

Appendix one – Impact Statement from Haringey Scrutiny Development Area

Men’s Health: Getting to the Heart of the Matter

Key questions	Responses
<p>Giving every child a good start in life?</p> <p>What this means?</p> <ol style="list-style-type: none"> 1. Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills. 2. Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient. 3. Build the resilience and well-being of young children across the social gradient. <ul style="list-style-type: none"> • How could you measure this? • How could you measure the Marmot indicator? <ul style="list-style-type: none"> • Life expectancy at birth • Readiness for school • Are measures / information available – very, reasonably or scarcely? • How much influence do you think the review could have – High, Medium, Low? • How could you structure dissemination to have most influence? 	<p>The review will have a low impact on this policy objective. There is an indirect link as the foundations for virtually every aspect of human development- physical, intellectual and emotional are laid in early childhood, although this is not the specific focus of the review.</p> <p>Should there be parents within the target group, there may be a cascading effect as their own health conditions improve. A reduction in smoking could improve the physical environment in which children are born and raised. More emphasis on healthy eating could impact on the general diet for the whole family. Improved well being could allow the parent to then focus attention on their child’s development. This would require longitudinal research however of identified family groups and is outside the scope of the review.</p>
<p>Enabling all children, young people and adults to maximise their capabilities and have control over their lives?</p> <p>What this means?</p> <ol style="list-style-type: none"> 1. Reduce the social gradient in skills and qualifications. 2. Ensure that schools, families and communities work in partnership to reduce the gradient in health, well-being and resilience of children and young people. 3. Improve the access and use of quality lifelong learning across the social gradient. <ul style="list-style-type: none"> • How could you measure this? • How could you measure the Marmot indicator? <ul style="list-style-type: none"> • Readiness for school • Young people NEET • Are measures / information available – very, reasonably or scarcely? • How much influence do you think the review could have – High, Medium, Low? • How could you structure dissemination to have most influence? 	<p>The review will have a low impact on this policy objective. There is an indirect link as inequalities in educational outcomes affect physical and mental health, as well as income, employment and quality of life, however again this is not the focus of the review.</p>

<p>Creating fair employment and good work for all?</p> <p>What this means?</p> <ol style="list-style-type: none"> 1. Improve access to good jobs and reduce long-term unemployment across the social gradient. 2. Make it easier for people who are disadvantaged in the labour market to obtain and keep work. 3. Improve quality of jobs across the social gradient. <ul style="list-style-type: none"> • How could you measure this? • How could you measure the Marmot indicator? <ul style="list-style-type: none"> • Young people NEET • % of people in households receiving means tested benefits • Are measures / information available – very, reasonably or scarcely? • How much influence do you think the review could have – High, Medium, Low? • How could you structure dissemination to have most influence? 	<p>The review will have a low impact on this policy objective.</p> <p>There is an indirect link as being in good employment is protective of health. Employment however must be sustainable and offer a minimum level of quality (i.e. development, flexibility and protection from adverse working conditions) to contribute to good health. This however is not the focus of this review.</p> <p>Accepting the above, by engaging with health services, the target group may then not be subject to restrictions on work arising from ill-health thus giving them continuity of employment as well as overall increasing their working lives.</p> <p>On reflection the Panel felt that the review had a medium impact on this area. A recommendation was made on health acknowledging employment as a wider determinant of health.</p>
<p>Ensuring a healthy standard of living for all?</p> <p>What this means?</p> <ol style="list-style-type: none"> 1. Establish a minimum income for healthy living for people of all ages. 2. Reduce the social gradient in the standard of living through progressive taxation and other fiscal policies. 3. Reduce the cliff edges faced by people moving between benefits and work. <ul style="list-style-type: none"> • How could you measure this? • How could you measure the Marmot indicator? <ul style="list-style-type: none"> • % of people in households receiving means tested benefits • Are measures / information available – very, reasonably or scarcely? • How much influence do you think the review could have – High, Medium, Low? • How could you structure dissemination to have most influence? 	<p>The review will have a low impact on this policy objective.</p> <p>There is an indirect link as having insufficient money to knead a healthy life is a highly significant cause of health inequalities; however this is not the focus of this review.</p>

<p>Creating and developing healthy and sustainable places and communities?</p> <p>What this means?</p> <ol style="list-style-type: none"> 1. Develop common policies to reduce the scale and impact of climate change and health inequalities. 2. Improve community capital and reduce social isolation across the social gradient. <ul style="list-style-type: none"> • How could you measure this? • How could you measure the Marmot indicator? • Are measures / information available – very, reasonably or scarcely? • How much influence do you think the review could have – High, Medium, Low? • How could you structure dissemination to have most influence? 	<p>The review will have a low impact on this policy objective. There is an indirect link as communities are important for physical and mental health and wellbeing. Access to open green spaces and healthy foods are also important for improving health and wellbeing.</p> <p>Should the identified group engage with health agencies as envisioned, the resulting improvement in their working lives, coupled with the commensurate certainty of income, may well increase spending power within the local community thus enhancing its sustainability. In addition continuing good health will enable them to fully engage with their communities. Again however, this is a long-term outcome for this group and requires longitudinal study which is outside the scope of this review.</p> <p>On reflection the Panel felt that the review had a medium impact on this area. This was following discussion around two large regeneration projects in the borough and a recommendation on the potential for them to contribute to the reduction in health inequalities, particularly when coupled with local primary care changes. It was also following hearing more about the work of the Tottenham Hotspur Foundation projects as well as Health Champions, Health Trainers and evidence from the Local Involvement Network.</p>
<p>Strengthening the role and impact of ill health prevention?</p> <p>What this means?</p> <ol style="list-style-type: none"> 1. Prioritise prevention and early detection of those conditions most strongly related to health inequalities. 2. Increase availability of long-term and sustainable funding in ill health prevention across the social gradient. <ul style="list-style-type: none"> • How could you measure this? • How could you measure the Marmot indicator? <ul style="list-style-type: none"> • Life expectancy at birth • Disability free life expectancy at birth • Are measures / information available – very, reasonably or scarcely? • How much influence do you think the review could have – High, Medium, Low? • How could you structure dissemination to have most influence? 	<p>The review will have a high impact on this policy objective. Many of the key health behaviours significant to the development of chronic disease, including CVD, follow the social gradient: smoking, obesity, lack of physical activity, unhealthy nutrition.</p> <p>In Haringey:</p> <ul style="list-style-type: none"> • On average there is a nine year difference between men living in Tottenham Green ward (72.5 years) and those living in Fortis Green ward (81.5 years). • Circulatory diseases are the greatest contributor (28%) to the gap in male life expectancy between Haringey and England. • Death rates from cardiovascular disease under 75 years are highest in the east of the borough, in particular in Northumberland Park and Tottenham Hale. • Around 28.6% of men smoke compared with 25.3% for London. • In 2006 over 50% of men were overweight or obese. • 23.3% of the adult population took part in moderate sport and physical activity three times a week.

Sources of Data: a range of data can be found on the [Haringey: Our Place](#) page, in particular on the [Healthier People with a better quality of life](#) section. Data is sourced from a number of sources for example Joint Strategic Needs Assessments, the Borough Profile, Haringey Health Profile and NHS Haringey Neighbourhood Plans.

Through the review we will focus on the prevention and early intervention of cardiovascular disease in men in the east of the borough. You could measure this via:

- Reducing the mortality rate from all cardiovascular disease (including heart disease and stroke)
- Reducing smoking prevalence
- Increasing the number of 4 week smoking quitters who attended NHS Stop Smoking Services
- Increasing sports and Leisure Usage
- Increasing adult participation in sport and active recreation
- Increasing the percentage of population exercising 3 or more times a week
- Increasing NHS Health Checks

What ideas do you have about how you will measure the difference made by your scrutiny review?

By focusing on what would be the return on investment (ROI) if, the life expectancy corridor of the Borough, we engaged men over 40 who were at risk of cardio vascular disease (referred to hereafter as Group A) with health services.

The hypothesis is that with engagement, Group A's health improves as they take responsibility for action, resulting in decreased health care costs, increasing life expectancy and earning power. A financial calculation will be made as to the numbers required to make this change to demonstrate an ROI for the review.

In addition, the recommendations arising from the review in order for this to occur will also demonstrate an ROI.

What do you think would be the value of doing the review? High, medium, low.

- 73% of the difference in male life expectancy gap between Haringey and England is due to men over 40 years of age.
- By changing certain risk factors in those over 40 years of age a significant improvement can be made as to whether or not the persons suffers from Cardio Vascular Disease.
- The Health Check programme focuses on those over 40 years of age and so it is hoped that this review complements this work.

Thus reviewing how engagement with health services can be improved for this risk group provides high value and will build upon work already undertaken within the Borough.

Recommendations of the review are also due to feed into the Health and Wellbeing Strategy Delivery Plan.