MHF
MEN'S HEALTH FORUM

HARINGEY MAN MOT PROJECT:

HARINGEY MEN'S HEALTH INTELLIGENCE DATA 2013

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www.menshealthforum.org.uk/Haringey

CONTENTS

1. Executive Summary

Men's health is a growing public health concern in the UK. This report examines data from a range of sources to describe current patterns of men's health in Haringey. It was intentionally prepared to inform the design of the Men's Health Forum project, Haringey Man MOT.

The men's health profile in Haringey is striking, clearly highlighting significant inequalities in length of life and quality of life experience between men living in the borough, with deprivation being a key determinant.

Key Haringey facts:-

- There is a 9-year gap in male life expectancy between men living in the more deprived areas (east) compared to those living in more affluent areas (west).
- The greatest contributors to the male life expectancy gap are heart disease, stroke, cancer, alcohol, lung disease and deaths in men aged over 40 years.
- Men accounted for 67% of smoking-related admissions to hospital in 2011/12 and are 42% more likely than women to be admitted into hospital for smoking-related conditions.
- Coronary heart disease, stroke and heart failure emergency admission rates (defined as unplanned admissions), in males are significantly higher than female admissions rates compared to both the national and London average.
- More than three-quarters of men are not regularly physically active.
- The incidence of cancer is high in males compared to the England average and premature mortality rates in males are also high compared to men nationally.
- Men in Haringey have the highest death rate in London due to alcohol and rank 6th in London for its rate of alcohol-related hospital admissions, of which the majority come from the east of the borough.

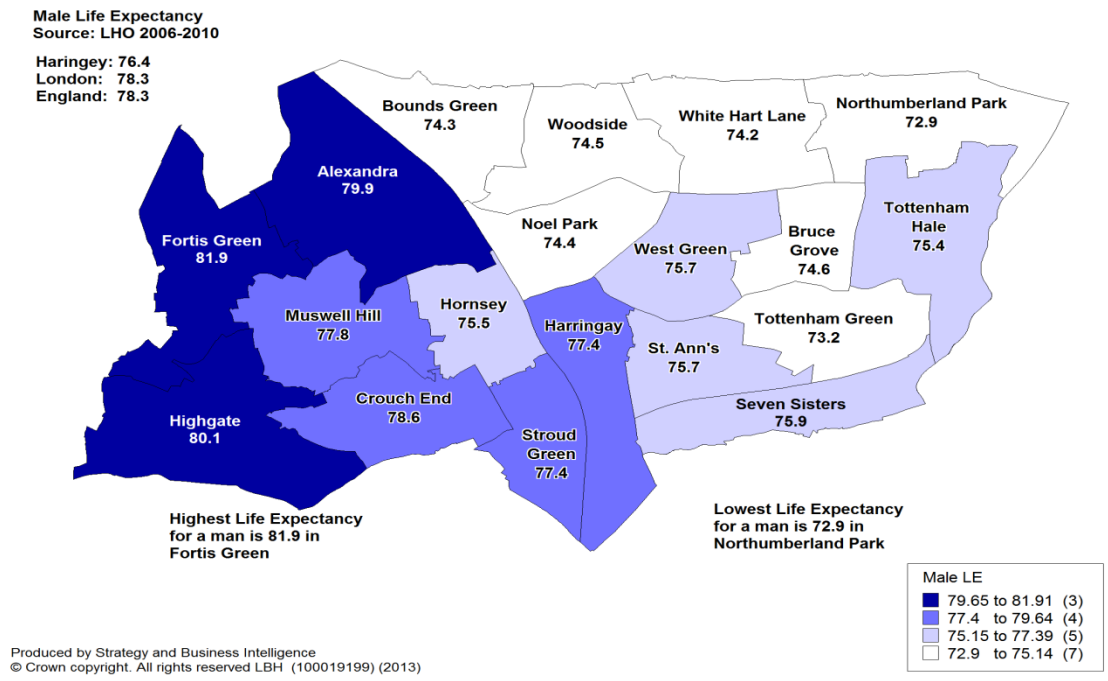
- Haringey ranks 10th highest in London for its rate of drug misuse and 75% of the drug treatment population are male.
- Rates of psychotic disorder are the third highest in London.
- Suicide in men is higher than the England average and between 2008-10, 81% of suicides were amongst men.
- Men represent only 31% of referrals to the Improving Access to Psychological Therapies.
- Rates of sexually transmitted infection are worse than the England average.

Despite the fact that all-cause mortality rates and premature mortality rates from cancer and heart disease have decreased in Haringey, health inequalities still persist. Addressing health inequalities in cardiovascular disease and cancer mortality in the adult male population, especially those aged over 40 years of age, will have a significant impact on increasing the life expectancy of men living in the deprived areas of Haringey.

2. Introduction

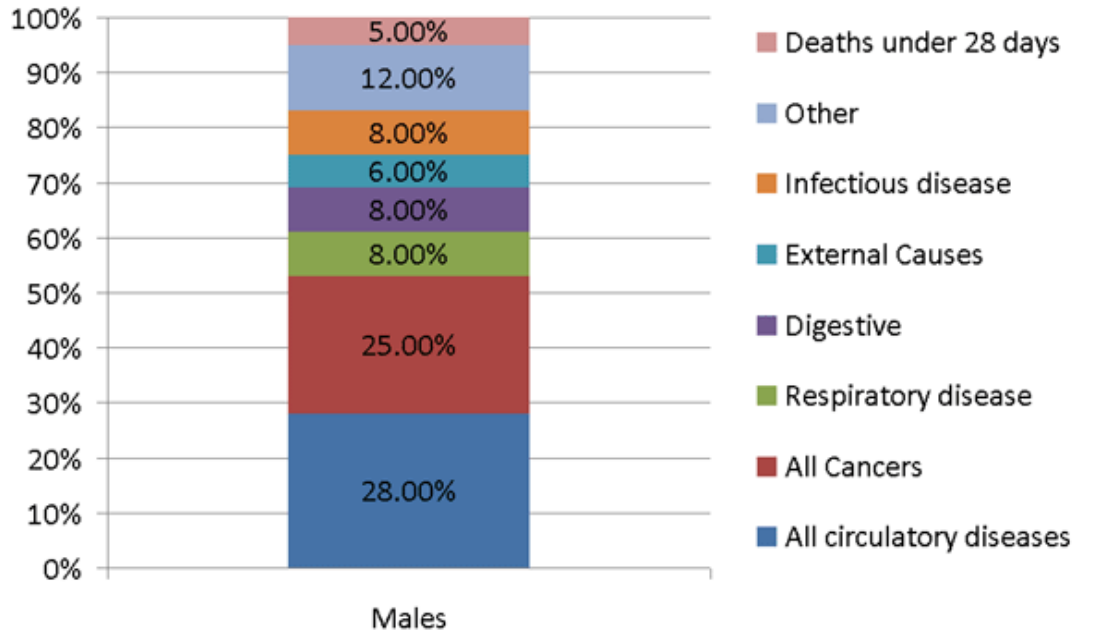
Significant health disparities in male life expectancy exist in Haringey. There is approximately a 9-year gap in male life expectancy between Northumberland Park (72.9) in the east of the borough and Fortis Green (81.9) in the west. The greatest contributors to the male life expectancy gap in Haringey are stroke, heart disease, cancer, alcohol, lung disease and deaths in men aged over 40 years. Addressing health disparities is a key priority in Haringey. Reducing health disparities in CVD and cancer mortality in the adult male population, especially those aged over 40, will have a significant impact on increasing the life expectancy of those living in the east of the borough (Haringey Council, 2013b). Figure 1 shows male life expectancy differences by ward, with men living in the east of the borough having a lower life expectancy. Figure 2 reveals the main contributors to the life expectancy gap between Haringey males and England males, namely CVD, cancer and respiratory disease.

Figure 1: Haringey Male Life Expectancy by ward



Source: Public Health England, 2013

Figure 2: **Contributions to the gap in life expectancy between Haringey males and England males.**



This report provides a summary of key health intelligence data on men's health in Haringey, which will be used to inform the Haringey Man MOT project.

2.1 About Haringey

Haringey is the 13th most deprived borough in the country and the 4th most deprived borough in London. The borough is located in north London and covers more than 11 square miles. The total population of Haringey is 254,900, of which **49.5% are men**. Haringey has the 15th highest population of the 33 London boroughs. The population of Haringey is growing and has increased by more than 18% between 2001-2011, compared to a London increase of 14% (ONS, 2011). It is projected that by 2021 the population will reach 286,774, reflecting an increase of approximately 12% (ONS, 2011).

The borough is a very ethnically diverse and approximately 200 languages are spoken. Approximately 65% of its population is made up of black and minority ethnic (BAME) groups. This figure is higher than for both London (55.1%) and England and Wales (19.5%).

The main BAME groups in Haringey are:-
Other White (23%)
Black African (9%)
Black Caribbean (7.1%).

Forty-five percent of Haringey residents are non-British-born nationals:-
Polish (4.3%)
Turkish (4.0%)
Jamaican (2.0%)
Irish (1.9%)
Ghanaian (1.3%)
Somalian (1.3%)

The population of Haringey is relatively young:-

- 24.9% of people aged under 20 years.
- 24.9% are aged 0-19, compared to 24.5% in London and 24.0% and England and Wales.
- 66.3% are aged 20-64, compared to 64.4% in London and 59.6% in England and Wales.
- 8.8% are aged 65+, compared to 11.1% in London and 16.4% in England and Wales.

Haringey has a transient population and approximately:-

- 9,280 people moved into the borough between 2009-2010, whilst
- 23,000 moved out of the borough in 2009-2010.
- 5.1% of residents have lived in the borough for less than 2 years, and
- 20.6% have lived in the borough for less than 10 years.

Haringey is amongst the most religiously diverse boroughs in the UK:-

- Christian (45.0%)
- Muslim (14.2%).
- 25.2% have no religion

Marital status

- 50% of men in Haringey are single (never married/never registered as same sex civil partnership) compared to 44.1% in London and 34.6% in England and Wales.
- 12.6% of people in Haringey are co-habiting. This is compared to 10.8 in London and 11.9% in England and Wales.

Lone parenting

- There are approximately 10,647 lone parents in Haringey, which is over 10% of all households in Haringey, representing an increase of 17.6% from 2001.
- Male lone parents represent 7.3% of the lone parents within Haringey. This is compared to 7.5% in London and 9.7% in England and Wales.

(ONS, 2011)

The Annual Population Survey (2012), indicates that the employment rate in Haringey for the period July 2011 to June 2012 was 66.8%, lower than the London and England rates of 68.1% and 70.4% respectively (ONS, 2012).

- 73.8% of Haringey residents in employment are male.
- The rate of employment for BAME groups of 51.2% is significantly lower than the London and England rates of 59.8% and 59.1% respectively.
- 48% of Haringey claimants of Incapacity Benefit in 2010 had mental health-related conditions.

2.2 Usage of Services

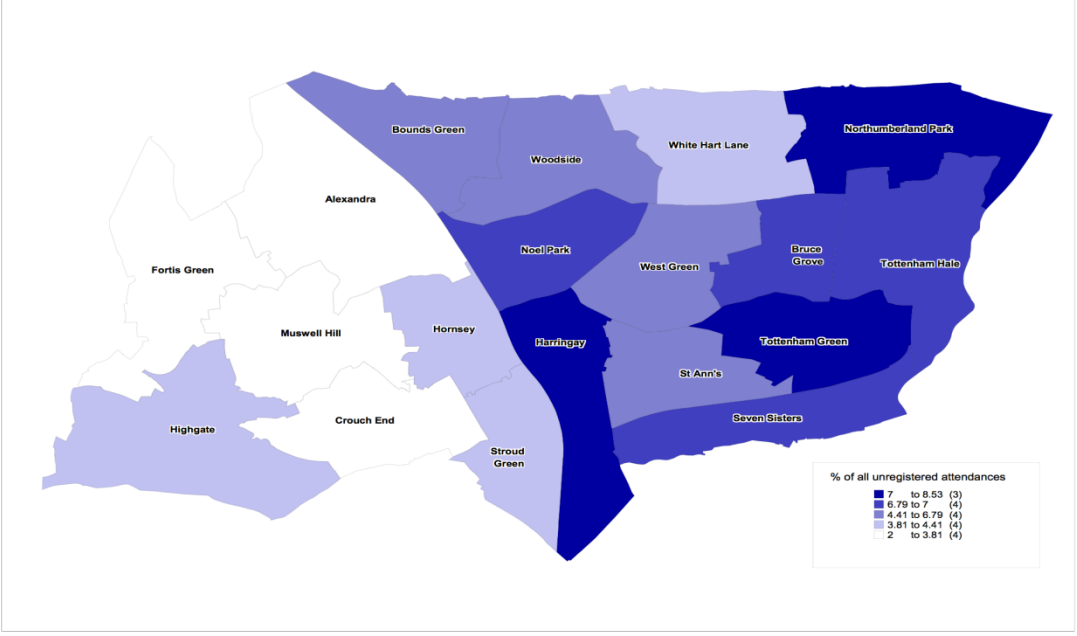
Haringey has a range of primary, secondary and acute healthcare services. This section focuses on primary care, dental and stop smoking services.

2.2.1 Primary Care Services

In January 2013 approximately 290,378 people were registered with a Haringey GP, of which 49.1%% were male. People living in the east of the borough are more likely to be unregistered. Although the exact number of the

unregistered Haringey population is unknown, the percentage is likely to be small. However, they are more likely to be amongst the most vulnerable and male.

Table 1: Map of Haringey showing the location of unregistered patients



Source: Secondary Service User, 2009

2.2.2 Haringey Stop Smoking Service

Smoking is the leading cause of preventable mortality and morbidity in the UK. A strong link exists between smoking and socio-economic group, which has been identified as the largest cause of inequality in mortality rates between the rich and the poor. A reduction in the prevalence of smoking among certain deprived communities, routine and manual workers and certain minority ethnic groups will improve the health of the public more than any other measure (Department of Health, 2011a).

Public Health England (2013) estimate that in Haringey 18.8% of adults smoke. This is compared to the England average of 20.0%.

2011/12 Haringey Stop Smoking Service 4-week quit data indicate that:-

- 3,137 people set a quit date, of which 49.8% were men (n=1,562) and 50.2% were women (n=1,575).

- 62.3% of men (n=974) and 61.9% of women (n=976) successfully quit smoking.

2.2.3 Dental Service

Good oral health is an important public health concern. Less access and irregular attendance to oral health care services are associated with lower socio-economic status and vulnerable populations. The factors that impact upon oral health include diet and nutrition, tobacco, alcohol, poor oral hygiene and poor uptake of dental services (Haringey Council, 2012a). Oral health has greatly improved over the past 40 years although population averages disguise health inequalities.

- In 1968, 37% of the England population had no natural teeth.
- In 2009, only 6% of the England population had no natural teeth.

However, the Adult Dental Health Survey (2009) found that a large proportion of adults had dental problems:-

- 28% and 30% of adults in London and England respectively with some natural teeth had decayed teeth.
- 46% and 45% of adults in London and England respectively had gum disease.
- 9% of adults in both London and England reported being in dental-related pain.
- 24% of adults in both London and England had a dental condition thought to require urgent treatment.
  (The Health Information Centre for Health and Social Care (HSCIC), 2010)

In addition:-

- The number of patients seeing a dentist in Haringey has reduced since 2006.
- In some deprived areas of Haringey levels of dental disease are a concern.

- The risk of developing mouth cancer increases with advancing age. The standardised rate per 100,000 population between 2008-2010 for mouth cancer in Haringey was 10.4 compared to 10.0 for London.

A Haringey rapid appraisal of 14,599 NHS dental treatment forms conducted in 2008 over a two-month period (January-February) found a correlation between deprivation and dental care demand, measured as attendance at a dentist for care.

- Where there were greater levels of deprivation there were was a greater demand.
- At the more extreme end of the scale a reduced demand was correlated with areas of highest deprivation.
- The demand for NHS dental care in the least deprived areas appeared to increase slightly, where people may also be accessing non-NHS dental care.

(Haringey Council, 2012a)

2.2.4 Accident and Emergency (A&E) service and attendance rates

A national priority for the NHS is to reduce the number of avoidable emergency attendances and admissions. Better self-management of long-term conditions coupled with better integrated care could reduce this rate. A high percentage of people attending accident and emergency services have trivial or non-urgent complaints. It has been estimated that approximately 37% of A&E attendances in England are for non-emergencies (Winters, 2009).

A study examining attendances at A&E at the North Middlesex and Whittington Hospital during a one and a half year period between 2007-2008 found that:-

- Approximately 30% of adults (n=30,714) attended A&E inappropriately suggesting that many could be seen in primary care. However, this figure is likely to be a gross underestimate.
- Equal proportions of men and women access A&E services.

- Young adults aged between 20-44 years were higher users of A&E services and were more likely to have non-life threatening conditions.
- Older people are less likely to use A&E services.
- The east of the borough has the highest A&E attendance rates.
- Approximately 8.53% of patients attending A&E are not registered with a GP and a higher number reside in the east.
- GP referrals to A&E services range between 2.25%-8.09%.
- Over 1/3 of A&E attendances occurred during GP working hours, between 9am-5pm, Monday-Friday.

(Klynman, 2009)

Recent figures demonstrate that over the past 10 years, trends in overall A&E use have risen by around 7.5 million, which is approximately a 50% increase from 2003-04 to 2012-13 (Appleby, 2013). Numerous factors have been shown to influence the use of A&E services. They include being worried or wanting to be seen quickly, the availability of the GP, a negative experience with a GP or wanting a second opinion and the accessibility of A&E services (Murphy, 1998; Levy et al, 2006; Tipping et al, 2010; Webster, 2008). With increasing demand for healthcare services, coupled with the current economic downturn, there is a need to prevent A&E attendances in Haringey in those who could be more appropriately treated elsewhere.

Key Facts

England

- In 2011-12 there were 17,286,648 A&E attendances (recorded in Hospital Episode Statistics).
- Males accounted for 50.5% of all attendances.
- 20-29 year olds had the highest number of A%E attendances, 16.3% of all attendances.
- The average attendance time in A&E departments from arrival to departure was 138 minutes.

A&E attendances in hospitals serving the Haringey population (2010-2011 and 2011-12)

A&E attendance rates in Haringey have remained consistent between 2010-2012. For the period 2010-2011:-

- North Middlesex Hospital - 50% male attendances (n=67,911)
- Whittington Hospital - 50% male attendances (n=42,304)

For the period 2011-2012:-

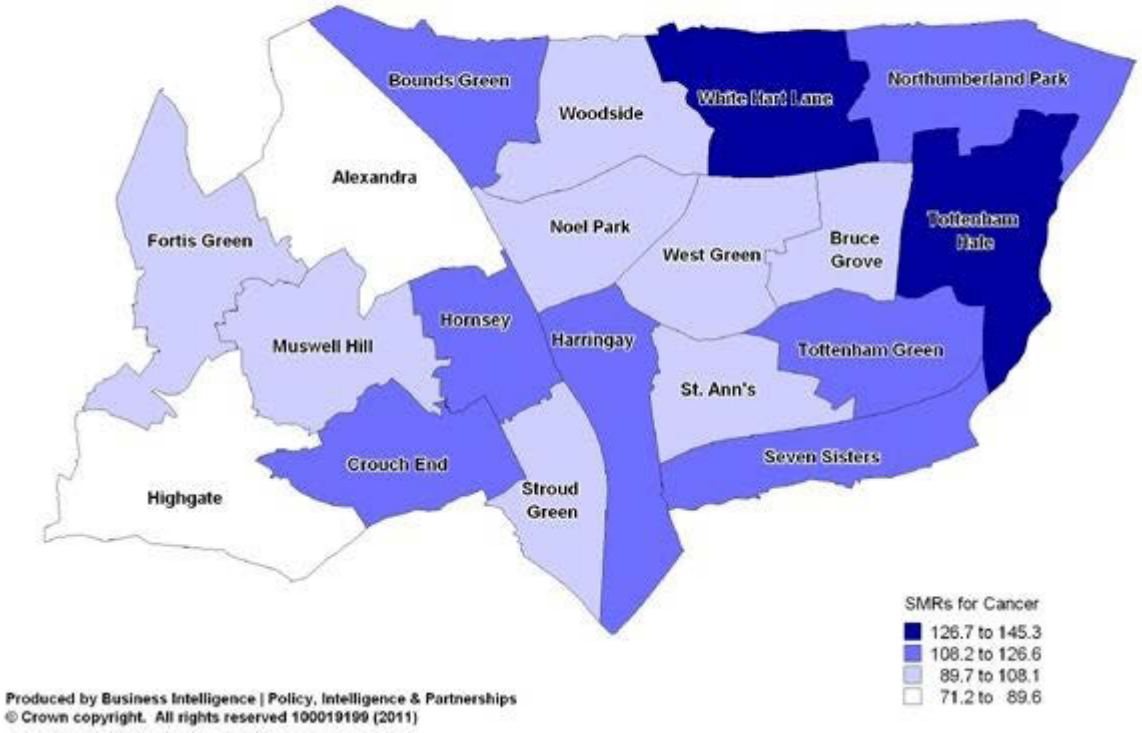
- North Middlesex Hospital - 49% male attendances (n=69,335)
- Whittington Hospital - 50% male attendances (n=42,934)

(HSCIC, 2012b and HSCIC, 2013)

3. Cancer

Cancer contributes to 25% of the male life expectancy gap between Haringey and England, with lung and bowel cancer mortality accounting for 6% and 4% respectively, and breast cancer approximately 0.5-1%. (Haringey Council, 2013c). Cancer incidence and mortality increases with advancing age, with males being a higher risk and death rates amongst males being higher than females. The incidence of cancer nationally is on the increase, as it is in Haringey and is predicted to rise. Haringey has seen increases in colorectal, breast and prostate cancer, whilst bronchus, and lung cancers have declined. The incidence of skin cancer has remained static. The east of the borough has considerably higher mortality rates than the west (Haringey Council, 2013c).

Figure 3: Under 75 standardised mortality ratio for all cancers in Haringey



Source: Commissioning Support for London

Overall, cancer incidence is lower in BAME groups compared to their white counterparts. However, certain BAME groups are at a greater risk of developing some cancers, such as prostate cancer in Black-African and Black-Caribbean men (Department of Health, 2009).

Key Facts

- The incidence of cancer is high in males compared to England. However, mortality rates caused by cancer have declined in Haringey in males, although in general, mortality rates amongst males compared to females are higher (Haringey Council, 2013c).
- Mortality rates in males in Haringey are high amongst those aged under 75 compared to men nationally (Haringey Council, 2013c).
- Rates of prostate, lung and bronchus cancers are high, but are lower for skin and colorectal cancers. However, survival rates (1 year) for colorectal cancers are poor (Haringey Council, 2013c).
- Of cancer-related deaths between 2008-2010, men represented 52.3% of deaths. 54.8% of deaths occurred in men under 75 years (Thames Cancer Registry).

Between 2009-2011, the Thames Cancer Registry report that in Haringey there were a total of 572 male cancer deaths. The main causes were due to the following cancers:-

22% Trachea, bronchus and lung cancer
14% Prostate cancer
10% Colon of the colon
6% Pancreatic cancer
4% Stomach cancer
4% Cancer of the oesophagus
3% Bladder cancer
2% Skin cancer

4. Cardiovascular Disease

Cardiovascular disease (CVD) is the second largest cause of death in England, causing 29% of all deaths in 2011. Coronary heart disease (CHD) is the most common cause of death, accounting for approximately 46% of all CVD deaths, and 18% from stroke. The most common single cause of death in England is CHD accounting for 13% of all deaths in 2011 (South East Public Health Observatory (SEPHO), 2013).

In Haringey between 2009-2011, premature death rates from CVD were similar to national rates, accounting for 23% of all premature deaths compared to the England average of 23.8%. However, deaths from CVD for people aged 75 years and over in Haringey are higher than the England average at 39.2%, compared to the England average of 34.7%. CHD deaths in Haringey make up the largest proportion of deaths from CVD (28.2%), at the rate of 15.6% and 12.6% for men and women respectively. Stroke accounts for 13.5% of CVD deaths, 6% male and 7.5% female deaths (SEPHO, 2013).

The NHS Health Check Programme is a primary prevention programme that aims to prevent the development of cardiovascular disease, namely heart disease, stroke diabetes, kidney disease and certain types of dementia. Adults aged 40-74 without a diagnosis of CVD are invited to have a check to assess their risk of developing CVD. An integral part of the health check is to give individuals support and advice to help them to reduce or manage their risk.

Haringey's NHS Health Check programme commenced in February 2010. In 2012/13 a total of 6,527 health checks were delivered. Of these, 45% were male (n=2,929) and 55% female (n=3,598). Of those who received a health check, 5.3% were identified as being at high risk of developing CVD. In addition, 5.8% were prescribed statins and 4.2% were added to the following disease registers:-

Hypertension	2.6%
Diabetic	0.8%
Chronic Kidney	0.08%
CHD	0.2%

4.1 CHD

CHD Emergency Admission Rates

Haringey CHD emergency admission rates, defined as unplanned CHD admissions, are significantly higher than both the national and London average.

- Rates for all persons in Haringey in 2011-2012 were 230.6 per 1000,000. This is significantly higher than for England (198.3 per 100,000) and London (205.5 per 100,000).
- In Haringey male admission rates in 2011-2012 were significantly higher than female admission rates at 340.4 per 100,000 and 136.7 1000,000 respectively. This is compared to 298.5 and 122.4 per 100,000 in London and 279.6 and 124.6 per 100,000 in England for men and women respectively.
- The admission rates of those living in the most deprived areas in Haringey in 2011-12 was 2.2 times greater than admission rates of those living in the least deprived areas at 290.6 and 129.7 per 100,000 respectively.
- Admission rates in Haringey between 2004/05 and 2011/12 decreased by 5.0%, whereas in London and England rates have decreased by 23.5% and 23.1% respectively.

(SEPHO, 2013)

Heart Failure Emergency Admission Rates

Haringey heart failure emergency admission rates, defined as unplanned heart failure admissions, are higher than both the national and London average.

- Male heart failure emergency admission rates in Haringey in 2011/12 were significantly higher than female admission rates at 165.8 and 88.1 per 100,000 respectively. This is compared to 102.3 and 62.2 per 100,000 for males and females in London and 77.7 and 47.2 per 100,000 for males and females in England.
- The admission rates of those living in the most deprived areas of Haringey in 2011-12 was 2.6 times greater than admission rates of those living in the least deprived areas at 185.9 and 71.9 per 100,000 respectively.

(SEPHO, 2013)

4.2 Stroke

The observed prevalence of stroke in Haringey in 2011/12, as indicated by data captured in primary care of those who have experienced a stroke, is only 35.7% of the estimated prevalence (the proportion of people you would expect to have experienced a stroke based on estimates). This is compared to an observed prevalence of stroke of 68.4% for England and 52.6% for London of the estimated prevalence (SEPHO, 2013). It should be noted that prevalence does not provide information with sufficient precision.

Stroke Emergency Admission Rates

Haringey stroke emergency admission rates, defined as unplanned stroke admissions, are higher than both the national and London average.

- Admission rates in 2011/12 for all persons in Haringey were 137.0 per 100,000. These rates are significantly higher than the England (89.5 per 100,000) and London rates (100.3 per 100,000).
- In Haringey, admission rates in males are higher than for females. In 2011/12 in Haringey, admission rates were 150.4 and 122.9 per 100,000 for males and females respectively. This is compared to 120.7 and 81.6 per 100,000 for males and females in London and 104.8.and 75.1 per 100,000 for males and females in England.
- The admission rates of those living in the most deprived areas in Haringey 2011/12 was 146.5 per 100,000, which is 1.6 times greater

than admission rates of those living in the least deprived areas of Haringey.

- Emergency admission rates have increased in Haringey by 19% in the period 2004/05 and 2011/12. This is compared to increases in London and England of 10.6% and 3% respectively
- Emergency re-admission rates within 30 days for patients with stroke in 2011/12 in Haringey was 8.1%. This is compared to rates in London and England of 6.8% and 2.9% respectively.

(SEPHO, 2013)

5. Diabetes

It is estimated that there are 3 million people in the UK who are living with diabetes, equivalent to 4.6% of the UK population. This is an increase of 132,000 of people diagnosed with diabetes over the past year. Diabetes UK estimate that up to 850,000 people have undiagnosed diabetes.

- The Diabetes Prevalence Model (Public Health England) estimates that in Haringey in 2012 there were 7.4% of people aged 16 years and over (n=13,920) diagnosed with diabetes. This is compared to 7.3% in England.
- In Haringey, there is an estimated 1,484 adults with undiagnosed diabetes (Haringey Council, 2012b).
- If obesity continues to increase in Haringey, Diabetes UK estimate an increase in diabetes prevalence between the period 2012 and 2030 to increase from 7.4% to 10.1%. This is compared to an England average increase of 7.3% to 8.8% over the same period.
- Diabetes UK estimate that if obesity levels remain static by 2030 that there would be approximately 1,400 less people with type II diabetes, namely 6.9% of people aged 16 years and over in 2030.
- Compared to the white population, black and Asian ethnic groups have a higher risk of developing type II diabetes and tend to develop it at an earlier age. Diabetes is up to three times more common people of an Black-African/Black-Caribbean origin and up to six times more likely in people of an Asian origin respectively (Diabetes UK, 2012).
- The prevalence of diabetes is higher in men compared to women. There has been a significant increase in diabetes diagnosis amongst men during from the period 1994 to 2011, from 2.9% to 7%, compared to an increase of 1.9% to 4.9% in women (HSCIC, 2012a).
- In England, the risk of developing diabetes is higher in people from lower socio-economic groups. The prevalence of diabetes in households with the lowest income is 11% and 5.9% in men and women respectively. Within the highest household incomes the

prevalence is 4.7% and 3.7% for men and women respectively (HSCIC, 2012a).

- In England, the diagnosis of diabetes within primary care is higher in the most deprived areas at rates of 9.1% and 7.3% for men and women respectively. This is compared with 4.9% and 2.3% for men and women respectively living in the least deprived areas (HSCIC, 2012a).
- There are higher rates of hospital admissions related to diabetes in the east of Haringey, where there are higher levels of deprivation (Haringey Council, 2012b).

6. Smoking

Smoking is the major cause of ill-health, early death, disability and health disparities in the UK. Smoking contributes to the development of numerous diseases, including CHD, lung cancer, stroke, COPD and asthma. The adult smoking prevalence in Haringey is 18.8 compared to the England average of 20.0 (Public Health England, 2013). Although the proportion of smokers is below the national average, men in Haringey appear more adversely affected by their smoking than women.

Key facts

- Men accounted for 67% of smoking-related admissions to hospital in 2011/12 (n=1,100).
- Men are 42% more likely than women to be admitted for smoking-related conditions.
- CVD, lung cancer and other cancers make up the majority of smoking-related admissions (64%) at the rates of 26%,18% and 20% respectively.
- In men aged 35-65 CVD and 'other cancers' account for approximately 50% of smoking-related admissions.
- Smoking-related admissions generally increase with advancing age until 75-79 years in men, with a peak in admissions occurring amongst men aged 55-59.
- Based on nationally available 2010/11 data, Haringey, smoking-related hospital admissions were higher than London and England average rates. Haringey rates equated to 1,615 per 100,000, compared to London and England average rates of 1,334 and 1,420 respectively

(Haringey Council and Haringey CCG, 2013a).

7. Obesity

Numerous long-term conditions such as cancer, obesity and CVD can be attributed to poor diet and nutrition. Obesity is associated with an increased risk of the development of a range of long-term conditions and debilitating conditions such as diabetes, heart disease and some cancers. These in turn contribute to a reduced life expectancy and quality of life.

Malnutrition is also an area of concern, particularly amongst older people. Estimates suggest if diets matched nutritional guidelines, approximately 70,000 deaths could potentially be avoided annually (Cabinet Office, 2008). Treating ill-health related to consuming a poor diet have been estimated to cost the NHS approximately £6 billion per annum (Rayner and Scarborough, 2005).

The general population do not meet key dietary recommendations (Scientific Advisory committee on Nutrition, 2008). People at high risk of poor nutrition and diet include:-

- *People in lower socio-economic groups
- Young adults aged 19-24 years
- Adults aged 65 years and over living in institutions
- Smokers

*People on low incomes are particularly vulnerable.

Key facts

- In Haringey the prevalence of obesity amongst adults is estimated to be 20.1%, which is lower than both the London (20.6%) and England average (24.2%) (Public Health England, 2013). It is important to note that there is a degree of uncertainty based on survey and research methodology adopted, namely self-report. This is due to the fact that there is a tendency for participants to respond to questions in a manner

they believe will be viewed favourably by others. However, this social desirability bias affects the validity of survey and research findings.

- HSCIC (2012a) data suggest that in England approximately 62% of adults are overweight or obese. Men were more likely to be overweight than women at levels of 65% and 58% respectively.
- In 2011 in the UK, morbid obesity in women and men was 3.2% and 1.7% respectively. In recent years the increase in men has been higher (National Obesity Observatory).
- It is predicted that in the UK 60% of men will be obese compared to 50% of women by 2050 (Foresight Report, 2007).
- Black Caribbean and Irish men are disproportionally affected by obesity (Haringey Council, 2013e).
- Men in their late 30's, people giving up smoking, those how have retired and those suffering from psychosocial problems are more likely to put on weight (Haringey Council, 2013e).
- People with a severe mental illness have an increased risk of obesity (Department of Health, 2006)
- Those in lower socio-economic groups consume less fruit and vegetables, eat more fat, meat, processed meat, fizzy drinks and pizza (Food Standards Agency, 2007).
- There is a higher concentration of fast food outlets in the east of the borough, which may contribute to the consumption of a poor diet (Haringey Council, 2013d).
- In comparison to the general population, the consumption of a poor diet in low income groups is accompanied with higher rates of smoking, higher alcohol intake and lower physical activity levels (Foods Standards Agency, 2007).

8. Physical Activity

The vast majority of the UK population are not active at levels to confer health benefits, including more than three-quarters of Haringey men. There are significant disparities in levels of physical activity in relation to gender, age, ethnicity, socio-economic states and disability, with men being more active than women at all ages (Department of Health, 2011b).

Based on self-report surveys, it is estimated that only 40% of men and 28% of women meet the previous Chief Medical Officers' physical activity recommendations (5 x 30 mins of moderate intensity physical activity) (Department of Health, 2011). Recent data indicates that in Haringey 20.8% of adults (aged 16 years +) participated in sport and active recreation at a moderate intensity, equivalent to 30 minutes on three or more days of the week. These figures have not changed significantly since 2005/06. By gender, this equates to 23.2% of men and 20.8% of women (Sport England, 2012).

National trends are similar in Haringey with younger people being more active than their older counterparts, men are more active than women, white adult populations are more active than non-white adults, and activity levels are lower in those who have a limiting illness or disability.

Data indicates that there is a very strong correlation between participation and social class. In Haringey, people in the lower socio-economic groups are less active than those in the higher socio-economic groups, at levels of 15% and 26.5% respectively (Haringey Council, 2013f).

9. Drug Misuse

Haringey ranks as having the 10th highest rates of drug misuse in London. However, the use of crack cocaine and heroin use is on the decline both nationally (National Treatment Agency, 2012) and locally. It is difficult to estimate rates of drug use with any accuracy both nationally and locally, partly due to its illicit nature. Amongst crack cocaine and opiate users aged 15-64, the prevalence rate is 14.96 per 1,000. This rate is significantly higher than the London and England averages at 9.45 and 8.93 per 1,000 respectively (Hay et al, 2011). Those living in deprived areas are more vulnerable to problematic drug use, particularly crack cocaine and heroin use. In addition, they are also more likely to experience mental health problems, live in poor housing and have involvement with criminal activity (National Treatment Agency, 2010).

It is important to note that there are changes in trends in drug misuse in Haringey, for example, khat use in the Somali community which is significantly more prevalent in men. Khat is not currently classed as an illegal drug. However, the UK government plans to ban khat and treat it as a class C drug.

In Haringey those accessing drug treatment mirror the above profile as the majority:-

- live in the east of the borough
- are unemployed
- do not have a permanent place of residence

In addition:-

- approximately 25% enter treatment through the criminal justice system
- 25% have a mild or severe mental health problem.
- 75% of the drug population use crack cocaine.

The social problems encountered by this population are vast, as 2010-2011 data from the Haringey adult drug treatment services indicate:-

- 31% experience significant housing problems
- 12% are homeless (no fixed abode)
- 26% access treatment through the criminal justice system
- 24% were identified with dual diagnosis, namely co-existing mental health problems and substance misuse problems.
- 15% had any paid work in the last four weeks prior to the treatment start date.
- 75% of the drug treatment population are male which is similar to London and England averages.
- Approximately 30% of new service users in 2010-11 were born outside of the UK.

Ethnicity of drug treatment service users:-

- White British 35%
- *Other White 18%
- *Black Caribbean 14%

*Compared to the Haringey population profile (Census, 2001), these ethnic groups are over-represented in treatment.

Opiate and Crack Users

- The prevalence of young opiate and crack users aged 15-24 years in 2009 was 12.35 per 1,000 which is higher than London and England averages of 8.51 and 6.87 per 1,000 respectively.
- The prevalence of opiate and crack users aged 25-35 years in 2009 was 17.38 per 1,000.
- There are complexities associated with detecting and measuring use of other drugs as recreational use (eg. cannabis or cocaine powder). It has been estimated that of those entering treatment in 2010-11, 31% used other drugs recreationally.

(Haringey Council, 2012c)

10. Alcohol

In the UK, alcohol consumption per individual has increased since 1970 by 50%. Over that past 40 years the price of alcohol has decreased and has become more accessible. Excess alcohol consumption can have a negative effect on individuals, their families and the wider community (Department of Health, 2007).

Haringey ranks 10th in London for high rates of alcohol and drug misuse. However, men in Haringey have the highest death rate in London due to alcohol (Haringey Council, 2013a). Haringey ranks 6th out of 33 London boroughs and 32nd out of 152 England local authorities for its rate of alcohol-related hospital admissions (Haringey Council and Haringey Clinical Commissioning Group (2013b).

Alcohol-related hospital admissions are defined as hospital admissions related to alcohol. However, they do not include attendances at Accident and Emergency. Approximately 6% of all hospital admissions in Haringey are related to alcohol consumption and the rate of admissions has more than tripled between 2002/03 and 2011/12 (Haringey Council and Haringey CCG, 2013b). Approximately 60% of alcohol-related hospital admissions are in people aged 55 years and over (Haringey Council, 2012d). In addition, the majority of alcohol-related hospital admissions come from the east of the borough. Conditions that are either fully attributable (including diagnoses such as mental and behavioural disorders due to alcohol or alcoholic liver disease) or partially attributable to alcohol (such as hypertension, fall injuries or cardiac arrhythmias) have caused these increases.

The burden on local health services would be reduced if levels of alcohol consumption were lowered. The annual estimated cost to the NHS for alcohol-related admissions, A&E attendances and primary care was approximately £2.7 billion in England in 2006/07 (Alcohol Concern, 2011).

Key Haringey facts:-

Alcohol-related hospital admissions

- Compared to England, men in Haringey are much more likely to be admitted to hospital as a result of alcohol and people living in the most deprived areas of Haringey have a quarter more admissions than the Haringey average (Haringey Council, 2013a).
- Men had over 40% more alcohol-specific admissions than expected (Haringey Council and Haringey CCG, 2013b).
- Men made up 70% of the alcohol-specific hospital admissions in 2011/12 (Haringey Council and Haringey CCG, 2013b).
- Mental and behavioural disorders due to the use of alcohol make up 77% of alcohol-related hospital admissions. (Haringey Council and Haringey CCG, 2013b).
- 81% of alcohol-specific admissions in men are due to mental and behavioural disorders caused by the use of alcohol (Haringey Council and Haringey CCG, 2013b).
- 12% of alcohol-specific admissions in men are due to alcoholic liver disease (Haringey Council and Haringey CCG, 2013b).
- The highest admissions wholly attributable to alcohol are seen in Irish men and the 'Any Other ethnic group', which includes people from Poland and Eastern Europe (Haringey Council, 2012d).

General

- Approximately 1 in 10 people in Haringey binge drink and over 10,000 are higher risk drinkers, drinking well above the recommended limits (Haringey Council, 2013a).
- A quarter of the male Haringey population are at increased risk, by consuming 50 units of alcohol per week (Haringey Council, 2013a).
- In Haringey, Irish and White British populations consume higher levels of alcohol (Haringey Council, 2013a).

11. Mental Health

Risk factors for poor mental health and wellbeing are high in Haringey. They include drug and alcohol misuse, unemployment, social isolation, poverty, poor social conditions, imprisonment, violence and family breakdown.

Haringey estimates suggest that in 2011/12, there were 7.41% of adults (aged 18 years and over) with depression. This is compared to 8.07% and 11.68% in London and England respectively (Public Health Observatory, 2013). Approximately 50% will seek help from primary care, whilst the remaining 50% self-manage without accessing healthcare services (Haringey Council, 2012e).

Men are bypassing mental health services. Men account for four out of five suicides in Haringey yet fewer than one in three referrals to the Improving Access to Psychological Therapies programme (IAPT) were men (Haringey Council, 2012e).

General:-

- Rates of psychotic disorder in Haringey are the third highest in London. Of a total of 3230 patients registered with a GP as having a psychotic disorder, 2,388 were resident in the East and 842 in the west of the borough (Haringey Council, 2012e).
- Patients from Black or black British ethnic groups account for 20% of the population but represent 46% of all admissions for schizophrenia and 39% of all admissions for bipolar disorder/mania (Haringey Council, 2012e).
- BAME groups face higher rates of mental illness, are more likely to live in poverty and experience more issues around stigma and discrimination. 65.3% of the Haringey population are from BAME groups (Haringey Council, 2012e).
- The percentage of referrals to Improving Access to Psychological Therapies (IAPT) (2011/12) in Haringey of 55.2% was not significantly

different to London and England rates at 59.2% and 60.1% respectively (Public Health Observatory, 2013).

- The IAPT recovery rate, 2011/12 in Haringey was 44.8, compared to 41.8 for London and the England average of 43.8 (Public Health Observatory, 2013).

Key Haringey facts

- Suicide in Haringey men is higher than the England average. There has been a small increase in suicide in Haringey between 2008-2010. Of the 67 suicides in this period, 81% were amongst men (Haringey Council, 2012e).
- Drug-related deaths due to overdose are more common amongst young male opiate users aged 20-40 years and are often associated with concurrent alcohol intake (Haringey Council, 2012e).
- Men in Haringey represented 31% of referrals to the IAPT service and women accounted for 69% (Haringey Council, 2012e).
- In 2011/12, 32.8% (n=180) of men and 67.2% of women (n=369) completed IAPT treatment (a minimum of two treatment contacts) (HSCIC, August 2013).

12. Respiratory Disease

The UK has the second highest rate of deaths in Europe from respiratory disease, for example, chronic obstructive pulmonary disease (COPD) and asthma. The main cause of COPD is smoking, accounting for 85% of cases. 2011 data suggest that there were 2,094 diagnosed with COPD In Haringey (caseload of Haringey COPD Respiratory Team). However, modelled COPD prevalence indicates that 7,747 people in Haringey should have COPD. This suggests that only 27% of people are actively being treated for the condition (Haringey Council, 2013g).

Haringey facts:-

- The Haringey hospital admission rate for COPD is lower than the national average and the recorded prevalence of COPD is also lower than the national average.
- 4.6% of Haringey patients in 2012 had asthma compared to 6% nationally.
- Under £1 million and £2 million is spent on treating COPD and asthma in Haringey respectively.
- The recorded prevalence of COPD is higher in the east of the borough.

(Haringey Council, 2012g)

13. Sexual Health

Sexual health is key to physical and mental health. In 2010, Haringey had the 11th highest prevalence of diagnosed HIV in London. In addition, the Haringey population was ranked with the 7th highest STI rate in London. Sexual health is not equitable amongst the population. Those at high risk include:-

- Young people aged 15-25 years
- Men who have sex with men (MSM)
- People from Black African and Black Caribbean communities.
- People living with HIV
- Sex workers
- Victims of trafficking
- Victims of sexual and domestic violence and abuse

Sexually transmitted infections (STI) data in Haringey (2010) indicate that:-

- Genital herpes is most likely in females (65%) or heterosexual white males, most likely to be white (61%) or Black Caribbean males.
- Gonorrhoea is most likely in heterosexual males (38%) and among those men most likely in white (57%) or Asian (other than Chinese) (16%).
- Syphilis is most likely to be in MSM and White ethnic groups.
- Over 1,000 diagnoses of Chlamydia were made in 2010.

With regards to HIV and AIDS in Haringey:-

- The most prevalent route of infection is men sleeping with men (MSM).
- Black Africans made up the highest number of new HIV diagnoses between 2004 and 2008.
- More white men were newly diagnosed with HIV between 2004 and 2008 compared to Black Caribbean men. However, the prevalence of HIV was estimated to be higher in Black Caribbean men, at rates of 0.4% and 0.09% for Black Caribbean and white men respectively.

(Haringey Council, 2012f)

14. Interpretation of data

Admissions and mortality data are standardised as a matter of course. However, standardisation across all datasets cannot be assumed. It is important to highlight that data presented within this report should be interpreted with caution based on the following:-

Non-standardised data

- Standardisation allows for differences within population profiles. Some data is not comparable with other areas because it has not been standardised. This is a particular issue for Haringey as it has a young population compared to the England average.

Surveys based on estimates

- Surveys based on estimates sometime consist of small sample sizes, reflecting only a small proportion of the population. This sample is then extrapolated to local populations – in this case Haringey. As a result there is often an amount of error in the rates / proportions reported.

15. Conclusion

On the whole, men's health in Haringey is worse than females. The data reveals that the main contributors to the male life expectancy gap compared to the England average are circulatory disease (mainly cardiovascular disease), cancer and respiratory disease. In addition, there are significant health disparities in male life expectancy in Haringey. For example ,there is a life expectancy gap ranging from 72.9 in Northumberland Park (east of the borough) and 81.9 in Fortis Green (west of the borough). This clearly demonstrates a link to deprivation levels across the borough, with men in deprived areas dying younger.

Twenty-eight percent of the difference in the life expectancy gap between Haringey and England is due to cardiovascular disease and 73% of the difference is due to men aged 40 years and over. Reducing this gap is a priority, and reducing cardiovascular disease will have the greatest impact. Addressing the health inequalities gap will require a multi-pronged approach to ensure that the diverse needs of the male population are met. This will require a major focus on primary prevention.

16. Implications for Haringey Man MOT

Haringey Man MOT is a free, confidential on-line health advice service for men where men can talk directly to a GP or other health professional about health issues using information technology.

Based on current patterns of men's health in Haringey presented within this report, Haringey Man MOT should consider providing men with advice and support in the following health areas:-

- Alcohol
- Diet and nutrition
- Drugs
- Mental Health
- Physical activity
- Sexual health
- Smoking

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