

Overview and Scrutiny Committee

On Monday 9th May 2011

Report Title: Health: Everyone's Business

Report of: Councillor Gideon Bull, Chair of the Overview and 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. This review links with the Sustainable Community Strategy Outcomes of:
 - Healthier people with a better quality of life, specifically:
 - Tackle health inequalities

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. 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 at inequality in terms of access to healthcare. Following an external audit by Grant Thornton the Overview and Scrutiny Committee held its first 'Health: Everyone's Business' event in 2008. This event highlighted the wider determinants of health and their links to health inequalities as well as emphasising the role that each Thematic Board under the Haringey Strategic Partnership has in tackling health inequalities in Haringey.
- 7.2. Since this event the Overview and Scrutiny Committee have continued to be actively involved in work around health inequalities, and were commended on this work by the Health Inequalities National Support Team in their feedback in 2009.
- 7.3. In late 2010 the Overview and Scrutiny Committee, in conjunction with the Well-Being Partnership Board, held a follow up event focusing on three specific areas where it is felt there are significant health inequalities in the borough and where the Committee felt value could be added by it's involvement along with a range of other stakeholders. Dr Lynne Friedli attended as the key speaker.
- 7.4. This event focused on three areas:
 - Mental Health
 - Tobacco Control
 - Physical Activity
- 7.5. These areas formed the focus of group discussions with the following questions.
 - What should we as a partnership be doing that we aren't doing?
 - What could we as a partnership be doing differently?
- 7.6. In response to the above questions key messages were collated from each group. These include:

Mental Health:

 Increased community education of mental health and further support for children with mental health issues

- Prevention
- Increased community education and support of mental health

Tobacco Control:

- Advantages of brief interventions
- Ethnic and cultural targeting according to prevalence
- Support/Social networks

Physical Activity:

- Walking-based initiatives
- Interventions targeting children
- Closer partnership working with providers of sport/physical activity initiatives
- 7.7. This report provides best practice examples and cost effective interventions linked to the key messages of the event.

8. Chief Financial Officer Comments

8.1. To Follow

9. Head of Legal Services Comments

9.1. To Follow

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

10.1. N/A

11. Equalities & Community Cohesion Comments

- 11.1. Haringey has a high burden of mental illness and the needs of east and west Haringey are reflected by their demographic differences. There are more patients with dementia in West Haringey which has a greater proportion of older people. In the East of Haringey there are more people with common mental illnesses. It is likely that both dementia and common mental illnesses (particularly depression) are under-diagnosed.
- 11.2. The mental health problems are related to a variety of socio-economic conditions and within east Haringey there are greater levels of deprivation, poorer housing and a wider variety of socioeconomic groups which lead to greater health inequalities.
- 11.3. Modelled smoking prevalence data derived from the Health Survey for England (2006/08), predicts that Haringey has a current smoking prevalence of 24.1%, compared with 20.8% in London and 22.2% in England. The figures for 2003/05 were released to Middle Super Output Area (MSOA) level. Highest smoking prevalence of between 29% and 33% was predicted for MSOAs in Noel Park,

Tottenham Green, Northumberland Park, Tottenham Hale and White Hart Lane.

- 11.4. 17.7% of residents registered with a GP in Haringey were recorded as smokers as at March 2009. Smoking rates were lowest in the West Neighbourhood (15.4%) and highest in the North East Neighbourhood (19.9%).
- 11.5. In the UK there are significant inequalities in levels of physical activity in relation to age, gender, ethnicity and disability, and corresponding inequalities in health. For example, in Haringey white adult populations are more active than non-white adults, men tend to be more active than women, younger people are more active than their older counterparts and activity levels are lower in those who have a limiting illness or disability.

12. Consultation

- 12.1. A wide range of stakeholders were consulted at the 'Health: Everyone's Business' event. These included Age Concern Haringey, Crucial Steps, BEH Mental Health Trust, NHS Haringey, Haringey Council departments, Polar Bear, Middlesex University, Whittington NHS Trust, Cabinet Members and Non-Executive Members.
- 12.2. The Public Health Department has been consulted in the writing of this report.

13. Use of appendices /Tables and photographs

11.2 Please see Contents page in main report for appendices

14. Local Government (Access to Information) Act 1985

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