

Two years on – achievements so far, opportunities for the future

Haringey's Health and Wellbeing Strategy refresh
July 2014



North Central London

Haringey's Health and Wellbeing Strategy

2012-2015



Aim of the strategy refresh

By mid
2015

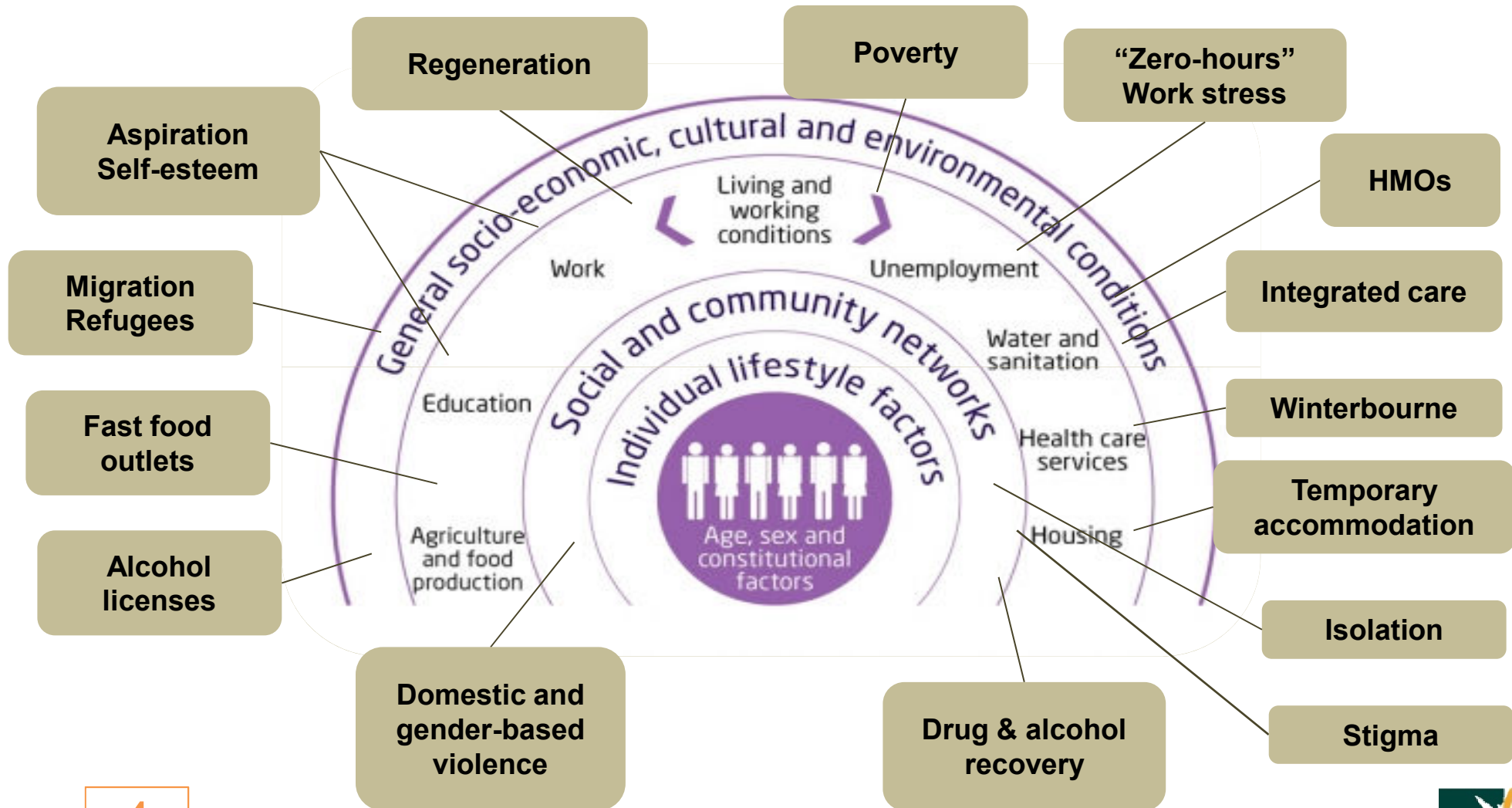
Our aim is a **strategy fit for future**, one that takes into account your views, progress made and emerging issues on the local, regional and national horizon

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Purpose of this phase (July – Sept 2014)

- Look at the highs and the lows since 2012
- Map out the key issues, challenges and opportunities for the future
- Not a consultation but an assessment of where we are now - a start of the conversation

Many factors affect our health & well-being



4

Determinants of health (1992) Dahlgren and Whitehead; augmented by J. de Gruchy

Vision for 2012-2015: A Healthier Haringey



We will
**reduce health
inequalities**

*through working with
communities and residents
to improve opportunities for
adults and children to enjoy a*

**healthy, safe and fulfilling
life**

Haringey's Health and Wellbeing Strategy 2012-2015






OUTCOME 1:
**EVERY CHILD
HAS THE BEST
START IN LIFE**





















PRIORITIES:

- Reduce infant mortality
- Reduce teenage pregnancy
- Reduce childhood obesity
- School readiness

Are we on track?

-  = Target met/better than London average
-  = Not met yet but close / statistically no difference to London
-  = Below target (more than 5%) / worse than London

	Latest Performance	Latest Trend	Haringey v London
Infant mortality rate per 1000 births	3.9	better 	
Early access to maternity services %	77%	better 	-
Breastfeeding at 6-8 weeks %	74.1%	better 	-
Smoking at the time of delivery % of women smoking	4.3%	better 	
Childhood vaccination Coverage % Year 1	93.8%	better 	
Childhood vaccination coverage % Year 5	86.8%	better 	
Overweight and obesity in 4-5 years Prevalence %	22.7%	better 	
Overweight and obesity 10 and 11 Prevalence %	39.4%	worse 	
Under 18 conception Prevalence per 1000 women aged 15-17	33.1	better 	
School readiness Prevalence %	56%	better 	

Outcome 1: Examples of key activities

Population level interventions

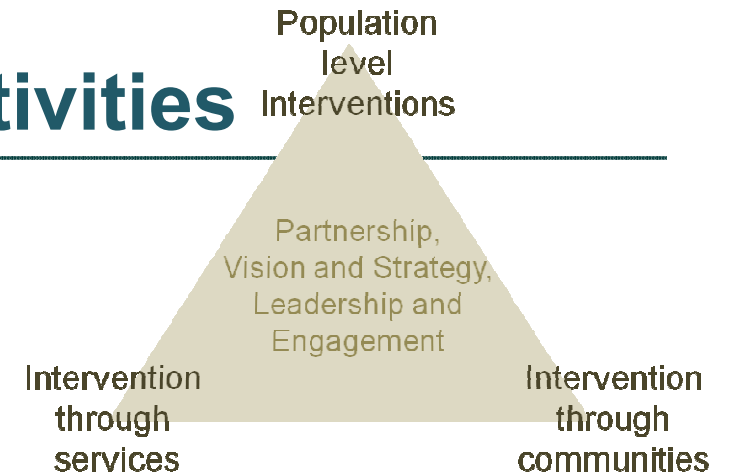
- E.g. Increasing availability of **Healthy Start** vitamins for pregnant and breastfeeding women and children up to 4 years

Intervention through services

- E.g. **Breastfeeding support**

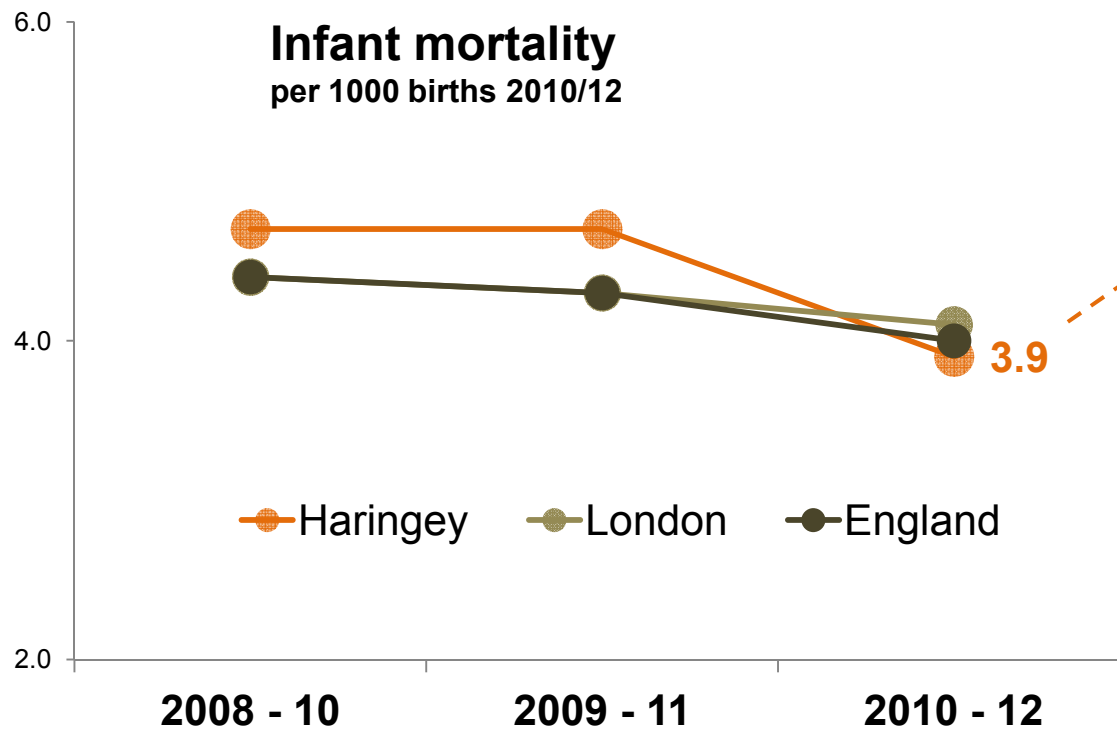
Interventions through communities

- E.g. Early years **community health champions** service (tender process in place)



Adapted from C. Bentley, 2007

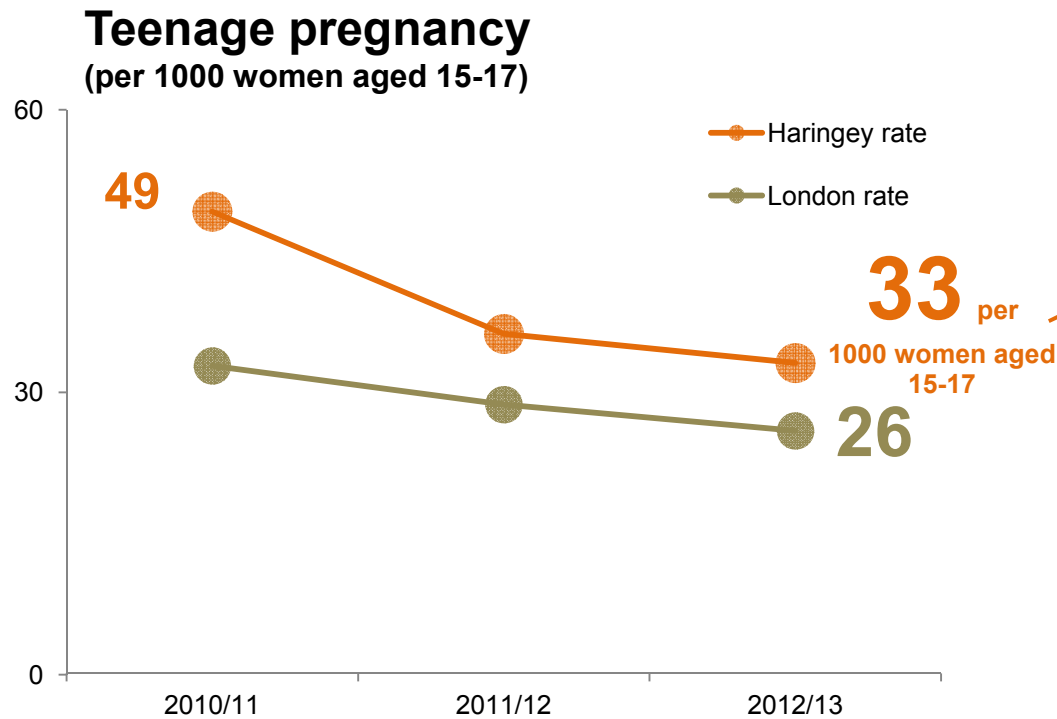
Successes - Infant mortality



Infant mortality lower than in London and England

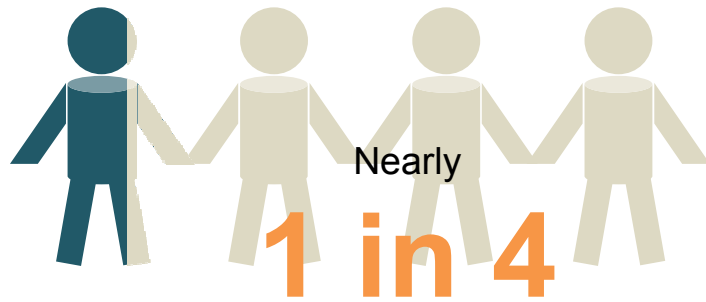
Source: NCHOD (2014)

Rapid improvement - teenage pregnancy



**A big drop but
still higher
than London
average**

Ongoing concerns: Childhood obesity



children are overweight or obese in
reception year
(2013)

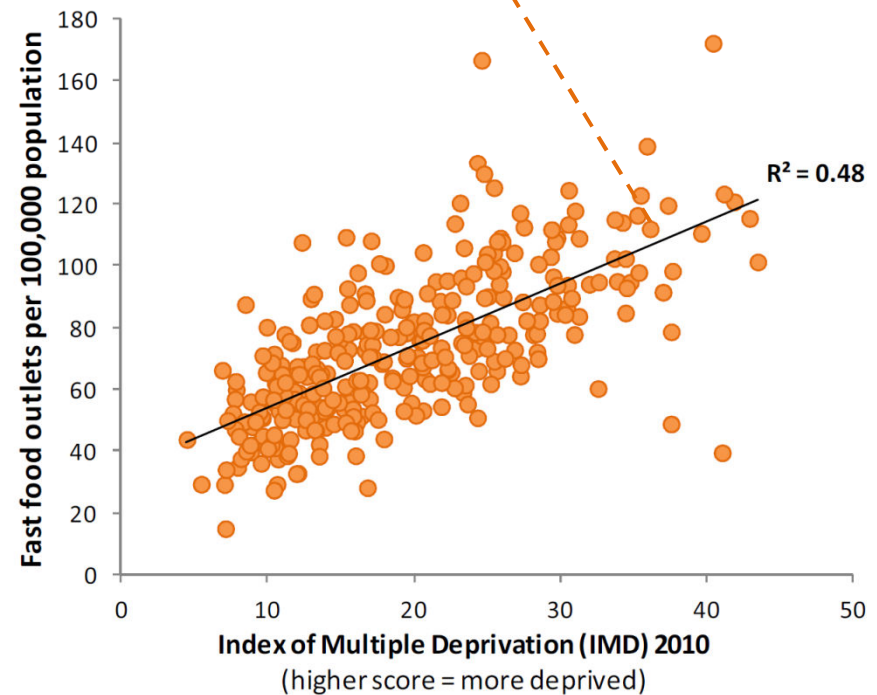


children are overweight or obese in
year 6
(2013)

12

Source: Public Health England

A clear link between fast food outlets and deprivation

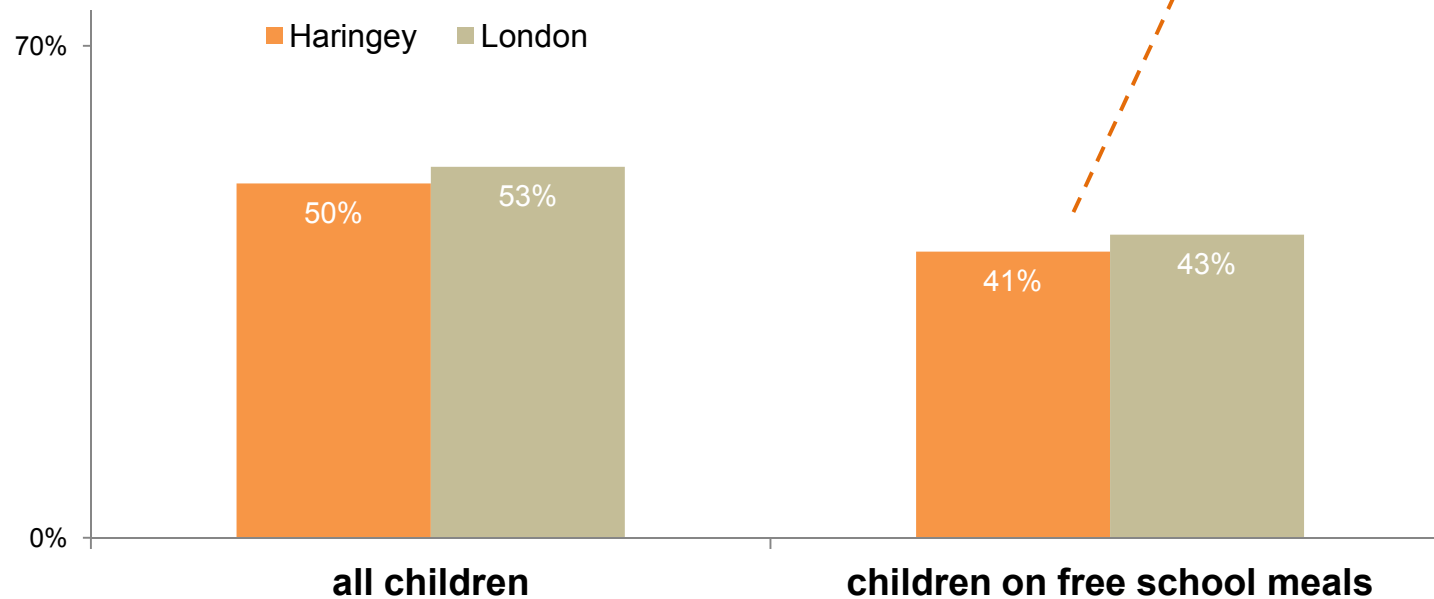


From: National Obesity Observatory:
Relationship between density of fast food outlets
and deprivation by local authority

Ongoing concerns: School readiness

Good level of development at the end of reception
2012/13

Haringey is behind London

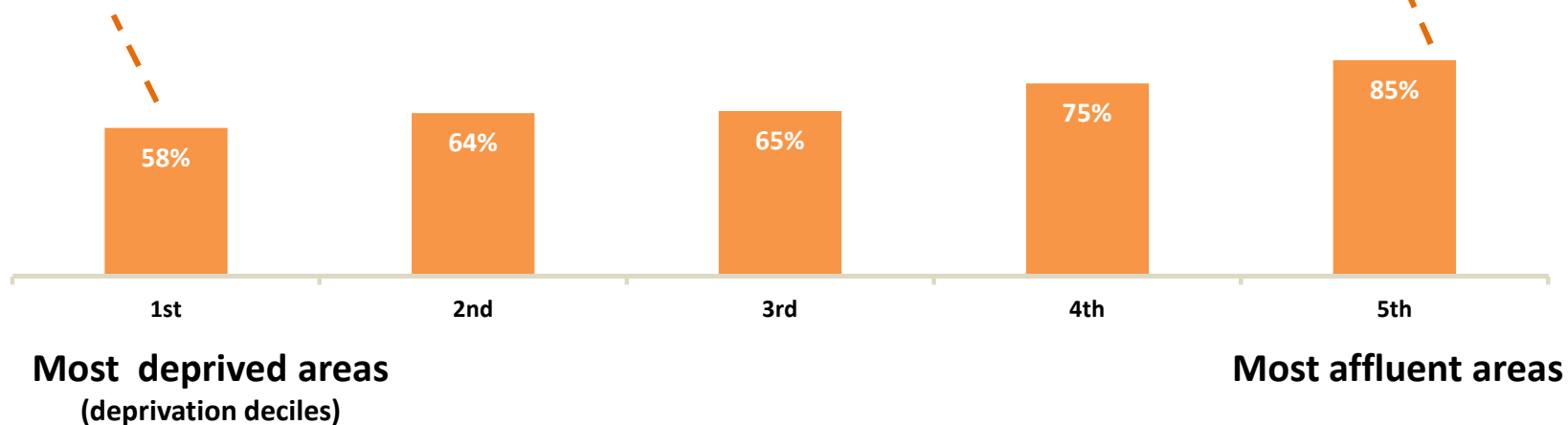


Ongoing concerns: Not all equal

Maternity bookings in Haringey by deprivation

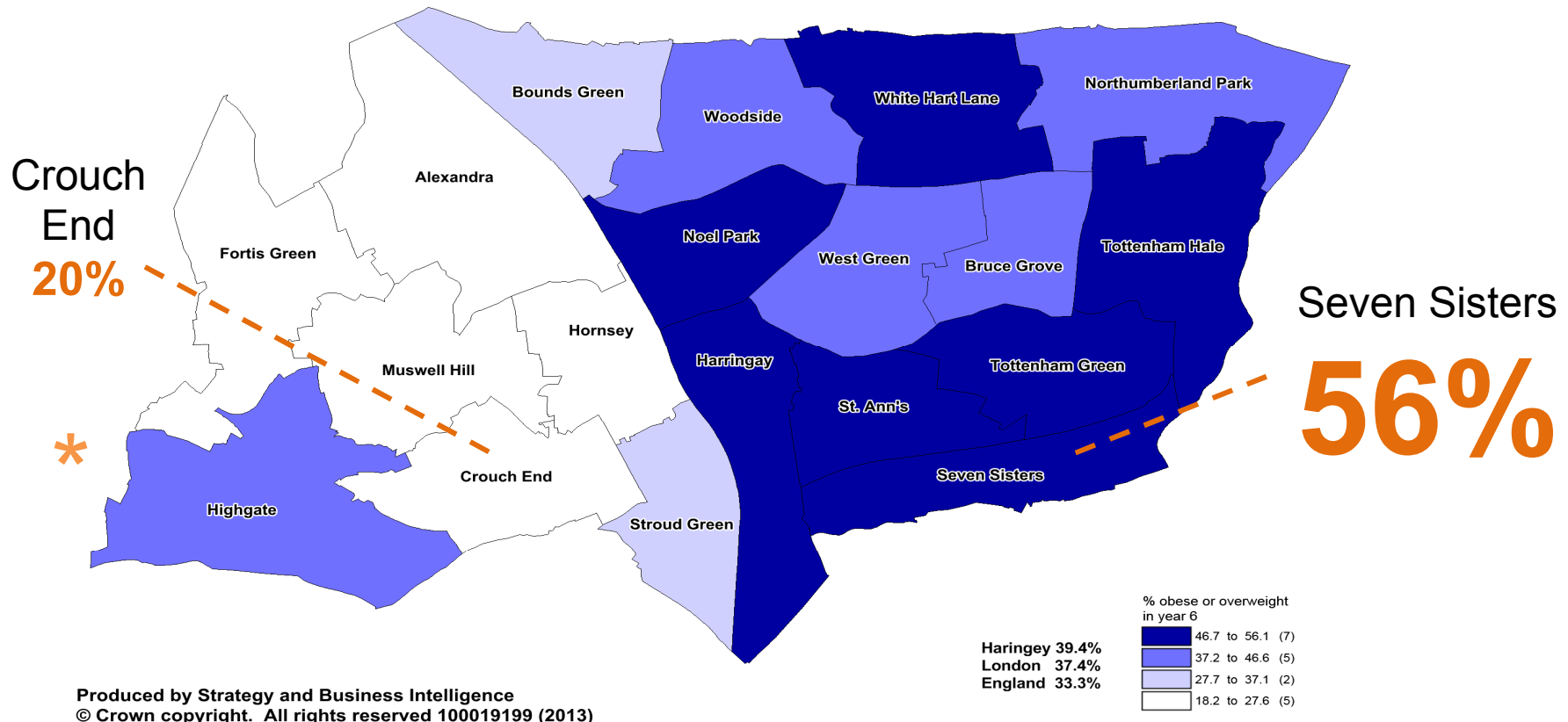
58%
of women in the most deprived areas book early (2012)

85%
of women in the most affluent areas book early (2012)



Ongoing concerns: Not all equal

Prevalence of overweight or obesity in year 6 (2013)



* Note that the Highgate sample is relatively small (41 pupils) and may not be representative of the ward population

Summary of highs and lows

- A marked reduction in teenage pregnancy
- Child poverty is reducing
- Infant mortality is reducing

BUT

- 1 in 3 children live in poverty
- There are 10,000 lone parent households
- Over 9,000 pupils have special education needs
- Childhood obesity is high

OUTCOME 2:

REDUCING THE GAP IN LIFE EXPECTANCY










PRIORITIES:

- Reduce smoking
- Increase physical activity
- Reduce alcohol misuse
- Reduce early death from cardiovascular disease and cancer
- Support people with long term conditions to live a healthier life

Are we on track?

- = Target met/better than London average
- = Not met yet but close / statistically no difference to London
- = Below target (more than 5%) / worse than London

	Latest performance against targets	Latest Trend	Haringey v London
Quitters from routine or manual occupations % of 4 week quitters from these groups	18%	better 	
Adult participation in sport and active recreation 30 minutes on 3 or more days a week	28.4%	better 	-
Proportion of physically inactive adults	26.4%	-	
Alcohol-related hospital admissions per 100 000 population	2273	better 	
Take up of NHS Health Checks Number of take up from eligible population	5116	better 	
Bowel Cancer Screening % coverage	44%	no change 	-
Fuel poverty % of households	11.7%	better 	
Cardiovascular mortality (under 75) Per 100 000 population	85.8	better 	

Outcome 2: Examples of key activities

Population level interventions

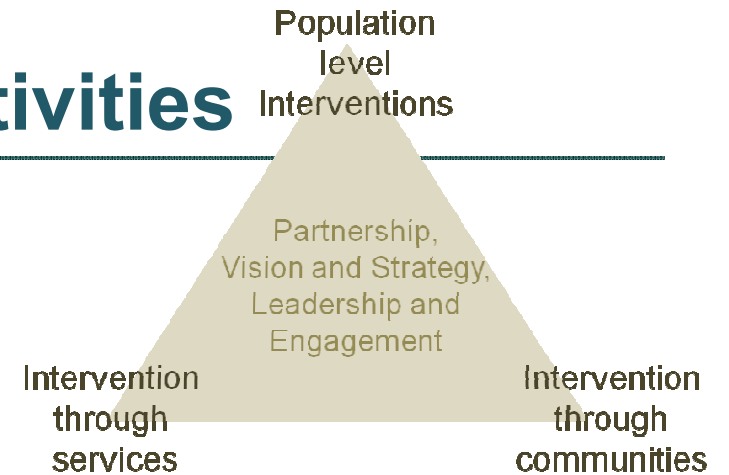
- E.g. Responsible retailers scheme (tobacco and alcohol) and Healthy Catering commitment

Intervention through services

- E.g. Smoking cessation services, welfare hubs in GP surgeries,

Interventions through communities

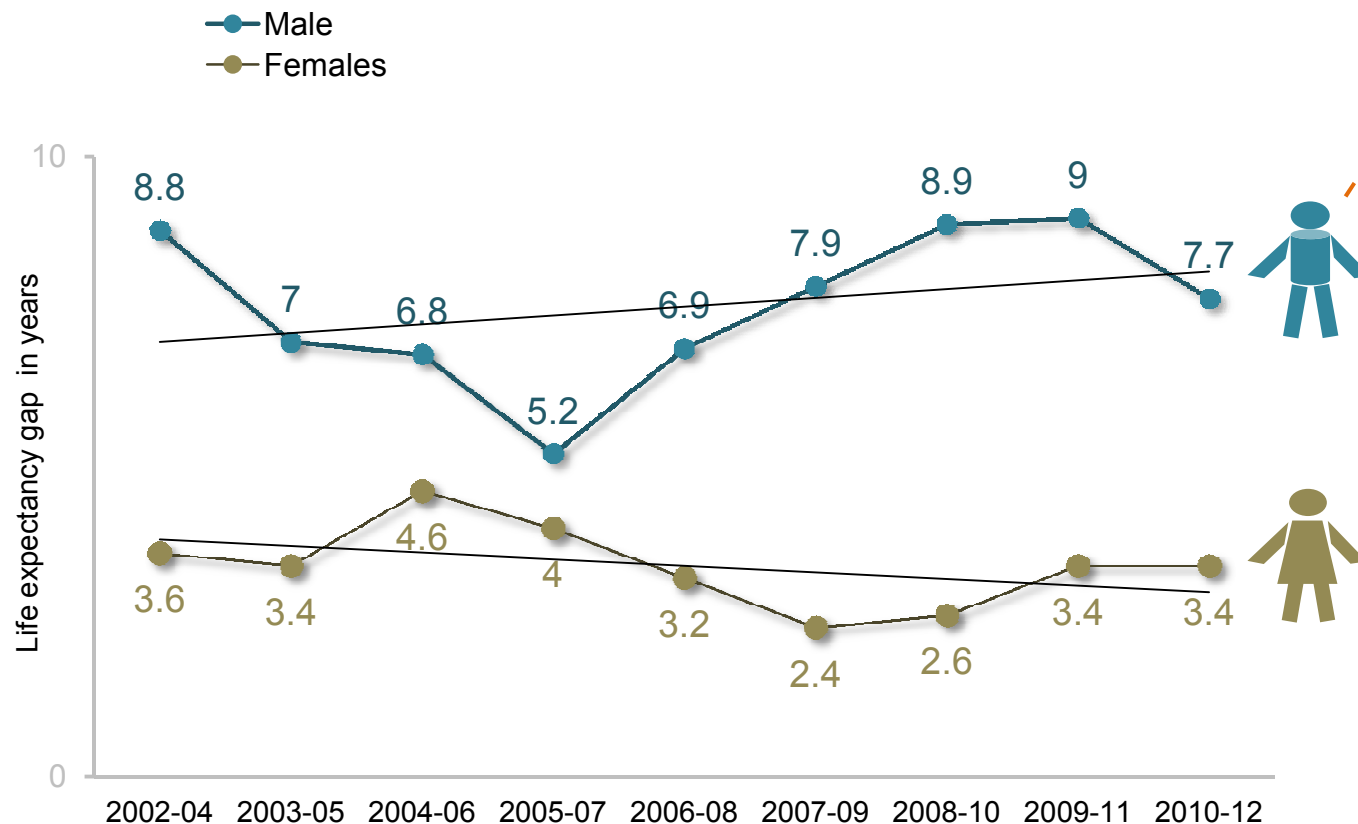
- E.g. Peer health champions



Adapted from C. Bentley, 2007

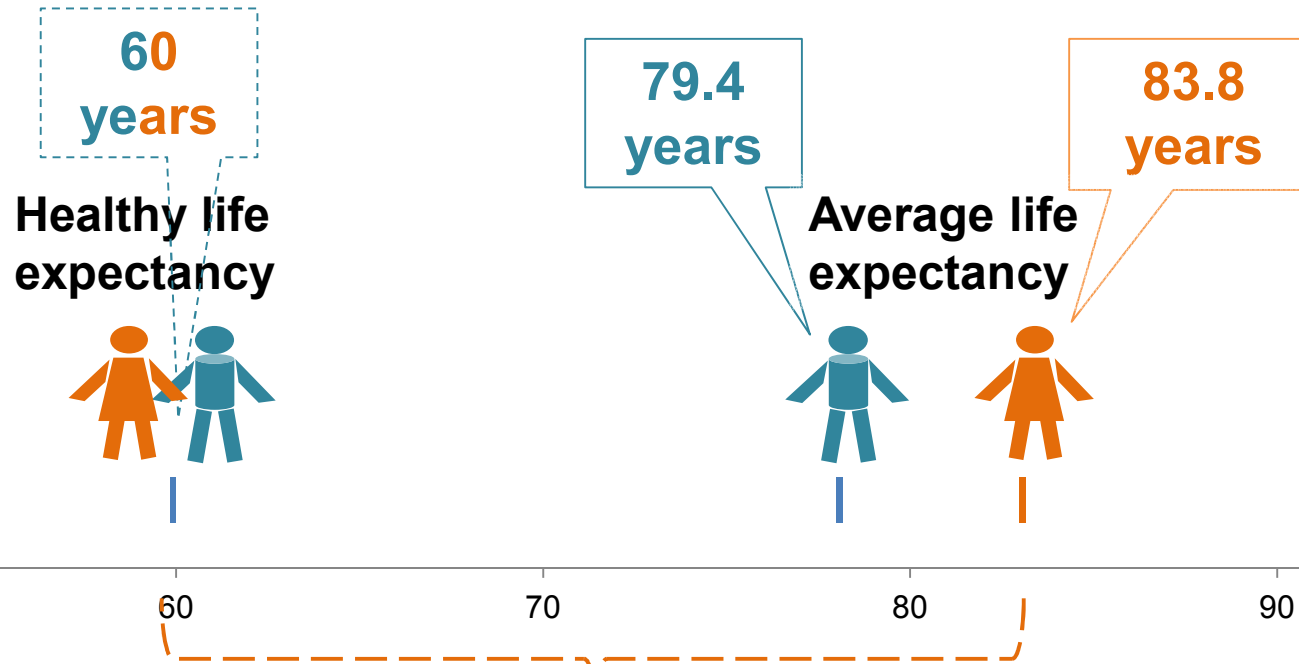
Life expectancy gap

Life expectancy gap: Haringey, Males and Females, 2000-2012



While the gap in life expectancy for men between the poorest and most affluent areas has reduced to 7.7 years, there has been no real change over the past 10 years

Life expectancy v healthy life expectancy



On average, men and women both have poor health from the age of 60 with men having a lower life expectancy and women living longer in poor health

Main underlying causes and risk factors contributing to the gap

Main underlying causes

- Cardiovascular disease (CVD)
- Cancer
- Respiratory disease

Main risk factors

- Smoking
- Diet
- Physical inactivity
- Alcohol use

CVD accounts for third of the life expectancy gap in men

Source: PHE Segmenting tool, 2014

CVD mortality

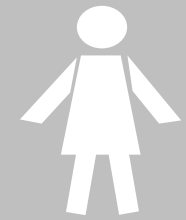
Over two and a half times higher than women.

77.3
per
100 000
population



Source: PHOF, May 2014. Public Health England

28.9
per
100 000
population



Ongoing concerns: Risk factors

40600
estimated smokers
in Haringey
(2012)

--- **1950**
4 week
Smoking
quitters
(2012)



--- **1 in 5**
deaths attributable to
smoking
*Attributable risk from NHS Atlas of risk
(Last accessed June 2014).*

Physical activity
overall is higher than
the average in
London but in some
parts of the borough
lowest in the country.
Girls and women less
likely to engage in
physical activity.

Source: JSNA, June 2014

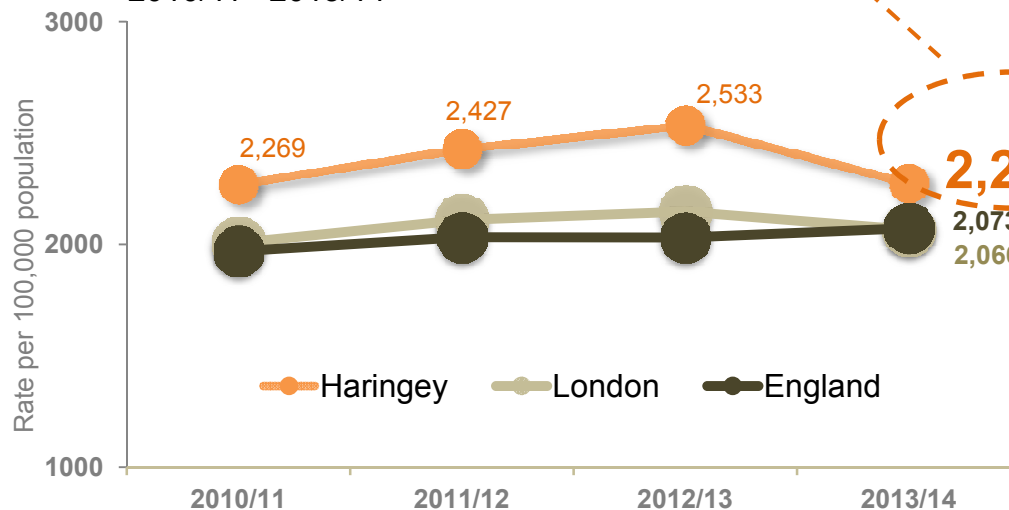
23

*Source: Public Health England,
PHOF (Accurate as at May 2014).
Census 2011, ONS*

Ongoing concerns: Risk factors

Alcohol related admissions still higher than London

Alcohol related hospital admissions
Rate per 100 000 population, all ages, (broad measure)
2010/11 - 2013/14



Over
60
conditions
attributable to alcohol

Source: LAPE, 2014

Summary of highs and lows

- Life expectancy is improving generally, especially for men

BUT

- Men die younger than women (largely due high CVD death)
- The life expectancy gap for men and women has remained largely constant over the last ten years
- Alcohol-related admissions to hospital higher than London and England
- On average, women live the last 20 years of their life in poor health




OUTCOME 3:
**IMPROVED
MENTAL
HEALTH AND
WELLBEING**
















PRIORITIES:

- Promote the emotional wellbeing of children and young people
- Support independent living
- Address common mental health problems among adults
- Support people with severe and enduring mental health problems
- Increase the number of drug users completing treatment successfully

Are we on track?

-  = Target met/better than London average
-  = Not met yet but close / statistically no difference to London
-  = Below target (more than 5%) / worse than London

	Latest performance	Latest trend	Haringey v London
NEET % of 16-18 year olds not in education, employment or training	3.5	**	
Children in poverty % of children 16 and under	31.9	better 	
% of carers involved in planning care % of carers included in care plan discussions	66.5	-	
Adults with learning disabilities in settled accommodation	68.7	better 	*
Adults secondary mental health services in paid employment	6.2	better 	*
Proportion of adults in contact with secondary mental health services in stable accommodation	68.0	better 	*
Mortality rate for suicide and undetermined injury	9.4	no change 	
% successfully completing drug treatment (Opiate users)	10%	worse 	
% successfully completing drug treatment (Non-Opiate users)	38%	better 	

* Statistical significance not calculated

** Latest trend can only be confirmed once school year 2014/15

Outcome 3: Examples of key activities

Population level interventions

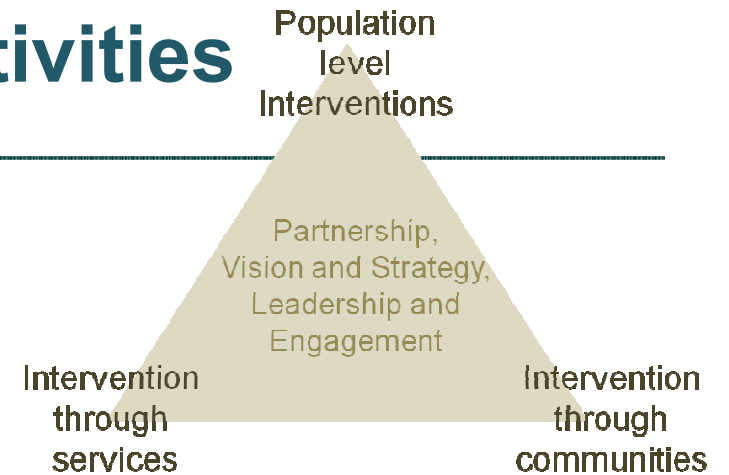
Addressing stigma and awareness raising on mental illness – a range of interventions to encourage use of personal support networks and interventions outside traditional healthcare settings

Intervention through communities

- **Young Minds** – all school approach to emotional wellbeing and resilience

Intervention through services

- **Recovery focussed drug and alcohol treatment provision** which integrates all aspects of recovery in operation since January 2014
- **Multidisciplinary teams focusing on getting people who do not need to be in hospital back to community** – multidisciplinary team from BEH MHT, CCG and LBH



Adapted from C. Bentley, 2007

Addressing wider factors for wellbeing

Education

3.5%

of 16 to 18 years not in employment, education or training (NEET 2013). This is lower than London. GCSE attainment levels have increased to nearly England level



Source: Department for Education
28 May 2014

Drop in crime

Over 40% ↓↓↓↓

reduction in recorded offences in Haringey since 2002-2003

Source: London Metropolitan Police, 2014

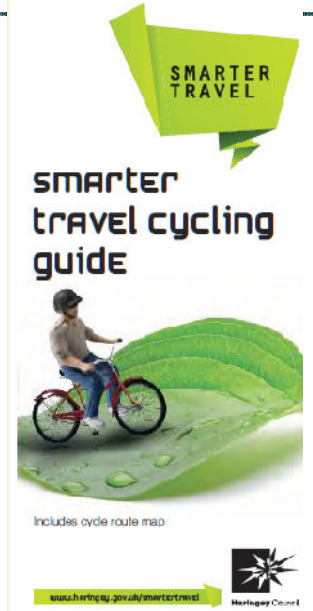


Open spaces

In 16 wards

With 19 green flag parks access to open spaces is better than the London average.

Source: Haringey Council, 2014



61% of Haringey adults are physically active (150 minutes a week)

Source: Active People Survey, from PHOF May 2014



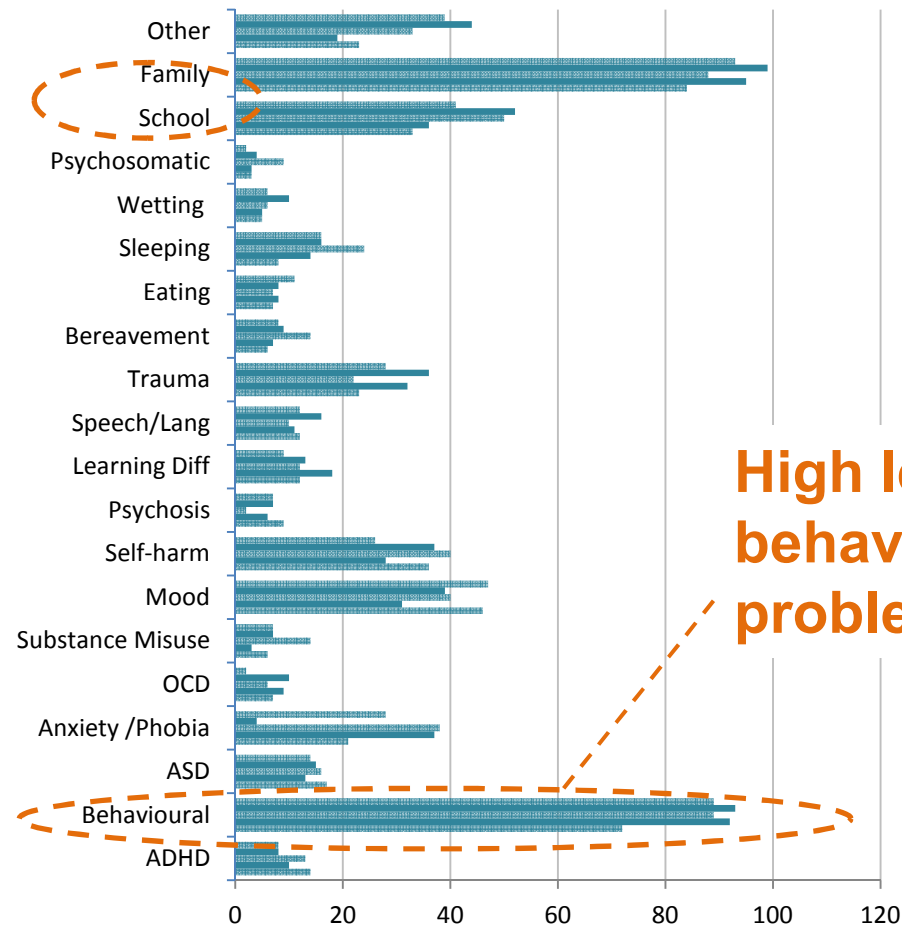
Ongoing concerns - Early years

Estimated number of children with emotional or behavioural problems

Condition	Prevalence	Estimate (3160)
Emotional disorder	3.1%	1139
Behavioural problems	4.5%	1653
Hyperkinetic disorder (ADHD)	1.8%	661
Less common disorder	0.7%	257

Source: Office for National Statistics, 2012. Green, H. et al (2004).

Reasons for referrals to Child and Adolescent Mental Health Services, 2011



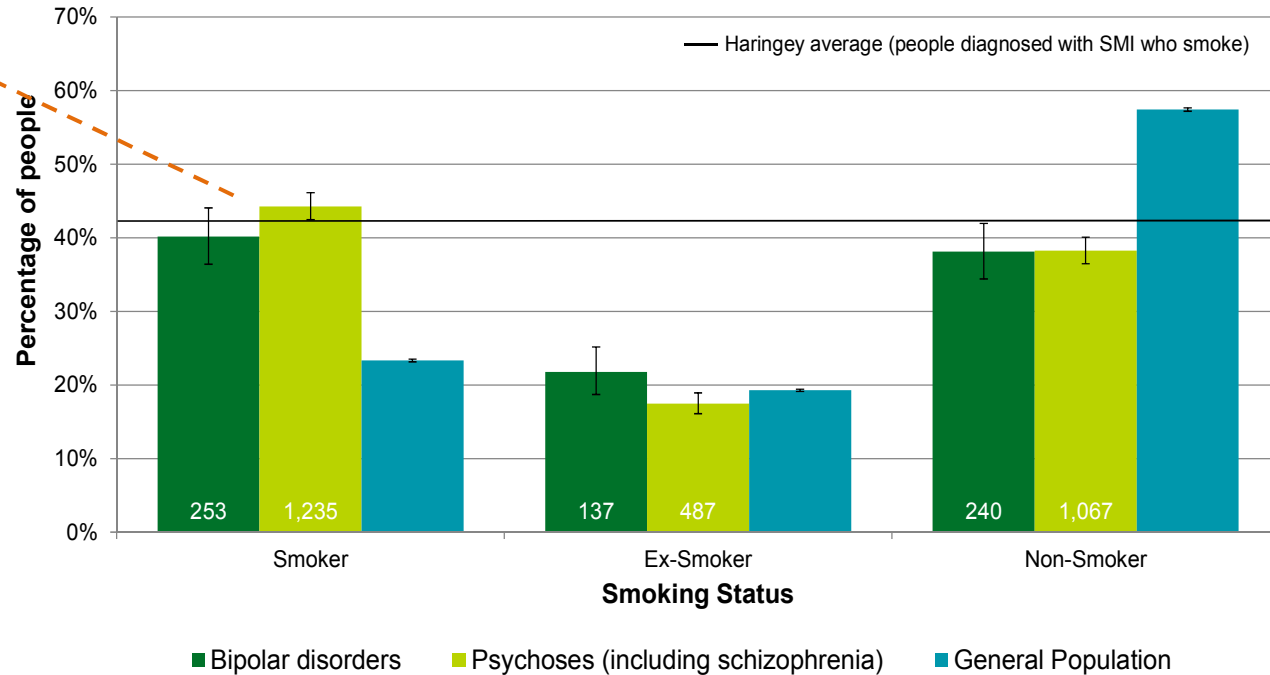
High level of behavioural problems

Source: CAMHS quarterly reports, 2011

Ongoing concerns – Physical and mental health

Over 44% of people with mental illness smoke compared to 23% of general population

Smoking status in people diagnosed with serious mental illness and with smoking status recorded, compared to Haringey's registered population, aged 18 and over, January 2013



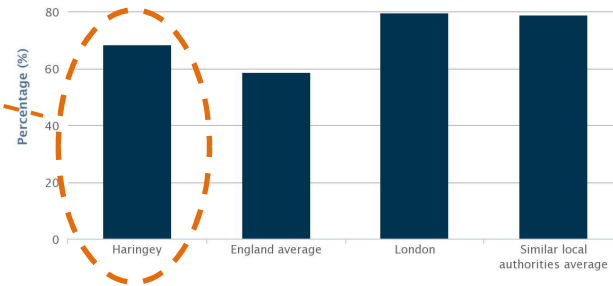
Notes: Numbers on bars indicate the number of people diagnosed with a serious mental illness; 112 people have no recorded smoking status and are excluded from this analysis.

Source: Haringey's GP PH Dataset, 2013

Ongoing concerns – people with severe mental health problem living independently

Stable accommodation for lower than London and similar local authorities

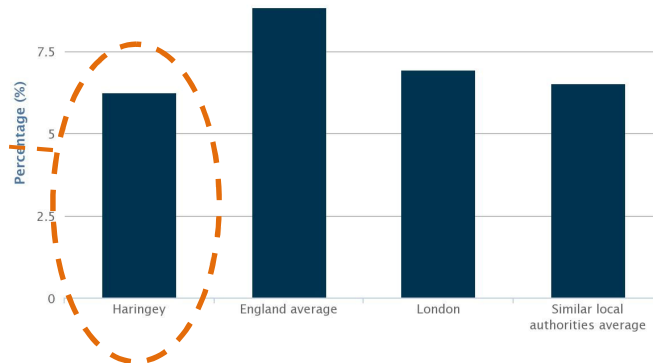
% of adults in contact with secondary mental health services in stable accommodation



Health & Social Care Information Centre | 2013

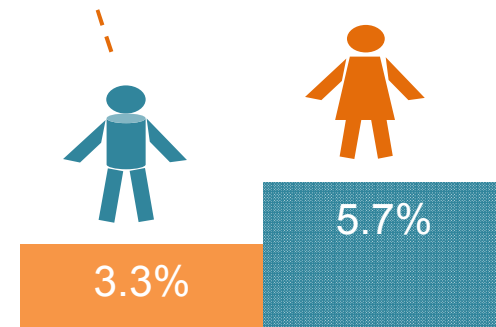
Adults secondary mental health services in paid employment

Paid employment lower than all London, England and similar local authorities



Health & Social Care Information Centre | 2013

Low employment rates for both for men and women



Source: ASCOF, 2013

Summary of highs and lows

- Recorded crime is down by 40%
- There are 16 Green Flag parks and four Community Green Flag gardens

BUT

- Attainment is low in the early years and, developmentally, many children are not ready for school
- High numbers of children have behavioural problems
- Depression is under-detected in primary care but over-represented in acute settings; levels of severe mental illness are significantly higher than other places, and disproportionately based in the east of the borough
- Over 30% of offenders have mental health problems
- A low number of people with a severe mental health problem are in employment or settled accommodation

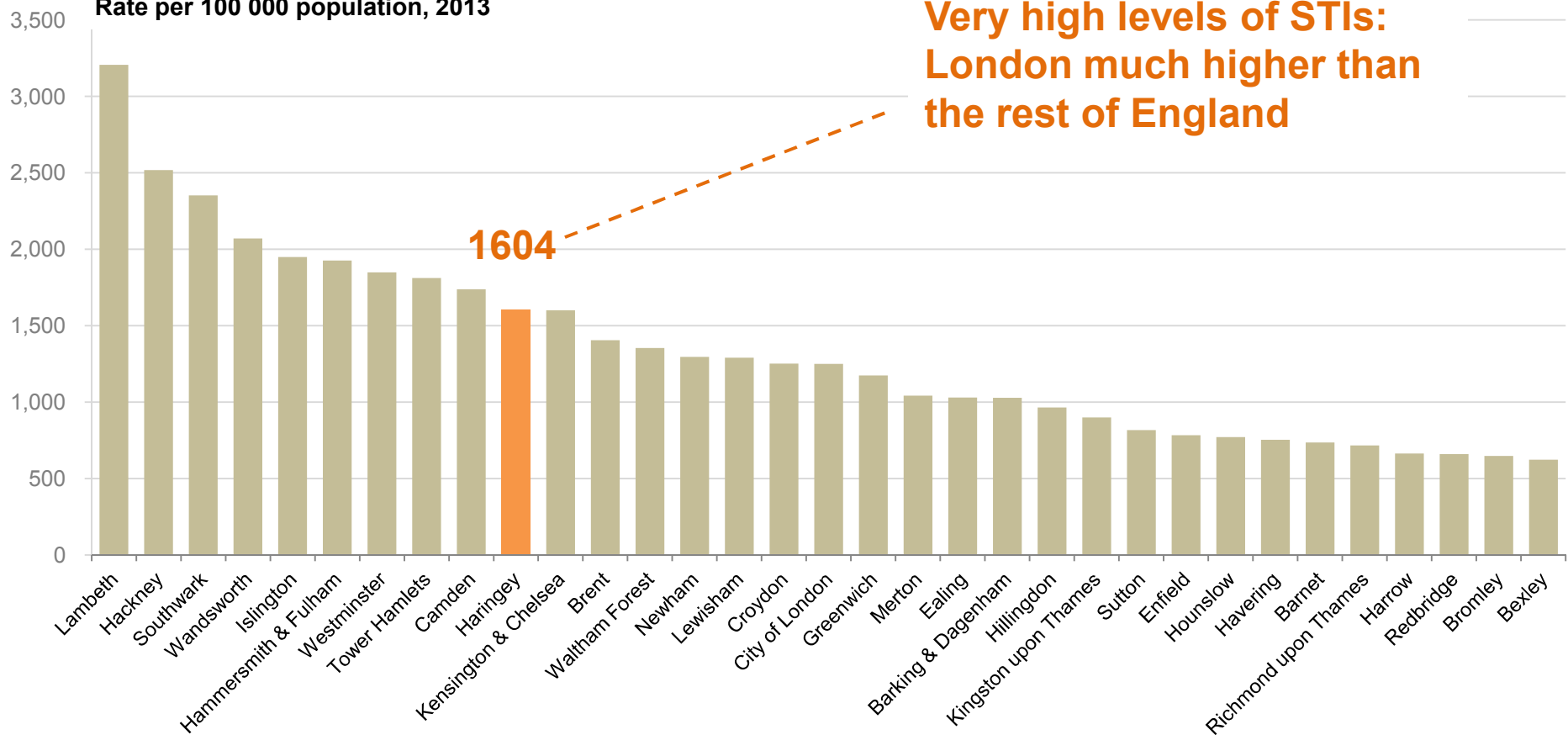
EMERGING NEW PRIORITIES

- Sexual health
- Domestic violence
- Increase in temporary accommodation

Sexually transmitted infections

Rates of STIs by local authority in London

Rate per 100 000 population, 2013



Very high levels of STIs:
London much higher than
the rest of England

Domestic violence

33%

Domestic violence offences account for 33% of all violent crime in the borough (2012/13)

Source: London Metropolitan Police

345
children

had a child protection conference during 2012/13 had domestic violence flagged as a presenting need (66%).

Source: Haringey Council

Temporary accommodation

2,869
households in
temporary
accommodation
(31 March 2014)

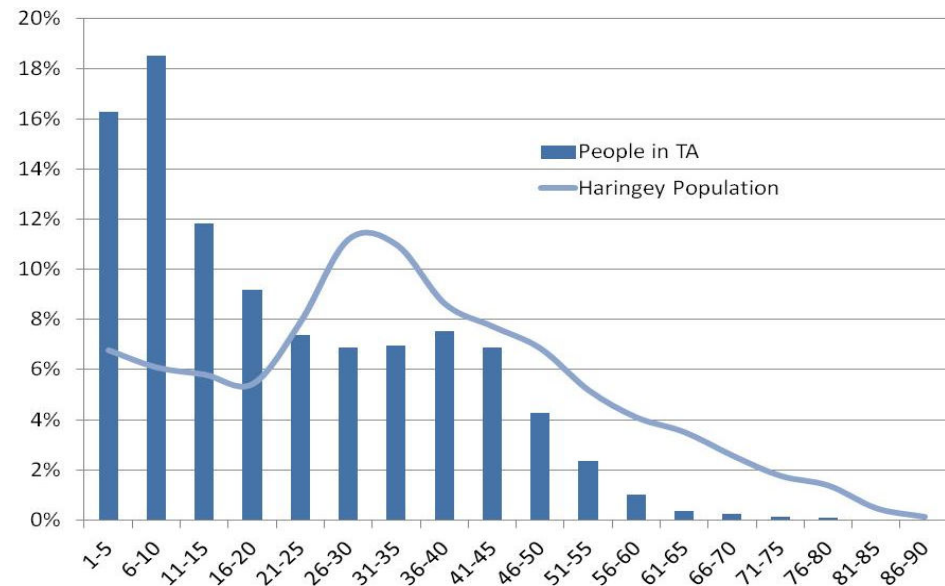
9,700 people

66% female (of those aged 18+)

50% under 18 (4,900)

25% aged 18-34 year olds

Age profile – people in temporary accommodation



Some themes emerging from our Joint Strategic Needs Assessment (JSNA) update

- Promoting safe, healthy relationships
- Promote physical activity for women and girls
- Unemployment rates in some communities and groups
- Carbon emission in affluent areas
- Children with additional needs and disabilities
- Transition of young people into adulthood
- Healthy ageing in a rising older population
- JSNA online: www.haringey.gov.uk/JSNA

Other drivers

- Impact of housing and welfare reforms
- The need for all key strategies in Haringey to demonstrate contribution to wellbeing through:
 - prevention and early intervention
 - community resilience
 - reducing inequalities
- Health and social care integration

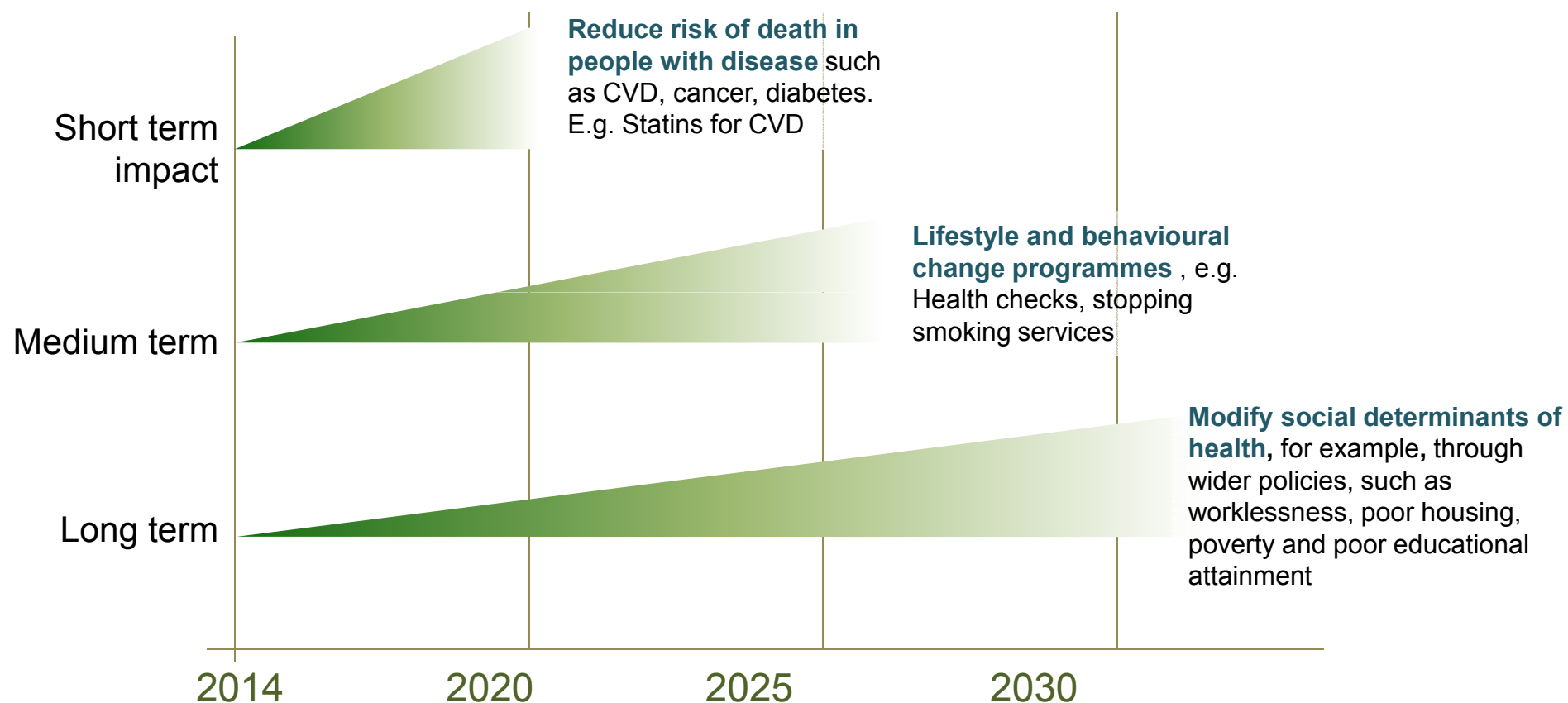
What else on the local horizon?

- Corporate Plan refresh
- Tottenham Regeneration
- Community Safety Strategy
- Haringey 54k
- Health and social care integration and the Better Care Fund
- Issues of primary care quality and access
- Savings – for the Council: £70 million over the 3 next few years

Opportunities and challenges

- **Opportunities:** people are living longer, school standards are improving, Haringey is a diverse and vibrant borough. The refresh of Council **Corporate Plan, Tottenham regeneration** and **54000 programmes** provide great opportunities to improve health and wellbeing and to bridge the gap in health inequalities.
- **Challenges include:**
 - **Enduring inequalities in health**
 - **Impact locally when many factors are shaped nationally and globally**
 - **Inclusion of health and health equity in all policies – Healthy Public Policy**

Delivering for short, medium and long term impact



Next steps

- Evaluate feedback from these early meetings
- Develop a draft strategy for wide consultation in autumn/winter
- Publish a refreshed **Health and Wellbeing Strategy for 2015-2018** by mid 2015

