

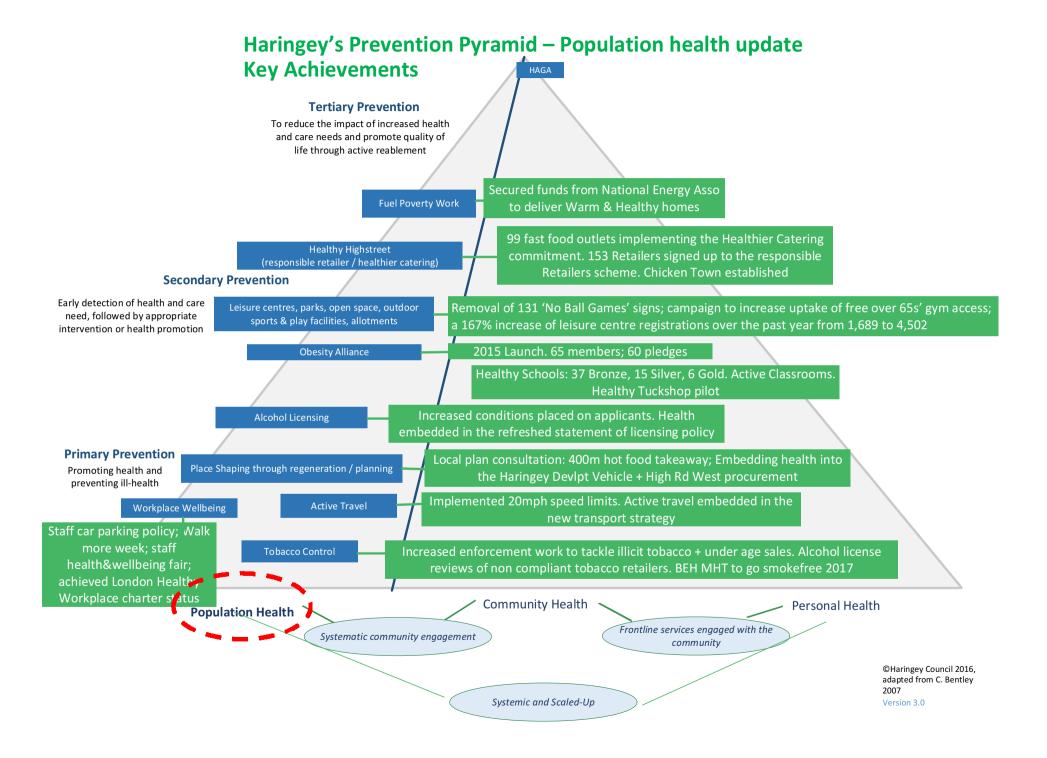
Update on Haringey's Health and Wellbeing Strategy 2015-18

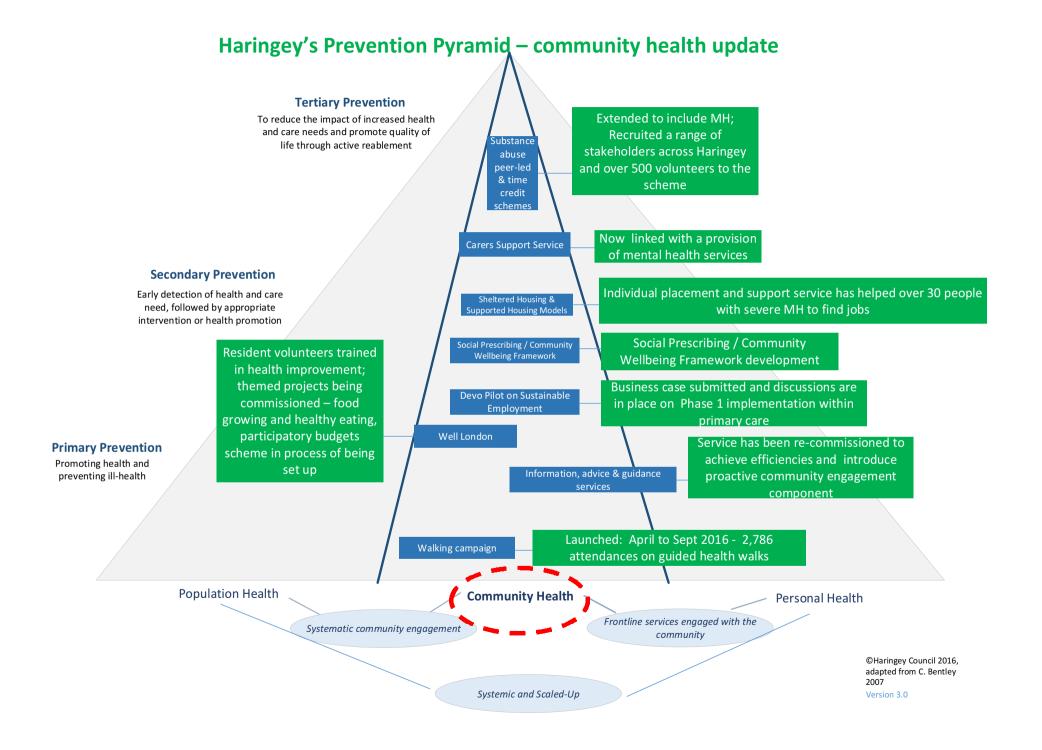
Dr Jeanelle de Gruchy Director of Public Health, Haringey



HWB Strategy – Progress over 18 months

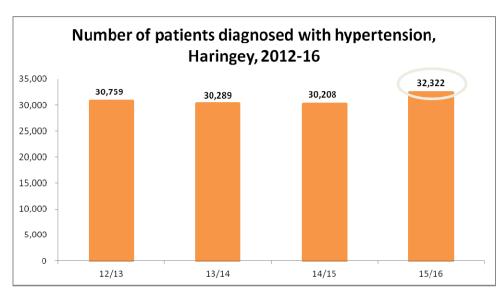
- Setting strategic frameworks (Health in All Policy, Mental Health Framework);
- Focus on governance, relationships and partnership building (Obesity Alliance, H&I Wellbeing Partnership);
- Focus on commissioning and implementing contracts (Integrated Wellness Service);

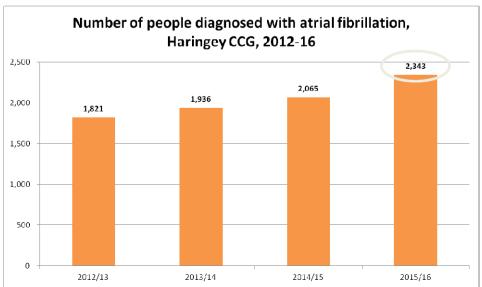




Haringey's Prevention Pyramid – Personal health update **Expansion of reablement capacity** Extension of early intervention in psychosis service to over 35yr olds **Devipt of intermediate care pathways Tertiary Prevention** To reduce the impact of increased health **Scoping Clarendon Recovery College** and care needs and promote quality of Review of crisis concordat for MH improvement plan life through active reablement Devipt of enablement approach for MH Peer-support workers in BEH MH teams clients **CAMHS** transformation Early identification of over 2000 cases of high blood pressure and 280 cases of atrial fibrillation – stroke prevention **Secondary Prevention** Early detection of health and care A range of self-management and patient education progs now need, followed by appropriate available for people with LTCs intervention or health promotion Devipt of model for enhanced primary care level support for people with MH conditions Integrated wellness service being implemented MH first aid training **Primary Prevention** Promoting health and Diabetes prevention prog underway preventing ill-health **HENRY** progs Roll out of Universal Healthy Child prog Roll out of MECC training + devlpt of MECC e-learning tool **Population Health** Community Health **Personal Health** Frontline services engaged with the Systematic community engagement community © Haringey Council 2016, adapted from C. Bentley 2007 Systemic and Scaled-Up Version 3.0

Recent successes – stroke prevention initiatives in primary care have increased diagnosis of AF and Hypertension

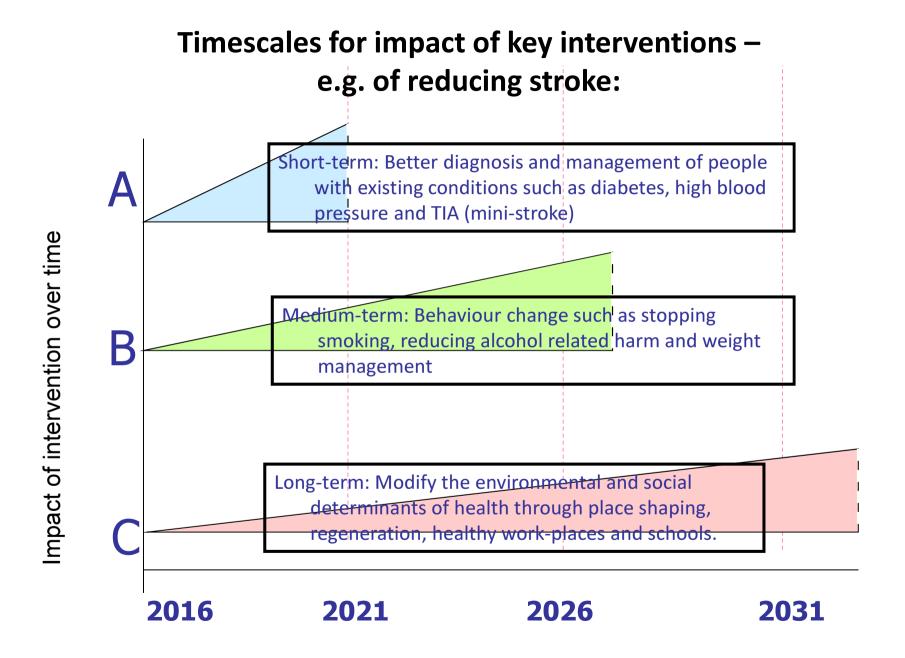




Haringey stroke prevention initiative promotes opportunistic pulse checks (for AF) and blood pressure checks in primary care

7% increase in the number of people diagnosed with hypertension from 2014/15 to 2015/16 – more than 2,000 additional diagnoses

13% increase in the number of people diagnosed with atrial fibrillation from 2014/15 to 2015/16 – nearly 300 additional diagnoses.

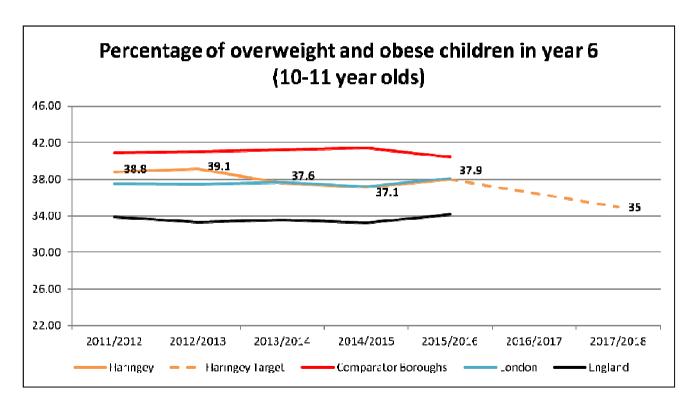


Ambition 1: Fewer children and young people will be overweight or obese





2018 Target: Reduce the % of overweight and obese children at year 6 (age 10-11) to 35%



2015/2016 update:

- Prevalence has increased by 0.8% in 2015/2016 to 37.9%
- Haringey needs a
 1.5% year on year
 decrease in child
 obesity to reach
 our 2018 target

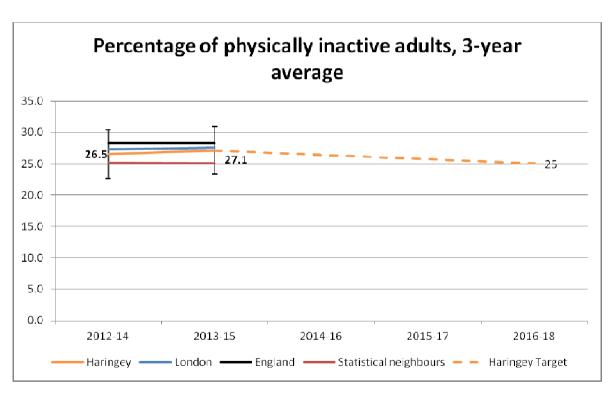
Source: NCMP (2016) – Updated annually – also reported for Corporate Plan P1 board

Ambition 2: More adults will be physically active





2018 Target: Reduction in inactive adults to 25%



2016 update:

- Haringey's proportion of physically inactive adults has increased to 27.1% for 2013-15, above our comparator boroughs
- Haringey is currently above its 2018 target of 25%

Source: PHOF (2015) – Updated annually, also reported for Corporate Plan P2 board

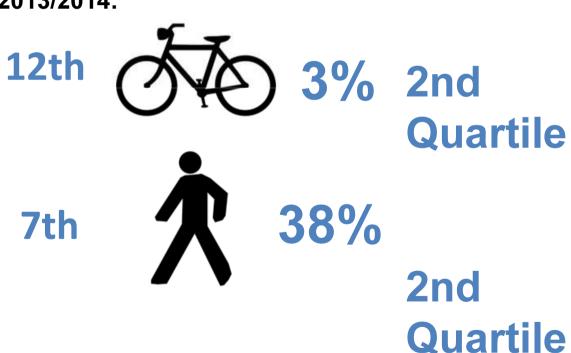
Ambition 3: Haringey is a healthy place to live





2018 Target: Increase in the number of people who walk and cycle to the top quartile of London Authorities by 2018

London Rank 2013/2014:



No new update

- Haringey needs a 1.3% increase in cycling year on year to meet the London quartile target of 7% by 2018
- Haringey needs a 1.7% year on year increase in walking to meet the London top quartile target of 42% by 2018

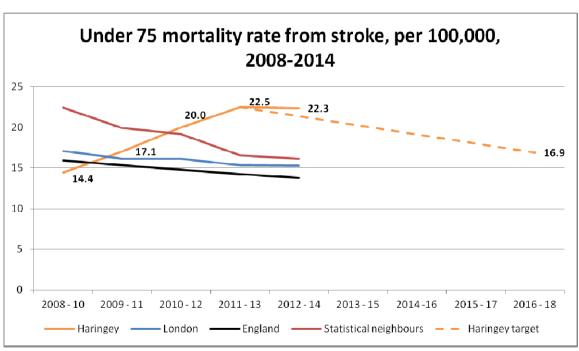
Source: Smarter Travel London (2013/2014) – No new update in 2016

Ambition 4: Every resident enjoys long lasting good health





2018 Target: Reduction in the rate of early death by stroke by 25%



2015 update:

- Haringey's stroke rate currently stands at 22.3 compared to 16.3 for similar boroughs
- 1st out of 32 London boroughs for early death from stroke
- In 2014/15, 23.1% of stroke patients were left severely disabled compared to just 11.0% for London (SSNAP, 2016) approximately 60 people a year

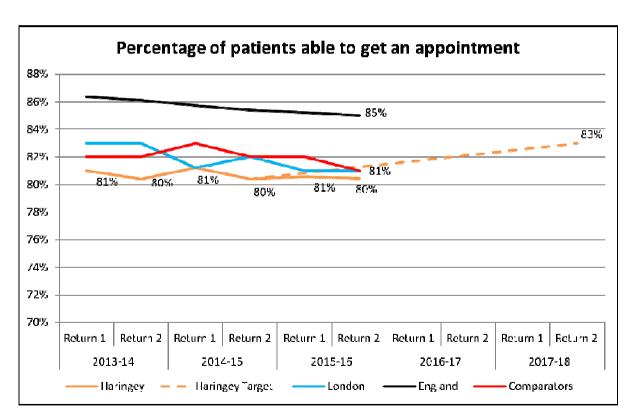
Source: PHOF (2015) – Updated annually in 3 year averages, also reported for Corporate Plan P2 board

Ambition 5: People can access the right care at the right time





2018 Target: Increase in patients reporting they are able to get a GP appointment to see or speak to someone to 83%



No update:

- Percentage of patients able to get a GP appointment is fluctuating around 80-81%
- than London and comparator borough averages and 4% lower than the England average

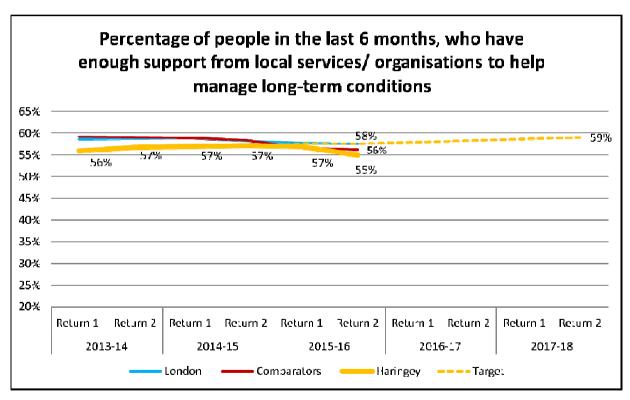
Source: GP Patient Survey (2016) – Updated bi-annually (Jan and July)

Ambition 6: More people will do more to look after themselves





2018 Target: Increase in adults who feel supported to manage their long term conditions to 59%



No update:

- 2% decrease in the latest return for 2015/2016
- Numbers have remained similar since 2013/2014, need to see if reduction is sustained in the next returns

Ambition 7: More children and young people will have good mental health and well-being

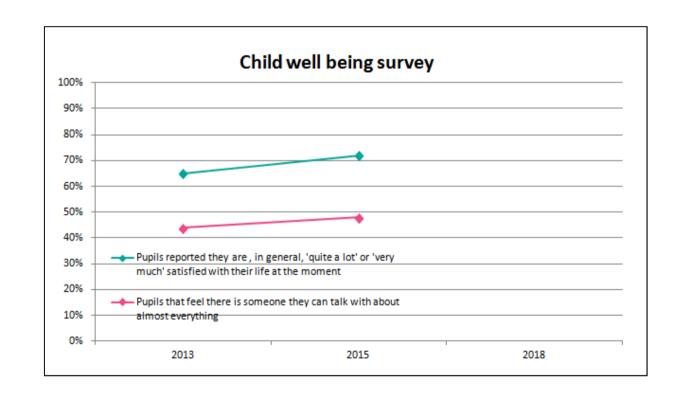




2018 Target: To show substantial improvement on the 2 questions

No update:

- School Health Education Unit (SHEU) survey for child wellbeing – commissioned every two years
- Life satisfaction increased from 65% in 2013 to 72% in 2015
- Proportion of pupils that feel there is someone they can talk to about problems increased from 42% to 59% in 2015

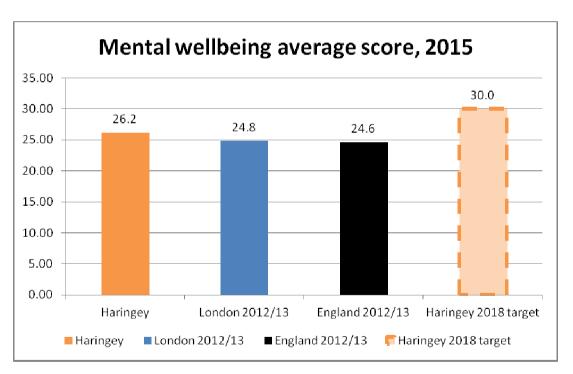


Ambition 8: More adults will have good mental health and wellbeing





2018 Target: Increase the average score of adults on the short Warwick-Edinburgh mental wellbeing scale by 2018



- Haringey in 2015 had a higher wellbeing average score than London and England in 2012/13. More recent data is currently unavailable
- Average Mental
 Wellbeing score for
 adults in Haringey
 measured by a
 survey across the
 borough was 26.1.
 This is a moderate
 score (highest
 possible is 36)

Source: 2016 Haringey Mental Health survey – commissioned in 2015, updated every 2 years

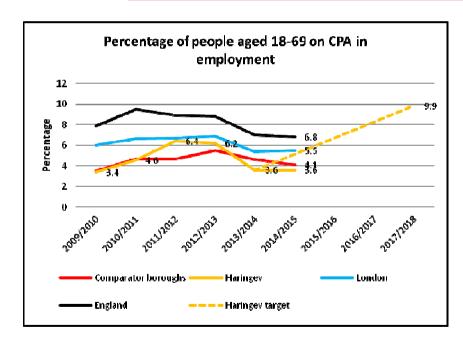
Ambition 9: People with severe mental health needs live well in the community

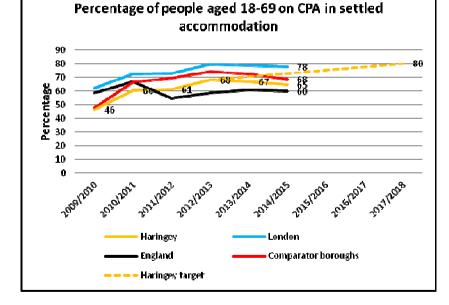




2018 Target: Increase the proportion of adults receiving Care Programme Approach who are in employment to maintain top quartile position (9.8%)

Increase the proportion of adults receiving Care Programme Approach who are in settled accommodation to 80%





- Haringey's performance has remained at 3.6% which is currently in-line with similar boroughs,
 5.2% below target
- Haringey's performance is broadly following the trends observed for London and similar boroughs but remains 11% below target

Source: PHOF (2015) - Updated annually - also reported for Corporate Plan P2 board



Challenges

- Attempting to shift towards prevention and early intervention at a community level as demand management pressures become more acute in specialist providers
- Joining up of children's and adults work into a whole population approach
- Ensuring engagement and involvement of residents and voluntary and community sector groups
- Ensuring that a health in all policies approach is embedded across the council and partner organisations.
- Challenges in delivering devolution projects without additional funding.
- Delivery of ambitions requires sustained long-term focus

Population health – key focus areas Haringey

- Continued focus on getting the best population health outcome through the procurement of the Haringey Development Vehicle and High Road West
- Expanding and strengthening Haringey's Obesity Alliance to ensure it delivers at pace and scale
- Develop and implement workplace policies including Food Standards Policy and Smoking Policy
- Expanding and strengthening tobacco control e.g. increasing smokefree places
- Looking for opportunities to further embed health into policy making, strategy development and programmes.

Opportunities through Haringey and Islington Wellbeing Partnership

- Identify key areas where work across the Haringey and Islington level will add value to our whole systems delivery plan to reduce obesity
- Exploring opportunities to tackle the health impact of poor quality housing e.g. fuel poverty.



Community Health – Key focus areas

- Secure funding, commission and implement local area co-ordination and build social prescription/social referral component with primary and community care; increase score to children, young people and families; ensure engagement of carers
- Implement community information system which supports community resilience, knowledge and self-reliance
- Start Phase 1 implementation of health and employment pilot (linked to devolution)

Opportunities through the Haringey and Islington Wellbeing Partnership

- Development of community hubs across Haringey and Islington (including social prescribing and local co-ordination components) – linked to integrated care networks (CHINs) proposal in the North Central London STP
- Looking for opportunities of aligning health and employment work across the partnership and explore potential for external funding from Shaw Trust



Personal Health – key focus areas

- Integrated out of hospital project simplifying and scaling up services that support people to avoid hospital admission and maintain independence after hospital admissions.
- Development of primary care mental health hubs as part of an integrated multi-disciplinary model for mental health.
- Continued focus on case finding and improved management of high blood pressure and atrial fibrillation, with new focus on diabetes and kidney disease.

Opportunities through Haringey and Islington Wellbeing Partnership

- Implementation of prevention and care closer to home elements of the North Central London Sustainability and Transformation Plan including
 - Development of more effective care models for diabetes and cardiovascular disease, musculoskeletal conditions, learning disabilities and older people
- Scoping of Children and Young People's Work-stream
- Looking for opportunities of aligning intermediate care services.

NCL level

Development of community perinatal mental health service