



haringey strategic partnership

for children & young people

AGENDA ITEM

MEETING

**Children and Young People's Strategic Partnership Board
27 March 2007**

TITLE

Haringey Life Expectancy Action Plan

SUMMARY

Presentation of the Haringey Life Expectancy Action Plan for discussion

RECOMMENDATIONS

1. That the CYPSP note the Life Expectancy Action Plan has been proposed for adoption by the HSP, pending revisions following discussions in partnership boards
2. That member organisations note their roles in delivering the plan, and actively engage in taking the work programme forward.

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Haringey Life Expectancy Action Plan

1. Background

Death rates have decreased significantly in Haringey over recent years, including deaths from the major causes such as cardiovascular disease and cancers. Yet despite this, too many people die young in Haringey, and the death rate amongst people aged 20-64 is 15% higher in Haringey than for England and Wales. These premature deaths result in a significant number of potential years of life lost, contributing to lower life expectancy for Haringey residents.

Life expectancy is significantly shorter for men and women in Haringey than for the population of England and Wales as a whole- a gap of 1.7 years for men and 0.6 years for women, and these gaps show no sign of narrowing. The gap in life expectancy between people living in deprived and affluent wards is even greater- 8 years for men, and 5 years for women. The evidence strongly suggests that health inequalities between different population groups and areas in Haringey are persistent.

2. Why is reducing the gap in life expectancy a priority for the HSP?

Our Health, Our Care, Our Say (DOH 2006) requires local areas to promote outcomes that address health inequalities, inclusion and well-being across the range of public services that affect people's lives (i.e. beyond health and social care to housing, education, careers, transport and leisure). The shift is from the narrow focus of treating illness to the promotion of the broader concept of well-being.

More recently the *Local Government and Public Involvement in Health Bill* requires a sustainable framework for local action on health and well-being, so that partnership working is strengthened and there is greater clarity over who is responsible for agreeing and delivering local health and well-being targets. The Bill also proposes that a new statutory partnership for health and well-being under the Local Strategic Partnership (LSP) be set up and a new duty for PCTs and local authorities to cooperate so that a truly integrated approach to delivery of local government and NHS priorities is achieved¹.

Haringey is a spearhead PCT and local authority because the key health indicators² for our population are in the worst 20% for the country. Achieving more rapid improvements in life expectancy in areas like Haringey is key to delivering the national health inequalities target *to reduce the gap in life expectancy between spearhead areas and the population as a whole by 10% by 2010*.

The draft Community Strategy includes healthier people with a better quality of life is a key part of its vision for the borough. Haringey has now agreed a local target to reduce the gap in Life Expectancy through the Local Area Agreement, which includes a mandatory target to reduce the gap in the death rate (all age and all cause) between Haringey and England & Wales. How Haringey is achieving

¹ Haringey set up the Well-being Partnership Board in June 2005 to do this.

² Spearhead areas are defined in terms of male and female life expectancy, cardiovascular and cancer mortality, and deprivation.

against this target will be monitored on a quarterly basis. The LAA stretch targets to increase the number of people quitting smoking in Tottenham, to increase the number of people that are physically active, bring forward the attainment of health school's status by Haringey schools, increase breastfeeding initiation, and reduce the number of women who smoke in pregnancy will make a major contribution this mandatory outcome.

Progress is also being monitored through the following PSA targets:

- Reduce mortality rates from heart disease and stroke and related diseases by at least 40% in people under 75, with at least a 40% reduction in the inequalities gap between Haringey and the population as a whole.
- Reduce mortality rates from cancer by at least 20% in people under 75, with a reduction in the inequalities gap between Haringey and the population as a whole of at least 6%
- Reduce adult smoking rates to 21% or less with a reduction in prevalence among routine and manual groups to 26% or less
- Reduce mortality from suicide and undetermined injury by at least 20%
- Halting the year-on-year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole.
- To deliver a 2% increase annually in the proportion of women initiating breastfeeding, focusing particularly on women from disadvantaged groups.
- To deliver a 1% reduction, annually, in the proportion of women smoking through pregnancy, especially focusing on smokers from disadvantaged groups.
- Reduce the 1998 teenage conception rate by 50% (55% in Haringey).

3. Development of an action plan to reduce inequalities in life expectancy

An action plan to reduce the gap in Life Expectancy has been developed over the past year, focusing on the preventable determinants of poor health and death. It is based on a detailed analysis of causes of premature death, and the pattern of risks factors for poor health in Haringey. The process involved work with officers working in housing, education and employment to identify best practice and opportunities, and a stakeholder event held on 6th February 2006.

The plan has draft plan been subject to wide consultation, including Haringey Council's Senior Management Groups, the TPCT Board and the HAVCO well-being

theme board. The plan is also being discussed in each of the five thematic partnership boards³.

The plan identifies priority actions to reduce the gaps in life expectancy for people in Haringey, focusing on:

- Reducing the number of people who smoke
- Increasing physical activity
- Improving diet and nutrition
- Prevention of cardiovascular disease and cancer
- Suicide and accident prevention
- Access to health services
- Reducing infant mortality
- Improving housing
- Income and employment
- Education and skills

One major opportunity to improve life expectancy in Haringey is the introduction of the ban on smoking in public places that comes into force on 1st July 2007. This will lead to major reductions in poor health due to exposure to environmental tobacco smoke, and has been shown to help people successfully quit smoking when introduced elsewhere. Implementation of strategies to maximise income amongst deprived communities, prevent obesity, and develop world-class primary care services also provide major opportunities to address health inequalities in Haringey.

4. What is the role of partner organisations in implementing this plan?

Achieving the 'fully engaged' identified by Derek Wanless⁴ as crucial to our future health service and economy rests on health services become more productive in terms of health outcomes, and people being more engaged in living healthy lives. While individuals are ultimately responsible for their own and their children's health, it is the collective action of individuals that will determine whether or not this fully engaged scenario unfolds.

There are widespread barriers to people making healthy choices that can be addressed. Health and care services, local government, media, business, families and the voluntary and community sector all have a role in taking forward wide-ranging action to reduce these barriers.

The Haringey Strategic Partnership and its member organisations are key to determining how engagement in the health of our population moves forwards. Specifically, Haringey Council has a duty to promote well-being, and a responsibility to scrutinise both health and health services within the borough. The Council and Primary Care Trust are major employers and commissioners of services and as such influence key determinants of good health including access to services, housing quality, education and skills, and income and employment. And voluntary

³ The action plan has been discussed in each board except the Children and Young People's Partnership (scheduled for Tuesday 27th March) or the Better Places Partnership (tbc).

⁴ Derek Wanless, 2004, Securing good health for the whole population

and community organisations play a crucial role in addressing the needs of the diversity of communities living in Haringey.

5. How will implementation be monitored?

At a high-level, implementation of this plan will be monitored through the mandatory and optional indicators included in the Local Area Agreement and Community Strategy (once agreed). But because improving health and reducing health inequalities is a cross-cutting issue with implications for all five thematic partnerships, monitoring implementation of the plan across the HSP will be key to success.

The Well-Being Partnership Board is well placed to oversee implementation plans and report progress to the HSP, and this function of the Well-Being Partnership Board becomes a statutory duty under the *Local Government and Public Involvement in Health Bill*. Relevant indicators are being included in the well-being scorecard, but the monitoring framework for the plan will include actions being taken forward by the other thematic partnership boards.

5. Recommendations:

1. That the CYPSP note the Life Expectancy Action Plan has been proposed for adoption by the HSP, pending revisions following discussions in partnership boards.
2. That member organisations note their roles in delivering the plan, and actively engage in taking the work programme forward.

15th March 2007

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