

Health and Wellbeing Strategy

Priority 2: Increasing Healthy Life Expectancy

Health and Wellbeing Board – 24 November 2015

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1. Ambitions that support priority 2 – Haringey performance
2. Focus on 2 risk factors for early death & unhealthy lifestyles:
 - smoking &
 - lack of physical activity (walking)
3. Discuss what the Board can do to help

Ambition 2 - More adults will be physically active

Target: Reduction in inactive adults to 25% by 2018. On track to meet target. 0.35% reduction needed year on year from 2013 baseline which has been achieved in 2014.

Percentage of physically inactive adults (2014)



26.4% of Haringey adults are physically inactive (2014). Lower than London and England

If downward trend continues, on course to meet **25%** target (2018)

22nd worst in London (2014)

Measure



The proportion of adults participating in less than 30 minutes of physical exercise a week

Ambition 3: Haringey is a healthy place to live



Target

Increase in the number of people who walk and cycle to the top quartile of our London Authorities by 2018

London Rank:

12th



72% walk 5 or more days a week

16% walk 2-4 days a week

7% walk 2-4 days a month

5% never walk

7th



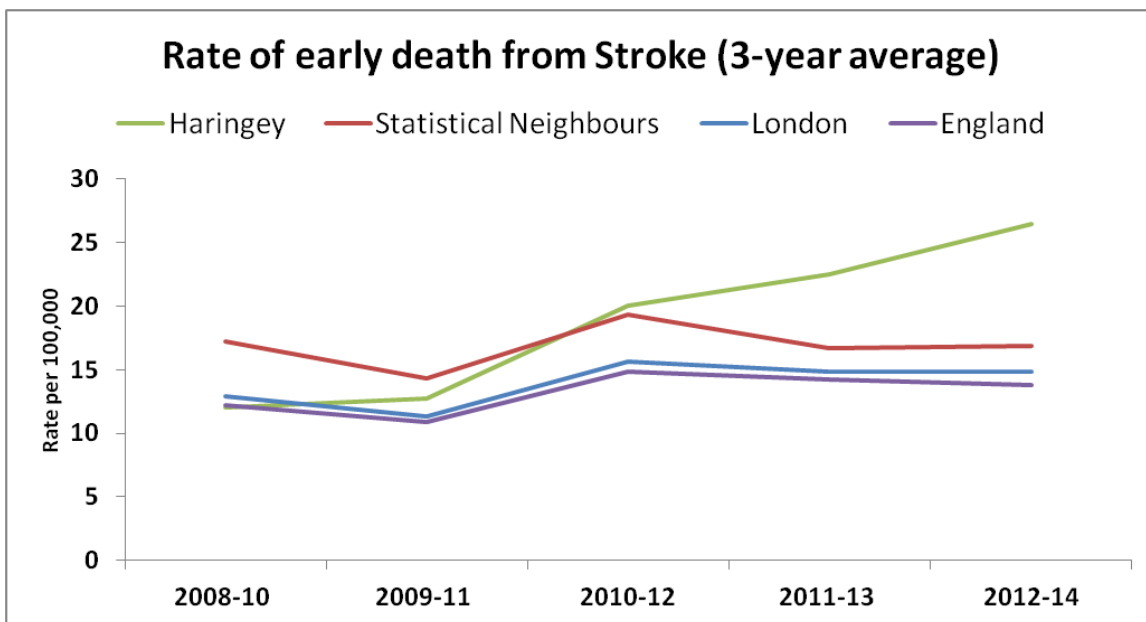
Measure

Proportion of people who travel by bicycle in London where trip origin is Haringey
Proportion of people who travel by walking in London where trip origin is Haringey

Ambition 4 Every resident enjoys long lasting good health



Target : A **25% reduction** from the (2011-13) mortality rate (22.5 per 100,000) to **16.9 deaths** per 100,000 (2016-2018) or **68 deaths (2016-2018)**



Worst in London

2nd worst early stroke mortality rate in England

22.34 deaths per 100,000 or **92** deaths (2012-2014) in Haringey from stroke

Increase in upward trend from 2011-2013

Measure

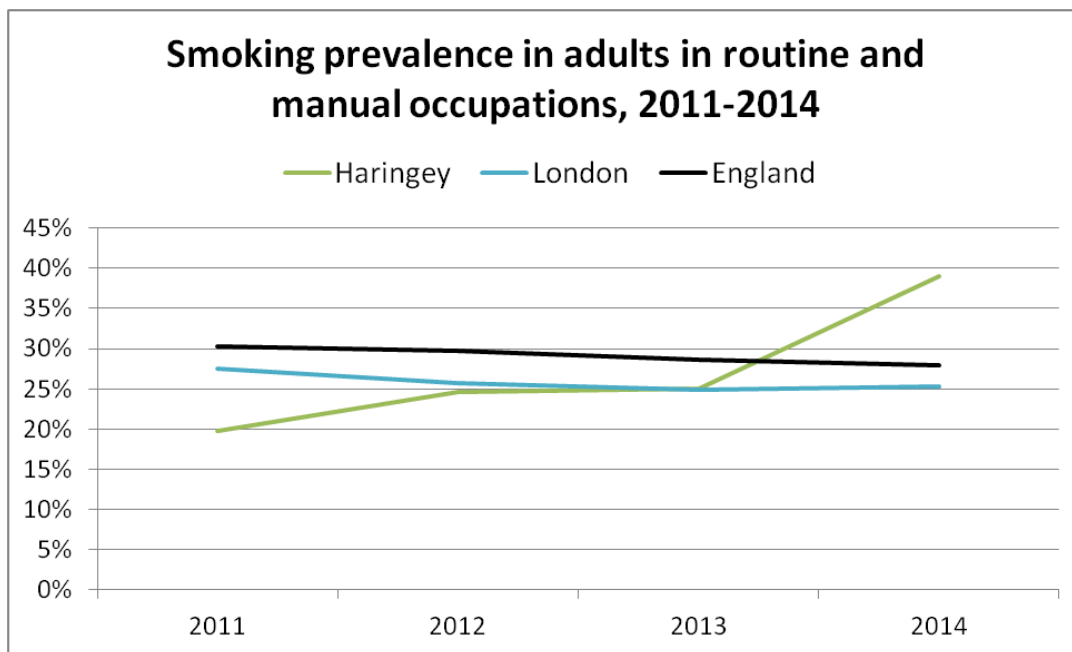
Age-standardised rate of mortality considered preventable from stroke in those aged 75 per 100,000 population

Smoking

One of the five risk factors
for
early death & unhealthy life
expectancy

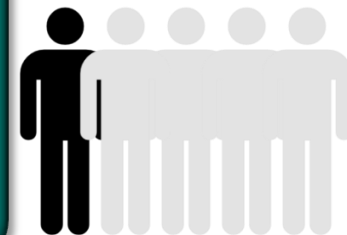


Smoking by Social Class



14%
increase

1 in 5
residents
smoke
(21%)



1 in 3
Residents from
routine & manual
occupations
smoke (39%)
higher than
London (25%) &
England (28%)

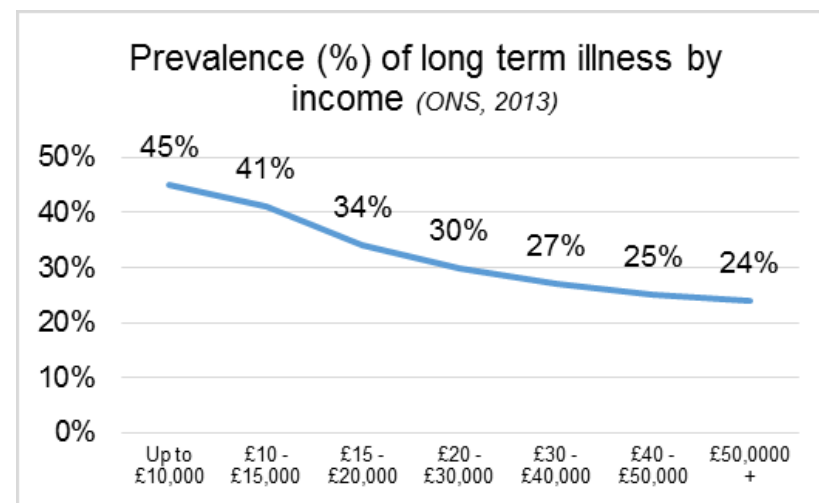


Target

reduce proportion of people smoking aged 18 and over in routine and manual professions to projected London levels by 2018 - 19.26%

Smoking: Long term conditions

- Smoking increases the risk of heart disease and stroke. Smokers are **2-4 times** more likely to have a stroke (Shah, 2010).
- Smoking increases demand on services and **doubles** the risk of needing care.
- On average Smokers need care **nine years** earlier than non-smokers. (ASH, 2014)



£1.8 million

Current and ex-smokers
requiring care cost
Haringey Council

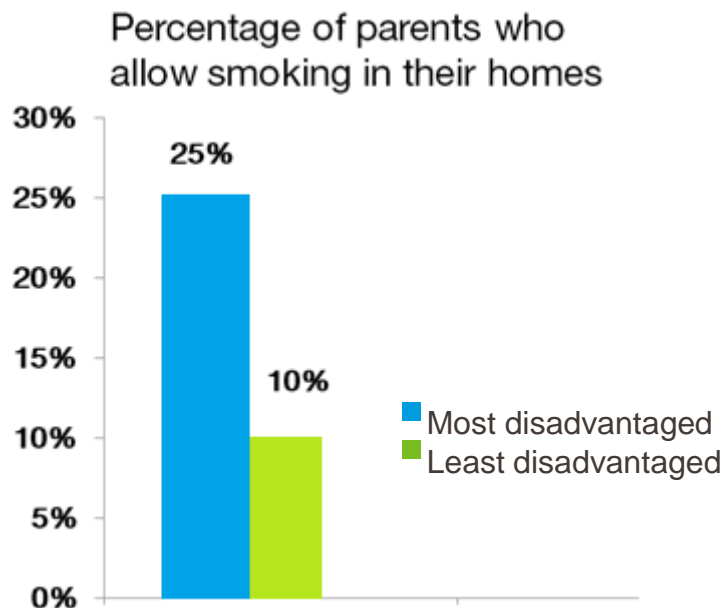
Smoking: Mental Health

- People with serious mental health conditions die between **8 and 17.5 years prematurely** - most of this difference is attributable to smoking (RCP, 2013)
- Prevalence of smoking in general population declined over past two decades but in those with mental health problems barely changed.
- **70%** of individuals in in-patient mental health settings smoke, compared with **20%** in the general population (RCP, 2013)

Over **40%** of UK tobacco is estimated to be consumed by people with mental health conditions

£720m
Cost to the NHS of treating smoking-related disease in people with mental health conditions (RCP and RCPsych, 2013)

Smoking: Low income families



Source: 2015 YouGov Survey

Second hand smoke exposure increases rates of childhood asthma by **50%** (RCP, 2013)

- Smoking is responsible for **half** the difference in life expectancy between rich and poor (Statistics on Smoking - England, 2012)
- Cheap illegal tobacco is more commonly used by people in disadvantaged communities.
- “the very lowest income families supporting young children, are at least twice as likely to smoke as similar families who could only just afford to smoke if they wanted to” (ASH, 2001)

Health benefits of quitting Smoking

Time since quitting	Health benefits of quitting
20 minutes	Pulse returns to normal.
8 Hours	Nicotine is reduced by 90% and carbon monoxide levels in blood reduce by 75%. Circulation improves.
24 Hours	Carbon monoxide and nicotine almost eliminated from the body.
2-12 weeks	Circulation improves.
3-9 months	Coughing and wheezing is reduced.
1 Year	Excess risk of a heart attack reduces by half.
10 Years	Risk of lung cancer halved compared to continued smoking.
15 Years	Risk of heart attack equal to never-smoker's.

Current action on smoking

Population level interventions

Standard Packaging of tobacco products

Smoke free policies (work place, cars, **work beginning with MHT is crucial**)

Target illicit tobacco

Interventions through communities

- Peer health champions
- Turkish community (engaging faith leaders)

Intervention through services

Targeted stop smoking support to groups with highest prevalence is high (lower income, mental health) or where there is harm to others e.g. pregnant women & new mothers. From April 2016 support will be provided via an 'integrated wellness service.'

Population level interventions



Interventions through services

Interventions through communities

What can the Health and Wellbeing Board do?

Implement

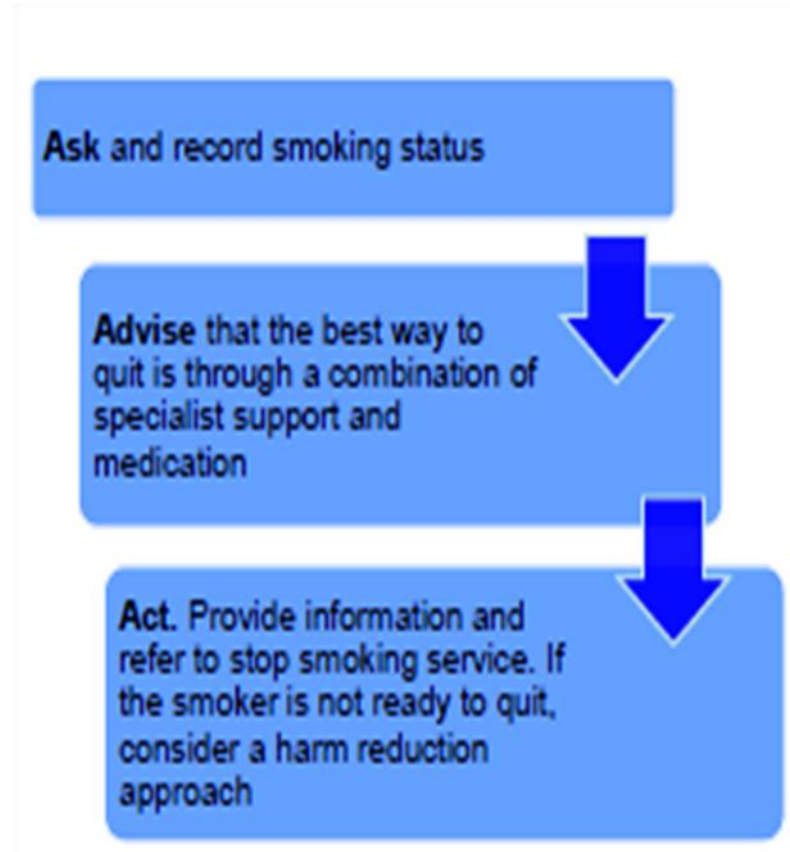
- Smokefree workplaces in Hospital & Mental Health Trusts
- NICE Guidance on Smoking & Secondary Care in Hospital & Mental Health sites (NICE:PH48).

Sign & support

- the Declaration on Tobacco Control

Champion

- the wide scale roll out of Making Every Contact Count (MECC) across the workforce in Haringey.



Priority 2: Increasing Healthy Life Expectancy



Walking

The most **equitable** form of exercise

Walking – most equitable form of exercise

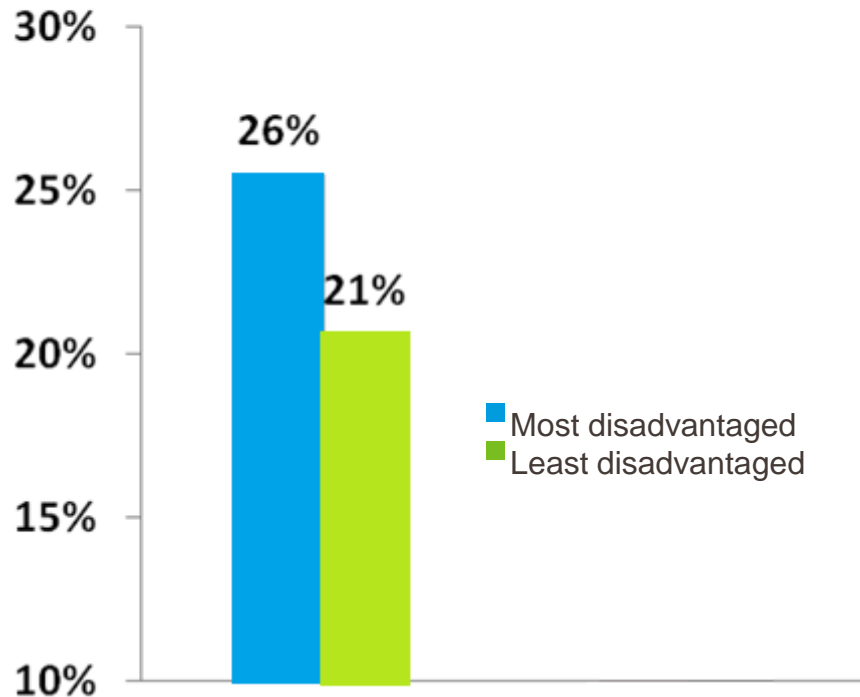
- Walking decreases the risk of obesity by **4.8%** for each additional km walked per day (PHE, 2010)
- Walking can be easy to do when factored into everyday activities (PHE, 2014)
- The Chief Medical Officer's 2011 report states walking for **30 minutes, 5 times a week** reduces the risk of many illnesses including:
 - Premature death - **30%** reduction
 - Heart attacks, stroke - **30%** reduction
 - Diabetes - **35%** reduction
 - Depression/dementia - **25%** reduction

Estimated direct cost of physical inactivity to the NHS in the UK is **£1.06 billion** (CMO Report, 2011)

36% of car trips in London could be walked in less than 25 minutes (Mayor of London, 2015)

Walking: Socio-economic inequality

Percentage of physically inactive adults



Source: Sport England/PHOF (2014)

- In Haringey, **26%** of people in lower socio-economic groups are inactive compared to **21%** of those in higher-socio economic groups.
- ‘Communities with the lowest levels of physical activity often have the highest burden of disability & poor health.’ (PHE 2013, 2014)
- The most successful agents of change will be people from the communities themselves.’ (PHE 2014)

Current action on walking

Population level interventions

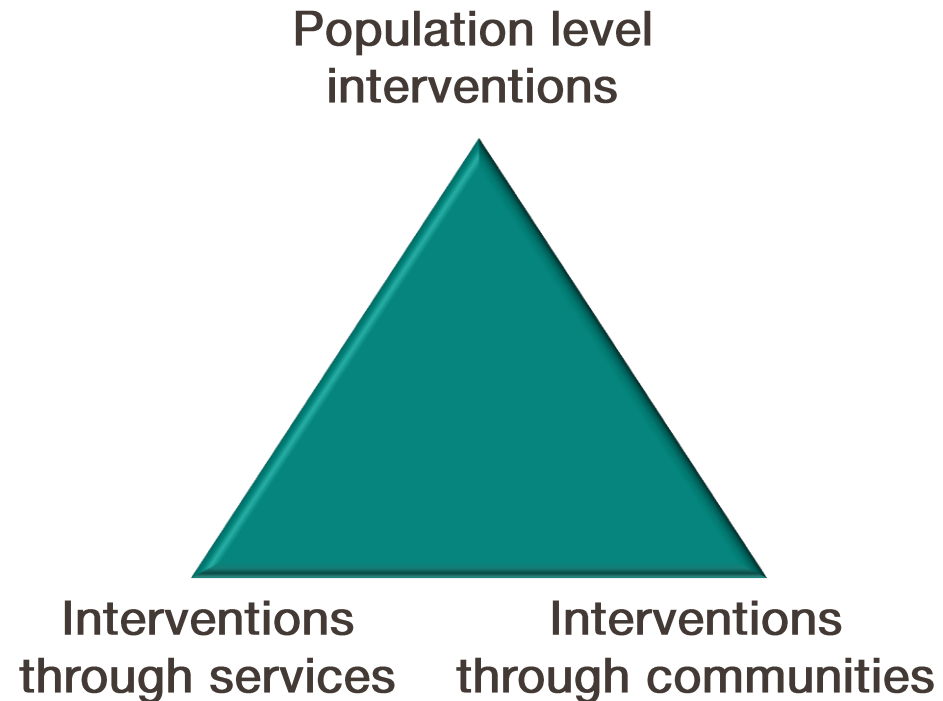
- Outdoor green space
- 20mph Speed limits
- Walking infrastructure i.e. Quietways

Interventions through communities

- Independent resident led walks
- Smarter Travel programmes

Intervention through services

- Targeted walk programmes – Active for Life
- Walking for Health - ‘Health in Mind’
- <https://www.walkingforhealth.org.uk/walkfinder/haringey-health-mind>



Priority 2: Increasing Healthy Life Expectancy

Future action: Walking Campaign & Weekend - 1 & 2 October 2016

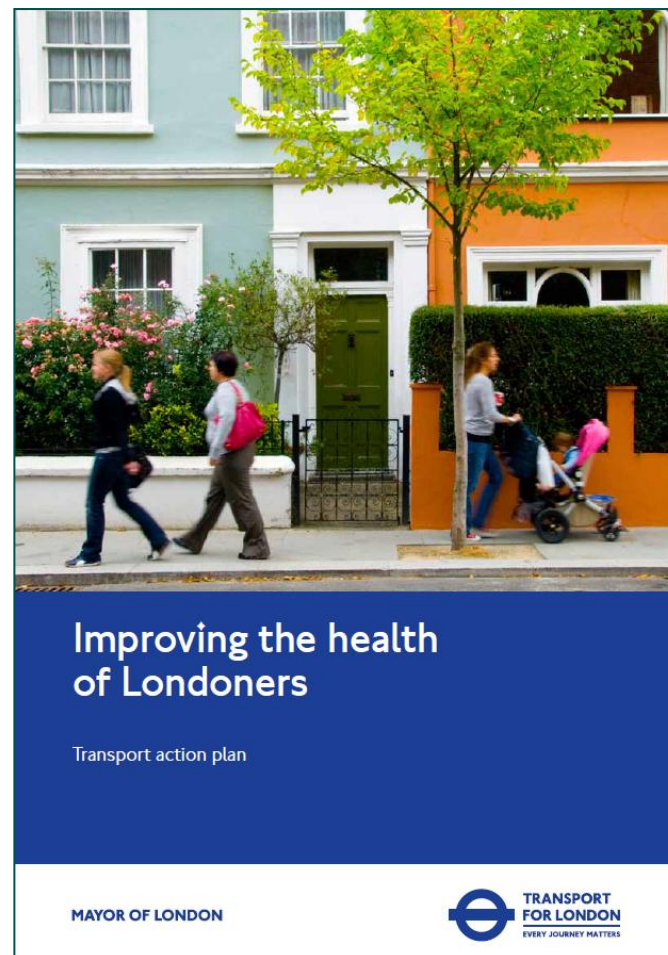
- Web pages on walking to be reviewed /refreshed
- Potential for dedicated website
- Promote awareness raising activities as build up to the weekend
- a resident group of walkers (from Friends of Parks groups) will design a booklet of Haringey Walks for the event
- high profile marketing campaign to publicise the Walk Weekend & encourage walking
- Campaign will link to other walking projects e.g. Walk to Work Week.



Future proposals on Walking -1

TfL's Health Action Plan

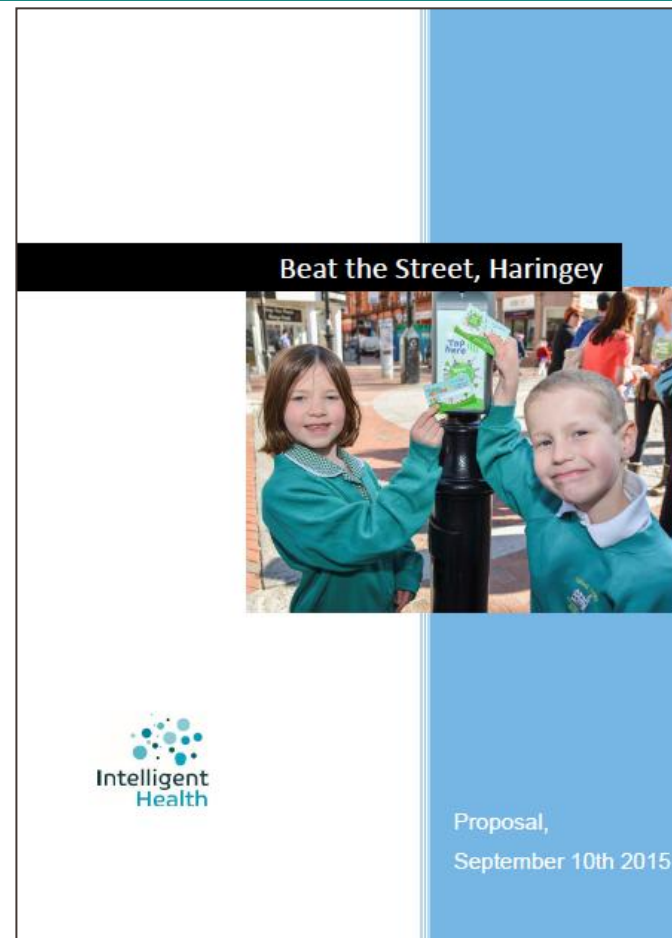
- Is a holistic evidence based approach to transport & health
- Sets out how TfL will embed health considerations into policy & practice
- Provides tools and resources for transport and health practitioners to use.



Potential Future proposals on Walking – 2

‘Beat the Streets’ –

- **Haringey wide option**
- Involving 30,000 residents
- 15,000 adults and 15,000 children (<16) taking part
- 90% of the 60 primary schools engaged
- **12 month project** includes: a 6 month lead-in phase, a 6 week long live Beat the Street game (March-July) plus 4-5 months follow-up support.



Priority 2: Increasing Healthy Life Expectancy

Delivering Beat the Streets

- 115 beat boxes outside every primary & secondary school, every key destination, in parks, footpaths & cycle ways linking these to residential areas
- 60,000 (8,000) RFID cards, branded as 'Beat the Street Haringey'
- Banners for all participating schools
- A3 posters for schools, workplaces, Libraries and community centres
- Beat the Street website, Facebook & Twitter accounts.



What can the Health and Wellbeing Board do?

- Support the proposal for a 'dedicated & co-ordinated Walking programme' & walk weekend in October 2016
- Champion the GLA 'Ten indicators of a Healthy Street' programme
- Champion 'walk to work week' and walking generally in the workplace

Ten indicators of a Healthy Street

