Haringey Health and Wellbeing Board

Haringey’s Health and Wellbeing Strategy 2015-2018
Summary Version

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

What is Haringey’s Health and Wellbeing Board?
The vision of our Health and Wellbeing Board (HWB) 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.

In Haringey the HWB (a committee of the local authority required by law) has been set up as 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.

The HWB takes the lead in promoting a healthier Haringey. It has a duty to promote the individual wellbeing of all local residents. It also 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.

What is the purpose of the Health and Wellbeing Board’s strategy?
The Health and Wellbeing Board strategy sets out our approach to tackling some of the borough’s most challenging health issues. Between January and May 2015 we consulted on Haringey’s new Health and Wellbeing Strategy, to cover the period 2015 to 2018.

We are proposing that our strategy focus on three priorities:

- reducing obesity
- increasing healthy life expectancy
- improving mental health and wellbeing.

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 plans, including joint plans between organisations
- the HWB to hold member organisations to account for their actions towards achieving the priorities and to work with and influence partner organisations outside the HWB to contribute to the priorities; this includes engaging residents in co-producing solutions.
Our vision

Our 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.

We have identified 9 ambitions for the future health and wellbeing of Haringey residents.

- Fewer children and young people will be overweight or obese
- More adults will be physically active
- Haringey is a healthy place to live
- Every resident enjoys long lasting good health
- People can access the right care at the right time
- More people will do more to look after themselves
- More children and young people will have good mental health and wellbeing
- More adults will have good mental health and wellbeing
- People with severe mental health needs live well in the community

Progress towards these ambitions will be measured using the performance targets listed on page 11.

To achieve the 9 ambitions, the strategy will focus on 3 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
WHAT ARE OUR PRIORITIES TO DELIVER OUR AMBITIONS?

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. We know that in Haringey:

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].

   ![Image showing nearly 1 in 4 children are overweight or obese in Reception year (2013)]

   ![Image showing over 1 in 3 children are overweight or obese in Year 6 (2013)]

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.

   ![Map showing high levels of obesity in the east of Haringey]

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Information on Childhood obesity has been drawn from the Haringey JSNA. See [http://www.haringey.gov.uk/jsna-childhood-obesity.htm](http://www.haringey.gov.uk/jsna-childhood-obesity.htm)
Haringey: % of Year 6 children who are obese or overweight by ward

Children from black and minority ethnic (BME) groups are more likely to be obese than white British children.

Many people with a learning disability have a problem with obesity.

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.

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. They highlighted the importance of inviting, welcoming facilities (such as outdoor gyms), increasing the availability of safe places for people to walk, exercise and play, and the need for affordable and easily available exercise and healthy food options.

Responses to the Council’s Investing in our Tomorrow consultation included:

- 33% think individuals could exercise more
- 42% think individuals could change their eating habits to eat healthier
- 26.32% think there are too many fast food shops in Haringey.

Responses to the Council’s public consultation on the Health and Wellbeing Strategy included:

- 11% raised the importance of healthy living education in schools
- 11% think cooking classes would help people to eat healthier
- Many respondents recognised the link between mental health and obesity.

Where do we want to be by 2018?

- We want the whole community and all of our partners to be 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 fewer children and young people to be overweight or obese.

What are we going to do about it?

We will form a Haringey Obesity Alliance – a partnership between the Council, health and care services, schools, local businesses and community groups. It will be a platform for partners to exchange information, and develop projects to tackle obesity.

Over the next three years we will:

- Use planning policy to create a borough where it is easy and safe to play, walk and cycle
- Encourage local businesses to sign up to our Healthy Catering Commitment to make fast-food takeaways healthier
- Work with employers on healthy workplace policies for their staff
- Develop an ambitious resident-led programme for food growing
- Work with parents of young children to help share their experiences to support other parents
- Promote opportunities for residents to take part in healthy cooking classes
- Promote healthy eating, physical activity and emotional health and wellbeing throughout schools
› Improve access to and engagement in sports and leisure activities for young people and adults
› Ensure all our services “make every contact count” by promoting healthy messages and information to residents

**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 life expectancy gap is 7 years for men and 3 years for women from the most to the least deprived parts of the borough.

The major cause of reduced life expectancy and early deaths are ‘long-term conditions’ [such as cardiovascular disease, diabetes, cancer and respiratory disease] that cannot be cured but can be controlled by medication or other therapies.

![Life expectancy graph]

**What people have told us**
At engagement events and focus groups, 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, making them accessible to all
› Ongoing community engagement to help build strong local networks and promote peer support schemes
› Better working with Voluntary and Community Sector groups to tackle the specific health needs of different communities
› Better information about healthy lifestyle, and affordable and accessible exercise and healthy food options.

11% of respondents to the consultation on the Health and Wellbeing Strategy raised the need to tackle social isolation as a contributing factor to long term conditions, particularly amongst the elderly.
Where do we want to be by 2018?

- We want to prevent people from developing long-term conditions, wherever possible.
- 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?

Over the next three years we plan to:

- Create an environment that prevents people from getting long-term conditions in the first place, through measures such as strengthening tobacco control and a consistent approach to alcohol licensing.
- Work with residents, and the VCS to equip people with the skills and knowledge to live healthy lives – through example, through the Well London, Health Champions and peer support schemes.
- We will work with specific community groups [BME, LGBT] to tackle long term conditions and their risk factors.
- Support people who do develop long-term conditions to manage them better through specialist care pathways.
- Strengthen our self-management programmes, which support people to manage their own health.
- Develop a single point of access to integrated health and social care services.

Priority 3: Improving mental health and wellbeing

Why this is a priority

Mental health and wellbeing have a great impact on our ability to live happy and fulfilling lives. In Haringey:

- An estimated 3,000 children and young people have some form of mental health problem at any time; over 34,500 adults will have a common mental disorder such as anxiety or depression.
- About 4,000 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.

However, despite high levels of mental illness in Haringey, a large proportion of our residents do not seek help.
What people have told us
At engagement events and through the public consultation, local people have told us that they would like:

- A focus on prevention 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. Support for self-help
- Seamless services supporting people to live independent, fulfilling lives in the community
- Communities to be used more to provide support e.g. peer mentoring
- Better training of professionals, and better awareness and understanding of mental health throughout society
- A focus on transitions (into adulthood, parenthood) through improved cross-organisational communication.

Where do we want to be by 2018?

- We want to promote opportunities in Haringey 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 communities to build on existing strengths and capacity
- We want mental health services to be integrated, flexible and person-centred (wrapped around an individual, their family and their carers’ needs)

What are we going to do about it?
Over the next three years we plan to:

- Reduce the stigma and discrimination associated with mental ill health, including within workplaces
- Work with the VCS, businesses and other partners to help those with mental ill health achieve employment, affordable housing and other goals
- Work to connect people with their communities so that they can create social networks, access peer support and achieve their potential
- Ensure that people living with mental ill health experience a more seamless service from hospital to GP
- Strengthen support for people to manage their physical health and mental ill health in primary care and other community settings.
HOW ARE WE GOING TO DELIVER OUR THREE PRIORITIES?

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.
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Haringey’s Health and Wellbeing Strategy 2015-2018

**Healthy Life Expectancy**

**Workforce**
- Making Every Contact Count (Priority 2)
- LBH healthy employer (Workforce Plan)

**Health in all Policies programme**

**All Partners**
- Develop policies with planning, regeneration and environmental health
- Restrict fast food outlets near schools
- Integrate obesity outcomes into Haringey 54k, Early Help and Tottenham regeneration programmes
- Review all ‘no ball games’ signs

**Healthy Schools Programme**

**Physical Activity and Sport Framework**
- Promote the Framework
- Improve access to physical activity and sports in partnership with schools and community organisations
- Sustainable community projects e.g. Good Gym

**Early Help**
- Health Child Programme
- HENRY: teaching parents about healthy eating
- Bespoke plans for schools covering healthy eating and physical activity policy, curriculum mapping, PSHE and MH

**Food Charter Programme**
- Develop a Food Charter with local businesses, schools, hospitals etc.
- Continue the Healthier Catering Commitment Scheme
- Tottenham focus / Chickentown

**All Partners**
- Linking schools to Smarter Travel / travel plans
- Linking schools to leisure and parks initiatives
- Bespoke plans for schools covering healthy eating and physical activity policy, curriculum mapping, PSHE and MH

**Obesity Alliance**
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**All Partners**
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- Tottenham focus / Chickentown

**Obesity**

**Healthy Schools Programme**

- Linking to smarter travel/transport plans
- Linking to leisure and parks initiatives
- Bespoke plans for schools covering healthy eating and physical activity policy, curriculum mapping, PSHE and MH
Healthy Life Expectancy

**Primary Care access**
- Increasing access to GPs [HWB/CCG]

**Health in all Policies Programme**
- Develop policies with planning regeneration, and environmental health
- Strengthen tobacco control
- Review approach to local alcohol licensing applications

**Public Health**
- Making Every Contact Count

**Transforming adult social care**
- Develop the Reablement Service
- Integrate existing behaviour change programmes

**Care Act**
- Bespoke carer’s assessments

**Health and Care Integration (HACI)**
- Pathways for Long Term Conditions
- Review self-management programmes
- Integrated health and social care locality teams
- Single point of access to integrated health and social care services
- Education and training for clinicians and other staff

**Obesity Alliance**

**Healthy Life Expectancy**

**Priority 2 Portfolio**

**Planning**

**Tottenham Regeneration**
- Well London Programme - Northumberland Park

**VCS**

**Tottenham Regeneration**

**CCG**

**Primary Care access**
- Increasing access to GPs [HWB/CCG]

**Health in all Policies Programme**
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**Public Health**
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Mental Health

Promoting Mental Health and Wellbeing

- School Emotional and Mental Wellbeing and self-harm training
- MH awareness for frontline staff
- Focus prevention and promotion contracts on community development
- Social isolation projects
- Commissioning for community assets e.g. Timebank
- Commissioning physical activity, enabling access to parks

CYPS & Adults  VCS

Improving mental health outcomes of children/YP

- Focus CYP mental health services on prevention and early help
- Strengthen referral pathways
- Targeted schools interventions
- Review transition from CAMHS to adults
- Review of MH services offer for LAC

Schools

Improve mental health outcomes for adults and older people

- Improving physical health of those with mental - ill health
  - Review current pathways
  - Working with pharmacies
  - Improving the liaison psychiatric service
  - Audit of care plans for co-morbidity cases
  - Improving relationships between MH and primary care staff

CCG

Meeting the needs of those most at risk

- Improve waiting times for Criminal Justice referrals
- Diversity training for frontline MH staff
- Violence against women and girls workstream
- Links with Serious Gangs and Youth Violence Strategy

Community Safety  CYPS & Adults

Integrated enablement model

- New enablement models
- Pathways between CMHTs, home treatment teams and primary care
- Housing based solutions
- Crisis management plans in CPAs
- Asset based VCS approach
- Training on benefits, housing and physical health

BEH Trust & CCG  Housing
### Performance Targets

<table>
<thead>
<tr>
<th>Ambition</th>
<th>What is being measured</th>
<th>2015 baseline</th>
<th>2018 target</th>
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</table>
| **1. Fewer children and young people will be overweight or obese** | The proportion of overweight or obese children at year 6 (ages 10-11) | Overweight: 15.2%  
Obese: 22.8%  
[Total: 38.0% ] | Reduce the % of overweight and obese children at year 6 [age 10-11] to 35% |
| **2. More adults will be physically active** | The proportion of adults participating in less than 30 minutes of physical activity per week | Percentage of inactive adults (those who do less than 30 minutes of physical activity per week): 26.8%  
| | Reduce in inactive adults by 25% |
| **3. Haringey is a healthy place to live** | 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 | Increase in the number of people who walk and cycle to the top quartile of our London Authorities by 2018 |
| **4. Every resident enjoys long lasting good health** | Average Warwick-Edinburgh wellbeing score for children and young people | 2015 baseline survey | Increase the average score of children on the short Warwick-Edinburgh mental wellbeing scale by 2018* |
| **5. People can access the right care at the right time** | The proportion of 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 | Increase in patients reporting they are able to get a GP appointment to see or speak to someone to 83% |
| **6. More people will do more to look after themselves** | The proportion of people in last 6 months, who have enough support from local services/organisations to help manage long-term conditions | 57% (including those supported ‘to some extent’) | Increase in adults who feel supported to manage their long term conditions to 59% |
| **7. More children and young people will have good mental health and well-being** | Average Warwick-Edinburgh wellbeing score for children and young people | 2015 baseline survey | Increase the average score of children on the short Warwick-Edinburgh mental wellbeing scale by 2018* |
| **8. More adults will have good mental health and well-being** | Average Warwick-Edinburgh wellbeing score for adults | 2015 baseline survey | Increase the average score of adults on the short Warwick-Edinburgh mental wellbeing scale by 2018* |
| **9. People with severe mental health needs live well in the community** | Proportion of adults with severe mental illness who are receiving the Care Programme Approach and are in employment  
Proportion of adults with severe mental illness who are receiving the Care Programme Approach and are in settled accommodation | 2014/15 = 5.1%  
2014/15 = 76.8% | Increase the proportion of adults receiving CPA who are in employment to maintain top quartile position (9.8%)  
Increase the proportion of adults receiving CPA who are in settled accommodation to 80% |

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* HWB targets for the mental health ambitions will be set in Autumn 2015 once baseline surveys and research have been carried out

1 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.

2 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.

3 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.

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

5 Applies to all people who have a medical condition.
Glossary

BME  Black and Minority Ethnic
CPA  Care Programme Approach
HfH  Homes for Haringey
HWB  Health and Wellbeing Board
JSNA  Joint Strategic Needs Assessment
LGBT  Lesbian Gay Bisexual and Transgender
VCS  Voluntary and Community Sector