

A Picture of Harrow



3.1 Overview

Harrow Primary Care Trust is coterminous with the London Borough of Harrow. Harrow is situated in the outer part of North West London, covering 19 square miles, with just over one fifth of the area designated Green Belt.

Here we provide numerical information about Harrow's population, factors that influence health and what we know about the health of people living in Harrow.

When selecting which data to include we have chosen information that will help most in our efforts to tackle health inequalities. We need to identify where resources should be concentrated to have the maximum effect on health improvement, particularly for people with the worst health.

The current boundaries of the electoral wards in Harrow are shown in Figure 3.1. There have been a number of boundary and name changes over the last few years, the most recent in May 2002. Figure 3.2 shows the previous arrangement. Some of the information in this report is not available for the new wards; where this is the case figures for old wards are provided.

A Picture of Harrow is presented in three parts

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Figure 3.1 Harrow's present electoral ward boundaries

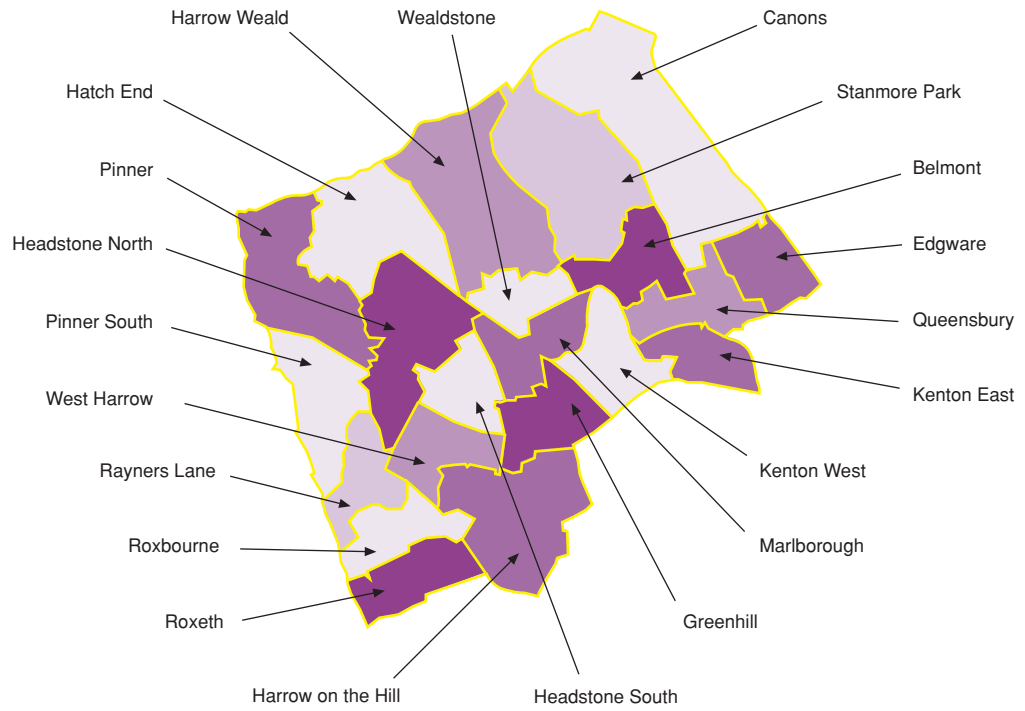
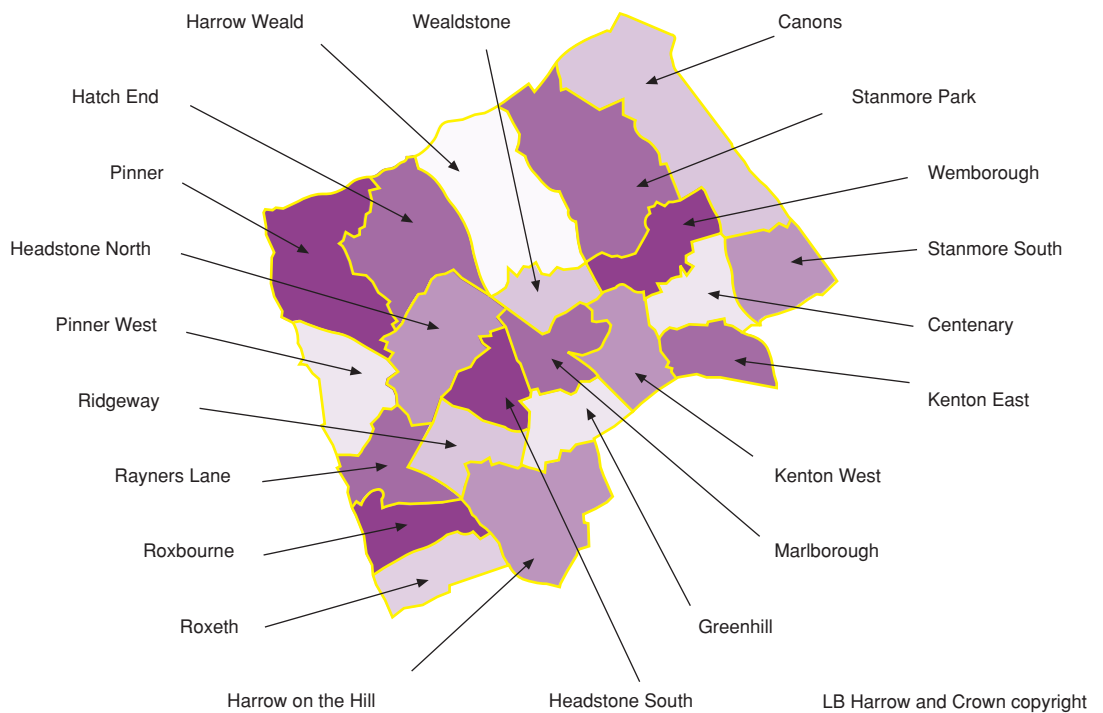


Figure 3.2 Harrow's electoral ward boundaries before May 2002



LB Harrow and Crown copyright

3.2 Harrow's people, general demographics

3.21 Population age and sex distribution

The most recent data about the population of Harrow were collected at the 2001 census. At the time of the census, the population of Harrow was estimated to be about 206,814.

In Harrow, the proportions of children aged up to 14 and people aged over 75 (19 and 7 per cent respectively) are broadly similar to the England average, as is the age distribution of males and females. Harrow has a higher proportion of young adults (aged 15 to 44) than the England average,

but this proportion is still below the all-London average. There are about 17,000 females and 12,000 males over the age of 65 living in Harrow, between four and five thousand aged over 85 (see **Appendix 7**).

The need for health services varies by age: in particular, older people make high use of health services.

Figures 3.3 and 3.4 show the percentage of children under the age of 5 and the percentage of people over the age of 65 living in each electoral ward in Harrow.

The age distribution in each ward varies considerably. The percentage of children under 5 varies from 4.2 per cent (Canons) to 7.8 per cent (Roxbourne). For people aged over 65 the percentage varies from 10.7 per cent (Roxbourne) to 23.1 per cent (Canons).

Figure 3.3

Harrow's children aged under 5

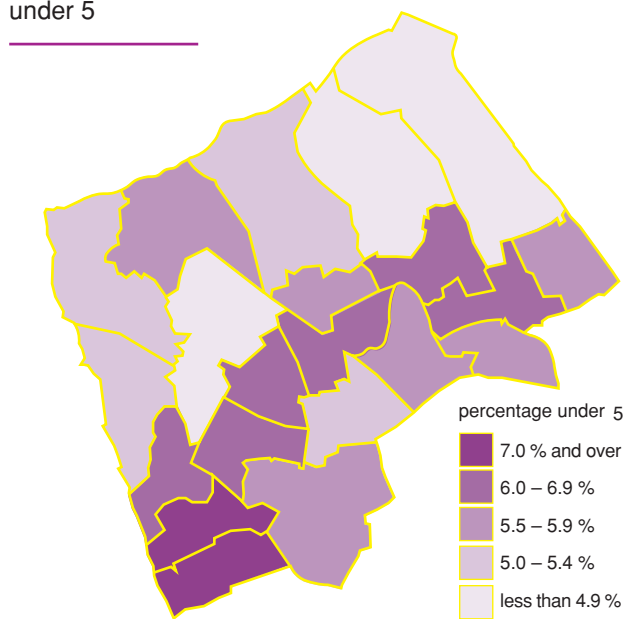
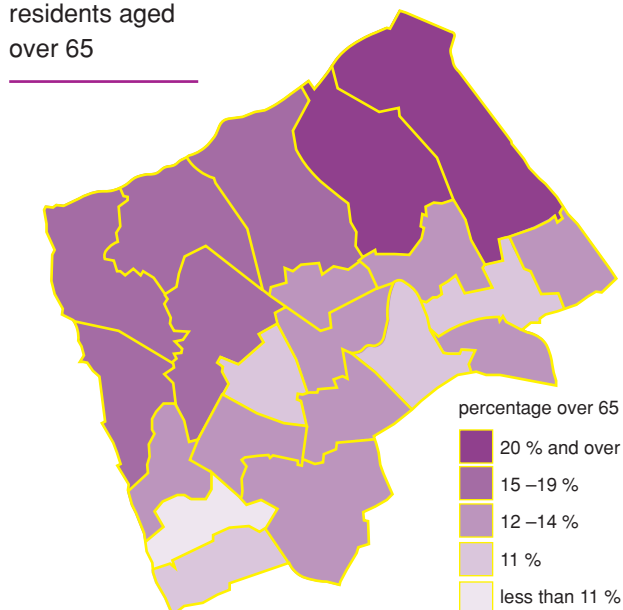


Figure 3.4

Harrow's older residents aged over 65



Sources 3.3 and 3.4
ONS, 2001 Census, Crown copyright

3.22 Ethnic groups in Harrow

The 2001 census estimated that about 41 per cent of Harrow's population are from non-white ethnic groups. This is higher than the London average of 29 per cent. The largest ethnic minority group in Harrow is Indian (21.9%). Among English boroughs, only Leicester has a greater proportion of residents who class themselves as Indian.

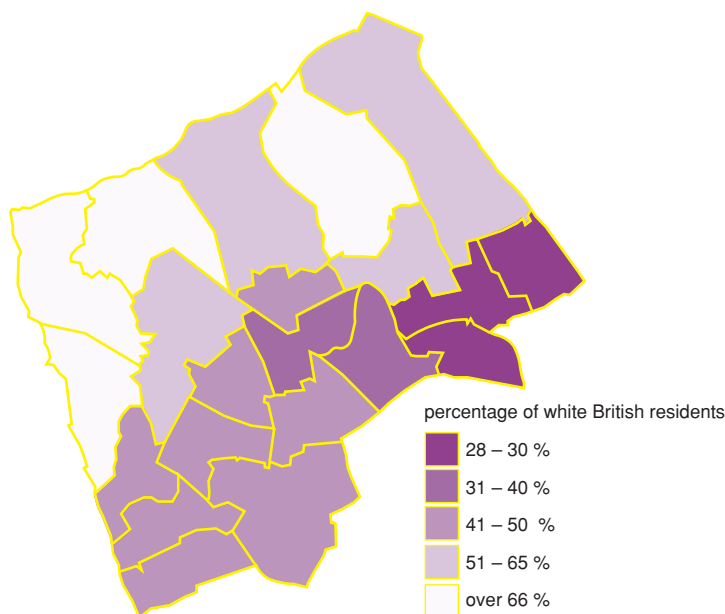
Figure 3.5 shows the proportion of people who are white living in each electoral ward. The proportions of people belonging to minority ethnic groups varies widely across the borough. In Kenton East, Queensbury, Edgware and Kenton West, over 60 per cent belong to minority ethnic groups. By contrast, in Pinner and Pinner South, minority ethnic groups make up about 30 per cent of the ward population.

In Kenton East, Kenton West and Queensbury, around half the population are Asian, compared with 15 per cent in Pinner and Pinner South. In Roxbourne, Roxeth and Wealdstone about 10 per cent of the population belong to black ethnic groups; by contrast less than two per cent of the population of Pinner South is black.

About four per cent of people living in Harrow classify themselves as Irish, compared with about one per cent of the English population. Again, there are wide variations within Harrow, about nine per cent of people living in Wealdstone and seven per cent in Marlborough classed themselves as Irish, but less than three per cent did so in Stanmore Park and Canons.

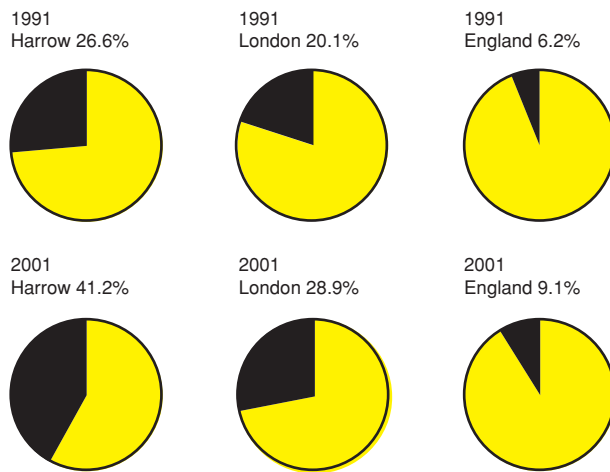
The proportion of people in non-white ethnic groups in Harrow appears to have increased since the 1991 census (see Figure 3.6).

Figure 3.5 Harrow percentages of ward population who are White British



Note White British excludes White Irish and White Other
 Source ONS, 2001 Census, Crown copyright

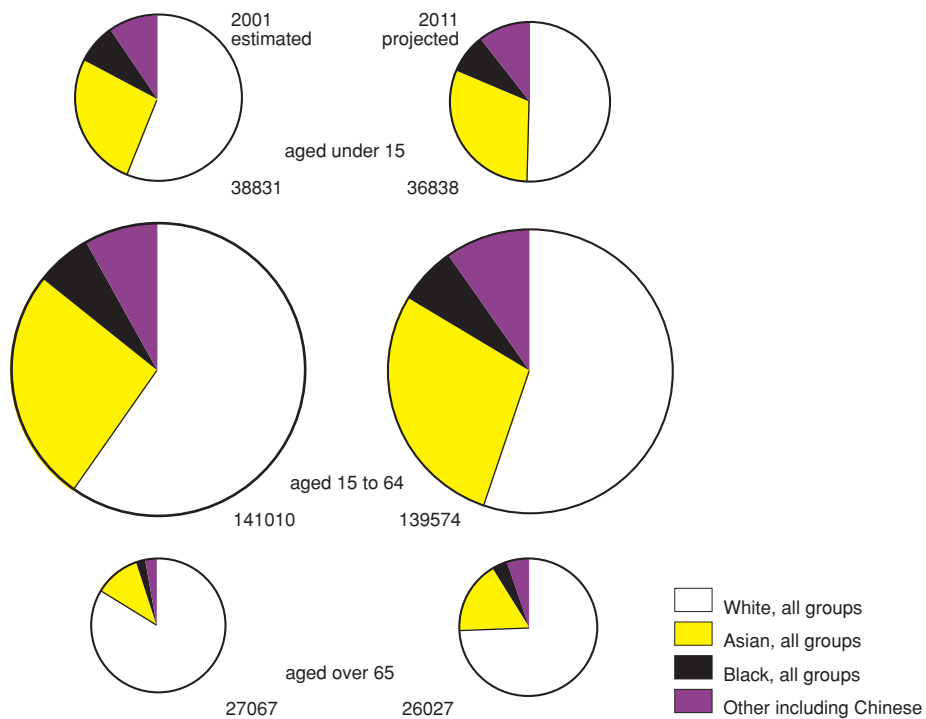
Figure 3.6 Percentage of populations of minority ethnic origin, 1991/2001



Source ONS, 1991/2001 Census, Crown copyright

The age distribution of people from minority ethnic groups is younger than the white population of Harrow. About half of all births are from black and ethnic minority groups.

Figure 3.7 How Harrow's population age/ethnicity mix is expected to change by 2011

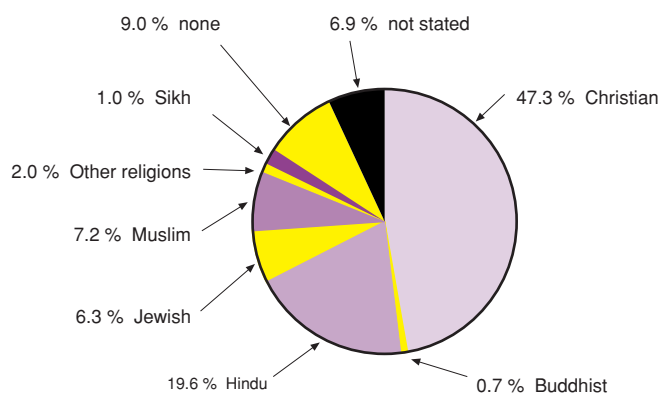


Source Greater London Authority

Estimates of how the population might change in the future suggest that the proportion of people in minority ethnic groups in Harrow may increase over the next ten years. The age group with the biggest increase in minority ethnic population as a proportion of the 2001 figure are the over 65s (see Figure 3.7).

Figure 3.8 shows the proportions of people belonging to each religion, as stated in the 2001 census. By proportion Harrow has the largest Hindu community in the country.

Figure 3.8 Religious beliefs of Harrow residents



Source ONS, 2001 Census, Crown copyright

3.3 Inequalities in the determinants of health of Harrow people

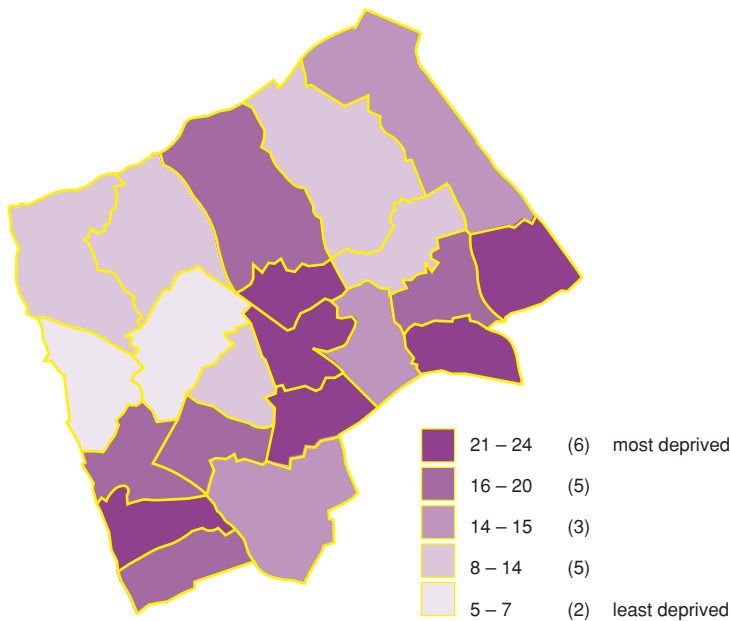
Here we provide some information about factors influencing the health of the people living in Harrow.

3.31 Socio-economic deprivation

As discussed previously (see 1.4) socio-economic deprivation has a very strong influence on health. The Department of the Environment, Transport and the Regions (DETR) has developed an index from 33 indicators which are grouped into six domains; education, employment, income, housing, health and access to services. The resulting **Index of Multiple Deprivation (IMD)** scored and ranked deprivation across all 8414 English electoral wards, and all 354 English boroughs.

Using these criteria, Harrow borough is not deprived – where the most deprived borough ranks 1/354 Harrow ranks 230/354. However borough rank order is an averaged value and hides considerable variation between wards. Figure 3.9 maps IMD scores for Harrow’s wards. In all-England rank order Greenhill (score 23.56; rank 2920/8414) is classified as being within the 35 per cent of ‘most deprived’ wards. Other deprived wards are Stanmore South (score 23.21), Marlborough (score 23.15), Wealdstone (score 23.03), Kenton East and Roxbourne (scores 22.74, 21.46 respectively).

Figure 3.9 Index of multiple deprivation in Harrow



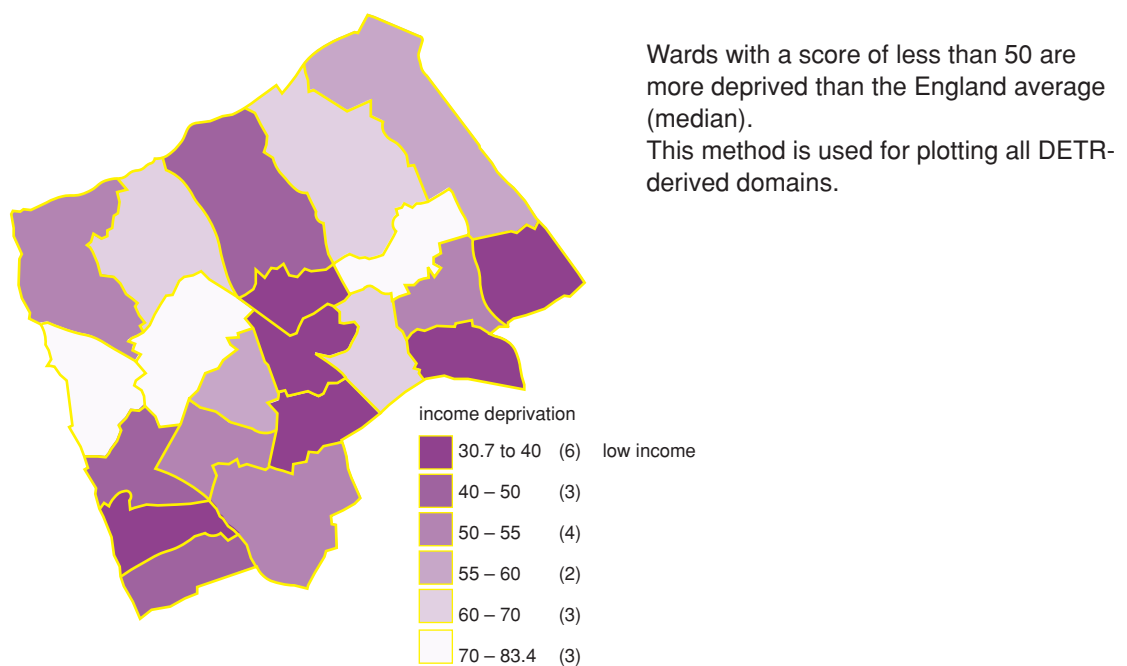
Source ONS, Crown copyright

3.31.1 Inequalities in income

The DETR has developed an **Income domain**. This takes into account factors such as receipt of benefits – including income support, job seekers’ allowance, family credit, disability working allowance and council tax benefit. Nine of Harrow’s 21 wards have income domain scores below the all-England median.

Figure 3.10 shows income inequality by ward. Stanmore South, Roxbourne, Greenhill, Wealdstone, Kenton East and Marlborough wards have the worst income scores.

Figure 3.10 Inequalities in income in Harrow



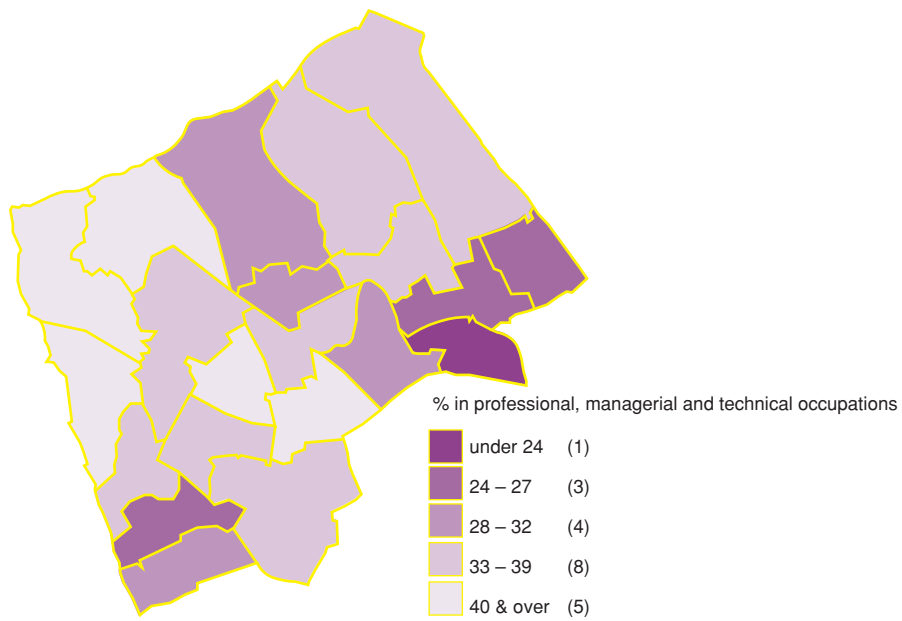
Note Income domain: Harrow ward scores
Source LB Harrow, Crown copyright

3.31.2 Occupation inequalities

Another measure of socio-economic deprivation is occupation. Figure 3.11 maps by ward the proportion of people working in managerial, professional or technical occupations. By this measure Pinner and Pinner South wards score highly (over 41 %), the lowest scoring wards (below 27 %) being Roxbourne, Edgware, Queensbury and Kenton East.

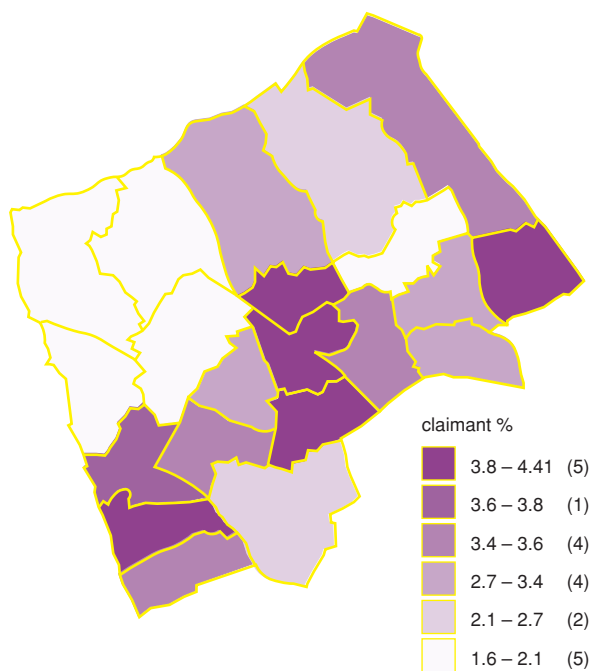
Unemployment has a strong influence on health, and is a good measure of socio-economic deprivation. Figure 3.12 plots the proportion of people unemployed in each Harrow ward in September 2002. The five wards with the highest levels of unemployment were Wealdstone, Marlborough, Greenhill, Stanmore South and Roxbourne.

Figure 3.11 Occupational groups in Harrow



Note Census occupational groups 1, 2, and 3 combined
 Source ONS, 2001 Census, Crown copyright

Figure 3.12 Unemployment in Harrow



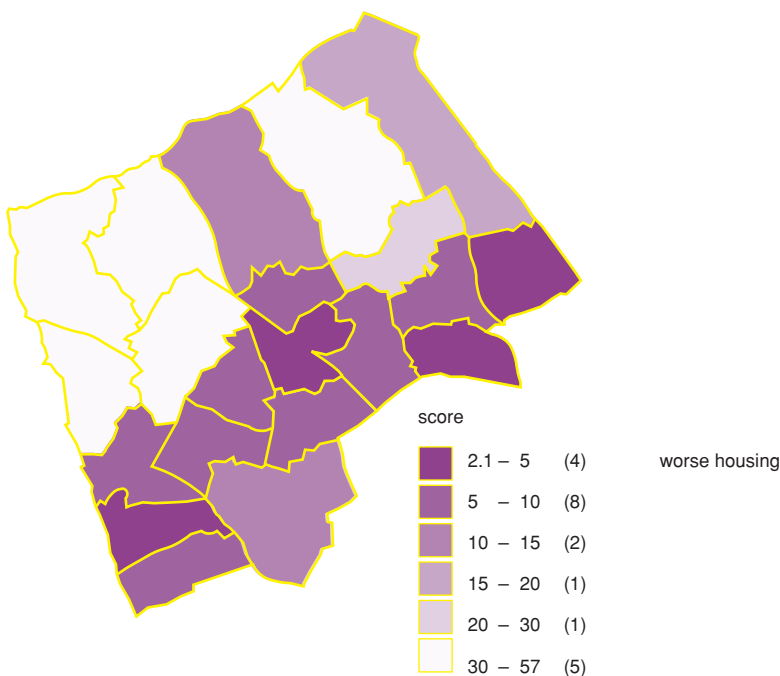
Note Claimants as a percentage of total ward populations of working age
 Source LB Harrow, Crown copyright

3.32 Housing

Nearly 40 per cent of Harrow households live in semi-detached houses, more than twice the London average. A third of Harrow's households own their own homes outright, the third highest level in London. Harrow also has the third lowest level of social housing in London, 11 per cent of households.

The DETR **Housing domain** is based on the number of homeless households in temporary accommodation, household overcrowding (1991 Census data) and other measures of poor private sector housing. Figure 3.13 gives the figures for Harrow. The poorest housing is in Roxbourne, Marlborough, Kenton East and Edgware wards.

Figure 3.13 Housing quality in Harrow

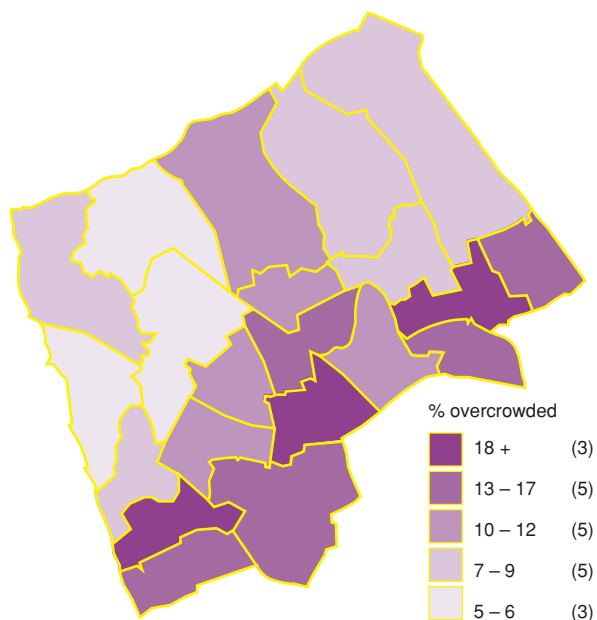


Source LB Harrow, Crown copyright

Census data for 2001 shows that the wards with the highest proportion of overcrowded households are Queensbury, Greenhill and Roxbourne (over 18%). Wards with lower levels of overcrowding were Pinner South, Hatch End and Headstone North – all with fewer than seven per cent (Figure 3.14).

Table 3.1 shows the number of homeless people living in North West London boroughs. There are over 1700 homeless households in Harrow, about the same as Hounslow, Hammersmith and Fulham and Hillingdon, but more than in Kensington and Chelsea.

Figure 3.14 Household overcrowding in Harrow



Note Percentage of overcrowded households (occupancy rating -1 or less)
 Source ONS, 2001 Census, Crown copyright

Table 3.1 Homeless households in temporary accommodation

<i>Borough</i>	<i>numbers of homeless</i>
Kensington and Chelsea	966
Hounslow	1422
Harrow	1736
Hammersmith and Fulham	1743
Hillingdon	2001
Ealing	2314
Westminster	2890
Brent	3632
London	57,453

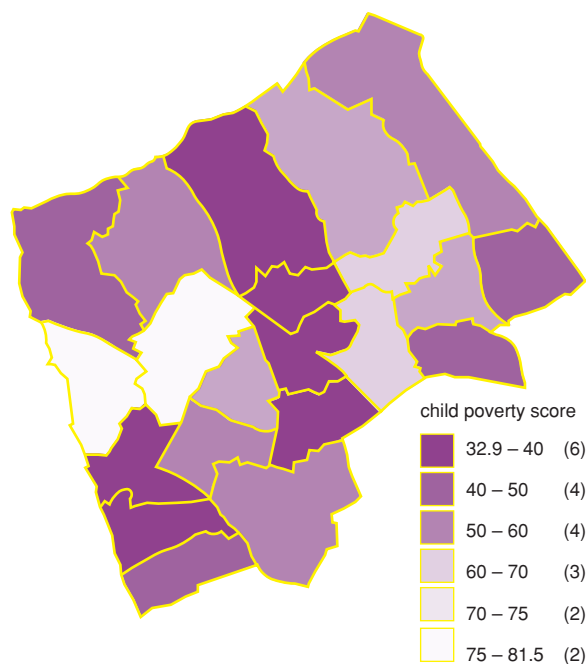
Source Greater London Authority, *Housing in London*, 2003

3.33 Child circumstances

The DETR **Child Poverty Index** relates to the proportion of children aged under 16 living in means-tested benefit-reliant families.

Figure 3.15 shows the child poverty score for Harrow wards. The wards with the greatest child poverty are Rayners Lane, Roxbourne, Greenhill, Marlborough, Wealdstone, Harrow Weald, Roxeth, Kenton East, Stanmore South and Pinner.

Figure 3.15 Child poverty in Harrow



Source LB Harrow, Crown copyright

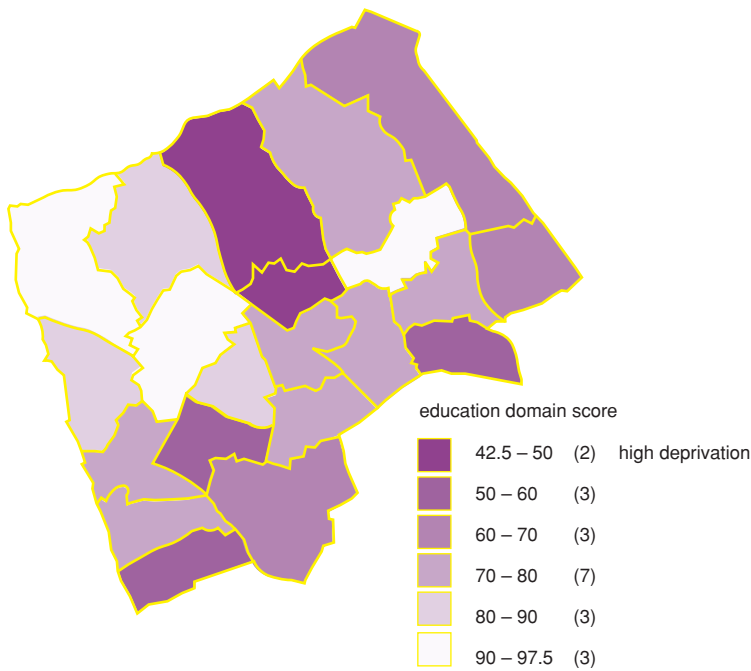
The DETR **Education domain** is derived from several indicators including: working-age adults without qualifications; young adults (16 plus) not in full-time education; 17 to 19 year-olds not entering higher education (1997/98); and for primary schools: absenteeism rates, Key Stage 2 attainment levels and numbers of pupils with English as a second language. Figure 3.16 shows that Harrow Weald and Wealdstone have the worst education deprivation.

Looked After Children, of whom there are about 175 in Harrow, have greater health needs than other children. Harrow numbers are fairly low for a London borough – see Figure 3.17.

In 2002, 17 per cent of secondary school children, and 14 per cent of primary school children were eligible for free school meals. This is very similar to the all-UK level, 17.3 per cent of primary, and 15.3 per cent of secondary schools.

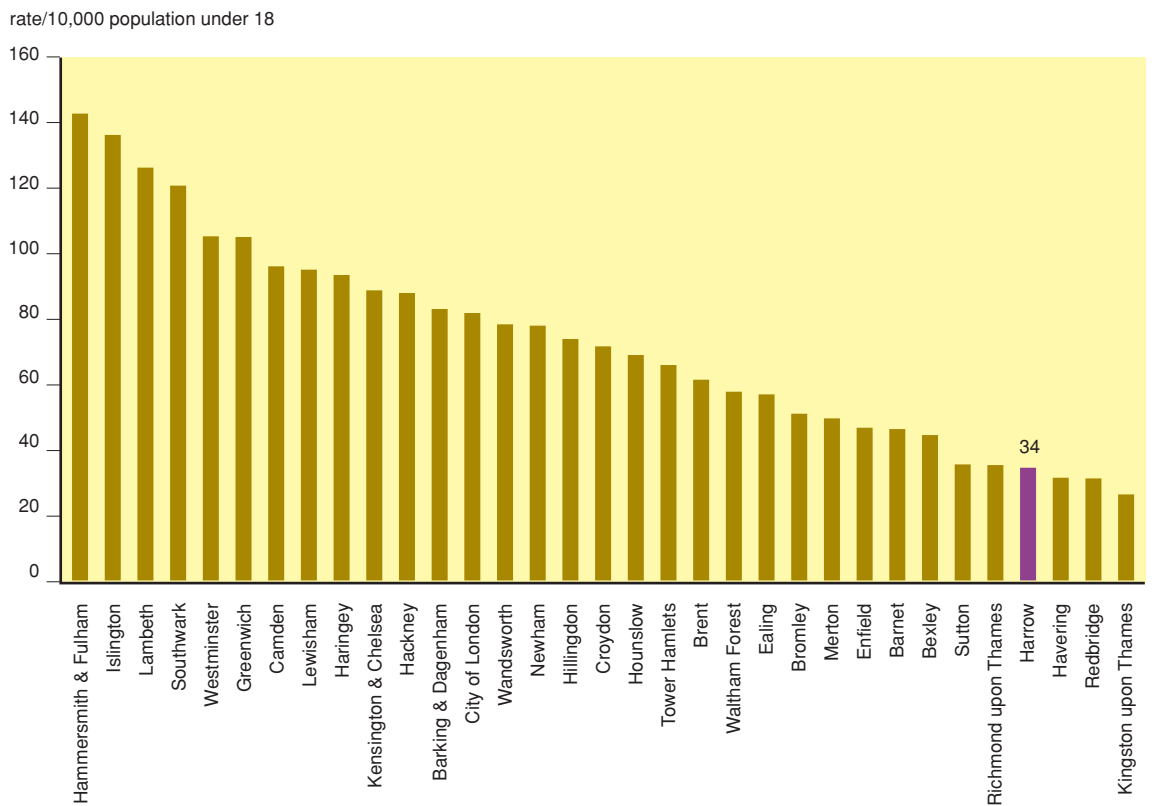
During 2002, Harrow Education Services maintained 951 Statements of Special Educational Need. Greenhill, Kenton East and Stanmore South wards have the highest rates of students with special needs (LB Harrow Education Services data).

Figure 3.16 Inequalities in education



Source LB Harrow, Crown copyright

Figure 3.17 Looked After Children in London boroughs, 2002



Source Department of Health

3.34 Asylum seekers and refugees

In April 2003, there were 463 registered asylum seekers in Harrow – a relatively small proportion of the London total (see Table 3.2). 102 families with 212 children, 50 unaccompanied children and 50 young people aged 15 to 18. There is known to be significant under-registration so the actual numbers of refugees is likely to be greater.

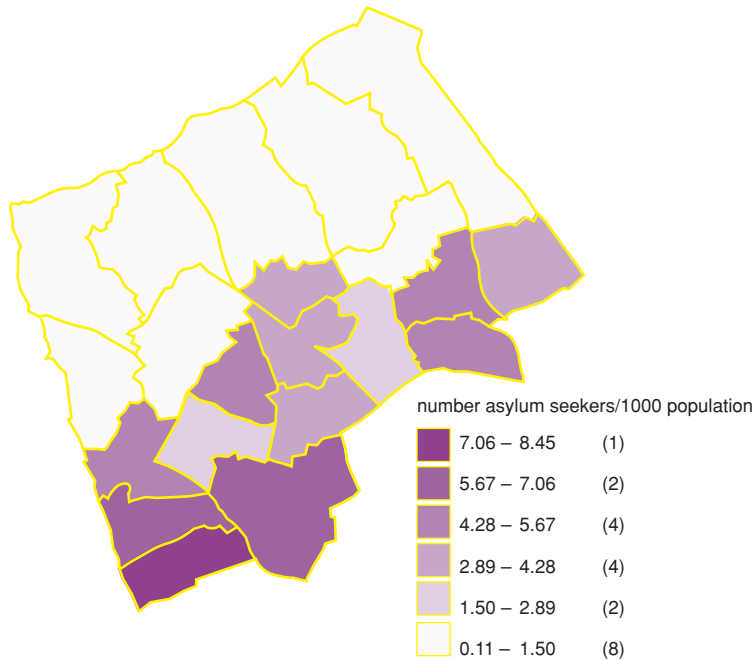
In Harrow schools, there are 1799 children who are refugees (Harrow Education Services data). Figure 3.18 maps by ward the number of asylum seekers receiving support from the National Asylum Service (August 2002). Roxeth, Harrow on the Hill and Roxbourne wards have the highest rates.

Table 3.2 Registered asylum seekers and refugees 2003

	<i>number</i>	<i>families</i>	<i>children in families aged 0 to 18</i>	<i>unaccompanied children</i>
Corporation of London	211	39	72	24
Bexley	283	48	96	49
Kingston-upon-Thames	285	47	96	81
Bromley	309	66	128	29
Havering	373	70	126	45
Sutton	398	83	162	32
Harrow	463	102	212	50
Merton	555	139	271	19
Ealing	576	133	247	52
Wandsworth	660	152	325	13
Tower Hamlets	696	157	228	61
Croydon	794	126	241	336
Richmond-upon-Thames	828	166	325	55
Hounslow	852	169	336	101
Kensington & Chelsea	878	177	323	105
Camden	886	184	403	88
Barnet	1,054	258	485	46
Redbridge	1,143	241	439	85
Hammersmith & Fulham	1,200	304	493	41
Lewisham	1,286	332	691	142
Hillingdon	1,411	161	284	607
Westminster	1,425	297	577	101
Greenwich	1,491	286	562	242
Enfield	1,496	382	471	139
Brent	1,581	410	705	175
Waltham Forest	1,638	311	631	232
Southwark	2,013	440	793	140
Hackney	2,037	438	783	98
Barking & Dagenham	2,065	432	731	249
Islington	2,533	259	744	270
Lambeth	2,726	653	1121	350
Newham	3,478	807	1585	254
Haringey	4,041	854	1685	246
Total	41,665	8,723	16,371	4,557

Source London Asylum Seekers Consortium, 27 June 03

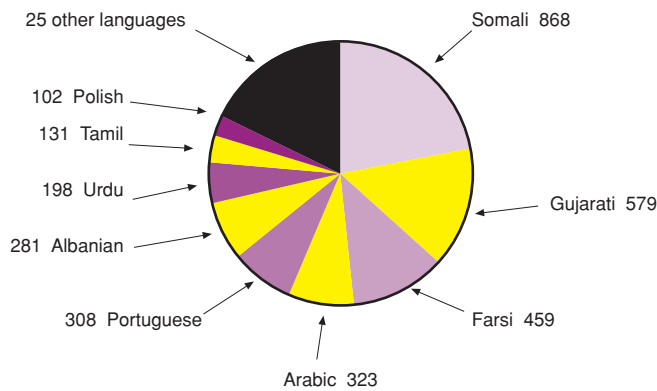
Figure 3.18 Asylum seekers in Harrow, August 2002



Source LB Harrow

There is little information available about the country of origin of Harrow's asylum seekers. The Asylum Seekers Team believe that most are from Somalia, Afghanistan, Sri Lanka and Iran. The use of interpreting services gives some indication of need for services. In 2002/3, Brent and Harrow residents required 3947 interpreter sessions using 34 languages. The proportion of sessions for each language are shown in Figure 3.19. The most frequently used languages were Somali (22 %), Gujarati (14.7 %) and Farsi (11.6 %).

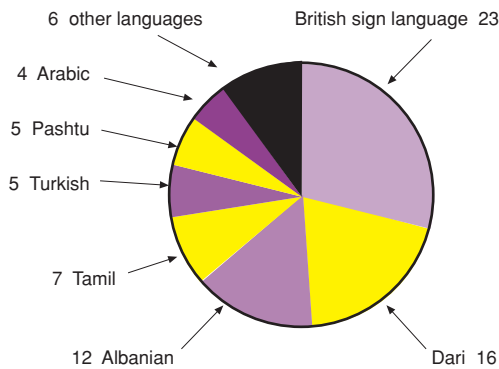
Figure 3.19 Languages used in interpreter sessions, 2002/3



Source Group of Reliable Interpreters in Parkside

Figure 3.20 gives a more recent picture of contacts with the interpreting service among Harrow residents only. The commonest requests are for services in British Sign Language, Dari (an Afghan language) and Albanian.

Figure 3.20 Interpreter services in Harrow during early 2003



Note Languages used 1 January – 31 August 2003 in Harrow PCT
 Source Group of Reliable Interpreters in Parkside

3.35 Crime

Figure 3.21 maps violent crimes reported to Harrow Police. The wards with most reported crimes were Greenhill, Marlborough and Wealdstone.

Illegal drug use in Harrow

In 2001-2, there were 454 people in structured treatment programmes for drug users in Harrow, including structured counselling, rehabilitation programmes and community prescribing programmes. (London Health Observatory – National Drug Treatment Monitoring System data)

For the population aged between 15 and 44, this represents a rate of 4.6 per 1000. Across London this rate varies widely – from two per 1000 in Enfield to eleven per 1000 in Camden, see Figure 3.22. These data do not include drug users seeking health service help for other conditions, those outside structured programmes, or drug users in needle exchange programmes.

Figure 3.21 Violent crime in Harrow

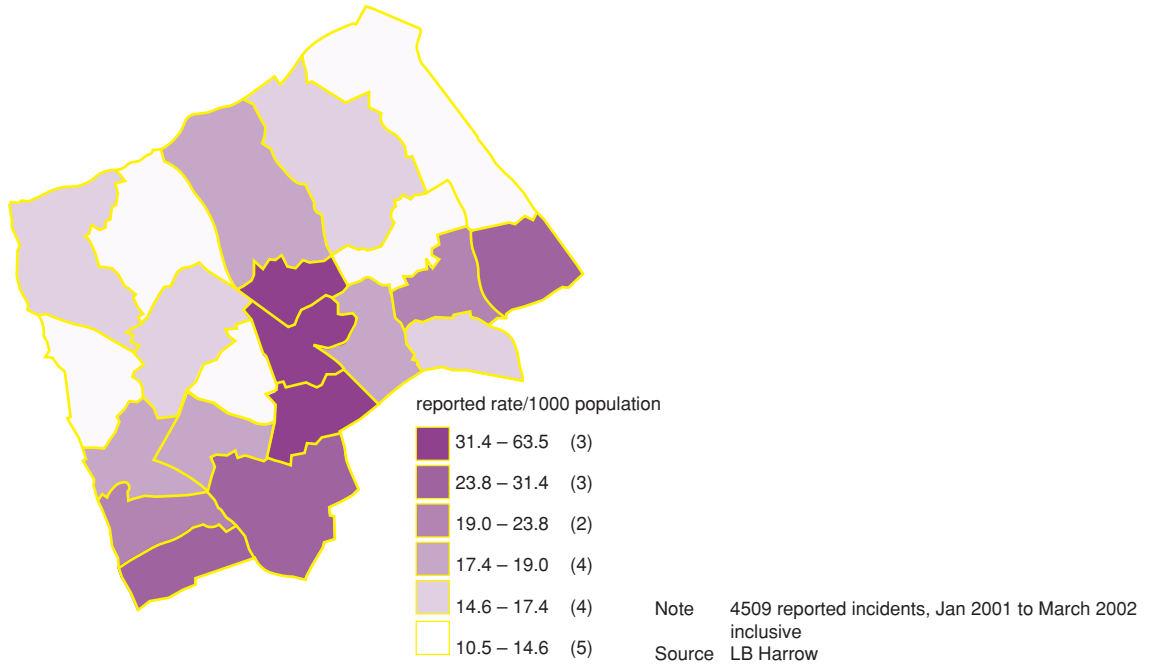
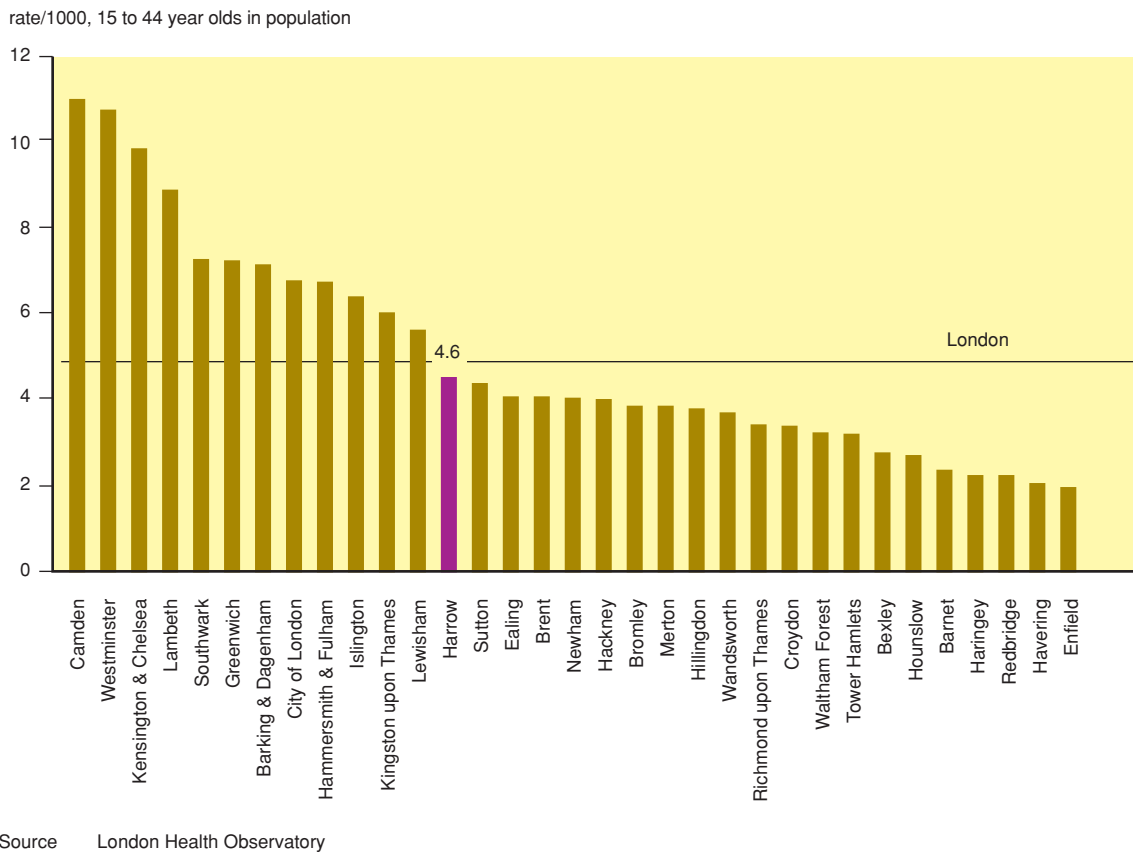


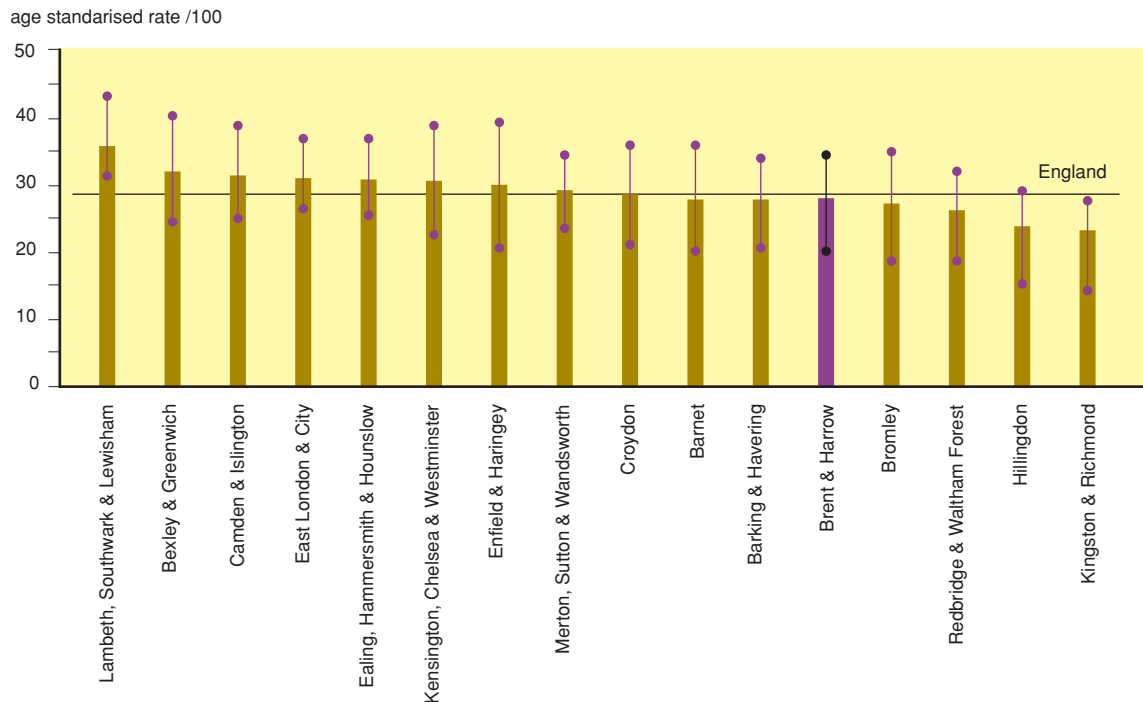
Figure 3.22 Drug treatment rates



3.36 Tobacco use

Figure 3.23 shows the adult smoking rates within 16 London Health Authorities (1994 to 1996). Brent and Harrow was fifth lowest in London.

Figure 3.23 Adult smoking in London, 1994/96



Note Vertical dumb-bells represent 95% confidence intervals
 Source Health Survey for England, 1994-96

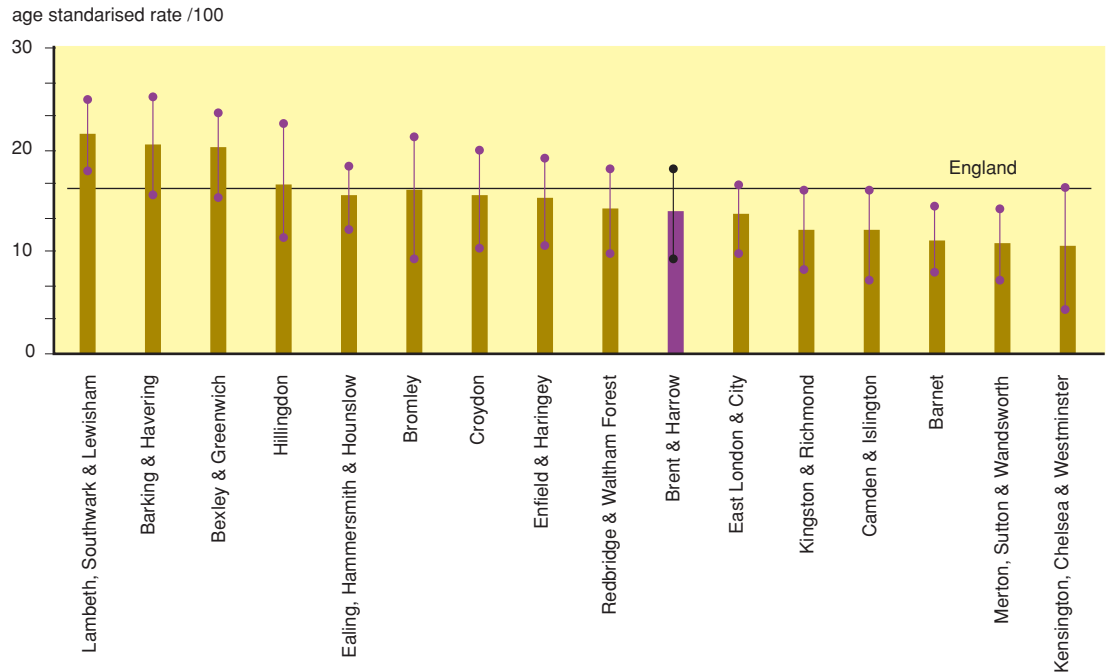
3.37 Obesity

Obesity is a major cause of ill health, increasing the risk of a range of diseases, including heart disease, diabetes and arthritis. Figure 3.24 shows the percentage of the adult population defined as obese in 1994–96, when about 14 per cent of Brent and Harrow residents were obese (Body mass index greater than 30).

The more recent Chief Medical Officer’s 2002 *Annual Report* estimated that a fifth of adults were obese (more than double 1980’s level). 8.5 per cent of 6 year-olds and 15 per cent of 15 year-olds were also obese.

A physical activity strategy is being developed locally as part of a plan to tackle obesity in Harrow.

Figure 3.24 Adult obesity in London, 1994-96



Notes Proportion with body mass index greater than 30
 Vertical dumb-bells represent 95% confidence intervals
 Source *Health Survey for England, 1994-96*

3.38 Air quality

The National Air Quality Strategy set standards for the major air pollutants: nitrogen dioxide (NO₂), particulates of less than 10 microns in diameter (PM₁₀), benzene, 1,3 butadiene, lead, sulphur dioxide and carbon monoxide, all of which are known to be harmful to health in high concentrations.

Of most concern in Harrow are PM₁₀ and NO₂ levels. The most recent monitoring results report levels below national standards. However, increasing vehicle numbers will mean that recommended maximum values are likely to be exceeded within a few years.

To counter this, Harrow Council declared the whole borough an Air Quality Management Area in January 2002. The Harrow Council Air Quality Action Plan includes proposals to reduce vehicle emissions, reduce congestion, encourage the use of public transport, promote walking and cycling and encourage development which does not impact upon air quality.

For more information about air quality in Harrow see:

<http://www.harrow.gov.uk/council/departments/environmentalhealth/pdfs/air-quality-action-plan.pdf>

Harrow has high levels of car ownership compared to other London Boroughs – 77 per cent of households own or have access to at least one car or van. This is the second highest level in

London, after Hillingdon. One third of households have two or more cars, ranking Harrow again in second place in London, after Hillingdon.

In 2001, 50 per cent of people used a car to get to work and a third used public transport. About ten per cent of people work from home.

Table 3.3 Air quality in Harrow

	1999	2000	National Air Quality Standard 2003
NO ₂ annual mean (µg/m ³)	34	34	40 µg/m ³ (to be achieved by 31 Dec 2005)
number of hours >200 µg/m ³	0	0	1 hour mean of 200 µg/m ³ not to be exceeded more than 18 times a year
PM ₁₀ annual mean (µg/m ³)	21	21	40 µg/m ³ (to be achieved by 31 Dec 2004)
number of days >50 µg/m ³	3	3	24 hour mean of 50 µg/m ³ not to be exceeded more than 35 times a year

Note Results from monitoring at Whitchurch School, Wemborough Road, Stanmore 1999-2000 (urban background site)
 Source King's College London: Stage 4 Review and Assessment for LB Harrow Environmental Protection Team, March 2003

3.39 Implications of the population profile

Harrow has the fifth most diverse population in the country. Coronary heart disease, stroke and diabetes, whilst common in white populations, are more common in South Asian populations. We need to ensure that we are providing sufficient services in a culturally appropriate manner.

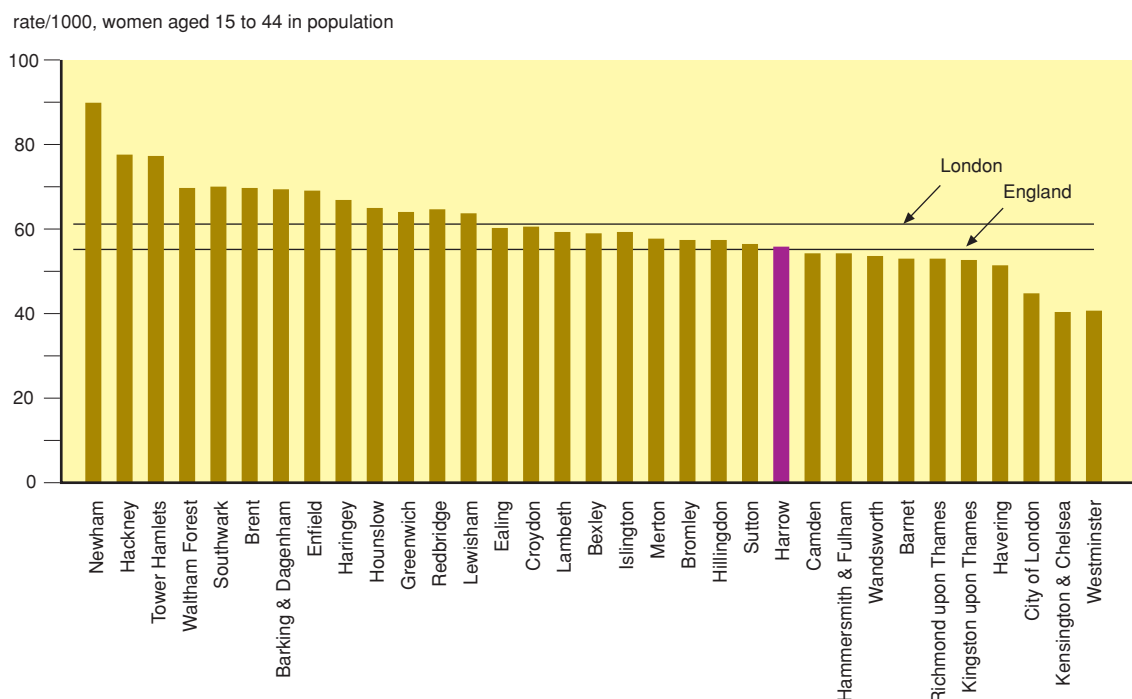
Historically, the NHS has quite rightly focused on treatment. It is now vital that we tackle the risk factors of smoking, nutrition and physical activity.

We know that peoples' health is adversely affected by material deprivation. It is therefore our responsibility to improve the health of the worst off in Harrow by working closely with the Local Authority, the voluntary sector, communities and the private sector to tackle the broader determinants of health. Although Harrow is an affluent area, the Index of Multiple Deprivation allows us to identify South Harrow, the Wealdstone corridor and South East Harrow as the areas where we should be directing our health improvement and regeneration efforts.

3.4 Health profile

In 2001, there were 2581 live babies born to Harrow women. Figure 3.25 compares the general fertility rate for Harrow with other London boroughs. The rate in Harrow is below the London average.

Figure 3.25 General fertility rates for London, 2000

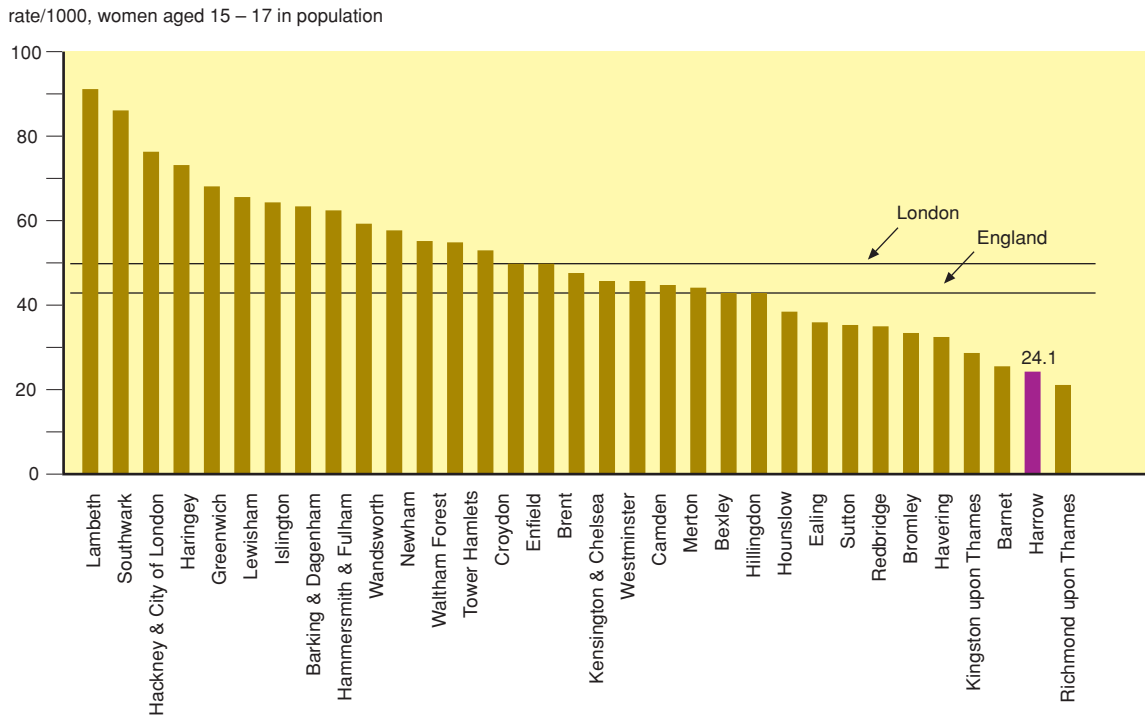


Note General fertility rate is based on live births per 1000 women in the population aged between 15 and 44
 Source Compendium of Clinical and Health Indicators, DoH 2001

3.41 Teenage pregnancy

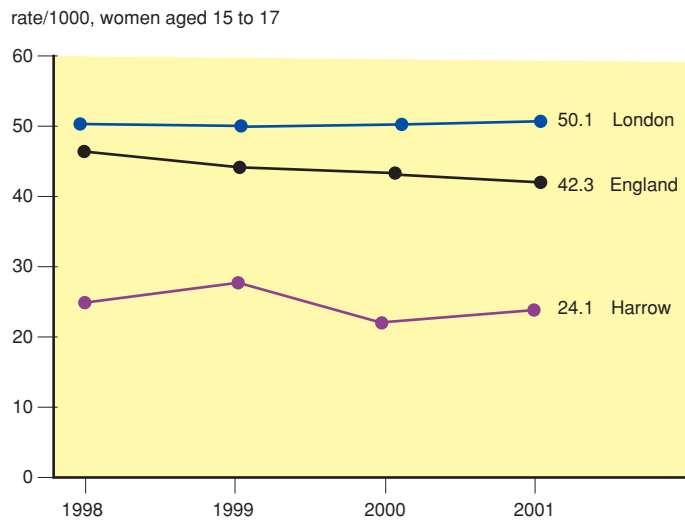
Figure 3.26 shows the rate of conceptions in women aged under 18 in London boroughs for 2001. Except for Richmond, Harrow has the lowest rate in London. Figure 3.27 shows trends in teenage conception rates in England, London and Harrow. The overall low rate in Harrow hides inequalities within the borough. Figure 3.28 maps teenage conception rates by electoral ward for the years 1998/1999. Several wards (Rayners Lane, Roxeth and Wealdstone) have higher rates than the all-England average.

Figure 3.26 Conceptions, young women aged under 18, London boroughs, 2001



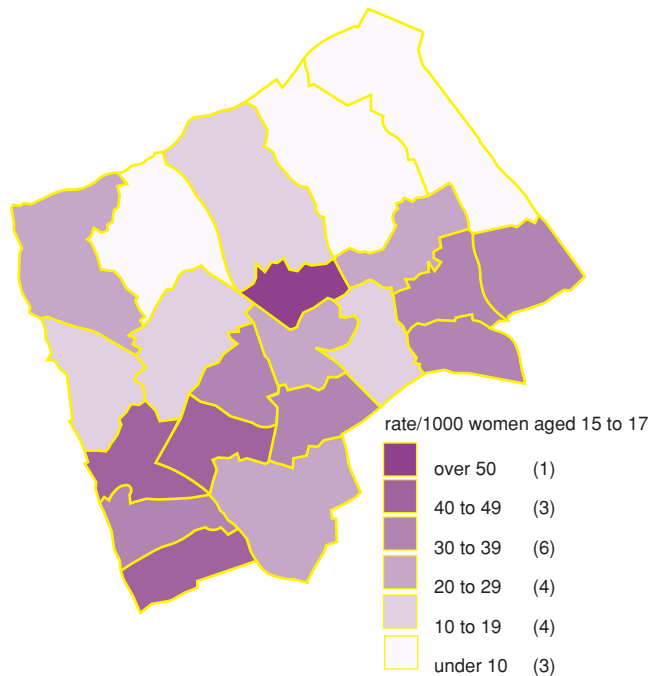
Source ONS

Figure 3.27 Trends in conceptions, young women aged under 18, 1998/2001



Source ONS

Figure 3.28 Inequalities in teenage pregnancy in Harrow

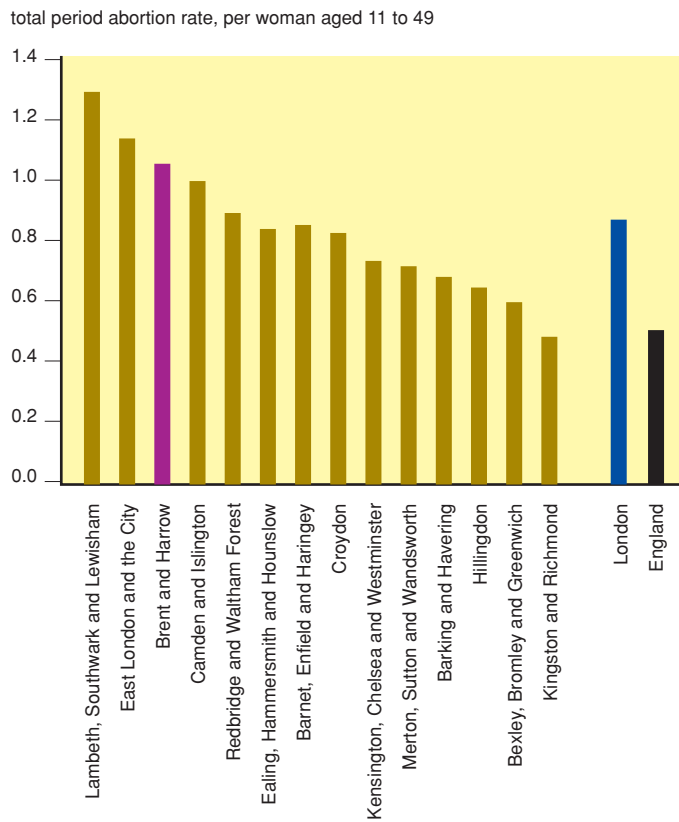


Note rates are calculated per 1000 women aged 15 to 17 in the population, pooled years 1998 – 1999
 Source ONS, population: Greater London Authority (2000)

3.42 Abortion

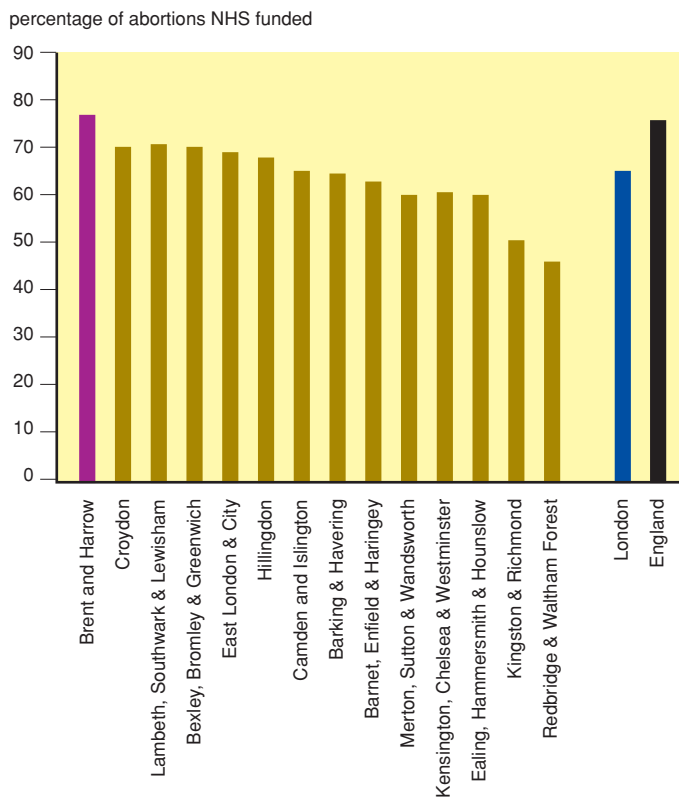
During 2000, the total period abortion rate in Brent and Harrow was 1.08 per woman aged 11 to 49; the third highest rate in London (see Figure 3.29). About three-quarters of abortions carried out on Brent and Harrow residents were funded by the NHS, a figure that is the highest in London and higher than the national average (see Figure 3.30).

Figure 3.29 Abortion rates, London boroughs, 2000



Source Compendium of Clinical and Health Indicators, DoH 2001

Figure 3.30 NHS funded abortions, percentages, 2000



Source Compendium of Clinical and Health Indicators, DoH 2001

3.43 Infant mortality

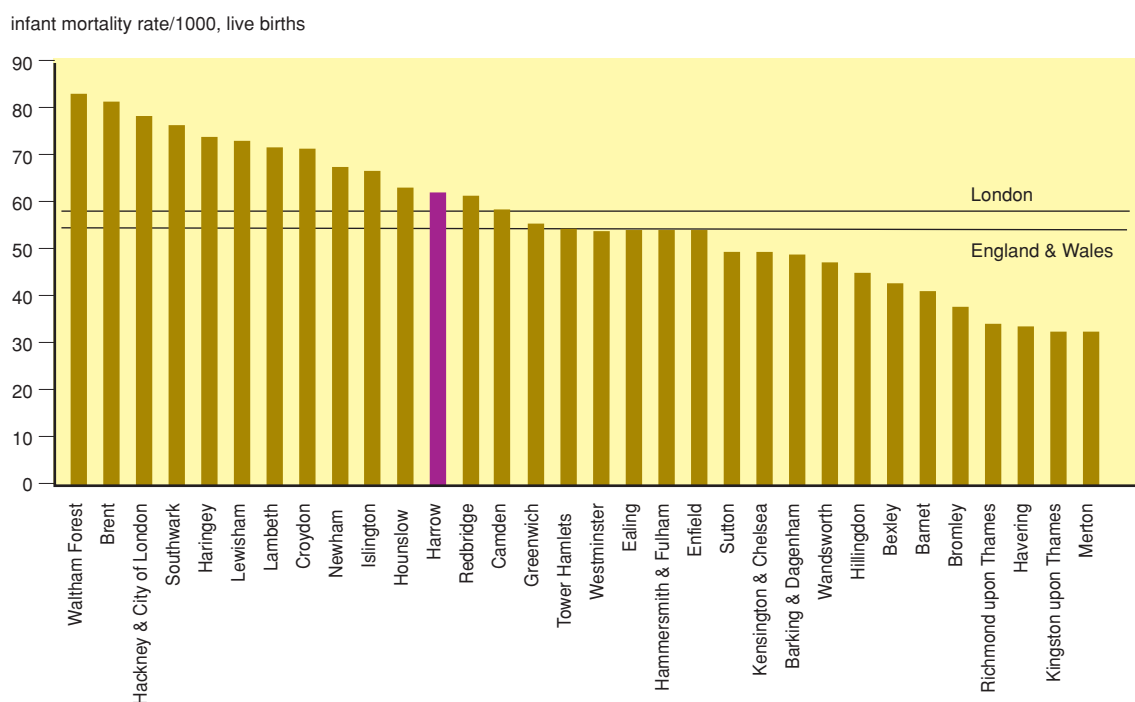
High infant mortality is strongly associated with lower socio-economic status, both nationally and internationally.

Important

Deaths in infancy are a rare event so even one ‘additional’ death, or life saved, can make a large difference to the outcome of calculations. Some of the variations across the borough may be the result of chance and may not be sustained or reflect a major problem.

Infant mortality rates in Harrow (1999 to 2000) were 6.2 per 1000 live births – higher than both England and Wales (5.5/1000) and the London average (5.8/1000) (see Figure 3.31).

Figure 3.31 Infant mortality rates in London boroughs, 1999–2000

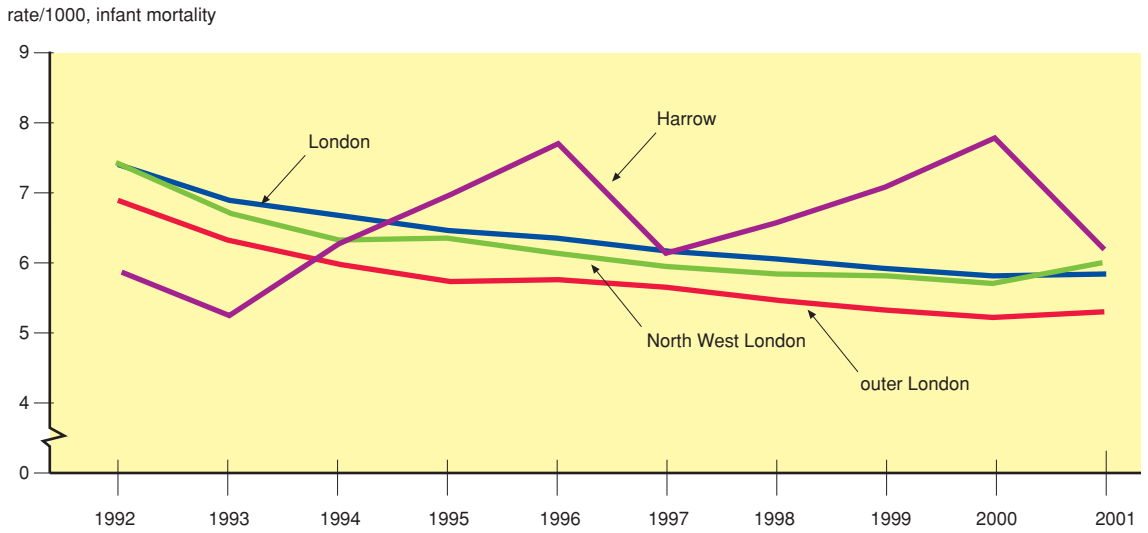


Source London Health Observatory

Figure 3.33 maps infant mortality rates for a three-year period (1998 to 2000). Headstone South, Rayners Lane, Harrow Weald, and Greenhill had the highest infant mortality rates.

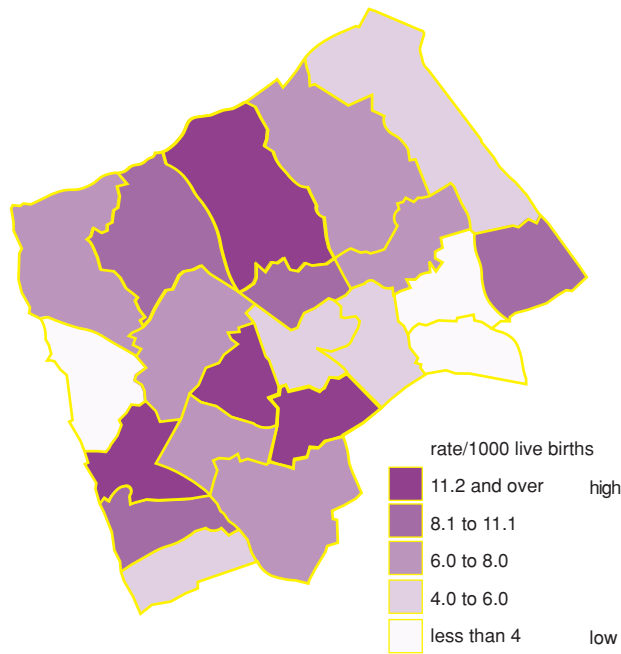
Harrow PCT has set up a group to tackle inequalities in infant mortality. This will focus on a number of areas, preventing low birth weight (reducing smoking in pregnancy), improving maternal and child nutrition (including promoting breast-feeding) and improving services for mothers and babies.

Figure 3.32 Trends in infant mortality, 1992 – 2001



Notes 3 year averages
Source ONS

Figure 3.33 Inequalities in infant deaths in Harrow, 1998-2000



Source ONS public health mortality files; GLA populations

3.44 Low birth weight

Low birth weight is a key child health indicator. Babies born weighing less than 2500 grams are more likely to die in the first year of life and have more health and educational problems at the age of seven.

Across London boroughs, between 6 and 12 per cent of all births are low birth weight (infants weighing less than 2500 grams). Harrow, at 9.1 per cent, has the twelfth highest rate – greater than that for London (8.5 %) and England as a whole (7.9 %). See Figure 3.34.

Within Harrow there are inequalities in low birth weight by ward. In Centenary, Greenhill, Kenton East, Kenton West, Rayners Lane and Stanmore South, over 10 per cent of children were of low birth weight in 1998-2000. See Figure 3.35.

Figure 3.34 Low birth weight babies, 2000

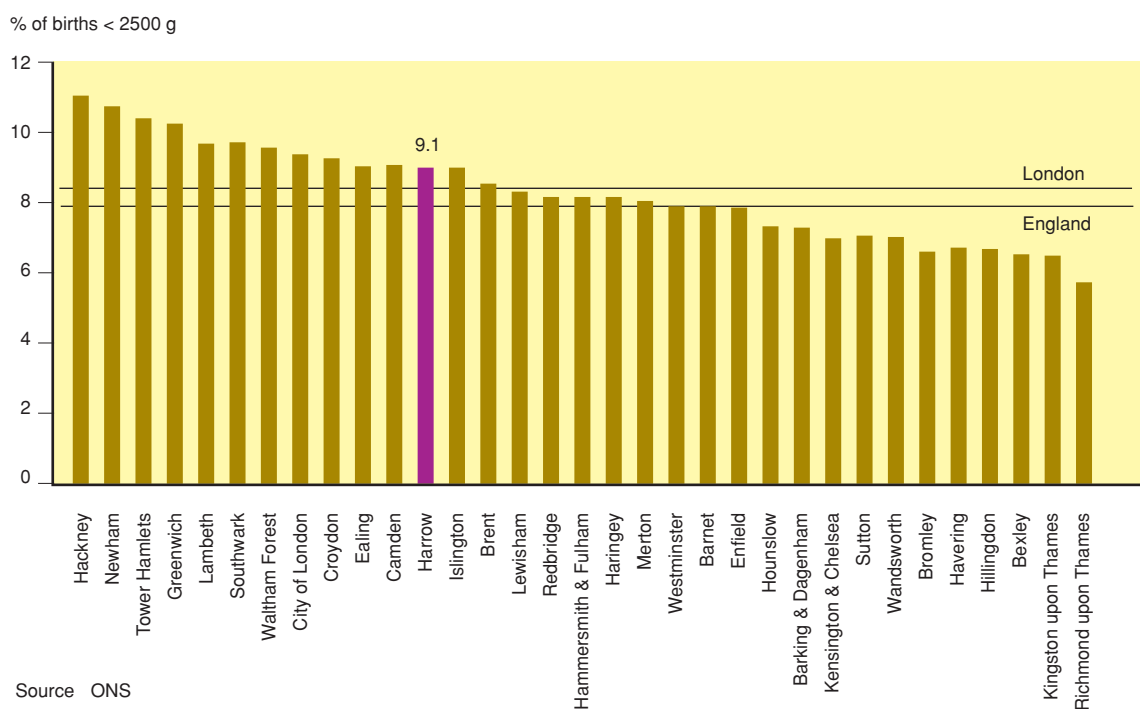
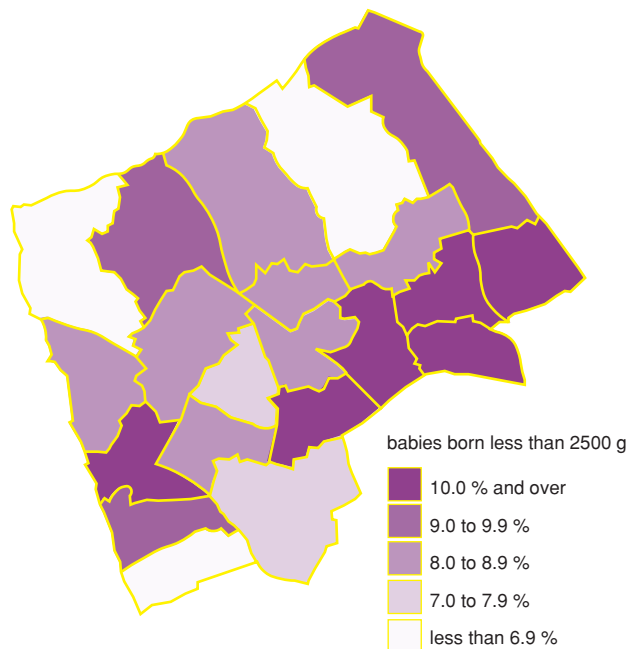


Figure 3.35 Inequalities in Harrow, low birth weight babies 1998–2000

Source ONS

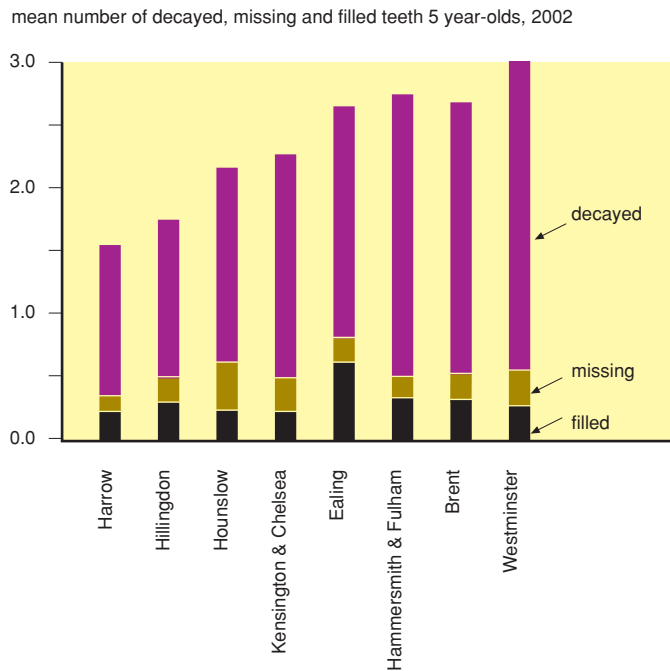
3.45 Oral health

Poor oral health is strongly associated with socio-economic deprivation. Levels of dental decay have fallen for over 30 years. This is thought to be due to improved oral hygiene and use of fluoride toothpaste.

In Harrow, the proportion of five-year-old children whose teeth are decay-free is 57 per cent – below the national target of 70 per cent. The majority of dental disease in 5 year-olds is untreated, with active decay present in 39 per cent of Harrow children.

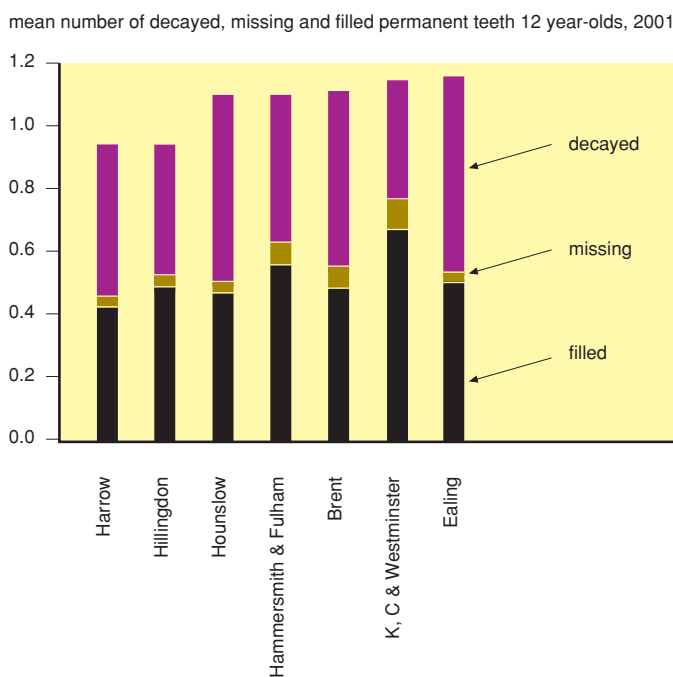
In Harrow the average number of decayed, missing and filled teeth in both 5 and 12 year-olds is lower than most other North West London boroughs (Figures 3.36, 3.37).

Figure 3.36 Oral health in five year-olds



Source British Association for the Study of Community Dentistry data

Figure 3.37 Oral health in twelve year-olds



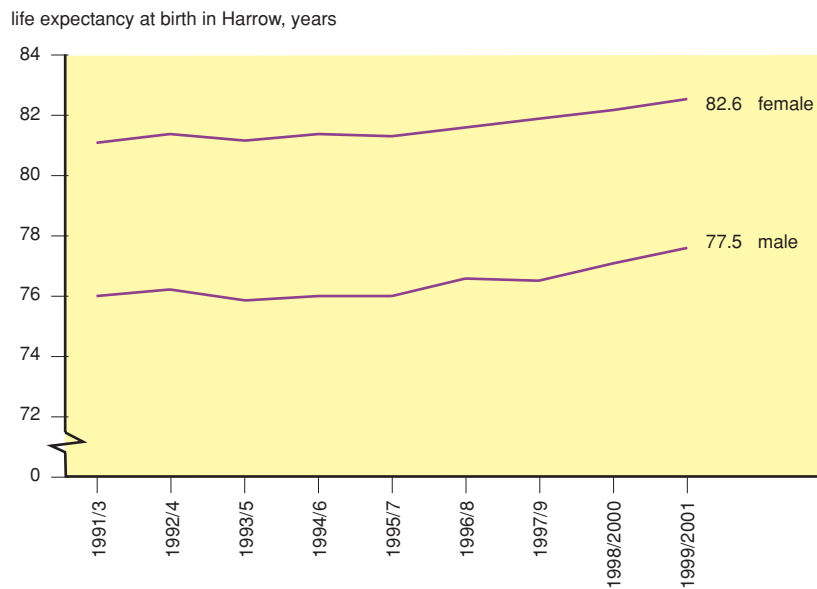
Source British Association for the Study of Community Dentistry data

3.46 Life expectancy

Harrow has the second highest life expectancy in London for both men (77.6 years) and women (82.6 years). Whilst life expectancy in Harrow showed a steady increase throughout the 1990s (Figure 3.38), the rate of increase in Harrow was less than some other boroughs in North West London.

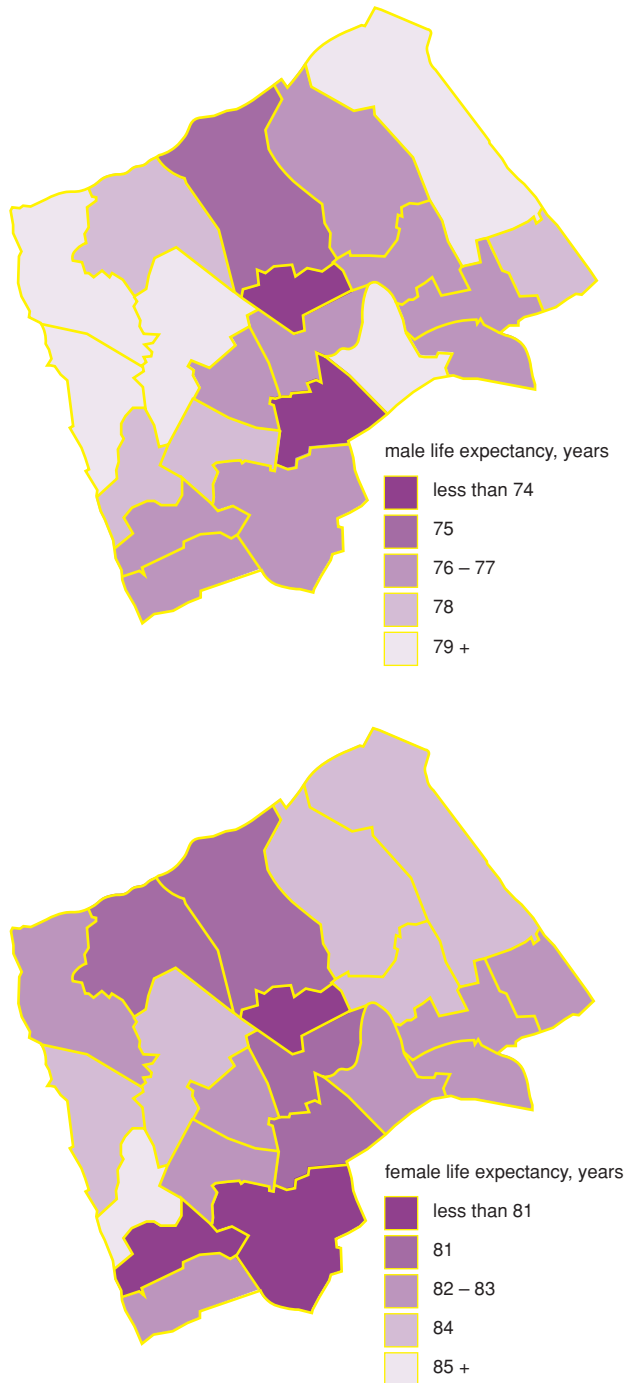
There are marked inequalities within Harrow. For both men and for women, there is a difference of at least six years between the ward with the highest life expectancy and that with the lowest. Wealdstone has the lowest life expectancy for both males (73.3 years) and females (79.3 years) (Figure 3.39).

Figure 3.38 Trends life expectancy at birth



Source London Health Observatory

Figure 3.39 Male and female life expectancy at birth, Harrow wards 1998–2002

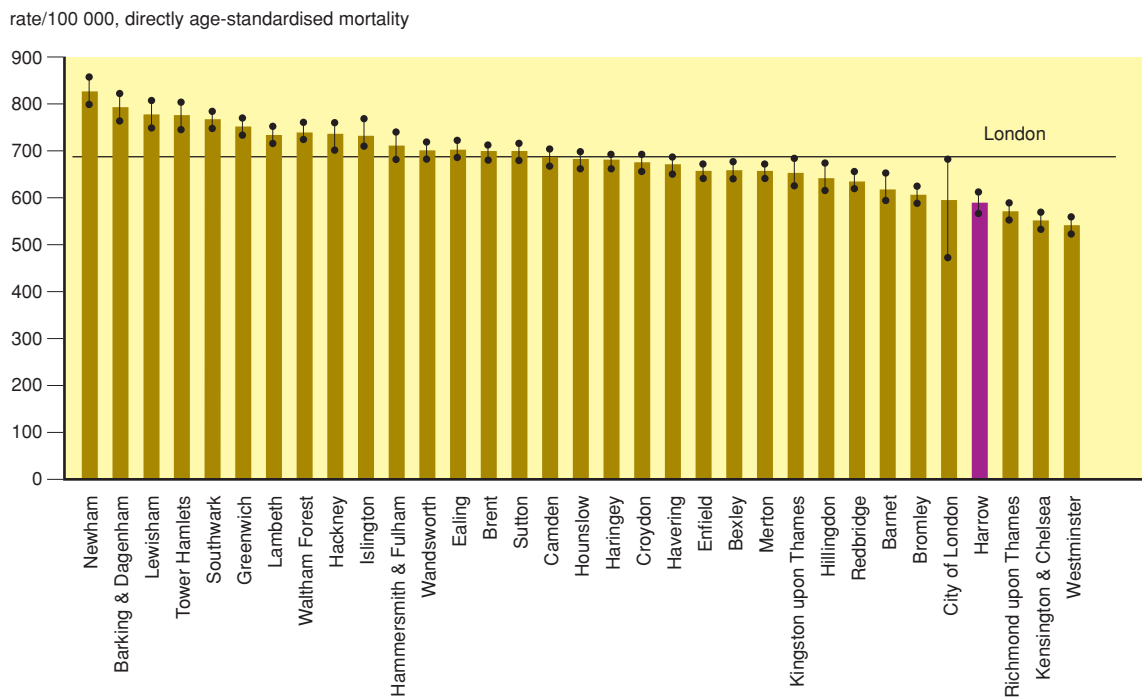


Source London Health Observatory

3.47 Mortality

After taking into account differences in age, the overall mortality rate in Harrow is the fourth lowest in London (Figure 3.40).

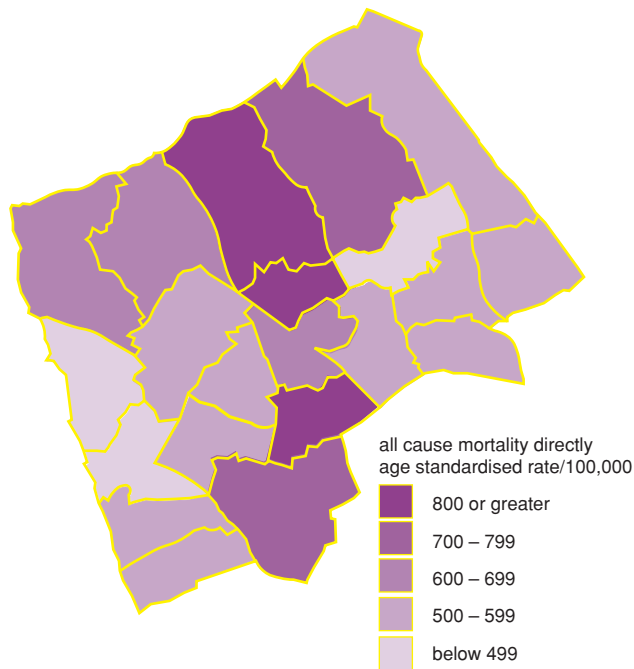
Figure 3.40 All cause mortality, 1998–2000



Source Compendium of Clinical and Health Indicators, DoH 2001

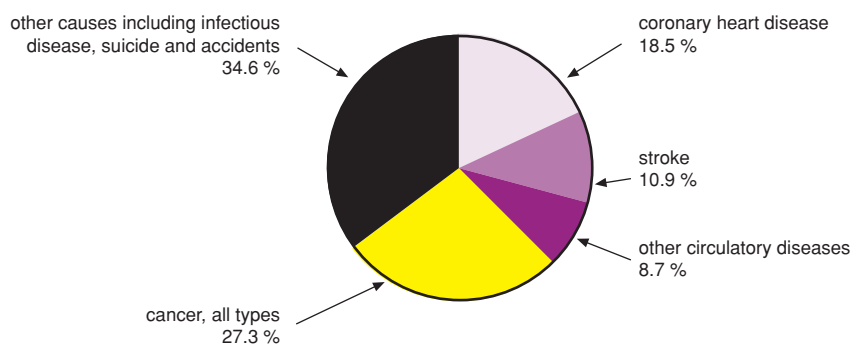
Within Harrow the highest rates are in Wealdstone, Harrow Weald and Greenhill (Figure 3.41). In 2001, there were over 1,600 deaths in Harrow. These were mainly due to cancer (27.3 %) and coronary heart disease (CHD, 18.5 %). Stroke and other circulatory diseases accounted for 10.9 and 8.7 per cent deaths respectively (Figure 3.42).

Figure 3.41 All cause mortality, Harrow wards, directly age standardised 1999–2001



Source Public health mortality files ONS; populations London Research Centre

Figure 3.42 Mortality by cause, 2001



Source Compendium of Clinical and Health Indicators, DoH 2002

3.47.1 Circulatory diseases

Coronary heart disease (CHD), stroke and other circulatory diseases are the main cause of death in Harrow (Table 3.4), accounting for over 600 deaths each year.

Table 3.4 Mortality by selected cause for Harrow 2001

<i>ICD 10</i>	<i>Disease</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
I00-I99	All circulatory	301	317	618
I20-I25	CHD	158	142	300
I60-I69	stroke	83	94	177
	other circulatory	60	81	141
C00-D48	All cancers	237	205	442
C50	breast cancer	0	38	38
C33-C34	lung cancer	58	25	83
C17-21	colorectal cancer	20	19	39
C61	prostate cancer	30	0	30
	other cancers	129	123	252
V01-X59	Accidents	10	9	19
	Other causes	215	323	538
A00-Y99	All causes	767	855	1622

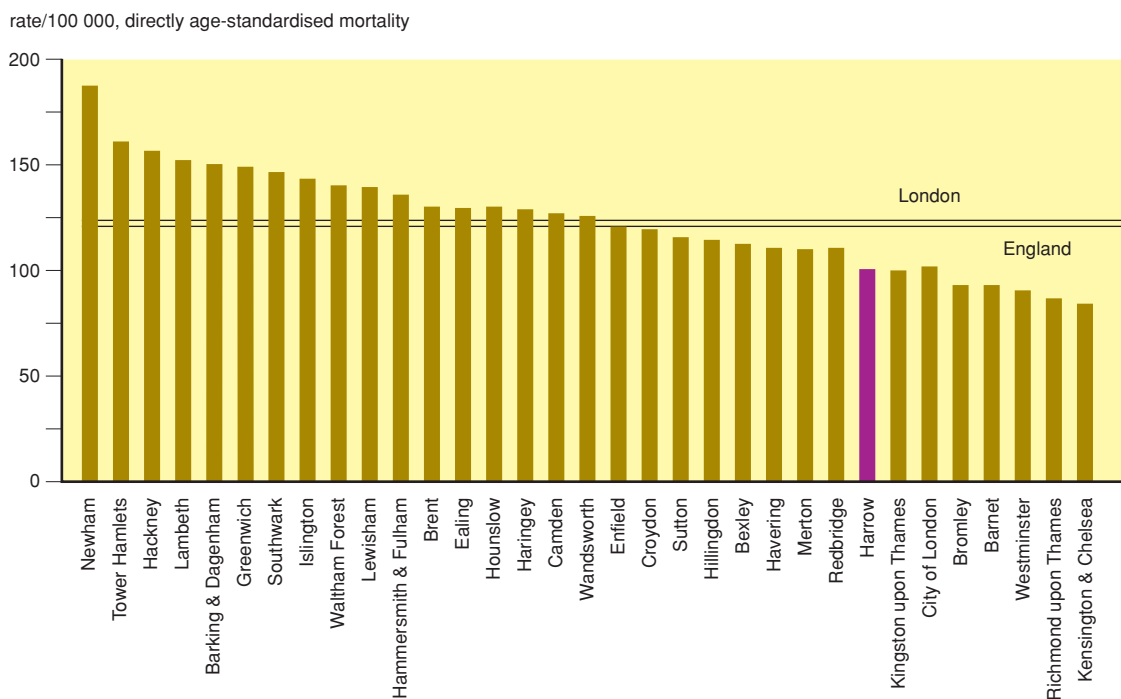
Source: Compendium of Clinical and Health Indicators, DoH 2002

Figures 3.43, 3.44, 3.45 show the mortality rates due to all circulatory diseases, CHD and stroke in each London borough.

Figure 3.46 shows the trend in mortality from circulatory diseases.

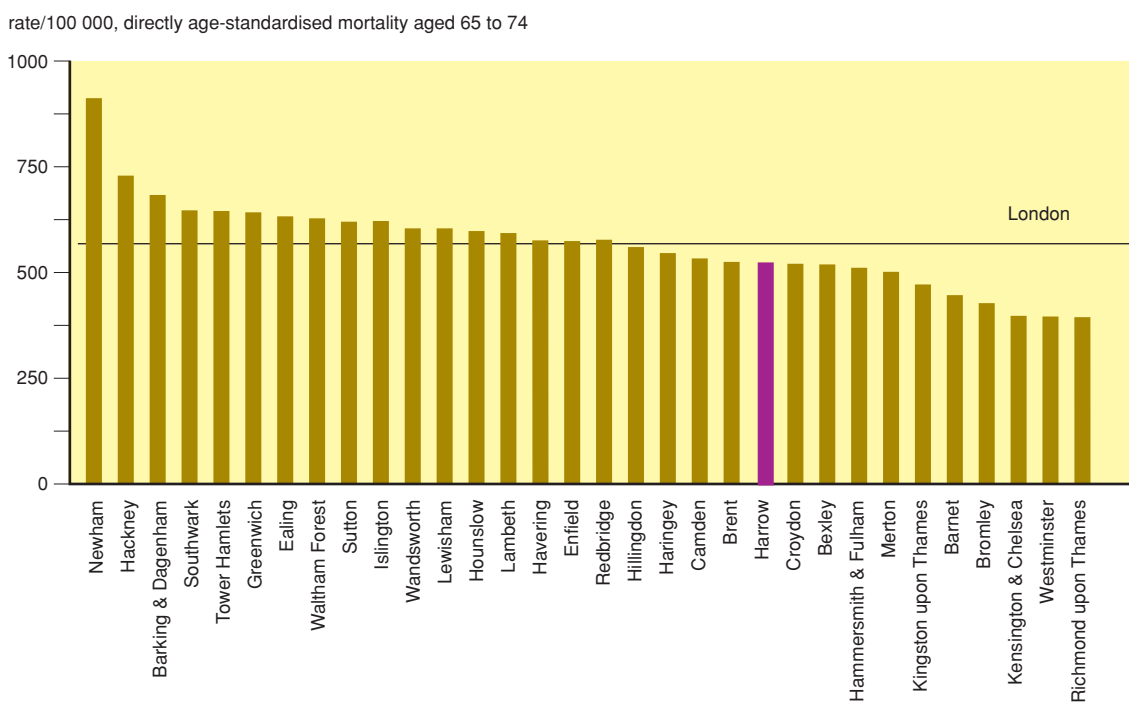
There are marked inequalities at ward level with Wealdstone, Harrow on the Hill, Marlborough, Harrow Weald and Greenhill having the highest mortality rate from circulatory diseases (Figure 3.47).

Figure 3.43 Mortality all circulatory disease under the age of 75, London 1998–2000



Source Compendium of Clinical and Health Indicators, DoH 2001

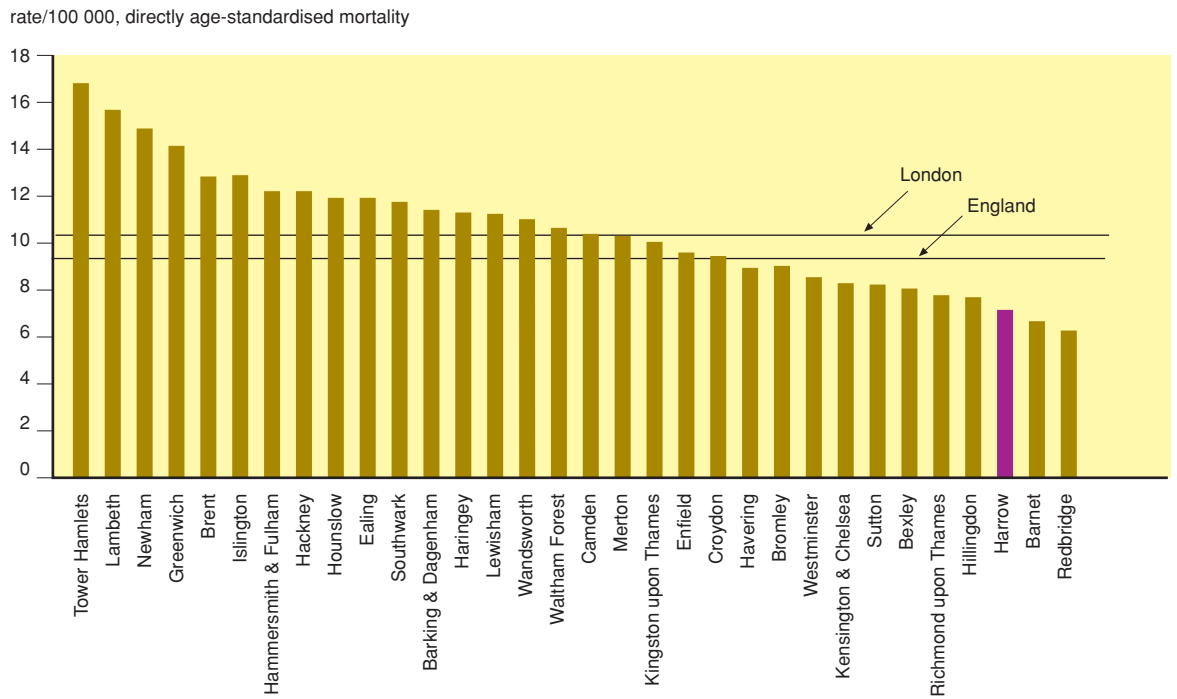
Figure 3.44 Mortality coronary heart disease age 65 to 74, London 1998–2000



Source Compendium of Clinical and Health Indicators, DoH 2001

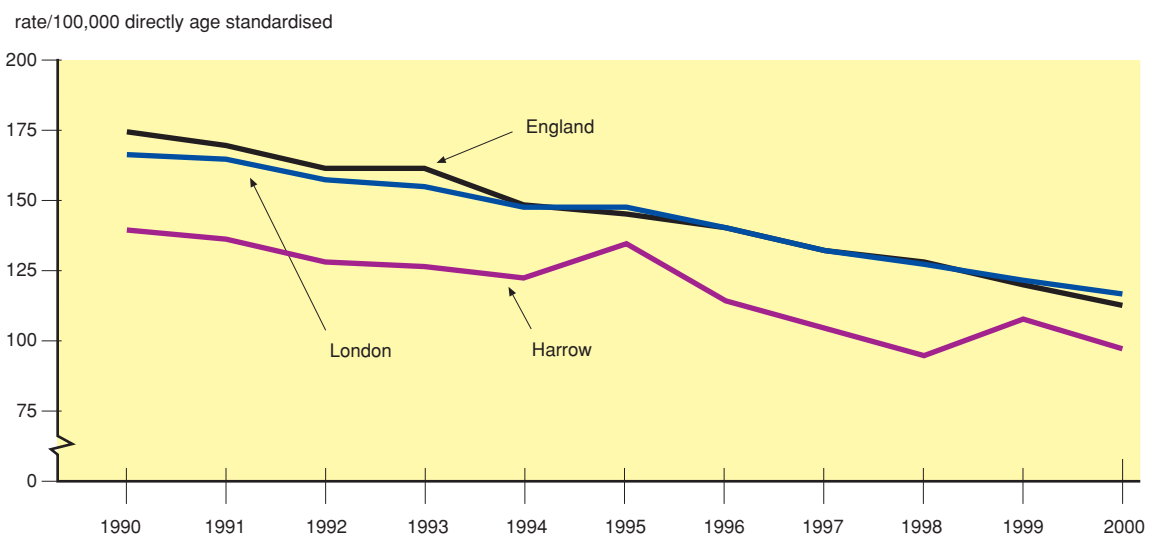


Figure 3.45 Mortality from stroke aged under 65, London 1998–2000



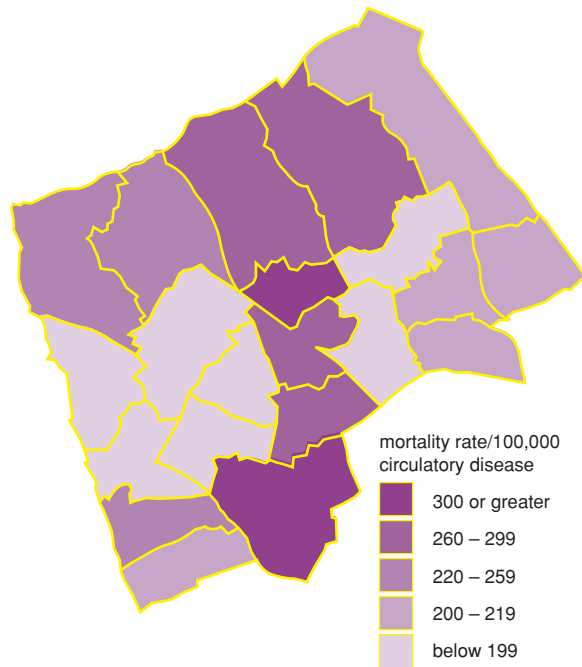
Source Compendium of Clinical and Health Indicators, DoH 2001

Figure 3.46 Trends, deaths from circulatory disease, aged under 75, 1990–2000



Source Compendium of Clinical and Health Indicators, DoH 2001

Figure 3.47 All age mortality circulatory disease, directly age standardised 1999–2001

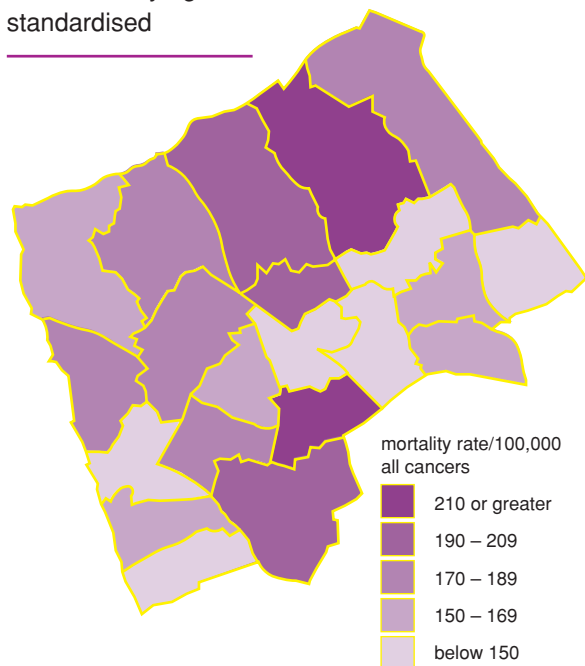


Source Public health mortality files ONS; populations London Research Centre

3.47.2 Cancer

Cancer is the second most common cause of death in Harrow with over 400 deaths a year. Although similar numbers of men and women die from cancer each year, there are differences in the type of cancer involved (Table 3.4). There are inequalities at ward level, with Greenhill having the highest cancer mortality rate (Figure 3.48).

Figure 3.48 All age mortality from cancer directly age standardised



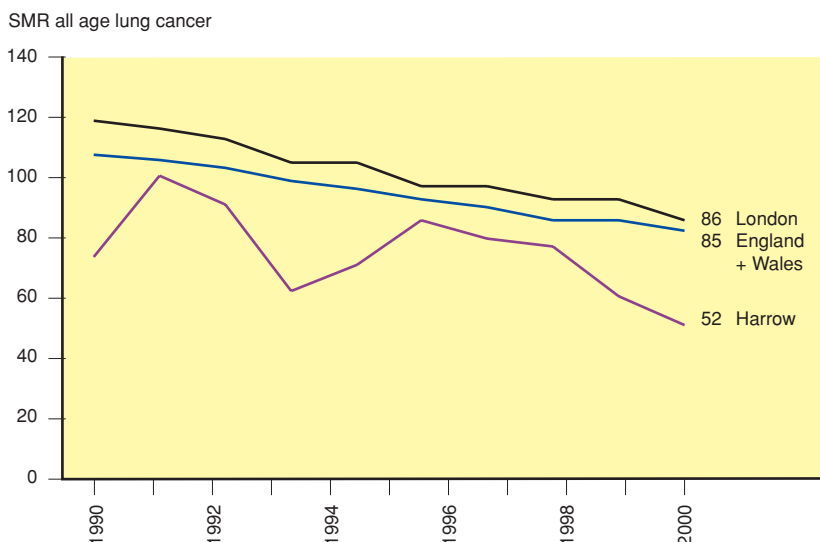
Source Public health mortality ONS; populations London Research Centre

Long-term trends in lung cancer mortality show that mortality in Harrow has decreased since 1990 (Figure 3.49). In fact, Harrow has the lowest incidence of lung cancer in London. A major inequality in this smoking-related illness is that in Harrow more than twice the number of men than women died from the disease in 2001.

Colorectal cancer affects both men and women similarly, with 20 deaths in men and 19 deaths in women occurring in 2001. Like London, mortality due to colorectal cancer in Harrow is decreasing and is lower than in England as a whole (Figure 3.50).

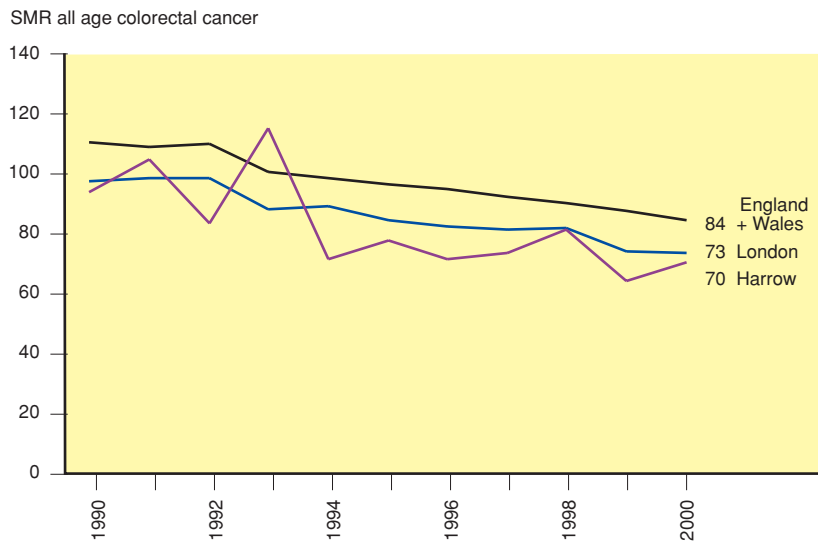
Breast cancer is the most important cause of cancer death in women, accounting for over 10 per cent of all female cancer deaths. Mortality rates in Harrow show variation over time (Figure 3.51).

Figure 3.49 Trends, lung cancer deaths, all ages 1990–2000



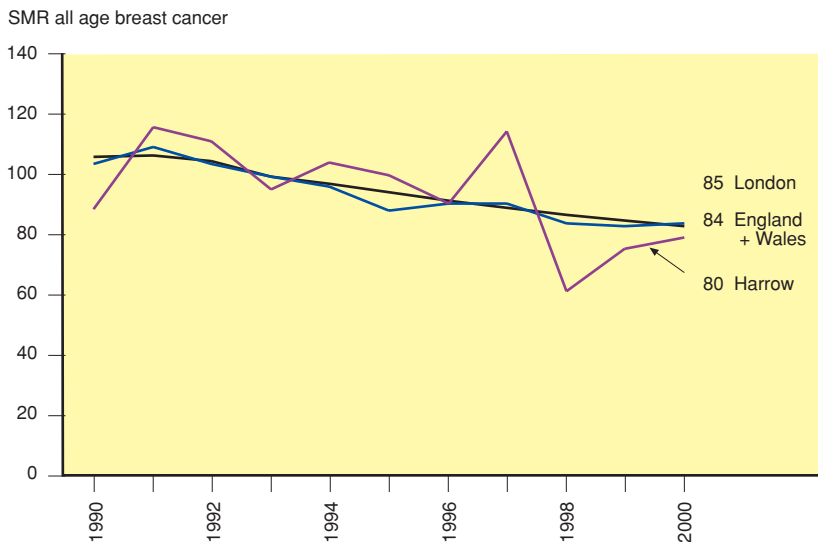
Note SMR standardised against England and Wales 1993
Source Compendium of Clinical and Health Indicators, DoH 2001

Figure 3.50 Trends, colorectal cancer deaths, all ages 1990–2000



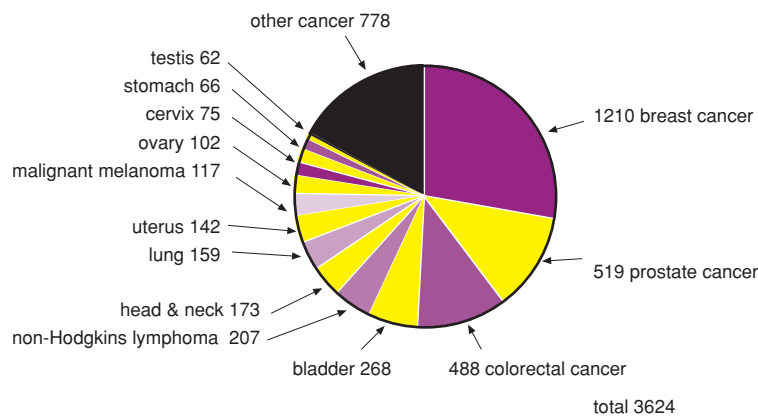
Note SMR standardised against England and Wales 1993
 Source Compendium of Clinical and Health Indicators, DoH 2001

Figure 3.51 Trends, breast cancer deaths, all ages 1990–2000



Note SMR standardised against England and Wales 1993
 Source Compendium of Clinical and Health Indicators, DoH 2001

Figure 3.52 Harrow residents living with cancer, December 2000



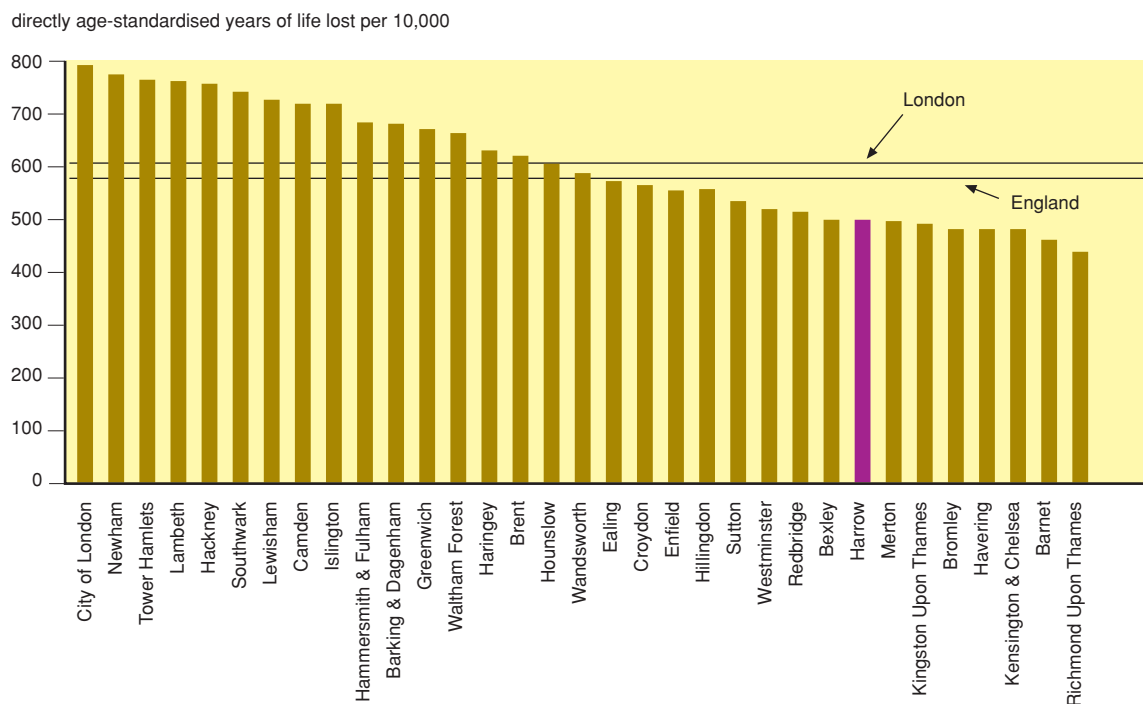
In addition to being an important cause of death, cancer presents a significant cause of morbidity. In December 2000 there were 3624 people in Harrow living with cancer, breast cancer (1210) being the most prevalent, with prostate (519) and colorectal (488) cancers accounting for a similar number of people (Figure 3.52).

Source Thames Cancer Registry

3.47.3 Premature mortality

One measure of premature mortality is Years of Life Lost (YLL), which is the number of years lost due to all deaths in people under 75 years old. Compared to other London boroughs and England as a whole, the number of years of life lost in Harrow is relatively low (Figure 3.53); but higher than our neighbours in Barnet.

Figure 3.53 Years of life lost all cause below 75, London 1998–2000



Source Compendium of Clinical and Health Indicators, DoH 2001

3.47.4 Excess winter mortality

Death rates in the UK increase in the winter months, especially in older people^[1]. Many of these deaths may be preventable by ensuring that elderly people keep warm in the winter. During the period 1995 to 2001, there were more than 770 excess winter deaths in Harrow (Table 3.5).

Fuel poverty is the state where due to a combination of material poverty, poor housing conditions (unsound, poorly insulated properties) and high power/heating costs a household is unable to heat their dwelling home adequately. The current definition of fuel poverty is a household which spends more than 10 per cent of its income on all fuel use including heating the home to an adequate standard of warmth. The average household spend is around five per cent of total income^[2].

Table 3.5 Excess winter deaths in Harrow, 1995–2001

winter	excess deaths	winter	excess deaths
1995/96	175	1998/99	134
1996/97	87	1999/2000	153
1997/98	119	2000/01	103
total, 1995 – 2001	771		

Source Public Health Mortality files

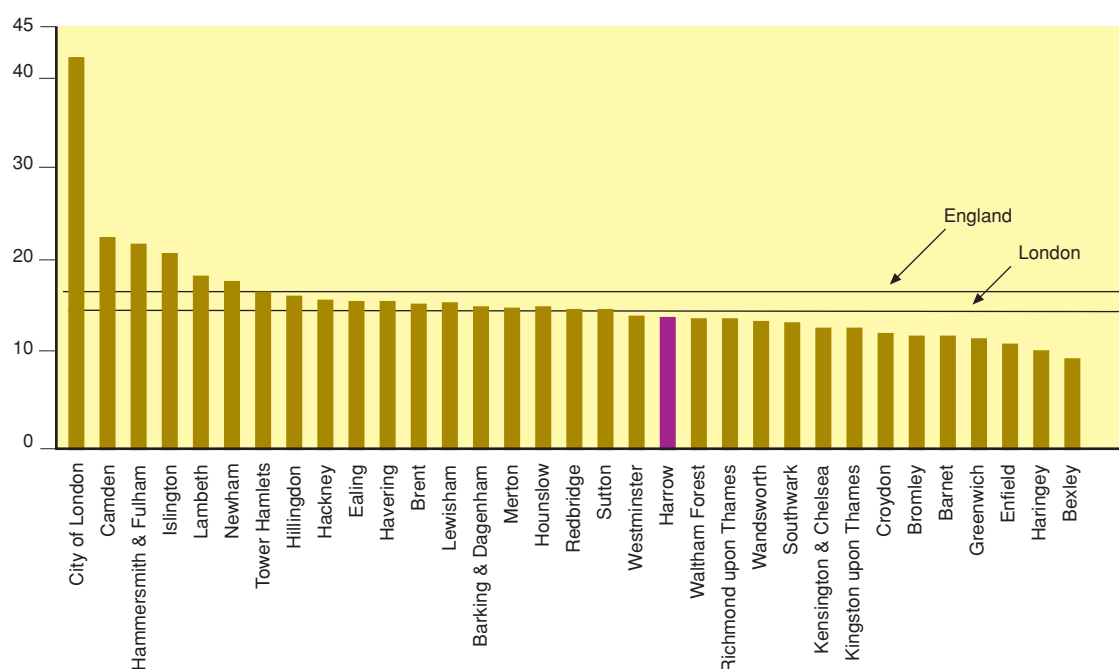
Harrow PCT corporate objective is to develop a fuel poverty strategy to help reduce excess winter deaths

3.47.5 Accidents

During 1998 to 2000, 110 Harrow people died as a result of accidents. This represents a rate that is about average for England (Figure 3.54).

Figure 3.54 Deaths from accidents, 1998–2000

directly age-standardised mortality ratio/100,000, 1998–2000



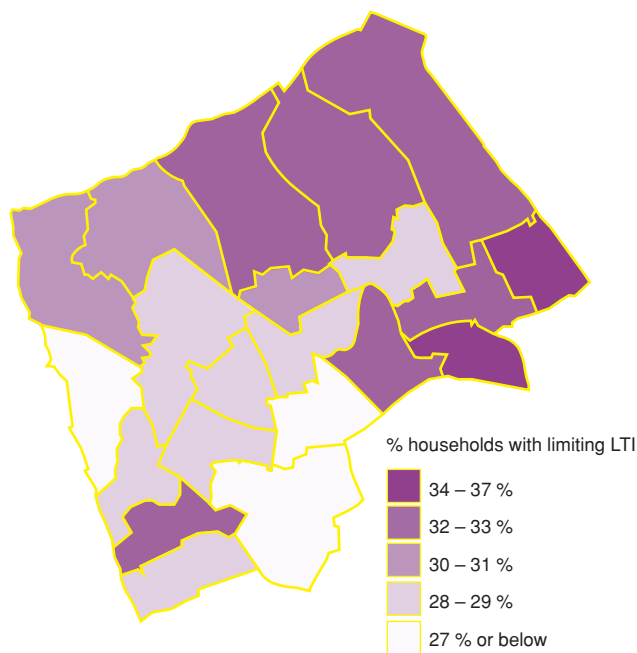
Source Compendium of Clinical and Health Indicators, DoH 2001



3.48 Limiting long term illness

According to the 2001 census, limiting long term illness affects 34 per cent of households in England. In Harrow, most wards have a lower than national level of households with a person suffering from a limiting long term illness. The wards with the highest percentages are Kenton East (37 %) and Edgware (34 %) while the lowest percentages are found in Harrow on the Hill (26 %) and Pinner South (27 %) (Figure 3.54).

Figure 3.54 Percentage of households with a person suffering from limiting long term illness



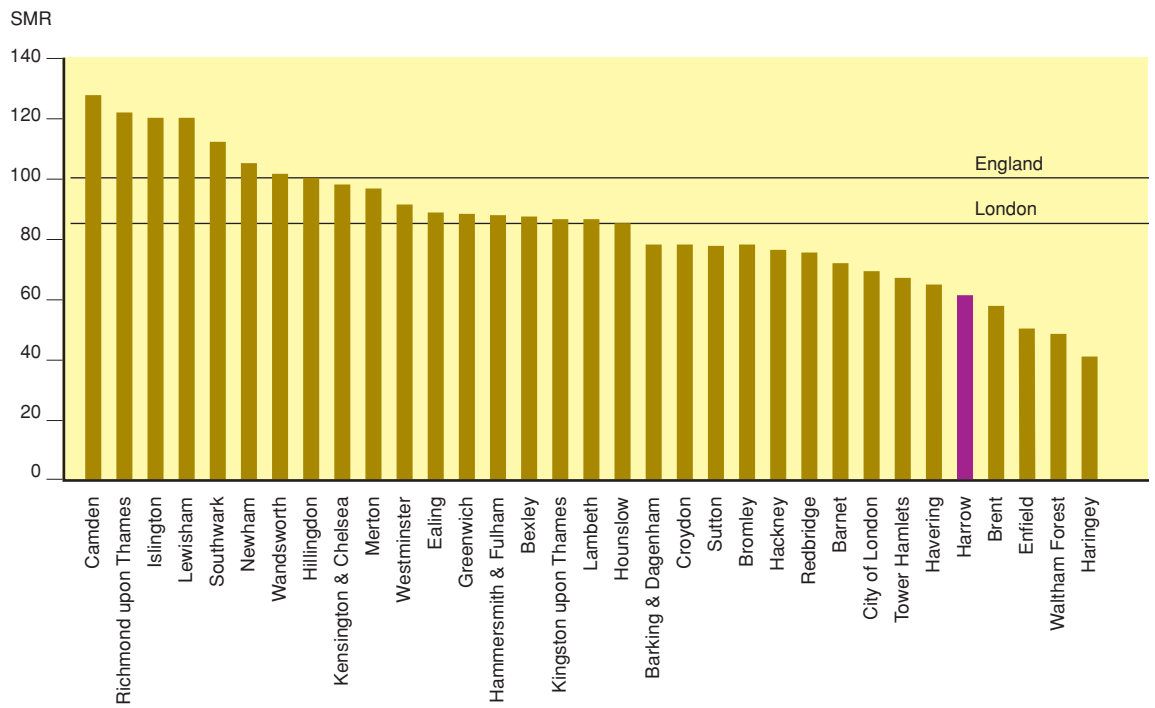
Source Compendium of Clinical and Health Indicators, DoH 2001

3.49 Mental health

The prevalence of mental health problems in the community is hard to measure.

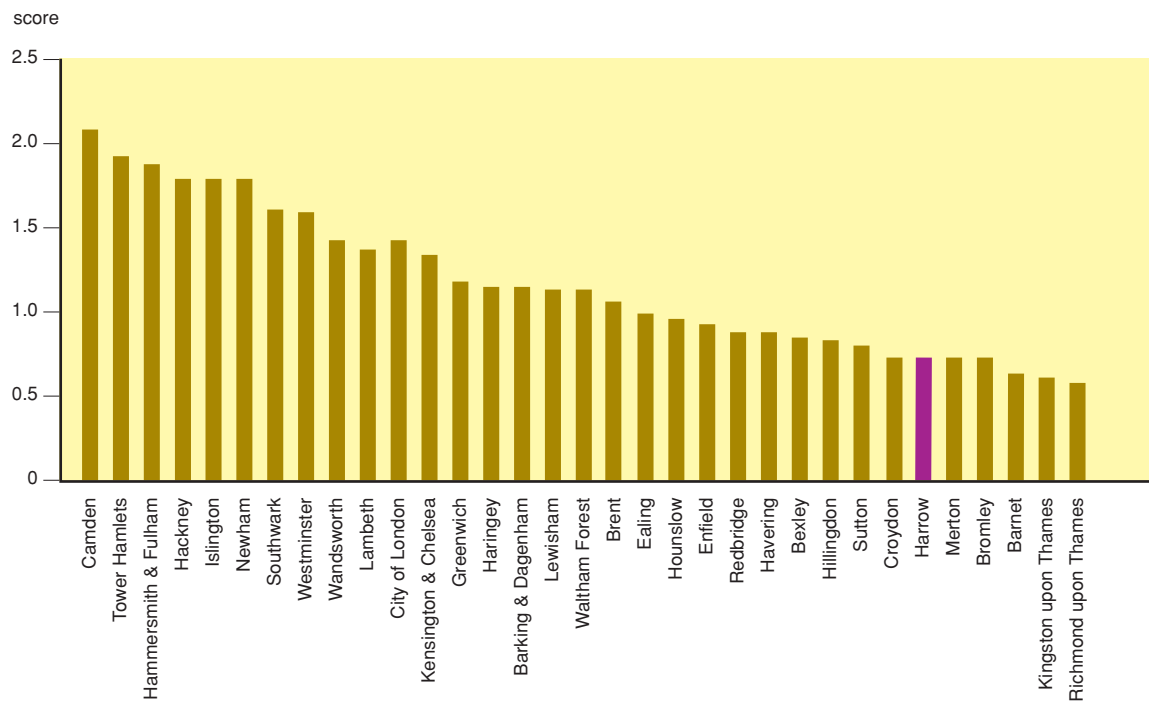
Suicide is a rare cause of death, but suicide rates give us an indication of the level of mental health problems in Harrow compared with other boroughs. In Harrow, the suicide rate is the fifth lowest of all London boroughs (Figure 3.55). Another indicator of mental health needs is the Mental Health Needs Index. This is an indicator of predicted need for mental health admissions compared with the average for England. Figure 3.56 shows that Harrow has a relatively low mental health needs index compared with other London boroughs, with a risk of mental health admissions 74 per cent that of England on average. Within Harrow however, Greenhill ward has the highest predicted need (Figure 3.57).

Figure 3.55 Deaths from suicide, London 1998–2000



Source: Compendium of Clinical and Health Indicators, DoH 2001

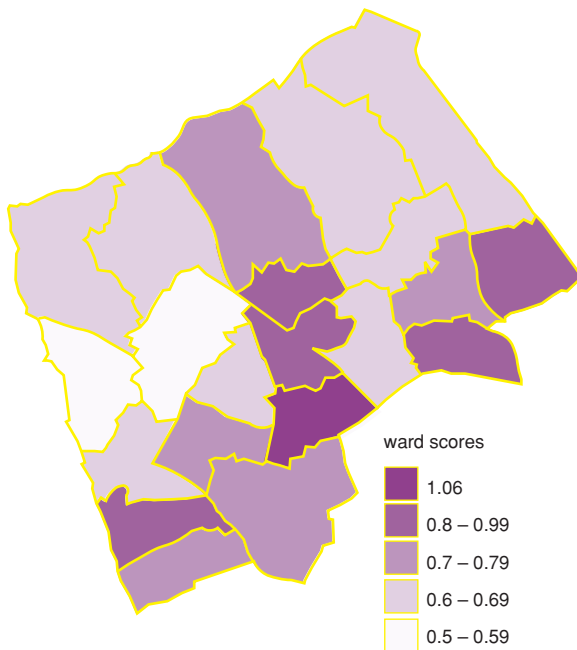
Figure 3.56 Mental health needs index, London boroughs 2002



Source: Centre for Public Mental Health, Durham University 2002



Figure 3.57 Mental health needs index, Harrow 2002



Source Centre for Public Mental Health, Durham University 2002

3.50 Summary of the health profile

- On average Harrow residents are amongst the healthiest in London. However the trends of some indicators (such as life expectancy) are not as good as some of our neighbours.
- There are marked inequalities in health outcome between different populations, with those in our more deprived wards suffering worse health.
- The low birth weight rate in Harrow is above the London average, the highest rates are in the south east of the borough.
- Cancer and circulatory disease are the biggest killers, accounting for well over half of all deaths.