Health and Wellbeing Board

AGENDA

DATE: Thursday 8 March 2018

TIME: 12.30 pm

VENUE: Committee Rooms 1 & 2, Harrow Civic Centre,

Station Road, Harrow, HA1 2XY

MEMBERSHIP (Quorum 3)

Chair: Councillor Sachin Shah

Board Members:

Councillor Simon Brown Harrow Council
Mina Kakaiya Healthwatch Harrow

Dr Amol Kelshiker (VC) Chair, Harrow Clinical Commissioning Group

Rob Larkman Accountable Officer, Harrow Commissioning

Group

Councillor Paul OsbornHarrow CouncilCouncillor Varsha ParmarHarrow CouncilCouncillor Mrs Christine RobsonHarrow Council

Dr Genevieve Small Harrow Clinical Commissioning Group Vacancy Harrow Clinical Commissioning Group

Reserve Members

Councillor Ms Pamela Fitzpatrick

Councillor Janet Mote

Councillor Antonio Weiss

Councillor Anne Whitehead

Harrow Council

Harrow Council

Marie Pata Healthwatch Harrow

Vacancy Harrow Clinical Commissioning Group

Non Voting Members:

Carol Foyle, Representative of the Voluntary and Community Sector
Carole Furlong, Director of Public Health, Harrow Council
Paul Jenkins, Interim Chief Operating Officer, Harrow Clinical Commissioning Group
Chris Miller, Chair, Harrow Safeguarding Children Board
Jo Ohlson, NW London NHS England
Simon Ovens, Borough Commander, Harrow Police
Vacancy, People Directorate, Harrow Council
Visva Sathasivam, Interim Director Adult Social Services, Harrow Council

Contact: Miriam Wearing, Senior Democratic Services Officer Tel: 020 8424 1542 E-mail: miriam.wearing@harrow.gov.uk



Useful Information

Meeting details:

This meeting is open to the press and public.

Directions to the Civic Centre can be found at: http://www.harrow.gov.uk/site/scripts/location.php.

Filming / recording of meetings

The Council will audio record Public and Councillor Questions. The audio recording will be placed on the Council's website.

Please note that proceedings at this meeting may be photographed, recorded or filmed. If you choose to attend, you will be deemed to have consented to being photographed, recorded and/or filmed.

When present in the meeting room, silent mode should be enabled for all mobile devices.

Meeting access / special requirements.

The Civic Centre is accessible to people with special needs. There are accessible toilets and lifts to meeting rooms. If you have special requirements, please contact the officer listed on the front page of this agenda.

An induction loop system for people with hearing difficulties is available. Please ask at the Security Desk on the Middlesex Floor.

Agenda publication date: Wednesday 28 February 2018

AGENDA - PART I

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. CHANGE IN MEMBERSHIP

To note the appointment of Chris Miller, Chair of the Harrow Safeguarding Children Board, as a non-voting member of the Board and Marie Pate as the Reserve representative for Healthwatch Harrow.

3. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non pecuniary interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Board:
- (b) all other Members present.

4. MINUTES (Pages 5 - 12)

That the minutes of the meeting held on 11 January 2018 be taken as read and signed as a correct record.

5. PETITIONS

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Board Procedure Rule 13 (Part 4B-1 of the Constitution).

6. PUBLIC QUESTIONS *

To receive any public questions received in accordance with Board Procedure Rule 14.

Questions will be asked in the order in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.

[The deadline for receipt of public questions is 3.00 pm, Monday 5 March 2018. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

7. PHARMACEUTICAL NEEDS ASSESSMENT (to follow)

Report of the Director of Public Health

8. INFORMATION REPORT - ANNUAL PUBLIC HEALTH REPORT (Pages 13 - 106)

Report of the Director of Public Health

9. INFORMATION REPORT - ADULT SOCIAL CARE VISION (Pages 107 - 118)

Report of the Director of Adult Social Services.

10. ANY OTHER BUSINESS

Which cannot otherwise be dealt with.

AGENDA - PART II - NIL

* DATA PROTECTION ACT NOTICE

The Council will audio record item 4 (Public Questions) and will place the audio recording on the Council's website, which will be accessible to all.

[Note: The questions and answers will not be reproduced in the minutes.]



HEALTH AND WELLBEING BOARD

MINUTES

11 JANUARY 2018

Chair: * Councillor Sachin Shah

Board Members:

* Councillor Simon Brown Harrow Council

* Councillor Paul Osborn
 * Councillor Varsha Parmar
 * Councillor Mrs Christine
 Harrow Council
 Harrow Council

Robson

* Mina Kakaiya Healthwatch Harrow

* Dr Amol Kelshiker Clinical Commissioning Group Rob Larkman Accountable Officer, Harrow Clinical Commissioning

Group

* Dr Genevieve Small Clinical Commissioning Group

Non Voting Members:

* Varsha Dodhia Deputy

Representative of the Voluntary and Community Sector

Andrew Howe Director of Public Harrow Council

Health

Paul Jenkins Interim Chief Harrow Clinical

Operating Officer Commissioning

Group

Jo Ohlson Director of NW London NHS

Commissioning England

Operations
Chief Borough Metropolitan Police

Superintendent Commander, Simon Ovens Harrow Police

	*	Visva Sathasivam Chris Spencer	Interim Director of Adult Social Services Corporate Director, People	Harrow Council
In attendance: (Officers)		Donna Edwards Emma Hedley	Finance Business Partner, Peoples Director Named Nurse for Children Looked	Harrow Council CNWL NHS Foundation
		Joanna Paul Zoe Sargent	After Head of Integration Head of Children's Services and Operations	LNWH NHS Trust CNWL NHS Foundation
		Paul Walker	Corporate Director, Community	Harrow Council

^{*} Denotes Member present

244. Attendance by Reserve Members

RESOLVED: To note that there were no Reserve Members in attendance.

245. Declarations of Interest

RESOLVED: To note that the following interests were declared:

<u>Agenda Item 11 – INFORMATION REPORT – Healthwatch Harrow GP</u> <u>Access Report</u>

Dr Genevieve Small declared a non-pecuniary interest in that she was a GP provider. She would remain in the room whilst the matter was considered and voted upon.

246. Minutes

RESOLVED: That the minutes of the meeting held on 2 November 2017, be taken as read and signed as a correct record.

247. Public Questions, Petitions and Deputations

RESOLVED: To note that no public questions, petitions or deputations had been received.

[†] Denotes apologies received

RECOMMENDED ITEMS

248. Request for Appointment of Additional Non-Voting Board Member

The Board considered the request by the Chair of the Harrow Safeguarding Children Board (HSCB) for a place as a non-voting member of the Board.

Members were informed that, whilst the Board was able to appoint additional voting members, the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 required that these would be voting members unless the Council decided that they should be non-voting.

Resolved to RECOMMEND: (to Council)

That the Chair of the Harrow Safeguarding Children Board (HSCB) be appointed as a non-voting member of the Health and Wellbeing Board.

RESOLVED ITEMS

249. Presentation on Ideas for Improving Health and Wellbeing through the Communities Directorate

The Board received a presentation by the Corporate Director Community on ideas for improving health and well being in Harrow. The ideas were based on the key messages from the Harrow Joint Strategic Needs Assessment (JSNA). The presentation outlined some new opportunities for each area, suggested some 'quick wins' and the development of relationships and partnerships to deliver real change.

A Member of the Board referred to the importance of building the resilience of voluntary organisations and suggested a community development approach in order to obtain a joined up rather than fragmented structure. The Corporate Director Community stated that work could commence immediately to identify essential relationships and how to join up and build on arrangements that had been shown to work. There was no shortage of opportunities which the Council could take with others and to consider how to take it further.

In response to a comment that social isolation was a major concern in Harrow, particularly within diverse communities, the Corporate Director Community identified the refuse service as the only service that visited every property and therefore had the opportunity to spot issues around safeguarding. Training to fulfil that role would need to take place over a period of time.

A non-voting Board Member sought the Corporate Director Community's ideas as to how the previously expressed aspirations for a car free Harrow and for a reduction in fast food establishments could be taken forward. The Corporate Director Community referred to the regeneration programme which would result in less car parking provision, for example the new Civic Centre, and the opportunity to use planning policies and develop relationships with businesses to provide a balance in the provision of fast food establishments.

The Corporate Director People commented that, in relation to obesity and inactivity, consideration should be given to encouraging the community and parents to assess danger in a proportionate way for outside play.

The Vice-Chair referred to the number of patients who had experienced injuries due to tripping on pavements and the resulting impact on hospital admissions and aftercare. He suggested the implementation of a falls prevention strategy, to include a contact number to report dangerous pavements, in order to mitigate the risk of further trips and the financial impact. A Member commented on the large amount of damage caused by cars parking on the pavement. The Corporate Director Community undertook to discuss the matter further with the Vice-Chair. A further Member stated that the Council had access to data from reports and insurance claims which could be analysed in conjunction with the sharing of information from GPs on the location of frequent trips.

The Chair thanked the officer for an interesting presentation that had resulted in the identification of some quick wins to pursue and ideas for working with GPs regarding fall hazards.

RESOLVED: That the report be noted.

250. INFORMATION REPORT - Children Looked After (CLA) Health Annual Report

The Board received the Annual Report of the Children Looked After (CLA) Health Service in Harrow which reviewed performance indicators, clinical work undertaken by the CLA health team, service improvements and gaps or challenges identified.

A representative of the CNWL NHS Foundation introduced the report and highlighted the following:

- that, despite an increase at the end of 2016/17 to 211 children looked after, a 93% achievement had been maintained with regard to review health assessments being undertaken on time which was higher than the England average and in line with statistical neighbours;
- immunisations were slightly behind schedule and this would be one of the priorities for the coming year;
- a survey focusing on the health needs of CLA and a client satisfaction survey had been undertaken.

In response to a question regarding improving immunisation rates, the officer stated that work was being taken as follows: meetings held with safeguarding GPs and clinical leads and the circulation of information; children reporting without documentation to receive a full course of immunisations rather than boosters as previously; monthly meetings with the monitoring team at Harrow Council, and informing carers of forthcoming immunisations.

The Corporate Director People referred to four years previously when CLA health had been an area of considerable concern and performance had been poor. The Board congratulated the officers on the significant improvement in performance subsequent to the retendered contract and thanked the team for its hard work.

RESOLVED: That the report be noted.

251. INFORMATION REPORT - Accountable Care System

The Board received an update on the accountable care system development in Harrow.

The Interim Chief Operating Officer introduced the report and highlighted the following:

- Accountable Care enables Commissioners and Providers to take collective responsibility for managing resources, quality and improvement and the total health and care needs of their population;
- the ACS provided the biggest opportunity for working together on issues such as obesity, self care and inactivity. Work to share ideas and opportunities was in progress on outcomes based health and care contracts for a defined cohort population;
- the Health Impact Pyramid provided a framework to improve health on a population level. The programme was drawn up in conjunction with partners and joining up of design, management and delivery of care for the over 65s cohort;
- the ACS looked at the entire resource in Harrow, integrating individual CCG or Council resources in order to make an impact;
- the ACS Joanna Paul was the programme director lead and Dr Amol Kelshiker the clinical lead.

The Programme Director outlined the communication programme. It was noted that the population segmentation of focussing on the over 65s service users was in process with a Harrow wide engagement programme underway with commissioning agencies, providers and service users.

The Corporate Director People endorsed the ACS as a common sense beginning to the integration of health and social care. It would result in strategic advantages and benefits and would broaden examples of integration.

The voluntary and community representative requested a glossary to the document and suggested that the voluntary sector could play a useful part in cascading information and providing assurance. The Healthwatch Harrow

representative emphasised the requirement for an equality impact assessment.

Discussion arose on the commissioning arrangements and the Chair stated that the Council would expect the commissioning to be with public sector companies for public services. It was noted that media coverage had referred to the opportunities for privatisation arising from commissioning.

RESOLVED: That the report be noted.

252. INFORMATION REPORT - Healthwatch Harrow GP Access Report

The Board received a report on the methodology and findings of the research undertaken by Healthwatch Harrow in order to gain an understanding of patients and service users experience of GP services within the Borough.

The Manager of Healthwatch Harrow introduced the report and highlighted the five key recommendations which would be fed back to the co-commissioning group and would be embedded in primary care work plans.

The Board welcomed the report and the themes for learning to improve access and information. The Interim Chief Operating Officer advised the Board of investment to increase capacity, for example a pilot in the next few months on online consultations and booking services. Points arising from the survey would be built into CCG action and work programmes, for example arranged telephone messaging. He stated that patient and public groups played a key role in disseminating information.

In response to questions arising from the recent closure of a GP practice, the Board was informed that, as GPs were independent contractors, the CCG's role was behind the scenes and included raising awareness and supporting registration with alternative practices. It was noted that patients could choose to move to practices outside the Harrow boundary.

RESOLVED: That the report be noted.

253. INFORMATION REPORT - CCG Commissioning Intentions

The Board received an update report on the CCG's commissioning intentions which set out clearly how the CCG would utilise its resource allocation in 2017-18/19 to deliver its vision and to highlight any significant changes it was planning to the services that it commissioned during that time.

The Interim Chief Operating Officer introduced the report and highlighted the ten priority areas together with the main sections that had been refreshed which were listening to local people, commissioning intentions and provider commissioning intentions.

In response to a question, the officer informed the Board that the proposal for collaborate commissioning was underway with a more co-ordinated approach that included a reduction to one Accountable Officer across North West London from the current two. An appointment was expected to be made in

March. It was noted that there would also be a number of appointments across NWL CCGs in addition to the Accountable Officer including one chief finance officer and other support functions would be streamlined to achieve common processes in areas such as acute hospital contracting and mental health contracting. A report would be submitted to the next meeting of the Board on the form the collaborative arrangements would take. The Chair informed the Board that he was working with other Council Leaders regarding an increase in the involvement of local government in the appointment of Accountable Officers.

The Board was informed that there was currently no intention to amend the local management structure and the CCG would retain statutory responsibilities for commissioning healthcare in Harrow.

RESOLVED: That the report be noted.

254. INFORMATION REPORT - Draft Revenue Budget 2017/18 - 2019/20

The Board received a report which detailed Harrow Council's Draft Revenue Budget 2018/19 to 2020/21 and Medium Term Financial Strategy 2018/19 to 2020/21 as reported to the Council's Cabinet on 7 December 2017. It was noted that the budget and MFTS would return to Cabinet in February 2018 for final approval and recommendation to Council.

An officer introduced the report and drew particular attention to the key points relevant to the Health and Wellbeing Board including the continued financial challenges to the health and social care sector. Whilst a balanced budget was forecast, significant challenge was anticipated in the next few years with a budget gap of approximately £27m over the two years 2019/20 and 2020/21. As detailed in the report, the government grant had reduced from £52.1m in 2013/14 to £1.5m in 2019.20 which, together with demographic pressures, underpinned the budget process. The budget process refresh process identified further savings of £2m were planned for 2018/19 including £1,242,000 in adult services and £91,000 in Children and Family Services. The draft budget assumed a 1.99% Council Tax increase and 1.5% social care precept.

Members were informed of relevant growth of £2m in Children's Services, £5.8m in adult care and £275,000 in the public health budget. The draft Public Health commissioning intention expenditure(detailed in the appendix) included an increase in costs associated with health checks, the re-instatement of three posts and a reduction in the savings associated with the ongoing drug and alcohol services. The savings for Project Infinity had been proposed for reversal and income generated would be re-instated into the budget as and when realised. The Better Care Fund arrangements had been built into the budget.

In response to a question, the Board was advised that a two year Better Care Fund programme had been agreed between the Council and CCG and would be reviewed mid year and that the additional Improved BCF (IBCF) resources to the Council had been used to manage social care cost pressures and growth.

The CCG welcomed the reduction in the savings for drug and alcohol services and health checks.

RESOLVED: That the report be noted.

255. Any Other Business

Thank you to Chris Spencer

The Board recorded its thanks to Chris Spencer, Corporate Director People, for his services to the Board and Harrow Council and wished him well in his new post.

(Note: The meeting, having commenced at 12.30 pm, closed at 2.35 pm).

(Signed) COUNCILLOR SACHIN SHAH Chair

REPORT FOR: Harrow Health and Well Being Board

Date of Meeting: 8 March 2018

Subject: INFORMATION REPORT – Annual

Report of the Director of Public Health

2018

Responsible Officer: Carole Furlong, Designate Director of

Public Health

Exempt: No

Wards affected: All

Enclosures: Harrow Ward Health Profiles (APHR2018)

Section 1 – Summary

The Annual Report of the Director of Public Health 2018 is a profile of health and wellbeing in each of the wards in Harrow.

FOR INFORMATION



Section 2 – Report

Each year, the Director of Public Health must publish an independent report on health in the borough. The annual report is the Director of Public Health's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The report should be publicly accessible.

The annual report is an important vehicle by which Directors of Public Health can identify key issues, flag up problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local interagency action.

Director of Public Health annual reports should:

- Contribute to improving the health and well-being of local populations
- Reduce health inequalities
- Promote action for better health, through measuring progress towards health targets
- Assist with the planning and monitoring of local programmes and services that impact on health over time.

This year, the annual report takes the format of a series of ward health profiles. Each profile paints a picture of health and well being and some of the factors that influence it.

Section 3 – Further Information Legal Implications/Comments

Under Section 73B(5) of the National Health Service Act 2006 The director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority.

According to the Council's Constitution, Terms of Reference Part 3A, the purpose of the Health and Wellbeing Board is to assess the needs of the local population and to improve the health and wellbeing of the residents of Harrow and reduce inequalities in outcomes.

Section 4 – Financial Implications

Whilst this report does not have any specific recommendations with financial implications, any changes in public health strategy that occur as a result will need to be identified. Such expenditure is expected to be contained within the ring-fenced public health grant and reflected in future commissioning intentions as appropriate.

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? No

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services. This report illustrates inequalities in health and wellbeing across Harrow.

Section 6 – Corporate Priorities

The Council's vision: Working Together to Make a Difference for Harrow

The Annual Public Health report will contribute to Harrow's vision in the following points:

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

Statutory Officer Clearance

Name: Donna Edwards Date: 23 February 2018	√	on behalf of the Chief Financial Officer
Name: Noopur Talwar Date: 15 February 2018	√	on behalf of the Monitoring Officer

Section 7 - Contact Details and Background Papers

Contact: Carole Furlong, Designate Director of Public Health, ext 5508

Background Papers: None





Harrow Ward Profiles

The Annual Report of the Director of Public Health 2018

Welcome to my first annual report in my new role as Director of Public Health for Harrow.

I have worked in Harrow for almost a decade and I am delighted and honoured to be able to take on this role. I am under no illusions that the job will be easy. Harrow is facing some significant challenges not least with the financial situation in the council and our local NHS. But we also have some fantastic opportunities to make a real difference to the lives of our residents and those who work and visit the borough.

Some of the things I'm looking forward to include:

- $\cdot \text{The regeneration programme and ambitious housing plans, which will improve not only the way the borough looks but is an opportunity to create a healthier environment to live, work and play in;}\\$
- · The Strategic Transformation Programme, which offers opportunities to redesign health services to focus on outcomes and put prevention clearly in all pathways;
- \cdot Social prescribing to help people to help themselves and working with the vibrant communities and voluntary sector who make such a difference to people's lives;
- · And not least, working with my brilliant team, who show such passion, dedication and enthusiasm

As it's my first report, the start of a new team and with council elections about to take place, I thought it was a time to take stock of where we are. So, I've taken the opportunity to look at health and wellbeing across the borough in a suite of ward health profiles. Each profile shows the make up of the ward in terms of geography, essential services and the people who live there. The rest of the profile mirrors the health and well being strategy with sections on Start Well, Live Well, Work Well and Age Well. The profiles illustrate the inequalities in health the borough and some of the issues that contribute to them.

I hope you find these profiles interesting and thought provoking and I look forward to working with you.

Carole Furlong

Director of Public Health



Acknowledgements

This report would not have been possible without the hard work of Leah de Souza-Thomas and Sarita Bahri.



Harrow is often described as an affluent borough with the health of the people in Harrow generally better than the England average.

Sitting in the North West of London and within the M25 as an outer London borough Harrow boast a plenty of open green spaces with one fifth of the borough comprised of parkland and open spaces creating a green belt equivalent to eight Hyde Parks. It is also the most diverse borough by faith in London with more than 80 places of worship representing a range of faiths including Buddhists, Christian, Hindu, Humanism, Islam, Jain, Jewish, Rastafarian, Sikh and Zoroastrian.

Harrow is a vibrant part of the London economy with over 10,000 businesses located in the borough and a strong entrepreneurial tradition characterised by a thriving small business culture with 91% of companies employing less than 11 staff. Harrow is also home to the prestigious Harrow Boy's School, has the third largest population of millionaires in any London borough and among Harrow residents life expectancy for both men and women is higher than the England average.

But Harrow also has its challenges.

About 18% (8,400) of children in the borough live in low income families and by the end of primary school some 20.4% (512) of children are classified as obese. Among adults the rate of TB and recorded diabetes is worse than that seen across the rest of the country and life expectancy is 6.6 years lower for men and 4.3 years lower for women in the most deprived areas of Harrow compared with the least deprived areas

The following ward profiles provide a better understanding of the factors that influence the health of Harrow's population.







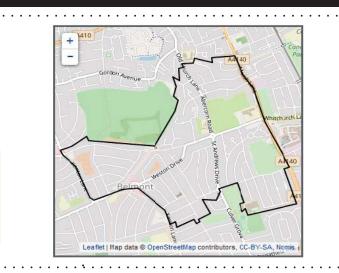


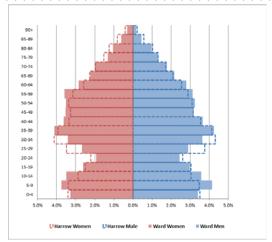












Compared to Harrow, Belmont has a lower proportion of 20 to 34 year olds and greater proportions of 5-14 year olds

Population

11,650 residents in 2015

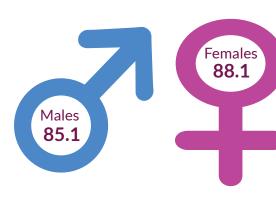
Ethnic background



3 in 5 sidents are of BAM

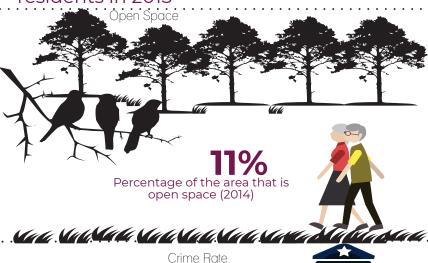
residents are of BAME background (2011)

Life expectancy at birth



The male life expectancy at birth is 85.1 years, which is slightly higher than the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth is 88.1 years, which is slightly higher than the Harrow average of 85.7 years (2011-2015)



35.3

Crime rate 2014/15

This is I 19: r than the rate in Harrow (50.3 per 1000), London (83.3 per 1000) and England (66.9 per 1000)

Births **|32**

Number of births to women age 15 to 44 years (2015)



Low birth weight

5%



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

Tooth decay

School Readiness

66.5%

The percentage of children achieving a good level of development at age 5



















CYP admission for injury



Estimated number of under 5s admitted to hospital for unintentional and deliberate ...injuries (2015/16)....



Obese children (10-11 years)

LIVE WELL

GCSE Achievenment

Number of 5 year olds free from tooth decay



GCSEs achieved (5 A*-C including English & Maths) 2013/14

Healthy Eating

Obesity

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



37.3%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

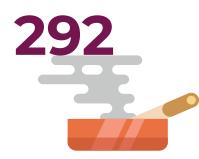
Harmful drinking adults



Estimated number of adults drinking over 14 units of alcoh20per week (2011/14)



Smoking



Estimated number of smokers (2016)

T1.8%
Employment rate 2014

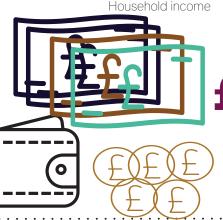


WORK WELL

7%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



£42,380

Median household income estimate (2012/13)



Benefits

£435,000

Median house price (2014)

Premature death

AGE

AGE

Deaths from all causes among those aged under 75 (2011-2015)

Where England has a value of 100.0. Rates below 100.0 are therefore better

AGE WELL

Long-term health problem or disability: Day-to-day activities

LIMITED A LOT

5%

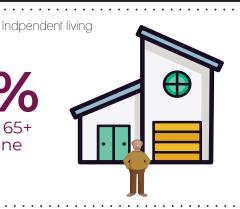
LIMITED A LITTLE

88%

88% of residents reported that their daily activities were not limited by a long-term health problem or disability. This is higher than Harrow (85%), London (86%) and England (82%).

19.3%
People aged 65+
who live alone

(2011)



294

Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasc211rdisease (incl. hea211rdisease)





DATA SOURCES

Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
- 4. Dentists NHS England
- 5. Children's Centres Harrow Council
- 6. Schools Harrow council
- 7. Population Pyramid Office for National Statistics (ONS) 2015
- 8. Population GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

- 9. BAME GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
 10. Life expectancy Local Health (http://www.localhealth.org.uk/)
 11. Open space GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

- 13. Births Modelled estimates from ONS 2015
- 14. Low birth weight Local Health (http://www.localhealth.org.uk/)
- 15. Child poverty Local Health (http://www.localhealth.org.uk/)
- 16. School readiness Local Health (http://www.localhealth.org.uk/)
- 17. Tooth decay Modelled estimate from Dental Public Health Epidemiology Programme for England
- 18. Hospital admissions Modelled estimates from Hospital Episode Statistics
- 19. Childhood Obesity Local Health (http://www.localhealth.org.uk/) 20. GCSE achievement Local Health (http://www.localhealth.org.uk/)

Live Well

- 21. Adult obesity Local Health (http://www.localhealth.org.uk/)
- 22. Healthy eating Local Health (http://www.localhealth.org.uk/)
- 23. Adult drinking Modelled estimates from the Health Survey for England
- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- 25. Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 26. Out of work benefits GLA London datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 27. Household income GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 28. House Price GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Age Well

- 29. Deaths under 75 Local Health (http://www.localhealth.org.uk/)
- 30. Long term health problem Nomis (https://www.nomisweb.co.uk/)
- 31. Independent Living Local Health (http://www.localhealth.org.uk/)
- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
- 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS











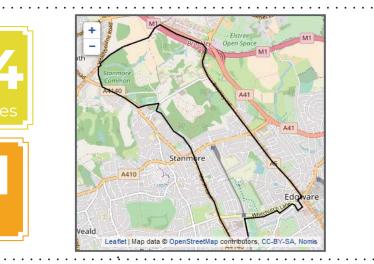


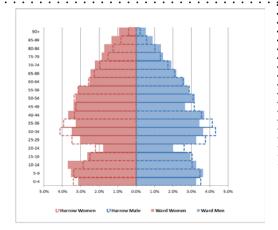












Compared to Harrow, Cannons has lower proportions of 25-39 year olds and higher proportions of females aged 10-14 and 65-90+ years

Population



Ethnic background



residents are of BAME background (2011)

Life expectancy at birth

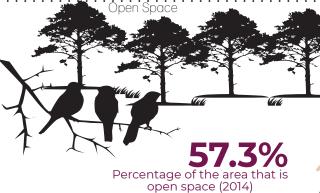


The male life expectancy at birth is 81.1 years, which is slightly lower than the Harry (2021)

of 82.1 years (2011-2015).



The female life expectancy at birth is 85 years, which is smilar to the Harrow average of 85.7 years (2011-2015)



SAA SAASAA SAASAA SAA

Crime Rate

42.1

Crime rate 2014/15



This is 123:r than the rate in Harrow (50.3 per 1000), London (83.3 per 1000) and England (66.9 per 1000)



Number of births to women age 15 to 44 years (2015)



Low birth weight



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Povertu



Number of children under the age of 16 living in low income households (2016)

Tooth decay

School Readiness

55.5%

The percentage of children achieving a good level of development at age 5





















Number of 5 year

olds free from tooth decay

CYP admission for injury



Estimated number of under 5s admitted to hospital for unintentional and deliberate injuries (2015/16).

Childhood Ohaeitu

18.4%



Obese children (10-11 years)

LIVE WELL

GCSE Achievenment



68.6% GCSEs achieved (5 A*-C

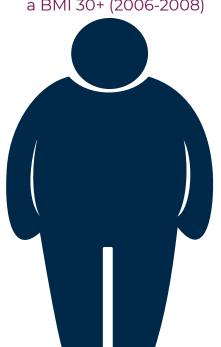
including English & Maths) 2013/14

Healthy Eating

Obesity

1 in 5

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



43.6%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults



Estimated number of adults drinking over 14 units of alcoh 24 per week (2011/14)



Smoking



Estimated number of smokers (2016)

Employment rate



WORK WELL

8.8%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



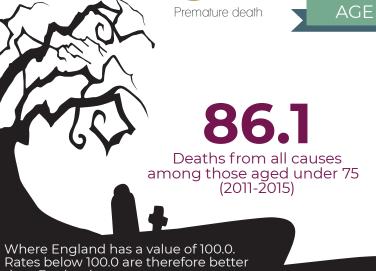
E39,890

Median household income estimate (2012/13)



Benefits

Median house price (2014)



AGE WELI

Long-term health problem or disability: Day-to-day activities

₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼

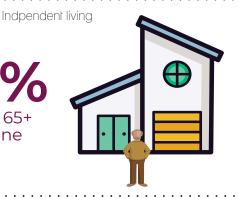
LIMITED A LOT

8%

83% of residents reported that their daily activities were not limited by a long-term health problem or disability. This is lower than Harrow (85%) and London (86%) but higher than

England (82%).

30.8% People aged 65+ who live alone (2011)



Number of older people living in deprivation

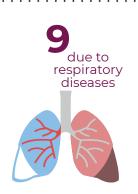


Number of premature deaths by main causes in Harrow



due to cardiovasco disease (incl. hea 25 r disease)





DATA SOURCES

Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
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- 5. Children's Centres Harrow Council
- 6. Schools Harrow council
- 7. Population Pyramid Office for National Statistics (ONS) 2015
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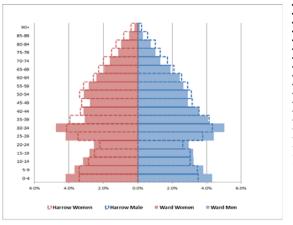








Ethnic background



Compared to Harrow, Edgware has a much younger populations with proportions of 0-34 year olds greater than the rest of the borough.

residents in 2015

Population

3 in 5 residents are of BAME

background (2011)

Life expectancy at birth



The male life expectancy at birth is 82.3 years, which is similar to the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth is 86.6 years, which is slightly higher than the Harrow average of 85.7 years (2011-2015)



52.6 Crime rate 2014/15

This is ${}^{\circ}27$ tly higher than the rate in Harrow (50.3 per 1000), but lower than London (83.3 per 1000) and England (66.9 per 1000)

Births 220

Number of births to women age 15 to 44 years (2015)

START WELL

Low birth weight

3.3%



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

Tooth decay

135

Number of 5 year olds free from tooth decay

School Readiness

56.4%

CYP admission for injury

The percentage of children achieving a good level of development at age 5













GCSE Achievenment



69.6%

GCSEs achieved (5 A*-C including English & Maths) 2013/14

Obesity

Estimated number of under 5s

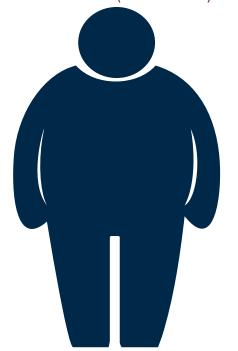
admitted to hospital for

unintentional and deliberate

... injuries (2015/16)

1 in 5

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



36.3%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Obese children (10-11 years)

LIVE WELL

Harmful drinking adults



Estimated number of adults drinking over 14 units of alcoh 28 per week (2011/14)

Healthy Eating



Smoking



Estimated number of smokers (2016)

Employment rate
68.6%
Employment rate 2014



WORK WELL

9.3%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



E33,600

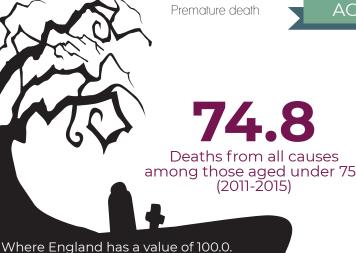
Median household income estimate (2012/13)



Benefits

£357,500

Median house price (2014)



AGE WELL

Long-term health problem or disability: Day-to-day activities

7%
LIMITED A LOT

7%
LIMITED A LITTLE

86%

86% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is lower than Harrow (85%), London (86%) and England (82%).

24.3%
People aged 65+
who live alone
(2011)

Rates below 100.0 are therefore better



Older people in deprivation

465
Number of older

people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasc disease (incl. hea 29 disease)





DATA SOURCES

Population

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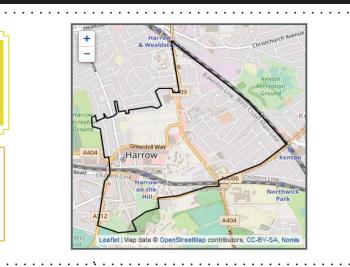


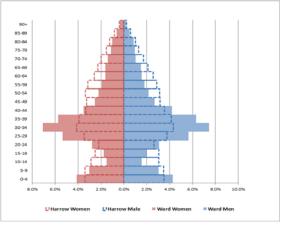












Compared to Harrow, Greenhill has higher proportions of 20-39 year olds and 0-4 year

Population

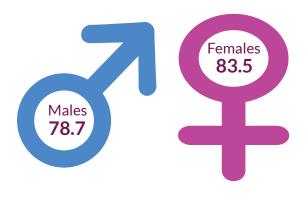
13,100 residents in 2015

Ethnic background



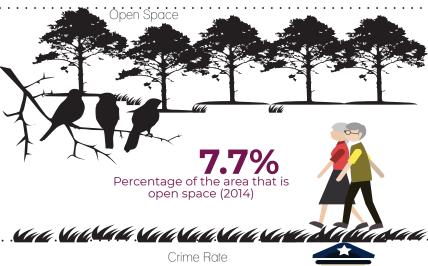
3 in 5 residents are of BAME background (2011)

Life expectancy at birth



The male life expectancy at birth in Greenhill is 78.7 years, which is lower than the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Greenhill is 83.5 years, which is lower than the Harrow average of 85.7 years (2011-2015)



129.9 Crime rate 2014/15

This is ${}^{\circ}31$ ificantly higher than the rate in Harrow (50.3 per 1000), London (83.3 per 1000) and England (66.9 per 1000)

Births 256

Number of births to women age 15 to 44 years (2015)



Low birth weight

3.7%

Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Povertu



Number of children under the age of 16 living in low income households (2016)

Tooth decay



GCSE Achievenment

including English & Maths) 2013/14

Healthy Eating





GCSEs achieved (5 A*-C



Smoking

School Readiness

61.6%

The percentage of children achieving a good level of development at age 5

























Estimated number of under 5s admitted to hospital for unintentional and deliberate injuries (2015/16)

Obesity

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)





Obese children (10-11 years)

LIVE WELL

42.5%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults



Estimated number of adults drinking over 14 units of alcoh32per week (2011/14)



Estimated number of smokers (2016)

Employment rate
71.196
Employment rate 2014

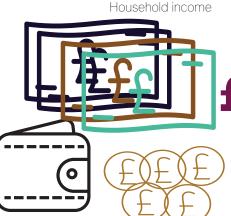


WORK WELL

11.1%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



£37,550

Median household income estimate (2012/13)



Benefits

£272,000

Median house price (2014)

Premature death

102.3

Deaths from all causes among those aged under 75 (2011-2015)

Where England has a value of 100.0.

AGE WELL

Long-term health problem or disability: Day-to-day activities

6% LIMITED A LOT

7%

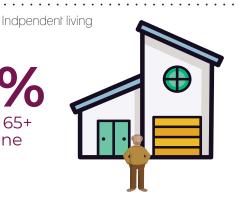
87%NOT LIMITED

87% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is higher than than Harrow (85%), London (86%) and England (82%).

33.9%
People aged 65+
who live alone

(2011)

Rates below 100.0 are therefore better



450

Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovas(33rdisease)



due to respiratory diseases

DATA SOURCES

Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
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Start Wel

- 13. Births Modelled estimates from ONS 2015
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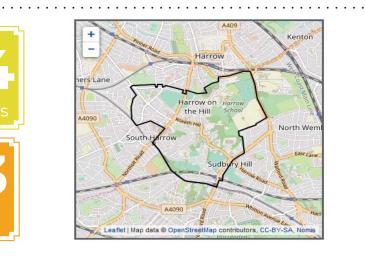


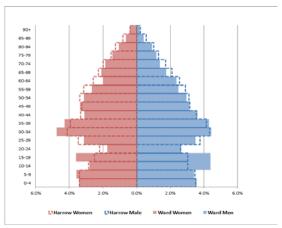












Compared to Harrow, Harrow on the Hill has greater proportions of male 10-19 year olds than females and the rest of borough. Individuals over the age of 50 are also under represented

Life expectancy at birth

Population

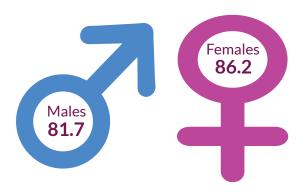
12,850 residents in 2015

Ethnic background



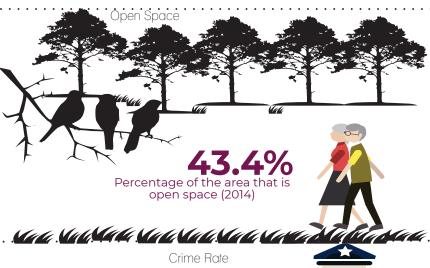
2 in 4

residents are of BAME background (2011)



The male life expectancy at birth in Harrow-on-the-Hill is 81.7 years, which is slightly lower than the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Harrow-on-the-Hill is 86.2 years, which is slightly lower than the Harrow average of 85.7 years (2011-2015)



57.3

Crime rate 2014/15



This is ${}^{\circ}35$ itly higer than the rate in Harrow (50.3 per 1000), but lower than London (83.3 per 1000) and England (66.9 per 1000)

Births

Number of births to women age 15 to 44 years (2015)

START WELI

Low birth weight

3.1%



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

Tooth decay

120

Number of 5 year olds free from tooth decay

School Readiness

57.4%

The percentage of children achieving a good level of development at age 5



CYP admission for injury

Estimated number of under 5s

admitted to hospital for

unintentional and deliberate

... injuries (2015/16)

Obesity

Estimated proportion of adults aged 16+ with













GCSE Achievenment



GCSEs achieved (5 A*-C including English & Maths) 2013/14

Obese children (10-11 years)

LIVE WELL

Healthy Eating



Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

43.3%

Harmful drinking adults



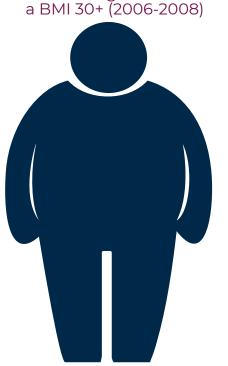
Estimated number of adults drinking over 14 units of alcoh36per week (2011/14)



Smoking



Estimated number of smokers (2016)



Employment rate 2014



WORK WELL

Benefits

8.7%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



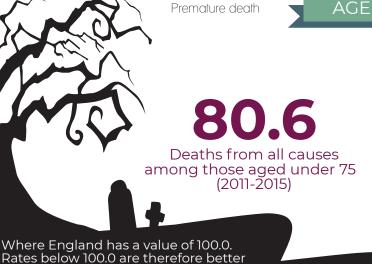
£39,630

Median household income estimate (2012/13)



£343,000

Median house price (2014)



AGE WELL

Long-term health problem or disability: Day-to-day activities

6% LIMITED A LOT

7%

87%

87% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is higher than Harrow (85%), London (86%) and England (82%).

34.6%
People aged 65+
who live alone

(2011)



Older people in deprivation

415
Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasc37rdisease (incl. hea37rdisease)





Population

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- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS













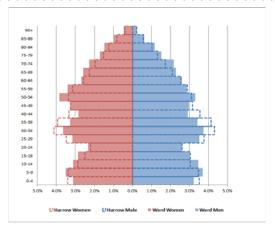






Dentists





Harrow Weald has a older population (50+ years) than the rest of the borough, with fewer 25-44 year olds

Population

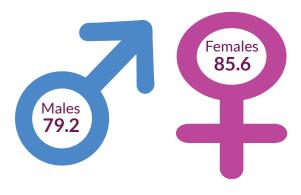
residents in

Ethnic background



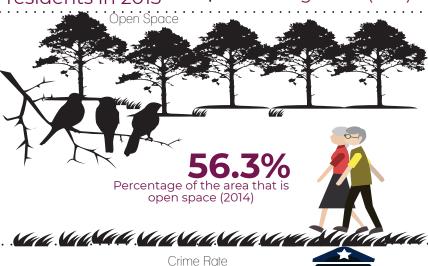
residents are of BAME background (2011)

Life expectancy at birth



The male life expectancy at birth in Harrow Weald is 79.2 years, which is lower than the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Harrow Weald is 85.6 years, which is smilar to the Harrow average of 85.7 years (2011-2015)



47.0

Crime rate 2014/15



Births 142

Number of births to women age 15 to 44 years (2015)



Low birth weight

Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Povertu



Number of children under the age of 16 living in low income households (2016)

Tooth decay

109

Number of 5 year olds free from tooth decay

School Readiness

60.6%

The percentage of children achieving a good level of development at age 5



















CYP admission for injury



Estimated number of under 5s admitted to hospital for unintentional and deliberate injuries (2015/16)

Childhood Obesity



Obese children (10-11 years)

LIVE WELL

GCSE Achievenment



68%
GCSEs achieved (5 A*-C including English & Maths)

2013/14

Healthy Eating

Obesity

1 in 5

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



38.5%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults



Estimated number of adults drinking over 14 units of alcoh40per week (2011/14)



Smoking



Estimated number of smokers (2016)

Employment rate



WORK WELL

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



E36,940

Median household income estimate (2012/13)



Median house price (2014)



AGE WELL

Long-term health problem or disability: Day-to-day activities



Deaths from all causes among those aged under 75 (2011-2015)

Where England has a value of 100.0. Rates below 100.0 are therefore better **^^ ₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼**

Benefits

7% LIMITED A LOT

84% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is lower than Harrow (85%) and London (86%) but higher than England

31.8%

People aged 65+ who live alone (2011)



Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasc41 r disease)





Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
- 4. Dentists NHS England
- 5. Children's Centres Harrow Council 6. Schools Harrow Council
- 7. Population Pyramid Office for National Statistics (ONS) 2015
- 8. Population GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 9. BAME GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 10. Life expectancy Local Health (http://www.localhealth.org.uk/)
- 11. Open space GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Wel

- 13. Births Modelled estimates from ONS 2015
- 14. Low birth weight Local Health (http://www.localhealth.org.uk/)
- 15. Child poverty Local Health (http://www.localhealth.org.uk/)
- 16. School readiness Local Health (http://www.localhealth.org.uk/)
- 17. Tooth decay Modelled estimate from Dental Public Health Epidemiology Programme for England
- 18. Hospital admissions Modelled estimates from Hospital Episode Statistics
- 19. Childhood Obesity Local Health (http://www.localhealth.org.uk/) 20. GCSE achievement Local Health (http://www.localhealth.org.uk/)

Live Well

- 21. Adult obesity Local Health (http://www.localhealth.org.uk/)
- 22. Healthy eating Local Health (http://www.localhealth.org.uk/)
- 23. Adult drinking Modelled estimates from the Health Survey for England
- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- 25. Employment rate Nomis (https://www.nomisweb.co.uk/)
- 26. Out of work benefits Nomis (https://www.nomisweb.co.uk/)
 27. Household income Nomis (https://www.nomisweb.co.uk/)
- 28. House Price Nomis (https://www.nomisweb.co.uk/)

- 29. Deaths under 75 Local Health (http://www.localhealth.org.uk/)
- 30. Long term health problem Nomis (https://www.nomisweb.co.uk/)
- 31. Independent Living Local Health (http://www.localhealth.org.uk/)
- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS











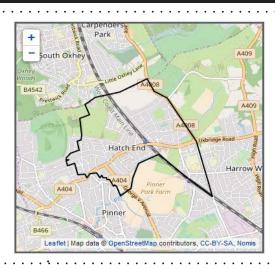
Dentists

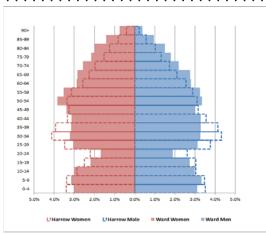












Compared to Harrow, Hatch End has higher proportions of the over 50s.

Population

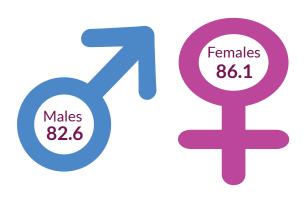
residents in

Ethnic background



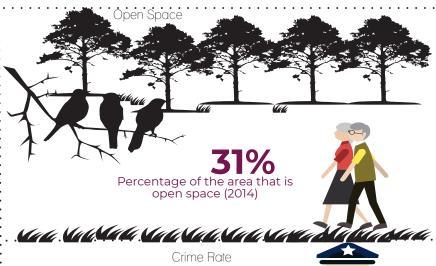
residents are of BAME background (2011)

Life expectancy at birth



The male life expectancy at birth in Hatch End is 82.6 years, which is slightly higher than the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Hatch End is 86.1 years, which is slightly higher than the Harrow average of 85.7 years (2011-2015)



41.5

Crime rate 2014/15





Number of births to women age 15 to 44 years (2015)



Low birth weight

3.9%

Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

Tooth decay

School Readiness

68%

The percentage of children achieving a good level of development at age 5





CYP admission for injury



Estimated number of under 5s

admitted to hospital for

unintentional and deliberate

injuries (2015/16)

Obesity

Estimated proportion of adults aged 16+ with















Number of 5 year olds free from tooth decay

GCSE Achievenment



GCSEs achieved (5 A*-C

including English & Maths) 2013/14

LIVE WELL

Obese children (10-11 years)

42%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults

Healthy Eating



Smoking



Estimated number of adults drinking over 14 units of alcoh44per week (2011/14)







Estimated number of smokers (2016)

Employment rate



WORK WELL

Benefits

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price

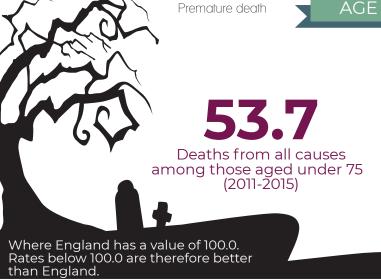


£42,350

Median household income estimate (2012/13)



Median house price (2014)



AGE WELL

Long-term health problem or disability: Day-to-day activities

^^ ₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼ ₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼ ^^^

LIMITED A LOT

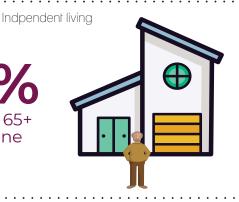
7%

NOT LIMITED

84% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is lower than Harrow (85%), London (86%) and England (82%).

26.1% People aged 65+ who live alone

(2011)



34 Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasc45 disease (incl. hea disease)





Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
- 4. Dentists NHS England
- 5. Children's Centres Harrow Council 6. Schools Harrow Council
- 7. Population Pyramid Office for National Statistics(ONS) 2015
- 8. Population GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 9. BAME GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 10. Life expectancy Local Health (http://www.localhealth.org.uk/)
- 11. Open space GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Wel

- 13. Births Modelled estimates from ONS 2015
- 14. Low birth weight Local Health (http://www.localhealth.org.uk/)
- 15. Child poverty Local Health (http://www.localhealth.org.uk/)
- 16. School readiness Local Health (http://www.localhealth.org.uk/)
- 17. Tooth decay Modelled estimate from Dental Public Health Epidemiology Programme for England
- 18. Hospital admissions Modelled estimates from Hospital Episode Statistics
- 19. Childhood Obesity Local Health (http://www.localhealth.org.uk/) 20. GCSE achievement Local Health (http://www.localhealth.org.uk/)

Live Well

- 21. Adult obesity Local Health (http://www.localhealth.org.uk/)
- 22. Healthy eating Local Health (http://www.localhealth.org.uk/)
- 23. Adult drinking Modelled estimates from the Health Survey for England
- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- 25. Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 26. Out of work benefits GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 27. Household income GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 28. House Price GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

- 29. Deaths under 75 Local Health (http://www.localhealth.org.uk/)
- 30. Long term health problem Nomis (https://www.nomisweb.co.uk/)
- 31. Independent Living Local Health (http://www.localhealth.org.uk/)
- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS







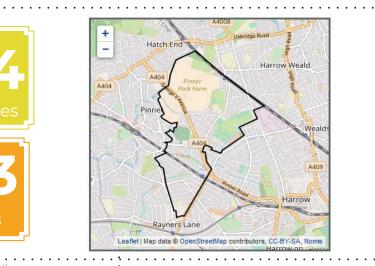
















90h 85-98 80-86 75-79 70-74 65-99 60-94 55-99 60-94 55-99 60-94 55-99 60-94 55-99 60-94 55-99 60-94 55-99 60-94 60

Compared to Harrow, Headstone North has a greater proportion of 50-79 year olds and 20-29 year olds.

Population

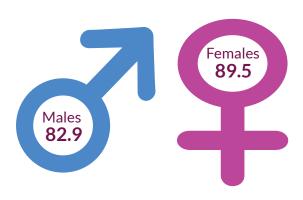
10,400 residents in 2015

Ethnic background



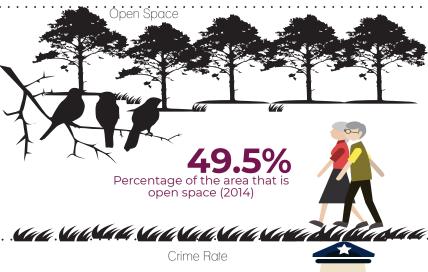
2 in 4
residents are of BAME
background (2011)

Life expectancy at birth



The male life expectancy at birth inHeadstone North is 82.9 years, which is similar to the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Headstone North is 89.5 years, which is higher than the Harrow average of 85.7 years (2011-2015)



40.9

Crime rate 2014/15



This is 147: r than the rate in Harrow (50.3 per 1000), London (83.3 per 1000) and England (66.9 per 1000)

128

Number of births to women age 15 to 44 years (2015)



Low birth weight

3.1%



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty

Number of children under the age of 16 living in low income households (2016)

Tooth decay

School Readiness

60.6%

The percentage of children achieving a good level of development at age 5

















GCSE Achievenment

Number of 5 year olds free from tooth decay



78.4% GCSEs achieved (5 A*-C

including English & Maths) 2013/14

Healthy Eating



Estimated number of under 5s admitted to hospital for unintentional and deliberate injuries (2015/16).

Obesity

1 in 5

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



42.3%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Obese children (10-11 years)

LIVE WELL

Harmful drinking adults



Estimated number of adults drinking over 14 units of alcoh48per week (2011/14)



Smoking



Estimated number of smokers (2016)

Employment rate



WORK WELL

6.1%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



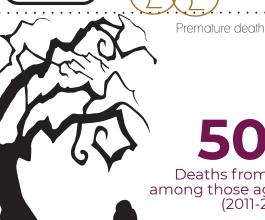
E44,470

Median household income estimate (2012/13)



Benefits

Median house price (2014)



AGE WELI

Long-term health problem or disability: Day-to-day activities

Deaths from all causes among those aged under 75 (2011-2015)

Where England has a value of 100.0. Rates below 100.0 are therefore better **₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼**

6%

LIMITED A LOT

86% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is higher than Harrow (85%) and England (82%) but similar to Harrow (86%).

23.5% People aged 65+ who live alone

(2011)



301

Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasc49 disease (incl. hea disease)





Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
- 4. Dentists NHS England
- 5. Children's Centres Harrow Council 6. Schools Harrow Council
- 7. Population Pyramid Office for National Statistics (ONS) 2015
- 8. Population GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 9. BAME GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 10. Life expectancy Local Health (http://www.localhealth.org.uk/)
- 11. Open space GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Wel

- 13. Births Modelled estimates from ONS 2015
- 14. Low birth weight Local Health (http://www.localhealth.org.uk/)
- 15. Child poverty Local Health (http://www.localhealth.org.uk/)
- 16. School readiness Local Health (http://www.localhealth.org.uk/)
- 17. Tooth decay Modelled estimate from Dental Public Health Epidemiology Programme for England
- 18. Hospital admissions Modelled estimates from Hospital Episode Statistics
- 19. Childhood Obesity Local Health (http://www.localhealth.org.uk/) 20. GCSE achievement Local Health (http://www.localhealth.org.uk/)

Live Well

- 21. Adult obesity Local Health (http://www.localhealth.org.uk/)
- 22. Healthy eating Local Health (http://www.localhealth.org.uk/)
- 23. Adult drinking Modelled estimates from the Health Survey for England
- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- 25. Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 26. Out of work benefits GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 27. Household income GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 28. House Price GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

- 29. Deaths under 75 Local Health (http://www.localhealth.org.uk/)
- 30. Long term health problem Nomis (https://www.nomisweb.co.uk/)
- 31. Independent Living Local Health (http://www.localhealth.org.uk/)
- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS







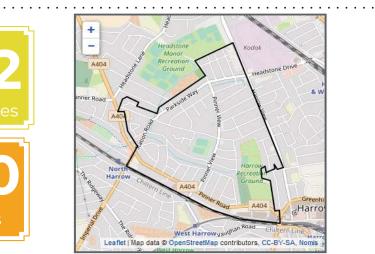








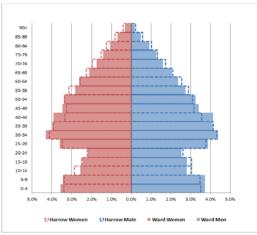












Headstone South has a similar age/sex structure to Harrow, with the exception of 10-14 year olds and those aged 40-44 where a higher proportion can be found in this ward.

Population

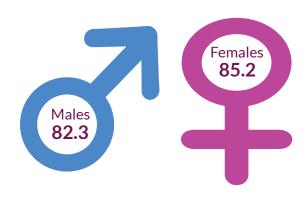
residents in

Ethnic background



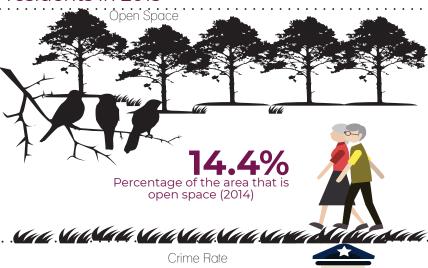
residents are of BAME background (2011)

Life expectancy at birth



The male life expectancy at birth in Headstone South is 82.3 years, which is similar to the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Headstone South is 85.2 years, which is similar to the Harrow average of 85.7 years (2011-2015)



39.7

Crime rate 2014/15

This is 151: r than the rate in Harrow (50.3 per 1000), London (83.3 per 1000) and England (66.9 per 1000)

Births 189

Number of births to women age 15 to 44 years (2015)



Low birth weight

3.5%

Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Povertu



Number of children under the age of 16 living in low income households (2016)

Tooth decay

School Readiness

60.7%

The percentage of children achieving a good level of development at age 5





















GCSE Achievenment

Number of 5 year olds free from tooth decay



67.6%

GCSEs achieved (5 A*-C including English & Maths) 2013/14

Obese children (10-11 years)

.



Estimated number of under 5s admitted to hospital for unintentional and deliberate injuries (2015/16).

Obesity

1 in 5

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



39.6%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults



Estimated number of adults drinking over 14 units of alcoh52per week (2011/14)

Healthy Eating



Smoking



Estimated number of smokers (2016)

Employment rate



WORK WELL

9.2%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Benefits

Median House price

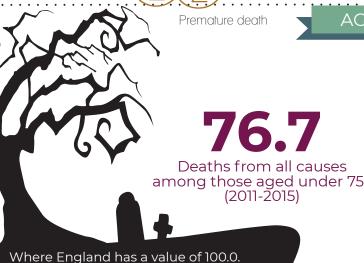


E39,090

Median household income estimate (2012/13)



Median house price (2014)



AGE WELI

Long-term health problem or disability: Day-to-day activities

₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼

LIMITED A LOT

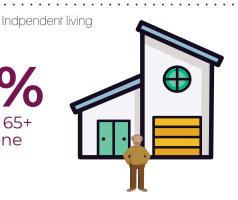
6%

86% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is higher than England (82%) and Harrow (85%) but similar to London (86%).

25.3% People aged 65+ who live alone

(2011)

Rates below 100.0 are therefore better



341 Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovascos disease (incl. hea 53 disease)



due to respiratory diseases

Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
- 4. Dentists NHS England
- 5. Children's Centres Harrow Council 6. Schools Harrow Council
- 7. Population Pyramid Office for National Statistics (ONS) 2015
- 8. Population GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 9. BAME GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 10. Life expectancy Local Health (http://www.localhealth.org.uk/)
- 11. Open space GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Well

- 13. Births Modelled estimates from ONS 2015
- 14. Low birth weight Local Health (http://www.localhealth.org.uk/)
- 15. Child poverty Local Health (http://www.localhealth.org.uk/)
- 16. School readiness Local Health (http://www.localhealth.org.uk/)
 17. Tooth decay Modelled estimate from Dental Public HealthEpidemiology Programme for England
- 18. Hospital admissions Modelled estimates from Hospital Episode Statistics
- 19. Childhood Obesity Local Health (http://www.localhealth.org.uk/)
- 20. GCSE achievement Local Health (http://www.localhealth.org.uk/)

Live Well

- 21. Adult obesity Local Health (http://www.localhealth.org.uk/)

- 22. Healthy eating Local Health (http://www.localhealth.org.uk/)
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 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- 25. Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 26. Out of work benefits GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 27. Household income GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 28. House Price GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

- 29. Deaths under 75 Local Health (http://www.localhealth.org.uk/)
- 30. Long term health problem Nomis (https://www.nomisweb.co.uk/)
- 31. Independent Living Local Health (http://www.localhealth.org.uk/)
- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS





Kenton East





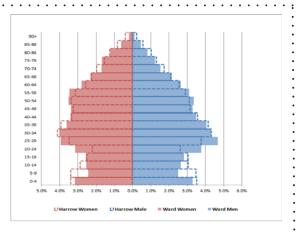












Compared to Harrow, Kenton East has a higher proportion of early working age individuals (20- 29 year olds).

Population

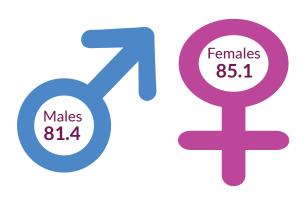
11,500 residents in 2015

Ethnic background



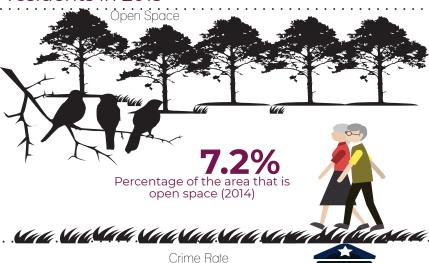
3 in 4 residents are of BAME background (2011)

Life expectancy at birth



The male life expectancy at birth in Kenton East is 81.4 years, which is lower than the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Kenton East is 85.1 years, which is similar to the Harrow average of 85.7 years (2011-2015)



33.5

Crime rate 2014/15



This is 155: r than the rate in Harrow (50.3 per 1000), London (83.3 per 1000) and England (66.9 per 1000)

Births 189

Number of births to women age 15 to 44 years (2015)



Low birth weight

5.3%

Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

School Readiness

57.4%

The percentage of children achieving a good level of development at age 5





















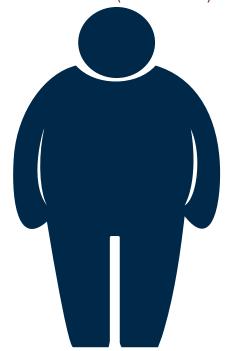
CYP admission for injury



Estimated number of under 5s admitted to hospital for unintentional and deliberate ...injuries (2015/16)

Obesity

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)







Obese children (10-11 years)

LIVE WELL

31.5%

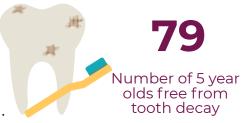
Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults



Estimated number of adults drinking over 14 units of alcor**56**per week (2011/14)

Tooth decay



GCSE Achievenment



GCSEs achieved (5 A*-C including English & Maths) 2013/14

Healthy Eating



Smoking



Estimated number of smokers (2016)

Employment rate Employment rate 2014



WORK WELL

8.9%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



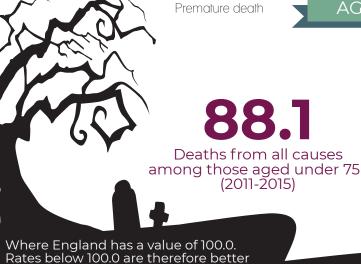
E32,880

Median household income estimate (2012/13)



Benefits

Median house price (2014)



AGE WELL

Long-term health problem or disability: Day-to-day activities

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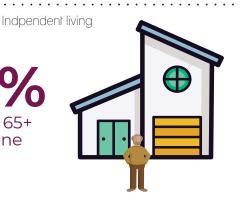
7% LIMITED A LOT

NOT LIMITED

84% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is lower than Harrow (85%), London (86%) and England (82%).

22.8% People aged 65+ who live alone

(2011)



55 Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasc57 disease (incl. hea disease)





Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
- 4. Dentists NHS England
- 5. Children's Centres Harrow Council 6. Schools Harrow Council
- 7. Population Pyramid Office for National Statistics (ONS) 2015
- 8. Population GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 9. BAME GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 10. Life expectancy Local Health (http://www.localhealth.org.uk/)
- 11. Open space GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Wel

- 13. Births Modelled estimates from ONS 2015
- 14. Low birth weight Local Health (http://www.localhealth.org.uk/)
- 15. Child poverty Local Health (http://www.localhealth.org.uk/)
- 16. School readiness Local Health (http://www.localhealth.org.uk/)
- 17. Tooth decay Modelled estimate from Dental Public Health Epidemiology Programme for England
- 18. Hospital admissions Modelled estimates from Hospital Episode Statistics
- 19. Childhood Obesity Local Health (http://www.localhealth.org.uk/) 20. GCSE achievement Local Health (http://www.localhealth.org.uk/)

Live Well

- 21. Adult obesity Local Health (http://www.localhealth.org.uk/)
- 22. Healthy eating Local Health (http://www.localhealth.org.uk/)
- 23. Adult drinking Modelled estimates from the Health Survey for England
- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- 25. Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 26. Out of work benefits GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 27. Household income GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 28. House Price GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

- 29. Deaths under 75 Local Health (http://www.localhealth.org.uk/)
- 30. Long term health problem Nomis (https://www.nomisweb.co.uk/)
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- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS





Kenton West





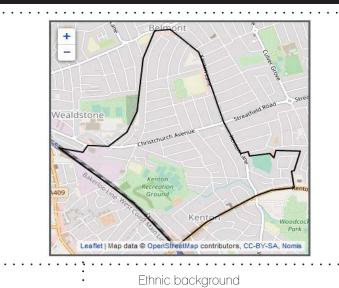


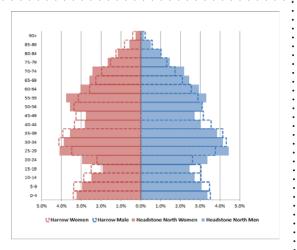












Compared to Harrow, Kenton East has a higher proportion of 20-29 and 55 to 79 year olds

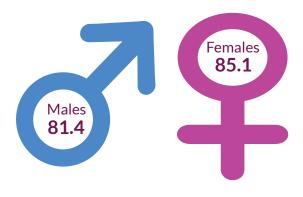
Population

11,550 residents in 2015

7 in 10

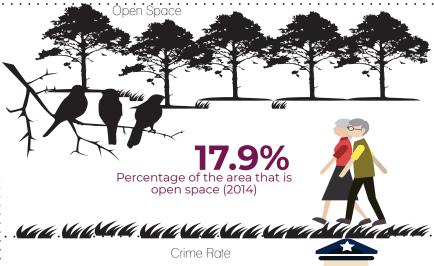
residents are of BAME 015 : background (2011)

Life expectancy at birth



The male life expectancy at birth in Kenton West is 81.4 years, which is slightly lower than the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Kenton West is 85.1 years, which is similar to the Harrow average of 85.7 years (2011-2015)



40.0

Crime rate 2014/15

This is 159:r than the rate in Harrow (50.3 per 1000), London (83.3 per 1000) and England (66.9 per 1000)

Births 49

Number of births to women age 15 to 44 years (2015)



Low birth weight



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

School Readiness

63.5%

The percentage of children achieving a good level of development at age 5





















CYP admission for injury



Estimated number of under 5s admitted to hospital for unintentional and deliberate ...injuries (2015/16)....





Obese children (10-11 years)

LIVE WELL

Tooth decay



GCSE Achievenment



GCSEs achieved (5 A*-C including English & Maths) 2013/14

Healthy Eating

Obesity

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



35.5%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults



Estimated number of adults drinking over 14 units of alcohooper week (2011/14)



Smoking



Estimated number of smokers (2016)

Employment rate



WORK WELL

7.0%

Benefits

Claimant rate for key out-ofwork benefits (working age clients) 2014

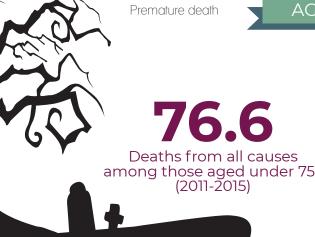
Median House price



Median household income estimate (2012/13)



Median house price (2014)



AGE WELI

Long-term health problem or disability: Day-to-day activities

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7% LIMITED A LOT

NOT LIMITED

86% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is similar to London (86%), but higher than Harrow (85%) and England (82%).

Indpendent living

Where England has a value of 100.0.

Rates below 100.0 are therefore better

15.6% People aged 65+ who live alone (2011)



460 Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasch r disease (incl. hea**61** r disease)





Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
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- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

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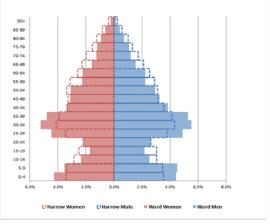


Population









Marlborough's population structure is quite different compared to Harrow; with fewer 10-19 year olds and more 25 to 39 year olds.

Life expectancy at birth



Ethnic background

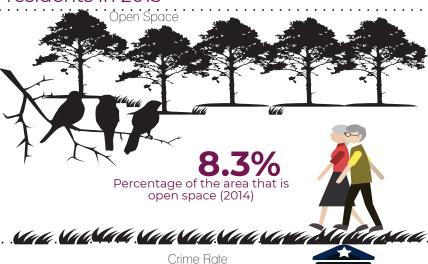


residents are of BAME background (2011)

Females 85.1 Males 82.0

The male life expectancy at birth in Marlborough is 82.0 years, which is similar to the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Marlborough is 85.1 years, which is similar to the Harrow average of 85.7 years (2011-2015)



Crime rate 2014/15





Number of births to women age 15 to 44 years (2015)



Low birth weight

5%



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

Tooth decay

138

Number of 5 year olds free from tooth decay

School Readiness

54.8%

CYP admission for injury

The percentage of children achieving a good level of development at age 5





GCSE Achievenment



GCSEs achieved (5 A*-C

including English & Maths) 2013/14

Healthy Eating

Obesity

Estimated number of under 5s

admitted to hospital for

unintentional and deliberate

... injuries (2015/16)

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)

37.8%

LIVE WELL

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Obese children (10-11 years)

Harmful drinking adults



Estimated number of adults drinking over 14 units of alcoh 64 per week (2011/14)

Smoking



Estimated number of smokers (2016)

Employment rate
68.496
Employment rate 2014



WORK WELL

Benefits

13.2%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



£34,450

Median household income estimate (2012/13)



£268,950

Median house price (2014)



AGE WELL

Long-term health problem or disability: Day-to-day activities

7%LIMITED A LOT

7%
LIMITED A LITTLE

A6

NOT LIMITED ties were not

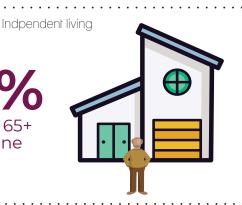
86% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is similar to London (86%), and higher than Harrow (85%) and England (82%).

27.6%
People aged 65+
who live alone
(2011)

Where England has a value of 100.0.

than England.

Rates below 100.0 are therefore better



Older people in deprivation

460

Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasco disease (incl. hea 65 disease)



due to respiratory diseases

Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
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- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Well

- 13. Births Modelled estimates from ONS 2015
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- 16. School readiness Local Health (http://www.localhealth.org.uk/)
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- 20. GCSE achievement Local Health (http://www.localhealth.org.uk/)

Live Well

- 21. Adult obesity Local Health (http://www.localhealth.org.uk/)
- 22. Healthy eating Local Health (http://www.localhealth.org.uk/)
- 23. Adult drinking Modelled estimates from the Health Survey for England
- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
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- 27. Household income GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
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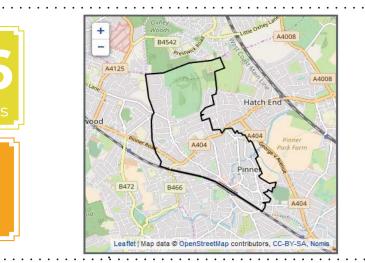












85-89 80-84 75-79 70-74 65-69 60-64 55-59 50-54 45-49 40-44 35-39 30-34 25-29 20-24 15-19 10-14

Compared to Harrow, Pinner has an older population. Women aged 35-39 years old make up a greater proportion of the

population than men in this age group.

Population

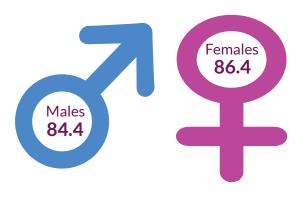
residents in

Ethnic background



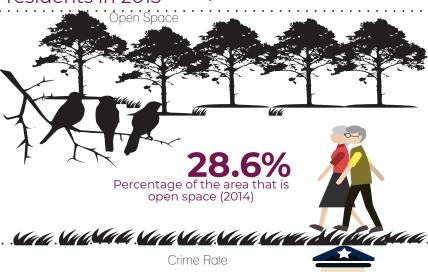
residents are of BAME background (2011)

Life expectancy at birth



The male life expectancy at birth in Pinner is 84.4 years, which is higher than the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Pinner is 86.4 years, which is slightly higher than the Harrow average of 85.7 years (2011-2015)



44.7 Crime rate 2014/15



Births

Number of births to women age 15 to 44 years (2015)



Low birth weight



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

Tooth decay

School Readiness

60.1%

The percentage of children achieving a good level of development at age 5





CYP admission for injury



Estimated number of under 5s

admitted to hospital for

unintentional and deliberate

...injuries (2015/16)

Obesity

Estimated proportion















Number of 5 year olds free from tooth decay



GCSEs achieved (5 A*-C including English & Maths) 2013/14

Smoking

LIVE WELL

Healthy Eating



41.0%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults





Estimated number of smokers (2016)



3972

Estimated number of adults drinking over 14 units of alcoh 68 per week (2011/14)

Employment rate



WORK WELL

Benefits

8.2% Claimant rate for key out-ofwork benefits (working age

clients) 2014

Median House price



E43,950

Median household income estimate (2012/13)



Premature death

AGE WELL

Long-term health problem or disability: Day-to-day activities



Deaths from all causes among those aged under 75 (2011-2015)

Rates below 100.0 are therefore better

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7%

LIMITED A LOT

NOT LIMITED

84% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is lower than Harrow (85%), London (86%) and England (82%).

31.3% People aged 65+

who live alone

(2011)

Indpendent living

Older people in deprivation

301 Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasco disease (incl. hea69 disease)





Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
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Start Wel

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Live Well

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- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- 25. Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
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Pinner South

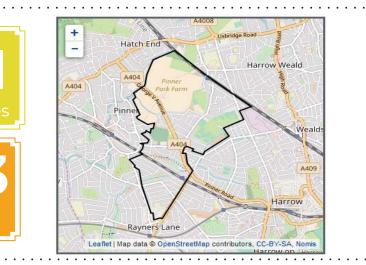
















65-69 60-64 55-59 50-54 45-49 40-44 35-39 30-34 25-29 20-24 15-19 10-14

Compared to Harrow, Pinner South has greater proportions of 40+ year individuals and children aged 5-14 years.

Population

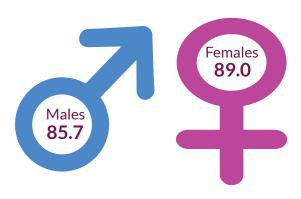
residents in

Ethnic background



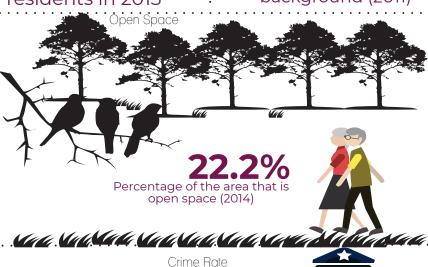
residents are of BAME background (2011)

Life expectancy at birth



The male life expectancy at birth in Pinner South is 85.7 years, which is higher than the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Pinner South is 89.0 years, which is higher than the Harrow average of 85.7 years (2011-2015)



24.5 Crime rate 2014/15

This is 171: r than the rate in Harrow (50.3 per 1000), London (83.3 per 1000) and England (66.9 per 1000)

Births

Number of births to women age 15 to 44 years (2015)



Low birth weight

2.4%

Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

Tooth decay

GCSE Achievenment

SUCCESS,

GCSEs achieved (5 A*-C

including English & Maths)

2013/14

Number of 5 year olds free from tooth decay

School Readiness

72.5%

The percentage of children achieving a good level of development at age 5



















CYP admission for injury



Estimated number of under 5s admitted to hospital for unintentional and deliberate ...injuries (2015/16)

Obesity

Estimated proportion of adults aged 16+ with



LIVE WELL



Obese children (10-11 years)

Healthy Eating

43.8%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults

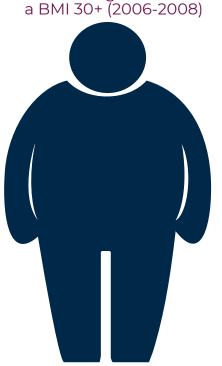
784

Estimated number of adults drinking over 14 units of alcoh**72**per week (2011/14)

Smoking



Estimated number of smokers (2016)



Employment rate
75.2%
Employment rate 2014



WORK WELL

Benefits

5.5%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



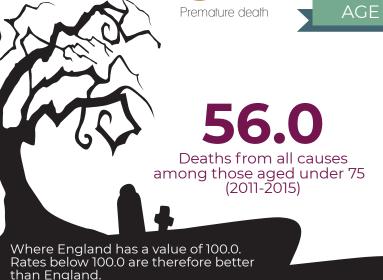
E49,420

Median household income estimate (2012/13)



£520,000

Median house price (2014)



AGE WELL

Long-term health problem or disability: Day-to-day activities

5% LIMITED A LOT

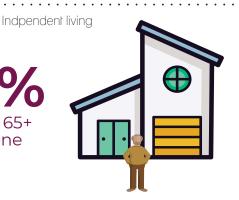
7%
LIMITED A LITTLE

88% NOT LIMITED

88% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is higher than Harrow (85%), London (86%) and England (82%).

27.8%
People aged 65+
who live alone

(2011)



228

Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasc73rdisease (incl. hea 73rdisease)





Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
- 4. Dentists NHS England
- 5. Children's Centres Harrow Council 6. Schools Harrow Council
- 7. Population Pyramid Office for National Statistics (ONS) 2015
- 8. Population GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 9. BAME GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 10. Life expectancy Local Health (http://www.localhealth.org.uk/)
- 11. Open space GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Wel

- 13. Births Modelled estimates from ONS 2015
- 14. Low birth weight Local Health (http://www.localhealth.org.uk/)
- 15. Child poverty Local Health (http://www.localhealth.org.uk/)
- 16. School readiness Local Health (http://www.localhealth.org.uk/)
- 17. Tooth decay Modelled estimate from Dental Public Health Epidemiology Programme for England
- 18. Hospital admissions Modelled estimates from Hospital Episode Statistics
- 19. Childhood Obesity Local Health (http://www.localhealth.org.uk/) 20. GCSE achievement Local Health (http://www.localhealth.org.uk/)

Live Well

- 21. Adult obesity Local Health (http://www.localhealth.org.uk/)
- 22. Healthy eating Local Health (http://www.localhealth.org.uk/)
- 23. Adult drinking Modelled estimates from the Health Survey for England
- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- 25. Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
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- 28. House Price GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

- 29. Deaths under 75 Local Health (http://www.localhealth.org.uk/)
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- 31. Independent Living Local Health (http://www.localhealth.org.uk/)
- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS





Queensbury







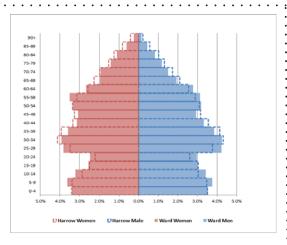












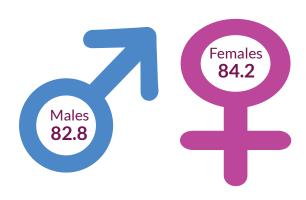
Population

Ethnic background

Compared to Harrow, Queensbury has a lower proportion of working age adults aged 30-49 years. The ward also has a slightly higher proportion of school aged children (5-14 years).

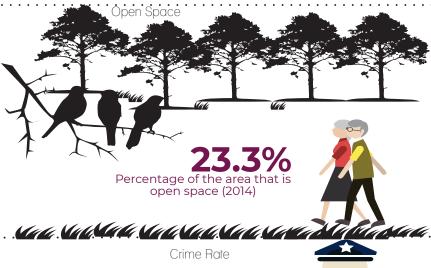
residents are of BAME background (2011)

Life expectancy at birth



The male life expectancy at birth in Queensbury is 82.8 years, which is similar to the 1924 average of 82.1 years (2011-2015).

The female life expectancy at birth in Queensbury is 84.2 years, which is slightly lower than the Harrow average of 85.7 years (2011-2015)



37.4 Crime rate 2014/15



Births 219

Number of births to women age 15 to 44 years (2015)

START WELL

Low birth weight



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

Tooth decay

GCSE Achievenment

SUCCESS,

GCSEs achieved (5 A*-C

including English & Maths)

2013/14

Number of 5 year olds free from tooth decay

School Readiness

63.7%

The percentage of children achieving a good level of development at age 5





















CYP admission for injury



Estimated number of under 5s admitted to hospital for unintentional and deliberate ...injuries (2015/16)....

Obesity

Estimated proportion





Obese children (10-11 years)

LIVE WELL

34.5%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults

Healthy Eating



Smoking

of adults aged 16+ with a BMI 30+ (2006-2008)

240

Estimated number of adults drinking over 14 units of alcoh 76 per week (2011/14)



Estimated number of smokers (2016)

Employment rate
68.1%
Employment rate 2014



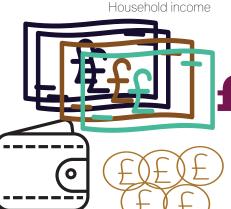
WORK WELL

Benefits

8.3%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



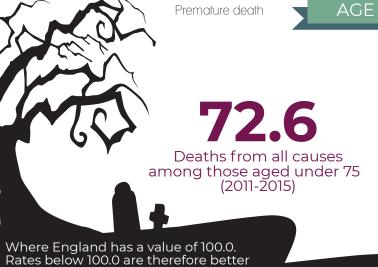
£35,030

Median household income estimate (2012/13)



£390,000

Median house price (2014)



AGE WELL

Long-term health problem or disability: Day-to-day activities

LIMITED A LOT

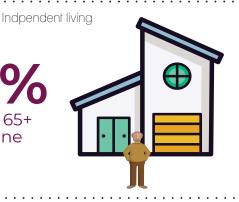
6%

96%

NOT LIMITED

6.4% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is lower than Harrow (6.8%), London (6.7%) and England (8.3%).

20.8%
People aged 65+
who live alone
(2011)



475

Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovas(77 r disease (incl. hea 77 r disease)



due to respiratory diseases

Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
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- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
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Rayners Lane





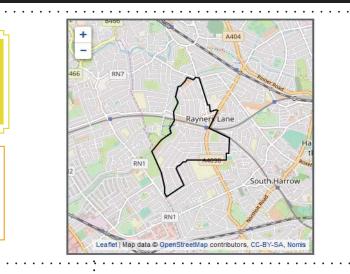


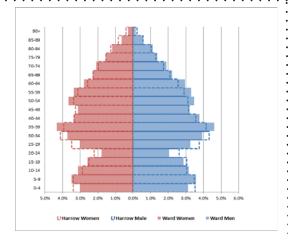












Compared to Harrow, Rayners Lane has a higher proportion of 35-39 year olds and 50-64 years olds.

Population

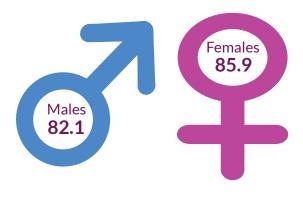
11,450 residents in 2015

Ethnic background



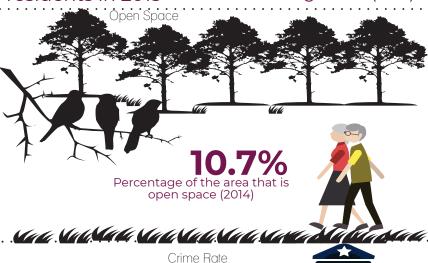
residents are of BAME background (2011)

Life expectancy at birth



The male life expectancy at birth in Rayners Lane is 82.1 years, which is equivilant to the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Rayners Lane is 85.9 years, which is similar to the Harrow average of 85.7 years (2011-2015)



33.5

Crime rate 2014/15

This is 1**79**:r than the rate in Harrow (50.3 per 1000), London (83.3 per 1000) and England (66.9 per 1000)

Births 137

Number of births to women age 15 to 44 years (2015)



Low birth weight

4.7%

Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Povertu



Number of children under the age of 16 living in low income households (2016)

Tooth decay

109

Number of 5 year olds free from tooth decay

School Readiness

70.1%

The percentage of children achieving a good level of development at age 5





















GCSE Achievenment



70.1%

GCSEs achieved (5 A*-C including English & Maths) 2013/14

Healthy Eating



Estimated number of under 5s admitted to hospital for unintentional and deliberate injuries (2015/16).

Obesity

1 in 5

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



39.4%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Obese children (10-11 years)

LIVE WELL

Harmful drinking adults



4131

Estimated number of adults drinking over 14 units of alcoh80per week (2011/14)



Smoking



Estimated number of smokers (2016)

Employment rate

Household income



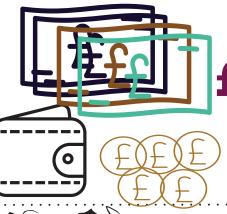
WORK WELL

Benefits

6.4%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



£40,310

Median household income estimate (2012/13)

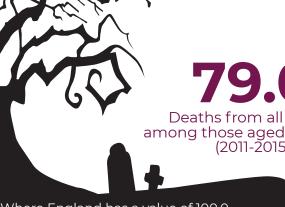


Median house price (2014)

Premature death

AGE WELL

Long-term health problem or disability: Day-to-day activities



Deaths from all causes among those aged under 75 (2011-2015)

Where England has a value of 100.0. Rates below 100.0 are therefore better **^^ ₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼ ₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼**

LIMITED A LOT

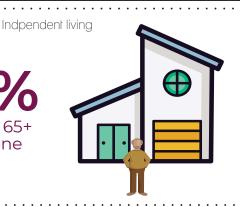
6%

NOT LIMITED

x.x% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is lower than Harrow (6.8%), London (6.7%) and England (8.3%).

21.7%

People aged 65+ who live alone (2011)



Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasce disease (incl. hea**81**° disease)





Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
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- 11. Open space GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Wel

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- 19. Childhood Obesity Local Health (http://www.localhealth.org.uk/) 20. GCSE achievement Local Health (http://www.localhealth.org.uk/)

Live Well

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- 23. Adult drinking Modelled estimates from the Health Survey for England
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Work Well

- 25. Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
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- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS





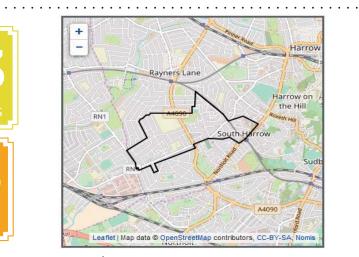
Roxbourne







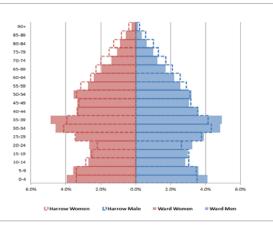












Population

7 7 7

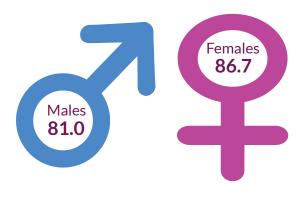
Ethnic background

Compared to Harrow, Roxbourne has younger with higher proportions of 0-9 year olds, 20-24 year olds and 30-39 year olds.

13,150 residents in 2015

2 In 3
residents are of BAME background (2011)

Life expectancy at birth



Open Space

15.3%

Percentage of the area that is open space (2014)

Crime Rate

The male life expectancy at birth in Roxbourne is 81.0 years, which is slightly lower than the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Roxbourne is 86.7 years, which is slightly higher than the Harrow average of 85.7 years (2011-2015) 53.1

Crime rate 2014/15



This is s 83tly higher than the rate in Harrow (50.3 per 1006), but lower than London (83.3 per 1000) and England (66.9 per 1000)

Births 230

Number of births to women age 15 to 44 years (2015)

START WELI

Low birth weight



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

Tooth decay

School Readiness

53.8%

The percentage of children achieving a good level of development at age 5

















CYP admission for injury



Estimated number of under 5s admitted to hospital for unintentional and deliberate ... injuries (2015/16)





Obese children (10-11 years)

LIVE WELL

tooth decay GCSE Achievenment

Number of 5 year olds free from



GCSEs achieved (5 A*-C including English & Maths) 2013/14

Healthy Eating

Obesity

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



35.2%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults



Estimated number of adults drinking over 14 units of alcoh84per week (2011/14)



Smoking



Estimated number of smokers (2016)

Employment rate



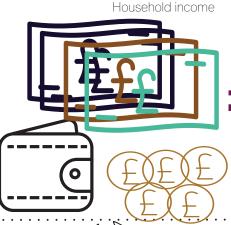
WORK WELL

2.5%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Benefits

Median House price



£32,130

Median household income estimate (2012/13)



Premature death

AGE WELI

Long-term health problem or disability:

Median house price (2014)



Day-to-day activities

^^ ₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼ <u> ሰጠጠጠጠጠጠጠጠጠጠጠ በጠጠጠጠጠ</u>

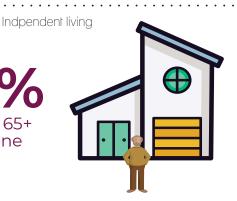
LIMITED A LOT

7%

85% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is similar than Harrow (85%), lower than London (86%) and higher than England (82%).

35.7% People aged 65+ who live alone

(2011)



574 Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovasce disease (incl. hea 85 r disease)





Population

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Roxeth





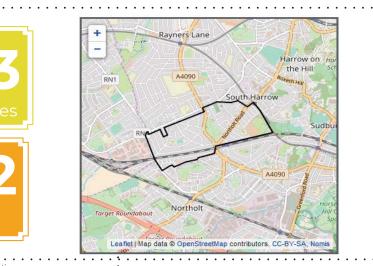


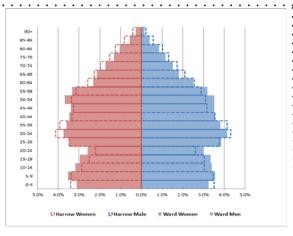










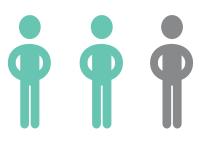


Compared to Harrow, Roxeth has higher proportions of 10-24 year olds and 45-59 year olds.

Population

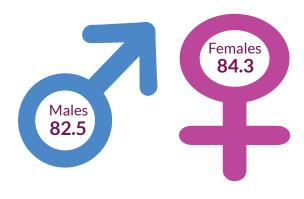
12,000 residents in 2015

Ethnic background



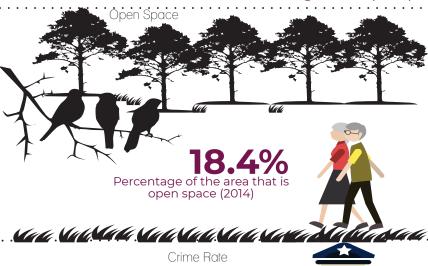
2 in 3 residents are of BAME background (2011)

Life expectancy at birth



The male life expectancy at birth in Roxeth is 82.5 years, which is similar to the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Roxeth is 84.3 years, which is slightly lower than the Harrow average of 85.7 years (2011-2015)



64.1

Crime rate 2014/15

This is t**87** er than the rate in Harrow (50.3 per 1000), but lower than London (83.3 per 1000) and England (66.9 per 1000)

Births 146

Number of births to women age 15 to 44 years (2015)



Low birth weight

3.7%

Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Povertu



Number of children under the age of 16 living in low income households (2016)

Tooth decay

School Readiness

56.8%

The percentage of children achieving a good level of development at age 5





















CYP admission for injury



Estimated number of under 5s admitted to hospital for unintentional and deliberate ... injuries (2015/16)

24.0%



Obese children (10-11 years)

LIVE WELL

GCSE Achievenment

Number of 5 year olds free from tooth decay



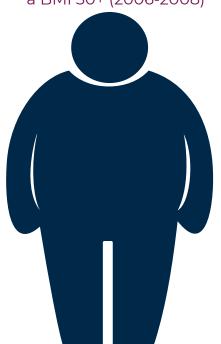
GCSEs achieved (5 A*-C

including English & Maths) 2013/14

Healthy Eating

Obesity

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



35.2%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults



4196

Estimated number of adults drinking over 14 units of alcoh88 per week (2011/14)



Smoking



Estimated number of smokers (2016)

Employment rate
68.6%
Employment rate 2014

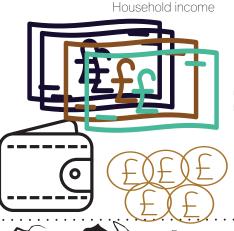


WORK WELL

8.9%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



£35,110

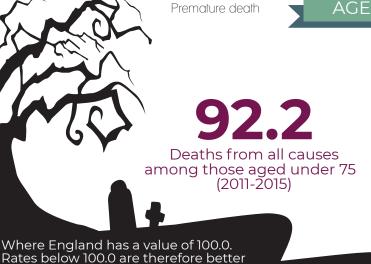
Median household income estimate (2012/13)



Benefits

£355,000

Median house price (2014)



AGE WELL

Long-term health problem or disability:

Day-to-day activities

6% LIMITED A LOT

8% LIMITED A LITTLE

86% NOT LIMITED

x.x% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is lower than Harrow (6.8%), London (6.7%) and England (8.3%).

25.0%
People aged 65+
who live alone
(2011)



Older people in deprivation

418

Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to liver diseases
due to cardiovas(89r
disease (incl. hea89



Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
- 4. Dentists NHS England
- 5. Children's Centres Harrow Council 6. Schools Harrow Council
- 7. Population Pyramid Office for National Statistics (ONS) 2015
- 8. Population GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 9. BAME GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 10. Life expectancy Local Health (http://www.localhealth.org.uk/)
- 11. Open space GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Wel

- 13. Births Modelled estimates from ONS 2015
- 14. Low birth weight Local Health (http://www.localhealth.org.uk/)
- 15. Child poverty Local Health (http://www.localhealth.org.uk/)
- 16. School readiness Local Health (http://www.localhealth.org.uk/)
- 17. Tooth decay Modelled estimate from Dental Public Health Epidemiology Programme for England
- 18. Hospital admissions Modelled estimates from Hospital Episode Statistics
- 19. Childhood Obesity Local Health (http://www.localhealth.org.uk/) 20. GCSE achievement Local Health (http://www.localhealth.org.uk/)

Live Well

- 21. Adult obesity Local Health (http://www.localhealth.org.uk/)
- 22. Healthy eating Local Health (http://www.localhealth.org.uk/)
- 23. Adult drinking Modelled estimates from the Health Survey for England
- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- 25. Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 26. Out of work benefits GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 27. Household income GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 28. House Price GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

- 29. Deaths under 75 Local Health (http://www.localhealth.org.uk/)
- 30. Long term health problem Nomis (https://www.nomisweb.co.uk/)
- 31. Independent Living Local Health (http://www.localhealth.org.uk/)
- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS







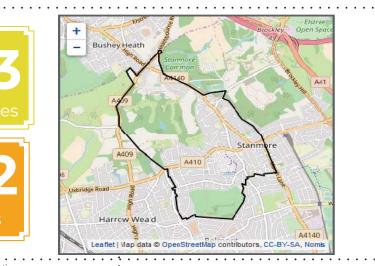






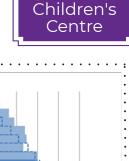








85-89 80-84 75-79 70-74 65-69 60-64 55-59 50-54 45-49 40-44 35-39 30-34 25-29 20-24 15-19 10-14



5.0% Men

Compared to Harrow, Stanmore Park has an elderly population with higher proportions of 65-90+ year olds.

Population

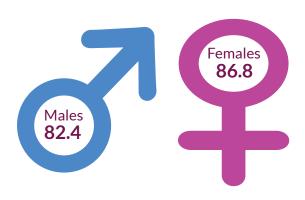
11,450 residents in 2015

Ethnic background



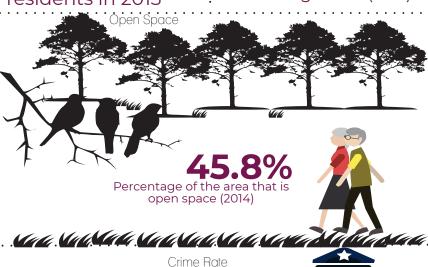
2 in 5
residents are of BAME
background (2011)

Life expectancy at birth



The male life expectancy at birth in Stanmore Park is 82.4 years, which is the similar to the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in Stanmore Park is 86.8 years, which is slightly higher than the Harrow average of 85.7 years (2011-2015)



53.3

Crime rate 2014/15



This is ${}^{\circ}\!\!91$ tly higher than the rate in Harrow (50.3 per 1000), but lower than London (83.3 per 1000) and England (66.9 per 1000)

Births **170**

Number of births to women age 15 to 44 years (2015)



Low birth weight



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

Tooth decay

School Readiness

60.3%

The percentage of children achieving a good level of development at age 5



















GCSE Achievenment

Number of 5 year olds free from tooth decay



GCSEs achieved (5 A*-C including English & Maths) 2013/14

Healthy Eating

Obese children (10-11 years) LIVE WELL

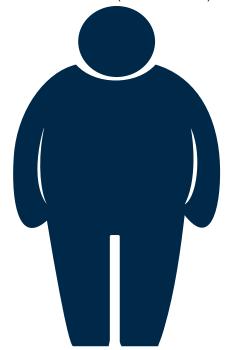
CYP admission for injury



Estimated number of under 5s admitted to hospital for unintentional and deliberate ...injuries (2015/16)....

Obesity

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



38.1%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults



Estimated number of adults drinking over 14 units of alcoh92per week (2011/14)

Smoking



Estimated number of smokers (2016)

Employment rate
68.6%
Employment rate 2014



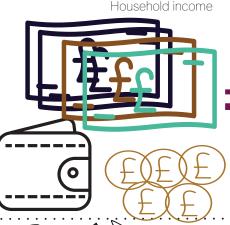
WORK WELL

Benefits

11.8%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



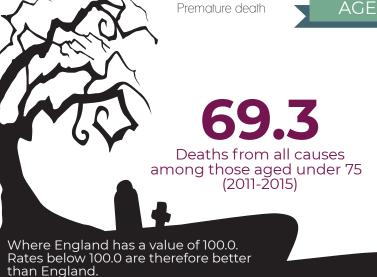
£39,210

Median household income estimate (2012/13)



£555,000

Median house price (2014)



AGE WELL

Long-term health problem or disability: Day-to-day activities

10% LIMITED A LOT

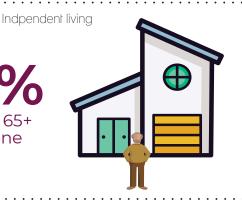
9% LIMITED A LITTLI

81%

81% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is lower than Harrow (85%) and London (86%) but lower than England (82%).

25.5% People aged 65+

People aged 65+ who live alone (2011)



Older people in deprivation

533 Number of older

people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovascy disease (incl. hea 93 disease)





Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
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- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Wel

- 13. Births Modelled estimates from ONS 2015
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- 22. Healthy eating Local Health (http://www.localhealth.org.uk/)
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- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- 25. Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
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- 31. Independent Living Local Health (http://www.localhealth.org.uk/)
- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS











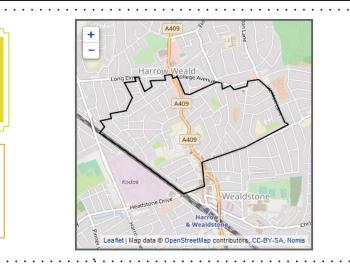


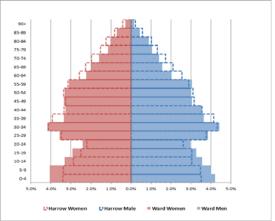












Compared to Harrow, Wealdstone has very young population with higher proportions of 0- 24 year olds and slightly higher proportions of 25-34 year olds.

Life expectancy at birth



Population

residents in 2015

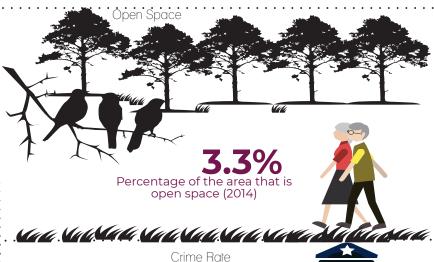
Ethnic background



residents are of BAME background (2011)



The male life expectancy at birth in Wealdstone is 80.1 years, which is lower than the Harrow average of 82.1 years (2011-2015). The female life expectancy at birth in Wealdstone is 82.8 years, which is lower than the Harrow average of 85.7 years (2011-2015)



54.5 Crime rate 2014/15



This is ${}^{\circ}95$ itly higher than the rate in Harrow (50.3 per 1000), but lower than London (83.3 per 1000) and England (66.9 per 1000)

Births **170**

Number of births to women age 15 to 44 years (2015)

58.7%

CYP admission for injury

START WELI

Low birth weight

3.5%

Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

Tooth decay





including English & Maths) 2013/14





GCSEs achieved (5 A*-C

Healthy Eating

Smoking

The percentage of children achieving a good level of development at age 5

School Readiness





















Obese children (10-11 years)

LIVE WELL

Estimated number of under 5s

admitted to hospital for

unintentional and deliberate

... injuries (2015/16)

Obesity

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



33.9%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults



Estimated number of adults drinking over 14 units of alcoh96per week (2011/14)



Estimated number of smokers (2016)

Employment rate
65.1%
Employment rate 2014

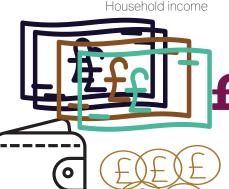


WORK WELL

14.6%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



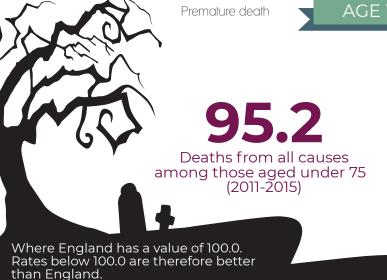
E32,080

Median household income estimate (2012/13)



£310,000

Median house price (2014)



AGE WELL

Long-term health problem or disability: Day-to-day activities

Benefits

7%LIMITED A LOT

8%
LIMITED A LITTLE

85% NOT LIMITED

85% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is similar to Harrow (85%), lower than London (86%) and higher than England (82%).

31.6%People aged 65+
who live alone
(2011)



Older people in deprivation

459

Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovas 97 disease (incl. hea 97 disease)





Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
- 4. Dentists NHS England
- 5. Children's Centres Harrow Council 6. Schools Harrow Council
- 7. Population Pyramid Office for National Statistics (ONS) 2015
- 8. Population GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 9. BAME GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 10. Life expectancy Local Health (http://www.localhealth.org.uk/)
- 11. Open space GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Wel

- 13. Births Modelled estimates from ONS 2015
- 14. Low birth weight Local Health (http://www.localhealth.org.uk/)
- 15. Child poverty Local Health (http://www.localhealth.org.uk/)
- 16. School readiness Local Health (http://www.localhealth.org.uk/)
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- 22. Healthy eating Local Health (http://www.localhealth.org.uk/)
- 23. Adult drinking Modelled estimates from the Health Survey for England
- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- 25. Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 26. Out of work benefits GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 27. Household income GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
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 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS







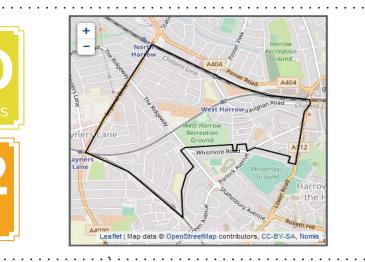








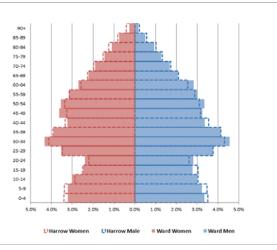












West Harrow has a very similar population structure to Harrow as a whole.

Population

residents in 2015

Ethnic background



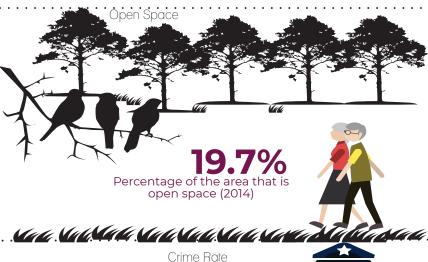
residents are of BAME background (2011)

Life expectancy at birth



The male life expectancy at birth in West Harrow is 83.4 years, which is higher than the Harrow average of 82.1 years (2011-2015).

The female life expectancy at birth in West Harrow is 85.0 years, which is similar to the Harrow average of 85.7 years (2011-2015)



31.2 Crime rate 2014/15



This is 199; r than the rate in Harrow (50.3 per 1000), London (83.3 per 1000) and England (66.9 per 1000)

140

Number of births to women age 15 to 44 years (2015)



Low birth weight



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Poverty



Number of children under the age of 16 living in low income households (2016)

Tooth decay

School Readiness

58.0%

CYP admission for injury

The percentage of children achieving a good level of development at age 5











GCSE Achievenment

Number of 5 year olds free from tooth decay



69.5%

GCSEs achieved (5 A*-C including English & Maths) 2013/14

... injuries (2015/16)...
Obesity

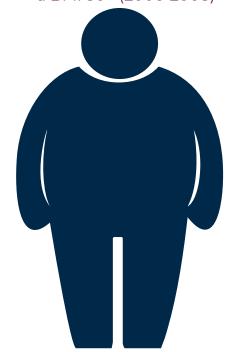
Estimated number of under 5s

admitted to hospital for

unintentional and deliberate

1 in 5

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



40.8%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Obese children (10-11 years)

LIVE WELL

Harmful drinking adults



Estimated number of adults drinking over 14 units of alco 100 ber week (2011/14)

Healthy Eating



Smoking



Estimated number of smokers (2016)

Employment rate

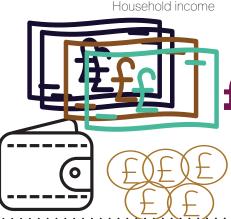


WORK WELL

Benefits

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price

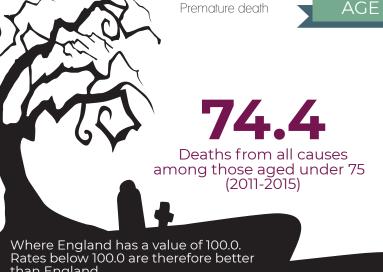


£40,210

Median household income estimate (2012/13)



Median house price (2014)



AGE WELI

Long-term health problem or disability: Day-to-day activities

₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼₼ <u> ሰጠጠጠጠጠጠጠጠጠጠጠ በጠጠጠጠጠ</u>

7%

LIMITED A LOT

86% of resident reported that their daily activities were not

limited by a long-term health problem or disability. This is higher than Harrow (85%), similar to London (86%) and higher than England (82%). Indpendent living Older people in deprivation

23.8% People aged 65+ who live alone (2011)



Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



due to cardiovas disease (incl. head 101 disease)





Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
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- 8. Population GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

- 9. BAME GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
 10. Life expectancy Local Health (http://www.localhealth.org.uk/)
 11. Open space GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Well

- 13. Births Modelled estimates from ONS 2015
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- 15. Child poverty Local Health (http://www.localhealth.org.uk/)
 16. School readiness Local Health (http://www.localhealth.org.uk/)
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Work Well

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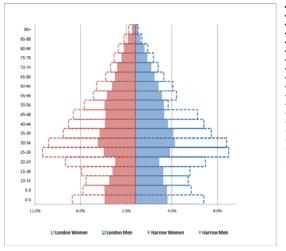












Harrow has a similar age and gender structure to London with the exception of 20-24 year olds.

Life expectancy at birth

Population

Ethnic background

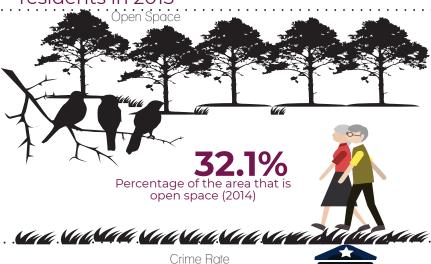


residents are of BAME background (2011)



The male life expectancy at birth in Harrow is 82.1 years, which is higher than the England average of 79.4 years (2011-2015).

The female life expectancy at birth in Harrow is 85.7 years, which is higher than the England average of 83.1 years (2011-2015)



50.3

Crime rate 2014/15



Births **3597**

Number of births to women age 15 to 44 years (2015)



Low birth weight



Percentage of full term babies weighing less than 2 1/2 kilos making them at risk of poor health outcomes (2011 -2015)

Child Povertu



Number of children under the age of 16 living in low income households (2016)

School Readiness

60.6%

The percentage of children achieving a good level of development at age 5



















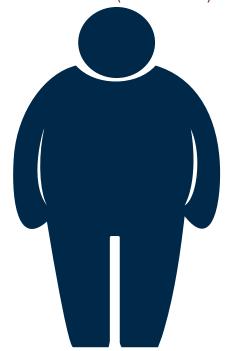
CYP admission for injury



Estimated number of under 5s admitted to hospital for unintentional and deliberate ... injuries (2015/16)

Obesity

Estimated proportion of adults aged 16+ with a BMI 30+ (2006-2008)



20.6%



Obese children (10-11 years)

LIVE WELL

38.7%

Percentage of adults 16+ eating 5 or more fruit and veg a day (2006-2008)

Harmful drinking adults



Estimated number of adults drinking over 14 units of alco 104 per week (2011/14)

Tooth decay



GCSE Achievenment



GCSEs achieved (5 A*-C including English & Maths) 2013/14

Healthy Eating



Smoking



Estimated number of smokers (2016)

Employment rate
70.0%
Employment rate 2014



WORK WELL

9.0%

Claimant rate for key out-ofwork benefits (working age clients) 2014

Median House price



E49,060

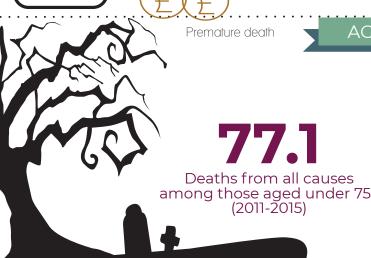
Median household income estimate (2012/13)



Benefits

£370,000

Median house price (2014)



AGE WELL

Long-term health problem or disability: Day-to-day activities

LIMITED A LOT

7%

8% LIMITED A LITTLE

85% NOT LIMITED

85% of resident reported that their daily activities were not limited by a long-term health problem or disability. This is lower than London (86%) but higher than England (82%).

26.7%
People aged 65+
who live alone

(2011)

Where England has a value of 100.0.

than England.

Rates below 100.0 are therefore better



8759

Number of older people living in deprivation



Number of premature deaths by main causes in Harrow



79 due to liver diseases



Population

- 1. Square kilometres GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 2. GP practices Harrow CCG
- 3. Pharmacies PNA 2015-2018 (http://www.harrow.gov.uk/download/downloads/id/6351/harrow_pna_part1)
- 4. Dentists NHS England
- 5. Children's Centres Harrow Council 6. Schools Harrow Council
- 7. Population Pyramid Office for National Statistics(ONS) 2015
- 8. Population GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 9. BAME Nomis (https://www.nomisweb.co.uk/)
- 10. Life expectancy Local Health (http://www.localhealth.org.uk/)
- 11. Open space GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 12. Crime rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

Start Wel

- 13. Births Modelled estimates from ONS 2015
- 14. Low birth weight Local Health (http://www.localhealth.org.uk/)
- 15. Child poverty Local Health (http://www.localhealth.org.uk/)
- 16. School readiness Local Health (http://www.localhealth.org.uk/)
- 17. Tooth decay Modelled estimate from Dental Public Health Epidemiology Programme for England
- 18. Hospital admissions Modelled estimates from Hospital Episode Statistics
- 19. Childhood Obesity Local Health (http://www.localhealth.org.uk/) 20. GCSE achievement Local Health (http://www.localhealth.org.uk/)

Live Well

- 21. Adult obesity Local Health (http://www.localhealth.org.uk/)
- 22. Healthy eating Local Health (http://www.localhealth.org.uk/)
- 23. Adult drinking Modelled estimates from the Health Survey for England
- 24. Adult smoking Modelled estimates from Annual Population Survey 2016

Work Well

- 25. Employment rate GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 26. Out of work benefits GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas) 27. Household income GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)
- 28. House Price GLA London Datastore (https://data.london.gov.uk/dataset/ward-profiles-and-atlas)

- 29. Deaths under 75 Local Health (http://www.localhealth.org.uk/)
- 30. Long term health problem Nomis (https://www.nomisweb.co.uk/)
- 31. Independent Living Local Health (http://www.localhealth.org.uk/)
- 32. Elder deprivation Local Health (http://www.localhealth.org.uk/)
 33. Main cause of death Modelled estimates from Public Health England (PHE) and ONS



REPORT FOR: HEALTH AND
WELLBEING BOARD

Date of Meeting: 8th March 2018

Subject: INFORMATION REPORT -

Adult Social Care Vision

Responsible Officer: Visva Sathasivam,

Director of Adult Social Services

Exempt: No

Wards affected:

Enclosures: Adult Social Care Vision appendix social care

pathway (high level diagram)

Section 1 – Summary

This information report sets out the Adult Social Care Vision, outlining the transformation of its models of care and support to include:

- Reviewing the adult social care navigation pathway for citizens, staff and other stakeholders, with the aim of streamlining and optimising the experience.
- Paving the way for integrated health and social care provision.

FOR INFORMATION



Section 2 – Report

Background

Adult social care provides support in a variety of ways to those people living in Harrow who have the highest level of care and support needs, for example those with a disability and long-term illness, older people and unpaid carers.

Social care helps people to do everyday things and protects people from harm who are unable to keep themselves safe. The numbers of people who might need care and support in the future is expected to rise significantly.

The numbers of people living with (for example) dementia, learning disability or poor mental health will all increase and the associated rise in demand for health and social care services and therefore it is vital to make best use of available resources. This therefore prioritises an emphasis on keeping people independent or regaining their independence after injury or illness takes on even greater significance.

We recognise the important and positive contribution and roles people play in the community for example, as carers, neighbours, voluntary and community services (VCS), volunteers and faith communities.

By working in partnership with these crucial and vital networks we believe this will form the foundation to develop a model to build community resilience in Harrow.

Community resilience in this context is defined as empowering citizens to maintain their well-being and independence, strengthening support networks within their families and communities; enabling them to be stronger, healthier, and more resilient.

Adult Social Care Vision's key messages are:

- To pave the way for seamless health and social care integration.
- To respond to the continuing rise in demand for health and social care
- To transform the offer of care.
- To enhance health, wellbeing and resilience with a preventative approach that embodies the 'wellbeing principle'.
- Delivering the right level and type of support at the right time and in the right place to keep people independent for longer.
- Manage customer expectation and increase customer satisfaction.

The Care Act 2014 is the most significant change in social care law for 60 years. The legislation sets out how people's care and support needs should be met. The act's 'wellbeing principle' sets out a local authority's duty to ensure people's wellbeing is at the centre of everything it does.

Through this vision there will be emphasis on outcomes and helping people to connect with their local community. The vision for Harrow adult social care promotes a model of community resilience that complements the adult social care pathway; transforming care from a model of need to one of strengths and empowering people to make meaningful community connections, utilising community assets including the voluntary and community sector.

To further enhance partnership, The Better Care Fund / Improved Better Care Fund are driving collaboration between health and social care with the Department of Health's aim to see integration across all of England by 2020 in line with collaborative initiatives, e.g. accountable care.

Delivering the right support at the right times and in the right place

To help turn the vision into reality, we will aim to give the right level and type of support at the right time and in the right place to help prevent, reduce or delay the need for on-going support and to maximise people's well-being and independence.

We aim to do this through

- Working in partnership with relevant organisations and stakeholders to optimise local resources and reduce duplication e.g. GPs and other health care professionals.
- Provide information about preventative services available in the community, through the voluntary sector and the local authority.
- Provide information which supports people's wellbeing and independence e.g. for them to assess their own needs, their eligibility for services and the financial consequences of the decisions they make about their care.
- Manage citizens/residents expectations and improve satisfaction from the outset to ensure transparency and understanding of the duty the local authority has in meeting individual outcomes in relation to need.
- Deliver services which enable people to gain or regain skills to help them live independently that are supporting people in the short-term while expecting that, wherever possible, people will support themselves in the long term. Use equipment and technology to provide less intrusive and more cost-effective care, enabling people to stay in their own homes, wherever possible.

Supporting and developing resilient communities in Harrow

Adult social care's vision to support resilient communities and define opportunities can be surmised by a three tier approach all underpinned by our safequarding duties.

Tier One:

- Prevention and early intervention
- Easily accessible information, supported by on-line self-assessment tools giving upfront information and a process to enable people to identify their own solutions without the need to contact the Council.
- Partnership with health to help keep people as independent as possible.
- The role of community for example carers, neighbours, volunteers, faith communities etc.

Tier Two:

- Ensuring tailor-made short-term packages of care provision which empower and promote independence. These are outcomes focused and with a clear end date (supported by experienced therapists) to enable a return to independence and live in their own homes supported by a robust quality assurance process.
- Ensure that short term care packages are reviewed in a timely manner.
- · Optimise the use of assistive technology.

Tier Three:

- Person centred assessments and personalised solutions to support and care needs.
- Whole systems approach with the NHS to deliver joined up health and social care and the people who most need these services.
- Market Management Developing services that meet the requirements of the local community.

Summary of workstreams to realise the Adult Social Care Vision

- Developing community assets and raising awareness of local opportunities
- Enhancing information and advice channels e.g. improving digital information so citizens are empowered through having high quality information when they need it.
- Reviewing the current social care pathway
- Promoting Independence Service a multi-disciplinary team consisting
 of rehabilitation occupational therapists, social workers,
 physiotherapists and stroke co-ordinators. They will work with a group
 of people who have been recently discharged from hospital to help
 them to regain confidence and skills, using aids and adaptations in
 their own homes and tailor-made rehabilitation programmes.
- GP / District Nurse Cluster model; There are circa 3000 service users with long term needs. A new model in response to the vision proposes the introduction of a GP / District Nurse Clusters where social work teams are aligned to mirror these clusters. The concept with this

approach is to forge strong connections with citizens' local circle of support including GP surgeries e.g. district nurses and local resources. As people live longer there is a risk of living with ill health, this approach offers timely intervention to support initiatives such as selfcare e.g. helping someone to manage a medical condition and avoid hospital admission that is preventable.

- Developing the use of enhanced telecare and adaptive technology
- Harrow is Home initiatives under this workstream;
 - Reviewing accommodation based care e.g. building more extra care and supporting living accommodation
 - Home First the main principle of this project is that hospital is not the right place to make a decision regarding long-term care, especially decisions regarding residential or nursing care;
 - Core Cluster' This approach consists of a network or 'cluster' of homes which are linked to a 'hub' or 'core' of skilled care and support staff, enabling service users to have their own homes (supported by a tenancy). This approach helps promote and support independent living and empowers these young adults under the banner of 'resilient communities'.
 - Specialist broker support where Council staff act as intermediaries supporting individuals, landlords and commissioners throughout the entire process. The aim is to identify the right environment for the service user to maintain their independence and gain best value for money.

These approaches represents a considerable cultural shift for staff, citizens and partners - away from a model which looks at problems rather than strengths and towards the promotion of social (family and friends) and individual responsibility; resilient communities and ensuring that the Council focuses on its priority to support the most vulnerable citizens with the right support at the right time.

Section 3 – Further Information

A progress report will be submitted to the Health and Wellbeing Board in due course.

Section 4 – Financial Implications

The Council continues to operate services within an extremely challenging financial climate. Cabinet and Council in February approved the Medium

Term Financial Strategy (MTFS), setting a balanced budget for 2018/19 whilst noting remaining budget gaps of £17.682m in 2019/20 and £16.071m for 2020/21.

Reviewing the Social Care Pathway, as described in this paper, will enable the Adults directorate to achieve the approved MTFS savings of £233k for 2018/19 by restructuring Adult Social Care Management to support the new model of service delivery.

Moving forward, transforming models of care and support and by giving the right level and type of support at the right time and in the right place, should assist in managing future service delivery within the available financial envelope.

The budget process for 2019/20 and 2020/21 will determine the available funding for the delivery of Adult Care Services, to ensure that balanced budgets can be set in future financial years.

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? No

The adult social care vision set out an ambition from which several projects will be interdependent. These in turn will generate respective Equality Impact Assessments.

Section 6 – Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

This report incorporates the administration's priorities.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for families

STATUTORY OFFICER CLEARANCE (Council and Joint Reports

Name: Donna Edwards	х	on behalf of the Chief Financial Officer
Date: 23 February 2018		

Ward Councillors notified: No, Affects all wards

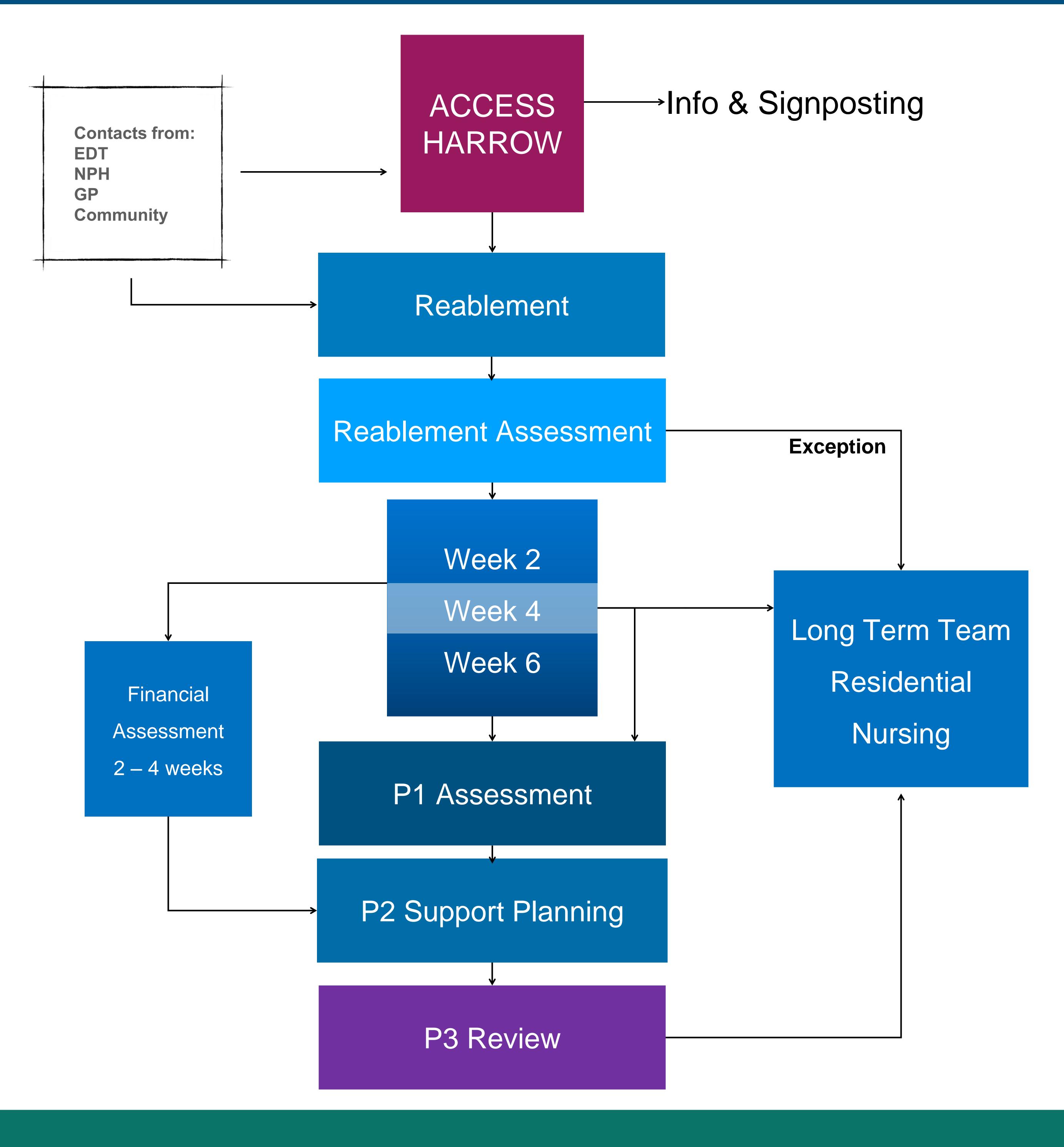
Section 7 - Contact Details and Background Papers

Contact: Visva Sathasivam, Director of Adult Social Services

020 8736 6012

Background Papers: None





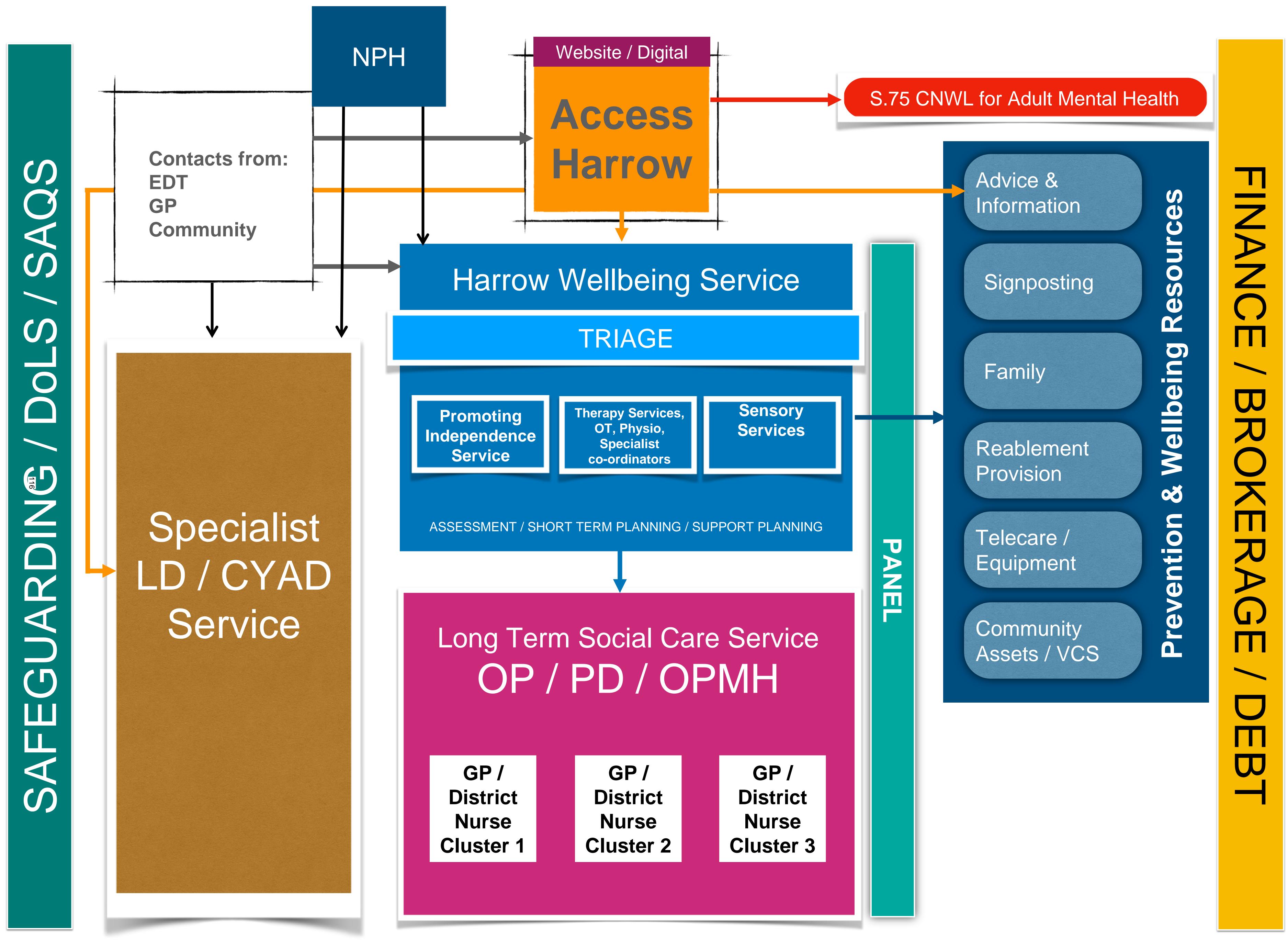
15

DATA

ECTION

ACT

COMP



Nebsite / Digital

Access

Harrow

Safeguarding / DoLS / SAQS:

The service as is, is highly regarded as a 'good to great' service through independent audit processes e.g. Peer Review and Expert panel review. It has established governance and has been accredited Silver Status through the 'Making Safeguarding Personal' sector led initiative.

The service remains unchanged in the new model. It will continue to underpin all touchpoints through the pathway.

Contacts from: EDT NPH GP Community

Contact:

The 'feeders' for contacting Harrow Council will continue to come from the community e.g. self-referrals, carer, family, the hospital teams, GP surgeries and the Emergency Duty Team or other council department. In the main, contact will be made through Access Harrow but there will be instances where contact will be made directly to respective teams.

Specialist LD / CYAD Service

Specialist LD / CYAD Service

Typically, learning disability services represent the biggest commitment in terms of social care budgets. A newly formed service is proposed to support citizens with learning disabilities alongside children and young adults with disabilities. The rationale for this includes a lifelong approach delivered through a dedicated multi-disciplinary team with the key specialisms.

Long Term Social Care Service OP / PD / OPMH GP/ GP/ GP/ **District District District** Nurse Nurse Nurse Cluster 1 Cluster 2 Cluster 3

Long Term Social Care Service / GP / District **Nurse Cluster Model:**

There are circa. 3000 service users with long term needs. The concept with this approach is to forge strong connections with citizens local circle of support including GP surgeries and local resources. As people live longer there is a risk of living with ill health, this approach offers timely intervention to support initiatives such as self-care e.g. helping someone to manage a medical condition and avoid hospital admission that is preventable.

Access Harrow:

Service

Access Harrow continues to be the 'front door' to Harrow Council. Analysis has shown that information on the council website for adult social care can be improved. This proposal aims to address the need to have more meaningful information available up front so citizens are empowered to make informed decisions, know their rights and be informed about financial contributions that apply. In addition there will be a higher profile of the SWISH Service (Support and Wellbeing Information Service Harrow) that has recently been retendered as a service.

Website / [igital NPH S.75 CNWL for Adult Mental Health Harrow Wellbeing Service SAFEGUARDING / DoLS TRIAGE Services Specialist LD / CYAD

Panel:

Long Term Social Care Service

OP / PD / OPMH

District

Nurse

Cluster 2

GP/

District

Cluster 1

Panel will continue to provide discussion and support on cases at the key touchpoints in the new process.

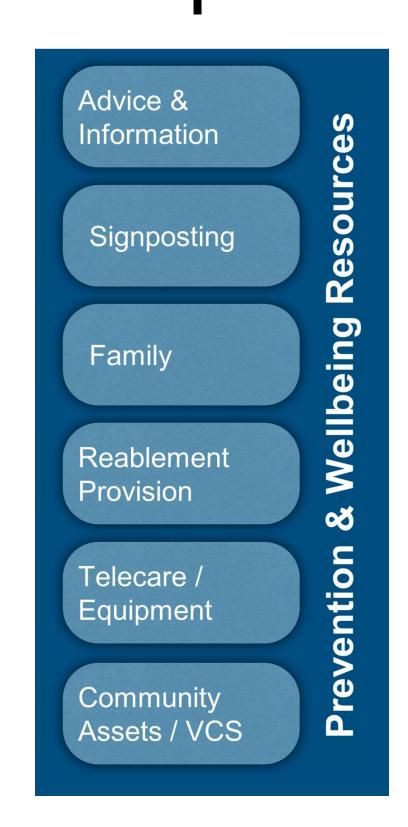
GP/

District

Cluster 3

Prevention & Wellbeing resources:

The wellbeing team will look to a suite of options that support a preventative approach to avoid unnecessary long term care e.g. Reablement provision, upskilling family support, adopting the latest innovation and technology, effective signposting and use of information and advice resources and new initiatives that enhance community partnership.



Assets / VCS

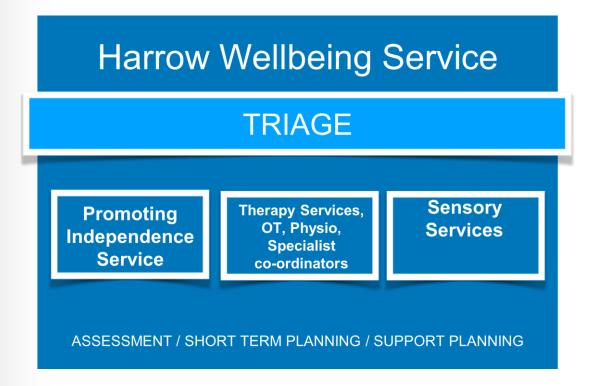
S.75 CNWL for Adult Mental Health

CNWL Section 75 Adult Mental Health services CNWL will continue to act on behalf of Harrow Council

to deliver mental health services for citizens up to the age of 65 in Harrow and this will not change in the new model.

Finance / Brokerage / Debt:

The new model recognises the need for a robust central function comprising of finance e.g. financial assessment, brokerage and debt management. These core functions will be available across all relevant touchpoints and improvements will be made to information and advice at the front end so citizens are aware early on what the potential social care financial liabilities are.



Harrow Wellbeing Service:

The Care Act 2014 is the most significant change in social care law for 60 years. The legislation sets out how people's care and support needs should be met. The act's 'wellbeing principle' sets out a local authority's duty to ensure people's wellbeing is at the centre of everything it does. This newly formed service embodies that principle and will deliver a Triage approach at the front end and through the specialist knowledge of a first response service can support citizens in a way that is strengths based and empowering. As well as statutory assessments; Care Act Assessment, Carers Assessment and Financial Assessment, a suite of options to meet outcomes, including Reablement, will be considered. A short term plan with a robust review process will be implemented and in some cases this will progress to longer term planning including RAS allocation and timely financial assessment.

The vision for Harrow adult social care promotes a model of community resilience that complements the adult social care pathway; transforming care from a model of need to one of strengths and empowering people to make meaningful community connections, utilising community assets including the voluntary and community sector.

