Public Health Priorities for Harrow

1. Purpose of report
   • To give the committee an overview of the new Public Health White Paper
   • To inform the committee of key public health priorities, nationally and locally

Section 2: Report

2.1 Background to Health in Harrow

2.1.1 Overall Harrow has a relatively affluent and healthy population. Life expectancy rates are relatively high and death rates from cancer and circulatory diseases are falling in line with national targets. However within Harrow there are geographical areas and population groups who experience poorer health than is experienced in other areas of the borough. These differences are well described in the 2003 Director of Public Health Annual Report and in the 2004 Vitality Profiles.

2.2 Public Health White Paper – Choosing Health: Making Healthy Choices Easier

2.2.1 Choosing Health is part of the government’s response to the Wanless Reports, which identified serious concerns about increasing health inequalities and major lifestyle risks to health.

2.2.2 The publication of the White Paper followed a three month consultation with a wide range of stakeholders. Three underpinning principles were established from this consultation and six priority areas were set. Six workstreams were identified to deliver work on priority areas.

2.2.3 Three principles underpin the White Paper
   • Informed choice - people want to make their own choices about health, but expect support from the government
   • Personalisation - support tailored to the needs of individual and to the reality of individual lives in order to tackle health inequalities
   • Working together - effective partnerships are required across all sectors of communities involving local government, NHS, business, advertisers, voluntary sector, retailers, the media, faith, schools and many others.

2.2.4 Six National Priority areas are set:
   • reducing smoking
   • reducing obesity and improving diet and nutrition
   • increasing exercise
   • encouraging sensible drinking
• improving sexual health
• improving mental health

2.2.5 Priorities to be addressed through six workstreams:
• Health in a Consumer Society
• Children and young people
• Working with local communities
• Health as a way of life-support for individuals
• A health promoting NHS
• Work place

2.2.6 Action required:
A number of significant and specific actions are proposed to reverse trends in damaging lifestyle behaviour, improve health and reduce health inequalities. The key points are set out in the Executive Summary of the White Paper (previously circulated).

2.2.7 The White Paper Delivery Plan Toolkit was published at the beginning of March 2005. The PCT Health Promotion Team will work with partners to develop a local implementation plan.

2.3 National Public Health Targets and Priorities

2.3.1 Existing national targets include:
• Increasing the numbers of people who quit smoking
• Decreasing death rates from cardiovascular disease and cancer
• Increasing immunisation and screening coverage rates
• Decreasing teenage pregnancy rates and improving early access to termination of pregnancy services
• Reducing infant mortality by increasing breast-feeding initiation and decreasing smoking in pregnancy
• Decreasing suicide rates
• Improving drug misuse treatment rates

2.3.2 A number of additional White Paper targets have been set from 2005/6 in areas such as obesity and access to sexual health services.

2.4 NW London Sector Priorities

2.4.1 Public health priorities have also been set at a sector level. These reflect particular public health needs across the sector. These are:
• Sexual health
• Immunisation
• Tuberculosis
• MRSA
• Screening programmes
• Health inequalities
2.5 Harrow Public Health Priorities

2.5.1 Harrow Public Health Priorities have been set to address areas where targets are either not currently being met or to reflect the particular needs of the local population. These priorities will form the basis for a small number of local targets, which will be incorporated into Community Strategy plans.

2.5.2 Increasing Immunisation rates. Coverage rates of the MMR (mumps, measles and rubella) vaccine are not currently at a level to protect the population from these infectious diseases. A major campaign is underway to increase rates.

2.5.3 Reducing MRSA infections. Work is underway in collaboration with North West London Hospitals Trust to ensure that there are effective systems in place to reduce MRSA infections.

2.5.4 Improving tuberculosis (TB) prevention and treatment. TB prevention and treatment services are currently being reviewed to ensure they meet national standards. Work on TB is particularly targeted on at-risk groups.

2.5.5 Smoking cessation. Supporting people to quit smoking will have a significant impact on population health in Harrow. Programmes will focus particularly on improving quit rates in those people who attend cessation programmes and on decreasing smoking rates in pregnancy, young people, and areas of health inequalities e.g. manual occupation groups, refugees and asylum seekers.

2.5.6 Tobacco Control. All London PCTs have agreed to meet the target for smoke free NHS and government departments by December 2005. A considerable programme of work is required to achieve this target.

2.5.7 Increasing breast-feeding rates. There is clear evidence of the benefits of breast-feeding on infant health and development. Data collection systems need to be established to ensure we meet national breast-feeding targets and that work is focussed in areas and populations with the lowest rates.

2.5.8 Sexual health. Rates of sexually transmitted disease are increasing both nationally and locally. A sexual health strategy is being developed for Harrow with a focus on prevention and fast access to treatment.

2.5.9 Reducing teenage pregnancy. Whilst teenage pregnancy rates in Harrow are relatively low when compared to London as a whole, rates are not decreasing in line with national targets. Work is focussed in wards with highest rates.
2.5.10 **Obesity.** Increasing levels of obesity both in children and in adults is the cause of significant health problems. An obesity strategy will be developed and implemented across a range of organisations to begin to address this area more effectively.

2.5.11 Work will continue to be developed and delivered across the other national priority areas such as physical activity and alcohol. All programmes will be focussed at reducing health inequalities.

2.5.12 There is national and local work underway to increase the public health workforce. School nurses are a particular focus. The PCT Public Health and Health Strategy Directorate is currently being re-structured to reflect these priority areas.

2.5.13 The delivery of Harrow public health priorities is dependant on effective commitment and partnership working across the PCT, Harrow Council, North West London Hospitals Trust, the voluntary sector and other organisations.

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