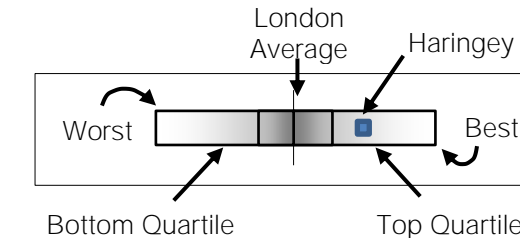


# Health and Wellbeing Partnership Board - Performance Summary (June 2013)

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.



	Outcome Indicator	2009/10	2010/11	2011/12	2012/13	Local Data			London Benchmarking
						Haringey (most recent)*	Target (2012/13)	Trend	
Outcome 1: Every child has 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	↓	
	Take up of health checks (PHOF)			6,047	6,464	6,464	5000	↑	
	Cardiovascular mortality (under 75)	78.7				78.7	76.5	↓	
Outcome 3: Improved mental health and wellbeing	Mortality rate for suicide and undertermined injury (PHOF)	9.9				9.9	8.0	↓	
	% 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 - Suicide and Undetermined Injury (June 2013)

- Data on suicide and injury of undetermined intent is provided by ONS. There is a considerable time lag between events and the publishing of the data. Following changes to the NHS structures data has been further delayed.
- More timely data is available from the local coroners reports. A recent audit of suicide in Haringey has been written which is available on request.

### Suicide and Undetermined intent

Good performance is... Low

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

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

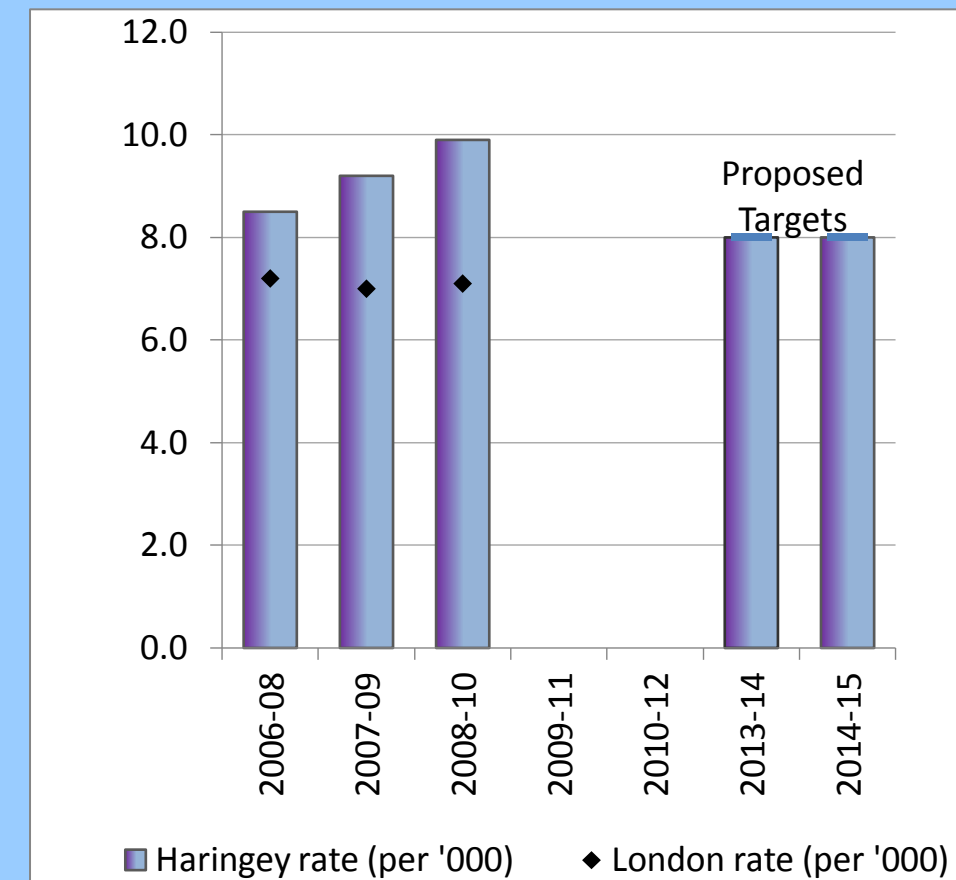
The mortality rate from suicide and injury of undetermined intent has increased in Haringey from 8.5 per 100,000 in 2008 to 9.9 per 100,000 in 2010. This is in contrast to the London figure which has stayed level around 7.1 per 100,000 in the reported 3 years. Targets have been set to narrow the gap between Haringey and London. The highest number of deaths from suicide are in men aged 25-44. In the last 10 years, 62% of suicides were in people born in the UK compared to 34% born abroad (Afro-Caribbean, Eastern European). The majority of those who committed suicides were employed followed by 11% retired; 47% were single and 17% were divorced.

#### Proposed Targets

2013-14	2014-15
8.0	8.0

#### Statistical neighbours rank (1st is best)

3rd (out of 5)



#### Rationale

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

#### What's being done?

A suicide audit has been undertaken to give greater insight into which groups are at greater risk of committing suicide

Public Health is implementing a multi factorial campaign to address mental health stigma to encourage use of personal support networks and access to support services

Specific groups that are at risk of suicide are targeted within the campaign

Enfield and Haringey Transformation Board is considering commissioning liaison psychiatric services at the North Middlesex Hospital that will focus on support for people with physical and mental health problems, particularly in the context of self-harm

Planning permission has been granted to adapt "Suicide Bridge " in Archway to make it more difficult to jump from.

#### What needs to be done?

Re-establish the Suicide Prevention Group that reports to the Mental Health Partnership Board

The focus of the group should be to implement locally the Prevention in Suicide Strategy 2012, focusing on at risk groups identified by the recent local suicide audit