

Report for: Health and Wellbeing Board – 8 December 2016

Title: Haringey Health and Wellbeing Strategy 2015-18 update

Report

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1. Describe the issue under consideration

1.1 This report describes progress in delivering Haringey's Health and Wellbeing Strategy 2015-18 (appendix 1). The report also presents the challenges in delivering the ambitions and areas of focus for the next 18 months.

2 Recommendations

2.1 The board is asked to note progress in implementing the health and wellbeing strategy over the last 18 months and agree the key areas of focus for the next 18 months.

3 Background information

3.1 Haringey's 2015-18 Health and Wellbeing Strategy was approved by the Health and Wellbeing Board following a consultation with residents and partners in 2015.

3.2 The vision is to work with communities and residents to reduce health inequalities and improve the opportunities for adults and children so that they can enjoy a healthy, safe and fulfilling life.

3.3 Nine ambitions for the strategy were identified with three priority areas where we need to make the most significant and sustainable improvements:

1. Reducing obesity
2. Increasing healthy life expectancy
3. Improving mental health and wellbeing.

3.4 In order to deliver improvements in these areas, the Health and Wellbeing Strategy has been implemented through 3 complementary approaches:

1. A **population health** approach to make Haringey a healthier place to live through ensuring that policies developed by all sectors contribute to health-promoting conditions and to create supportive environments that impact positively on people's health
2. A **community health** approach that will build capacity to support improved health and wellbeing in our communities and to enable people to have the knowledge and skills to meet life's challenges and to contribute to society
3. A **personal health** approach which is about developing joined up services which prevent and respond to individual health and care needs.

3.5 These approaches operate at 3 levels of prevention:

1. **Primary prevention** includes health promotion and requires action on the determinants of health to prevent disease occurring. It has been described as refocusing upstream to stop people falling in to the waters of disease.
2. **Secondary prevention** is essentially the early detection of disease, followed by appropriate intervention, such as health promotion or treatment.
3. **Tertiary prevention** aims to reduce the impact of the disease and promote quality of life through active rehabilitation.

3.6 Haringey's Prevention Pyramid provides a diagrammatic presentation of these approaches (Appendix 2).

3.7 In the first 18 months of delivering the Health and Wellbeing Strategy we have made progress in the following areas:

1. Establishing strategic frameworks for delivery, such as the mental health framework, Health in All policies and the Community Wellbeing Framework.
2. Establishing partnerships and governance to deliver improvements in health and wellbeing at population level, such as the Haringey Obesity Alliance and the Haringey and Islington Wellbeing Partnership.
3. Initiating key interventions (see table below):

Examples of initiatives contributing to delivering the health and wellbeing strategy	HWB Strategy priority areas		
	Reducing obesity	Increasing healthy life expectancy	Improving mental health and wellbeing
Population Health approaches			
Using planning policy to create a	✓	✓	✓

borough where it is easy and safe to play, walk and cycle: <ul style="list-style-type: none"> E.g. Embedding health promoting planning principles into High Road West and Haringey Development Vehicle Removal of no ball games signs 			
Healthier catering commitment	✓	✓	
Healthy schools	✓	✓	✓
Haringey Obesity Alliance	✓	✓	
Community health approaches			
Haringey walks	✓	✓	✓
Time banking for substance misuse and mental health cohorts		✓	✓
Development of social prescribing and local co-ordination model		✓	✓
Personal health – health and care services			
Delivery of Making Every Contact Count (MECC) training	✓	✓	✓
Integrated wellness service commissioned	✓	✓	✓
Expansion of integrated care teams and hospital admission avoidance services		✓	✓
Case finding for stroke risk factors in primary care – over 2000 cases of high blood pressure and over 280 cases of atrial fibrillation identified.		✓	
Roll out of healthy child programme	✓	✓	✓

3.8 While we have made significant progress in the areas described above, we have yet to see improvements against many of the long-term high level ambitions (outcome indicators) set out in the Health and Wellbeing Strategy (see appendix 3).

3.9 Achieving our ambitions will require sustained long-term action. For example, interventions which impact on the wider determinants of health, such as education, planning policy and regeneration can take many years for their full benefits to be realised.

3.10 There are also significant challenges to shifting resources towards prevention and early intervention while demand management pressures continue to increase across all statutory providers of health and care services.

- 3.11 For the remaining period covered by the Health and Wellbeing Strategy (the next 18-24 months) we have outlined priority areas for continuing to deliver the strategy in the accompanying slide pack.
- 3.12 We are exploring new opportunities to deliver improved outcomes through working together across Haringey and Islington, as part of the Haringey and Islington Wellbeing Partnership.
- 3.13 We will ensure local leadership and delivery of those components of the North Central London Sustainability and Transformation Plan (STP) that support delivery of our Health and Wellbeing Strategy, such as those relating to prevention and integrated care.

4 Statutory Officers comments (Chief Finance Officer, Assistant Director of Corporate Governance, Equalities)

4.1 Finance

4.2 There are no financial implications arising from this report.

4.3 Legal

4.4 There are no legal implications arising from this report.

4.5 Equalities

4.6 The Council has a public sector equality duty under the Equality Act (2010) to have due regard to:

- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

4.7 Tackling health inequalities is at the heart of the Health and Wellbeing strategy 2015-18. We know that there are significant divergences in obesity levels, life expectancy and mental health prevalence among those that share different protected characteristics and between different areas of the borough.

4.8 Progress towards reducing health inequalities should be monitored and evaluated as part of this update on implementation of the Health and Wellbeing Strategy.

5. Use of Appendices

1. Haringey's Health and Wellbeing Strategy 2015-18
2. Haringey Prevention Pyramid
3. Slide set: Update on Haringey's Health and Wellbeing Strategy (2015-18)

6. Local Government (Access to Information) Act 1985