
Meeting	Health and Well-Being Board
Date	27 June 2013
Subject	Public Health Intelligence Briefings
Report of	Director of Public Health

Summary of item and decision being sought	<p>These briefings are the first in a series of briefings on the indicators within the Public Health Outcomes Framework (PHOF). The briefings cover inequalities, life expectancy and healthy life expectancy.</p> <p>The briefings are for information only.</p>
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Officer Contributors	Carole Furlong, Public Health Consultant Sarita Bahri, Public Health Analyst
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Reason for Report	To update the Health and Well-Being Board on the development of the Public health Intelligence Briefings on the indicators within the Public Health Outcomes Framework. Specifically, this report focuses on the briefings that have been produced on inequalities, life expectancy and healthy life expectancy.
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Partnership flexibility being exercised	None
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Wards Affected	All
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1. RECOMMENDATION

- 1.1 That the Health and Well-Being Board notes the development of these briefings and considers how these briefings can assist delivery against the Health and Well-Being Strategy.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 None

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The Public Health Outcomes are relevant to the Health and Well-Being Strategy. These briefings provide background and further analysis of the overarching indicators in the Public Health Outcomes Framework.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 These briefings will complement the Joint Strategic Needs Assessment and can be used when planning new programmes of work/ evaluating existing programmes of work to ensure that programmes of work are focused on reducing health inequalities across the Borough.

5. RISK MANAGEMENT

- 5.1 None

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 None

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 The information in these briefings can be used to target existing programmes to maximise health improvement and reduce inequalities across the Borough. This will in turn improve the quality of people's lives resulting in a potential saving for services due to a reduction in service usage. Where existing programmes are targeted an analysis will be done to quantify the value of the savings.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 None

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 None

10. DETAILS

- 10.1 These Public Health Intelligence briefings are produced by the Public Health Intelligence Team of the joint Barnet and Harrow Public Health Service. They are based on the data published by Public Health England, the Office of National Statistics or the Health and Social Care Information Centre as part of the Public Health Outcomes Framework. The briefings will be produced throughout the year.
- 10.2 The Public Health Outcomes Framework provides a series of indicators that are used to give a picture of health and health inequalities between Boroughs. There are two overarching indicators: average life expectancy and within borough inequalities in life expectancy.
- 10.3 The purpose of the briefings is to provide Health and Well-Being Board members with information on the Public Health Outcomes Framework indicators and to look in depth at where inequalities lie within the Borough. This information can be used to inform other strategies and commissioning plans to reduce inequalities. It complements the Joint Strategic Needs Assessment.
- 10.4 The first briefing covers inequalities. It gives background on what affects population health; explains the indicator (the Slope Index of Inequality); and looks at the direction that the indicator is taking. The report shows that the inequalities in life expectancy are decreasing in women but increasing in men
- 10.5 The second briefing covers life expectancy. It looks at life expectancy at birth and shows that it is increasing. The briefing also looks at difference in life expectancy at birth between Boroughs and within the Boroughs of Barnet and Harrow. The report then looks at life expectancy at age 65 and trends in life expectancy at 65. This data is not available at a sub-Borough level.
- 10.6 In the other briefings we have demonstrated that people are living longer but we need to look at whether people are living longer in good health or in poor health. The third briefing looks at Healthy Life Expectancy. The people of Barnet live longer on average than England as a whole and spend more of their lives without a long term illness.
- 10.7 The next set of briefings will look at wellbeing indicators.
- 10.8 The briefings are attached to this report below:

11 BACKGROUND PAPERS

None

Legal- CE
CFO- AD



Public Health Intelligence Briefing (PHIB)

Issue # 1

Health Inequalities

Introduction

The Barnet and Harrow Public Health Intelligence team will produce a series of briefings throughout the year. Based on the Public Health Outcomes Framework (PHOF) these briefings will aid colleagues in understanding the fundamentals of each indicator, and enabling the interpretation of Barnet and Harrow's health outcomes. This first briefing presents Health Inequalities, the domain for Life Expectancy and Healthy Life Expectancy, which are the overarching indicators for the PH framework and will follow in the second and third briefing in this initial series of health briefings.

The Department of Health sets out the agenda for tackling health inequalities in its report Equality Objectives Action Plan September 2012 – December 2013 with the first objective focussing on “Better health outcomes for all” .To reduce health inequalities and advance equality in the early years of life as part of the drive to improve outcomes in health.

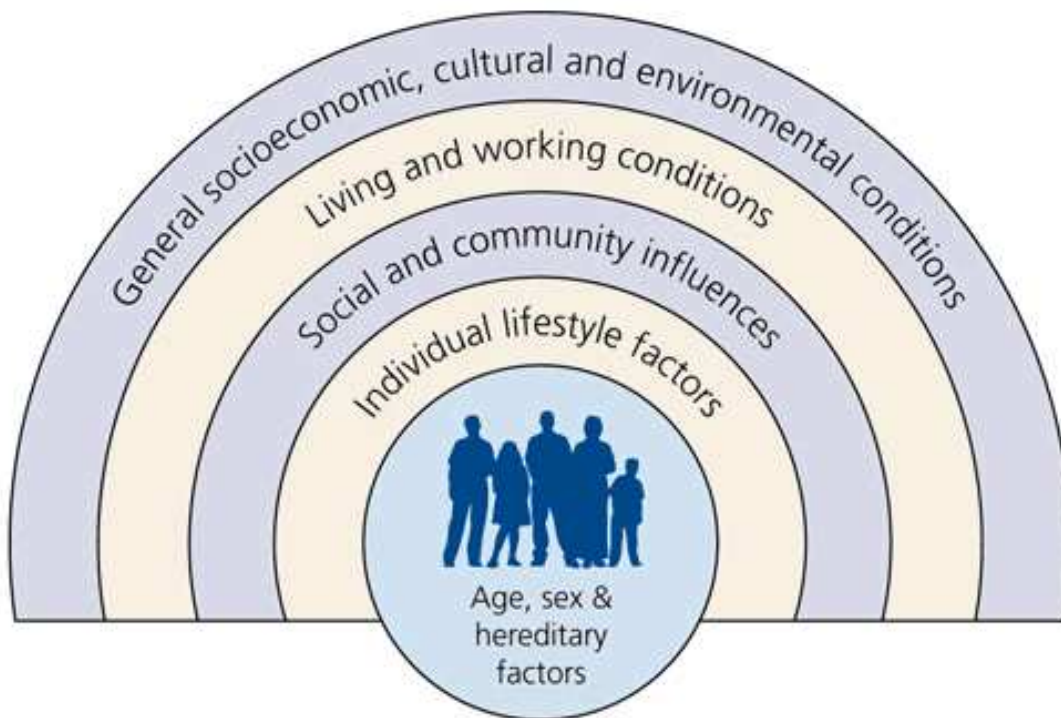
These objectives reflect the indicators of the Public Health Outcomes Framework (PHOF) with health inequalities and equalities dimensions. The PHOF focuses on achieving positive health outcomes for the population and reducing inequalities in health. It is not a performance management framework with a target driven regime, instead it reflects a comprehensive range of those evidence based actions that can be taken to improve public health for all. The sixty-six indicators in the framework provide the measures that will provide an overview of how likely we are to increase

Life Expectancy (LE) and in particular healthy life expectancy (HLE), therefore reducing health inequalities.

Health Inequalities

Health inequalities are defined as the differences in health status or the distribution of health determinants between different population groups. Why some individuals are more or less prone to ill-health than others has practical implications for public health. There is evidence to suggest that a combination of factors (things that make people healthy or not) ranging from social and economic environment including the physical environment, to a person's individual characteristics and behaviours (lifestyle factors) can affect their health and the health of communities. Such factors are known as the social or "wider" determinants of health which can be summarised in the widely used Dahlgren and Whitehead's Determinants of Health model, Figure 1. The model depicts the many layers affecting a person's health.

Figure 1: Determinants of Health Model



Source: G Dahlgren and M Whitehead

The social determinants of health which are the collective set of conditions in which people are born, grow up, live and work include housing, education, financial security, and the built environment as well as the health system. Examples of how they link to health are:

- Income and social status - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- Education – low education levels are linked with poor health, more stress and lower self-confidence.
- Health services - access and use of services that prevent and treat disease influences health
- Physical environment – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions – people in employment are healthier, particularly those who have more control over their working conditions
- Social support networks – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.
- Genetics - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behaviour and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life’s stresses and challenges all affect health.
- Gender - Men and women suffer from different types of diseases at different ages.

It is now widely accepted that these social determinants are responsible for significant levels of health “inequities”. So whilst some health inequalities are the result of natural biological differences or free choice, others are beyond the control of individuals or groups and could be avoided. Inequalities in the social determinants of health lead to inequalities in the health outcomes. Improving health requires a focus on preventing diseases and ill health and promoting healthy behaviours. Evidence shows that inequalities in health largely reflect inequalities in society.

There is considerable evidence connecting health outcomes with these social determinants and emphasising the importance of prevention of ill health, such as the Black Report (1980), the Acheson Report (1998) and the Wanless Report (2004) which make clear that:

- Action on health inequalities requires action across all the social determinants of health
- People in higher socio-economic groups generally experience better health. there is a social gradient in health , and work should focus on reducing this gradient
- Necessary to take action across all groups , albeit with a scale and intensity that is proportionate to the level of disadvantage
- Action to reduce health inequalities will have economic benefits in reducing losses from illness associated with health inequalities which currently account for productivity losses, reduced tax revenue , higher welfare payments and increased treatment costs- this is in addition to improving people's sense of wellbeing
- Effective local delivery of this requires empowerment of individual and local community

In Michael Marmot's *Fair Society Healthy Lives, 2008*, a direct correlation between socioeconomic status and health outcomes is highlighted. The report proposed the most effective evidence-based strategies for reducing health inequalities in England from 2010. Marmot's work on inequalities stressed that there was a social gradient in health – the lower a person's position the worse his or health. Action should focus on reducing the gradient.

Recent UK policy describes a partnership approach to health, between people and government, with the individual, communities and government all having responsibilities for safeguarding and promoting health. This suggests an acceptance that there is a wide range of influences on health other than the individual level.

The Public Health Outcomes Framework reflects the focus we wish to take not only on how long we live – our life expectancy, but how well we live – our healthy life expectancy, at all stages of the life course. The framework uses both a measure of life expectancy and healthy life expectancy so that we are able to use the most reliable information available to understand the nature of health inequalities both within areas and between areas.

Before we can address health inequalities properly, we need to know how to measure and monitor them and how we can identify where they occur. One measure of within area inequalities is the Slope Index of Inequality.

Slope Index of Inequality (SII)

The Slope Index of Inequality (SII) is a measure of health inequalities in life expectancy at birth *within* a local area. Two measures are required to construct the indicator:

- a) Socioeconomic deprivation – SII uses the Index of Multiple Deprivation (IMD) scores ranked into ten equal groups (deciles)
- b) Life Expectancy at birth within each decile – LE is estimated from mortality data and population estimates

It represents the gap in years of life expectancy between the “best-off” and “worst-off” within a local authority by providing a description of the extent of inequality in each area.

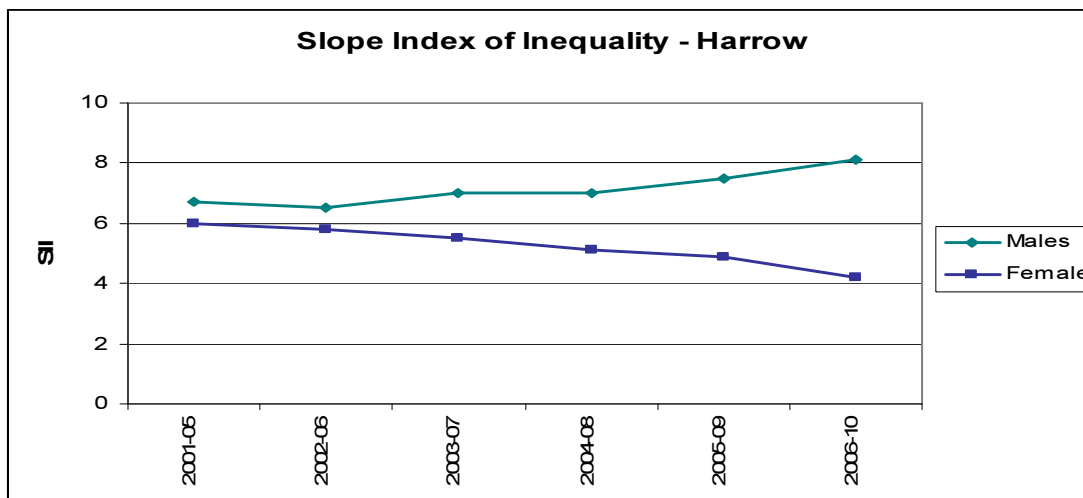
In an area where there are few inequalities *within* the area the SII will be small. It is important that this indicator is not looked at in isolation as an area where everyone is deprived or where everyone is affluent will have similar small SII.

Trends in SII – Harrow and Barnet

The data for Harrow and Barnet shows that the inequalities in women in Harrow and Barnet have decreased over the past six years but have increased for men over the same period.

The difference in life expectancy in women in the most deprived areas in Harrow was 6 years lower than in the most affluent areas, but has decreased to 4 years. For men the gap started at less than 7 years but has widened to over 8 years. This change over time and the difference between male and females living in Harrow can be seen in the graph in Figure 2, below.

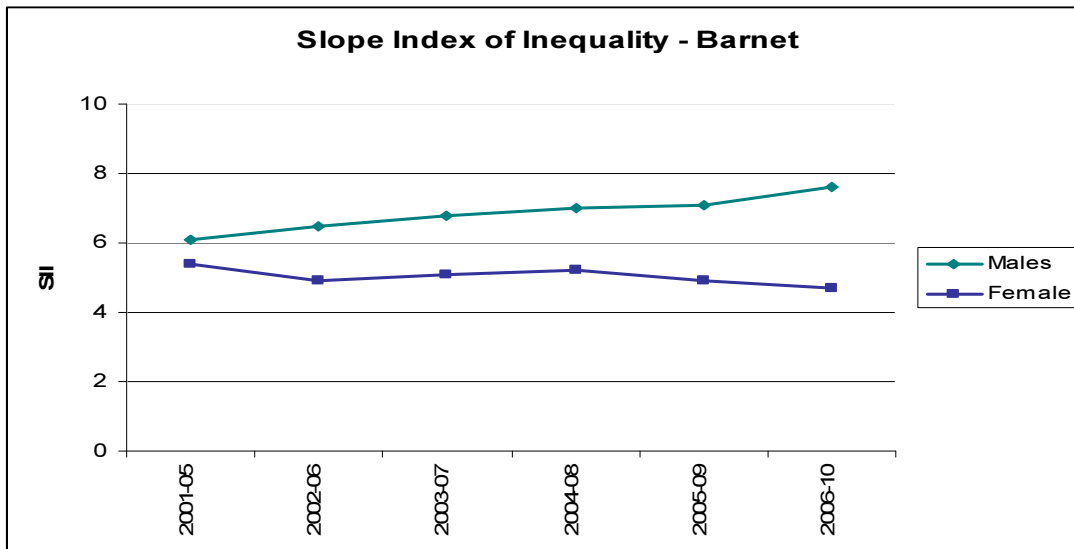
Figure 2: Trend in the Slope Indices of Inequalities for Harrow, 2001-05 to 2006-10



Source: *Public Health Observatories*

Figure 3 shows the graph for both males and females in Barnet, where the difference in life expectancy in women in the most deprived areas in Barnet was also around 6 years lower than the most affluent areas, and have since decreased to just under 5 years. However, similar to Harrow, in Barnet the difference in life expectancy for men has also increased to just less than 8 years.

Figure 3: trend in the Slope Indices of Inequalities for Barnet, 2001-05 to 2006-10



Source: Public Health Observatories

For the current period, 2006-10 both Harrow and Barnet's SII values are similar to those regionally and nationally. The SII reported for men in London is just over 7 years, and under 5 years for women. Across England, it is around 9 years and just also under 5 years.

Clearly, some areas have more diverse populations than others, in terms of deprivation, as life expectancy and deprivation are strongly correlated, local authorities with a wider range of deprivation will tend to have greater ranges of life expectancy and therefore a large Slope Index of Inequality.

Summary

In this first briefing, the Public Health Outcomes Framework was introduced presenting Health Inequalities. As a result of the wider determinants of health, within the Health Inequalities framework, there is evidence to show that an individual's gender, socio-economics status, and environment amongst others all have an impact on their health. The Slope Index of Inequalities demonstrated that as a result of the varying deprivation across both Harrow and Barnet boroughs, inequalities exist in Life Expectancy, depending on where you are resident within the boroughs. It further showed that inequalities in women have decreased but increased for men. These Health Inequalities are explored further for Life Expectancy and Healthy Life

expectancy, in the briefings to follow. Life Expectancy and Healthy Life Expectancy are the overarching indicators for the Public Health Outcome Framework, encompasses a further sixty-six sub indicators.

Public Health Intelligence briefing #2 will look at Life Expectancy.
For further information or to request a future topic for PHIBs please contact
Carole Furlong, Consultant in Public Health



Public Health Intelligence Briefing (PHIB)

Issue # 2

Life Expectancy

Key Findings

- Life expectancy at birth in Barnet and Harrow is higher than the regional and national averages for both males and females in the boroughs and compares well with statistical neighbours
- Life expectancy is increasing in Barnet and Harrow and forecasted to increase further, in line with national trends
- There are significant within borough inequalities in life expectancy seen across both boroughs

Introduction

This is the second Public Health Intelligence Briefing for Barnet and Harrow, presenting Life Expectancy. In the first release Health Inequalities were introduced which form the domain for Life Expectancy and Healthy Life Expectancy, as the overarching indicators for the Public Health Outcomes Framework for which then each subsequent indicator follows.

Life expectancy at birth

Life expectancy is the estimated number of years a new born baby can expect to live for a particular area and time period, therefore 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. It is a

good summary indicator of the population's health and is linked to social circumstances and influenced by deprivation experience throughout life. Therefore a baby born into a home with parents that are well educated and financially prosperous has a better chance of living longer (and without disease and disability) than a baby born to parents who are not. In England people living in the poorest areas will die an average of 7 years earlier than those living in the richest areas. This is, in a large part because the social and economic inequalities in our society are reflected in, and help to determine, our health outcomes.

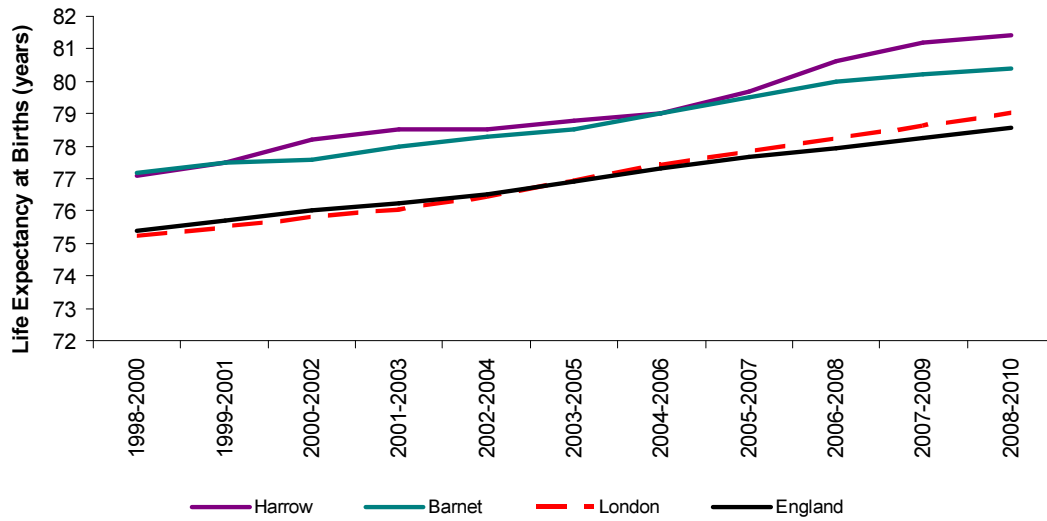
Trends in Life Expectancy at birth

For the period 2008-2010, the average life expectancy at birth for men in Harrow was 81.4 years and 84.8 years for women. In Barnet, for the same period life expectancy was 79.5 years for men, and 83.2 years for females. Both in Harrow and Barnet, the average male and female life expectancies at birth exceed the London and England averages. Where for London the average male life expectancy is 79.0 years, and for females 83.3 years and for England the average male life expectancy is 78.58 and female 82.27 years for the same time period. The trend over time, for both Harrow and Barnet in life expectancies at birth can be seen in the following graphs, Figures 1 and 2 for both male and female life expectancies respectively, compared against London and England. The graphs show how the trends locally as well as regional and national life expectancies at birth, have increased, and are forecasted to increase further.

In general, females have a higher life expectancy than males; this inequality can be explained by a number of factors, for example higher rates of obesity, alcohol consumption and smoking amongst men are all statistically associated with increased risk of mortality and morbidity. Life expectancy in males has increased at a slightly higher rate than for females in recent years causing an overall narrowing of the gender gap. In part this may be due to changes in lifestyle, such as more rapid declines in rates of alcohol consumption and smoking amongst males compared with females.

Figure 1: Trends in Male Life Expectancies in Harrow, Barnet, London and England

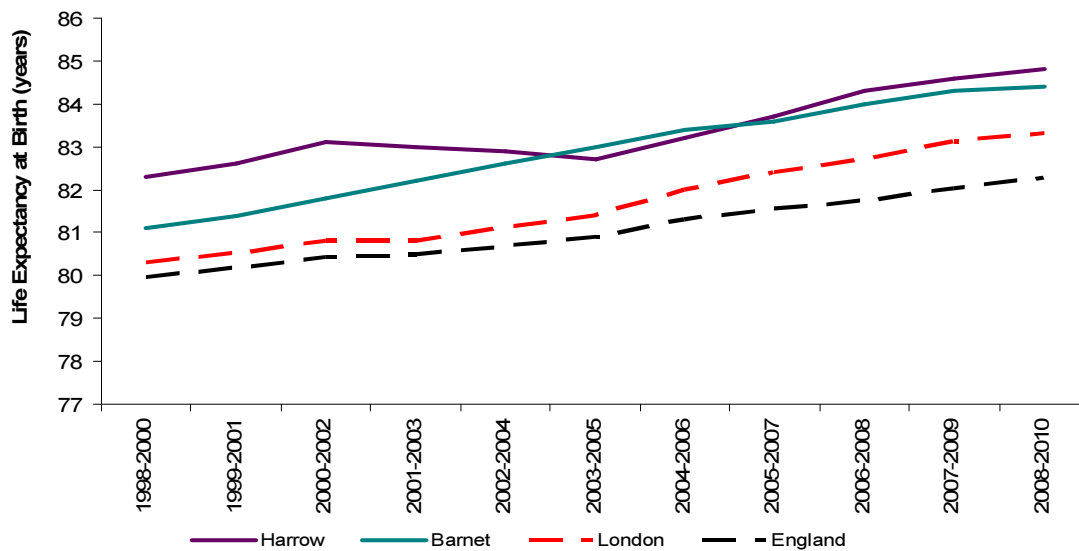
Male life expectancy at birth for 1998 - 2010



Source: Office for National Statistics

Figure 2: Trends in Female Life Expectancies in Harrow, Barnet, London and England

Female life expectancy at birth, 1998-2010

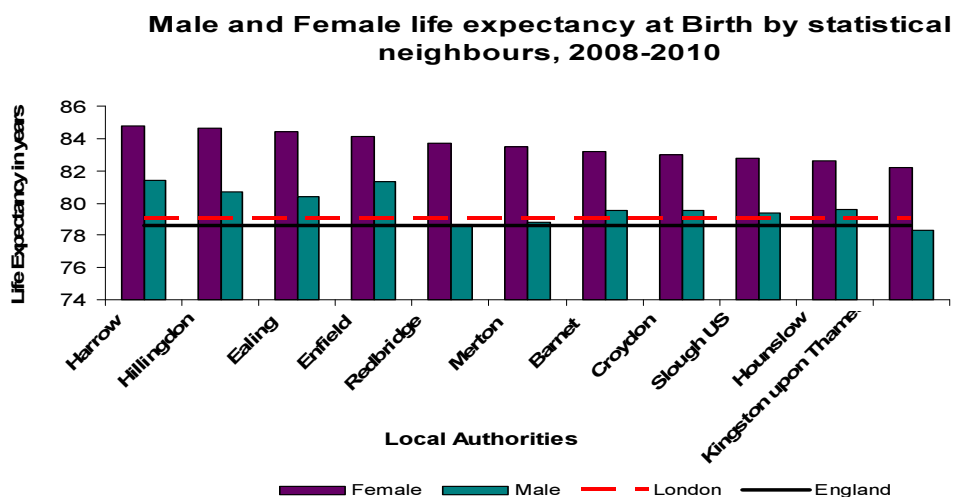


Source: Office for National Statistics

Inequalities in Life Expectancy between Boroughs

The graph in Figure 3 showing Harrow and Barnet male and female life expectancies at birth, against their statistical neighbours, show that Harrow has the highest female life expectancy at birth, and second highest male life expectancy at birth when comparing with other local authorities. Barnet is placed 6th behind Harrow for female life expectancy. Each local authority is grouped into statistical neighbours by the Office of National Statistics based on their similar characteristics. The statistical neighbours provide a method for benchmarking progress, allowing comparisons to be drawn.

Figure 3: Male and Female Life Expectancy at birth compared with Harrow and Barnet Statistical Neighbours



Source: Office for National Statistics

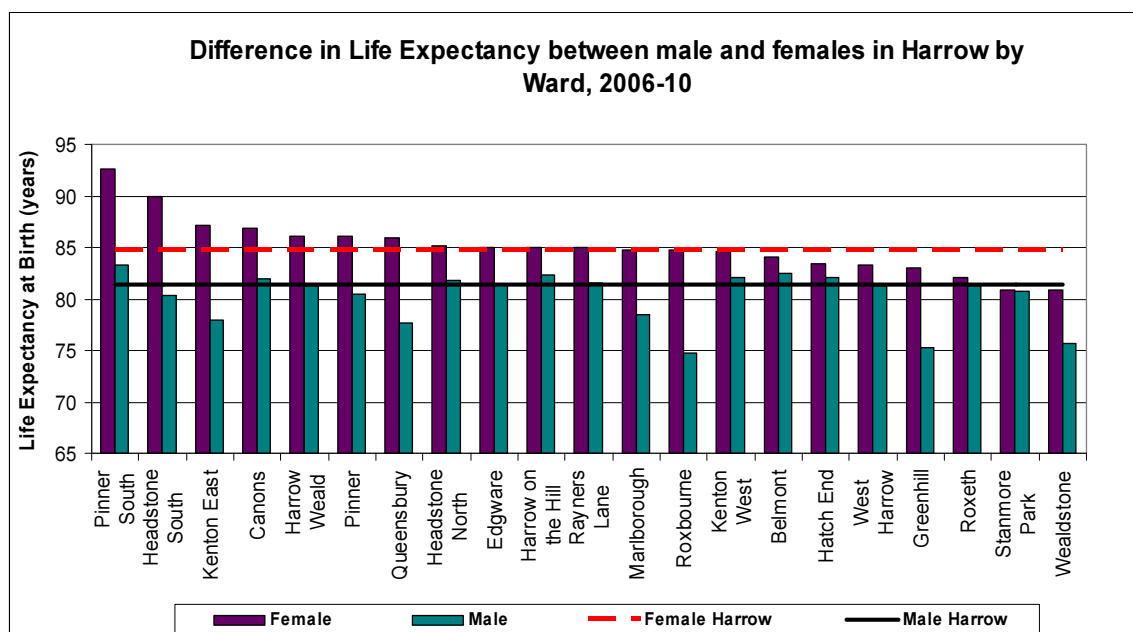
Within Borough Inequalities

Whilst life expectancy in Harrow and Barnet is better than the national and regional averages and compare favourably to their statistical neighbouring boroughs, this information does not represent the true picture. There are disparities between areas within both Harrow and Barnet, and it is only when we look at life expectancy at ward level across the boroughs can we see the inequalities across Harrow and Barnet. Ward level mapping is used to highlight the differences and in order to compare Harrow and Barnet male and female life expectancy, the scales used for the purposes of the mapping are the same. Therefore, for males in Harrow and Barnet, this ranges from 76.20 to 83.60 years and for females 82.80 to 96.60 years.

Inequalities in Harrow

In Harrow, a woman living in the Pinner South ward can expect to live up to twelve years longer than a woman in the Wealdstone ward, as can be seen by the graph in Figure 4.

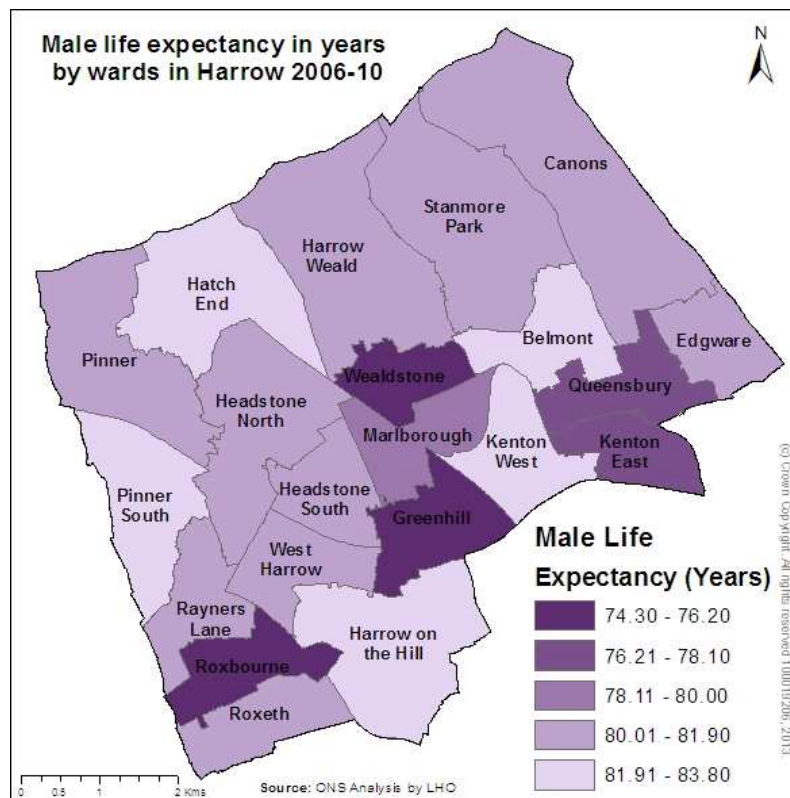
Figure 4: Differences in Life Expectancy between males and females by Harrow Ward



Source: Office for National Statistics

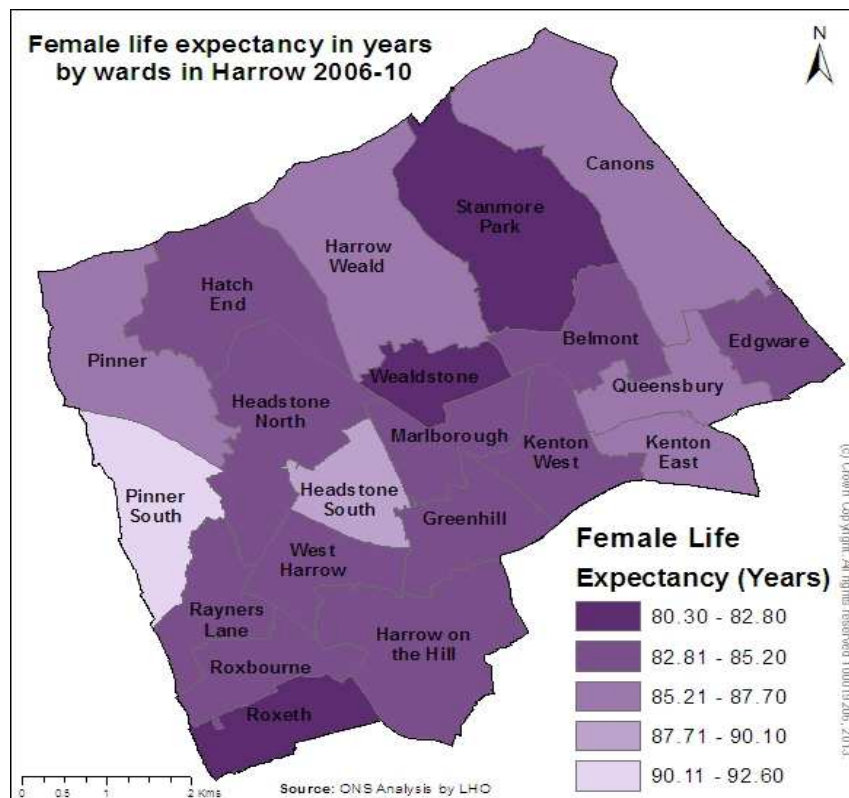
This is further displayed in the maps showing Harrow wards with life expectancy at birth for males Figure 6 and females Figure 7 below. The maps show the differences across the borough, with the darker shaded areas highlighting wards that have lower life expectancy.

Figure 5 Map to show male life expectancy at birth by Harrow wards



Source: ONS Analysis by LHO produced by Harrow GIS Team

Figure 6 Map to show female life expectancy at birth by Harrow wards

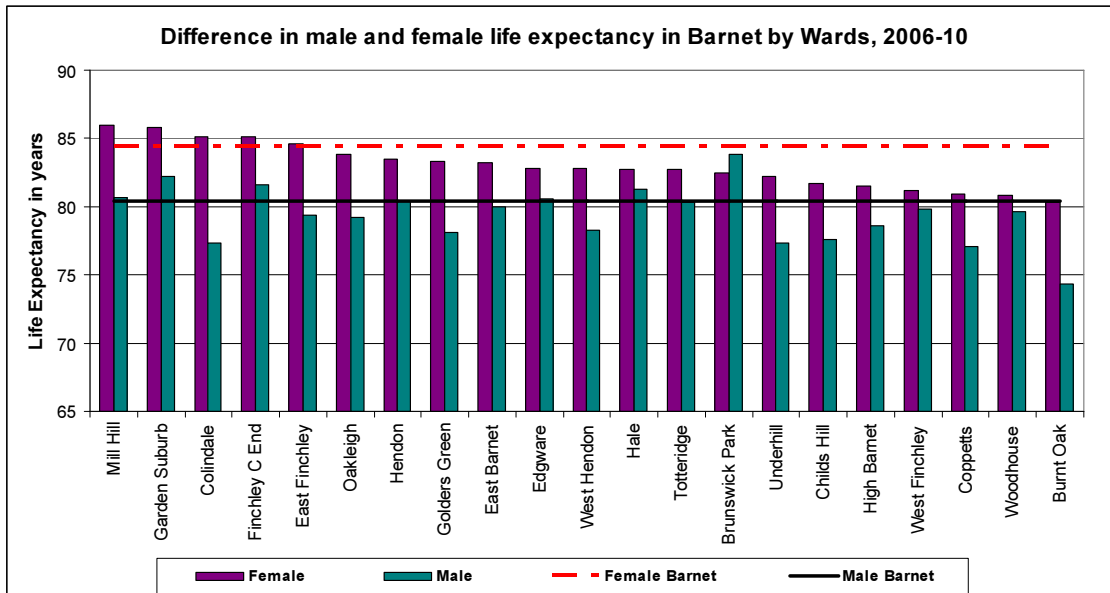


Source: ONS Analysis by LHO produced by Harrow GIS Team

Inequalities in Barnet

Although the gap between wards is narrower in Barnet, there are still disparities. A woman living in the Mill Hill ward in Barnet can expect to live six years longer than a woman living in the Burnt Oak area shown in the graph in Figure 7.

Figure 7 Differences in Life Expectancy between males and females by Barnet Wards

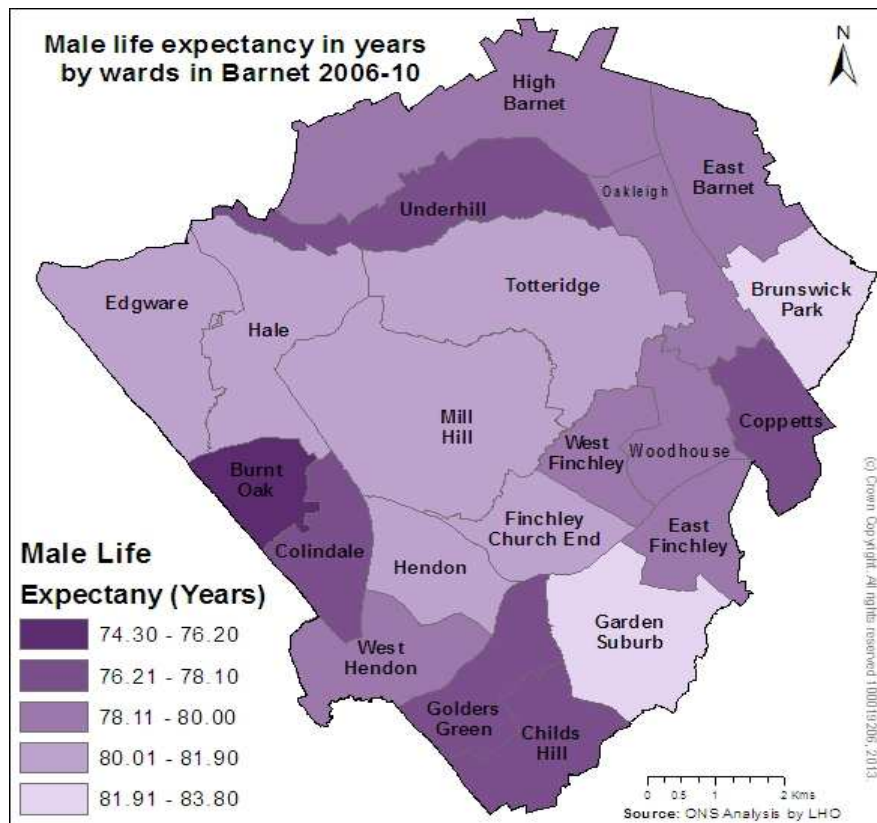


Source: Office for National Statistics

Male and female life expectancy at birth can be further seen in the maps in Figures 8 and 9, by wards.

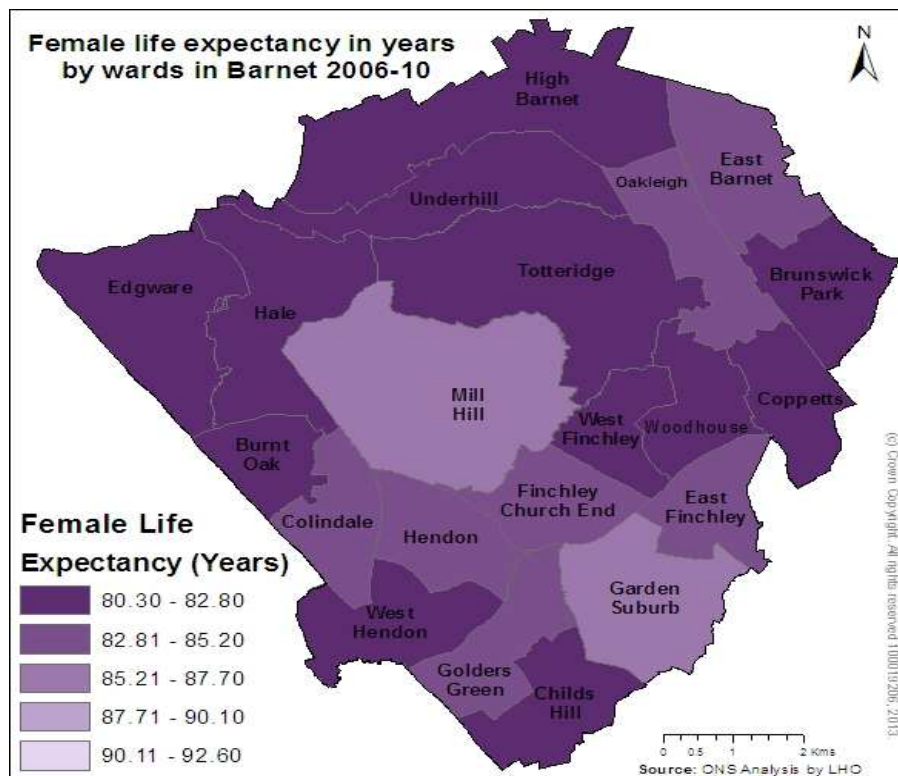
Hence, whilst the overall life expectancy at birth for a borough may be high, which is the case for both Harrow and Barnet, the graphs and maps displaying life expectancy at birth by ward highlight the *within* area inequalities.

Figure 8 Map to show male life expectancy at birth by Barnet wards



Source: ONS Analysis by LHO produced by Harrow GIS Team

Figure 9 Map to show female life expectancy at birth by Barnet wards



Source: ONS Analysis by LHO produced by Harrow GIS Team

Life Expectancy at age 65

In the UK, the number of people aged 65 and over is projected to rise by nearly 50% in the next 20 years. Harrow has one of the highest proportion of those aged 65 and over amongst its neighbouring boroughs, at 14.1% and Barnet at 13.3%, both higher than London at 10.3%. In the future, there is a further projected increase in those over the age of 65 in both Harrow and Barnet with an overall increase of around 22% for Harrow and 18% for Barnet by 2025. The general increases that we are seeing in the older population groups are important to highlight for the effective planning and provision of appropriate health services within primary and secondary care, as well as those services offered in the community, as there is evidence to show that these age groups represent a greater demand for care, and use a greater proportion of health services compared to other age groups.

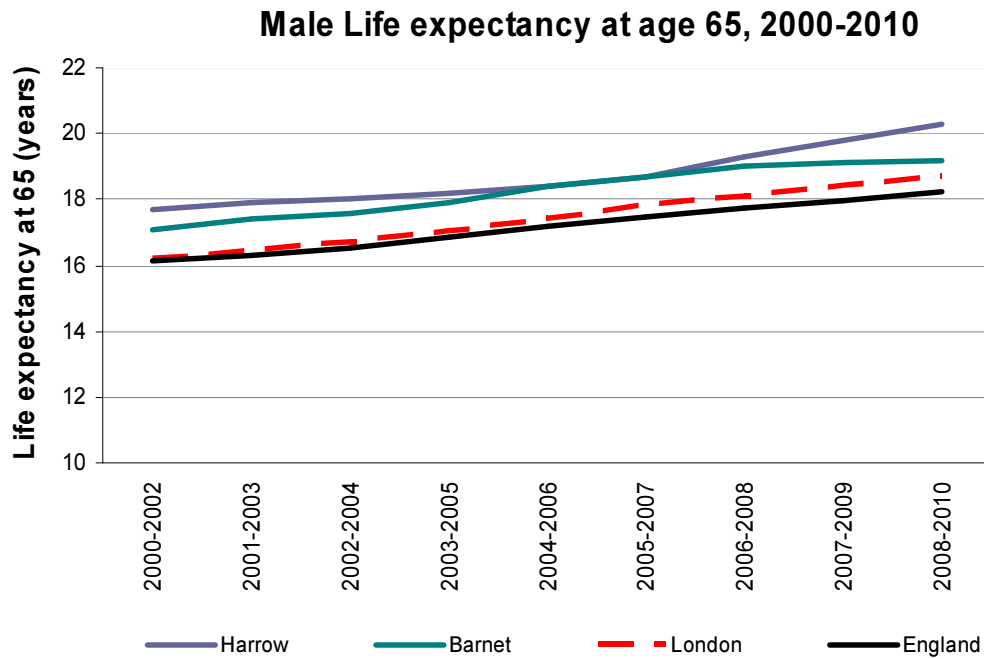
As people age, their life expectancy actually increases. Each year you live means that you have survived all sorts of causes of death. So your life expectancy at 65 is not the same as it is was at birth.

Trends in Life Expectancy at 65

Males at age 65 in Harrow could expect to live for a further 20 years and in Barnet 19 years compared to around 18 years for London and England as a whole. By contrast, females in Harrow and Barnet at age 65 could expect to live for a further 22 years compared to 21 years in London, and 20 years in England. The graphs below, Figures 10 and 11 show the trends over time for both Harrow and Barnet, when compared to London and England.

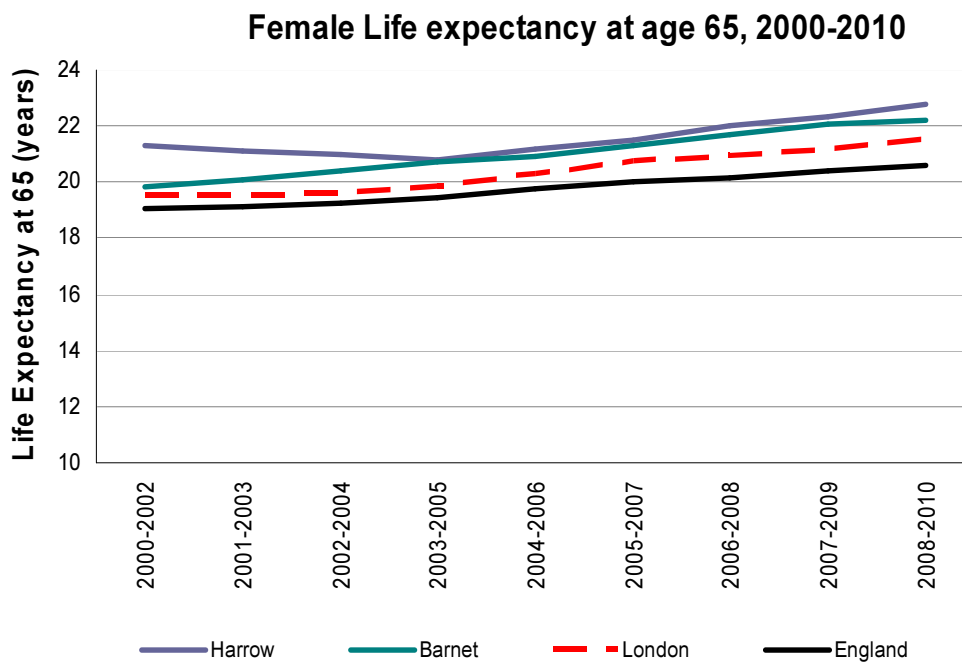
As life expectancy continues to increase it is important to ask whether these additional years in life are being spent in favourable health states or prolonged poor health and dependency. Healthy life expectancies help us to address this question by adding a dimension of quality of life to estimates of life expectancy.

Figure 10: Trends in Male Life Expectancies at 65 in Harrow, Barnet, London and England



Source: Office for National Statistics

Figure 11: Trends in Female Life Expectancy at 65 in Harrow, Barnet, London and England



Source: Office for National Statistics

Summary

This second Public Health Intelligence Briefing presented Life Expectancy, and we have shown that overall life expectancy compares well in Harrow and Barnet, for both at birth and at age 65 when compared to their statistical neighbours, as well as regionally and nationally.

However, we have also demonstrated, there are *within* area inequalities as a result of the wider determinants of health, i.e. an individual's gender, socio-economic status etc. highlighted by the Slope Index of Inequalities in the first briefing.

As life expectancy continues to increase it is no longer just a question of how long a person can live, but more so whether these additional years of life are spent in favourable health states and it is the estimates of Healthy life expectancy that will provide us with more information.

Public Health Intelligence Briefing #3 will cover Healthy Life Expectancy.
For further information or to request a future topic for PHIBs please contact
Carole Furlong, Consultant in Public Health



Public Health Intelligence Briefing

Issue # 3

Healthy Life Expectancy

Key Findings

- Healthy life expectancy adds a dimension of quality of life to estimates of life expectancy
- Although both men and women in Harrow live longer than they do in Barnet, London, and England, a greater proportion of their life is spent with a disability or a limiting persistent illness.
- Men and women in Barnet live longer lives and spend a greater proportion of their lives free from disability or long term limiting illnesses than their counterparts in London and across England as a whole.

Introduction

As life expectancy continues to increase, it is important to ask whether these additional years in life are being spent in favourable health states or prolonged poor health and dependency. Healthy life expectancy help us to address this question by adding a dimension of quality of life to estimates of life expectancy, and this is further explored in this third Public Health Intelligence Briefing.

Healthy Life Expectancy

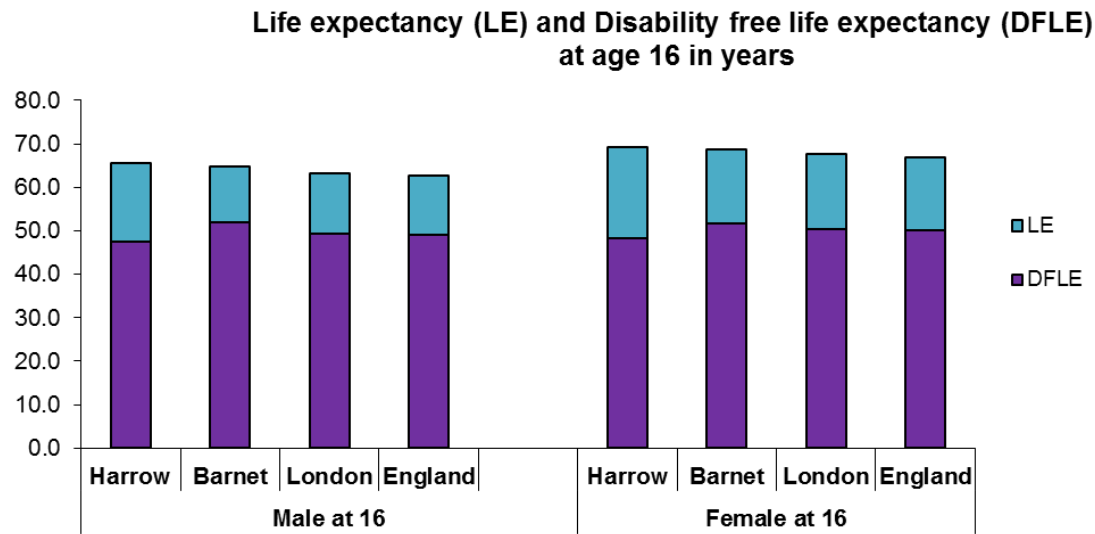
In the UK, at birth people can expect to spend more than 80 per cent of their lives in very good or good general health. This falls to around 57 per cent of their remaining life by age 65. People in England generally spend the more of their lives free from a limiting persistent illness or disability; than do people in Scotland and Northern Ireland.

With an aging population, healthy life expectancy adds a dimension of quality of life to estimates of life expectancy, allowing us to look more holistically at life expectancy. The Office of National Statistics (ONS) routinely publishes two types of health expectancy estimates nationally; Healthy Life Expectancy (HLE), defined as the number of years an individual can expect to spend in very good or good general health, and Disability Free Life Expectancy (DFLE), defined as the number of years an individual can expect to spend free from a limiting persistent illness or disability.

Although these are not yet routinely available at local authority level, the ONS has produced experimental statistics for Life Expectancy (as we have seen in the previous briefings) and DFLE at age 16 and 65. We have used these data to calculate the HLE data for the boroughs. The following graphs below in Figures 1 and 2 show the proportion of Life Expectancy spent in disability/long term illness, and disability free for Harrow and Barnet compared to London and England age 16 and 65.

Figure 1 illustrates that, in London, a young man on his 16th birthday can expect to live for a further 63.2 years and can expect around 78 per cent of his life to be disability free/free from long term illness. A young woman, at the same age can expect to live for a further 67.6 years and with around 74 per cent of these years disability free/free from long term illness.

Figure 1: Life Expectancy and Disability free life expectancy and Life at age 16, 2007-09



Source: Office for National Statistics

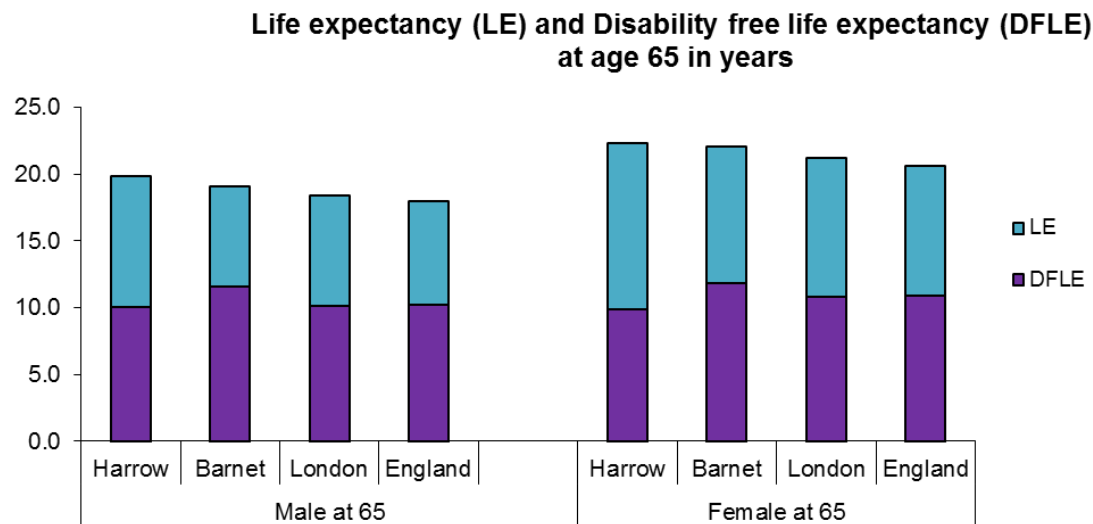
In Harrow, although at the same age a young man can expect a life expectancy of 65.7 years, only 72 per cent is of it is estimated to be disability free/free from long term illness. For a young women in Harrow, even less (69 per cent) of her life expectancy of 69.1 years is expected to be disability free/free from long term limiting illness.

Looking at the same statistics for young men and women in Barnet, although they don't expect to live quite as long as their Harrow neighbours, a higher proportion of their lives (80.3 per cent for men and 75 per cent for women) is likely to be disability free/free from long term limiting illness.

In figure 2, we show LE and DFLE at age 65. We can see that at age 65, men in Harrow can expect to live around 50 per cent and women 44 per cent of their lives disability free. Again Barnet shows an increase in the proportion of disability free life expectancy, at 60 per cent for men, and 53 per cent for women disability free. Compared to London, both men and women in Harrow can expect to live longer but for less of these additional years will be disability free. Barnet men and women at 65 can again expect to live longer and spend more of their lives disability free than their

fellow Londoners. These data suggest that there may be greater pressure on health and adult social care in Harrow

Figure 2: Proportion of Disability free life and Life with Disability/Long Term illness at age 65, 2007-09



Source: Office for National Statistics

Can we explain the differences?

We have seen that people in Harrow spend more of their lives with a disability/long term illness than Barnet, London or England. Although this cannot be conclusively explained, we hypothesise that at least part of the difference is due to the ethnic diversity that we see in Harrow. Over 50 per cent of Harrow’s population comprises residents from the South Asian ethnic groups and these groups are forecasted to grow further. Diseases such as diabetes, stroke or coronary heart disease have higher prevalence in this group compared to England. This is further confirmed by the GP prevalence data which shows that 7.1% of patients were diagnosed as having diabetes in Harrow compared to 5.25% in London and 5.4% in England. Despite the high prevalence in Harrow, diabetes is managed well in primary care, which may mean that people live with the disease for longer.

At present, statistics at ward level are not available for Healthy Life Expectancy, therefore Disability Free Life Expectancy, hence currently it is not possible to further

identifying areas within Barnet or Harrow that have low proportions of life disability free/free from chronic illness.

Summary

This third briefing followed on from Health Inequalities and Life Expectancy briefings (Public Health Intelligence Briefings 1 and 2), which showed that whilst Harrow and Barnet compare well in terms of Life Expectancy against other boroughs, there are *within* borough inequalities. Presenting Healthy Life Expectancy in this briefing highlights that whilst overall Life Expectancy may be above the regional and national averages, it is the number of years that are spent disability free/free from a long term limiting illness that actually adds quality of life to an individual's life.

Although both men and women in Harrow live longer than they do in Barnet, London, and England, a greater proportion of their life is spent with a disability or a limiting persistent illness. Some of this may be explained by the high rates and good management of diabetes in the South Asian community in Harrow

Men and women in Barnet live longer lives and spend a greater proportion of their lives free from disability or long term limiting illnesses than their counterparts in London and across England as a whole.

The next Public Health Intelligence Briefing is to be released in July 2013, and will cover wellbeing indicators. For any queries relating to PHIB, please contact Carole Furlong, Consultant in Public Health.