



Haringey Health and Wellbeing Board

Haringey's Health and wellbeing strategy 2015-2018

**All children, young people and adults live healthy, fulfilling and long
lives**

Contents

Introduction	4
Summary: Haringey Health and Wellbeing Strategy 2015-2018	5
What influences our health and wellbeing?	7
Role of the Health and Wellbeing Board	8
Purpose of this strategy	8
Background	9
Process	9
Our vision, ambitions and priorities	10
Principles underpinning the strategy	11
Approach to delivery	11
Priority 1: Reducing obesity	12
Priority 2: Increasing healthy life expectancy	17
Priority 3: Improving mental health and wellbeing	22
Appendix 1 – Key Performance Indicators	25
Appendix 2 – Delivery Plan	27
Appendix 3 – Related strategies and plans	32
Appendix 4 – Funding	35
Glossary	36
Notes	37

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Introduction

Haringey is a borough of great assets and enormous opportunity. We have fantastic parks and open spaces, some of the best schools in the country and our transport links provide good access to employment opportunities within London. Many of our residents are thriving and happy with their lives and health.

However, a big issue for us is that many people experience a range of challenges that mean their health and wellbeing are not as good as they could be. This affects how healthy they are as they age and how early they die - on average, men in the poorer wards of our borough die 8 years younger than men in the wealthier wards; this difference is 3 years for women. There would be a similar difference in how healthy people are as they age. Inequalities in health due to people's different social circumstances are, quite simply, unfair.

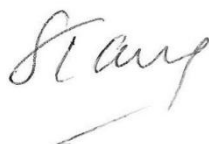
Mental ill health is also a big issue for Haringey, and again shows inequalities. We need to make sure that the mental health of our residents gets as much attention as their physical health.

The rise in obesity, in children in particular, is very worrying. Becoming overweight as a child means they may already experience problems of poor health or self-esteem. But it also means that they are storing up real problems for the future.

No organisation can tackle these issues on their own. We all need to work together – residents and community groups working with the Health and Wellbeing Board and its partners. This strategy is about how we focus our efforts to do that.












Councillor Claire Kober
Leader of Haringey Council
Chair of the Health and Wellbeing Board



Dr Sherry Tang
Chair of Haringey Clinical Commissioning Group
Deputy Chair of the Health and Wellbeing Board

Summary: Haringey Health and Wellbeing Strategy 2015-2018

Our vision:	All children, young people and adults live healthy, fulfilling and long lives					
Our ambitions:	 Fewer children and young people will be overweight or obese	 People can access the right care at the right time	 More adults will have good mental health and well-being	 More adults will be physically active	 More people will do more to look after themselves	 More children and young people will have good mental health and well-being
	 Every resident enjoys long lasting good health			 Haringey is a healthy place to live		 People experiencing Mental Health crisis will receive the care they need when they need it
Our principles:	Tackling inequalities Prevention and early help and support		Working with communities			
Our priorities:	Reducing obesity		Increasing healthy life expectancy		Improving mental health and wellbeing	
Why have we chosen these?	<ul style="list-style-type: none"> Obesity in the UK is rapidly rising; related long-term conditions reduce life expectancy by an average of nine years Overweight children are more likely: to be ill and absent from school; to be bullied; to become overweight adults Haringey has significant numbers of overweight children – an estimated 13,675, with 1 in 4 Reception children and 1 in 3 Year 6 children overweight or obese Obesity is closely linked to deprivation - Year 6 children living in deprived areas are 2.5 times more likely to be overweight or obese than those in more affluent areas. Many people with learning disabilities have a problem with obesity 		<ul style="list-style-type: none"> On average, women in Haringey live the last 23 years of life in poor health ('unhealthy life expectancy') and men live the last 20 years of life in poor health. There are also large inequalities in life expectancy between the east and west of the borough (on average 8 years for men; 3 years for women) Long-term conditions – health problems such as heart disease and diabetes that cannot be cured but can be controlled – are the major causes of early death and poor health The number of people with long-term conditions is increasing; this is related to increases in physical inactivity, poor diet, alcohol misuse 		<ul style="list-style-type: none"> Mental health and wellbeing have a great impact on our ability to live happy and fulfilling lives Poor mental health increases the risk of long-term conditions. In Haringey an estimated 3000 children and young people have some form of mental health problems at any time; over 34,500 adults will have a common mental disorder (anxiety or depression) About 4000 adults with severe mental illness live in Haringey; a low percentage of these adults are in employment or settled accommodation Suicide rates are 33% higher than the London average Despite high levels of mental illness in Haringey, a large proportion of our residents 	

			do not seek help
What would a healthier Haringey look like?	<ul style="list-style-type: none"> • Healthy lifestyle change is a part of all strategies and policies • More mothers breastfeed • More children, families and adults eating healthier options and are more active • More schools achieve their Healthy School awards • We stop the rise in childhood obesity. 	<ul style="list-style-type: none"> • A borough that enables people to make the healthy choice the easy choice • More people aging well and fewer people with long-term conditions • More people able to self-manage their long-term conditions with support from quality primary care services. • Fewer caring relationships will break down • Fewer people feel alone • Fewer emergency admissions to hospital for people with long-term conditions. • An improvement in healthy life expectancy for men and women in all parts of the borough. 	<ul style="list-style-type: none"> • More people with mental health problems will recover and be able to participate in their communities; • More people with mental health problems will have good physical health • More people with mental health problems will have employment and live in settled accommodation • More people will have a positive experience of care and support, including carers • More people who use services will feel more in control of their life • Fewer people will experience stigma and discrimination
Related strategies	This strategy complements the council's corporate plan, local NHS (CCG) 5-year strategy, NHS North Central London 5-year plan and Community safety plan		

What influences our health and wellbeing?

It's not just a case of genetics – where we are born, study, work and retire affects our health and wellbeing. Poor quality housing, low educational attainment, unemployment, lack of leisure facilities, air pollution and a range of behavioural factors – such as smoking, physical inactivity, excessive alcohol, overweight and poor diet and social isolation – influence our ability to stay mentally and physically healthy and flourish.

Some of these behaviours are established at a young age – we know that obese toddlers are more likely to grow into obese children and obese children are more likely to grow into obese adults. So to give children their best chance of a healthy future, we need to start encouraging healthy eating and physical activity early.

A good start in life is also a key part of ensuring good mental health and wellbeing through life. For babies and young children, care and development are strongly linked, and the bond between baby and parent or carer is crucial.

Unhealthy behaviours have led to the rise in 'long-term conditions' (health problems such as diabetes that cannot be cured but can be controlled by medication or other therapies) and the increase in years spent in poor health. People with long-term conditions are more likely to experience mental health issues like depression and anxiety.

Obesity, long-term conditions and poor mental health are more common in people who live in more deprived areas – contributing to the significant health inequalities in our borough.



While some change can be brought about by the NHS, other actions need to be taken by the local authority and other statutory partners, businesses and employers, and local residents and communities. Indeed the NHS has acknowledged¹ that while the health service has improved dramatically over the past 15 years, the quality of care can be variable, preventable illness is widespread and health inequalities deep-rooted. It argues that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain depend on a radical upgrade in prevention and public health – this is a core principle of this strategy.

Role of the Health and Wellbeing Board

By law, every local authority is required to have a [Health and Wellbeing Board](#) (HWB), which is a committee of the local authority.

In Haringey the HWB is a small, decision-making partnership board. Members include councillors, the local authority's public health team, adult and children's services, the NHS (including local GPs), Healthwatch and the Community and Voluntary (VCS) sector. However, improving health and wellbeing in the borough is not the sole responsibility of one or two organisations; the responsibility is shared among us all.

The Health and Wellbeing Board (HWB) takes the lead in promoting a healthier Haringey. It has a general duty to promote the individual wellbeing of all local residents (Care Act 2014).

It has a duty to develop a [joint strategic needs assessment](#) (JSNA) and a Health and Wellbeing Strategy to prioritise effort to address needs identified by the JSNA.

Purpose of this strategy

This strategy will enable:

- all partners to be clear about our agreed priorities for the next three years
- all members of the HWB to embed these priorities within their own organisations and ensure that these are reflected in their commissioning and delivery plans
- key agencies to develop joined-up commissioning and delivery plans to address these priorities

- the HWB to hold member organisations to account for their actions towards achieving the priorities within the strategy
- members of the HWB to work with and influence partner organisations outside the HWB to contribute to the priorities and the approaches for working agreed within this strategy; this includes engaging residents in co-producing solutions.

The strategy will focus on a small number of priority areas to ensure these receive the required level of attention from the Board. The delivery plans that support each of these will set out the detail of how we will measure progress and achievement.

How we will measure success

- The inclusion of the priorities and approaches in the commissioning and delivery plans of board members and wider partners
- Monitoring the impact of our commissioned work
- Monitoring of the key Outcomes Frameworks
- Engagement with and learning from stakeholders and the community

Background

In recent years, there has been significant change across the health and wellbeing policy landscape. There are a number of policies and programmes, (national, regional and local) that the Health and Wellbeing Strategy must take account of, complement and implement. They include:

- Implementation of the Care Act
- Implementation of the Children and Families Act
- London Borough of Haringey Corporate Plan
- Haringey CCG Five Year Plan
- The London Health Commission's *Better Health for London* strategy

All of these policies and programmes share common outcomes;

- Better health, for longer, for everyone
- Improved wellbeing
- Reducing health inequalities
- Enabling people to be in control of their lives
- Resilient communities
- Safety (protection from abuse and neglect)

and lay out common principles:

- An approach that considers the health of all residents
- Tackling stigma and discrimination

- Prevention and early help – including supporting children to get the best start in life
- Strong, collaborative partnerships
- Working with communities
- High quality services that are joined up around individuals, and community needs, not those of the institutions providing services
- Promoting self-care and independence, underpinned by the right support
- Considering the impact on health and wellbeing of the environment, housing, and education

These outcomes and principles are strongly reflected in the Health and Wellbeing Strategy 2015-18 – having shaped the underlying vision, key priorities and approach to delivery. This ensures that the implementation of the Strategy can be pursued in an integrated way with all partners responsible for health and wellbeing in Haringey.

Process

In May 2014, the Health and Wellbeing Board began a programme to refresh the [2012-2015 Health and Wellbeing Strategy](#). The programme (see www.haringey.gov.uk/refreshing-hwb-strategy.htm) included:

- A review of the current strategy through a series of meetings with key stakeholder groups, and a workshop, survey and focus groups with the voluntary sector and residents organised by Healthwatch and HAVCO (see:

<http://www.haringey.gov.uk/index/council/haveyoursay/ourtomorrow.htm>).

- Reviewing the joint strategic needs assessment (JSNA) www.haringey.gov.uk/JSNA
- Identifying areas where the HWB needs to take a strong strategic lead.

The review showed that there have been improvements in health and wellbeing in the borough, including a reduction in infant mortality and teenage pregnancy and an increase in life expectancy.

However, some things are not going well at the moment – many people are becoming overweight and obese from an early age, developing long-term conditions at a relatively young age, and there are significant numbers of people with mental health issues. Unfortunately this is more likely in poorer areas of the borough where people face multiple challenges – this leads to inequalities in health, particularly in life expectancy.

There was a strong acknowledgement of the importance of factors such as the environment, housing, environment and education and their impact on health and wellbeing.

The review also stressed the importance of individuals and communities looking after their own health and wellbeing – and being actively involved in policy or service changes - needed to support this.

However the complexity of these issues, and the need for a longer-term consistent approach to address them was also recognised. Finally, there was support to continue the work that

was started by the previous strategy (2012-2015) – and this strategy can be seen as a continuation of that, but with more focused effort and clearer principles for action.

Our vision, ambitions and priorities

Our vision is to work with communities and residents to reduce health inequalities and improve the opportunities for **all children, young people and adults to live healthy, fulfilling and long lives**

To achieve this vision, we have identified 9 ambitions for the future health and wellbeing of Haringey residents:

1. Fewer children and young people will be overweight or obese
2. More adults will be physically active
3. Every resident enjoys long lasting good health
4. Haringey is a healthy place to live
5. People can access the right care at the right time
6. More people will do more to look after themselves
7. More adults will have good mental health and well-being
8. More children and young people will have good mental health and well-being
9. People experiencing mental health crisis will receive the care they need when they need it

Progress towards these ambitions will be measured using the Key Performance Indicators listed in appendix 1.

Principles underpinning the strategy

In addition to the ambitions, the strategy is underpinned by three principles.

1. Tackling inequalities

Inequalities due to residents' different characteristics and social circumstances are, quite simply, unfair. Living in a fairer society with reduced health inequalities has both social and economic benefits. Our actions to tackle underlying factors of poverty and discrimination must be universal, but with a scale and intensity that is proportionate to the level of need in a certain area or community.

2. Prevention and early intervention

Prevention means shifting our focus from treating symptoms to reducing underlying causes. We have to prevent problems starting in the first place by creating environments where the healthy choice is the easier choice. Where problems arise, we need to act in partnership and intervene earlier to work with residents and communities to build on their own skills and capacity and improve outcomes for all.

3. Working with communities

Existing approaches to the delivery of public services traditionally focus on the deficits and vulnerabilities in a population. However, increasingly there is a desire to shift the focus of these services so that they build on residents' and communities' strengths, especially in areas and communities facing many challenges including higher levels of health need. This requires a radical transformation in how the public sector works, and how its

relationship with communities is considered. Services will need to be designed with residents to ensure that every contact promotes independence, self-sufficiency, and a greater sense of self-worth and self-efficacy.

Approach to delivery

To achieve the 9 ambitions, the strategy will focus on three areas where we need to make the most significant and sustainable improvements:

Priority 1: Reducing obesity

Priority 2: Increasing healthy life expectancy

Priority 3: Improving mental health and wellbeing

This is a three year strategy and progress will be monitored every year against delivery plans for each of the priorities. See appendix 2 for the high level delivery plan structure.

For each priority, the key interventions for delivering the strategy are detailed below. There are three types of intervention: borough level interventions, working with communities and support through services.

Priority 1: Reducing obesity

Why this is a priority

Obesity in the UK is rapidly rising. By 2050 it is predicted that 60% of men and 50% of women will be obese.

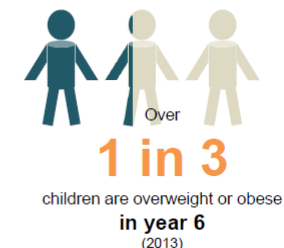
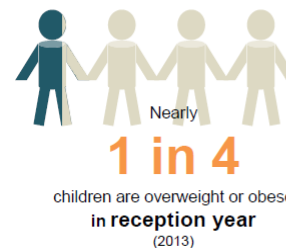
Obesity-related disorders and complications such as diabetes (a long-term condition), increase the time people live in poor health (unhealthy life expectancy) and reduce their life expectancy by an average of nine years. They also place a huge economic burden on health services and the wider economy. For instance, diabetes accounts for 10 percent of the total NHS spend.

Child obesity is particularly worrying because of its short and long-term effects. Obese children:

- are more likely to be ill and therefore absent from school and require more medical care than normal weight children
- are more likely to have tooth decay - the top cause for child non-emergency hospital admissions in most London boroughs
- are more likely to experience bullying and mental health issues including low self-esteem
- are at a higher risk of becoming an obese adult.

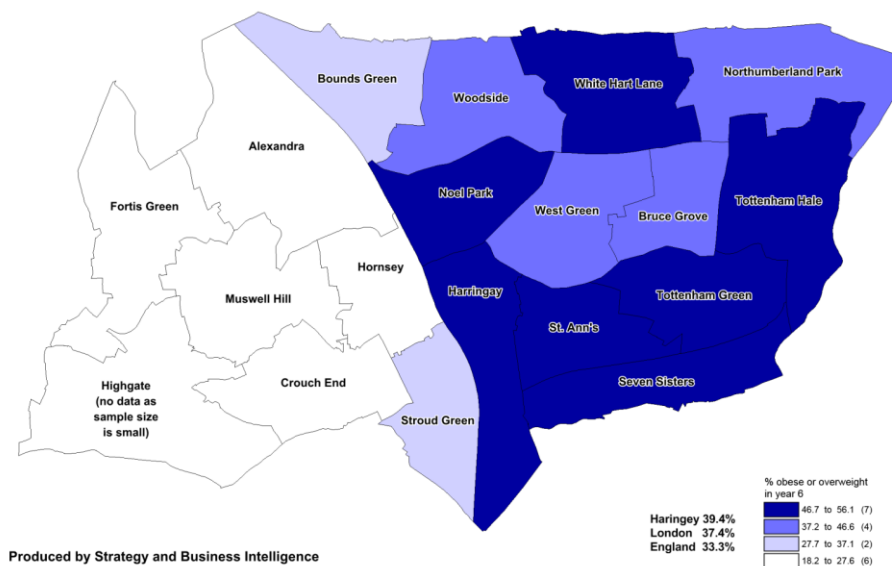
We know that in Haringey:²

1. A higher proportion of children are obese in both Reception (ages 4 to 5) and Year 6 (ages 10 to 11) than London and England as a whole (2012/13).



2. Obesity levels are closely linked to deprivation - Year 6 children living in deprived areas are 2.5 times more likely to be overweight or obese than those in more affluent areas.

% of Year 6 children who are obese or overweight 2013
Haringey wards



3. Children from black and minority ethnic (BME) groups are more likely to be obese than white British children.
4. Many people with a learning disability have a problem with obesity.

5. Our local research with students shows that intake of fast food and sugary soft drinks tends to go up when it is easily available and cheap.

Where do we want to be by 2018?

- Prevention is key - we want the whole community and all of our partners to be committed to and involved in preventing obesity in the first place. We want a culture and environment that supports eating well and being physically active, where the healthier choice is the easier choice.
- We want the rise in childhood obesity to be halted.

What people have told us

Residents have told us that tackling obesity should be the responsibility of individuals, and that communities and the public and private sectors have a significant role to play in creating a healthier environment. More specifically, they told us:

- Inviting, welcoming facilities can help people be more active (e.g. the popular outdoor gyms). There needs to be effective promotion and marketing of these opportunities.
- Increasing the availability of safe places for people to walk, exercise and children of all ages to play
- Responses to the Council's *Investing in our Tomorrow* consultation included:
 - 1 in 3 think individuals could exercise more. One respondent said: *'We should promote the benefits of walking and cycling, for instance by ensuring cycling lanes are part of plans for improving roads.'*

- 42% of respondents think individuals could change their eating habits to eat healthier. *'Eat healthier and take exercise. Limit fast and processed food. Learn to cook and have support in learning how to cook from scratch...'*
- Less unhealthy food. 26.32% of respondents think there are too many fast food shops in Haringey. *'Restrictions on fast food establishments would help.'*
- Affordable and easily available exercise and healthy food options.
- Responses to the Council's public consultation on the Health and Wellbeing Strategy included:
 - 11% of respondents raised the importance of education about healthy living in schools
 - 11% of respondents think cooking classes would help people to eat healthier: *'Developing more family cooking projects will help children and families eat more healthily.'*
 - A number of respondents recognised the link between mental health and obesity: *'Help and support on a psychological level can also have an important role to play in initiatives to reduce obesity'*.
- In a focus group for the consultation, the Learning Disabilities Partnership noted that many people with learning disabilities have a problem with obesity. They felt this priority should include children and adults, especially if they are vulnerable and rely on others to meet their needs.

What are we going to do about it?

Education and personal responsibility are critical elements of any approach to reduce obesity; but they are not enough on their own. Additional interventions are needed that rely less on conscious choices by individuals and more on changes to the environment and societal norms. Such interventions help make healthy behaviours easier. They include reducing default portion sizes, changing the way food is marketed, and changing the urban and school environment to encourage physical activity.

Evidence strongly suggests that any single type of intervention is unlikely to be effective on its own, but many will contribute to a change. A recent report noted 74 cost-effective interventions in 18 areas.³



Similarly, no one part of society – the NHS, council, community groups, traders, restaurants, employers or individuals – can address obesity on their own. All need to be involved.

That is why we are forming a **Haringey Obesity Alliance** – a partnership between the Council, health and care services, schools, local businesses and voluntary and community groups committed to tackling obesity. The Obesity Alliance will provide a platform for partners to advocate, exchange information, and develop joint projects that help create a healthier Haringey. By working in partnership we can ensure that activities to tackle obesity are co-ordinated, effective and sustained.

The Obesity Alliance will be chaired by Haringey Council’s Cabinet Member for Health and Wellbeing and will report to the Health and Wellbeing Board. It will develop, implement and monitor a delivery plan for fulfilling the Health and Wellbeing Strategy’s ambitions around obesity:

1. Fewer children and young people will be overweight or obese
2. More adults will be physically active

See appendix 2 for a provisional Obesity Alliance delivery plan.

The majority of the interventions outlined below will be overseen or directly delivered by the Obesity Alliance, (some are distinct projects to be delivered by the Council).

1) *Create a healthy environment – borough-level interventions:*

Our aim is to create an environment where the healthy choice is the easier choice. One way to do this is for the Council to work with residents, developers and businesses to create healthy-weight environments through strong healthy public policy.

- The way we use the planning system to design our built environment influences the health outcomes of residents. We will work in partnership with planning, regeneration, environmental health, residents and businesses to co-ordinate a long term approach which will create a supportive health-enhancing environment where the healthy choice is the easy choice; for example, where it's easy, safe and enjoyable to play, walk or cycle.
- We will design a policy for the Local Development Management Plan to restrict the over-concentration of fast food outlets within 400 metres of schools. At the same time, we will work with and support schools and academies on their school food policies including their policies on 'open gates' at lunchtimes and possible alternatives.
- Develop a Food Charter with local stakeholders (including businesses and enterprise) to improve our food system.
- Shape the built environment through regeneration in Tottenham, in partnership with residents, businesses and communities as part of the Healthier Catering Commitment Scheme to improve the availability of healthy food.

2) *Work with communities*

Our aim is to work with residents and communities to build their ability to help themselves and others alongside offering 'early help' to those who need it.

- Develop an ambitious programme for resident-led community food growing

- Breastfeeding decreases the risk of obesity so we will continue to support women to breastfeed. Haringey has achieved Level 1 Baby Friendly Accreditation that has created supportive environments for women to breastfeed. Alongside this, the Council is piloting a healthy start vitamin offer, providing vitamins to all pregnant and breastfeeding women and children under four.
- Work with parents of young children to share their experience and learning from the HENRY programme with other parents (parents supporting other parents).
- Continue to work closely with schools to support them in promoting healthy eating, physical activity and emotional wellbeing throughout the whole school community. This includes the Healthy Schools Programme linked with the Smarter Travel and Sport, Leisure and Park initiatives.
- We will train community leaders and interested residents to promote healthy lifestyle messages and information to residents. The public consultation confirmed that many residents are willing to spread healthy lifestyle messages to their peers and associations.
- We will promote opportunities for residents to take part in healthy cooking classes.
- Work with local residents and community leaders to expand the number of Haringey 'Playstreets' – a scheme that allows local children and families to reclaim their neighbourhoods by closing selected streets to through traffic, and turning them into temporary play streets.

- Supporting local businesses to develop healthy workplace policies and programmes to encourage healthy eating choices and increase physical activity levels. The Council and local NHS organisations can take a leadership role in this as they employ a significant number of Haringey residents; as commissioners, they could encourage such practice in providers through contracts.
- Build on links with sports activities (schools, leisure and key partners – e.g. Tottenham Hotspur Football Club) to improve access to and engagement for young people and for adults.

3) *Support through services*

Ensure that tackling obesity is an integral consideration within the Council's transformation programmes such as the Best Start in Life work stream (Priority1), Early Help and the Tottenham regeneration programme, and within NHS plans.

- Transform the health visiting service to enable universal delivery of the Healthy Child Programme (pregnancy to age five) to support prevention and early intervention.
- Ensure that all schools and all professionals who work with children and young people continue to have access to funded child obesity training to enable them to work sensitively and effectively with families.
- Develop and promote obesity pathways to help professionals support children, young people, families and vulnerable groups (such as adults with learning disabilities) who have concerns regarding their weight.

- Ensure all services 'make every contact count'. We will train health and social care professionals and other front-line staff to promote healthy lifestyle messages and information to residents. This will include mental health promotion given the role that mental wellbeing plays in tackling obesity.
- The recently developed Haringey Sports and Physical Activity Framework with its vision of an 'Active Haringey' will help more people to become active through raising awareness of how to integrate physical activity into the daily lives of residents. The framework, developed with partners, includes a particular focus on children and young people.

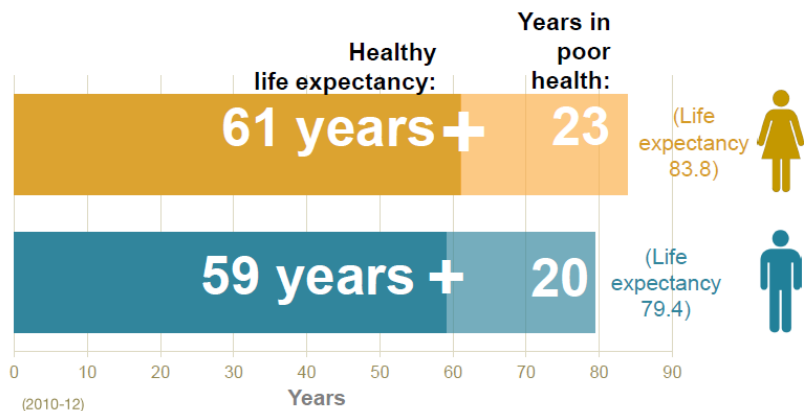
We will know it's working when

- Healthy lifestyle change is embedded as an objective in council, CCG and partners' strategies and policies
- More mothers breastfeed
- More people are eating healthier options. This includes vulnerable groups such as children and young people, and adults - especially those with impairments.
- More children, families and adults, especially those with impairments, are more active and are visiting local sports centres and use the outdoor gyms
- More schools achieve their Healthy School awards. We will strive for 50% of schools to achieve their Healthy School Bronze and 25% to achieve their Silver awards.
- We halt the rise in childhood obesity.

Priority 2: Increasing healthy life expectancy

Why this is a priority

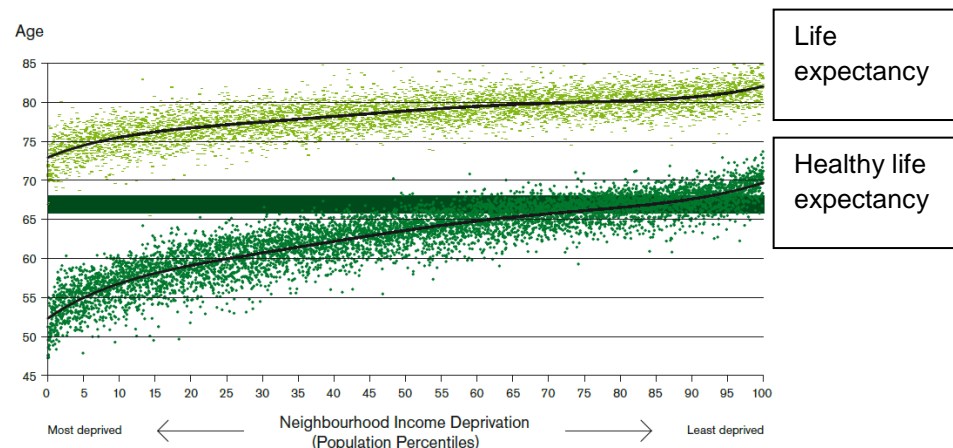
On average, women in Haringey live the last 23 years of life in poor health, compared to 19 years for women in England as a whole. Men in Haringey live the last 20 years of life in poor health, compared with 16 years for men in England.



The major cause of reduced life expectancy and early deaths are 'long-term conditions' – health problems such as cardiovascular disease, diabetes, cancer and respiratory disease that cannot be cured but can be controlled by medication or other therapies. They can have a strong impact on the quality of life of individuals and their families. They increase the risk of mental health problems and affect wellbeing.

Long-term conditions are more common among people from lower socio-economic groups and certain black and minority ethnic (BME) groups (related to a combination of deprivation, discrimination and genetics). They are a major contributor to the

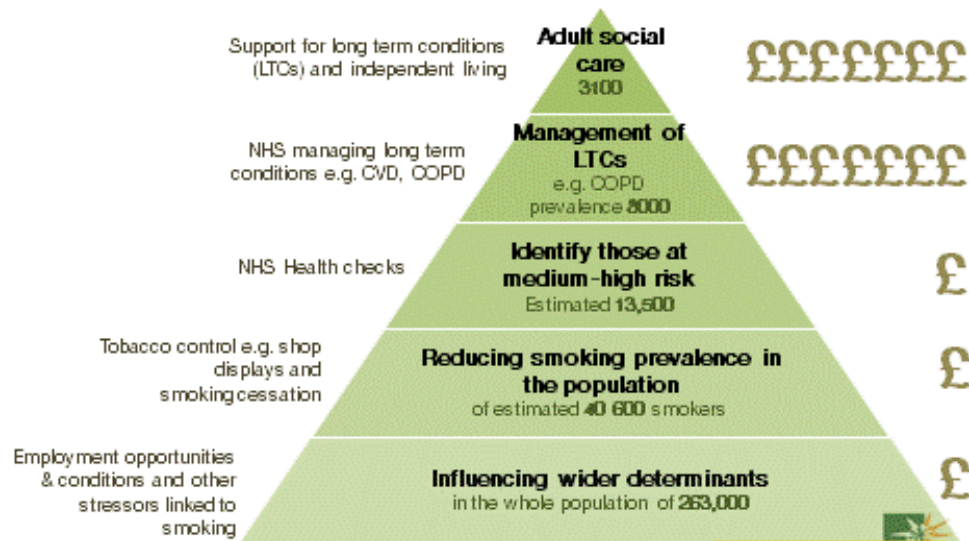
difference in poor health or unhealthy life expectancy within the borough - on average, 8 years poorer health for men and 3 years for women in the east compared to the west. They are also the main reason for the gap in life expectancy between the east and west of the borough. Both are markers of inequality. The figure below shows this strong link across the country.



The number of people with long-term conditions is increasing. This is partly due to the fact that our population is aging, but is also related to increases in physical inactivity, poor diet, smoking and alcohol misuse. The causes of long-term conditions are largely preventable.

Haringey has an estimated 23,895 residents aged 65 or over. An estimated 3 in 4 people over the age of 65 who are registered with Haringey GPs, have at least one long-term condition.

The figure below shows our approach to managing the impact of one behavioural factor – smoking – on health.



What people have told us

At engagement events led by Haringey CCG, local residents said the following would improve care in the borough:

- Better access to GPs and primary care services, particularly in the east of the borough.
- Integration of services across health and social care
- Ensuring that integrated services are accessible to all
- Promoting a holistic approach to health and wellbeing
- Ongoing community engagement to help build strong local networks and promote peer support schemes.
- Better working with the community and voluntary sector. More co-production with community groups to tackle the specific health needs of different communities.

20% of respondents to the Council's *Investing in our Tomorrow* consultation gave specific suggestions about supporting people to age better; one respondent said: *'Support individuals and organisations that care for older people, with funding and with appreciation. Ensure the streets are clean. Introduce better and more police. Better street lights. Better medical services.'*

In focus groups for this consultation residents told us that one of the main barriers to being healthy was a lack of information about having a healthier lifestyle, as well as the cost and accessibility of exercise and healthy food options.

11% of respondents to the public consultation on the Health and Wellbeing Strategy raised the need to tackle social isolation as a contributing factor to long term health conditions, particularly amongst the elderly: *'Reducing the feeling of loneliness can take a lot of pressure off people who live alone, reducing blood pressure, risk of stroke etc'*

Where do we want to be by 2018?

- We want to prevent people from developing long-term conditions, wherever possible. This means we want a borough that enables people to make the healthy choice the easy choice – being more active, eating well, not smoking and not drinking to excess. We want people to be more informed about healthy lifestyles. We want residents to take a more proactive role in their own health and wellbeing (physical and mental).
- We want people who have long-term conditions to feel confident to manage their condition and continue to live a normal life.

- We want residents and communities to play a greater role in supporting people with long-term conditions to live longer and healthier lives.
- We want all people with long-term conditions and their carers to have access to high-quality primary care.
- When people need more complex support, we want them to experience joined up health and social care services.

What are we going to do about it?

1) Create a healthy environment - borough-level interventions:

- We aim to create an environment that prevents people from getting long-term conditions in the first place; if they do develop an illness, this will also support them to manage their conditions better. We will do this by working in partnership with planning, regeneration, environmental health, residents and businesses to create an environment where the healthy choice is the easy choice, so people are more likely to walk and cycle, eat well, stop smoking and not drink to excess
- This will include strengthening tobacco control, and having a consistent approach to local alcohol licensing applications.

2) Work with communities

- We will work with residents, communities and the Community and Voluntary sector (VCS), to equip residents with the skills and knowledge to live healthy lifestyles, for example:
 - Through the Well London Programme with an initial focus on Northumberland Park.

- Through Health Champions to promote healthy lifestyles within their own communities.

- We will support voluntary organisations to improve opportunities for people to actively participate in volunteering.
- We will support people to have improved access to learning and to employment.
- We will promote expert patient/peer support schemes programmes that assist people with LTCs (and their families) to understand their conditions and how to manage them.
- We will work with specific community groups to tackle long term conditions and their risk factors i.e. BME, LGBT groups.

3) Support through services

- We aim to improve services so that people are supported to live healthy lifestyles to prevent them from getting long-term conditions in the first place.
- We will improve services so that people who already have long-term conditions receive early help to have a better quality of life and improved health. This includes reviewing and strengthening self-management programmes to support them and their carers in managing their condition.
- We recognise that unpaid carers play an invaluable role in supporting those they care for in the community, and we will support them to carry on caring and to have a life of their own beyond this responsibility. We will do this through the provision of bespoke carer's assessments and such support as may be required.

Service support to promote healthy lifestyles

- We will implement the Making Every Contact Count programme across primary care, front-line council services and the voluntary sector. This will equip front-line staff to offer advice to people on a range of lifestyle issues including smoking, alcohol, diet, physical activity and mental health.
- We will support social prescribing; enabling GPs to refer people to community initiatives that provide support.
- We will integrate our existing behaviour change programmes including Stop Smoking, NHS Health Checks, Health Trainers and Health Champions and the GP Exercise Referral Scheme, making it easier for residents to get help earlier and in an integrated, holistic way.

Service support for people with long-term conditions

- We will further develop and implement care pathways for diabetes, chronic obstructive pulmonary disease (COPD), cancer and heart failure. We will do this in partnership with people with these conditions and their carers.
- We will develop integrated health and social care locality teams that will use holistic health and social care plans developed with patients and their carers to prevent their long-term condition getting worse.
- When people need support, there will be a single point of access to integrated health and social care services.
- We will further develop the Reablement Service to provide access for a greater number of people. The service will focus

on learning or relearning daily living skills to sustain independence and to prevent readmission to hospital.

- We will strengthen primary care so that it can provide high quality, proactive and holistic services with improved access by:
 - Continuing to support education and training for clinicians and other staff to improve treatment and care.
 - Supporting GP practices to work together so that they can offer improved access to borough residents.
 - Ensuring that there are sufficient GPs for our residents, especially in areas of population growth.

We will know it's working when

- There are more visible, sustainable community-led health initiatives, such as Well London.
- Fewer residents smoke, are overweight, physically inactive or drink to excess
- People report improved access to quality primary care
- More people say they received the support they needed to manage their long-term health condition
- Fewer people with long-term conditions feel lonely
- Fewer caring relationships break down
- Fewer people with long-term conditions have an emergency admission to hospital
- There is an improvement in healthy life expectancy for men and women in all parts of the borough.

Priority 3: Improving mental health and wellbeing

Why this is a priority

Our mental health and wellbeing have a great impact on our ability to live happy and fulfilling lives, achieve our goals, have good social relationships and contribute positively to society. However, 1 in 4 people will experience some form of mental health problem during their lives, ranging from mild anxiety and depression to severe mental illness. Those who experience poverty, unemployment, social isolation, poor quality housing and lower levels of education, or are exposed to violence or substance misuse, are more at risk of developing mental illness.

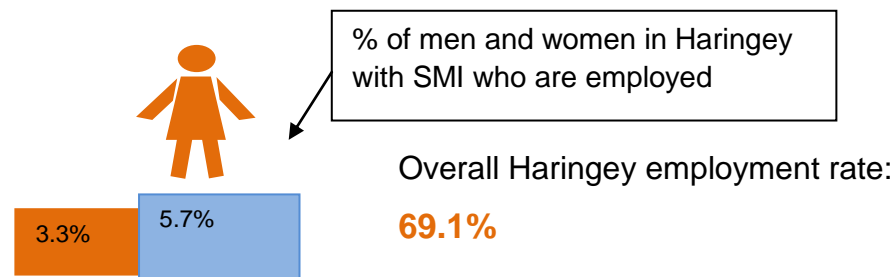
In Haringey:

- it is estimated that over 3,000 children and young people will have some form of mental health problem at any point in time and over 34,500 adults will have a common mental disorder (anxiety or depression)
- there are approximately 4,000 adults locally living with Severe Mental Illness (SMI) - three times more than expected, given the borough's levels of deprivation, unemployment and other factors which impact on mental wellbeing
- Suicide rates are 33% higher than the London average, especially for young men and some black and minority ethnic (BME) groups.

Despite high levels of mental illness in Haringey, a large proportion of our residents do not seek professional help. This is possibly due to the stigma and discrimination surrounding

mental illness, along with a lack of trust and understanding of how statutory health services work.

People with mental ill-health in Haringey are less likely to find employment or live in settled accommodation.



Source: ASCOF 2013

Source: Census 2011

People with Serious Mental Illness (SMI) are more likely to be affected by lifestyle risk factors than the general population. They are more likely to have poor physical health and long-term conditions and are at risk of dying significantly younger.



Source: GP registers, Haringey 2011/12

What people have told us

Local people have told us that they would like:

- A focus on prevention of mental illness and improvement of mental health and wellbeing
- More emphasis on the impact of drugs and alcohol on mental health
- More interventions at an earlier stage of ill health to tackle social isolation
- More focus on information, advocacy and support for children's and adults' mental health services
- Better outreach for people living with mental illness
- Seamless services supporting people to live independent, fulfilling lives in the community, with opportunities to volunteer.
- Communities to be used more to provide access to advocacy and employment opportunities e.g. peer mentoring and support
- Support for self-help
- Better training of professionals, and better awareness and understanding of mental health throughout society.
- More focus on transitions (into adulthood, parenthood) through improved cross-organisational communication.
- Services that use a person-centred response to respond to individual needs and preferences.

Where do we want to be by 2018?

www.haringey.gov.uk/hwbstrategy

- We want to promote opportunities that would positively impact on mental health and wellbeing e.g. employment, affordable housing, use of green spaces, a safer community
- We want our children and young people to be emotionally and mentally resilient and have a positive outlook on life
- We want our residents and communities to build on existing strengths and capacity to be solution-oriented
- We want mental health services to be integrated, flexible and person-centred (wrapped around an individual, their family and their carers' needs);
- We want to mobilise a whole system approach in enabling people with mental ill-health to be supported in the community to live independently and have satisfying, hopeful and meaningful lives.
- We want to end the stigma around mental ill health in Haringey, and improve understanding.

What are we going to do about it?

Haringey CCG and the Council published a joint Mental Health and Wellbeing Framework that sets out our ambition for transforming mental health services locally and improving the mental health and wellbeing of our residents. There needs to be a greater focus on moving care from inpatient settings to the provision of integrated services in the community and a focus on support for independent living. We recognise that successful examples of mental health service modernisation did not happen overnight and we will reflect this in a phased approach over the

next three years in the Mental Health and Wellbeing Framework Delivery Plan.

The Framework has four local priorities:

1. Promoting mental health and wellbeing and preventing mental ill-health across all ages
2. Improving the mental health outcomes of children and young people through commissioning and delivering effective and integrated interventions and treatment and focusing on transition into adulthood
3. Improving the mental health outcomes of adults and older people by focusing on three main areas:
 - meeting the needs of those most at risk
 - improving care for people in mental health crisis
 - improving the physical health of those with mental-ill health and vice versa
4. Commissioning and delivering an integrated enablement model which uses individuals' and communities' assets (or strengths) as an approach to support those living with mental illness to lead fulfilling lives.

This Health and Wellbeing Strategy will have high level oversight of the delivery of the whole Framework and focus further specifically on mobilising system leadership and cross-partnership working to ensure that the design, commissioning and delivery of an innovative enablement model is based on community assets. This approach will improve outcomes for people with mental ill health summarised in three simple terms: LIVE - for example, having good housing or access to welfare

benefits advice), LOVE - having fulfilling social relationships and DO – having either employment or volunteering opportunities

We will deliver this by focusing on the following areas:

1) *Create a healthy environment- borough level interventions:*

- We will strive to create a safer environment in Haringey that will positively impact on maintaining wellbeing
- We will create more opportunities for people to get appropriate employment, volunteering opportunities, affordable housing and create social networks
- We will work across Haringey to reduce stigma and discrimination associated with mental ill health. This includes a change of attitude within workplaces/ employment with an improvement in how people with learning disabilities or mental ill health have access to and are treated at work.

2) *Work with communities*

- We will support the Community and Voluntary sector (VCS) and other interested providers (e.g. housing associations) to create an innovative and integrated enablement model that is seamless and effective and builds on the existing assets in the community
- We will work together with residents and the VCS to develop an asset-based community approach that promotes independence, self-reliance and resilience and reduces social isolation

- We will develop effective pathways into employment and housing for people with mental ill-health and develop support for people in employment to better manage episodes of mental ill-health and to sustain employment through the experience
- We will create community-based services and interventions for people with mental ill-health, their families and carers so they feel supported and know where to turn for help (e.g. by promoting befriending and peer support schemes)
- Safeguarding partners, with the local authority as lead agency, will take a community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that safeguarding arrangements are there to protect individuals (children and adults).

3) *Support through services*

We will create a whole system approach to integration and enablement by:






- Integrated commissioning which supports joined up delivery of services, including through commissioning services based on the outcomes people value
- Integrating our services, including through multi-disciplinary hubs, to ensure a person experiences a more seamless service
- Designing and implementing effective primary care mental health services.





We will know it's working when

Appendix 1 – Key Performance Indicators

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people with mental health problems will have employment and live in settled accommodation
- More people will have a positive experience of care and support, including carers
- More people who use services will feel more in control of their life
- Fewer people will experience stigma and discrimination
- Fewer people will leave employment as a result of episodes of mental illness

For each ambition, a specific target will be set to enable progress to be monitored. The 2018 targets in the table below are **provisional, indicative targets** and may differ from the final targets set by the Health and Wellbeing Board. For the Mental Health ambitions there is a need to carry out further work to establish the 2015 baselines before 2018 targets are set.

Ambition		Key Performance Indicator	2015 baseline	2018 target
Fewer children and young people will be overweight or obese		Halt the rise in overweight or obese children at year 6 (ages 10-11)	Overweight: 15.2% Obese: 22.8% (Total: 38.0%)	Halt the rise in overweight or obese children (HWB target)
More adults will be physically active		Reduction in proportion of adults participating in less than 30 minutes of physical activity per week	Percentage of adults who do less than 30 minutes of physical activity per week: 26.8% ⁴	Reduction in percentage of adults who do less than 30 minutes of physical activity per week to 25% (HWB target)
Every resident enjoys long lasting good health		Reduction in age-standardised rate of mortality considered preventable from stroke in those aged <75 per 100,000 population	Stroke mortality rate 2011-2013: 22.5 per 100,000	Reduction of 25% in the current stroke mortality rate for the three year average 2016-18 (Corporate Plan Priority 2 target)
Haringey is a healthy place to live		Proportion of people who travel by bicycle in London where trip origin is in Haringey ⁵ Proportion of people who travel by walking in London where trip origin is in Haringey ⁶	2012/2013 = 2% 2013/2014 = 38%	Increase in the number of people who cycle by 2018* Increase in the number of people who walk by 2018*
People can access the right care at the right time		Increase in patients able to get an appointment to see or speak to someone	80% patients in Haringey CCG were able to get an appointment to see or speak to someone ⁷	83% patients report they are able to get a GP appointment to see or speak to someone (HWB target)
More people will do more to look after themselves		Percentage of people in last 6 months, who have enough support from local services/	57% (including those supported 'to some extent')	59% adults feel supported to manage their long term conditions (BCF target)

		organisations to help manage long-term conditions ⁸		
More adults will have good mental health and well-being		Warwick-Edinburgh wellbeing score from local survey	2015 baseline survey	Increase the average score of adults on the short Warwick-Edinburgh mental wellbeing scale by 2018**
More children and young people will have good mental health and well-being		Mental health and wellbeing score per new survey to be commissioned as part of corporate plan priority 1	2015 baseline survey	Improvements in measures by 2018**
People experiencing Mental Health crisis will receive the care they need when they need it		Number of people sectioned under the mental health act (section 136)	2015 baseline to be established	Reduction in number of sections by 2018**

* Specific 2018 target will be set as part of Corporate Plan Priority 3 performance monitoring

** HWB targets for the mental health ambitions will be set once baseline surveys and research have been carried out

Appendix 2 – Delivery Plan

We have developed a delivery plan to implement the Health and Wellbeing Strategy. The Delivery Plan details the programmes and projects that will deliver the interventions identified in the Health and Wellbeing Strategy.

Delivery plan format

Full box – portfolio name

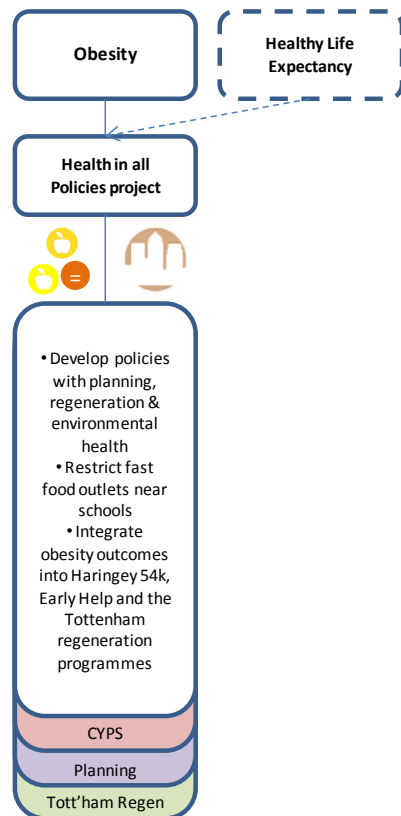
Dashed box – indicates where a programme is within two portfolios

Programme/project name

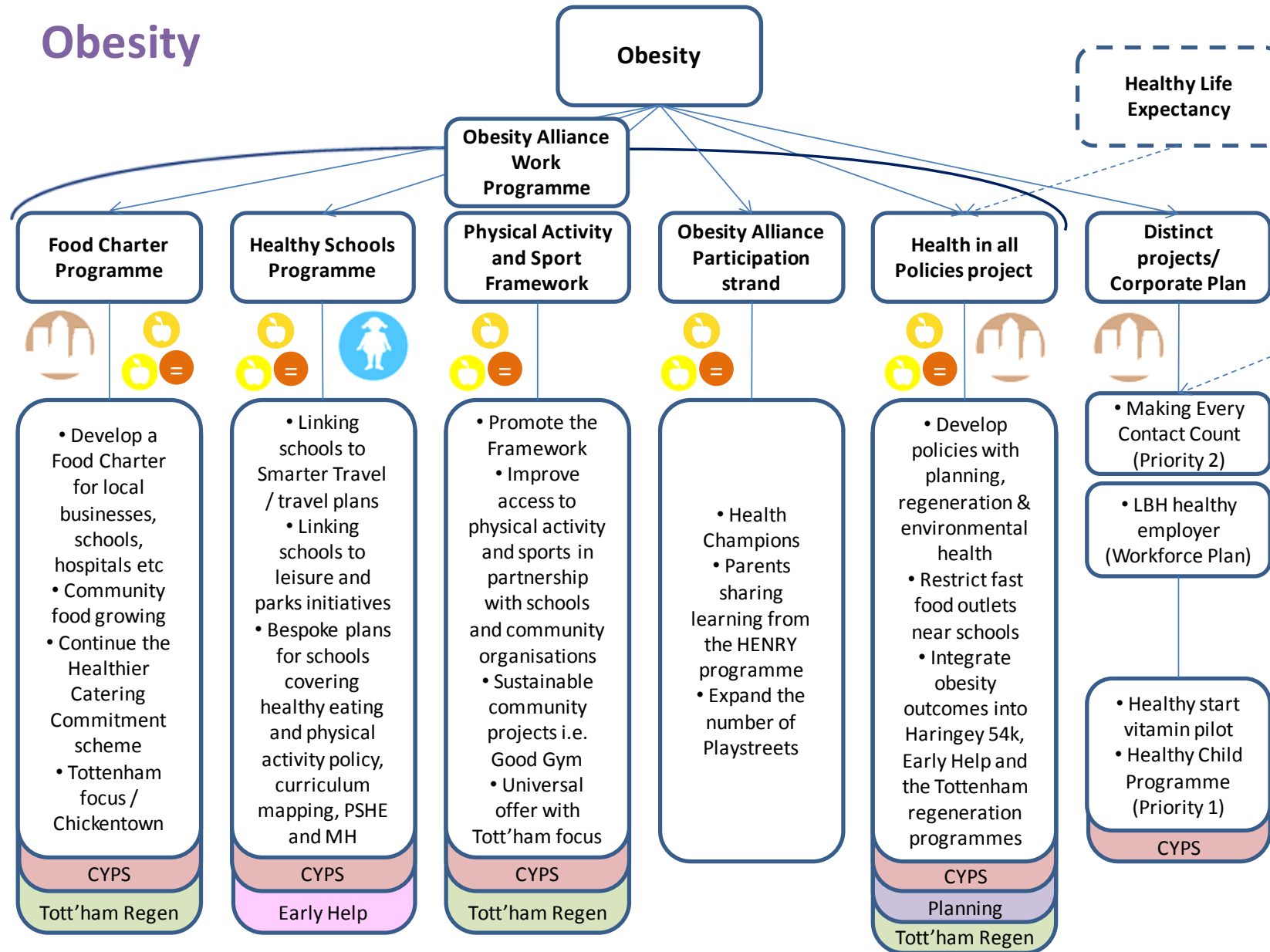
Ambitions that the programme/project delivers

Projects and interventions *identified in the Health and Wellbeing Strategy* that will be delivered by the programme/project. (This is not an exhaustive list of everything delivered by existing programmes)

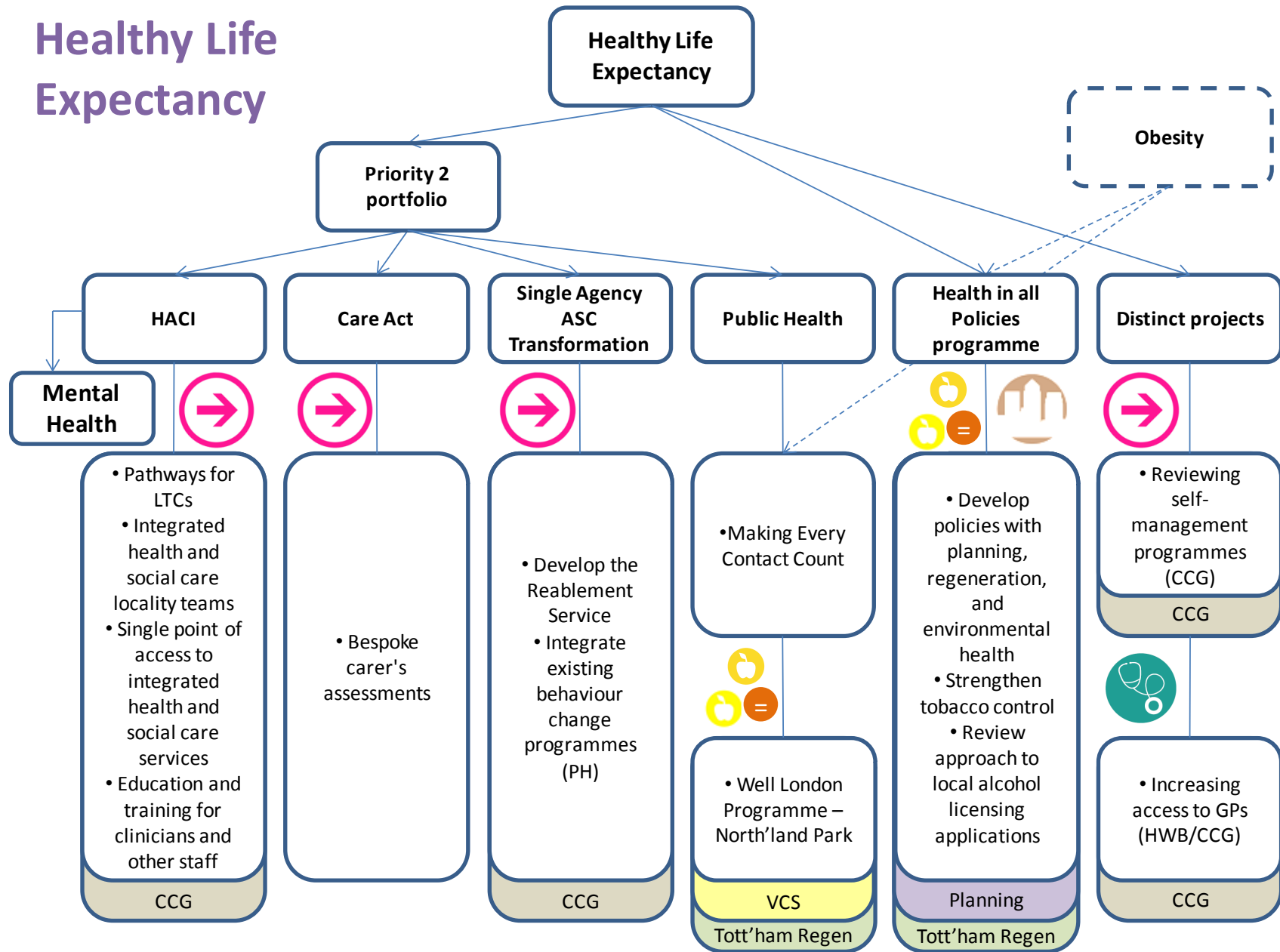
Dependencies with other departments, programmes and partners



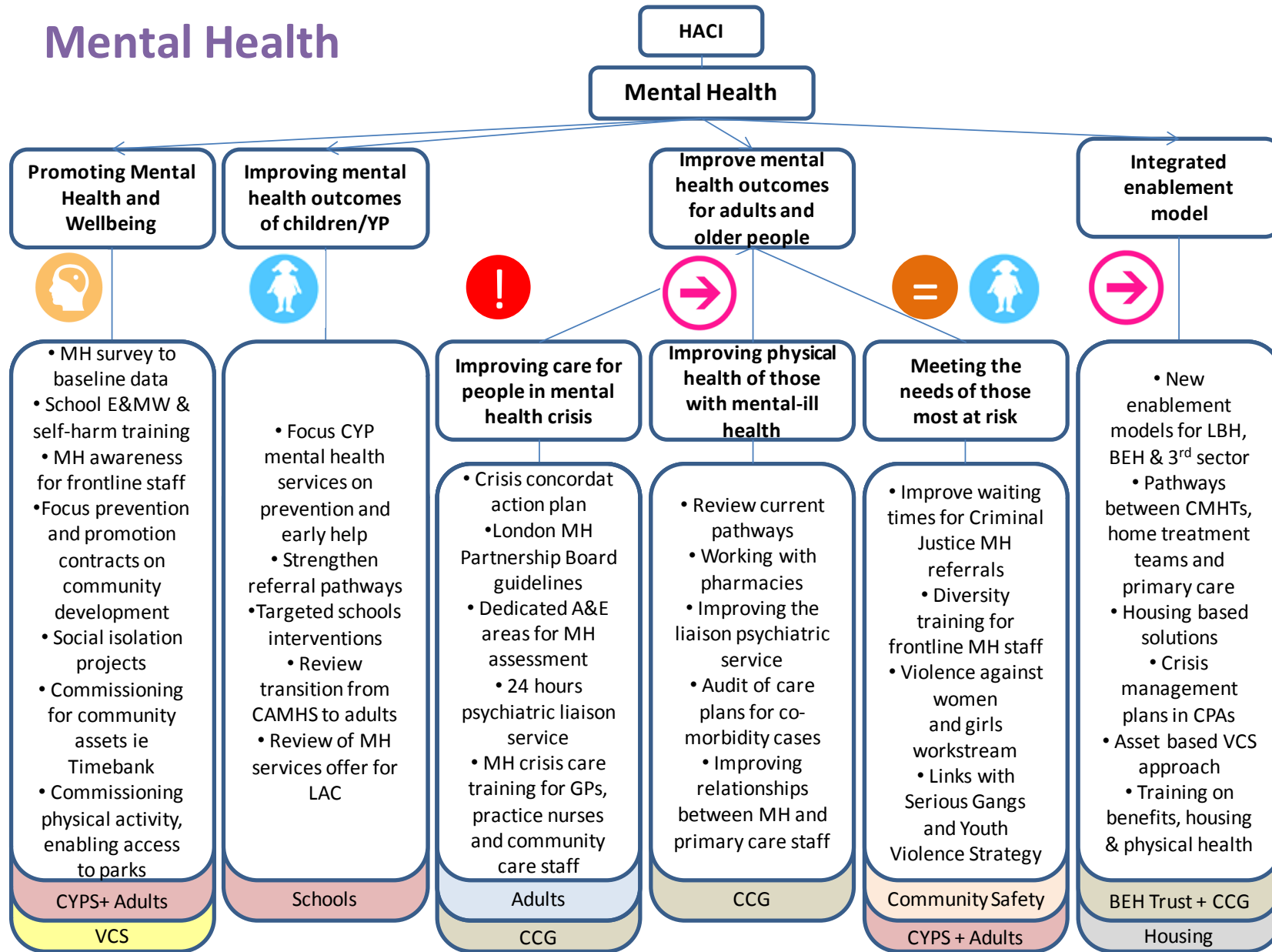
Obesity



Healthy Life Expectancy



Mental Health



Appendix 3 – Related strategies and plans

Haringey Council Corporate Plan 2015-2018

The new council plan has a clear connection with improving general health and wellbeing with its priorities of:

- Supporting children and families to thrive
- Enabling adults to live longer and healthier lives
- Cleaner, greener safer streets and public places
- Better housing and stronger communities
- Promoting economic growth.

Haringey Clinical Commissioning Group Five-Year Plan

The four core objectives of the [plan](#) are to:

- Explore and commission alternative models of care
- More partnership working and integration as well as a greater range of providers
- Engaging communities in new and more innovative ways to build capacity for populations to enhance their own health and wellbeing
- Redefine the model for primary care providing proactive and holistic services for local communities, supporting “healthier Haringey as a whole”.

NHS North Central London Five-Year Plan

The NHS North Central London (NCL) is completing its [five-year strategic plan](#) which aligns the plans across Barnet, Camden, Enfield, Haringey and Islington Clinical Commissioning Groups. Success is dependent on the development of stronger

partnerships and collaboration across NCL CCGs and with local authorities.

The vision is to develop an integrated care network between organisations (supported by current technology to share clinical records) focused on outcomes for and shaped by patients. There is a need to support patients in having a more independent role in looking after their own health needs which will be achieved through greater patient participation in shaping local healthcare.

This vision will be achieved when the NCL health system demonstrates characteristics in line with health and wellbeing board strategies:

- A systematic approach to prevention including earlier diagnosis of disease
- Reducing inequalities in health outcomes by targeting vulnerable groups
- Individuals encouraged and supported to take greater responsibility for their health
- Integrated, compassionate, high quality, effective and efficient care pathways that are shaped by patients
- Easy access to services delivered in ways and places convenient to patients
- Financial sustainability through a clinically driven focus on quality of services.

Community Safety Partnership

The vision of the [Community Safety Partnership \(CSP\) Strategy 2013-17](#) is to make Haringey one of the safest boroughs in London. The CSP works closely with health and safeguarding partners to address alcohol, drugs and mental disabilities as critical drivers of offending, disorder and ill health across all crime types. An effective community safety programme makes a significant contribution to good health and wellbeing, evident in the activities supporting the six outcomes.

Outcome 1: Rebuild and improve public confidence in policing and maintaining community safety

Outcome 2: Prevent and minimise gang-related activity and victimisation

Outcome 3: End violence against women and girls by working in partnership and promote healthy and safe relationships

Outcome 4: Reduce re-offending with a focus on 16-24 year olds

Outcome 5: Prevent and reduce acquisitive crime and anti-social behaviour

Outcome 6: Deliver the PREVENT strategy (which aims to stop people becoming terrorists or supporting terrorism)

Haringey Council Priority 1 Board – Best Start in Life

The Priority Board provides strategic oversight of Priority 1 – Best Start in Life. It is responsible for setting strategic direction for the delivery of outcomes for children and families and the savings outlined in the Medium term Financial Strategy. The Board provides operational assurance of change projects and business as usual in pursuit of the outcomes and savings.

The Board takes an intelligence led approach, building on customer insight and other relevant data, and ensures that the design, commissioning and development of services will secure ambitious outcomes in a context of reducing resources.

There are eleven work streams including:

- *Early help*: ensuring there is evidence-based provision to meet the needs of families
- *Looked after children*: ensuring sufficient quality placements and developing the fostering service
- *Children with additional needs*: preparing for special educational needs and disability (SEND) reforms and implementing a joint commissioning approach with partners.

Tottenham transformation programme

Tottenham is the most deprived area in the borough – and this where, on average, our health outcomes are poorest. We want Tottenham to be a thriving place where people choose to live, work and stay throughout their lives, and this is the focus of many excellent projects, some of them conducted with partner agencies and organisations.

Our [Strategic Regeneration Framework](#) – a landmark 20-year vision for the future of Tottenham – sets out how local people's priorities could be achieved through long-term regeneration. It includes not just new buildings and a changing landscape but also a strong social element. The 2014 [Tottenham Delivery Plan](#) places 'people' priorities alongside 'place' priorities:

- *World-class education and training* – including new schools, better access to apprenticeships and more young people at university

- *Improved access to jobs and business opportunities*
- *A different kind of housing market* – improving existing homes and building new, high-quality homes to meet demand
- *A fully connected community with even better transport links* – improving rail, Tube and bus links and more walking and cycling routes
- *A strong and healthy community* – improved healthcare facilities, reduced crime and strong social networks for young people
- *Great places* – putting Tottenham’s character and heritage centre-stage, creating better public spaces to meet, shop and have fun
- *The right investment and quality development.*

Appendix 4 – Funding

Both Haringey Council and the local NHS continue to manage a highly challenging financial position in the short and medium term. Budgetary pressures are significant with services operating in an environment of rising customer expectations and demand for higher quality services. Demand for health and social care services is expected to continue to rise due to demographic change and the increase in illness linked to lifestyle risk factors. These factors are placing additional pressures on finite resources.

Other partners contributing to health and social care, including the Voluntary and Community Sector are similarly experiencing constraints on funding. We need to work with partners to ensure efficient use of our funding; and to attract further investment into the borough.

The programmes and initiatives outlined in this strategy will reshape and integrate services, producing some savings and efficiencies. With less funding for services, those services that are provided must work effectively and produce the results that are needed.

There have also been changes to welfare which have impacted on the benefits some individuals and families receive. Ongoing welfare reform poses a challenge for Haringey in:

- minimising the impact on household incomes and children
- increasing the number of residents in sustained employment while ensuring those entitled to claim welfare benefits can do so.

Haringey Council budget

www.haringey.gov.uk/hwbstrategy

The overall level of funding for local authorities has been significantly reduced from 2011 to 2015 (in the region of 29%) and further reductions are scheduled or expected for the period of this strategy (2015-18).

As a result, Haringey Council is expecting to have to make savings of at least £70 million by the end of this period (in addition to the £117 million reduction that has already been made since 2010.) This will be managed through the Medium Term Financial Planning Process (which is part of the Corporate Planning process). For the current proposals see: <http://www.minutes.haringey.gov.uk/mgAi.aspx?ID=40179#mgDocuments>

The 2014-15 net revenue budget is £281 million which includes budgets allocated to adults social care and children and young people's services; and the Public Health Grant of £18 million. These budgets support the delivery of two priorities in the new Corporate Plan:

- £55 million for Corporate Plan Priority One - Enable every child and young person to have the best start in life, with high quality education
- £88 million for Corporate Plan Priority Two - Empower all adults to live healthy, long and fulfilling lives

Haringey NHS Clinical Commissioning Group (CCG) budget

- The overall budget available to the CCG for 2014/15 is £326 million. The CCG is currently forecasting expenditure of £326 million in 2014/15 and a break-even position at the end of the year. This is consistent with the financial plan agreed at the start of the year with NHS England. A breakdown of forecasted 2014/15 expenditure is shown in the table below.

	£m
Acute and Integrated Care	194.6
Mental Health	36.8
Community Health Services	32.2
Continuing Care	19.5
Primary Care	33.6
CCG Operating Costs	9.1
Total CCG Expenditure	325.8

- The financial outlook for 2015/16 is challenging. The CCG has recently been informed of its budget for 2015/16 and is planning to deliver a balanced financial position at the end of the financial year. In order to achieve this, it is believed that the CCG will need to deliver financial efficiencies of in excess of £9 million.

Glossary

BCF	Better Care Fund
BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
HAVCO	Haringey Association of Voluntary and Community Organisations
HENRY	Health Exercise Nutrition for the Really Young
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
LGBT	Lesbian Gay Bisexual and Transgender
NCL	NHS North Central London
SEND	Special Educational Needs and Disability
SMI	Severe Mental Illness
VCS	Voluntary and Community Sector

Notes

¹ [NHS Five Year Forward View](#), NHS England. October 2014

² Information on Childhood obesity has been drawn from the Haringey JSNA. See <http://www.haringey.gov.uk/jsna-childhood-obesity.htm>

³ McKinsey Global Institute. *Overcoming obesity: an initial economic analysis*. Nov, 2014

⁴ The number of respondents aged 16 and over, with valid responses to questions on physical activity, doing less than 30 “equivalent” minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days expressed as a percentage of the total number of respondents aged 16 and over.

⁵ TFL data for 2012/13 relates to an average for period 2010/11 to 2012/13. LIP target is for cycling mode share of 3% by 2013/14 and 5% by 2025/26.

⁶ TFL data for 2012/13 relates to an average for period 2009/10 to 2011/12. No data is available for 2012/13 year alone. LIP target is for walking mode share of 32% by 2013/14 and 35% by 2030/31.

⁷ Including answers ‘Yes, but I had to call back closer to or on the day I wanted’.

⁸ Applies to all people who have a medical condition.