Safer Communities Executive Board
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Subject: Haringey Health Report 2006

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1. Purpose

The purpose of this report is to inform board members of the key findings of the 2006 Annual Haringey Health report, and implications for future planning. The full report can be found on the Haringey TPCT website:

http://www.haringey.nhs.uk/publications/index.shtm

2. Background

The Director of Public Health in Haringey is required to produce an annual report on the health of Haringey residents, and this report summarises key findings from the latest report.

Haringey Teaching Primary Care Trust and Haringey Council are in the process of appointing a Joint Director of Public Health, who will be a member of both Executive teams. The Joint Director of Public Health will lead a Joint Strategic Health Needs Assessment process for Haringey, building on the findings of the annual health report.

3. Key findings form the 2006 Haringey Health Report

The 2006 report provides an update on the measures of illness and death rates for different age groups. This was last reported on in 2003. The six chapters cover:

1. Population profiles of Haringey
2. Key health indicators
3. What are Haringey people dying from?
4. The health of children and young people
5. Adults and illness leading to hospital care
6. Health and primary care (GPs) provision

The people of Haringey

- The population profiles of Haringey show that the population will continue to grow and is projected to be 237,000 by 2021. This is an increase of 15,700 on 2001. This increase will be across all age groups except the 65 – 74 year group.
- There will be changes in the ethnic profile with a decline in the number and proportion of residents who are Black Caribbean.

- The population growth will occur in nearly all wards but will be very significant in Hornsey, Northumberland Park and Bounds Green wards.

Of particular concern are two key indicators of health: Infant Mortality and Life Expectancy. In addition obesity in children is a risk factor for the population of Haringey's future health and well-being. These indicators suggest marked differences between the east and west of Haringey and highlight the inequity that exists. They suggest that the east has the worst indicators for these and other measures described in the report.

Infant Mortality

- Infant mortality is significant for Haringey with higher rates than most other parts of London and the UK as a whole - 7.7 deaths per 1,000 births in Haringey compared with 5.1 deaths per 1,000 births in London overall.
- Risk factors for Haringey infant mortality include a greater proportion of low birth weight babies and socio-economic deprivation such as seen in the east of the borough.

Life Expectancy

- Male life expectancy in Haringey is significantly below the national average by 1.8 years.
- There is a stark gap in life expectancy between those who live in the east and those who live in the west of Haringey i.e. men living in Tottenham die in their 71st year while women living in Crouch End can expect to reach 82 years.
- The gap in life expectancy between Haringey and England and Wales is widening and reflects the position Haringey has as the 13th most deprived borough in England and how people's socio economic status impacts on their health.
- Mortality is higher than the national average in the 20 – 64 year old age group with deaths from heart disease, cancer and respiratory disease higher compared with the national averages. Deaths from these diseases are also higher in the east of Haringey.

Obesity

- Children in year 6 have higher rates of obesity than the national average (21.6% for Haringey compared to 17.3% nationally).
- 37% of year 6 children are overweight or obese compared to 31.1% nationally.
- Obesity represents a real threat to the future health of Haringey's young people and young adults.
- Wards in the east of the borough have higher proportions of overweight and obese children (i.e. 27.2 – 31.9% in Tottenham Green and White Hart Lane compared with 4.3 – 7.2% in Highgate, Muswell Hill, Fortis Green and Alexandra).

Primary Care

This year's report has a focus on primary care quality and primary care localities and how they compare. Haringey GP practices are now grouped into 4 'collaboratives' which share information, good practice and commissioning arrangements.

- The number of people registered with a GP is 7.3% more than the resident population.

- There is significant variation in sex and age profile across GP practices particularly for under 5s and over 65s.
- Significant variation in resources allocated to GP practices ranges from 68% of the average to 87% above the average reflecting historical patterns rather than patient need.

Quality of Primary Care

The Quality and Outcomes Framework (QOF) enables payments to be made to GP practices according to achievement in caring for patients with chronic diseases. This is measured against 146 quality indicators, 47 of which relate to clinical quality. For example, despite the large numbers of people being admitted to hospital for CHD, especially in North East Tottenham, many GP practices do not have a high prevalence rate on their CHD registers and all but 1 GP practice have prevalence rates lower than the national average.

Key conclusions and recommendations from the report are attached in appendix 1.

4. For discussions in the meeting

- What contribution can the work of the community safety partnership board make to address these inequalities in health?

- Are these issues currently picked up in the Children's Plan and the Well-Being Strategic Framework?

Appendix 1: Conclusions and recommendations from the report

No	Conclusion	Recommendation
1	Growth of population The Haringey population is projected to grow by up to 6.6% by 2021. This growth will be concentrated in central and eastern parts of the borough, with a decline in some ethnic minority communities	Planning for health and health services in Haringey must respond to this population growth
2	Too many people dying too young > Life expectancy for men in Haringey is too short, especially in Tottenham > Infant mortality in Haringey is too high and much higher than the London average	Urgent action by both health services and other statutory and voluntary agencies to impact on these problems by implementing the Haringey Infant Mortality and Life Expectancy Action Plans
3	Why are so many Haringey children so obese? There are too many overweight and obese children in Haringey, especially in the most deprived parts of the borough. This is of real concern as patterns of health for later life are now being laid down	Haringey TPCT and Haringey Council should work with schools, fast food outlets, shops, families and community groups to change shopping, eating and cooking habits of Haringey families
4	Efforts to improve health should be targeted at those most at risk Haringey has an excess of deaths from heart disease and cancer in the 20-64 year old age groups. There are also too many deaths from these diseases in Tottenham, especially North East Tottenham	Ensure medical and other health resources are prioritised to reducing deaths in adults under 65 and those living in North East Tottenham
5	Variation in quality of care across Haringey The health data suggests that there may be significant variation in the care residents in Haringey experience. For instance, West Haringey has high admission rates for cancer but low death rates, but with GP registrations for cancer lowest in North East Tottenham, while having the highest death rates. Death rates from diabetes in Haringey are much too high, but practice data shows a wide variation in prescribing habits and admission rates to hospital	Haringey TPCT should further investigate the causes of these variations and improve care delivery where appropriate
6	Wide variation in funding to GP practices The data shows wide variations in funding to different practices irrespective of workload or of deprivation of the practice population. The greatest difference appears to be greater funding to PMS practices compared with GMS practices	Haringey TPCT should reconsider the resource allocation to practices and ensure that it is allocated according to need and invested to improve outcomes and quality of care delivery