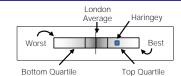
Health and Wellbeing Partnership Board - Performance Summary (May 2013)

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.



						Local Data			
	Outcome Indicator	2009/10	2010/11	2011/12	2012/13	Haringey (most recent)*	Target (2012/13)	Trend	London Benchmarking
tcome 1: Every child I the best start in life	Infant mortality rate	4.8	4.3			4.3	4.5	+	
	Early access for women to maternity services(%)	73.9	67.2	69.2	76.9	76.90	80.0	↑	
	Under 18 conception (PHOF)	41.2	49.2	36.2		36.20	58.7	→	
	Prevalence of overweight and obesity in 10 and 11 years old (PHOF)	38.6	35.4	39.3		39.30		↑	
Outcome 2: A reduced gap In life expectancy	Male Life expectancy	77.4				77.40		↑	+
	Alcohol related hospital admissions (PHOF)	1,949	2,257	2,253		2,253	1,900	*	•
me 2: A	Take up of health checks (PHOF)			6,047	6,464	6,464	5000	↑	
	Cardiovascular mortality (under 75)	78.7				78.7	76.5	→	
Improved mental health and wellbeing	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 - Teenage Conceptions (May 2013)

- Following the 2011 Census, population estimates for the years between 2001 and 2011 were revised. Teenage conception rates were adjusted for these years to reflect the adjustments. The rate for 2010 was adjusted from 64.7 per 1,000 to 49.2 per 1,000, and although this demonstrated an increase on the previous years, this increase was not as large as it was before the adjustment.
- 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

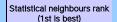
Long term trend	2007	2008	2009	2010	2011	Performance
Haringey rate (per '000)	63.5	45.5	41.2	49.2	36.2	Better
London rate (per '000)	42.6	40.8	36.7	32.8	28.7	

>The downward trend in under 18 conceptions continues.

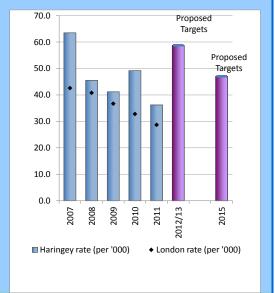
>Revised rates, following adjustments to population estimates between 2001 and 2011 Census' suggest that the rise in 2010 was less than first reported.

- >The latest rate for 2011 is 36.2 per 1,000 (152 conceptions) which has finally brought Haringey's rate closer to those of England and Wales (30.9 per 1,000) and London (28.7 per 1,000).
- >The 2011 under 16 conception rate also demonstrates a decline in the rate (9.3 per 1,000, 41 conceptions), but still remains higher than the rates for England and Wales (6.1 per 1,000) and London (5.7 per 1,000).

Proposed Targets				
2012/13	2015			
58.7	47.0			



3rd (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".

What's being done?

Increasing the precentage of young women under 18 who take up hormonal contraception including Long Acting Reversible Contraception (LARC)

Providing one to one follow up support for unde 19s to access contraception and sexual health services following an abortion

Expanding the number of community pharmacies offering free emergency hormonal contraception and registration to the Come Correct (Condom Distribution Scheme) Increasing the number of easy access outlets in Haringey as part of the Come Correct Scheme

Provinding Sex and Relationship Education (SRE) resources to schools and other young people's settings

Providing Speakeasy training to targeted professionals and parents/carers

Providing direct links to contraception and sexual health services websites and helplines as part of a mobile app called "young+healthy" which promotes health and wellbeing for teenagers in Haringey

What needs to be done?

Insure pathways to Long Acting Reversible Contraception (LARC) and condoms are prioritised within CCG commissioned abortion services Increase the number of young men accessing contraception and sexual health services and registering on Come Correct Scheme

Engage boys and young men in promoting sexual health and healthy relationships via a media campaign and peer mentoring programme in targeted schools, FE colleges and community settings