

Health and Wellbeing Strategy Performance Update

2012 - 2015

Every child has the best start in life



OUTCOME 1

Outcome 1



Statistically better than London
 No statistical difference to London
 Statistically worse than London
 n/a = No previous data or comparator

* Provisional data

Indicator ^	Haringey Latest Performance	Provisional trend based on last reporting period (& DoC)	Haringey Performance at last reporting period compared with London	Haringey Latest Performance compared with London
Infant Mortality (2010-12) <i>(rate per 1,000 live births)</i>	3.9	Good performance is low 	4.3 vs 4.4	3.9 vs 4.2
Early Access to Maternity Services (2013/14)* <i>(% uptake)</i>	76.4	Good performance is high 	76.8 vs 79.6	No London comparator data
Breastfeeding at 6-8 weeks (2013/14) <i>(Crude percentage %)</i>	72.9	Good performance is high 	72.8 vs 68.5	72.9 vs 60.6
% of women smoking at time of delivery (2013/14)	2.03	Good performance is low 	4.3 vs 5.7	2.03 vs 5.1
Childhood vaccination (2013/14) <i>(% coverage at year 1)</i>	91.6	Good performance is high 	93.8 vs 91.1	91.6 vs 89.8
Childhood vaccination (2013/14) <i>(% coverage year 5)</i>	86.0	Good performance is high 	86.8 vs 90.6	86.0 vs 80.7

Priority 1
 -
 Reduce infant mortality

^ see technical document for definitions

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Outcome 1



Statistically better than London
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Indicator ^	Haringey Latest Performance	Provisional trend based on last reporting period (& DoC)	Haringey Performance at last reporting period compared with London	Haringey Latest Performance compared with London
Under 18 conception rate (2013) (Crude rate per 1,000)	20.9	Good performance is low ↓	33.1 vs 25.9	20.9 vs 21.8
Prevalence of overweight and obesity in 4-5 year olds (2013/14)* (Prevalence %)	22.0	Good performance is low ↓	22.7 vs 23.0	22.0 vs 23.1
Prevalence of overweight and obesity in 10-11 year olds (2013/14)* (Prevalence %)	38.0	Good performance is low ↓	39.4 vs 37.4	38.0 vs 37.7
School Readiness (2013/14)(Crude %)	61.3	Good performance is high ↑	50.4 vs 52.3	61.3 vs 62.2

Priority 2 – Reduce teenage pregnancy

Priority 3- Reduce Childhood obesity

Priority 4- Ensure readiness for school at 5 years **4**

^ see technical document for definitions



Outcome 1 Indicators- Summary

Infant Mortality (2010-12) (rate per 1,000 live births)



There has been a steady decrease in infant mortality rates in Haringey since the beginning of the strategy and rates are now lower than those of London. Public health have worked hard to raise the awareness of the risk factors for infant mortality among frontline staff. Additionally, bi-annual Sudden Unexpected Death in Infancy (SUDI) seminars are held to raise awareness of the risk factors for sudden unexpected deaths in infancy. The work around reducing smoking in pregnancy will also affect infant mortality rates.

Early Access to Maternity Service (2013/14)



Since the last reporting period (2012/13), there has been a small (but not significant) decrease in early access to maternity services. As this data is provisional with local analysis only, benchmarking against London cannot be carried out. There are a number of Public Health commissioned services being rolled out to ensure an improvement in access. The publicity has been disseminated in various community languages to raise awareness of the importance of early booking. Joint seminars with Enfield are planned, to promote visual material that will be aimed at African families to promote early booking in this group of women.

Breastfeeding at 6-8 weeks (2013/14) (Crude percentage %)* (local analysis only)



The current trends show that there is no significant change in this indicator from 2012/13 to 2013/14. Due to data quality issues, Haringey data was not published nationally for 2013/14 and there is no comparator data for London. Results of local research highlighting women's intentions regarding infant feeding will inform future interventions in targeted areas. There is also a newly commissioned breastfeeding peer support service in Haringey. The aim of the service is to target women post delivery on hospital wards, living in areas where breastfeeding rates are known to be low, and to offer 1:1 follow up support as needed. The rollout of the universal Healthy Child Programme starting in the antenatal period, offers additional opportunities to discuss breastfeeding with families.

Outcome 1 Indicators- Summary

% of women smoking at time of delivery (2013/14)*
(Value not published due to data quality issues)



The % of women smoking at time of delivery has gone down in Haringey and exceeded the target set by 2011/12. Public health is working together with Smokefreelife Haringey, Whittington maternity unit and North Middlesex Trust and Haringey CCG to introduce CO-monitoring at maternity bookings as an opt out (as per NICE guidelines) and to develop pathways to stop smoking support in pregnancy. We are looking at incorporating smoking/pregnancy into the smoking CQUINs, which will hopefully increase referrals and interventions

Childhood vaccination (2013/14)
(% coverage at year 1)



% coverage of childhood vaccination for **diphtheria, tetanus, pertussis polio and Haemophilus influenzae type b (DTaP/IPV/Hib)** has decreased since the last reporting period for year 1 only, however % coverage has increased over the last 3 reporting years for year 5 coverage . % coverage at year 1 is lower than that of London and Haringey failed to reach their target.

Childhood vaccination (2013/14)
(% coverage year 5)



% coverage for year 5 vaccination for **measles, mumps and rubella (MMR)** was higher than that of London at the last reporting period and Haringey had exceeded their target by 2012/13. The rollout of the universal Healthy Child Programme will offer additional opportunities to promote the importance of immunisations to families

Outcome 1 Indicators- Summary

Under 18 conception rate (2012/13) (Crude rate per 1,000)



Rates of teenage pregnancy have more than halved in Haringey between 2009 and the latest reporting period. There has been a continual downward trend since 2010 and now in 2013, rates are now lower than those of London. New initiatives include SafeTalk - outreach sexual health school nurses providing advice and contraception and sexual health services to young people aged under 19 in schools and post 16 settings will have contributed to this decrease in rates. Other continuing interventions include increased access to Sex and Relationship Education programmes in schools and contraception and sexual health services in community pharmacies, GPs and clinics. To date, 4,508 Haringey young people aged under-25 have registered on to the C-Card condom distribution scheme.

Prevalence of overweight and obesity in 4-5 year olds / Prevalence of overweight and obesity in 10-11 year olds (2013/14) (Prevalence %) **local analysis*



In Haringey, a higher proportion of children are overweight or obese in both reception and year 6 than London and England as a whole. The Haringey trend for reception aged children has been very similar to London and England. However for children in Year 6, Haringey has remained consistently above the national rate. To help tackle these issues the Public Health Directorate are working closely with early years settings and schools, for example we are:

1. Strongly promoting early intervention and prevention strategies through breastfeeding initiatives and the HENRY (Health Exercise Nutrition for the Really Young) programme, which helps families with very young children, develop skills around healthy eating and leading an active lifestyle.
2. Strengthening our Healthy Schools Programme to help support schools in becoming natural hubs of health & wellbeing, including targeting evidence-based interventions in schools where they are most needed.

School Readiness (2013/14) (Crude %)



There is an upward trend in school readiness since the last reporting period. Work to introduce the universal Healthy Child Programme should have an impact on school readiness; i.e. language development, nutrition and emotional health and wellbeing.

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A reduced gap in life expectancy



OUTCOME 2

Outcome 2



Statistically better than London
 No statistical difference to London
 Statistically worse than London
 n/a = No previous data or comparator * Provisional data

**Priority 5-
Reducing
Smoking**

**Priority 6 -
Increase
Physical
Activity**

**Priority 7-
Reduce
Alcohol
Misuse**

Indicator ^	Haringey Latest Performance	Provisional trend based on last reporting period (& DoC)	Haringey Performance at last reporting period compared with London	Haringey (YTD) Comparison with London
Number of 4 week smoking quitters (2013/14)	4,646	Good performance is high	4,533 vs 4,436	4,646 vs 3,652
% of service users who are "Routine or Manual" (2013)	25.0	Good performance is high	24.6 vs 25.7	25.0 vs 24.9
Participation in Sport (1x30 mins/week) (2012/14) (%)	42.2	Good performance is high	37.9 vs 36.5	42.2 vs 37.7
Adult participation in sport and active recreation (3x30 mins week) (2012/14) (%)	27.6	Good performance is high	24.3 vs 23.7	n/a
Proportion of physically inactive adults (2013) (%)	27.3	Good performance is low	26.4 vs 27.5	27.3 vs 28.4
Alcohol-related hospital admissions (2013/14)* (DSR per 100,000)	2273	Good performance is low	2533 vs 2147	2273 vs 2066

^ see technical document for definitions



Outcome 2



Statistically better than London
 No statistical difference to London
 Statistically worse to London
 n/a = No previous data or comparator

Priority 8- Reduce the Risk of Cardiovascular Disease

Indicator ^	Haringey Latest Performance	Provisional trend based on last reporting period (& DoC)	Haringey Performance at last reporting period compared with London	Haringey (YTD) Comparison with London
Take up of NHS Health Checks (2013/14) (% uptake)	45.0	Good performance is high	51.6 vs 45.2	45.0 vs 47.3
Cancer Screening coverage - Breast Screening (2014) (%)	67.6	Good performance is high	65.2 vs 68.6	67.6 vs 68.9
Cancer Screening coverage - Bowel Screening (2011/12) (%)	44	Good performance is high	n/a	n/a
Cancer Screening coverage -Cervix (2014) (%)	71.7	Good performance is high	68.4 vs 68.6	71.7 vs 70.7
Fuel poverty (2012)	10.1	Good performance is low	11.2 vs 9.9	10.1 vs 8.9
Cardiovascular mortality (under 75) (2011-13)	48.8	Good performance is low	51.7 vs 52.0	48.8 vs 50.2

^ see technical document for definitions

Priority 9- Support People with Long Term Conditions



Outcome 2 Indicators- Summary

Number of 4 week smoking quitters (2013/14)



The current trend has seen an increase in the number of 4 week smoking quitters in Haringey. This is significantly better than the London average. The local stop smoking service was re-tendered this year with an aim to reduce smoking prevalence, especially among higher risk groups, e.g. people on lower incomes, routine and manual occupations and those with mental health and drug and alcohol problems. The new service, Smokefreelife Haringey will also work closely with groups to whom smoking poses a greater risk inc. those with Chronic Obstructive Pulmonary Disease or asthma, pregnant women and new mothers. Since October 2014, 31 pharmacies and 15 GPs have also signed up to provide stop smoking support through public health contracts.

% of service users who are "Routine or Manual" (2013)



There has been no significant change in the % of service users who are "routine or Manual". As mentioned above, Smokefreelife Haringey will focus on groups with higher smoking prevalence. There are now clinics running at Tottenham and Wood Green job centres, areas with high deprivation such as Northumberland Park Living Well hub, and Arriva bus garages.

Outcome 2 Indicators- Summary

Participation in Sport
(1x30 mins) (2012/14)

Adult participation in
sport and active
recreation
(3x30mins)(2012/14)/

Proportion of
physically inactive
adults (2013)



There has been an upward trend during the past few reporting years and Haringey's improved performance for the reporting period 2012/14 is now statistically significant to the previous reporting period. Public Health is working closely with Leisure to improve take up of physical activity and reduce inactivity. Public Health also commissions Active for Life, an umbrella of activities which include healthy walks, exercise of referral scheme, cardiac rehab etc. In addition Leisure has been working with partners to promote and support physical activity and sport:

1. Local and national campaigns around the importance of being more physically active
2. Smarter Travel initiatives around walking and cycling
3. Tottenham Active! Impact
4. Leisure centres operated by an organisation with a single focus on Leisure (Fusion)
5. Public Health commissioned GP Referral, Health Walks, Cardiac, Stroke and Cancer Referral programmes and Healthy Schools.
6. Good local promotion and take up for externally funded initiatives such as 'Give it a Go', 'Sportivate' etc which are often free
7. Focussed offer and support for sports clubs – grounded in excellent relationships with National Governing Bodies for sport
8. Partnership work to provide activities that are self sustaining e.g. Finsbury Park Track & Gym asset transfer to the community
9. Great parks and open spaces with a good range of opportunities for residents to be physically active for free e.g. Outdoor Gyms, ball courts, distant markers etc
10. Improvements to parks infrastructure e.g. Down Lane Tennis Courts upgrade

Outcome 2 Indicators- Summary

Alcohol-related hospital admissions (2013/14)*



At the North Middlesex hospital, an alcohol liaison nurse is funded to work in A&E and on the wards. In addition to this we have funded a worker who identifies those with repeat admissions where alcohol is identified in their case notes. Last year we introduced a prescribing nurse to the Haringey advisory group on alcohol (HAGA) team giving them the ability to take over an alcohol detoxification allowing earlier discharge. HAGA and the commissioner have been working with GPs to identify early gastro conditions that may be alcohol related.

Take up of NHS Health Checks (2013/14)



The take up of NHS health checks has decreased since the last reporting period. However it should be noted that those who were offered a health check in the previous year will not be offered another health check within 5 years. Activity levels have substantially increased in 2014-15, and if these levels are maintained Haringey expects to achieve its annual target for checks delivered. Public health are taking the following steps to increase performance:

1. Provide additional support to increase performance amongst the practices which have signed up to deliver health checks but are not actively delivering health checks. Currently 28 of the 35 practices signed up are actively delivering health checks.
2. Offer training and support to all practices to ensure quality and boost performance.
3. Deliver an additional NHS health checks through Tottenham Hotspur Foundation, an NHS Health Checks provider which has been matched funded to deliver health checks in a range of community venues. The community programme will be expanded in 2012/13.
4. Use Health Champions and Health Trainers programmes as mechanisms for promoting the programme, focusing on East Haringey in order to increase uptake in the most deprived areas.
5. Strengthen systems in East Haringey for support on physical activity, weight management and health trainers.
6. Continue to deliver additional health checks targeting men through a partnership with Tottenham Hotspur foundation.

Outcome 2 Indicators- Summary

Cancer Screening coverage - Breast Screening (2014)



Breast screening coverage has significantly improved over the last five years and NHSE is continuing to use contractual leavers to maintain good improvements locally.

Cancer Screening coverage - Bowel Screening (2011/12)



The most significant factors affecting uptake for bowel cancer screening are age, sex, deprivation and recent migration. Uptake is lowest for prevalent screens, i.e., those who have never completed a kit before (40.6%) while in incident screens, i.e., those who have previously completed a kit uptake averages 81.3%. Uptake is lower for men than women. There is lower uptake in more deprived areas. Public Health is commissioning GPs to improve the uptake and so far, 8 practices have signed up to this service.

Cancer Screening coverage -Cervix (2014)



Local coverage is improving and NHS England established cancer screening task force has been established in conjunction with London Cancer, the Cancer Commissioning Team and a variety of other stakeholders, which will look at cervical screening coverage by CCG as well as provider, amongst other cancer screening issues.

Outcome 2 Indicators- Summary

Fuel poverty (2012)



Currently, there is a downward trend for the estimated % of households in fuel poverty in Haringey. A consultation workshop with local community groups took place in January 2015. The results will inform Haringey Council's Affordable Warmth Strategy and Action Plan

Cardiovascular mortality (under 75) (2011-13)



Deaths from CVD have halved in the last 10 years and are still declining; the reduction in CVD deaths is likely to be due to the decrease in smoking prevalence, greater awareness of symptoms, especially stroke and improved management, e.g. centralisation of acute stroke care. However, CVD remains the biggest underlying cause for the life expectancy gap between men in the east and west of the borough - and the second largest cause for women (after respiratory conditions). Diagnosed prevalence for heart disease, stroke and transient ischaemic attacks are lower in Haringey than in London.

Improved mental health and wellbeing



OUTCOME 3

Outcome 3



Statistically better than London

No statistical difference to London

Statistically worse than London

* = provisional data
n/a = No previous data or comparator

Indicator ^	Haringey Latest Performance	Provisional trend based on last reporting period (& DoC)	Haringey Performance at last reporting period compared with London	Haringey (YTD) Comparison with London
16-18 year olds not in education, employment or training (NEET) (2013) (estimated %)	3.5	Good performance is low ↓	3.7 vs 4.7	3.5 vs 3.8
Proportion of children in poverty (2011) (%)	31.2	Good performance is low ↓	33.6 vs 27.8	31.2 vs 26.5
Proportion of carers who report that they have been included or consulted in discussions about the person they care for (2012/13)	66.5	n/a	n/a	66.5 vs 65.9
Adults with learning disabilities in settled accommodation (2013/14)* (%)	69.3	Good performance is high ↑	68.7 vs 68.1	69.3 vs 68.5
Number of people trained in mental health first aid (2012/13)	>250	Good performance is high	n/a	n/a

Priority 10- Promote Emotional Wellbeing of Children and Young People

Priority 11- Support Independent Living

^ see technical document for definitions

Priority 12- Address Common Mental Health Problems amongst Adults



Outcome 3



Statistically better than London
 No statistical difference to London
 Statistically worse than London

n/a = No previous data or comparator

Indicator ^	Haringey Latest Performance	Provisional trend based on last reporting period (& DoC)	Haringey Performance at last reporting period compared with London	Haringey (YTD) Comparison with London
Entering IAPT (2012/13)	462	Good performance is high	394	n/a
Proportion of adults in contact with secondary mental health services in paid employment (2013/14)	3.6	Good performance is high	6.2 vs 6.9	3.6 vs 5.5
Proportion of adults in contact with secondary mental health services living independently (2013/14)	66.8	Good performance is high	68.0 vs 79.4	66.8 vs 78.7
Mortality rate for suicide and undetermined injury (2011-13) (rate per 100,000)	8.5	Good performance is low	9.4 vs 7.5	8.5 vs 7.2
% successfully completing drug treatment (Opiate Users) (2013)	9.3	Good performance is high	12.6 vs 9.7	9.3 vs 9.0

Priority 13- Support People with Severe and Enduring Mental Health Needs

Priority 14- Increase the Number of Problematic Drug Users in Treatments

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Outcome 3 Indicators- Summary

% of 16-18 year olds not in education, employment or training (NEET) (2013)



There has been a year on year decrease in the % of 16-18 year olds NEET in Haringey since the beginning of the strategy. At the last reporting period, the % 16-18 year olds NEET in Haringey was lower than the London average. We have far exceeded our target set at the beginning of the strategy.

Number of children in poverty (2011) (%)



Although the % of children in poverty is higher than that of London, there has been a vast improvement in this indicator and the % of children in low income families has decreased year on year. The last reporting period was 2011, there have been no local updates since this time.

Proportion of carers who report that they have been included or consulted in discussions about the person they care for (2012/13) (%)



At present, there is only year of reporting for this indicator, therefore performance cannot be assessed.

Adults with learning disabilities in settled accommodation (2013/14)* *Provisional*



There have only been two reporting periods for this indicator, however the trend demonstrates an increase in the number of adults with learning disabilities in settled accommodation. Personalisation through self-directed support, where service users are in control of their own care and support making more choices which are important to them, is a key focus for Adult Social Care.

Outcome 3 Indicators- Summary

**Entering IAPT
(2012/13)**



There are only 2 reporting periods for this indicator; 2012/13 and 2013/14. There has been an increase in the number of people entering IAPT in Haringey. There is no London comparator data.

**Proportion of adults
in contact with
secondary mental
health services in
paid employment
(2013/14) (%)**



The current trend demonstrates a decrease in the proportion of adults in contact with secondary mental health services in paid employment between 2012/13 and 2013/14. Haringey has performed worse than London in the last two reporting periods.

Outcome 3 Indicators- Summary

Proportion of adults in contact with secondary mental health services living independently (2013/14)



The percentage of adults in contact with secondary mental health services living independently remained almost unchanged from quarter 2 in 2013/2014 at 73%, and therefore continues to be below the average of 78.8% for similar local authorities. A joint Mental Health Accommodation Strategy Commissioner has been appointed by the Council and the Clinical Commissioning Group to draw up an accommodation pathway for people with mental health needs which ensures the effective use of accommodation, care and support resources to better meet need.

Mortality rate for suicide and undetermined injury (2011-13)



Mortality rates have decreased year on year in Haringey, although we currently still have rates higher than those of London. The data from the last reporting year shows that we narrowly missed our set target.

% successfully completing drug treatment (Opiate Users) (2013)



The % of residents successfully completing treatment increased year on year between 2010 and 2012. At the last reporting period there was a decline in the number of residents successfully completing drug treatment and completion rate was 9.3. Although Haringey has performed better than London, we are far from our target of 22.3%