



haringey strategic partnership

**Haringey's Well-Being Strategic Framework (WBSF)
Equality Impact Assessment
October 2007**

Introduction

This Equalities Impact Assessment consists of six sections. These are:

1. Aims - This section identifies the aims and purpose of the WBSF
2. Information and Evidence - This section sets out the relevant information considered in carrying out the assessment.
3. Assessment of likely impact - This section assesses whether the WBSF will have significant consequences for any particular equalities groups.
4. Consideration of alternatives - This section considers ways to minimise any adverse impacts found in the assessment.
5. Monitoring and Reviewing Arrangements
6. Publishing the Impact Assessment

1. Identifying the aims

1.1 The aims of the Well-Being Strategic Framework

The purpose of the WBSF is to bring together in one coherent strategic framework the many existing diverse strategies for improving well-being in Haringey. It incorporates priorities and strategies from existing local and national plans and strengthens partnership working to further the well-being agenda. The Framework is not itself a strategy and does not contain substantive new strategy development.

WBSF is centred upon the seven outcomes in the government White Paper, *Our Health, Our Care Our Say (OHOCOS)*.¹ The outcomes, which are listed below, are used in inspections by the Commission for Social Care Inspection (CSCI).

The seven outcomes are:

1. Improved health and emotional well-being
2. Improved quality of life
3. Making a positive contribution
4. Increased choice and control
5. Freedom from discrimination or harassment
6. Economic well-being
7. Maintaining personal dignity and respect

The Framework is intended to support all people aged 18 years and over in Haringey. Its aim is **'To promote a healthier Haringey by improving well-being and tackling inequalities.'** The vision is that **'All people in Haringey have the best possible chance of an enjoyable, long and healthy life.'** This vision will be applied to any service that people in Haringey come into contact with by ensuring that:

- Organisations communicate better with each other and with residents themselves
- Plans for delivering services for adults aged 18 years and over take their needs, views and preferences into account
- The diversity of all Haringey's communities and the different aspirations of individual people are valued and responded to appropriately

Well-being is a complex multi-faceted concept with many different definitions. For the purposes of the WBSF, the following broad definition of well-being has been adopted:

Local residents, statutory, voluntary, community and commercial organisations all have a role to play in improving well-being. This includes access to health and care services; access to appropriate leisure and educational services; access to employment; and, opportunities for a healthier lifestyle.

The Framework is the responsibility of the Well-being Partnership Board (WBPB), one of the thematic boards sitting under the Haringey Strategic Partnership (HSP), which is primarily responsible for improving well-being. Haringey Council's Adult Culture and Community Services (ACCS) Directorate has taken the lead in organising the development of the WBSF by setting up a joint project group with representation from throughout Haringey Council, Haringey Teaching Primary Care Trust (HTPCT), Haringey Association of Voluntary and Community Organisations (HAVCO) and other voluntary and community organisations. A discussion draft

¹ *Our Health, Our Care, Our Say*, White Paper, Department of Health 2006
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453

and accompanying implementation plan was presented to thematic partnerships for discussion between June and September 2007. The final draft is being presented to the WBPB on 22 October 2007.

The Implementation Plan uses the same OHOCOS outcomes to organise the delivery of the targets from the related strategies which make up/ are included in the WBSF. The resulting integrated composite of priorities and targets should contribute to more effective delivery and monitoring of the well-being agenda.

The Framework identifies priorities for the three year period from 2007-2010 and lays the foundation for rethinking the approach to promoting well-being in Haringey. The Framework will also provide a context for the future development of new strategies. The key priorities identified within each outcome will be reviewed on an annual basis and will inform future plans. The Framework is underpinned by detailed service specific plans and strategies to improve well-being, some are partnership documents, others organisation specific. Logically, plans and strategies addressing well-being should stem from it. However, as this is the first strategic vision for well-being in the borough, the existing strategies and plans, which are meant to flow from it, have been used to formulate the Framework itself. Once it is in place, future well-being plans and strategies will be written using it as a starting point.

1.2 Links with the Sustainable Community Strategy

The Framework builds on the responsibilities contained within the Local Government Act 2000. This gives the HSP the power to promote the economic, social, and environmental well-being of the local community through the Sustainable Community Strategy, which provides the overarching direction for the borough. The vision of the new Sustainable Community Strategy for 2007-2016 is:

A place for diverse communities that people are proud to belong to.

The table below shows the links between the priorities of the Sustainable Community Strategy and the outcomes of Well-being Strategic Framework.

Sustainable Community Strategy Priorities	Well-being Partnership Board Outcomes
People at the heart of change	Improved quality of life; Making a positive contribution; Freedom from discrimination or harassment; Maintaining personal dignity and respect; Increased choice and control.
An environmentally sustainable future	Improved quality of life Economic well-being
Economic vitality and prosperity shared by all	Improved quality of life Economic well-being
Safer for all	Improved quality of life, including personal safety Freedom from discrimination or harassment
Healthier people with a better quality of life	Improved health and emotional well-being Improved quality of life Increased choice and control Freedom from discrimination or harassment Maintaining personal dignity and respect
Be people and customer focused	Making a positive contribution; Increased choice and control.

1.3 Local Area Agreement 2007-2010

The LAA is an essential part of the delivery mechanism for the Sustainable Community Strategy. The LAA is one of the key drivers to help focus, measure and improve performance.

Improving the health and well-being of Haringey residents is a cross-cutting theme in Haringey's LAA. It provides an opportunity to direct plans and resources to improve health and well-being enabling its residents to adopt healthy choices and ways of living.

In addition to the mandatory targets around decreasing health inequalities in the borough, a targeted approach focuses on people living in deprived areas, those with mental health problems, and older people. We have prioritised the following major determinants of health inequalities in the borough:

- Smoking
- Lack of physical activity
- Quality of housing
- Low income

2. Relevant information and evidence considered in carrying out assessment

2.1 Haringey's demographic profile

- In 2006 Haringey's population was 224,500; a 0.1 per cent increase on the mid-2004 population of 224,300²
- Haringey is an outer London borough with inner London challenges. It ranks as one of the most deprived boroughs in the country with 7.7 per cent of the economically active (i.e. those working or actively seeking work) population unemployed in March 2006. This is more than twice the Great Britain average of 3.6 per cent
- Between 2006 and 2011 the GLA estimates suggest that Haringey will be home to 7,500 more people of working age (20-64 years), and nearly 1,700 more people aged over 50. There will be a substantial increase in children aged under 5 (up by 960) and the number of children aged 5 to 19 years may decrease slightly
- 18.5% of those living in Haringey are age 14 and under; 77.9% are age 18 and over; 16.8% are aged 55 and over; and, 9.4% are aged 65 and over³
- There was a 2.9 per cent (500) reduction in the 20 to 24 age group and there was no change in the number of people between the ages of 50 to 74
- The number of 65-74 year olds is expected to decrease by 4.6% or 530 fewer residents over the next five years to 2011
- The fastest growth rate (in terms of age) was amongst the 85 to 89 age group at 7.7 per cent (100)
- The working-age population increased slightly to 155,400 over the year - a growth rate of 0.06 per cent (100)
- The Haringey population continued to be evenly balanced in terms of gender with there being 112,700 males compared to 111,800 females – a ratio of 50:50
- Haringey is one of the most ethnically and culturally diverse in the country, with over half its population coming from a black or minority ethnic background.
- 66 per cent of the population is from the White ethnic group, 7% from the Asian ethnic group and 20% from the Black ethnic group, compared to 71%, 12% and 11% respectively in London as a whole
- Approximately 193 languages are spoken in the borough
- 10% of the total population is made up of refugees and asylum seekers
- Haringey is both economically and socially polarised. It is the fifteenth most deprived Borough in England, and the 5th most deprived in London
- 50 per cent of Super Output Areas (SOAs)⁴ in the Tottenham Parliamentary Constituency (east of the borough) are amongst the 10% most deprived in the country. However, fewer

² 2005 mid-year population estimates: Full Briefing August 2006, Haringey Council

³ 2005 mid-year population estimates, Office for National Statistics

<http://neighbourhood.statistics.gov.uk/dissemination/LeadKeyFigures.do?a=7&b=276756&c=Haringey&d=13&e=13&g=335694&i=1001x1003x1004&m=0&enc=1>

than 10% of SOAs in Hornsey and Wood Green (west of the borough) Parliamentary Constituency are amongst the 10% most deprived in the country

- A majority of service users live in the east of the borough rather than the west (based on 2005-6 data).
- The police dealt with 1792 domestic violence offences in Haringey in 2006- 2007⁵.
- Based on national averages the costs of domestic violence for Haringey are £ 97.19 million in total⁶
- 952 people in Haringey were living in a same-sex relationship in 2001⁷
- There were 31 civil partnerships in Haringey in December 2005, when civil partnerships became legal⁸ and 188 in 2006⁹

2.2 Comparing Haringey with England as a whole

- Haringey has a relatively young population, although the number of people aged 75 or more is set to increase. This is the age group which has most complex health needs. More people from Black and Minority Ethnic (BME) communities moving to older age groups have specific needs
- There is more violent crime, but average for London
- GCSE achievement is below England as a whole and there are more teenage pregnancies (well above the London average)
- More older people are supported at home than the national average
- It is estimated there is less binge drinking and obesity, and better diet
- Life expectancy is low for men and women. Residents are more likely to die of smoking, and heart disease and stroke compared to England as a whole, infant deaths are higher
- Road injuries and deaths are high, as they are in most of London
- People of Haringey are more likely to be feeling in poor health than in England as a whole
- There are fewer patients recorded by GPs as having diabetes and some other long term conditions than average.
- Although, overall, people in Haringey are living longer healthier lives than they did 20 years ago, on average they still die younger than people in England as a whole. In addition, there are substantial differences in health between neighbourhoods within the borough.

2.3 Local Area Agreement 2007-2010 and Equalities

LAA Mandatory Targets

From April 2007 the LAA requires Haringey to meet the following mandatory targets relating to poor health which significantly impact on well-being:

- Reduce health inequalities between Haringey and the England population by narrowing the gap in all-age, all-cause mortality.
- Reduce directly standardised mortality rates from circulatory diseases in people under 75, so that the absolute gap between the national rate and the rate for the district is narrowed, at least in line with Haringey Teaching Primary Care Trust's Local Delivery Plan trajectories for 2010.

⁴ Super Output Areas (SOAs) are a statistical geography published by the Office for National Statistics. They are made up of three hierarchical layers: lower, middle and upper that all fit within the Borough boundary. It is intended that SOAs will replace electoral wards as the basis for small area statistics.

⁵ Data supplied by Haringey Council's Domestic Violence Co-ordinator

⁶ Extract from speech by Davina James-Hanman at Haringey Domestic Violence Stakeholders Conference, 8 June 2005

⁷ <http://neighbourhood.statistics.gov.uk/dissemination/LeadTableView.do?a=7&b=276756&c=Haringey&d=13&e=16&g=335694&i=1001x1003x1004&m=0&enc=1&dsFamilyId=201>

⁸ http://www.gro.gov.uk/Images/CP_PR_31Jan06_tcm69-31882.pdf

⁹ http://www.statistics.gov.uk/downloads/theme_population/Tables_2_to_5_Area.xls

- Reduce health inequalities between the most deprived neighbourhoods and the district average, using indicators that are chosen in accordance with local health priorities and will contribute to a reduction in inequalities in premature mortality rates.

Other Targets for Improving Well-being

Haringey's Other LAA Targets

The following stretch and optional targets from the LAA will contribute to the mandatory LAA target to reduce health inequalities between the most deprived neighbourhoods and the district average:

- Increase smoking cessation
- Increase the number of physically active adults
- Improve living conditions for vulnerable people, making housing energy efficient and safe
- Increase the number of schools with healthy schools status

An Equalities Impact Assessment was done on the LAA by Haringey Council's Equalities Team.¹⁰ The information in this section is taken from that EIA:

The EIA states that the four blocks of the LAA and the mandatory targets and indicators may impact on particular equalities groups, however they have been set by government and are based on national priorities and agendas. One way in which equalities impacts are controlled is by ensuring that any targeting is balanced by borough wide indicators so that any displacement is controlled for. The mandatory targets have undergone a review by the Equalities Team and are not considered discriminatory. The targets in the LAA linked to specific strands and/or which focus on specific demographic areas were also reviewed by the Equalities Team for their equalities impact.

The following examples of targets have been identified in the LAA EIA as having positive equalities impacts:

Geographical target-setting; ethnicity, religion, gender and disability from LAA Healthier Communities and Older People Block

Encouraging smoking cessation in N17 (stretch target)

N17 has been selected as a specific focus because:

- N17 has the areas of highest deprivation in the borough and indeed in the country. Smoking rates are higher in more deprived areas. This links to relatively high smoking rates and smoking related mortality and morbidity. The report *Tobacco in London: The preventable burden*¹¹ suggests that every year in Tottenham there are:
 - 130 deaths related to smoking
 - 600 hospital admissions
 - at a cost of nearly £1.4m (as at 2004)
- Nationally as at 2004 32% of manual workers smoked compared to 21% of those in non-manual occupations.¹² One of the national targets to tackle the underlying determinants of ill health and health inequalities is to reduce adult smoking rates (from 26% in 2002) to 21% or less by 2010, with a reduction in prevalence among routine and manual groups (from 31% in 2002) to 26% or less.
- Recent estimates from GP practices suggest that people registered with GP practices in N17 have a smoking prevalence of 28% whereas people registered with other Haringey practices have a prevalence of around 25%.

Gender

¹⁰ http://harinet.haringey.gov.uk/index/council/strategiesandpolicies/local_area_agreement.htm#teia

¹¹ Callum C & White P, Tobacco in London: The preventable burden. Smokefree London & London Health Observatory, March 2004.

¹² Chief Medical Officers Annual Report, Second Hand Smoke Kills, 2002

Safer and Stronger Communities Block

Sanctioned detection rate for domestic violence offences

Reasons why this target was selected are:

- Recorded domestic violence offences have steadily increased over 2003-2005 (calendar years) with totals of 3,032 in the year 2003, 3,388 in 2004 and 3,706 in 2005. Of all violent crime types, particular emphasis is placed upon domestic violence due to the low-levels of this offence being both reported and recorded.
- The majority of victims are women. In the period January to June 2006 there were 528 (82.9%) female victims compared to 109 male victims.
- Of the 1124 cases of domestic violence, Hearthstone Haringey's domestic violence advice and support centre last year, 95% of perpetrators were men and 97% of victims were women.
- 2.5% of domestic violence cases in 2006 were same sex relationships.
- Domestic violence is a crime that has long term impacts on all family members especially on children's well-being, mental health and education and the victim's mental and physical health.
- Domestic violence also occurs in all communities but for some victims it is harder to report and seek help due to cultural or legal factors for example Muslim women who are asylum seekers.

Domestic violence impacts across all of the equalities groups, thus highlighting the importance of addressing this issue. This stretch target goes some of the way to doing this.

Age

Targets which will positively affect older people

- Percentage of adults participating in at least 30 mins of moderate intensity sport and active recreation.
- Improve access to a range of day opportunities
- Improved living conditions for vulnerable people ensuring that housing is made decent, energy efficient and safe.

Sexuality

- 2.5% of Domestic violence cases reported in 2006 were of same sex partners. One mandatory LAA target of increasing the use of the Hearthstone Domestic Violence service by under-represented communities, including same-sex couples should have a positive impact.

3. Assessment of likely impact

Measuring Well-being

The HSP recognises that well-being is closely linked to health and that substantial differences in health between different neighbourhoods are determined by broader inequalities. These inequalities are evident locally as the life expectancy experienced by our population remains lower than for England as a whole. Whilst overall people in Haringey are living longer, healthier lives than they did 20 years ago, this is not enough to close the gap on national figures. Tackling these will have a beneficial impact on the overall health and well-being of the borough's residents.

The key floor target for well-being in the borough, and the target to which the Well-being Partnership Board and the Framework will work, is to reduce inequalities in life expectancy by 2010 as follows:

Reduce the gap by at least 10% between the fifth of areas with the lowest life expectancy at birth and the population as a whole (DH PSA 2).

The Local Area Agreement (LAA) provides an opportunity to focus plans and resources to improve health and well-being, particularly in deprived areas, and to develop opportunities to

enable people to adopt more healthy choices and ways of living. Therefore, Haringey's LAA includes an overarching theme of 'improving health and well-being' in the borough.

LAA EIA states:

Some stretch targets were weighted towards particular groups such as BME groups or those with disabilities, however the government required borough wide indicators to be included for these targets so there is no negative impact or perverse incentive across the borough as a whole. For example the smoking cessation target focussing specifically on N17 includes a borough wide indicator to ensure that this does not reduce overall quitters rates across the Borough. Also the target to increase physical activity impacts positively on all equalities groups as it aims to increase levels of physical activity across Haringey, with a specific focus on the east of the borough, targeting those from priority groups (i.e. women, BME groups, people with a limiting disability, people from lower socio-economic groups and older people) who are amongst the least active.

All targets however are addressing an identified need and in this way are having a positive equalities impact and assisting in reducing inequality for a range of areas and communities. For example, the wards selected for the assisting people from disadvantaged groups and wards into sustained work target, those from the SSCF Worklessness Programme, suffer from severe deprivation and suffer the worst labour market position relative to the rest of the Borough. These wards also contain the highest levels of claimants. By targeting specific equalities groups such as women, BME groups and disabled people with significantly lower than average employment rates, the worklessness programme will not only address the needs of the most disadvantaged but will also have the greatest impact in reducing the overall claimant count in the borough.

The three wards selected for the litter and detritus target, Northumberland Park, Noel Park and Bruce Grove generally have higher levels of litter and detritus than the rest of the borough and are therefore the focus of this stretch target. There will be a positive impact on a number of equalities groups as these super output areas have large populations of young people, particular minority ethnic groups and those on Incapacity Benefits/Severe Disablement Allowance.

By increasing the uptake of Council Tax and Housing Benefit amongst eligible individuals, this target will have a positive impact on those deprived groups including ethnic minority groups and older people for example that are entitled to benefits but are not yet receiving them. This target is clearly addressing groups in greatest need by directing assistance at those who are not receiving their entitlements.

Summary of likely equalities impact

Initiatives and programmes to address inequalities are integrated into all of the seven user focused outcomes and are expected to improve outcomes for disadvantaged groups as summarised in the following table.

No.	Outcome	Objective	Likely Equalities Impact
1	Improved health and emotional well-being	To provide opportunities for leisure, socialising and life-long learning, and to ensure that people are able to get out and about and feel safe and confident inside and outside their homes	Particularly from disadvantaged ethnic minority groups, older people and disabled people in the east of the borough who presently suffer inequality in health and emotional well-being
3	Making a	To encourage opportunities for	Older people, women and disabled

	positive contribution	active living including getting involved, influencing decisions and volunteering	people in particular will benefit.
4	Increased choice and control	To enable people to live independently, exercising choice and control over their lives	Older people and disabled people in particular will benefit.
5	Freedom from discrimination or harassment	To ensure equitable access to services and freedom from discrimination or harassment	Everyone will benefit, especially groups which have historically suffered discrimination and harassment on grounds of race, sex, disability, religion, age and sexuality.
6	Economic well-being	To create opportunities for employment and to enable people to maximise their income and secure accommodation which meets their needs	Will benefit all especially the most economically disadvantaged by impacting positively on people on low income and in poor accommodation across the borough.
7	Maintaining personal dignity and respect	To ensure good quality, culturally appropriate personal care and prevent abuse of service users occurring wherever possible and to deal with it appropriately and effectively if it does occur	Quality and culturally appropriate personal care will benefit all, Preventing abuse will benefit all, especially older people and disabled people

Outcome 5 *Freedom from discrimination or harassment* and its related objective specifically addresses the need to ensure equitable access to services and freedom from discrimination or harassment.

Consultation.

Whilst developing our priorities for improving well-being locally we have involved service users and carers in the following ways:

- *Better Living for older People* conference (2004) attended by 450 older people
- Reference group of 33 older people (2004-5) who identified priorities for action which are included in *Experience Counts* and will now be taken account of further in the *Intermediate Care and Rehabilitation Strategy*
- *Healthier Haringey Event* (2006) for staff and voluntary sector organisations to determine local priorities to meet the *Choosing Health Agenda*
- Consultation event (2006) with users and carers to discuss priorities for inclusion in the LAA
- Event (2007) to discuss the DH draft *Commissioning Framework for health and well-being*

Extensive consultation was also undertaken during 2006 to develop the new Sustainable Community Strategy for 2007-2016. In June 2007 the draft WBSF was circulated to all the thematic partnerships of the WBPB, and the HAVCO well-being theme group. Comments were invited and incorporated into the final version. An accessible version was produced and presented to the Learning Disabilities Partnership Board.

Conclusions of assessment

The WBSF is not expected to have an adverse impact on any groups nor lead to direct or indirect discrimination. Overall, it will have a positive impact on the borough as a whole by

improving health outcomes for all and by addressing the health inequalities identified in WBSF through actions and targets aimed at those groups with the most needs in specific health areas.

- Many of the existing strategies and plans which it brings together, for example the LAA, have already successfully gone through an EIA. Future strategies and plans on well-being, which come under the aegis of the Framework, will be developed with the aim and vision of the Framework in mind and will themselves be equality impact assessed. In fact, implemented and monitored as planned, the Framework's aim '**To promote a healthier Haringey by improving well-being and tackling inequalities**' and the vision that '**All people in Haringey have the best possible chance of an enjoyable, long and healthy life**' should be met.
- Value can be added to the effective development, delivery and monitoring of the national and local well-being agenda, including equalities, by bringing all the well-being work of all the major partners in the borough together.
- Equalities issues are cross-cutting and complex, particularly where multiple inequalities are involved and require a partnership approach to future planning. Where well-being is concerned the WBSF should enhance this and ensure that equalities issues are mainstreamed across the work of the partners for the benefit of the borough's residents.

4. Ways of minimising adverse impact

Not applicable

5. Monitoring and reviewing arrangements

The EIA will be reviewed as part of the annual review of the WBSF. The actual impact of the WBSF on equalities groups will be monitored using the Council's or an appropriate equalities monitoring framework. Where negative impacts are identified or outcomes fall significantly short of targets, corrective measures will be taken. When new strategies are developed within the framework they will each have their own EIA done.

6. Publish and communicate

This EIA will be published on the Council website. A summary version and an accessible version of the WBSF will be produced and will be widely available.