

To support this strategy, a borough level outcomes framework to track key indicators linked to our four themes is proposed. However, the HWBS themes are wide ranging and complex, requiring a multi-agency response so demonstrating tangible impact will be difficult.

How could we address this?

- We could identify a small number of process measures aligned to each shared objective which will track and showcase progress made by key partners to help achieve these ambitions.
- These process measures should be aligned to existing measures/ service data to ensure that the best available data is utilised.
- Alongside these process measures, headline outcome measures should also be included where appropriate to monitor trends for Haringey as a whole.
- As part of this we should also seek to identify key indicators that can be used to monitor change in inequalities within the borough.

Proposed application

HWB Board will maintain strategic oversight of the strategy so will be consulted on the best use of a framework. We suggest that:

- The metrics are reviewed annually to assess progress against the strategy.
- ‘Deep dives’ could enable us to review areas of health and wellbeing, along with local action where it is more difficult to track progress.

Example of measures for inclusion in an outcomes framework

Example metrics for illustrative purposes only

| Theme: Healthy Place Shaping | | | |
|--|--|---|--|
| Shared objectives | Outcome measures | Process measures | Equity measures |
| Healthier highstreets e.g. Smokefree environments | % adults who are current smokers [1,2] | # of quits through the local stop smoking service (One You) | <ul style="list-style-type: none">Smoking prevalence in adults in routine and manual occupationsSmoking prevalence in adults with a long term mental health condition (18+) |
| Access to green spaces and parks | % of physically active adults and children [1,2] | # of additional open spaces in areas of deficiency [3] | TBC <i>Work to improve inequalities monitoring is taking place across the system</i> |
| | Long term measures included for monitoring | Medium term measures to indicate progress of partners contributions | Long term measures included for monitoring inequalities |

Considerations for Scrutiny

- Is there a theme that Scrutiny would like to focus on as the strategy is implemented
- Comments on the outcomes framework
 - Does the framework presented here allow scrutiny to monitor progress against the strategy
 - What further information will be needed for scrutiny to review and support progress of the strategy

Appendix: Health in Haringey at a glance

People



- 264,200 residents (Census, 2021)
- Ageing population (24% increase in ages 65+ since 2011), younger than London, catching up
- **Young, ethnically diverse population** 67% of residents are from ethnic minorities.
- **Over 180 languages spoken by residents**, and 30% of residents do not speak English as their main language.
- 39% of residents are Christian, 32% have no religion, 13% are Muslim and 4% are Jewish.

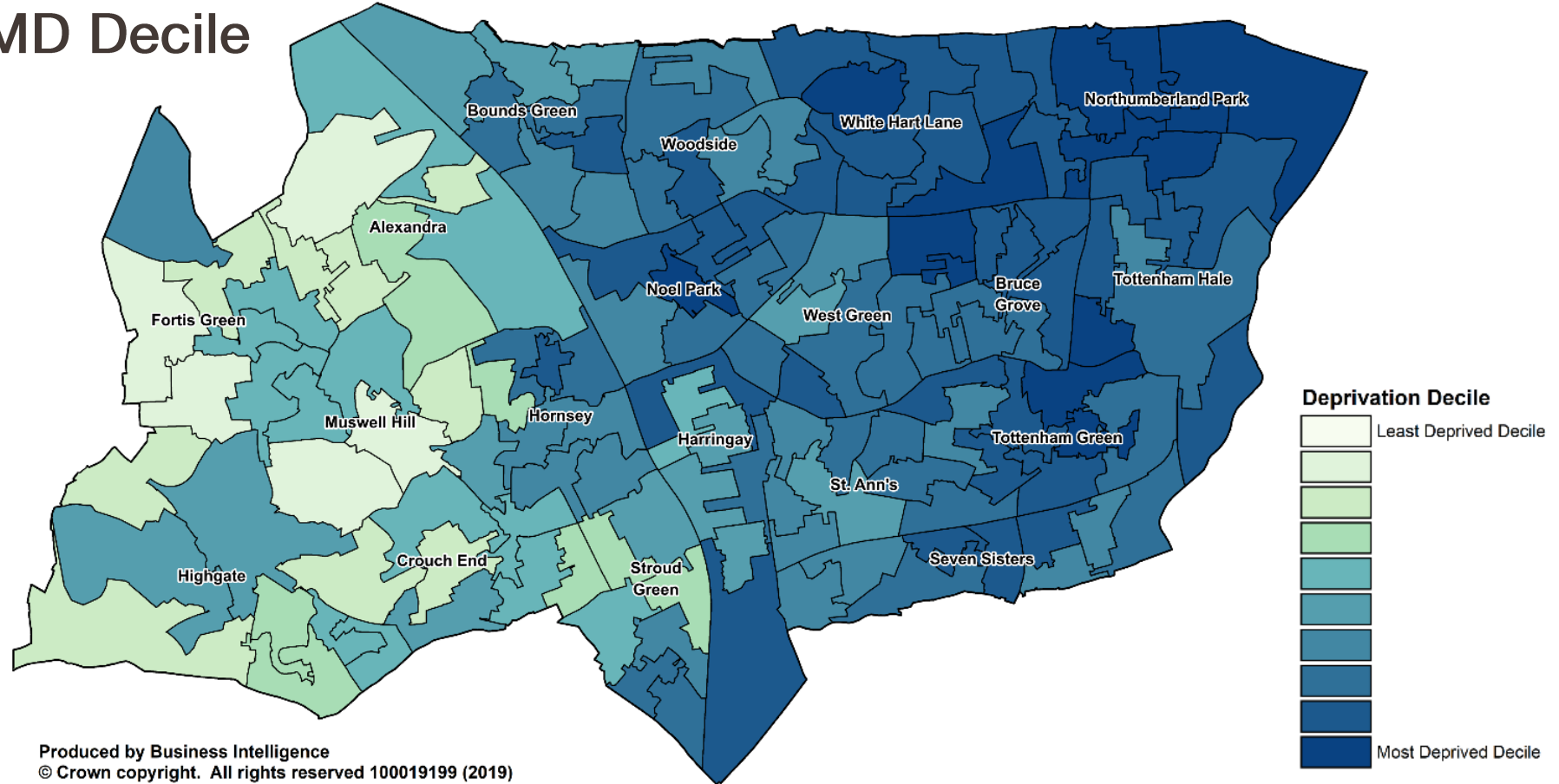
Place



- **25 Green Flag Parks** (judged to be welcoming, safe and well managed with active community involvement).
- **120 venues where cultural activity takes place**, and over 70 events occurring annually.
- **77% of trips by foot, cycle, public transport** in 2019
 - 36% walking
 - 38% public transport
 - 3% cycle

Deprivation

2019 IMD Decile Ranks



Main causes of death in Haringey

