

# **Scrutiny Review Men's Health: Getting to the Heart of the Matter**



A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE

April 2012

## Chair's Foreword

Between Fortis Green in the West of the Borough and Tottenham Green in the East of there is a 9 year difference in male life expectancy.

This shocking statistic has been known about for decades. However, with the return of Public Health to local authorities, Haringey, working with all of its partners, can now play a central role in tackling the ultimate inequality - the length of one's life.

Currently there is much renewed activity looking at how Tottenham can reach its full potential, with regeneration strategies and plans being written. This gives the borough an ideal opportunity to prioritise the improvement of men's health as a fundamental objective of this regeneration.

In Haringey's recently published Health and Wellbeing Strategy, the reduction of health inequalities has been rightly been made a central priority. In support of this objective, our panel chose to focus on the early death of men over forty years of age from Cardiovascular Disease. Deaths in this age range comprise the biggest contributing component to health inequalities so, by trying to improve the outcomes in this group, we have the opportunity of making the greatest influence in reducing the inequality figures.

Although the CVD outcomes for those in the most deprived wards in Haringey are the worst, we must not forget the pockets of deprivation in places such as the Campsbourne Estate in Hornsey and other areas.

From our first meeting with health professionals, lay people, and others active in the field, it was clear that there is a real will and determination to tackle this blight on the Borough. Already, people are meeting and planning Haringey activities that will form part of the National Men's Health Week in June this year.

It is only through long-term and determined action by residents, businesses, health providers, the voluntary sector and the council that we will be able to rid the borough of this unacceptable inequality.

This review provides a blueprint for that action and a foundation for relationships that will embed, build on and join up the fantastic work which is already taking place across the borough. The establishment of a local Men's Health Forum, as recommended in this review, provides the ideal opportunity to give impetus to the recommendations of this review.

Necessarily, this has been a very wide-ranging review. Alongside this we have a new and evolving health structure: it is therefore important that ownership is taken for the overall implementations of our recommendations and there is a central driving force, for example a local men's health forum, in order to coordinate this work.

Thanks are due to everyone who contributed their time, energy and enthusiasm to this review.



***Cllr David Winskill***

**Panel Members:**

Cllr Bob Hare  
Cllr Reg Rice  
Cllr Anne Waters

For further information on the review please contact:

**Melanie Ponomarenko**

Senior Policy Officer

0208 489 2933

[Melanie.Ponomarenko@Haringey.gov.uk](mailto:Melanie.Ponomarenko@Haringey.gov.uk)

For further information on the survey please contact:

**Martin Bradford**

Senior Policy Officer

0208 489 6950

[Martin.Bradford@Haringey.gov.uk](mailto:Martin.Bradford@Haringey.gov.uk)

## Contents

Executive Summary.....	Page 4
Recommendations.....	Page 6
Introduction.....	Page 10
Methodology.....	Page 12
Policy Context.....	Page 13

### Main Report

Survey and Focus Groups.....	Page 15
Barriers to men engaging in health services.....	Page 18
Lifestyle – Smoking.....	Page 22
Lifestyle – Physical Activity.....	Page 23
Lifestyle – Alcohol.....	Page 26
Lifestyle – Obesity.....	Page 27
Health Checks.....	Page 31
Pharmacies.....	Page 32
Primary Care.....	Page 36
Regeneration.....	Page 38
Wider Determinants – Housing.....	Page 40
Wider Determinants – Employment.....	Page 41
Strategy.....	Page 42
Partnership Working.....	Page 42

### Appendices

Appendix A – Policy context.....	Page 45
Appendix B – Dr Muhammad Akunjee.....	Page 50
Appendix C – Review contributors.....	Page 53
Appendix D – Bibliography.....	Page 55
Appendix E – Staying Healthy: A survey.....	Separate document
Appendix F – Centre for Public Scrutiny Case Study.....	Separate document

## Executive Summary

### National context:

- Men under-use primary health services<sup>1</sup>, and may take longer to present and receive a diagnosis.
- Premature death mainly affects men. 42% of men die prematurely (before the age of 75) from all causes compared to 26% of women. 21% of men aged 16-64 die from all causes compared to 12% of women<sup>2</sup>.
- The social gradient has a greater impact on men's health than women's – the life expectancy gap between men and women widens as deprivation increases.
- Coronary heart disease kills more men than women and on average men develop it 10-15 years earlier. South Asian men living in the UK have an even higher premature death rate from heart disease and stroke than men generally.
- Men use the range of primary care services far less than women.

### Haringey context:

- 28% of the difference in life expectancy gap between Haringey and England is due to Cardio Vascular disease.
- 73% of the difference in male life expectancy gap between Haringey and England is due to men over 40 years of age.
- Male life expectancy varies greatly across the borough varying from 81.52 years in Fortis Green in the West of Haringey and 72.46 years in Tottenham Green in the East of Haringey.
- Circulatory diseases are one of the major causes of death and illness locally, accounting for 33% of all deaths in 2006/08.
- Deaths from circulatory disease are not evenly distributed across Haringey, with significantly higher rates observed in the East of the borough.
- Male life expectancy in Haringey is lower than the England and London average and within Haringey there are significant inequalities (of up to 9 years between the more affluent West and the more deprived East).
- 23.2% of the adult population took part in moderate sport and physical activity three times a week for at least 30 minutes in 2008/09; the participation rate is lower in the East of the borough.
- Obesity varies considerably across the borough with an estimated 25% of residents in the East of the borough obese.
- The gap in male life expectancy in Haringey has continued to increase with a 9 year gap across the borough<sup>3</sup>. Therefore this remains a key challenge.

This scrutiny review considered the reasons for the above points and what could be done in order to reduce the life expectancy gap focusing on the following areas:

- Barriers to men engaging in health services – reasons included men being reluctant to ask for help (often hoping the issue would go away), GP practice environment being a deterrent and men not always knowing the options which are available to them.

<sup>1</sup> Men's Health Forum presentation, December 2011

<sup>2</sup> Health and Social Care Bill, Memorandum submitted by the Men's Health Forum (HS 83)  
<http://www.publications.parliament.uk/pa/cm201011/cmpublic/health/memo/m83.htm>

<sup>3</sup> London Health Observatory, 2005-2009 figures.

- Lifestyle, including smoking, physical activity, obesity and alcohol – the panel heard that whilst there are a number of services available for men to access they often do not access these services and that more could be done to market them in a men friendly way. The panel also heard some best practice examples, including Guys and Goals which is run by the Tottenham Hotspur Foundation.
- Pharmacies - The Panel felt that there was more that could be done to utilise pharmacies in the more deprived areas of the borough as they are ideal for men to drop into to ask for advice and have the potential to deliver health promotion and educational services. The pharmacy environment was also discussed with a view to trying to make it more 'male friendly'.
- Primary Care – Quality Outcome Framework (QOF) scores show some practices in more deprived areas not performing as well as others in cardiovascular disease measures. The Panel felt that the forthcoming changes under the NHS North Central London's 'Transforming the primary landscape in North Central London' could improve primary care in the area and also recommended that NHS Haringey works with relevant GP Practices to improve their QOF scores.
- Regeneration – the panel felt that the regeneration of Tottenham, coupled with the Northumberland Development Project provide an excellent opportunity to reduce health inequalities in the East of the borough.
- Wider Determinant, Housing and Employment – The panel was conscious about the wider determinants of health that housing conditions in the more deprived areas of the borough are worse than those in other areas of the borough as well as employment having a significant impact on a person's health and particularly in the current climate of rising unemployment in the target group in Haringey.

Recommendations of this review are intended to inform the Delivery Plan of the Health and Wellbeing Strategy.

## Recommendations

The Panel is aware of the changes to the National Health Service which may have implications on who is responsible for taking some recommendations forward. Therefore recommendations for NHS Haringey are made on the understanding that these will be taken forward by the appropriate successor body e.g. the Clinical Commissioning Group.

Recommendations below should be read in the context of the main body of this report.

1. A local targeted campaign involving all relevant partners should be run to coincide with National Men's Health Week (11-17<sup>th</sup> June 2012) to engage men in preventative and early intervention services around 'heart health'.

Participants to be encouraged to attend include:

- |                       |                         |                      |
|-----------------------|-------------------------|----------------------|
| ▪ GPs                 | ▪ Nurses/students       | ▪ Leisure            |
| ▪ Pharmacists         | ▪ Trainee GPs           | centres/fitness      |
| ▪ Health Trainers     | ▪ Other acute providers | centres              |
| ▪ Health Champions    | ▪ Voluntary and         | ▪ Weight watchers/   |
| ▪ Whittington Health  | Community groups        | similar groups       |
| ▪ North Middlesex     | ▪ Expert patient        | ▪ Housing            |
| UH                    | groups/Peer             | ▪ Jobcentre plus     |
| ▪ Mental Health Trust | support/buddy system    | ▪ Retail food sector |
| ▪ Employment advice   |                         |                      |
| and support           |                         |                      |

Haringey Council's Press and Publicity should assist with ensuring that the week is advertised and messages from Men's Health Forum about Heart Health are disseminated.

2. Shadow Clinical Commissioning Group to consider ways in which men could be encouraged to attend their local GP surgery. For example:

- Holding special Men's sessions at GP surgeries.
- Consider ways in which local GPs could link up with local groups e.g. Tottenham Hotspur Foundation to take services into the community.
- Asking local practices to consider their waiting areas from a male perspective and consider any changes which they could easily implement to assist in making men feel more comfortable in the practice environment e.g. an area with male interest magazines and posters about men's health.
- Having a 'Male Champion' at GP surgeries.

- 3a. NHS Haringey tackles men's reluctance to engage with primary care services by:

- Initiating training programmes which would be helpful in supporting local GPs in working with men to encourage their attendance at primary health care services.
- Any training which would be helpful for practice staff, including Practice Managers and receptionists, in overcoming barriers which men feel they face in attending GP surgeries.

**3b.** – Pharmacies and NHS Haringey consider joint training on raising awareness of particular issues men may face in engaging with primary health care services.

**4.** To address the low take up of health and well-being services in the borough all key providers:

- Should examine current service delivery and look at whether they are being delivered in a way which enables and encourages men to access them.
- When commissioning new services, should consider any factors which could enable and encourage men to access them.
- Should advertise appropriate services in settings which men are most likely to attend e.g. working men's clubs, libraries, employment settings, pubs, Turkish cafes etc.
- Consider ways to engage with local schools to normalise young men's relationships with health professionals.
- For all of the above the use of appropriate language and pictures should be carefully considered in order to appeal to the target group.

**5.** The Haringey Community Sports and Physical Activity Network (CSPAN) develops and implements a sustained campaign to actively engage with men over 40 years of age and encourage them to take regular exercise. Part of this should include supporting:

- the Tottenham Hotspur Foundation initiative
- Men's Health Week

**6.** Licensing and Public Health:

- Explores options and best practice examples of work with local corner shops to reduce the sale of cheap alcohol in areas where this has an impact on the heart health of men over 40 years of age.
- That where effective examples are found that this be implemented in the target areas.

**7.** Public Health:

- Explores innovative options and best practice examples of where weight management have had an impact on the heart health of men over 40 years of age, for example on-line weight watchers, 'slimming without women', work place teams etc.
- That where effective examples are found that this be implemented in the target areas.
- Public health leads continue to seek to identify and apply for external funding to support locally based initiative to support the reduction of CVD in the target group.

**8.** Public Health works with the Haringey 'Health at work' group to ensure that there are evidence based interventions and programmes with a focus on men over 40 years of age.

**9.** Public Health and Environmental Health to work with "fast food" suppliers (initially in Tottenham, but to expand into the whole Borough) to develop healthier options on their menus and a "Healthier Haringey" Mark. This should include working

with smaller high street suppliers as well as parent companies. Areas to be focused on include:

- Using a healthier type of oil to fry food.
- Reducing the amount of salt used.
- Including healthy options on menus.

Consideration should be given to the involvement of local college catering courses.

**10.** That the Local Pharmaceutical Committee considers:

- A local awareness raising campaign in order to highlight the services available at local pharmacies as well as the professional training which pharmacy staff have undertaken.
- Working with local pharmacies in order to make them more 'man friendly' to encourage men into pharmacies.
- Encouraging local pharmacy staff to consider taking the Centre for Pharmacy Postgraduate Education module on men's health.
- Having a specific day of the month/week or time of a specific day whereby men are able to walk into consulting rooms and be given advice from pharmacists without needing to explain the issue over the counter.
- Joint projects with pharmacies taking services into male settings.

**11.** Haringey Community Pharmacies to run a Men's health week to tie in with the National Men's Health week as one of their 6 contractual Public Health Campaigns

**12.** Pharmacies to be encouraged and supported by NHS Haringey and Public Health to expand their function as a gateway to primary care and be commissioned to deliver public health and health improvement services on site and in the wider community.

**13.** That NHS Haringey works with local GP practices who are under-performing in the most deprived area of the borough based on the Quality Outcomes Framework scores to improve their performance. For example:

- In those patients with a new diagnosis of hypertension (excluding those with pre-existing CHD, diabetes, stroke and/or TIA) recorded between the preceding 1 April to 31 March: the percentage of patients who have had a face to face cardiovascular risk assessment at the outset of diagnosis using an agreed risk assessment treatment tool.
- The percentage of people diagnosed with hypertension diagnosed after 1 April 2009 who are given lifestyle advice in the last 15 months for: increasing physical activity, smoking cessation, safe alcohol consumption and healthy diet.

Focus should be placed on those QOF scores which would have the biggest impact on male life expectancy in the area.

**14.** The recommendation in the Primary Care Development Strategy that smaller practices join into networks enabling all patients to access higher level services should take full account of this review and ensure that particular attention is given to inequalities in men's health.



- 15.** Partners recognise the potential of the Northumberland Development Project in improving the health inequalities in the area. We recommend that Public Health, CCG, NCL, Spurs and other appropriate partners take the redevelopment of the stadium as an opportunity to positively influence health outcomes for men over 40.
- 16.** The plans for the regeneration of Tottenham should recognise and acknowledge the unacceptability of the continuing health inequality issues and adopt a programme of targeted health improvement as a specific strategic objective and take account of health needs in other aspects of the regeneration of Haringey.
- 17.** It is well documented that housing is a wider determinant of health and that in the more deprived areas of the borough there is more overcrowding and often worse quality housing. The panel therefore recommends that the HMO licensing scheme currently taking place in Harringay Ward is extended to Tottenham and any other relevant areas of the borough (subject to the required criteria being met following the appropriate assessment)
- 18.** There are clear and evidenced health risks associated with long-term unemployment and whilst the panel recognises that the Council is focusing on 18-24year olds, as a priority group, the service will not be exclusive to this age group. The panel believes that wherever possible programmes should be developed to support men over 40 years of age to gain skills and receive support into employment.
- 19.** The significant ward differences in men over 40s' life expectancy to be recognised in the Joint Strategic Needs Assessment and tackling them to be made a priority by NHS Haringey in commissioning plans.
- 20.** That Public Health and the Tottenham Hotspur Foundation continue in their positive working relationship to improve health outcomes of men in the target group.
- 21.** That a local men's health forum is established to continue the momentum developed throughout the review.

## 1. Introduction

1.1. The focus of this review is on men over 40 years of age who live in the most deprived areas of the borough. The review focuses on this age group for a number of reasons:

- 73% of the difference in male life expectancy gap between Haringey and England is due to men over 40 years of age.
- By changing certain risk factors in those over 40 years of age a significant improvement can be made as to whether or not the persons suffers from Cardio Vascular Disease.
- The Health Check programme focuses on those over 40 years of age and so it is hoped that this review complements this work.

1.2. Using the wider determinants of health (Dahlgren and Whitehead model) the review aimed to develop recommendations to increase male life expectancy in the ethnically diverse east of the borough with a focus on engaging the population in:

- **Prevention:** smoking, physical activity, alcohol, obesity
- **Early intervention** (adults over 40): cardiovascular disease

1.3. Definition of Men's health:

*'A male health issue is one arising from physiological, psychological, social or environmental factors which have a specific impact on boys or men and/or where particular interventions are required for boys or men in order to achieve improvements in health and well-being at either the individual or the population level'*<sup>4</sup>

1.4. The European Commission published 'The State of Men's Health in Europe'<sup>5</sup> in 2011. This report looks at male mortality and morbidity in the 27 EU Member states, 4 states of the European Free Trade Association and the 3 candidate countries. This report is analysed in an article for the British Medical Journal (Europe's Men need their own health strategy) which states that action is needed in three areas:

- Schools – "Behaviours and values developed early in life have a critical influence on men's later health practices. There is a need for a visible, integrated focus on boys' and men's health within primary and secondary curriculum that can foster positive models of physical psychological, and social development"
- Workplace – "Employers and unions can work collaboratively to support policies and programmes to promote men's health in the workplace"
- Policies "...that target marginalised subgroups of men....[who] experience considerably higher morbidity and premature mortality<sup>6</sup>".

The review aims to take these areas into consideration in the main report.

---

<sup>4</sup> Men's Health: the challenges ahead, Journal of Men's health and gender, Professor Alan White, 2004

<sup>5</sup> European Commission, The State of Men's Health In Europe, 2011

<sup>6</sup> British Medical Journal, 'Europe's men need their own health strategy', Professor Alan White and colleagues, 2011

## 1.5. What is Cardiovascular Disease?

1.5.1. Cardiovascular Disease (CVD) includes all of the diseases of the heart and circulation including coronary heart disease (angina and heart attack), and stroke<sup>7</sup>.

1.5.2. CVD – also known as heart and circulatory disease is the leading cause of death and disability worldwide<sup>8</sup>. Incidence of CVD in the UK is significantly higher in men as well as in those with lower social status and higher deprivation<sup>9</sup>.

## 1.6. National picture

- Men are more likely to undertake some riskier behaviours associated with health.
- Men under use primary health services<sup>10</sup>, and may take longer to present and receive a diagnosis.
- Premature death mainly affects men. 42% of men die prematurely (before the age of 75) from all causes compared to 26% of women. 21% of men aged 16-64 die from all causes compared to 12% of women<sup>11</sup>.
- The social gradient has a greater impact on men's health than women's – the life expectancy gap between men and women widens as deprivation increases.
- Coronary heart disease kills more men than women and on average men develop it 10-15 years earlier. South Asian men living in the UK have an even higher premature death rate from heart disease and stroke than men generally.
- Men use the range of primary care services far less than women.

## 1.7. Haringey

- 28% of the difference in life expectancy gap between Haringey and England is due to Cardio Vascular disease.
- 73% of the difference in life expectancy gap between Haringey and England is due to men over 40 years of age.
- Male life expectancy varies greatly across the borough varying from 81.52 years in Fortis Green in the West of Haringey and 72.46 years in Tottenham Green in the East of Haringey.
- The picture for the difference in female life expectancy does not have such a clear geographic focus.
- Circulatory diseases are one of the major causes of death and illness locally, accounting for 33% of all deaths in 2006/08.
- Deaths from circulatory disease are not evenly distributed across Haringey, with significantly higher rates observed in the East of the borough.

---

<sup>7</sup> British Heart foundation, [www.bhf.org.uk](http://www.bhf.org.uk)

<sup>8</sup> Journal of Public Health, pp 110-116, Evaluation of a cardiovascular disease opportunistic pilot ('Heart MOT' service) in community pharmacies, J.M.P. Horgan (Head of Medicines Management) A.Blenkinsopp (Professor of the Pharmacy Practice), R.J. McManus (Professor of Primary Care Cardiovascular Research).

<sup>9</sup> Preventing chronic disease: A Vital Investment, Geneva: World Health Organisation, 2005

<sup>10</sup> Men's Health Forum presentation, December 2011

<sup>11</sup> Health and Social Care Bill, Memorandum submitted by the Men's Health Forum (HS 83) <http://www.publications.parliament.uk/pa/cm201011/cmpublic/health/memo/m83.htm>

- Male life expectancy in Haringey is lower than the England and London average and within Haringey there are significant inequalities (of up to 9 years between the more affluent West and the more deprived East).
- People in lower socio-economic groups are less active than those in the higher socio-economic groups, at levels of 14.4% and 24.6% respectively.
- 23.2% of the adult population took part in moderate sport and physical activity three times a week for at least 30 minutes in 2008/09; the participation rate is lower in the East of the borough.
- Obesity varies considerably across the borough with an estimated 25% of residents in the East of the borough obese.
- The gap in male life expectancy in Haringey has continued to increase with a 9 year gap across the borough<sup>12</sup>. Therefore this remains a key challenge.

### 1.8. What increases the risk of CVD?

- Smoking
- High Blood Pressure
- High cholesterol
- Being physically inactive
- Being overweight or obese
- Family history
- Certain ethnic backgrounds
- Gender – men are more likely to have CVD.
- Age – the older you are the more likely you are of developing CVD.

## Methodology

### 2. The review was led by a Panel of four Non-executive Councillors:

- Cllr David Winskill (Chair)
- Cllr Bob Hare
- Cllr Reg Rice
- Cllr Anne Waters

2.1. The review consisted of a number of Panel meetings, external meetings with stakeholders, a survey (See Appendix E) and two focus groups. The review was also part of a Centre for Public Scrutiny Health Inequalities Return on Investment Pilot (see Appendix F).

2.2. Evidence from a wide range of stakeholders was presented at Panel meetings (See Appendix C for a full list of review contributors). Following presentations the panel and other attendees had the opportunity to ask questions. The Panel was delighted that those who were invited to give evidence at a Panel meeting attended meetings prior to their slot and also chose to attend Panel meetings afterwards. This meant that throughout the review there was a wide range of attendees with different perspectives and professional and personal experience allowing for a thorough look at the issues relating to the target group.

### 2.3. The survey had three overarching aims:

- to ascertain current behaviour that men adopt to stay healthy
- to identify those barriers which may prevent men from keeping fit and staying healthy
- identify those interventions which may support men to stay healthy.

<sup>12</sup> London Health Observatory, 2005-2009 figures

- 2.4. The survey was designed in consultation with panel members, local officers (Policy, Public Health) and men's health organisations.
- 2.5. The target population was men aged 40 years and over who lived and worked in Haringey. The survey was distributed both electronically and manually via local men's health groups, public health networks, local employers and street outreach. Of the 159 surveys returned:
- 77% were completed on-line
  - 13% were completed via street outreach
  - 11% were completed via local men's groups.
- 2.6. It is not possible to calculate a response rate given the electronic distribution of some survey. The absolute number of responses was felt to be sufficient to provide robust and meaningful data and to support the scrutiny review process.
- 2.7. Two focus groups were successfully run – one with men over 40 at a local Arriva Bus garage and one with older men at a local Men's health group, The Intrepid Explorers. A third focus group was set up and men over 40 invited via local networks however despite a number of local men confirming their attendance no one turned up on the day.
- 2.8. The successful focus groups were useful in providing a more qualitative context to the survey and some of the issues which had come to light throughout the review.
- 2.9. The Centre for Public Scrutiny Return on Investment Pilot used a number of tools to build on a previous pilot as part of the Health Inequalities programme. The question posed for the purpose of this pilot for the review was:

*What would be the return on investment (ROI) if, in the life expectancy corridor of the Borough, we engaged men over 40 who were at risk of cardio vascular disease (referred to hereafter as Group A) with health and wellbeing services?*

## Policy Context

3. Over the past few years the issue of health inequalities has come to the forefront of national and local policy. Key documents include:
- 3.1. 'Healthy Lives, Healthy People' – a public health white paper which set out the long term vision for the future of public health in England and the creation of a 'Wellness' service.
- 3.2. Marmot Review – an independent review commissioned by a former Secretary of State to propose the most effective evidence-based strategies for reducing health inequalities in England.
- 3.3. London Health Inequalities Strategy – Recognises that there is a social gradient in health and aims to diminish the steepness of the social gradient across London.
- 3.4. Health and Wellbeing Strategy - A Cross-party working group on Health Inequalities was 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 Health and Wellbeing strategy.

The cross-party working group made a number of recommendations, the most significant being:

- 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 and drink; alcohol; smoking; stigma;
- 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;
- Involve young people in devising a campaign about teenage pregnancy ;
- A smoke free Haringey – continue to 'de-normalise' smoking through ;promoting 'stop smoking' in parks, in particular in children's play areas, at bus stops, and for staff within 50m of all council buildings;
- Training frontline staff in brief interventions on alcohol and smoking;
- 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;
- Stop the selling of all fizzy sugary drinks and junk food from all council premises; encourage schools to do the same;
- 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
- Encourage volunteering with Community Health Champions - offer NVQs leading to job opportunities;
- 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 on prescription.

More detailed Policy context can be found in Appendix A

### 4. Survey and Focus Groups

#### 4.1. Review Survey key points (note that this survey represents a snap shot and is not a representative sample):

- 159 responses were received from the survey.
- The majority of respondents were under 60 years of age, with just 15% over 60 years of age.
- 38% of respondents lived in Haringey.
- 92% of respondents were either in full time or part time paid employment.
- Proportionally more respondents in paid employment reported 'good' or better health than those not in paid employment (50%).
- Almost 1 in 5 respondents ages 40-49 years of age had *not* visited their GP for 3 years or more.
- The most common responses when asked about factors affecting health were stress (38%), lack of exercise (24%) and being overweight (32%).
- Smoking, eating habits, alcohol, stress and lack of exercise were found to be affecting the health those under 60 years of age more than those over 60 years of age.
- The main factor cited by those over 60 years of age affecting their health was loneliness.
- Respondents from BME groups were almost three times more likely to cite work/unemployment as affecting their health than respondents from white ethnic groups.
- Respondents living in Haringey were more likely to indicate that work/unemployment, loneliness and sexual health was affecting their health than those who lived out of Haringey.
- Proportionally more respondents living in Haringey had taken all these actions to maintain their health than those who did not live in the borough. However; this pattern was not repeated when the responses of those living in the east of the borough are compared against all other respondents.
- The most popular setting for a men's health check was a GP surgery, where 84% of respondents indicated that they would be very likely or likely to attend. Equally as popular for a men's health check was the workplace where almost  $\frac{3}{4}$  of respondents (71%) indicated that they would be very likely/ likely to attend. 43% were very likely/likely to attend at Chemists and 34% leisure centres.
- Haringey residents were more likely to favour more informal settings (community centres, leisure centres and chemists or a men's health check than non-Haringey residents.
- Approximately 2/5 of respondents indicated that the 'the inaccessibility of GP services' (41%) and 'hoping that the problem would go away' (40%) were likely to deter them from seeking health if they were unwell.
- Just over  $\frac{1}{4}$  of respondents indicated that 'concern that the problem may be serious' (28%) and 'lack of knowledge about the NHS' (24%) were likely to deter men from seeking help if they were unwell
- A higher proportion of respondents from BME groups consistently indicated that all presented factors would likely deter them from seeking advice or support if they were unwell. For example, almost twice as many respondents from BME groups indicated that a 'lack of NHS knowledge', 'inaccessibility of GPs' and 'discomfort at talking with a female practitioner'

were likely to deter them from seeking advice if they were unwell than respondents from white ethnic groups

- Face-to-face advice from a health professional was perceived to be the most helpful local intervention which could support men to stay healthy; 94% of respondents indicated that this would be helpful. A majority of respondents also indicated that a discounted gym membership (83%), a web page for local health men's health information (79%) and a men's health booklet (73%) would be helpful local developments for men to stay healthy.
- Analysis has shown that those who were already in poor health were not only less likely to have taken action to improve their health but also more likely to be deterred by a range of factors from seeking advice or support, *even when they were unwell*. Similarly, those with a disability were more likely to be affected by a range of health issues yet it was recorded that they faced similar barriers to accessing advice and support as those without a disability.

A full analysis can be found at Appendix E

#### 4.2. Key points from the focus groups:

##### 4.2.1. Intrepid Explorers – Over 50's Men's Group

- The group has provided some health education and awareness training on issues relating to men's health.
- A number of men noted that if they were worried about their health, they may be reluctant to seek help as they were embarrassed at talking about personal health issues. Attendees felt that this was a common position amongst men of their age.
- This embarrassment did not directly relate to the prospect of seeing a female practitioner however, as many indicated that they had regularly see a female GP. Though some men did indicate that this may deter them and others, it just depended on what was wrong (i.e. the nature of the concern).
- There was a reluctance to go for a general health check up at the GPs as men did not want to be seen as 'wasting the Doctors time'.
- The prospect of a men's health check up, perhaps to which men had been invited or was promoted as such (i.e. a dedicated space) was much more amenable to the group. There was an indication that men may find such an initiative useful and would attend.
- Possible locations for a possible men's health check up were discussed by the group. Men were open to the idea of health checks being available at traditional (GP surgery) and non-traditional health venues such as, for example community settings or chemists. (There was some indication that men already used chemists for health advice, though this appeared to be mainly medicine related).
- There was evidence that men in this group were engaging in healthy lifestyle behaviours
- Knowing what services were available locally specifically for a man was important to their uptake and usage of services. A number men in the group indicated that they had only become aware of some facilities or sessions which were useful to them opportunistically and more would benefit if these were more widely known or publicised.
- The men felt that there were groups, activities and services that were available for men in the community but they were not always aware of where and when these were.



- There was also perception that some activities were less intimidating and more enjoyable when these were undertaken as part of a group, or where they had developed contacts with other service/ facility users.
- Improved access to collated information about men's health was felt to be important. There were two clear examples provided:
  - Simpler routing for internet information, for example a dedicated page.
  - The updating and distribution of the Older Peoples Manual.
- Participants were also keen on the idea of men's health events where they could obtain information about men's health and other related activities. There was particular interest for representatives from local services and facilities to attend to inform men face to face of services which may be of help in maintaining or improving their health (i.e. recreation centre manager).

#### 4.2.2. Arriva Bus Garage

- Participants had a good understanding of what being healthy meant and most participants said that they tried to engage in some healthy activities for example walking when possible, trying to incorporate vegetables or salad into their meal and gardening.
- The fact that being a bus driver was a sedentary job was also felt to be a challenge for staying healthy
- Participants felt that staying healthy was a challenge with shift patterns which also had an impact on family life.
- The main concern the participants had relating to their health was heart disease, with two recent examples of relatively young male drivers dying from a sudden heart attack bringing this concern to the forefront of their minds.
- Local gyms, including the Council leisure services, were felt to be too expensive and therefore they did not feel motivated to enrol here.
- Participants were often reluctant to go to the GP if they were to feel unwell due to taking time off work, and not being paid for this time. There was also a general sense that rather than seeking help or advise they would 'see what happens' and if it would 'just go away'. At the same time, if they did go it was often due to their wife or partner encouraging them to go.
- Pharmacies were not felt to be an option for health advice due to them being unable to prescribe anything for the complaint. There was a general lack of awareness about the services which pharmacies may be able to offer.
- There was a general feeling that the human body does not go on forever and so they may dismiss feeling unwell and put it down to getting older rather than seeking help.
- Participants felt that more widely available information on health campaigns and the services available at obvious places that they would notice e.g. posters on buses, would be beneficial.
- Participants all said that should health promotion, advice and health checks be available at the bus garage they would use this service.

4.3. NHS Haringey AGM (these groups consisted of a mix of voluntary and community sector representatives, health professionals and local men). Three questions were asked. Key points:

**How do we get men to go to health services when they have early symptoms?**

**What is it that prevents them from going early enough?**

- Men may avoid going to the GP until they feel it is absolutely necessary/a last resort.
- Women are use to going to the Dr/medical places and talking about their health e.g. birth control pregnancy, birth, taking children, health visitors etc.
- Men may have their own 'hierarchy of need' – this may mean that going to work and providing is more important in their minds than going to the Dr.
- A common comment was about men not feeling able to take time off work to go to a GP appointment.
- A number of psychological barriers were also discussed e.g. men may not feel that they are unwell until they are told by a medical professional that this is the case , there may be a culture of macho-ism and being ill could be perceived as a sign of weakness.
- The environment of GP practices may be seen as too feminine.
- Men may be more comfortable when more men are around.

### **How do we encourage men to keep themselves well?**

- A number of possible ideas were discussed including:
- Men's specific clinic sessions/Breakfast meeting at surgery – drop in like session.
- Need to target adolescent boys to 'normalise' GP visits.
- More information on the options of where they can seek help and advice if they are feeling unwell.
- Mobile units/Take screening 'on the road' like they do for Breast Screening
- Raise awareness of signs and symptoms of illness

## **5. Barriers to men engaging in health services**

5.1. Throughout the review the panel have heard about barriers men feel they face in engaging with health services:

- Appointment system as a deterrent – some men feel that arranging an appointment can act as a major deterrent in booking an appointment. 41% of respondents to the review survey said that the accessibility of GP services/appointments was likely or very likely to prevent them seeking advice or support if they felt unwell. The appointment system was also mentioned a number of times by participants of the focus groups. It has also been noted that where men have not been to their GP in a number of years, they may not be aware of the opening hours and therefore think that they are more limited than they are. There was discussion about how the appointment system could be made easier to navigate, e.g. more online bookings systems or automated telephone systems available. It is noted that the vision for Haringey by 2016 that appointments for all practices will be able to be made via the telephone, online or in person<sup>13</sup>.
- GP practice environment – research undertaken by the men's health forum suggested that men view GP surgeries as female environments, 'like ladies hairdressers'<sup>14</sup> with posters and magazines targeted at women and nothing for men. Whilst the panel acknowledges that the majority of visits to GP surgeries are undertaken by women, often with their children, it was felt that

<sup>13</sup> Transforming the Primary Care Landscape in North Central London, NHS NCL, 2012

<sup>14</sup> Men's Health Forum research

more could be done to make the waiting room environment more 'male friendly, for example a corner with a few male interest magazines and posters and health information specifically aimed at men.

- Variety - There needs to be a variety of services in a variety of settings for men to access them. The panel heard of examples where health checks were carried out in work place settings e.g. in a local bus garage which was overwhelmed because men were happy and comfortable to have these at work. A lot of these men went onto other services, e.g. alcohol reduction and smoking cessation. The review survey found that 71% of respondents would be likely or very likely to attend a health check at their workplace. This view was echoed by a focus group held at a local bus garage where men were very keen on having health checks and information in the workplace.
- Media - The media men are exposed to often does not include health information which may contribute to their lack of awareness of available services.
- Men are often reluctant to ask for help. Throughout the review a number of reasons were heard and discussed about this. For example, men "you're not ill unless the Doctor says you're ill and so if you don't go you can't be ill" Focus group comment.

5.2. The role of reception staff was discussed in this context and the potential benefits of training surgery staff about issues which can act as a barrier for men to engage.

5.3. The possible advantages of having a 'male champion' at practices was also discussed. This person could lead on men's health and have a role to ensure that there were male interest magazines and posters in a particular area of the practice, try to ensure there are men on patient panels and generally raise awareness of issues which may affect and the potential barriers men may feel they face.

5.4. The Panel heard from the Men's Health Forum that men generally stop going to the GP when they are about 16 years of age and generally do not go again until they are in their 40s and visit due to a then existing health condition e.g. a heart attack.

5.5. It was noted a number of times throughout the review that men have a different relationship with health professionals to women. For many women visiting the GP is part of everyday life, with visits to discuss contraception, throughout pregnancy, with young children etc. Generally speaking men do not traditionally have this relationship with health professionals. There is a need to 'normalise' men's relationship with health services from an early age.

5.6. Often men believe that the only option they have for health advice and support is their GP whereas there are a number of other options, for example pharmacists and community health services. The Men's Health Forum also spoke to the panel about the need for better signposting of health services for men, in a way in which they would be able to engage with the information. For example the use of language which men are more likely to relate to.

5.7. Many men may also feel that it is too late to improve their lifestyle and therefore health and may therefore not be motivated to make any changes. There is a need for greater awareness raising that it is never too late to change.

5.8. The Panel heard that the Haringey Clinical Commissioning Group is discussing having a 'Haringey Health' website which would focus health and prevention rather than 'ill health'. The Panel felt that this would be a positive step.

5.9. The Panel felt that an ideal way in which to 'kick start' awareness raising to try and engage more men in health services would be to participate in the National Men's Health Week being coordinated by the Men's Health Forum and which this year is focusing on heart health.

**Recommendation:**

A local targeted campaign involving all relevant partners should be run to coincide with National Men's Health Week (11-17<sup>th</sup> June 2012) to engage men in preventative and early intervention services around 'heart health'.

Participants to be encouraged to attend include:

- GPs
- Pharmacists
- Health Trainers
- Health Champions
- Whittington Health
- North Middlesex UH
- Mental Health Trust
- Employment advice and support
- Nurses/students/Trainee GPs
- Other acute providers
- Voluntary and Community groups
- Expert patient groups/Peer support/buddy system
- Leisure centres/fitness centres
- Weight watchers/ similar groups
- Housing
- Jobcentre plus
- Retail food sector

Haringey Council's Press and Publicity should assist with ensuring that the week is advertised and messages from Men's Health Forum about Heart Health are disseminated.

**Recommendation:**

Shadow Clinical Commissioning Group considers ways in which men could be encouraged to attend their local GP surgery. For example:

- a. Holding special Men's sessions at GP surgeries.
- b. Consider ways in which local GPs could link up with local groups e.g. Tottenham Hotspur Foundation to take services into the community.
- c. Asking local practices to consider their waiting areas from a male perspective and consider any changes which they could easily implement to assist in making men feel more comfortable in the Practice environment e.g. an area with men's interest magazines and posters about men's health.
- d. Having a 'Male Champion' at GP surgeries.

**Recommendation:**

**a** - NHS Haringey tackles men's reluctance to engage with primary care services by:

- Initiating training programmes which would be helpful in supporting local GPs in working with men to encourage their attendance at primary health care services.
- Any training which would be helpful for practice staff, including Practice Managers and receptionists, in the barriers which men feel they face in attending GP surgeries.

**b** - That Pharmacies and NHS Haringey consider joint training on raising awareness of particular issues men may face in engaging with primary health care services.

**Recommendation:**

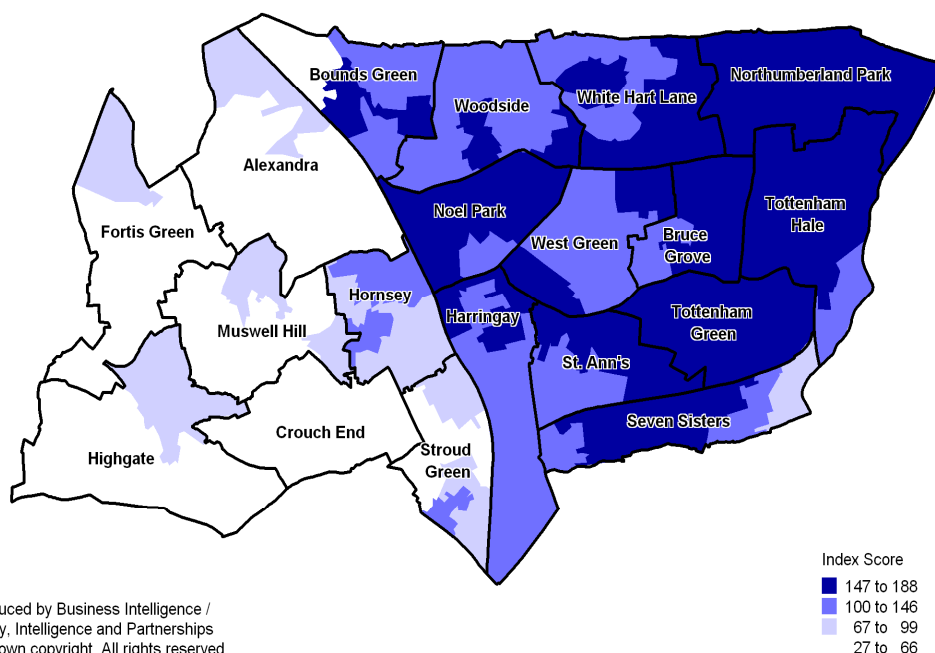
To address the low take up of health and well-being services in the borough all key providers:

- Should examine current service delivery and look at whether they are being delivered in a way which enables and encourages men to access them.
- When commissioning new services, consider any factors which could enable and encourage men to access them.
- Should advertise appropriate services in settings which men are most likely to attend e.g. working men's clubs, libraries, employment settings, pubs, Turkish cafes etc.
- Consider ways to engage local schools to normalise young men's relationships with health professionals.
- For all of the above the use of appropriate language and pictures should be carefully considered in order to appeal to the target group.

## 6. Lifestyle – Smoking

- 6.1. The World Health Organisation has stated that smoking cessation would have a huge impact on life expectancy.
- 6.2. Every year in Tottenham there are 130 deaths related to smoking and 600 hospital admissions, at a cost of nearly £1.4m<sup>15</sup>.
- 6.3. In 2007, Haringey PCT commissioned a piece of work on tobacco control activities in Haringey. Data on deprivation, ethnicity, housing condition, health status, income and employment were aggregated to identify postcodes and wards that are likely to have the highest smoking prevalence. The worst third of wards were identified as Northumberland Park, White Hart Lane, Noel Park, Tottenham Green, Tottenham Hale, Bruce Grove and St Ann's.
- 6.4. Highest smoking prevalence of between 29 and 33% was predicted for areas in Noel Park, Tottenham Green, Northumberland Park, Tottenham Hale and White Hart Lane<sup>16</sup>.
- 6.5. The Panel heard that the aim in Haringey is to de-normalise smoking e.g. considering ways to make parks and bus stops smoke free. The panel also noted the educational aspect of smoking shishas as there is a perception that they are not harmful when they are.

Index score of how likely people are to be a heavy smoker (over 20 a day)  
100 = National Average, Higher score = More likely  
Haringey Super Output Areas  
MOSAIC 2010



Produced by Business Intelligence /  
Policy, Intelligence and Partnerships  
© Crown copyright. All rights reserved  
LBH (100019199) (2011)

<sup>15</sup> Tobacco in London: the preventable burden. Full report, London Health Observatory, 2004

<sup>16</sup> Health survey for England, 2003-2005

## Local Tobacco Control Profiles<sup>17</sup> for Haringey



6.6. There are a number of recommendations which were made by the Cross Party Working Group on Health Inequalities which the Panel feels will be beneficial and therefore supports:

- Ensure council workforce is a healthy workforce through its workplace policies e.g. no smoking & a proactive occupational health service - Work/life balance for staff
- Promote 'smoke free Haringey' through new policies such as no smoking for staff within 50m of all council premises
- Run brief intervention training on smoking and alcohol for all front-line staff - links to Health Trainers
- Encourage schools to integrate anti-smoking messages into the curriculum in relevant classroom discussions e.g. when teaching biology, chemistry and citizenship.
- Promote 'stop smoking' in parks, in particular in children's areas and bus stops/shelters.

## 7. Lifestyle - Physical Activity

7.1. Physical inactivity is amongst the ten leading causes of death in developed countries, causing 1.9 million deaths worldwide each year<sup>18</sup>. The risk of premature death amongst physically active adults is reduced by 20% -30%, and the risk of developing major long-term conditions such as CHD, stroke diabetes and cancers are reduced by up to 50%<sup>19</sup>. The strong evidence for physical activity has led to physical inactivity being recognised as a major modifiable risk factor for CHD<sup>20</sup>.

<sup>17</sup> [http://www.lho.org.uk/LHO\\_Topics/Analytic\\_Tools/Tobaccocontrolprofiles/profile.aspx?](http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Tobaccocontrolprofiles/profile.aspx?)

<sup>18</sup> World Health Organization. (2002). World health report. Geneva: World Health Organization.

<sup>19</sup> Department of Health. (2004). At least five a week. Evidence on the impact of physical activity and its relationship to health. Department of Health. London.

<sup>20</sup> Department of Health. (2000a). National Service Framework: Coronary Heart Disease. Department of Health. London

7.2. Physical inactivity is associated with increases in obesity, cardiovascular disease (CVD), cancer, hypertension, and in the development of type II diabetes. Participation in regular physical activity can help to prevent and treat over twenty long-term conditions or disorders, including stroke, obesity, some cancers, mental health and type II diabetes.

7.3. In 2006 in Haringey 21.7% of adults participated in sport and active recreation at a moderate intensity equivalent to 30 minutes on 3 or more days a week. Activity levels have not changed in recent years<sup>21</sup>.

7.4. Data indicates that there is a strong correlation between participation and social class. Within Haringey, people in the lower socio economic groups are less active than those in the higher socioeconomic groups, at levels of 18.3% and 26.8% respectively<sup>22</sup>.

7.5. The Panel heard of a number of initiatives taking place in Haringey by Public Health. These include:

- Health Trainers
  - Established in 2007 and re-launched in Sept 2011 with a new provider.
  - Programme offers one to one conversation and support.
  - Focus on behaviour change around smoking, physical activity and alcohol.
  - Consists of 6 sessions each 30 minutes long.
  - Based in the Laurels, Tottenham and Wood Green.
  - Referrals are done through primary care or self referrals.
  - 28% of referrals are men.
- Health Champions
  - This is a new and voluntary role which focuses on sign posting and awareness raising
  - Health Champions are drawn from those who are knowledgeable about the local area
  - Project contributes to the worklessness agenda as volunteer Health Champions are gaining skills, work experience and confidence which can then lead them on to becoming Health Trainers (paid employment).
  - Is about having someone who can go with them the first time they go to a health/fitness centre etc/hand holding/helping people to take their first step.
  - Currently funded by Public Health but would like to engage with other partners as the project has a huge potential.
- Walk Leaders and Health in Mind
  - Currently run 12 weekly walks with 3,500 attendances per year.
  - Ten walks are run in the East of Haringey and two walks are run in the West of Haringey.
  - There are currently 14 active walk leaders.
  - Project links to physical fitness and health as well as improving mental health.

---

<sup>21</sup> Health Inequalities Cross Party Working Group, Life Expectancy Paper, 2011, Haringey Council

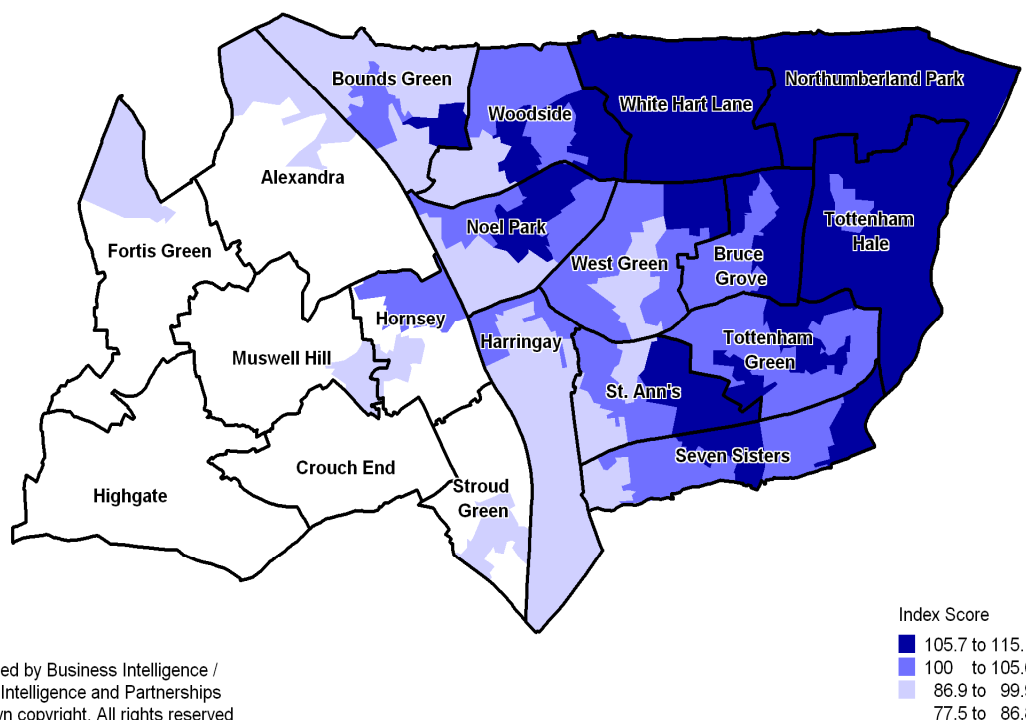
<sup>22</sup> Sport England (2010). Active People Survey 4.

[http://www.sportengland.org/research/active\\_people\\_survey/active\\_people\\_survey\\_4.aspx](http://www.sportengland.org/research/active_people_survey/active_people_survey_4.aspx)



- 7.6. The Panel heard about the work of the Tottenham Hotspur Foundation, a registered charity set up in 2006 and which receives significant investment from Tottenham Hotspur football club as well as other grant sources. Tottenham Hotspur Foundation is involved in Community development, education, equality and inclusion, health and wellbeing and sports development.
- 7.7. One of the projects which the panel was specifically impressed to hear about and which is directly linked to the aims of this review was 'Guys and Goals'. This is a Men's Health programme which aims to encourage men over 35 years of age and living in deprived areas of the borough to engage in physical activity over a ten week period. As well as being given information on health topics relevant to men. The physical activity aspect consists of 5 a side football, circuit training, basket ball and badminton. Additionally, table tennis provides a low impact activity to lower the barrier of men with sedentary lifestyle to enter the programme.
- 7.8. The health talks are provided by National Charities such as Diabetes UK, Bowel Cancer UK and Prostate Cancer UK as well Haringey organisations such as HAGA (support for problem drinkers), IAPT (Improving Access to Psychological Therapies), Bringing Unity Back Into the Community (support for drug and ex-drug users) and NHS Health Trainer services, who also refer their clients to the programme.
- 7.9. One participant who completed the programme said:
- “.....I think I owe the Guys & Goals program a great deal for helping me to get active again - having suffered from depression I found it difficult at first but was amazed how quickly my fitness returned with a bit of effort.....”
- 7.10. Guys & Goals has to date been accessed by 178 men and a new cycle has recently been launched at Broadwater Farm.
- 7.11. The Foundation are currently looking to secure funding from other sources to continue the programme after July 2012.

Index score of how likely people are to have done no exercise in the last week  
 100 = National Average, Higher score = More likely  
 Haringey Super Output Areas  
 MOSAIC 2010



Produced by Business Intelligence /  
 Policy, Intelligence and Partnerships  
 © Crown copyright. All rights reserved  
 LBH (100019199) (2011)

## Recommendation:

The Haringey Community Sports and Physical Activity Network (CSPAN) develops and implements a sustained campaign to actively engage with men over 40 years of age and encourage them to take regular exercise. Part of this should include supporting:

- The Tottenham Hotspur Foundation initiative
- Men's Health Week

## 8. Lifestyle - Alcohol

8.1.1. Drinking too much alcohol is one of the most common causes of hospital admission in the UK<sup>23</sup>. Drinking more than the recommended limits can have a harmful effect on the heart. It can cause abnormal heart rhythms, high blood pressure, damage to the heart muscle and other diseases such as stroke, liver problems and some cancers.

8.1.2. Alcohol is also high in calories and so can lead to weight gain.

8.1.3. Key points from the Alcohol Joint Strategic Needs Assessment:

- Men are more likely to drink heavily than women.
- 38% of men and 16% of women consume more alcohol than is recommended<sup>24</sup>.

<sup>23</sup> <http://www.bhf.org.uk/heart-health/prevention/alcohol.aspx>

<sup>24</sup> DH 2004, ANARP Project

- Whilst those from higher income households are more likely to drink at higher levels than those from lower income households it is the most deprived fifth of the UK population who suffer two to three times greater loss of life attributable to alcohol; three to five times higher death rates due to alcohol specific causes and two to five times more admissions to hospital because of alcohol than wealthy areas<sup>25</sup>. This is a pattern that is recognisable in Haringey with the majority of alcohol-related and alcohol-specific hospital admissions coming from the East of the borough.
- The lowest income groups are more likely to suffer negative effects of 'risky' health behaviours than their less poor counterparts<sup>26</sup>.
- It is estimated that liver disease could overtake stroke and coronary heart disease as a cause of death within the next 10-20 years<sup>27</sup>.
- In particular in Haringey:
  - Males are more at risk than females; due to higher rates of liver disease, alcohol related admissions and alcohol related mortality.
  - Men from the Irish community seem particularly vulnerable in relation to alcohol related problems in Haringey.

### **Recommendation:**

#### Licensing and Public Health:

a - Explores options and best practice examples of work with local corner shops to reduce the sale of cheap alcohol in areas where this has an impact on the heart health of men over 40 years of age.

b - That where effective examples are found that this be implemented in the target areas.

## **9. Lifestyle - Obesity**

9.1.1. The following points are made in the Health Inequalities Cross Party Working Group Life Expectancy paper<sup>28</sup>:

- Obesity is extremely prevalent and is a major cause of ill-health and premature death. Overweight and obesity are linked to numerous health problems including cardiovascular problems (hypertension, stroke and coronary heart disease)<sup>29</sup>.
- It is estimated that, on average, obesity reduces life expectancy between 3 and 13 years<sup>30</sup>.
- Obesity is rising in adults and children in England. Healthy eating and increased physical activity are primary solutions to preventing and overcoming overweight<sup>31</sup>.
- Overweight and obesity disproportionately affects the lower socioeconomic groups and socially disadvantaged groups<sup>32</sup>.

<sup>25</sup> Alcohol Joint Strategic Needs Assessment, Haringey Council, 2012

<sup>26</sup> Department of Health, 2009

<sup>27</sup> Alcohol Concern, 2011

<sup>28</sup> Cross Party Working Group, Life Expectancy Paper, Haringey Council, 2011

<sup>29</sup> World Health Organisation, (2003). Obesity and overweight. Geneva: WHO.

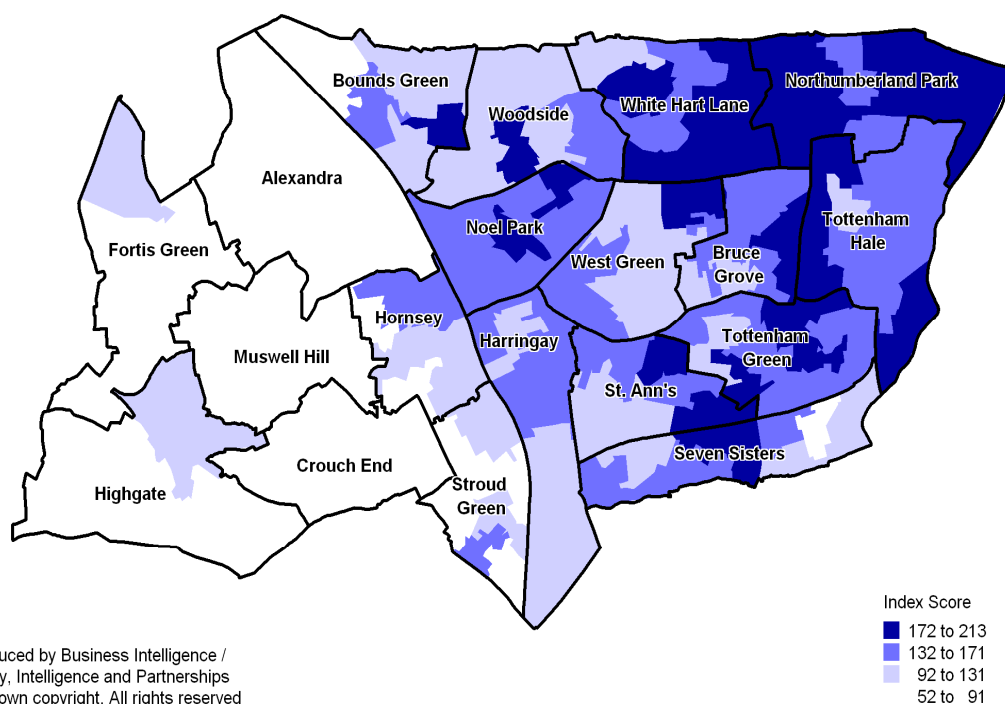
<sup>30</sup> Jebb S (2004) Obesity: causes and consequences.

[www.medicinepublishing.co.uk/resources/sample\\_pages/wohm.1.1.38.pdf](http://www.medicinepublishing.co.uk/resources/sample_pages/wohm.1.1.38.pdf)

<sup>31</sup> Department of Health, (2004). Choosing health: Making healthy choices easier. London: Department of Health.

- In Haringey there has been a slight increase in overweight and obesity between 2003 and 2006 (HSE). In 2006 37.7% of men and a further 12.7% men are obese.

Index score of how likely people are to be Obese  
100 = National Average, Higher score = More likely  
Haringey Super Output Areas  
MOSAIC 2010



Produced by Business Intelligence /  
Policy, Intelligence and Partnerships  
© Crown copyright. All rights reserved  
LBH (100019199) (2011)

9.1.2. The Panel heard that there is currently only a limited range of weight management services in the borough for those with a weight problem. The panel also heard from the Men's Health Forum that weight is still widely seen as a female issue and that nationally only 25% of weight management users are men whilst the proportion of men who are overweight and obese is much higher.

9.1.3. There are a number of online weight management services and programmes which may be more appealing to men than classes as they are able to stay anonymous should they wish too. The element of competition or 'me too-ism' may also encourage men to participate in some weight management services.

9.1.4. An example of a workplace weight reduction project is the BT Work Fit Campaign<sup>33</sup> which resulted in 4,400 BT staff losing a 10 tonnes of weight between them over four months. The impetus for this scheme being that BT were losing an employee a fortnight to a heart related illness.

<sup>32</sup> Sproston, K., Primatesta, P. (eds) (2004). Health Survey for England 2003. Volume 2: Risk factors for cardiovascular disease. London: TSO.

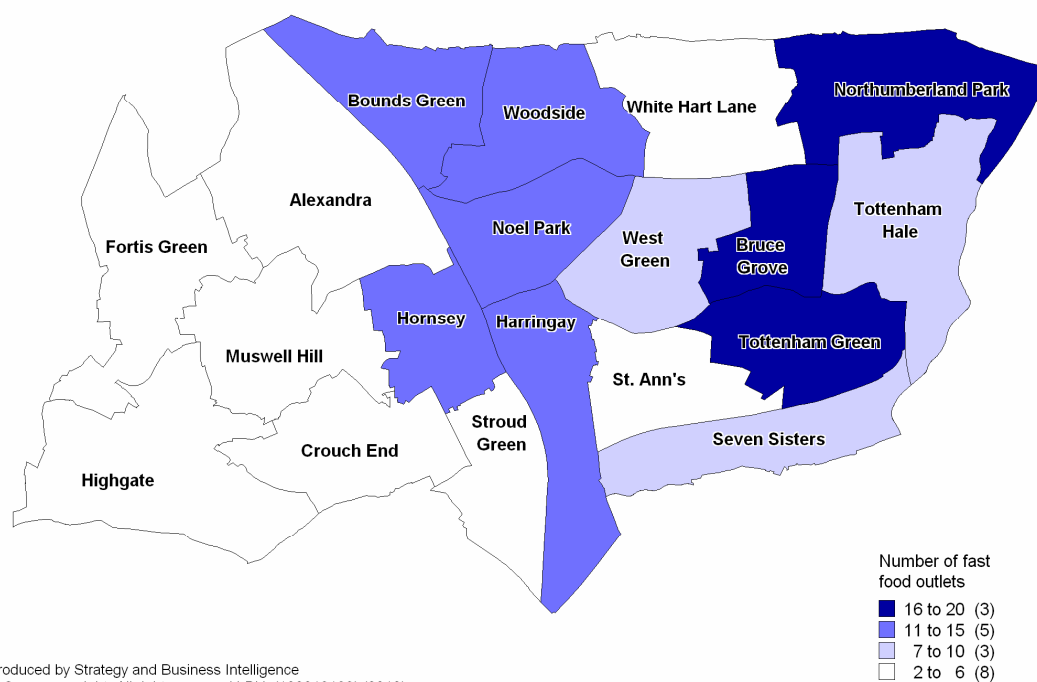
<sup>33</sup> <http://www.menshealthforum.org.uk/node/19914>

- 9.1.5. The scheme included a dedicated work fit intranet site included access to nurses signed up by the Men's Health Forum to act as lifestyle advisers, answer e-mail questions and provide dietary and fitness advice and other health information. Individuals were sent weekly activity programmes and tips for help in lifestyle improvements, such as information on food and reducing cholesterol.
- 9.1.6. The panel also discussed the link between fast food outlets and obesity, particularly due to the higher density of fast food outlets in the East of the Borough and the cheap meal offers, for example just £1.99 for fried chicken, chips and a fizzy drink.
- 9.1.7. The panel felt that there is a real need to consider what can be done in relation to the planning and licensing of fast food outlets. For examples, Waltham Forest have a supplementary planning document (SPD) which states that planning permission will not be given to new hot food takeaways within 400 metres of a school, park or youth facility<sup>34</sup>.
- 9.1.8. The panel also discussed the possibility of working with fast food outlets to develop a 'healthier menu' where there were, for example, two 'healthier' options on the menu. Alternatively, whether fast food outlets could be encouraged to change the oil they use or the amount of salt they use when frying their food. The panel heard that there are examples of this taking places in other areas and that it would be beneficial in assisting with the reduction of CVD should this be taken forward in Haringey. The Panel also discussed ways in which local fast food outlets could be incentivised to do this and considered whether a campaign linked to Haringey People which showed the first ten outlets to adopt healthier practices could be shown in an article. However, the panel also noted that this would have to be carefully considered and managed to ensure that mixed messages were not sent out which could be interpreted as encouraging people to eat from fast food outlets.
- 9.1.9. The panel felt that local colleges could be a useful resource in this piece of work.

---

<sup>34</sup> <http://www.idea.gov.uk/idk/core/page.do?pagelId=23268004>

**Fast food outlets in Haringey  
2012**



Produced by Strategy and Business Intelligence  
© Crown copyright. All rights reserved LBH (100019199) (2012)

**Recommendation:**

**Public Health:**

- Explores innovative options and best practice examples of where weight management have had an impact on the heart health of men over 40 years of age, for example on-line weight watchers, 'slimming without women', work place teams etc.
- That where effective examples are found that this be implemented in the target areas.
- Public health leads an initiative to source and apply for outside funding to support locally based initiative to support the reduction of CVD in the target group.

**Recommendation:**

Public Health works with the Haringey 'Health at work' group to ensure that there are evidence based interventions and programmes with a focus on men over 40 years of age.

**Recommendation:**

Public Health and Environmental Health to work with "fast food" suppliers (initially in Tottenham, but to expand into the whole Borough) to develop healthier options on their menus and a "Healthier Haringey" Mark. This should include working with smaller high street suppliers as well as parent companies. Areas to be focused on include:

- Changing oils used to fry food to a healthier quality.
- Reducing the amount of salt used.
- Adding some healthy options to menus.

Consideration should be given to the involvement of Haringey 6<sup>th</sup> Form college catering course.

**10. Health Checks**

- 10.1. The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.
- 10.2. Public Health are responsible for Commissioning the Health Checks and in Haringey the majority are being done through Locally Enhanced Services via GP surgeries.
- 10.3. To-date 31 of the potential 41 practices in South East/North East/Central and selected West are signed up, with 23 being active in providing NHS Health Checks.
- 10.4. In 2010/11 3,047 NHS Health Checks were conducted, of which 1,291 were males, equating to 45%.
- 10.5. The Target set by NHS London for 11/12 is 5040 Health Checks and 11827 (18% eligible population) invited. This target has been achieved.
- 10.6. Health Checks are also being provided by the Tottenham Hotspur Foundation following a successful bid to the Premier League and match funding by Public Health. The Tottenham Hotspur Foundation is also aiming to provide 3000 health checks in the community over the next three years. This particular project is specifically relevant to this review as it more likely to reach those men who do not attend their GP surgeries.
- 10.7. The aims of the Tottenham Hotspur Foundation Health Check programme are:
  - To raise awareness and help to prevent cardiovascular disease (CVD)
  - To bring Health Checks into the community in order to target hard to reach groups
  - To reach those men who are eligible for a Health Check but who are less likely to respond to the offer by their GP
  - To reduce health inequalities and life expectancy gap by identifying those individuals at 'high risk' of CVD

- To intervene to lower target group's risk using evidence-based approaches

## 11. Pharmacies

- 11.1. NHS Haringey has 57 pharmacy contractors who provide pharmaceutical services to Haringey residents<sup>35</sup>.
- 11.2. The NHS Community Pharmacy contract for England and Wales was introduced in 2005. Under this contract community pharmacies provide the following essential services:
  - Dispensing
  - Repeat prescriptions
  - Disposal of unwanted medicines
  - Promotion of Healthy lifestyles
  - Signposting to other services
  - Support for self care<sup>36</sup>.
- 11.3. As well as national services provided by all pharmacies, the pharmacy contract also includes Enhanced services that are commissioned locally. There are many different services that are operating throughout the country, reflecting the varying needs in different areas.
- 11.4. Examples of such services include:
  - Screening services (e.g. for high blood pressure);
  - Minor Ailments Services to reduce waiting times in GP practices;
  - Obesity management services;
  - Stop smoking services;
  - Anticoagulation monitoring and phlebotomy; and
- 11.5. The pharmacy contract has prompted the installation of private consultation areas in most pharmacies where patients can freely discuss issues.
- 11.6. The Panel heard that Pharmacists undertake a four year Masters in Pharmacy degree course, followed by a one year placement working in a pharmacy under the supervision of an experienced pharmacist. At the end of this year they take a professional examination and those who successfully complete the examination are able to register as a pharmacist. Pharmacists then continue to keep their knowledge up to date during their career by undertaking continuing professional development.
- 11.7. The Panel heard from the Local Pharmaceutical Committee who made a number of points with regards to the possible benefits of better utilising local pharmacies around men's health and health inequalities:
  - 99% of the Haringey population – even those living in the most deprived areas – can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport
  - 84% of adults visit a pharmacy at least once a year (national)
  - 78% for health-related reasons
  - Adults in England visit on average 14 times a year

<sup>35</sup> Haringey Pharmaceutical Needs Assessment, Haringey TPCT, 2011

<sup>36</sup> [http://www.psn.org.uk/pages/about\\_community\\_pharmacy.html](http://www.psn.org.uk/pages/about_community_pharmacy.html)



- Around 1 in 10 who attend a pharmacy get health advice
- Around the clock and around the corner
- Locations buck the inverse care law
- Contact with the 'apparently well' is a platform for lifestyle intervention
- Track record on health improvement services
- Pharmacies can and do provide a whole range of public health services.
  - The Greenlight Pharmacy<sup>37</sup> in Camden is a good example of a pharmacy providing a wide range of public health services.
- Pharmacies can be seen to fit in two layers of the Dahlgren and Whitehead determinants model – Social & Community Networks and Health Care Services.

11.8. Whilst it is acknowledged that men generally use pharmacies less than women the panel heard and discussed a number of possible reasons for this including:

- Low awareness of pharmacist training and expertise/lack of understanding around the role of pharmacies.
- People are not aware that many pharmacies in Haringey have private consulting rooms (Of the 57 pharmacies in Haringey, 51 (89%) had a consultation area as at 2011<sup>38,39</sup>).
- Men are less likely to seek advice from a pharmacy counter assistant
- Is the 'public' environment suited to the way women communicate? This was reinforced by research undertaken by the Men's Health Forum in which a participant compared pharmacists to ladies hairdressers<sup>40</sup>.
- Pharmacies may be seen as shops and so men may fear they are going to be sold something they don't need.

11.9. At the same time the panel noted that men do visit pharmacies for a variety of reasons including to self medicate, buying other items and for general information.

11.10. The Department of Health Gender and Access to health services<sup>41</sup> study noted that men often make better use of NHS Walk-in centres than other health service and questioned why, given the walk in nature of pharmacies, men do not make better use of them. It concluded that "the answer is probably that pharmacies are perceived as a predominantly female environment from a consumer's point of view (since they sell cosmetics, toiletries, baby products and so on)". The study also noted that

- 50% of people using smoking cessation services delivered in pharmacies are men,
- 40% of weight-loss programmes delivered in pharmacies are men users.
- Both of which compare favourably with similar services offered in other health settings.

11.11. The panel heard from the LPC about a 'Heart MOT' project undertaken in Birmingham across three PCTs and over six months, 9,500 males over the age

<sup>37</sup> [www.greenlightpharmacy.com](http://www.greenlightpharmacy.com)

<sup>38</sup> Haringey Pharmaceutical Needs Assessment, Haringey TPCT, 2011

<sup>39</sup> As a result of the "New Medicine Service" being introduced last October this number may have increased. The introduction of this new service may have encouraged more pharmacies to install a consultation area, LPC, 2012

<sup>40</sup> Racks of Mack up and No Spanners, Men's Health Forum

<sup>41</sup> Gender and Access to health services Study, Department of Health

of 40 were tested in community pharmacies and during this period, 65% of patients attending the service received onward GP referral:

- 36% were identified as having a high CVD risk
- 30% were referred due to high blood pressure levels
- 35% were referred due to high cholesterol levels
- 18% were referred due to high blood glucose results.
- The service had high user satisfaction and the programme aims, over time, to improve male life expectancy through encouraging behavioural change or early treatment of those with a raised<sup>42</sup>.

11.12. This project was also the subject of an evaluation in the Journal of Public Health<sup>43</sup> which aimed to evaluate service feasibility, assess effectiveness of identifying at-risk individuals and of reaching disadvantaged groups and measure referrals from the service to local general practices. The evaluation was based on 1130 participants of the Heart MOT project and findings included:

- Of the 70% of clients referred to their GP, 53% had either one or two risk factors. Raised blood pressure and total cholesterol were the main reasons for referral.
- The delivery of a one-stop CVD risk assessment service by community pharmacies is feasible in the setting of a large city in the UK and identifies an appreciable number of individuals – around two-thirds of those screened – for whom intervention for CVD risk or an additional risk factor is indicated’
- ‘The majority of clients were men for whom attendance at general practice is known to be low<sup>44</sup>,
- Some success was had in targeting people from more deprived areas and with a minority ethnic background’.

11.13. The evaluation also asked the question ‘What might community pharmacy-based vascular risk assessment add?’ and concluded:

- people from deprived social communities use pharmacy more frequently than those from more affluent communities<sup>45</sup>
- Community pharmacy has unique characteristics to support community-based health testing.
- Pharmacies may be perceived by the public as less medical model with easier access compared with GP surgeries.
- Pharmacies are located in a wide number of settings which can support access to a wide number of communities – some are in deprived areas and some are in prime retail settings thus perfect for proactive marketing.

11.14. At the same time the evaluation noted that there was no data available on how many of those signposted to services or referred to their GP actually attended, or of those who did were retested (duplication of service).

11.15. On a Haringey basis the Panel heard that if a person is not registered with a GP the Pharmacist will give them a list of local GPs. However, this does not guarantee that they will attend. Any service commissioned through pharmacies

---

<sup>42</sup> Local Pharmaceutical Committee evidence to panel

<sup>43</sup> Journal of Public Health, pp 110-116, Evaluation of a cardiovascular disease opportunistic pilot (‘Heart MOT’ service) in community pharmacies, J.M.P. Horgan (Head of Medicines Management) A.Blenkinsopp (Professor of the Pharmacy Practice), R.J. McManus (Professor of Primary Care Cardiovascular Research).

<sup>44</sup> Men’s Health Forum, The Gender and access to health services study, Department of Health, 2008

<sup>45</sup> Readers Digest and Propriety Association of Great Britain. A Picture of Health: A survey of the nation’s approach to everyday health and wellbeing. London: Readers Digest Association Ltd, 2005

in Haringey would need to ensure the appropriate mechanisms were in place to link up with GPs.

11.16. Study did not include an economic analysis but noted that the contract price per client was £10 – however this did not include set up costs, overhead costs with pharmacies, equipment, marketing and NHS management costs. Repeat testing could again increase the cost therefore a mechanism would need to be put in place to prevent this from happening.

11.17. The study concluded that “Targeted cardiovascular risk assessment can be successfully provided through community pharmacies widening access and choice, particularly for men and people in deprived communities. Referral of those screened onto general practice was high, and so further research is needed to investigate the cost effectiveness and public satisfaction of the service.”

11.18. Overall the panel felt that there is a big opportunity to get pharmacies more involved in delivering services and that this would be best placed alongside the following:

- Promote awareness of pharmacist (and staff) expertise, for example through Health Champions and Trainers.
- Promote awareness of pharmacy services.
- Promote awareness of consultation areas.
- Pharmacy staff training e.g. the Centre for Pharmacy Postgraduate Education (CPPE) has a module on Men’s health which is not often taken up.
- Taking pharmacists’ skills & knowledge into the workplace
- NHS & local authority investment through the commissioning of services.

**Recommendation:**

That the Local Pharmaceutical Committee considers:

- A local awareness raising campaign in order to highlight the accessibility of local pharmacies as well as the professional training which pharmacy staff have undertaken.
- Working with local pharmacies in order to make them more ‘man friendly’ to encourage men into pharmacies.
- Encouraging local pharmacy staff to consider the Centre for Pharmacy Postgraduate Education module on men’s health.
- Having a specific day of the month/week or time of a specific day whereby men are able to walk into consulting rooms and be given advice from pharmacists without needing to explain the issue over the counter.
- Joint projects with pharmacies taking services into male settings.

**Recommendation:**

Haringey Community Pharmacies to run a Men’s health week to tie in with the National Men’s Health week as one of their 6 contractual Public Health Campaigns

## 12. Primary Care

- 12.1. The Panel heard from two local GPs (one a member of the forthcoming Clinical Commissioning Group and one a locum with experience working in the more deprived areas in the borough). A key challenge for GPs is encouraging men to attend the practice for health check ups and advise.
- 12.2. The Panel heard that wherever possible GP practices do encourage wives and partners to ensure that their spouses are registered and attend if necessary.
- 12.3. The Panel heard that all GPs should be assessing risk factors as part of their consultation with patients. This should be recorded via the Quality Outcomes Framework and includes:
- Smoking
  - Weight management
  - Risk factors
  - Family history
- 12.4. It was noted that this would be done on an opportunistic basis and due to men's reluctance to attend GP surgeries this service may not be reaching men over 40 in the more deprived areas of the borough. It was also noted that there may not always be time in a busy practice for these opportunistic checks due to other patients waiting to be seen.
- 12.5. Under the Quality Outcomes Framework GPs are financially rewarded for meeting a range of quality targets in four main areas:
- Improving the management of chronic diseases such as asthma and diabetes (clinical),
  - Improving how practices are organised,
  - Enabling patients to feed back their views of the surgery,
  - Offering 'additional' services such as maternity and child health.
- 12.6. Practices are awarded 'points' for delivering against each indicator. Many of the measures are process measures, requiring that GPs keep a record of data such as smoking status, cholesterol, blood pressure and body mass index for patients in the relevant disease areas. However, there are also a number of treatment and outcome indicators, such as treatment of coronary heart disease with beta blockers, or achieving low levels of cholesterol or blood pressure<sup>46</sup>.
- 12.7. For the purpose of this review a number of indicators were looked at for practices in the East of the borough, and in relation to CVD. Looking at these indicators there is a variation of QOF scores with practices scoring a lower than the borough average as well a number of practices in the East of the borough scoring lower than the West of the borough.
- 12.8. For example under the indicator 'In those patients with a new diagnosis of hypertension (excluding those with pre-existing CHD, diabetes, stroke and/or TIA) recorded between the preceding 1 April to 31 March: the percentage of patients who have had a face to face cardiovascular risk assessment at the outset of diagnosis using an agreed risk assessment treatment tool' there were variations across the borough with the lowest being just over 0% and the highest being 100%<sup>47</sup>.

---

<sup>46</sup> Impact of Quality and Outcomes Framework on Health Inequalities, The Kings Fund, 2011

<sup>47</sup> <http://www.qof.ic.nhs.uk/>

12.9. The Panel heard that as well as ad hoc health promotion (i.e. if there is time within the consultation) which is conducted by GP's wherever possible e.g. checking the patients blood pressure, the Q-Risk<sup>48</sup> online system is also used to calculate the risk of a heart attack or stroke within the next ten years.

12.10. There was discussion about men being less likely to register with GP surgeries in the first place. However, in Haringey statistics show that men over 40 years of age in the borough and men over 40 years of age registered with a GP practice are proportionally similar at 19.03% and 18.71% respectively (see table below). However, these statistics do need to be viewed with caution, for example some Wards in the East of the borough have high levels of transience which may skew the figures, the figures also do not show where men may have moved out of an area and not registered with a new Practice (therefore meaning they are still on the Practice register of the previous surgery).

	GP register Nov 2011 <sup>49</sup>	Mid Year Estimates 2010 <sup>50</sup>
40+ Men	50834	42087
Total Men	130569	114120
%	38.93	36.88
Total	267085	224996
%	<b>19.03</b>	<b>18.71</b>

12.11. GP opening hours was *not* felt to be an issue in prevention men from attending the surgery as a number of practices do have longer opening hours. It was also noted that those that this particular review are targeting may be more likely to be unemployed or working shift patterns.

12.12. In January 2012 NHS North Central London published 'Transforming the primary care landscape in North Central London'. This document focuses on the future of primary care across North Central London from the patients perspective and based on networks of GP practices working together to create Integrated Care Networks. The aim of the networks being that within each network patients will be able to access all services which are offered as part of a 'guaranteed standard service'<sup>51</sup> thus improving access to services for patients.

12.13. The vision under the NHS NCL Transformation Strategy is also for people to be able to register with their GP at the local pharmacy as well as other settings:

"If you don't want to register online, call in at any of our NHS-signed premises – doctors, pharmacies, optometrists, dentists, community-based health services or clinics - or at any of your local council offices, Job Centre Plus, Citizens Advice Bureau, Libraries, and some local estate agents."<sup>52</sup>

<sup>48</sup> <http://qrisk.org/>

<sup>49</sup> NHS Connecting For Health, 2011

<sup>50</sup> Mid Year Estimates, Office of National Statistics, 2010

<sup>51</sup> Transforming the primary landscape in North Central London, NHS NCL, 2012

<sup>52</sup> Transforming the primary landscape in North Central London, NHS NCL, 2012

- 12.14. Whilst the panel are supportive of this new model, they are keen to ensure that all practices do sign up to the Integrated Care Networks in particular those who may need extra support to do so.

**Recommendation:**

That NHS Haringey works with local GP practices who are under-performing in the most deprived area of the borough based on the Quality Outcomes Framework scores to improve their performance. For example:

- In those patients with a new diagnosis of hypertension (excluding those with pre-existing CHD, diabetes, stroke and/or TIA) recorded between the preceding 1 April to 31 March: the percentage of patients who have had a face to face cardiovascular risk assessment at the outset of diagnosis using an agreed risk assessment treatment tool.
- The percentage of people diagnosed with hypertension diagnosed after 1 April 2009 who are given lifestyle advice in the last 15 months for: increasing physical activity, smoking cessation, safe alcohol consumption and healthy diet.

Focus should be placed on those QOF scores which would have the biggest impact on male life expectancy in the area.

**Recommendation:**

The Panel recommends that opportunities from the Primary Care Development Strategy that smaller practices join into networks enabling all patients to access higher level services should take full account of this review and ensure that particular attention is given to inequalities in men's health.

### 13. Regeneration

- 13.1. The Tottenham Regeneration Programme is coordinating work to transform and regenerate Tottenham following the riots of August 2011. Work under this programme includes:

- Consulting and involving local residents in developing a regeneration strategy;
- Working with landowners to ensure sites are reoccupied and reopened as soon as possible;
- Developing appropriate planning policies to support sustainable businesses and uses on the High Road;
- Supporting business to access funding and financial support; and
- A total investment package of £41m from the Mayor's Regeneration fund and the Council has been identified to kick start the regeneration of North Tottenham, and also for a Employment and Skills programme to tackle worklessness, and improvements to the High Road and Tottenham Green .

13.2. Tottenham Hotspur received planning permission for the Northumberland Development Project, which includes a new football stadium, in September 2011 and further permission in March 2012 following submission of some changes to “maximis[e].. the number of new jobs and new homes which can be created<sup>53</sup>”.

13.3. “The Northumberland Development Project aims to deliver:

- A huge investment in North Tottenham to create a vibrant area 365 days a year, with more people using the stadium, shops, restaurants and public spaces.
- Exceptional public space and a focus for events and activities to be used by schools, charities, community groups, local residents and the Council themselves.
- A major economic boost for the area, with more money spent in local shops and services.
- New jobs created with dedicated support in place to help local people access those jobs.
- A dramatic improvement of this part of the High Road, including the refurbishment and re-use of historic buildings within their own active setting.
- Improved shopping choice from the new supermarket.
- Improved community safety, with 'designing-out-crime' integral to the design and CCTV in place as well.
- Much needed new homes, including one bedroom apartments for first time buyers.
- New local business opportunities both during construction and in the long term.
- World class design which people will be proud to live near and visit<sup>54</sup>.

13.4. The Panel believes that the Tottenham Regeneration Programme together with the Northumberland Development Plans and changes to the health services, including the setting up of Clinical Commissioning Groups and the move of Public Health to the Council all provide an excellent opportunity to reduce health inequalities in the East of the borough.

**Recommendation:**

Partners recognise the potential of the Northumberland Development Project in improving the health inequalities in the area. We recommend that Public Health, NCL, Spurs and other appropriate development partners take the redevelopment of the stadium as an opportunity to positively influence health outcomes for men over 40 by participating in and supporting the work of the Men's Health Forum get together and explore possibilities in line with local strategies.

**Recommendation:**

The plans for the regeneration of Tottenham recognise and acknowledge the unacceptability of the continuing health inequality issues and adopt a programme of targeted health improvement as a specific strategic initiative.

<sup>53</sup> <http://www.tottenhamhotspur.com/spurs/The+Stadium/new-stadium-plans.page>

<sup>54</sup> <http://www.tottenhamhotspur.com/spurs/The+Stadium/new-stadium-plans.page>

## 14. Wider Determinant - Housing

- 14.1. Housing conditions also have an impact on a person's health, this includes not just the quality of the housing but also whether or not the conditions are overcrowded. 8.9% (8,311) of households were identified as living in overcrowded conditions<sup>55</sup> with overcrowding being more common in the more deprived areas of the borough e.g. White Hart Lane and Seven Sisters.
- 14.2. Whilst the panel is not aware of any statistics on the gender and age of occupants, it felt that it is likely that there may be a number of single older men living in poor quality accommodation in some areas of the borough and that this is likely to be having an impact on their health.
- 14.3. Concerns had been raised in a number of areas in the borough about properties which had been converted into smaller units and were subsequently both being poorly managed and in a poor state of repair<sup>56</sup>. This resulted in a pilot in Harringay Ward whereby Houses in Multiple Occupation (HMOs) would be subject to licensing by the Council.
- 14.4. By licensing HMOs the Council is able to ensure that the accommodation is well managed, safe and habitable and that it complies with the amenity standards and is in a good state of repair.

### **Recommendation:**

It is well documented that housing is a wider determinant of health and that in the more deprived areas of the borough there is more overcrowding and often worse quality housing. The panel therefore recommends that the HMO licensing scheme currently taking place in Harringay Ward is extended to Tottenham and other relevant areas of the borough (subject to the required criteria being met following the appropriate assessment).

## 15. Wider Determinant – Employment

- 15.1. Employment is widely recognised as an extremely important determinant of health. Having a job provides a vital link between an individual and the rest of society and is important for a person's self esteem. Levels of disposable income from wages also affect the way in which people live, how they are able to spend their time and their housing.
- 15.2. Unemployment is a significant risk factor for a number of health indicators. Unemployed people are found to have:
- Lower levels of psychological well-being.
  - Higher rates of morbidity – such as limiting long term illness.
  - Higher rates of premature mortality, in particular for CHD<sup>57</sup>.
- 15.3. Haringey Employment projects are focusing on 18-24 year age group in order to break the cycle of intergenerational workless. There is no specific

<sup>55</sup> Housing Needs Assessment, 2005, Haringey Council

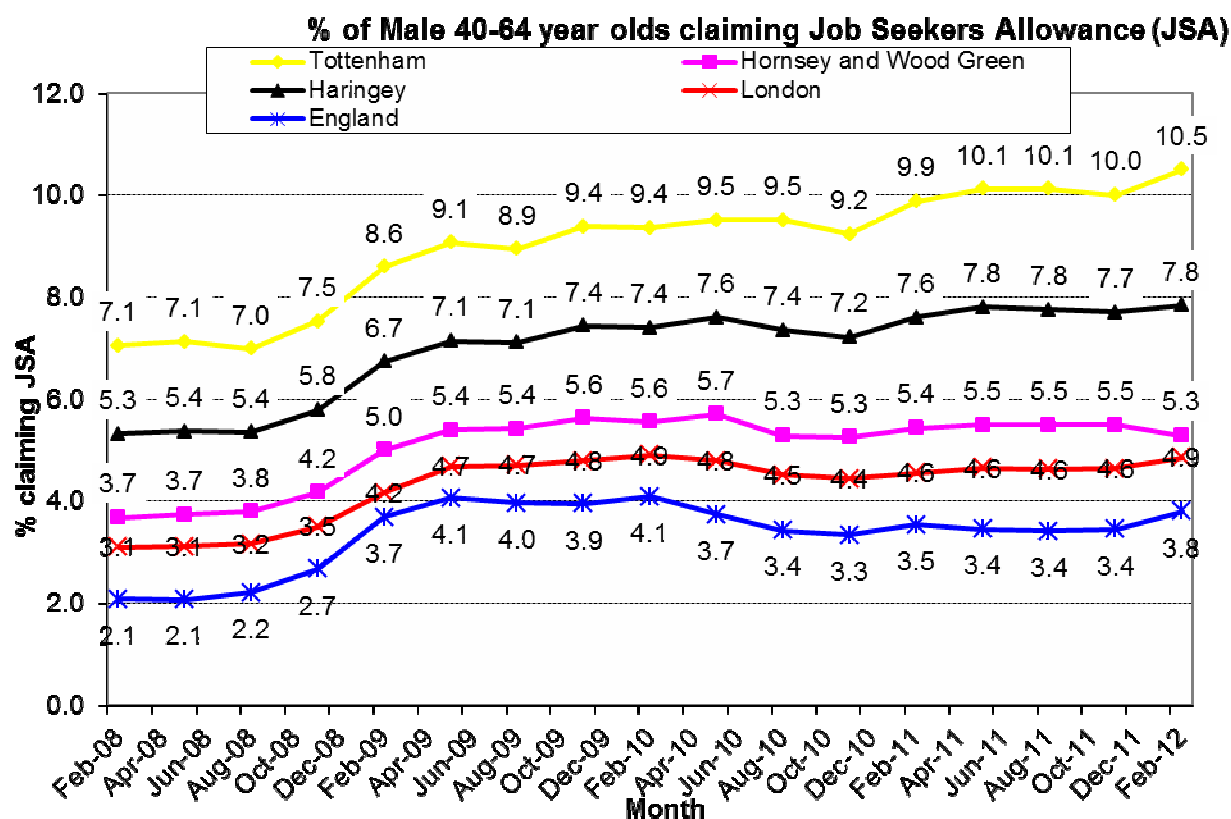
<sup>56</sup> Proposed changes to the regulation and licensing of HMOs including the introduction of an area based Additional Licensing Scheme, Cabinet Report, Haringey Council, 2011

<sup>57</sup> Health: Everyone's Business, Overview and Scrutiny Committee report, Haringey Council, 2010.



programme for those over 40 years of age; however this group will not be turned away should they approach existing services.

- 15.4. As can be seen from the graph below, the number of males between 40 and 64 years of age claiming Job Seekers Allowance has increased in recent years from 1655 in February 2008 to 2580 in February 2012 (a 55.9% increase) in the age bracket. With the Tottenham constituency population accounting for 1055/1695 respectively.



Source: [www.nomisweb.co.uk](http://www.nomisweb.co.uk)

#### Recommendation:

There are clear and evidenced health risks associated with long-term unemployment and whilst the panel recognises that the Council is focusing on 18-24year olds, as a priority group, the service will not be exclusive to this age group. The panel believes that wherever possible programmes should be developed to support men over 40 years of age to gain skills and receive support into employment.

## 16. Strategy

- 16.1. The Panel was updated on the work of the Cross Party Working Group on Health Inequalities and received a presentation on the Life Expectancy Paper which was submitted to the group and which this review links to.

- 16.2. Key priorities for action include:

- Smoking
- Physical Activity

- Obesity and nutrition (particularly in children)
- Alcohol

16.3. The Panel notes the importance of the Joint Strategic Needs Assessment and the role it plays in current commissioning cycles and the role it will play under the forthcoming Health and Wellbeing Board and Clinical Commissioning Group. Due to the importance of this document in commissioning decisions and to enable Commissioners to have a full picture of the needs of the population the panel felt that men's health should form a specific strand.

#### **Recommendation:**

The significant ward differences in men over 40s' life expectancy to be recognised in the Joint Strategic Needs Assessment and tackling them to be made a priority by NHS Haringey in commissioning plans.

### **17. Partnership working**

17.1. Throughout the review the Panel noted the enthusiasm and willingness to improve the life expectancy of men in the more deprived areas of the borough and was particularly impressed to hear some of the ideas and discussion being taken forward.

17.2. The Panel felt that to capture and embed this enthusiasm a local men's health forum should be set up to drive the work forward on a more day to day basis.

17.3. The Panel believes that a Haringey men's health forum (HMHF) would be beneficial to Haringey in order to:

- Maintain and further promote men's health,
- Contribute to the outcomes of the Health and Wellbeing Strategy.
- Take agreed recommendations of the scrutiny review forward.

17.4. Membership should include all those bodies involved in the Scrutiny review and further voluntary and community involvement e.g. through HAVCO. It is proposed that:

- Meetings are based on specific themes in order to drive the men's health agenda forward
- There is a rotating Chair, with the Chair being an expert in the area being discussed.
- Work of the group reports into an existing structure e.g. Shadow Health and Wellbeing Board Executive.

Whittington Health and the Tottenham Hotspur Foundation have already expressed an interest in becoming lead participants in the forum

17.5. The Panel noted a contribution of a local GP on receiving a draft copy of this report and a number of ideas put forward which could also form a basis for this group (See Appendix B).

- 17.6. The panel is conscious about not duplicating existing structures or adding to administrative costs and therefore believes that the local men's health forum should be reviewed when the Shadow Health and Wellbeing board becomes a statutory body in April 2013.
- 17.7. The Panel also noted the willingness of a number of partner bodies, for example Whittington Health and Tottenham Hotspur Foundation in supporting this group.
- 17.8. Throughout the review the Panel also heard about the positive working relationship between Public Health and the Tottenham Hotspur Foundation, with the Health and Wellbeing Manager from the Tottenham Hotspur Foundation also working at the Council one day a week.

**Recommendation:**

That Public Health and the Tottenham Hotspur Foundation continue in their positive working relationship to improve health outcomes of men in the target group.

**Recommendation:**

That a local men's health forum is established to continue the momentum developed through this review.

# APPENDICES

## Appendix A – Policy Context

### 1. **Healthy Lives, Healthy People - Public Health White Paper (now the Health and Social Care Act, 2012)**

- 1.1. The White Paper and subsequent Act sets out the Government's long-term vision for the future of public health in England. The aim is to create a 'wellness' service (Public Health England) and to strengthen both national and local leadership.
- 1.2. The paper aims to strengthen both national and local leadership by having directors of public health, employed by local authorities and jointly appointed with Public Health England. Their role will be to lead on driving health improvement locally.
- 1.3. Responding to the challenges set out in Professor Sir Michael Marmot's powerful 'Fair Society, Healthy Lives' report, the White Paper includes a proposal for a new, health premium that will reward progress on specific public health outcomes.
- 1.4. The premium is intended to fight health inequalities thus formally recognising disadvantaged areas which face the greatest challenges, and will therefore receive a greater premium for progress made.
- 1.5. Local authorities will deploy resources to improve health and well-being in their communities using ring-fenced health improvement budgets allocated by the Department of Health and based on a formula grant for each area.

### 2. **Marmot review- 'Fair Society, Healthy Lives'**

- 2.1. The government has expressed its commitment to reducing health inequalities. In 2010 The Marmot review; 'Fair Society, Healthy Lives' was published in response to the request made by a former Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The strategy includes policies and interventions that address the social determinants of health inequalities. Key messages delivered and relevant to this scrutiny review:

1. Evidence suggests that there is a social gradient in health – the lower a person's social position, the worse his or her health. Therefore our effort should also be focused on reducing the gradient in health.
2. The review also reaffirms the point that health inequalities result from social inequalities. Therefore tackling health inequalities requires action across all the social determinants of health.
3. There is also an emphasis on the fact that action taken to reduce health inequalities will benefit society in many ways. Benefits like economic benefits in reducing losses from illness associated with health inequalities, which account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.
4. Reducing health inequalities will require action on six policy objectives (See below)

5. Delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and community groups. National policies will not work without effective local delivery systems focused on health equity in all policies.
6. Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.

2.2. The review also identified 6 evidenced based policy objectives for action most likely to have the greatest impact on reducing the gap in health inequalities long-term:

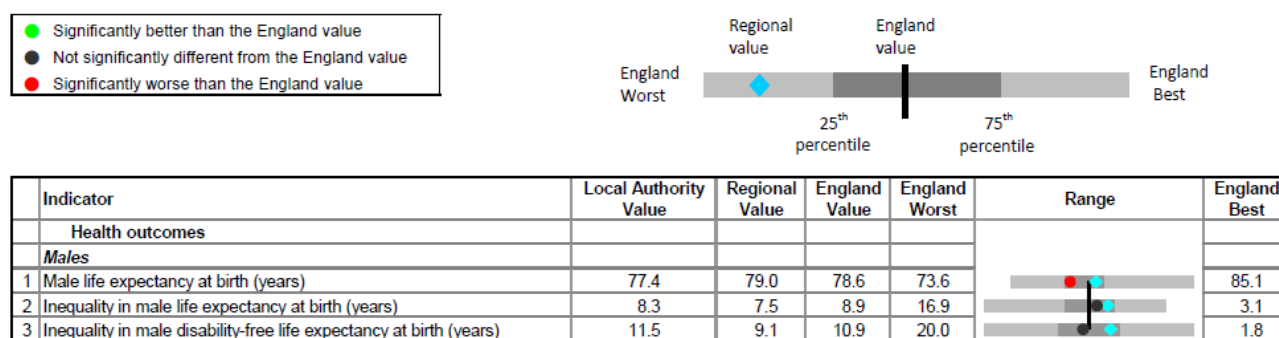
1. Give every child the best start in life
2. Enable all children young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention

### 3. Marmot indicators for Local Authorities in England

3.1. **Fair Society, Healthy Lives: The Marmot Review** report was published in February 2010. The report included some suggested indicators to support monitoring of the overall strategic direction in reducing health inequalities. In February 2011, the London Health Observatory produced baseline figures for some key indicators of the social determinants of health, health outcomes and social inequality that correspond, as closely as is currently possible, to the indicators proposed in *Fair Society, Healthy Lives*.

- The London Health Observatory and the UCL Institute of Health Equity (previously known as the Marmot Review Team) have now updated the indicators. The 2012 indicators include male life expectancy.

3.2. Extract from the Haringey Indicator set in relation to men's health showing that male life expectancy at birth is significantly worse than the England average:



**Source:** London Health Observatory, *Marmot Indicators for Local Authorities in England, 2012*

### 4. London Health Inequalities Strategy

4.1. The first London Health Inequalities Strategy was published in March 2010 and provides the framework for action. The strategy is due to be refreshed every four years. The London Health Inequalities Strategy recognises there is a social gradient in health – the lower a person's social position, the worse his or her health. The strategy aims to diminish the steepness of the social gradient so that the health gaps between all Londoners are lessened.

4.2. The Mayor's strategic objectives for reducing health inequalities in London are to:

1. Empower individual Londoners and their communities to improve health and well being
2. Improve access to London's health and social care services, particularly for Londoners who have poorer health outcomes.
3. Reduce income inequalities and minimise the negative health consequences of relative poverty.
4. Increase opportunities for people to access the potential benefits of work and other forms of activity.
5. Develop and promote London as a healthy place for all – from homes to neighbourhoods and the city as a whole.

## **5. The London Health Inequalities Strategy – First Steps to Delivery to 2012**

5.1. Sets out agreed actions to prioritise to 2012 against the thirty high-level commitments which form the bedrock of the strategy. It summarises the first steps already identified with partners to be further built upon over the coming months.

5.2. **This includes first steps such as:**

- Encouraging regional and local organisations to review the extent of their current focus on health inequalities in strategy development, investment and programme planning and in prioritisation – key partners mentioned includes Overview and Scrutiny Committees.
- Engaging regional and local scrutiny leads in joint work to increase their focus on reducing health inequalities throughout their scrutiny plans and investigations.
- Tackle street trading of illicit tobacco, and the illegal sale of tobacco and alcohol, through use of existing effective interventions, and encourage widespread adoption.
- Work with NHS to scale up approaches to building capacity in Voluntary and Community Sector to deliver physical activity services.

## **6. Health Inequalities National Support Team (HINST)**

6.1. The Department of Health Inequalities National Support Team (HINST) visited Haringey in late 2009. The National Support Team (NST) held several stakeholder events to understand the local context and assess barriers to and opportunities for making progress at a population level. A number of high level recommendations were made, and following the visit an action plan was developed and approved by the Cabinet member of Adult and Social Care and by the Department of Health. Key recommendations from the visit included:

1. Undertake further analysis quantifying the number of lives that need to be saved and assessment of the necessary scale and reach of interventions required to reduce mortality rates to sustain progress towards the 2010 mortality targets and address inequalities within Haringey.
2. Develop detailed delivery plans informed by the above analysis, equity audit and social marketing.
3. Develop a culture of data and analysis underpinning all strategic and commissioning decisions, as part of a whole systems approach to addressing health inequalities.
4. Establish clear local clinical and practitioner leadership in Cardiovascular Disease (CVD), Stroke, and Cancer.
5. Continue to focus intensively on improving the quality of primary care across the 3 levels of support, and build a partnership approach to case-finding.
6. Take a partnership approach to the development of commissioning groups relating to the contributing factors to health inequalities and the development of improved patient pathways.
7. NHS Haringey should fully integrate its strategic and operational community engagement work internally and with other partners.
8. Continue the development of the Well-Being Partnership Board and the Haringey Strategic Partnership structures in relation to locality working, engagement of the Voluntary Community Services (VCS) and the broader healthy communities' agenda.
9. Ensure specific initiatives are developed and implemented to embed

## **7. Haringey**

7.1. Haringey has a significant history in tackling health inequalities and continues to address these at every level across the borough. Tackling health inequalities has been integral to the production of several key strategies and plans in Haringey over several years. The Sustainable Community Strategy is the overarching strategy of the Haringey Strategic Partnership, examples of other key strategies and plans include: Sustainable Community Strategy, Well-being Strategic Framework, Children and Young People's Plan, Community Safety Strategy, Housing Strategies, Greenest Borough Strategy and Regeneration Strategy, Safer for all, NHS Strategic Plan, Life Expectancy Action Plan, Infant Mortality Action Plan, Report of the visit of the National Support Team of the Department of Health. These existing plans will form components that will shape the future health inequalities strategy. Haringey needs assessments and local information for example Haringey Our Place and Joint Strategic Needs Assessment should inform local strategies.

## **8. Health Inequalities Cross Party Working Group**

8.1. A Health Inequalities Cross Party Working Group was set up in order to determine the priority areas to be addressed in the health and wellbeing strategy in order to reduce health inequalities in Haringey.

8.2. The Health and Wellbeing Strategy has three outcomes:

- Giving every child the best start in life
- Reducing the gap in life expectancy in Haringey
- Improving mental health and wellbeing



## Appendix B – Submitted comments from Dr Muhammad Akunjee

**Comments submitted by Dr Muhammad Akunjee MBBS, MRCP (distc.) Lead GP & Clinical Director for SE Haringey Haringey Shadow Commissioning Board Member**

### **General Principals**

Generally I feel that men like to think they are in good health (even if the facts speak otherwise). The survey revealed this fact with most men claiming to be in good health. Women seem to worry about their health and appearance a lot more - perhaps due to the huge pressures from TV / friends / marketing / women's magazines, and as a result are more likely to attend to see the GP / health clinician with complaints at a lower threshold. It may also be seen as a 'macho' for males to remain as they are and not seek help until it is too late.

In addition, as seen in the public health data, men are more likely to smoke, not exercise adequately, drink, have poor unhealthy diets and take illicit drugs. Perhaps the feeling that they are harming themselves more makes them also feel ashamed to attend for help until some aspect of their functioning is affected. Men are probably also more likely to be in employment than females (in Haringey). In addition, there is a high ethnic minority population that are more prone to developing hypertension (Afro Caribbeans), Diabetes (South East Asian) and this needs to be tackled. These all creates potential barriers that have to be overcome to try and reduce the health inequalities that are becoming more apparent in Haringey.

### **Marketing**

We have to break the male taboo that caring for your health makes you less of a man. We need more general Public health marketing / campaigns that speak about men's health on the buses, underground, bill boards and other manners to be 'in their face' particularly in areas that they may congregate - I have seen a large number of Somali and Turkish clubs and local pubs. Job centres, newsagents and libraries would also be good venues for getting messages out. We had a very successful project backed by David Lammy post riots to reclaim Tottenham and that was very visible and had a good acceptance. A similar project may be useful, for example on all schools / public computers when someone logs in maybe get a brief 30 second video pop up explaining about health and the issues around it.

<http://www.youtube.com/watch?v=lf4ceLMbBiw> this is a nice example of a clear video promoting the health checks.

Targeted marketing is also important. For example, communities trust their own elders and religious chaplains. They may go to them for religious advice and instruction. Having training days for different chaplains about health problems may be useful and highlight some of the key areas that focus is needed (particularly for suicide, drug abuse and depression/ anxiety). Chaplains then can sign post or send people on for more informed advice and support. We in Haringey have more than 200 languages spoken; much of these materials must be made available to all residents.

Perhaps sending out a mail shot for all males aged 40+ to visit their GP for health checks or general check up can be organised alongside the Health Check screening programme. NHS Haringey used to send out checks to see if patients live at their

address - perhaps a better use of funding would be to send out promotional material inviting said males to their GP / community centres for a health check.

### **Access**

As mentioned in the survey 81% would be happy to be assessed in their GP surgeries. I feel that perhaps it is a little bit confusing to then say that they feel GP surgeries are unwelcoming or women focused. We have to help them attend - text reminders of appointments, ease of access, men's only clinics, extended hours etc. Even though surgeries provide this, how many people who haven't been to the GP in a while actually know their GPs opening hours?

Perhaps having a freephone Male Health Hotline for the area that allows men to ring much like a generic 111 or NHS direct service but tailor it to giving advice how to access health services and general health promotion advice would be useful. This would also be useful for those men who have not registered with a GP.

We find that sometimes we get a male registering at the surgery without their families or vice versa. With women and children and husbands / partners registered elsewhere. This can sometimes make it hard to drive home key lifestyle messages about diet, cooking, exercise. We should perhaps try and register families together to ensure these issues do not occur.

As mentioned in the report the Haringey populace are highly mobile so it is essential that people have an idea of what services are available and when. The hotline may help this, but also websites which can be accessed in peoples own times, 24 hrs a day with clear, bold colours and simplistic design so that people know where they can register, where to get health advice, how to use A&E, Walk in centres etc. This information would then be at their finger tips. This would also be useful for those who are shy to speak to an operator, or those who cannot speak English. Extending this further, a brief leaflet about where to go for primary health care and health advice should be drafted and handed out to all new patients applying for benefits, at social services and the job centre.

Leaflets should be mailed out to all estate agents to include in their packs they give to new tenants moving into the area. The earlier we catch and register people the more likely we are to prevent illnesses

### **Improving the Primary Care patients receive**

It is vitally important that we work with the NCL primary care transformation strategy to get GPs to federate. We should also focus some of this money on improving the experience at the surgeries. Remove clutter, have visual display boards, have staff training how to pick up illnesses, how to reduce aggression and anger, how to sign post people to services etc. GP surgeries should have websites with clear information about how to register - perhaps encourage online registration, online appointment booking and email access to GPs may allow men better access for their health to GPs.

Having more services located in the GP surgery and more targeted money to catch people in the waiting area. For example automated Blood Pressure machines in the waiting area, investment to perform patients information searches and target smokers and drinkers to be called in for assessment for other health issues such as Diabetes or Coronary Obstructive Pulmonary Disorder or for an ECG and blood test (near patient testing for cholesterol and sugar so no need to go to the local phlebotomy department). Less patient contact and a more one stop way of doing things would mean that if and when a patient attends they can be attended to, treated and risk assessed there and

---

then without not having to take time off or commute elsewhere - which puts them at risk of not attending or being followed up.

## Appendix C – Review contributors

Name	Job Title	Organisation	Email address
Cllr David Winskill	Cllr, Vice Chair of OSC, Chair of Panel	Haringey Council	<a href="mailto:David.Winskill@Haringey.gov.uk">David.Winskill@Haringey.gov.uk</a>
Cllr Bob Hare	Cllr	Haringey Council	<a href="mailto:Bob.Hare@Haringey.gov.uk">Bob.Hare@Haringey.gov.uk</a>
Cllr Reg Rice	Cllr	Haringey Council	<a href="mailto:Reg.Rice@Haringey.gov.uk">Reg.Rice@Haringey.gov.uk</a>
Cllr Ann Waters	Cllr, Chair of the Cross Party Working Group on Health Inequalities	Haringey Council	<a href="mailto:Ann.Waters@Haringey.gov.uk">Ann.Waters@Haringey.gov.uk</a>
Melanie Ponomarenko	Senior Policy Officer	Haringey Council	<a href="mailto:Melanie.Ponomarenko@Haringey.gov.uk">Melanie.Ponomarenko@Haringey.gov.uk</a>
Martin Bradford	Senior Policy Officer	Haringey Council	<a href="mailto:Martin.Bradford@Haringey.gov.uk">Martin.Bradford@Haringey.gov.uk</a>
Adam Smith	Deputy Director Strategy, Engagement & Business Development	Whittington Health	<a href="mailto:Adam.Smith14@nhs.net">Adam.Smith14@nhs.net</a>
Aine Duggan	Strategic Partnership Project Officer	Men's Health Forum	<a href="mailto:A.Duggan@menshealthforum.org.uk">A.Duggan@menshealthforum.org.uk</a>
Brenda Taverner	Haringey LINK Co-ordinator and HealthWatch Change Management Project Team	Local Involvement Network	<a href="mailto:Brenda@haringeylink.org.uk">Brenda@haringeylink.org.uk</a>
Clementine Dajtmika	Health Psychology Master Student		<a href="mailto:Clemmieuk@aol.com">Clemmieuk@aol.com</a>
Craig Ferguson	Geographical Information Systems Analyst	Haringey Council	<a href="mailto:Craig.Ferguson@Haringey.gov.uk">Craig.Ferguson@Haringey.gov.uk</a>
Dr Michelle Northrop	GP		<a href="mailto:Michelle.Northrop@doctors.org.uk">Michelle.Northrop@doctors.org.uk</a> <a href="mailto:MichelleNorthrop@nhs.net">MichelleNorthrop@nhs.net</a>
Dr Muhammad Akunjee	GP	Clinical Commissioning Group	<a href="mailto:makunjee@nhs.net">makunjee@nhs.net</a>
Dr Rebecca Viney	GP	Clinical Commissioning Group	<a href="mailto:Rebecca.Viney@londondeanery.ac.uk">Rebecca.Viney@londondeanery.ac.uk</a>
Fiona Wright	AD, Public Health	Haringey Council	<a href="mailto:Fiona.Wright@Haringey.gov.uk">Fiona.Wright@Haringey.gov.uk</a>
Fiona Yung	Head of Long Term Conditions	Whittington Health	<a href="mailto:Fiona.Yung@nhs.net">Fiona.Yung@nhs.net</a>

Gerald Alexander	Chair,	Barnet Enfield and Haringey Local Pharmaceutical Committee	<a href="mailto:Gerald@middlesexpharmacy.org">Gerald@middlesexpharmacy.org</a>
James Haddow	Darzi Fellow in Clinical Leadership, General Surgery SpR, London Deanery Chairman, London Surgical Research Group	Whittington Health	<a href="mailto:Jameshaddow@nhs.net">Jameshaddow@nhs.net</a>
Jeanelle de Gruchy	Director of Public Health		<a href="mailto:Jeanelle.DeGruchy@Haringey.gov.uk">Jeanelle.DeGruchy@Haringey.gov.uk</a>
Jodie Szwedzinski	Policy Officer	Haringey Council	<a href="mailto:Jodie.Szwedzinski@Haringey.gov.uk">Jodie.Szwedzinski@Haringey.gov.uk</a>
John Nunney	Vice Chair	Barnet Enfield and Haringey Local Pharmaceutical Committee	<a href="mailto:Jnunney@yahoo.co.uk">Jnunney@yahoo.co.uk</a>
Laura Murphy	Expert Adviser	Centre for Public Scrutiny	<a href="mailto:Laura@mtc2.co.uk">Laura@mtc2.co.uk</a>
Maria Abraham	Health and Wellbeing Manager	Tottenham Hotspur Foundation	<a href="mailto:Maria.Abraham@tottenhamhotspur.com">Maria.Abraham@tottenhamhotspur.com</a>
Michael Levitan	Chief Executive	Barnet Enfield and Haringey Local Pharmaceutical Committee	<a href="mailto:Michael@middlesexpharmacy.org">Michael@middlesexpharmacy.org</a>
Peter Baker	Chief Executive	Men's Health Forum	<a href="mailto:Peter.Baker@menshealthforum.org.uk">Peter.Baker@menshealthforum.org.uk</a>
Ricardo Johnson	Member representative	Local Involvement Network	<a href="mailto:Prathletics2012@gmail.com">Prathletics2012@gmail.com</a>
Tracy Carpenter	Healthy Communities Programme Manager	Greenwich Council	<a href="mailto:Tracy.Carpenter@greenwich.gov.uk">Tracy.Carpenter@greenwich.gov.uk</a>
Vanessa Bogle	Senior Public Health Commissioning Strategist	Haringey Council	<a href="mailto:Vanessa.Bogle@Haringey.gov.uk">Vanessa.Bogle@Haringey.gov.uk</a>

## Appendix D - Bibliography

- A. Blenkinsopp (Professor of the Pharmacy Practice), R.J. McManus (Professor of Primary Care Cardiovascular Research, *Journal of Public Health*, pp 110-116, *Evaluation of a cardiovascular disease opportunistic pilot ('Heart MOT' service) in community pharmacies*, J.M.P. Horgan (Head of Medicines Management)
- Alcohol Concern, 2011
- British Heart foundation, [www.bhf.org.uk](http://www.bhf.org.uk)
- Department of Health, (2004). Choosing health: Making healthy choices easier. London: Department of Health.
- Department of Health, 2004, ANARP Project
- Department of Health, Gender and Access to health services Study,
- Department of Health. (2000a). National Service Framework: Coronary Heart Disease. Department of Health. London
- Department of Health. (2004). At least five a week. Evidence on the impact of physical activity and its relationship to health. Department of Health. London.
- Department of Health, Healthy Lives, Healthy People - Public Health White Paper, 2010
- European Commission, The State of Men's Health In Europe, 2011
- Geneva: World Health Organisation, Preventing chronic disease: A Vital Investment, 2005
- Greater London Authority, London Health Inequalities Strategy, 2010
- Greater London Authority, The London Health Inequalities Strategy – First Steps to Delivery to 2012
- Harding S, Rosato M, Teyhan A. 2008. *Trends for coronary heart disease and stroke mortality among migrants in England and Wales, 1979-2003*: slow declines notable for some groups. *Heart*; 94: 463-70
- Haringey Council, Alcohol Joint Strategic Needs Assessment, 2012
- Haringey Council, Briefing for Tottenham and Seven Sisters Area Committee, Tottenham Regeneration Programme, 2011
- Haringey Council, Cross Party Working Group, Life Expectancy Paper, 2011
- Haringey Council, Health: Everyone's Business, Overview and Scrutiny Committee report, 2010.
- Haringey Council, Housing Needs Assessment, 2005,
- Haringey Council, Proposed changes to the regulation and licensing of HMOs including the introduction of an area based Additional Licensing Scheme, Cabinet Report, 2011
- Haringey TPCT, Haringey Pharmaceutical Needs Assessment, 2011
- Health and Social Care Bill, Memorandum submitted by the Men's Health Forum (HS 83)  
<http://www.publications.parliament.uk/pa/cm201011/cmpublic/health/memo/m83.htm>
- Health Inequalities Cross Party Working Group, Life Expectancy Paper, 2011, Haringey Council
- Health survey for England, 2003-2005
- <http://qrisk.org/>
- <http://www.bhf.org.uk/heart-health/prevention/alcohol.aspx>
- <http://www.idea.gov.uk/idk/core/page.do?pageId=23268004>
- [http://www.lho.org.uk/LHO\\_Topics/Analytic\\_Tools/Tobaccocontrolprofiles/profile.aspx?](http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Tobaccocontrolprofiles/profile.aspx?)

- <http://www.menshealthforum.org.uk/node/19914>
- [http://www.psnc.org.uk/pages/about\\_community\\_pharmacy.html](http://www.psnc.org.uk/pages/about_community_pharmacy.html)
- <http://www.qof.ic.nhs.uk/>
- <http://www.tottenhamhotspur.com/spurs/The+Stadium/new-stadium-plans.page>
- Jebb, S (2004) Obesity: causes and consequences. [www.medicinepublishing.co.uk/resources/sample\\_pages/wohm.1.1.38.pdf](http://www.medicinepublishing.co.uk/resources/sample_pages/wohm.1.1.38.pdf)
- London Health Observatory, Tobacco in London: the preventable burden. Full report, 2004
- London Health Observatory, Marmot Indicators for Local Authorities in England, 2012
- Marmot review- 'Fair Society, Healthy Lives', 2010
- Men's Health Forum presentation, December 2011
- Men's Health Forum, Racks of Mack up and No Spanners
- Men's Health Forum, The Gender and access to health services study, Department of Health, 2008
- NHS Connecting For Health, 2011
- NHS NCL, Transforming the primary landscape in North Central London, 2012
- Office of National Statistics, Mid Year Estimates, 2010
- Readers Digest and Propriety Association of Great Britain. A Picture of Health: A survey of the nation's approach to everyday health and wellbeing. London: Readers Digest Association Ltd, 2005
- Sport England (2010). Active People Survey 4. [http://www.sportengland.org/research/active\\_people\\_survey/active\\_people\\_survey\\_4.aspx](http://www.sportengland.org/research/active_people_survey/active_people_survey_4.aspx)
- Sproston, K., Primatesta, P. (eds) (2004). Health Survey for England 2003. Volume 2: Risk factors for cardiovascular disease. London: TSO.
- The Kings Fund, Impact of Quality and Outcomes Framework on Health Inequalities, 2011
- White, A., Mckee, M., Richardson, N., Visser de, R., Madsen, S. A., Sousa de, B. C., Hogston, R., Zatonski, W., Makara, P., (2011), *Europe's men need their own health strategy*, British Medical Journal, BMJ2011;343:d7397
- White, Professor. A., (2004) *Men's Health: the challenges ahead*, Journal of Men's health and gender.
- World Health Organisation, (2003). Obesity and overweight. Geneva: WHO.
- World Health Organization. (2002). World health report. Geneva: World Health Organization.
- [www.greenlightpharmacy.com](http://www.greenlightpharmacy.com)