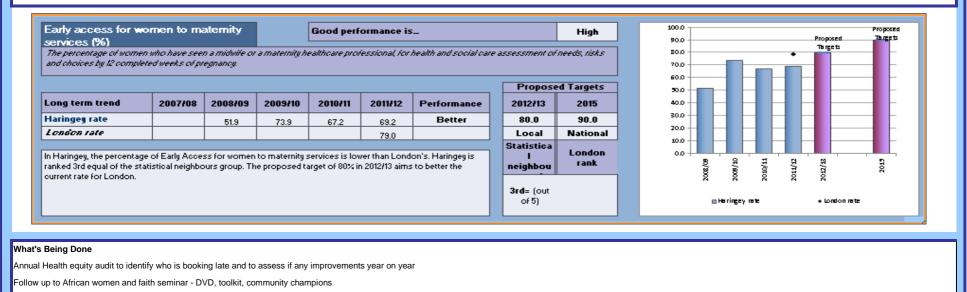
| | Health and Wellbeing Partnership Board - Performance Summary | | | | | | | |
|--|---|---------|---------|---------|--|------------------|-------|---------------------|
| | Produced by Public Health and Strategy and Business Intelligence Team | | | | | | | |
| | Health and Wellbeing's Key Service Measures | | | | | | | |
| | The table below shows the most recent benchmarking data available for Health and Wellbeing's key service measures. The 'Range' column shows where Haringey sits in comparison to the other London Boroughs. Anything left of the centre line is worse than the London average, anything right of the line is better than the London average. | | | | London Average Haringey Worst Best Bottom Quartile Top Quartile | | | |
| Improved Outcome 2: A Outcome 1: Every child has mental health reduced gap in life the best start in life expectancy | | | | | Local Data | | | |
| | Outcome Indicator | 2009/10 | 2010/11 | 2011/12 | Haringey (most recent)* | Target (2012/13) | Perf. | London Benchmarking |
| | Infant mortality rate | 4.8 | 4.3 | | 4.3 | 4.5 | ¢ | |
| | Early access for women to maternity services(%) | 73.9 | 67.2 | 69.2 | 69.20 | 80.0 | Ť | • |
| | Under 18 conception (PHOF) | 51.1 | 64.7 | | 47.6 (Year to Q3 2011) | 58.7 | ¢ | • |
| | Prevalence of overweight and obesity in 10 and 11 years old (PHOF) | 38.6 | 35.4 | 39.3 | 39.30 | | ¥ | |
| | Alcohol related hospital admissions (PHOF) | 1,949 | 2,257 | 2,472 | 2,472 | 1,900 | → | |
| | Take up of health checks (PHOF) | | | 6,047 | 6,047 | 5000 | | |
| | Cardiovascular mortality (under 75) | 78.7 | | | 78.7 | 76.5 | ¢ | |
| | Mortality rate for suicide and undertermined injury (PHOF) | 9.9 | | | 9.9 | 8.0 | ≯ | • |
| | Mortality rate for suicide and undertermined injury (PHOF) % successfully completing drug treatment (as a proportion of all adults in treatment | 16.7 | 22.3 | 18.4 | 18.4 | 22.3 | ¥ | |

Health and Wellbeing Partnership Board - Exception report - Early Access to Maternity Services

Produced by Public Health and Strategy and Business Intelligence Team



Trenaslation of ASAP posters into Somali, Lingala and French

Pharmacy campaign planned for 2013

Public health and CCG representation on North Middlesex Hospital Maternity Board

What needs to be done?

Strengthen contract negotiations with the North Middlesex

Hospital to ensure processes and systems are in place so

there are no internal blockages to seeing women in a timely

Ensure timely reporting and ask the North Middlesex to exception report on unbooked women giving birth each month

Ongoing communication with GPs / CCG to ensure early maternity access is a priority

Health and Wellbeing Partnership Board - Exception report - Alcohol Admissions Produced by Public Health and Strategy and Business Intelligence Team 3,000 Alcohol-related hospital admissions Proposed Targets Proposed Good performance is_ Low Ta reets (PHOF) 2,500 Amission rate per 100,000 for wholly attributable and partially attributable alcohol related conditions. 2,000 Proposed Targets 1,500 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 Vorse 2012/13 2015 1,000 1,900 1,850 500 London (per 100.000) Local Local 1,378 1,483 1,684 1,912 2,038 Statistica London Alcohol related hospital admissions continue to rise in Haringey following the national and regional trends. 2012/13 . g 2008/08 2009/10 2010/11 2011/12 2015 rank The admission rate, 2,472 per 100 000 population, is above the national and London averages which suggests ighbo 200 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. 5th (out of 5) Targets are set to bring Haringey in line with current London performance. Heringey (per 100,000) London (per 100,000) What's Being Done Alcohol Laison Service within local hospitals to offer identification and brief advice (IBA) to identified alcohol related admissions CQUIN in place across NCL targeting alcohol related admissions in A&E Increased promotion of bespoke online screening and advice tool for alcohol called Don't bottle it Up Increased provision of training in IBA to key tier 1 groups Increased provision with GP Surgeries of alcohol workers What needs to be done? Establishment of Joint monitoring meetings for the CQUIN between acute sector and joint commissioning manager To implement a data sharing protocol with NMH and Whittington's A&E departments to monitor the extent of alcohol related violence.