Healthy life expectancy is a measure of the years people live with good mental and physical health. Life expectancy by contrast is a measure of overall years lived, and does not take into account whether these years are in good or poor health.

Average life expectancy in Haringey is 80.4 years for men and 84.7 years for women. This compares to the England average for life expectancy of 79.6 years for men and 83.1 years for women.

Average healthy life expectancy in Haringey is 63.4 years for men and 63.8 years for women. This compares to the England average for healthy life expectancy of 63.4 years for men and 63.8 years for women.

Source: Public Health England

As you travel across Haringey there is a 15 year gap in healthy life expectancy between the richest and least well-off parts of the borough. Factors like poverty, unemployment, poor housing and unhealthy environments are major contributors to this health gap.
What do we mean by health inequalities and when are they unfair?

This year’s annual public health report is about health inequalities. Health inequalities are differences in health that exist within or between different population groups. In Haringey we have some striking health inequalities, a prime example being that people living in the least well-off parts of the borough live 15 fewer years (on average) in good health compared to people living in the wealthiest areas. Although some things that influence our health cannot be changed, such as our age and genes, there are many important factors that, collectively, we can change. Health inequalities are unfair when they are caused by factors that can be avoided or altered.

Which factors cause unfair health inequalities?

**ECONOMIC**

Living in poverty can mean it is harder to avoid stress, feel in control and maintain healthy behaviours. Early on, pre-school and school can promote health and wellbeing, and maximise children and young people’s capabilities and future opportunities. As adults, good work and participating in society has health benefits by providing purpose and autonomy.

**ENVIRONMENT**

Housing that is free from damp, and is warm and secure benefits both children’s and adults’ health. Having easy access to safe and enjoyable outdoor spaces promotes good mental health and physical activity. High levels of air pollution are harmful to health.

**SOCIAL**

Positive family relationships early in a child’s life can give long term health benefits. Being part of a safe, supportive community also promotes wellbeing. Adverse childhood experiences, domestic violence and social isolation are harmful to physical and mental health.

**LIFESTYLE & BEHAVIOURS**

Smoking and drinking excess alcohol is harmful, in both the short and long-term. Behaviours that promote good mental and physical health include having a healthy diet and doing some physical activity.

**HEALTHCARE**

Having access to good quality healthcare in the community and in hospitals is important for preventing ill health and for receiving treatment when people become unwell. Examples of ways that good healthcare prevents illnesses are broad, varying from vaccination and screening programmes to access to condoms, dental care, as well as good antenatal and postnatal care.

How much does each factor contribute to our health?

Healthcare services only affect a small percentage of the overall health of our population. One estimate from McGiniss et al. 2002 shows that social and environmental factors contribute to 45% and behaviours contribute to 40% of population health.

In Haringey, there are differences in these factors between different population groups. Examples of these differences are described in the central poster of this report.
How to promote a healthier and fairer Haringey – reducing unfair health inequalities

Focus on the most vulnerable and build on people’s strengths

If we want to reduce unfair health inequalities in Haringey, it is not enough simply to provide everyone with the same thing (equality of inputs). We need to go further than this and target interventions and resources for vulnerable population groups, building on the existing strengths of people in these communities. In this way we can work towards equal outcomes (or equity) as shown in the image below.

Some examples of the many things we are doing in Haringey to reduce health inequalities

**Fairness Commission**
Launched in 2018, the commission has heard the views of over 1,500 Haringey residents. It aims to develop practical recommendations for Haringey Council and others to reduce inequalities and promote fairness.

**The Healthy Child Programme**
Programme for all children and their families in Haringey, to identify and support healthy development and healthy home environments.

**Haringey’s Young People at Risk Strategy**
The council’s plan to address the complex root causes of serious youth violence. It seeks to build strong communities that keep young people safe.

**Innovation Fund**
Children of families affected by alcohol are being supported through the Innovation Fund, with community workshops, engagement with children, parental counselling and family support.

**Coordinated community response**
Violence against women and girls is being addressed through a coordinated community response, with campaigns, peer support, safe spaces and community initiatives.

**School Superzones**
A pilot project to make the area around schools healthier and safer.

**Social prescribing and Local Area Co-ordination**
These approaches focus on community assets, building on local resources and expertise to improve residents’ health and wellbeing.

**Community First**
Gives residents access to joined up, holistic advice and support on issues like housing and debt from a single location.

**Connected Communities**
Connected Communities offers the right support for migrants to settle more quickly and successfully into life in the borough.

**Housing**
Haringey has a new borough-wide licensing scheme for houses in multiple occupation, high quality housing advice and support services and an ambitious programme to build new council housing.

**Addressing poverty**
Haringey Council is taking steps to address poverty including committing to paying the London Living Wage and extending council tax support for some of Haringey’s least well-off families with children.

Support throughout life and address the wider factors

Marmot’s internationally recognised policy areas to reduce health inequalities and improve health are as follows*:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control in their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention


**EQUALITY**

**EQUITY**
Dear all,

I believe that everyone in Haringey deserves the opportunity to have the best health and wellbeing they can, regardless of where they are born, their sexuality, race, religion or whether they have a disability. This is not only a matter of fairness, it is also about good public service. Keeping people well means they can continue to play an active role in their communities.

We are fortunate that so many people in Haringey are working collectively to improve people’s health and wellbeing, especially in light of a national picture of widening health inequalities. We can see some really good examples of positive local work in this report.

However, there is more we need to do locally to tackle unfair health inequalities. It cannot be right that people living in the least well-off parts of Haringey experience 15 years’ less good health than people living in the wealthiest parts of the borough. As this report demonstrates, health and care services can only address a small proportion of the unfair differences in health and wellbeing. The wider factors that influence health, such as jobs, education and housing are at least as important. Therefore, health inequality is a problem that truly requires a whole system response, not just from the council and the NHS, but from partners like schools, employers and housing associations, as well as community groups and residents.

Through Haringey’s new Borough Plan, we have an opportunity to think about how we can collectively do more to address unfair differences in health and wellbeing. No single person or organisation will have the answers on their own, so instead of making recommendations in this report I want to invite you to find solutions with me. Below, I pose a series of questions according to the themes of Haringey’s Borough Plan that I hope will start some useful discussions.

**People**

Are we doing all we can to give children the best start in life, including addressing child poverty and hunger and ensuring safe, supportive home environments?

Do all our residents have good access to preventative primary healthcare, regardless of where they live, what background they are from or whether they have a disability or have a mental health problem?

**Place**

Are we using all our local policy levers such as planning and licensing to ensure our public spaces and roads support good health?

**Economy**

Does everyone have the opportunity to work or participate in community life, including people from vulnerable and marginalised groups?

**Housing**

Are we doing all we can to make sure our residents, including those who have additional needs, have a safe place they can call home?

**General**

Do we know enough about our most vulnerable populations and are we targeting our resources to the people who need them most?

I am really keen to hear people’s views and suggestions about how we can make Haringey a healthier place for all our residents. Please do get in touch: will.maimaris@haringey.gov.uk

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