Haringey Council

Muswell Hill, Fortis Green, Alexandra and Highgate Area Forum
11th April 2013

Public Health in the Local Government

1. Introduction

1.1 In accordance with regulations under the Health and Social Care Act 2012, public health responsibilities, together with a ring fenced grant, transferred from the Department of Health to local government on 1st April 2013. Local authorities will have a duty to promote the health of their population and will also take on key functions to ensure that robust plans are in place to protect the local population and provide public health advice to NHS commissioners.

2. What are the new responsibilities for public health?

2.1 The Health and Social Care Act 2012 is a key step towards the establishment of a new public health system. Local authorities already have important and wide ranging public health functions that will continue. Local authorities will be taking on significant new public health functions. The Director of Public Health (DPH) is the lead officer for delivering the new functions and a statutory member of the Health and Wellbeing Board.

2.2 Public Health in Local Government publication (Department of Health, 2012) sets out the functions:

2.2.1 Health improvement
A new duty to take appropriate steps to improve the health of the people in its area. Examples include giving information, providing services to promote healthy living or incentives to live more healthily.

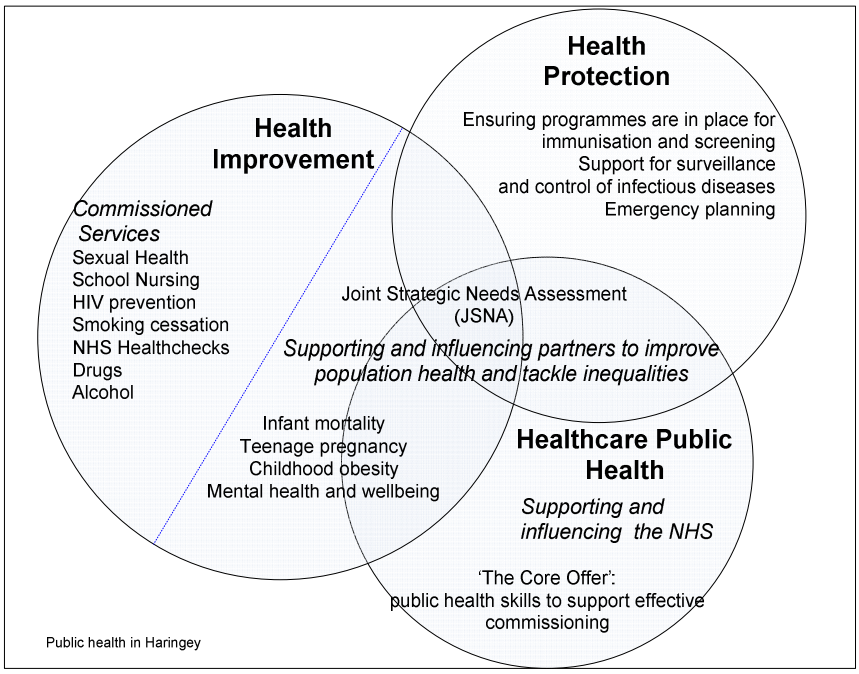
2.2.2 Health protection
The Secretary of State will have a core duty to protect the health of the population in the new system. However local authorities are seen as having a critical role at the local level in ensuring that all the relevant organizations locally are putting plans in place to protect the population against a range of threats and hazards, namely infectious diseases and environmental hazards.

2.2.3 Healthcare public health
The government intends to make a regulation to require local authorities to provide public health advice to commissioners. There is an opportunity to build and maintain close links with clinical commissioners, complementing Health and Wellbeing Boards. The DPH would have responsibility and funding for a "core offer" of public health advice to the NHS locally. Examples are the Joint Strategic Needs Assessment, evidence based strategies, pathways and service specifications.

2.3 Central to these three core areas are new local authority duties to take steps to ensure that it is aware of and has considered what the health needs of its local population are and what evidence suggests the appropriate steps would be to take to address those needs. The DPH and their specialist teams would need access to appropriate information and evidence functions. The DPH would be required to produce an annual report.

Figure 1 represents the three public health functions as they apply in Haringey.

Figure 1: Public health in Haringey



3. What are the main public health priorities for Haringey?

3.1 Haringey is the 4th most deprived borough in London and the 13th most deprived in the country. An estimated 21,595 (36.4%) children live in poverty, largely in the east of the borough. High levels of deprivation, low educational attainment and unhealthy lifestyles (high smoking, low physical activity, high alcohol misuse), primarily in the east of the borough, are all interrelated determinants of poor health outcomes and the considerable health inequalities in the borough. Key priorities are:

- Only 53% of children show satisfactory development at age 5
- Highest teenage pregnancy rate in England
- High child obesity (1 in 3 children aged 10-11 are overweight or obese)
- Inequality in male life expectancy (men in the east die up to 9 years younger than men in the west)
- High smoking (contributes to 50% of the male life expectancy gap) and physical inactivity
- High levels of alcohol and drug misuse
- High levels of common and severe (3rd highest in London) mental health problems

3.2 These public health priorities are reflected in the key outcomes of the shadow Health and Well Being Strategy: 1) Giving every child the best start in life; 2) Reducing the life expectancy gap; 3) Improving mental health and well being.

4. What are the main health needs for Muswell Hill, Fortis Green, Alexandra and Highgate wards?

4.1 Life expectancy in Muswell Hill, Fortis Green, Alexandra and Highgate is generally higher than in other parts of the borough. Fortis Green (83.4) and Highgate (82.7) females have higher life expectancy compared to Haringey (81.3) and the national rate (81.5), whereas Alexandra and Muswell Hill females life expectancy rates are equivalent (both 81.1). Males in all areas (range of 77.4 to 78.2) have higher life expectancy than Haringey (75.2) and the national rate (77.3).

4.2 The key public health issues for this area are:

- Early diagnosis and treatment for cancer
- Asthma in young people
- Alcohol awareness and support
- Over third of people diagnosed with dementia in general practice live in west of the borough
- Some women in Muswell Hill book late for antenatal appointments
- 10% of all diagnosed cases of tuberculosis (TB) come from GP practices in these areas
- Teenage pregnancy rates for 2007-2009 were 31.4 per 1000 in Fortis Green, 21.8 in Muswell Hill, 18.1 in Alexandra and 17.1 in Highgate. More recent data suggest a reduction in teenage pregnancy across the borough but more detailed information at ward level is still in preparation.

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