Your comments

I would welcome comments or feedback.

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IMPROVING HEALTH
2003

The Annual Report of the Director of Public Health
Harrow Primary Care Trust

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Foreword

This is my first report as Harrow's Director of Public Health and is an independent assessment of health in the Borough.

It is aimed at a wide audience, particularly all of us with direct or indirect responsibility for making Harrow a healthier place to live. For the first time in many years, Harrow has a health commissioning body which is solely responsible for the health of Harrow residents. Only now are we beginning to analyse and map data about Harrow's population and its health. This picture of Harrow is only the start. We must then consider how we tackle the inequalities this work uncovers. This will include looking carefully at the services we provide for our populations in terms of quantity, quality and access.

People in the NHS have a responsibility to use their resources wisely. The new monies coming into the NHS in Harrow over the next few years need to be targeted to maximise health gain and reduce inequalities. The NHS Priorities and Planning Framework, *Improvement, Expansion and Reform*, places a duty on the NHS to conduct equity audits to ensure that service developments are targeted at those most in need. There is also a major Primary Care capital development programme called LIFT which offers significant opportunities for health gain, not only through improved services, but also through the opportunities it provides for regeneration of our most deprived communities.

Although we have identified pockets of deprivation, Harrow is a relatively affluent borough ineligible for Neighbourhood Renewal Funding. Therefore, Harrow has had the opportunity to develop its Local Strategic Partnership in a patient manner. The recently launched Harrow Strategic Partnership will be a major factor in improving health and reducing inequalities. It is therefore important that we support it fully and measure its outcomes. The Local Authority Health and Social Care Scrutiny Sub-Committee will play an essential part in ensuring that there is no 'democratic deficit' in NHS accountability.

We are all at the early stages of a journey to tackle health inequalities in Harrow. Whilst there is much to be done, during my year here I have been most impressed by the people who live and work in Harrow and their determination to further improve the quality of life and reduce health inequalities.

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Acting Director of Public Health

Harrow PCT

Overview

This report starts by describing how lifestyle (diet, exercise, smoking), our environment, early nurturing, education, housing and relative affluence contribute in a complex way to overall health. To improve health for Harrow residents we therefore need a broad spectrum approach addressing all these health determinants.

There is clear evidence that health inequalities exist; to paraphrase the HM Treasury Cross Cutting Review *(2002) ... differences begin at conception and continue throughout life. Babies born to poorer families are more likely to be born prematurely, are at greater risk of infant mortality and have a greater likelihood of poverty, impaired development and chronic disease later in life. This sets up an intergenerational cycle of health inequalities.*

There is a clear co-ordinated public service agenda to improve outcomes and reduce the gap between the best and worst off in society. Nationally much work has been done in this area and Section 2 describes how this work sets the agenda for us. Key issues are sharing objectives across organisations, jointly involving and consulting communities, and co-ordinating resources to achieve maximum focus.

Informing patients and offering them greater choice is a cornerstone of NHS modernisation. We need to consider how we reshape and prioritise delivery of our services since history teaches us that it is the well off in society who are better able to take advantage of health services. To redress this imbalance the Department of Health document *Improvement, Expansion and Reform* emphasises that the new NHS monies must differentially target those in most need.

In many ways Harrow could be seen as an 'average' English borough, relatively affluent and fortunate to be close to London's green belt. This is, however, a misleading picture. Harrow's apparent wealth masks areas of relative deprivation whose residents have serious health needs. A further key factor that marks Harrow out as special is its ethnic diversity. It has the fifth most diverse population and the second largest Indian community in the country. Whilst this diversity enriches Harrow's cultural life it has significant implications for service design and delivery.

Generally Harrow's health indicators are good but we need to address the inequalities that we have identified. For instance a boy born in Wealdstone can expect to die more than four years earlier than a boy with average life expectancy for Harrow.

The biggest killers in Harrow, accounting for over a half of all deaths, are circulatory diseases and cancer which disproportionately affect the poorest in our society. Much can be done to reduce these causes.

Section 4 contains a number of short contributions from our partners. These describe some (though by no means all) of the work going on across Harrow to reduce health inequalities. Section 5 reports on communicable disease control in Harrow, highlighting tuberculosis as a particular health threat. Finally the appendices summarise key issues about tackling health inequalities drawn from research and national sources. These can act as checklists for planners and communities and should be useful to both the PCT Board and Local Authority Health and Social Care Scrutiny Sub-Committee.

health

... a resource for everyday life, not the objective of living