

Report Title: **Health: Everyone's Business event**

Report of: **Councillor Bull, Chair of Overview and Scrutiny Committee**

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Wards(s) affected: **All**

Report for: **[Key / Non-Key Decision]**

1. Purpose of the report (That is, the decision required)

- 1.1. That the Overview and Scrutiny Committee approve the recommendations laid out in the attached report.

2. Introduction by Cabinet Member (if necessary)

- 2.1. N/A

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

3.1. Sustainable Community Strategy outcomes:

- People at the heart of change
- An environmentally sustainable future
- Economic vitality and prosperity shared by all
- Safer for all
- Healthier people with a better quality of life
- People and Customer focused

4. Recommendations

4.1. Recommendations are laid out in the attached report.

5. Reason for recommendation(s)

5.1. Reasons for the recommendations laid out in the main report are covered within the main body of the attached report.

6. Other options considered

6.1. N/A

7. Summary

7.1. Reducing health inequalities is a key priority for the Haringey Strategic Partnership, which is working to meet challenging national targets to reduce the gaps in life expectancy and infant mortality between deprived areas and the population as a whole. This is a large, complex agenda.

7.2. Overview and scrutiny has a specific role in relation health inequalities as part of its health scrutiny powers. These powers have been used regularly in looking an inequality in terms of access to healthcare. However, healthcare is only one factor in health inequalities and is limited in its wider influence.

7.3. Scrutiny held a health inequalities scrutiny event in November to provide training for Members and Non-Executive Directors of NHS Haringey on health inequalities based on the recommendations of the Health Inequalities Audit conducted by Grant Thornton in June 2008.

7.4. The event focused on the theme “Health – Everyone’s business” to highlight the importance of the cross-cutting nature of health inequalities and the wider determinants of health, for example lifestyle factors, living and working conditions, community networks, cultural conditions etc.

7.5. For the purpose of the event the focus was health - not in the provision of health care services but the broader determinants and solutions needed to address the inequalities

8. Financial Comments

8.1. There are no financial implications arising from this report.

9. Head of Legal Services Comments

9.1. The Overview and Scrutiny Committee is empowered to do this by Section 21 of the Local Government Act 2000 as amended by Section 7 of the Health and Social Care Act 2001 and in accordance with The Local Authority (Overview and Scrutiny Committees Health and Scrutiny Functions) Regulations 2002.

9.2. The Council also has the power to implement a broad range of measures by virtue of the well being powers of Section 2 of the Local Government Act 2000.

10. Head of Procurement Comments – [Required for Procurement Committee]

10.1. N/A

11. Equalities & Community Cohesion Comments

11.1. Education

- Education is one of the critical factors that can determine the opportunities available to us. As such the level and quality of education can have both long and short term implications for health.
- The percentage of school children achieving 5 or more GCSE's (A*-C) is higher in the west of the borough than the East.
- Poor educational attainment has been shown to be a risk factor for teenage pregnancy, social exclusion, motivation, depression and civic participation.
- The level of qualifications held by Haringey's working age population varies significantly across the borough.
 - In Hornsey and Wood Green, only 6.8% of residents have no qualifications compared with 21.8% in Tottenham.
 - Some 54% of Hornsey and Wood Green residents have a level 4 or above qualification compared with only 24.7% in Tottenham.
 - The proportion of highly skilled Hornsey and Wood Green residents is nearly double that of England.

11.2. Alcohol

- Haringey has the highest rate of male alcohol-related mortality in London, and as is the case elsewhere, rising rates of alcohol-related hospital admissions.
 - Mortality rates from chronic liver disease are significantly higher for Haringey than both the regional and English average.

11.3. Exercise

- Physical inactivity is a significant risk factor for many diseases including ischaemic heart disease, type 2 diabetes and stroke.
 - 56.3% of respondents in the 2006 Haringey Resident's Survey reported undertaking at least 30 minutes of moderate intensity physical activity on

three or more days each week.

11.4. Obesity

- The estimates for obesity vary considerably across the borough, ranging from less than 10% in a middle super output areas in Highgate to greater than 25% in middle SOAs in Tottenham Hale, West Green, White Hart Lane, Bruce Grove and Northumberland Park.

11.5. Income deprivation

- Income deprivation in families with children is much more common in the east of the borough, particularly Northumberland Park and White Hart Lane.
- The highest concentrations of IB/SDA claimants are mainly in the east of the borough, specifically in areas in Bruce Grove, Haringay, Hornsey, Noel Park, Northumberland Park, West Green, White Hart Lane and Woodside wards. In these areas, IB/SDA claim rates range from 11.8 per cent and 15.3 per cent.

11.6. Housing and homelessness

- The Haringey Housing Needs Survey 2005 identified 8.9% of households are living in overcrowded conditions. Households in Seven Sisters and White Hart Lane wards are the most overcrowded (nearly 20% of households in these wards).
- In Haringey 5,400 households are in temporary accommodation (nearly 6% of all households in Haringey) - or 16,000 residents overall, including 8,000 under 18.
- In Haringey, people from some black and minority ethnic (BME) communities and young people are over-represented in the homeless population. In the borough, ethnic minority groups made up 34.8% of the local population in 2005, but accounted for 62% of those accepted as homeless in 2006/07.
- Children and young people aged 0-16 make up around 21% of Haringey's population, but accounted for 45% of those in temporary accommodation in March 2008, demonstrating the high number of families living in temporary accommodation.
- Children living in sub-standard accommodation are more prone to developmental delay, poorer educational attainment and injuries in the home. For example, when children are developing their reading skills, they need quiet.

11.7. Domestic Violence

- There were reports in all of Haringey's wards of domestic violence. Noel Park and Northumberland Park wards had the highest number, accounting for 10% and 9% respectively of the borough's reports (380 and 360 reports). Stroud Green, Muswell Hill, Alexandra and Highgate wards each accounted for fewer than 2% of offences.

Please see the appendices of the main report for further information.

11 Consultation

11.2 The attached gap analysis and report were written based on information provided by elected Members and Non Executive Directors and NHS Haringey.

11.2.1 Also in consultation with Haringey's Policy network, NHS Haringey's Public Health team and the Joint Director of Public Health.

12 Use of appendices /Tables and photographs

12.2 Please see Contents page in main report for appendices

13 Local Government (Access to Information) Act 1985

- Sustainable Community Strategy 2007-2016, Haringey Strategic Partnership
- Well-being Strategic Framework 2007-2010, Haringey Strategic Partnership
- Local Area Agreement 2008-2011, Haringey Strategic Partnership
- Grant Thornton Health Inequalities Audit, 2008
- Children and Young People's Strategic Plan 2006-2009, Haringey Council
- Experience Counts 2005-2010, Haringey Strategic Partnership
- Comprehensive Area Assessment Framework, Audit Commission, 2009