

Consultation Report

Haringey's
Health and Wellbeing
Strategy
2012-2015

January 2012

Summary

Haringey's Health and Wellbeing Strategy sets out our commitment and approach to tackling health inequalities and promoting health and wellbeing in the borough. Our priorities have been set in response to the issues we face, which are most starkly demonstrated by the gap in life expectancy between different parts of the borough.

Through the implementation of the strategy, we will seek to achieve real and measurable improvements in the health and wellbeing of residents. We will invest in prevention and early intervention activities, and we will provide a coordinated approach to ensure that all of our activities contribute towards health improvements and reduced inequality.

The vision of the strategy is:

A Healthier Haringey: We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.

Our three outcomes are:

1. Every child has the best start in life
2. A reduced gap in life expectancy
3. Improved mental health and wellbeing

Why we consulted

The purpose of the consultation was to engage with organisations and groups who work in health and wellbeing and residents to identify the outcomes and priorities for the draft strategy.

The consultation period ran for four months from the 20th September 2011 to 20th January 2012.

Who we consulted and how

We consulted local stakeholders, partners and the wider community including Councilors, NHS and GPs, schools, children's centres, the community and voluntary sector, and residents. (See Appendix 4: Consultation Matrix)

A consultation questionnaire was available in hard copy and online (See Appendix 5: consultation questionnaire), including an easy words and pictures version. People were also able to contribute by submitting a free text response.

We had a total of 50 responses. Of these 44 were responses to the questionnaire and 6 written statement responses from:

- Haringey Disability First Consortium
- Haringey LINK
- Haringey Women's Forum

- Barnet, Enfield and Haringey Local Pharmaceutical Committee
- Haringey Local Medical Committee
- Community Housing Services

We also attended a number of different forums to alert people to the consultation and get feedback.

These included:

- Carers Partnership Board
- Learning Disabilities Partnership Board
- Mental Health Partnership Board
- Older People's Partnership Board
- Better Places Partnership
- Integrated Housing Board
- Childrens Trust
- DAAT Board
- Early Years Health Group
- Youth Cabinet
- Area Committees
- HDFC and Haringey Women's Forum Event

A Cross-party working group on Health Inequalities was also set up to recommend priority actions to reduce health inequalities in Haringey, with a particular focus on the Council's contribution. The work and recommendations of this group formed part of the consultation and have been fully integrated into the draft strategy.

Information about the consultation was advertised by:

- Haringey website
- Haringey People
- Area Committees
- Resident Associations

Responses to the consultation

A wide range of views were collected during the consultation. The majority of people agreed with the draft proposals. There was strong overall agreement with the draft vision, with over 90% of respondents agreeing or strongly agreeing (7.1% of people who responded strongly disagreed with the vision but did not offer reasons why).

Similarly there was strong support for the draft outcomes, with the majority of respondents agreeing or strongly agreeing:

Outcome	Percentages
Outcome One: Every child has the best start in life	90.5% strongly agreed , 7.1% agreed
Outcome Two: A reduced gap in life expectancy	66.7% strongly agree, 26.2% agree. Two people did not agree or strongly do not agree with this outcome because 'one size does not fit all' and they believe there should be a balance between independent and supported living.
Outcome Three: Improved mental health and wellbeing	78.6% strongly agree, 14.3% agree

Based on responses to the questionnaire the draft priorities were ranked in order of the strength of support (a detailed list can be found in Appendix 1). There was however strong support for all the priorities and there was relatively little difference between them when ranked.

Respondents also made a number of suggestions of what else should be included in the strategy. A summary of these suggestions can be found in Table 1.

We received many different comments about how individuals and organisations felt they could contribute to improving health and wellbeing in Haringey. A detailed list of these comments can be found at Appendix 2. It is clear from these comments that working in partnership is vital. A great deal of the work is currently being undertaken across the council and partner organisations so we must work strategically with one other so as not to duplicate what we are doing.

We would like to thank everybody who contributed to the consultation. Your comments will help us to develop the final version of the strategy. Table 1 below shows how each of the issues, suggestions and concerns raised in the consultation will be included in the final strategy and the future work on improving services.

Table 1: How feedback from the consultation on Haringey’s Health and Wellbeing Strategy informed the final version

The feedback was / people asked us to:	So we plan to:
Overall/Cross-cutting	
The strategy needs a clear and detailed delivery plan.	We are developing a delivery plan that will be available by Autumn 2012.
Working in partnership to key to delivering the strategy.	We recognise the important role that local residents, statutory, voluntary, community and commercial organisations all have in the delivery of the health and wellbeing agenda. Through the strategy we will develop partnership working through the joining up of commissioning for local NHS services, social care services and health improvement. We will be holding a series of residents’ debates on factors driving inequalities and undertaking consultation to get the views of all stakeholders.
Pharmacies are already involved in a number of initiatives and provide a range of services that could be extended to deliver the outcomes and priorities of the strategy.	We will continue to work closely with pharmacies to develop health promotion and disease prevention programmes.
Disability as a protected characteristic is broadly absent from the strategy.	<p>Disability has been considered as a protected characteristic through the EqIA process and has been included in the strategy.</p> <p>A section will be included in the strategy about the planned integration of health, education and social care services for children with additional needs and disabilities. The aim is to have integrated and co-located, accessible and fast responding services.</p>

The feedback was / people asked us to:	So we plan to:
	An action will be included in the delivery plan to increase the number of health checks and health action plans for people with learning difficulties.
Obesity and healthy eating was a key issue, in particular the regulation of fast food shops. The main concern was the proliferation of fast food outlets and also access to them by young people. It was suggested that health education be provided via local media and local businesses such as food outlets. More information should be provided on healthy eating and nutrition. The importance of a family focus was raised.	<p>The Council are currently drafting the Development Management Policies that will include how we manage the clustering of betting shops and hot food takeaways.</p> <p>The policy on takeaways aims to address the clustering of such use in designated town centres, their proximity to schools, their impact on the viability and vitality of a town centre and impacts on residential amenity and the environmental quality of the town centres.</p>
It is important to target areas of greatest need and inequality that are for example, in the east of the borough.	The priorities have been selected because they target areas of greatest need as identified by the joint strategic needs assessment (JSNA) and through consultation. Actions specifically focussed on specific groups and the east of the borough will be included in the delivery plan.
The impacts of funding cuts should be mentioned. Is the additional infrastructure needed to implement the strategy is resourced eg. infrastructure development in primary care?	A section will be included in the strategy which outlines the current financial landscape and how the strategy will best manage reduced resources.
The strategy is too health biased and omits work that the Council has achieved/plans already in place.	We recognise that the wider determinants of health are delivered through a number of other strategies and plans including the Homelessness Strategy, Regeneration Strategy, Community Safety Strategy and Core Strategy. We will clearly signpost where this is the case, throughout the strategy.
The strategy should prioritise prevention and early intervention by working with schools, young people and families in local community based settings. Children's centres and schools were	The strategy will have a 'think family' focus where contact with any one service gives access to a wider system of support. Individual needs will be looked at in the context of the whole

<p>The feedback was / people asked us to:</p> <p>considered ideal providers of early intervention measures and for the promotion of well being eg. creative learning.</p>	<p>So we plan to:</p> <p>family, so service users are seen not just as individuals but as parents or other family members.</p> <p>Children’s Centres and schools are key settings to deliver various priorities in the strategy and this will be highlighted where appropriate in Outcome 1 and Outcome 3.</p>
<p>Outcome One: Every child has the best start in life</p>	
<p>There should be more support for parents (who have learning disabilities) eg. Childcare. This outcome should focus on 'pre birth to 3 year olds. Health checks for 1-2 year olds were considered important. Information provision on risks of drinking alcohol during pregnancy and breastfeeding.</p>	<p>This is an area for development. All parents can access universal services at any Haringey children’s centre which provide a range of services for all parents.</p> <p>We will change Outcome 1 to focus on ‘conception to age 3’. We will describe clearly who has access to the Healthy Child Programme and our intention to identify additional funding to implement the programme fully.</p> <p>Drinking alcohol during pregnancy is part of the maternity services ante natal assessment programme for all women during pregnancy that will be included in the Delivery Plan. Drinking alcohol and other lifestyle factors are part of breastfeeding support for women that will also be included in the Delivery Plan.</p>
<p>Domestic Violence should be included given its impact on the health and wellbeing of adults and children. It was raised as a particular issue for disabled, certain BME or pregnant women. It was suggested that more information should be provided about domestic violence eg. domestic violence awareness programme.</p>	<p>Partnership working to tackle domestic and gender based violence (DGBV) has been reviewed, with the creation of a commissioning group representing council, health and police which will report directly to the Community Safety Partnership Board chaired by the Cabinet Member for Communities. The commissioning group will work closely with its counterpart, an</p>

The feedback was / people asked us to:	So we plan to:
	<p>operational group representing frontline and provider services with input from an expert user group.</p> <p>The current DGBV strategy expires in 2012; in future, the strategic approach will be incorporated in the Community Safety Strategy, with a separate and more detailed delivery plan for DGBV activities which will be monitored and reviewed by the commissioning group.</p> <p>A DGBV needs assessment is in development, and current services for Haringey residents are being mapped. These will help to identify recommendations for commissioners on key areas of need and gaps in services. Services will be commissioned, monitored and reviewed using the principles outlined in the voluntary sector's commissioning and funding framework, to ensure that services are effectively tackling priority need.</p>
<p>Young people suggested that they have free gym access, that more green gyms are built and that there are cheap and fun social activities available in the east eg. cinema, shopping mall. More information on physical activity should be available for children and young people.</p>	<p>We will endeavour to make physical activity options as appealing and accessible as possible to children and young people. For example, the borough's first outdoor table tennis table and two sets of basketball equipment are being installed in Markfield Park. Ducketts Common is undergoing a full refurbishment including outdoor gym and in Down Lane Rec, a natural play area and twelve station outdoor gyms are being installed. There are a number of projects including 'Give it a Go' and 'Dare 2 Dance' that aim to engage young people.</p> <p>Walking and cycling to school will be promoted through the</p>

The feedback was / people asked us to:	So we plan to:
	Smarter Travel Programme, in addition to encouraging parents to walk their children to school.
Outcome Two: A reduced gap in life expectancy	
The strategy should consider the impact of mental ill health on life expectancy.	The strategy recognises the lower life expectancy of people with mental health problems and the contribution of suicides to the life expectancy gap. The Delivery Plan will include actions to improve the physical health of people with mental illness and prevent suicide.
Issues were raised about the impact of alcohol misuse. Health messages could be communicated via local businesses such as pubs.	The Council have used a number of avenues to raise awareness of the risks of alcohol misuse – including the use of beer mats in pubs. Every year we run a week long campaign for National Alcohol Awareness week and plan to engage more local businesses this year
The strategy should prioritise reducing the number of betting shops in Haringey.	The Council are currently drafting the Development Management Policies that will include how we manage the clustering of betting shops and hot food takeaways.
The strategy should prioritise reducing air pollution in Haringey.	Reducing air pollution has been identified as a key priority of the Greenest Borough Strategy and the Council has developed an air quality action plan to reduce air pollution.
The strategy should prioritise sexual health for 25+ yr olds including testing and information.	A section on sexually transmitted infections and HIV will be included in the strategy.
Provide support for women to sustain change in relation to domestic violence, quitting smoking, healthy eating etc.	We are in the process of mapping domestic and gender based violence (DGBV) services currently available in Haringey. Along with findings of the DGBV needs assessment, this will help us to identify unmet need and gaps in services that commissioners should focus on. The needs assessment will also provide information that can be used by voluntary and community sector organisations who wish to apply for funding from a range

The feedback was / people asked us to:	So we plan to:
	<p>of alternative sources, such as the Home Office’s Funding Central database.</p> <p>We have smoking cessation and healthy eating programmes available that will be detailed in the Delivery Plan.</p>
<p>A better understanding of cultural and social attitudes will be needed to effectively deliver this strategy.</p>	<p>The Council is organising a series of resident debates across the borough on factors driving inequalities and what we as a community can collectively do about it e.g. food & drink; alcohol; smoking; stigma.</p>
<p>The strategy should prioritise increasing physical activity.</p>	<p>We will include increasing physical activity is one of our key priorities under Outcome 2.</p>
<p>The offender population should be mentioned as a hard to reach group, who may smoke, be alcohol and substance misusers, be unemployed and be socially excluded.</p>	<p>The Council recognise that the offender population often have histories of substance misuse, are unemployed and socially excluded. These factors are more explicitly highlighted in our Joint Strategic Needs Assessment and will be more explicitly addressed through our annual Adult Drug Treatment plan. Through our Drugs Intervention Programme we provide services to drug related offenders and more recently this has been expanded to include those with alcohol problems. The borough is committed to tackling social exclusion through a number of education, training and employment schemes and through the work of our Recovery Champions group led by the DAAT.</p>
<p>The strategy should prioritise older people's health issues.</p>	<p>Older people are a key target group to address inequalities in life expectancy in the Delivery Plan, particularly in relation to early detection of cardiovascular disease. Actions to address dementia and older people’s mental health will also be included in the Delivery Plan.</p>
<p>Health checks and health action plans for people with learning</p>	<p>Currently the main target groups for health action plans are:</p>

The feedback was / people asked us to:	So we plan to:
disabilities should be extended to other disabled people.	learning disabled. Health checks are targeted at all people aged 40-74 year olds and we will undertake an audit including accessibility and uptake of these by disabled people.
There was concern about the quality of primary care in the east of the borough.	This issue is being addressed by the NHS North Central London cluster's new Primary Care Strategy which is seen as an enabling strategy for the Health and wellbeing strategy.
Outcome Three: Improved mental health and wellbeing	
Personalisation, direct payments and independent budgets should be included in the strategy.	A section on choice, control and empowerment will be included in the strategy that considers personalised care and personal budgets.
We are already doing a lot of work that should be captured in the strategy eg. providing housing related support to support independent living.	Supported housing and extra care housing schemes will continue to be developed and will be included in the Delivery Plan.
The strategy should prioritise improving access to psychological therapies.	An action will be included to continue working with voluntary sector organisations to increase the delivery of psychological therapies and to ensure that these meet national requirements and link with the NHS IAPT service.
Access to information and resources about mental health services was considered important to support self-help and promote wellbeing.	An action will be included to work with primary care and the voluntary sector to ensure early support for those with mild mental health problems. This will include further signposting of NHS and Local Authority services by voluntary sector organisations.
The strategy should promote employment of people with poor mental health.	An action will be included to work with voluntary mental health sector organisations, primary care and job centres to ensure people with mental health problems have access to employment and training opportunities.
The strategy should prioritise improving work opportunities/experience for 25-30 year age group.	The Haringey Guarantee continues to provide employment support to unemployed Haringey residents. The programme for

The feedback was / people asked us to:	So we plan to:
	<p>this year is focussed on supporting young people (16-24), parents and people aged 25 and over.</p> <p>The Council will be launching a new employment programme in 2012/13 that will increase our capacity to provide support to our unemployed residents, including those that are aged 25-30.</p>
<p>Older people's mental health and dementia should be included in the strategy.</p>	<p>Dementia and older people's mental health will be included in the strategy. We are delivering the outsourcing of the Joint Older People's Dementia and Mental Health Commissioning Framework.</p>
<p>The impact of alcohol abuse, especially on those with learning disabilities was considered a key issue.</p>	<p>In June 2011, we launched a campaign aimed at tackling hate crime directed at people with a learning disability. Working closely with people with a disability, the joint initiative was set up by Mencap, the Metropolitan Police and the Council to encourage more victims to come forward. A new easy-to-read form has been produced that victims can leave in special red boxes at key locations in the borough, such as day centres. The forms are passed on to the police who will then investigate the incident with the victim and their family or carer. This initiative makes it easier for victims and their families to report hate crimes and reflects our commitment to preserve everyone's right to live without fear of abuse.</p> <p>The campaign which aims to raise awareness of disability hate crime was featured at the HLDP Partnership Board multi-agency away day which was attended by over 100 local people, many of them with learning disabilities in March of this year and the campaign was also featured in "Haringey People" which</p>

The feedback was / people asked us to:	So we plan to:
The strategy should consider the mental health and well-being of families and carers.	reached the entire Haringey population in June of this year. The delivery plan will include actions to provide support for carers to ensure their mental and physical health is not impacted as a result of caring including further support in times of crisis.

APPENDIX 1: Priorities ranked by respondent support

Outcome One:	
Priority	Percentages
1) Raise awareness and take-up of vaccinations	83.3% strongly agreed, 11.9% agreed
2) Encourage pregnant women to give up smoking	73.8% strongly agreed, 19% agreed
3) Promote a healthy and balanced diet for families	78.6% strongly agreed, 16.7% agreed
4) Reduce the barriers to and increase the opportunities for taking up physical activity	66.7% strongly agreed, 28.6% agreed
5) Provide targeted support for the welfare, learning and all round development of children ensuring they make good progress from conception to 3 years so that they are ready for school at 5 years.	64.3% strongly agreed, 26.2% agreed
6) Provide targeted, relevant and accessible sex and relationship education to children and young people.	50% strongly agreed, 40.5% agreed
7) Increase early access to ante-natal and post-natal support especially for Black African women	54.8% strongly agreed, 33.3% agreed
8) Promote breastfeeding	50% strongly agreed, 26.2% agreed

Outcome Three	
Priority	Percentages
1) Raise awareness of heart disease, stroke and cancer, and increase take up of screening programmes, with a particular focus on men aged 40+ in the east of the borough	64.3% strongly agreed, 33.3% agreed
Joint 2) Protect families and communities from tobacco.	71.4% strongly agreed, 21.4% agreed
Joint 2) Reduce the barriers to and increase opportunities for taking up physical activity amongst adults.	71.4% strongly agreed, 21.4% agreed
3) Extend identification and brief intervention programmes to minimise the harm caused by alcohol misuse.	66.7% strongly agreed, 28.6% agreed
5) Promote healthy living in the planning and regeneration of Tottenham.	71.4% strongly agreed, 19% agreed
6) Increase the number of health	66.7% strongly agreed, 19% agreed

checks and health action plans for people with learning disabilities	
7) Promote independent living for vulnerable adults and support those who care for them	64.3% strongly agreed, 21.4% agreed
8) Motivate and assist every smoker to quit	64.3% strongly agreed, 23.8% agreed

Outcome Three	
Priority	Percentages
1) Prioritise prevention and early intervention by working with schools, young people and families to deliver services for local community based settings.	73.8% strongly agreed, 19% agreed
2) Improve access to education, training, employment and housing particularly increasing opportunities for young people and those with mental health problems including people with learning disabilities.	71.4% strongly agreed, 19% agreed
3) Increase access to information and resources about mental health services to support self-help to promote wellbeing.	69% strongly agreed, 19% agreed
4) Increase the number of problematic drug users in effective treatment	61.9% strongly agreed, 26.2% agreed
5) Promote the inclusion of emotional wellbeing in community development initiatives, in particular the work to regenerate Tottenham.	64.3% strongly agreed, 21.4% agreed
6) Raise awareness of sensible drinking to minimise the harm caused by alcohol misuse.	57.1% strongly agreed, 31% agreed

APPENDIX 2: Detailed comments from the consultation

Overall

Some of the specific comments included:

Delivery Plan

- No details of specific plans, just aspirations.
- There needs to be a delivery plan including monitoring arrangements.
- Would like to work in partnership to contribute to the delivery of the strategy.
- There is a need to engage corporate partners, and
- There is a need for buy in from residents for this strategy to be effective.
- Pharmacies are already involved in a number of initiatives and provide a range of services that could be extended to deliver the outcomes and priorities in the strategy. For example:
 - Stop Smoking services.
 - promote breastfeeding
 - awareness and take up of vaccinations.
 - promote a healthy and balanced diet for families.
 - recommend opportunities for taking up physical activity amongst adults
 - raise awareness of heart disease, stroke and cancer,

Equalities

- Disability as a protected characteristic is broadly absent from the strategy.
- Targeting intersectional points across equalities steams (gender, age, race) could help focus the strategy
- Welcomes the commitment to do an EqIA
- Agreed with targeting where need and inequalities are greatest - in the east of the borough
- Welcome the inclusion of specific aspirations for particular groups of women who face multiple disadvantage eg. disabled women- where there are high levels of DV.
- Consider links (eg. to Equal Opps Strategy) and wording of priorities
- Welcomed the gender specificity of the strategy and would like it widened.

Resources

- Need to mention the cuts impact on current provision.
- The LMC agrees with the priorities but points out that many would require infrastructure development in primary care. This will require additional resources such as extra staffing. The LMC is concerned about where these extra resources will come from.

Focus

- The strategy is too health biased and misses a lot of work that the Council has achieved/plans already in place.

Outcome One: Every child has the best start in life

Some of the specific comments included:

Overall:

- Use local groups to provide services
- That services and facilities should be in easily accessible locations.
- Need to include disability. The 2008/2009 Family Resources Survey reported that 37% of households with disabled children live in poverty
- Prioritising prevention and early intervention by working with schools, young people and families could deliver beneficial services in local community based settings

Obesity and healthy eating:

- Restrict the number of fast food shops in the most deprived areas
- Healthier secondary school meals
- Work with nurseries, schools, leisure centres to provide appropriate food and information.
- Work with supermarkets/grocery stores to provide incentives for responsible marketing and trading
- GPs and schools refer obese children to appropriate services
- There is an interaction with obesity and disability that could provide a useful point to impact on life expectancy aspirations.
- Proliferation of fast food outlets makes a huge difference in the amount and type of food that young people eat;
- Importance of family focus for childhood obesity
- The one main issue raised as the health problem was the proliferation of fast food outlets and access by young people.
- Information provision for healthy eating and nutrition.

Early years:

- More support for parents ie. childcare, support for parents who have learning disabilities
- Resume Health checks for 1-2 year olds (Health Visitors)]
- Importance of early antenatal booking. Concern was raised that this may be related to women struggling to register with a GP.
- Wellbeing Board – how propose to reach African Women in terms of pregnancy. Some Caribbean people don't like to ask for help.
- Noted breastfeeding and children's centres.
- Information provision for:
 - Risks of drinking alcohol during pregnancy
 - Breastfeeding

Domestic Violence

- Domestic Violence and its impact on children is missing from these aspirations. Disabled women are three times more likely to suffer abuse than non-disabled women – this impacts on their children hugely.
- Focus on BME and domestic violence, faith/BME communities and learning English, housing and immigration etc. could have effective reach.
- Information provision for domestic violence eg. DV awareness programme
- Domestic Violence should be included given its impact on the health and wellbeing of adults and children. In particular there are high rates of women experiencing domestic violence when pregnant. Look at effective screening for DV.

Physical activity

- They would like more free gym access, including more green gyms / easy gyms.
- Information provision for physical activity for CYP.

Leisure

- They would like access to cheaper fun activities in the east eg a cinema, shopping mall - would improve their wellbeing.

Outcome Two: A reduced gap in life expectancy

Some of the specific comments included:

Overall:

- Better understanding of cultural and social attitudes will be needed
- Consider the impact of mental ill health to life expectancy
- Raise awareness of COPD and other lung diseases
- The result of the health check, is it broken down into areas of Haringey?
- Needs more work on accessible communications
- Extend health checks and health action plans for people with learning disabilities, to other disabled people. Noted difference between population figures - resident and GP-registered;
- Concern about quality of primary care in the east of the borough.

Obesity and Healthy Eating

- Reduce the number of fast food shops in Haringey
- People already know they should exercise more and eat less.
- Planning permission – influence planners so that cafés that are in the west are in the east which promote healthy eating (rather than fast food chicken shops).
- Recognition that fast food outlets were a factor in obesity;
- Importance of the connection between licensing, planning and health.
- Provide health education via local media, local businesses such as food outlets

Alcohol

- Agreed alcohol as a priority.
- Alcohol misuse, often interacting with mental health, disability, and other addictions and vulnerabilities, is something that can rarely be solved through brief interventions. The use of the phrase, 'minimise the harm', begs the question – to whom, or what? Minimising the long-term health impacts of alcohol misuse would be a welcome aspiration in the Health and Wellbeing strategy.
- Provide health education via local media, local businesses such as pubs.
- Fire related injuries and deaths from alcohol and smoking
- Raised the issue of women's groups for drug and alcohol problems that aren't dominated by men.

Betting shops

- Reduce the number of betting shops in Haringey
- Provide health education via local media, local businesses such as bookies.
- There are too many betting shops in the Haringey area.

Environment

- Reduce air pollution by reducing traffic
- Should air pollution be a priority?
- Is air quality an issue?

Physical Activity

- Increase physical activity
- Make Haringey safe for cycling

Domestic Violence

- Provide support for women to sustain change, whether that be escaping from domestic violence, giving up smoking, eating better, exercising.

Sexual Health:

- Look at sexual health for 25 yr olds and up including testing and information.

Offenders Health:

- The offender population should be mentioned as a hard to reach group- smokers, alcohol and substance misusers, unemployed and may be socially excluded.

Older People

- How are older people's health issues to be addressed.

Outcome Three: Improved mental health and wellbeing

Some of the specific comments included:

Overall:

- The Consortium strongly agrees with all the aspirations laid out in the section but request more detail.
- No detail of mental health provision

Independent living and Housing

- Include personalisation, direct payments and independent budgets.
- A concern that a focus on increasing independent living did not increase social isolation of vulnerable people.
- Independent living very important, enabling active travel.
- 'Support independent living' section should include housing related support. Include in 'what we plan to do' section: Developing a commissioning plan for housing related support that will review current services and assess what we need in the future, based on evidence, to plan how effectively funding can be used to develop innovative, flexible services that address the needs of current and future users to ensure as many as possible are able to live independently in their own homes.
- In 'Supporting people with severe and enduring mental health needs', we are funding housing related support services to enable people to move out of hospital/long term accommodation and into independent living.
- The pyramid does not stress housing sufficiently- should include the statutory homelessness strategy.
- Develop social housing in the West of the borough.
- Provide support for residents who are having difficulties with housing, employment, education, finances.

Children and Young People

- Children's centres as well as schools are ideal providers of early intervention and promotion of well being ie creative learning strategies
- Improve access to psychological therapies.
- The Consortium would welcome the focus of early intervention and access to training, education, employment and housing programmes being extended to disabled people.

Information provision

- Increase access to information and resources about mental health services to support self-help to promote wellbeing.
- Send doctors, nurses, nutritionists etc from the same backgrounds as the pupils into schools outlining the effects of an unhealthy life style.
- Effects of drugs and alcohol.

Employment

- Promote employment of people with poor mental health.
- Provide more work opportunities/experience for 25-30 age group.

Older People

- Needs something specific for older people's mental health and dementia
- Day centres and services for people with mental health issues should be kept open

Alcohol

- Major issue of impact of alcohol abuse, especially on those with learning disabilities sharing homes - vulnerability to drunken attacks;

Carers:

- Consider the mental health and well-being of families and carers.

Data:

- Use the most up to date data.

Details of how individuals and organisations feel they can contribute to improving health and wellbeing in Haringey

Statutory:

- As the London Fire Brigade Borough Commander of Haringey I have a number of resources which can be utilised to contribute towards our joint aims and objectives for the overall improvement of the safety and wellbeing of vulnerable members of the community.
- The London Fire Brigade undertakes a number of initiatives associated with fire education and fire prevention, particularly targeting residents who are deemed the most susceptible to fire related injury and deaths. These vulnerable groups are classed as "P1 people" and are generally from the same demographic as those in which the health and wellbeing strategy are trying to target. Increased partnership working with the LFB and key organisations within the Haringey would assist in contributing towards meeting many of our joint objectives.
- My role as Infant Feeding Co-ordinator is already making contribution towards the health and wellbeing in Haringey. The service is best placed to increase the local community capacity by training local mothers as peer breastfeeding supporters and more could be done to increase breastfeeding rates among the most socially deprived if a targeted approach was taken to incentivise and encourage women from BME communities and young mothers with pathways to jobs and further education. Raising confidence and aspirations among these women is more likely to lead to healthier lifestyle decisions for them and their children
- By working closely with voluntary organisations and education
- Continuing to strive for better mental health
- By working in the mental health sector

- By supporting primary health care acute health care and mental health care providers, providing training around the health needs of people who have learning disabilities and their carers.
- By linking the work of the Learning disability partnership board to the Health and well-being strategy
- We deliver our own health and wellbeing projects as well as signposting members of the community to existing provisions.
- Raise awareness of services locally.
- Have a strong focus on the health and well being of their staff
- Children's centres are ideal providers of early intervention and promotion of well being although additional funding would now be needed for us to take on additional work following the recent cuts in funding.
- The probation service supervises offenders who have poor health outcomes and we would welcome services for this group, some of which could be provided on our premises ie smoking cessation services

Community and Voluntary Sector:

- The Mental Health Carers Support Association provides help and support including advocacy when needed
- The future of Mind in Haringey is threatened by the cuts to core funding from Haringey. We would like to expand the services we currently provide, particularly our counselling and advocacy services, so that mental health service users are able to make informed decisions about their own lives with our support.
- I am currently writing new programmes in health/well being and other creative genres to support many of the main aims/objectives in the strategy and as a lecturer I'm very keen to get involved to work on other ideas to support the strategy.
- Writing/creating or delivering health/well being and fitness programmes for children - adults (including those with different physical/emotional/learning needs). Also the possibility of going into schools to promote health/well being as I have previously worked as a freelance dance/fitness consultant and practitioner.
- We are just setting up a Haringey Breath-Easy Group with help from the Community Respiratory Team and the British Lung Foundation.
- The decision that Equilibrium magazine will no longer be printed in hardcopy but be available online was questioned.
- stop closing useful facilities for the mentally ill
- Parents working with teachers and community Hubs-promoting the Strategy, essential.
- Already offer physical activity and courses and work in partnership within Haringey and will continue to do so

Residents:

- By continuing to work (voluntarily) for the MHCSA.

- Being a teacher I would highlight it during a whole school assembly. Highlight that although in parts of the world people are dying from starvation, people in affluent countries are dying from obesity.
- By working with Haringey on our community magazine Equilibrium to publicise any wellbeing initiatives/services/events etc and promoting good mental health and wellbeing.
- improving access to community services
- Keeping myself fit and following a healthy life style, not really possible if you are unemployed and existing on a Job seekers allowance.

APPENDIX 3: The recommendations of the cross party working group on health inequalities

The following recommendations were made:

1. **Organise a series of resident debates across the borough on factors driving inequalities and what we as a community can collectively do about it** e.g. food & drink; alcohol; smoking; stigma
2. Work with schools (Head teachers and governors) and children centres, encouraging them to have **immunisation as a prominent part of the school/children centre entry**
3. **Involve young people in devising a campaign about teenage pregnancy** (linked to aspirations)
4. **A smokefree Haringey** – continue to ‘de-normalise’ smoking by banning smoking in parks (or at least the children’s play areas), at bus stops, and for staff within 50m of all council buildings.
5. **Training frontline staff in brief interventions on alcohol and smoking** – to fill the gap between primary prevention efforts and more intensive treatment for people with serious alcohol use disorders and smokers
6. Explore all planning avenues to **reduce the proliferation of fast food outlets in the borough and work with existing fast food outlets to make their food healthier**
7. **Stop the selling of all fizzy sugary drinks and junk food from all council premises**
8. **Develop a ‘Safe places’ scheme** where local shops and businesses display a sticker so that people with a learning disability or mental ill health who are out and about who needing assistance will find refuge inside.
9. **Encourage volunteering with Community Health Champions** - offer NVQs leading to job opportunities
10. **Work with council commissioned and private leisure centres to ensure that they are affordable and attract clients:**
 - who have low levels of physical activity
 - to incentivise parents to use their facilities - encouraging them to exercise with their children giving a discount when their children use the centre
 - expand exercise prescriptions

Appendix 4: Consultation Matrix

Appendix 5: Consultation questionnaire

APPENDIX 6: Equal Opportunities Monitoring Summary of questionnaire responses

Breakdown of respondents

- 31%- statutory organisations
Including:
 - Barnett Enfield and Haringey mental health trust
 - Haringey Learning Disabilities Partnership
 - London Fire Brigade
 - Metropolitan Housing Trust
 - LB Haringey / NHS
 - Children and Young People Service
 - South Grove Children’s Centre
 - London Probation Trust
 - Whittington Health

- 23.8%- voluntary and community organisations
Including:
 - Mind in Haringey
 - Age UK
 - Asaria Performing Arts & Bubble After School Club
 - Breathe Easy, Haringey
 - Equilibrium magazine
 - CRUCIALSTEPS
 - Sanjuro training systems Ltd
 - Broadway
 - Chettle Court Rangers

- 42.9% local resident

Local Residents

Over 50% of residents that responded were White British. 67% were women and the majority of resident respondents were aged 39 to 50 years.

Ethnicity	
Caribbean	1
Indian	1
Mixed Other	1
White and Black Caribbean	1
White British	10
White Greek Cypriot	1
White Other	1
No response	2
Total	18

Sex	
Female	12
Male	5
No response	1
Grand Total	18

Age	
20-24 years	1
25-29 years	2
30-44 years	6
45-59 years	4
60-64 years	3
75-84 years	1
No response	1
Total	18

Disability	
Learning disability	1
Long term illness, disease or condition	3
No disability	10
No response	4
Total	18

Home postcode	
N10	2
N15	2
N17	2
N2	1
N22	5
N4	1
N8	3
No response	2
Total	18

Statutory Organisations

These figures were not particularly useful as the numbers of respondents were very small and it is unclear whether the responses were about the organisation or the individual that responded on behalf of the organisation.

Disability	
Mental health	1
No disability	7
No response	5
Total	13

Age	
30-44	2
45-59	7
60-64	1
No response	3
Total	13

Postcode	
N22	3
N9	1
NW4	1
NW7	2
No response	6
Total	13

Race	
White British	6
No response	7
Total	13

Community and voluntary sector organisations

These figures were not particularly useful as the numbers of respondents were very small and it is unclear whether the responses were about the organisation or the individual that responded on behalf of the organisation.

Disability	
Mental Health	1
Physical Disability	1
No disability	2
No response	6
Total	10

Age	
16-17	1
25-29	2
30-44	3
45-59	3
65-74	1
Total	10

Race	
White British	7
No response	3
Total	10

Postcode	
N13	1
N18	1
n4	1
n6	1
N8	3
NW1	1
No response	2
Total	10