

# Outcome 1: Every child has the best start in life

Produced by Public Health and Strategy and Business Intelligence Team

## Priority 1: Reduce Infant Mortality

**Performance Key:**  
**Better -** Improvement in performance over reported years  
**Worse -** Decline in performance over reported years

While our infant mortality rate is at an all time low, with a steady decline since 2003-05, rates are higher than those for England and London.

- Approximately five in every 1,000 babies die before their first birthday.
- Breastfeeding rates are considerably lower in the east with 58.2% of women breastfeeding in Tottenham Green compared to 5.7% in Crouch End.
- Black African women and women under the age of 20 tend to book late for maternity care: 51% of Black African women book after 13 weeks compared with 30% of White British women. Only 39% of women under 20 are likely to book before 13 weeks.
- 6% of women smoke during pregnancy.
- While vaccination rates have increased, rates in both Haringey and London are below levels required to positively impact on the population (95%).

**Infant Mortality Rate** Good performance is... **Low**

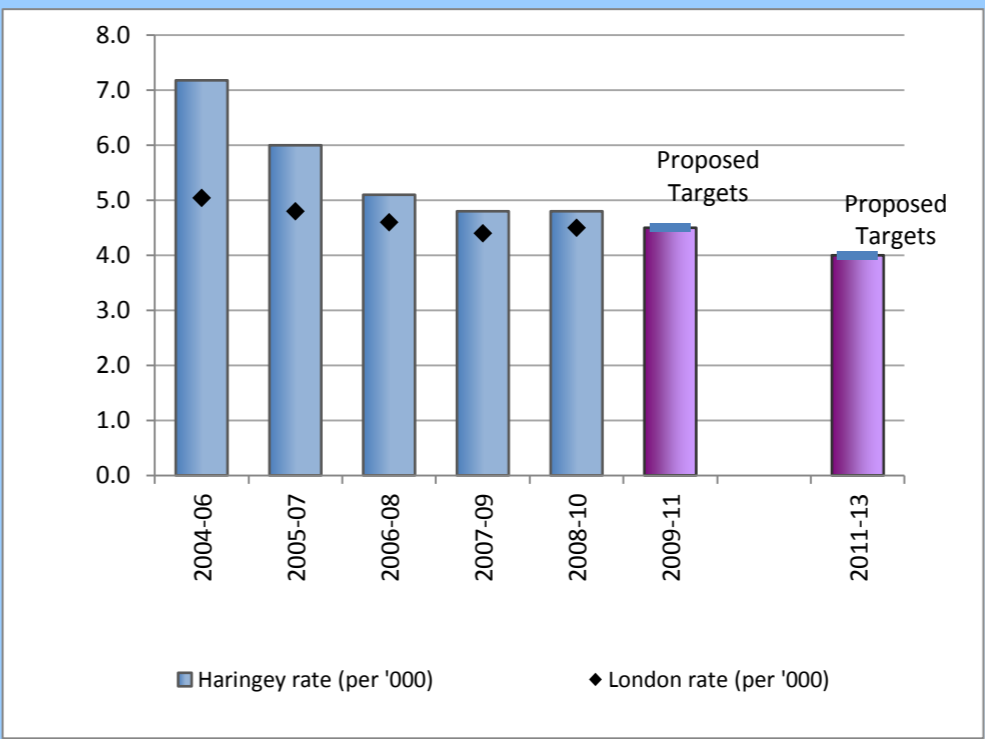
*Infant mortality relates to children who are born but subsequently die before their first birthday. It is normally expressed as a rate per 1,000 live births. There is a 2 year time lag in the release of this data.*

Long term trend	2004-06	2005-07	2006-08	2007-09	2008-10	Performance
Haringey rate (per '000)	7.2	6.0	5.1	4.8	4.8	Better
London rate (per '000)	5.0	4.8	4.6	4.4	4.5	

Haringey's Infant Mortality Rate declined between 2004 and 2010 from 8.1 to 4.8 per 1000 live births. The gap between Haringey and London has narrowed from 2.2 per 1000 in 2004-06 to 0.3 per 1000 in 2008-10. Haringey is ranked 1st of the statistical neighbours group. The proposed targets aim to align Haringey with London's rate.

Proposed Targets	
2009-11	2011-13
4.5	4.0
Local	Local

Statistical neighbours rank (1st is best)  
1st (out of 5)



**Rationale**

Reducing the risk of infant mortality will improve the life chances, health and wellbeing of both mother and the baby

**Early access for women to maternity services (%)** Good performance is... **High**

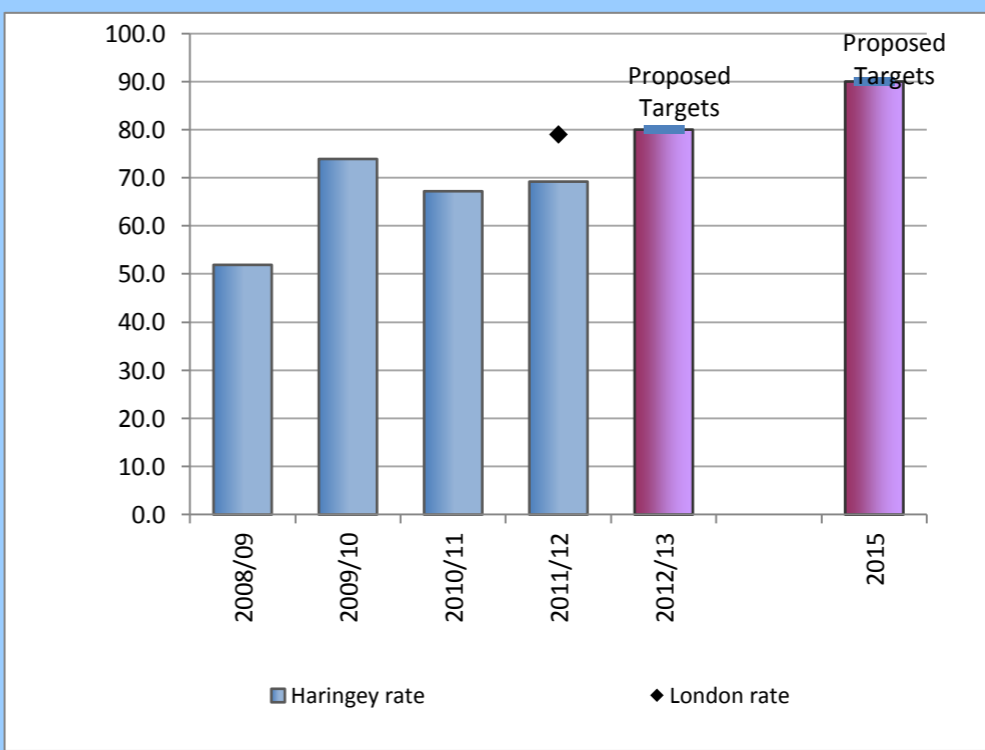
*The percentage of women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 completed weeks of pregnancy.*

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate		51.9	73.9	67.2	69.2	Better
London rate					79.0	

In Haringey, the percentage of Early Access for women to maternity services is lower than London's. Haringey is ranked 3rd equal of the statistical neighbours group. The proposed target of 80% in 2012/13 aims to better the current rate for London.

Proposed Targets	
2012/13	2015
80.0	90.0
Local	National

Statistical neighbours rank (1st is best)  
3rd= (out of 5)



**Rationale**

To give women the full benefit of personalised maternity care and improve outcomes and experience for mother and baby. Reducing the percentage of women who access maternity services late through targeted outreach work for vulnerable and socially excluded groups will provide a focus on reducing the health inequalities these groups face whilst also guaranteeing choice to all pregnant women.

### Breastfeeding at 6-8 weeks (PHOF) %

Good performance is...

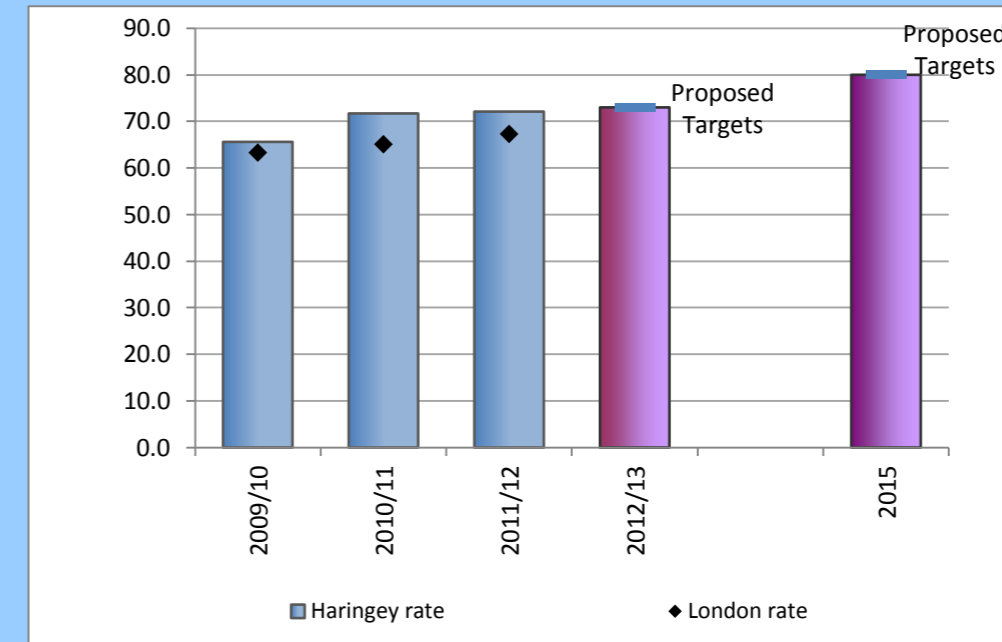
High

Percentage of infants who are totally or partially breastfeed at 6-8 week check

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate			65.6	71.7	72.1	Better
London rate			63.3	65.1	67.3	

In Haringey, the percentage of breastfeeding at 6-8 weeks has improved in the past 2 years from 65.6% to 72.1%. Haringey remains ahead of the London rate of 67.3% in 2011/12 and ranks Haringey 4th amongst the statistical neighbours group. The proposed targets for Haringey aim to build on the improvements made in Haringey in the last 2 reported years.

Proposed Targets	
2012/13	2015
73.0	80.0
Local	Local
Statistical neighbours rank (1st is best)	
4th (out of 5)	



#### Rationale

Breastfeeding is expected to reduce illness in young children, which will in turn reduce hospital admissions over under-1s.

### % of women smoking at the time of delivery (PHOF)

Good performance is...

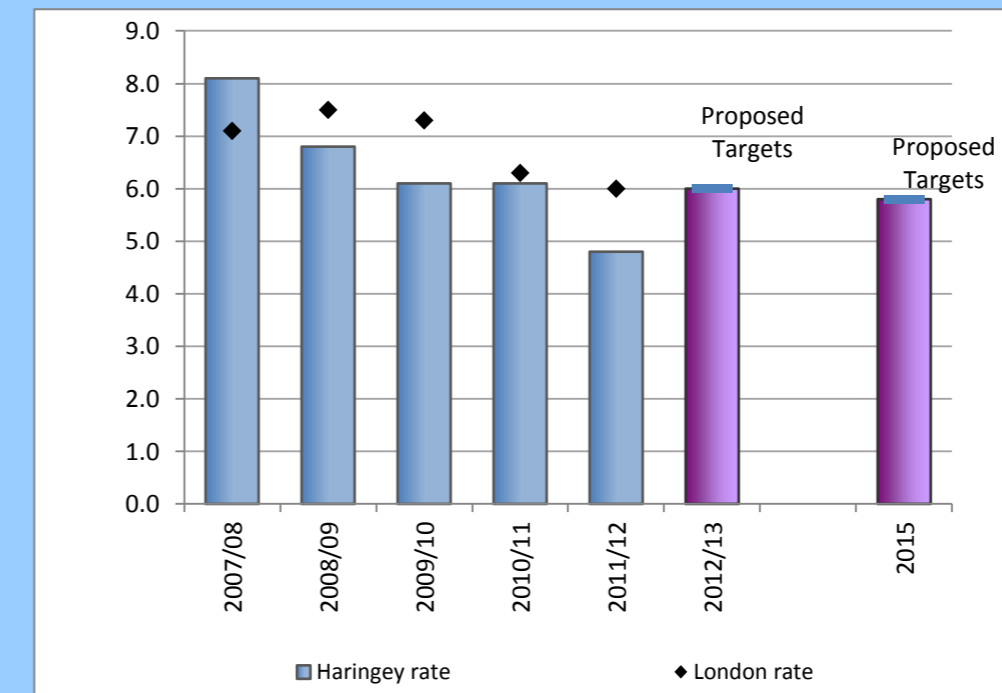
Low

Percentage of women who currently smoke at time of delivery

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate	8.1	6.8	6.1	6.1	4.8	Better
London rate	7.1	7.5	7.3	6.3	6.0	

In Haringey, the percentage of women smoking at time of delivery has decreased from 8.1% in 2007/08 to 4.8% in 2011/12. Haringey is ranked 3rd of the statistical neighbours group. The performance in 2011/12 has already exceeded the 2 future targets of 6.0% in 2012/13 and 5.8% in 2015.

Proposed Targets	
2012/13	2015
6.0	5.8
Local	Local
Statistical neighbours rank (1st is best)	
3rd (out of 5)	



#### Rationale

Smoking during pregnancy can cause serious pregnancy-related health problems.

### Childhood vaccination coverage Year 1

Good performance is...

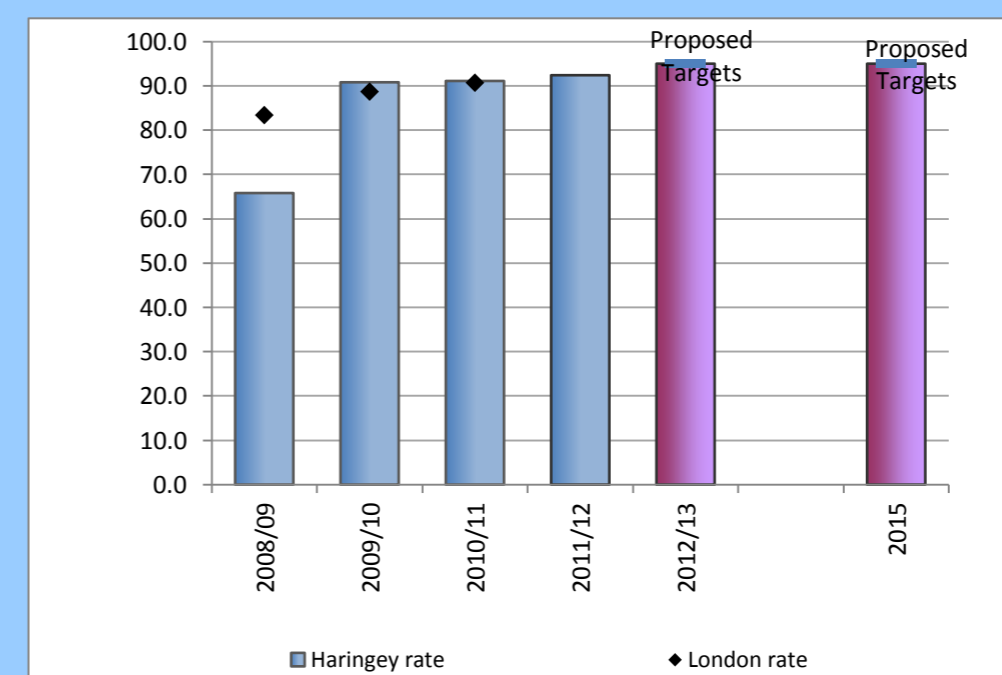
High

Percentage of children at age one who have received Diptheria, tetanus, polio, pertussis and Hib

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate		65.8	90.8	91.1	92.4	Better
London rate		83.4	88.7	90.7		

In Haringey, coverage of childhood vaccination in the first year has improved from 90.8 in 2009/10 to 92.4% in 2011/12, exceeding London's coverage. Haringey is ranked 2nd of the statistical neighbours group. The national target for 2015 is 95% which Haringey is aiming to meet by 2012/13.

Proposed Targets	
2012/13	2015
95.0	95.0
Local	National
Statistical neighbours rank (1st is best)	
2nd (out of 5)	



#### Rationale

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases

### Childhood vaccination coverage Year 5

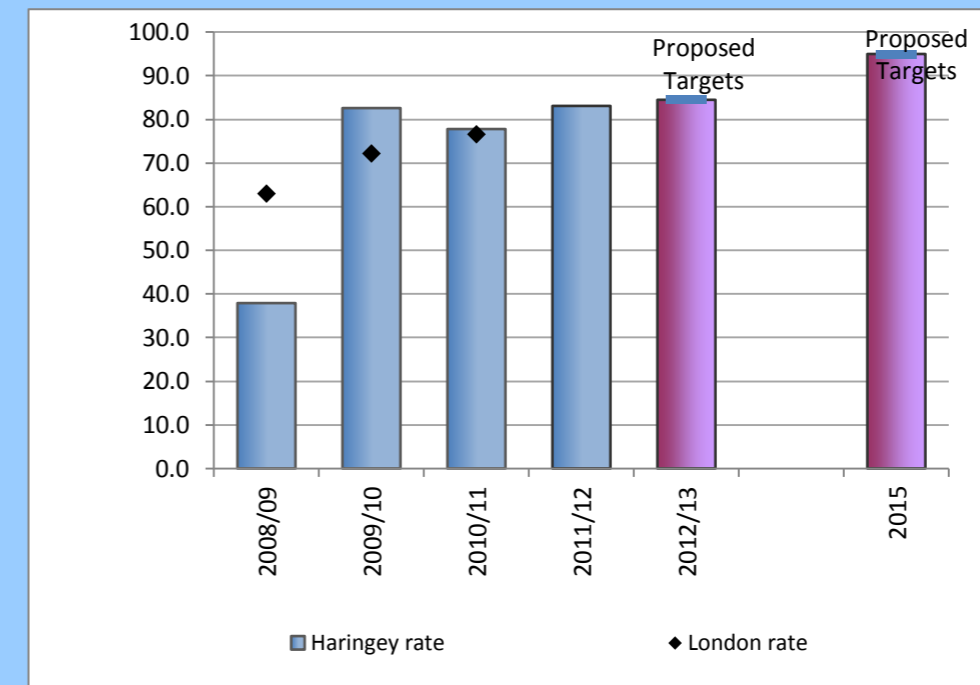
Good performance is... High

Percentage of children age five years who have received two doses of MMR vaccine

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate		37.9	82.6	77.8	83.1	Better
London rate		63.0	72.2	76.6		

In Haringey, there has been an overall increase in the coverage of MMR dose by the age of 5 since 2008/09, albeit there was a decline in performance in 2010/11. The targets of 84.5% and 95.0% follow the London trend of improvement.

Proposed Targets	
2012/13	2015
84.5	95.0
Local	National
Statistical neighbours rank (1st is best)	
1st (out of 5)	



#### Rationale

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases

## Priority 2: Reduce Teenage Pregnancy

- Following three years of going down, Haringey's teenage pregnancy rate increased in 2010 to 64.7 per 1000 women aged 15-17 - the highest rate in England. 203 teenagers became pregnant. Given the small numbers involved, there can be large year on year fluctuations in the rate, and the overall trend remains a decreasing one. Positively, the under-16 conception rate has decreased to its lowest rate.
- Teenage pregnancy is significantly higher in the east of the borough, in particular in Tottenham Hale, St Ann's and Harringay wards. The highest number of girls becoming pregnant are White British, followed by Black Caribbean and 'Other ethnic' group; there is an overrepresentation in Black Caribbean and 'Other ethnic' group compared to the proportion of these groups in the 0-19 year old population.

### Under 18 conception rate (PHOF)

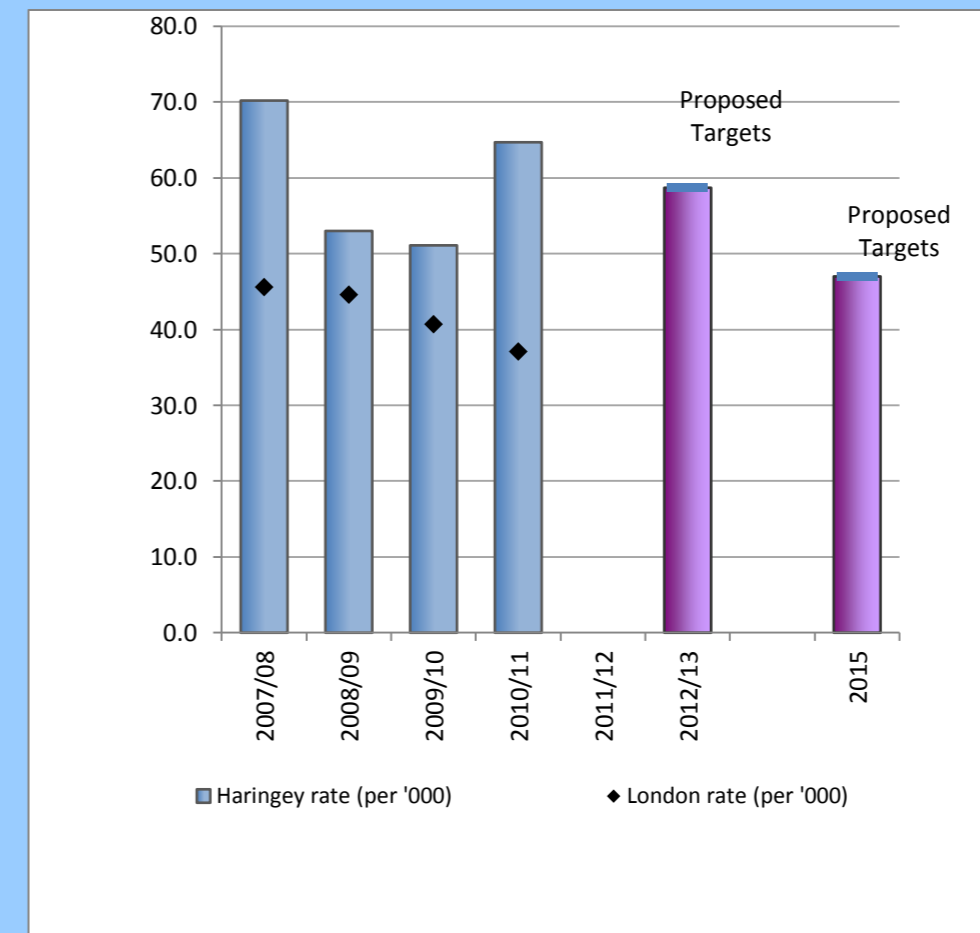
Good performance is... Low

Number of conceptions to all women aged 15-17 per 1,000 population

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate (per '000)	70.2	53.0	51.1	64.7		Worse
London rate (per '000)	45.6	44.6	40.7	37.1		

2010/11 saw an increase in the under 18 conception rate from 51.1 per 1000 population in the previous year to 64.7. The rate is a lot higher than London's rate. Haringey is ranked 5th amongst its statistical neighbours group. The targets of 58.7% in 2012/13 and 47.0 in 2015 follow the Haringey trend of the past 4 reported years.

Proposed Targets	
2012/13	2015
58.7	47.0
Statistical neighbours rank (1st is best)	
5th (out of 5)	



#### Rationale

Reducing under 18 conceptions has important benefits for short and long term health outcomes. Teenage parents are at increased risk of postnatal depression and poor mental health in the three years following birth. They are more likely than older mothers to have low educational attainment, experience adult unemployment and be living in poverty at age 30. Their children experience higher rates of infant mortality and low birth weight, A&E admissions for accidents and have a much higher risk of being born into poverty. The 15-17 age group is effectively treated as the "population at risk".

## Priority 3: Reduce Childhood Obesity

- Childhood obesity rates in Haringey are higher than the London and England average. One in four children aged 4-5 and one in three children aged 10-11 are overweight or obese; they are more likely to live in the east of the borough.
- In Year 6 children from BME groups (Black Caribbean 30% and Black African 25.5%) are more likely to be obese than White British children (8.4%).

### Prevalence of overweight and obesity in 4-5 years old (PHOF)

Good performance is... Low

The percentage of primary school age children in Reception (aged 4-5 years) with valid height and weight recorded who are classified as overweight or obese.

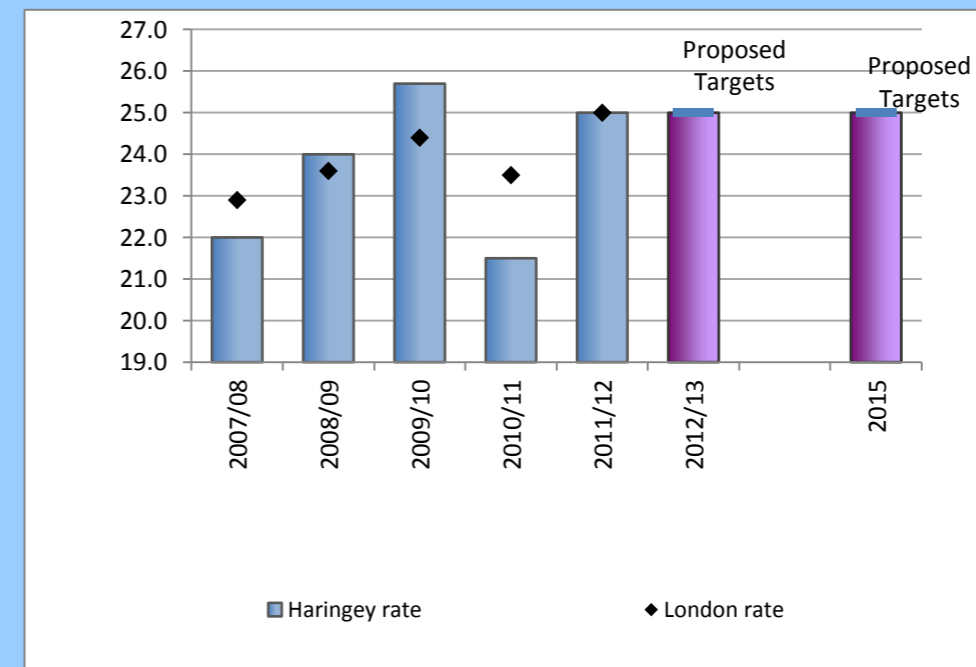
Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate	22.0	24.0	25.7	21.5	25.0	Worse
London rate	22.9	23.6	24.4	23.5	25.0	

In Haringey, the percentage of overweight and obese children in reception has increased from 21.5% in 2010/11 to 25.0% in 2011/12. Haringey's rate currently reflects the London rate. Haringey is ranked 3rd among its statistical neighbours group. The trend across London shows an increase year on year in overweight and obese reception children over the last 5 years. Haringey's aim is therefore to maintain its current rate to 2015.

Proposed Targets	
2012/13	2015
25.0	25.0

Statistical neighbours rank  
(1st is best)

3rd (out of 5)



#### Rationale

Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health.

### Prevalence of overweight and obesity in 10-11 years old (PHOF)

Good performance is... Low

The percentage of primary school age children in year six (aged 10-11 years) with valid height and weight recorded who are classified as overweight or obese.

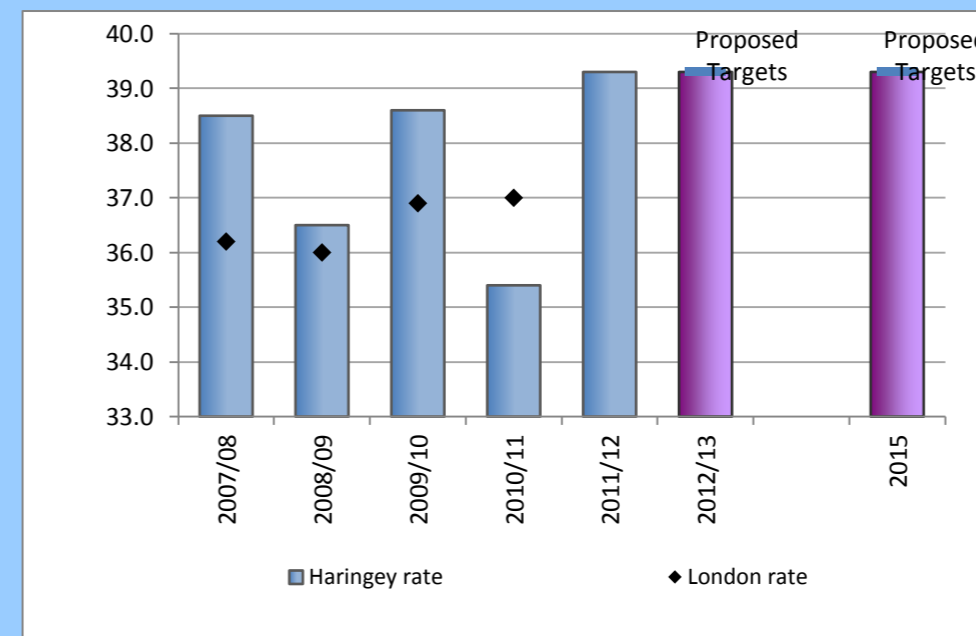
Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate	38.5	36.5	38.6	35.4	39.3	Worse
London rate	36.2	36.0	36.9	37.0		

Haringey's proportion of overweight and obese children in Year 6 has increased from 35.4% in 2010/11 to 39.3% in 2011/12. Haringey is ranked 2nd among its statistical neighbours. The trend across London shows an increase year on year in overweight and obese year 6 children over the last 4 reported years. This suggests a stable target of 39.3% in 2012/13 and in 2015 in line with 2011/12 performance.

Proposed Targets	
2012/13	2015
39.3	39.3

Statistical neighbours rank  
(1st is best)

2nd (out of 5)



#### Rationale

Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health.

## Priority 4: Ensure Readiness for School at 5 Years (physical, emotional, behavioural and cognitive)

- There are an estimated 21,595 children (36.4%) living in poverty, largely in the east of the borough; the 9th highest proportion of children living in poverty in the UK (8th in London).
- Over the last two years, numbers of children looked after have increased to over 600; numbers subject to a child protection plan have increased to over 300. This reflects a national trend.
- Results in the Early Years Foundation Stage (EYFS) in 2011 improved significantly from 2010 in personal, social and emotional development (from 64% to 75%) and in communication, language and literacy (from 46% to 58%). However, 46% of children do not have a good level of development (compared to 41% in England).
- There are differences in attainment at EYFS between children eligible and not eligible for free school meals, in geographical distribution across the borough and between different ethnic groups.

### Child development at 2-2.5 years (PHOF)

Good performance is... Low

*A measure of a child's development and emotional well being. Data will not be available for this indicator until April 2013.*

**Rationale**  
Children's early life development is strongly related to an individual's lifelong healthy development. Many factors associated with poor health and wellbeing in later life have been shown to have their origins in pregnancy and early childhood.

### School readiness (PHOF). Attainment at EYFS (% attaining a good level of development 78+ points and 6+ in PSE and CLL)

Good performance is... High

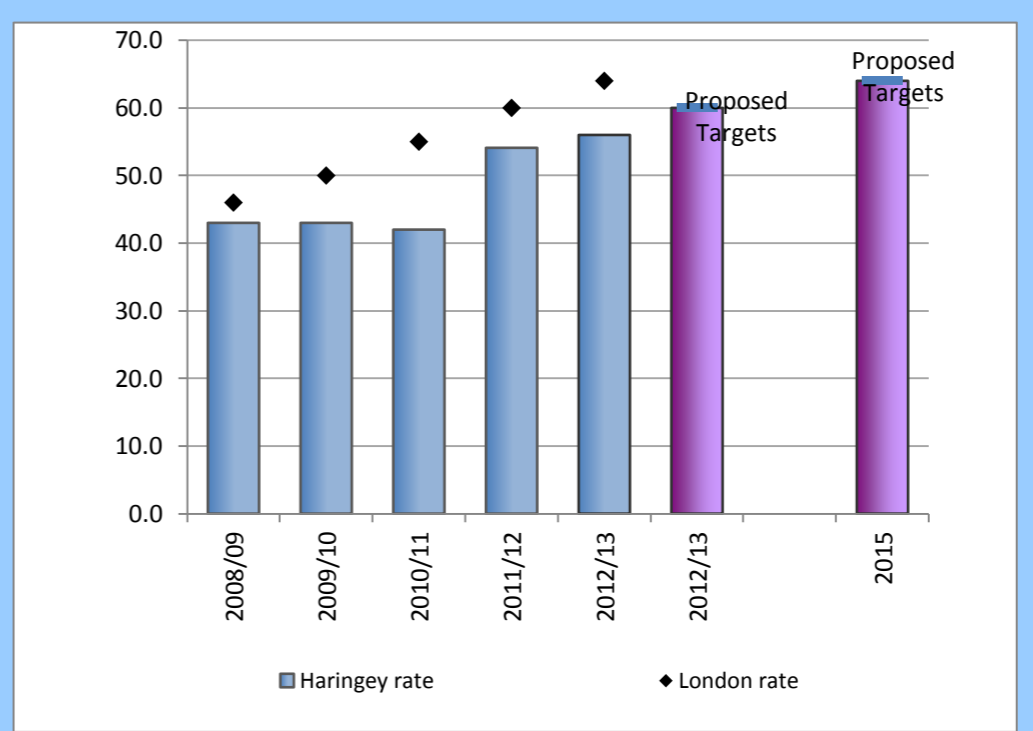
*Percentage of all children (at end of reception year) who achieve 78 or more points at Early Years Foundation Stage with at least 6 points each across Communication, Language and Literacy and Personal, Social and Emotional scales.*

Long term trend	2008/09	2009/10	2010/11	2011/12	2012/13	Performance
Haringey rate	43.0	43.0	42.0	54.1	56	Better
London rate	46.0	50.0	55.0	60.0	64.0	

Proposed Targets	
2012/13	2015
60.0	64.0

Statistical neighbours rank (1st is best)  
5th (out of 5)

56% of Haringey's Early Year's Foundation stage children achieved 78 or more points and 6 or more points in PSE and CLL in 2012/13, the highest percentage in the past 5 years. Haringey is 8 percentage points behind London's percentage and is ranked 5th of its statistical neighbours group. Haringey missed its target of 60.0% in 2012/13 by 4 percentage points. The next target set is 64.0% in 2015.



**Rationale**  
This is a key measure of early years development across a wide range of developmental areas.

# Outcome 2: A reduced gap in life expectancy

Produced by Public Health and Strategy and Business Intelligence Team

**Performance Key:**  
**Better -** Improvement in performance over reported years  
**Worse -** Decline in performance over reported years

## Priority 5: Reduce Smoking

- Smoking contributes to 50% of the life expectancy gap (it is the major risk factor for cardiovascular disease, lung disease and cancers). Smoking levels are high with an estimated 50,000 adults smokers (28.6% of men, 24.2% of women), largely in the east.
- Some groups have particularly high nicotine dependence such as Turkish, Bangladeshi and Irish men, lone parents, and people with mental health problems (about half of whom smoke.)
- There were 630 deaths related to smoking between 2007 and 2009, with 1,527 hospital admissions, at a cost of nearly £4.3 million in 2009/10.

**Number of 4 week smoking quitters** Good performance is... High

*The number of Haringey residents receiving support through the Haringey Stop Smoking Service who are assessed 4 weeks after the designated quit date and declared that he/she has not smoked even a single puff on a cigarette in the past two weeks.*

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey					2124	
London						

The number of smokers who access stop smoking services, set a quit date and are still not smoking 4 weeks after the quit date. A target to increase the number of quitters has been set, although it is becoming difficult to recruit as the proportion of smokers in the population decreases.

Proposed Targets	
2012/13	2015
2150	2250
Local	Local

Statistical neighbours rank (1st is best)  
NA

**Rationale**  
 Smoking is the largest risk factor for premature disease and mortality. Therefore, a reduction in smoking rates amongst the population will increase life expectancy considerably.

**% of service users who are "Routine or Manual"** Good performance is... High

*The proportion of people that access stop smoking services whose employment is classified as being "Routine and Manual"*

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate					14.8	NA
London rate						

Currently the Department of Health's definition of Routine and Manual does not include those who are unemployed.

Proposed Targets	
2012/13	2015
16.0	20.0
Local	Local

Statistical neighbours rank (1st is best)  
NA

**Rationale**  
 Smoking rates tend to be highest amongst lower socio-economic groups. It is therefore important to target smokers from lower socio-economic groups to address inequalities in health outcomes.

## Priority 6: Increase Physical Activity

- In Haringey about 112,865 adults are estimated to be overweight or obese (52.7% of men and 47.2% of women) and only around a fifth of adults participate in sport and physical activity on three or more days a week.
- There are large differences in levels of physical activity in relation to age, gender, ethnicity, socio-economic status and disability.

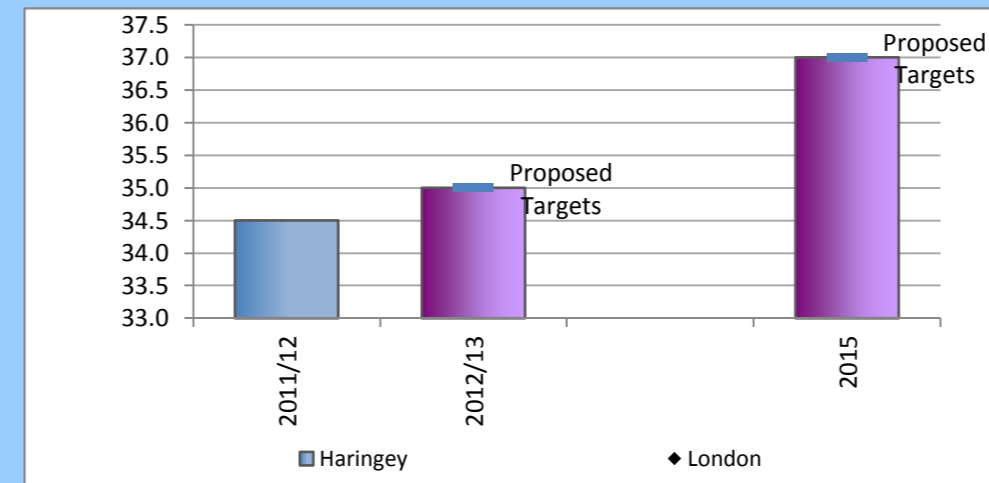
### Participation in Sport (1 times 30 mins duration)

Good performance is... High

Percentage of adults (aged 16+) participating in at least 30 minutes of sport at moderate intensity at least once a week

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey					34.5	
London						

Proposed Targets	
2012/13	2015
35.0	37.0
Local	Local
Statistical neighbours rank (1st is best)	
NA	



**Rationale**  
Lack of sufficient physical activity costs the NHS over £1bn per year – £6.5bn per year to the wider economy – and is one of the top few risk factors for premature mortality.

### Adult participation in sport and active recreation

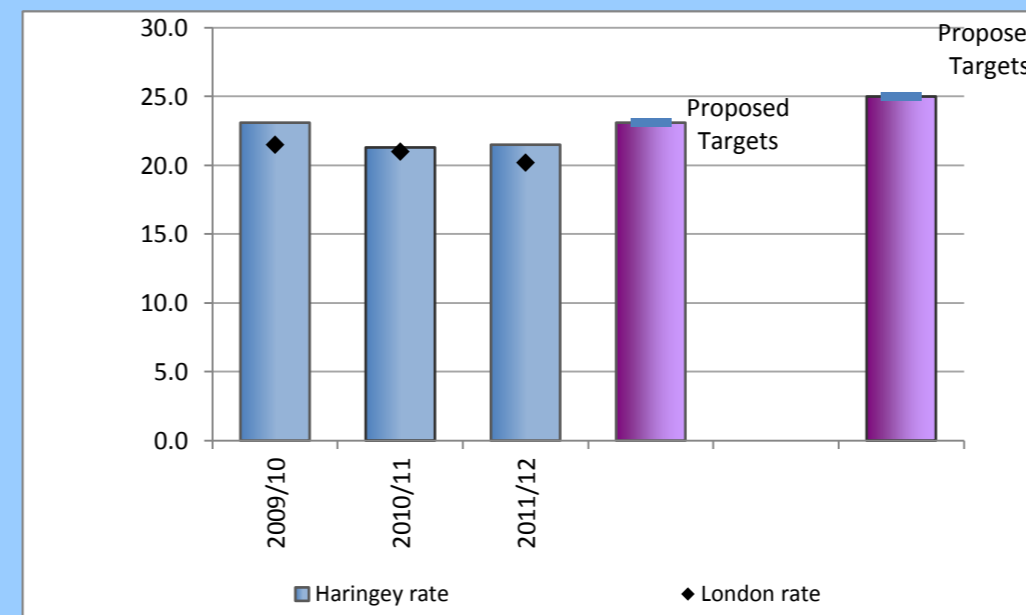
Good performance is... High

Percentage of the adult population (age 16 years and over) in a local area who participate in sport and active recreation, at moderate intensity, for at least 30 minutes on at least 12 days out of the last 4 weeks (equivalent to 30 minutes on 3 or more days a week).

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate			23.1	21.3	21.5	Worse
London rate			21.5	21.0	20.2	

Proposed Targets	
2012/13	2015
23.1	25.0
Local	Local
Statistical neighbours rank (1st is best)	
NA	

The percentage of adults participating in sport and recreation has declined in the past 3 years from 23.1% to 21.5% but has remained above the London percentage. The target is to increase the percentage of adults to 25% by 2015.



**Rationale**  
Lack of sufficient physical activity costs the NHS over £1bn per year – £6.5bn per year to the wider economy – and is one of the top few risk factors for premature mortality.

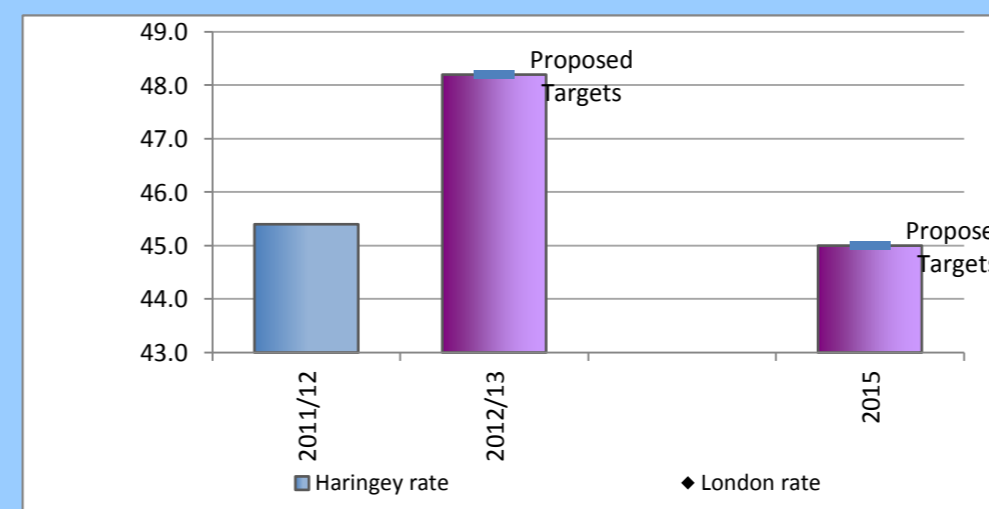
### Proportion of physically inactive adults (PHOF)

Good performance is... Low

Percentage of adults (16+) doing at least 150 minutes of at least moderate intensity physical activity per week in bouts of 10

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate					45.4	
London rate						

Proposed Targets	
2012/13	2015
48.2	45.0
Local	Local
Statistical neighbours rank (1st is best)	
NA	



**Rationale**  
Lack of sufficient physical activity costs the NHS over £1bn per year – £6.5bn per year to the wider economy – and is one of the top few risk factors for premature mortality.

## Priority 7: Reduce Alcohol Misuse

- Male deaths from alcohol-attributable causes and from chronic liver disease is higher than the London and England average. In line with national trends, alcohol-related hospital admissions rates have almost doubled in the period 2002/03-2009/10 with middle aged and older men accounting for the majority of these admissions.
- Irish men and 'any other ethnic group' (which includes Polish) have the highest rates of admissions that are only due to alcohol ('wholly attributable').
- The most common cause of admissions with alcohol as a contributing factor is high blood pressure which is highest in White British, African Caribbean and 'any Other White' men.

### Alcohol-related hospital admissions (PHOF)

Good performance is...

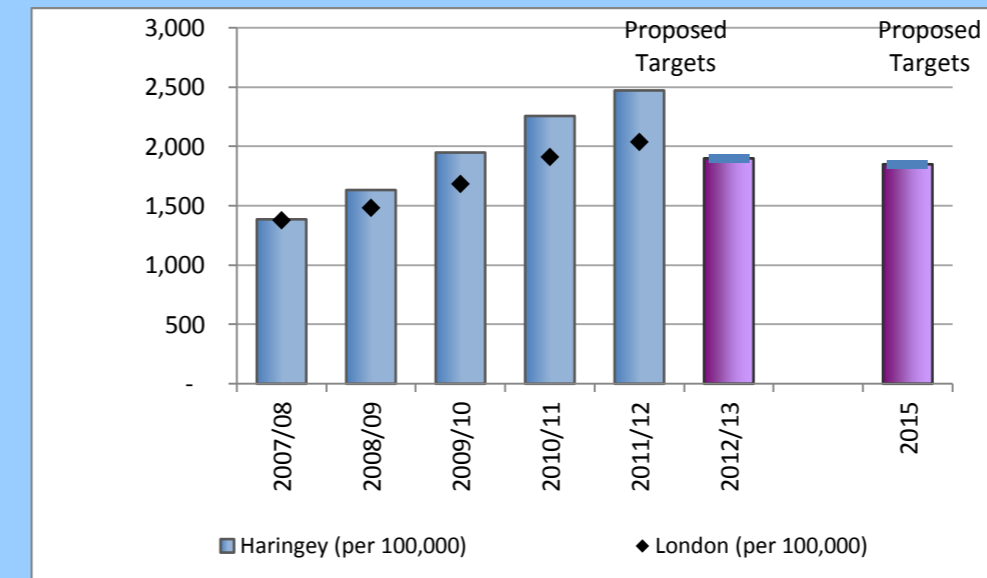
Low

Admission rate per 100,000 for wholly attributable and partially attributable alcohol related conditions.

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey (per 100,000)	1,386	1,633	1,949	2,257	2,472	<b>Worse</b>
London (per 100,000)	1,378	1,483	1,684	1,912	2,038	

Alcohol related hospital admissions continue to rise in Haringey following the national and regional trends. The admission rate, 2,472 per 100 000 population, is above the national and London averages which suggests there is a higher level of need in the area. The year on year percentage increase has, however, slowed down, with a reduction from 16% to 9% since the previous year. Targets are set to bring Haringey in line with current London performance.

Proposed Targets	
2012/13	2015
1,900	1,850
Local	Local
Statistical neighbours rank (1st is best)	
5th (out of 5)	



### Rationale

Alcohol misuse is the third-greatest overall contributor to ill health, after smoking and raised blood pressure. Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Nationally, over 1 million hospital admissions related to alcohol in 2009/10.

## Priority 8: Reduce the Risk of Cardiovascular Disease (CVD) and Cancer

- The diseases most responsible for the life expectancy gap are cardiovascular disease (CVD) (which includes heart disease and stroke) (28%) and cancers (25%).
- Rates of early death from CVD and cancer are improving, but remain worse than England.
- Rates of early death from cancer are improving, but remain worse than England for men.
- The highest death rates from CVD are in the more deprived areas, particularly in the east of the borough.
- Smoking is the major reversible risk factor for CVD and cancer.

### Take up of NHS Health Checks (PHOF)

Good performance is...

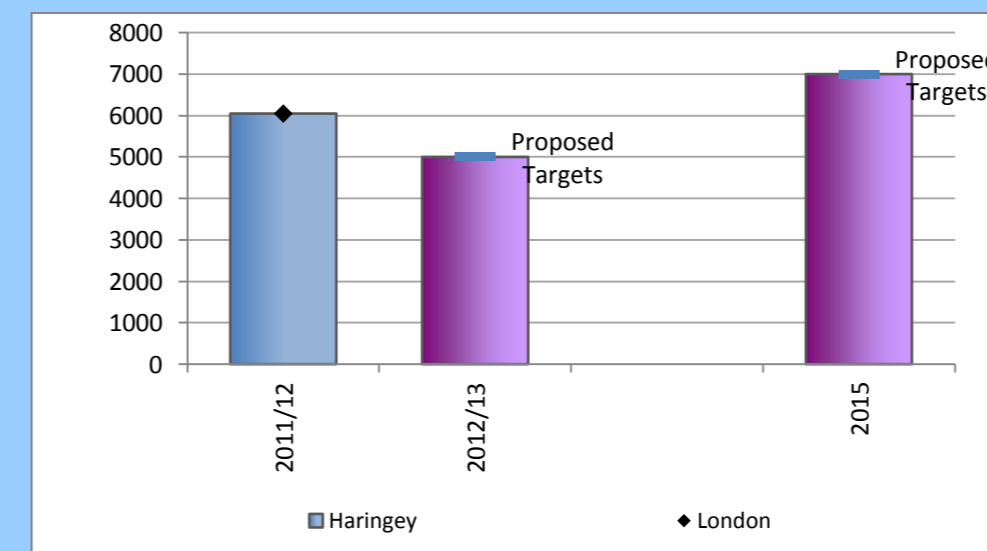
High

Number of eligible people who received an NHS Health Check

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey					6047	
London						

In 2011/12 Haringey exceeded its target by a considerable number, which explains why the target for 2012/13 is lower. By 2015 the program will be available to more GP practices, with a larger pool to recruit from, hence the increased target.

Proposed Targets	
2012/13	2015
5000	7000
Local	Local
Statistical neighbours rank (1st is best)	
NA	



### Rationale

An increased uptake is important to identify early signs of poor health leading to opportunities for early interventions.



**Cancer Screening coverage - Breast Screening (PHOF)**

Good performance is... High

The percentage of women aged 53-70 who are eligible for breast screening with a screening test result in the previous three years.

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate					65.0	
London rate						

Proposed Targets	
2012/13	2015
70.0	70.0
National	National
Statistical neighbours rank (1st is best)	
NA	



**Rationale**  
Early detection of breast cancer increases the chances of successful treatment and survival. Breast screening is estimated to save 1,400 lives. Early detection greatly increases the prognosis.

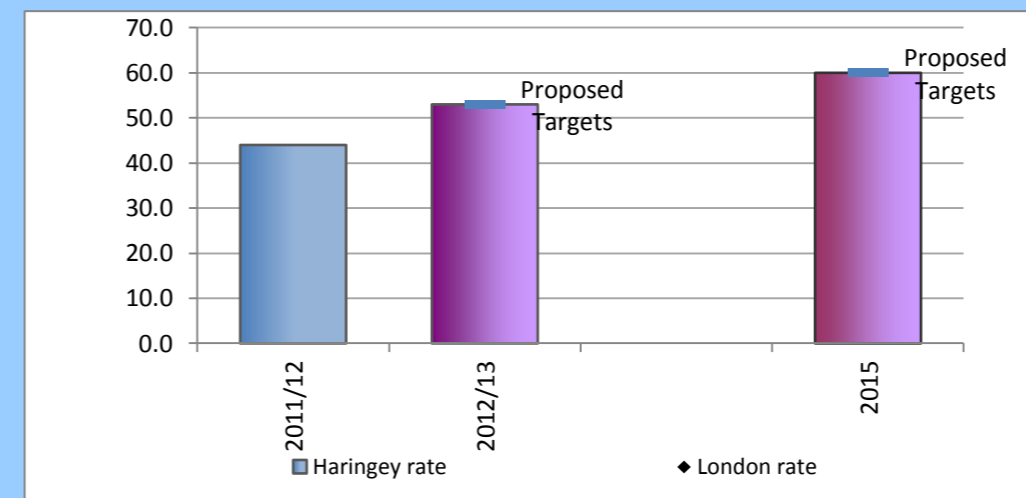
**Cancer Screening coverage - Bowel Screening**

Good performance is... High

The proportion of the eligible population screened for bowel cancer.

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate					44.0	
London rate						

Proposed Targets	
2012/13	2015
53.0	60.0
Local	National
Statistical neighbours rank (1st is best)	
NA	



**Rationale**  
Early detection of bowel cancer increases the chances of successful treatment and survival.

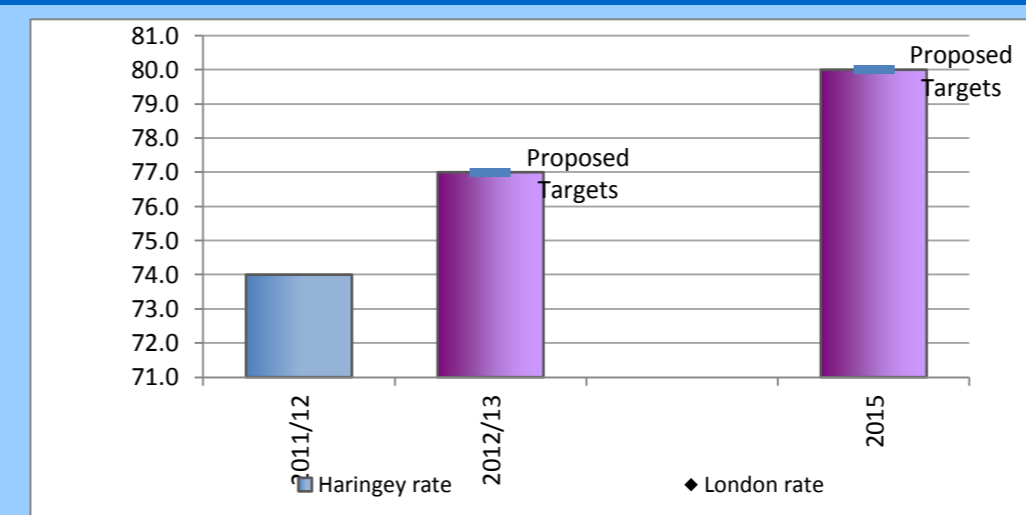
**Cancer Screening coverage - Cervix (PHOF)**

Good performance is... High

The proportion of the eligible population screened for cervical cancer.

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate					74.0	
London rate						

Proposed Targets	
2012/13	2015
77.0	80.0
Local	National
Statistical neighbours rank (1st is best)	
NA	



**Rationale**  
Cervical screening is estimated to save 4,500 lives in England each year. Early detection greatly increases the prognosis.

## Priority 9: Support People with Long Term Conditions (LTCs)

- In Haringey, an estimated 74% of over 65s registered with a GP have a long-term condition (LTC), equating to 18,909 people.
- LTCs include diabetes, respiratory disease (particularly chronic obstructive pulmonary disease) and CVD; they are more common among people from lower socio-economic groups and certain Black and minority ethnic (BME) groups.
- They are major causes of early death, contributing substantially to the life expectancy gap.

### Fuel poverty (PHOF)

Good performance is...

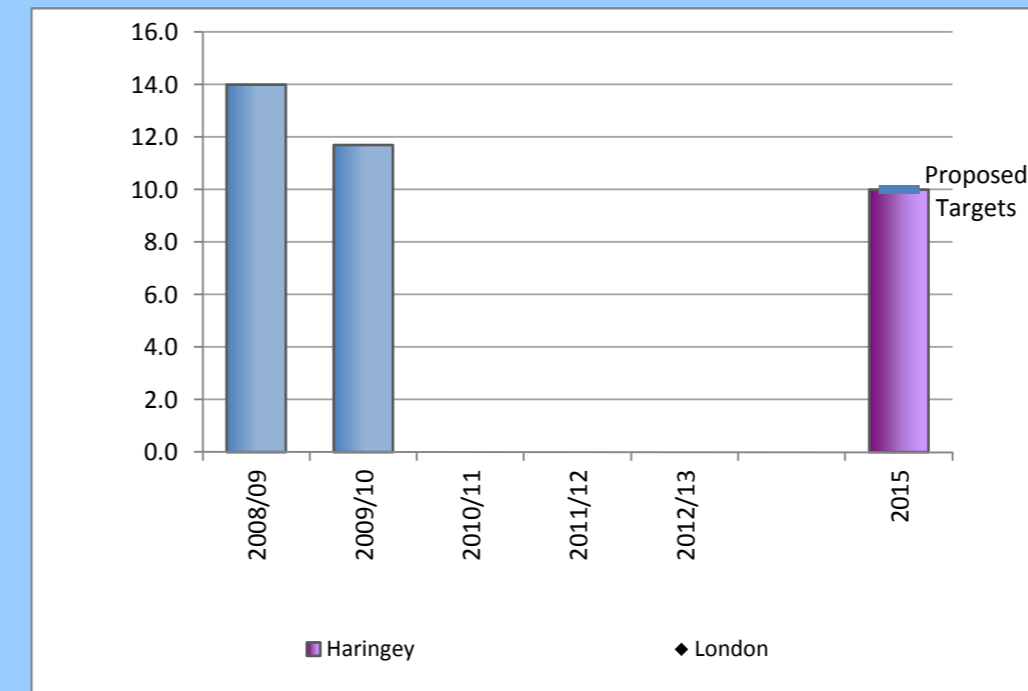
Low

A household is classified as fuel poor when it would need to spend more than 10% of its income on energy in order to maintain an adequate level of warmth. The Fuel Poverty Ratio is defined as: Required fuel costs (ie required usage x price)/Income. If this ratio is greater than 0.1 then the household is fuel poor. There is a two year time lag in reporting.

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey		14.0	11.7			
London						

The percentage of those in Fuel poverty has reduced from 14.0% to 11.7% between 2009 and 2010. The target has been set to reduce this percentage further to 10.0% by 2015.

Proposed Targets	
2012/13	2015
	10.0
Local	Local
Statistical neighbours rank (1st is best)	
NA	



#### Rationale

There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency and energy prices) are strongly linked to living at low temperatures and the recent Marmot Review Team report showed that low temperatures are strongly linked to a range of negative health outcomes.

### Cardiovascular mortality (under 75) (PHOF, all ages, NHSOF)

Good performance is...

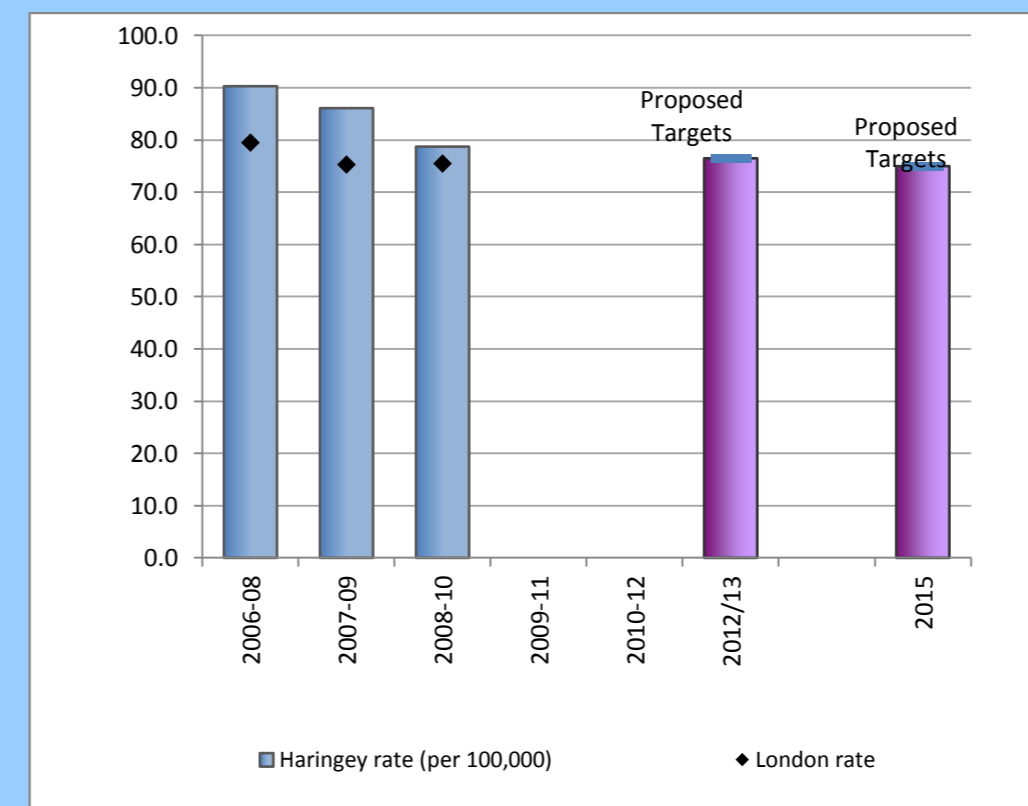
Low

Number of deaths from all cardiovascular diseases (including heart disease and stroke), in people aged under 75 per 100,000 population

Long term trend	2006-08	2007-09	2008-10	2009-11	2010-12	Performance
Haringey rate (per 100,000)	90.3	86.1	78.7			Worse
London rate	79.5	75.3	75.5			

In Haringey, the number of deaths from all CV diseases has declined from 90.3 per 100,000 in 2008 to 78.7 per 100,000 in 2010, although Haringey is still behind the London rate. Targets have been set to continue the improvement to 75.0 per 100,000 by 2015. Haringey is ranked 2nd out of its five statistical neighbours.

Proposed Targets	
2012/13	2015
76.5	75.0
Local	Local
Statistical neighbours rank (1st is best)	
2nd (out of 5)	



#### Rationale

Cardiovascular disease (CVD) is one of the major causes of death in under 75s in England. To ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.

# Outcome 3: Improved mental health and wellbeing

Produced by Public Health and Strategy and Business Intelligence Team

**Performance Key:**  
**Better -** Improvement in performance over reported years  
**Worse -** Decline in performance over reported years

## Priority 10: Promote Emotional Wellbeing of Children and Young People

- Of Haringey's 43,000 children aged 5-16, an estimated 2,534 children have mental health problems; this is predicted to rise to 2,633 by 2013.
- An estimated 379 of 15-25 year olds are problem drug users, 215 are in treatment. Haringey has high levels of risk factors for poor mental health and wellbeing:
  - There are an estimated 21,595 children (36.4%) living in poverty, largely in the east of the borough - the 9th highest proportion of children living in poverty in the UK (8th in London).
  - Anecdotal evidence suggested the Tottenham riots increased anxiety and concerns regarding personal safety among children and young people living in Tottenham.
  - Domestic violence (DV) is the presenting issue for around 20% of children with child protection plans – the highest primary concern by a good margin. DV accounts for 30% of child referrals to social care, the highest number in the 0-4 year old age group. Around 35% are repeat referrals.
  - The Haringey Youth Offending Service has a caseload of 396: 7% serving a custodial sentence, 4% on bail or remand; and 8% children in care (Dec. 2011).
  - 3.4% of young people aged 16-19 were Not in Education, Employment or Training (NEET) as at October 2012; 59.2% were young women.

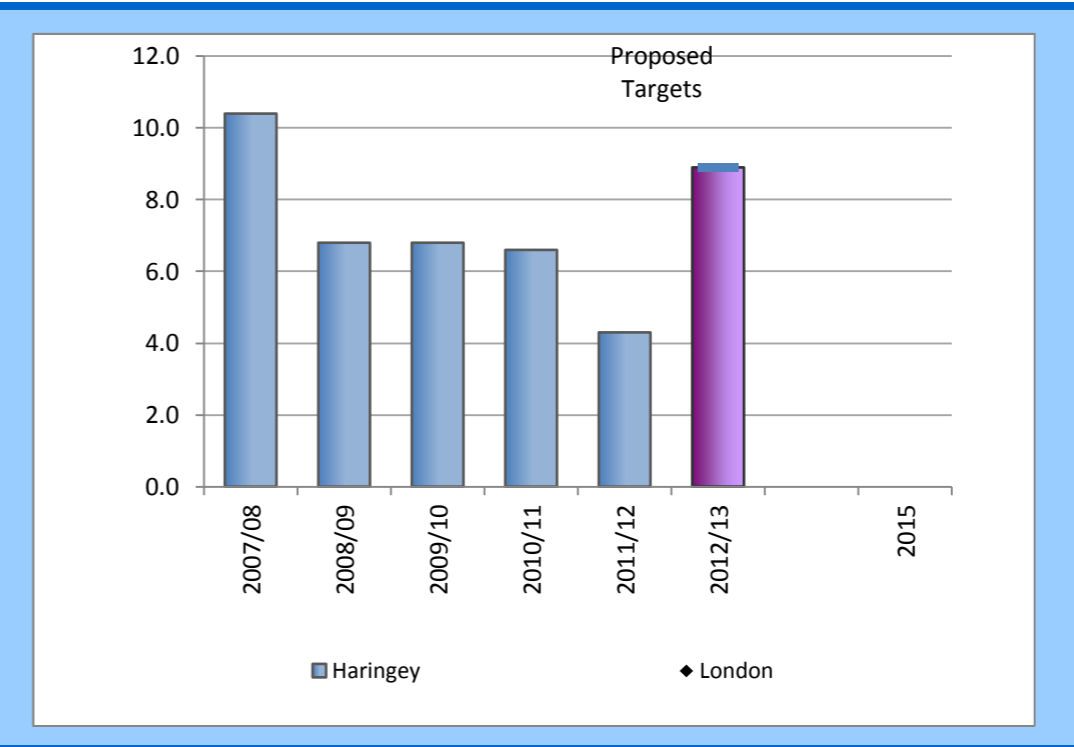
**% of 16-18 year olds not in education, employment or training (NEET) (PHOF)**      **Good performance is...**      **Low**

*Percentage of 16-18 year olds not in education, employment or training*

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey	10.4	6.8	6.8	6.6	4.3	Better
London						

The percentage of NEET has declined year on year from 2007/08 to 2011/12, exceeding the 2012/13 target in the past 4 years.

Proposed Targets	
2012/13	2015
8.9	
Local	
Statistical neighbours rank (1st is best)	
NA	



**Rationale**

Young people who are not engaged in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

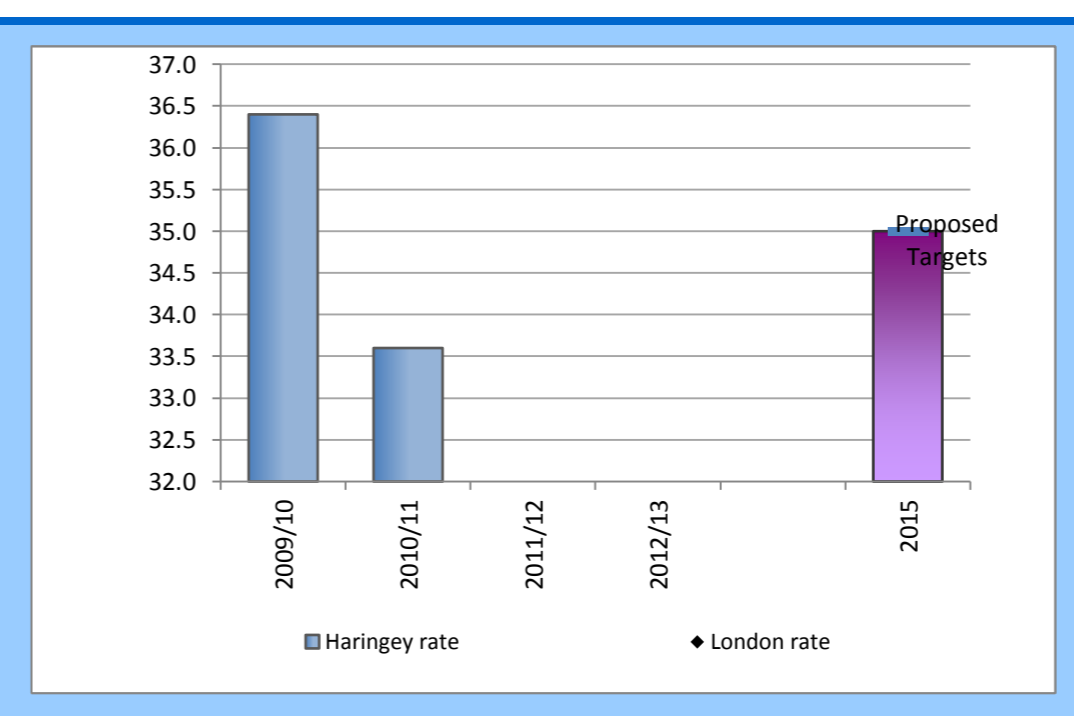
**Number of children in poverty (PHOF)**      **Good performance is...**      **Low**

*Percentage of children living in households where income is less than 60% of median household income before housing costs. There is a two year time lag in reporting this data.*

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate			36.4	33.6		Better
London rate						

The proportion of children in poverty has reduced from 36.4% in 2009/10 to 33.6% in 2010/11, a reduction of 1,505 children from 21,595 to 20,190. The 2010/11 performance has exceeded the 2015 target.

Proposed Targets	
2012/13	2015
	35.0
Local	
Statistical neighbours rank (1st is best)	
NA	



**Rationale**

There is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults

## Priority 11: Support Independent Living

- There are 4,363 clients receiving adult social care services: of these, 687 live in residential/nursing care; 12% are learning disabilities clients, 6% are mental health clients, 21% are physical disabilities clients, 61% are older clients (February 2012).
- 2,259 (55.6%) of clients use self directed support (October 2012).
- 15,967 people in Haringey identify themselves as unpaid carers, representing 7.4 % (1 in 13) of the usual resident population: 3,232 (20%) provide care for 50 or more hours a week and 10,637 (67%) provide care for 1-19 hours a week (2001 Census).
- 99.5% of vulnerable people are supported through a range of different services to maintain independent living (September 2012).
- 85% of older people were helped to live independently at home after discharge from hospital – recorded at 91 days after discharge (December 2011).

Proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF)

Good performance is...

High

*The proportion of positive responses to the question "In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?". Data is not currently available.*

### Rationale

Carers should be respected as equal partners in service design for those individuals for whom they care – this improves outcomes both for the cared for person and the carer, reducing the chance of breakdown in care

Adults with learning disabilities in settled accommodation.

Good performance is...

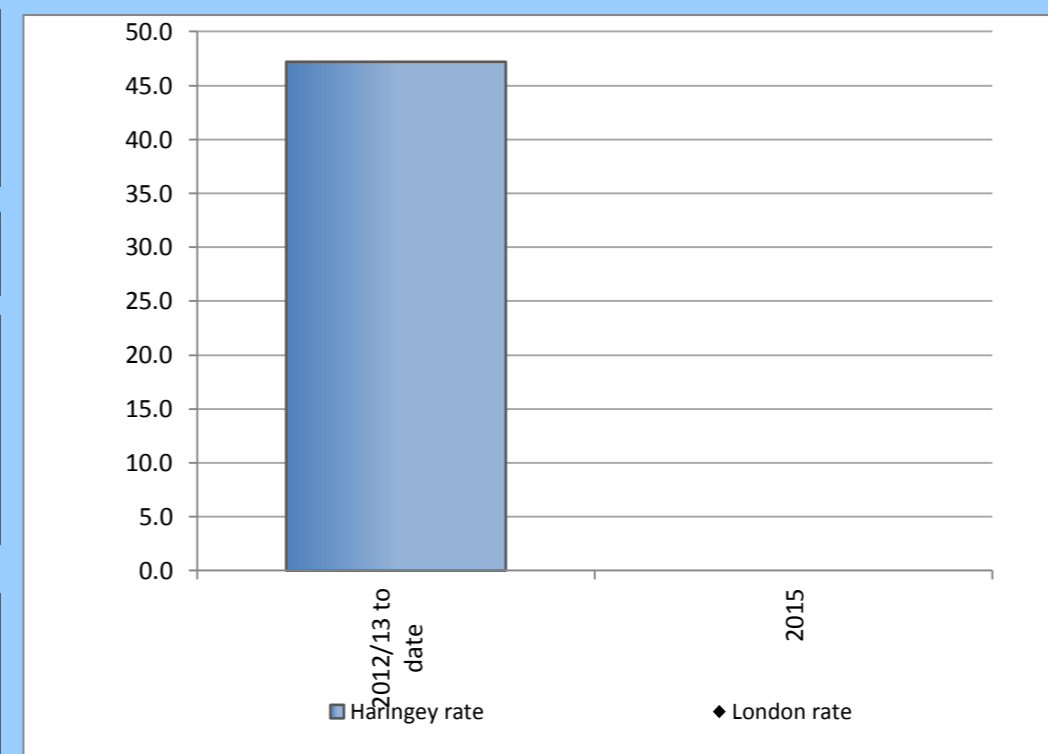
High

*The percentage of adults with learning disabilities known to Councils with Social Services Responsibilities (CASSRs) in settled accommodation at the time of their assessment or latest review.*

Long term trend	2008/09	2009/10	2010/11	2011/12	2012/13 to date	Performance
Haringey rate					47.2	
London rate						

Proposed Targets	
2012/13	2015

Statistical neighbours rank (1st is best)
NA



### Rationale

People with learning disabilities who are in settled accommodation are likely to have better outcomes than those who are not.

## Priority 12: Address Common Mental Health Problems among Adults

- There are an estimated 34,500 people with common mental health problems (mainly anxiety and depression).
- In 2009, there were 14,000 people registered with a GP with a diagnosis of depression; 3,200 in the west and 10,800 (three times more) in the east.
- Haringey has high levels of risk factors for poor mental health and wellbeing:
  - A high rate of worklessness: Northumberland Park has the highest proportion of working age people claiming JSA in London (GLA, July 2011).
  - Overcrowded housing: 22% of households (20,455), largely in the east of the borough (Census, 2001).
  - Domestic violence rates are seven times higher in the deprived parts of east Haringey than the level in the west of the borough. It constitutes 30% of all violent crime which is high when compared to other London boroughs.

**Number of people trained in mental health first aid (including mental health first aid)**

Good performance is... High

*Mental health first aid is an education program aimed at the MHFA course teaches delegates over two days how to recognise the signs and symptoms of common mental health issues, provide help on a first aid basis and effectively signpost towards support services*

Long term trend	2008/09	2009/10	2010/11	2011/12	2012/13 to date	Performance
Haringey rate MHFA					66	
Haringey rate MHL					0	

The program is in its first year in Haringey. Currently it is estimated that 264 people will have been trained in MHFA by April 2013.

Proposed Targets	
2012/13	2015
114	
150	

Statistical neighbours rank (1st is best)

NA

### Rationale

Poor mental health is a stigmatising condition that can often go unidentified and often leaves the sufferer feeling alone and isolated. Mental Health First Aid (MHFA) is a program that helps professionals to identify common mental health problem and provide advice on services.

**Extension of IAPT provision in line with national guidance**

Good performance is... High

*Proportion of people with common mental illness access IAPT*

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate					15.0	
London rate						

Proposed Targets	
2012/13	2015
8.0	15.0

Statistical neighbours rank (1st is best)

NA

### Rationale

Common mental illness is likely to affect at least 1 in 4 people during their lives. Many instances require the support of brief interventions to avoid the problem becoming worse. IAPT offers the opportunity for individuals to speak openly about their problems with trained advisors, who both support the individual and signpost them to additional services.

## Priority 13: Support People with Severe and Enduring Mental Health Needs

- There is a particularly high level of severe mental illness, with high levels of psychotic disorders (including schizophrenia and bipolar disorder), concentrated in the east of the borough; Haringey is ranked third in London.
- There are 40 independent residential care homes for people with mental health issues (including forensic), with a total capacity of 245 beds. Haringey Council funds people in 104 of these placements; the majority of care homes that work with mental health are in the east of the borough.
- 3,230 patients were registered with GPs as having a psychotic disorder – 842 patients in the west, and 2,388 in the east (2009/10 NHS Quality and Outcomes Framework [QOF]).
- The use of inpatient services for severe mental illness is 60% higher than the England average and similar to London (London Adult Mental Health Scorecard 2011).
- Patients from Black or Black British ethnic groups account for 20% of the population, but represent 46% of all admissions for schizophrenia and 39% of all admissions for bipolar disorder.
- There are lower rates of dementia than London reflecting the relatively young population; conversely there are more people with dementia in the west of the borough due to the greater proportion of older people.
- In 2008/10, the suicide rate of 9.8% was not significantly different from the national average of 7.9%.
- 48% of Incapacity Benefits in 2010 were mental health related; claimants are more likely to live in the east of the borough.

Proportion of adults in contact with secondary mental health services in paid employment.

Good performance is... High

Data is not currently available.

### Rationale

People with mental health problems who are in work are more likely to be in control of their condition than those unemployed.

Proportion of adults in contact with secondary mental health services living independently with or without support.

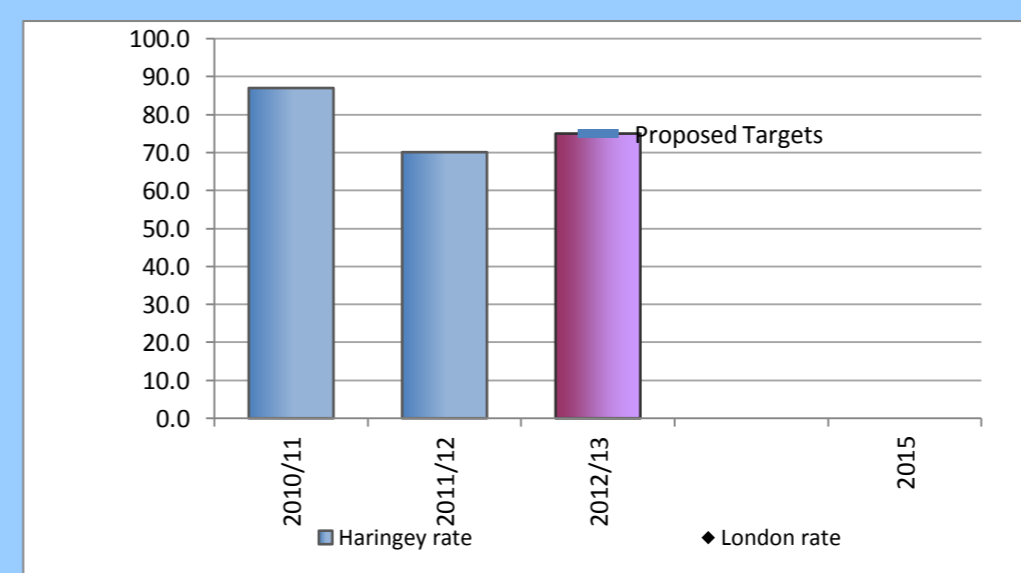
Good performance is... High

The percentage of people in contact with secondary mental health conditions who are living independently.

Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey rate				87.0	70.1	Worse
London rate						

Proposed Targets	
2012/13	2015
75.0	

Statistical neighbours rank (1st is best)  
NA



### Rationale

People with mental health problems who live independently are more likely to be in control of their lives than those who require more support.

Mortality rate for suicide and undetermined injury (PHOF)

Good performance is... Low

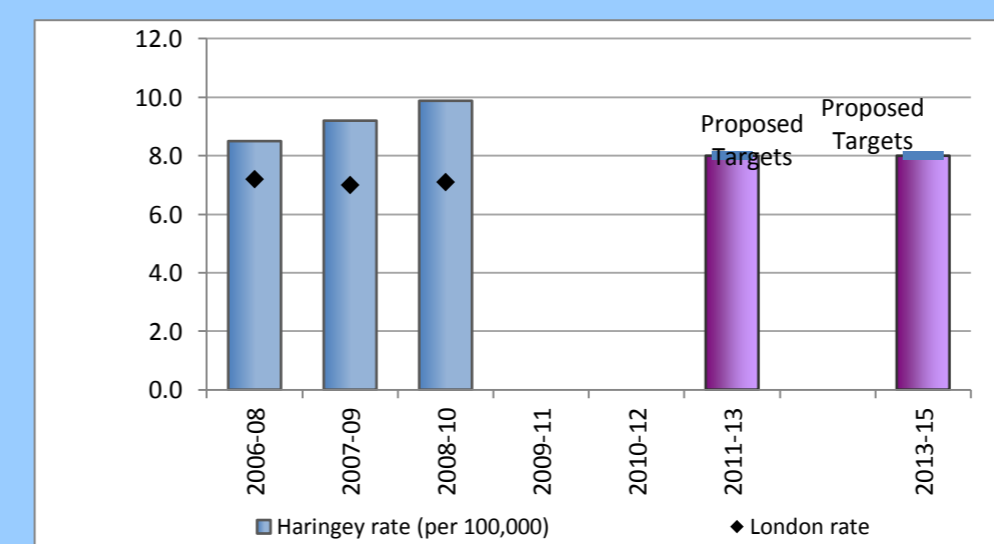
Rate of deaths from suicide and injury of undetermined intent per 100,000 population

Long term trend	2006-08	2007-09	2008-10	2009-11	2010-12	Performance
Haringey rate (per 100,000)	8.5	9.2	9.9			
London rate	7.2	7.0	7.1			

Proposed Targets	
2011-13	2013-15
8.0	8.0

Statistical neighbours rank (1st is best)  
4th (out of 5)

The mortality rate from suicide and injury of undetermined intent has increased in Haringey from 8.5 per 100,000 in 2008 to 9.9 per 100,000 in 2010. This is in contrast to the London figure which has stayed level around 7.1 per 100,000 in the reported 3 years. Targets have been set to narrow the gap between Haringey and London.



### Rationale

Deaths from suicide are avoidable. A reduction in the suicide rate is a measure of the success of mental health services.

## Priority 14: Increase the Number of Problematic Drug Users in Treatment

- Haringey has a young population with high rates of drug and alcohol misuse – the 10th highest rate in London and higher than the London overall rate. There are an estimated 2,424 problematic drug users aged 15-64 (primary crack cocaine or heroin users) along with users of other substances such as cannabis, khat, and benzodiazepines.
- Problematic drug use mirrors other patterns of deprivation with the highest concentration of people accessing drug treatment/dual diagnosis in the east. At least 60 different nationalities use our drug treatment services; women making up a quarter of the treatment population
- Data from our drug treatment services indicate that:
  - the most represented age group is people in their twenties (37%) and many are poly-substance misusers
  - a third have a co-existing mental health problem, particularly prevalent amongst some BME groups, younger users and those in or referred from the criminal justice system
  - over 25% of women had a mental health issue, and 30% of men – and nearly half have children;
  - 67% are unemployed and 16% of 'No Fixed Abode'
  - 15% in treatment reported regular work or study.

% successfully completing drug treatment (as a proportion of all adults in treatment) (PHOF)

Good performance is...

High

Percentage of drug users that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months

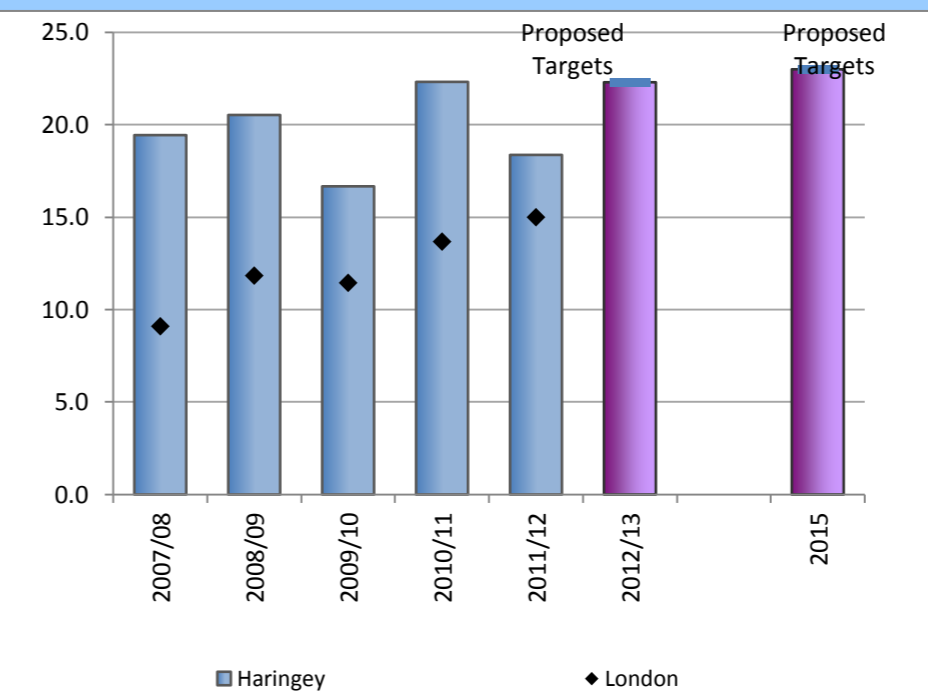
Long term trend	2007/08	2008/09	2009/10	2010/11	2011/12	Performance
Haringey	19.4	20.5	16.7	22.3	18.4	<b>Worse</b>
London	9.1	11.8	11.5	13.7	15.0	

Proposed Targets	
2012/13	2015
22.3	23.0

Haringey's percentage of drug users who have successfully completed their treatment has worsened over the past 5 years. Haringey's completion rate has been consistently better than London. Whilst Haringey's performance is still better than the national average and the successful completions for opiate users (eg. heroin) is within the top quartile in comparison to our statistical neighbours, there are concerns over the decrease in successful completions amongst non-opiate users and the high rate of re-presentations amongst opiate users (33% in quarter 2, 2012-13).

Statistical neighbours rank (1st is best)

1st (out of 5)



### Rationale

Individuals achieving this outcome demonstrate a significant improvement in health and well being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.