

Meeting: Well Being Strategic Partnership Board

Date: 24 September 2009

Report Title: Health Inequalities National Support Team Visit

Report from: Eugenia Cronin, Director of Public Health

Purpose

A Department of Health National Support Team (NST) visit is scheduled to take place in Haringey from 5 – 9 October 2009. The visit is **not** an audit, nor is it part of performance management; rather it is designed to support the local area to improve performance. NST visits focus on Spearhead organisations.

The NST will seek to understand the local context and assess barriers to and opportunities for making progress at a population level. While a systematic process of enquiry is employed using frameworks of key questions, these are designed to be free/open and frank discussions rather than formal interviews. All information given in these sessions will be used in a non-attributable fashion.

The NST will formulate a report (towards the end of the visit), based on the findings of the interviews and the workshops. The report will outline the key strengths of the local health economy, and other areas with potential for improvement.

The NST may also identify areas where support can be provided – be this human or, in some cases, a small financial resource. The NST will offer to return soon after the visit to discuss with the Chief Executive of NHS Haringey and senior representatives from the Local Authority, the Acute Trust and other key players, what further support would be helpful. This offer is repeated some months later, and support can be ongoing throughout this period and beyond as required and agreed.

Background

The Department of Health, as promised in the implementation guidance for Choosing Health white paper, has established a series of National Support Teams for key public health priorities. Teams cover sexual health, tobacco control, health inequalities, childhood obesity, teenage pregnancy, alcohol harm reduction and infant mortality. Each team provides tailored support to PCTs and their health and local authority partners to help them achieve key targets.

The Health Inequalities NST focuses particularly on the National Public Health

Service Agreements aimed at reducing the gap in life expectancy and mortality from the major killers between the quintile of local authorities with the greatest burden and the national average by 2010. The visit focuses on the adult population in a local area.

NHS Haringey has recently reviewed progress against its Life Expectancy Action Plan (Appendix 2 Executive Summary). Between 2001-2003 and 2005-2007, life expectancy in Haringey has increased 1.5 years for men and 3 years for women. Female life expectancy (2005-07) is now 1.1 years higher than England however male life expectancy (2005-07) in Haringey is 1.5 years lower than England. The latest report against the health inequalities target¹ published by the Department of Health states that Haringey is on target to achieve its contribution towards the National Life Expectancy Target for Males and Females, based on 2004-06 rolling averages. This is an encouraging sign and indicates that we are continuing to make solid progress towards improving life expectancy in Haringey.

There are a number of aspects to the visit and preparatory work to complete before October 2009.

Pre Visit

This was held on 6 July 2009 to discuss the visit process and logistics. The Joint Director of Public Health, the Director of Commissioning/West, the Director of Adult, Culture and Community Services, the Assistant Director of Operations from North Middlesex Hospital Trust and the Associate Director of Public Health attended the meeting.

Information Requirements

While not requiring detailed written 'evidence', the NST has requested electronic copies of various strategic reports.

During the Visit

i) Opening Plenary 6 October 10.00am – 12 noon

The NST will provide an overview of their work and outline the purpose of their visit. NHS Haringey and partners will present a brief summary of local needs and components of the strategies currently in place to address health inequalities.

ii) Workshops to Address Major Component Programmes 6 October 1pm – 5pm

Six small groups will use a diagnostic approach to investigate how the major programmes are systematically addressing health improvement and health inequalities. These programmes will be:

- Cardiovascular disease secondary prevention
- Acute management of heart attack and stroke
- Cancer

- Tobacco control
- Seasonal excess deaths
- Alcohol

iii) One-to-One Stakeholder Discussions **5 October pm and 7 October all day**

These discussions will explore the overall strategic approach of key stakeholders in regard to the health inequalities agenda in Haringey. Each discussion lasts one hour.

iv) Community Engagement Focus Group **7 October 2pm – 6pm**

The aim of the focus group is to understand the work being done in Haringey, the partnership working, and extent of health improvement within that work agenda. The focus group will give the NST a comprehensive picture of community engagement activity, including health involvement.

v) Closing Plenary **9 October 12noon – 2pm**

The NST request that NHS Haringey, Chief Executive and senior representatives from other involved partners attend this session. The NST will report back in detail on their findings to the major stakeholders. The NST will then welcome responses from the representatives of each partner organisation. The NST will provide a full feedback report at this session and they would welcome our initial response to it, as the start of a wider discussion.

Policy implications

Following the visit there will be a need for the Well Being Strategic Partnership Board to assess the NST feedback. The feedback may give rise for Board members to spot opportunities to review/amend core function policies that are linked to the health inequalities agenda.

Legal Implications

None identified.

Financial Implications

The NST is paying for the venue, refreshments, and all required equipment. It is not possible to assess at this point any other impact in terms of responding to NST recommendations.

Recommendations

To raise awareness with Board members of the impending visit and to seek the support of their organisations to attend.

For Board members to review the workshop and community engagement participants list and suggest additions (Appendix 2 and 3).

For more information contact

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Appendix 1. Life Expectancy Action Plan Review - Executive Summary

One of the two national inequality targets is a reduction in the gap in life expectancy by at least 10% between 'routine and manual groups' and the population as a whole by 2010. The Life Expectancy Action Plan for Haringey was drawn up in 2006 to achieve this target. The plan focused on 12 key areas of activity (agreed at the consultation for the development of the plan):

1. Smoking
2. Physical activity
3. Food and nutrition
4. Cardiovascular diseases
5. Cancers
6. Accidents
7. Suicide
8. Access to health services
9. Infant mortality
10. Housing
11. Employment
12. Education

This report provides a half way progress report on improving life expectancy in Haringey. A new Life Expectancy Action Plan will be written for the new cycle 2011-2015 in late 2010. This half way progress report will inform the new plan and provide a stimulus to ensuring key actions identified in the 2006 action plan are implemented in this planning cycle.

Main findings:

- Life expectancy in both males and females is increasing. Between 2001-2003 and 2005-2007, life expectancy in Haringey has increased 1.5 years for men and 3 years for women.
- Male life expectancy (2005-07) in Haringey is 1.5 years lower than England. Female life expectancy (2005-07) is now 1.1 years higher than England.
- The latest report against the health inequalities target² published by the Department of Health states that Haringey is on target to achieve its contribution towards the National Life Expectancy Target for Males and Females, based on 2004-06 rolling averages. This is an encouraging sign and indicates that we are continuing to make solid progress towards improving life expectancy in Haringey.
- Life expectancy is not evenly distributed in Haringey. At the two extremes, male life expectancy in Tottenham Green (70.6 years) is 8 years lower than male life expectancy in Alexandra (78.9 years). Male life expectancy tends to vary with deprivation in Haringey. The gap in

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Tackling Health Inequalities: 2007 Status Report on the Programme for Action. Department of Health. Available at:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083471

female life expectancy between the wards with the highest and lowest life expectancy is 8.4 years.

- Cancer (34%) and heart and circulatory diseases (26%) together account for most deaths in Haringey residents under the age of 75 years. This division is similar to that seen nationally.
- Lung cancer, followed by breast, colorectal, bladder and prostate cancers were the most common causes of death from cancer in Haringey (and nationally) between 1996 and 2005.
- Circulatory disease mortality is higher in more deprived areas of Haringey. There is likely to be under-detection (and therefore incomplete secondary prevention) of coronary heart disease in primary care in Haringey.
- Higher than expected mortality from stroke is observed in Haringey. There is a relationship between stroke mortality and hospitalisation with deprivation in Haringey.
- Deaths due to Chronic Obstructive Pulmonary Disease (COPD) in Haringey are lower than the national average.
- Mortality rates from diabetes are higher in Haringey than nationally. We know that there is potential to improve detection and management of diabetes in primary care in Haringey.
- Infant mortality rates in Haringey continue to be high.
- Primary care is an important setting for enabling a reduction of premature mortality from chronic diseases, particularly in the short and medium term. Further analysis of Haringey data is required to understand potential opportunities to reduce premature mortality uniformly across Haringey.
- Understanding the prevalence and distribution of behavioural risk factors for chronic diseases, particularly smoking, diet and physical inactivity, continues to be a challenge in Haringey, as it is across England. Prevention of these risk factors will be key to reducing premature mortality in the medium and longer term.

Since the 2006 report was published, the landscape has changed. Several key strategic initiatives have been developed which impact actions to increase life expectancy. These include the Sustainable Community Strategy and the current Local Area Agreement and the Primary Care Strategy.

On the whole, the partnership has implemented (or is in the process of implementing) all actions outlined in the 2006 plan. One of the key findings of this review, however, is that much has evolved in Haringey since the 2006 plan was published. Notably, partnerships have strengthened and many new strategies and plans have been revised and developed. The success of the Life Expectancy Action Plan is dependent on these partnerships and on the implementation of these new strategies and plans.

Smoking cessation services and vascular risk assessment are key components of any strategy to increase life expectancy as they act on the diseases most responsible for premature mortality. Tobacco is a key risk factor for both major causes of premature illness in Haringey; cardiovascular diseases and cancer. Implementation of actions identified in the Tobacco Control Strategy, including the development and strengthening of the tobacco network will be critical as will strategies to continue to seek out smokers who have to date not taken up smoking cessation services. The roll out of the vascular risk assessment programme will occur in the coming months and years. This programme will have an impact on premature mortality from cardiovascular diseases. Ensuring this programme is targeted appropriately at higher risk residents will be key to ensuring that this programme is able to reduce inequalities in life expectancy rather than exacerbate them.

Appendix 2 Workshop participants

Workshop 1 Cardiovascular disease secondary prevention

Name	Job Title
PCT	
Vanessa Bogle	PH Strategist - Long Term Conditions
Gloria Salmon	Physical Activity Scheme Co-ordinator
Catherine Brown	Deputy Director Primary Care
Pauline Taylor	Head of Medicines Management
LA	
John Morris	Head of Parks and Bereavement
Andy Briggs	Head of Sport and Leisure Services
Bernard Lanigan	SV Manager Physical Disabilities & OT Service
Helena Pugh	Corporate Head of Policy
Acute Trusts	
Voluntary Sector	
Robert Edmonds	Director - Age Concern Haringey

Workshop 2 Acute management of heart attack and stroke

Name	Job Title
PCT	
Fiona Wright	Associate Director - Public Health
Adrian Hosken	Senior Commissioning Manager - West
LA	
Cllr Winskill	Councillor
Lisa Redfern	Assistant Director Adult Services
Melanie Ponomarenko	Scrutiny Officer
Acute Trusts	
Dr Tom Crake	Chest Pain Service Rep/Cardiology - NNUH
Dr Robert Luder	TIA Service Lead - NNUH
Joseph Buttell	Stroke Service Co-ordinator/Clinical Lead - NNUH
Stephen Nair	Clinical Audit Facilitator - NNUH
Valerie Nangle	Cardiac Rehab Rep - NNUH
Dr Suzanna Hardman	Whittington Hospital
Voluntary Sector	
John Murray	Different Strokes - North London Co-ordinator
Other	
Margaret Bruce	David Bruce Consulting Ltd

Workshop 3 Seasonal Excess Deaths

Name	Job Title
PCT	
Becci Burnett	Community Matron
Helen Donovan	Immunisation Lead
Anne Daley	Head of Commissioning SE
Kola Akinlabi	Respiratory Team Lead
LA	
Phil Harris	Assistant Director of Strategic & Community Housing
Barbara Nicholls	ACCS Service Manager - Older People
Acute Trusts	
Janine Loft	Respiratory Specialist Nurse - NNUH
Voluntary Sector	
Manuela Toporowska	Age Concern

Workshop 4 Cancer

Name	Job Title
PCT	
Tamara Djuretic	Public Health Consultant
Jill Shattock	Deputy Director - PBC and Acute Commissioning
Melissa Rich	Cancer Project Manager
LA	
Una De Vere	Deputy Service Manager - Adults & Older People
Martin Bradford	Scrutiny Officer
Acute Trusts	
Sue Williams	Bowel Cancer Screening Lead - NNUH
Felicity Hunter	Cancer Services Manager - NNUH
Voluntary Sector	
Other	
Pauline Simpson	North London Cancer Network

Workshop 5 Tobacco Control

Name	Job Title
PCT	
Susan Otit	Associate Director - Public Health
Debbie Morgan	Stop Smoking Service Manager
Michele Daniels	Head of Community Development
LA	
Niall Bolger	Director of Urban Environment
Robin Payne	Assistant Director - Enforcement
Eve Pelekanos	Corporate Head of Performance & Policy
Jude Clements	Healthy Schools (Health, Wellbeing & Sustainability Manager)
Acute Trusts	
Voluntary Sector	
Other	
Debbie Harries	Innovision

Workshop 6 Alcohol Harm

Name	Job Title
PCT	
Allison Duggal	Public Health Trainee
LA	
Marion Morris	Drug & Alcohol Partnership Manager
Jan Doust	Extended Schools (Head of Children's Network)
Linda Somerville	Public Health Strategist in Addictions
Jean Croot	Head of Safer Communities Unit
Eve Featherstone	Principal Equalities & Diversity Officer
Keith Betts	Service Manager for Commercial Enforcement -
Eleanor Brazil	Trading Standards
	Deputy Director Children & Families
Acute Trusts	
Voluntary Sector	
	HAGA

Appendix 3 Community Focus Group participants

Name	Job Title
PCT	
Nancy Augustt	PALS
Dilo Lalande	PPI
Leo Atkins	Head of the Teaching Programme
LA	
Sally Collins	Interim Head of Neighbourhood Management
Mike Browne	Head of Communications & Consultation
Pat Duffy	Head of Adult Learning Service
Diana Edmonds	Assistant Director - Culture, Libraries & Learning
Jan Doust	Head of Children's Network
Helena Pugh	Head of Policy
Eve.Featherstone	Principal Equalities & Diversity Officer
Michael Bagnall	Anti-Social Behaviour Team Manager
Acute Trusts	
Voluntary Sector	
Jackie Thomas	Executive Director of Housing Management - Homes for Haringey
Peter Purdie	Head of Estate Services - Homes for Haringey
Helena Kania	Interim Chair of LINK
Peter Durrant	Haringey LINK Co-ordinator
Manuela Toporowska	Age Concern
Other	
Eric Monk	Metropolitan Police