



Report of Anne Bristow, Director of Social Services

Well-being Partnership Board

16th March 2006

Subject: Neighbourhood Renewal Fund Allocations 2006/07

Report Author: Helen Constantine, Service Improvement, Social Services

1. Background

1.1 The Well-being Theme Board has agreed seven strategic outcomes and identified how these will impact on the delivery of floor targets.

Outcomes	Strategic Objectives
Be healthy	1. To reduce health inequalities in Haringey (including encouraging people to use leisure services and recreational opportunities)
Stay safe	2. To protect all adults (including safeguarding people in transition from childhood to adulthood and preventing abuse occurring wherever possible and dealing with it appropriately and effectively if it does occur)
Make a positive contribution	3. To encourage opportunities for active living (including getting involved and volunteering)
Achieve economic well being	4. To enable people to have a minimum standard of living (including creating opportunities for employment and access to benefit entitlements as appropriate)
Enjoy and achieve	5. To ensure opportunities are available for socialising and life long learning (including ensuring that people are able to get out and about)
Be independent	6. To enable people to live independently for as long as possible in their own homes (exercising choice and control over their lives)
Access to an affordable and decent home	7. To meet current and future housing need (ensuring statutory housing need is met, extending options and choice, and providing related support services)

1.2 NRF is provided to local authorities, in collaboration with their LSP, to improve services and is targeted at 10% most deprived wards to narrow the gap with the rest of the country.

1.3 The Haringey Strategic Partnership (HSP) on 12 December 2005 allocated the following amounts of NRF money for activities to promote Well-being theme.

- £1,200,000 in 2006/07
- £1,300,000 in 2007/08

2. Proposals for 2006/07 spend

2.1 In December 2005 HSP confirmed continuation funding for various projects under the Well-being theme (see schedule attached as Appendix A)

2.2 At the Well-being Theme Board in December 2005, it was agreed that the approach needed to shift away from evaluating bids for funding, to one of commissioning projects that will deliver the strategic outcomes and impact positively on floor targets.

2.3 Combating social exclusion and alienation must be at the heart of our strategies if we to embed activities that promote well-being, including mental well-being, in our communities, particularly amongst our most deprived communities

2.4 It is therefore proposed that over the next 18 months we target our activities in and around small neighbourhood areas in order that the cumulative effects of individual activities can contribute by increasing social capital.

2.5 Neighbourhood Statistics are moving away from ward-based statistics to a more stable and equitable statistical geography that is based on Census Output Areas. These have been aggregated in Super Output Areas (SOAs)

2.6 We therefore propose that Well-being NRF funding is targeted at the three SOAs in Noel Park, Bruce Grove and Northumberland Park (see Indices of Deprivation maps in Appendix B). However, in adopting this approach we would not wish any projects to rigidly adhere to SOA boundaries, but to flexibly recognise local realities.

2.7 It has been well documented that there are clear links between deprivation and poor health outcomes and that Haringey has some of the most deprived areas in the country. For example:

- in Bruce Grove 4 out of the 8 super output areas are amongst the top 10% most deprived in the country,
- 6 out of 8 Northumberland Park are in the top 10% and
- 4 out of 8 in Noel Park.

2.8 The health outcomes for these areas are also poorer than average when compared with the national and Haringey averages including lower life expectancy. The three wards also have a number of risk factors for the determinants of ill-health. It is possible to change some of these determinants such as deprivation and behavioural factors.

2.9 Data suggest that Bruce Grove, Northumberland Park and Noel Park have the same major causes of death as the national pattern including heart disease, stroke and cancers. However, there are significant numbers of excess deaths below the age of 75 in these wards. A reduction in deaths from these main causes of death would reduce the number of excess deaths significantly. We can influence change for these high death rates by tackling areas such as deprivation, physical activity and diet. For example, improvements in diet have been identified in the national decrease in deaths from CHD¹.

- Bruce Grove has the lowest life expectancy for males – 7.7 years lower than Muswell Hill, Northumberland Park has the second lowest.
- Bruce Grove has the second lowest life expectancy for females - 4.9 years lower than Crouch End, Northumberland Park has the third and Noel Park the fourth lowest.
- Bruce Grove has the highest all cause *standardised mortality ratio (SMR) in Haringey, Northumberland Park has the second highest.
- There is an excess of around 51 deaths for people aged under 75 per year across the Bruce Grove, Northumberland Park and Noel Park
- Bruce Grove has the highest SMR for coronary heart disease and Northumberland Park the second.
- Northumberland Park has the highest SMR for cancer, Bruce Grove the second and Noel Park the fourth.

** Standardised mortality ratios compare the number of deaths that occur locally with those occurring in England as a whole. An SMR over 100 indicates that there are more deaths within a given population than expected.*

2.10 Having considered the interplay between deprivation and the Well-being strategic objectives, the Chairs Executive recommends that for NRF the following three should be adopted as our commissioning themes:

- (a) Be healthy
- (b) Achieve economic well-being
- (c) Meeting current and future housing need.

This would enable us to promote activity amongst 3% of households in the worst housing in the borough with a view to improving their living conditions, increasing household income either through access to employment or benefit take-up and encouraging individuals to make lifestyle changes that will impact on their long-term health (increasing exercise, healthier eating, etc).

¹ Unal B et al, Modelling the Decline in Coronary Heart Disease Deaths in England and Wales, 1981-2000: Comparing contributions from primary prevention and secondary prevention. BMJ (2005) 331: 614-617

- 2.11 It is therefore proposed that we specify that all projects should contribute to at least one of the following outcomes:
- (a) increase household income by an average of £10 per week;
 - (b) reduce fuel poverty in 100 households;
 - (c) 500 adults participating in at least one 30 minute session of physical activity of moderate intensity per week for at least three months;
 - (d) At least 140 older people (over age 50) participating for at least six weeks in a healthier eating community based programme. Definitions of healthy foods to be submitted with bid for assessment.
- 2.12 It is further proposed that an indicative allocation of the available NRF to the intended programme areas should be as follows:
- i. £200,000 – Achieving economic well-being [(a) and (b) above]
 - ii. £100,000 – Meeting current and future housing need [(a) above]
 - iii. £150,000 – Be healthy [(c) above]
 - iv. £200,000 – Be healthy [(d) above]

3 Process

3.1 The timetable to progress the overall programme is set out in the following table:

16 March 2006	Well-being Theme Board to review and approve process based on recommendations
17 March 2006	Seek projects to deliver outcomes
13 April 2006	Project bids received
30 April 2006	Decision on allocation
1 June 2006	Projects up and running
October 2006	Mid-year review
June 2007	Second review
December 2007	Project-end review