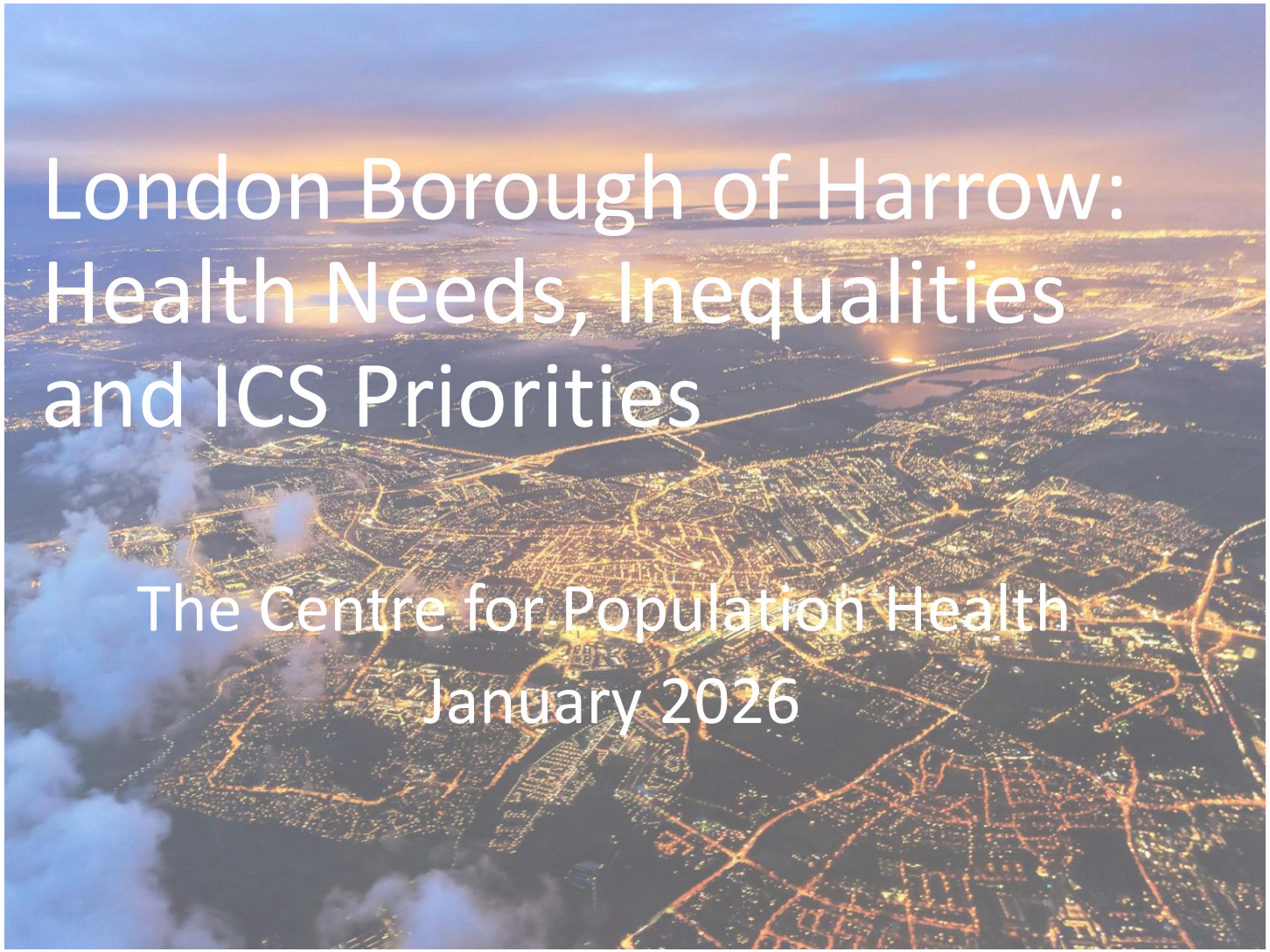

London Borough of Harrow: Health Needs, Inequalities and ICS Priorities

The Centre for Population Health

January 2026

Harrow JSNA 2026 Summary Pack

Joint Strategic Needs Assessment – London Borough of Harrow

Comprehensive overview of population health and wellbeing in Harrow

Provides evidence base for health and care planning decisions

Informs ICS, local authority, NHS, and community sector strategies

Based on latest data and trends up to 2024/2025

Prepared by The Centre for Population Health in collaboration with partners

Introduction

This JSNA summarises Harrow's key health and wellbeing needs as of 2026.

It is designed for use by health, care, and community sector leaders.

The assessment covers population trends, inequalities, and service priorities.

It draws on data from the JSNA, 2021 Census and Fingertips.

The JSNA aligns with North West London ICS and NHS England strategies.

It supports commissioning, planning, and integrated service development across sectors.

Overview of Harrow JSNA

Provides an evidence-based assessment of Harrow's population health needs.

Identifies key health inequalities across geography, age, and ethnicity.

Highlights top 10 Integrated Care System (ICS) priorities for Harrow.

Includes five local public health best practice case studies.

Benchmarks Harrow's performance against London and England averages.

Supports integrated, place-based planning across health and social care sectors.

Borough Characteristics Overview

- Harrow is an outer London borough located in north-west London.
- The borough covers approximately 50 square kilometres of suburban land.
- It includes major centres such as Harrow-on-the-Hill and Wealdstone.
- Population in 2025 is estimated at around 270,000 residents.
- Harrow has a high population density of approximately 5,200 people per km².
- Insert map here showing borough boundaries and key neighbourhoods.

Geography and Spatial Profile

- Harrow features a mix of urban centres, residential areas, and greenbelt land.
- Eastern and southern wards are more densely populated and diverse.
- Western and northern wards tend to be more affluent and spacious.
- Geographic variation influences access to services and health outcomes.
- Key centres include Stanmore, Harrow-on-the-Hill, and Wealdstone.
- Insert spatial deprivation map here to illustrate geographic inequalities.

Demographics and Population Structure

Harrow's median age is 38, slightly older than the London average.

20% of residents are under 16, indicating a strong youth population.

64% of residents are working-age adults between 16 and 64 years.

16% of residents are aged 65 or older, with numbers steadily increasing.

The 80+ population is growing rapidly, impacting health and care services.

Insert age pyramid chart here to show population age distribution.

Diversity and Languages

- 63.8% of Harrow's population are from Black, Asian and Minority Ethnic groups.
- The largest ethnic group is Indian, comprising around 25–30% of residents.
- Over 100 languages are spoken in Harrow's homes and communities.
- Common languages include Gujarati, Hindi, Tamil, Romanian, and Arabic.
- 92% of school pupils are from ethnic minority backgrounds, reflecting diversity.
- Insert language diversity chart here to visualise linguistic variation.

Population Growth and Projections

Harrow's population grew by 9.3% between 2011 and 2021.

Growth has been driven by births and international migration trends.

The borough continues to attract families due to schools and housing.

Internal migration patterns affect the age structure and housing demand.

Moderate population growth is projected to continue through the 2030s.

Insert population projection chart here to show future trends.

Socioeconomic Profile

Median household income in Harrow is between £37,000 and £39,000.

Unemployment was around 5% in 2023, close to the London average.

Over 50% of adults in Harrow hold a university-level qualification.

75% of pupils achieved grade 5 or above in English and Maths GCSEs.

Economic disparities exist between neighbourhoods, affecting health outcomes.

Age Structure

Median age: 38 years (older than London average)

20% under 16, 64% aged 16–64, 16% aged 65+

23% increase in 65+ population from 2011 to 2021

Projected 38% increase in 65+ by 2041

Lower proportion of young adults (20s–30s)

Implications for health and social care services

Housing and Affordability

- 60% owner-occupied, 20% private rent, 11% social housing
- Average house price: £500,000 (2023)
- Affordability challenges for young adults
- 12% of households are overcrowded
- Rising homelessness and temporary accommodation
- Multi-generational households common

Deprivation Overview

Harrow ranked 156th of 317 in IMD 2019

Improved from 132nd in 2015 and 90th in 2010

Few areas in most deprived 10% nationally

Majority of areas in middle deprivation deciles

Pockets of deprivation in Wealdstone, Roxbourne

Deprivation linked to health inequalities

Overview of IMD Structure and Harrow's Overall Position

- The Index of Multiple Deprivation (IMD) is a national measure that ranks small areas in England based on seven domains: income, employment, education, health, crime, housing and services, and living environment.
- Each Lower Layer Super Output Area (LSOA) in England is ranked from 1 (most deprived) to 32,844 (least deprived). Harrow contains 137 LSOAs.
- In the 2019 IMD, Harrow ranked 156th out of 317 local authorities in England, placing it in the middle nationally for overall deprivation.
- Harrow has no LSOAs in the most deprived 10% nationally, indicating relatively low levels of extreme deprivation compared to other London boroughs.
- Only two LSOAs in Harrow fall within the most deprived 20% nationally, showing that severe deprivation is limited but still present.
- The majority of Harrow's neighbourhoods fall within the middle deciles (4–7), reflecting moderate levels of deprivation across the borough.

Spatial Distribution and Drivers of Deprivation

Deprivation in Harrow is not evenly spread; it is concentrated in specific neighbourhoods such as Stanmore Park, Wealdstone, Roxbourne, and parts of Edgware.

These areas experience higher levels of income deprivation, unemployment, and housing need, often linked to older council estates and lower educational attainment.

Housing affordability pressures have worsened deprivation in some areas, particularly where overcrowding and temporary accommodation are common.

Rayners Lane Estate in Roxbourne improved from being in the bottom 10% nationally in 2015 to the bottom 20% in 2019, following regeneration efforts.

Despite borough-wide improvements, 36 LSOAs in Harrow became relatively more deprived between 2015 and 2019, indicating growing inequality in some areas.

Insert map here showing spatial distribution of deprivation across Harrow using IMD deciles.

Summary of Key Health Indicators

Harrow is generally considered a healthy borough, with life expectancy and overall health outcomes better than the national average.

Life expectancy at birth is 83.9 years, placing Harrow among the top three boroughs in London for longevity.

Premature mortality (deaths under age 75) is significantly lower than the England average, particularly for cardiovascular disease.

Cancer and cardiovascular disease are the leading causes of death, but Harrow's age-standardised mortality rates are lower than national figures.

Respiratory disease mortality is moderate, with seasonal flu and pneumonia affecting older adults more significantly.

Life Expectancy and Mortality

Women in Harrow live on average to 85.7 years, while men live to 82.1 years, both above national averages.

There is a six-year life expectancy gap between the most and least deprived wards, highlighting internal inequalities.

Pinner South has the highest life expectancy, while Greenhill and Wealdstone have the lowest within the borough.

Cardiovascular disease accounts for around 25% of deaths, but Harrow has one of the lowest under-75 CVD mortality rates in the UK.

Cancer causes approximately 40% of premature deaths, with early diagnosis and screening uptake remaining areas for improvement.

Long-Term Conditions Overview – Burden and Distribution

Long-term conditions such as diabetes, hypertension, and cardiovascular disease are prevalent in Harrow, particularly among older adults.

Multimorbidity (having two or more chronic conditions) is increasing, especially in the 65+ population.

South Asian communities in Harrow experience earlier onset of long-term conditions, often by a decade compared to White British residents.

These conditions contribute significantly to hospital admissions and healthcare costs in the borough.

Effective management and early intervention are essential to reduce complications and improve quality of life.

Diabetes and Obesity - Prevalence, Drivers, and Implications

Harrow has one of the highest diabetes prevalence rates in London, with 10% of adults diagnosed and an estimated 10.5% including undiagnosed cases.

Diabetes is more common in South Asian and Black African communities, often developing at younger ages.

Obesity is a major risk factor for diabetes; 53% of adults in Harrow are overweight or obese.

Childhood obesity is also a concern, with 38% of Year 6 pupils classified as overweight or obese.

Cultural dietary patterns, physical inactivity, and socioeconomic factors contribute to these trends.

Physical Activity and Smoking – Behavioural Risk Factors

Around 65% of adults in Harrow meet recommended physical activity levels, similar to the London average.

22% of adults are classified as inactive, with lower activity levels among older adults and some ethnic minority women.

Barriers to physical activity include cultural norms, lack of tailored opportunities, and limited access to safe spaces.

Smoking prevalence in Harrow has risen to 16.1%, reversing previous declines and aligning with the national average.

Smoking remains the leading preventable cause of death, despite low rates of smoking in pregnancy (<4%).

Mental Health Overview – Needs and Service Patterns

1.04% of adults in Harrow are diagnosed with severe mental illness, slightly above the national average.

Common mental health conditions such as anxiety and depression affect around 15% of adults.

The COVID-19 pandemic led to increased mental health needs, especially among young people and carers.

Loneliness is a significant issue, particularly among older adults and those living alone.

Access to talking therapies is good, with recovery rates exceeding the national 50% target.

Health Inequalities Overview – Cross-Cutting Inequalities

Health outcomes in Harrow vary significantly by geography, ethnicity, gender, and socioeconomic status.

Residents in deprived areas experience higher rates of long-term conditions and lower life expectancy.

Ethnic minority groups face specific health risks and often have lower uptake of preventive services.

Women generally live longer and access more preventive care, but screening uptake remains low in some groups.

Older adults and unpaid carers face challenges related to isolation, mental health, and access to support.

Geographic Inequalities – Ward-Level Variations

Wealdstone, Roxbourne, Greenhill, and Marlborough wards have the poorest health outcomes in Harrow.

These areas also have higher levels of deprivation, overcrowding, and unemployment.

Hospital admission rates for preventable conditions are higher in these wards compared to borough averages.

Pinner, Stanmore, and Hatch End wards have significantly better health indicators and lower mortality rates.

Access to green space and healthy food options varies across wards, contributing to health disparities.

Service Uptake Inequalities

- Cervical screening coverage remains low at 59 percent across Harrow
- Uptake is significantly lower among South Asian and Eastern European women
- Bowel and breast screening participation also varies by ethnicity and deprivation
- Language barriers and limited health literacy reduce engagement with preventive care
- Digital exclusion affects appointment booking and access to online health information
- Community-based outreach has shown strong results in improving uptake

Ageing, Isolation and Carers

- Harrow's population aged 65 and over is growing faster than the London average
- One in five older adults reports loneliness or social isolation
- Frailty, dementia, and multimorbidity are increasing among older residents
- Older carers experience high levels of stress and reduced wellbeing
- Single-pensioner households are concentrated in Pinner, Rayners Lane, and Hatch End
- Strengthening community support is essential to reduce isolation and prevent decline

Top 10 ICS Priorities for Harrow

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1. Reducing health inequalities across communities
2. Tackling deprivation and wider social determinants of health
3. Improving mental health and emotional wellbeing
4. Promoting healthy weight, nutrition, and physical activity
5. Preventing and managing long-term conditions
6. Cancer prevention and early diagnosis
7. Supporting children and young people's health
8. Healthy ageing and integrated care for older people
9. Improving access to primary and preventive care
10. Strengthening preventive health and health protection

Priority 1: Reducing Health Inequalities

Significant differences in health outcomes exist between Harrow's neighbourhoods

Life expectancy varies by up to six years between the most and least deprived wards

Ethnic minority communities experience higher burdens of long-term conditions

Preventive service uptake is lower in deprived and migrant communities

Inequalities are driven by housing, income, education, and access barriers

Reducing inequalities aligns with national NHS Core20PLUS5 priorities

Priority 1: Reducing Health Inequalities (Action Points)

Expand	Expand targeted outreach in high-need neighbourhoods
Strengthen	Strengthen partnerships with faith groups and community organisations
Improve	Improve translation, interpretation, and culturally tailored communication
Use	Use data to identify gaps in screening, vaccination, and long-term condition management
Embed	Embed equity assessments in all service planning
Increase	Increase community health champion programmes

Priority 2: Tackling Deprivation and Social Determinants

Deprivation is concentrated in Wealdstone, Roxbourne, Edgware, and parts of Stanmore

Poor housing, overcrowding, and low income contribute to poor health outcomes

Child poverty affects one in three children in Harrow

Employment and education inequalities influence long-term wellbeing

Social determinants underpin many of Harrow's health challenges

Addressing root causes requires multi-agency collaboration

Priority 2: Tackling Deprivation and Social Determinants (Action Points)

Work	Work with housing partners to reduce overcrowding and improve conditions
Support	Support employment, skills, and training programmes for low-income residents
Strengthen	Strengthen early years and family support services
Improve	Improve access to affordable childcare and community resources
Target	Target support to families in temporary accommodation
Use	Use IMD data to prioritise investment in deprived areas

Priority 3: Improving Mental Health and Wellbeing (Description)

Mental health needs have increased across all age groups since the pandemic

Young people show rising levels of anxiety, self-harm, and emotional distress

Older adults experience loneliness, isolation, and depression

Severe mental illness prevalence is higher than the national average

Stigma and cultural barriers reduce help-seeking in some communities

Early intervention and accessible support are essential

Priority 3: Improving Mental Health and Wellbeing (Action Points)

Expand	Expand mental health support in schools and youth settings
Increase	Increase access to talking therapies and culturally adapted interventions
Strengthen	Strengthen community-based mental health outreach
Promote	Promote mental health literacy through targeted campaigns
Support	Support carers and isolated older adults with tailored services
Improve	Improve crisis prevention and early intervention pathways

Priority 4: Promoting Healthy Weight, Nutrition and Physical Activity

Over half of Harrow's adults are overweight or obese

Childhood obesity remains high, particularly in deprived areas

Physical inactivity is more common among older adults and some ethnic groups

Obesity is a major driver of diabetes and cardiovascular disease

Cultural norms influence diet and activity patterns

A whole-system approach is needed to shift behaviours

Priority 4: Promoting Healthy Weight and Physical Activity (Action Points)

Promote	Promote active travel and walking groups
Expand	Expand healthy eating campaigns in schools and communities
Support	Support school-based physical activity initiatives
Provide	Provide culturally tailored fitness and nutrition programmes
Improve	Improve access to parks, green spaces, and leisure centres
Work	Work with GPs to increase referrals to weight management services

Priority 5: Preventing and Managing Long-Term Conditions (Description)

High burden of diabetes, hypertension, and cardiovascular disease

Earlier onset of conditions in ethnic minority groups

Multimorbidity increasing with ageing population

Long-term conditions drive hospital admissions and costs

Prevention and early diagnosis are critical

Improved self-management can reduce complications

Priority 5: Preventing and Managing Long-Term Conditions (Action Points)

Expand	Expand structured education for diabetes and hypertension
Use	Use digital tools to support self-management
Improve	Improve case finding and early diagnosis in primary care
Support	Support lifestyle change through community programmes
Integrate	Integrate care across primary, community, and hospital services
Monitor	Monitor outcomes by ethnicity and geography

Priority 6: Cancer Prevention and Early Diagnosis

Cancer is the second leading cause of death in Harrow

40% of under-75 deaths are due to cancer

Screening uptake is below national targets

Late diagnosis reduces survival rates

Ethnic disparities exist in screening participation

Prevention and awareness are essential

Priority 6: Cancer Prevention and Early Diagnosis (Action Points)

Increase	Increase uptake of bowel, breast, and cervical screening
Use	Use community champions to raise awareness
Address	Address cultural and language barriers to screening
Promote	Promote healthy behaviours to reduce cancer risk
Train	Train staff in early symptom recognition
Monitor	Monitor screening uptake by ethnicity and area

Priority 7: Supporting Children and Young People's Health (Description)

92% of school pupils are from ethnic minority backgrounds

Childhood obesity and dental decay are key concerns

Mental health needs have increased post-pandemic

Some children live in overcrowded or temporary housing

Early years development is a priority

Access to school health services is essential

Priority 7: Supporting Children and Young People's Health (Action Points)

Expand	Expand school-based health and wellbeing programmes
Support	Support mental health services in education settings
Promote	Promote healthy eating and oral health initiatives
Improve	Improve access to early years and family support services
Engage	Engage parents through culturally appropriate outreach
Target	Target support to children in temporary accommodation

Priority 8: Healthy Ageing and Care for Older People

65+ population is growing rapidly in Harrow

Increased prevalence of frailty and dementia

Loneliness and isolation are common among older adults

Older carers face physical and emotional strain

Falls and hospital admissions are rising

Integrated community care is needed

Priority 8: Healthy Ageing and Care for Older People (Action Points)

Develop	Develop frailty pathways and expand virtual wards
Increase	Increase befriending services and social clubs
Provide	Provide respite and support for unpaid carers
Promote	Promote falls prevention and home safety checks
Improve	Improve dementia diagnosis and post-diagnostic support
Coordinate	Coordinate care across health and social care sectors

Priority 9: Improving Access to Primary Care

ACCESS TO GPS VARIES BY AREA AND ETHNIC GROUP

LANGUAGE AND DIGITAL BARRIERS LIMIT ACCESS

HIGH DEMAND FOR APPOINTMENTS ACROSS THE BOROUGH

PREVENTIVE CARE UNDERUSED IN SOME COMMUNITIES

CONTINUITY OF CARE IS VALUED BY PATIENTS

CULTURALLY COMPETENT SERVICES ARE ESSENTIAL

Priority 9: Improving Access to Primary Care (Action Points)

Expand	Expand GP capacity through extended hours and additional clinical roles
Improve	Improve translation and interpretation services for non-English speakers
Increase	Increase digital inclusion support for online appointment systems
Strengthen	Strengthen outreach to communities with low primary care engagement
Promote	Promote continuity of care for patients with complex needs
Improve	Improve access to preventive services such as NHS Health Checks

Priority 10: Strengthening Preventive Health and Health Protection

PREVENTIVE HEALTH REDUCES LONG-TERM DEMAND ON NHS AND SOCIAL CARE

VACCINATION UPTAKE VARIES ACROSS COMMUNITIES AND AGE GROUPS

SCREENING PARTICIPATION REMAINS BELOW NATIONAL TARGETS

INFECTIOUS DISEASE RISKS PERSIST, PARTICULARLY IN HIGH-DENSITY AREAS

PUBLIC HEALTH MESSAGING MUST REACH DIVERSE LINGUISTIC COMMUNITIES

PREVENTION ALIGNS WITH NATIONAL NHS LONG TERM PLAN PRIORITIES

Priority 10: Strengthening Preventive Health and Health Protection (Action Points)

Increase	Increase vaccination outreach through community and faith settings
Improve	Improve access to screening through targeted reminders and mobile clinics
Strengthen	Strengthen infection prevention in schools, care homes, and workplaces
Expand	Expand public health campaigns in multiple languages
Improve	Improve data sharing across NHS and local authority teams
Support	Support community champions to promote preventive behaviours

Local Public Health Best Practice Examples (Overview)

Brushing for Life: supervised toothbrushing for early years

Diabetes REWIND: intensive weight management for remission

Healthy Harrow Community Champions: culturally tailored outreach

Harrow Social Prescribing (JOY): linking residents to community support

Virtual Wards for Frailty: supporting older adults at home

Each example demonstrates scalable, evidence-based impact

Best Practice Example 1: Brushing for Life

Early years oral health programme in nurseries and schools

Targets high-risk children in deprived and diverse communities

Reduces dental decay and improves lifelong oral health habits

Supported by parents, teachers, and public health teams

Demonstrates strong engagement across ethnic groups

Aligns with ICS priorities on children's health and prevention

Best Practice Example 1: Brushing for Life (Actions and Lessons)

- Provide supervised daily toothbrushing in early years settings
- Train staff and parents on oral health promotion
- Distribute toothbrushes and fluoride toothpaste to families
- Use culturally appropriate materials in multiple languages
- Monitor dental decay rates to measure impact
- Lesson: early intervention prevents long-term health inequalities

Best Practice Example 2: Diabetes REWIND (Description)

Intensive weight-management programme for Type 2 diabetes remission

Uses diet, physical activity, and behavioural support

Particularly effective for South Asian and Black communities

Reduces medication use and improves quality of life

Strong evidence base from national and local evaluations

Aligns with ICS priorities on long-term conditions and healthy weight

Best Practice Example 2: Diabetes REWIND (Actions and Lessons)

Provide	Provide structured group and one-to-one support
Offer	Offer culturally tailored dietary advice
Use	Use digital tools to track progress and maintain engagement
Work	Work with GPs to identify eligible participants
Monitor	Monitor remission rates and long-term outcomes
Lesson	Lesson: culturally adapted programmes achieve better results

Best Practice Example 3: Healthy Harrow Community Champions

- Community-led outreach model using trusted local volunteers
- Champions represent Harrow's diverse ethnic and linguistic groups
- Improve awareness of screening, vaccination, and healthy lifestyles
- Build trust in communities with low engagement
- Effective during COVID-19 and now expanded to wider health topics
- Aligns with ICS priorities on inequalities and prevention

Best Practice Example 3: Healthy Harrow Community Champions (Actions and Lessons)

- Recruit and train volunteers from diverse communities
- Deliver health messages in multiple languages
- Host events in faith centres, community halls, and markets
- Provide culturally sensitive health information
- Strengthen links between communities and NHS services
- Lesson: trusted messengers improve uptake and reduce inequalities

Best Practice Example 4: Harrow Social Prescribing (JOY)

- Connects patients to non-clinical community support
- Supports mental health, isolation, and social needs
- Delivered via GPs, link workers, and voluntary sector
- Focus on holistic wellbeing and prevention
- Popular among older adults and carers
- Reduces pressure on primary and secondary care

Best Practice Example 4: Harrow Social Prescribing (JOY) (Actions and Lessons)

- Refer patients through GPs and community services
- Train link workers in cultural competence
- Map and maintain a directory of local services
- Use digital tools to track referrals and outcomes
- Promote awareness through community networks
- Lesson: social support improves health and reduces demand

Best Practice Example 5: Virtual Wards for Frailty and Long-Term Conditions

- Provides hospital-level care at home for older adults
- Supports patients with frailty, COPD, heart failure
- Reduces emergency admissions and lengths of stay
- Multidisciplinary team delivers coordinated care
- Uses remote monitoring and home visits
- Improves patient experience and outcomes

Best Practice Example 5: Virtual Wards (Actions and Lessons)

Identify	Identify eligible patients through risk stratification
Deploy	Deploy remote monitoring equipment at home
Coordinate	Coordinate care via virtual MDT meetings
Provide	Provide rapid response and escalation pathways
Engage	Engage carers in care planning and support
Lesson	Lesson: integrated care at home improves outcomes

Alignment with ICB and National Strategies

- Priorities align with North West London ICB strategy
- Supports NHS Long Term Plan objectives
- Addresses Core20PLUS5 health inequality targets
- Links to London-wide public health strategies
- Focus on prevention, integration, and equity
- Harrow contributes to regional and national goals

Key Recommendations

Target	Target resources to areas with greatest need
Strengthen	Strengthen prevention and early intervention
Improve	Improve access and equity across services
Support	Support community-led and culturally tailored approaches
Enhance	Enhance data sharing and local intelligence
Embed	Embed health in all policies across sectors

Summary and Next Steps

- Harrow has strong health outcomes overall
- Significant inequalities remain across communities
- Ten ICS priorities guide local action
- Best practice examples show scalable impact
- Partnership working is essential for success
- Next: implement, monitor, and evaluate progress

Thank You

- Thank you for reviewing the Harrow JSNA 2026
- Prepared by The Centre for Population Health Team
- For more information, contact info@centreforpopulationhealth.co.uk
- Visit www.harrow.gov.uk/JSNA
- Together for a healthier Harrow