



Haringey Council

Report for:	Cabinet	Item Number:	
Title:	Men's Health: Getting to the Heart of the Matter		
Report Authorised by:	Cllr David Winskill, Chair of the review panel		
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Ward(s) affected:		Report for Key/Non Key Decisions:	

1. Describe the issue under consideration

1.1. The focus of this scrutiny 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:

- It is in this age group that there is the biggest inequalities in death in the borough.
- By changing certain risk factors in those over 40 years of age a quick difference 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.

1.2. Cabinet is requested to consider the final report of the Scrutiny Review of Men's Health, which was approved by the Overview and Scrutiny Committee on 30 April.

2. Cabinet Member introduction

2.1. N/A

3. Recommendations



3.1. That the report is noted and, in accordance with the requirements of the constitution, officers be requested to submit a Cabinet response, including a detailed tabulated implementation action plan.

4. Other options considered

4.1. N/A

5. Background information

Key national points:

- Men under use primary health services¹, 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 women².
- 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.

Key Haringey points

- 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% off 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.

¹ Men's Health Forum presentation, December 2011

² 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>



- The gap in male life expectancy in Haringey has continued to increase with a 9 year gap across the borough. This therefore 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.
- 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.
- 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.
- 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.

Recommendations of this review are intended to inform the Delivery Plan of the Health and Wellbeing Strategy (Outcome 2, A Reduced Gap in Life Expectancy).

6. Comments of the Chief Finance Officer and financial implications

- 6.1. Whilst there are a number of recommendations set out in this report, it is expected that at this stage any costs associated with these such as publicity and training will not be significant and would be met from existing resources within one or more of the partner agencies or, as noted in recommendation 7, that bids for external resources are put forward.



Haringey Council

7. Head of Legal Services and legal implications

7.1. Legal services have been consulted and believe that 'there are no specific legal implications arising from this report'.

8. Equalities and Community Cohesion Comments

8.1. All public bodies have the same duty to comply with the Equality Act 2010. In doing so they are expected to promote equal opportunity and access to all services for all 'protected groups' in order to discharge their equality duty.

8.2. Within the protected groups 'sex' (previously known as gender) refers to both male and female. There are many public services that are under represented by men and all public bodies have a duty to take effective measures to ensure they promote equality of opportunity, which includes measures to increase take-up of under represented protected groups.

9. Head of Procurement Comments

9.1. N/A

10. Policy Implication

10.1. This review aims to complement the work which has been undertaken by the Cross Party Working Group on Health Inequalities.

10.2. The review will also contribute to the delivery plan of the Health and Well-being Strategy.

11. Use of Appendices

11.1. Appendices are listed in the main body of the report.

12. Local Government (Access to Information) Act 1985

12.1. A full list of documents used and referenced in the review are listed in the Appendices of the main report.