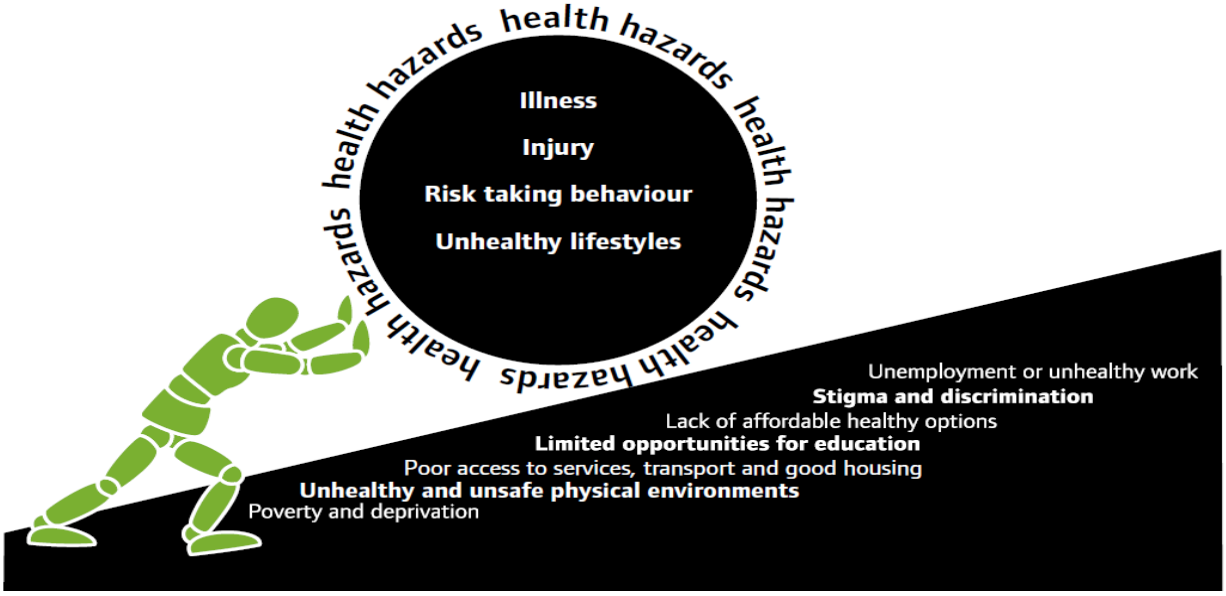
Health Inequalities in Harrow

Health Inequalities are preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged. Addressing health inequalities must address the wider determinants such as employment, low income, the physical environment and education. The cycle of inequality is apparent with children of people in the most deprived populations having poorer life chances and fewer choices than their affluent counterparts. Early years interventions play an important role in building the foundations of good health and breaking inter-generational cycles of health inequalities.

Figure 1 Health Inequality is a result of social and economic inequalities



Source: i Adapted from the Intersectoral action for Health WHO 1986 diagram

People can be empowered to improve their own well-being, but they need to have healthy home, work and learning environments and access to the right opportunities, in order to make lasting changes to their daily lives.

Measuring Inequalities

Life expectancy at birth[1] is a high level indicator which allows comparison between local authorities and the national average. There is an association between life expectancy and deprivation at the local authority level. However, this indicator masks the variations in life expectancy with the borough.

Slope index of inequality

Slope index of inequality in life expectancy at birth within English local authorities (SII) is an indicator that measures the results of inequalities with the borough. It is a key high-level

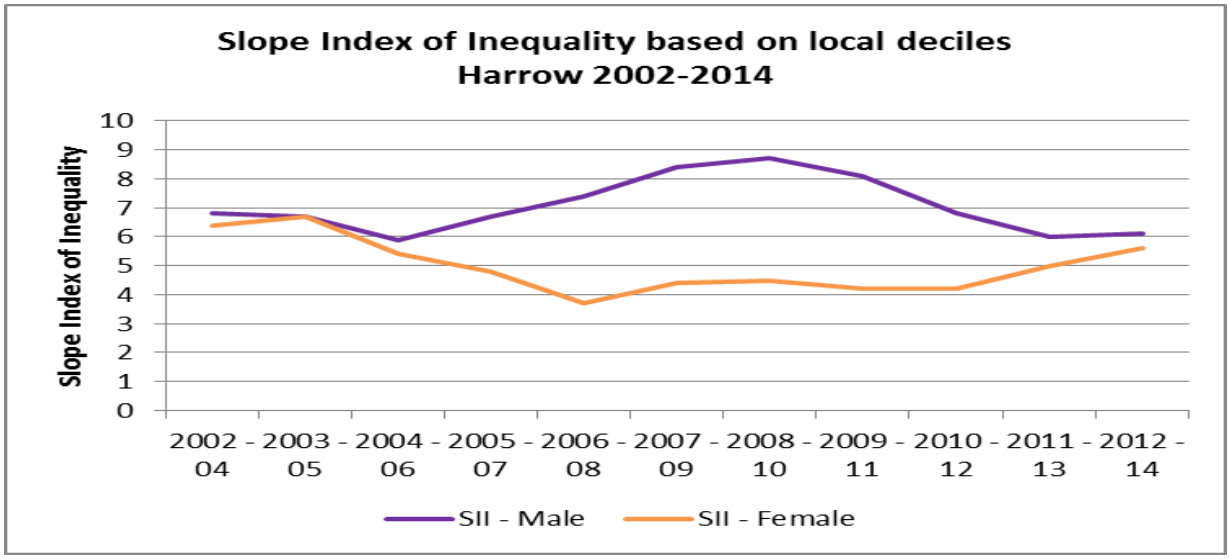
[1] *Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a new born baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.*

health inequalities outcome The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each local authority and summarises this in a single number. It enables us to focus on the deprivation that exists everywhere at small area level.

Where are we now in Harrow?

In Harrow the SII in men showed an increase between 2002-4 and 2008-10 but has reduced again. The average for 2012-14 for men showed that men in the most deprived parts of Harrow live, on average, 6 years less than men in the most affluent. In women the inequalities gap closed (decreased) between 2002-4 and 2006-8 but after a period of stability, it has increased and women in the most deprived parts of Harrow live, on average, 5.6 years less than women in the most affluent.

Figure 2. The inequalities gap in Harrow



Source: ii PHE Public Health Outcomes Framework. Accessed June 2016

The JSNA says a lot about what is good in Harrow. It is generally a healthy place and we perform better or similar to national levels for many health indicators although there are a few indicators where Harrow performs worse than the England average such as:

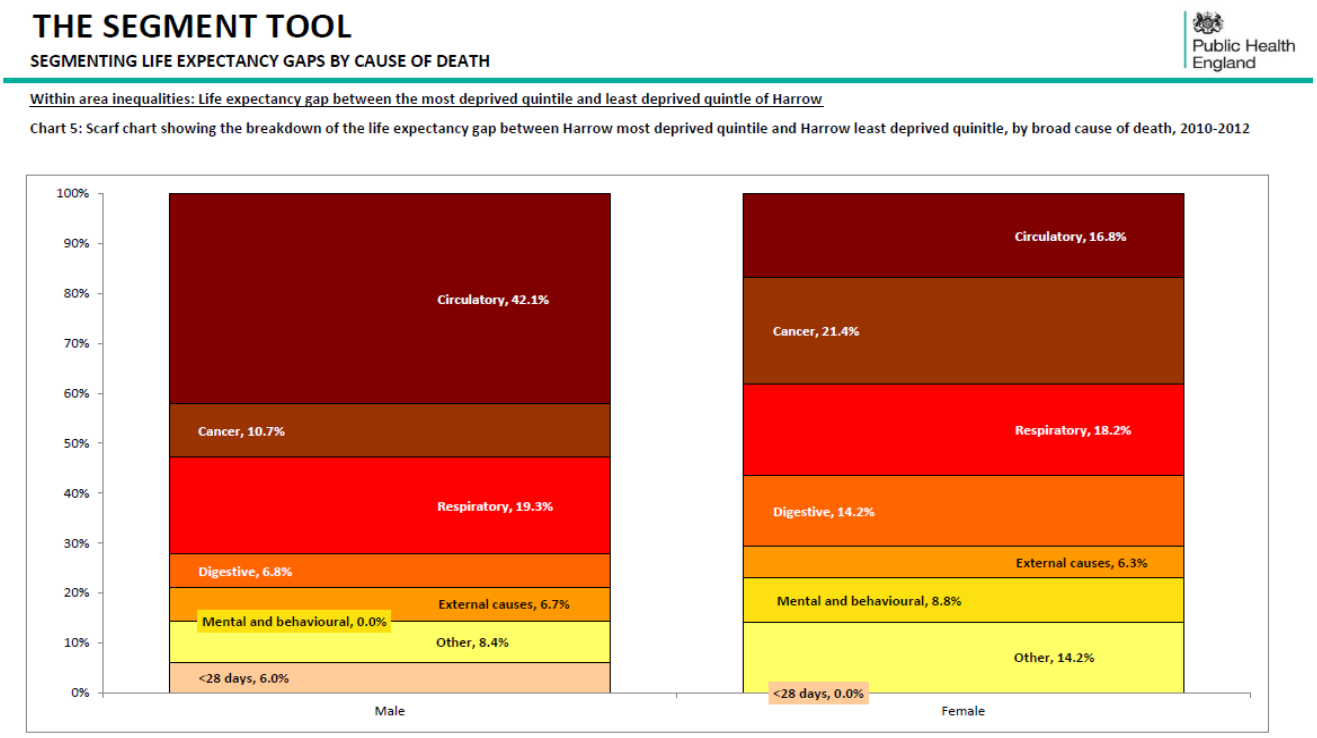
- High rate of statutory homelessness
- High rate of fuel poverty
- High percentage of adult social care users who do not have as much social contact as they would like
- High rates of low birth weight babies
- High rates of excess weight in 10-11 year olds
- Low amount of fruit and vegetables eaten
- Low amount of exercise taken
- People entering prison with substance misuse problems who are not already known to community services
- Low rates of cervical cancer screening
- Low rates of health checks
- Low rates for HPV, PPV and flu vaccination

- High rates of late diagnosis of HIV
- High rates of TB
- High rates of tooth decay in children

What's driving the inequalities gap?

The PHE segment tool allows us to look at the causes of death that are driving the inequalities gap. It shows that in men the biggest contributor to the inequalities gap is circulatory disease followed by respiratory disease and cancer. In women, the gap is being driven by cancer, circulatory disease respiratory disease and digestive system disease (including chronic liver disease)[2].

Figure 3 The Harrow life expectancy gap by cause of death



Source: iii PHE Segment Tool accessed June 2016

The cause of death tells us something about the drivers of the gap but each of these causes has multiple causes and risk factors and in turn each of the risk factors is also affected by socio-economic inequalities. Personal lifestyle factors appear in most of these underlying causes but the ability to make healthier choices is determined by the wider factors. People can be empowered to improve their own well-being, but they need to have healthy home, work and learning environments and access to the right opportunities, in order to make lasting changes to their daily lives.

[2] Diabetes which is a leading cause of morbidity in Harrow is included in the "other" category, but the majority of deaths in people with diabetes are due to circulatory disease.

Figure 4 Underlying causes

	Risk factors	Link to inequalities
Circulatory Disease	Smoking Obesity and poor diet Physical inactivity Hypertension Diabetes Alcohol	Higher rates of most risk factors in more deprived communities. Higher rates of many risk factors in BAME groups.
Respiratory disease	Smoking Influenza Cold weather	Higher rates of smoking in more deprived communities. Lower rates of flu immunisation in higher deprivation areas Poor housing/cold homes/fuel poverty
Cancers	Smoking Obesity Poor diet Physical inactivity Alcohol Genetic Factors Sunburn	Higher rates of most risk factors in more deprived communities. Higher rates of some risk factors in BAME groups.
Digestive diseases (including alcohol related)	Alcohol Hepatitis	Higher rates of binge drinking in more deprived communities but significant hidden harm from alcohol in more affluent communities..

What work is already underway to address health inequalities?

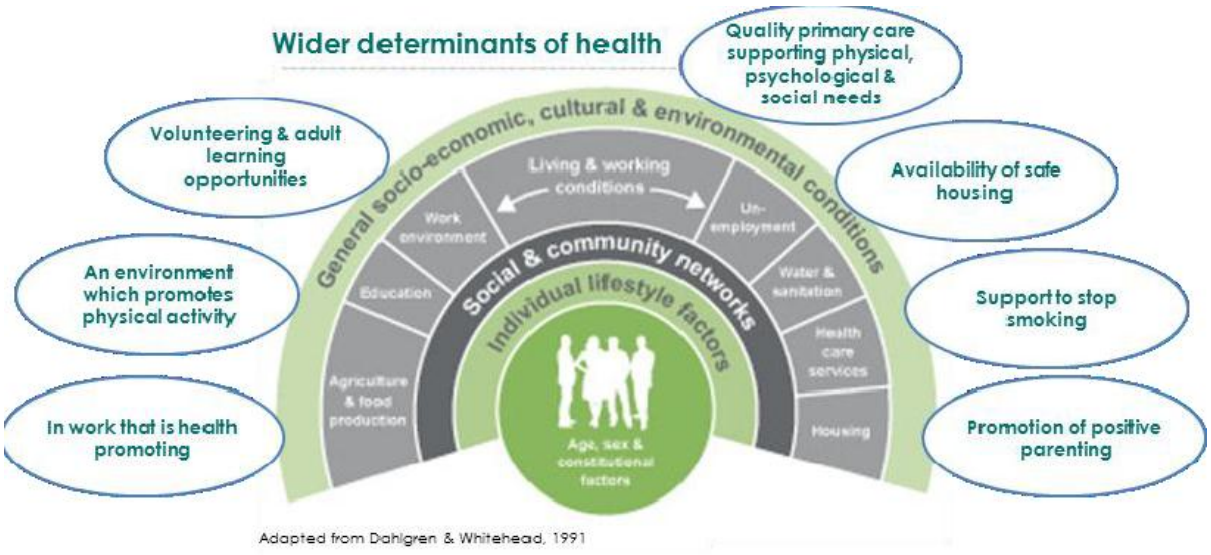
The Harrow Health and Wellbeing Board have committed to a five-year vision 'to help all in Harrow to start, live, work and age well concentrating particularly on those with the greatest need.'

By this we mean:

- *Start well* – we want children from the womb to adulthood to be safe, happy and have every opportunity to reach their full potential
- *Live well* – we want high quality, easily accessible health and care services when we need them, sufficient and good quality housing, green and active spaces, healthy high streets and neighbourhoods
- *Work well* – we want to help people to be financially secure by finding good jobs and staying in work in an organisation which promotes health and wellbeing
- *Age well* – we want to enable older people to remain well, connected to others and independent in their own homes for longer and enable dignified deaths

The focus of Health and Wellbeing partners in the future should be on how they can contribute to making Harrow a better place to live and reduce the differences in life expectancy and healthy life expectancy between communities.

Figure 5. Addressing the wider determinants to reduce health inequalities



Why Start well?

This is where the foundations for lifelong health and wellbeing are laid. A child's positive and negative experiences during pregnancy and the early years of life have a major impact on their health, wellbeing and life chances in later childhood and beyond into adult life

Factors in childhood which promote health and wellbeing	Factors in childhood which put future health and wellbeing at risk
Good attachment with parents	Low birth weight
Early development – under 2 years	Childhood poverty
Physical activity	Children of mothers who have postnatal depression
Breastfeeding	Poor mental health in children and young people
Immunisations	Childhood obesity
Developmental screening	Early initiation on smoking

Why Live well?

We know only 20% of the health of the population of Harrow is determined by the 'services' they receive. The most important action we can take is to influence the circumstances in which we live – specifically our housing, the environment and neighbourhoods we inhabit.

Factors which promote health and wellbeing	Factors which put future health and wellbeing at risk
High quality health and care services	Lack of access to services
Good, well insulated housing	Poor quality housing – damp, mould, cold and overcrowding

Green and active spaces	Lack of local biodiversity,
Healthy high streets and neighbourhoods	Food deserts; fast food outlets close to schools, empty shops
A safe environment where residents do not live in fear of crime, violence, harassment or accidents	Graffiti, vandalism, littering and fly tipping
Strong social networks and volunteering	Social isolation

Why Work well?

Being in a job is good for health, provided it is good quality work. This is because not only does employment provide for our material needs but our jobs are often wrapped up with our identity, self-esteem and status, all of which affect our physical and mental wellbeing[3]. Conversely, unemployment is directly associated with poor mental and physical health including cardiovascular disease, depression and suicide plus those out of work are more likely to smoke, drink alcohol and be physically inactive.

Factors which promote health and wellbeing	Factors which put future health and wellbeing at risk
Good psychosocial working conditions	Unemployment
Control over work and the way the organisation works	Jobs that are insecure, low-paid and that fail to protect employees from stress and danger
Appropriately rewarded	Temporary work/insecure work situations
Good access to jobs across the social gradient	Long or irregular working hours or shift work
Support for those who are disadvantaged in the labour market to get and keep a job	Lack of qualifications and skills
Better working conditions, particularly for older people	Long term illness or disability
Good quality jobs for all	Young people not in education, employment or training

Why Age well

An older person's ability to continue to care for themselves, retain their independence and have choice and control over their care including end of life planning when they need it, alongside a system that offers prevention and early diagnosis all have a major impact on health and wellbeing. Many of these older people rely on informal support provided by family members who are often over 65 themselves.

Factors which promote health and wellbeing	Factors which put future health and wellbeing at risk
Physical activity and mental stimulation	Living with one or more long-term condition
Family and social networks	Falls
Living safely in own homes	Poverty

[3] Institute of Health Equity. 2014. Increasing employment opportunities and improving workplace health. Local action on health inequalities: Health Equity Evidence. Review 5. London: PHE/IHE.

Maintaining personal dignity and independence	Fuel poverty
Support for carers since 33% of carers are aged 65 years and over	Poor quality housing
Maintaining a healthy and balanced diet	Isolation and loneliness
Immunisations against preventable infections such as flu vaccine	Lack of early diagnosis of dementia
Early identification and screening of those who may have a health issue and access to early intervention.	Lack of access to services
Access to information and advice on support services available	The demands of being a carer

Recommendations

If we are to tackle the inequalities in Harrow we need to focus not only on the factors affecting people now but also those that are further upstream, the things that will make a difference in the future.

- Target prevention interventions to narrow the gap to where they will make most difference. This means focusing on the groups within the local population where deprivation and inequalities are most apparent.
- Ensure all policy decisions made by the council have a health (inequalities) impact assessment to identify if they will narrow or widen the inequalities gap. This could be achieved by adding a section to all Cabinet and Board papers. The Public Health team is developing a local toolkit to support this and will deliver training across the authority.